

Using Supports

Deep Dive Modules · Resilience & Self-Care

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Part 1 • Overview

Using Supports

Practice What You Preach — Peer Support, Self-Advocacy & Help-Seeking for Clinicians

Embrace, Empower & Evolve — The Recovery Files

Isolated

Silent, self-reliant, depleted

→

Supported

Connected, honest, sustained

Reading Sections

Breaking the Professional Silence: Why Clinicians Don't Ask for Help

Peer Support Is Not Just for Patients: Building Your Professional Lifeline

Advocating for Your Own Mental Health: Your Needs Are Legitimate

The Foundation Principle: Taking Care of You to Take Care of Them

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Exercise 1: The Support Audit — What You Have vs. What You Use

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Part 2 · The Helper's Paradox: We Preach What We Don't Practice

The Helper's Paradox: We Preach What We Don't Practice

Consider the absurdity of the following scene. A substance use disorder clinician sits across from a client who is isolating, refusing to go to meetings, insisting they can handle their recovery alone, and rejecting every support resource offered. The clinician leans forward and says, with genuine conviction: "You cannot do this alone. Recovery requires connection. You need to use your supports — your sponsor, your group, your therapist. Isolation is where the disease does its best work."

The client nods reluctantly. The session ends. And then the clinician walks back to their office, closes the door, skips lunch, answers emails through what should be a break, processes the secondary trauma of the last three sessions entirely alone, tells a colleague "I'm good" when asked how they are doing, and drives home carrying the weight of twelve client stories without a single honest conversation about how any of it is affecting them.

This is the helper's paradox. And it is not a rare occurrence — it is the norm.

We are trained to identify isolation as a risk factor. We teach our clients that support is not optional — it is structural. We help them build sober support networks, encourage them to call their sponsors, drive them toward meetings, and remind them that asking for help is an act of courage, not an admission of defeat. We believe this. We know the research. We have seen what happens when people try to recover alone. And yet we routinely do the very thing we warn our clients against.

The reasons are layered and reinforcing. Professional training emphasizes competence and self-sufficiency. Workplace culture rewards resilience and penalizes vulnerability. The implicit message in most clinical environments is that the helpers do not need help — that needing help is for the people on the other side of the desk. And underneath all of that is a deeper, often unexamined belief: that the rules we apply to our clients do not apply to us. That we are somehow exempt from the human need for connection, support, and the willingness to be vulnerable.

We are not exempt. We are, in fact, at heightened risk. The emotional demands of clinical work — sitting with suffering, holding hope for people who have lost it, absorbing trauma narratives, navigating systems that are often broken — create a cumulative burden that requires ongoing support to sustain. Not support as a crisis intervention. Support as a daily practice. The same way we tell our clients that recovery is not an event but a process, our own wellbeing is not a problem to be solved but a condition to be maintained — through the very supports we recommend to everyone but ourselves.

The first step toward resolving the helper's paradox is naming it. You are a human being who needs support. Your professional role does not exempt you from this need. It intensifies it. And the quality of the support you use — or fail to use — directly impacts the quality of the care you provide. This is not a self-care platitude. It is a clinical reality.

Reflection Questions

1. When you read the opening scene, did you recognize yourself? Where specifically do you see the helper's paradox operating in your own professional life?

Take your time with this reflection...

2. What do you tell your clients about using supports that you do not practice yourself? Be specific — name the exact advice you give that you do not follow.

Take your time with this reflection...

3. What is the belief underneath your reluctance to seek support? Is it "I should be able to handle this," "People will think less of me," or something else?

Take your time with this reflection...

4. If a client had your exact support utilization pattern, what would you say to them in session? Now say it to yourself.

Take your time with this reflection...

5. What would have to change — internally or externally — for you to use supports the way you recommend your clients use them?

Take your time with this reflection...

Part 3 · Breaking the Professional Silence: Why Clinicians Don't Ask for Help

Breaking the Professional Silence: Why Clinicians Don't Ask for Help

There is a silence in clinical culture that does enormous damage, and it is not the silence of clients who will not open up. It is the silence of clinicians who will not. The silence of the counselor who has not processed a client suicide and has told no one. The silence of the case manager who cries in their car after work but tells their team everything is fine. The silence of the clinical supervisor who is as burned out as the staff they supervise but feels they cannot admit it because someone has to hold it together. The silence of the person in long-term recovery who is struggling with their own program but cannot say so because they are supposed to be the example.

