

Career & Professional Life

Building a Sustainable Career in SUD Treatment

Resilience Intensives · Professional

CONTENTS

- Part 1 · Reading · The Career That Chose You: Purpose, Calling & the SUD Treatment Field
- Part 2 · Reading · The Professional Landscape: Unique Demands of the SUD Treatment Career
- Part 3 · Reading · The Burnout Trajectory: From Passion to Depletion to Renewal
- Part 4 · Reading · Building a Sustainable Career: From Surviving to Thriving in SUD Treatment
- Part 5 · Self-Assessment
- Part 6 · Exercise 1: The Calling Audit — Then vs. Now
- Part 7 · Exercise 2: Professional Values Alignment Map
- Part 8 · Exercise 3: Clinical Career SWOT Analysis
- Part 9 · Exercise 4: Burnout Trajectory Self-Placement
- Part 10 · Exercise 5: Professional Boundary Inventory
- Part 11 · Exercise 6: Professional Development Blueprint
- Part 12 · Exercise 7: Workplace Relational Infrastructure Audit
- Part 13 · Exercise 8: Work-Life Energy Audit (7 Days)
- Part 14 · Exercise 9: Self-Advocacy Action Plan
- Part 15 · Exercise 10: Career Sustainability Connection Map

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 Career That Chose You: Purpose, Calling & the SUD Treatment Field

The Career That Chose You: Purpose, Calling & the SUD Treatment Field

Nobody drifts into substance use disorder treatment by accident. Whether you entered through personal recovery, an educational pathway, a career pivot, or a calling you could not ignore, you arrived in this field because something pulled you here — a conviction that this work matters, a belief that lives can change, an experience that told you the system needed people like you. That original pull — whatever form it took — is worth examining, because the relationship between a clinician and their career is not static. It evolves, erodes, deepens, and sometimes fractures. And the health of that relationship determines whether you thrive in this field, merely survive it, or eventually leave it burned out, disillusioned, and wondering what happened to the person who started this journey.

The SUD treatment field is unlike almost any other career environment. The emotional stakes are higher than most industries — you are not selling products or optimizing systems, you are sitting with human beings in the most vulnerable moments of their lives, holding space for pain that would overwhelm most people, and attempting to facilitate change in a population that the broader culture has spent decades stigmatizing, criminalizing, and neglecting. The work is simultaneously among the most meaningful and most depleting things a person can do. That paradox — meaningful and depleting at the same time — is the central tension of a career in addiction treatment, and how you navigate it determines everything.

What makes this field particularly complex is that the institutional and systemic context in which clinicians work often contradicts the values that drew them to the work in the first place. You became a clinician because you believe in compassion, individualized care, and meeting people where they are. But you work within systems that sometimes prioritize census counts over clinical quality, that demand documentation volumes that steal time from direct client contact, that underpay their workforce while expecting superhuman emotional output, and that may resist the very evidence-based innovations you were trained to implement. This gap between why you entered the field and what the field actually asks of you on a daily basis is one of the primary sources of professional dissatisfaction, moral distress, and eventual burnout.

Understanding your career as a relationship — one that requires attention, honesty, maintenance, and periodic renegotiation — is the foundation of professional resilience. Just as personal relationships deteriorate when they are neglected, taken for granted, or maintained through obligation rather than genuine engagement, your relationship with your career will deteriorate if you do not intentionally invest in it. This does not mean pretending everything is fine. It means honestly assessing where you are, what you need, what has changed, and what you are willing to do about it. It means treating your own professional wellbeing with the same rigor and compassion you bring to your clients' recovery. The questions ahead are not about whether you should leave the field or stay. They are about how to be fully present in whatever professional chapter you are currently in — eyes open, values intact, energy sustainable, and purpose

renewed. Because the clients you serve deserve a clinician who is engaged, not depleted. And you deserve a career that feeds you, not one that slowly consumes you.

Reflection Questions

1. What originally drew you to the SUD treatment field? Be specific — was it a person, an experience, a belief, a recovery story, a class? How vivid is that original pull today?

2. Describe the gap between why you entered this field and what the field actually asks of you on a daily basis. Where is the disconnect widest?

3. If your career is a relationship, what stage is it in? Honeymoon? Deepening commitment? Rocky patch? Separation? Renewal? What would it need to move toward greater health?

4. How do you currently navigate the paradox of meaningful AND depleting work? Is your current strategy sustainable?

5. If you could redesign your professional life to fully align with your original calling, what would be different from what it looks like right now?

Part 2 · Reading · The Professional Landscape: Unique Demands of the SUD Treatment Career

The Professional Landscape: Unique Demands of the SUD Treatment Career

Every profession has its stressors, but the SUD treatment field contains a specific constellation of demands that, when combined, create a uniquely challenging career environment. Understanding these demands is not about generating hopelessness — it is about naming reality accurately so that you can build resilience strategies that actually address the terrain you are navigating rather than the terrain you wish you were on.

The first demand is Emotional Labor Intensity. Unlike careers where emotional engagement is periodic, addiction treatment requires sustained emotional output for every working hour. You are not occasionally encountering human suffering — you are immersed in it. Every session, every group, every crisis intervention, every family meeting asks you to be emotionally present, clinically attuned, and therapeutically responsive. This is not a tap that turns off at five o'clock. The neurological impact of sustained empathic engagement is well-documented: it changes your brain, your stress hormones, your sleep architecture, and your capacity for emotional regulation in your personal life. Emotional labor is real labor, and treating it as "just part of the job" without accounting for its physiological cost is like asking a marathon runner to deny that running is physically demanding.

