

Tools and Techniques for Reducing Burnout in your Clients and Yourself

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Conflict of interest disclosures

- I have no financial or personal conflicts of interest to disclose.
- I am affiliated with a university. This presentation is outside of my role with that university but aligns with the services I provide.
- Any case examples have been de-identified and altered to preserve the utmost confidentiality.

Scope of practice

- Materials that are included in this course may include interventions and modalities that are beyond the authorized scope of practice for your profession. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your profession's standards.

My background

I received my undergraduate degree in psychology from St. Mary's College of Maryland in 2004, followed by a M.A. in Counseling Psychology from the University of Missouri-Columbia in 2006, and a Ph.D. in Counseling Psychology from the University of Florida in 2011.

I primarily practice in healthcare settings integrating counseling with lifestyle medicine and health promotion. I have been with the University of Central Florida College of Medicine for the last decade where I am the Director of Counseling & Wellness Services for the medical school and Associate Professor of Clinical Sciences. I am a licensed psychologist, author, researcher and currently serve as a Co-PI on a national grant to develop wellness interventions to reduce burnout for healthcare professionals.



Learning objectives

- 1) Accurately identify specific mental health risks associated with burnout
- 2) Acquire pertinent theories for enhanced clinical conceptualization of the psychological challenges faced by people experiencing burnout (especially high-functioning professionals)
- 3) Familiarize yourself with tailored treatment strategies and techniques for this demographic to improve treatment outcomes
- 4) Integrate comprehensive health promotion strategies for symptom management and improved well-being for those experiencing burnout
- 6) Explore how to structure your practice as well as how to manage your own self-care and burnout as a clinician

Good news!

As psychologists and mental health therapists most of you already have the tools/skills to help clients successfully navigate burnout. This course is about organizing and harnessing those valuable skills.

Burnout has become so prevalent but the narrative around how we talk about mental health and approach burnout is important (there can be too much of a good thing).

I like to approach this topic from a positive perspective that is preventative rather than prescriptive.



agenda



Mental health issues impacting
high-functioning professionals

1

Theories that help us understand

2

Lifestyle medicine and health
promotion to reduce anxiety,
burnout, and depression

3

Developing a wellness toolkit and
structuring your practice

4

Self Care to Reduce Burnout for
the Mental Health Clinician

5

What is Burnout?

- Physical and emotional exhaustion
- Feelings of cynicism and depersonalization/detachment
- Diminished sense of personal accomplishment
- Irritability
- Decreased effectiveness at work



Symptoms

- Sleep problems, including nightmares
- Social withdrawal
- Professional/personal boundary violations
- Poor judgment
- Perfectionism and rigidity
- Questioning the meaning of life
- Disrupted personal relationships
- Substance misuse
- Depression and/or suicidal ideation
- Job turnover

Not all burnout is the same

Harvard Business Review (2022)

OVERLOAD

- Occurs when you work harder and more frantically to achieve success, often to the detriment of your health and personal life. You may ignore personal needs and relationships and your own personal wellness deteriorates.

UNDER-CHALLENGED

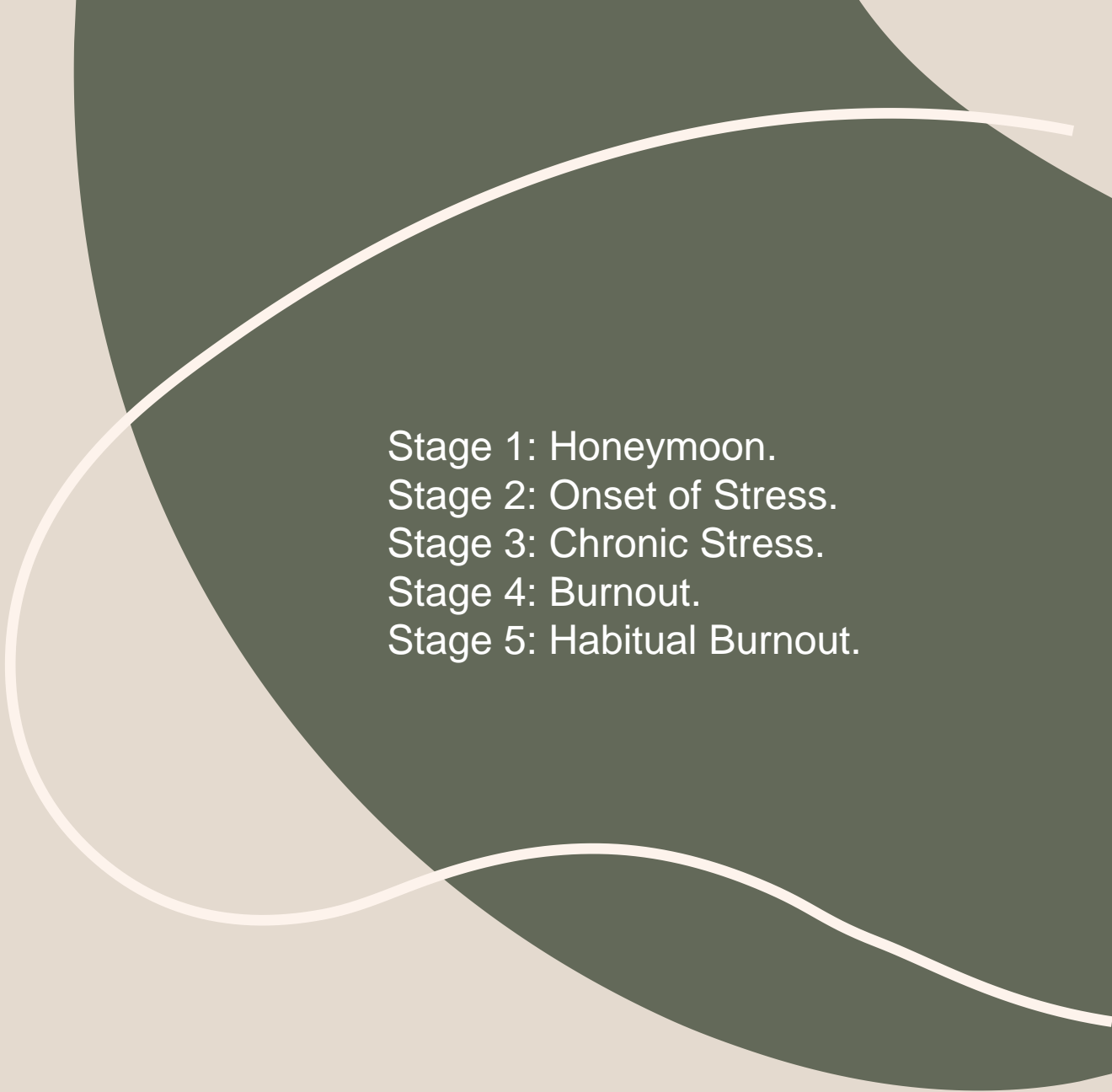
- Occurs when you're bored and not stimulated by your job, which leads to a lack of motivation
- Similar to Existential burnout where you feel increasingly distant from the values that brought you to the profession (i.e. patient care)

NEGLECT

- Occurs when you aren't given enough structure, direction, or guidance in the workplace. You find it difficult to keep up with demands or otherwise feel unable to meet expectations leading to feelings of incompetence and frustration.

Stages of burnout

Burnout is a syndrome and its onset can be gradual. Unlike depression and anxiety, there are not specific lengths of time to meet a diagnostic criteria.



- Stage 1: Honeymoon.
- Stage 2: Onset of Stress.
- Stage 3: Chronic Stress.
- Stage 4: Burnout.
- Stage 5: Habitual Burnout.

Burnout	Compassion Fatigue	Secondary/Vicarious Trauma
Physical and emotional exhaustion that develops over time and occurs along a continuum.	Emotional and physical fatigue that results when helpers feel compassion for those they help but do not have adequate time away from caring for others to refuel and care for themselves.	Emotional residue of becoming witness to the pain, fear, and other intense emotions experienced in traumatic situations through first-hand account or narrative of that event.
Can improve with time off or change at work.	As emotional resources deplete, individuals are no longer able to give of themselves psychologically.	Disruption of the assumption that basic human needs for safety, esteem, trust, control, independence and intimacy are met.
Not typically characterized by the presence of trauma-related symptoms.	Not typically characterized by the presence of trauma-related symptoms or cognitive disruptions.	Negative changes to view of self, others and the world.
Does not necessarily involve a change in one's world view.	Does not necessarily involve a change in one's world view.	Typically involves a shift in the world view of the helper.

Compassion fatigue/moral injury

- Terms also used synonymously with burnout.
- Compassion fatigue (CF) is stress resulting from exposure to a traumatized individual. CF has been described as the convergence of secondary traumatic stress (STS) and cumulative burnout (BO), a state of physical and mental exhaustion caused by a depleted ability to cope with one's everyday environment (Cocker & Joss, 2016).
- Moral injury has been studied in police and has been associated with PTSD (avoidance, hyper-arousal, re-experiencing) (Papazoglou et al., 2020).



REFLECTION I

Can you think of a time when your work was negatively impacting your mental health?

What factors were contributing?

What signs alerted you to the risk of burnout?

Common Mental Disorders (DSM-5-TR)

Persistent Depressive Disorder

- Chronic lower/sad mood over a longer period of time (2 years)
- Poor appetite or overeating
- Insomnia or hypersomnia
- Low energy or fatigue
- Low self-esteem
- Poor concentration or difficulty making decisions
- Feelings of hopelessness

Major Depressive Disorder

- A distinct episode lasting 2 weeks.
- Depressed mood.
- Loss of interest/pleasure.
- Weight loss or gain.
- Insomnia or hypersomnia.
- Psychomotor agitation or retardation.
- Fatigue.
- Feeling worthless or excessive/inappropriate guilt.
- Decreased concentration.
- Thoughts of death/suicide.

Common Mental Disorders (DSM-5-TR)

Generalized Anxiety

- A distinct episode lasting 6 months.
- Difficulty concentrating.
- Racing thoughts.
- Trouble sleeping.
- Muscle tension.
- No clear recognizable trigger for their anxiety symptoms.
- Irritability.
- Muscle tension.

