

Is It Burn Out or Moral Injury?

National Indigenous Women's Resource Center

Wednesday, February 26, 2020

Bonnie Duran, DrPH. and Araceli Orozco, LICSW

University of Washington School of Social Work &
Indigenous Wellness Research Institute <http://www.iwri.org>

Exploring these questions

- Connection between burn-out & “Moral Injury” “Moral Distress”
- Approaches of Indigenous Healing: How do we build resilience and peace?

Burn Out or Moral Injury?

1. What they are?
2. Why do we need to talk about it?
3. How does it affect the
 - a. worker?
 - b. work environment?
 - c. clients?
4. What can the worker do?
5. What can the employer do?

Burnout



Burnout syndrome is a response to chronic work stress, mainly related to those professions and services characterized by constant, systematic and intense attention paid to people in need of care¹

1. Maslach and Jackson, 1982; Maslach, 1976

Symptoms

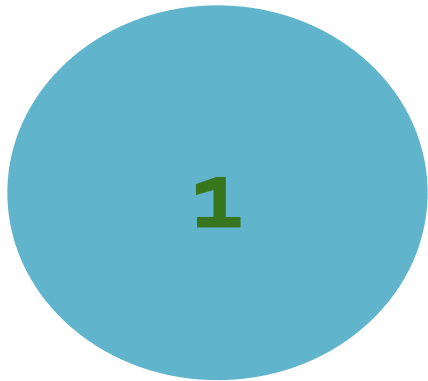
- Emotional Exhaustion
- Depersonalization
- A reduced sense of efficacy

Burn Out or Moral Injury?

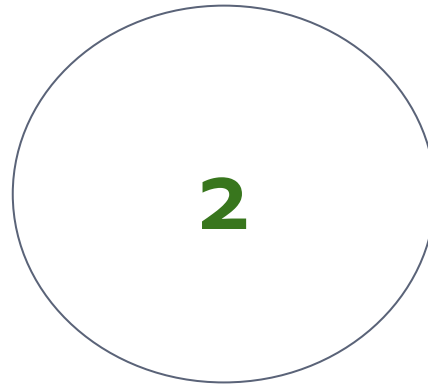
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Burnout

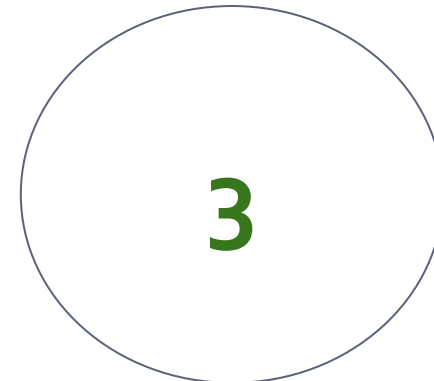
Perspectives



A syndrome with
specific set of
symptoms



A developmental
process



The end of a
process

Symptoms

Emotional
Exhaustion

Depersonalization

Reduce sense of
self-efficacy

Multi-Level Impact

Individual	Organization/ Work Group	Clients
Negative self concept	Negative job attitudes	Loss of concern for clients
Physical ailments	High Turnover	Disrupted engagement
Emotional distress	Absenteeism	Lower consumer satisfaction
Reduce personal achievement	Burnout can spread among employees	Higher hospitalizations
Disrupted personal relationships		

Potential causes of burnout

Individual Burden	Y/N	Organizational Response/Resources
Cases are too complex	Yes	Adequate supervision that is informed in the population's demographic, history and current issues. Triage for complex cases
Caseloads are too high	Yes	Establish a limit of cases per worker Allocate more hours for complex cases
Daily work is too demanding	Yes	Flexible schedules In-house stress interventions Psychological safe environment

Classical “Remedies” for Burnout

How can you beat burnout?

Make time for yourself

Develop self-soothing skills

Analyze what you love and hate about your work?

Take good care of yourself

Cultivate a support network

Set limits, and plan for the future

By Dianne Hales (RD 2/2007)

INDIVIDUAL LEVEL
APPROACHES

Psychological Safety

“Is a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns or mistakes”

Amy Edmonson, Harvard Business School Professor

ZDoggMD



Watch first Video:

<http://bit.ly/3cbmN6m>

TRIGGER WARNING: There is one or two "bleeped out" bad words in this funny video

Watch second Video:

<http://bit.ly/2PtzQGv>

Moral Injury, Moral Distress

- The term “moral injury” was first used to describe soldiers’ responses to their actions in war. It represents “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.”

Moral Injury

Journal of Traumatic Stress
June 2019, 32, 350-362



Moral Injury: An Integrative Review

Brandon J. Griffin,^{1,2} Natalie Purcell,^{1,3} Kristine Burkman,^{1,2} Brett T. Litz,^{4,5} Craig J. Bryan,^{6,7}
Martha Schmitz,^{1,2} Claudia Villierme,¹ Jessica Walsh,^{1,8} and Shira Maguen^{1,2}

Individuals who are exposed to traumatic events that violate their moral values may experience severe distress and functional impairments known as “moral injuries.” Over the last decade, moral injury has captured the attention of mental health care providers, spiritual and faith communities, media outlets, and the general public. Research about moral injury, especially among military personnel and veterans, has also proliferated. For this article, we reviewed scientific research about moral injury. We identified 116 relevant epidemiological and clinical studies. Epidemiological studies described a wide range of biological, psychological/behavioral, social, and religious/spiritual sequelae associated with exposure to potentially morally injurious events. Although a dearth of empirical clinical literature exists, some authors debated how moral injury might and might not respond to evidence-based treatments for posttraumatic stress disorder (PTSD) whereas others identified new treatment models to directly address moral repair. Limitations of the literature included variable definitions of potentially morally injurious events, the absence of a consensus definition and gold-standard measure of moral injury as an outcome, scant study of moral injury outside of military-related contexts, and clinical investigations limited by small sample sizes and unclear mechanisms of therapeutic effect. We conclude our review by summarizing lessons from the literature and offering recommendations for future research.

