

Time Management & Boundaries Intensive

From Depleted to Resilient — Mastering Time, Boundaries & Sustainable Growth
Resilience Intensives · Foundation

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About this program

The Resilience Intensives program is designed specifically for substance use disorder clinicians and staff who face unique challenges in their daily work. This comprehensive program addresses personal resilience, professional career sustainability, intimate relationships, and community connections.

Through evidence-based assessments, reflective exercises, and practical tools, you'll build sustainable practices that honor both the demands of this vital work and your own wellbeing. Choose a module below to begin your journey from depletion to growth.

Getting started

Each module contains comprehensive reading materials, evidence-based self-assessments, and practical exercises. Your progress is automatically saved as you work through the content. Start with Time Management if you feel depleted and overwhelmed.

Part 1 · Reading · The Clinician's Time Crisis: Why Helpers Run on Empty

The Clinician's Time Crisis: Why Helpers Run on Empty

There is a quiet crisis unfolding in the substance use disorder treatment field, and it has nothing to do with the clients we serve. It has to do with us — the clinicians, counselors, case managers, technicians, and support staff who show up every day to do some of the most emotionally demanding work in healthcare. The crisis is this: we are chronically depleted, perpetually overcommitted, and systematically failing to manage the one resource that determines everything else — our time.

Time management for SUD clinicians is not a productivity hack or a corporate buzzword. It is a clinical survival skill. When you cannot manage your time, you cannot manage your caseload. When you cannot manage your caseload, you cannot be fully present in session. When you cannot be present in session, treatment quality suffers. When treatment quality suffers, outcomes decline. When outcomes decline, you lose the sense of purpose that brought you into this field, and the spiral toward burnout accelerates.

Time mismanagement is not the root cause of burnout — but it is the mechanism through which burnout becomes inevitable. The SUD treatment field has unique time management challenges that generic productivity advice simply does not address. Our work involves crisis-driven scheduling where a client's suicidal ideation, relapse, or court date can obliterate a carefully planned day in an instant. We carry documentation burdens that would astonish professionals in other fields — progress notes, treatment plans, discharge summaries, authorization requests, incident reports — all of which compete with the actual clinical work they are meant to document.

We navigate multi-system coordination with courts, probation, child protective services, insurance companies, housing programs, and medical providers, each with their own timelines and demands. And we do all of this while managing the emotional weight of holding other people's trauma, grief, shame, and hope — a weight that doesn't appear on any task list but consumes enormous amounts of cognitive and emotional energy.

The result is a workforce that operates in perpetual reactive mode — responding to the loudest crisis rather than working from a proactive plan. Most clinicians begin each day already behind. The to-do list from yesterday bleeds into today, which will bleed into tomorrow. Documentation piles up like emotional debt, accruing interest in the form of anxiety and guilt. Supervision, training, and professional development get pushed to "when things calm down" — a mythical state that never arrives. Self-care becomes something you recommend to clients but cannot seem to implement yourself.

The irony is devastating: we teach people in recovery how to structure their days, manage their time, and prioritize self-care while we ourselves are modeling the exact opposite. This intensive is designed to change that. Not with platitudes about work-life balance, but with specific, practical strategies designed for the unique demands of clinical work in the SUD field. The goal is not to help you do more in less time — it is to help you do the right things with the time you have,

protect enough energy to sustain your career long-term, and rediscover the sense of purpose and effectiveness that brought you into this work in the first place.

Reflection Questions

1. How does the description of the "clinician's time crisis" resonate with your current professional experience? What felt most accurate?

2. When you think about your typical workday, what percentage of your time is spent in reactive mode (responding to crises and urgent demands) versus proactive mode (working from a plan)?

3. What is the specific time management challenge that causes you the most stress, frustration, or guilt right now? Be as precise as possible.

4. Can you identify a connection between your time management struggles and your clinical effectiveness? How does feeling overwhelmed affect the quality of care you provide?

5. On a scale of 1 to 10, how sustainable is your current pace and workload? What would a "10" (fully sustainable) look like?

Part 2 • Reading • Boundaries as Clinical Practice: The Art of Saying No

Boundaries as Clinical Practice: The Art of Saying No

In the substance use disorder treatment field, there is a deeply embedded belief that being a good clinician means being endlessly available, infinitely flexible, and perpetually willing to take on more. The most dangerous version of this belief sounds like virtue: "I became a counselor to help people, so how can I say no when someone needs me?" This belief, left unchallenged, will destroy your career, your health, and ultimately your ability to help anyone at all.

Boundary management is not selfishness dressed up in professional language. It is a clinical competency. Every ethical code in the helping professions acknowledges that clinicians have a professional obligation to maintain their own functioning — not as a luxury, but as a prerequisite for competent practice. You cannot provide ethical, effective treatment when you are depleted, resentful, scattered, and running on the fumes of obligation. A clinician without boundaries is not a hero. They are a liability — to themselves, their clients, their colleagues, and their organization.

The inability to say no in clinical settings typically stems from several identifiable sources. First, there is the "helper identity" — the belief that your worth as a person is defined by your usefulness to others. When you derive your sense of self from being needed, every "no" feels like a threat to your identity. Second, there is organizational pressure — treatment programs that chronically understaff, over-assign caseloads, and treat boundary-setting staff as "not team players." Third, there is guilt — the genuine compassion you feel for clients in crisis, combined with the knowledge that if you don't help, who will? Fourth, there is fear — fear of conflict with supervisors, fear of letting colleagues down, fear that setting limits will be perceived as not caring.

Each of these drivers needs to be addressed directly. The helper identity must evolve to include self-preservation as a core component of helping. Organizational pressure must be met with professional advocacy — documenting workload, communicating limits, and proposing solutions rather than simply absorbing more. Guilt must be examined honestly: is saying no to this additional task really abandoning a client, or is it protecting your capacity to be effective with the clients you already have? Fear must be distinguished from reality: in most cases, setting a clear, professional boundary earns more respect than resentful compliance.

Practical boundary-setting in clinical work includes: protecting documentation time as non-negotiable (not something that happens "after everything else"), establishing realistic caseload limits and communicating them to supervisors with data, creating transition rituals between work and home that signal to your nervous system that the workday is over, declining additional committees or projects when current commitments are at capacity, and — perhaps most importantly — modeling healthy boundaries for your clients, who are watching how you treat yourself far more closely than you think.

The clinical parallel is unmistakable. We teach our clients about boundaries every day. We help them recognize people-pleasing as a relapse risk. We show them that saying no is a recovery

skill. We celebrate when they stop sacrificing their wellbeing for others' approval. And then we go back to our offices and do the exact opposite. The disconnect is not just hypocritical — it is clinically relevant. Clients in treatment are extraordinarily perceptive. They notice when their counselor is exhausted, rushed, and overwhelmed. And the unspoken message they receive is: "Recovery doesn't actually work. Even the people who teach it can't manage their own lives." Your boundaries are not just personal practice — they are clinical modeling.

