

# FROM SURVIVING TO THRIVING

MENTAL WELLNESS FOR REHABILITATION THERAPISTS

**PRESENTERS:**

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# DISCLOSURE

**Dr. Anna Evans, Dr. Preeti Jha, and Ms. Gabriella Guerra- Valero do not have any relevant financial relationship(s) to disclose.**

# COURSE OBJECTIVES

## **AT THE END OF THIS COURSE, PARTICIPANTS WILL BE ABLE TO:**

- Learn the current state of mental health among healthcare workers in the United States.
- Understand and differentiate between common mental health issues.
- Learn the neuro- and biophysiological effects of mental health conditions.
- Comprehend the different physiological events involved with stress and how it manifests in your body.
- Learn the different evidence-based holistic approaches and how to integrate them in your workplace for enhanced health and wellbeing.
- Take action on creating a more mindful lifestyle with appropriate tools and knowledge to reduce stress and burnout.

*“You cannot  
serve from an  
empty  
vessel.”*

*~Eleanor  
Brown*



## STATISTICS

- ▶ Mental illnesses are among the most common health conditions in the United States.
  - ▶ More than 50% will be diagnosed with a mental illness or disorder at some point in their lifetime.
  - ▶ 1 in 5 Americans will experience a mental illness in a given year.
  - ▶ 1 in 25 Americans lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.
- 
- <https://www.cdc.gov/mentalhealth/learn/index.htm>

# STATISTICS

\*Copyright permission granted by  
Mental Health America

<b>What is your title or position?</b>	<b>Count</b>	<b>Percentage</b>
<b>Other patient care (CAN, lab technician, X-ray, therapist, front desk, etc.)</b>	<b>335</b>	<b>29.94%</b>
<b>Nurse</b>	<b>245</b>	<b>21.89%</b>
<b>Other</b>	<b>207</b>	<b>18.50%</b>
<b>Community-based healthcare workers</b>	<b>89</b>	<b>7.95%</b>
<b>Doctor</b>	<b>81</b>	<b>7.24%</b>
<b>Support staff (janitor, food service staff, administrative, etc.)</b>	<b>81</b>	<b>7.24%</b>
<b>EMT/Paramedic</b>	<b>50</b>	<b>4.47%</b>
<b>Physician's Assistant or Nurse Practitioner</b>	<b>31</b>	<b>2.77%</b>
<b>Grand Total</b>	<b>1,119</b>	<b>100.00%</b>

# WORK-RELATED STRESSORS

\*Copyright permission granted by Mental Health America

<b>What are your top three work-related stressors over the last three months? Check all that apply.</b>	<b>COUNT</b>	<b>PERCENTAGE</b>
Uncertainty about when things will settle down/return to normal	678	60.59%
Burnout	599	53.53%
Heavy/increased workload	544	48.61%
Concern of getting sick myself	484	43.25%
Concern of spreading COVID-19	396	35.39%
Insufficient communication from leadership	337	30.12%
Insufficient PPE	289	25.83%
Working too many hours	271	24.22%
Job security/employment status	253	22.61%
Insufficient training	142	12.69%
Distress about how to effectively treat COVID-19 patients	136	12.15%
Inappropriate role designation	127	11.35%
Working at a new location	121	10.81%
Witnessing high number of deaths	101	9.03%
Other	55	4.92%
Treating coworkers with Covid-19	29	2.59%

## From June-September 2020, MHA SURVEY REGARDING HEALTHCARE WORKER EXPERIENCES

# STATISTICS

- STRETCHED OUT TOO THIN
  - 93% of healthcare workers were experiencing stress
  - 86% reported experiencing anxiety
  - 77% reported frustration
  - 76% reported exhaustion and burnout
  - 75% said they were overwhelmed



# STATISTICS

## From June-September 2020, MHA SURVEY REGARDING HEALTHCARE WORKER EXPERIENCES

- EMOTIONALLY AND PHYSICALLY EXHAUSTED:
  - Emotional exhaustion (82%)
  - Trouble with sleep (70%)
  - Physical exhaustion ((68%)
  - Work related dread (63%)
  - Changes in appetite (57%)
  - Physical symptoms (headaches, stomachache) (56%)
  - Questioning career path (55%)
  - Compassion fatigue (52%)
  - Heightened awareness or attention to being exposed (52%)

# STATISTICS

From June-September 2020,  
MHA SURVEY REGARDING  
HEALTHCARE WORKER  
EXPERIENCES

- NOT GETTING ENOUGH EMOTIONAL SUPPORT:
  - 39% of healthcare workers said that they did not feel they had adequate emotional support.

# COMMON MENTAL HEALTH ISSUES/ DISORDERS

# MOOD DISORDERS

ICD-11 for Mortality and Morbidity  
Statistics (2022)

“Mood Disorders refers to a superordinate grouping of Bipolar and Depressive Disorders. Mood disorders are defined according to particular types of mood episodes and their pattern over time.

The primary types of mood episodes are Depressive episode, Manic episode, Mixed episode, and Hypomanic episode.

Mood episodes are not independently diagnosable entities, and therefore do not have their own diagnostic codes. Rather, mood episodes make up the primary components of most of the Depressive and Bipolar Disorders.”

# ANXIETY & FEAR RELATED DISORDERS

“Anxiety and fear-related disorders are characterised by excessive fear and anxiety and related behavioural disturbances, with symptoms that are severe enough to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.”

ICD-11 for Mortality and Morbidity Statistics (2022)

# GENERAL ANXIETY DISORDER

- Anxiety is one of the most common mental health conditions, affecting an estimated **19.1% of U.S. adults each year**.
- While anxiety can have a significant impact on a person's life, **only around 20% of people who experience symptoms seek treatment**.
- Anxiety generally intensifies over a period of time and is highly correlated with **excessive worry about some potential danger—whether real or perceived**. If the anticipation of something builds up and the high amount of stress reaches a level where it becomes overwhelming, it may feel like an "attack."

<sup>N</sup>

\*National Institute of Mental Health (NIMH)

# PANIC ATTACK VS. ANXIETY

<b>PANIC ATTACKS</b>	<b>ANXIETY</b>
<b>Sudden</b>	<b>Gradually builds</b>
<b>Lasts for minutes</b>	<b>Can last for months</b>
<b>Shaking or trembling</b>	<b>Restlessness</b>
<b>Chest pains</b>	<b>Fatigue</b>
<b>Hot flashes</b>	<b>Muscle tension</b>
<b>Sense of detachment</b>	<b>Irritability</b>

▶ National Institutes of Mental Health (NIMH)

# DEPRESSIVE DISORDER

ICD-11 for Mortality and  
Morbidity Statistics (2022)

“Recurrent depressive disorder is characterised by a history or **at least two depressive episodes separated by at least several months without significant mood disturbance.**

A depressive episode is characterised by **a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks** accompanied by other **symptoms** such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue.”



# STRESS

**“Stress is the nonspecific response of the body to any demand made upon it. Stress is any intrinsic or extrinsic stimulus that can evoke a psychobiological response to the human body, which causes alterations in our homeostasis and may cause life-threatening effects and possibly, death.”**

Selye, H. (1984)

# BURNOUT

“Burnout is a syndrome conceptualized as resulting from **chronic workplace stress** that has not been successfully managed.

It is characterised by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one’s job, or feelings of negativism or cynicism related to one's job; and 3) a sense of ineffectiveness and lack of accomplishment.

Burnout refers specifically to phenomena **in the occupational context and should not be applied to describe experiences in other areas of life.”**

# THE 3 BRAINS



# THE LIMBIC SYSTEM

**\*\*\*** primarily responsible for our **emotional life and has a lot to do with the formation of memories**

- HYPOTHALAMUS
- HIPPOCAMPUS
- AMYGDALA

# HYPOTHALAMUS

- **Homeostasis**
- **Regulates hunger, thirst, response to pain, levels of pleasure, sexual satisfaction, anger and aggressive behavior, etc**
- **regulates the functioning of the autonomic nervous system**
  
- **The hypothalamus receives inputs from a number of sources.**
  1. vagus nerve,
  2. reticular formation in the brainstem,
  3. optic nerve
  4. unusual neurons lining the ventricles,
  5. other parts of the limbic system and the olfactory (smell) nerves

# HYPOTHALAMUS

The hypothalamus sends instructions to the rest of the body in two ways:

1. Through the **autonomic nervous system**
  - Regulates the bodily systems
  - Sympathetic and parasympathetic functions
  - Arousal in response to emotional circumstances
2. Via the **pituitary gland**
  - neurally and chemically connected to the pituitary, which in turn pumps hormones called **releasing factors** into the bloodstream

# HIPPOCAMPUS

- responsible for **learning and memory.**
- converting **short-term memory into long-term memories**

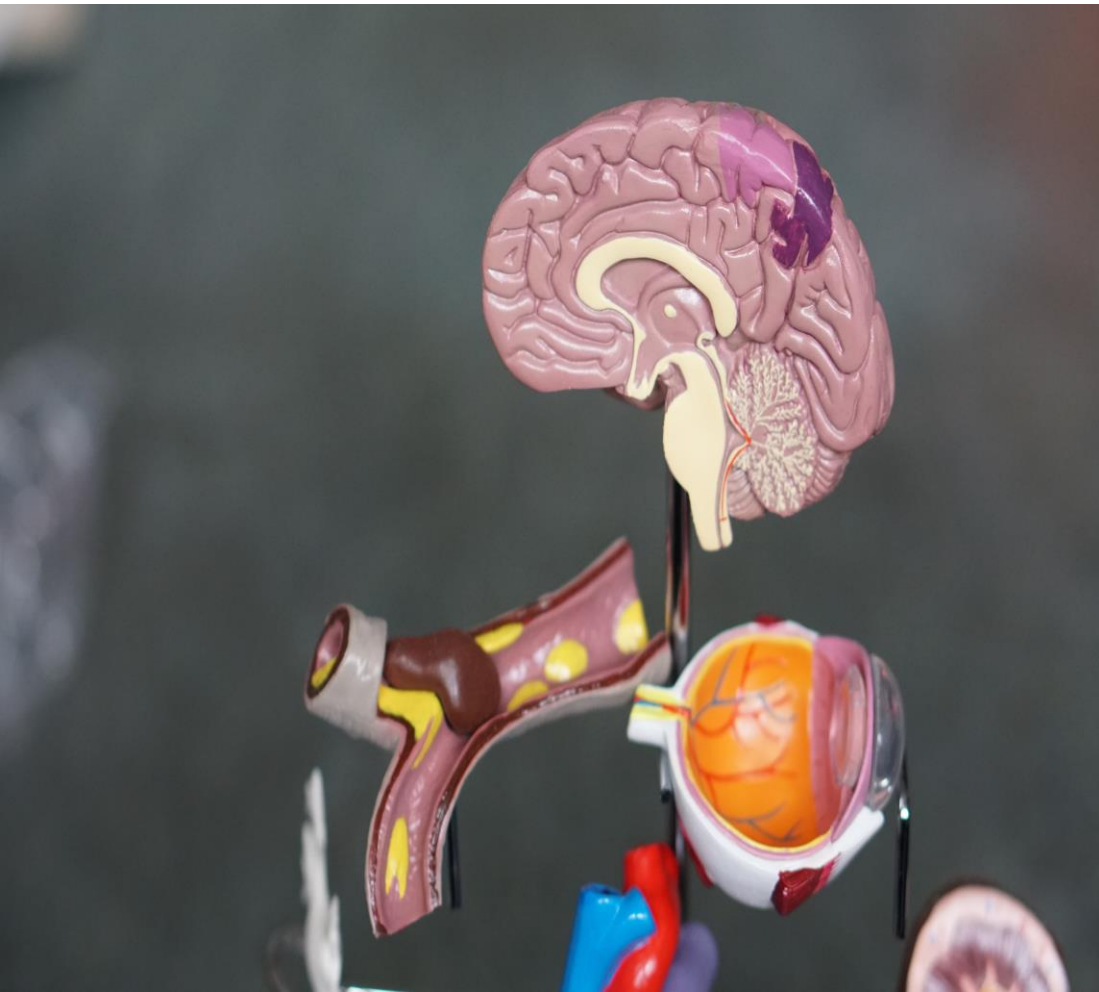
Boyle, M. (2020)