Other Mental Health Concerns

(that may not constitute a disorder or reach clinical threshold)

- Stress (acute and prolonged)
- Role strain
- Sleep deprivation
- Excessive expectations/evaluation
- Symptoms of depression and/or anxiety
- Existential
- Unhealthy Coping
 - Disordered eating
 - Substance abuse
- Diminished self-care
- Vicarious Trauma
- Chronic health concerns
- Suicidal thoughts
- NSSI behaviors

Psychological symptoms in high-functioning clients

- Depression and anxiety look different for different people. High-functioning adults often dismiss their symptoms because they are maintaining a comparatively high level of functioning in work, relationships, etc.
- There is increasing awareness of manifestations based on gender (ex. anger in men with depression), culture (ex. norms and stigma with emotional expression), and even previous level of functioning.
- There is limited research in this area but studies are highlighting people who flourish after a mental health episode (Rottenberg et al., 2018) challenging the idea that simply reduction in symptoms is the best outcome.
- Statistics help us understand high-functioning mental health – medical school class example (ex. 11% SI, 25-28% depression).

Case Example 1

Samantha

Business Executive

Married, mom of two school-aged children

Exhaustion, stress, pessimism, cynicism

Significant sleep concerns

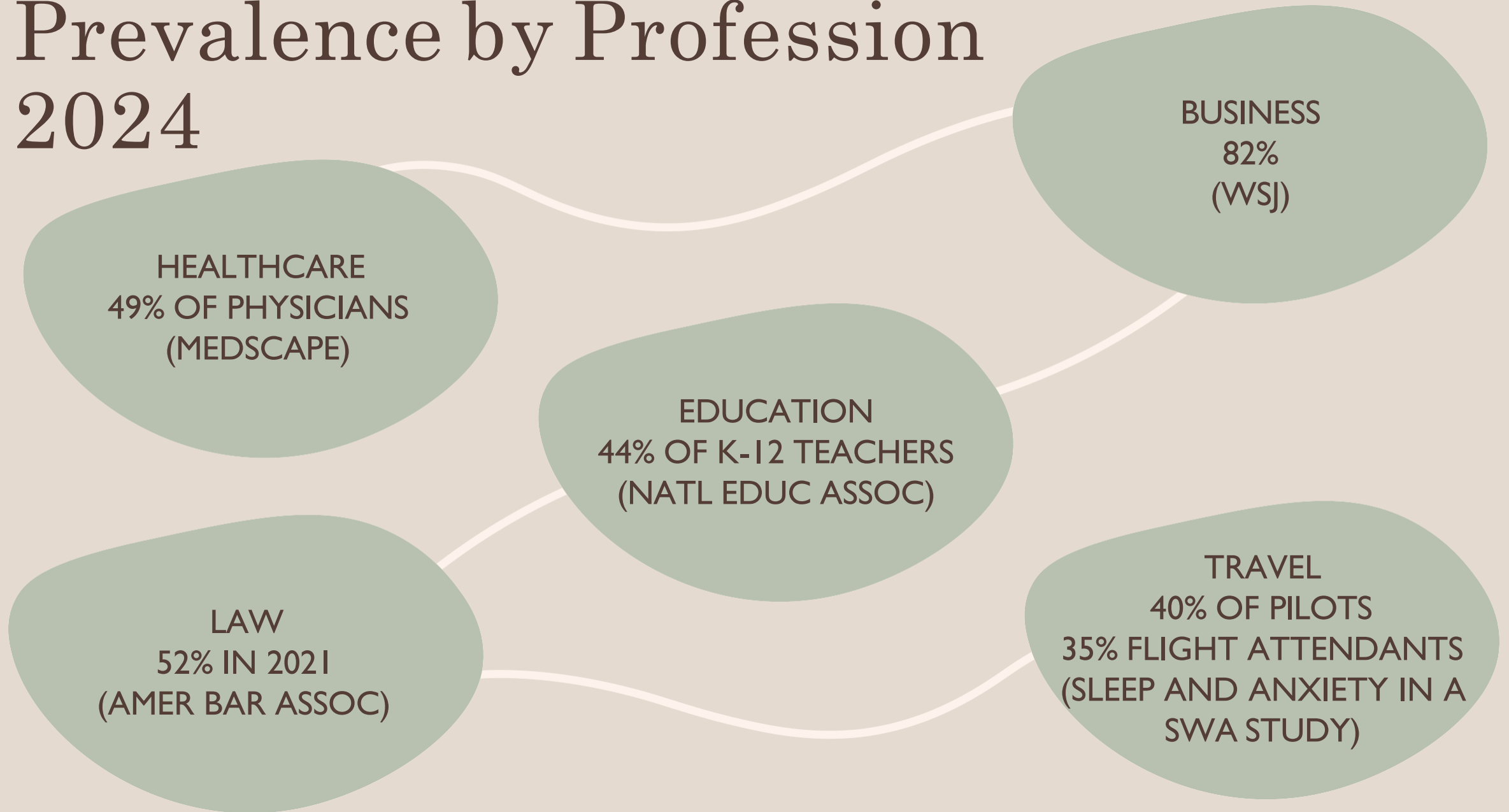
Difficulty controlling worry

Lack of purpose

Let's practice:
What are some clinical
questions you would ask
to get a clearer diagnostic
picture?



Prevalence by Profession 2024



Psychologists are burned out more than ever before (Lin, Assefa, & Stamm, 2023)

- According to the APA, psychologists are reporting an increasing workload.
 - Psychologists who report not being able to meet the clinical demand rose from 30% in 2020 to 46% in 2022.
 - Burnout rates were 45% in 2022.
-

Contributing Factors of Burnout in Mental Health Providers (Yang & Hayes, 2020)

- A review of 44 studies identified the following factors unique to burnout in mental health providers:
- Perceived job control
- Nature of psychotherapists' caseload
- Countertransference reactions
- Supervisory support
- Mental health history of practitioners



Meta-analysis of Burnout Interventions for Mental Health Providers (Dreison et al., 2018)

- 27 samples representing over 1,800 MH providers
 - Interventions had a small, positive effect favoring individual directed interventions over organizational efforts to reduce emotional exhaustion.
 - Training/education/prof dev were the most effective organizational interventions
 - Those with lower baseline burnout exhibited smaller intervention effects.
-

Who is at Highest Risk of Burnout?

- 1. Healthcare Professionals

Factors: demanding schedules, high stress, and emotionally taxing situations they encounter can lead to burnout. Long hours and the pressure to provide optimal care take a toll on their mental and physical health.

- 2. Emergency Services Personnel

Factors: exposure to traumatic incidents, irregular schedules, and the emotional toll of their work can contribute to burnout. Stigma with help-seeking.

- 3. Social Workers

Factors: passionate about helping vulnerable populations, but the challenges of dealing with complex cases, bureaucratic hurdles, and emotional strain can lead to burnout.

- 4. Teachers and Educators

Factors: heavy workloads, administrative pressures, low pay, and classroom challenges can result in burnout.

- 5. Legal Professionals

Factors: Immense pressure, handling high-stakes cases and navigating demanding schedules, and long work hours.

- 6. Customer Service Representatives

Factors: managing demands, irate customers, and repetitive tasks, contributing to burnout.

- 7. Information Technology (IT) Workers

Factors: fast-paced environments with tight deadlines and technical challenges that can lead to chronic stress and burnout.

- 8. Journalists and Media Personnel

Factors: constant deadlines, exposure to traumatic events, and high-pressure environments, increasing the risk of burnout.

- 9. Financial Professionals

Factors: managing finances, meeting targets, and making critical decisions can lead to burnout among financial professionals.

- 10. Retail Workers

Factors: manage long hours, customer demands, and physical strain, which can contribute to burnout.

- 11. Agricultural Workers

Factors: physically demanding work, unpredictable weather, and financial pressures that can lead to burnout.

- 12. Airline and Travel Industry Staff

Factors: Irregular schedules, time zone changes, and dealing with frustrated passengers can contribute to burnout among airline and travel industry staff.

Do factors such as remote vs in-person work and affect burnout?

- This is a really new area of research. Remote work had many challenges during the pandemic and was a major adjustment, but many value the flexibility it affords.
- Kim & Dirks (2023) conducted a study looking at burnout, turnover and other factors associated with different work options.
 - 51% worked entirely remote
 - 26% who were on-site
 - 23% who were hybrid
- When asked how often they would prefer to go into the office...
 - 45% prefer to go to the office once a week
 - 28% once a month or less
 - 14% of respondents said that they preferred going into the office every day
 - Alignment with the company's RTO plan were predictive of burnout and turnover; Less alignment was associated with higher burnout and turnover.

What about other factors?

- A recent article in Forbes identified that burnout is more complex than just too much work (Kohler, 2021).
- Burnout has six main causes.
 - Motivational, such as lack of fairness, perceived lack of control, and insufficient reward for effort.
 - Workplace environment itself, such as a lack of a supportive community or a mismatch of values and skills.
 - Too much work is a leading cause of burnout. Of those causes, motivation is usually the easiest one for employers to address.

Models of Work-Life Balance

- This concept has been defined in various ways.
- Greenhaus and colleagues (2003) suggest that *work life balance* is defined by three key, and interconnected, components:
 - “time balance” which refers to equal time being given to both work and non-work roles;
 - “involvement balance” which refers to equal levels of psychological involvement in both work and family roles
 - “satisfaction balance” which refers to equal levels of satisfaction in both work and family roles.
- *Work-life integration* creates flow and harmony between all aspects of an employee’s life. Instead of separating work and home, responsibilities get done when they need to according to the schedule that fits the employee best. This flexible approach to working can result in greater productivity, job satisfaction, and employee engagement.
- Movement from separate compartments toward circle/harmony/integration.

Parenthood and Burnout

Parental burnout at different stages of parenthood: Links with temperament, Big Five traits, and parental identity (Piotrowski et al., 2023).

- A study of 1,471 parents aged 19 to 45 years (mean age 35.30, SD = 5.98)
- Results showed that the severity of parental burnout was linked to traits ranging from temperament traits to basic personality traits to parental identity
- Higher burnout among parents who have difficulty shifting between tasks and coping with strong stimulation, low emotional stability and conscientiousness, and low identification with the parental role.
- Stress is considerably higher when parenting young children, under age 7.

For many people, the most important work begins when they leave the office.



Stress of Parenting has garnered a surgeon general warning...

Recent NYT article by Claire Cain Miller discussed warnings by Surgeon General Vivek Murthy.

Today's parenting style is known as intensive parenting, as the sociologist Sharon Hays [described it](#) in the late 1990s. Intensive parenting involves “painstakingly and methodically cultivating children's talents, academics and futures through everyday interactions and activities.”

In the U.S. parenting has become an individual task, not a societal one. Many of our policies and procedures do not support parents and many parents are struggling with stress, loneliness, and burnout.