Reflection Questions

1. Where do you most struggle with boundaries in your professional life — with clients, supervisors, colleagues, or the organization as a whole?

2. How does your "helper identity" influence your ability to say no? What beliefs about your worth are tied to your availability?

3. Describe a specific recent situation where you said yes when you should have said no. What was the cost? What would have happened if you had set the boundary?

4. How do you think your clients perceive your own self-care and boundary practices? What are you modeling for them, intentionally or unintentionally?

5. Write a boundary statement you need to communicate — to a supervisor, a colleague, or yourself — within the next week. Be specific about what you will and will not do.

Part 3 · Reading · Burnout Anatomy: Understanding What Is Happening to You

Burnout Anatomy: Understanding What Is Happening to You

Burnout is not a character flaw. It is not weakness. It is not a sign that you chose the wrong profession or that you are somehow not cut out for clinical work. Burnout is a predictable, measurable, physiological and psychological response to chronic workplace stress that exceeds your capacity to recover. Understanding its anatomy — its stages, its mechanisms, and its specific manifestation in SUD clinical work — is essential for both preventing and reversing it.

Dr. Christina Maslach's research identifies three dimensions of burnout: emotional exhaustion (feeling drained, depleted, and unable to give any more), depersonalization (developing cynical, detached, or callous attitudes toward clients and colleagues), and reduced personal accomplishment (feeling that your work is ineffective, meaningless, or doesn't matter). These dimensions do not arrive simultaneously — they develop in stages, each one enabling the next.

The first stage is typically enthusiasm overextension. You are passionate about your work. You take on extra clients, stay late for documentation, volunteer for committees, and skip lunch to squeeze in one more session. Your energy feels boundless because it is fueled by purpose. But the expenditure exceeds the replenishment, and you don't notice because the work feels meaningful enough to justify the cost.

The second stage is stagnation and disillusionment. The initial enthusiasm fades as the realities of the work settle in. Client relapse, system failures, organizational dysfunction, and the slow grind of documentation begin to erode your sense of impact. You start to question whether the work is "worth it." You notice you're less excited about coming to work. You begin to feel that you're working harder for diminishing returns.

The third stage is chronic frustration and emotional withdrawal. You feel perpetually irritated, overwhelmed, and underappreciated. You begin to distance yourself emotionally — from clients, from colleagues, from the work itself. Cynicism replaces compassion. You catch yourself making dismissive comments about clients ("They're not ready," "They'll just relapse anyway") that would have horrified your earlier self. Physical symptoms intensify: sleep disruption, frequent illness, chronic fatigue, headaches, gastrointestinal problems.

The fourth stage is full burnout and crisis. Emotional exhaustion becomes your baseline state. You function through the day on autopilot, going through the clinical motions without genuine presence or engagement. You may fantasize about leaving the field entirely. You may develop your own unhealthy coping mechanisms — substance use, isolation, compulsive behaviors — in an agonizing parallel to the clients you treat. Your clinical judgment becomes compromised. Your relationships — professional and personal — suffer.

For SUD clinicians specifically, burnout carries additional risk factors. Vicarious traumatization — the absorption of clients' traumatic material — creates a cumulative emotional load that standard burnout models don't fully account for. The frequency of client relapse and death creates a grief cycle unique to this field. The stigma still attached to addiction means that SUD clinicians often

feel undervalued compared to colleagues in other mental health specialties.

The essential insight is this: burnout is not an individual failure — it is a systemic outcome. It occurs at the intersection of individual vulnerability and organizational demand. Addressing it requires action at both levels: personal strategies for recovery and resilience, and professional advocacy for sustainable working conditions. This intensive addresses the personal dimension — the strategies, skills, and practices within your control. But it would be incomplete without acknowledging that you are not solely responsible for a problem that your work environment significantly contributes to.

Reflection Questions

1. Which of the four burnout stages resonates most with where you are right now? Be honest — no one is reading this but you.

2. Can you trace your own journey through the burnout stages? When did enthusiasm begin to shift toward stagnation or frustration?

3. How has vicarious traumatization specifically affected you? What client stories, crises, or losses do you still carry?

4. What cynical or dismissive thoughts about clients have crept into your thinking that your earlier self would not have tolerated?

5. If burnout is partly systemic, what organizational changes would make the biggest difference in your sustainability? What can you advocate for?

Part 4 • Reading • The Neuroscience of Depletion: Why Your Brain Needs Recovery Time

The Neuroscience of Depletion: Why Your Brain Needs Recovery Time

Understanding what happens in your brain when you chronically overextend yourself is not academic — it is practical, clinical knowledge that should change how you structure your day. Your brain is not a machine that can run indefinitely at full capacity. It is a biological organ with finite resources that require regular replenishment. When you ignore this reality, you are not demonstrating dedication — you are degrading the very instrument you use to help people.

The prefrontal cortex — the brain region responsible for executive function, clinical judgment, empathy, impulse control, and complex decision-making — is metabolically expensive. It consumes enormous amounts of glucose and oxygen relative to its size. Every clinical decision you make, every treatment plan you write, every difficult conversation you navigate, every emotional regulation you perform draws from a finite daily pool of prefrontal resources. This is not a metaphor — it is measurable neuroscience. Decision fatigue is real. Empathy fatigue is real. And both become dangerous in clinical settings.

Research by Roy Baumeister and others has demonstrated that self-regulation — the very skill you exercise constantly as a clinician managing your own emotional responses while simultaneously attending to clients' emotional states — depletes a finite resource. Each act of self-regulation reduces your capacity for the next one. By late afternoon, after six or seven hours of sustained clinical engagement, your prefrontal cortex is significantly compromised. Your clinical judgment is less sharp. Your empathy is thinner. Your patience is shorter. Your ability to catch nuances, read between the lines, and make complex clinical decisions is measurably reduced.

This has direct implications for scheduling and time management. The most cognitively demanding clinical work — complex assessments, difficult confrontations, family sessions, crisis interventions — should be scheduled during your peak prefrontal hours, typically mid-morning after your brain has fully activated but before the afternoon decline begins. Documentation, phone calls, and routine tasks should be clustered during lower-energy periods. Breaks are not optional — they are neurological necessities. A 10-minute break between sessions allows partial prefrontal recovery. A genuine lunch break — away from your desk, away from documentation, involving actual nourishment and brief physical movement — can significantly restore afternoon capacity.