# AMYGDALA

- Aggression
- Fear and sexual responses

Boyle, M. (2020)





## LIGANDS

- **NEUROTRANSMITTERS**
  - Chemical messengers
- **NEUROPEPTIDES**
  - Chemical signals
- **HORMONES**
  - Chemical responsible for our feelings

# THE AUTONOMIC NERVOUS SYSTEM

- SYMPATHETIC NERVOUS SYSTEM  
(SNS)
- PARASYMPATHETIC NERVOUS SYSTEM  
(PNS)

Boeree (2009)

# SYMPATHETIC NERVOUS SYSTEM

- **Prepares the body for the kinds of vigorous activities associated with “fight or flight,”** associated with running from danger or with preparing for violence.
- **Activation of the sympathetic nervous system has the following effects:**
  - dilates the pupils
  - opens the eyelids
  - stimulates the sweat glands
  - dilates the blood vessels in large muscles
  - constricts the blood vessels in the rest of the body
  - increases the heart rate
  - opens up the bronchial tubes of the lungs
  - inhibits the secretions in the digestive system.
- Causes the **adrenal glands** to release **epinephrine (adrenalin)** into the blood stream.

Boeree (2009)

# PARASYMPATHETIC NERVOUS SYSTEM

- **REST & DIGEST**
- **Parasympathetic arousal include:**
  - pupil constriction
  - activation of the salivary glands
  - stimulates the secretions of the stomach
  - stimulates the activity of the intestines
  - stimulates secretions in the lungs
  - Constricts the bronchial tubes
  - decreases heart rate

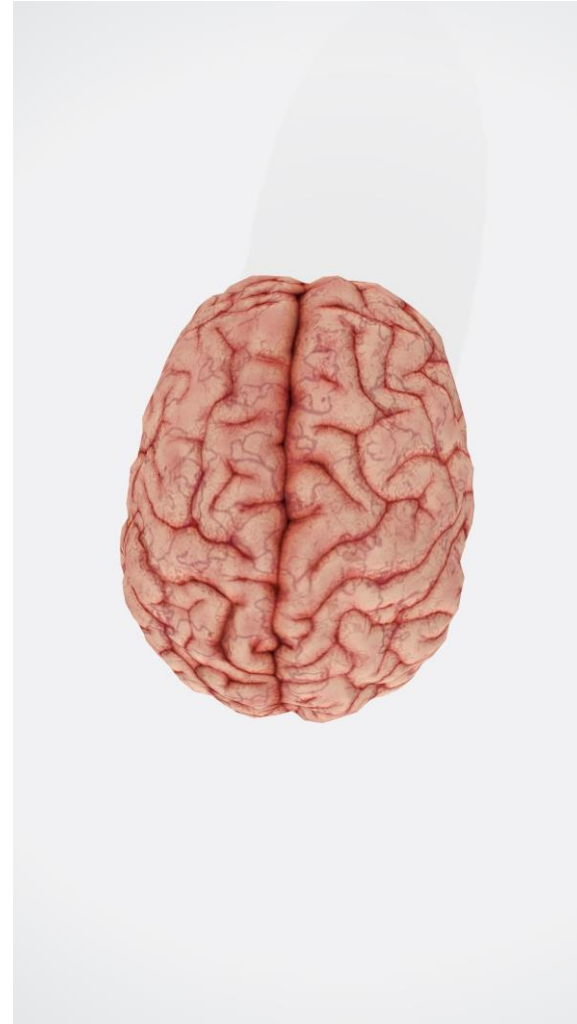
*“There is an expiry date on blaming your parents for steering you in the wrong direction; the moment you are old enough to take the wheel, responsibility lies with you.”*

~ J.K. Rowling

## THE DEVELOPING BRAIN

- Secure attachments
- Unintegrated brain responses
  - Cognitive rigidity
    - Too much persistence
    - Emotional chaos

Siegel, 2010



# ASSOCIATIVE MEMORIES

- Behaviors, attitudes, beliefs, emotional reactions, habits, skills, associative memories, conditioned responses, and perceptions Neuroplasticity
- Routines
- “Hardwired”
- Associative memories trigger automatic responses

Johansen,, J.P, et. al (2014)  
Jones, C.E., Monfils, M.H. (2013)  
Felitti et al. 1998; Brown et al.  
2009)

# ASSOCIATIVE MEMORIES

- Hebbian theory
- Other neuromodulatory mechanisms
- Pavlovan conditioning
- Adverse Childhood Events
- PTSD

Johansen,, J.P, et. al (2014)

Jones, C.E., Monfils, M.H. (2013)

Felitti et al. 1998; Brown et al. 2009)



# PHYSIOLOGICAL EFFECTS OF STRESS

- **Types of Stress**
- **General Adaptation Syndrome**
- **The Stress Response**
- **Stress and the Immune System**
- **Stress and the Cardiovascular System**
- **Stress and the Gastrointestinal System**
- **Stress and the Endocrine System**
- **Stress and the Brain**

# STRESS CONCEPTS

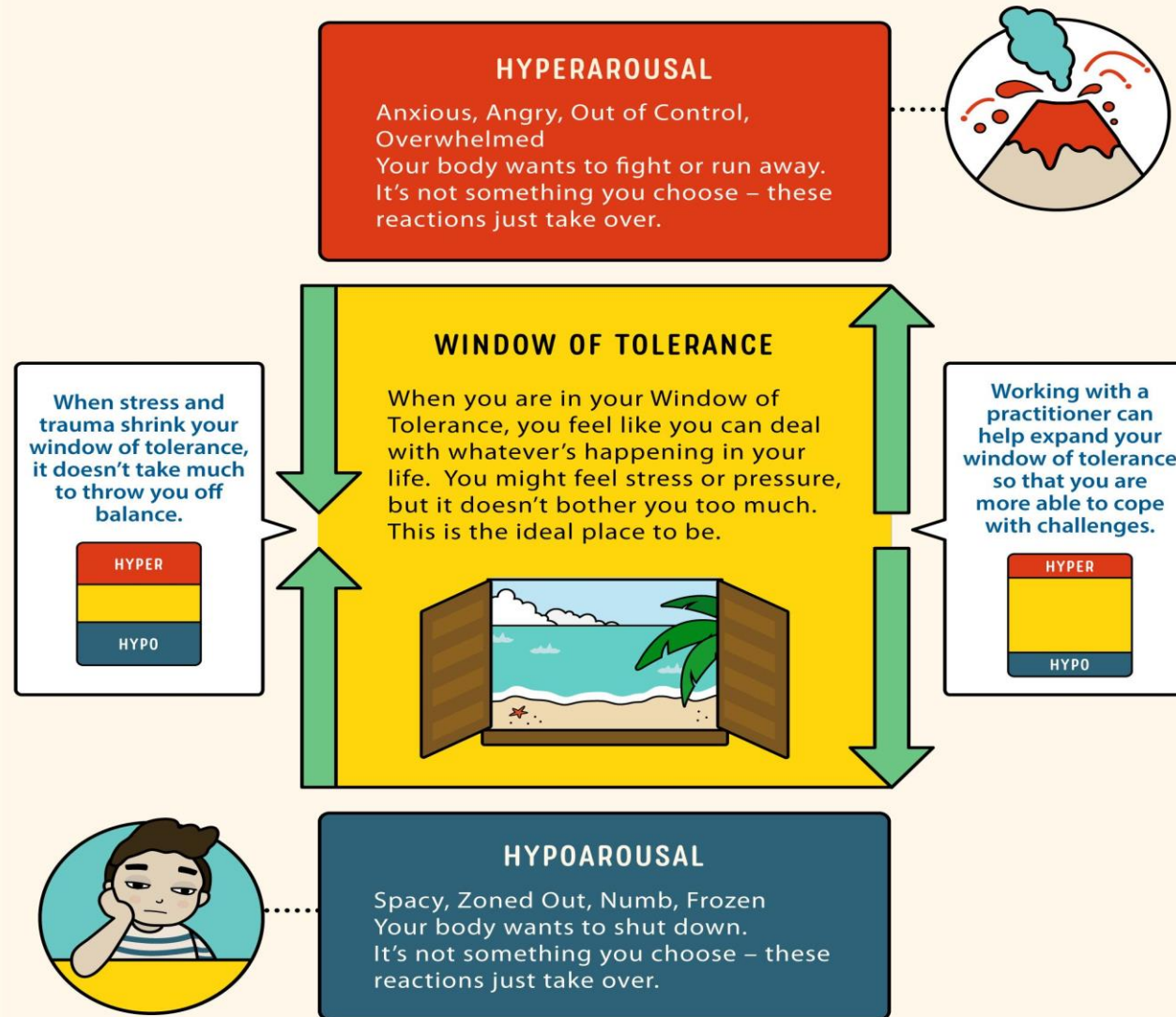
- Eustress
- Distress
- Homeostasis
- Allostasis
- Allostatic Load

Feldman, M (2018)

# “WINDOW OF TOLERANCE”

Copyright permission granted by the National Institute for the Clinical Application of Behavioral Medicine (2019)

## How Trauma Can Affect Your Window Of Tolerance



# GENERAL ADAPTATION SYNDROME (G.A.S.)

- Alarm Stage
- Resistance Stage
- Exhaustion Stage

Canon, W.B. (1932)

Selye, H. (1984)

## THE STRESS RESPONSE

Zingela *et al.* (2022)

- **Fight**—this entails facing the danger and fighting the threat aggressively.
- **Flight**—this implies running away from the threat to try and save yourself.
- **Freeze**—this is equivalent to playing dead through immobility until the threat passes.
- **Fawn**—This is the submissive response which serves to avoid conflict

# STRESS & THE ENDOCRINE SYSTEM

“Stress can either activate, or change the activity of, many endocrine processes associated with the hypothalamus, pituitary and adrenal glands, the adrenergic system, gonads, thyroid, and pancreas.”