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Measuring Burnout

Measuring burnout



- Standardized Assessments
 - Maslach burnout inventory
 - Oldenburg burnout inventory
- Profession-Specific Self-Test Measures
 - Ex. Physician Wellbeing Index
 - There are profession-specific Maslach forms
- Using therapy techniques to measure burnout
- Other ways burnout reveals itself (job satisfaction, turnover, errors, investment)

Example 1: Standardized Burnout Inventory

- The Maslach Burnout Inventory (MBI) was developed as a research instrument to assess burnout as a continuum on three different dimensions:
 - Emotional Exhaustion (or Exhaustion*)
 - Depersonalization (or Cynicism*)
 - Reduced Personal Accomplishment
- Other widely used professional burnout inventories include the Oldenburg. Based on evidence, science, years of research.

Example 2: Burnout Self-Test

Let's practice!

Score interpretations (No matter your score, pay attention to areas you ranked a 5)

15-18: No sign of burnout.

60-75: Very severe risk of burnout.

19-32: Little sign of burnout.

33-49: At risk of burnout.

50-59: Severe risk of burnout.

Adapted from MindTools: Essential skills for an excellent career. Burnout Self-Test - https://www.mindtools.com/pages/article/newTCS_08.htm

<https://www.mindtools.com/auhx7b3/burnout-self-test>

Burnout Self-Test

Instructions: For each question, place the corresponding number in the column that most applies.

Questions	Not At All (1)	Rarely (2)	Sometimes (3)	Often (4)	Very Often (5)
I feel run down and drained of physical or emotional energy.					
I have negative thoughts about my job.					
I am harder and less sympathetic with people than perhaps they deserve.					
I am easily irritated by small problems, or by my co-workers.					
I feel misunderstood or unappreciated by my co-workers.					
I feel that I have no one to talk to.					
I feel that I am achieving less than I should.					
I feel under an unpleasant level of pressure to succeed.					
I feel that I am not getting what I want out of my job.					
I feel that I am in the wrong organization or profession.					
I am frustrated with parts of my job.					
I feel that organizational politics or bureaucracy frustrate my ability to do a good job.					
I feel that there is more work to do than I practically have the ability to do.					
I feel that I do not have time to do many of the things that are important to doing a good quality job.					
I find that I do not have time to plan as much as I want to.					
Total					

Example 3:

Physician Well-Being Index

Dyrbye et al. (2013)

Instructions: Respond to each question with a response of either yes (1) or no (0).

During the past month:

- Have you felt burned out from your work?
- Have you worried that your work is hardening you emotionally?
- Have you often been bothered by feeling down, depressed, or hopeless?
- Have you fallen asleep while stopped in traffic or driving?
- Have you felt that all the things you had to do were piling up so high that you could not overcome them?
- Have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?
- Has your physical health interfered with your ability to do your daily work at home and/or away from home?

Example 4: Solution-Focused Brief Therapy Techniques

Let's
practice!

HAPPY PLACE

MAGIC WAND



Is Burnout an Individual or Systems Problem?

- I served on the AAMC's working group on wellness, and the consensus is that wellness and preventing burnout are best addressed at both the systems and individual levels.
- Too often providers encourage individual-focused coping strategies to cope with systemic problems that can lead to the client feeling invalidated and discouraged.
- Is resilience training the answer to burnout? (Brittain, 2022; Journal of Professional Nursing article)
 - Addresses the idea of focusing on the identifiable systemic factors.

System Impact on Wellbeing – Medical School example

Data from Saint Louis University School of Medicine – before and after curricular level wellness interventions

Class	MS-1 orientation			MS-1 end of year				MS-2 end of year			
	Depress, %	Anx, %	Stress, M (SD)	Depress, %	Anx, %	Stress, M (SD)	Coh, M (SD)	Depress, %	Anx, %	Stress, M (SD)	Coh, M (SD)
2011 and 2012	6	30	10.2 (5.2)	27	55	16.3 (7.4)	7.9 (2.1)	32	60	16.9 (7.3)	7.7 (2.0)
2013	4	26	9.8 (5.7)	21	45	14.9 (6.7)	8.1 (1.7)	17 ^b	61	14.4 (5.8) ^b	8.2 (1.6) ^b
2014	6	28	11.0 (5.8)	18	31 ^b	13.0 (6.8) ^b	8.5 (2.1) ^b	18 ^b	39 ^b	13.9 (6.4) ^b	8.5 (2.2) ^b
2015	5	22	10.2 (5.5)	11 ^b	31 ^b	12.1 (6.1) ^b	8.8 (1.8) ^b	16 ^b	46 ^b	13.5 (6.8) ^b	8.1 (2.0) ^b
P value	.67	.30	.20	.001	< .001	< .001	< .001	< .001	< .001	< .001	.002
Effect size	.04 ^c	.07 ^c	.01 ^d	.16 ^c	.23 ^c	.06 ^d	.03 ^d	.18 ^c	.18 ^c	.05 ^d	.02 ^d

Abbreviations: MS-1 indicates medical school year 1; MS-2, medical school year 2; Depress, moderate to severe depression symptoms; Anx, moderate to high anxiety symptoms; Stress, stress score; M, mean; SD, standard deviation; Coh, cohesion score.

^aThe authors carried out a multiyear, quasi-experimental study at one medical school comparing depression, anxiety, stress, and cohesion scores between multiple medical school classes before a curricular change initiative and after the curricular change initiative.

^bValue (percentage or mean) is significantly different ($P < .05$; standardized residual for percentages; Tukey for means) from prechange classes value.

^cEffect size for percentages (chi-square test of association) is Cramer V, which is interpreted as a correlation coefficient.

^dEffect size for means (ANOVA) is partial eta-squared, which is a percentage of variance indicator.

What about resilience???

- Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands.
- Training people to be resilient can be positive if the broader systemic factors contributing to burnout are considered as well.



REFLECTION 2

Can you think of ways that over-functioning has helped your clients?

When do these patterns become harmful?

I present this to clients as the “double-edged sword.”



WHO IS MOST AT RISK FOR BURNOUT?

- Women
- People who score higher on “empathy” and who are “passionate”
- Risk factors by profession (e.g. specialties with medicine have different burnout rates, similar to law, nursing, law enforcement etc.)

Psychological theories

Stress

Role strain

Maladaptive
Perfectionism

Imposter
Syndrome

How Does Stress Impact your ***Physical*** Health?

- Obesity/ diabetes (Kim et al., 2009; Surwit et al., 2002).
- Hypertension/Cardiovascular health (Tucker et al., 2014).
- Perceptions of pain (lower back, chest), changes in libido, fatigue, and gastrointestinal symptoms are all associated with stress (Mayo Clinic).
- Stress interferes with our body's immune response and can disrupt healing.

How Does Stress Impact your *Psychological* Health?

- Stress-related symptoms have a powerful impact on both mood and behavior, such as feeling irritable, overwhelmed and experiencing difficulty with concentration.
- Stress is associated with unhealthy coping such as changes in eating and exercise behaviors, disruption in treatment adherence, and substance abuse/relapse.
- Stress impacts our closest relationships.
- Stress affects sleep, and can trigger an episode of depression or anxiety.

Role strain

- One explanation for burnout may stem from the challenges of managing multiple roles, known as role strain and role conflict (Goode, 1960; Varpio et al., 2018).
- Recent studies emphasize that each person deals with a unique and sometimes overwhelming set of roles, trying to balance and make decisions between them. There are gender implications in role strain.
- Role strain involves balancing many obligations with limited resources and feeling that one is not able to perform well or meet obligations in any of the roles (Hoff & Scott, 2016).

Maladaptive perfectionism

- Maladaptive perfectionism occurs when individuals set unrealistically high standards for themselves and experience cognitive distortions, leading them to perceive minor setbacks as significant failures.
- Perfectionism is a multidimensional construct with adaptive and maladaptive features (Hewitt & Flett, 1990).
 - Self-oriented perfectionists set high standards for themselves and criticize themselves harshly if these standards are not met
 - Other-oriented perfectionists expect others to be perfect and the failure of others to meet the standards can result in dissatisfaction and loss of motivation in relations
 - World-oriented perfectionism refers to setting unrealistic standards for human problems and irrational beliefs about having perfect and precious solutions for world issues
 -
- Perfectionism has negative consequences on well-being and intensifies burnout. Early career social workers were also found to be at greater risk of maladaptive perfectionism and burnout (Kinman, 2022).
- In medical education, maladaptive perfectionism is correlated with lower levels of empathy (Rafaqat et al., 2022), more symptoms of depression and anxiety (Seeliger & Harendza, 2017), and increased risk for suicidal ideation (Brennan-Wydra et al., 2021).

Imposter syndrome

- A common phenomena in healthcare professional students where they think they were admitted by mistake and that they are not truly capable and their inadequacies will be discovered.
- What it looks like:
 - Accomplishments are attributed to luck rather than to ability
 - There can be a fear that others will eventually unmask them as a fraud- feeling like a fake
 - Fostered by feelings of not belonging
 - Can be accompanied by anxiety, depression, shame, burnout
- Imposter syndrome is but a symptom; inequity is the disease. Promoting equitable representation of women and minorities among the leaders of medicine through concerted systems-level intervention is the most appropriate treatment (AAMC Working Group on Wellness; courtesy of M. Rea).
- Similar to MP, Imposter syndrome is also associated with increased mental health risk factors and suicidal ideation (Brennan-Wydra et al., 2021).

Case Example 2

Darrell

Medical Resident completing intern year in surgery

Feels inadequate

Compares self-to others

MDD (mild)

Struggling with making time for self-care, especially exercise

Poor diet

Let's practice:
What theories
come to mind in
Darrell's situation?





REFLECTION 3

What is your comfort level with “prescribing” wellness to your clients?

