Moral Distress, Debriefing, and Code Lavender

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What is Moral Distress?

Moral Distress occurs when:

• You know the ethically appropriate action to take, but you are unable to act upon it. *(feeling of being powerless to take action)*

• You act in a manner contrary to your personal and professional values, which undermines or threatens your moral integrity and authenticity.
Moral Distress

What are some sources of moral distress?

- May include patients with suicidal ideation, staff and physician conflict, treatment plan disagreements, disrespectful interactions, workplace violence, ethical dilemmas, and family dynamics.
Examples of Factors That May Increase Moral Distress

- **Perceived powerlessness** - Lack of time, inadequate staffing
- **Socialization to follow orders** – Risky to act as patient advocate
- **Hierarchies within the healthcare system** - Lack of collegiality
- **Lack of administrative support** - Priorities in conflict with care needs
- **Compromised care due to pressure to reduce costs** - Fear of litigation
- **Ineffective communication among team members** - Increased moral sensitivity
- **Providing prolonged, overly aggressive treatment** - Inadequate informed consent – lack of AMD
Moral Distress:
Possible Resulting Problems

- **Erosion of Moral Integrity** - Frustration, anger, guilt, depression, anxiety

- **Self-disappointment, self-doubt, self-blame** - Withdrawal from patients and others

- **Burnout** - leaving position or profession, low patient satisfaction

- **Staff has decreased respect for the organization** - Increased litigation and settlements

- **Increased organizational costs** - Diminished professionalism / leave job
### Common Responses to Moral Distress

#### Emotional
- Anger, Confusion, Fear, Sarcasm
- Guilt, Resentment, Sorrow
- Depression, Helplessness
- Grief-stricken, Overwhelmed
- Anxiety, Hurt, Frustration

#### Spiritual
- Loss of meaning
- Crisis of faith
- Loss of control
- Loss of self-worth
- Disrupted religious practices
- Disconnection with people, work, community
### Common Responses to Moral Distress

**Physical**
- Fatigue
- Persistent physical ailments
- Exhaustion
- Headaches
- Lethargy
- Gastrointestinal issues
- Hyperactivity
- Weight gain
- Weight loss
- Impaired Sleep
- Mental Impairment
- Susceptibility to illness

**Behavioral**
- Addictive behaviors
- Controlling behaviors
- Offending behaviors
- Boundary violations
- Apathy, Indifference
- Avoidance
- Erosion of Relationships
- Agitation
- Shaming others
- Victim behaviors
- Depersonalization
- Unable to act from conscience
- Crying due to work-related issues
What is Moral Residue?

Moral Residue is an aspect of moral distress—the lingering effect that remains and can be damaging to the self, particularly when morally distressing episodes repeat over time.

Signs and symptoms that can be indicative of moral residue include:
- Physically and emotionally exhausted
- Dreading the job that you used to like
- Less connection with your job
- Chronic illness

This effect can lead to burnout. Early recognition is the key...

Possible solutions:
- Talk with someone, perhaps a trusted co-worker
- Acknowledge your feelings
- Employee assistance program
- Counseling if your mental health is endangered
- Changing jobs, shifts, or specialties
What is Code Lavender?

- Crisis intervention strategy designed to provide support to health care workers during times of high stress or loss while on the job.

- A supportive response to a staff person, unit, department, or work group which experienced a particularly stressful event or series of events impacting them and their ability to cope.
What is the Purpose of a Code Lavender Debriefing?

To provide much needed support – for staff who, in the course of their work, have experienced trauma

Code Lavender Debriefings will be provided to staff in order to process their experiences – *as a normal and necessary part of their job*
Why is it Important for Staff to Debrief?

• Medical staff often are taught – usually through modeling by peers – to “compartmentalize” – choose to deal with some things and not deal with others – as a way to deal with the difficult aspects of the work.

• Problem with compartmentalization – what you don’t deal with is still there and affects you – often in ways you don’t realize and might not be able to control.

• Medical staff often struggle with feeling their self-worth is tied to their clinical competency – especially in stress.
Types of Code Lavender Debriefings

A Code Lavender intervention can be:

- Individual debriefing
- Real-time group debriefing
- Delayed group debriefing
How Does Code Lavender Work?

Anyone can call a Code Lavender at any time.

Code Lavender Team Member will respond and determine level of intervention:

- Individual Debriefing
- Real Time Group Debriefing
- Delayed Group Debriefing
- Follow-up if needed
- Referral to Employee Assistance Program (EAP) or individual counseling if needed
According to the American Foundation for Suicide, Suicide is the 10th leading cause of death in Wisconsin. Mental Health Clinicians are at risk for experiencing a client death by suicide at some point in their career.

