Morally Distressing Events in Healthcare Workers During the Coronavirus (COVID-19) Outbreak

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Disclosures

- Funding by DoD’s CDMRP to study Trauma Informed Guilt Reduction Therapy (TrIGR)
- Book published by Elsevier Press
Thank You

- Patricia Watson, PhD
- Shira Maguen, PhD
- Jessica Hamblen, PhD
- Todd McKee
Agenda

- Definition and history
- Moral distress and mental health
- Peer, colleague, and leader support
- Treatment
- Next steps
Values

- A person’s principles or standards of behavior
- One’s judgment of what is important in life

VALUES are like fingerprints. Nobody's are the same, but you leave 'em all over everything you do.

- Elvis Presley
What is Moral Distress?

An **event** occurs where someone’s values and morals are violated by perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and values.

The person feels **moral distress** (involving emotions and cognitions – guilt, shame, betrayal) in response to the event.

Sometimes there is lasting psychological, biological, spiritual, behavioral, and/or social **impact** of the morally distressing event.
I did something bad.

I am bad.
Broad categories of events

- Decisions that affect the survival of others
- Decisions where all options will lead to a negative outcome
- Going against one’s beliefs (commission)
- Failing to do something in line with one’s beliefs (omission)
- Witnessing or learning about such an act
- Betrayal by trusted others
Combat

- Killing or harming others
- Surviving
- Failing to perform a duty
- Feeling nothing or exhilaration
- Witnessing a harmful act
- Failing to act or report
- Making decisions that affect survival of others
Healthcare

- Inadequate tools, resources, training
- Witnessing a great deal of suffering and death
- Honoring one set of values feels like failing in another
- Trying to save a life while preserving one’s own
- Witnessing or participating in rituals around dying that go against values
- Supervisors making decisions that put others at risk
- Feeling numb or nothing
- Abiding with policies with which one does not agree
MORAL DISTRESS AND MENTAL HEALTH
Most Healthcare Workers Will Not Experience Lasting Distress

- Expectations around suffering and death
- Training and preparation
- Healthcare cultural norms
- Messaging/support from peers and leaders
- Acceptance by family and culture at large
- Positive growth is possible
Moral Distress

- Anger, disgust, grief
- Self sabotaging
- Sense of being damaged, flawed
- Changes in sleep and behavior
  - Isolation, avoidance, compulsive behaviors
- Loss of compassion, empathy
Moral distress may lead to...

- Suicidal thoughts and behavior
- Depression
- Substance use
- Worse functioning
- PTSD...

Braitman et al., 2018; Bryan et al., 2018
Morally Distressing Event  

- Often but not always related to life-threatening events  
- Event transgresses understanding of morality

Criterion A  

- Usually related to life-threatening events  
- Often but not always fear-based reaction
Consequence of Moral Distress

PTSD

• Spiritual
• Existential
• Avoidance: protect others from you
• Not deserving
• To get better

• Less Research
• Less Consensus

Reminders
Suicide risk
Intrusive Thoughts
Sleep Issues
Substance Use
Self-sabotage
Negative Cognitions
Guilt/Shame
Anger, Disgust, Betrayal
Loss of meaning/purpose
Social problems
Trust issues
Spiritual changes
Fatalism
Sorrow

• Reexperiencing
• Hyperarousal
• Avoidance: preventing reminders
• More research
• More consensus

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Sorrow
Guilt, shame, and betrayal

**Common following trauma and combat**

- 54% endorse posttraumatic guilt in their lifetime
- 41% endorse current posttraumatic guilt
- 35% report being moderately to extremely bothered by their guilt

(Miller et al., 2012)

**Can exacerbate posttraumatic distress**

**Persists without treatment**
ASSESSMENT
Assessing Critical Factors of Moral Distress

- Guilt
- Shame
- Anger
- Disgust
- Grief
- Betrayal
Guilt and Shame

- Is the person experiencing guilt and shame?

- Trauma Related Guilt Inventory (TRGI)
  - Kubany et al., 1997

- The Trauma Related Shame Inventory
  - Oktedalen et al., 2014
PEER, COLLEAGUE AND LEADER SUPPORT
Self-care

• Not easy for healthcare workers
• Seek support (colleagues, leaders)
  • Support in making difficult choices
  • Support for moral distress
• Watch for “should” thoughts
• Focus on what one can control
Self-care Tools

- **Helpful Thinking During COVID-19 (webpage)**
- **Phone Apps**
  - COVID Coach
  - Mindfulness Coach
  - PTSD Coach
The COVID Coach app was created for everyone, including Veterans and Servicemembers, to support self-care and overall mental health during the coronavirus (COVID-19) pandemic.