The second demand is Outcome Uncertainty. In most careers, effort correlates reasonably with results. Work harder, produce more, advance further. In addiction treatment, you can do everything right — impeccable clinical work, genuine therapeutic alliance, evidence-based interventions — and your client can still relapse, leave treatment, overdose, or die. The relationship between effort and outcome is profoundly nonlinear, and for clinicians whose sense of professional worth is tied to client outcomes, this uncertainty creates chronic existential stress. You are asked to invest deeply in people whose trajectories you cannot control, and to sustain that investment across hundreds of clients over years and decades.

The third demand is Systemic Friction. Most SUD clinicians and staff work within larger systems — treatment centers, hospitals, criminal justice partnerships, insurance structures — that impose demands frequently at odds with clinical best practice. Managed care dictates session limits. Administrative demands consume clinical time. Staffing shortages increase caseloads beyond therapeutic capacity. Regulatory requirements multiply paperwork without corresponding increases in support. Organizational politics, leadership instability, and funding volatility create environments where the ground is always shifting beneath your feet. The friction between what you know your clients need and what the system allows you to provide is a chronic source of moral distress — the painful experience of knowing the right thing to do but being unable to do it.

The fourth demand is Compensation Disparity. The SUD treatment workforce is among the most underpaid in the healthcare sector relative to the emotional complexity, clinical risk, and educational investment the work requires. This is not merely a financial inconvenience — it is a systemic message about how the broader culture values this work and the people who do it.

When you are underpaid for work that is emotionally exhausting and clinically complex, the message absorbed — consciously or not — is that your labor is not valued at the level it deserves. Over time, this disparity compounds with other stressors to accelerate burnout and career exit.

The fifth demand is Stigma Proximity. Working with a stigmatized population means absorbing some of that stigma yourself. The broader culture's attitudes toward addiction — that it is a moral failing, a choice, a weakness — bleed into how the treatment workforce is perceived and funded. Clinicians in this field often find that their work is less respected by medical colleagues, less understood by family and friends, and less supported by institutional structures than equivalent work in other healthcare specialties. This proximity to stigma can erode professional pride and contribute to the sense that you are fighting an uphill battle not just clinically but culturally.

None of these demands are reasons to leave the field. But all of them are reasons to build professional resilience intentionally rather than hoping it will develop on its own. The clinicians who sustain long, meaningful careers in addiction treatment are not the ones who are immune to these pressures — they are the ones who name them, plan for them, and develop specific practices to mitigate their impact.

Reflection Questions

1. Which of the five demands — emotional labor intensity, outcome uncertainty, systemic friction, compensation disparity, or stigma proximity — hits hardest for you right now? Why?

2. How has the cumulative weight of these demands changed your relationship with your career over time? Compare how you felt in your first year to how you feel now.

3. Which demand have you been most likely to minimize or deny? ("It's fine, it's just part of the job.") What is the cost of that minimization?

4. How does your organization or workplace currently address — or fail to address — these unique career demands? What support exists, and what is missing?

5. If you could change one systemic factor about the SUD treatment field to make it more sustainable for the workforce, what would it be, and why?

Part 3 · Reading · The Burnout Trajectory: From Passion to Depletion to Renewal

The Burnout Trajectory: From Passion to Depletion to Renewal

Burnout in the SUD treatment field does not arrive as a sudden collapse. It is a trajectory — a gradual, often imperceptible erosion of engagement, energy, and effectiveness that unfolds over months and years. Understanding this trajectory is essential because by the time most clinicians recognize they are burned out, they have been on the path for a long time, and the early warning signs that could have prompted intervention were missed, minimized, or normalized as "just how this job is."

The burnout trajectory in SUD treatment typically follows a recognizable pattern. Stage one is Idealistic Engagement — the period of high energy, deep investment, and genuine belief that you can make a significant difference. This stage is characterized by willingness to go above and beyond, difficulty maintaining boundaries (because the work feels so important), and a sense that the emotional cost is worth the meaning you are experiencing. This stage feels wonderful, but it contains the seeds of burnout because it often involves unsustainable patterns that are mistaken for passion.

Stage two is Stagnation — the period when the initial excitement fades and reality settles in. You begin to notice that change is slower than you expected, that systemic barriers are more entrenched than you realized, and that the emotional demands of the work are not offset by the outcomes you hoped for. You may begin to feel restless, questioning whether you are in the right role, the right organization, or the right field. This stage is not burnout — it is a normal developmental phase in any career. But if it is not acknowledged and addressed, it becomes the on-ramp to depletion.

Stage three is Frustration — a more active experience of dissatisfaction, cynicism, and irritability. You begin to notice yourself making negative comments about clients ("They don't want to get better"), about the system ("Nothing ever changes"), or about yourself ("Why am I still doing this?"). Your empathy, which was once your professional superpower, begins to feel like a burden. You may start avoiding difficult clinical situations, going through the motions in sessions, or mentally checking out during team meetings. Physically, you may experience chronic fatigue, increased illness, sleep disruption, or reliance on caffeine, food, or other substances to manage energy levels.

Stage four is Apathy — the most dangerous stage before complete burnout. At this point, the frustration has been sustained long enough that it has metabolized into indifference. You no longer feel angry about the system — you feel nothing. You no longer feel frustrated with clients — you feel detached. Your clinical work becomes rote, your documentation becomes minimal, and your engagement with colleagues and the profession becomes superficial. This is the stage where clinical quality deteriorates most significantly, where ethical lapses become more likely, and where the clinician is most at risk of harming clients through disengagement rather than through active error.

Stage five is Burnout Crisis — the breaking point. This may manifest as a dramatic event (walking out, a major clinical error, a health crisis) or as a quiet resignation (submitting your notice, going on extended leave, or simply disconnecting from the work while physically remaining in the role). At this stage, recovery is possible, but it requires significant intervention — not just a vacation or a wellness seminar, but a fundamental renegotiation of your relationship with your work.