The suicide rate for the United States is 14 deaths per 100,000 people. Some states in the US have recorded rates that are higher than the overall rates in the country, including Montana, with a rate of 28.9. New York, has the lowest rate of suicides with a rate of 8.1 and Wisconsin has a rate of 14.42 – higher than the country’s overall rate.

Wisconsin ranks 28 out of 50.
The Continuum Model: Effects of Suicide Exposure

1. Suicide Exposed
   - Everyone who has any connection to the deceased or to the death itself, including witnesses

2. Suicide Bereaved Short-Term
   - Those for whom the exposure causes a reaction, which may be mild, moderate or severe, self-limiting or ongoing

3. Suicide Bereaved Long-Term
   - People who have an attachment bond with the deceased and gradually adapt to the loss over time

4. Suicide Affected
   - Those for whom grieving becomes a protracted struggle that includes diminished functioning in important aspects of their life

Suicide Bereavement is Unique

Lives are forever altered

Involves questions about the deceased’s volition

Effects of trauma

Degree that suicide is preventable

Lack of privacy

Investigations

Survivor’s questions – “why?” and “what could I have done?”
Survivor’s Struggles

- Overestimate their own power to influence or control events that led to the suicide
- Unaware of or underestimates all other things that contributed to suicide death
- **Hindsight Bias**: Refers to the common tendency for people to perceive events that have already occurred as having been more predictable than they actually were before the events took place.
The Impact on Mental Health Professionals

One in every five mental health professionals will lose a patient to suicide at some point in their career.

The therapist becomes a “clinician-survivor” when a patient takes his or her own life in the course of treatment.

Many therapists have described this experience as the “most profoundly disturbing event of their career.”

The social workers experienced feelings of sadness, guilt, disbelief, confusion, grief, anger, shock, and anxiety. In addition, the fear of legal issues can loom over the entire experience.
Effects on Mental Health Clinicians Can Range in Severity Based on:

- Nature of relationship with client
- How long the clinician has been in practice
- And type of support they receive after the death of a client.

These reactions can depend on the role of supervision, meaning, supervisor responses can either help or hinder the clinician’s experience.
Responses to Suicide

**Personal**
- Shock
- Disbelief
- Anger
- Feelings of sadness, grief and loss
- Disturbed sleep, trouble concentrating and decreased appetite.

**Professional**
- Impact on professional functioning,
- Guilt and shame
- Thoughts of self-doubt
- Feelings of incompetence
- Professional isolation
- Fear of blame or litigation
- Changes in self-perception
What are the Components of a Critical Incident Stress Debriefing?

**Introduction** - CISD team introductions. Participation in the discussion is voluntary & team keeps information confidential.

**Facts** - Brief overviews of the facts. Giving the group members an opportunity to contribute and reduce anxiety.

**Thoughts** - Participants share thoughts and begin transition from the cognitive domain toward the affective domain.

**Emotions** - Impact on the participants. Anger, frustration, sadness, loss, confusion, and other emotions may emerge.

**Symptoms** - What cognitive, physical, emotional, or behavioral symptoms are participants dealing with?

**Education** - Team normalizes, reframes, and discusses the symptoms brought up by participants.

**Finishing** - The participants and team may ask questions or make final statements. Information and guidance is shared.

**Follow-up** - Group or one-on-one sessions are offered.
Documenting the Debriefing

Different than a Health Care Services Review.

Information discussed in a debriefing is likely to be considered discoverable if there is litigation involved.

Be thoughtful about documenting the debriefing process.

Document general topics such as emotions and symptoms experienced, however do not identify who shared what.

Debriefing document should not be entered into the client’s treatment record.
Debriefing/Postvention

Objectives:
- To mitigate the impact of the suicide to restore the health and environment of the staff; and
- accelerate their return to routine functions.

2-14 day period after the suicide is more beneficial than an individual briefing.

Peer-driven process – focuses on psychological and emotional aspects of the event.

Discussion has been found to be helpful in allowing further processing and understanding of the suicide.
Psychological resilience is the ability to mentally or emotionally cope with a crisis or to return to pre-crisis status quickly. Resilience exists when the person uses "mental processes and behaviors in promoting personal assets and protecting self from the potential negative effects of stressors".
Factors in Resilience

Having caring and supportive relationships within and outside the family

Relationships that create love, and trust, provide role models and offer encouragement and reassurance help bolster a person’s resilience

Additional factors:
• Capacity to make realistic plans and take steps to carry them out
• Positive view of self and confidence in one’s strengths and abilities
• Skills in communication and problem solving
• Capacity to manage strong feelings and impulses.
Ways to Improve Your Resilience

- Find a sense of purpose in your life
- Build positive beliefs in yourself
- Embrace change
- Be optimistic
- Develop a strong network
- Nurture yourself
- Develop your problem solving skills
- Establish goals
- Take action to solve problems
- Keep working on your skills
Take care of each other. When the well runs dry we know the worth of water.

~Benjamin Franklin