The stress response system adds another layer. Clinical work activates your sympathetic nervous system repeatedly throughout the day — every time a client describes trauma, every time you manage a crisis, every time you navigate a difficult interaction. Cortisol and adrenaline are released, preparing your body for threat response. In small doses, this activation sharpens your focus and clinical acuity. But chronic, repeated activation without adequate recovery time leads to allostatic load — the cumulative physiological wear and tear of sustained stress.

Allostatic load is associated with cardiovascular disease, immune dysfunction, cognitive impairment, mood disorders, and — crucially — the very burnout symptoms you are already experiencing. The antidote is not less work — it is strategic recovery. Micro-recoveries throughout the day (brief breaks, breathing exercises, movement, moments of genuine disconnection from clinical material), meso-recoveries on evenings and weekends (activities that genuinely replenish rather than simply distract), and macro-recoveries through vacation time, sabbaticals, and extended breaks.

The research is unambiguous: regular, intentional recovery does not reduce productivity — it increases it. Clinicians who take regular breaks, protect their evenings, and use their vacation time are measurably more effective, more empathic, and more clinically accurate than those who push through without recovery. Your brain is your clinical instrument. You would not expect a surgeon to operate with dull, poorly maintained tools. You should not expect yourself to deliver quality clinical care with a depleted, chronically stressed, under-recovered brain. Time management, at its deepest level, is brain management. And brain management requires that you treat recovery not as a reward for hard work, but as the foundation upon which effective work is built.

Reflection Questions

1. When during your workday do you notice your clinical sharpness declining? How does afternoon depletion show up in your sessions?

2. How do you currently handle breaks during your workday? Do you take genuine recovery breaks, or do you use "break time" for documentation and emails?

3. What would it look like to schedule your most demanding clinical work during your peak cognitive hours? What changes would that require?

4. How do you recover in the evenings and on weekends? Is your off-time genuinely restorative, or is it spent ruminating about work, catching up on documentation, or simply collapsing from exhaustion?

5. If your brain is your clinical instrument, how well are you maintaining it? What is one change you could make this week to improve your neurological recovery?

Part 5 · Reading · From Surviving to Thriving: Building a Resilient Clinical Career

From Surviving to Thriving: Building a Resilient Clinical Career

Resiliency in clinical work is not the ability to endure unlimited stress without complaint. That is not resilience — that is dissociation dressed up as professionalism. True resilience is the capacity to engage fully with the demands of clinical work, experience the emotional weight of the work honestly, and recover sufficiently to return the next day with your clinical presence, compassion, and effectiveness intact. It is not about being unaffected by the work — it is about being affected and recovering.

The distinction between surviving and thriving in a clinical career is not about workload — it is about relationship to the work. Clinicians who are surviving experience the work as something that happens to them — an endless series of demands, crises, and obligations that consume their energy and leave them depleted. Clinicians who are thriving experience the work as something they participate in — a challenging but meaningful engagement with human suffering that draws on their strengths, develops their capacity, and connects them to purpose. The difference is not in the external circumstances but in the internal orientation, and that orientation can be cultivated.

Post-traumatic growth research — the study of how people not only recover from adversity but actually develop greater capacities because of it — offers a framework for understanding clinical resilience. Clinicians who thrive over long careers tend to share several characteristics: they maintain a clear sense of clinical purpose and can articulate why they do this work beyond financial necessity. They have robust professional support systems — supervisors who actually supervise, peers who share honestly, and mentors who model sustainable practice.

They engage in regular reflective practice — not just case consultation, but genuine self-examination of their own reactions, biases, growth edges, and patterns. They pursue continuing education not as a licensing requirement but as a genuine source of intellectual stimulation and professional renewal. And they maintain rich personal lives that provide identity, connection, and joy outside of their clinical role.

The growth mindset — Carol Dweck's research applied to clinical practice — is particularly relevant here. Clinicians with a fixed mindset believe that clinical skill is innate: you either have it or you don't. Difficult cases represent threats to their competence. Client relapse feels like personal failure. Feedback is experienced as criticism. Growth stalls because every challenge confirms a feared inadequacy.

Clinicians with a growth mindset believe that clinical skill is developed through practice, feedback, and reflection. Difficult cases represent opportunities to learn. Client relapse is understood as part of the recovery process, not a reflection of clinician worth. Feedback is sought and valued. Growth continues because every challenge builds capacity.

Building a resilient clinical career also requires honest reckoning with what you can and cannot control. You cannot control client outcomes. You cannot control organizational dysfunction. You

cannot control funding cuts, insurance denials, or the systemic failures that make your job harder than it needs to be. What you can control is how you structure your day, how you protect your energy, how you process the emotional weight of the work, how you invest in your own growth, and how you define success in terms that are sustainable rather than heroic.

The clinicians who last in this field — who are still doing excellent work twenty or thirty years in — are not the ones who worked the hardest or sacrificed the most. They are the ones who learned to pace themselves, who built support systems, who maintained lives outside of work, who continued to grow and learn, and who redefined their relationship with the work from one of self-sacrifice to one of sustainable engagement. That is the goal of this intensive: not to help you survive another year, but to help you build the foundation for a career that sustains you as much as you sustain it.

Reflection Questions

1. Are you currently surviving or thriving in your clinical career? What specific evidence supports your answer?

2. What is your clinical purpose — the deepest reason you do this work? Can you still access that purpose, or has it become obscured by burnout?

3. Who are the people in your professional support system? Are they adequate, or do you need to build more robust support? What is missing?

4. How do you define "success" as a clinician? Is your current definition sustainable, or does it set you up for perpetual inadequacy?

5. Write a vision statement for your clinical career five years from now — not just what you want to be doing, but who you want to be as a clinician and as a person.

Part 6 · Self-Assessment

Time Management & Boundaries Self-Assessment

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

Your Resilience & Growth Profile

Time Mastery & Prioritization ____ %

Boundary Management & Saying No ____ %

Burnout & Compassion Fatigue Warning Signs ____ %

Self-Care Integration & Sustainability ____ %

Professional Growth & Resilience Capacity ____ %

Reading Your Scores

For Domains 1, 2, 4, and 5 (Time Mastery, Boundaries, Self-Care, and Growth), higher scores indicate greater resiliency — these are strengths. For Domain 3 (Burnout Warning Signs), higher scores indicate greater burnout risk — this is a concern area. Compare your protective factor scores against your burnout indicators to see where the balance tips.