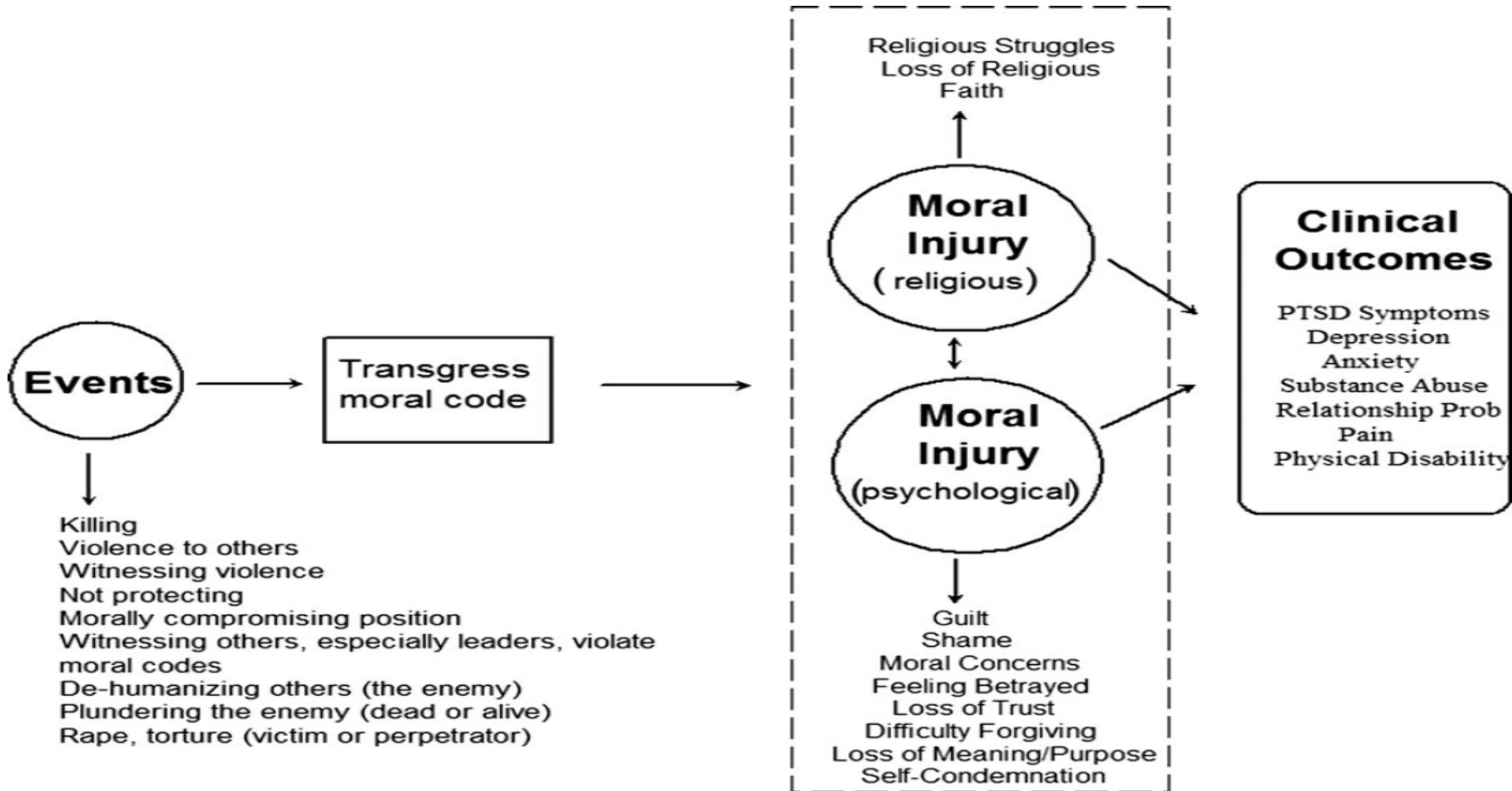
Reframing Clinician Distress: Moral Injury Not Burnout

Wendy Dean, MD; Simon Talbot, MD; and Austin Dean

Wendy Dean is a Psychiatrist and Senior Vice President of Program Operations at the Henry M. Jackson Foundation for the Advancement of Military Medicine in Bethesda, Maryland. **Simon Talbot** is a Reconstructive Plastic Surgeon at Brigham and Women's Hospital and Associate Professor of Surgery at Harvard Medical School in Boston, Massachusetts. **Austin Dean** is a Student at Columbia University in New York City.
Correspondence:
Wendy Dean
(wdean@moralinjury.healthcare, @WDeanMD)

For more than a decade, the term *burnout* has been used to describe clinician distress.^{1,2} Although some clinicians in federal health care systems may be protected from some of the drivers of burnout, other federal practitioners suffer from rule-driven health care practices and distant, top-down administration. The demand for health care is expanding, driven by the aging of the US population.³ Massive information technology investments, which promised efficiency for health care providers,⁴ have instead delivered a triple blow: They have diverted capital resources that might have been used to hire additional caregivers,⁵ diverted the time and attention of those already engaged in patient care,⁶ and done little to improve patient outcomes.⁷ Reimbursements are falling, and the only way for health systems to maintain their revenue is to increase the number of patients each clinician sees per day.⁸ As the resources of time and attention shrink, and as spending continues with no improvement in patient outcomes, clinician distress is on the rise.⁹ It will be important to understand exactly

In July 2018, the conversation about clinician distress shifted with an article we wrote in *STAT* that described the moral injury of health care.¹¹ The concept of moral injury was first described in service members who returned from the Vietnam War with symptoms that loosely fit a diagnosis of posttraumatic stress disorder (PTSD), but which did not respond to standard PTSD treatment and contained symptoms outside the PTSD constellation.¹² On closer assessment, what these service members were experiencing had a different driver. Whereas those with PTSD experienced a real and imminent threat to their *mortality* and had come back deeply concerned for their individual, physical safety, those with this different presentation experienced repeated insults to their *morality* and had returned questioning whether they were still, at their core, moral beings. They had been forced, in some way, to act contrary to what their beliefs dictated was right by killing civilians on orders from their superiors, for example. This was a different category of psychological injury that required different treatment.



Examples of Settler Colonialism in the Medical Industrial Complex

Subjugated Knowledge: *Epistemicide*

1922

THE MODERN HOSPITAL

SUPLANTING THE MEDICINE MAN*

ARTHUR E. MIDDLETON, CHIEF OF CONSTRUCTION SECTION, INDIAN BUREAU, INTERIOR DEPARTMENT
WASHINGTON, D. C.

It so long ago that the period and conditions are reminiscent or unfamiliar to those individuals who have aided and are still aiding in the moral, spiritual and physical advancement and perpetuation of the Red. The fight against disease was waged under the most disadvantages.

