

The Zoom Interface

The screenshot shows a Zoom Webinar window with the following elements and callouts:

- Header:** "Zoom Webinar", "You are viewing David Terry's screen", "View Options", and "Enter Full Screen".
- Callout:** "Click here to maximize your session view" pointing to the maximize button.
- Main Content:** TTC Technology Transfer Centers logo, "Thank you for joining us today!", and "You will not be on video during today's session".
- Q&A Window:** A "Question and Answer" window with "All questions (1)" and "My questions (1)" tabs. It contains a test question and a text input field. Callouts explain: "You can switch between questions you've asked and those asked by others using these buttons.", "You can use the Q&A feature to ask questions of the host and presenters. These questions can receive text or live responses. To begin asking a question use the field below. You can see a test question above.", and "Type your question here..." pointing to the input field.
- Chat Window:** A "Zoom Webinar Chat" window with a message: "The chat feature will allow you to talk with other people in today's webinar." Callouts explain: "The To field will tell you who will receive your message. Be mindful of who you are chatting to." and "To: All panelists".
- Bottom Bar:** "Audio Settings", "Click Here to adjust your audio settings", "Chat", "Raise Hand", "Q&A", "Click here to leave the session", and "Leave".
- Speaker Selection:** A "Select a Speaker" menu with options: "Speakers (Realtek(R) Audio)", "Same as System", "Test Speaker & Microphone...", "Leave Computer Audio", and "Audio Settings...".

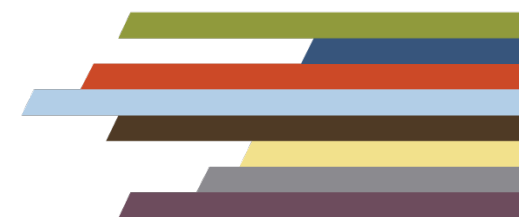
**All attendees are muted. Today's session will be recorded.
A link to the presentation slides and a recording of the webinar will be emailed.
Certificates of Attendance will be emailed.**



Northeast and Caribbean (HHS Region 2)

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Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Alleviating Moral Suffering

Dr. Kenneth J. Doka



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About Us ...

The Northeast and Caribbean MHTTC provides 5 years (2018 – 2023) of funding to:

- Enhance capacity of behavioral health workforce to deliver evidence-based and promising practices to individuals with mental illnesses.
- Address full continuum of services spanning mental illness prevention, treatment, and recovery supports.
- Train related workforces (police/first responders, primary care providers, vocational services, etc.) to provide effective services to people with mental illnesses.

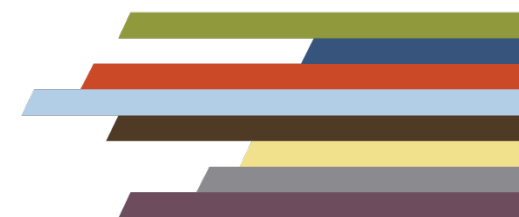
Supplemental funding to work with school teachers and staff to address student mental health.



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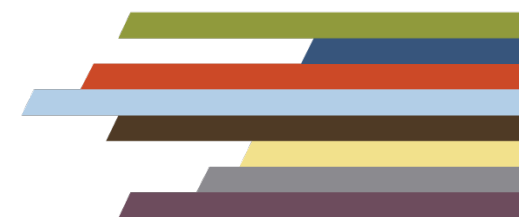
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We Want Your Feedback!

Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs.

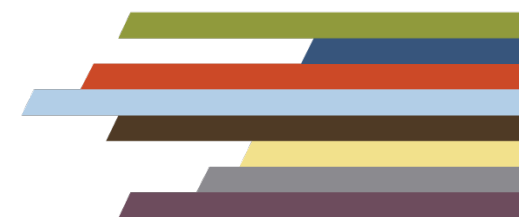
Feedback about this training will assist us in developing trainings that are relevant to your current professional needs. Therefore, your feedback counts!



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Video Recording Information

Please Note:

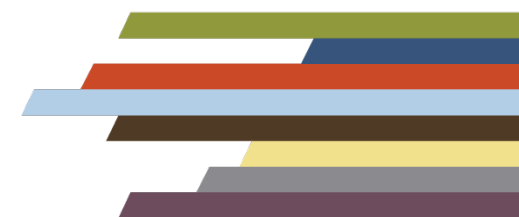
We will be recording this webinar and posting it to our website along with the presentation slides and any relevant resources.