Charmandari, E., Tsigos, C., Chrousos G. (2005)

# STRESS AND THE IMMUNE SYSTEM

Reiche E.M.V, Nunes, S.O.V.,  
Morimoto, H.K. (2004)  
Khansari D.N., Murgu A.J.,  
Faith R.E. (1990)

- Stress can affect the function of the immune system by modulating processes in the CNS and neuroendocrine systems.
- Other hormones are affected during stress
- Release of opioid peptides
- Severe stress can lead to malignancy by suppressing the immune system

# STRESS & THE CARDIOVASCULAR SYSTEM

- Increase in the stimulation of the sympathetic nervous system
- Initiation and progression of myocardial ischemia
- Development of cardiac arrhythmias
- Stimulation of platelet aggregation
- Endothelial dysfunction

Kemeny, M.E. (2003)



# STRESS & THE GASTROINTESTINAL SYSTEM

- GI tract movement disorders
- Increased visceral irritability
- Altered rate and extent of various GI secretions
- Modified permeability of the intestinal barrier
- Negative effects on blood flow to the GI tract
- Increased intestinal bacteria counts.

Collins S.M. (2001).Thor, C. (2010)  
Yaribeygi, H., et.al. (2017)

## STRESS & THE MUSCULOSKELETAL SYSTEM

LEINO, P.A.I.V.I (1989)

“Stress increases the occurrence of musculoskeletal disorders. Some of the effect may be mediated by influences on help seeking behaviour, but the results also suggest that stress may produce changes in the physical state of the musculoskeletal system.”

## STRESS & THE MUSCULOSKELETAL SYSTEM

- ▶ It has been observed that common injuries to frontline workers are neck and back pain as well as fear of infection.
- Discussion:
  - Could this be true for you?
    - How do you protect your neck and back during clinical skills interventions?
    - How do you take shortcuts and pose risk for injury?
    - Fear of infection- how do you manage this?
    - Discuss COVID-19- what was the impact on you mentally?
    - Does anyone have an injury to report that has impacted your job satisfaction?

# STRESS AND THE BRAIN

- Thor, C. (2010).
- Yaribeygi, H., et.al. (2017).
- McEwen, B.S, (2006)

- Blood-Brain Barrier
- Hormone Secretion
  - Glucocorticosteroids
  - Cortisol
  - Norepinephrine

# STRESS AND THE BRAIN

- **Memory**
  - Noradrenaline
  - Corticosteroids
- **Cognition and Learning**
  - Adrenal steroids
  - Pathophysiological changes in the brain

Thor, C. (2010).

Yaribeygi, H., et.al. (2017)

McEwen, B.S, (2006)

# From Surviving to Thriving

**Preeti Jha**

DPT,OCS,MTC,CMDT

CYT-200

Yoga &

Mindfulness instructor






Pc Trip advisor

# From Surviving to Thriving



We don't see  
the world as it  
is



We see the  
world as we  
are





Unimed living



Balanced



Burnout

The consequences of  
severe stress and high  
ideals in “helping”  
professions.

Herbert Freudenberger 1970

noun. burn·out 'bɜrn- ,aʊt.

1. a. : exhaustion of physical or emotional strength usually as a result of prolonged stress or frustration.

Burnout is a syndrome resulting from chronic workplace stress that has not been successfully managed

(WHO 2019)

Burnout and stress everywhere, APA.org (2022)



NYT



## Criteria for measuring Burnout

Emotional Exhaustion

Depersonalization

Personal Accomplishment



# Three Characteristics of Burnout

(WHO 2019)

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Feelings of energy  
depletion or exhaustion

---

Increased mental distance  
from one's job –Negativism  
/cynicism related to one's job

---

Reduced professional efficacy

(WHO 2019)

# MBI Human services survey for Medical personnel

Maslach & Jackson 1996

Emotional  
Exhaustion

- measures feelings of being emotionally overextended and exhausted by one's work

Depersonalization

- measures an unfeeling and impersonal response towards patients

Personal  
accomplishment

- measures feeling of competence and successful achievement in one's work



# Measuring Burnout

Maslach-Jackson (1981)

Maslach

Burnout

Inventory

Human service  
scale (HSS)



	Never Every day						
	↓						↓
	0	1	2	3	4	5	6
01 - I feel emotionally exhausted because of my work							
02 - I feel worn out at the end of a working day							
03 - I feel tired as soon as I get up in the morning and see a new working day stretched out in front of me							
04 - I can easily understand the actions of my colleagues/supervisors							
05 - I get the feeling that I treat some clients/colleagues impersonally, as if they were objects							
06 - Working with people the whole day is stressful for me							
07 - I deal with other people's problems successfully							
08 - I feel burned out because of my work							
09 - I feel that I influence other people positively through my work							
10 - I have become more callous to people since I have started doing this job							
11 - I'm afraid that my work makes me emotionally harder							
12 - I feel full of energy							
13 - I feel frustrated by my work							
14 - I get the feeling that I work too hard							
15 - I'm not really interested in what is going on with many of my colleagues							
16 - Being in direct contact with people at work is too stressful							
17 - I find it easy to build a relaxed atmosphere in my working environment							
18 - I feel stimulated when I been working closely with my colleagues							
19 - I have achieved many rewarding objectives in my work							
20 - I feel as if I'm at my wits' end							
21 - In my work I am very relaxed when dealing with emotional problems							
22 - I have the feeling that my colleagues blame me for some of their problems							

## Overall score for occupational exhaustion (EE)

Add together the answers to questions 01. 02. 03. 06. 08. 13. 14. 16. 20

Occupational exhaustion	EE < 17	EE 18 - 29	EE > 30
	Low degree	Moderate degree	High degree

## Overall score for depersonalisation / loss of empathy (DP)

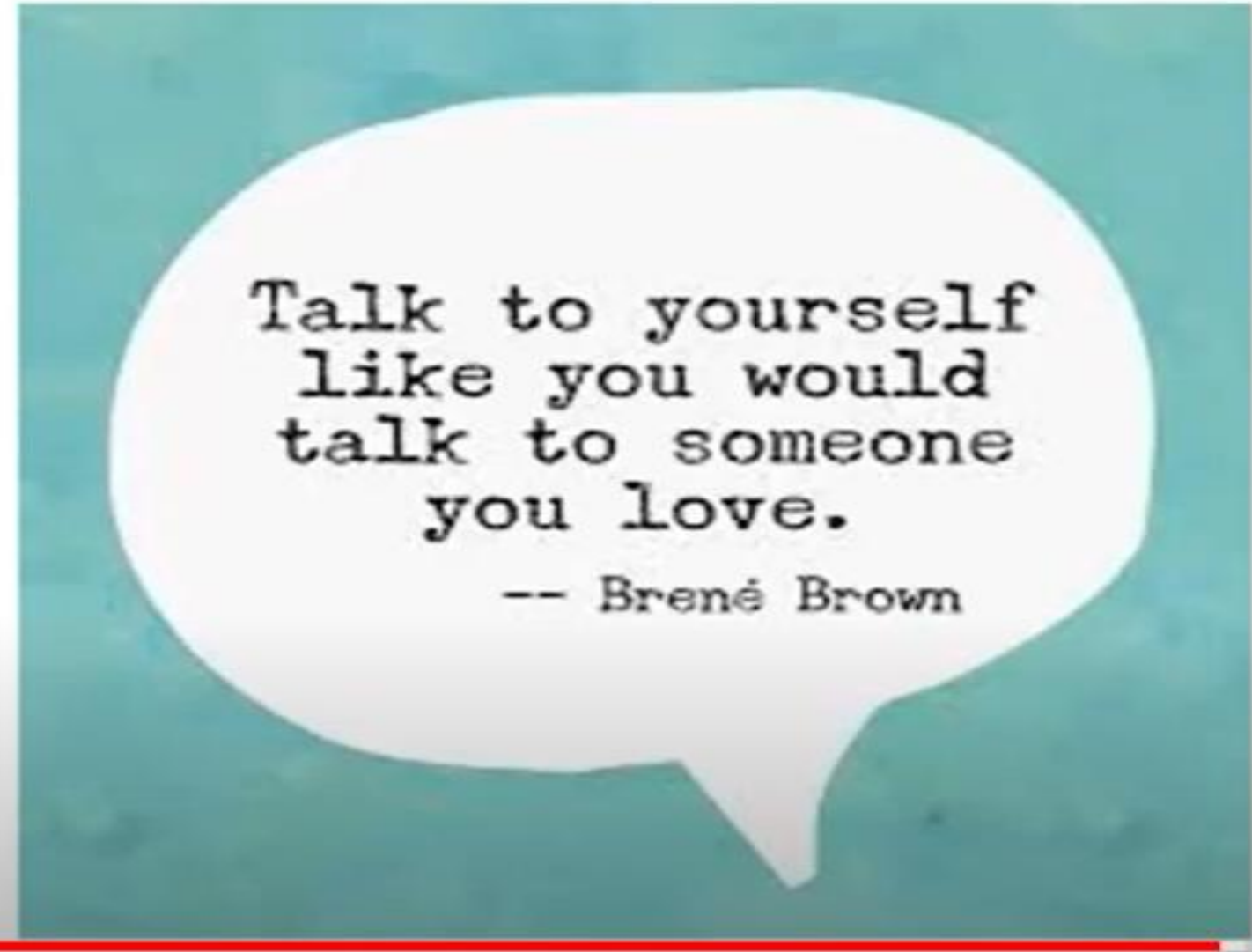
Add together the answers to questions 05. 10. 11. 15. 22

Depersonalisation	DP < 5	DP 6 - 11	DP > 12
	Low degree	Moderate degree	High degree

## Overall score personal accomplishment assessment (PA)

Add together the answers to questions 04. 07. 09. 12. 17. 18. 19. 21.