This silence is not accidental. It is manufactured — built and reinforced by a series of interlocking forces that conspire to keep helping professionals isolated in the very environments where connection should be most available.

The first force is stigma — not the stigma of mental illness in the general population, which clinicians understand intellectually, but the more insidious stigma of mental health struggles within the mental health field itself. There is a devastating irony here: the people who work hardest to reduce stigma for their clients often carry the most internalized stigma about their own struggles. The unspoken message is clear — it is courageous for a client to seek help, but it is suspicious for a clinician to need it.

The second force is professional identity. Many clinicians have constructed their entire self-concept around being the helper, the healer, the one who holds space for others. This identity, while meaningful, creates a structural problem: if your worth is defined by your capacity to give, then needing to receive feels like an identity threat. Asking for help does not just feel uncomfortable — it feels like a fundamental contradiction of who you are.

The third force is organizational culture. Many treatment settings — despite their stated commitment to wellness — operate in ways that punish vulnerability and reward overwork. The clinician who stays late is praised. The clinician who calls in a mental health day is questioned. The message is loud even when it is unspoken: perform resilience, even if it is killing you.

The fourth force is fear — fear of professional consequences, fear of being seen as unfit, fear of losing credibility with clients and colleagues, fear that if anyone saw the full truth of how you are doing, they would question whether you should be in this field at all.

These forces are powerful. But they are not facts. They are patterns — patterns that can be examined, named, and changed. The silence does not protect you. It erodes you. And the only way through it is the same way you guide your clients through their silence: one honest word at a time, spoken to someone who can hold it.

Reflection Questions

1. Which of the four forces — stigma, professional identity, organizational culture, or fear — has the strongest grip on your willingness to seek support?

Take your time with this reflection...

2. Describe a specific time when you needed help at work and did not ask for it. What happened? What was the cost of that silence?

Take your time with this reflection...

3. How does your workplace culture — not what it says on paper, but what it actually rewards and punishes — affect your willingness to be vulnerable?

Take your time with this reflection...

4. If you could break the silence with one person about one thing, who would it be and what would you say?

Take your time with this reflection...

5. What would a workplace culture look like where clinicians could be honest about their struggles without professional risk?

Take your time with this reflection...

Part 4 · Peer Support Is Not Just for Patients: Building Your Professional Lifeline

Peer Support Is Not Just for Patients: Building Your Professional Lifeline

In the addiction treatment field, peer support is foundational. We build treatment models around it. We hire peer recovery specialists. We send clients to meetings, connect them with sponsors, and build recovery communities. We do this because the evidence is overwhelming: people who are connected to peers who understand their experience have better outcomes than people who try to go it alone. Connection heals. Isolation kills. This is not theory — it is one of the most well-replicated findings in addiction research.

And yet, when it comes to the professionals delivering that care, peer support is treated as optional at best and suspicious at worst. Clinical staff are expected to seek formal supervision — which is important but structurally different from peer support — and beyond that, are largely left to manage the emotional demands of the work on their own.

The distinction between supervision and peer support matters. Supervision is hierarchical. It involves evaluation, accountability, and professional gatekeeping. Even the best supervisor — warm, supportive, genuinely invested — occupies a position of power in the relationship. There are things you will not say to someone who evaluates your performance, writes your annual review, or could influence your career trajectory. This is not a failure of supervision. It is a feature of the structure.

Peer support is lateral. It is the relationship between equals — people who share the same level of responsibility, face the same pressures, and understand the daily reality of the work from the inside. Peer support allows for a quality of honesty that supervision often cannot. You can tell a peer, "I do not like this client and I feel terrible about it." You can tell a peer, "I have no idea what I am doing with this case." You can tell a peer, "I cried on the way home last night and I do not know why." These disclosures are not signs of clinical incompetence. They are signs of clinical humanity. And they require a relational container that is safe, mutual, and free from evaluation.

The most effective clinical teams are not the ones where everyone is independently resilient. They are the ones where people check in on each other, debrief difficult cases together, share the emotional weight of the work, and create a culture where saying "I am struggling" is met with "Tell me more" rather than "You should take some PTO."

Building a peer support system as a clinician is not fundamentally different from what you help your clients do. It requires intentionality, vulnerability, and the willingness to invest in relationships that may feel inconvenient or uncomfortable at first. Peer support is not a luxury for clinicians. It is infrastructure — the same infrastructure you build for your clients, applied to the people who do the building.

