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Moral Distress for Counselors

A Moral and Spiritual Challenge

Moral Distress first identified in the nursing profession.

How, and in what circumstances, would a mental health professional uniquely experience Moral Distress in the course of his or her work?

Beyond Ethical Dilemmas: Identifying Counselor Moral Distress in the Workplace

Welcome

1. Why this topic?
2. Why now?
3. What does it mean for my clients, me, and my professional colleagues?
4. Where did this problem first become apparent?

Beginning with Self-Awareness

What initially drew you to a helping profession?

What keeps you in it?

What sustains you when you are discouraged, stressed, or doubting your choice?

Critical Incident of Moral Conflict

On the card provided, take a few minutes to recall a critical incident or episode in your career when you felt significant personal moral conflict. Describe the circumstances and the source of the conflict (e.g., what values were involved for you?)

Group Exercise

Discuss the morally distressing situation you wrote about on your card.

1. Did I experience MD? How?
2. Were the constraints internal (my values, beliefs, personal limits), external (organizational policies), or both?
3. How did it resolve, or did it?

Ethical Dilemma vs. Moral Distress

An **ethical dilemma** occurs when two or more equally compelling, but mutually exclusive, moral principles are in conflict in a situation which demands a decision (i.e., not choosing is not an option).

Moral Distress originally identified by Andrew Jameton is:

"a phenomenon in which one knows the right action to take, but is constrained from taking it"(1984).

Seven Moral Principles of Ethical Decision-Making

1. **Autonomy** - Promotion of client self-determination.
2. **Nonmaleficence** - Avoiding doing harm.
3. **Beneficence** - Doing good for others and promoting well-being.
4. **Justice** - Being fair by giving equally to others.
5. **Fidelity** - Making realistic commitments and keep these promises.
6. **Veracity** - Truthfulness; Dealing honestly with clients. (Corey, et.al., 2011)

Proposed Additional Moral Principle:

7. **Gemeinschaftsgefuhl** - Balances individual autonomy (self-interest) with self-transcendence (social interest) i.e., promotes awareness and inclusion of unseen stakeholders (i.e., other people - present and future - animals, and the world as a living organism).

Multiultural Considerations

If Moral Distress occurs due to an inability to act on Moral Principles, we need to consider the cultural variables in defining moral principles themselves.

Different cultures understand morality in different ways. What is "wrong" in one place, might be less so in others, or not at all.

Revising or Expanding the Moral Principles

What guiding Moral Principles could be revised or added to more fully reflect the increasingly multicultural character of our society and the clients we see?

Multicultural Variables to Consider

Moral Distress is based on an understanding of morality itself:

1) Is this fundamental concept relative to different cultures or universal?
2) Would the same situation elicit different levels of Moral Distress, or none, in another culture?

Moral Principles Partially Useful in "Diagnosing" Moral Distress

"moral distress occurs when the internal environment of nurses -- their values and perceived obligations -- are incompatible with the needs and prevailing views of the external work environment" (Corey, G. 2002 in Epstein & Delgado, 2010).

"Traditional ethics education that focuses on ethical dilemmas and underlying principles is inadequate to address situations involving moral distress" (Corey, G. 2002 in Epstein & Delgado, 2010).

Can There Ever Be Universal Moral Values?

Universal Declaration of Human Rights

http://www.icnl.org/research/library/files/Transnational/UNIVERSAL_DECLARATION_OF_HUMAN_RIGHTS.pdf

Assessment of Moral Distress: Yours and Others

1. **The Individual Ethics Profile** Profilehttps://www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&es_th=1&ie=UTF-8#q=Individual+Ethics+Profile&es_th=1
2. **The Moral Foundations Questionnaire**

https://www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&es_th=1&ie=UTF-8#q=moral%20foundations%20questionnaire&es_th=1

3. **Professional Quality of Life Assessment (ProQOL):**

    https://files.counseling.org/wellness_taskforce/PDF/ProQOL.pdf

4. **Meaning in Life Questionnaire:**

    https://sites.google.com/site/michaelfsteger/themeaninginlifequestionnaire

5. **Compassion Fatigue Questionnaire:**

    http://www.compassionfatigue.org/pages/cfassessment.html

6. **Life Values Inventory**

   http://www.uen.org/cte/facs_cabinet/downloads/TeenLiving/S1Web_LifeValuesInventory.pdf

MD Not Just Affecting Nurses

MD originally identified in front-line nurses in healthcare settings. It has as expanded to: physicians, respiratory therapists, pharmacists, psychologists, social workers, nutritionists, and chaplains (Epstein & Delgado, 2010).

Proposal: Moral Distress may extend to parents, employees, military, law enforcement, politicians, clergy, educators, accountants, attorneys, administrators, business managers, charitable foundations, scientists, and others_____.