The critical insight about this trajectory is that intervention is most effective — and least costly — at stages two and three. If stagnation and frustration are recognized, named, and addressed with concrete changes (supervision, caseload adjustment, professional development, boundary reinforcement, values realignment), the trajectory can be interrupted. But the field's culture often normalizes stages two through four as "just how it is," which means clinicians ride the trajectory all the way to crisis before anyone — including themselves — takes action.

Renewal is possible at every stage, but it looks different depending on where you are. At stages two and three, renewal may involve recommitting to the field with new boundaries, new skills, or a new role. At stage four, renewal may require a significant break, a change of setting, or intensive professional support. At stage five, renewal may involve leaving the current position — not as failure, but as an act of self-preservation and professional wisdom. The goal is not to avoid burnout at all costs — the goal is to recognize where you are on the trajectory and respond accordingly, with honesty and self-compassion.

Reflection Questions

1. Where would you honestly place yourself on the burnout trajectory right now? What evidence supports your placement?

2. Can you trace the trajectory in your own career history? When were you in Stage 1 (Idealistic Engagement)? When did you first notice the shift toward Stagnation or Frustration?

3. What early warning signs have you missed or minimized along the way? What would you tell a newer clinician to watch for?

4. What specific interventions — not vague "self-care" — would address where you are on the trajectory right now? Be concrete.

5. If renewal is possible at every stage, what does renewal look like for you in your current position? What would need to change — in you, in your environment, or in both?

Part 4 · Reading · Building a Sustainable Career: From Surviving to Thriving in SUD Treatment

Building a Sustainable Career: From Surviving to Thriving in SUD Treatment

A sustainable career in SUD treatment is not built on passion alone — passion without structure burns out. It is not built on mere endurance — white-knuckling through decades of depletion is not resilience, it is slow professional suicide. A sustainable career is built on intentional practices that honor both the demands of the work and the needs of the person doing it. It requires ongoing investment in professional development, relational health, boundary maintenance, and periodic honest assessment of fit and fulfillment.

The first pillar of career sustainability is Values Clarity. You must know — not vaguely, but with precision — what you value most in your professional life, and you must regularly assess whether your current work environment honors those values. If you value clinical autonomy but work in a setting that micromanages treatment decisions, you have a values conflict that will erode satisfaction regardless of how much you love the clinical work itself. If you value work-life balance but have accepted a role with implicit expectations of 24/7 availability, your stated values and your lived reality are in opposition. Values clarity does not always mean changing jobs — sometimes it means advocating within your current role for conditions that better align with what you need. But it always means knowing what you are working toward, not just what you are running from.

The second pillar is Professional Development as Self-Investment. Too many clinicians treat continuing education as a compliance requirement — checking boxes for licensure hours rather than genuinely investing in their professional growth. Sustainable careers are built by people who remain genuinely curious, who seek out learning opportunities that challenge and expand their clinical repertoire, who invest in supervision and consultation not because it is required but because it makes them better. Professional development is not a luxury — it is career maintenance. A clinician who stops growing starts stagnating, and stagnation is stage two on the burnout trajectory.

The third pillar is Relational Infrastructure. The clinicians who sustain long careers in this field are not the ones who power through alone — they are the ones who build and maintain robust professional relationships. Mentors who provide perspective and wisdom. Peers who offer mutual support, consultation, and honest feedback. Supervisors who create psychologically safe environments for processing the emotional weight of the work. Professional communities that counteract the isolation that can develop in demanding clinical roles. Your relational infrastructure is not a nice-to-have — it is your professional immune system. When it is strong, you can absorb significant stress without becoming overwhelmed. When it is absent, even moderate stress can become career-threatening.

The fourth pillar is Boundary Competence. Sustainable careers require the ongoing ability to set, maintain, and adjust professional boundaries — with clients, with organizations, with colleagues, and with yourself. Boundaries are not walls — they are the membranes that allow you to engage

deeply with the work while protecting enough of yourself to continue doing so over time. Boundary competence means knowing when to say yes and when to say no. It means leaving work at work. It means recognizing when you are extending beyond your role and pulling back. It means maintaining a professional identity that is part of your life, not the entirety of it. And it means doing all of this without guilt, because guilt about boundaries is the beginning of the end of sustainability.

The fifth pillar is Regular Honest Assessment. Sustainable careers are not built once — they are maintained through regular check-ins with yourself about how the career is going. Not annually at performance review time, but quarterly, monthly, or even weekly. "Am I still engaged? Am I growing? Are my values being honored? Am I sustainable at my current pace? What needs to change?" This kind of honest assessment requires courage because the answers are not always comfortable. Sometimes the honest answer is "I need to have a difficult conversation with my supervisor." Sometimes it is "I need to pursue a different certification." Sometimes it is "I need to move to a different organization." And sometimes it is "I need to leave this field, at least for now." All of these answers are valid. None of them are failures. They are the responsible conclusions of a professional who takes their own career seriously enough to evaluate it honestly.

The SUD treatment field needs clinicians and staff who can stay. Not stay forever — stay long enough and well enough to build expertise, to mentor the next generation, to accumulate the wisdom that only comes with sustained engagement, and to provide the continuity of care that clients in long-term recovery need. Staying well is not about individual willpower — it is about building the structures, relationships, boundaries, and practices that make a career in this field not just possible but genuinely rewarding.

Reflection Questions

1. Which of the five pillars — Values Clarity, Professional Development, Relational Infrastructure, Boundary Competence, or Regular Assessment — is strongest in your professional life right now? Which is weakest?

2. When was the last time you invested in professional development that genuinely excited you rather than just checking a box for licensure hours? What would excite you now?

3. Describe your current relational infrastructure. Who are your mentors, peers, and support people in this field? If this infrastructure is thin, what is one step you could take this month to strengthen it?

4. On a scale of 1 to 10, how would you rate your boundary competence — your ability to set and maintain professional limits without guilt? What is the primary barrier to improvement?

5. If you were to conduct an honest career assessment right now, what uncomfortable truth would you need to face? What would addressing it look like?