Reflection Questions

1. Do you currently have peer support — not supervision, not friendship, but genuine professional peer support where you can be clinically and emotionally honest? If not, why not?

Take your time with this reflection...

2. What is the difference between formal supervision and peer support in your experience? What can you say to a peer that you cannot or would not say to a supervisor?

Take your time with this reflection...

3. When was the last time a colleague genuinely checked in on you — not a casual "how are you" but a real inquiry? When was the last time you did that for a colleague?

Take your time with this reflection...

4. If you built a peer support system for yourself using the same intentionality you use to help clients build recovery support, what would it look like?

Take your time with this reflection...

5. What are the barriers to peer support in your current workplace? Are they structural, cultural, or personal — and what would it take to address them?

Take your time with this reflection...

Part 5 · Advocating for Your Own Mental Health: Your Needs Are Legitimate

Advocating for Your Own Mental Health: Your Needs Are Legitimate

You teach your clients to advocate for themselves. You help them navigate systems, communicate their needs, assert their boundaries, and demand the care they deserve. You do this because you know that people who do not advocate for themselves get overlooked, underserved, and eventually harmed by the very systems designed to help them. Self-advocacy is not optional in recovery — it is survival.

Now answer this honestly: when was the last time you advocated for your own mental health needs at work?

Not a vacation request. Not a schedule preference. Your actual mental health. When did you last tell a supervisor, "I am struggling and I need support"? When did you last request a reduced caseload because you recognized you were approaching compassion fatigue? When did you last use an EAP service, seek your own therapy, or tell the truth in a staff meeting about how the work was affecting you?

For most clinicians, the honest answer ranges from "a long time ago" to "never."

Self-advocacy for clinicians is complicated by the same dynamics that create the helper's paradox. You are trained to put others first. Your professional identity is built around service. The organizational systems you work within are designed to maximize client-facing hours, not clinician wellbeing. And underneath it all is the persistent, corrosive belief that your needs are less important than your clients' needs — that advocating for yourself would somehow take something away from the people you serve.

This belief is not only wrong — it is clinically dangerous. A clinician who does not advocate for their own mental health will, inevitably, deliver compromised care. Emotional depletion leads to decreased empathy. Chronic stress leads to impaired clinical judgment. Unprocessed secondary trauma leads to vicarious traumatization that shows up in session in ways the clinician may not even recognize — irritability, emotional detachment, cynicism about recovery, subtle hostility toward clients who are not "trying hard enough."

Self-advocacy is not selfish. It is the most responsible thing a clinician can do. When you advocate for your own needs — workload adjustments, processing time, mental health days, access to your own therapy, reasonable expectations — you are not taking resources away from clients. You are protecting the resource that clients depend on most: a clinician who is present, regulated, empathic, and genuinely available.

The language matters. "I need help" is not a confession of failure. It is a clinical assessment — an accurate evaluation of your current functioning that leads to an appropriate intervention. You would never fault a client for making that assessment. It is time to extend the same professional respect to yourself.

Reflection Questions

1. When was the last time you genuinely advocated for your own mental health at work — not just took a day off, but actually named what you needed and asked for it?

Take your time with this reflection...

2. What specific mental health need have you been ignoring, minimizing, or managing alone that deserves professional attention?

Take your time with this reflection...

3. If a client described your current mental health self-advocacy pattern, what would you identify as the primary barrier? What intervention would you recommend?

Take your time with this reflection...

4. What would you need to believe about your own worth in order to advocate for yourself with the same conviction you bring to advocating for your clients?

Take your time with this reflection...

5. Write one specific self-advocacy statement — something you need to say, to someone specific, about something specific — that you have been avoiding.

Take your time with this reflection...

Part 6 · The Foundation Principle: Taking Care of You to Take Care of Them

The Foundation Principle: Taking Care of You to Take Care of Them

There is a concept in structural engineering called "load-bearing capacity" — the maximum amount of weight a structure can safely support before it fails. Engineers calculate this carefully because they understand a fundamental truth: a structure that is asked to bear more than it was designed for will not just weaken. It will collapse. And when it does, everything it was supporting collapses with it.