Moral Residue

The effects of Moral Distress tend to linger (Jameton, in Epstein & Delgado, 2010).

Moral Residue "that which each of us carries with us from those times in our lives when in the face of moral distress we have seriously compromised ourselves or allowed ourselves to be compromised" (Webster & Bayliss, in Epstein & Delgado, 2010).

The Crescendo Effect

(See Handout)

The effects of Moral Distress (accumulation of moral residue) are cumulative and have tangible psychological and physical effects.

"Each time a morally distressing situation occurs and resolves, the level of residual moral distress rises" (Epstein & Delgado, 2010).

Effects of Moral Distress

Physical: Fatigue, Gastrointestinal, Impaired Sleep, Weight Variations, Headaches, Hyperactivity, Mental Impairment.

Behavioral: Addictions, inflexibility, over-involvement with patients/families, Disengagement at work, feeling powerless, objectifying patients, Avoidance.

Emotional: Anger, Guilt, Fear, Depression, Grief, Overwhelmed, Frustrated.

Spiritual: Loss of meaning, faith crisis, disconnection with people, work, community, disruption in religious practices.

The Tasks of Life and Moral Distress

Task 1: Love/Sex

Task 2: Work

Task 3: Community

Task 4: Relationship with the Self

Task 5: Relationship with the Transcendent

(Harold Mosak, et. al)

The Spiritual Dimension of Moral Distress

Task 5: Relationship with the Transcendent

Crisis occurs on existential level as professional helper experiences dissonance between actions and sense of higher purpose.

Crisis of life meaning at global level, i.e.,

"If I can't do what I am here to do, who am I? What am I?"

Is Moral Distress the Same as Burnout or Compassion Fatigue?

Burnout: Frequently associated with low energy, apathy, reduced autoimmune functioning, discouragement, powerlessness, and withdrawal.

Compassion Fatigue: largely mental and emotional over time. May include unrecognized or denied Moral Distress.

Moral Distress: Includes the above but is more comprehensive with additional consciously recognized philosophical and spiritual factors affecting personal sense of integrity in context felt powerlessness.

Case Example

Michael came into work one morning at his managed care clinic and was informed that his client, a 34 year-old Korean-American man with a psychotic disorder, would have to be terminated that day. The client, whom Michael had seen weekly for a year, had accidentally been approved for therapy with an insurance policy that the clinic does not accept. The clinic made it clear that there was no option or room for discussion about this decision. Michael complied with the directive and the client expressed distress and feelings of abandonment. Despite giving the client a referral for continued care, Michael feels guilty, angry, and ashamed.

The Four A's

Thanks to the Ethics Work Group of FY04 for
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Ask: Am I/team suffering?

Affirm: Distress, Feelings, and Responsibility.

Assess: Patient? Policy? Team Collaboration?

Act: See Self-Assessment Handout

University of Kentucky Moral Distress Project (Introduction) April 2013

www.youtube.com/watch?v=QdPmIoh4XMk

A Core Problem with MD

In addition to the internal or external constraints which place helpers in the double-bind of Moral Distress. The central issue may be:

"That it will happen again, I am powerless to affect change, and will have to deal with it alone."

Moral Courage

Moral Courage

Moral courage occurs when an individual with high ethical standards faces acute or recurring pressures to act in a way that conflicts with their values (Clancy, 2003 & Miller, 2005).

Different than Moral Certainty and Moral Arrogance (Murray, 2010).

On Being Wrong

Moral Distress and Cognitive Intervention:

What are the facts of my situation?

Kathryn Schulz: On being Wrong

www.youtube.com/watch?v=QIeRgTBMX88

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Conflict Avoidance and Moral Distress

Dare to Disagree http://www.ted.com/talks/margaret_heffernan_dare_to_disagre e.html

Willful Blindness

http://www.ted.com/talks/margaret_heffernan_the_dangers_of _willful_blindness

The Moral Utility of Wrongness

Discuss a time in your work life when you moved from *Moral Certainty* or *Moral Arrogance* to the realization that you had been wrong.

1. What were the ethical ramifications?
2. How did you experience your wrongness?
3. Did this alleviate or cause Moral Distress?

Adlerian Intervention with Moral Distress

1. Assess helper's core identity (Self-Ideal)
2. Get the facts of the case (vs. Mistaken beliefs)
3. Identify core principles at stake (Ethical Worldview)
4. Identify religious/spiritual worldview (Teleology)
5. Identify constraints, i.e., internal or external
6. Affirm Moral Courage (Encouragement)
7. Assess anticipated consequences of action
8. Movement to action (Social Interest)
9. Follow-up and support (Belonging)

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