



Ethical Music Therapy Delivery and Professional Resiliency

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GLR Symposium



FAIRBANKS CENTER FOR MEDICAL ETHICS

Special thank you to the
FCME for the gift of the
Clinical Medical Ethics
Fellowship in 2015-2016
affiliate faculty status, and
continued involvement in
ethical conversation,
education, and practice.



Learning Objectives

ETHICAL PRINCIPLES

Participants will identify the four basic ethical principles for decision-making and how these principles are utilized during the delivery of clinical interventions. BCD (V.B.2) (III.A.2)

INTENTIONAL DECISION MAKING

Participants will identify methods to transition from intuitive decision-making to intentional decision-making. BCD (IV.A.6)



Learning Objectives

RESOURCES

Participants will identify resources for coping with the outcomes of the ethical delivery of clinical interventions related to professional debriefing, self-care, professional collaboration, and personal/professional growth and development. BCD (V.B.12)

CREATIVE PROCESSES

Participants will develop a plan to practice and reflect on these creative processes with an intention to develop courageous coping strategies to counteract burnout and compassion fatigue. BCD (V.A.1)

ETHICAL CONTEXT

Self

- 22-year clinician in pediatrics
- parent of medically compromised child
- frequent end of life support during compassionate withdrawal

Moral Distress

- Treatments causing secondary pain
- Caregiver and treatment team disagreement
- Quality of life

Daily Choices

- Deeper understanding of ethical principles relieved moral distress, increased communication with colleagues, and supported daily choices related to patient care

THE WORK IS NEVER DONE

Clinical

Evidence-
Based

Therapeutic
Relationship

Individualized
Goals

All Ages

All Abilities

IMPACT

For Clients

The direct work towards well-being

For Colleagues

Allows accomplishment of secondary aims

For Society

Only as healthy as most compromised member

For Self

Passion, fulfillment, compassion

The background is a complex geometric composition. It features a grid of squares and triangles in shades of blue, pink, and purple. Overlaid on these are various patterns: concentric circles, parallel lines, and a grid of dots. A white line with a dot at its end extends from the top-left towards the center. The text 'HAVE I DONE ENOUGH?' is written in large, bold, white, sans-serif capital letters on the right side of the image.

HAVE I DONE ENOUGH?

