LEADERSHIP, HEALTH, AND WELLNESS IN OT PRACTICE

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Burnout is a complex phenomenon which can consist of emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, Jackson & Leiter, 1996). A study by Maslach et al. (1996) found that for occupational therapists (OTs), burnout can lead to a negative attitude within the workplace, low morale, impaired performance, absenteeism, high turnover and dissatisfaction with personal accomplishments that can lead to deterioration in the quality of care for clients. Lloyd and King (2004) also completed a study on burnout in OT and found that OTs who practice in mental health settings have higher than average rates of burnout due to the emotional exhaustion associated with this line of practice. The negative consequences burnout can have on a therapist’s ability to adequately provide care and the limitations it places on their own professional development only further emphasize the importance of all health care professionals’ development of personal and workplace strategies to reduce this potential burnout.

As students who are approaching graduation, we felt as though we needed to learn more about how burnout can affect us and how we can take care of ourselves to avoid it once we begin our own practice. During the course of the program we have learned so much on how to address occupational burnout in our clients and how we can help them work through times of stress and anxiety in relation to their occupations, but rarely do we consider ourselves and the burnout we may experience. We are so equipped and eager to help others, but what about ourselves? What can we do to take care of ourselves in practice? How do we ensure occupational balance in our lives? What are some things we can do to avoid burnout?

Between time constraints, grades, tough decisions, and so on, most students are bound to feel burnout throughout school; however it is a different type of burnout that may be experienced in practice. A lot of the work OTs do can be emotionally exhausting and can pay a toll on our own health and well-being. After identifying this, we thought, who better to ask than clinicians who have been there and can give us some insight as to how they take care of themselves in these types of setting. By hearing the lived experiences of clinicians who have dealt with this issue in their practice, we felt
that it may inspire us, our colleagues, and future students to be mindful of our own mental health as we enter our career as a new graduate.

After identifying this as a topic of interest, we were concerned as to how we may tie this into a project on leadership. Eventually, after much brainstorming, we decided we wanted to know how someone, who is a known leader in the mental health OT community, takes care of herself. Kelli Young is not only a leader in OT at Toronto General Hospital, but also in the Toronto OT community as well.

Kelli began her career as a registered OT 19 years ago with a BScOT, but has since expanded her practice to include a M. Ed Counselling Psychology, Certification in group psychotherapy (dip CGPA), Certification in Couple and Family Therapy Studies and Certification in Sex Therapy. Kelli currently works full time in the in-patient eating disorders program at the Toronto General Hospital and also has a small private practice. Kelli is a leader through the inspirational way she practices her profession. She has a hunger for learning that stems from her passion to provide her clients with the upmost quality of care. Even after 19 years, she radiates with compassion for her clients. This energy was not only inspirational to us, but also intriguing: How, after 19 years, is she not burnt out? What does she do to take care of herself in this type of setting? As students soon to be entering the work force, we wanted to know more about how an individual, who is such an inspirational leader, takes care of herself. We felt as though she would be able to provide us with some guidance on how to not only take care of ourselves and avoid burnout in a mental health setting, but also on how to be a leader. Fortunately for us, she graciously accepted our request to interview her on this topic.

As our interview with Kelli was full of valuable information we have chosen to break the interview into themes that tended to emerge as we spoke with her. These themes related to: 1. Taking care of oneself in a clinical setting; 2. The importance of co-facilitation in a mental health group setting; 3. Identifying and dealing with counter-transference; and 4. What leadership means to
a leader: Forging new ground to become a leader in OT. Listed below are some excerpts from our interview with Kelli.

**Taking Care of Oneself in a Clinical Setting**

“...we are being traumatized day in and day out by the horrific stories of and lives of the people that we deal with everyday.”

“...so we do need to take care of ourselves and we as a team recognize that there is a place for that and that it’s important. So when we take the patients out for manicures it might seem like a fluffy thing to do you know? Isn’t there more real therapy that goes on? But it is about taking care of yourself. So we want to practice what we preach and sometimes we do that for ourselves.”

“I’ve been here 19 years and most of the people on this unit have been here at least 10 years so we have become friends. Just like you might grab a friend and say, ‘Oh my god I’m so upset about this here, here’s what happened’, we do that with each other in less formal ways than we would in our debriefing session. Just grab someone and say, ‘I just need to let off some steam’, with the recognition that everything remains confidential. Outside of here we all work on having good social systems and [we] exercise and [practice] healthy eating for ourselves and, you know, basic self care and make sure we attend to it because it can be really easy to burn out in this kind of environment.”