Part 5 · Self-Assessment

Career & Professional Health Assessment

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

Your Professional Health Profile

Purpose & Values Alignment ____ %

Professional Growth & Development ____ %

Workplace Relationships & Culture ____ %

Career Sustainability & Work-Life Balance ____ %

Professional Resilience & Adaptability ____ %

Reading Your Scores

All five domains represent professional health strengths when scored high. Lower scores indicate areas where your career sustainability is most at risk.

Purpose & Values Alignment

I feel a genuine sense of purpose and meaning in my current clinical or support role

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

My daily work activities align with the values that originally drew me to the SUD treatment field

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I can articulate why I chose this career and those reasons still feel true today

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The work I do connects to something larger than a paycheck — it feeds my sense of calling

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I feel that my unique skills, experiences, and perspective are being utilized in my current position

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I still believe in the mission of the organization or system I work within

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I can see how my individual contributions make a difference, even when systemic outcomes are frustrating

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

My professional life reflects who I am as a person — not just what I do for a living

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Professional Growth & Development

I have clear goals for my professional development over the next one to three years

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I am actively building new clinical skills, competencies, or areas of expertise

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have access to quality supervision, mentorship, or professional consultation

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

My organization supports and invests in my continuing education and growth

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I feel challenged in my work in ways that promote learning rather than just stress

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I stay current with evidence-based practices and emerging trends in addiction treatment

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have a professional development plan that I revisit and update regularly

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I see a viable path forward in my career — whether advancement, specialization, or lateral growth

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Workplace Relationships & Culture

I have colleagues at work I trust and can turn to for support, consultation, or honest feedback

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I feel respected and valued by my supervisor or organizational leadership

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The culture of my workplace promotes psychological safety — it is okay to struggle, ask questions, and be honest

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I experience healthy collaboration rather than chronic competition, gossip, or toxicity among staff

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I feel comfortable raising concerns or disagreements without fear of retaliation

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

My colleagues and I share a sense of team identity and mutual purpose

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Workplace conflicts are addressed constructively rather than allowed to fester or escalate

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I feel a sense of belonging in my professional community — I am not isolated in this work

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Career Sustainability & Work-Life Balance

I can realistically sustain my current pace of work for the next five years without burnout

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I maintain clear boundaries between work life and personal life

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I take regular time off and actually disconnect from work responsibilities

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

My workload is manageable — I am not chronically overwhelmed or drowning in documentation

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I prioritize my own physical health, sleep, and nutrition even during demanding work periods

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have meaningful relationships and activities outside of my professional role

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I feel adequately compensated for the emotional labor and expertise I provide

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have an exit strategy, a sustainability plan, or a clear understanding of my professional runway

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Professional Resilience & Adaptability

I can recover from professional setbacks — client crises, system failures, or organizational changes — without sustained demoralization

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I maintain hope and motivation even when facing chronic systemic barriers in the treatment field

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I adapt to changes in my work environment without losing my sense of professional identity

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I process vicarious trauma and secondary stress through healthy channels rather than avoidance or numbing

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I can separate client outcomes from my sense of professional competence and self-worth

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have a professional support system I actively use — not just one that theoretically exists

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I celebrate my professional accomplishments rather than immediately moving to the next demand

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I believe I will still be doing meaningful work in this field — or a related one — five years from now

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Assessment Reflection

1. Which domain scored highest (greatest strength)?

Your reflection...

2. Which domain scored lowest (greatest vulnerability)?

Your reflection...

3. Were any answers surprising?

Your reflection...

4. Based on this assessment, identify three specific commitments you will make.

Your reflection...

Part 6 · Exercise 1: The Calling Audit — Then vs. Now

The Calling Audit — Then vs. Now

What Pulled You In, and What Is Still Pulling

Why This Matters

Nobody drifts into this field by accident. Something pulled you here — a person, an experience, a recovery, a conviction. The reading treats your career as a relationship, and relationships change: they erode, deepen, fracture and renew. This audit puts the start of that relationship next to where it stands today, so you can see the gap clearly instead of feeling it as a vague weariness. It is not a test of whether you should stay. It is an honest look at what you came for and how much of it you still have.

Then: The Original Pull

Go back to the moment you chose this work. Be specific — a scene, not a summary.

1. Describe the moment, person or experience that set you on this path. Where were you, and what happened?

Be specific and honest...

2. What did you believe then about people, addiction and change that made this work feel worth doing?

Be specific and honest...

3. What did you picture your working days would look like? Who did you imagine you would be for your clients?

Be specific and honest...

4. How strong was that pull in your first year in the field?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Now: What Is Still True

1. Which part of that original belief is still fully true for you today?

Be specific and honest...

2. Which part has faded, hardened or turned into something you no longer say out loud?

Be specific and honest...

3. Describe the last moment at work — this month if you can — when you felt the old pull again.

Be specific and honest...

4. How strong is that pull today, on an ordinary week?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The Gap

The reading names the distance between why you entered the field and what it asks of you each day as a main source of moral distress.

1. Where is the gap widest? Name the part of your day that contradicts the reason you came.

Be specific and honest...

2. Describe one recent time you knew what a client needed and could not provide it. What stopped you, and what did you do with the feeling?

Be specific and honest...

3. The work is meaningful and depleting at the same time. How are you currently holding both — and is that way of holding them sustainable?

Be specific and honest...

4. How wide is the gap between your calling and your daily work right now?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The Relationship Stage

1. If your career is a relationship, what stage is it in — honeymoon, deepening commitment, rocky patch, separation, or renewal? Why that one?

Be specific and honest...

2. What would someone who watched you work for a week point to as evidence of that stage?

Be specific and honest...

3. What would this relationship need in order to move toward greater health — from you, and from your workplace?

Be specific and honest...

Renewal

1. What one part of your work still feeds the original calling, and how could you protect or expand it this month?

Be specific and honest...