You are a load-bearing structure. Your clients, your colleagues, your team, your organization — they all rest, in part, on your capacity to hold them. This is not grandiosity. It is the literal reality of clinical work. You bear weight every day: the weight of clients' stories, the weight of treatment decisions, the weight of hope when clients cannot find their own, the weight of grief when outcomes are bad. You were designed — through training, temperament, and calling — to bear significant weight. But you were not designed to bear unlimited weight without maintenance, reinforcement, and care.

The foundation principle is this: the quality of the support you provide to others is directly determined by the quality of the support you provide to yourself. Not indirectly. Not metaphorically. Directly. When your foundation is solid — when you are rested, resourced, connected, and emotionally available — the clinical work you do is fundamentally better. When your foundation is compromised — when you are depleted, isolated, unprocessed, and running on professional autopilot — the clinical work suffers, even if no one can see it from the outside.

The research on therapist effects bears this out with uncomfortable clarity. Studies consistently demonstrate that the clinician's own psychological wellbeing is one of the strongest predictors of treatment outcome. Not the treatment model. Not the facility. Not the client's diagnosis. The clinician's internal state. A well-resourced clinician using an average treatment approach will typically outperform a depleted clinician using an evidence-based best practice. The instrument matters more than the method — and you are the instrument.

This means that your self-care is not a personal choice that exists outside the clinical domain. It is a clinical variable. Every hour you spend strengthening your own foundation — in therapy, in peer support, in rest, in honest conversation, in activities that restore rather than deplete you — is an hour invested in better client outcomes. And every hour of self-neglect is a withdrawal from the same account.

The foundation principle is not an aspiration. It is a professional obligation. Take care of yourself — not because you deserve it (though you do), not because it feels good (though it might), but because the people who depend on you deserve a clinician whose foundation can hold them.

Reflection Questions

1. If an engineer assessed your load-bearing capacity right now, what would they find? Are you operating within your design limits, or are you structurally compromised?

Take your time with this reflection...

2. What is your current foundation made of? What supports are actually in place — not what you intend to do, but what you are actually doing to maintain yourself?

Take your time with this reflection...

3. How has the quality of your self-care directly affected your clinical work in the past month? Can you identify specific moments where your internal state showed up in session?

Take your time with this reflection...

4. What does "practicing what you preach" look like for you specifically? Name three things you consistently recommend to clients that you are not currently doing for yourself.

Take your time with this reflection...

5. Write a commitment statement about your foundation. What will you build, repair, or maintain — and what will you stop tolerating — starting this week?

Take your time with this reflection...

Part 7 · Support Utilization Self-Assessment

Support Utilization Self-Assessment

Rate each statement: 1 (Not at all like me) to 5 (Very much like me)

I am willing to ask for help from colleagues when I am struggling with a clinical situation or personal challenge

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I do not view asking for help as a sign of weakness, incompetence, or professional failure

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I can identify specific people I trust enough to be honest with about what I am going through

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

When I am overwhelmed, my first instinct is to reach out rather than isolate and push through alone

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I can ask for help early — before a situation becomes a crisis — rather than waiting until I am in full distress

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I do not let pride, shame, or professional image prevent me from seeking the support I need

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I recognize that needing help is a normal, recurring part of clinical work — not an occasional emergency

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I am as comfortable receiving support from others as I am providing it

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I regularly use peer support — talking with colleagues about the emotional impact of clinical work — not just the technical aspects

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have at least one professional peer I can debrief with honestly after difficult sessions or clinical events

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I participate in peer consultation or peer support groups beyond what is required by my workplace

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I offer support to colleagues proactively rather than waiting for them to ask

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I am honest with my peers about how I am really doing rather than defaulting to "I'm fine"

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I value informal peer connections — hallway conversations, lunch check-ins, end-of-day debriefs — as genuine support

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I do not view peer support as something only for less experienced clinicians or staff in crisis

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I contribute to a culture where asking for peer support is normalized rather than stigmatized

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I advocate for my own needs — workload adjustments, schedule changes, additional resources — when necessary

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I communicate clearly when I am approaching burnout or compassion fatigue rather than silently suffering

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I can have difficult conversations with supervisors about my capacity, limitations, or concerns without excessive anxiety

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I speak up in team meetings when I disagree or have concerns rather than staying silent to keep the peace

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I do not apologize excessively for having needs or setting boundaries

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I communicate my struggles in a way that is honest without being performative or attention-seeking

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I ask for what I need in supervision rather than waiting for my supervisor to guess