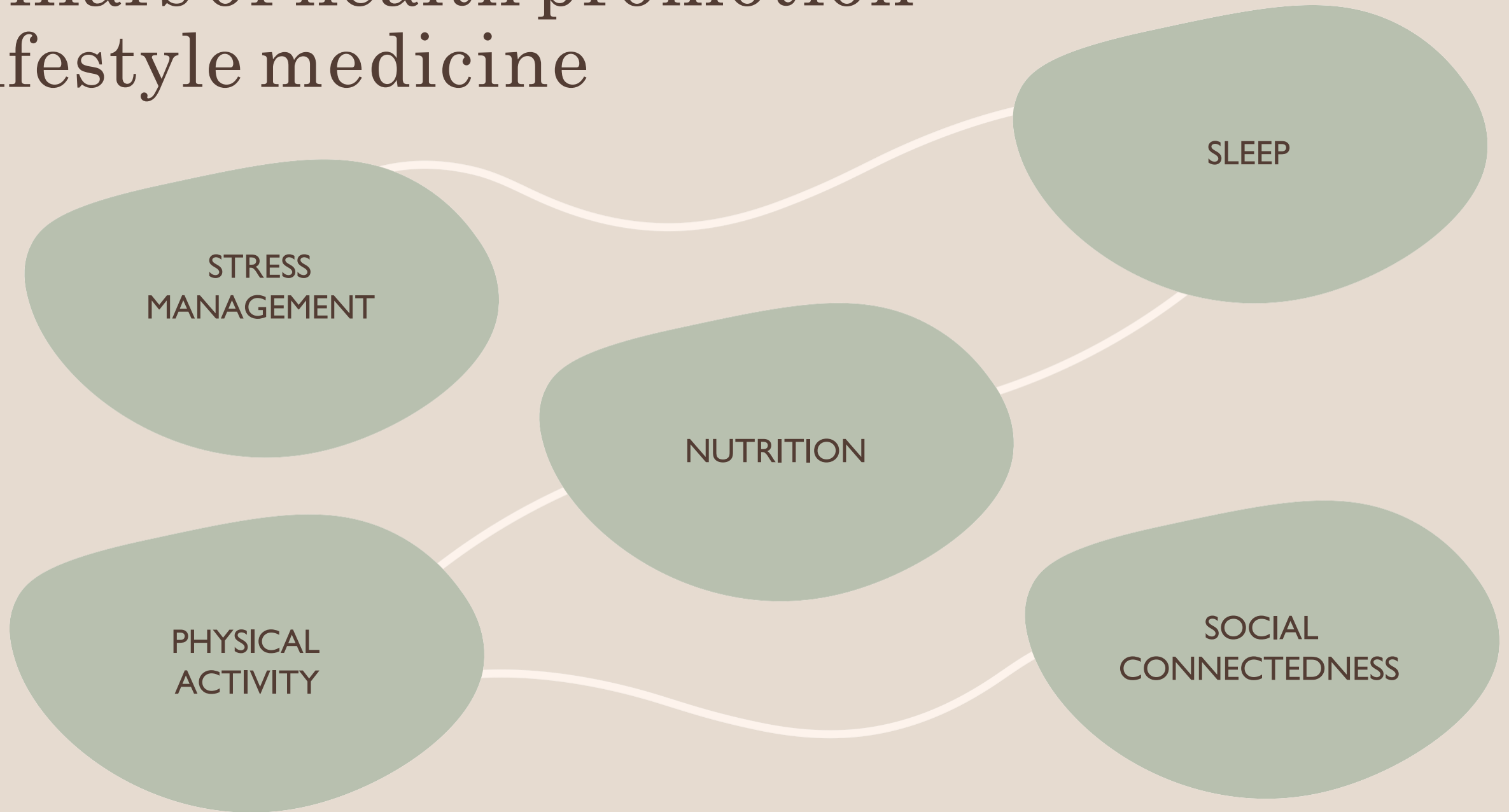
What behaviors do you recommend (if any)?

What wellness behaviors do you find helpful for your own self-care and health maintenance?

Pillars of Health Promotion



Pillars of health promotion lifestyle medicine



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Stress Management

A Barrier to Wellness

- Stress management is one of the four pillars of health-promotion in lifestyle medicine. Yet, experiencing stress is often normalized in our society.
- Burnout, role strain, being addicted to work or technology, difficulty with sleep, an inability to “unwind” or “disconnect”, substance misuse, chronic over-functioning and physical and emotional signs of distress are not normal or healthy.
- There is a danger in the normalization of these experiences on a person’s overall health and well-being.
- As a clinician, I observe that people often forget about stress management when they need it most.

Why is Stress Management Important?

- Stress management is a *health-promoting behavior*.
- The other health promoting behaviors include exercise, nutrition, sleep, and in some models social connection.
- The tools I will be covering are very useful for other psychological concerns such as symptoms of depression and anxiety, sleep disturbances, and can be used to simply enhance wellness.

Cognitive Behavioral Therapy

OVERVIEW

- We are born with a potential for both rational and irrational thinking.
- We have the biological and cultural tendency to develop distorted thought processes.
- We learn and invent distorted beliefs and maintain these distortions through self-talk.
- We have the capacity to change our cognitive, emotive, and behavioral processes.

EXAMPLES

- “I must have love or approval from all the significant people in my life.”
- “My partner must fulfill all (100%) of my needs, and all the time.”
- “I must perform important tasks competently and perfectly (all the time).”
- Selective abstraction, Overgeneralization, Magnification and minimization, Labeling and mislabeling, Polarized thinking, Personalization (Beck)

Using CBT to Cope with Burnout

- From a mental health perspective, here are some tools/exercises you may find helpful in navigating the psychological aspects of burnout:
 1. Write a letter to your younger self (reflect on why you chose your profession as this will help you reconnect with your core values)
 2. Identify what is currently important to you? Professional values?
 3. Use reframing to avoid comparing yourself to peers/colleagues/people in other professions.
 4. Avoid common cognitive distortions – selective abstraction, magnification, catastrophizing, rigid thinking with professional milestones.
 5. Keep a journal, create a pro/con list, and create a “within my control” vs “out of my control” list and maximize what is within your control.
 6. Practice gratitude.
 7. Communicate things you need, such as more support, flexibility, and changes that can align work with things you value.

Activity 1:

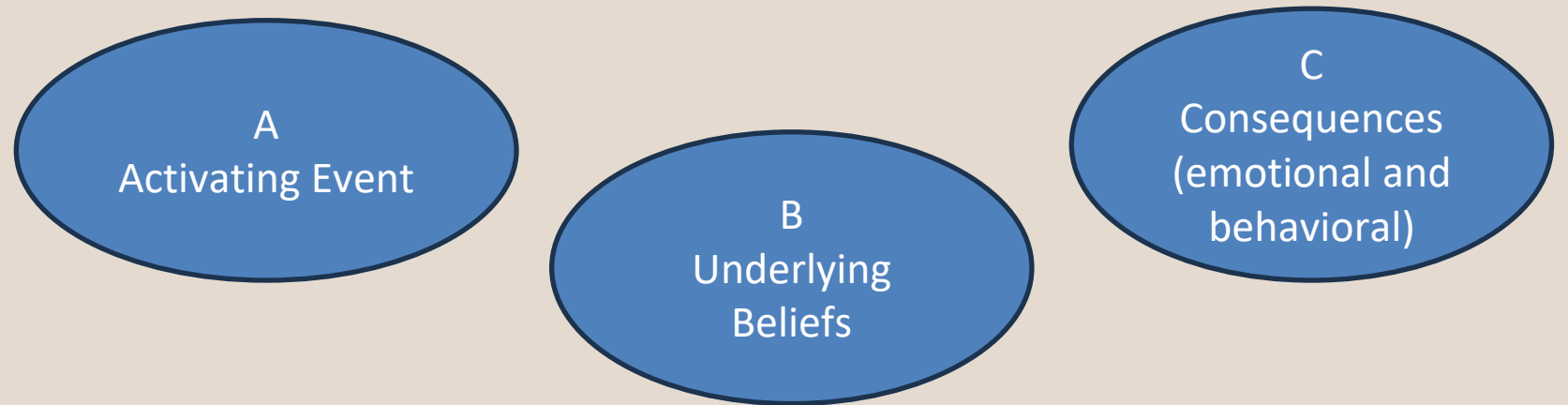
Guided Relaxation

“Give it to the ocean”

CBT-informed techniques like guided relaxation of mindful practices are excellent, evidence-based strategies for reducing symptoms of anxiety, depression, and burnout.



Activity 2: CBT Activity



Let's apply this model using a burnout example.

A (activating event): Marcus is asked to take on an additional task when he is already feeling overwhelmed.

B (underlying belief): _____

C (consequence): _____

D (dispute irrational beliefs): _____

E (effective new beliefs): _____

CBT worksheets

- These can be very useful for a variety of concerns related to burnout including:
 - Motivation
 - Change
 - Depression
 - Anxiety
 - Cognitive Restructuring

Mindfulness

- Gaining a strong empirical base for use in psychiatric and psychological practice (Zerbo and colleagues, 2016) and in professional settings (Kabat-Zinn).
- Benefits associated with mindfulness include:
 - Improved concentration
 - More balanced mood
 - Helps manage/reduce anxiety
 - Depressive symptoms
 - Stress-related symptoms
 - Improvement in perceived quality of life and well-being

Tips for Establishing a Mindful Practice

- Commit to a regular time of day for practice
 - Start with just a few minutes and gradually work up to a longer time period
 - Find a quiet, undisturbed location
 - Choose a type of meditation that resonates with you
 - Be kind to yourself and just practice without judgment
-
- For my clients with anxiety, depression, and burnout I emphasize the importance of a morning routine (mindfulness, intention) and an evening routine (self-care, gratitude).

Activity 3:

Guided Mindful Meditation for Positivity



Close your eyes and allow every worry, task and negative thought to float away. You have no time for them here, and so you let each of them go. Every bad thought, every fear and every worry. Watch them all float away on the great big ocean in your mind.

As you sit on the shore, you hear a voice in the distance, telling you:

Today I am happy.

Today I am capable.

Today I am worthy.

The voice loops over and over.

Today I am happy.

Today I am capable.

Today I am worthy.

As the voice continues speaking, you watch the waves caused by your thoughts settle. The great ocean before you becomes still and clear.

Today I am happy.

Today I am capable.

Today I am worthy.

Slowly, without turning, your eyes still on the clear water, you realize that the voice is coming from within you. You open your mouth and speak out loud:

Today I am happy.

Today I am capable.

Today I am worthy.

Boundaries and psychological detachment

- Technology has brought wonderful advances but has also given people infinite access which contributes to burnout (social media, email, Microsoft teams, online dating). Boundaries with technology and psychological detachment in a hybrid workforce are very important.
- Being mentally involved in any other content area (e.g., a hobby, one's children's school problems, or family activities).
- In some instances, psychological detachment might even manifest itself as a meditative state of thinking "nothing".
- Psychological detachment occurs in the absence of worry, rumination, or other repetitive thoughts about work (altering maladaptive thoughts).
- Psychological detachment is also related to engagement in leisure activities as well as to other recovery experiences recovery experiences such as relaxation, mastery, and control.

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Sleep Hygiene

Does Lack of Sleep Affect Mental Health?

- Yes, sleep and mood disorders have a complex, bidirectional relationship.
- Having a mood disorder often leads to disruption in sleep patterns.
- Additionally, in order to effectively treat a mood disorder episode, one often needs to increase health promoting behaviors especially sleep because sleep is restorative for your body, mind, neurochemicals, etc.
- Insomnia predicts depression and panic disorder; GAD and depression predicts insomnia (Alvaro et al., 2014).