“[The hospital] employee wellness program has yoga programs, it has weekly lectures on healthy eating, how to deal with stress. We also have seated massage therapists that come around to the different units probably once every two months or so, and each one of us gets a 15 minute seated massage, which is really, really nice. It’s not long enough, but it’s enough to kind of de-stress, which is kind of great.”
“[During rounds] there’s a section where we talk about business and business can be anything from the patients going into the fridge when they shouldn’t be and taking stuff out, that kind of thing to how we are dealing with particular issues. There is that piece in rounds that allows us to talk about what else is going on. And when we are talking about the patient, it’s also a time with the whole team, it’s like one big debrief where we can talk about how this patient may push our buttons, what goes on for us, what they said in the group and what it was like for us. Somebody else is liable to have a different response to the patient which is why it is so great to be on a multi-disciplinary team so people come from different experiences and different personalities and different kinds of relationships so it’s really nice to have that other those other perspectives and be on a team that’s really close, we are all really close and respect one another where we can feel free to openly disagree.”

The Importance of Co-facilitation in a Mental Health Group Setting

“In each one of the groups it is co-facilitated. So, we always have a partner there if we are feeling sort of overwhelmed. We just kind of bounce off each of each other, so that’s one way we co-facilitate the group. And after each group therapy session we have a debriefing session which lasts 10-15 minutes depending on what’s going on in the group. We talk about our, our not only what happens in the group but our response to it.”

Identifying and Dealing with Counter Transference

“The key is to be able to deal with [counter transference] therapeutically and have a space where you can let off steam with your colleagues, your friends, so that when you go in there you’re not bringing in your counter transference reactions [into therapy]. But to deny that it happens gives you and the patients and the facility a real disservice, so one of the things that is helpful here is to recognize that it is what it is and we deal with it in our debriefing sessions, we deal with it in rounds, we deal with it over coffee and hopefully we get enough peer supervision that we can go into a
therapy session and work with the patients therapeutically. But yea it happens, so being aware, accepting, working through it [counter transference], and not denying it and then going into therapy session with a different perspective. Insight is key, insight into your counter transference reactions. It’ll happen wherever you are; it’s not just here in this setting.”

What Leadership Means to a Leader: Forging New Ground to Become a Leader in OT

“Leadership in OT, I think, means setting new grounds, going places where other people haven’t yet gone and setting a path. Actually I think that’s what leadership is in more general terms. I think it’s kind of stepping up to the plate and helping others who might be less comfortable to go to places they ultimately want to go.”

“I think OT is a really great profession for people who want to take a leadership role because there is so much you can do. What’s nice about OT is that you can so easily set new paths and new directions. I’ve been really fortunate to be able to do that in my job. So I came as a new grad and when I first started here I was half time eating disorders and half time general psychiatry which had a geriatric component as well, and it kind of just evolved for me.

So much of what I was doing was in the form of group therapy and I felt that, as an OT coming out of OT school, I didn’t have enough training to be able to do that comfortably and feel like that I was an expert in that role so I said, ‘okay I have got to get some training’, and I went off and did a 2 year diploma in group psychotherapy through the Canadian Group Psychotherapy Association.”

“[Because of the training in group therapy] I felt like I have been able to be more of a leader in that role and use it within the program. We have a one way mirror in the group room and sometimes what we will do we will have someone sitting behind the one way mirror and then we will come the debriefing session and comment on what we saw happening in a teaching kind of way. We
do use the mirror for teaching. So I think that kind of training has led me to take sort of a leadership role in the group therapy that happens here in this program.”

“A social worker on the team and I started a sexuality group and although we fell like we had the group skills to do that group and a lot came out of it that was really helpful for us and the patients, I felt like there was much more for me to learn about sexuality so I went off and did some training in sexuality and sex therapy and I have since become a registered sex therapist. So I now feel, you know, there’s always going to be more to learn, I mean I’m constantly getting training in supervision and learning more about … I feel much more grounded in that piece now”

“I took it upon myself to make sure that I had the training and the skills necessary to competently do what I was doing day in and day and feel like I was offering my patients a service that was valuable and useful to them. That’s just part of my core values and that’s why I think it adds to a sense of leadership and I think that people on the team see me that way, in those roles, in group therapy, sex therapy, couple therapy, which are my personal interests. But I think it’s also part about who we are as OT seeing people as whole people that have different roles different life experiences and being able to have enough skill and training to tap into those areas and forge new grounds is to be a leader”.

