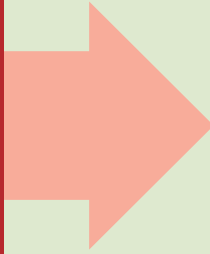


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THE HEART AND ART OF SOCIAL WORK RELATIONSHIPS: Protecting the Future with a Strong Deterrent to Burnout

SARAKAY SMULLENS, LCSW, CGP, CFLE, BCD



In 1974, American psychologist Herbert Freudenberger

coined the term *burnout* to describe what happens when a practitioner becomes inoperative due to excessive demands on resources, energy,

and strength. Ten years of research into burnout and its differences from depression led to my realization that although Alvin and Heidi* Toffler did not use the term *burnout* in their 1970 groundbreaking book, *Future Shock*, the couple predicted a burnout "state of being" (my description, not the

Tofflers') due to the fast-approaching technological revolution, bringing information overload, increased crime, rising drug use, and threats to the nuclear family. Further, the Tofflers predicted that the illiterate among us would not be those who could not read or write but those who could not

adjust economically and emotionally to vast and constant change.

And here we are, facing these predicted enormous challenges in a whirlwind, seemingly unimaginable milieu, where for years burnout has been one of the primary reasons why

committed social workers leave a profession we care deeply about and have trained for arduously. Today, these challenges are intensified. Like our clients, we are exhausted by the menace of COVID-19–related epidemics, the fast-paced demands and confusions of an ever-growing and overwhelming tech society, and societal burnout. The world tension, amid our unaddressed and divisive societal problems and limited resources, has led many to question if our challenges to democracy can be met.

Amid this current frenzy, we face a changing professional environment. Our training has emphasized that viewing those we are privileged to work with through the limited prism of living diagnoses, rather than as complex human beings, is both condescending and destructive to client well-being and growth. Today, however, there is a growing emphasis on precise diagnosis that relies on a brain-disease model to treat what, according to this perspective, are deterrents from normal reactions. This restricted emphasis, contrary to social work humanism and the values of our historic profession, inhibits creative expression with clients, contradicts the social work ethical base, and, with its limited perspective, leaves us prone to burnout.

On the other hand, a motivating social work relationship, which considers the uniqueness of each client, is based on both sound research and an appreciation for what can be described as the heart and art of connection—caring and being there, with appropriate

boundaries. This approach underscores our belief that each client has the capacity for a meaningful and fulfilling life. It enhances positivity, uplifts the practitioner, and, in this way, offers burnout protection.

Still, the threat of overload from psychosocial sources remains very much alive. Addressing and preventing it necessitate identification of these sources, a full appreciation of burnout manifestations, and the identification of the arenas where burnout exists and interacts. Also necessary are the self and community care directions to prevent and address it. Toward this end, I share research from the second edition of my latest book, *Burnout and Self-Care in Social Work*. Note that I have combed information specifically for social workers in private practice.

DIFFERENCES BETWEEN DEPRESSION AND BURNOUT

In private practice, there is understandable confusion between the factors that constitute burnout and those that constitute depression. This confusion is intensified because of emphasis on the brain-disease model, where many understandable, appropriate reactions to life events and circumstance are characterized as psychiatric illnesses. Although many mental health professionals insist that burnout is a manifestation of depression and a psychiatric illness, the two are caused by completely different conditions. Further, burnout is not a psychiatric illness, nor are most depressive reactions.

In 2019, in its 11th revision of the organization’s International Classification of Diseases, the World Health Organization officially designated that burnout was a syndrome, not an illness. The designation was limited to the arena of “chronic workplace stress.” Although it did not include the complex interactions of other arenas (to be identified), this classification marks an important and respectful beginning—one that reflects social work values. It protects those burned out (or “fried,” a description often used) from being labeled as mentally unbalanced.

That said, stress, anxiety, anger (both internalized and expressed), helplessness, negativity, and physical symptoms are associated with both depression and burnout. And in both, internal coping capacities are threatened.