**Features Include:**

- **Education** about coping during the pandemic
- **Tools** for self-care and to improve emotional well-being
- **Trackers** to check your mood and measure your growth toward personal goals
- **Graphs** to visualize progress over time
Colleagues

- Reach out
- Listen
- Help broaden perspective
- Ok to set limits
Additional Resources

• More information on engaging in self-care and coworker support are included in the Stress First Aid toolkit

• Information on changing unhelpful thoughts is included in the Skills for Psychological Recovery Manual

• Information on engaging in supportive conversations or helpful thinking in the context of pandemics can be found in Tips for Providing Support to Others During the Coronavirus (COVID-19) Outbreak, and Helpful Thinking During the Coronavirus (COVID-19) Outbreak
Support from Leaders

- Communicate changing policies, decisions
- Send message that moral distress can occur
- Check-ins, debriefs, praise, normalization
- Remind employees
  - They are doing their best under difficult circumstances
  - You won’t always be your best under difficult circumstances
- Destigmatize help seeking
MORAL DISTRESS INTERVENTION
Considerations

- Accepting, non-judgmental, empathic stance
- Stay open/alert to
  - Understand source of distress
  - Own presumptions about perpetration, morals, values, and spirituality
  - Self-sabotage
Efficacy of Integrated Exposure Therapy vs Integrated Coping Skills Therapy for Comorbid Posttraumatic Stress Disorder and Major Depressive Disorder: A Randomized Clinical Trial

Sheila A. M. Rauch, PhD; H. Myra Kim, ScD; Corey Powell, PhD; Peter W. Tuerk, PhD; Naomi M. Simon, MD; Ron Acierno, PhD; Carolyn B. Allard, PhD; Sonya B. Norman, PhD; Margaret R. Venners, MPH, MSW; Barbara O. Rothbaum, PhD; Murray B. Stein, MD, MPH; Katherine Porter, PhD; Brian Martis, MD; Anthony P. King, PhD; Israel Liberzon, MD; K. Luan Phan, MD; Charles W. Hoge, MD
PTSD Treatment for Moral Distress – Mixed Results

- Trauma focused treatments can reduce guilt (e.g., Clifton, Feeny, Zoellner, 2017; Resick et al., 2002)

- Guilt may persist after PTSD treatment (e.g., Larsen et al., 2019)

- Greater guilt severity associated with less PTSD change (Oktedalen, 2015)

- Is moral distress a focus of therapy?
Addressing Traumatic Guilt in PTSD Treatment

In Prolonged Exposure Therapy

and

In Cognitive Processing Therapy

www.ptsd.va.gov/professional/continuing_ed/guilt_ptsdTX.asp
Novel Interventions

- Acceptance and Commitment therapy for MI – Farnsworth et al., 2017
- Adaptive Disclosure – Gray et al., 2012
- Impact of Killing Treatment Program – Maguen et al., 2017
- Spiritually oriented consultation
- Trauma Informed Guilt Reduction – Norman et al., 2014
TRauma Informed Guilt Reduction Therapy
Sonya Norman
Carolyn Allard, Kendall Browne, Christy Capone, Brittany Davis, Edward Kubany

- 3 Modules, 4-6 Sessions
- CBT + acceptance principles
- Transdiagnostic

1. Psychoeducation
2. Appraisal
3. Values
Non-adaptive guilt cycle: avoidant coping, guilt, shame, distress, and cognitions intensify

Model of Non-Adaptive Guilt and Shame (NAGS) Cycle

Trauma or Stressor

No Guilt

Guilt

No Avoidance

Guilt is appraised and used adaptively (e.g., values clarification, commitment to reparative action, etc…)

Avoidant Coping

Non-adaptive guilt cycle:
avoidant coping, guilt, shame, distress, and cognitions intensify

Posttraumatic problems: AUD/SUD, PTSD, MDD, Suicidal ideation

Guilt Cognitions*

*unappraised guilt as evidence of wrong doing

Shame
Module 1: Psychoeducation

• Non-adaptive guilt and shame model
• Association between guilt/shame and other posttraumatic distress, moral injury
• Start to explore the function of guilt/shame
• Common reasons for guilt
Module 2: Appraisal