Depression, Anxiety and Sleep

- Anxiety and stress disrupt sleep.
- Sleep-related symptoms are common with MDD, specifically insomnia and hypersomnia and there is actually a complex, bidirectional relationship between sleep disorders and depression (Ashworth et al., 2015; Byrd et al., 2014).
- Byrd et al. examined the comorbidity of sleep disorders and CMDs and found that “daytime sleepiness” and “poor sleep quality” were associated with increased odds of CMDs. (roughly 25-30% comorbidity).
- If you notice significant changes in your sleep and mood, it is important to discuss this with a provider (ideally a psychologist or psychiatrist).

Sleep/Napping Recommendations

- Institute of Medicine (IOM) recommends resident shifts longer than 16 hours include an uninterrupted 5-hour sleep period.
- Accreditation Council for Graduate Medicine Education (ACGME) encourages strategic napping after 16 hours of continuous duty and in between the hours of 10:00pm and 8:00am.
- National Sleep Foundation - Napping does not compensate for poor quality nighttime sleep, but it can result in improved mood, alertness and performance.

Structured Napping and Cognitive Alertness

Amin et al. (2012)

- Internal Medicine residents
- Random assignment to 20-minutes of structured napping
 - 18 residents assigned to napping; 11 assigned to control condition
- Conner's Continuous Performance Test
 - Measured cognitive alertness and also attentional failures
- Participants in the napping condition exhibited superior performance and alertness.

Sleep Hygiene

- Stick to a sleep schedule with the same bedtime and wake up time, even on the weekends. This helps to regulate your body's clock and could help you fall asleep and stay asleep for the night.
- Practice a relaxing bedtime ritual, such as drinking tea or using lavender essential oil.
- Exercise daily.
- Evaluate your room. Your bedroom should be cool – Your bedroom should also be free from any noise or lighting that can disturb your sleep.
- Consider using blackout curtains, eye shades, ear plugs, or "white noise" machines.
- Use bright light to help manage your circadian rhythms. Avoid screen time.
- Avoid alcohol and heavy meals in the evening. If you can, avoid eating large meals for two to three hours before bedtime.
- Wind down. Your body needs time to shift into sleep mode, so spend the last hour before bed doing a calming activity such as reading.

Treating Insomnia with CBT



- To treat insomnia and common mental disorder symptoms (i.e., depression and anxiety), CBT may incorporate:
 - Cognitive techniques such as reframing, thought-stopping, A-B-C model
 - Use of relaxation, mindfulness, coping strategies, relaxation app
 - Journaling technique to treat insomnia (5 min, brief to-do list)
 - A referral for medication may also be part of the treatment plan

Treating Insomnia with CBT

- Ashworth and colleagues (2015) compared CBT administered by a professional therapist compared to CBT self-administered with instructional materials with 41 adults (18-64 years; 25 females) with MDD and insomnia.
- Both groups had started SSRIs medication 6-weeks prior to this phase of the study.
- Findings indicate that those treated with therapist-administered CBT compared to self-guided CBT showed improved outcomes (i.e. significantly reduced depressive symptoms).
- At three-month follow-up, 61% of those in the intervention group compared to 5.6% in the self-help group had remission for their depression and insomnia.

Do you think it is appropriate for mental health therapists to give recommendations for clients to make dietary changes to improve their wellbeing?

How do you approach this in your own practice?

This can be a complex topic because it involves the intersection of nutrition and behavior.



Healthy Eating Approaches

INTUITIVE EATING

- A non-dieting approach to changing your eating habits. Intuitive eating is about trusting your body to make food choices that feel good for you, without judging yourself or the influence of diet culture.

MINDFUL EATING

- Paying attention to our food, on purpose, moment by moment, without judgment is an approach to food that focuses on individuals' sensual awareness of the food and their experience of the food. It has little to do with calories, carbohydrates, fat, or protein.

HEALTH AT EVERY SIZE

- Health at Every Size (HAES) is a lifestyle that encourages healthy eating and enjoyable physical activity as a way to feel better and live longer. Unlike other programs, it does not believe weight loss through dieting is the way to become healthy. Scientific evidence supports this idea.

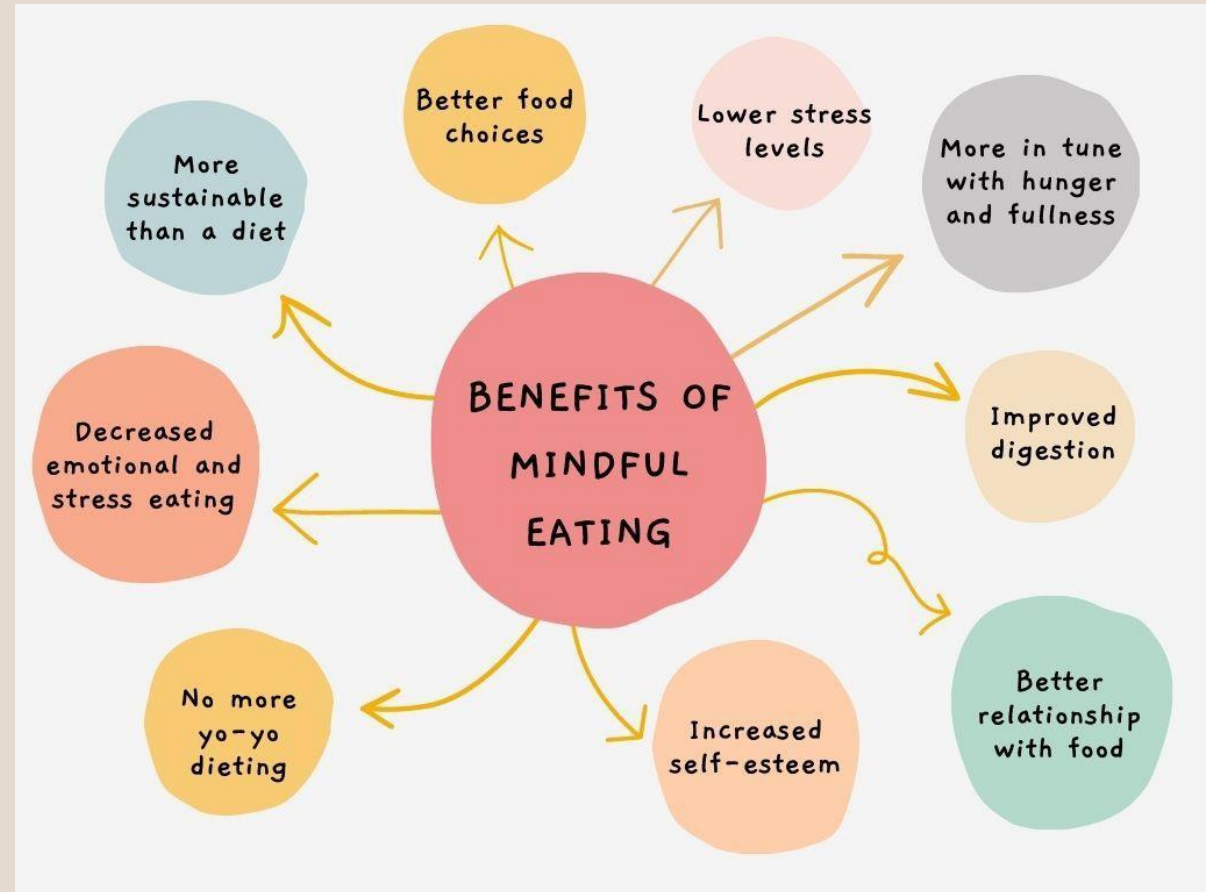
Mindful Eating

(Harvard Health Publishing, 2016)

- 1. Begin with your shopping list. Consider the health value of every item you add to your list and stick to it to avoid impulse buying when you're shopping. Fill most of your cart in the produce section and avoid processed foods.
- 2. Come to the table with an appetite — but not when ravenously hungry. If you skip meals, you may be so eager to get anything in your stomach that your first priority is filling the void instead of enjoying your food.
- 3. Start with a small portion. It may be helpful to limit the size of your plate to nine inches or less.
- 4. Appreciate your food. Pause for a minute or two before you begin eating to contemplate everything and everyone it took to bring the meal to your table. Silently express your gratitude for the opportunity to enjoy delicious food and the companions you're enjoying it with.
- 5. Bring all your senses to the meal. When you're cooking, serving, and eating your food, be attentive to color, texture, aroma, and even the sounds different foods make as you prepare them. As you chew your food, try identifying all the ingredients, especially seasonings.
- 6. Take small bites. It's easier to taste food completely when your mouth isn't full. Put down your utensil between bites.
- 7. Chew thoroughly. Chew well until you can taste the essence of the food. (You may have to chew each mouthful 20 to 40 times, depending on the food.) You may be surprised at all the flavors that are released.
- 8. Eat slowly. If you follow the advice above, you won't bolt your food down. Devote at least five minutes to mindful eating before you chat with your tablemates.

Benefits of Mindful Eating

- There are many documented benefits, but I've especially noticed clients' capacity to be more present, to gain a healthier sense of control, and to start to examine how their emotions impact eating.



Mindful Eating Exercise

- Pick up your wrapped chocolate and place it in the palm of your hand and notice the colors and shapes on the package. Feel the weight of it in your hand.
- Pretend like you have never seen a wrapped chocolate bar before and examine it closely.
- Touch the packaging with your fingers and feel the texture. Pay attention to any sound the wrapper makes. Examine the wrapper noticing all of the colors. Look at the different sides of the chocolate wrapper and notice any place that the light reflects off the package, any shadows.
- If your mind starts to wander and think about other things, that's ok. Notice the thoughts and bring your attention back to the chocolate.
- Now begin to slowly open the wrapper. Listen for the sounds of the wrapper tearing. Notice the movement of your hand, fingers, and arm muscles as you open the chocolate.
- You may hear other people or other noises in the room. Notice the sounds and bring your attention back to the chocolate.
- Raise the chocolate to your nose and smell the chocolate. Slowly breathe in several times and focus on the different smells. Does smelling the chocolate trigger anything else in your body?
- Is your mouth watering? Are you having any thoughts, "Hurry up and let me eat the chocolate!" "What's taking so long?" If so, notice them and bring your attention back to smelling the chocolate.
- Now slowly take a small bite of the chocolate, but do not chew it or swallow it. Notice the feeling and taste of the chocolate in your mouth. How does it feel as it melts? Notice the taste and sensations of the chocolate on your tongue. Move the chocolate around in your mouth. Try to notice the moment where you feel like you want to swallow. Slowly swallow the chocolate, focusing on the sensations. Notice any lingering tastes or sensations.





REFLECTION 4

How was this different from your normal way of eating?

What did you notice during the exercise?

Any thoughts about how these principles might apply to eating or other areas of your life?