Further, in both burnout and depression, the body remembers, informs, and speaks. When our stomachs hurt for no medical reason, it is wise to ask ourselves, “Whom or what can’t I stomach?” In like manner, for no medical reason, there may be things we cannot “swallow” or situations that seem to be “breaking our backs” or “pains in our necks (or elsewhere).” When itching for no discernable reason, it is wise to ask ourselves, “What am I itching for? What am I itching to *do*? What am I itching to *change*?”

In addition, our bodies tell us when we are depressed and when we are burned out. Our challenge is to listen.

DEPRESSION

Depression is first experienced inside as an assault—felt physically as a fierce punch and emotionally as a blow to equilibrium—leaving us stunned, often breathless, and unable to control tears. Depression is usually an understandable and appropriate reaction to unfolding life events, such as the death of a loved one (when jolted by sudden loss as well as a long and painful goodbye); the diagnosis of a life-threatening illness; abandonment; betrayal by a trusted family member, friend, or colleague; connivance in a personal or professional relationship; enduring an abusive relationship (including emotional abuse); loss of a job; and a threat to livelihood. Depression is also caused by frustration about life direction, personally and professionally, which may be due to honoring the wishes of others to define life paths.

For treatment of depression, talk therapy, with medication if needed, can lead to new coping patterns, insights, awareness, and direction, as well as renewed strength and calm. (Selected strategies to address and prevent burnout are also helpful in alleviating depression, such as establishing a way to honor a loved one who has died too soon through research, education, or advocacy related to their illness.) When one does not begin to regain equilibrium, the reason for the depression cannot be determined. When one does not begin to regain equilibrium, the reason for the depression cannot be determined, and what is

described as “a dark descending cloud” or “relentless unhappiness” is experienced, or a diagnosis of bipolar illness or psychosis is confirmed, the definition of burnout changes from emotional turmoil anchored in real-life to a psychiatric illness.

BURNOUT

With burnout, the body signals that forces outside of the self are depleting internal coping capacities. Our bodies warn that we are overwhelmed, overburdened, and overloaded—we cannot carry one more responsibility. A common reaction is the wish for isolation and, if not addressed, actual withdrawal. A review of literature reveals four psychosocial warning signs, which I refer to as attendant syndromes, that show burnout is in the wings or already here. The broadest of the signs, and apparent with each of the others, is compassion fatigue, which requires no explanation for social work practitioners. The others are negative countertransference (a client reminds us of one who has overwhelmed, pained, or violated us or is extremely rude and unpleasant to work with in the here and now); vicarious and secondary trauma (firsthand narratives about countless traumatizing events or one specific and close to home); and moral distress and injury (being constrained from ethically addressing what we know is hurtful, dangerous, and debilitating to clients and colleagues and beyond).

Although the primary arena where burnout is discussed in literature is professional (the lack of care, respect, and

opportunity to grow shown by the institutions that employ us), research indicates other arenas where burnout originates, reacting with and exacerbating the others. These are personal (psychological, emotional, cognitive, intellectual, and spiritual capacities); relational (from the most intimate, involving partners, children, and closest friends, to the outer circle of friends and acquaintances); societal (looming unaddressed realities, intensified by constant present tragedies and brutalities, brought to us in 24/7 repetition and illuminating that safe havens no longer exist anywhere); and physical (our bodies, which must be cared for, are readouts to our stressors).

It is worth noting that burnout and depression can coexist. One example social workers know well is a client whose partner died during the pandemic, and now the client must care for children, some with disabilities, alone.

THE OVERLOOKED SELF IN SELF-CARE

A study of self-care data reveals an alarming deficit. There is enormous research in care strategies, behaviors, and attitudes, yet in existing data, the importance of each child being nurtured, protected, and loved, thus enabling each self to develop the strength and confidence to become responsible parents, professionals, and citizens, is largely overlooked. Also ignored are the patterns of abuse that dysfunctional leaders in families, work settings, communities, and political offices use to maintain

power and control. This dysfunction is a threat to all we hold dear, including our precious but vulnerable democracy. This dangerous omission is a hallmark of moral distress, where societal burnout affects and interacts treacherously with each of the other arenas. It also illustrates how important it is to recognize the inextricable link between the personal, professional, and political in the life of each individual and the well-being of our society.