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I treat my own mental health needs as legitimate professional concerns worth advocating for

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have used or actively use the same types of resources I recommend to clients — therapy, support groups, mentorship, wellness programs

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I know what Employee Assistance Program (EAP) services are available to me and I have accessed them or would access them without hesitation

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I engage in my own personal therapy or counseling to process the impact of clinical work

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I participate in professional development that addresses clinician wellbeing, not just clinical skills

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have identified community resources outside of work that support my mental, physical, and emotional health

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I do not view accessing mental health services for myself as something that undermines my credibility as a clinician

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I invest time and energy in resources that prevent burnout rather than only seeking help once burnout has arrived

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I practice what I preach — the tools, strategies, and resources I recommend to clients are things I have personally experienced or actively use

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

My support system is not dependent on a single person, resource, or coping strategy — it has multiple pillars

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have a plan for what to do when I am struggling — specific people to call, specific actions to take — rather than improvising in crisis

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I regularly assess whether my support system is working and make adjustments when it is not

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I recognize that maintaining a support system requires ongoing effort and investment, not just initial setup

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I can accept support without feeling obligated to immediately reciprocate or fix the other person in return

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I model healthy support-seeking behavior for my clients and colleagues rather than modeling self-sufficiency as the ideal

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I invest in my support system during good times rather than only activating it during bad times

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I believe that using supports is a sign of professional maturity and strength, not a sign of professional deficit

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

1. Which domain scored highest? What does this tell you about where your support practices are strongest?

Your reflection...

2. Which domain scored lowest? How is this specific gap affecting your clinical work, your wellbeing, or both?

Your reflection...

3. Which specific items did you rate as 1 or 2? These represent the widest gaps between what you preach and what you practice.

Your reflection...

4. Were any of your answers surprising? Did you discover you are doing better than you thought in some areas — or worse than you realized in others?

Your reflection...

5. Based on this assessment, what are the three most important changes you could make to close the gap between the support you give and the support you use?

Your reflection...

Scoring guide

Reset all progress? This cannot be undone.

Your Support Utilization Profile

These five domains measure how effectively you utilize the same kinds of supports you recommend to your clients. Higher scores reflect greater alignment between what you preach and what you practice. Lower scores are the specific areas where the gap is widest — and where the most meaningful growth awaits.

Part 8 · Exercise 1: The Support Audit — What You Have vs. What You Use

The Support Audit

What You Have vs. What You Actually Use

Availability Is Not Utilization

Most clinicians have far more support available to them than they actually use. This audit examines five domains of support — not to make you feel guilty, but to make the gap visible. You cannot close a gap you have not measured.

HAVE: What professional supports are technically available to you?

What is available...

USE: Which of these do you actually use? "Available" is not the same as "utilized."

What I actually use...

GAP: What is the gap between what is available and what you use? Why does this gap exist?

HAVE: Who are the peers in your professional life who understand the daily reality of your work?

What is available...

USE: Which of these peers do you actually turn to for honest, vulnerable support?

What I actually use...

GAP: What prevents you from using your peer relationships for genuine support?

HAVE: Who in your personal life is part of your support system?

What is available...

USE: Which of these people do you allow to see you struggling?

What I actually use...

GAP: Where are the gaps in your personal support? What relationships need strengthening?

HAVE: What clinical resources are available for your own mental health?

What is available...

USE: Are you currently using any of these? If you have your own therapist, when did you last go?

What I actually use...

GAP: What is the biggest barrier between you and accessing clinical support for yourself?

HAVE: If you are in personal recovery, what supports are available? If not, what spiritual practices support your wellbeing?

What is available...

USE: How active are you in these supports right now?

What I actually use...

GAP: What would it take to reinvigorate this dimension of your support system?

Part 9 · Exercise 2: Barriers to Help-Seeking Inventory

Barriers to Help-Seeking

Naming What Keeps You From Asking

Barriers Are Not Excuses — They Are Data

Every clinician who does not use supports has reasons. Those reasons feel legitimate. This exercise does not dismiss them — it examines them. Because a barrier you cannot name is a barrier you cannot address.

"I should be able to handle this myself. Asking for help means I am not good enough at my job."

How strongly does this resonate? (1 = Not at all, 5 = This is exactly me)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

How does this belief operate in your life? When does it show up most strongly? What has it cost you?

Explore this barrier...