Time Mastery & Prioritization

I have a clear understanding of my priorities and use them to guide how I spend my workday

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I regularly set specific, measurable goals for my clinical and professional development

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I use a calendar, planner, or scheduling tool to manage deadlines, sessions, and administrative tasks

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I can break larger projects (treatment plans, reports, trainings) into manageable steps with timelines

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I start my workday knowing my top three priorities and organize my energy around them

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I am able to distinguish between tasks that are urgent and tasks that are truly important

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I regularly review my weekly schedule and make proactive adjustments before crises develop

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I feel that my time at work is spent on activities that align with my professional purpose and values

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Boundary Management & Saying No

I am able to say "no" to additional requests or responsibilities that would compromise my effectiveness

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I maintain clear boundaries between work time and personal time, even when the work feels urgent

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I avoid checking work emails, messages, or taking calls during designated personal time

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I communicate my boundaries to supervisors, colleagues, and clients in a clear, respectful manner

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I recognize when I am overcommitting and take corrective action before reaching burnout

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I can advocate for my own needs (caseload limits, documentation time, breaks) without excessive guilt

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I resist the belief that being a good clinician means being available to everyone all the time

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have strategies for managing the guilt that sometimes accompanies setting professional boundaries

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Burnout & Compassion Fatigue Warning Signs

I frequently feel emotionally exhausted by the end of my workday

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I notice myself becoming cynical, detached, or indifferent toward clients or colleagues

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I struggle to feel empathy or genuine concern for the clients I serve

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I bring work stress home with me and it affects my personal relationships and sleep

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I feel like I am running on empty — giving more than I am replenishing

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have experienced physical symptoms (headaches, stomach issues, fatigue, illness) that I attribute to work stress

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I sometimes question whether my work is making a difference or whether it matters at all

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I notice that I am less patient, less creative, and less present in sessions than I used to be

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Self-Care Integration & Sustainability

I prioritize self-care activities (exercise, hobbies, rest, connection) and protect time for them in my schedule

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have a consistent practice for processing the emotional weight of clinical work (supervision, peer support, journaling)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I take my full lunch break and use it for actual nourishment and restoration — not documentation

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I use my vacation and personal days without excessive guilt or anxiety about being away

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have interests, relationships, and identity outside of my role as a clinician

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I can recognize the early warning signs of my own depletion and respond before reaching crisis

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I model healthy self-care for my clients and colleagues rather than modeling self-sacrifice

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I believe that taking care of myself is not selfish but necessary for providing quality care to others

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Professional Growth & Resilience Capacity

I actively pursue opportunities for professional development, learning, and clinical growth

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have a mentor, supervisor, or peer support network that sustains me professionally

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I can identify specific ways I have grown as a clinician over the past year

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I maintain a sense of purpose and meaning in my work even during difficult seasons

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I practice self-reflection regularly and use it to improve my clinical effectiveness

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I am able to recover from difficult sessions, client crises, or professional setbacks without prolonged distress

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I celebrate my wins — successful treatment outcomes, professional milestones, and moments of connection

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I believe that resilience is a skill I can develop, not a fixed trait I either have or lack

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

Assessment Reflection

1. Which domain scored highest (strongest area)? How did you develop this strength, and how can you leverage it further?

Your reflection...

2. Which domain scored lowest (greatest vulnerability)? What specific changes would improve this score by even one point?

Your reflection...

3. How do your Burnout Warning Signs scores compare to your protective factors (Self-Care, Growth)? Is the balance sustainable?

Your reflection...

4. Were any of your answers surprising? Did you discover something about your professional functioning you had not consciously recognized?

Your reflection...

5. Based on this assessment, identify three specific, actionable changes you will implement within the next two weeks.

Your reflection...

Part 7 • Exercise 1: Clinical Time Audit

Clinical Time Audit

Where Does Your Time Actually Go?

Why This Matters

Most clinicians dramatically underestimate the time they spend on documentation and overestimate the time available for direct client care. You cannot fix what you cannot see. This audit creates an honest picture of where your time actually goes — not where you think it goes or where you wish it went.

Track your typical workday. For each category, estimate hours per day:

Direct Client Contact

Individual sessions, group facilitation, family sessions, crisis intervention

Hours:

☐ 0 ☐ 0.5 ☐ 1 ☐ 1.5 ☐ 2 ☐ 2.5 ☐ 3 ☐ 3.5 ☐ 4

Documentation & Paperwork

Progress notes, treatment plans, discharge summaries, authorization requests

Hours:

☐ 0 ☐ 0.5 ☐ 1 ☐ 1.5 ☐ 2 ☐ 2.5 ☐ 3 ☐ 3.5 ☐ 4

Care Coordination

Phone calls to courts, POs, CPS, insurance, referral sources, medical providers

Hours:

☐ 0 ☐ 0.5 ☐ 1 ☐ 1.5 ☐ 2 ☐ 2.5 ☐ 3 ☐ 3.5 ☐ 4

Administrative Tasks

Emails, meetings, scheduling, filing, data entry, compliance activities

Hours:

☐ 0 ☐ 0.5 ☐ 1 ☐ 1.5 ☐ 2 ☐ 2.5 ☐ 3 ☐ 3.5 ☐ 4

Supervision & Training

Individual supervision, group supervision, trainings, CEU activities

Hours:

☐ 0 ☐ 0.5 ☐ 1 ☐ 1.5 ☐ 2 ☐ 2.5 ☐ 3 ☐ 3.5 ☐ 4

Breaks & Recovery

Lunch, rest breaks, walking, decompression between sessions

Hours:

☐ 0 ☐ 0.5 ☐ 1 ☐ 1.5 ☐ 2 ☐ 2.5 ☐ 3 ☐ 3.5 ☐ 4

Unplanned & Reactive Tasks

Walk-ins, unexpected crises, fire drills, last-minute requests from leadership

Hours:

☐ 0 ☐ 0.5 ☐ 1 ☐ 1.5 ☐ 2 ☐ 2.5 ☐ 3 ☐ 3.5 ☐ 4

Other / Unaccounted Time

Transition time, socializing, waiting, tasks that don't fit other categories

Hours:

☐ 0 ☐ 0.5 ☐ 1 ☐ 1.5 ☐ 2 ☐ 2.5 ☐ 3 ☐ 3.5 ☐ 4

Your Ideal Day Distribution

Now envision your ideal workday. How would you redistribute your time if you could?

Direct Client Contact — ideal hours per day and why:

How much time should direct client contact get? What would change?

Documentation & Paperwork — ideal hours per day and why:

How much time should documentation & paperwork get? What would change?

Care Coordination — ideal hours per day and why:

How much time should care coordination get? What would change?

Administrative Tasks — ideal hours per day and why:

How much time should administrative tasks get? What would change?

Supervision & Training — ideal hours per day and why:

How much time should supervision & training get? What would change?

