

The Moral Development Committee of the **American Society of Adolescent Psychiatry (ASAP)** at the direction of Dr Stephan Carlson, President of ASAP 2019-20, in cooperation with the **Indiana University Conscience Project**.

This is recommended as a 'Post-Test' continuation of the **Brookdale Medical Center Grand Rounds in Psychiatry**, April 15, 2020: 'Demoralization and Harm Prevention Planning in the Time of COVID-19' presents an exercise in Moral Imagination:

The First of ASAP's Fables

"An Account of How the Demoralization of Dr. Avery Person was First Addressed" (An Unfinished Conscience Story Mutually Told)

Dr. Avery Person had 'tendencies'. One was a tendency to do really extraordinary things—'above and beyond the call of duty' kinds of things-- under extremely adverse conditions. Dr. Person had never failed to impress colleagues: always was first to volunteer to take call when someone else had taken ill; and always was first to demonstrate cutting-edge, evidence-based knowledge which, upon request, Dr. Person could support with citation and statistics (from peer reviewed research articles found in journals that colleagues had not yet 'removed from the wrappers' or had --if they were more technologically savvy--- electronically left in abeyance: 'waiting to be read') and which Dr. Person had already cognitively processed down to 'the gist' of clinical implications and applications.

So, it was no real surprise to find that Dr. Person had been first to accept a role as a leading health care professional to be 'in the trenches' and 'on the front lines' in the war on COVID-19 during the pandemic.

Among Dr. Person's tendencies, there was, however, another tendency of which Dr. Person was not keenly aware: a tendency to harm. This tendency had come to the attention of Dr. Person's family, colleagues, and eventually Dr. Person's immediate superior on the doctor's COVID-19 Response Team when Dr. Person had let slip some remarks on more than one occasion that were indicative of lapses in caring attitude.

What Dr. Person had declared was _____.

Shortly after making the remarks, Dr. Person was observed to have come into harm's way by engaging in careless and risky behavior.

What Dr. Person was observed to do was _____. And the potential harm was _____.

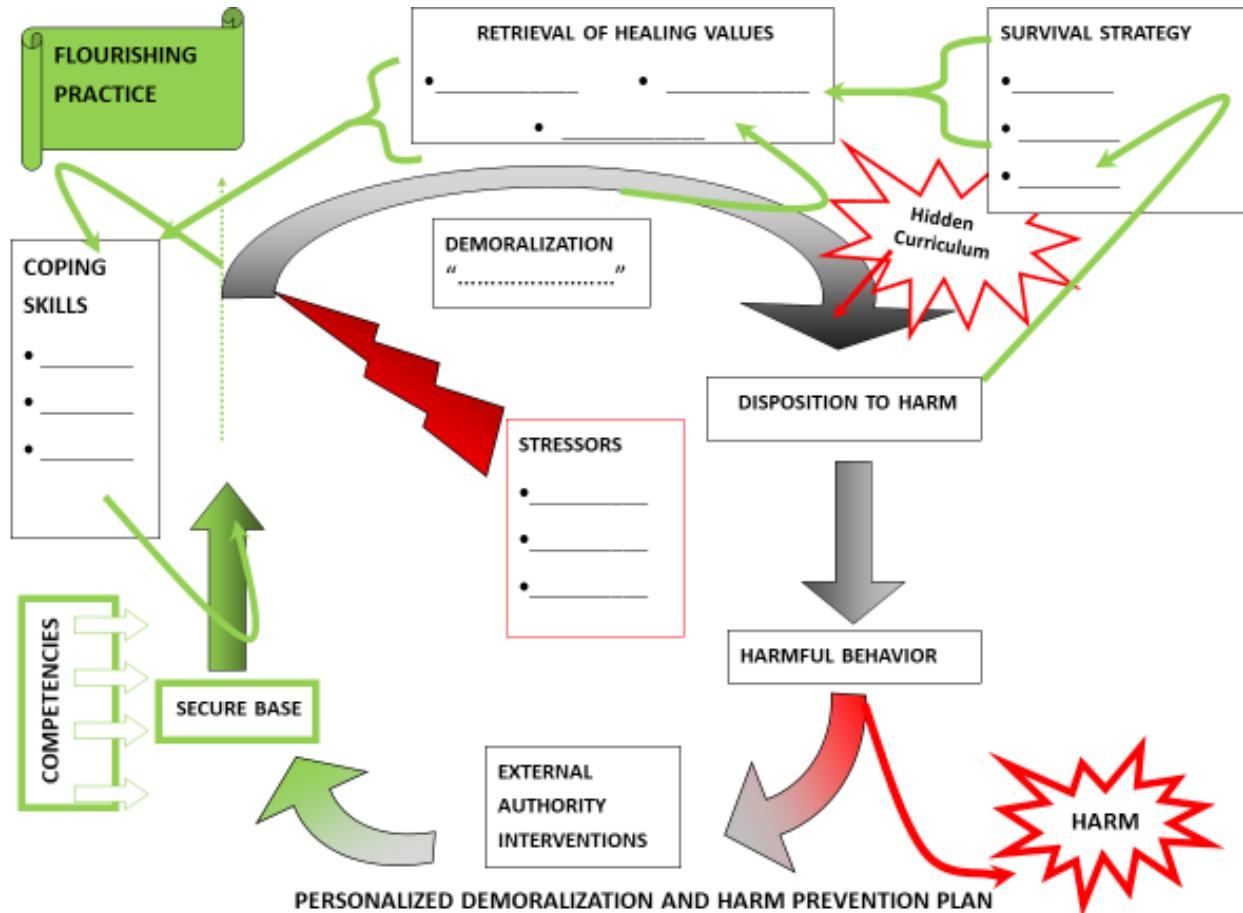
Dr. Person's immediate superior had tried to talk to and to point out the lapse in caring attitude, suggesting that Dr. Person take 'a much-needed break' but Dr. Person refused and concluded the encounter by saying: "Are we done here, now? I need to get back to what I was doing."

Dr. Person's lapses became more frequent until Dr. Person's immediate superior found it necessary to become confrontative and said: "Unless you talk to our support counselor, I will relieve you of duty."

When Dr. Person first came for counseling Dr. Person declared: "Don't you know there is a pandemic on and people need my help—please don't waste my time."

The following highlights the findings from our first encounter and how we used them as groundwork for Dr. Person's Personalized Demoralization and Harm Prevention Plan.

Please continue with the narrative of your imagined encounter. You may adopt the form of dialogue if you desire. Please also show how Dr. Person filled in the blanks according to the schema reproduced below:



If you would like to submit a 500-word version of your morally imaginative narrative to us via e-mail: mgaffney@iu.edu, participants of the IU Conscience Project will be asked to read it and offer suggestions. With your written permission, we will propose to President Carlson that one or more be selected for inclusion in the ASAP Newsletter via the Moral Development Committee.