10/18/2022

ETHICAL PRINCIPLES

AUTONOMY

Assent, Consent,
Respect for Persons

NON-MALEFICENCE

Prevention of Harm

BENEFICENCE

Improve Well-Being,
All Ages, All Abilities

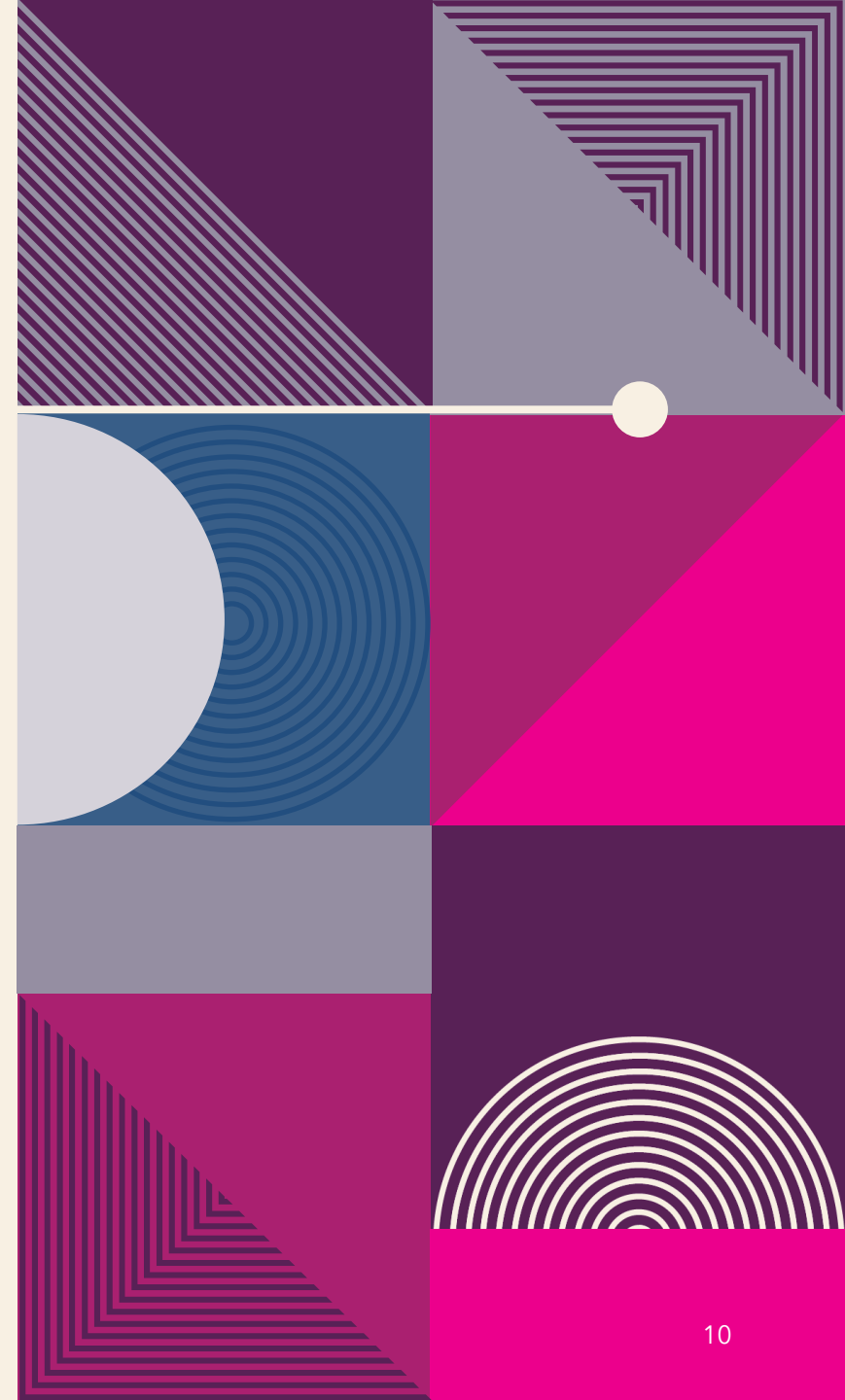
JUSTICE

Distribution of
Services and
Resources

SECONDARY PRINCIPLES

VERACITY
Truth Telling

FIDELITY
Relationships



AUTONOMY: individualized

Assent

- Informed and willing participation

Consent

- Formal for adults
- Developmentally appropriate for children

Respect for Persons

- Choice
- Partnership

BENEVICENCE: clinical

Intentionally
Improve
Well-Being

- Treatment
- Access to Resources

All Ages, All
Abilities

- Adaptation

NON-MALEFICENCE: therapeutic relationship

Avoidance of
known harm

- Physical, psychological, spiritual

Avoidance of
potential
harm

- Lack of independence
- Long term side effects

JUSTICE: evidence-based

Distribution of services

- Access to treatment options
- Access to therapist options
- Interdisciplinary collaboration
- Generalization

SECONDARY PRINCIPLES

VERACITY

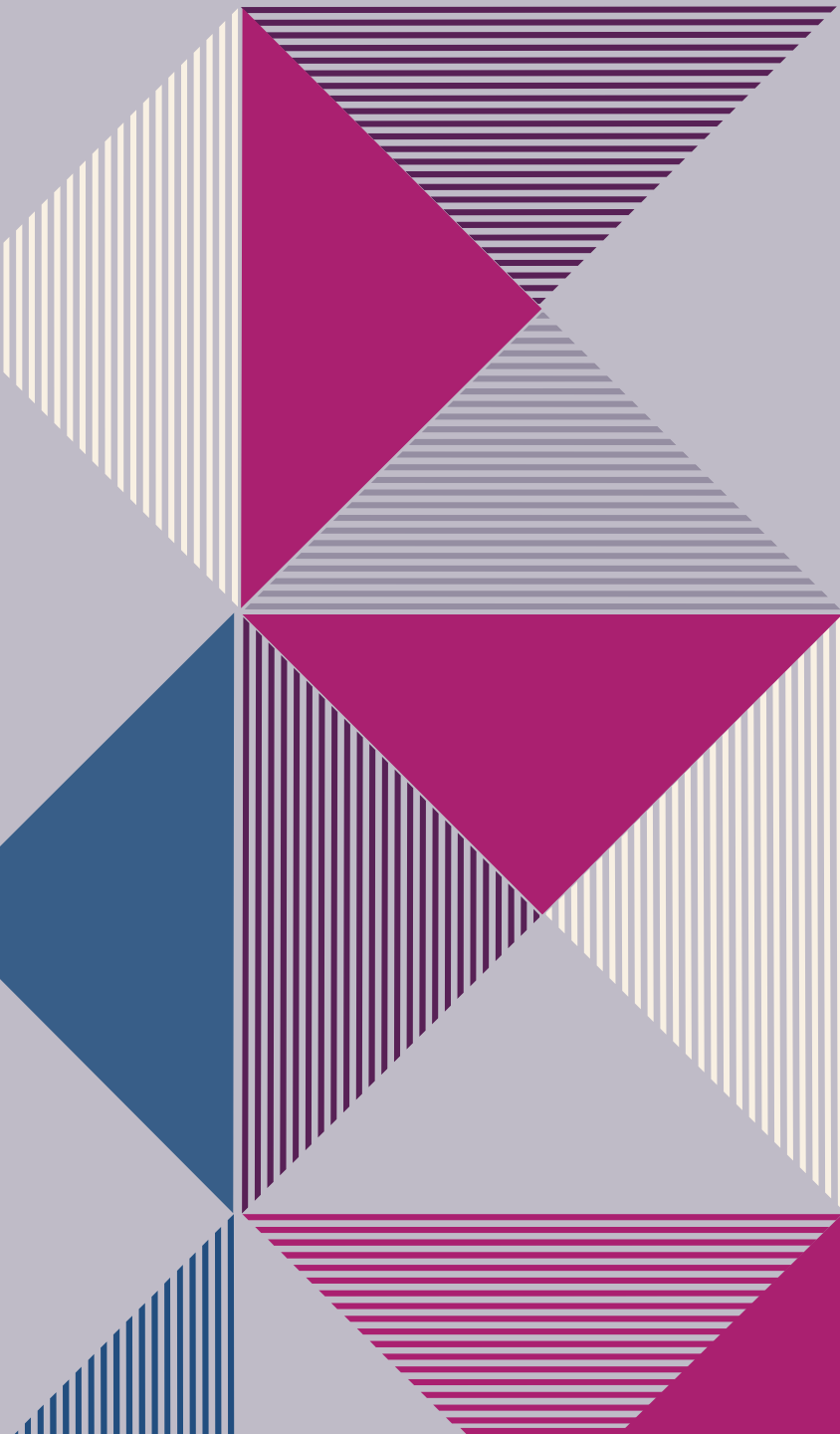
- Truth-telling
- Self, colleagues, client, caregiver, surrogate

FIDELITY

- Relationships
- Colleagues, client, caregiver, surrogate
- Length and quality

COMPETING PRIORITIES

Most individuals seeking treatment have some type of unmet need. Access to quality care in all areas of health and wellness can be challenged by lack of resources, access to resources, discrimination, oppression, poverty, and many other social determinants of health. These same stressors are present for you as a clinician and require challenging daily decisions.