2. If you could redesign your professional life to fit the calling, what is the first thing that would be different?

Be specific and honest...

3. Write two or three sentences to your first-year self: what you have learned, and what you have kept.

Be specific and honest...

4. How much do you want to renew this relationship, rather than simply endure it?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Part 7 · Exercise 2: Professional Values Alignment Map

Professional Values Alignment Map

What You Say You Value, and What Your Week Shows

Why This Matters

The first pillar of a sustainable career is values clarity — knowing with precision what you value, and checking regularly whether your work honors it. A values conflict wears down satisfaction no matter how much you love the clinical work. The reading is careful here: clarity does not always mean changing jobs. Sometimes it means advocating for better conditions where you are. This map helps you tell the difference between a conflict you can influence, one you have to live with for now, and one that is quietly costing you more than you have admitted.

Name Your Values

Examples to spark thinking, not a list to choose from: clinical autonomy, compassion, integrity, growth, fairness, collaboration, advocacy, balance, excellence, security, service, creativity.

1. Your five most important professional values, ranked. One word or short phrase each.

Be specific and honest...

2. Your number one value: what does it look like, concretely, on a good workday when it is fully honored?

Be specific and honest...

3. Where did your number one value come from — your own recovery, your family, a mentor, a hard lesson?

Be specific and honest...

Stated vs. Lived

1. Where were your top values honored this past month? Give one example for each value you can.

Be specific and honest...

2. Where were they violated or set aside? Name the situation, not just the feeling.

Be specific and honest...

3. Where are your own choices out of step with your stated values — for example, valuing balance but answering messages on leave?

Be specific and honest...

4. How closely does your actual work week match your top five values?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all • Very much

Your Workplace's Values in Practice

Not the mission statement — what actually gets rewarded, measured and protected.

1. What does your organization actually reward? Think about what gets praised, measured, and followed up on.

Be specific and honest...

2. Where do your organization's values in practice clash most with yours?

Be specific and honest...

3. Where do they match? Name what your workplace gets right.

Be specific and honest...

4. How much does your workplace honor your number one value?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Influence, Accept, or Reconsider

1. Which values conflict could you influence — through a conversation, a request, or a change in how you work?

Be specific and honest...

2. Which conflict is outside your control for now? What would help you live with it without cynicism?

Be specific and honest...

3. Is there a conflict that, if it does not change, would eventually be a reason to leave? Name it honestly.

Be specific and honest...

4. How much of your biggest values conflict is within your power to change?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

One Alignment Step

1. One concrete step in the next two weeks that brings your work closer to your top value. What, when, and with whom?

Be specific and honest...

2. How will you know it made a difference? What will be different in an ordinary week?

Be specific and honest...

Part 8 · Exercise 3: Clinical Career SWOT Analysis

Clinical Career SWOT Analysis

Strengths, Weaknesses, Opportunities, Threats — Applied to You

Why This Matters

The reading asks you to name the terrain accurately so your strategy fits the ground you are actually on. A SWOT analysis does that in four boxes: what is strong in you, what is limiting in you, what is available around you, and what in the field could knock you off course. Clinicians tend to be generous about clients' strengths and harsh about their own, and to see the field's threats more clearly than its openings. Try to be as balanced about yourself here as you would be in a strengths-based assessment of a client.

Strengths

1. Your strongest clinical or professional skills. What do you do well that not everyone can?

Be specific and honest...

2. What do colleagues come to you for? What do clients tell you helped?

Be specific and honest...

3. What experience or perspective do you bring that is hard to teach — lived experience, a background, a population you understand?

Be specific and honest...

4. How much are your strengths actually being used in your current position?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Weaknesses

1. Skills, knowledge or credentials you lack that limit your work or your options.

Be specific and honest...

2. What feedback have you heard more than once, from more than one person, that you have not fully acted on?

Be specific and honest...

3. Which of your own work habits undermine you — avoidance, over-functioning, disorganization, conflict-avoidance?

Be specific and honest...

4. How much are these weaknesses currently limiting your career?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Opportunities

1. What openings exist inside your organization — a program, a role, a committee, a supervisory track, a training?

Be specific and honest...

2. What openings exist in the wider field — a certification, a specialty, a population or treatment approach in growing demand?

Be specific and honest...

3. Who do you know, or could you reach, who could open a door or advise you?

Be specific and honest...

4. How actively are you pursuing the opportunities in front of you?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Threats

The reading's five demands are a good place to start: emotional labor, outcome uncertainty, systemic friction, compensation, stigma.

1. Which of the five demands most threatens your ability to stay in this work, and how?

Be specific and honest...

2. What organizational threats are you facing — funding volatility, leadership turnover, staffing shortages, rising caseloads?

Be specific and honest...

3. What personal pressures threaten your career — your health, family demands, finances, the physical cost of the work?

Be specific and honest...

4. How exposed does your career feel to these threats right now?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Strategy

1. Pair a strength with an opportunity: how could one strength help you take one opening?

Be specific and honest...

2. Pair a weakness with a threat: where are you most exposed, and what would reduce that exposure?

Be specific and honest...

3. One move you will make in the next 90 days based on this analysis. Be specific enough to put it in a calendar.

Be specific and honest...

Part 9 · Exercise 4: Burnout Trajectory Self-Placement

Burnout Trajectory Self-Placement

Where You Are on the Path, and What That Stage Needs

Why This Matters

The reading describes burnout as a trajectory, not a collapse: idealistic engagement, stagnation, frustration, apathy, and burnout crisis. Its key point is that help works best, and costs least, at stages two and three — and that the field tends to normalize those stages as 'just how this job is.' Place yourself honestly. The purpose is not to label yourself but to match your response to where you actually are. If your placement is stage four or five, please do not carry it alone: bring it to your own clinician, EAP or doctor this week. If you notice thoughts of harming yourself, call or text 988 (in the US) or your local crisis line now.