Intuitive Eating

- The focus here is on food and movement that feels good for your body and supports and nourishes you.
- People who overwork often skip meals and come home exhausted and hungry, and may be more likely to make poor choices (such as fast food, take out too frequently).
- Strategies like meal prepping can work well with this approach. For example, ask clients “What foods/snacks can I prepare to keep me nourished during a busy day?”



Health at Every Size

- A new approach to healthier nutrition, body acceptance, and intuitive eating that is less focused on weight. Informed by literature that disputes weight as the indicator of health. Influenced by historic studies that have identified the dangers of caloric restriction and how it impacts body image and mental health.
- Hagen & Henningfield, 2023 studied clinician perspectives toward HAES and found that although providers think some metric of BMI is important, decentralizing weight from the conversation is needed.
- 128 studies were included in this Meta-analysis. The authors found a significant reduction for susceptibility to hunger in Health at Every Size® intervention groups relative to controls ($p = 0.005$), with no significant difference ($p > 0.05$) between Health at Every Size® interventions and control groups for anthropometric, psychological or cardiometabolic outcomes (total cholesterol, HDL cholesterol, triglycerides, systolic or diastolic blood pressure) (Clarke et al, 2024).

Health at Every Size

- To clinically apply HAES start shifting the focus away from weight, body fat, macros, etc.
- Engage the client in how food and exercise make them feel and lean into the principles of intuitive eating.

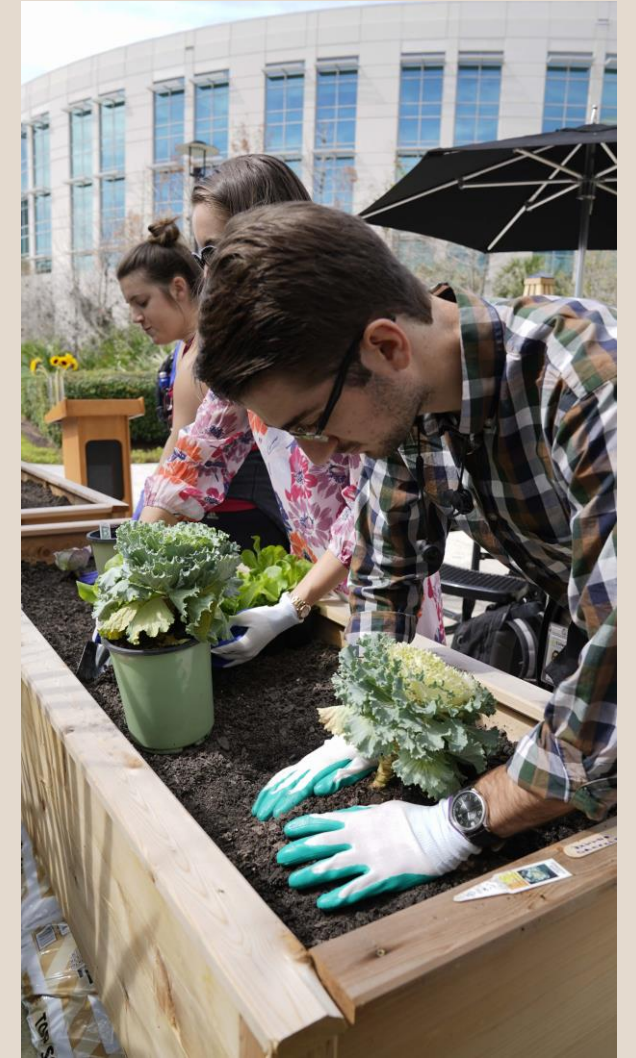



Incorporating CBT with nutrition approaches

- In earlier sections, we've discussed CBT and this can be applied with these approaches. For example:
 - Having a client journal or go on a brief walk prior to eating to reduce their stress.
 - Helping a client address some of the cognitive distortions he/she has around food/eating/body image, such that certain foods are “bad” or that they are unworthy because of their body type.
 - Using CBT to help your client set goals and structure around nutritional changes.

What does the research tell us about nutrition and burnout?

- A recent article in the American Journal of Lifestyle Medicine titled “Nutrition Strategies for Reducing Risk of Burnout Among Physicians and Health Care Professionals” (Esquivel, 2021) found:
 - Diet is a mediating and modifiable factor with regard to burnout risk.
 - Chronic stress has been shown to influence the amounts and types of foods individuals eat, contributing both to excessive eating and undereating and the development of chronic diseases.
 - Dietary strategies to mitigate burnout for health care professionals should be developed based on existing evidence related to nutrition and mental health and include systems-level changes.
 - Evidence supports the application of the Mediterranean diet, cognitive behavioral theory, and mindful eating interventions.



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Physical Activity

Physical activity

- ADA guidelines for exercise
- As previously recommended, most adults with type 1 or type 2 diabetes should undertake at least 150 min or more of moderate- to vigorous-intensity activity weekly
- It is also recommended that these activities occur on at least 3 or more days during the week and that individuals should not allow more than 2 days to elapse between activity sessions to maintain higher levels of insulin sensitivity.

Physical activity

- Younger or more physically fit individuals may receive similar cardiovascular and fitness benefits from undertaking vigorous-intensity or high-intensity interval training (HIIT), assuming it adds up to a minimum of 75 min/week.
- Too much exercise is not a good thing.
- Compulsive exercise and orthorexia nervosa are things to be mindful of when a client is making lifestyle change. Orthorexia is an eating disorder characterized by an obsessive focus on "healthy" eating, and inflexibility in diet, which leads to clinically significant medical or psychosocial impairment (Kalra et al., 2020)

Active Rest

- Active rest is brief spurts of exercise (i.e. 5-10 minutes) that can be done individually or as a small group.
- May be used in place of the traditional break.
- Active rest in the workplace improves personal relationships, mental health, and physical activity among workers (Michishita, et al., 2017).

What does the research tell us about physical activity and burnout?

- A systematic review of 18 studies comprising 11,500 medical students across 13 countries was conducted. Physical activity was negatively associated with burnout and positively associated with QoL. Furthermore, the findings were suggestive of a dose-response effect of physical activity on both burnout and QoL; higher intensities and frequencies precipitated greater improvements in outcomes (Taylor, Scott, & Owen, 2022).
- A study by Ricardo (2022) on type of exercise in reducing burnout in university students found:
 - The aerobic exercise group reduced cynicism by 21.1% ($d = 0.252$), inefficacy 13.1% ($d = 0.397$) and exhaustion by 31.0% ($d = 0.532$).
 - The strength exercise group reduced cynicism by 27.4% ($d = 0.315$), inefficacy by 21.7% ($d = 0.704$) and exhaustion by 19.6% ($d = 0.299$).

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Social Connection

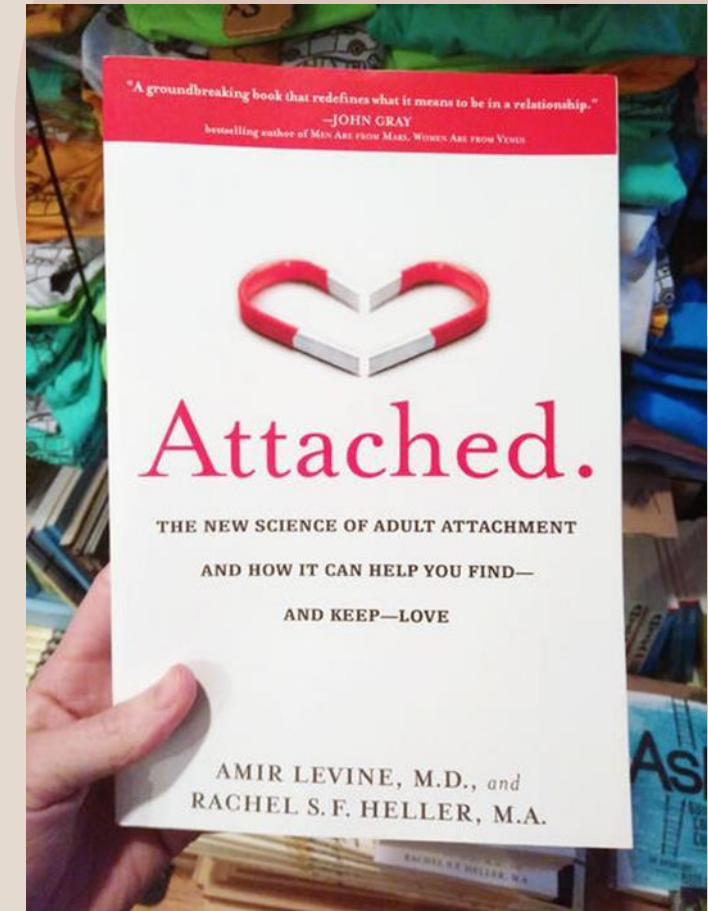
The power of connection

- Hundreds of studies have established a link between social support and health over many years of research
- Social support benefits both mental and physical health
- The most protective factor for mental health that is significantly and consistently associated with happiness (Harvard Study of Adult Development).
- *“The surprising finding is that our relationships and how happy we are in our relationships has a powerful influence on our health. Taking care of your body is important, but tending to your relationships is a form of self-care too. That, I think, is the revelation.”*

—Robert Waldinger, director of the study, professor of psychiatry at Harvard Medical School

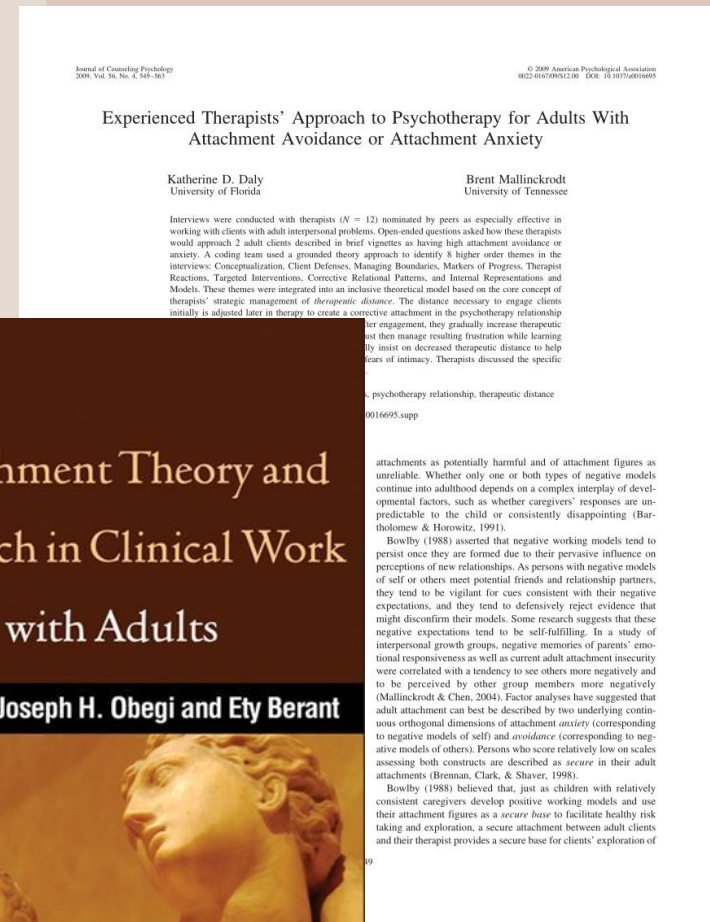
Attachment Theory

- An evolutionary theory of relationships that emphasizes the interactions between a human and their primary caregivers at the beginning of life.
 - We develop an attachment pattern that shapes future relationship patterns.
 - Attachment is triggered when we are faced with stress, separation, illness, trauma etc.
- Strange situation studies (Ainsworth, 1970s)
- Categorizations of attachment
 - Initially identified four attachment styles
 - Secure vs. Insecure
 - Avoidant and Anxious
- Experiences in Close Relationships (Brennan, Clark, & Shaver, 1998)
- In sum, how we form attachments is something that develops early in life and shapes our relationships in many domains, including friendship, romance, work etc.