Personal accomplishment assessment	PA < 33	PA 34 - 39	PA > 40
	Low degree	Moderate degree	High degree



Talk to yourself  
like you would  
talk to someone  
you love.

-- Brené Brown



## 6 Predictors of Burnout

Lack of control over resources

Lack of rewards for workplace performance

Absence of perceived fairness

Poor workplace community

Conflicting values between employee & organization

Demanding workload

# CAUSES OF BURNOUT

Work/life  
imbalance

Poor work/  
person fit

High achieving  
Type A  
personality

Lack of support

Unpleasant  
environment

# Signs of Burnout

Forgoing important activities

Impaired  
concentration  
or memory

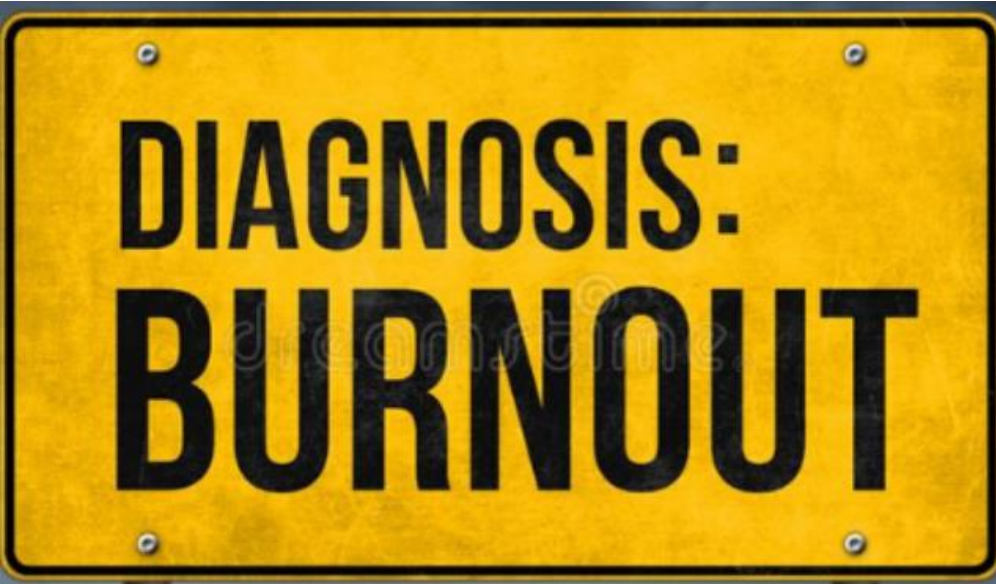
Lack of  
patience

Lack of  
resilience

Apetite  
changes

# How Burnout can affect employers

Berry J W, (2015)



---

Employee absenteeism

---

Increased attrition

---

Increased health care cost

---

Decreased quality of health care provided



# APA 2021 work & well-being survey

19%

- Lack of effort at work

36%

- Cognitive Weariness

44 %

- Physical fatigue

32 %

- Emotional exhaustion

# Effective Holistic approaches to reducing Nurse stress and Burnout during COVID-19 AJN (2022)



- **Purpose of study-** To evaluate use of serenity lounges (where nurses can take workday breaks for the purpose of relaxation and rejuvenation ) and massage chairs on nurses anxiety stress and burnout
- **Sample 67 nurses –**



- Significant reduction in feelings of emotional exhaustion, burnout, frustration, being worn out and stress and anxiety after use of serenity lounge
- Improvement in feelings of emotional exhaustion, being worn out, being anxious after use of massage chair after 10-20 minutes

# Programs to reduce anxiety, stress and burnout

AJN 2022

- Being adaptive and resilient promote and maintain staff members wellbeing in rapidly changing work conditions.
- Stress management and resilience training may help nurses gain skills to enhance their adaptability and resiliency.
- Mindfulness based trainings are effective in improving psychological outcomes, adaptability and resiliency in reducing anxiety stress and burnout
- Jean Watson human caring theory and 10 caritas process.
- “If one is to work from caring healing paradigm ,one must live it out in daily life”
- Create healing environment for the physical and spiritual self that respects human dignity.



# Staff recognition board

Increased leadership rounding and support to bring cultural change

Peer support group  
(self care & Peer care)

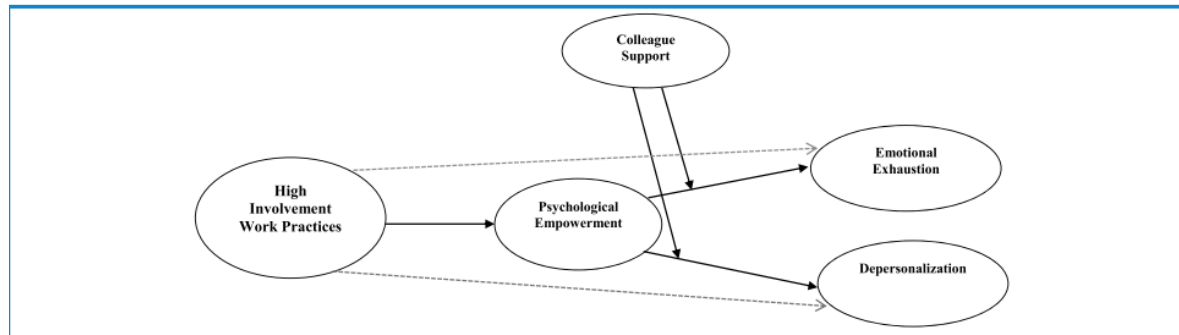
Being religious and spiritual

Restorative breaks  
Zen rooms

Zen rooms with  
massage chairs

# Reducing burnout among nurses: The role of high involvement work practices and colleague support

Steven K. (2022)



**Figure 1.** Proposed relationships between high-involvement work practices and burnout (i.e., exhaustion and depersonalization) via psychological empowerment and the moderating role of colleague support.

Psychological empowerment partially mediated the association between high involvement work practices and burnout whereas colleague support was directly associated with lower burnout rather than exerting a moderating effect

# Physicians and surgeons Listen- Act-Develop model

Lack of control over one's schedule is one of the most significant drivers of burnout. Among physicians working for the Kaiser healthcare system, lack of control and autonomy in the workplace was the single most important predictor of burnout. It has been suggested that physician happiness is not related to the workload itself, but to the perceived ability to manage it [Shanafelt 2017](#)

A survey of Canadian plastic surgery programs revealed that a majority of residents experienced shaming in the operating room resulting in loss of confidence, professional isolation, poor job performance, and depression [Boehm 2019](#)

Physicians who spend at least 20% of their professional effort on what they find most meaningful had a 50% reduction in their rate of burnout compared to those who spent less time. [Shanafelt 2009](#)



# REHABILITATION PHYSICAL THERAPY





**Ambrose was having a bad day**



**And he didn't care who knew it.**

# MOTIVATION

To be motivated is to do something which is different

To be inspired to go beyond the call of duty

To do more than you have to do not because you are told to but because you want to

# HAPPIEST EMPLOYEES COME FROM A VERY SPECIAL PLACE

## WHAT MAKES HAPPY EMPLOYEES.

- Physiological
- Safety
- Security
- Social
- Esteem
- Ego
- Self actualization.

Maslow's Hierarchy of Needs Theory 1943 ( 5 level of employee needs )

# *Burnout in Physical Therapists*

Anderson (2014)

**1366 APTA members email survey  
13% experiencing burnout.**

30%

Emotional exhaustion

30%

High depersonalization

32%

low personal  
accomplishment

# BURNOUT IN PHYSICAL THERAPY

Anderson (2014)

Table 3

*Summary of Mean Scores of Burnout Subscales and Percentages of High Emotional Exhaustion, High Depersonalization and Low Personal in Physical Therapists*

Citation	Emotional Exhaustion		Depersonalization		Personal Accomplishment	
	% with high score	Mean (SD)	% with high score	Mean (SD)	% with low score	Mean (SD)
Deckard (1989) <i>N</i> = 187	NR		NR		NR	
Donohoe (1993) <i>N</i> = 123	46%	23.5 (10.7)	21%	7.6 (5.8)	60%	37.3 (8.5)
Schlenz (1995) <i>N</i> = 40	43%	25.4 (9.4)	10%	6.4 (3.7)	5%	39.4 (4.7)
Wandling (1997) <i>N</i> = 387	NR	18.7 (9.3)	NR	5.4 (4.4)	NR	41.8 (5.0)
Balogun (2002) <i>N</i> = 307	58%	28.8 (7.4)	94%	18.4 (4.7)	97%	18.0 (6.1)

Note. High emotional exhaustion  $\geq 27$ ; high depersonalization  $\geq 13$ ; low personal accomplishment  $\leq 31$  from "The measurement of experienced burnout," by C. Maslach and S. E. Jackson, 1981, *Journal of Occupational Behavior*, 2, pp. 99-113. NR= not reported.