Our Reflections

Our interview with Kelli served to reinforce the importance of managing the stress and burnout we could experience while working with our clients, as well as expanding our knowledge base of what strategies and occupations can be incorporated into one’s everyday life.

As OTs we know the importance and benefits of engaging in meaningful occupations for our clients; however we often forget to take our own advice. Kelli touches on the importance of employing your own personal management strategies, specific to your needs and finding occupations that are meaningful to you. She shares her own personal preferences of using exercise, healthy
eating, basic self-care activities, and the use of her friends, family and colleagues as a crucial support system.

On a larger scale the hospital she is employed at also recognizes the importance of managing stress and burnout by having an Employee Wellness Program that hosts yoga classes, healthy eating and stress reduction workshops and even offers its employees monthly seated massages. Also, within Kelli’s unit, the facilitators ensure to have de-briefing sessions following all group therapy sessions, as well as formal weekly rounds in order to “check-in”; allowing all the therapists to share their thoughts, feelings, or issues they may be having.

Kelli also emphasizes the inevitable occurrence of counter-transference with her clients. She highlights the importance of being able to talk with her support network surrounding any feelings she may experience towards her clients. More importantly she notes that the conscious awareness of the existence of counter-transference in any setting, with any therapist, is necessary in order to prevent any negative influence it may place on the therapeutic process.

Finally, Kelli also speaks about what leadership means to her on a more personal level. She refers to leadership as a process of facilitating the growth of others, carving new paths and how OTs have a great avenue to do so, due to the vast array of potential settings. As new graduates we are also well positioned to delve into what truly motivates us, what we value most, and use that personal connection with a specific area to build up our knowledge base, through formal or informal education, as well as experience clinically to forge new ground in gaps we find. Kelli mentions how she now takes all of this knowledge and experience and uses it to teach others by holding workshops for other OTs or through her role as a preceptor to future OT students.

During our interview with Kelli, we really started to see how important taking care of yourself is, especially in avoiding possible burnout. Even though we are now more aware of the issue of
burnout in clinical settings and have gained advice from a leader in OT on how to take care of ourselves, it does not mean we are immune to burnout in the future.

Although most people are able to identify when they are experiencing burnout, they may not be able to identify the specific source of the problem and thus, may not be able to address it to avoid further burnout. In recognizing this, we wanted to search for an assessment that could be used as a means of identifying sources of burnout and to monitor change. We also wanted to find an assessment that was specific to health care professionals.

The Copenhagen Burnout Inventory (CBI) is a burnout measure that acknowledges the importance of studying the possible psychological and health consequences of individuals working in human service (Kristensen, Borritz, Villadsen & Christensen, 2005). The CBI has three sub-dimensions: personal burnout (6 items), work-related burnout (7 items), and client-related burnout (6 items). Each item within the three sub-dimensions is marked on a 1-100 numeric scale that corresponds to 5 categories that range between “Always” & “To a very high degree” to “Never/Almost never” & “To a very low degree” (see Appendix A).

We chose this scale as it is not only reflective of the type of burnout experienced by health care providers, but also because it is holistic as it considers the different dimensions of work and life that can cause burnout. In using the CBI, OT clinicians may be able to specifically identify their own particular source of burnout. In doing this, they may be able to better address their needs in dealing with their burnout so that it does not become more severe over time. Also, the measure can be used as an evaluative tool in that the clinician can measure change in their level of burnout over time.

We also looked into some of the activities Kelli mentioned during our interview that have helped her and/or her colleagues in taking care of themselves. Although we would like to acknowledge that different activities may mean different things to different people, and what one person may find meaningful, another may not, we have compiled a list of activities that may be
considered therapeutic for therapists in emotionally difficult work settings; mindful meditation, physical exercise, and reflective practice.