Breaks & Recovery — ideal hours per day and why:

How much time should breaks & recovery get? What would change?

Unplanned & Reactive Tasks — ideal hours per day and why:

How much time should unplanned & reactive tasks get? What would change?

Other / Unaccounted Time — ideal hours per day and why:

How much time should other / unaccounted time get? What would change?

Time Audit Reflection

1. What surprised you most about where your time actually goes? What is the biggest gap between perception and reality?

Be specific and honest...

2. How much of your day is spent in reactive mode (unplanned, crisis-driven) versus proactive mode (planned, intentional)? What is the ideal ratio?

Be specific and honest...

3. Where is the biggest "time leak" — the category that consumes more time than its importance warrants?

Be specific and honest...

4. What is one specific change you could make tomorrow to better align your actual time use with your ideal distribution?

Be specific and honest...

5. If documentation is consuming disproportionate time, what specific strategies could reduce it — templates, real-time notes, dictation, protected doc blocks?

Be specific and honest...

Part 8 • Exercise 2: Energy Management Map

Energy Management Map

Managing Energy, Not Just Time

The Principle

Time management is necessary but insufficient. Two hours of energizing clinical work produces different outcomes than two hours of draining documentation. Managing your energy — knowing what fills your tank and what empties it — allows you to structure your day for maximum effectiveness AND sustainability.

Energy Givers

Activities, tasks, and interactions that leave you feeling energized, engaged, and fulfilled

What aspects of your clinical work give you energy? What lights you up?

List specific tasks, interactions, and activities...

How much of your typical day is spent on these energy givers?

Estimate the percentage...

What could you do to increase time spent here?

Be specific about what you can change...

Energy Drainers

Activities, tasks, and interactions that leave you feeling depleted, frustrated, or resentful

What aspects of your work consistently drain you? What do you dread?

List specific tasks, interactions, and activities...

How much of your typical day is spent on these energy drainers?

Estimate the percentage...

What could you do to increase strategies for managing these?

Be specific about what you can change...

Energy Neutral

Tasks that neither energize nor drain — they simply need to be done

What tasks are simply part of the job — neither fulfilling nor depleting?

List specific tasks, interactions, and activities...

How much of your typical day is spent on these energy neutral?

Estimate the percentage...

What could you do to increase efficiency with these tasks?

Be specific about what you can change...

Energy-Optimized Schedule Design

1. When during the day is your energy highest? How can you schedule your most demanding clinical work during these peak hours?

Design your day for energy, not just time...

2. When during the day does your energy typically crash? What tasks could you schedule during low-energy periods that don't require peak performance?

Design your day for energy, not just time...

3. Can you "sandwich" energy-draining tasks between energy-giving activities so you never have long stretches of depletion?

Design your day for energy, not just time...

4. What is one energy-draining activity you could delegate, automate, or eliminate entirely? What would that free up?

Design your day for energy, not just time...

5. Design your ideal energy-optimized workday below — schedule each hour block with the right task for your energy level at that time.

Design your day for energy, not just time...

Part 9 • Exercise 3: Boundary Inventory & Action Plan

Boundary Inventory & Action Plan

Identifying Where You Leak Energy and Building Containment

Clinical Parallel

You teach your clients about boundaries every day. You help them recognize people-pleasing, over-functioning, and codependency. Now it's time to apply those same clinical insights to yourself. Where are YOUR boundaries porous? Where do you consistently give more than you can afford?

Caseload & Workload

COMMON SCENARIO

Being assigned additional clients when your caseload is already at capacity

How strong is your boundary here? (1 = non-existent, 10 = rock solid)

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

Describe a specific recent situation where this boundary was violated or tested. What happened?
Be specific...

What is the cost of this weak boundary? What does it cost you physically, emotionally, and professionally?

Name the real cost...

Write a specific boundary statement you will implement. Include exactly what you will say and to whom.

'When ____ happens, I will say/do ____'

After-Hours Contact

COMMON SCENARIO

Receiving work calls, texts, or emails during personal time and feeling obligated to respond

How strong is your boundary here? (1 = non-existent, 10 = rock solid)

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

Describe a specific recent situation where this boundary was violated or tested. What happened?
Be specific...

What is the cost of this weak boundary? What does it cost you physically, emotionally, and professionally?

Name the real cost...

Write a specific boundary statement you will implement. Include exactly what you will say and to whom.

'When ____ happens, I will say/do ____'

Emotional Boundaries with Clients

COMMON SCENARIO

Carrying clients' pain home with you, ruminating about their situations, losing sleep over their crises

How strong is your boundary here? (1 = non-existent, 10 = rock solid)

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

Describe a specific recent situation where this boundary was violated or tested. What happened?
Be specific...

What is the cost of this weak boundary? What does it cost you physically, emotionally, and professionally?

Name the real cost...

Write a specific boundary statement you will implement. Include exactly what you will say and to whom.

'When ____ happens, I will say/do ____'

Colleague Requests

COMMON SCENARIO

Being asked to cover shifts, take on tasks, or attend meetings that aren't your responsibility

How strong is your boundary here? (1 = non-existent, 10 = rock solid)

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

Describe a specific recent situation where this boundary was violated or tested. What happened?
Be specific...

What is the cost of this weak boundary? What does it cost you physically, emotionally, and professionally?

Name the real cost...

Write a specific boundary statement you will implement. Include exactly what you will say and to whom.

'When ____ happens, I will say/do ____'

Leadership & Organizational Demands

COMMON SCENARIO

Being asked to do more with less — increased demands without increased resources or support

How strong is your boundary here? (1 = non-existent, 10 = rock solid)

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

Describe a specific recent situation where this boundary was violated or tested. What happened?
Be specific...

What is the cost of this weak boundary? What does it cost you physically, emotionally, and professionally?

Name the real cost...

Write a specific boundary statement you will implement. Include exactly what you will say and to whom.

'When ____ happens, I will say/do ____'

Self-Imposed Boundaries

COMMON SCENARIO

Your own perfectionism, helper identity, or guilt driving you to overextend beyond what is healthy or necessary

How strong is your boundary here? (1 = non-existent, 10 = rock solid)

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

Describe a specific recent situation where this boundary was violated or tested. What happened?
Be specific...

What is the cost of this weak boundary? What does it cost you physically, emotionally, and professionally?

Name the real cost...

Write a specific boundary statement you will implement. Include exactly what you will say and to whom.

'When ____ happens, I will say/do ____'

Boundary Action Plan Summary

1. Which boundary area scored lowest? This is your most urgent intervention point. What will you do about it this week?

Synthesize your boundary work...

2. What beliefs or fears prevent you from setting firmer boundaries? Where did you learn that setting boundaries is selfish or unprofessional?