The Indian had just begun reluctantly and doubtfully to yield to the influences of civilization and, though clinging some of its customs still clung with tenacity to the ideas and forms formed in the early days of the race and re-created with mingled skepticism and fear

eral exceptions, in the vast region extending from the Mississippi River to the Pacific Ocean and from the Gulf of Mexico to the Canadian border. The exceptions to are the hospitals located at Carlisle, Pa., Cherokee, C., Mount Pleasant, Mich., Hayward, Keshena and Wisconsin.†

The school hospitals are designed solely for the treatment of children and the typical plan usually includes


two separate wards for the sexes with screened glazed porches thereto, convalescent operating, waiting, dining, bath and rooms and kitchen.



Colonial and Medical Authority

OBSTETRIC PROCEDURES AMONG THE ABORIGINES OF NORTH AMERICA. — Dr. Eli McClellan, Assistant Surgeon U. S. A.,

“Promiscuous sexual intercourse among the unmarried of the Apache Indians is common. They are polygamists. The women are unclean and debased. The Navajoes, a branch of the Apache tribe, live in the rudest huts and lead a drunken, worthless life. The women are debased and prostituted to the vilest purposes. Syphilitic diseases abound. Polygamy



METHODOLOGIES OF A PREDATORY DISCOURSE

An original short video by Nathan Twigg (3 1/2 minutes) <http://bit.ly/2TmRUTK>

1920 & 2016 96 years later

→ CONDITIONS IN THE INDIAN
MEDICAL SERVICE

To the Editor:—I have recently had occasion to give extended consideration to the medical needs of our native Indian population. I visited a number of reservations in continuation of former inquiries, including this time the Zuñi and Navaho reservations of Arizona and certain Pueblos of New Mexico. In my judgment the medical situation is as deplorable as it is disgraceful, and I am satisfied that if the facts were known and thoroughly understood the organized medical profession, through the American Medical Association, would bring pressure to bear on the government to bring about the required drastic and far-reaching reforms.

Hoffman, F. (1920). Health Conditions among the Indians. *JAMA*, 75(7), 493-494.



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STORE

In Tense Meeting, Tribal Leaders and Indian Health Service Talk Health Access

By MICHAEL WYLAND | April 13, 2016

what the hell is that?



oh,
just my mind

Indigenist Local Theory of Etiology

- **Historical Trauma** cumulative vulnerability that colonization; i.e., epidemic disease, forced removal, warfare, and white cultural hegemony, have had on the physical manifestation of health among indigenous peoples.

How You Can Change Your Genes

Dr. Lars Olov Bygren's research helps explain how a father's diet might affect certain traits he passes to his son

[Story](#) | [All Best and Worst Lists](#)

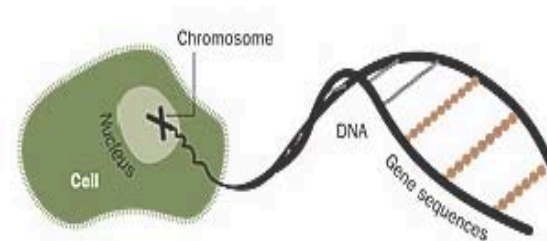
The Structure of Cells

NEXT

1 of 5 | [View All](#)

1
THE STRUCTURE
OF CELLS

2
THE ROLE OF
DNA AND GENES

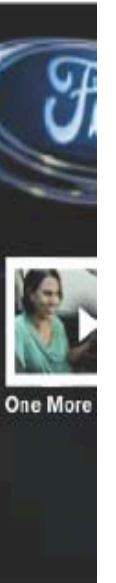


The human body has trillions of cells, each one with a nucleus, its command center. In each nucleus, DNA is tightly coiled around proteins called histones that work as support structures for genes

The Role of DNA and Genes

Genes contain the codes for cells to produce the various proteins that organisms need to function. Humans have approximately 25,000 genes. Darwin and his followers taught us that it takes many generations to rewrite this

[MORE](#)



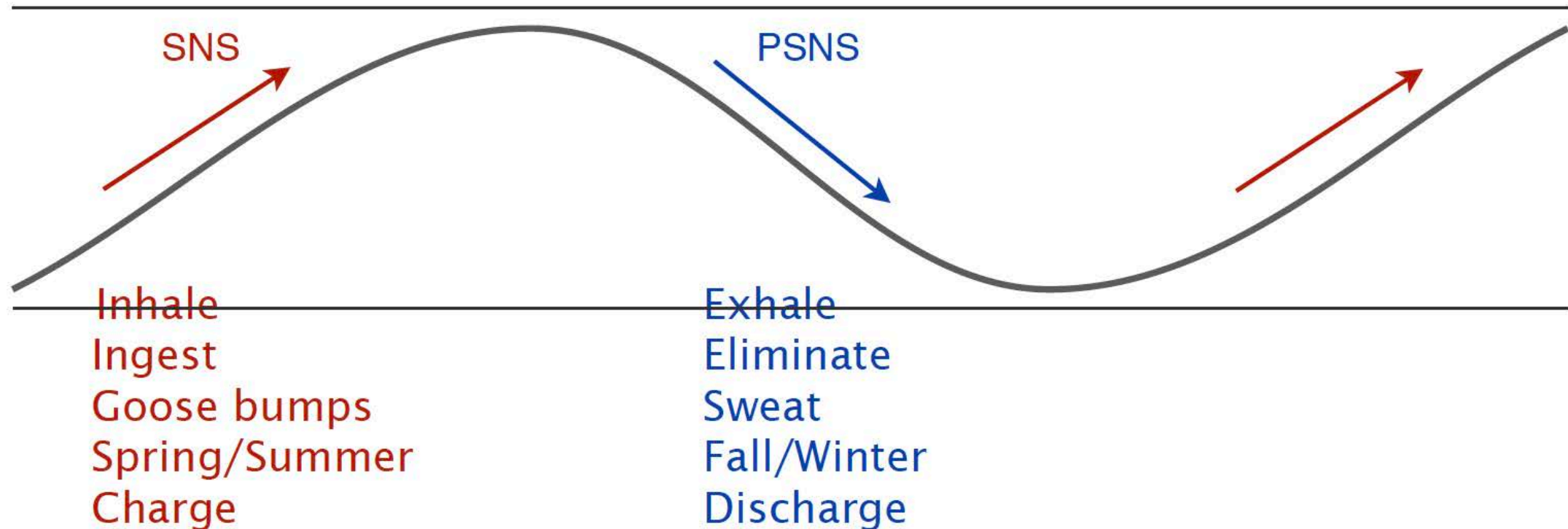
Latest I

Understanding the Effects of Prejudice, Discrimination and Inequity in the Body

by Thea M. Lee, M.A., LMFT(CA), SEP and Tommy Lee Woon, M.S., SEP

Natural Regulation in the ANS - "What goes up does come down."