"It is acceptable for clients to need help, but not for clinicians. If I need support, something is wrong with me."

How strongly does this resonate? (1 = Not at all, 5 = This is exactly me)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Where did this double standard come from? How do you challenge it when you notice it?

Explore this barrier...

"I do not have time. I am too busy taking care of everyone else to take care of myself."

How strongly does this resonate? (1 = Not at all, 5 = This is exactly me)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Is this genuinely a time problem, or is it a priority problem? How much time would you need?

Explore this barrier...

"If people knew I was struggling, they would lose confidence in me, question my competence, or think I should not be in this role."

How strongly does this resonate? (1 = Not at all, 5 = This is exactly me)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Is this fear based on evidence or assumption? Has anyone actually responded this way?

Explore this barrier...

"If I ask for support, I will owe something. I do not want to burden anyone or create an obligation."

How strongly does this resonate? (1 = Not at all, 5 = This is exactly me)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Would you feel burdened if a colleague asked you for help? Then why assume they would feel burdened by you?

Explore this barrier...

"Other people have it worse. My problems are not serious enough to justify asking for help."

How strongly does this resonate? (1 = Not at all, 5 = This is exactly me)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Would you tell a client their suffering does not count because someone else has it worse?

Explore this barrier...

1. Which barrier is your primary obstacle — the one that most consistently prevents you from seeking support?

Challenge the barrier...

2. What evidence contradicts this barrier? Can you name a time when asking for help led to a positive outcome?

Challenge the barrier...

3. Write a counter-statement to your primary barrier — honest and evidence-based, from your wisest clinical self.

Challenge the barrier...

Part 10 • Exercise 3: Your Professional Support Network Map

Professional Support Network Map

Mapping the People Who Hold You Up

Concentric Circles of Support

Your support network is a series of concentric circles, from the innermost ring (crisis support) to the outermost ring (community belonging). Each ring serves a different function, and all of them need to be populated and active.

Who can you call at 2 AM? Who would you contact in a genuine professional or personal crisis? Name them. (If this ring is empty, that is critical information.)

Name the people and describe the relationships...

How strong are these relationships right now? When did you last reach out to be helped — not to help?

Reflect on the quality and depth...

Who do you talk to regularly about how you are really doing? Name them.

Name the people and describe the relationships...

How honest are you with these people? Do they get the real version, or a curated version?

Reflect on the quality and depth...

Who provides your clinical support? Supervisors, consultants, peer consultation groups, professional mentors.

Name the people and describe the relationships...

Do you use these relationships to their full potential? What are you holding back?

Reflect on the quality and depth...

What communities do you belong to that support your identity beyond work? Recovery communities, faith communities, hobby groups.

Name the people and describe the relationships...

How active are you in these communities? Are you a participant or a spectator?

Reflect on the quality and depth...

Looking at your network map, what is missing? What type of support do you need that you do not currently have?

Name the people and describe the relationships...

What is one specific step you could take in the next seven days to strengthen the weakest part of your network?

Reflect on the quality and depth...

Part 11 · Exercise 4: The Honest Conversation — Scripting What You Need to Say

The Honest Conversation

Scripting What You Need to Say

Scripts Create Courage

One of the biggest barriers to seeking support is not knowing what to say. This exercise gives you a safe space to write the actual words. You do not have to deliver them today. But writing them down makes them real.

Scenario: You have been carrying the weight of difficult clinical work and need to be honest with a trusted colleague.

1. Who is the specific person you would say this to?

Write the actual words...

2. What is the honest thing you need to say? Write the actual words — not a summary, but the script.

Write the actual words...

3. What are you afraid will happen if you say it? What do you realistically expect?

Write the actual words...

Scenario: Your caseload or emotional demands have exceeded your capacity.

1. What specifically do you need to communicate?

Write the actual words...

2. Write the opening of the conversation — what would the first two sentences be?

Write the actual words...

3. What support, accommodation, or change would you request? Name it specifically.

Write the actual words...

Scenario: You need to reach out to someone in your personal life and be honest about how the work is affecting you.

1. Who needs to hear from you? What have you been carrying alone?

Write the actual words...

2. What is the conversation you have been avoiding? Write what you would say if completely honest.

Write the actual words...

3. What do you need from this person — not what you think they can give, but what you actually need?

Write the actual words...

Scenario: You know you would benefit from your own therapy or counseling, but you have not made it happen.