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Your Interactions With Us

Question and Answers

- Q & A will occur at the end of the call.
- Type your questions in the Q & A feature in Zoom located on the task bar (hover over task bar).
- Be aware: your question is visible to all participants.

Chat and Polls

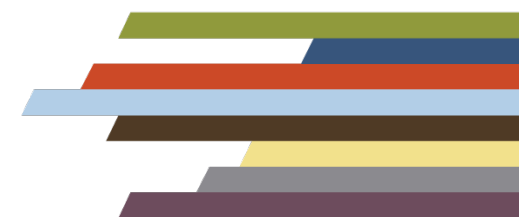
- Throughout the webinar, we will be asking for your input.
- Use the Chat or Poll features in Zoom located on the task bar.
- You can control who can see your chat comments.



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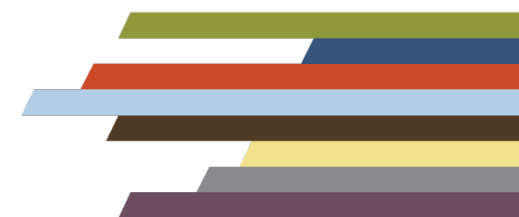
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Our Presenter



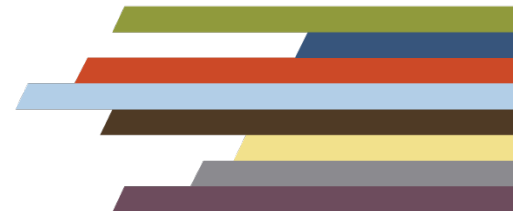
Kenneth J. Doka, Ph.D.



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Alleviating Moral Suffering— In Self and Others

Kenneth J. Doka, Ph.D.

Senior Consultant, The Hospice Foundation of
America

Professor Emeritus, The College of New Rochelle

Moral Suffering

- Moral suffering can be defined as the anguish that varied professionals experience in response to various forms of moral adversity, such as moral harms, wrongs or failures, or unrelieved moral stress, that in some way imperil personal integrity. There are various types of moral suffering that arise from myriad sources that involve witnessing, participating in, or directly precipitating situations that produce a wide range of negative moral outcomes. (Rushton, 2018)
- Often experienced by frontline professionals such as emergency personal, police, military, healthcare and mental health professionals



Moral Suffering Can Result From



- Moral Distress
- Moral Injury
- Soul Injury

Moral Distress

- Jameton defined *moral distress* as the inner conflicts experienced by healthcare professionals when they experience personal, professional, spiritual, or ethical dilemmas in the provision of patient care
- “*If it is so ethical, why do I feel so damn bad?*”