DAILY COMPETING PRIORITIES

VOLUME OF REFERRALS
REFERRAL REASON
ASSESSMENT TIME
RELATIONSHIPS WITH COLLEAGUES
CLIENT/PATIENT NEED
CLIENT/PATIENT FAMILY NEED
BEST PRACTICE

WHY USE AN ETHICS LENS?



Articulate rationale for actions



Engage colleagues in discussion



Decrease own "second-guessing"



Increase treatment efficiency



Advocate for ethical patient/client care



Identify resource growth opportunities



Increase personal job satisfaction

CLINICAL SCENARIOS



CASELOAD

Type of referral
Availability of services
Competing needs



MEDICAL

Access and
availability
Understanding
Compliance



SOCIAL SUPPORT

Professional
agreement
Treatment options

REFLECTION

Autonomy

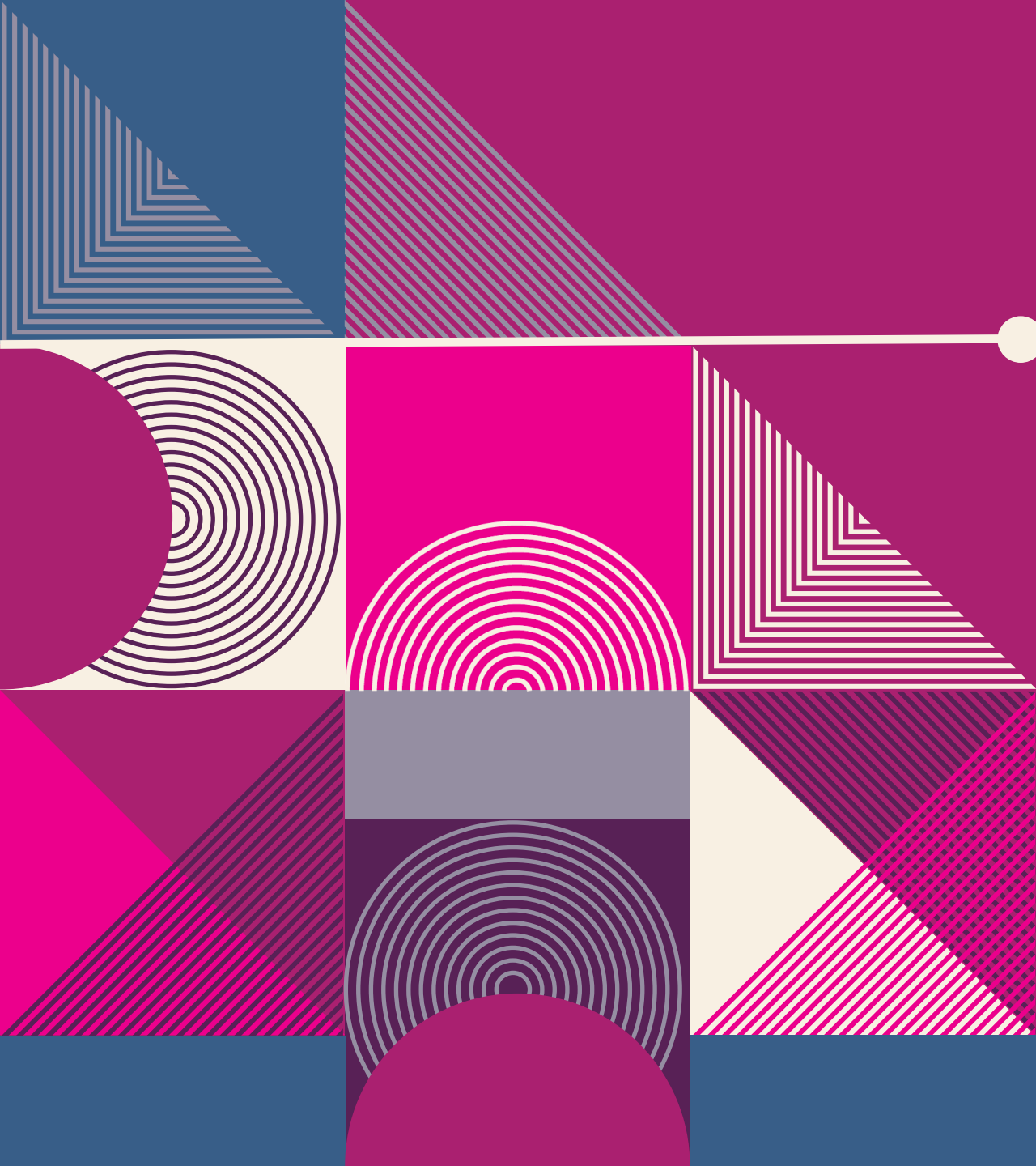
Beneficence

Non-
Maleficence

Justice

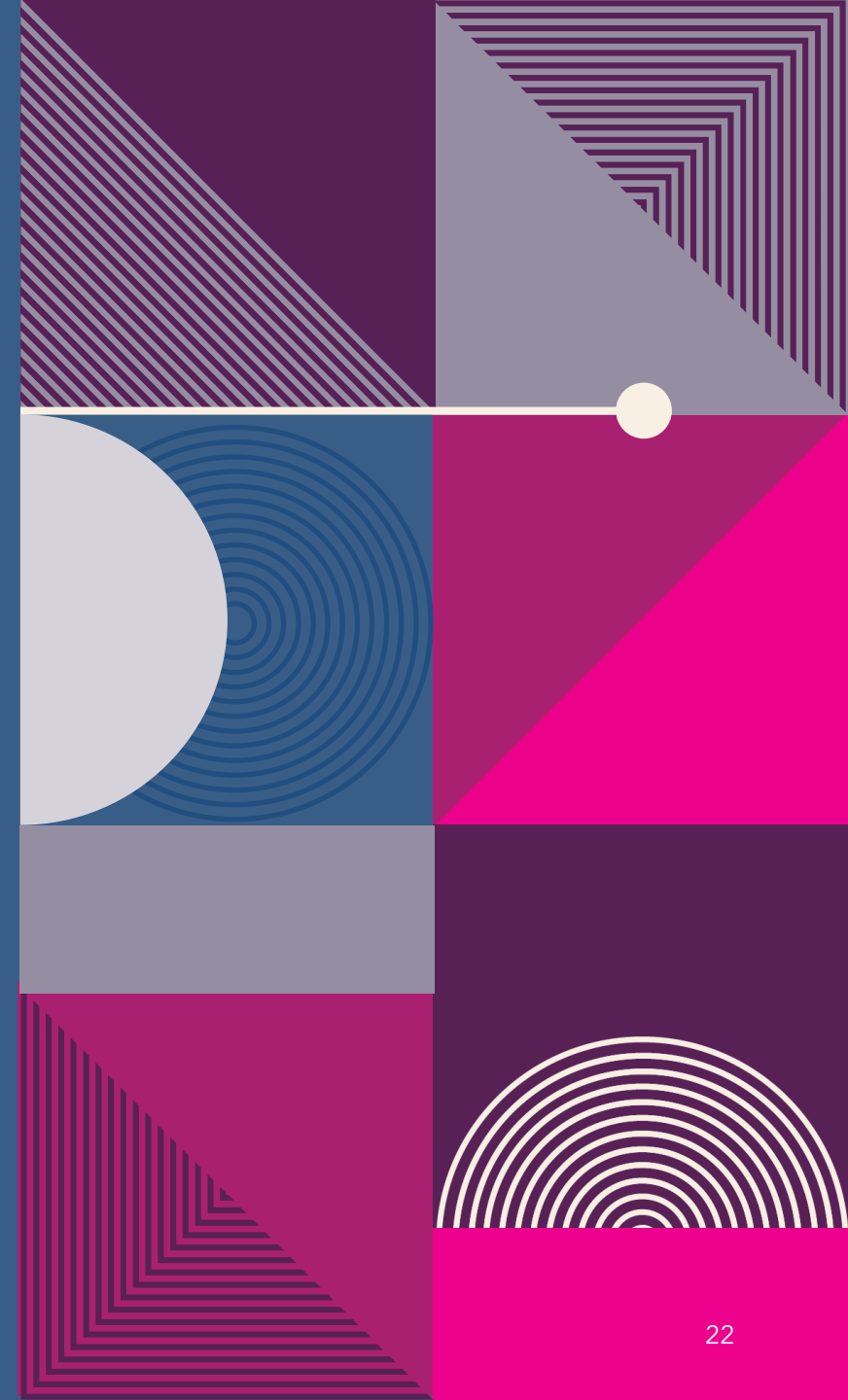
Veracity

Fidelity

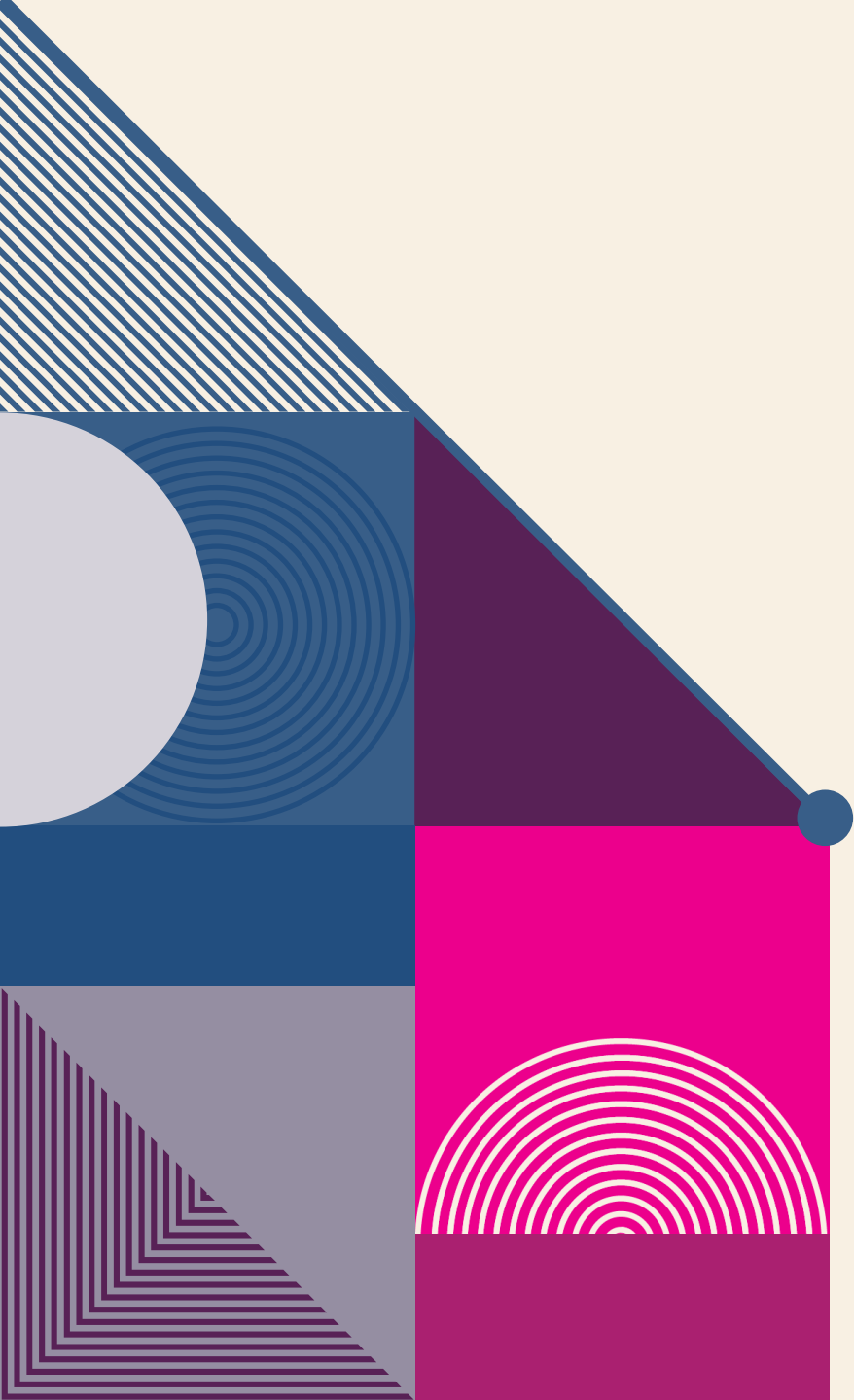


BREAK #1

AUTONOMY

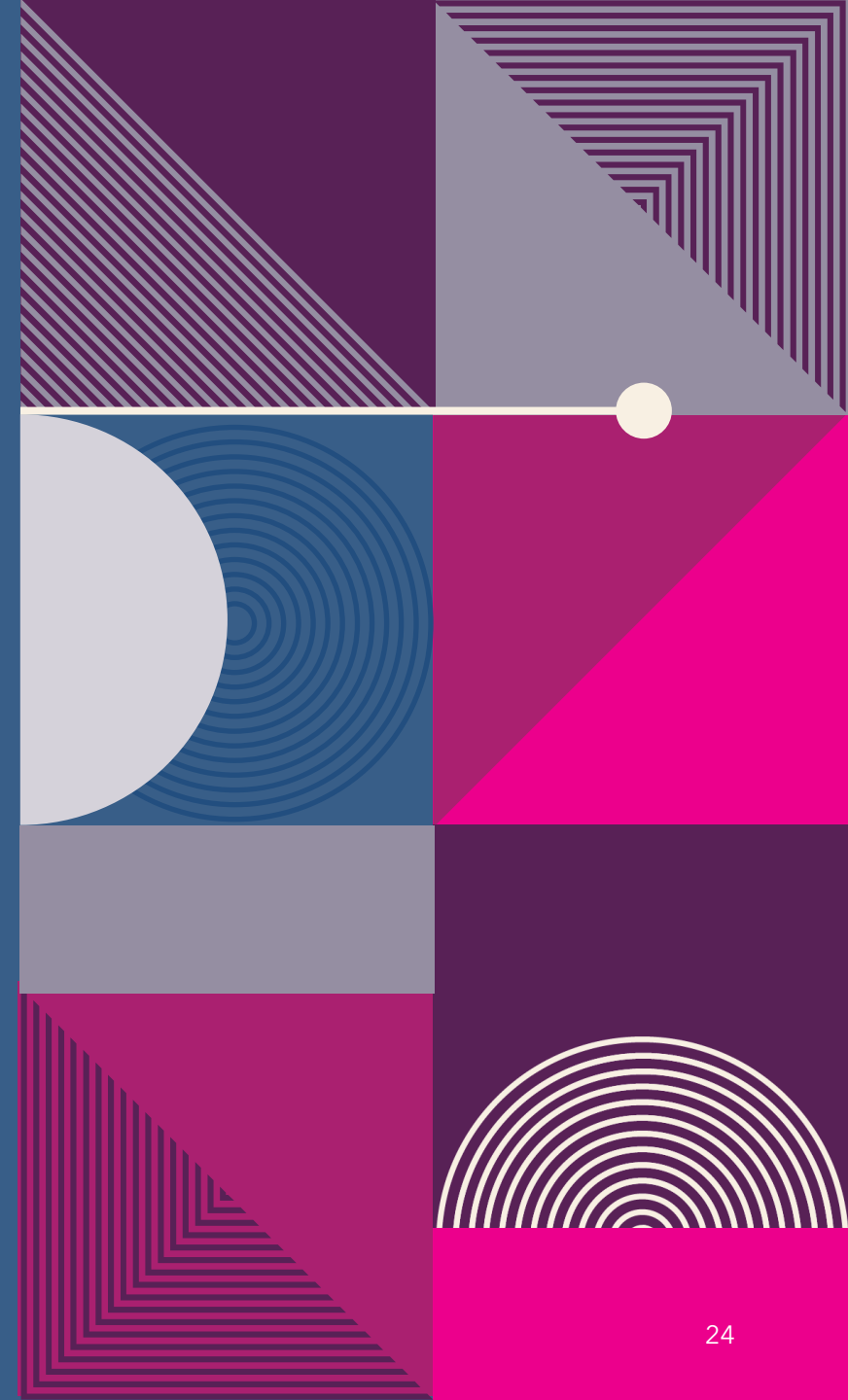


BENEFICENCE

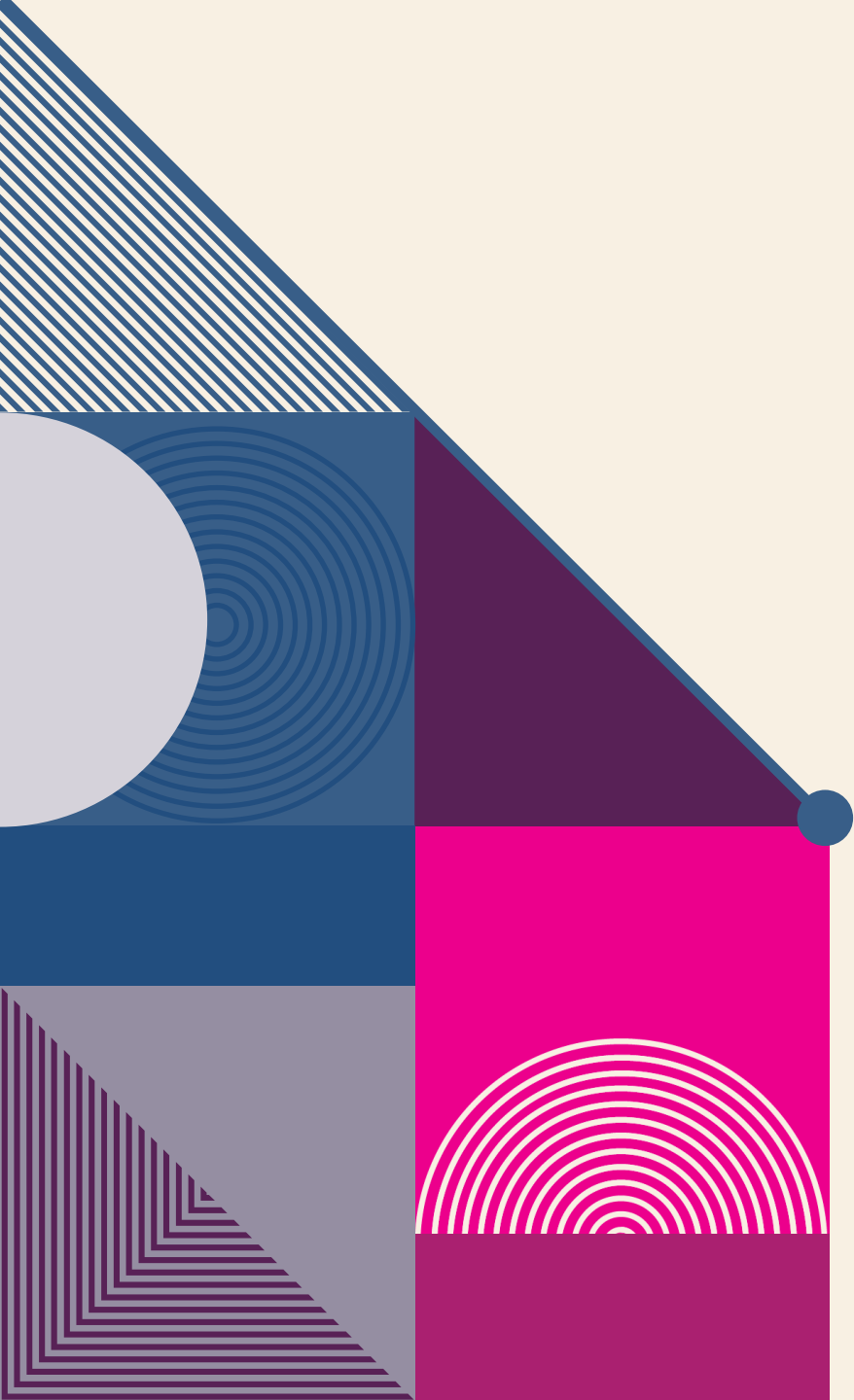


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NON-MALEFICENCE

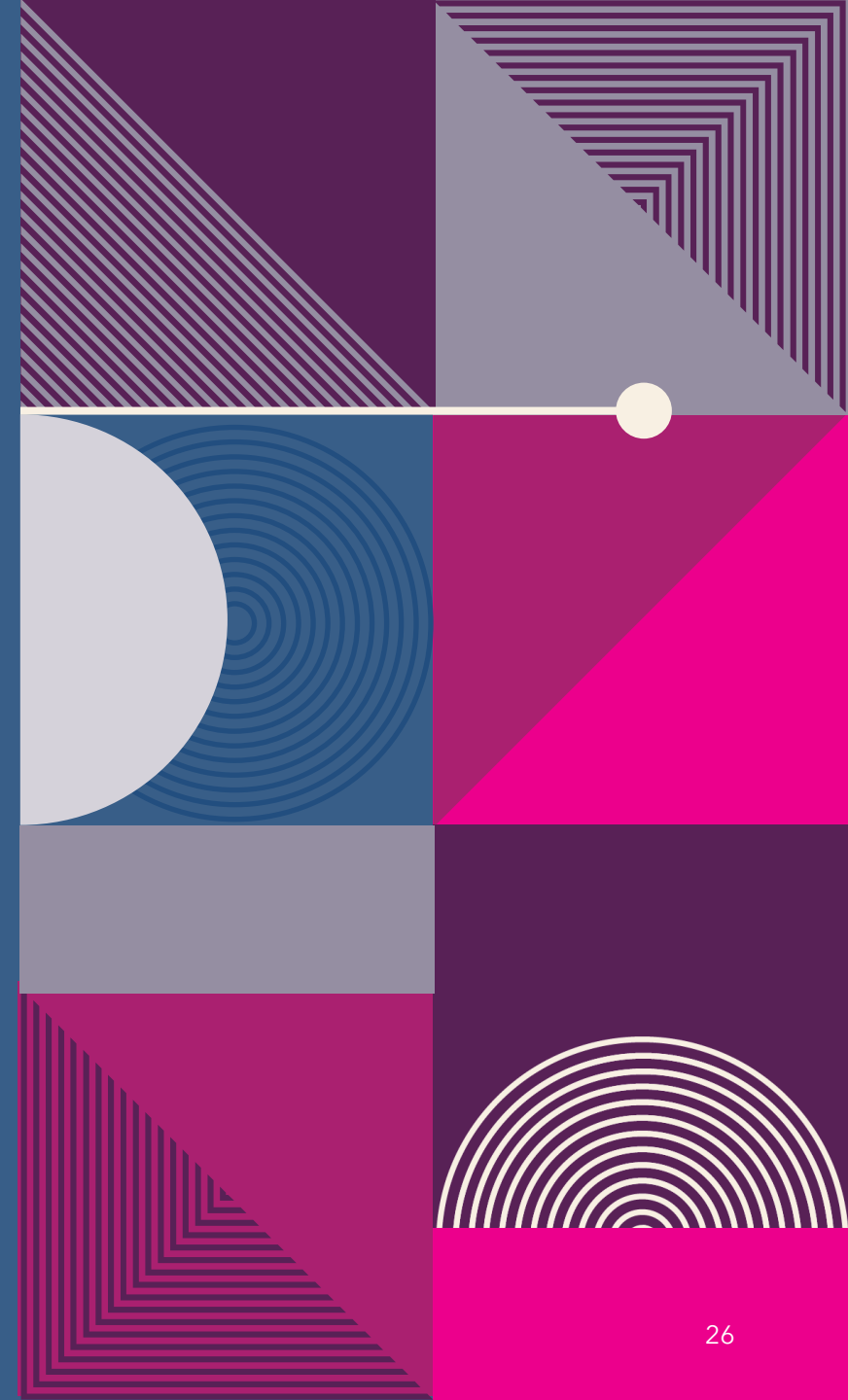


JUSTICE

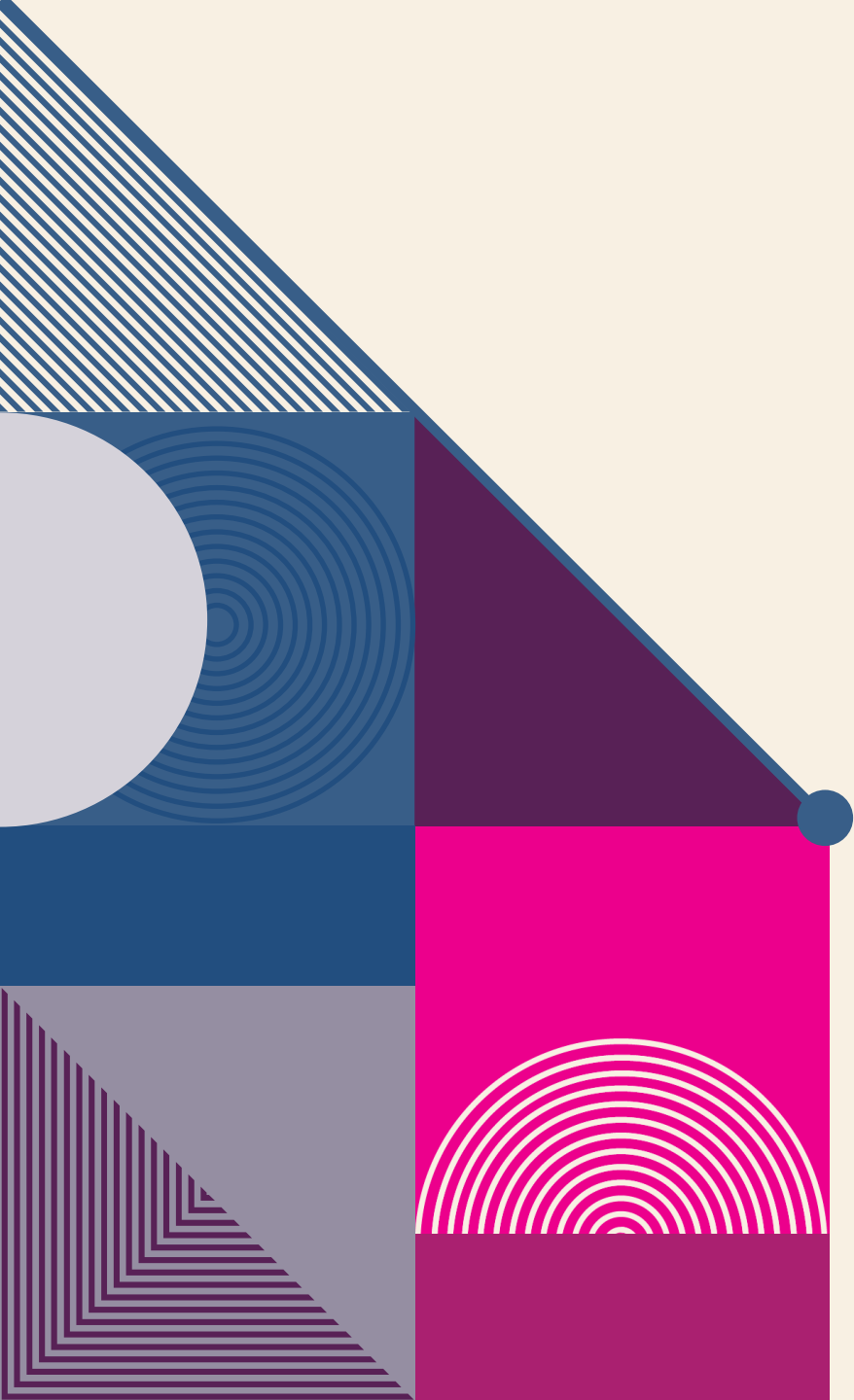


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VERACITY