1. What has prevented you from starting or returning to your own therapy?

Write the actual words...

2. What would you want to work on in therapy?

Write the actual words...

3. What would you say to a client who gave you these exact barriers? Write that response — then read it to yourself.

Write the actual words...

Part 12 · Exercise 5: Letter to the Helper Who Needs Help

Letter to the Helper Who Needs Help

Compassion, Honesty & Permission — Written to Yourself

Writing What You Cannot Yet Say Aloud

You spend your career writing treatment plans and clinical notes for other people. This exercise asks you to write something far more difficult: the truth about your own needs, spoken with the same compassion you bring to every client.

Write a letter to yourself using the same warmth and unconditional positive regard you would use with a client who came to you exhausted, overwhelmed, and afraid to ask for help.

Dear helper who needs help...

Write the clinical version — the honest assessment. If you were your own clinician, what would the report say? Include strengths, vulnerabilities, risk factors, and recommended interventions.

Clinical Assessment: The clinician presents as...

Write yourself a permission slip. Give yourself explicit written permission to seek help, to be imperfect, to have needs, to use supports.

I give myself permission to...

Part 13 • Exercise 6: Resource Navigation for Self

Resource Navigation for Self

Using the Resources You Navigate Others Toward

Practice What You Preach

You are an expert resource navigator — for your clients. This exercise turns that expertise inward. Navigate yourself toward the same resources you would recommend to anyone else carrying what you carry.

1. Do you currently have your own therapist? If yes, when did you last go? If no, what is stopping you?

Navigate honestly...

2. What specific issues would benefit from professional clinical attention that you have been managing alone?

Navigate honestly...

3. If you recommend therapy to every client you see, what makes you exempt from your own recommendation?

Navigate honestly...

1. Do you know what EAP services are available to you? Can you name them specifically?

Navigate honestly...

2. Have you ever used your EAP? If not, what has prevented you?

Navigate honestly...

3. What would need to happen for you to access EAP services without shame or hesitation?

Navigate honestly...

1. Are there any process groups or peer groups available for clinicians in your area or online?

Navigate honestly...

2. Would you benefit from a group experience with other helpers? What holds you back?

Navigate honestly...

3. If you could design the ideal support group for clinicians, what would it look like?

Navigate honestly...

1. What wellness resources are available to you?

Navigate honestly...

2. Which of these have you used? Which have you considered but not accessed?

Navigate honestly...

3. What preventive resource could you engage with now, while things are manageable?

Navigate honestly...

1. Do you have a professional mentor who can offer perspective and guidance?

Navigate honestly...

2. If not, who could fill that role? What would you want from a mentoring relationship?

Navigate honestly...

3. What wisdom do you need right now that only someone with more experience could provide?

Navigate honestly...

Part 14 · Exercise 7: Self-Advocacy Action Plan

Self-Advocacy Action Plan

Naming What You Need and Asking for It

Advocacy Is Not Complaining

Self-advocacy is the professional practice of identifying what you need and communicating it clearly to the people who can help provide it. It is the same skill you teach your clients every day — applied to yourself.

1. What is your current caseload or workload? Is it sustainable?

Advocate for yourself...

2. What specific adjustment would make your workload sustainable?

Advocate for yourself...

3. Write the specific request you would make to your supervisor.

Advocate for yourself...

1. Where are your professional boundaries currently being violated?

Advocate for yourself...

2. What boundary do you need to set or reinforce that you have been avoiding?

Advocate for yourself...

3. Write the boundary statement. Clear: "I am able to [X] and I am not able to [Y]."

Advocate for yourself...

1. What mental health need are you currently managing alone that deserves professional attention?

Advocate for yourself...

2. What specific accommodation or support would address this need?

Advocate for yourself...

3. What would it take for you to treat your own mental health with the same urgency you bring to your clients'?

Advocate for yourself...

1. What professional development do you genuinely need — not required for licensure, but what would make you better?

Advocate for yourself...

2. What training or opportunity have you wanted but not asked for?

Advocate for yourself...

3. Write the request. What do you want, who do you ask, and how do you frame it?

Advocate for yourself...

Part 15 · Exercise 8: The Support Blueprint

The Support Blueprint

Designing a System That Holds You Up

Systems, Not Intentions

Good intentions about using supports are not enough — just as good intentions about recovery are not enough for your clients. What works is a system: structured, specific, time-bound, with built-in accountability.