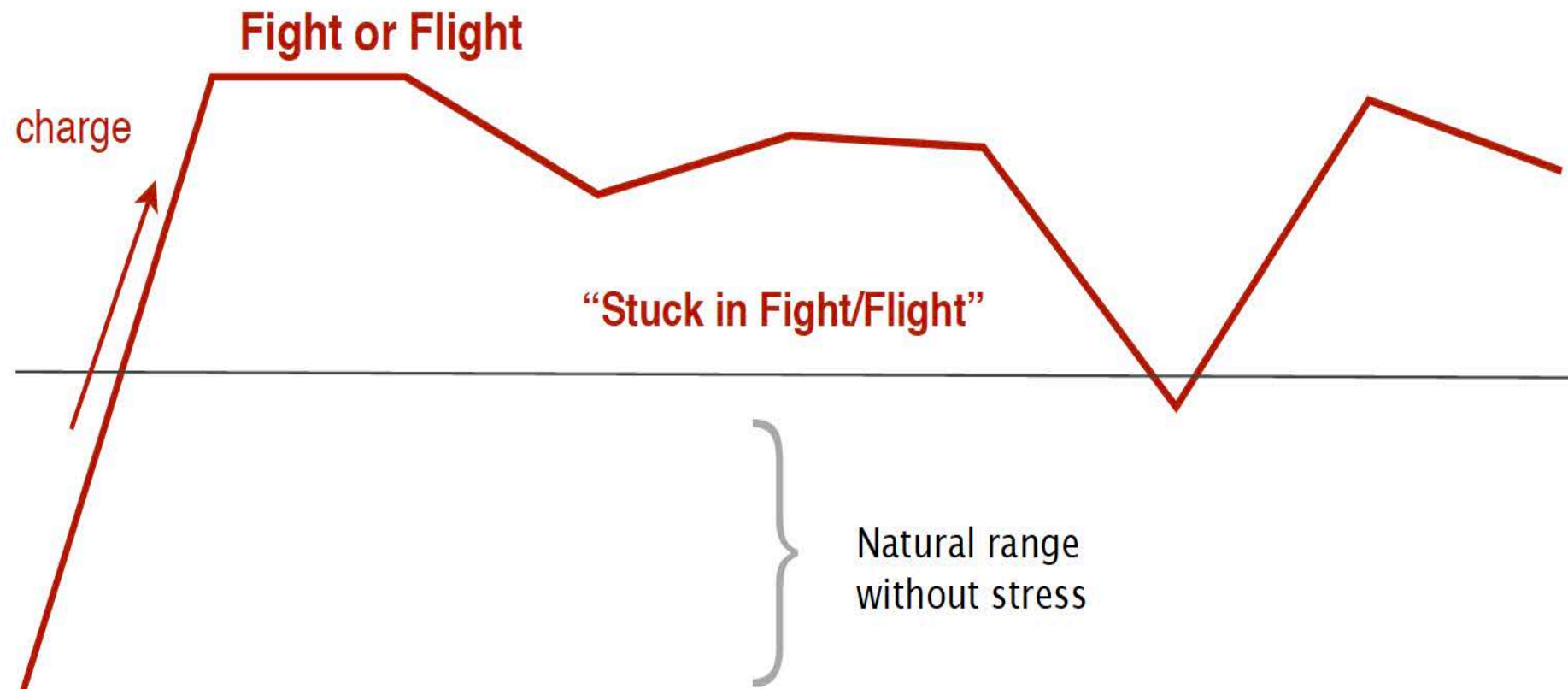
- Has a natural range, within which it flows up and down mostly on its own.
- This flow is also very much like nature with its ups and downs and seasonal changes.



Trauma Symptoms = Disregulation in the ANS

In somatic therapy, we understand that trauma symptoms are reflections of the disregulated state in the nervous system that is unable to complete the sequence in the stress response back to the relaxed state.

Stuck in Fight or Flight



overwhelm and/or realization that fighting back/fleeing will result in worse consequences