Sources of Moral Distress

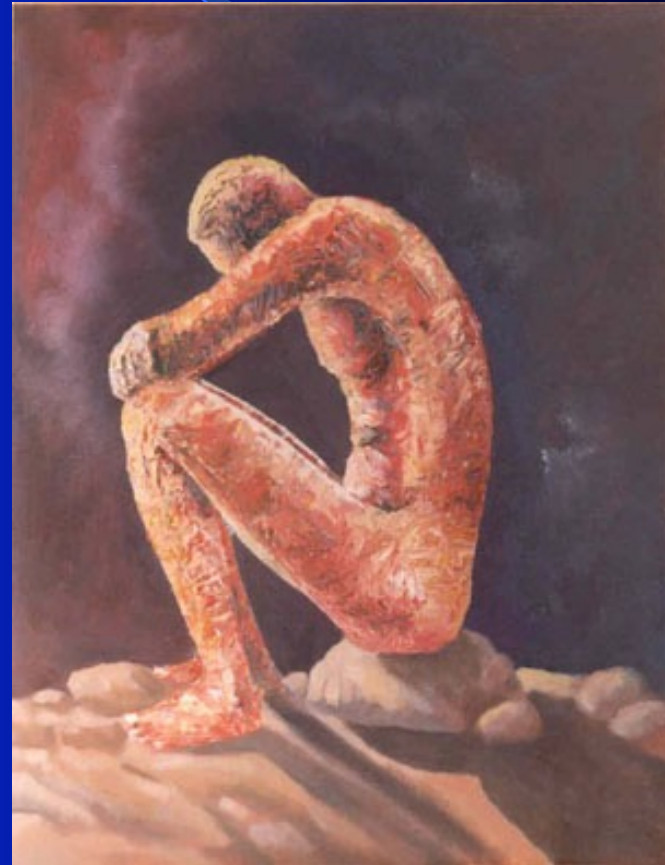


- Belief that one is causing harm
- Belief that medical care is futile
- Disagreement with decision to withdraw life-sustaining treatment
- Inadequate pain management
- Disregarding patient choices
- Lack of informed consent
- Objectifying patient
- Vicarious grief

Moral Distress

The Role of *Vicarious Grief*

- *Vicarious grief* refers to the fact that caregivers often have a more realistic notion of prognosis than patients (Kastenbaum)
- Thus professionals grieve about the likely course and outcome even as the patient and family continues to hope
- This can create a moral dilemma between being honest v. maintaining hope



Moral Suffering and Distress

The COVID-19 Pandemic



Many factors in the current COVID-19 have exacerbated moral distress and moral suffering

- Rationing of care
- Limitations on visits – and isolation earlier on – meant increased reliance and support from healthcare staff
- Other personnel such as chaplains, clergy, social workers etc. were inhibited by the isolation from fulfilling their sense of professional practice

Manifestations of Caregiver Distress

- High turnover, absenteeism, and low morale
- Staff conflict
- Over-involvement and over-investment
- Spillover – between work and home issues
- Guilt and anger



Moral Injury



- An injury to an individual's sense of morality—resulting from an act of perceived moral transgression that can lead to emotional shame and/or moral distress
- In traumatic or unusually stressful circumstances, people may perpetrate, fail to prevent, or witness events that contradict deeply held moral beliefs and expectations (1). When someone does something that goes against their beliefs this is often referred to as an act of commission and when they fail to do something in line with their beliefs that is often referred to as an act of omission. (2). Moral injury is the distressing psychological, behavioral, social, and sometimes spiritual aftermath of exposure to such events (3). A moral injury can occur in response to acting or witnessing behaviors that go against an individual's values and moral beliefs (Norman & Maguen, 2021).
- A normal human response to an abnormal event
- Originally applied to veterans but can affect police, emergency workers, defense attorneys, child protective workers etc.

Examples of Moral Injury

- Following (or giving) orders that one perceives are illegal
- Accidentally or knowingly killing non-combatants
- Giving orders that result in unnecessary deaths (Case of challenged young officer threatened by Sergeant)
- A police officer treating or not treating a suspect charged with killing another officer
- A defense attorney successfully pursuing a “non-guilty verdict of a client he knows is guilty and dangerous
- Having to ration care during a pandemic
- A child protective worker returning a child to a parent she/he strongly perceives as abusive



Consequences of Moral Injury



- Can lead to PTSD, depression, suicidal ideation, substance abuse
- Often characterized by shame, guilt, and anger, feelings of betrayal
- Can result in family conflicts and spiritual struggles
- When spiritual struggles predominate, Grassman would classify it as *soul injury*