Synthesize your boundary work...

3. Who in your professional life models healthy boundaries well? What can you learn from their approach?

Synthesize your boundary work...

4. Write a boundary affirmation: "Setting boundaries is not selfish. Setting boundaries allows me to _____."

Synthesize your boundary work...

Part 10 • Exercise 4: Burnout Stage Assessment

Burnout Stage Assessment

Locating Yourself on the Burnout Continuum

Important

Burnout is progressive. If you catch it in Stage 1 or 2, recovery is relatively straightforward — adjustments to schedule, boundaries, and self-care can reverse the trajectory. By Stage 3, professional intervention (supervision, therapy, organizational advocacy) is needed. Stage 4 requires immediate, significant change. Honest assessment is the first step.

Stage 1: Enthusiasm & Overextension

COMMON SIGNS

Taking on extra clients willingly

Staying late without being asked

Skipping breaks to be productive

Feeling energized by the mission

Believing you can handle anything

Volunteering for every committee and project

How present are these signs in your current work life? Which ones do you recognize from your early career or current patterns?

Reflect honestly on where you are...

Stage 2: Stagnation & Disillusionment

COMMON SIGNS

Questioning whether the work is worth it

Feeling less excited about coming to work

Noticing diminishing returns on your effort

Starting to feel underappreciated

Mechanical performance replacing genuine engagement

Awareness that something has shifted but unable to name it

Do you recognize yourself in this stage? What was the first sign that your initial enthusiasm was fading?

Reflect honestly on where you are...

Stage 3: Chronic Frustration & Withdrawal

COMMON SIGNS

Persistent irritability and shortened patience

Cynicism about clients, leadership, or the system

Physical symptoms (headaches, insomnia, GI distress)

Emotional distancing from clients and colleagues

Increased absenteeism or calling out

Fantasy about leaving the field entirely

How many of these signs are currently present in your experience? Be brutally honest.

Reflect honestly on where you are...

Stage 4: Full Burnout & Crisis

COMMON SIGNS

Emotional numbness as your baseline state

Complete loss of empathy or compassion for clients

Functioning on autopilot without presence or purpose

Own substance use or unhealthy coping increasing

Clinical judgment noticeably compromised

Serious consideration of career change or giving up

If you are in this stage, this is not a worksheet exercise — it is a clinical emergency for YOU. What support do you need right now?

Reflect honestly on where you are...

Burnout Recovery Action Plan

1. Based on the checkboxes and reflections above, which burnout stage most accurately describes your current state? What evidence supports this?

Create your action plan...

2. What is the single most significant contributor to your burnout — workload, emotional weight, organizational factors, or personal patterns?

Create your action plan...

3. What specific, immediate action can you take this week to interrupt the burnout progression? Name one thing you will do differently starting tomorrow.

Create your action plan...

4. Who do you need to talk to about what you're experiencing? A supervisor, a therapist, a peer, a partner? Write their name and commit to reaching out.

Create your action plan...

5. If your best friend were describing these exact symptoms to you, what would you tell them?
Now tell yourself the same thing.

Create your action plan...

Part 11 · Exercise 5: Values-Time Alignment Audit

Values-Time Alignment Audit

Does Your Calendar Reflect What You Say Matters Most?

The Alignment Test

Your calendar is your values document. Not the values you claim — the values you live. This exercise creates a gap analysis between what you say matters most and how you actually spend your time. The gap between stated values and lived values is the territory where resentment, guilt, and burnout breed.

Step 1: Rate Importance vs. Time Invested

For each value area, rate both how important it is to you (1-10) and how much time/energy you actually devote to it (1-10).

Clinical Excellence & Client Impact

Importance to me:

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

Time/energy I actually devote:

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

Professional Growth & Learning

Importance to me:

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

Time/energy I actually devote:

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

Relationships & Connection (Personal)

Importance to me:

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

Time/energy I actually devote:

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

Physical Health & Wellbeing

Importance to me:

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

Time/energy I actually devote:

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

Spiritual / Meaning / Purpose

Importance to me:

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

Time/energy I actually devote:

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

Creativity, Hobbies & Play

Importance to me:

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

Time/energy I actually devote:

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

Financial Security & Stability

Importance to me:

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

Time/energy I actually devote:

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

Rest, Recovery & Stillness

Importance to me:

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

Time/energy I actually devote:

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

Alignment Reflection

1. Where is the biggest gap between what you value and how you spend your time? What is the cost of this misalignment?

Analyze your alignment...

2. Which value area is most over-invested (you spend more time than its importance warrants)? What drives that over-investment?

Analyze your alignment...

3. Which value area is most under-invested (high importance, low time)? What would it take to close this gap by even one point?

Analyze your alignment...

4. How does values-time misalignment contribute to your sense of burnout, resentment, or dissatisfaction?

Analyze your alignment...

5. Commit to one specific change this week that moves your time allocation closer to your stated values. What will you do, when, and how?

Analyze your alignment...

Part 12 • Exercise 6: Productivity System Builder

Productivity System Builder

Designing a System That Works for Clinical Life

The Key Insight

Generic productivity systems fail clinicians because they assume predictable days. Clinical work is inherently unpredictable. The best system for you is one that combines structure (planned priorities) with flexibility (capacity to respond to crises) and recovery (intentional breaks). This exercise helps you build that personalized system.

Your Current System Assessment

What tools do you currently use to manage your time? (Calendar, planner, to-do list, app, nothing?) How well are they working?

Assess honestly...

What does your morning routine look like when you arrive at work? Do you have a start-of-day ritual that sets you up for effectiveness?

Assess honestly...

How do you currently decide what to work on next? Is it intentional (your plan) or reactive (whoever demands your attention first)?

Assess honestly...

When do you currently complete documentation? In real-time, at the end of sessions, at the end of the day, or on weekends? What is working and what isn't?

Assess honestly...

How does your workday typically end? Do you have a closing ritual, or do you just... stop? What are you carrying out the door?

Assess honestly...

Strategy Experimentation

Rate your interest in trying each strategy (1 = not interested, 5 = want to start immediately):

Time-Blocking

Schedule specific blocks for sessions, documentation, calls, and breaks. Treat each block as a non-negotiable appointment.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The Eisenhower Matrix

Categorize every task as Urgent+Important, Important+Not Urgent, Urgent+Not Important, or Neither. Focus on Quadrant 2.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Real-Time Documentation

Complete notes during or immediately after each session rather than batching at end of day. Reduces cognitive debt.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The 2-Minute Rule

If a task takes less than 2 minutes, do it immediately rather than adding it to a list. Prevents small tasks from piling up.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Start-of-Day Briefing (5 min)

Begin each day by reviewing your schedule, identifying top 3 priorities, and anticipating potential disruptions.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

End-of-Day Shutdown (5 min)

Close each day by capturing loose ends, setting tomorrow's priorities, and performing a mental "work off" transition.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Protected Documentation Blocks

Schedule 30-60 minute blocks specifically for documentation. Close your door. No interruptions.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Batch Processing

Group similar tasks (phone calls, emails, coordination) into designated time blocks rather than scattering them throughout the day.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Design Your System

1. Based on the strategies above, choose 2-3 that you will commit to implementing for the next two weeks. List them here with specific implementation plans.

