

**Working During a Crisis:  
Introductory Strategies to Cope with  
the Accompanying Burnout**  
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Grounding: This presentation is about you

- Not your students
- Not your boss, family or pets
- You deserve and need this right now

What is a Crisis

- A crisis is an event where the circumstances exceed our ability to cope
  - A contagious virus that threatens the well-being of ourselves and our loved ones
  - Changes in family routine, functioning, health, finances
  - Quickly changing how you perform your job
  - Sustained uncertainty about the future
- Crises tend to lead to burnout

Guiding Principle

- Experiencing symptoms related to burnout at work is not due to individual weakness or error, it is an occupational hazard
- “There are emotional costs to practicing in a profession based on an ethic of caring”-Angela Lewis Dmello

## **SIGNS AND SYMPTOMS OF BURNOUT**

- Exhaustion: physical and emotional, feeling “nothing left to give”
- Physical: sleep disruption, headaches, stomach issues, rashes, injury flare-ups,
  - In crisis burnout, brain function changes; brain and body working overtime to calm itself, so you might lose some creativity or decision-making skills
  - Avoid big decisions when you can
- Disillusionment with work: dread working, distance from or reduced trust in peer or leadership, decreased pleasure in work, cynicisms, negativity, feel incompetent
- Reduced performance at work or at home: negative feeling about tasks, lack creativity, lack motivation or desire to complete tasks

## **STRATEGY ONE: EDUCATION**

- With mental health, we always start with education
  - Burnout is: A state of physical, mental, and emotional exhaustion caused by excessive or prolonged stress
- Crisis burnout vs. standard burnout
  - Standard burnout is being worn down before spring break
  - Crisis burnout is based on a current crisis that has unique characteristics

## **STRATEGY TWO: PHYSICAL AND MENTAL HEALTH CARE**

- Physical is well-known: exercise, sleep, fresh air, healthy food, meditate, learning, spirituality
- However, in crisis we get back to basics because time might be functioning differently.  
Timeouts for basic body care:
  - **Eat** -attend to if and how much you are eating, try to strike a balance
  - **Rest** - if sleep is difficult, can you find ways to rest: sit in the yard, rest by laying down
  - **Breathe** - taking deep breaths signals your body to calm the central nervous system. Can you take 1 mindful breath a day?
  - **Hydrate** -Water. Caffeine and alcohol can interfere with sleep more in times of crisis, be mindful. Hydration helps alleviate your bodies normal processes
- When are you going to take your body care breaks?
- Focus on finding brief relaxation breaks.
- When is your time off? Make a concrete plan for when this is over. Maybe that's when your self-care picks up again. It's ok if it's just a day in the future that you set aside for resetting and taking time off for yourself, but a concrete plan helps with positive future thinking.

## **Mental Health Self-Care: Control**

- What is in your control and what is not? Stay with what is in your control
  - These techniques take work and practice, but if you spend time with it, they're going to give you more of a sense of calm and control
- What reality-based problems do I need to solve **today**?
  - Example: what am I going to eat for lunch?  
Rather than: What will happen if schools remain online forever?
- Can you seek order rather than control?
  - Need for structure can be a normal response to coping with loss of control
- What limits can you put on work this week?
  - Can you take one night a week where you do not work?
  - Can you protect your weekend? One day of your weekend? An hour?
  - These are temporary solutions for a crisis period, when you might be working more than usual

### **Mental Health Care: Thoughts**

- Sometimes thoughts are wrong and need to be challenged, even though they are a way our brains are trying to keep us safe and make sense of the crisis
- Because you think something doesn't make it real or correct
- Unchecked anxious thoughts lead to **catastrophizing**
- Recognize negative or repetitive thoughts -- bring attention to negative or repetitive thoughts when you can; can journal them to relieve them, can take a mindful breath
- Calm your body, then challenge negative or repetitive thoughts by evaluating if it's accurate or not
- Use a partner if necessary - someone you trust who can help you sort whether the worry is real, and if it's necessary to spend energy or time on
- Is this worry real? If yes, do I need to spend time on it now?
  - Put some boundaries on how much time you spend worrying about questions or worries

### **Mental Health Care: Healthy Relationships**

- Healthy and unhealthy relationships happen all the time, but something important to consider in a time of crisis
- Connect with others when and how you can
- Connect with self - alone time
- Regularly seek out supervision, consultation, mentoring and peer support
  - This is not a time to be working in isolation or trying to shoulder big projects on your own
  - Make plans for how you connect, ask your school structure about this if it's not being organized or planned already