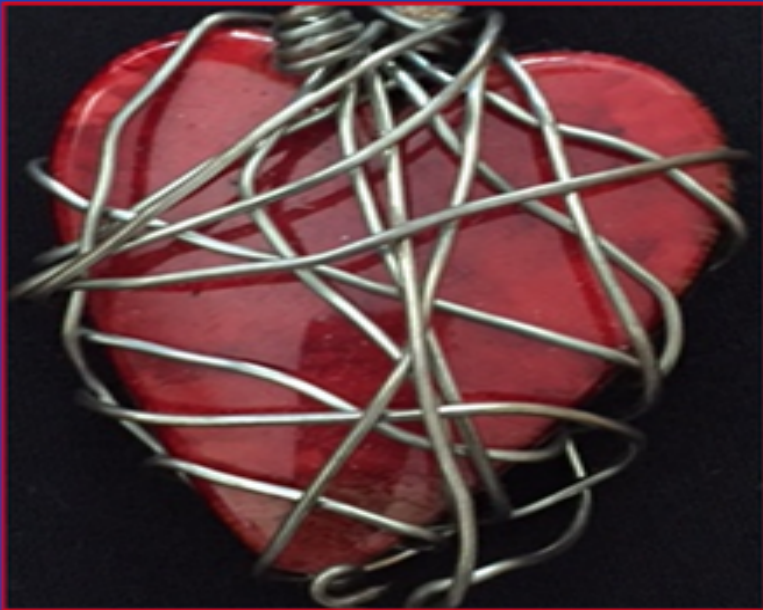
Treatment of Moral Injury

- Since there is significant overlap with PTSD—treatments for PTSD have had some success as had Cognitive Behavioral Therapy (CBT) and Cognitive Processing therapy (CPT)
- Other therapeutic techniques emphasizing themes such as forgiving self, apportioning and examining blame, and reviewing, adjusting, and/or recommitting to values are being researched
- Other interventions might include rituals of reconciliation, accessing the internalized other etc.



MORAL INJURY
Pathways to Recovery

Soul Injury®



- Similar to the concept of *moral injury*— *soul injury* a belief that some transgression or traumatic event that creates a sense in individuals that they are flawed, defective, or tainted (Grassman)
- Originally identified in dying veterans
- Strong sense of self depreciation and spiritual distress
- Therapy consists of acknowledging and grieving un-mourned losses, forgiving and embracing self

Soul Injury (Grassman)

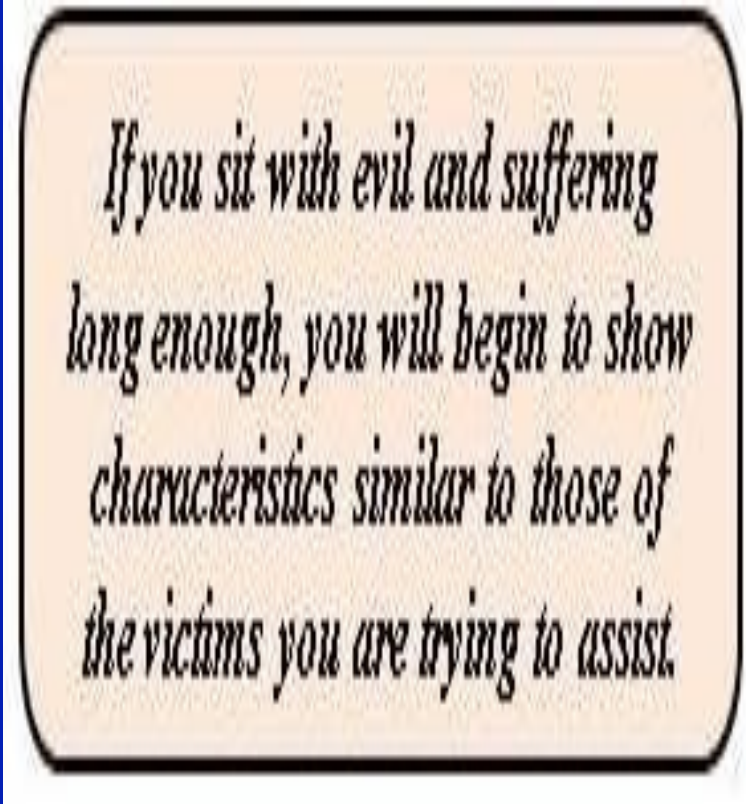
Level of Violation	Personal	Organizational (unit, Army, country)	Divine
Moral agent perceived to have acted wrongly	Soldier him/herself	Leader who wielded authority over the soldier (e.g., section leader, commander, POTUS)	Whoever is responsible for the world, aka, God.
Soldier's Thoughts	"I did something terrible. I'm a bad person."	"I was screwed by 'higher.' I trusted them literally with my life but was used and abused. I risked my life and took others' lives, and my buddies died, for someone who didn't care."	"No real God would allow this situation to take place. This is irrational, horrifying, unfair, more than I can handle. This world sucks."
Resulting Symptoms	Guilt, shame, self-harm, social withdrawal, substance abuse, risky behavior.	Anger at the organization, cynicism, loss of faith in human institutions, inability to trust, social withdrawal.	Anger at God, loss of faith in God; withdrawal from religious activities, rejection of ideas of right/wrong; demoralization.