Mindful meditation can be a source of strength and rejuvenation to help prevent the effects of stress and burnout (Davies, 2008). Formal meditative practices, such as the one developed by Jon Kabat-Zinn (2005), can be effective strategies for reducing burnout. Subsequent research into meditative practice has proved a significant reduction in emotional exhaustion and depersonalization when individuals completed a program based on Kabat-Zinn’s mindfulness principles (Katz et al., 2005). While meditative practice is not a modality that immediately changes a person’s level of stress, it is a means by which the individual may gain a new perspective of life events and better ways to cope with them (Davies, 2008).

Meditation can offer the benefit of being able to train the mind to pay closer attention and can lead to a sense of withdrawal that directs the focus inward which can lead to a freeing from all outward distractions and thus greatly enhancing one’s role as a therapist (Davies, 2008). Meditative practices also have the potential to decrease or even stop the incessant flow of thoughts, both conscious and unconscious, that permeates our minds. By reducing these extraneous thoughts and increasing cognition, the practitioner can begin to replace them with more positive and life-affirming ones (Davies, 2008). This, in turn, can have a positive effect on not only one’s role as a therapist but also one’s overall mental health. Kabat-Zinn’s first series of mindfulness practices, which constitutes the core practice curriculum of mindfulness-based stress reduction (MBSR) in the Stress Reduction Clinic, include body scan mediation, mindful yoga, and sitting meditation. See Appendix B for a body scan meditation video from Meditation Coach.

Kinsella’s Workbook for practitioners: Professional development and reflective practice., Strategies for learning through professional experience (2001), was designed to assist one’s own personal development and reflection through the use of various exercises. It was developed with a
focus on aiding practicing OTs that allows them to critique and highlight learning experiences from their own professional practice. The workbook’s initial state focuses on an analysis of how to integrate reflective strategies into one’s ongoing professional development. The use of reflective practice becomes an integral tool which facilitates its user to explore and critically examine any assumptions brought into the therapeutic process that may influence the way we practice.

We can also use reflective practice as a resource for a genuine learning experience which can have serious implications for our future practice experiences. A reflective workbook or use of another type of reflective practice can thus serve as an integral tool in the growth of one’s professional development, such as one’s leadership abilities and also as a source to check-in with one’s emotional baggage to help reduce burnout. Kinsella also notes the importance of maintaining praxis- the balance of reflection and action, in order to grow and develop as dynamic professionals and leaders. See Appendix C for suggestions of how to incorporate reflective practice principles into your daily life.

Exercise and stretching can play a vital role in reducing stress, helping to rid your body of tension and increase your energy level (Perry, 1999). Health care professionals have shared their personal success and the rejuvenating effect they experienced through engaging in regular physical activity (Meldrum, 2010). Many have also noted its role in enhancing a mind-body connectedness that assists them in avoiding burnout (Meldrum, 2010). Exercise plays a crucial role in reducing stress levels by increasing your body’s endorphins, promoting healthier sleeping patterns, and increases one’s clarity of mind (Meldrum, 2010). Yoga in particular has shown the benefit of helping to manage stress and increase motivation and enthusiasm. See Appendix D for a Stress Relief Yoga adapted from Asana Handouts.

After researching this wealth information on ways to identify possible burnout and techniques to manage it and take care of ourselves, we still felt as though we wanted to hear more
personal stories about how clinicians take care of themselves in mental health settings. We decided this time that we would like to speak to a relatively new OT about their experiences with burnout and how they take care of themselves. Although the OT we spoke to does not identify herself as a leader yet, she speaks of a former preceptor who was an inspiration to her. Her anonymous story follows.

“As a student I was eager to take placements that challenged me, made me push my boundaries. I picked my placements strategically, I wanted ones that would not only allow me to challenge what I learned in school, but also to test myself to see what I could handle emotionally. I figured, I may as well try this out now as a student, so I don’t end up getting myself into a job in the future that is too much for me, emotionally.

“Although all of my placements provided me with amazing experience that I feel shaped me into the type of clinician I am today, one placement in particular stood out in that it really tested my abilities to handle emotionally stressful situations. It was my second placement and I was working in a concurrent disorders unit. I knew walking into this placement it would be difficult, but I never imagine the emotions and stress I would feel in hearing peoples life stories.

“In the beginning I teared up every day. I could compose myself while speaking to a client or during groups, but I would fall apart when I was alone or alone with my preceptor. I felt so horrible for what some of our clients had had to go through in their past and I found that I was bringing it home and dwelling on it. My sleep was affected because I would lie in bed and think about what I had heard during the day. I started to doubt myself.