### **Avoid Unhealthy Connection**

- Beware of emotional contagion - set boundaries and limits so you aren't connecting with others on how bad things are/can be all the time
- Distinguish between people who are consulting each other with sound information and people who are in a frenzy; think about protecting yourself right now, a crisis is an ok time to be 'selfish' in this way
- Headline Stress Disorder
- ***Make and stick to social media and news limits*** - have to limit our exposure, it's critical for rest and recovery mentally and emotionally in a crisis
  - Our bodies and brains aren't built for constant overstimulation; you need time to recover from information overload
  - You need time to rest your brain, think about what this limit might look like for you
  - Reject Comparison Trauma

## **Mental Health: Self-Compassion**

- Kristen Neff 4 step self compassion practice
  - 1. Acknowledge This is a Moment of Suffering
  - 2. Acknowledge Suffering is a part of being human
  - 3. Say “May I be kind to myself”
  - 4. Close your eyes and make a kind statement to yourself internally
  - Be easy on yourself!

## **STRATEGY THREE: MEANING MAKING**

- There is no way to get through Burnout without reflection, but it may happen in the future or in an ongoing way
- Some things to think about:
  - Do you have barriers to sustaining yourself?
  - Common thought traps that are barriers to self-care:
    - The best way to help this situation is to work around the clock
    - Other people are suffering more than me so I shouldn’t complain or take time fo rmyself
    - Taking time to rest is selfish
    - “I’m the only one who can...”
  - Are the barriers external or internal, a mix of both?
  - Give yourself time and permission to figure this out. Reflect on why it’s hard to give yourself the grace you would give another
- Making meaning of a crisis:
  - What can I learn from this?
  - How well do I know myself and what I need?
  - What can I be grateful for?
  - How can we come out on the other side of this crisis feeling like we’re changed for the better?
  - “Suffering is not distributed fairly.....” quote

## **When to consider outside help:**

- Contact a doctor or therapist if you experience (looking for sustained changes):
  - Difficulty with sleep for longer than 1-2 weeks
  - Loss of hope
  - Thoughts of harming yourself or others
  - Changes in thoughts or beliefs (no longer believing you are a good person)
  - Changes in appetite or eating for longer than one week
  - Loss of enjoyment of things that used to bring you pleasure
  - Sustained difficulty controlling worry
  - Symptoms of burnout that persist after the crisis is over and you’ve had time to rest

- There's no shame in seeking professional help, and there are many professionals out there trained to help you through any of these things

**Sustaining Yourself: Consider these questions to help you create your own personal Crisis Care Plan**

- When am I taking body breaks throughout the day? (Eat, rest, breathe, hydrate)
- Can I add healthy movement to my day?
- When am I taking time off to regroup after the crisis has passed?
- What limits can I put on work this week?
- What are my social media/screen limits?
- What are my plans to connect with other professionals this week?
- What are my plans to connect with people outside my work this week?
- How am I practicing self compassion?
- What can I do just for myself this week?
- What am I learning about myself?

## Q&A

### **Q: How do you set up your personal or work space to help you cope?**

**A:** It's going to be different for each person, but can you find ways to make the space meaningful to you? Put things in your space that have meaning for you (books, candles, pictures). Take time to create the space consciously, even if it's a tiny space, or items that get put away after working. Soothing items or smells.

### **Q: When you feel like you have so little control or order (job description changing minute to minute), how can you grapple with that and put some structure in your day?**

**A:** That's real. The first thing to consider would be building self-compassion around how hard and real that constant change is. I would encourage you to look at the areas or places where you can put order or structure into your day. Maybe it's in the lesson plans or times when you are with students, whether or not you take a walk, or work on hydrating yourself. Your job might be changeable for a while, so work on doubling down on self-care and personal things you can control.

### **Q: Can you explain Comparison Trauma?**

**A:** It is assuming we know the trauma that others are dealing with and aligning it to ours; or sharing that others shouldn't be complaining based on how we have it.

For example: "I don't know what she is complaining about, Tonya is a therapist not a teacher so she doesn't know what this is like." Or, "Somebody over there has a broken bone, and so they are really in pain and I have nothing to complain about"

Comparing life events of our time with past wars or historical periods is not truly helpful. Each person's experience is their own. Smartphones and the prevalence of the internet are going to add new elements to this time that are unique in history, and it's going to have its own unique burdens.