Design your personal system...

2. What obstacles will you face in implementing these strategies? How will you handle interruptions, crises, and the inevitable disruptions of clinical work?

Design your personal system...

3. Who can you recruit as an accountability partner — someone who will check in on your progress and encourage consistency?

Design your personal system...

4. How will you measure success? What specific outcomes will tell you that your new system is working better than the old one?

Design your personal system...

Part 13 • Exercise 7: Clinician Self-Care Prescription

Clinician Self-Care Prescription

Writing Yourself the Prescription You Give to Everyone Else

The Uncomfortable Truth

If you prescribed to your clients the self-care regimen you practice yourself, it would constitute negligent treatment. You know this. You know the research on clinician self-care, burnout prevention, and sustainable practice. The gap between your knowledge and your behavior is the gap this exercise addresses.

Physical Self-Care

Examples: Exercise, sleep hygiene, nutrition, medical appointments, movement breaks, stretching

Current status: How are you doing in this area? (1 = neglecting completely, 10 = consistently practicing)

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

What are you currently doing in this area? What has fallen off?

Be honest about what you're actually doing...

Your prescription: What specific self-care activity will you implement in this domain? When, how often, and how will you protect it?

Emotional Self-Care

Examples: Therapy, journaling, crying, laughing, allowing yourself to feel, setting emotional boundaries

Current status: How are you doing in this area? (1 = neglecting completely, 10 = consistently practicing)

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

What are you currently doing in this area? What has fallen off?

Be honest about what you're actually doing...

Your prescription: What specific self-care activity will you implement in this domain? When, how often, and how will you protect it?

Social & Relational Self-Care

Examples: Time with friends/family, non-work relationships, community involvement, peer support

Current status: How are you doing in this area? (1 = neglecting completely, 10 = consistently practicing)

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

What are you currently doing in this area? What has fallen off?

Be honest about what you're actually doing...

Your prescription: What specific self-care activity will you implement in this domain? When, how often, and how will you protect it?

Professional Self-Care

Examples: Supervision, continuing education, mentorship, professional boundaries, career planning

Current status: How are you doing in this area? (1 = neglecting completely, 10 = consistently practicing)

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

What are you currently doing in this area? What has fallen off?

Be honest about what you're actually doing...

Your prescription: What specific self-care activity will you implement in this domain? When, how often, and how will you protect it?

Spiritual / Meaning Self-Care

Examples: Meditation, prayer, nature, gratitude practice, meaning-making, reading, reflection

Current status: How are you doing in this area? (1 = neglecting completely, 10 = consistently practicing)

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

What are you currently doing in this area? What has fallen off?

Be honest about what you're actually doing...

Your prescription: What specific self-care activity will you implement in this domain? When, how often, and how will you protect it?

Creative & Recreational Self-Care

Examples: Hobbies, art, music, play, laughter, non-productive activities done purely for enjoyment

Current status: How are you doing in this area? (1 = neglecting completely, 10 = consistently practicing)

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

What are you currently doing in this area? What has fallen off?

Be honest about what you're actually doing...

Your prescription: What specific self-care activity will you implement in this domain? When, how often, and how will you protect it?

Self-Care Commitment Contract

1. Looking across all six domains, which is most urgently neglected? What is the cost of continuing to neglect it?

2. What is the story you tell yourself about why you can't prioritize self-care? ("I don't have time," "My clients need me," "I'll do it when things calm down.") Challenge that story.

3. If you treated your own self-care with the same seriousness you treat your clients' treatment plans, what would change?

4. Write a self-care commitment statement and sign it: "I, _____, commit to the following non-negotiable self-care practices: _____"

Part 14 • Exercise 8: Daily Resilience Check-In (7 Days)

Daily Resilience Check-In

7 Days of Intentional Professional Self-Monitoring

Building the Habit

Resilience is not a personality trait — it is a practice. This 7-day check-in builds the habit of daily professional self-monitoring. Just as you teach clients to track their recovery indicators daily, this exercise asks you to track your own. Five minutes at the end of each workday can transform your relationship with the work.

Day 1

What was the hardest part of today?

Name the challenge...

What went well today?

Acknowledge your wins...

Did you take any genuine breaks today?

Be honest...

Are you carrying anything home from work tonight?

What are you taking with you?

Professional resilience rating today (1=depleted, 10=thriving)

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

Day 2

What was the hardest part of today?

Name the challenge...

What went well today?

Acknowledge your wins...

Did you take any genuine breaks today?

Be honest...

Are you carrying anything home from work tonight?

What are you taking with you?

Professional resilience rating today (1=depleted, 10=thriving)

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

Day 3

What was the hardest part of today?

Name the challenge...

What went well today?

Acknowledge your wins...

Did you take any genuine breaks today?

Be honest...

Are you carrying anything home from work tonight?

What are you taking with you?

Professional resilience rating today (1=depleted, 10=thriving)

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

Day 4

What was the hardest part of today?

Name the challenge...

What went well today?

Acknowledge your wins...

Did you take any genuine breaks today?

Be honest...

Are you carrying anything home from work tonight?

What are you taking with you?

Professional resilience rating today (1=depleted, 10=thriving)

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

Day 5

What was the hardest part of today?

Name the challenge...

What went well today?

Acknowledge your wins...

Did you take any genuine breaks today?

Be honest...

Are you carrying anything home from work tonight?

What are you taking with you?

Professional resilience rating today (1=depleted, 10=thriving)

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

Day 6

What was the hardest part of today?

Name the challenge...

What went well today?

Acknowledge your wins...

Did you take any genuine breaks today?

Be honest...

Are you carrying anything home from work tonight?

What are you taking with you?

Professional resilience rating today (1=depleted, 10=thriving)

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

Day 7

What was the hardest part of today?

Name the challenge...

What went well today?

Acknowledge your wins...

Did you take any genuine breaks today?

Be honest...

Are you carrying anything home from work tonight?

What are you taking with you?

Professional resilience rating today (1=depleted, 10=thriving)

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

Week in Review

1. Looking at your 7 days of check-ins, what patterns do you notice?

Review your week...