What daily practice will you commit to that connects you with support?

Design this pillar...

What is your "first resort" when stress hits during the workday?

Design this pillar...

How will you build support-seeking into your daily routine so it becomes habit?

Design this pillar...

What weekly support activity will you protect and prioritize?

Design this pillar...

When during the week will you do a genuine self-check-in?

Design this pillar...

Who will you connect with weekly for genuine, non-surface-level support?

Design this pillar...

What are the warning signs that tell you you are approaching crisis?

Design this pillar...

Who are the three people you will call when you are in genuine distress? List names.

Design this pillar...

What is your crisis protocol — write it as clearly as a safety plan.

Design this pillar...

What long-term investments in your support system will you make this year?

Design this pillar...

How will you prevent your support system from atrophying during good times?

Design this pillar...

What kind of clinician do you want to be in five years, and what support system does that require?
Design this pillar...

Synthesize your four pillars into a single-page Support Blueprint — a concrete, actionable plan for how you will use supports going forward. Include who, what, when, and how.

My Support Blueprint...

Part 16 · Exercise 9: Seven-Day Support Check-In

Seven-Day Support Check-In

Daily Tracking of How You Use (or Avoid) Support

Tracking Creates Accountability

This is the same principle behind mood tracking and daily inventories that you recommend to clients: when you track a behavior, you become aware of it. When you become aware of it, you can change it.

Did I reach out to anyone for support today? (1 = No, 10 = Yes, meaningfully)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Low · High

How honest was I when someone asked how I was doing? (1 = Total mask, 10 = Fully honest)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Low · High

How isolated did I feel today? (1 = Very isolated, 10 = Very connected)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Low · High

How well were my needs met today? (1 = Completely neglected, 10 = Well attended to)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Low · High

One moment of genuine connection today (or note its absence):

One moment of genuine connection today (or note its absence):...

What support did I avoid or decline today, and why?

What support did I avoid or decline today, and why?...

What do I need right now that I have not asked for?

What do I need right now that I have not asked for?...

Did I reach out to anyone for support today? (1 = No, 10 = Yes, meaningfully)

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Part 17 • Exercise 10: Declaration of Using Supports

Declaration of Using Supports

Committing to Willingness, Connection, Advocacy & Practice

A Declaration Is a Beginning

You teach your clients that recovery begins with a decision — to ask for help, to accept support, to stop going it alone. This declaration is your version of that decision. Not a promise to be perfect. A commitment to be honest. A willingness to practice what you preach.

What does willingness to seek help look like for you specifically — on a difficult Tuesday afternoon?

Build this pillar...

What is the most important thing you need to be willing to do that you have been resisting?

Build this pillar...

How will you maintain willingness when pride, shame, or busyness try to convince you that you do not need support?

Build this pillar...

Who are the people you are committing to stay connected to — honestly, regularly, vulnerably?

Build this pillar...

What does meaningful connection look like for you as a professional? Not networking. Real support.

Build this pillar...

How will you rebuild connections that have atrophied?

Build this pillar...

What is the most important advocacy conversation you need to have — and with whom?

Build this pillar...

How will you treat your own needs as legitimate professional concerns?

Build this pillar...

What systemic change are you willing to advocate for — for yourself and for every clinician who comes after you?

Build this pillar...

What specific resources will you use for yourself — the same resources you navigate clients toward?

Build this pillar...

How will you close the gap between what you know and what you actually do?

Build this pillar...

What does "taking care of yourself to take care of others" look like as a daily practice?

Build this pillar...

Using the four pillars as your foundation, write your personal Declaration of Using Supports. This is your commitment — in your own words — to practice what you preach. To ask for help the way you tell your clients to ask for help. To take care of yourself so that the people who depend on you have a clinician whose foundation can hold them.

My Declaration of Using Supports...

1. How does it feel to commit this to paper?

Final reflections...

2. Where will you keep this declaration so you can return to it when you start slipping back into isolation?

Final reflections...

3. Who will you share this declaration with?

Final reflections...

4. What is the single most important thing you are taking away from this entire intensive?

Final reflections...

"You cannot pour from an empty cup — but more importantly, you were never meant to carry the cup alone."

Use your supports. Ask for help. Let someone hold you the way you hold your clients. You deserve it — not because you have earned it, but because you are human.

Using Supports — Embrace, Empower & Evolve — The Recovery Files