

# MORAL INJURY, CRISIS AND RESILIENCE IN CONTEMPORARY SOCIAL WORK

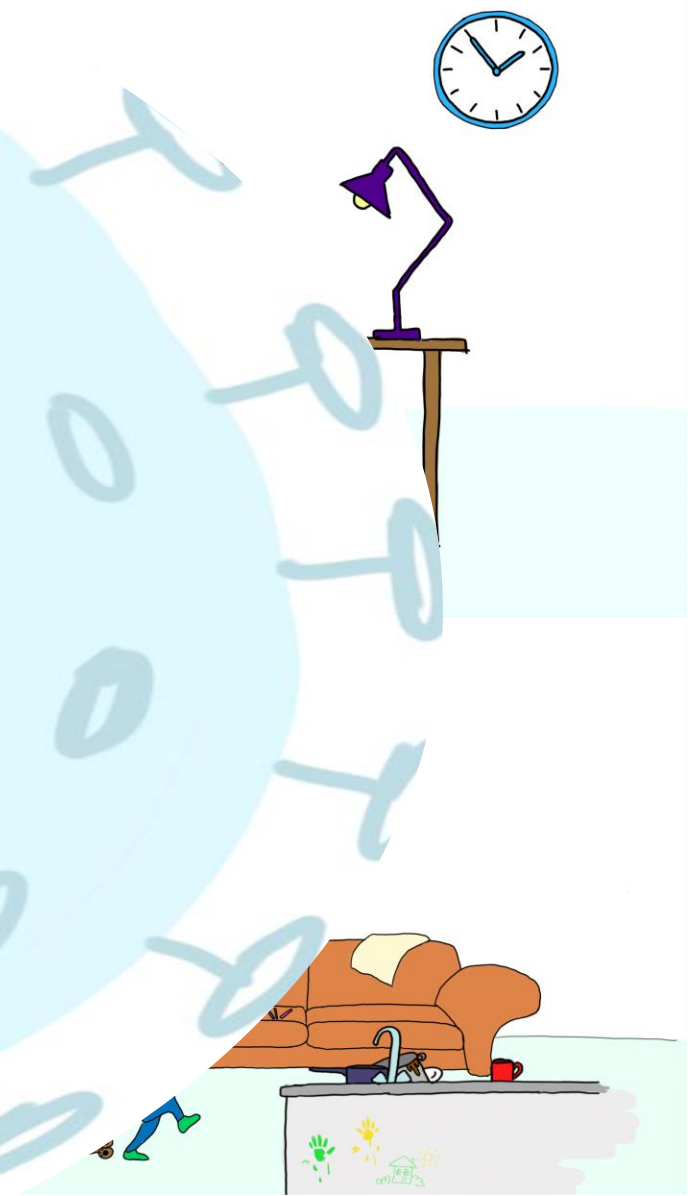
SIOBHAN MACLEAN  
FOR SASW  
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# THE IMPACT OF COVID-19

- Rapidly spreading
- Increased mortality
- Lack of effective treatments
- Lack of herd immunity
- Lack of social distancing
- Breakdown of social norms
- Potential for a second wave
- Where it started
- Where it is spreading
- In fact, we are still in the early stages
- General boundaries

SOCIAL-  
WORK  
COVID 19



# COVID IS NOT THE ONLY CRISIS THAT SOCIAL WORKERS ARE DEALING WITH!

Social care crisis



Staffing / public service crisis



The cost of living crisis



We are always working with crisis!



# CRISIS THEORY

Caplan (1965) one of the first writers to discuss crisis intervention, suggested that crises have three phases:

1. Impact stage
2. Recoil stage
3. Adjustment and adaptation stage

Since then lots of writers have built on the stages, largely referring to impact and recoil but often changing the third stage (re-organisation, recovery or reimagining)

