

# EMPLOYEE ASSISTANCE REPORT

supporting EAP professionals

May is Mental Health Awareness Month!

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## Assisting Returning Veterans *A Comprehensive Workplace Approach is Needed*

By RaeAnn Thomas

Employee assistance programs earn their keep by helping employees reach and maintain effective work performance. This includes embracing new ways of assisting soldiers returning to the workplace from tours of duty in Iraq and Afghanistan.

These individuals are expected to re-enter, assimilate back into their respective companies, and quickly regain the high level of effectiveness they had prior to deployment. However, the stark reality for employers is that these individuals have been exposed to

highly stressful and sometimes traumatic circumstances.

The experiences of returning soldiers can have a lasting impact. Some feel deep changes that profoundly affect their perceptions and values. Previously confident team members may have difficulty coping with and moving past traumatic events.

Companies cannot expect that military organizations like the Department of Defense or the Veterans Administration *alone* will be able to meet the needs of returning service members and facilitate their return to work. Therefore, EAP plays a key role in assisting these employees in the process of re-integration into the workplace.

Some of these needs are reasonably obvious: that is, helping service men and women returning from active duty come to grips with the traumatic and intense conditions they experienced while in a war zone. However, EA professionals also need to consider other challenges to service members' well-being:

- Prolonged absence from family;
- Profound distress resulting from actions that may violate personal values; and
- Stress and possible abuse from the military system.

### EAP: Not the First Choice for Counseling

Service members going through difficult emotional issues stemming from military sexual trauma and/or moral injury may feel more comfortable seeking direct support and assistance from peers who have shared similar experiences.

Consequently, EAP is not the first choice of support in many

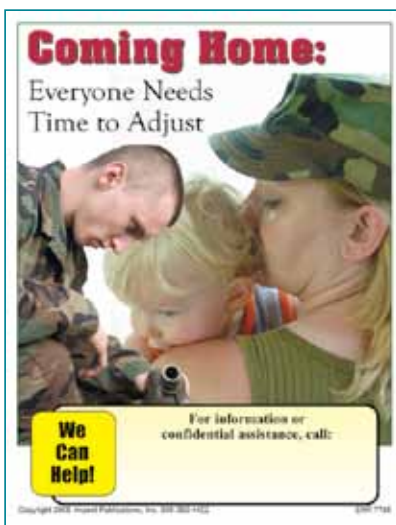
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of these cases. Still, EAP has the opportunity to take a more holistic look at resources and networks we can share to support these employees. While individual counseling has and will continue to have a place in the continuum of support, EAP must also look connect with, and offer support to *local veterans groups* that offer a range of services to returning military personnel.

In addition to the common practice of soliciting local resources for service members, we may need to assist and build upon some of these resources. Support services to family members and even communities in which these employees live all contribute to the eventual successful return of valued employees.

### Building the Workplace Culture

EAP also needs to take advantage of the opportunity to educate and support the managers and co-workers of returning service members. Helping non-military employees understand the process of returning from duty and re-integration back into the workplace can facilitate effective and important cultural support in the workplace.

This is vital since non-military employees spend considerably more time in the work environment than any other. Indeed: A dysfunctional culture can not only stifle the returning veteran's progress toward integration, it can potentially add to stress and trauma.

EA professionals have spent years planning and providing direct services to returning veterans. However, we also have the opportunity to extend our influence and assistance to *non-* service members, family members, spouses and friends of veterans. We know that while individual counseling is important, a supportive and functional *environment* is essential.

This is true for service members and *non-veterans* alike!

While we quickly embrace the need to provide services for obvious issues of post-traumatic stress disorder (PTSD) and physical injuries, we must *also* strive to look for hidden or less obvious issues such as military sexual trauma (MST) or moral injury (MI).

**(Editor's note:** MST and MI are addressed in this month's *Brown Bagger* insert.)

As mentioned, we know that a significant number of veterans do NOT seek out traditional EAP services. This is why a proactive, workplace environmentally-based approach is important – as it offers assistance to those who resist the traditional EAP path. After all, EAP services are not “one size fits all.”

### Trend toward Trauma-informed Care

Long after military conflicts are over, these issues also beg a bigger question: “*What are we as EA professionals doing for those in the workplace that have experienced traumatic circumstances?*” It cannot be overstated: even those who do not seek direct counseling would surely benefit from any effort we committed to building and maintaining a *workplace culture* that embraces and practices support and sensitivity to *all* employees who cope with trauma.