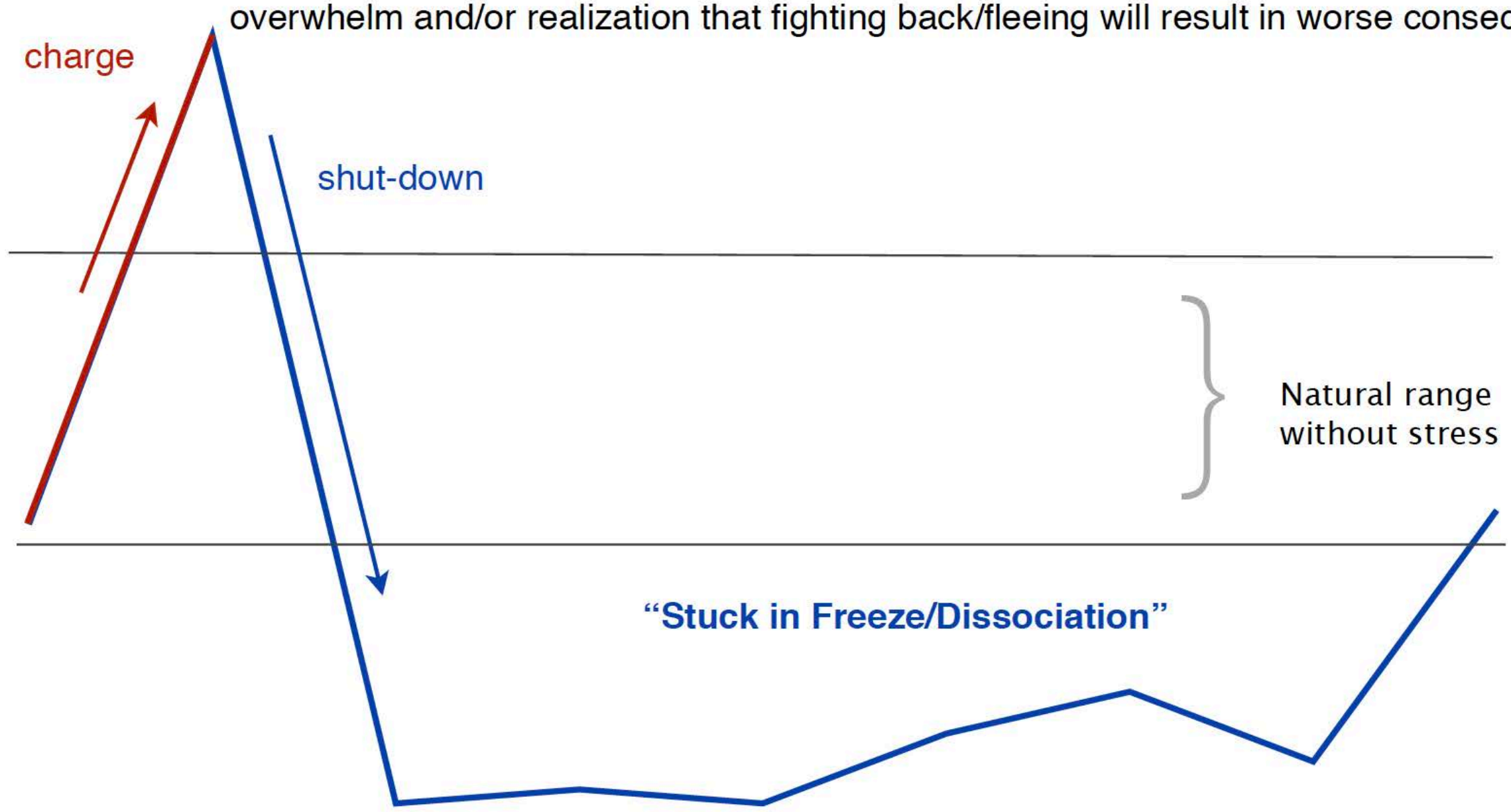
charge

shut-down

Natural range without stress

“Stuck in Freeze/Dissociation”

Freeze or Dissociation



Indigenous Presence: Decolonize and Cultivate

Two Wolves in the Heart



Ceremonies

- Sweat lodge
- Dancing
- Singing
- Vision quest
- Sun Dance
- Drumming
- Rattling
- Meditation
- Retreat

DRUM-ASSISTED RECOVERY THERAPY FOR NATIVE AMERICANS (DARTNA): RESULTS FROM A PRETEST AND FOCUS GROUPS

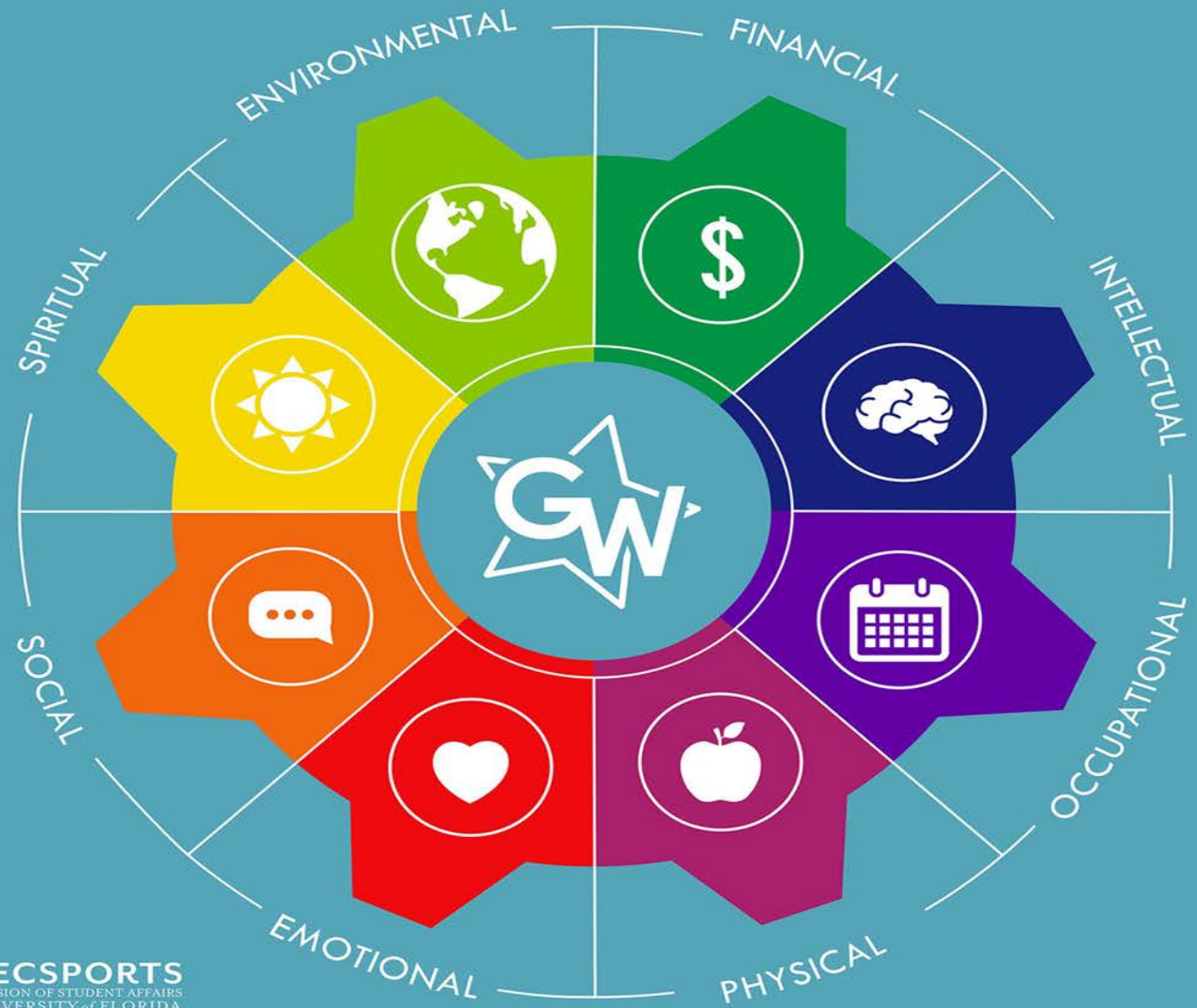
Daniel L. Dickerson, DO, MPH, Kamilla L. Venner, PhD, Bonnie Duran, DrPH,
Jeffrey J. Annon, MA, Benjamin Hale, and George Funmaker

The Negativity Bias

As the nervous system evolved, avoiding “sticks” was usually more consequential than getting “carrots.”

- 1. So we scan for bad news,
- 2. Over-focus on it,
- 3. Over-react to it,
- 4. Turn it quickly into (implicit) memory,
- 5. Sensitize the brain to the negative, and
- 6. Create vicious cycles with others.

