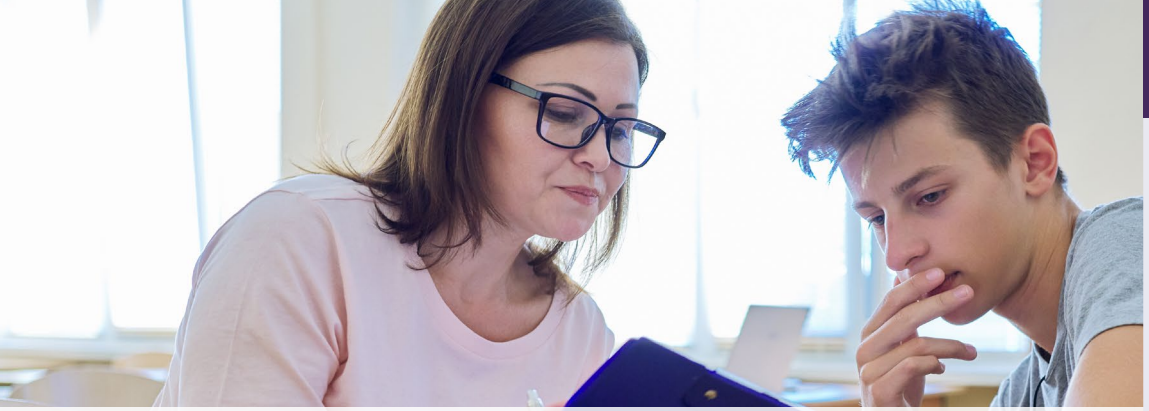

Moral Injury Mapping Tool

Office of Mental Health | New York State Trauma-Informed Network & Resource Center

ABOUT THIS TOOL

Audience
Therapists, case managers, counselors, outreach staff, nonprofit and social service providers

Description
People working in human and community services sometimes face situations where they know what would help someone, but something prevents it from happening. This experience is called moral injury.

When to Use

- After situations that "don't sit right" or feel ethically challenging
- When experiencing frustration, guilt, or powerlessness related to client care
- When noticing patterns of repeated system barriers

WORKPLACE STRESS

Human and community service workers frequently encounter:

- Inability to meet client needs due to limited resources
- Restrictive policies or eligibility requirements
- High caseloads and time pressure
- Systemic inequities and service gaps
- Conflicts between professional values and organizational constraints

These experiences can lead to moral injury– knowing the right action but being unable to take it – leaving workers feeling frustrated, guilty, powerless, or angry.

This exercise helps you recognize when moral injury may be happening and identify constructive ways to respond.

THE PRACTICE

Step 1

Identify the Situation

Think about a current moment or a recent moment at work when something didn't sit right with you.

Examples might include:

- A client who needed more help than your agency could provide
- A policy that limited what you could offer
- Time pressure that forced you to rush through something important
- System barriers such as waitlists or eligibility rules

Write down the situation:

_____

_____

_____

What happened?

_____

_____

_____

continue on page 2...

THE PRACTICE

Step 2

What Did You Feel Was the Right Thing to Do?

In that moment, what did your professional judgment or values suggest would have been the best response?

Examples might include:

- Spending more time with someone
- Connecting them with additional support
- Advocating for a different decision
- Providing a service your agency could not offer

Step 3

What Stopped That From Happening?

In that moment, what did your professional judgment or values suggest would have been the best response?

Now identify what made it difficult or not possible.

Check any that apply.

☐ Lack of time
☐ Agency policy
☐ Limited resources or services
☐ Staffing shortages
☐ Eligibility rules
☐ Safety concerns
☐ Fear of professional consequences
☐ System barriers outside your organization
☐ Other: _____

Step 4

What Was Still Within Your Control?

Even when systems limit what we can do, our actions can still matter.

Ask yourself: What actions did I take that helped, even if they were small?

Examples might include:

- Listening carefully
- Showing empathy
- Explaining options
- Documenting concerns
- Referring someone to another resource

Write your answer:

_____

_____

_____

Step 5

Where Can This Energy Go?

Moral injury often comes from caring deeply about doing the right thing. Consider one place this concern could be directed in a constructive way.

Examples might include:

- Discussing the situation with a supervisor
- Sharing feedback about system barriers
- Connecting with colleagues who face similar challenges
- Advocating for policy or program changes
- Noting patterns that may need organizational attention

Write one possible step:

_____

_____

_____

Step 6

Closing Reflection

Finish this sentence: “The fact that this situation bothered me shows that I care about…”

_____

_____

_____

WHY THIS HELPS

Caring deeply about people’s well-being is a strength in human services work. Recognizing moral injury can help protect that strength instead of letting it turn into burnout.

Resources:
Find additional wellness information on the NYS Trauma Informed Network and Resource Center at traumainformedny.org

Looking to go deeper? Explore BREATH-BODY-MIND™ (BBM) for weekly breathwork practice, expert tips, and a welcoming community. Check out the website here for additional details.

Sources:
This tool was informed by research on moral distress among helping professionals and human service workers, including the work of Jameton (1984) and later studies on moral distress in healthcare and social service settings.

Epstein, E. G., & Hamric, A. B. (2009). Moral distress, moral residue, and the crescendo effect. *Journal of Clinical Ethics*.