Moral Suffering can be
exacerbated by

vicarious and secondary trauma

Vicarious Traumatization

- Used similarly to secondary trauma but generally refers less to traumatic symptoms and more to the inner experience of therapists after empathic engagement with traumatized clients. Emphasis is on the covert cognitive changes after cumulative exposure

A quote in a decorative frame with a black border and rounded corners. The text is in a black, cursive font on a light beige background.

If you sit with evil and suffering long enough, you will begin to show characteristics similar to those of the victims you are trying to assist.

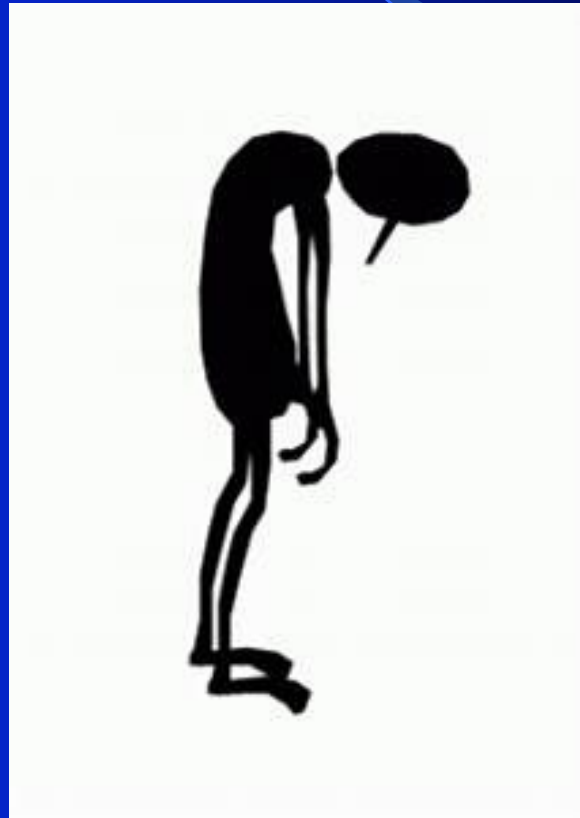
Secondary Traumatization



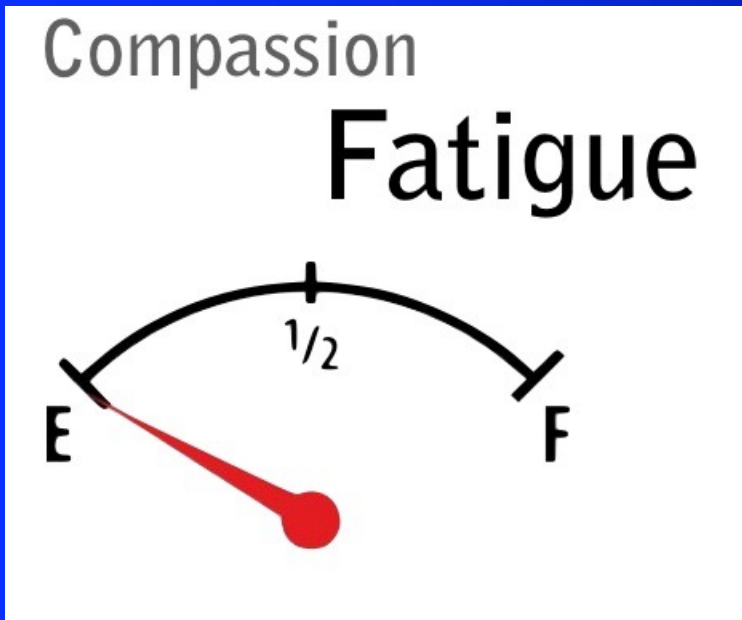
- Has been used in two ways:
 1. The response of caregivers to the suffering or traumatic events of clients/patients (related to *Vicarious Traumatization*)
 2. Referring to person subsequently traumatized after an traumatic incident by insensitive treatment by caregivers, law enforcement or media

Moral Suffering Can Lead to

- Compassion
Fatigue
- Burnout
- Disenfranchised
Grief



Compassion Fatigue



- An earlier – and to some—a less stigmatizing way to describe secondary/vicarious trauma