THE EIGHT DIMENSIONS OF WELLNESS



The Eight Dimensions of Wellness

- **EMOTIONAL**

Coping effectively with life and creating satisfying relationships. This part of wellness looks at feelings and thoughts and how you cope with and react to your emotions. It helps you cope with the ups and downs of life by working on building resiliency.

- **ENVIRONMENTAL**

Good health by occupying pleasant, stimulating environments that support well-being. This dimension is about being aware of the natural and built environment. It looks at who and what you are surrounded by, how the environment impacts you, and how your actions impact the environment.

- **FINANCIAL**

Satisfaction with current and future financial situations. This dimension is about learning how to successfully manage expenses for both the short and long term, and not living beyond your means.

- **INTELLECTUAL**

Recognizing creative abilities and finding ways to expand knowledge and skills. This dimension involves having curiosity about the world around you and being a lifelong learner.

The Eight Dimensions of Wellness

- **OCCUPATIONAL**

Personal satisfaction and enrichment from one's work. This dimension is also about being able to balance your responsibilities – academics, work, extracurricular, etc. while having time to do the things you enjoy.

- **PHYSICAL**

Recognizing the need for physical activity, healthy food, and sleep. This dimension also involves seeking medical attention when needed and taking part in primary care/prevention screenings.

- **SOCIAL**

Developing a sense of connection, belonging, and a well-developed support system. This dimension includes your relationships with friends and family as well as how you are connected to and involved in the community.

- **SPIRITUAL**

Expanding a sense of purpose and meaning in life. This dimension involves clarifying your values and beliefs. This area also deals with how you create meaning in your life and define your purpose.

Other Knowledge Systems: Mind, Heart, body



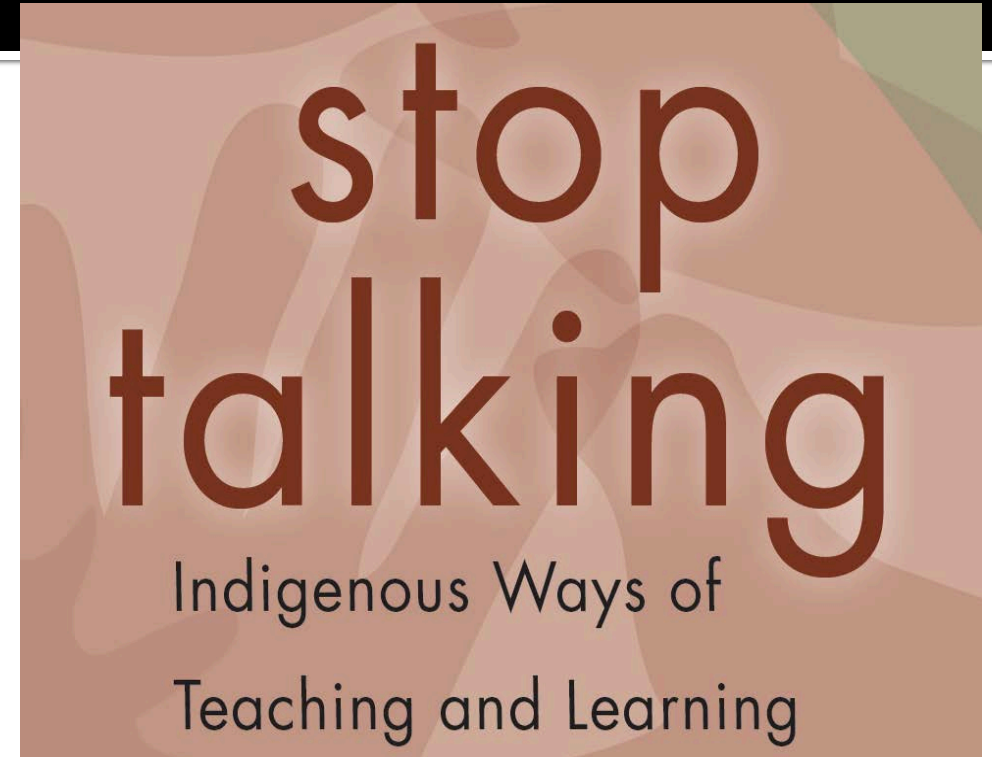
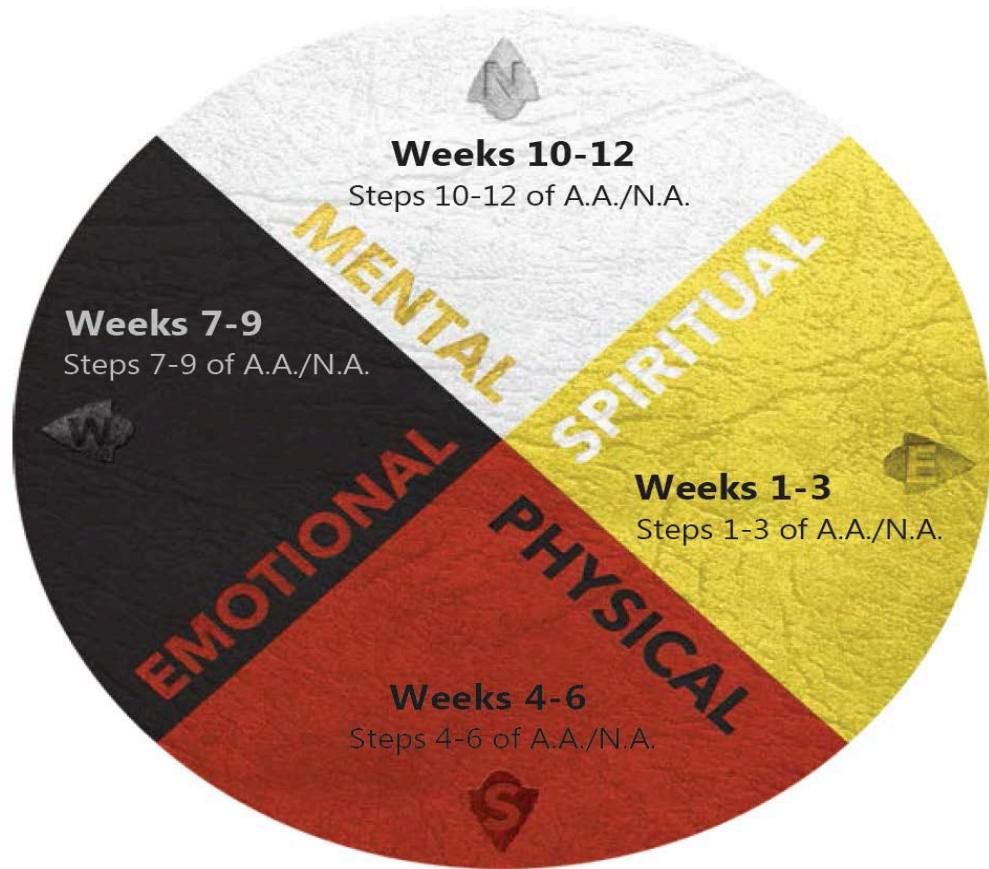
Sweat lodge