# Is it Institute fault or workers fault?



# SOLUTIONS FOR BURNOUT

**Table 2. Solutions to Burnout: Considerations on an Individual and Organization Level**

Solutions to Burnout		
	Considerations on an Individual Level	Considerations on an Organizational Level
Workload, job demands, efficiency, and resources	<ul style="list-style-type: none"> <li>◆ Stress management</li> <li>◆ Self-care</li> <li>◆ Exercise</li> <li>◆ Gratitude Interventions</li> <li>◆ Professional coaching (mindfulness, resiliency)</li> </ul>	<ul style="list-style-type: none"> <li>◆ Shortened shifts</li> <li>◆ Productivity targets</li> <li>◆ Method of compensation</li> <li>◆ Modifications to work processes and flow</li> <li>◆ Optimization of EHR</li> <li>◆ Quality of support staff</li> <li>◆ Use of scribes and APPs</li> </ul>
Control, flexibility, and work-life integration	<ul style="list-style-type: none"> <li>◆ Organizational skills</li> <li>◆ Personal efficiency</li> <li>◆ Personal factors that may affect work-life</li> </ul>	<ul style="list-style-type: none"> <li>◆ Flexibility over start times and work hour distribution</li> <li>◆ Policies regarding scheduling requests, cross coverage, vacation, sick leave, maternity and paternity leave</li> <li>◆ Time-banking system</li> <li>◆ Access to self-care resources</li> </ul>
Social support and community	<ul style="list-style-type: none"> <li>◆ Communication skills training</li> <li>◆ Facilitated small group discussion</li> </ul>	<ul style="list-style-type: none"> <li>◆ Social events</li> <li>◆ Team building and retreats</li> </ul>
Alignment of cultures and values and meaning in work	<ul style="list-style-type: none"> <li>◆ Mentorship</li> </ul>	<ul style="list-style-type: none"> <li>◆ Optimization of shared workspaces</li> <li>◆ Professional development</li> <li>◆ Educational value unit</li> </ul>

# Mitigating Burnout

Nurturing and caring environment

Safely voice concerns

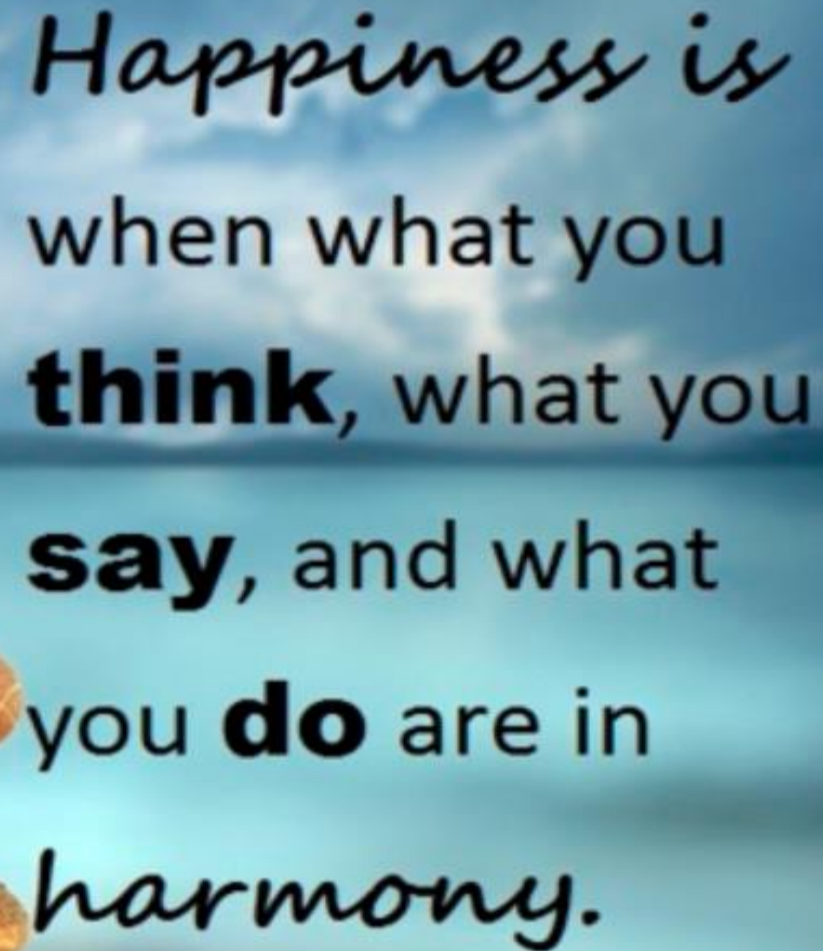
Protect clinician autonomy

Fairness and Justice

Employee satisfaction







*Happiness is*  
when what you  
**think**, what you  
**say**, and what  
you **do** are in  
*harmony.*

Mahatma Gandhi

# Mental Wellness for Therapists

Gabriella Guerra-Valero, OTR/L, LMT

# Statistics and Objectives

(CDC, 2023)

- Complicating factors for mental health have increased
- During 2020, 18.4% adults reported being dx with depression

1. [West Virginia](#) (29%)
2. [Kentucky](#) (27.6%)
3. [Vermont](#) (26.6%)
4. [Tennessee](#) (26%)
5. [Arkansas](#) (25.4%)
6. [Oregon](#) (25.3%)
7. [Maine](#) (25.3%)
8. [Louisiana](#) (25.1%)
9. [New Hampshire](#) (25.1%)
10. [Indiana](#) (25.0%)

# What is Health?

(WHO, 1989)

Mental Health

Physical Health

Social Well Being

# Mental Health Among OT and PT in the workplace

Torp, S., & Bergheim, L. T. J. ( 2023)

- Work Environment:
    - Presence of conflict
    - Work demands
    - Presence of work resources
    - Time constraints
  - Work environment impacts work engagement
- Work Engagement:
    - Meaningful work
    - Using strengths and potential
    - Decision authority
    - Social support
  - Increased work engagement is associated with fewer mental health problems

# Personal Accomplishment and Burnout

Rogers, J.C., & Dodson, S.C. (1988)

- Correlation with:
  - 1.Total years at job
    - Novice vs. seniority
      - Imposter Syndrome
  - 2.Total number of continued education
    - Strategies for professional involvement
  - 3. Frequency of consultation with colleagues
    - Team Support

# Top 3 Causes of Burnout

Reith, T.P. ( 2018)



DOCUMENTATION



EXCESSIVE HOURS AT WORK



INCREASED ELECTRONIC  
DOCUMENTATION OVER THE PAST 5  
YEARS

# Professional Involvement

Schlenz, K. C., Guthrie, M. R., & Dudgeon, B. (1995).



Mentor relationships



Participating in local and national conferences



Reading journal articles



Continuing education courses



Memberships in professional organizations



Consulting with colleagues



Advocacy



# Constraints of Professional Development

Schlenz, K. C., Guthrie, M. R., & Dudgeon, B. (1995).

## Funding



## Time



## Common Personality Traits of Therapists

Schlenz, K. C., Guthrie, M. R., & Dudgeon, B. (1995)

- Empathy
- Dedication
- Altruism
- Creativity
- Idealistic





# Self Evaluation Tools

- Clifton Strengths Finder
  - Link: <https://www.gallup.com/cliftonstrengths>
- Myers Briggs Personality Test
  - Link: <https://www.themyersbriggs.com/>
- Enneagram
  - Link: <https://www.enneagraminstitute.com/>
- Balance Wheel of Life
- What are my values?
  - Code of Ethics
  - Core Values of Profession

## Work Related Injuries

Alnaser, M. Z. (2007).

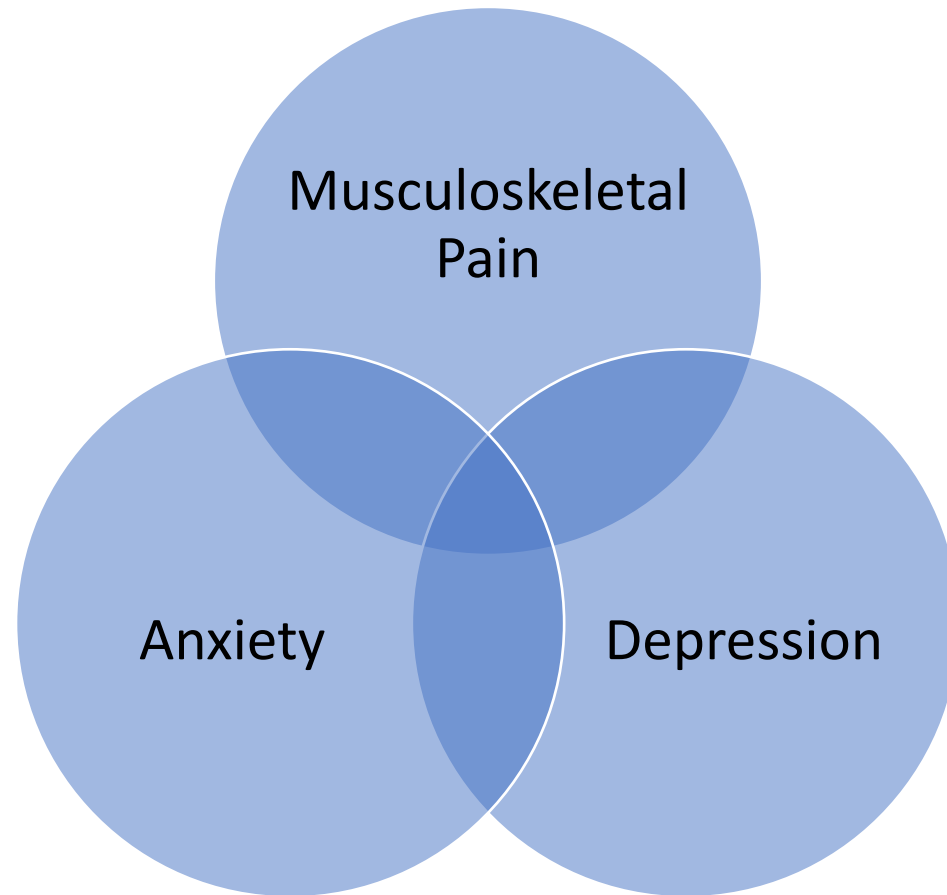
Campo, M., et.al. (2008).

Darragh, A. R., Huddleston, W., & King, P. (2009).

- Among both occupational and physical therapists, injuries to the low back were most common.
  - 30% for occupational therapists
  - 33% for physical therapists
- 23% of OT's and 23% of COTA's reported having a work-related injury
  - Low back pain
  - Injuries of the wrist, hand, and knees
- Therapists who transferred patients:
  - 6-10 times per day: 2.4 times higher odds of work- related musculoskeletal disorders

# How do work related injuries among therapists impact mental health?

Tang, J., & Gibson, S. J. (2005).  
Surah, A., Baranidharan, G., & Morley, S. (2014).  
Arca, M., Dönmezgil, S., & Durmaz, E. D. (2021).



# Effects of massage therapy on stress and pain management

- Cupping massage
  - Neck pain
- Therapeutic massage
  - Back Pain
- Aromatherapy Massage
  - Decreasing anxiety symptoms
- Massage
  - Reduction in heart rate and cortisol
- Deep tissue massage
  - Reduced diastolic and systolic blood pressure

Domingos, T. D. S., & Braga, E. M. (2014).

Saha, F. J., et. al. (2017).

Cherkin, D. C., et. al. (2001).

Moraska, A., et. Al. (2010).

Kaye, A. D., et. al. (2008).