# SOCIAL CARE WORKERS DIDN'T 'RECOIL'

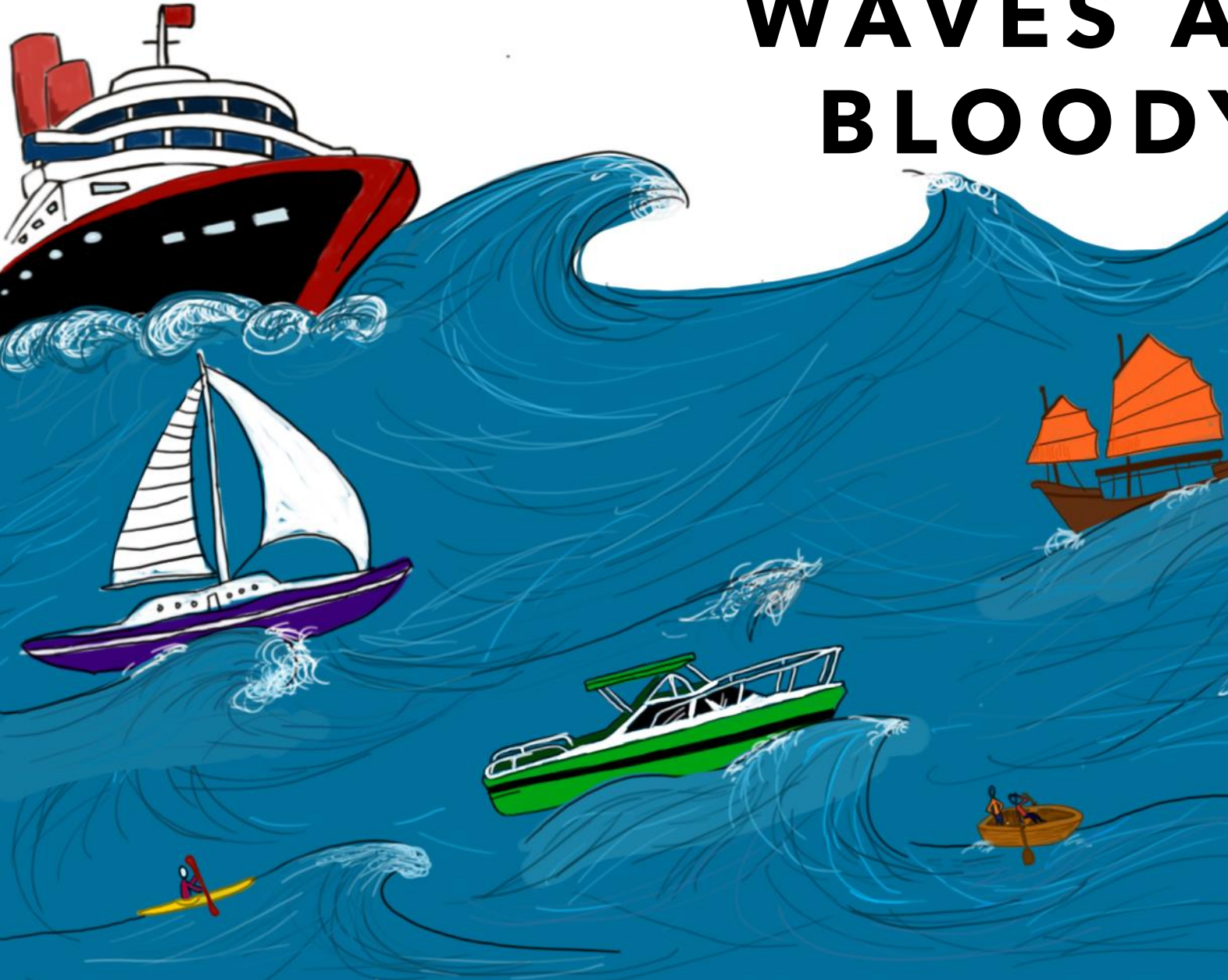
1. Impact stage
2. Reacting / responding
3. Reorganisation, recovery, reimagining

I tried to find a word for impact beginning with re - but couldn't. Perhaps because words beginning with the prefix 're' are about 'new' or 'again.'

There are lots of 'RE' words that relate to your practice... which can you think of?



# WAVES AND THAT BLOODY BOAT!



- We keep being told that 'we are all in the same boat'
- We know that we are not all in the same boat
- I used to think we might all be facing the same wave, but now recognise that's not even true
- The situation is constantly changing
- Waves of emotions
- What kind of boat are you in?

# PROFESSIONAL RESILIENCE IS.....

“A positive attribute that can protect and enhance health and wellbeing. It is particularly important for helping professionals who face highly challenging and complex situations.”