2. Did your resilience rating change over the week? What contributed to higher or lower days?

Review your week...

3. How consistent were you with breaks and self-care? What gets in the way?

Review your week...

4. What are you most commonly carrying home from work?

Review your week...

5. Will you continue this daily check-in practice?

Review your week...

Part 15 • Exercise 9: Vicarious Trauma Processing

Vicarious Trauma Processing

Processing the Weight of What You Witness

A Necessary Conversation

Vicarious traumatization is the cumulative transformation in the clinician that results from empathic engagement with traumatized clients. It is not weakness. It is the natural consequence of doing this work with an open heart. But it must be processed — named, acknowledged, and attended to — or it will erode your capacity to serve, connect, and live fully.

Changes in Worldview

Shifts in your fundamental beliefs about human nature, safety, fairness, and meaning as a result of clinical work

How significantly has clinical work affected you in this area? (1 = not at all, 10 = profoundly changed)

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

Describe specifically how you have noticed this change in yourself. When did you first notice it? Be specific about how clinical work has changed you...

What are you currently doing to address or process this change? What do you need to do that you are not doing?

Name your processing strategies and gaps...

Changes in Trust & Safety

Difficulty feeling safe, trusting others, or believing that the world is generally predictable and manageable

How significantly has clinical work affected you in this area? (1 = not at all, 10 = profoundly changed)

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

Describe specifically how you have noticed this change in yourself. When did you first notice it?
Be specific about how clinical work has changed you...

What are you currently doing to address or process this change? What do you need to do that you are not doing?

Name your processing strategies and gaps...

Changes in Intimacy & Connection

Difficulty being emotionally present with loved ones, withdrawing from relationships, or feeling disconnected

How significantly has clinical work affected you in this area? (1 = not at all, 10 = profoundly changed)

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

Describe specifically how you have noticed this change in yourself. When did you first notice it?
Be specific about how clinical work has changed you...

What are you currently doing to address or process this change? What do you need to do that you are not doing?

Name your processing strategies and gaps...

Intrusive Material

Client stories, images, or details that replay in your mind uninvited — in sessions, at home, or in dreams

How significantly has clinical work affected you in this area? (1 = not at all, 10 = profoundly changed)

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

Describe specifically how you have noticed this change in yourself. When did you first notice it?
Be specific about how clinical work has changed you...

What are you currently doing to address or process this change? What do you need to do that you are not doing?

Name your processing strategies and gaps...

Professional Identity Erosion

Questioning your competence, feeling like a fraud, or losing confidence in your clinical abilities

How significantly has clinical work affected you in this area? (1 = not at all, 10 = profoundly changed)

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

Describe specifically how you have noticed this change in yourself. When did you first notice it?
Be specific about how clinical work has changed you...

What are you currently doing to address or process this change? What do you need to do that you are not doing?

Name your processing strategies and gaps...

Vicarious Trauma Integration

1. Which domain scored highest? What does this tell you about how clinical work is affecting your inner world?

Process honestly...

2. Are you currently in therapy or supervision where you can process the emotional weight of your clinical work? If not, what is preventing you from seeking this support?

Process honestly...

3. What specific client population, trauma type, or clinical scenario is most difficult for you to process? Why does this particular material affect you more deeply?

Process honestly...

4. How is unprocessed vicarious trauma affecting your work with clients? Your relationships? Your own wellbeing?

Process honestly...

5. Write a statement acknowledging the weight you carry: "As a clinician who works with _____, I am affected by _____. I need _____ to process and heal."

Process honestly...

Part 16 • Exercise 10: Sustainable Career Vision Map

Sustainable Career Vision Map

Designing a Career That Sustains You as Much as You Sustain It

Beyond Survival

This final exercise moves from problem identification to vision creation. You have audited your time, assessed your burnout, inventoried your boundaries, and confronted your vicarious trauma. Now it is time to build forward — to design a professional life that is not just survivable but genuinely fulfilling. The goal is a career you can sustain for decades, not just endure for another year.

Reconnecting with Purpose

Why did you enter the SUD treatment field? What was the original calling, motivation, or experience that drew you to this work?

Reconnect with your why...

Is that original purpose still alive? If it has shifted, what has replaced it? If it has dimmed, when did it start to fade?

Reconnect with your why...

Describe a specific moment in the past year when you felt genuinely proud, effective, or meaningful as a clinician. What made that moment different?

Reconnect with your why...

If you imagine leaving this field entirely, what would you miss most? What would you not miss at all?

Reconnect with your why...

Write a current clinical purpose statement — not a job description, but a statement of why this work matters to you and what you bring to it that is unique.

Reconnect with your why...

Five-Year Vision

1. Describe your ideal professional life five years from now. Not just the job title — the daily experience. What does a typical day look like? How do you feel at the end of it?

Dream with specificity...

2. What clinical skills, certifications, or competencies do you want to develop in the next five years? What would make you a better clinician?

Dream with specificity...

3. What does work-life balance look like in your five-year vision? How many hours are you working? How do you spend your evenings and weekends?

Dream with specificity...

4. What organizational or systemic changes would need to happen to support your vision? What can you advocate for?

Dream with specificity...

5. What personal growth — not just professional — is part of your five-year vision? Who do you want to become as a person, not just as a clinician?

Dream with specificity...

90-Day Action Plan

A five-year vision is only as good as the first 90 days of action. What will you do in the next three months to begin building toward your sustainable career vision?

Goal #1 (Next 90 Days)

What specifically will you accomplish?

Be specific and actionable...

By when? Set a specific date.

Be specific and actionable...

What are the first three steps?

Be specific and actionable...

What could get in the way? How will you handle it?

Be specific and actionable...

Who will support you and hold you accountable?

Be specific and actionable...

Goal #2 (Next 90 Days)

What specifically will you accomplish?

Be specific and actionable...

By when? Set a specific date.

Be specific and actionable...

What are the first three steps?

Be specific and actionable...

What could get in the way? How will you handle it?

Be specific and actionable...

Who will support you and hold you accountable?

Be specific and actionable...

Goal #3 (Next 90 Days)

What specifically will you accomplish?

Be specific and actionable...

By when? Set a specific date.

Be specific and actionable...

What are the first three steps?

Be specific and actionable...

What could get in the way? How will you handle it?

Be specific and actionable...

Who will support you and hold you accountable?

Be specific and actionable...

Letter to Your Future Self

Write a letter to yourself one year from now. Describe what you hope has changed, what you're proud of, and what you want your future self to remember about this moment of commitment.

Dear Future Me, As I write this, I am committed to building a clinical career that sustains me as much as I sustain it. Here is what I hope has changed by the time you read this...