We may see these workers' subtle changes in behavior, performance, and interpersonal issues. But the employee may never bring the issue to the EAP. Like military veterans who prefer to find support from peers, they may grapple with personal trauma alone or with limited resources.

To date, we've tended to employ traditional efforts including Critical Incident Debriefing or Psychological First Aid. These services focus

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assistance toward employees whose traumatic experiences are frequently work related or at the very least, public traumas. We attend to the problem, issues, traumas, that are *brought to us*.

I cannot state it enough: Many survivors of personal trauma do not bring those issues to EAP and even if they do, we may say that the needs are outside the scope of

*continued on Page 3*

EAP, and refer the employee to outpatient therapy for individual services. Even in these instances, EAP has an opportunity to provide services that enhance and maintain a trauma sensitive and supportive environment that – at a minimum – does not cause *further* trauma to the affected employee.

We need to proactively educate employees about effective approaches and responses to support co-workers who may be struggling with personal traumas. While we are not training employees to be counselors, we *are* building their skills and awareness around the areas of empathy, emotional intelligence and compassion. In this way, the struggling employee is met with care and support, as opposed to isolation and blame. Cultural assistance in the workplace may in fact be the EAP's new frontier. The question is, "Are we ready?" ■

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### Editor's Notebook

No doubt you've seen footage of returning soldiers on the nightly news. Their eager families typically shed tears while embracing a loving husband and father. Everyone's happy, grateful for the safe return, and life goes back to normal – right? Well, maybe, if they're lucky.

With service members re-integrating back into their communities and workplaces the numbers of which our country hasn't seen since the Vietnam War ended, even if some veterans *are* readjusting to society without great difficulty, a LOT of servicemen and women aren't so fortunate, as they struggle to cope with and move past traumatic events.

It's a myth that military organizations alone can meet the vast needs of returning service members as they return to work and civilian life. "Therefore, EAP plays a key role in assisting these employees in the process of

re-integration into the workplace," states RaeAnn Thomas in this month's cover story.

But assisting veterans isn't easy. Many will resist utilizing a resource like EAP. This is why developing a comprehensive approach that considers the needs of not only veterans and their families – but also *non*-military employees and managers in understanding the process of re-integrating back into the workplace is so important.

It's said that *it takes a village to raise a child*. Perhaps it also takes a "village" of sorts to meet the many needs of returning service members as they seek to re-assimilate back into the workplace culture and into society. EA professionals are in a perfect position to help. ■

*Mike Jacquart*

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### Quick Ideas

## Volunteer – but do it Right!

**I**f you want to feel good, volunteer," says Lisa Sellman, owner of a pet care business and volunteer. "I realize that many of us are wrapped up with work and family, but I also know that if you do it right, volunteering can be a great stress reliever and source of joy in your life."

The key, she says, is to let passion be your guide when you decide to volunteer. Sellman's tips include:

❖ **Choose wisely.** Many people get "roped into" volunteering for an organization because their boss is involved with the charity or a family member is working on a community project. That *can* be rewarding, but it's more important to find what you *love*, and direct those energies into an organization that matches those passions. For instance, if you're an animal lover, volunteer for a shelter or wildlife rescue mission.

❖ **Watch your schedule.** Don't let volunteer projects run your life. Most organizations will take as much time as you offer them, but that will leave most people burned out! If you only have a spare hour or two each week, they'll accept that, too. Volunteering doesn't have to take over your life. Do it right, and it'll *add* more to your life than it takes *from* your calendar. ■

# Myths about Introverts – Part I

By Adam Grant

The stigma of introversion is evaporating. People recognize that it comes with strengths, not only vulnerabilities. This awareness is not unique to students I've had at Wharton; I've seen the same trend with senior executives. Leaders are coming out of the introvert closet in droves.

However, I've noticed that despite growing social and professional acceptance, introverts are still wildly misunderstood. People may be more open about being introverts, but they cling to assumptions that don't stand up to rigorous evidence. It's time to debunk five of these myths. We'll explore two of them this month; the remainder will appear in part two of this two-part article.

❖ **Myth:** "Extraverts get energy from social interaction, whereas introverts get energy from privately reflecting on their thoughts and feelings."

Although many people believe this quote is true, extensive research suggests that it's false. Introverts spend about the same amount of time with other people as extraverts, and enjoy it just as much. When people are randomly assigned to act extraverted or introverted, extraverts and introverts experience greater energy when they talk more.