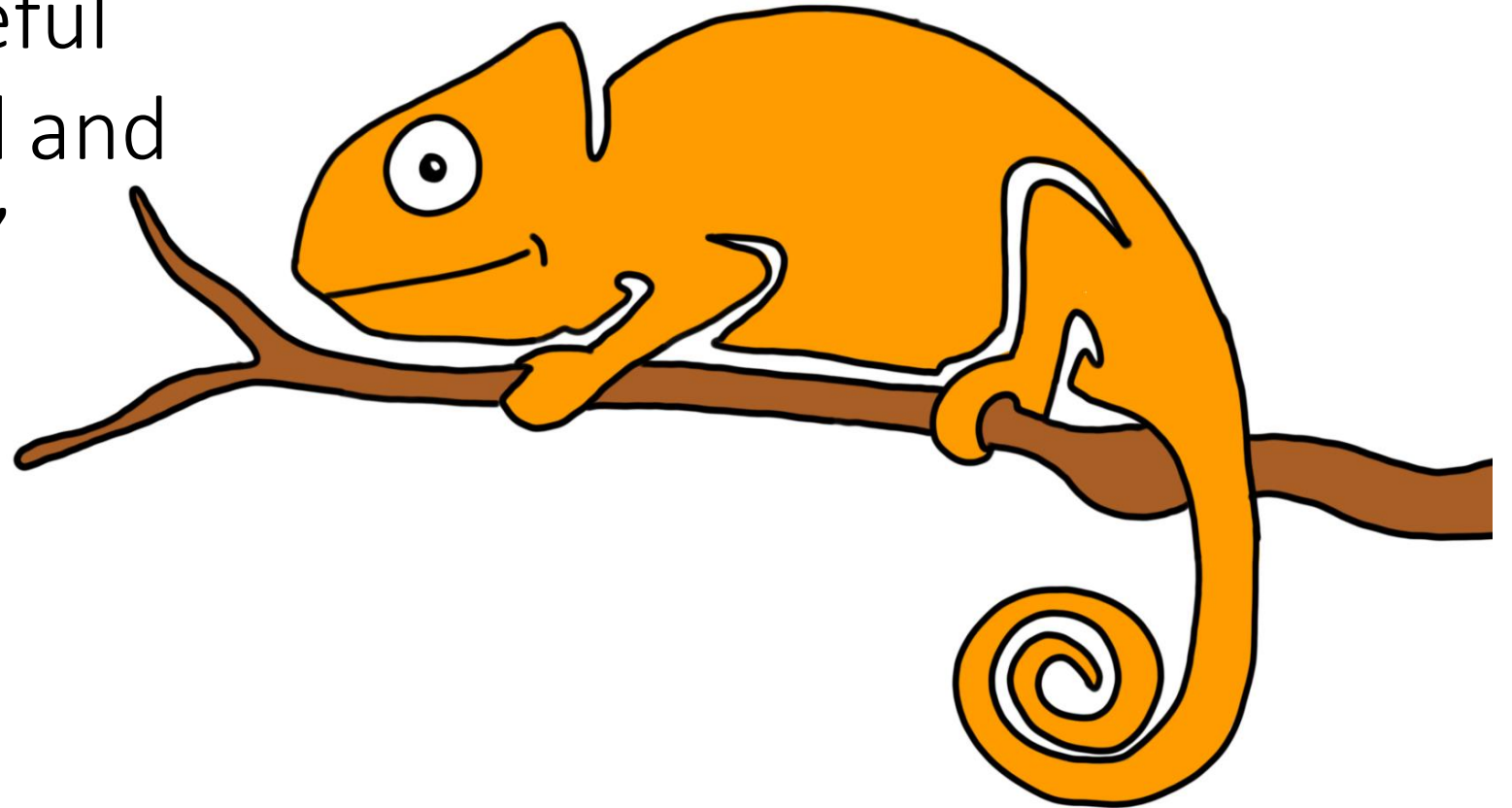


(Grant and Kinman 2015)

Generally seen in two ways:

# ADAPTABILITY

“The general capacity for flexible and resourceful adaptation to external and internal stressors”  
(Klohen 1996)