Can Attachment Change Over Time?

- Are you doomed relationally from those early interactions that were out of your control? Can you become more secure over time?
- The good news is you can become more secure.
 - Relationship with a secure partner
 - Developing healthy, stable attachment that is corrective with a mentor, therapist
- Daly & Mallinckrodt studies
 - Strategic therapeutic distance



Barriers to Building Positive Relationships

- Technology, Social Media
- Confusing texting with talking
- Lack of self-confidence
- Lack of interpersonal skills
- Reluctance to interact with others
- Poor communication skills
- Fear of change
- Environmental factors

Loneliness vs Social Isolation

Loneliness

- Subjective mental state
- Inability to connect or communicate with others
- Emotional, physical, and social factors contribute

Social Isolation

- Physical state
- Voluntary or involuntary absence of having contact with other individuals
- Alone, but not enjoying it

Frates B, Bonnet JP, Joseph R, Peterson JA. The Power of Connection. In: Frates B, ed. *Lifestyle Medicine Handbook: An Introduction to the Power of Healthy Habits*. Monterey, CA: Healthy Learning; 2019:334.

Loneliness and Burnout in Healthcare Workers

- A systematic review by Wood and colleagues (2022) studied the link between social support and burnout among nurses.
- More than 40% of nurses report burnout.
- Twenty-four articles met inclusion criteria: 18 quantitative, two mixed-methods, and four qualitative studies.
- These studies identified a relationship between burnout and social support, with social support explaining approximately a third of the variability in burnout.
- Lund and colleagues (2022) conducted a study of surgery residents and found “struggling to find a mentor” and “lack of social community outside of work” are associated with higher levels of burnout in this multi-institutional study.

Loneliness and Burnout in Residents

- Shapiro, Zhang, & Warm (2015) studied the social network in relation to burnout...
- Background: Burnout is typically viewed as an individual condition, and no link has been identified between burnout and loneliness.
- Objective: To investigate the association of burnout with loneliness and social network degree and centrality.
- Methods: A survey containing the Maslach Burnout Inventory (MBI), a 3-question loneliness scale, and a social connectivity component was sent to residents in a large urban academic medical center internal medicine residency program.
- Results: The response rate was 77% (95 of 124 residents). We defined significant burnout as MBI subscores of ≥ 27 for emotional exhaustion (EE), ≥ 10 for depersonalization (DP), or both. This was met by 43 (45%), 47 (49%), and 31 (33%) out of 95 respondents, respectively. Those with significant burnout had higher loneliness scores.
- Peer Support is gaining popularity as a burnout prevention tool in graduate medical training (Abrams, 2024).

Why Peer Support Can Help with Burnout



Benefits include: cost-effective, relatable, near-peer, trustworthy, engaging, and makes mental health/wellness a community responsibility



May increase awareness of mental health issues and reduce stigma around help-seeking



Encourages workplace-lead engagement and connection in the post-pandemic culture

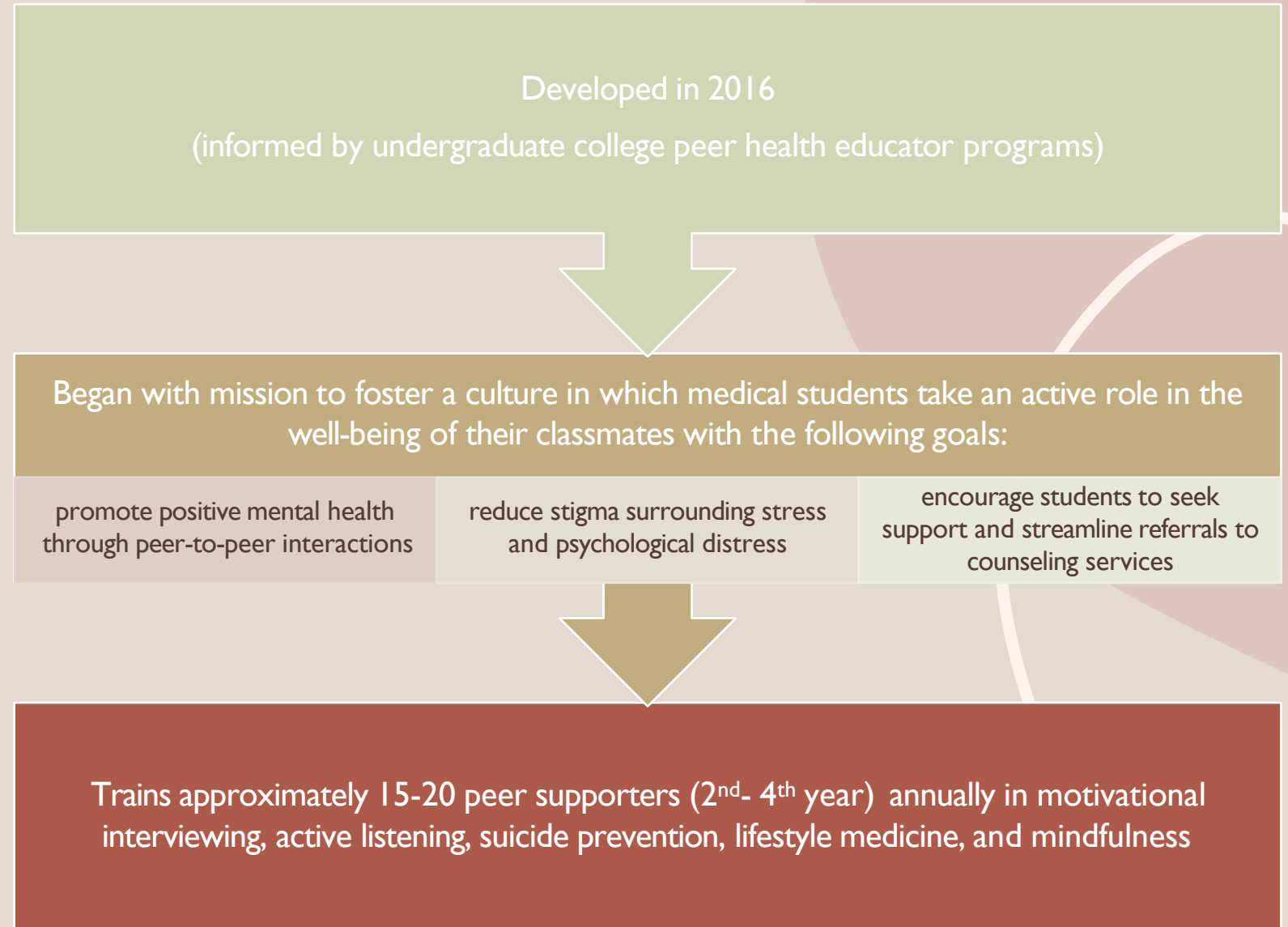


Benefits those receiving and giving support by strengthening vital communication and micro-counseling skills



Helpful during transitions, such as adjustment to medical/nursing, pharmacy, PT programs
Special populations (international, LGBTQ, underrepresented students)

Example Peer Support Program (UCF COM)



Example Content of a Peer Support Program

- Training in:
- Active Listening
- Guided Relaxation
- Stress Management
- Conflict Resolution
- Meditation



- Activities such as:
- Community Garden
- Walking Group
- Health Promotion
- Pet/Animal Events
- Art, Music, Narrative Writing

Therapeutic Arts to Reduce Burnout

Art Interventions to Mitigate Burnout in Health Care Professionals: A Systematic Review (Engel, Gowda, Sandhu, & Banerjee, 2023).

- A systematic literature review of PubMed, EMBASE, and CINAHL in November 2022 using the terms: art, medicine, burnout, and uncertainty yielded 58 articles, of which 26 met study inclusion criteria and were assessed by 2 reviewers.
 - These studies reported mixed methods assessments of changes in burnout, empathy, and stress. Overall, visual arts-based interventions promoted empathy, connectedness, and tolerance of ambiguity and had positive effects on burnout; however, some results were mixed.
 - Although art is not a pillar of health promotion, it is a non-clinical approach that can be applied in counseling or wellness programming.
-

Therapeutic Arts (cont.)

Can an Arts Course Help Mitigate Medical Student Burnout? (Volpe, de Boer, Wasserman, & Van Scoy, 2022)

- Mixed method study to evaluate whether a 9-month course for fourth-year medical students called Art as Self Care (AASC) would help trainees develop habits that supported their well-being.
 - Qualitative results indicated that the AASC course provided positive distraction that is calming and allowed students to shift focus from the stresses of daily medical school life.
 - Quantitative results show that art might provide a slight protective effect in medical students: whereas 22% of the non-AASC students saw a worsening of their psychological distress across the fourth year of medical school, this was observed in only 13% of the AASC students.
-

Arts in Medicine Elective 2023



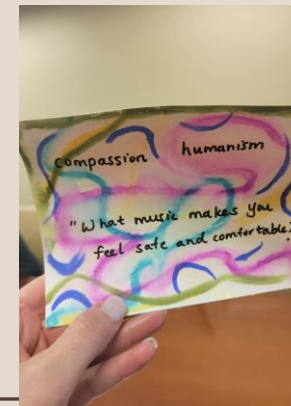
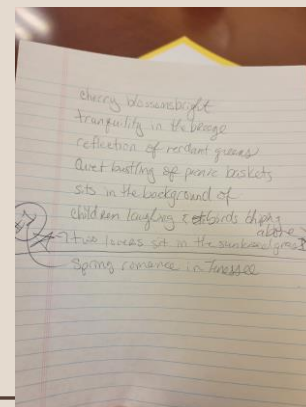
This elective, funded by the Pabst Steinmetz Foundation, had seven 4th year students enrolled. Our students had many opportunities to benefit from the expertise of our collaborators at Central Florida Community Arts, explore the Central Florida community, and learn how the arts can be used to enhance the health and wellbeing of many different groups of people. Some examples of places we visited and enjoyed spending valuable learning time with were afterschool students from the Hankins Park Community, seniors living with Alzheimer's and Dementia at Serenades West Orange, and a truly inspiring drama troupe of adults with Down Syndrome. The students also had some other opportunities to broaden their own understanding of art and how engaging in different art modalities could have benefits for their own wellness as they move forward with their careers.