# Doing, Being, and Becoming

Wilcock, A.A. (1999)



# Doing

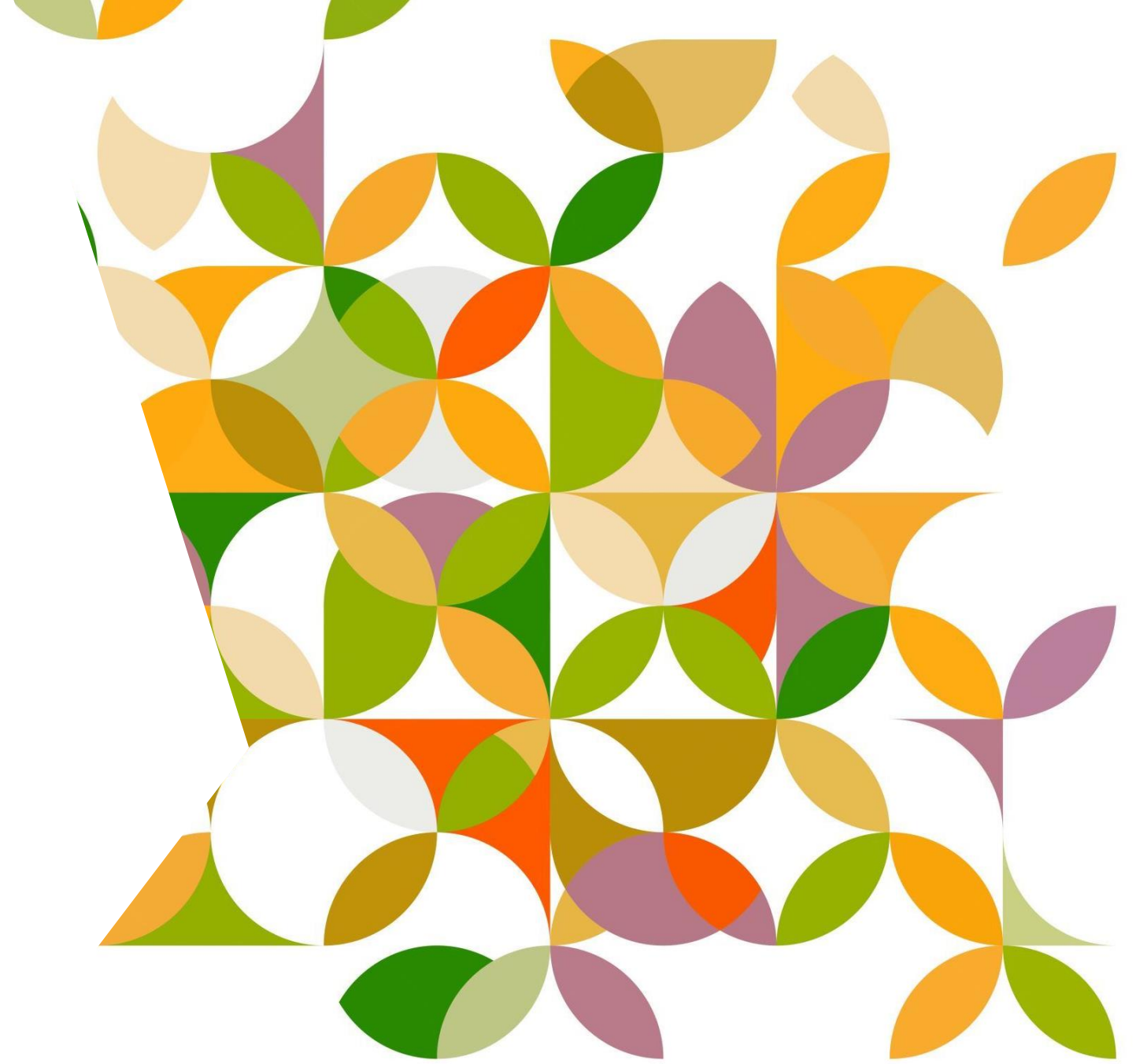
Encompasses all the activities that we  
do:

Occupations, ADL's, IADL's Wilcock, A.A.  
(1999)



# Being

Encompasses our essence  
For example: the present moment  
(Wilcock, 1999)



# Becoming

Self- actualization, Accomplishment, Fullest potential (Wilcock,1999)

# Discussion and Reflection

What is your own doing?



What is your own being?



What is your own becoming?



life through  
knowledge Brahman  
science Self Patanjali  
between deals mind body  
subtle God Vishnu  
Absolute Wealth Vedas Cosmic  
meditation three being Supreme sense worship Egoism  
Six Intelligence Yoga Without Shiva  
form deity Hindu Universe Spirit Aham Nature  
vision Object power existence senses  
state first individual spiritual intellect one Brahma  
Consciousness center Feeling forms mantra thought  
all reflection quality energy veda death  
Food Ego world Divine four five chakra  
cause karma