This shouldn't be a surprise: social interaction is the spice of life, in part because it satisfies the fundamental human need to

belong. So if it's not in where you get your energy, what's the difference between introverts and extraverts?

*It's your sensitivity to stimulation.* If you're an introvert, you're more prone to being overstimulated by intense or prolonged social interaction — and at that point, reflecting on your thoughts and feelings can help you recharge. But introversion-extraversion is about more than just social interaction. Extraverts crave stimulating activities like skydiving and stimulating beverages sold at Starbucks. Introverts are more likely to retreat to a quiet place, but they're very happy to bring someone else with them!

❖ **Myth:** Introverts are plagued by public speaking anxiety.

We assume that the gift of gab belongs to extraverts, and introverts are doomed to be nervous on stage, but we're wrong!

In one study, people rated how anxious they would feel in various public speaking situations. Introverts did anticipate more anxiety than extraverts, but 84% of public speaking anxiety was completely unrelated to introversion-extraversion. Bigger factors were whether they tended to be anxious people in general, thought the audience was kind versus hostile, and feared they would bomb the particular speech.

"Speaking is not an act of extraversion," observes Malcolm Gladwell, an introverted writer who spends plenty of time on stage. "It has nothing to do with extraversion. It's a performance, and many performers are hugely introverted." ■

*Adam Grant is a Wharton professor and the author of "Give and Take," a New York Times and Wall Street Journal bestseller about the hidden power of helping others.*

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# Undiagnosed Mental Distress Hurts Productivity

In a new study, researchers from the University at Albany SUNY discovered that although many adults do not have a formal psychiatric diagnosis, they still have mental health symptoms that interfere with full participation in the workforce.

The investigators believe interventions are necessary to assist employees who meet diagnostic criteria for mental illness and for those with subclinical levels of symptoms.

For instance, cases of undiagnosed depression and anxiety often cause insomnia and emotional distress, conditions that increase absenteeism and presenteeism

(working while ill), thereby lowering productivity.

The analysis used a novel statistical modeling approach that captured the effects of mental health symptoms in individuals, whether or not they had clinically diagnosed psychiatric disorders.

The study comes at a time when some clinicians and policymakers are increasingly skeptical about the usefulness of categorizing psychiatric disorders.

Patients with mental health issues are usually treated according to their symptoms, rather than any diagnosis. Social Security and other disability programs with skyrocketing enrollments also focus

less on diagnoses and more on individuals' capacity for work.

The results show that many Americans who don't meet diagnostic criteria still have mental health symptoms that interfere with their work participation. From a research standpoint, the authors suggest that considering non-diagnosed people as "healthy" is likely to underestimate the true impact of mental health symptoms on workforce participation. ■

*Additional sources: Wolters Kluwer Health via PsychCentral, and EAP NewsBrief, a service of the Employee Assistance Professionals Association. Editor's note: May is Mental Health Awareness Month.*

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## On the Job

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# Parity Law has Little Impact on Spending

Despite predictions that requiring health insurers to provide equal coverage for substance use disorder treatment would raise costs, a Yale study finds that the economic impact so far has been minimal. The study is published online in *The American Journal of Managed Care*.

A team of researchers led by Susan Busch of the Yale School of Public Health studied the first year of the federal parity law's implementation and found that it did not result in an increase in the proportion of enrollees seeking treatment for substance use disorders (SUDs). Their analysis also

identified only a modest increase in spending for substance use disorder treatment – \$10 annually per health plan enrollee.

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act, named after two former U.S. senators and chief supporters of the legislation, went into effect for most plans in 2010. Prior to the law's passage, health plans often imposed limitations on treatment for SUDs, including restricting the number of visits and requiring higher cost-sharing.

During Congressional debate on the bill, some employers and health plans opposed the parity measure

on the grounds that it would significantly raise their costs. The researchers concluded that in terms of SUD treatment, it appears that this concern was unfounded.

Busch and her co-authors from the University of Pennsylvania and the John Hopkins Bloomberg School of Public Health noted that their analysis only considered the first year after the law took effect and further research is needed to gauge subsequent impact. ■

*Additional sources: Medical Xpress, EAP NewsBrief, a service of the Employee Assistance Professionals Association ([www.eapassn.org](http://www.eapassn.org)).*

## STAIR Assists PTSD Patients

**S**TAIR is an evidence-based cognitive behavioral therapy for individuals suffering from post-traumatic stress disorder (PTSD), including chronic and complicated forms, as well as for individuals with PTSD and co-occurring disorders.