Culture-Centered Interventions

Figure 1

DARTNA Medicine Wheel



http://www.difficultdialoguesuaa.org/images/uploads/Stop_talking_final.pdf

Cultivation and Purification

- Development of Sacred Space
 - Training in Indigenous Presence
- Development of Intention
 - Cultivation of positive mind-states
- Development of a daily practice

Indigenous Weekend Retreat Dec 17-20



Indigenous Peoples Insight Meditation Weekend

December
17–20

2020

SLIDING SCALE FEES

You Choose*: Minimum \$20 per night (\$60 total)

Mid: \$375

Sustaining: \$445

Benefactor: \$750

**This means you can establish your own retreat fee, based on your financial means.*

In this silent meditation weekend retreat, Native American teachers will introduce vipassana, or insight meditation, as a healing practice for Indigenous peoples. Those who have experienced the colonization of their way of life and homelands carry in their bodies the impact of 400 years of racism. Vipassana practices help us release this residual grief and stress.

The teachers will introduce the Buddhist practice of mindfulness infused with lovingkindness (metta) to cultivate our connection to ourselves, our ancestors, and to life itself through body-centered awareness. Selected teachings will be offered to cultivate the stability of heart that helps us move through this world with greater wisdom and compassion. Our ancestral memory can become sweeter for future generations through our practice.

Each day will begin with insight and lovingkindness meditation instructions, ending with evening talks about the teachings. There will also be the opportunity to practice walking meditation outdoors on IMS's beautiful grounds. All rooms are single and all meals are vegetarian.

To register, please send an email with "Indigenous Retreat Application" in the subject line to registration@dharma.org and you will receive the link to the application.



Bonnie Duran, DrPH, an Opelousas/Coushatta descendent, began Buddhist meditation practice over 35 years ago. She enjoys teaching Spirit Rock's Dedicated Practitioners Program, short and long retreats, and holds a People of Color and Allies Sangha in Seattle, Washington. She also directs the University of Washington's Center for Indigenous Health Research, is a member of Spirit Rock Teachers Council and a core teacher for IMS's Teacher Training Program.



Jeff Haozous is a Chiricahua/Warm Springs Apache and a member of the Fort Sill Apache Tribe. He has practiced Insight Meditation since 1996 and has led a meditation group in Lawton, Oklahoma since 2003. Jeff completed the Community Dharma Leader and Dedicated Practitioner Programs at Spirit Rock Meditation Center in Woodacre, California, and is participating in the Spirit Rock Teacher Training program. He has taught and assisted on retreats in California, Arizona, New Mexico, and Oklahoma.



Jeanne Corrigan is a member of the Métis Nation of Saskatchewan, with a mix of Scottish and Swampy Cree heritage, from the Red River Settlement in Canada. She has been practicing meditation since 1999, is a graduate of Spirit Rock's Community Dharma Leader Program, and joyfully leads the Saskatoon Insight Meditation Community, in Canada. One of her first teachers in loving presence was Cree Elder Jim Settee. She is currently a participant in the 2017-2021 IMS teacher training program.



Ramona/Nosapocket Peters is a member of the Bear Clan of the Mashpee Wampanoag tribe. She was introduced to vipassana meditation in Myanmar under the instruction of Sayadaw U Pandita in 1996. Nosapocket is also in gratitude to the major spiritual influences in her life from: Hale Kealohalai Makua Jr., Hawaiian Kahuna of Kona, the Longhouse tradition of the Haudenosaunee, Six Nations Iroquois Confederacy, Thomas Yellowtail, Crow Medicine man and Sun Dance Chief, Montana, eight Sequoia Shamans of Ecuador and Peru, and the monks and nuns at the New England Peace Pagoda otherwise known as the Nipponzan Myohoji.



Guest teacher **Bhikkhu Anālayo** is a German scholar-monk, teacher and author of several books on meditation. He studies Buddhist texts in Pali, Sanskrit, Chinese and Tibetan, with a special interest in Buddhist meditation and the role of women in Buddhism. He will offer a guided element meditation.