The Warning Signs

Rate each from the past month. These follow the reading's stages in order.

1. Stagnation: how often have you felt restless, or wondered whether you are in the right role or organization?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

2. Frustration: how often have you caught yourself saying 'they don't want to get better' or 'nothing ever changes'?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

3. Frustration: how much has your empathy started to feel like a burden rather than a strength?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. Apathy: how often have you felt nothing — going through the motions in sessions, detached from clients and colleagues?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

5. How much has the work shown up in your body — fatigue, getting sick more often, poor sleep, leaning on caffeine or food to get through?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Your Placement

1. Which stage are you in right now — one to five? If you are between two, name both.

Be specific and honest...

2. What specific evidence from the last month supports that placement?

Be specific and honest...

3. What have you been calling 'just part of the job' that actually belongs on this trajectory?

Be specific and honest...

4. How confident are you that this placement is honest, not softened?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Your Trajectory So Far

1. When were you in idealistic engagement? What did that period look like, including any unsustainable patterns you mistook for passion?

Be specific and honest...

2. When did you first notice the shift toward stagnation or frustration? What was happening at work and in your life?

Be specific and honest...

3. Which early warning signs did you miss or minimize? What would you tell a newer clinician to watch for?

Be specific and honest...

A Second Opinion

Clinicians are often the last to see their own stage. Ask someone who sees you work or sees you come home.

1. Who could give you an honest read — a trusted colleague, supervisor, partner, or friend?

Be specific and honest...

2. Ask them where they think you are. What did they say, and how close was it to your own placement?

Be specific and honest...

A Stage-Matched Response

Stages two and three: recommit with new boundaries, skills or role. Stage four: a real break, change of setting, or intensive support. Stage five: a fundamental renegotiation, which may include leaving — not as failure, but as self-preservation.

1. Two or three concrete interventions that fit your stage. Not 'more self-care' — name the actual change.

Be specific and honest...

2. Who will you tell about your placement, and by what date?

Be specific and honest...

3. What would renewal look like for you, starting from the stage you are in?

Be specific and honest...

4. How ready are you to act on this placement now, rather than waiting for the next stage?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Part 10 • Exercise 5: Professional Boundary Inventory

Professional Boundary Inventory

The Membranes That Let You Keep Doing This Work

Why This Matters

The reading says boundaries are not walls — they are membranes that let you engage deeply while protecting enough of yourself to keep going. It also says guilt about boundaries is the beginning of the end of sustainability. This inventory looks at four directions a boundary has to hold: with clients, with your organization, with colleagues, and with yourself. Most clinicians are firm in one direction and porous in another. Find yours.

With Clients

1. Where do you extend beyond your role with clients — after-hours contact, extra sessions, self-disclosure, doing for them what is theirs to do?

Be specific and honest...

2. Which client, or type of client, is hardest to hold a boundary with? What happens in you when you try?

Be specific and honest...

3. How well do you hold clinical boundaries when a client is in crisis or pushing hard?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all • Very much

With Your Organization

1. How many hours a week do you work beyond what you are paid for, including notes finished at home?

Be specific and honest...

2. What do you say yes to at work because saying no feels unsafe or disloyal?

Be specific and honest...

3. How available are you on days off and leave? What would happen if you were fully unreachable?

Be specific and honest...

4. How well do you hold limits on your time and availability with your organization?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

With Colleagues

1. Are you the one colleagues vent to, hand work to, or call when they need cover? How does that affect your own capacity?

Be specific and honest...

2. Is there a colleague relationship where a boundary needs to be set or restated? What is going unsaid?

Be specific and honest...

3. How well do you protect your own capacity in relationships with colleagues?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

With Yourself

1. How often does work follow you home in your head — replaying sessions, worrying about clients at night?

Be specific and honest...

2. When you do hold a boundary, what does the guilt say? Write the sentence exactly.

Be specific and honest...

3. How much of your identity is your professional role? What parts of you exist outside it?

Be specific and honest...

4. How much guilt do you feel when you protect your own time and energy?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

One Boundary This Week

1. The one boundary you will set or restore this week. Which direction, and with whom?

Be specific and honest...

2. The exact words you will use. Keep it short, kind and clear.

Be specific and honest...

3. What do you expect to feel afterward, and what will you do with the guilt when it comes?

Be specific and honest...

4. How confident are you that you will follow through?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Part 11 · Exercise 6: Professional Development Blueprint

Professional Development Blueprint

Growth as Career Maintenance, Not a Compliance Box

Why This Matters

The reading warns that many clinicians treat continuing education as box-checking for licensure hours, and that a clinician who stops growing starts stagnating — which is stage two on the burnout trajectory. Development is maintenance, not luxury. This blueprint starts with what you are genuinely curious about, because curiosity is what sustains growth. It ends with a check that your plan does not become one more demand on a depleted schedule.

Where You Are

1. Your current credentials, licenses and areas of competence. Where are you strongest?

Be specific and honest...

2. The last training or learning that genuinely excited you. When was it, and what made it different from box-checking?

Be specific and honest...

3. What are you curious about right now in this field — a population, a method, a question you keep coming back to?

Be specific and honest...

4. How much are you growing professionally right now, as opposed to maintaining?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Direction

Growth can mean advancement, specialization, a lateral move, or going deeper where you are. All are valid.

1. Which kind of growth fits you — advancement, specialization, a lateral move, or deepening your current role? Why?

Be specific and honest...

2. What would you like to be doing, and how would you like to be doing it, three years from now?

Be specific and honest...

3. What would you ten years from now thank you for starting this year?

Be specific and honest...

What Stands Between

1. Which skills, credentials or experiences stand between where you are and where you want to be?

Be specific and honest...

2. What supervision, mentorship or consultation do you have access to, and is it good enough for where you are going?

Be specific and honest...