• Identify source(s) of guilt, shame, MI
  • Should/shouldn’t have thoughts

• Debrief
  • Foreseeability/Preventability
  • Justification
  • Responsibility
  • Wrong Doing
## Justification Analysis

<table>
<thead>
<tr>
<th>What you did</th>
<th>Option 1 - Mourn</th>
<th>Option 2 – Tell everyone to act appropriately</th>
<th>Option 3 -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pros</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cons</td>
<td></td>
<td></td>
<td></td>
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<th>Option 3 -</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pros</strong></td>
<td>Got the job done, cope with situation, pull my share</td>
<td>Human reaction</td>
<td>Human reaction</td>
<td></td>
</tr>
<tr>
<td><strong>Cons</strong></td>
<td>Disrespected family</td>
<td>Stand out, not do job, put others in danger</td>
<td>Stand out, alienate self further, insubordinate</td>
<td></td>
</tr>
</tbody>
</table>
# Responsibility Analysis

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Me</td>
<td>90</td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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<tr>
<td>10</td>
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</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
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<tr>
<td>1  At war</td>
<td>90</td>
</tr>
<tr>
<td>2  Orders</td>
<td>90</td>
</tr>
<tr>
<td>3  Consequences of insubordination</td>
<td>100</td>
</tr>
<tr>
<td>4  Not wanting to embarrass my family</td>
<td>80</td>
</tr>
<tr>
<td>5  Sleep deprivation</td>
<td>70</td>
</tr>
<tr>
<td>6  Felt numb, didn’t feel real</td>
<td>80</td>
</tr>
<tr>
<td>7  Didn’t want to stand out</td>
<td>90</td>
</tr>
<tr>
<td>8  Survivor instinct</td>
<td>90</td>
</tr>
<tr>
<td>9  Total</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>490</td>
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</table>
Modules 3: Morals and Values

- To reduce need to express values through suffering
- What would it mean to go on with life feeling less guilty?
- What function does guilt serve re: morals and values?
- Identify values in a number of domains
- Set short and long term goals to live more closely aligned with morals and values
DoD Funded 2-Site Study

• TrIGR v supportive therapy

• Transdiagnostic
  • PTSD, depression, substance use, suicide

• Post 9/11 Veterans- Deployment Traumas
Where do we go next?

- From extrapolation to rigorous understanding
- Listen and learn
- Measurement specific to healthcare workers and COVID-19
- Understand prevalence, short and long term impacts
- How do we help find a way forward that is meaningful and positive
Coping with COVID-19

Resources from the National Center for PTSD

www.ptsd.va.gov/COVID

Includes a variety of resources for:
- Everyone (including veterans, their families, and the general public)
- Health Care Workers and Responders
- Employers and Community Leaders
PTSD Consultation Program
We can help

HEALTHCARE PROVIDERS:

▪ Are you treating Veterans with PTSD? We can help
▪ Do you have questions about the mental health effects of the COVID-19 pandemic? We can help
▪ Are you looking for ways to care for yourself and your colleagues? We can help

PTSDconsult@va.gov
866-948-7880
www.ptsd.va.gov/consult
Please enter your questions in the Q&A box and be sure to include your email address.

The lines are muted to avoid background noise.
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Listen to the lecture.

Return to TRAIN for evaluation.

Follow the directions to print certificate.

TRAIN help desk: VHATRAIN@va.gov

(866) 948-7880 or PTSDconsult@va.gov
CEU Process (for VA employees)

Registration

Register in TMS.

Attendance

Join via TMS and listen to the lecture.

Post

Posttest is no longer required for this lecture.

Evaluation

Return to TMS and complete evaluation.

Certificate

Print certificate from “My History” section of TMS.

Contact Information:

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PTSD Consultation Program
FOR PROVIDERS WHO TREAT VETERANS

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SAVE THE DATE: Third Wednesday of the Month from 2-3PM (ET)

UPCOMING TOPICS

Proposed topic for June 17

Clinical Considerations for Addressing Intimate Partner Violence in the COVID-19 Era

Katherine Iverson, PhD
Julia Caplan, LCSW

SAVE THE DATE: Third Wednesday of the Month from 2-3PM (ET)

PLEASE NOTE: Topics are subject to change in the coming months

For more information and to subscribe to announcements and reminders go to www.ptsd.va.gov/consult