FIDELITY



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CREATIVE IMPERATIVE

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IMPACT OF CLINICAL DELIVERY ON SELF

BURNOUT

Exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration

COMPASSION FATIGUE

The physical and mental exhaustion and emotional withdrawal experienced by those who care for sick or traumatized people over an extended period of time

MORAL DISTRESS

The tension between believing in a set of actions which should be undertaken and the real or perceived barriers to completing these actions

RISKS OF BURNOUT, COMPASSION FATIGUE AND MORAL DISTRESS



ERRORS

Patient/client safety, privacy protection, training for students/new employees



HEALTH

Physical and psychological impact with primary response to stressors and secondary impact of coping mechanisms



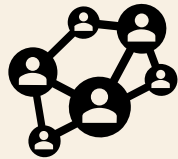
RELATIONSHIPS

Professional and personal increasing risk of loss of trust

ETHICAL CONSIDERATIONS

- **AUTONOMY**
 - miss opportunities for advocacy
- **BENEFICENCE**
 - decision making is impaired
 - personal health implications
- **MALEFICENCE**
 - errors in treatment
- **JUSTICE**
 - subpar care
 - professional talent impeded

ORGANIZATIONAL RESPONSES TO BURNOUT, COMPASSION FATIGUE, AND MORAL DISTRESS



SOCIAL

Mentoring, cultural assessments and development, employee engagement



PHYSICAL PSYCHOLOGICAL

Wellness programs, employee assistance programs



EMOTIONAL SPIRITUAL

Debriefing, processing, "code lavender", clinical supervision

The background is a complex geometric composition. It features a grid of squares and triangles in shades of blue, pink, and purple. Overlaid on these shapes are various patterns: concentric circles, parallel lines, and a grid of small dots. The overall aesthetic is modern and abstract.