# YOGA NIDRA (NSDR)

Parker 2019





# THE 5 KOSHAS





I am slowly peeling off many layers of me to find myself



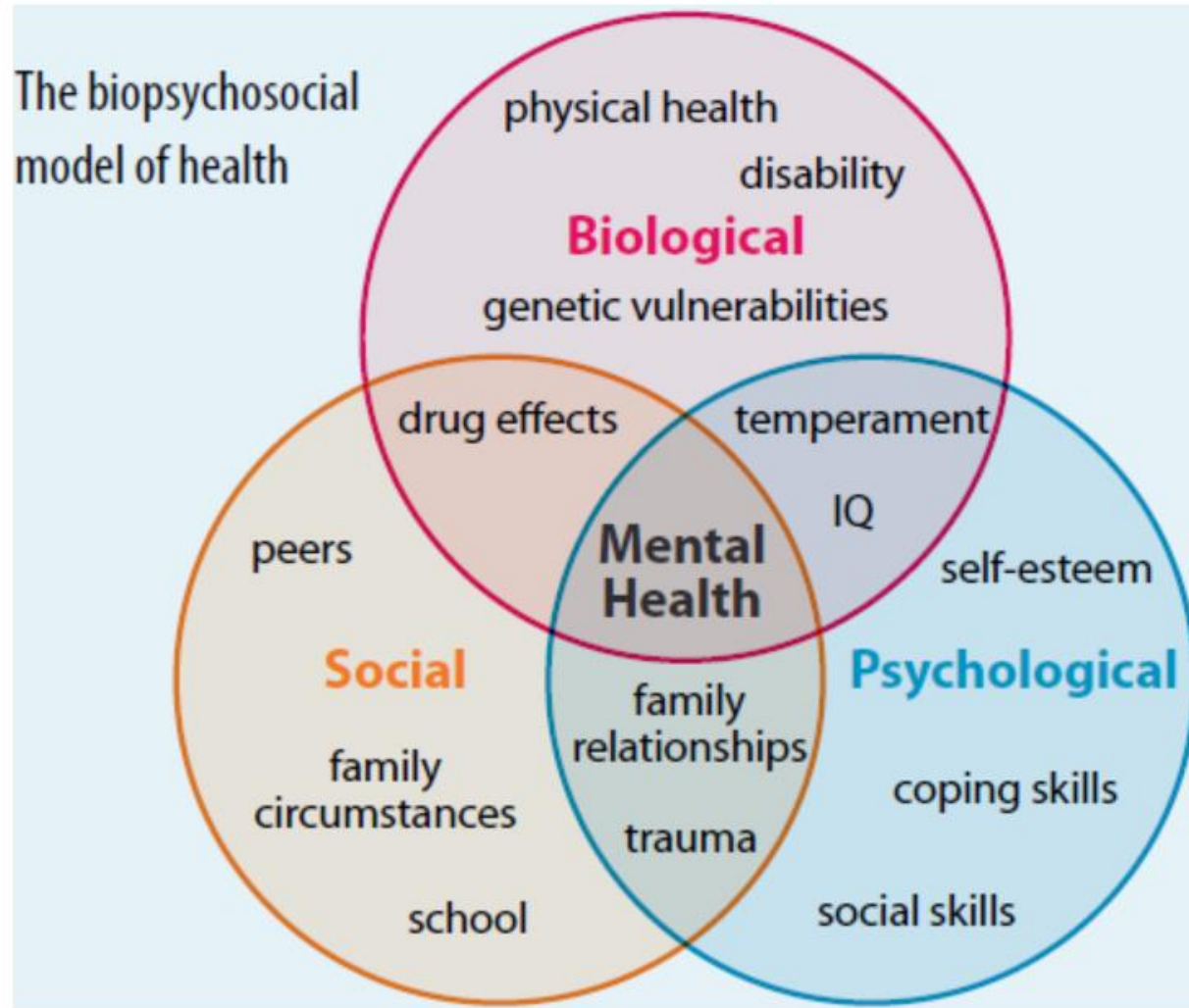
# SPIRITUAL HEALING



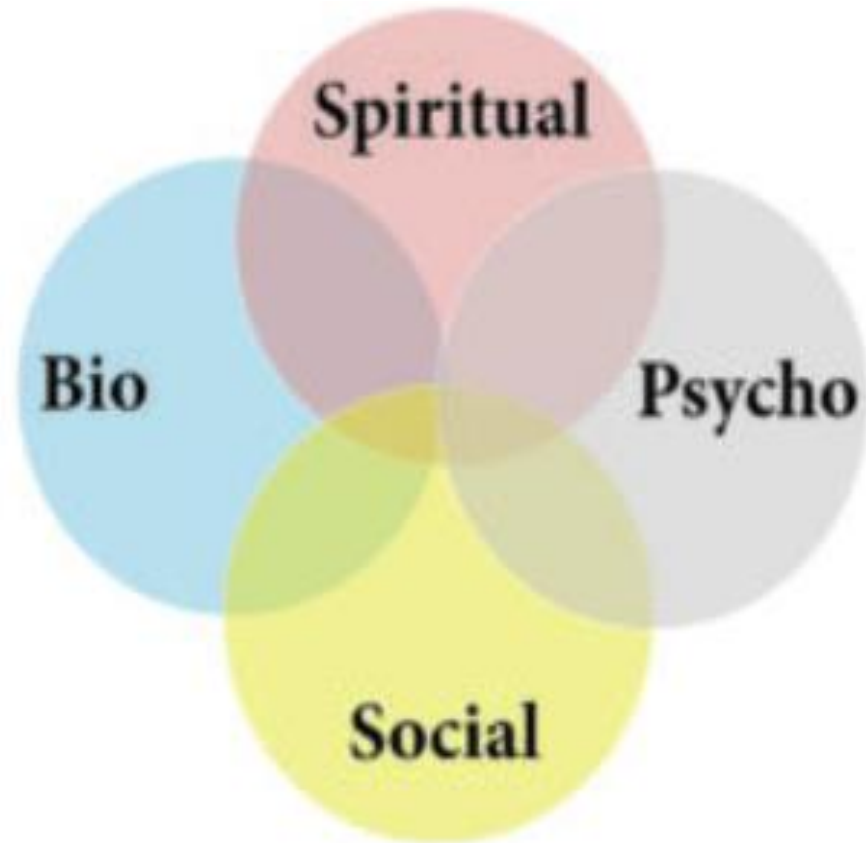
LOMA LINDA UNIVERSITY

# BIOPSYCHOSOCIAL MODEL

George Engel **1977**



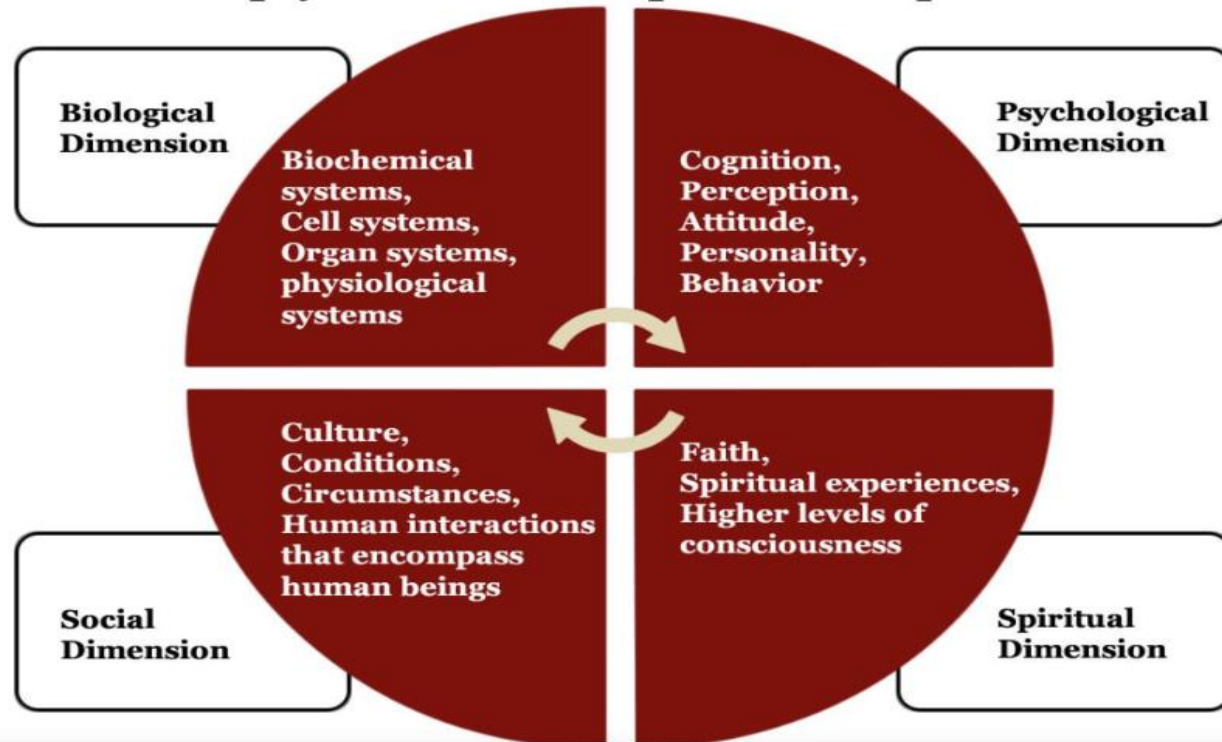
A dynamic state of complete physical, mental, spiritual and social well-being” (WHO, 1999).



**GATEWAY TO THE SOUL**

# DIFFERENT DIMENSIONS OF

## Biopsychosocial and Spiritual Perspective





**Never trust a thought that didn't  
come by walking**

**Bilaterality: Thom Hartmann**

- air yoga Lee, K. (2015), D'Arrigo, G. (2021)
- 1) Seated cat-cow (Heart opener)
  - 2) Seated Bridges (Heart opener)

- 3) Seated spinal twist
- 4) Seated side bend



# Pranayama

Stephens, M. (2010), Yoga Renew

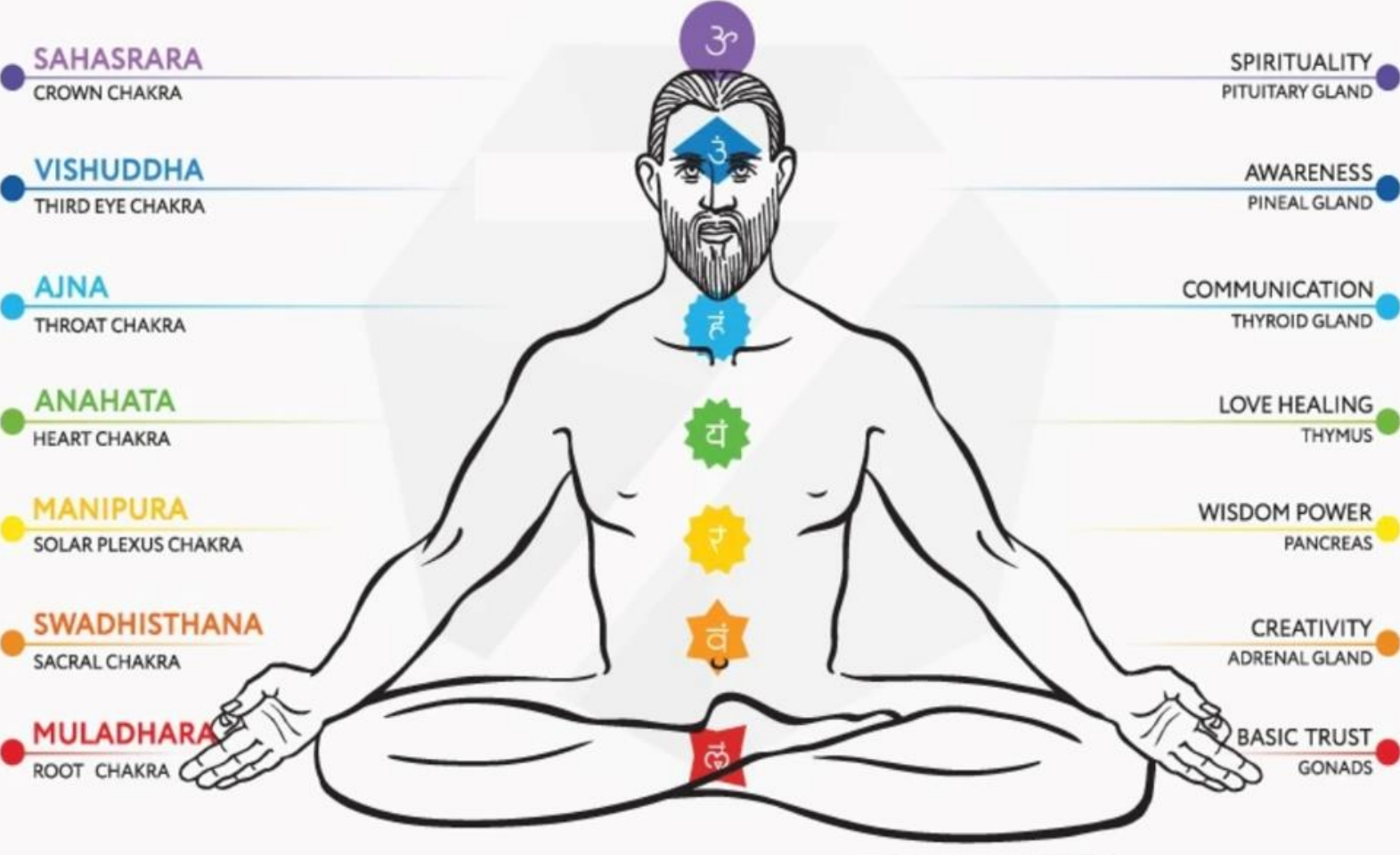


- Diaphragmatic
- Three part breath
- Alternate nostril – Nadi Shodhana
- Ujjayi breathing
- 4-7-8 breathing
- Cooling breath
- Bhramari breathing



*There is a deep wisdom within our very flesh, if we can only come to our senses and feel it .*  
*Elizabeth Behnke*

# CHAKRA GLANDS



# MEDITATION



*The awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally.”*

Jon Kabat Zinn

# 3 Key attributes of Meditation

Zinn, J.K. (2018)

PAYING ATTENTION ON PURPOSE

IN THE PRESENT MOMENT

NON-JUDGMENTALLY



# MINDFUL MEDITATION



○ What do you see

○ what do you feel

○ What do you hear

# Scheduling worry

Luis Carlos Delgado (2010)

## Anxiety technique (CBT)

Acknowledge, schedule , Address



# 7 Ways to Realign Your Chakras

Smell

Grounding

Energy  
clearance

Move/Asana

Warmth

Relaxation

Focus

# PHYSICAL BODY

Skin, Muscles, Connective Tissues, Fat and bones

Ayurvedic constitutions

# ENERGY BODY

Movement of blood lymph, CSF and breath through the body

# MENTAL BODY

Habitual unconscious patterns of thought and emotion.

Includes CNS, where physical sensations turn to emotional sensations.

# WISDOM BODY

Sense of awareness, insight and consciousness

Faculty of higher mind, Witness, discernment and liberating intuition

# BLISS BODY

Whole and Blissful

Connection to all beings.

## THE 5 KOSHAS



**Gambhirananda 1989**

# HOW TO BALANCE KOSHAS

Physical Body

Asana – Dinacharya

Energy Body

Breath awareness, Pranayama, Chakra  
meditation, connection to nature

Mind- Mental Body-

Meditation, Yoga Nidra, Pratyahara, turning inwards,  
healthy emotional expression.

