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# BATTLING BURNOUT



Do you care as much about your clients as you once did? Are you cynical about clients, convinced that many of them do not want to recover? At work, do you frequently feel detached and bored, or unsupported and unappreciated? These are some of the signs of professional burnout, which is unfortunately a common condition among mental health professionals and others in the helping professions. But why, and what can you do about it?

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By definition, mental health professionals work with people who need help. Clients are often at low points in their lives; needy and relying on professionals for personal resources they themselves lack. It is easy to feel pressured to take responsibility for clients’ well being. That pressure may come from clients, but it may also come from being labeled the professional. After all, the term “professional” implies someone who can fix problems, and do so quickly.

At first professionals may try their best to live up to the expectations—both the clients’ and their own. Over time, though, they come to realize the disheartening truth: Ultimately, they have little control over clients’ lives. That is not saying that mental health professionals are not important. If professionals are competent and personally healthy, they *may* be an invaluable part of a client’s recovery. The point here is that whether (or how much) the professionals help clients in their recovery is not ultimately within the professionals’ control. The professionals’ role is to be the best potential resource for the clients, but whether (or how) they use that resource is up to them.

Mental health professionals’ ultimate lack of control over client outcomes is a key ingredient in the recipe for burnout. As professionals see clients who do not seem to benefit from their efforts, or who repeatedly need to return for treatment, it is easy for the professional to question, “Why am I wasting my time trying to help?” To be satisfied with work, one needs to believe that the work has purpose and that it is effective. Clients who “fail” in treatment cause professionals to question their efficacy and the purpose of the long hours spent working. These questions may be “answered” in one of two ways, each leading to a different portrait of burnout.

Some mental health professionals may view their clients’ lack of success as an indication that they, the professionals, lack the needed qualities to be effective helpers. These internalizing mental health professionals may question their career choice, or lose confidence, or become depressed. The negative cast to the professionals’ vision is likely to result in taking even less credit for their clients’ successes and more blame for their clients’ failures. Thoughts of work may elicit dread or anxiety. If the professional stays in the

field, he or she may grow detached and bored, concluding that he or she “doesn’t have what it takes.”

Other mental health professionals may protect their sense of competency by blaming clients. These professionals grow cynical about clients’ true motivation for improvement. Clients do not improve because they like the sick role; they want others to take care of them. These mental health professionals may work hard, but feel frustrated, unsupported, and unappreciated. Over time apathy sets in, and the professionals may eventually take some degree of sadistic pleasure in their clients’ misfortunes. Seen through the negative lens of blame, unfortunate outcomes are just what certain clients seem to deserve.

Regardless of where the professionals are along the road to burnout, *below are some steps to help.*

## **Steps to Burnout Recovery and Prevention**

1) To start we need to distinguish the concepts *responsible for* from *responsible to*. We are *responsible to* clients in that we should be the best professionals we can. However, we should not be *responsible for* clients in that ultimately they have to shoulder the responsibility for their own decisions and actions. Maintaining this distinction can be easier said than done, but still necessary.

2) After distinguishing between different types of responsibility, mental health professionals need to remember to intentionally reward themselves for jobs well done. Since client outcomes are ultimately out of

our control, it is risky to gauge our success at work entirely on how completely or quickly clients recover. Are we doing everything we can to ensure we're the best we can be in our professional roles? If so, we need to recognize and reward ourselves accordingly. Supervisors, coworkers, and clients may not show appreciation. We are in the best position to recognize how well we are doing, if we are honest with ourselves. How would we rate the quality of our own work?

3) In addition to evaluating and rewarding themselves, mental health professionals need to be more aware of the attributions they make toward client outcomes. As humans we have the need to generate answers to the question of why things happen the way they do, yet we are imperfect in the process of making these attributions. For example, psychologists have documented the "fundamental attribution error," or the human tendency to assume failure in others is a result of their inherent flaws whereas our own failures are assumed to be due to factors beyond our control. Conversely, we tend to view others' successes as due to luck or favoritism, and our own successes are assumed to be the logical and just results of our efforts.

To help combat the fundamental attribution error, a helpful set of assumptions is that everyone (a) *wants to be happy* and (b) *is doing the best they can at the time to find or achieve happiness*. This pair of assumptions prompts us to see the commonality we share, even with people who do not seem similar to us on the surface. Like us, our clients simply want to be happy. They may not have the same insights or resources to be as far along the path as hopefully we are ourselves. Perhaps seeing both the commonality, along with the differences, will nurture our compassion (compassion = fewer judgments).

4) In addition to examining our attributions, we need to keep in check the human tendency to notice the negative more readily than the positive. As long as things are going somewhat smoothly, we take them for granted. That is human nature. Our attention is drawn to instances where things are not working, which may help explain why we tend to see the grass as greener on the other side of the fence. When the negative aspects of mental health work so strongly hold our attention, it is natural to see other professions (or other settings within our profession) as so much more desirable.

5) It also seems to be human nature to easily focus on the past or the future rather than the present. Looking back usually involves focus on negative things—who hurt us and how, what did not work, or how things are worse now than they used to be. Looking to the future often involves worrying about things that may or may not happen, or focusing on everything that needs to get done (thereby feeding a sense of stress). To the extent that our focus on the past or future does not help us undo wrongs or prevent problems, it is a waste of precious time and energy. Plus, people who spend

more time in the present tend to be more satisfied and less stressed.

Staying focused on the present is easiest when we are fully challenged. Boredom is not satisfying; nor is being overwhelmed. Somewhere in between — challenged to apply ourselves and able to do so effectively — seems to be the most satisfying state. So, although we may wish we had easier jobs, we actually would not want one that lacks challenge. The low demands might feel good coming after a period of stress, but would soon become unsatisfying as boredom set in.

6) In addition to being involved and challenged, job satisfaction is related to having personal control at work. People who are excited about work find ways to gain control, perhaps by doing their jobs in ways that are meaningful to them and yet unique among their coworkers. Is there a dimension you can add to your work that would be uniquely yours? Is there some special interest or skill you have that can be integrated with your job? Consider mentoring new coworkers or starting new services for clients. Yes, these involve going beyond the call of duty, but you are likely to benefit in ways that will add tremendously to your satisfaction and vitality at work — a place where you spend a considerable portion of your waking hours.

7) As mental health professionals the relationships we form with clients are mostly one-way: *for the benefit of the client*. We learn a lot about our clients, yet professional boundaries and ethical principles often ensure that clients do not get to know us very well. Besides, those outside the profession are often unable to sympathize with the negative aspects of the job. It is easy to feel isolated in our frustrations. This is why social support can be so important. Coworkers are an obvious choice to turn to, but often "social support" time becomes "gripe and moan" time. We have to be careful not to use our social support network to simply reinforce negative attitudes and stereotypes. A listening ear and words of encouragement and reinforcement are liable to help us prevent burnout much more than if we simply agree that things really are that bad.

One theme across all strategies for preventing and reversing professional burnout is that it is up to you to do something for yourself. That is unfair. Ideally our employers and clients would do what they could to make our jobs meaningful and satisfying. We can wait for that to happen, complaining all the while, or we can take control of our professional lives as much as possible — which is usually much more than we first think. The choice is ours. What are you willing to do to make work a meaningful and vital part of your life? ▼

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