3. What gets in the way — time, cost, lack of organizational support, confidence, or something else?

Be specific and honest...

4. How much does your organization support your development in practice — time, funding, encouragement?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The Plan

1. One learning action in the next 90 days — a course, a book, a consultation group, shadowing someone. Name it and the date.

Be specific and honest...

2. One larger goal for the next 12 months.

Be specific and honest...

3. Who will you ask for support, funding, time or guidance, and what exactly will you ask for?

Be specific and honest...

4. When will you review this blueprint? Put a date in your calendar and write it here.

Be specific and honest...

Growth Without Depletion

1. What will you stop or reduce to make room for this growth, so it does not become one more weight?

Be specific and honest...

2. How will you know if the plan is feeding you rather than draining you?

Be specific and honest...

3. How much does this blueprint excite you, rather than feel like another obligation?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Part 12 • Exercise 7: Workplace Relational Infrastructure Audit

Workplace Relational Infrastructure Audit

Your Professional Immune System

Why This Matters

The reading calls relational infrastructure your professional immune system. When it is strong you can absorb serious stress; when it is thin, even moderate stress can threaten a career. Clinicians who last are not the ones who power through alone — they have mentors, honest peers, safe supervision and a professional community. This audit maps who is actually there for you, not who theoretically could be, and looks at the culture you are part of, including your own contribution to it.

The Map

Use initials or roles if you prefer.

1. Mentors: who offers you perspective and wisdom from further down the road? When did you last talk with them?

Be specific and honest...

2. Peers: who can you consult with honestly — including about your mistakes and doubts?

Be specific and honest...

3. Supervision: who supervises you, and is supervision a place where you can bring the emotional weight of the work?

Be specific and honest...

4. Beyond your organization: who in the wider field do you stay connected to — former colleagues, a professional association, a peer group?

Be specific and honest...

The Quality of Support

1. After your hardest session this month, who did you talk to? If no one, what did you do with it?

Be specific and honest...

2. Who at work knows how you are actually doing, not just how you are performing?

Be specific and honest...

3. How psychologically safe is your workplace — is it okay to struggle, ask questions, and be honest?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. How isolated do you feel in this work?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The Culture You Are Part Of

1. Where do you see gossip, competition, cliques or toxicity among staff? Where is collaboration healthy?

Be specific and honest...

2. What workplace conflict is being left to fester instead of being addressed?

Be specific and honest...

3. What is your own contribution to the culture — both what you add and anything you join in that you are not proud of?

Be specific and honest...

4. How much do you feel you belong to a team with a shared purpose?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Where It Is Thin

1. Which part of the infrastructure is thinnest or missing — mentor, honest peer, safe supervision, or wider community?

Be specific and honest...

2. What has that gap cost you — a decision made alone, a stress carried too long, a mistake nobody helped you think through?

Be specific and honest...

3. What keeps you from reaching out — time, pride, mistrust, not wanting to burden people, or not knowing who to ask?

Be specific and honest...

Build One Beam

1. One professional relationship you will invest in this month. Who, and what will you actually do?
Be specific and honest...

2. One professional community, group or association you will join or re-engage with.

Be specific and honest...

3. What do you offer other clinicians? Who could use you as part of their infrastructure?

Be specific and honest...

4. How committed are you to strengthening this infrastructure, rather than powering through alone?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Part 13 · Exercise 8: Work-Life Energy Audit (7 Days)

Work-Life Energy Audit

Seven Days of Honest Data About Where Your Energy Goes

Why This Matters

The reading calls emotional labor real labor, with a physical cost that does not switch off at five o'clock. Most clinicians underestimate how many hours they give the work and how little restores them, because they are estimating instead of counting. For seven days, record what actually happened: hours, including the ones at home; what drained you; what restored you; and whether you ever truly disconnected. Take a couple of minutes each evening. At the end of the week, the pattern will be clearer than any impression.

Before You Start

1. How many hours a week are you paid or scheduled to work? How many do you think you actually work?

Be specific and honest...

2. Decide what counts as work for this audit — notes at home, checking messages, thinking through a client case at night. Write your definition.

Be specific and honest...

3. How much energy do you usually have left at the end of a workday?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 1

1. Total hours worked today, including anything after hours. When did work actually stop?

Be specific and honest...

2. What drained you most today — a person, a task, a situation?

Be specific and honest...

3. What restored you, even a little? If nothing did, write that.

Be specific and honest...

4. How much energy did you have left at the end of today?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 2

1. Total hours worked today, including anything after hours. When did work actually stop?

Be specific and honest...

2. What drained you most today — a person, a task, a situation?

Be specific and honest...

3. What restored you, even a little? If nothing did, write that.

Be specific and honest...

4. How much energy did you have left at the end of today?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 3

1. Total hours worked today, including anything after hours. When did work actually stop?

Be specific and honest...

2. What drained you most today — a person, a task, a situation?

Be specific and honest...

3. What restored you, even a little? If nothing did, write that.

Be specific and honest...

4. How much energy did you have left at the end of today?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 4

1. Total hours worked today, including anything after hours. When did work actually stop?

Be specific and honest...

2. What drained you most today — a person, a task, a situation?

Be specific and honest...

3. What restored you, even a little? If nothing did, write that.

Be specific and honest...

4. How much energy did you have left at the end of today?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 5

1. Total hours worked today, including anything after hours. When did work actually stop?

Be specific and honest...

2. What drained you most today — a person, a task, a situation?

Be specific and honest...

3. What restored you, even a little? If nothing did, write that.

Be specific and honest...

4. How much energy did you have left at the end of today?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 6

If this is a day off, record it anyway. Days off tell you whether you ever fully disconnect.

1. Hours spent on work today, including messages, notes or thinking about clients. When did work actually stop?

Be specific and honest...

2. What drained you most today — a person, a task, a situation?

Be specific and honest...