CHALLENGE:

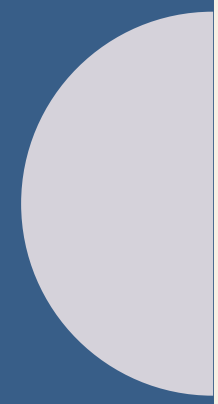
- **WHAT IS CREATIVITY?**

Every single human being is creative and has creative potential. It's like a muscle that needs to be worked.

~ Lisa Condon

CREATIVITY

- Absorbs complete attention
- Creates connection outside oneself (tangible, spiritual)
- Can be done intentionally
- Can become a habit
- Is essential



HOW TO GET STARTED



Assess yourself



Ask a friend



Write it down



How does it make you feel?



Practice to make it a habit

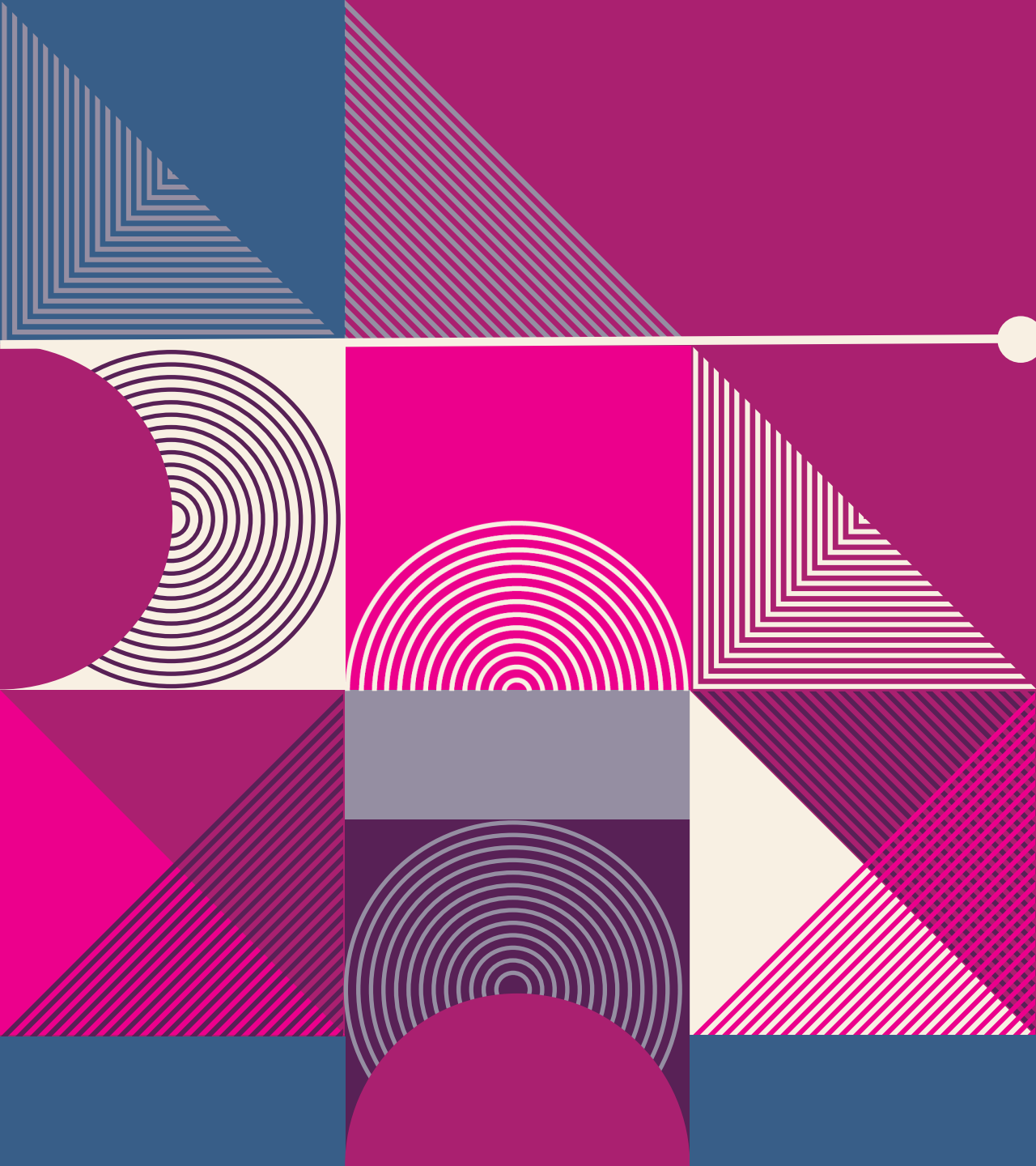
REFLECTION

Creativity means

I decrease stress by

Personal signs of burnout, compassion fatigue, moral distress

Risks to myself and others



BREAK #2

REFLECTION

Coping Through Creativity: options

Ethical Concepts: I will look for this concept in my work

Accountability Partner: who to talk to about ethical challenges

Other Thoughts



RESOURCES

- Code of Ethics (self and colleagues)
- Supervision
- Values reflection
 - <https://www.valuescentre.com/tools-assessments/pva/>
 - <https://www.viacharacter.org/>
- Professional organizations
- Therapist



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THANK YOU

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