Intution – Wisdom body –

concentration, Meditation, Mindfulness  
practices

Bliss body-

connect to your true self in all aspects of  
life

## THE 5 KOSHAS

ANNAMAYA

(FOOD)

PRANAMAYA

(ENERGY)

MANOMAYA

(MIND)

VIJNANAMAYA

(INTUITION)

ANANDAMAYA

(BLISS)



# 3S METHOD



# HOW TO MAKE STRESS/BURNOUT WORK FOR YOU

*“Healing cannot come before validation.”*  
*~Unknown*



# EXERCISE/YOGA

Mura, Et al, (2014)

Olsen, 2011

McGonigal, 2019

Josefsson et al., 2013



# SLEEP

Singh, N. A., Clements, K. M., & Fiartrone, M. A. (1997),  
Greenberg, M. (2016)



# NUTRITION

Jacka, et al, 2017

Sanchez-Villegas, 2017



# MINDFULNESS

Greenberger & Padesky 2016



# METACOGNITION

Greenberger, D. & Padesky, C.A. (2016)

# SELF-COMPASSION

Brach 2003

Kornfield 1993

Salzberg 2002

Neff 2011

Christopher Germer (2009)

MacBeth and Gumley 2012

Neff and Vonk 2009

Adams and Leary 2007

Neff, Hsieh, and Dejjitrat 2005

Wren et al. 2012





# MASSAGE



Moraska, A, Pollini,  
R.A, Boulanger, K,  
et al (2010)

# MANUAL THERAPY



Castien, R.F., Van Der Windt, D.A., Grooten, A., & Dekker, J. (2011).



# GRATITUDE

Beattie 1990

Emmons and McCullough 2003



# JOURNALING/BRAIN DUMPING

Feldmann Barrett, 2017

# VISUALIZATION TECHNIQUES

“Visualizing a procedure, task, or scenario can serve as a practice run in the provider’s mind before he or she actually performs the procedure. Rehearsing in one’s mind activates the same neurologic network needed to successfully perform a task.”

Weisinger H, Pawliw-Fry JP, (2015)

# NEGATIVITY BIAS

“Negativity biases, or the tendency to weight negative information, events, or emotions more than positive, have been documented extensively throughout psychology...Some have concluded that humans may have a general bias toward negativity.”

Kiken, L.G. and Shook, N.J. (2011)

# COGNITIVE TECHNIQUES & RESTRUCTURING

- Recognize idiosyncratic automatic thoughts and negative assumptions
- Question thoughts and assumptions for accuracy and utility
- Identify inaccuracies, exaggerations, or errors (cognitive distortions)
- Challenge and reframe their faulty thinking

Beck, 1970; Beck & Haigh, (2014)  
Grime, 2004). (Beck, 1970).

# COGNITIVE TECHNIQUES & RESTRUCTURING

Thoughts > Emotions > Decisions > Action/Behaviors > Results/Outcomes

Recognize Emotion > Identify Thought > Change Thought Process > Change Emotion

Beck, 1970; Beck & Haigh, (2014)

Grime, (2004)., Beck, (1970)



CBT  
(COGNITIVE  
BEHAVIORAL THERAPY)  
&  
COGNITIVE  
RESTRUCTURING

- Recognize
- Reframe and challenge
- Respond
- Write and recite
- Repeat/practice
- Reframe Stress
- Avoid Avoidance

Beck, (1970), Beck & Haigh, (2014)  
Grime, (2004)

# ANCHORING

- Pavlov's Concept of Stimulus Response
- Neurolinguistic Programming (NLP)
- The Anchoring Process

# GROUNDING TECHNIQUES

- Grounding Earthing
- Nature walk
- 5-4-3-2-1
- Breathwork

Chevalier, G., Sinatra S.T. (2011)

# GROUNDING/ EARTHING



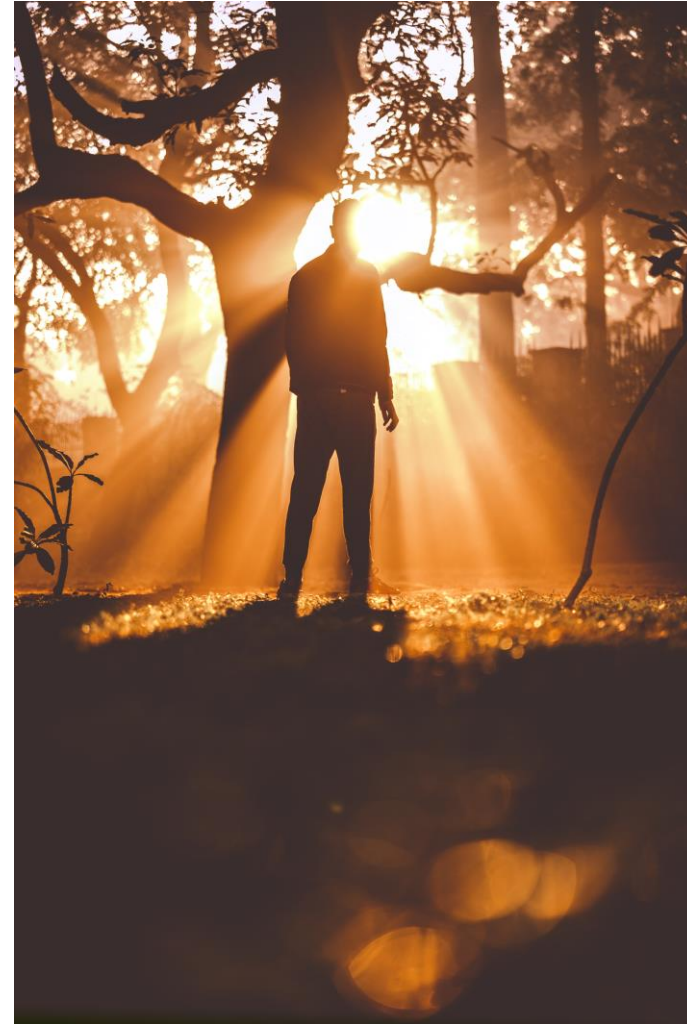
# GROUNDING

“Negative emotions such as panic, depression, anxiety and hostility have all demonstrated reduced HRV. Grounding has the potential to help support HRV, reduce excessive sympathetic overdrive, balance the ANS, and, thus, attenuate the stress response.”

Chevalier, G., Sinatra S.T. (2011)

# NATURE WALK

- Barton, J., & Pretty, J. (2010)



5-4-3-2-1



# BREATHWORK

**The Modern Science of Respiration**

Stephens, M. (2010)





# HUMAN CONNECTION

Barton & Pretty, 2010

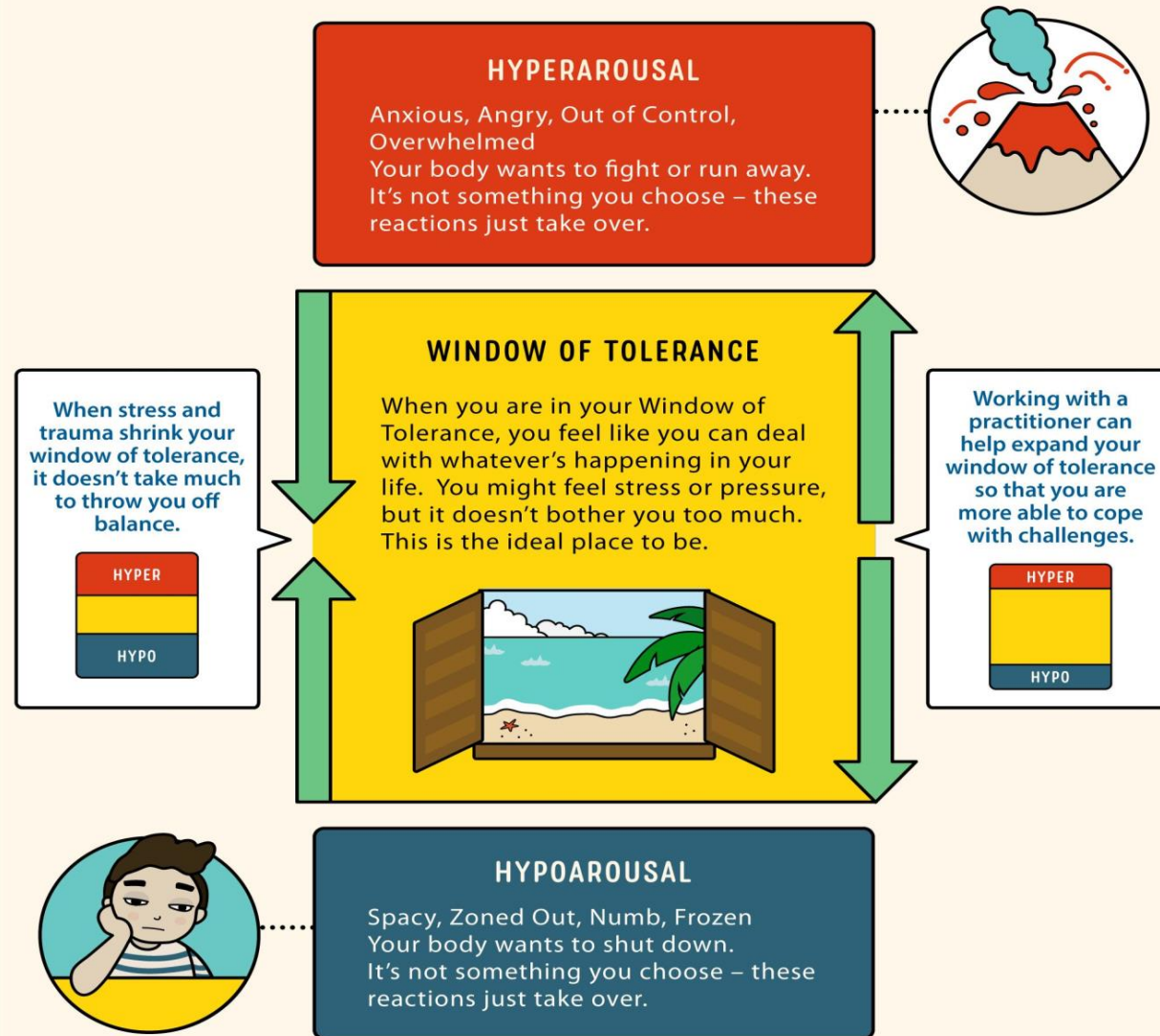
Nakahara et al, 2009

Waldinger and Schultz, 2010

Inagaki, et al, 2012

# MEDITATION & the “Window of Tolerance”

## How Trauma Can Affect Your Window Of Tolerance



National Institute for the Clinical  
Application of Behavioral  
Medicine (2019)



WHEN TO ASK FOR HELP

## 988 IS:

- ✓ The first step to ensuring mental health, substance use and suicide crises receive the response they deserve
- ✓ A life-saving resource for people in crisis
- ✓ Answered by mental health professionals, not police

## 988 IS NOT:

- ✗ A complete mental health crisis response system

**988 is now available nationwide  
But there's more work ahead.**



**988**  
**SUICIDE**  
**& CRISIS**  
**LIFELINE**

# Questions

**Keep in touch**

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