"This is an amazing course that contained numerous learning points that every medical student would benefit from. This course has provided invaluable information that will help me be a more compassionate, empathetic physician. Definitely one of the highlights of the M4 year!"



"I found this elective to be profoundly impactful on me as a person and future doctor. I learned about different arts activities, patient populations, clinical art resources, and community art resources. I feel we had an amazing survey of the community and it's different populations and spaces. I feel very lucky to be included and welcome in the various spaces and groups we entered. Each activity and session was different and unique. I have left with a tangible understanding of the field, tools in my back pocket to take to residency, and deeper, more intimate understanding of myself as a human and future doctor."



Therapeutic Arts Example



“Hospital windows can offer some of the most extraordinary views of life around us. Working in healthcare means we miss out on a lot of significant memories with families and friends outside the healthcare profession. We sometimes have to ‘celebrate’ within the hospital walls. But at the same time, on those days off, instead of going and enjoying the outdoors, we might just want to stay in and rest.”

© Inside Looking Out 1 to 3. Joanne Philip. Watercolor Spring 2024 Intima

Building a Wellness Culture

- Identify the extent of burnout
 - Self-assessment, feedback, focus groups
- Present this issue to a person of authority
- Hire a qualified wellness expert/psychologist
- Develop a wellness program
- Foster changes at individual and environment level
- Develop a method for assessing the effectiveness of your wellness efforts
- Create a sustainable culture of wellness and resiliency

Small Group Breakout Activity

- As a small group, let's take a few minutes to discuss current burnout issues in the workplace setting. Feel free to use your own workplace setting (even if you work in a small practice).
- Once you've identified the main concerns, identify a couple of individual strategies and **organizational** changes that can be made to address burnout.
- Be as specific as possible by identifying strategies and interventions you would implement.



REFLECTION 5

Have you observed any patterns regarding clients who seek therapy for burnout?

Do they seek treatment earlier or later?

Have you noticed factors that affect progress in therapy, such as resistance, difficulty accepting feedback, traits?

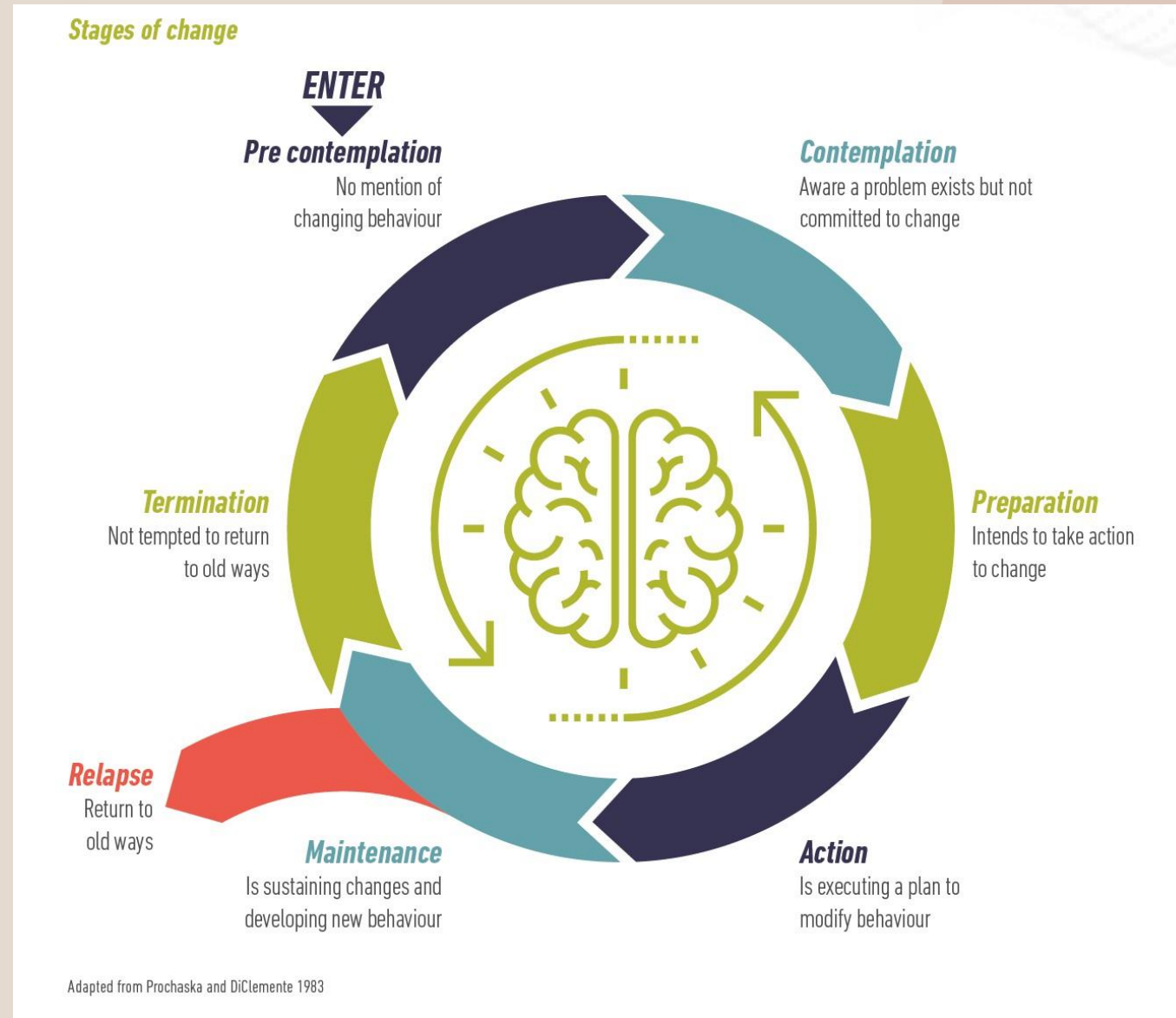
Motivational Interviewing

- Motivational interviewing is a counseling method that involves enhancing a patient's motivation to change.
- Change occurs by means of four guiding principles, represented by the acronym RULE:
 - Resist the righting reflex;
 - Understand the patient's own motivations;
 - Listen with empathy;
 - Empower the patient.
- Respect the patient's resistance and ambivalence about change. Change is hard!

Readiness for Change

(Prochaska & DiClemente, 1983)

I observe many of my clients experiencing burnout are in the contemplation or preparation stage with some ambivalence.



Smart goals



- Goals for burnout often involve change around engaging in health promotion, reducing working hours, setting a boundary with technology, not engaging in a behavior that contributes to burnout (excessive venting about work), and prioritizing one's mental and physical health and relationships.
- SMART is a useful framework for setting goals with your client to identify goals that are specific, measurable, achievable, realistic, and time-bound.



What are you ready to commit to? Use your journal to draft your wellness plan.



What wellness *goals* do you have (that are realistic and attainable) in reducing burnout?



What are some *motivators* and *barriers* to improving your wellness?

Your Wellness Prescription



Small Group Activity:

Example Wellness Prescriptions

- Samantha
- Business Executive, Married, mom of two school-aged children dealing with exhaustion, stress, pessimism, cynicism and significant sleep concerns. Meets criteria for GAD. Experiencing Lack of purpose.

✓ _____

✓ _____

✓ _____

✓ _____

✓ _____

- Darrell
- Medical Resident completing intern year in surgery dealing with Imposter syndrome and burnout. Meets criteria for MDD (mild). Struggling with making time for self-care, especially exercise and poor diet.

✓ _____

✓ _____

✓ _____

✓ _____

✓ _____

Structuring your practice

- In-person vs telehealth
- Hours and availability
- Assessment of burnout, rule out other mental health disorders and appropriately refer for psychiatry consultation if appropriate
- Psychiatry can be motivating
- Wellness prescription outside of session (may involve prescribing fitness, referring to a nutritionist, etc).
- Goal-setting, addressing change
- Length of treatment (I've found 6-8 biweekly sessions is often adequate followed by monthly check-ins) but sometimes longer is needed to address underlying patterns.

A few words about your own self-care to reduce burnout...

- We are one of the professions at greatest risk for burnout, so we must also take good care of ourselves.
- We can only lead/join our clients in their own journey of healing as far as we are willing to go. This reflects our own healing.
- I encourage you to ask yourself: Where are you on your journey of (physical, mental) health?

Wellness and Stress Management over the course of training

Wellness and Stress Management Practices Among Healthcare Professionals and Health Professional Students (Yalim, Daly et al., 2023).

- We surveyed health professional students compared to professionals (included social work, counseling, PT, nursing, and medicine).
 - Students reported significantly higher perceived stress compared to professionals
 - Total wellness is significantly higher among professionals compared to students
 - A higher stress rate is significantly related to being female, having a lower wellness score, and facing more barriers to stress management practices
 - Professionals and students are least satisfied with their physical and financial health. Barriers include fatigue, workload/productivity in clinical practice, work hours, and burnout.
-

Wellness Domains (cont.)

For professionals, physical health (71.7%), emotional health (63.7%), and relationships and social connections (55.7%) were the top three most valued wellness domains, respectively.

For students, emotional health (79.4%), relationships and social connections (60.9%), and physical health (60.1%) as their most valuable wellness domains.

Students and professionals value similar wellness domains but they rely on different mechanisms to cope with stress. Students use more coping and lean on alcohol, exercise, mindfulness, listening to a podcast, pornography, seeking counseling.

Self-Compassion

Self-compassion can mitigate burnout for mental health professionals (Lyon & Galbraith, 2023).

Key Findings:

- Self-compassion combined with mindfulness were protective against burnout
 - Working more hours increased burnout risk
 - Years of experience was not a factor, which is unlike previous studies
 - Telepsychology was not a factor
-
- Take home: Be gentle on yourself, set boundaries, and do not overwork
-

I welcome any questions,
thoughts, or reactions.

thank you

Katherine Daly

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