3. What restored you, even a little? If nothing did, write that.

Be specific and honest...

4. How much energy did you have left at the end of today?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 7

If this is a day off, record it anyway.

1. Hours spent on work today, including messages, notes or thinking about clients. When did work actually stop?

Be specific and honest...

2. What drained you most today — a person, a task, a situation?

Be specific and honest...

3. What restored you, even a little? If nothing did, write that.

Be specific and honest...

4. How much energy did you have left at the end of today?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The Week in Review

Read back over all seven days before you answer.

1. Total hours for the week, compared with what you are paid for and what you guessed before you started.

Be specific and honest...

2. What drained you most often? Is it the clinical work itself, or the system around it?

Be specific and honest...

3. What restored you, and what restoring things got crowded out this week?

Be specific and honest...

4. Which day left you with the most energy? What was different about it that you could repeat?

Be specific and honest...

5. Based on this week, how sustainable would this pace be for the next five years?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

6. One change to next week's schedule, based on what the data shows.

Be specific and honest...

Part 14 · Exercise 9: Self-Advocacy Action Plan

Self-Advocacy Action Plan

Asking for the Conditions That Let You Do Good Work

Why This Matters

The reading names systemic friction and compensation disparity as two of the field's heaviest demands, and says values clarity sometimes means advocating inside your current role rather than leaving it. Many clinicians advocate fiercely for clients and hardly at all for themselves. This plan takes one condition that undermines your sustainability and turns it into a specific, prepared request. If your issue involves safety, harassment or discrimination, use your organization's formal reporting routes as well, and get appropriate advice before you act.

The Issue

Examples: caseload, documentation load, supervision access, pay, scheduling, safety, time for training.

1. The one working condition that most undermines your ability to sustain this work. Be specific.

Be specific and honest...

2. How does it affect client care? Give an example.

Be specific and honest...

3. How does it affect you — hours, health, morale, your plans to stay?

Be specific and honest...

4. Is this yours alone, or do colleagues face it too? Who else would say so?

Be specific and honest...

5. How much is this issue within reach of change at your organization?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The Ask

1. What exactly are you asking for? Write it as one clear request, not a complaint.

Be specific and honest...

2. Who has the authority to say yes? If it is not your direct supervisor, what is the route?

Be specific and honest...

3. What evidence supports the request — numbers, dates, examples, standards of practice?

Be specific and honest...

4. How does saying yes serve the organization — retention, client outcomes, compliance, quality?

Be specific and honest...

Preparation

1. What are you afraid will happen if you ask?

Be specific and honest...

2. What is the realistic worst outcome, and how would you handle it?

Be specific and honest...

3. Who could support the request or help you prepare — a colleague, a mentor, a union or staff representative, a professional association?

Be specific and honest...

4. How confident do you feel about making this request?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The Conversation

1. When and where will you have the conversation? Request a meeting for it rather than raising it in passing.

Be specific and honest...

2. Write your opening two sentences.

Be specific and honest...

3. What middle ground would you accept if the full request is not possible?

Be specific and honest...

4. What will you say if the answer is no?

Be specific and honest...

Follow-Through

1. How and when will you follow up in writing after the conversation?

Be specific and honest...

2. If nothing changes, what is your next step, and how long will you give it before you take it?

Be specific and honest...

3. One way you could advocate for the workforce beyond your own workplace — a professional association, a policy comment, mentoring newer staff to ask for what they need.

Be specific and honest...

Part 15 · Exercise 10: Career Sustainability Connection Map

Career Sustainability Connection Map

Putting the Module Together — Five Pillars, One Honest Answer

Why This Matters

The reading ends with five pillars: values clarity, professional development, relational infrastructure, boundary competence, and regular honest assessment. They lean on each other — thin relationships make boundaries harder to hold, and unclear values make development feel pointless. This map connects what the other exercises showed you, finds the pillar that would lift the others, and asks the question the reading says takes courage: stay and recommit, stay and renegotiate, change setting, or step back for now. All of these answers are valid. None of them is failure.

What the Module Showed You

Look back over your self-assessment and any exercises you completed.

1. Your lowest-scoring assessment domain, and what that score reflects in your work life.

Be specific and honest...

2. What the calling audit and your burnout placement told you, together, in a sentence or two.

Be specific and honest...

3. What surprised you most in this module?

Be specific and honest...

The Five Pillars

1. Values clarity: how clearly do you know what you value, and check that your work honors it?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

2. Professional development: how much are you investing in growth that genuinely interests you?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

3. Relational infrastructure: how strong is your network of mentors, peers, supervision and community?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. Boundary competence: how well do you set and keep professional limits without guilt?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

5. Regular honest assessment: how often do you check in with yourself about how your career is going?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The Connections

1. How does your weakest pillar pull the others down? Trace one real example.

Be specific and honest...

2. How does your strongest pillar hold the others up?

Be specific and honest...

3. Which single pillar, if strengthened, would lift at least two others? Why that one?

Be specific and honest...

The Honest Answer

Stay and recommit. Stay and renegotiate. Change setting or role. Step back from the field for now. Answer for this chapter, not forever.

1. Which of those is true for you right now, and what makes it true?

Be specific and honest...

2. What uncomfortable truth did you need to face to answer that?

Be specific and honest...

3. What conversation does that answer require — with a supervisor, a partner, a mentor, your own clinician?

Be specific and honest...

4. How clear are you about what this chapter of your career needs?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The Map Forward

1. In the next month, you will:

Be specific and honest...

2. Within six months, you will:

Be specific and honest...

3. Within a year, you want your career to look like this:

Be specific and honest...

4. Your regular check-in rhythm — how often you will ask yourself 'am I engaged, growing, honored, sustainable?' — and the date of the first one.

Be specific and honest...

5. One sentence about the career you are choosing, written in the present tense.

Be specific and honest...