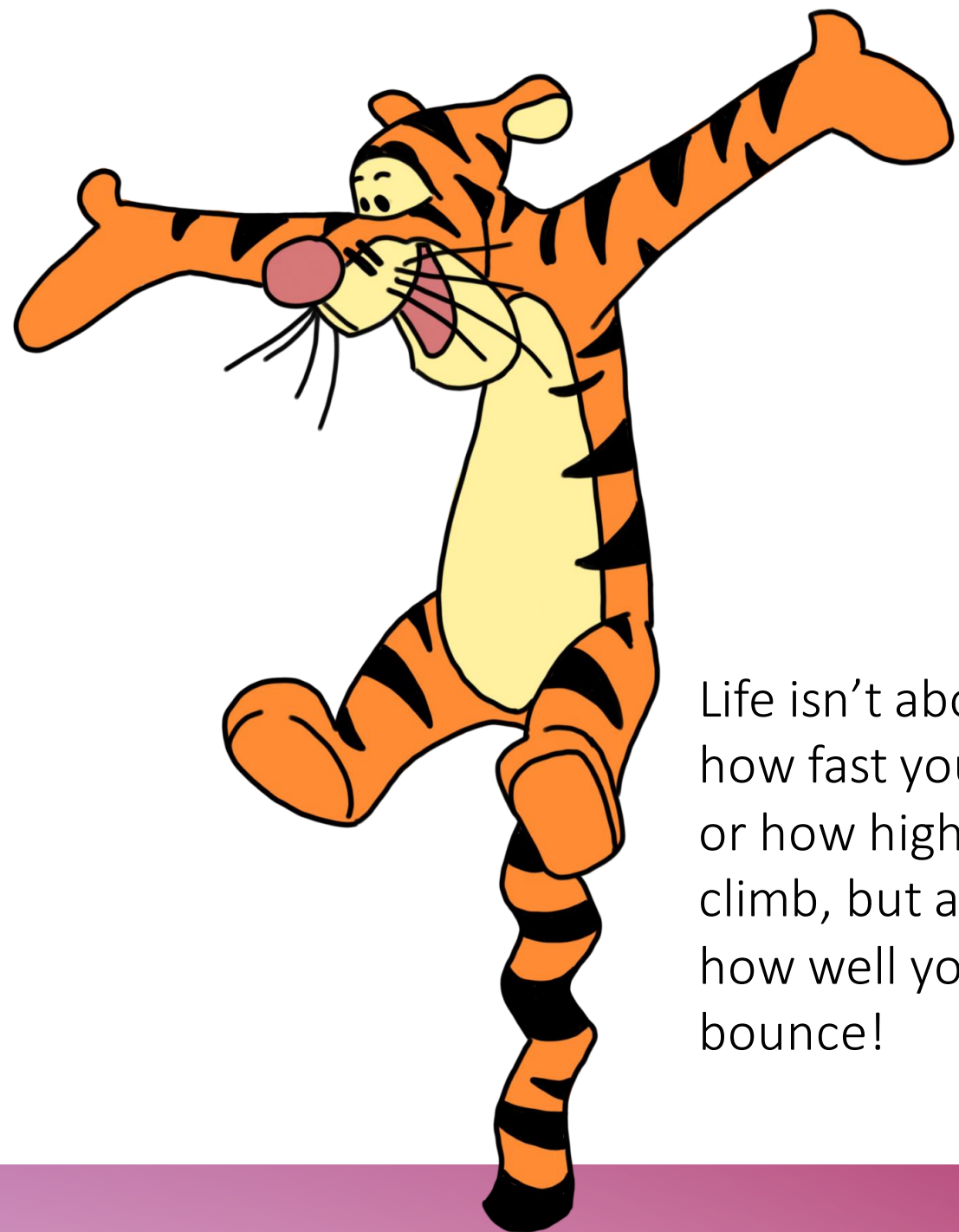




# BOUNCEBACKABILITY

“Ability to ‘bounce back’ from negative emotional experiences”

(Tugade and Frederikson 2004)



Life isn't about how fast you run or how high you climb, but about how well you bounce!



Can you put  
it over there,  
please.



“There is a lot of interest in professional resilience and how we build this in practitioners. Over the years I had developed a range of self care strategies. However, my immediate work setting provided a resilience-boosting context.....

There seems to be a prevailing philosophy of expecting social workers to be robust enough to cope with whatever the job requires. It is unsurprising that the burnout rates are so high. Apart from impacting negatively on the retention of experienced staff, and being morally questionable, this attitude influences the way practitioners work with those people who need services. Emotionally barren organisations set the tone for chains of poor emotional literacy. Leaders need to role model sensitive and attuned practice if they want their staff to treat the people who use services with respect and compassion.”