Burnout

- A more general term referring to occupational stress
- Characterized by emotional exhaustion, depersonalization, and a reduced sense of accomplishment
- While it can refer to the toll of working with dying and bereaved, it is more general, and generally not associated with indirect exposure to trauma



Disenfranchised Grief



- Refers to losses that are not openly unacknowledged by self or other
 - Not socially supported
 - Or publicly mourned
- (Doka 1989, 2002)

Beyond the Therapeutic Strategies for Use with Clients

There are techniques to facilitate self-care and build resilience

Acknowledging and Assessing Additional Sources of Stress



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Sources of Stress Beyond Moral Suffering

- Personal Stress and Personal Loss
- Organizational Stress
- Systemic Stress
 - Gilbert “Loss of Sacredness”
- Cumulative Loss



Caregivers Experience Multiple Losses



- Loss of a Patient
- Loss of a Relationship with Family
- Perhaps Personal Future or Past Losses
- Loss of Assumptive World
- Unmet Goals
- Death of Self

Frank and Ernest

I AM JUST SO TENSE! --- I THINK I'LL GO DOWN TO THE RANGER STATION AND GET SHOT WITH A TRANQUILIZER DART.



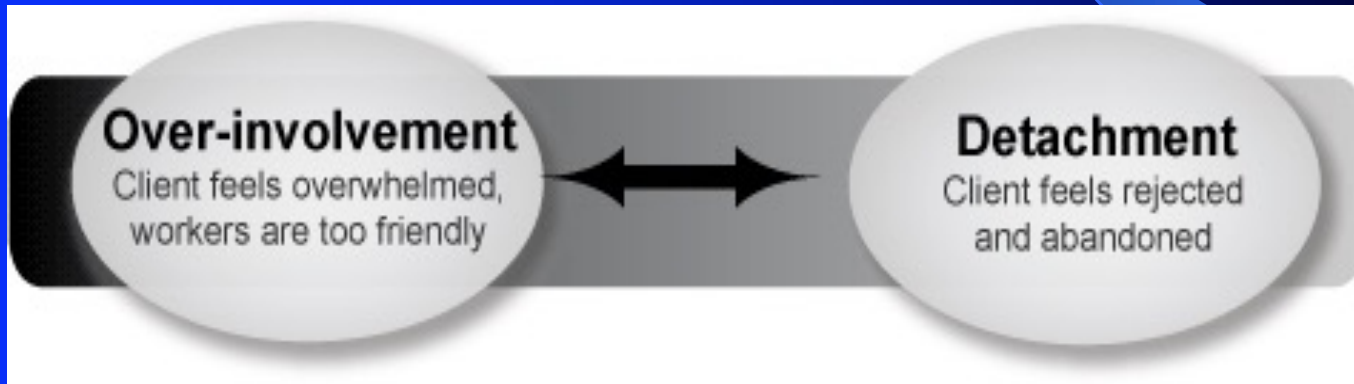
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Practicing Self-Care