STAIR, which stands for **S**kills **T**rainin*g* in **A**ffective and **I**nterpersonal **R**egulation, teaches patients skills in emotion regulation and interpersonal functioning. STAIR can be provided individually as a stand-alone therapy or as a complement to trauma-focused therapies. To date there have been

two completed randomized controlled trials of STAIR (Cloitre, Koenen, Cohen, & Han, 2002; Cloitre, Stovall-McClough, Nooner, Zorbas, Cherry, Jackson, et al., 2010).

STAIR has been shown to reduce PTSD symptoms, lessen problems associated with emotion regulation and interpersonal issues, and enhance social support. STAIR was also used to treat survivors of the 9/11 World Trade Center attacks in an effectiveness study that evaluated the flexible application of the treatment (Levitt, Malta, Martin, Davis, & Cloitre, 2007).

STAIR is currently being piloted in a group format with veterans receiving treatment at the VA. STAIR treatment developer Marylène Cloitre and staff at the VA's National Center for PTSD created an online training in STAIR that is available to any provider and offers free CE credits. The course and additional information can be found at: [http://www.ptsd.va.gov/professional/continuing\\_ed/STAIR\\_online\\_training.asp](http://www.ptsd.va.gov/professional/continuing_ed/STAIR_online_training.asp). ■

### Clinical Perspective

## Classifying Depression, Improving Treatments

**N**ew insights into the physiological causes of depression are leading to treatments beyond common antidepressants such as Prozac and Zoloft, researchers are reporting in the journal *Current Psychiatry*.

Depression treatments on the horizon include new medications, electrical and magnetic stimulation of the brain and long-term cognitive behavioral therapy for stress management.

For more than 50 years, depression has been studied and understood as a deficiency of chemical messengers, called neurotransmitters that carry signals between brain cells. Commonly used antidepressants are designed to either increase the release or block the degradation of three

neurotransmitters – dopamine, norepinephrine and serotonin.

But drugs that target neurotransmitters, such as Prozac, Zoloft and Paxil, succeed in inducing the remission of depression in fewer than half of patients. This has prompted researchers “to look beyond neurotransmitters for an understanding of depressive disorders,” write Murali Rao, MD and Julie Alderson, co-authors of the study.

New theories of depression are focusing on differences in neuron density in various regions of the brain; on the effect of stress on the birth and death of brain cells; on the alteration of feedback pathways in the brain and on the role of inflammation evoked by the response to stress.

In conditions of chronic stress exposure, nerve cells in the hippocampus begin to atrophy. (The hippocampus is a part of the brain involved with emotions, learning and memory formation.)

The new depression theories “should not be viewed as separate entities because they are highly interconnected,” Rao and Alderson write. “Integrating them provides for a more expansive understanding of the pathophysiology of depression and biomarkers that are involved.” ■

*Additional sources: Loyola University Health System via Medical News Today, and EAP NewsBrief, a service of the Employee Assistance Professionals Association. Editor's note: May is Mental Health Awareness Month.*

# Understanding Different Communication Styles – Part II

By Ted Gorski

Understanding the style of the person you are communicating with – be it employee, customer or someone else – could make the difference between barely getting your message across and getting it across *well*. Conversely, it is also very helpful for employees to understand the communication style of their boss. In either case, ask yourself which style is prominent among the key people YOU come into contact with in the workplace.

A total of four communication styles are presented in this article; two appear below, the remainder were offered last month in part one of this two-part article.

## The Socializer

These individuals are charismatic, enthusiastic, persuasive, lively, loud, talkative, friendly, people-oriented and very social. They are also visual and creative. Their biggest fear is social rejection and they ask the “who” questions. The Socializer is a great motivator. In most organizations, they are on sales teams. They are creative and enjoy brainstorming. They do not keep track of time well and sometimes work right up until a deadline. They enjoy being the center of attention.