(Caroline Aldridge in 'He Died Waiting' 2020:139)

THE EXPECTATION THAT WE CAN  
BE IMMERSED IN SUFFERING AND  
LOSS ON A DAILY BASIS AND NOT  
BE TOUCHED BY IT IS ABOUT AS  
UNREALISTIC AS EXPECTING TO BE  
ABLE TO WALK THROUGH WATER  
WITHOUT GETTING WET.



DR NAOMI RACHEL REMEN



# THE IMPACT OF WORKING FROM HOME (OR LIVING AT WORK!)

- Trauma and space are connected (“do you remember where you were when you heard...?”)
- Social work is in our homes and in our families – how do we avoid secondary trauma impacting on them?
- Limitations in terms of situated learning and situated support
- Our employers and educators have a responsibility to support us in creating reflective, emotionally safe working spaces



Here I am doing death and dying at my kitchen table

I'm haunted by what I did. They were married 72 years and they never saw each other again.

I feel abandoned by social work leadership

I don't know how tall they are I have only ever 'seen' my colleagues online

I feel like my home has been invaded

I was allocated 20 new cases for urgent discharge. The end of that day I closed 17 because they had died

I'm doing what I can but its never going to be enough. I keep asking myself how am I ever going to get over this?

When this is all over I will never want to come in this room again

Sitting at a computer closing case after case and having to click on 'death', I realised that tears were rolling down my face

How are you supposed to learn about your profession sitting in your bedroom in a Global pandemic? Watching it online just isn't enough.

It feels like a war zone and we just have to keep on battling

It is loss after loss. How are you supposed to process it all?

It has felt like winter all the way through the summer. I am dreading winter

At the start I felt helpless, now I just feel hopeless. I have lost hope.

# 'MORAL INJURY'

- Taken from the military, moral injury refers to the psychological distress that results from actions (or the lack of them) which violate someone's moral or ethical code.
- Moral Injury is a concept which has been around for many years, but the links to occupation and the way we see it today comes from the work of psychiatrist Jonathon Shay over 20 years ago whilst working with Vietnam veterans.
- In an article in the British Medical Journal early in the pandemic (Greenberg et al 2020) highlighted the potential for significant moral injury for health care professionals during the pandemic, because they need to:
  - Think about how to allocate scant resources to equally 'needy' patients
  - Balance their own physical and health care needs with those of their patients
  - Make decisions about how to align their duty to patients with their duty to their own family network



- In many ways similar to concepts we are already familiar with – compassion fatigue, vicarious trauma, burnout. However, we don't expect people to experience these at early stages of their career...
- People who develop moral injuries are likely to experience negative thoughts about themselves or others and feelings of shame, guilt or disgust are common
- It will impact on practice and morale
- It is likely to negatively impact on analysis and decision making and other core practice skills
- The symptoms of moral injury can manifest in changes in sleep patterns, significant or persistent changes in behaviour or habits, mistakes, isolation, compulsive behaviour, and a weakened sense of empathy or compassion (The Awareness Therapy Centre 2020).

## THE IMPACT OF MORAL INJURY

# FACTORS WHICH MIGHT MITIGATE THE IMPACT OF THE INJURY

Team working and a sense that you belong to a community of practice

A strong reflective culture

Good quality emotionally supportive, reflective supervision

In depth reflection with a particular focus on feelings and emotions

'Education' about the potential of moral injury and permission to talk about and explore the depth of the injury with colleagues

Clear recognition of the importance of your work and value being placed upon this

“Long-term negative consequences of morally injurious events are not inevitable. Although exact data is not available, likely, most health care workers who experience morally injurious events will not have long term negative outcomes. In fact, after potentially morally injurious experiences, some even eventually develop a redefined meaning in life and, with time and support, begin to incorporate the experience into growth or helping others.”


(The Awareness Therapy Centre 2021)

“The best support we can offer right now is honest, open conversations so that people feel heard and validated in their experience. That is what will help them get through. Once we are through it, there will be different work to do. Whenever I have spoken about moral injury, there have always been people in the audience who have breathed a huge sigh of relief because there is a name for the way they are feeling. It’s no different now. We really need to find ways to talk about how we’re feeling, both the good and the bad, so that we can bear it. It’s silence that will do the harm, not talking.”

(Murray 2021)



Courageous  
Conversations



The courageous  
conversation is the one  
you don't want to have.

David Whyte

THANK YOU FOR  
YOUR TIME,  
BUT MOST OF  
ALL THANK YOU  
FOR WHAT YOU  
ARE  
CONTINUING TO  
DO

SIOBHAN MACLEAN