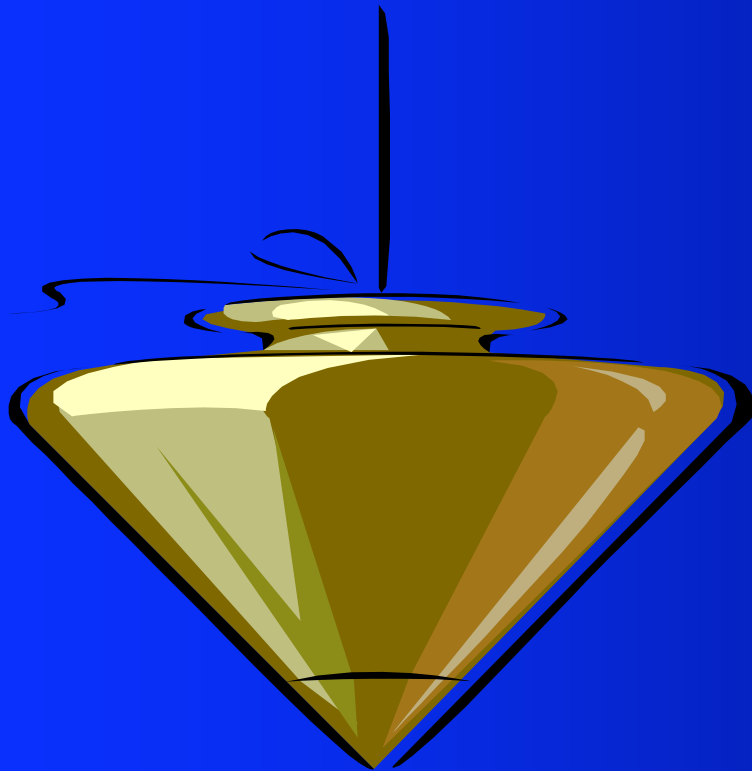


The Key

Maintaining Balance



Papadatou's Model of Caregiver Grief



Simultaneously
experiencing and
containing grief

Signs of Over-Involvement

- Making accusations and threats
- Taking sides
- Caring more about the problems that the family does
- The problem becomes your problem



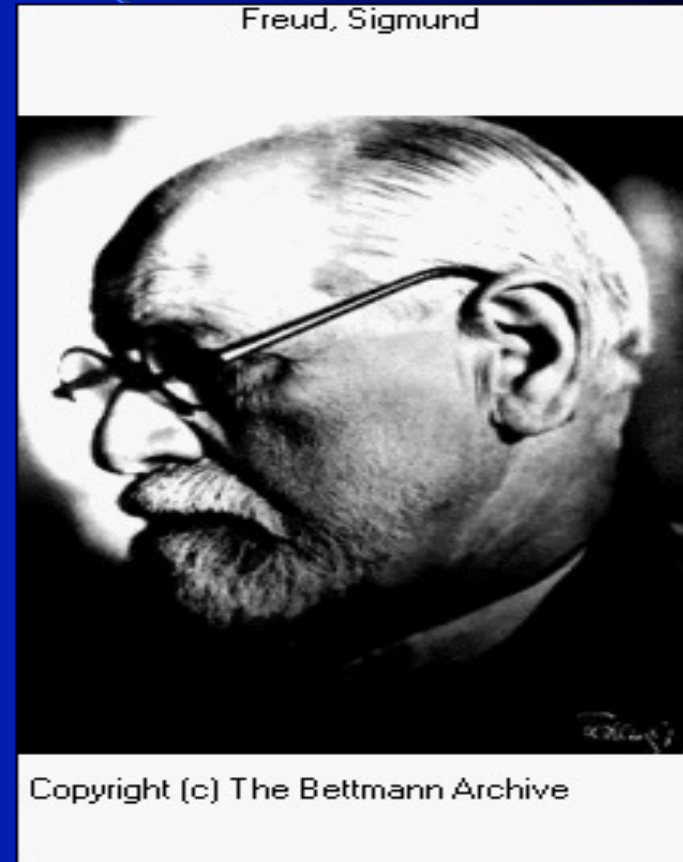
Distinguishing *Useful vs. Helpful*



- Herr and Weakland make a distinction between *helpful* and *useful*
- *Helpful* means you try to help the clients solve issues
- *Useful* means you empower clients to solve their own problems.

Monitor Counter-Transference

- Counter-transference and Caregiver Grief
- Definition and Freudian Perspective
- Now understood to be the totality of reactions experienced by the therapist – natural, inevitable and appropriate
- Yet still needs to be understood by the therapist so that it does not cloud the therapeutic process – reflective self-awareness



Counter-Transference



- *When is counter-transference likely to be higher?*
- The longer the length of contact with the client
- When the client's characteristics (i.e. age, race, gender, class etc.) are similar to the therapist
- When therapist and clients share issues or experiences such as a similar loss

Expressions of Counter-Transference

- *Projective Identification* – Therapist mirrors client's feelings (hopelessness, rage etc.)
- *Objective Counter-Transference* – normal response to client's behavior or situation (examples – responding negatively to hateful client, sympathy for a dying child)
- *Subjective Counter-Transference* – evoked because of a counselor's personal conflicts, issues and experiences



Counter-Transference



- Counter-Transference feelings can be very raw, upsetting and fully conscious
- They can also be subtle, insidious, and outside of awareness
- Thus need for reflective self-awareness as a principle of self-care

Recognizing Dependency Needs

- As caregivers, we often have a “need to be needed”
- Unchecked, this can interfere with goals – creating motivations to fix the family, the patient, or the patient’s death
- Remember Shneidman’s dictum: *No one needs to die in a state of psychoanalytic grace*