To effectively communicate with a Socializer, you must:

- Allow time for social interaction.
- Put details in writing or email.
- Have a fast pace, positive approach.
- Use a whiteboard in your discussions (Socializers are quite visual).
- Use phrases like “Picture this” or “Do You See.”
- Avoid a harsh, aggressive tone.
- Be patient and logical.
- Use a steady, low-keyed approach.
- Involve Mediators in the planning process.
- Praise them, but do so privately.
- Allow time for ideas to “simmer.” You will not get a quick answer.
- Start conversations with a warm and friendly greeting.
- Keep your tone of voice at discussion level. ■

## The Mediator

These individuals are calm, level-headed, great listeners, team-oriented, introverted and loyal. They make decisions in a consensus manner. Mediators like to carefully analyze questions – you will not get an immediate answer. They dislike conflict so they will internalize and tolerate it. As a result, internalization builds until they explode. Their biggest fear is loss of stability and they ask the “How” questions. Team and project managers typically fall into this style. Weaknesses include being hesitant in their approach, which slows decision making. They are going to try to keep everyone happy at the expense of their own happiness. Mediators are hard-working and humble. They make great teachers/trainers and mentors due to their calming and supportive nature

To effectively connect with a Mediator, you must:

*Ted Gorski is a Professional Certified Coach (PCC) and President of Get Your Edge, LLC. He is the co-winner of the 2013 Executive Coach of the Year through the International Coach Federation of New England chapter. For more information, visit [www.GetYourEdge.com](http://www.GetYourEdge.com)*

## Resources

🔗 **American Legion** – [www.legion.org](http://www.legion.org)

🔗 **Disabled American Veterans** – [www.dav.org](http://www.dav.org)

🔗 **Operation Comfort** – <http://operationcomfort.org>

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## ‘MST’ is a Serious Issue...

While male returnees become homeless largely because of substance abuse and mental illness, experts say that female veterans face those problems and more, including the search for family housing and an even harder time finding good-paying jobs.

Moreover, according to researchers and psychologists, a common path to homelessness for women is military sexual trauma, or MST, from assaults or harassment during their service, which can lead to post-traumatic stress disorder.

Female veterans face a complex “web of vulnerability,” said Dr. Donna Washington, a physician at the West Los Angeles Veterans Affairs medical center. Washington has studied the ways the women become homeless, including poverty and military sexual trauma. One such study found that 53% of homeless female veterans had experienced MST, and that many women entered the military to escape family conflict and abuse.

For those hoping to better their lives, being sexually assaulted while serving their country is “a double

betrayal of trust,” said Lori Katz, director of the Women’s Health Clinic at the V.A. Long Beach Healthcare System.

Katz is also co-founder of Renew, an innovative treatment program that incorporates psychotherapy, journal writing and yoga, for women screened for MST. Each class of a dozen women lives together for 12 weeks while spending eight-hour days at a women’s mental health clinic. For more information on Renew and other female veterans’ programs, visit [www.usvetsinc.org](http://www.usvetsinc.org). ■

### Supporting Our Veterans

## ...‘Moral Injury’ is another Growing Concern

With American troops at war for over a decade, clinicians suspect that some veterans are suffering from “moral injuries.” These are wounds caused from having “done something,” or having “failed to stop something” that violates the individual’s moral code.

According to the National Center for PTSD, in the context of war, moral injuries may stem from direct participation in acts of combat, such as killing or harming others, or indirect acts, such as witnessing death or dying, failing to prevent immoral acts of others, or giving or receiving orders that are perceived as gross moral violations.

In terms of the aftermath of moral injuries, transgressive acts may result in haunting states of inner conflict and turmoil. Emotional responses may include:

- Shame (e.g. “I am an evil terrible person; I am unforgiveable”);

- Guilt;
- Anxiety about possible consequences; and
- Anger about betrayal-based moral injuries.

Behavioral manifestations of moral injuries may include:

- Alienation (e.g. purposelessness and/or social instability caused by a breakdown in standards and values);
- Withdrawal and self-condemnation;
- Self-harm (e.g. suicidal thoughts or attempts); and
- Alcohol or other drug use.

Although the constructs of post-traumatic stress disorder (PTSD) and moral injury overlap, each has unique components that make them separable consequences of war and other traumatic contexts:

❖ PTSD is a mental disorder that requires a *diagnosis*. Moral injury, conversely, is a *dimensional* problem – there is no threshold for the presence of moral injury.

Rather, at a given point in time, a veteran may have none, or mild to extreme manifestations.

❖ Transgression is not necessary for a PTSD diagnosis nor does the PTSD syndrome sufficiently capture moral injury (shame, guilt, etc).

### Summary

Consequently, it is important to assess mental health symptoms and moral injury as separate manifestations of war trauma to form a comprehensive clinical picture, and provide the most relevant treatment. ■

*Additional sources: Shira Maguen, Ph.D. and Brett Litz, Ph.D., U.S. Department of Veterans Affairs. Editor’s note: This article should not be construed as a substitute for medical advice, diagnosis or treatment.*