I heard so much about learning how to not take work home with you and I felt like I was failing because I couldn’t draw that line. I eventually spoke to my preceptor about it. She was amazing. She reassured me that it’s something most clinicians go through and that starting off, she even did herself. It made me feel better to hear this from her as I saw her as such a strong leader in
this type of setting and to know that she went through the same thing I was, that really made me feel better about what I was experiencing.

She gave me some guidance in ways I could cope with my emotional stress, but one of them stood out to me because it seemed so simple: Breathe. She insisted that it is really beneficial and whenever she starts to feel the emotional burden of the job, she takes some time to mindfully breathe to help get her through. She provided me with some information on breathing techniques and we spent some time together at the end of the day practicing these techniques. It worked!

At first I was a little apprehensive, but once I really got into it, I could really notice a change. From then on out and even today, I practice mindful breathing anytime I was starting to feel stress and sad. Now that I am a preceptor in a mental health setting, I always suggest it to my students and they seem to respond well to it as well.”

This anonymous story only further emphasizes the emotional effect working in a mental health setting can have on a clinician, especially a new graduate. By listening and learning from experienced colleagues and by finding an activity that best fits with your lifestyle, burnout can be manageable.

Because we personally have not experienced burnout in a clinical setting before, it was initially difficult to understand the effect it could have on someone’s mental health, overall well-being, and success as a clinician. However, after compiling the findings from our interview with Kelli Young, an anonymous story from a practicing clinician, and in-depth review of the literature, we now possess a much greater understanding of the serious impact of burnout and the importance of its management through occupation. Additionally, we hope this paper has served to not only inform, but inspire its reader to take charge and help prevent occupational burnout in their own practice setting and teach others coping strategies.
References

http://yoga.lovetoknow.com/Asana_Handouts


Appendix A: The Copenhagen Burnout Inventory

(from Kristensen et al., 2005)

*All items at marked on a 5 pt scale ranging from Always/All of the time to Never/None of the time.

**Personal burnout**
- How often do you feel tired?
- How often are you physically exhausted?
- How often are you emotionally exhausted?
- How often do you think: “I can’t take it anymore”?
- How often do you feel worn out?
- How often do you feel weak and susceptible to illness?

**Work-related burnout**
- Do you feel worn out at the end of the working day?
- Are you exhausted in the morning at the thought of another day at work?
- Do you feel that every working hour is tiring for you?
- Do you have enough energy for family and friends during leisure time?
- Is your work emotionally exhausting?
- Does your work frustrate you?
- Do you feel burnt out because of your work?

**Client-related burnout**
- Do you find it hard to work with clients?
- Does it drain your energy to work with clients?
- Do you find it frustrating to work with clients?
- Do you feel that you give more than you get back when you work with clients?
- Are you tired of working with clients?
- Do you sometimes wonder how long you will be able to continue working with clients?
- How often do you feel tired?
- How often are you physically exhausted?
- How often are you emotionally exhausted?
- How often do you think: “I can’t take it anymore”?
- How often do you feel worn out?
- How often do you feel weak and susceptible to illness?
Appendix B: Mindfulness Meditation

Mindful Mediation Video (Meditation Coach, 2009):

http://www.youtube.com/watch?v=obYJRmgrqOU

Appendix C: Ten Actions of a Reflective Practitioner

(from Kinsella, 2001)

1) Recognize your practice experience as an avenue for learning

2) Think about and reflect on the meaning of your practice on a regular basis

3) Recognize other ways of knowing as important for good practice and as legitimate focus for your professional development

4) Work to develop your self-knowledge, and practical knowledge, as well as traditional technical/scientific knowledge

5) Constantly examine your client’s context, the context of practice, the cultural context and the systemic contexts in which your work occurs

6) Critically reflect on the ideologies that inform the systems in which you work, and take meaningful action to advocate for positive change; envision new possibilities!

7) Examine the assumptions that you bring to your practice

8) Articulate your espoused theory of practice; recognize it as a dynamic growing entity.

9) Frequently compare your espoused theory of practice with your theory in use.

10) Develop praxis: Action informed by reflection.
Appendix D: Yoga Poses

Relaxation Yoga Poses (Adapted from: Asana handouts, 2004)

The Cobra Pose

The Cat Pose
The Shoulder Stand Pose

The Fish Pose

The Corpse Pose
Locust Pose

Sun Salutation
Triangle Pose