Individual Principles of Self-Care



- Individual
 - Validation
 - Not allowing disenfranchisement by self or others
 - Respite and Stress Management
 - Philosophy
 - Role
 - Spirituality

A Philosophy of Role

Cultivating Compassion Satisfaction

- The complement of compassion fatigue
- Refers to the feelings of satisfaction derived from successful practice
- A sense that one is growing and that work contributes to the well-being of individuals or society
- Avery Weisman – *Least Possible Contribution*



A Spiritual Philosophy



- *How does your spirituality explain the unfairness seen in life?*
- *What does it say about personal forgiveness?*
- *Are there particular practices or rituals that can facilitate forgiveness?*

Organizational Strategies for Facilitating Self Care

- Organizational
 - Education
 - Support
 - Ritual



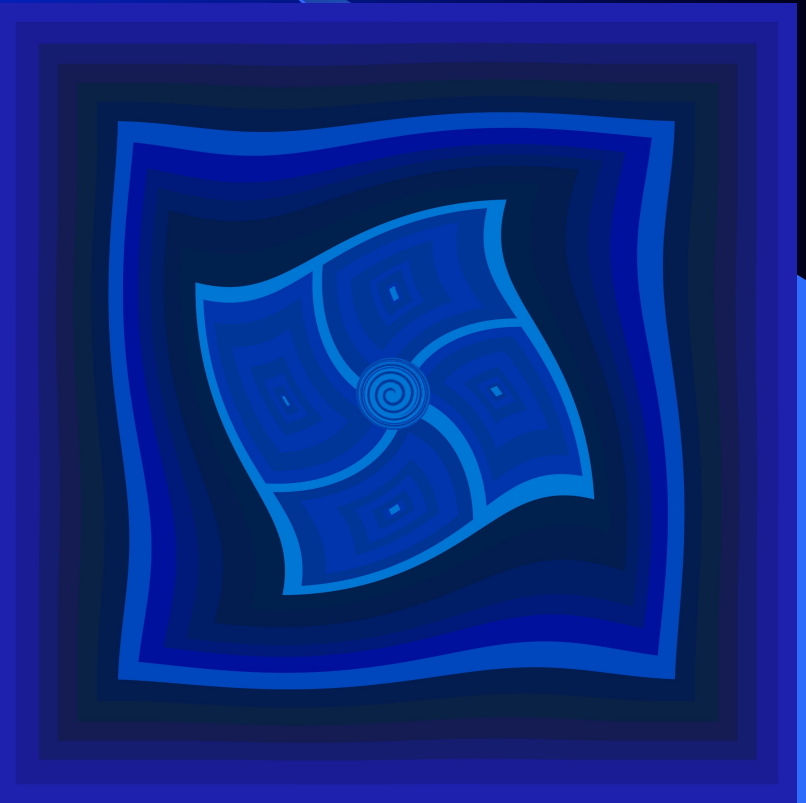
Organizational Support Can Include



- Debriefings
 - *How was this experience for you?*
 - *What could have been done differently?*
- Ethical “Grand Rounds”
- In traumatic events Critical Incident Stress Debriefing (CISD) or related techniques may be useful

Papadatou's Formula

- Focus on Self
- Connect with Others
- Spiritually Center



Frank and Ernest



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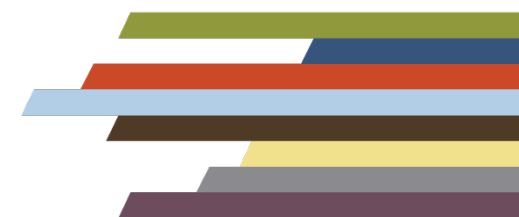
Q and A



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Evaluation Information

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At the end of today's training please take a moment to complete a **brief** survey about today's training.



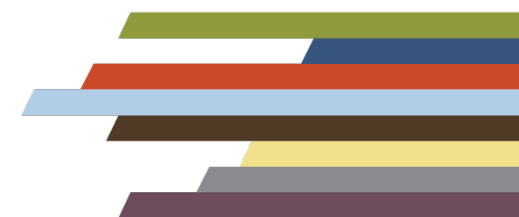
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