### **Q: For some people (students and adults), being forced to stay home can be traumatic due to dynamics in the home. Can you give suggestions on how to better cope or self care in these situations when the escape to work or school is not possible?**

**A:** This is so hard, real and present, but there are some resources that hopefully many folks can access. There are some new support apps that are created with quick exits, so that someone approaching you might not be able to see what you were viewing on your phone or computer. If you are feeling in danger, please reach out to Tonya or another professional. If you are worried about a student, working to keep contact with them can really go a long way, small reminders of presence and hope can be important. Can you create a safety plan for self--or areas of the house that are more safe; other places you could go; tiny spaces of micro-peace at home?



**Q: Being in supportive roles as teachers and also as adults and caregivers, are there common pitfalls to avoid--ways that we should avoid offering support to others?**

**A:** One therapy hack is if someone is really having a hard time, try to avoid saying the phrase “at least...” to them. It can feel invalidating. Really try to meet people where they are at, even if you don’t agree with where they are at. Work to validate their experience and emotions, to show them that you care for them and are there for them. This will show that you care and understand that each person has their own experience and needs and process.

**Q: How do you ask for grace in your life in the midst of so many demands on your time and energy, when you are in multiple caregiving or provider roles?**

**A:** First of all, get really good at giving yourself grace and compassion. The more you believe on a deep level that you deserve that patience and grace, the more you can give it to yourself and others. Consider practicing with someone where it’s a little less charged--so maybe a kid or colleague versus a boss, or a partner, depending. Tonya essentially asked for grace at the beginning of this presentation as this format was new for her. Teachers tend to be pretty adept at offering grace and flexibility to others, and sometimes we are more able to give it than receive it. If your boss is not extending grace to you after multiple asks or efforts in different ways, consider that there might be a leadership problem, perhaps talking with HR.

**Q: On Zoom or other virtual programs, teachers are going to see more emotion and also may demonstrate more emotion than we might be familiar with. How can we show emotions in appropriate ways in front of, or with, students?**

**A:** As a teacher, you might be used to being a leader and in charge. Modeling that you have emotions, and there are healthy ways to process them, could be really important and powerful. If a student does something sweet and it moves you to tears (which might be more likely in a time of crisis), go ahead and be transparent and narrate what is happening. Give it some language, and explain some of what is going on for you, or in this context. The same if you are angry or snap at students online. Explain that this is a new experience, you’re having a hard time, but that you’re back and going to move forward and work on it.

It’s normal to have emotional exchanges because you are investing in relationships, not just transactional skill building.

**Q: Managing these feelings of grief and loss in the midst of anxiety and the worry is challenging. Are there different ways to navigate these really big emotions, --while also navigating our intense jobs?**

**A:** The crux of what a lot of us are feeling is grief and loss because many of us were pretty happy with our lives before, and now things are changing dramatically and we don’t know when/if things will return to normal. This process of grieving is normal and understandable. Grief can take longer to move through, so really work on giving yourself time and permission to process your emotions and feel them. Acknowledging your emotions, rather than pushing them down, and then hopefully spending time in reflection to sort of work through some of what you’ve learned. Really consider building in some time and self-compassion into your day where you

can. Grief is tricky, it has some similar signs and symptoms of burnout. There are additional resources for grief that can be useful.

### **ADDITIONAL RESOURCES**

Articles on Grief:

[That Discomfort You're Feeling is Grief](#)

[Grief and Covid19: Mourn our Bygone Lives](#)

[Covid19 and the Grief Process](#)

The Center for Grief and Loss is a local mental health clinic that specializes in grief:

[Family Means Center for Grief and Loss](#)

For more info on children and grieving I recommend the Dougy Center website:

<https://www.dougy.org/>



## Developmental Stages and Children's Responses to Grief

Approximate Developmental Age	Grief Reactions	Helpful Approaches
<u>Ages Infant to 2</u>	<ul style="list-style-type: none"> <li>• General distress, irritability, shock, despair</li> <li>• Changes in amount of crying, eating and toilet habits</li> <li>• Sleeplessness</li> <li>• Fear of abandonment</li> </ul>	<ul style="list-style-type: none"> <li>• Need for a consistent nurturing person if that key person has died</li> <li>• Include in funeral rituals</li> </ul>
<u>Ages 2 to 5</u>	<ul style="list-style-type: none"> <li>• Confusion</li> <li>• Separation anxiety</li> <li>• Depressed or withdrawn</li> <li>• Nightmares</li> <li>• Regression to earlier stages of development</li> </ul>	<ul style="list-style-type: none"> <li>• Offer honest and direct answers to questions</li> <li>• Reassure the child that there are others who will care for her</li> <li>• Foster a secure, loving environment</li> <li>• Read books depicting other families who have experienced death</li> <li>• Draw</li> <li>• Include in funeral rituals</li> </ul>
<u>Ages 5-8</u>	<ul style="list-style-type: none"> <li>• Struggles to understand death in concrete way</li> <li>• Denial that it could happen to themselves or other family member</li> <li>• May ask questions repeatedly</li> <li>• Anger, Sorrow, Confusion</li> <li>• Activity levels increase</li> </ul>	<ul style="list-style-type: none"> <li>• Use simple, direct words or phrases</li> <li>• Avoiding euphemisms aids in ability to trust</li> <li>• Offer physical outlets</li> <li>• Reassure the child about the future and the surviving parent or guardian</li> <li>• Draw, read grief-related books and play together regularly</li> <li>• Include in funeral rituals</li> </ul>
<u>Ages 8-12</u>	<ul style="list-style-type: none"> <li>• Able to formulate realistic concepts</li> <li>• Finality of death is understood</li> <li>• Death is universal, an inevitable experience that can happen to everyone</li> <li>• Death as the end of life is perceived as a very frightening and painful event</li> <li>• Concept of death as magical is replaced by the belief that death is terminal</li> <li>• May be morbidly curious or phobic about death</li> <li>• Begin searching for their own philosophy of life and death</li> <li>• May have difficulty concentrating</li> </ul>	<ul style="list-style-type: none"> <li>• Offer honest and direct answers...children need trust and truth</li> <li>• Remember avoidance may create further anxiety...the difficult reality is better than uncertainty</li> <li>• Offer physical outlets</li> <li>• Create opportunities to talk (as a family)</li> <li>• Reassure the child about the future and the surviving parent or guardian</li> <li>• Draw</li> <li>• Read books about other families dealing with death</li> <li>• Include in funeral rituals</li> </ul>

Approximate Developmental Age	Grief Reactions	Helpful Approaches
<u>Adolescents</u>	<ul style="list-style-type: none"> <li>• Sadness, shock, denial, anxiety, anger, depression</li> <li>• Difficulty concentrating</li> <li>• Decline in quality of schoolwork</li> <li>• Withdrawal from family and friends</li> <li>• Physical complaints, constant fatigue or drowsiness</li> <li>• Unresolved grief may be reflected in drug or alcohol abuse, impulsive/risk taking behaviors</li> <li>• Separation/Individuation process may be impacted due to increased responsibilities at home, ensuing guilt or fear</li> <li>• Desire to protect the surviving parent, guardian or siblings</li> </ul>	<ul style="list-style-type: none"> <li>• Reactions may appear similar to adults, however, they have fewer coping skills</li> <li>• May feel vulnerable and need to talk</li> <li>• Inquire about who they are talking with (most adults assume that that adolescents are talking with their friends about the death and most of their friends assume they are talking with an adult)...often they are not talking about death and need to be encouraged to do so.</li> <li>• Include in funeral rituals</li> </ul>
	<b>Several Grief Indicators</b>	
<u>Physical or Behavioral</u> <ul style="list-style-type: none"> <li>○ Accident Prone</li> <li>○ Alcohol Drug Abuse</li> <li>○ Appetite Changes</li> <li>○ Constipation</li> <li>○ Diarrhea</li> <li>○ Dizziness</li> <li>○ Hives</li> <li>○ Insomnia</li> <li>○ Low Energy</li> <li>○ Nausea (recurrent)</li> <li>○ Overeating</li> <li>○ Stomachaches</li> <li>○ Weakness (especially in legs)</li> <li>○ Weight Gain</li> <li>○ Weight Loss</li> </ul>	<u>Emotional</u> <ul style="list-style-type: none"> <li>○ Agitation</li> <li>○ Anger</li> <li>○ Overly compliant</li> <li>○ Depression</li> <li>○ Guilt</li> <li>○ Irritability</li> <li>○ Envy</li> <li>○ Loss of Self-esteem</li> <li>○ Moodiness</li> <li>○ Nightmares</li> <li>○ Preoccupation with the past</li> <li>○ Restlessness</li> <li>○ Sadness</li> <li>○ Self critical</li> <li>○ Thoughts of Death, Suicide</li> <li>○ Either avoidance of or excessive need for intimate relationships</li> </ul>	<u>Intellectual</u> <ul style="list-style-type: none"> <li>○ Confusion</li> <li>○ Disbelief</li> <li>○ Forgetfulness</li> <li>○ Inability to Concentrate</li> <li>○ Memory Loss</li> <li>○ Over Achievement</li> </ul>