Four Elements Meditation

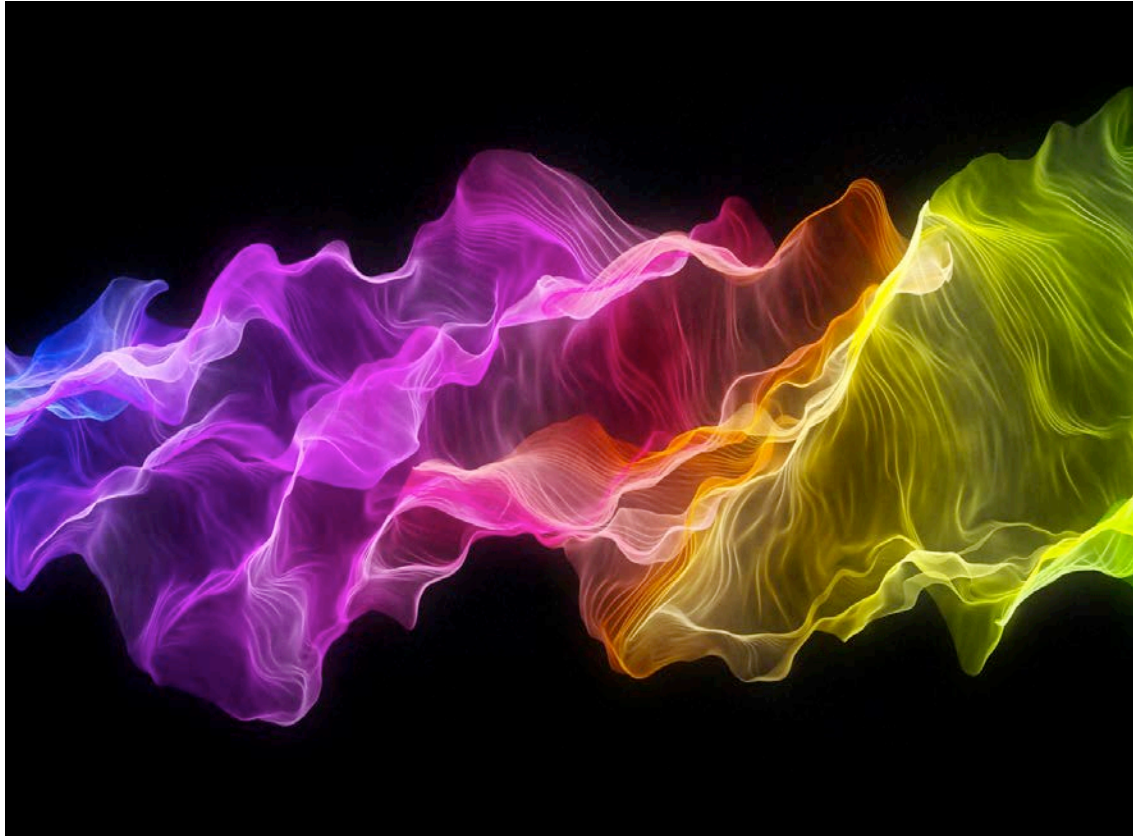


Earth Element



- A healthy earth element allows us to feel grounded
- The earth is felt as solidity, hardness, softness, texture, heaviness
- The Earth elements of the body are the organs, tissues, and bones.

Air Element



- The air (or Wind) element is associated with the mind and mental functioning.
- The Air elements are the air in the lungs, stomach and bowel gasses.
- The air element is related to the energy of circulation—of the blood, oxygen, and nervous system.

Water Element



- A healthy water element helps to calm your emotions; otherwise you may feel overly sensitive or emotionally turbulent.
- The Water elements are the bodily fluids – sweat, saliva, blood, urine, semen, etc

Fire Element



- An imbalance of the fire element can lead to impulsive “hotheaded” behavior.
- A healthy fire element strengthens your willpower and enables you to feel passionate and inspired in your efforts.
- Hot, cold, warm, etc
- Fire is the element that controls temperature and digestion.

Emotional disorders as deficits in self-compassion

- Self-compassion
 - See failures kindly
 - See self as part of larger humanity
 - Hold pains in mindful attentiveness
- Self-compassion predicts
 - Reduced anxiety
 - Reduced depression
 - Reduced rumination
 - Reduced neurotic perfectionism

Introduction to Loving Kindness & Compassion Meditation

L- Love yourself first. There is no other person that deserves your love more than you.

O- Others love themselves too, fiercely. Therefore respect others and refrain from harming all living beings.

V- Voice your love to yourself and others as often as possible. Contemplate on this everyday and spread your positive thoughts to all living beings.

E- Extinguish any guilty feelings. Forgive yourself and then others. You don't need to carry the baggage of the past. Guilty feelings weigh your mind down. Thus it is best to let them go.

Benefits of Loving Kindness Meditation

- Helps us to handle negative emotions towards others.
- Maintains a state of mind that is calm, stable and peaceful.
- Positive effect on people around you . Positive feedback .
- A kind of self-hypnosis and self- suggestion ? Prone to be exploited by others?

Metta Lovingkindness Phrases

May I be safe and protected, from inner and outer danger.

May I be happy and peaceful.

May I be healthy and strong.

May I live with ease... May I take care of myself easily.

Others

May I be filled with lovingkindness.

May I be happy and free.

May my heart be open.

Compassion Karuna Phrases

I care deeply for my suffering,

May I hold my suffering with kindness and gentleness

May I be free from pain and suffering.

Others

May I be free of pain / and sorrow.

May I hold my pain with mercy and compassion.

May I love myself just as I am.

May I be kind and patient with myself / and others.

May I be free from suffering / and the causes of suffering.

Sympathetic Joy Mudita Phrases

May your happiness increase

May your happiness not leave you

May your happiness never cease.

May you always be able to enjoy good fortune and success.

May you always be prosperous.

Equanimity Upekka Phrases

May I accept things as they are.

May I be undisturbed by the comings and goings of events.

May I hold my joys and sorrows with equanimity.

Things are just as they are.

May I see things clearly, just as they are.

Forgiveness Phrases

I allow myself to be imperfect.

I allow myself to make mistakes.

I allow myself to be a learner, still learning life's lessons.

I forgive myself.

If I cannot forgive myself now, may I forgive myself sometime in the future.

Technique of LKM

- Extend LKM to yourself and a benefactor
- Then give some love to your family and friends
- Then a neutral person
- And then an "difficult person
- Extend well-wishing loving kindness to all the people that you know .
- Extend this to all the people in this world

Safety: Self-Compassion

- When working with others who are suffering, focus on your own wish for their wellbeing, and happiness.
- Don't need to focus on their state-of-mind
- Focus on your wishes for their happiness and safety

Drawing a clear distinction between the realization that others are suffering and the wish for them to be free from suffering is important, since mentally dwelling on the actual suffering would be contemplation of *dukkha*. Such contemplation offers a basis for the meditative cultivation of compassion. The cultivation of compassion itself, however, finds its expression in the wish for the other to be free from *dukkha*. In this way, the mind takes the vision of freedom from affliction as its object. Such an object can generate a positive, at times even a joyful state of mind, instead of resulting in sadness.

FREE Mindfulness resources

- **Introduction to Mindfulness Course AUDIO**

<http://www.audiodharma.org/series/1/talk/1762/>

- **Intermediate Mindfulness Course AUDIO**

<http://www.audiodharma.org/series/1/talk/1761/>

- **Loving-Kindness Meditation AUDIO**

<http://www.audiodharma.org/series/1/talk/1728/>

- **Guided Self Compassion Meditation AUDIO** — [http://www.self-](http://www.self-compassion.org/guided-self-compassion-meditations-mp3.html)

[compassion.org/guided-self-compassion-meditations-mp3.html](http://www.self-compassion.org/guided-self-compassion-meditations-mp3.html)

- **DOWNLOAD EMBEDDED LINK PDF HERE**

<https://washington.academia.edu/BonnieDuran/Links-to-web-resources>

Larger Truths

All things are:

- Imperfect
- Impermanent
- Impersonal

All beings are owners of their actions, heirs of their actions, lived supported by their actions. What ever actions they shall do, of that they will be the heir.

Other resources

- **Self Compassion Meditation AUDIO** — Dr. Kristen Neff <http://www.self-compassion.org>
- **More guided meditations and talks** <http://dharmafeed.org/teacher/400/>
- **Dr. Tara Brach** -- talks on Mental Wellness <https://www.tarabrach.com/talks-audio-video/>



May All Beings Be Happy