CARE STRATEGIES AND ATTITUDES FOR PRIVATE PRACTITIONERS

Self-awareness and openness to seeking consultation when necessary are essential for avoiding and addressing burnout. In addition, it is essential to respect the boundaries between clients’ lives and our own and to build our personal lives to sustain us. Further, despite all we face, it is crucial that we maintain positivity. Active creative involvement—branching out in new, exciting directions—is key to this success, as is holding a dream and working toward it. Choices toward finding expression for our dreams include taking advantage of countless experiences to grow offered by NASW, such as courses, attending and presenting at conferences, and committee membership.

Opportunities for political engagement offer wise choices. You could engage in social and political action activities; work for a candidate you believe in or a cause important to you; become a member of local and state boards; run for political office; consult with community

social work agencies; use social work skills to provide information to community organizations, such as theater groups and library outreach programs; or develop a radio, television, or social media presence. Also, gratitude lists are excellent ways to maintain positivity, as is journaling.

A personal word about journaling: Try it if you have not already done so. Journaling calms, stabilizes, and uplifts. Each of my four books grew from journaling—putting into words what I believed and wanted to know more about. One other personal word: Often when a person believes they are depressed, they are in essence burned out or fried! The best antidote is one of the described activities. Pick one that excites you and that you look forward to pursuing. Sometimes you must force yourself to take that first step.

PLAYING IT SMART: DEEPLY VALUING OURSELVES, OUR COMMUNITIES, OUR SOCIETY, AND BEYOND

Through evidence-based differentiations, strategies, attitudes, and behaviors, we protect the heart and art of our social work heritage, and we maintain the strength necessary to resist overload, care for our clients to our fullest capacities, serve our communities, and express our individual dreams.

Further, despite important concerns, it is necessary to be familiar with the DSM-5 TR to evaluate tools we can integrate into our work and to protect incomes.

A word about taking risks and pursuing our dreams:

Remember that when a dream does not work out, you have two options—approach the goal in a different way or select another exciting dream with comparable appeal and potential. Giving up, or despair, is never an option! It is easy to forget that in the community of nations, the United States remains a young country. I see us in our adolescence, grappling with necessary challenges that the complex composition of a country such as ours must confront to preserve our democracy and reach adulthood with our values intact. The next years will be difficult, complex, stormy, and dangerous—the nature of adolescence. But what unites our country is far greater than the forces that divide us.

I believe that through a process social workers understand, protect, and believe in and through a parallel road we offer our clients, despite the fiercest of obstacles, the United States will reach adulthood and thrive.

*Authorship of *Future Shock* was attributed only to Alvin Toffler. However, because his wife Heidi was a partner in all research and findings, I offer her deserved recognition.

SaraKay Smullens, LCSW, CGP, CFLE, BCD, whose private and pro bono clinical social work practice is in Philadelphia, is a certified group psychotherapist and family life educator. She is a recipient of the Lifetime Achievement Award (2004) and the Social Worker of the Year Award (2018) from the Pennsylvania Chapter of NASW and the 2013 NASW Media Award for Best Article,

which appeared in *The New Social Worker*, for which she serves as film critic. In 2018, she was one of five graduates of University of Pennsylvania School of Social Policy and Practice selected for the school's inaugural Hall of Fame. Smullens's most recent book is the second edition of *Burnout and Self-Care in Social Work* (NASW Press, 2021). Her professional papers and memorabilia are divided between the Archives of University of Pennsylvania, Goucher College, and the John F. Kennedy Presidential Library.

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Connect to End COVID-19

Engage in NASW's National Initiative Today!

Every day more people are vaccinated, but there are many others who have not been vaccinated, despite the demonstrated safety of the vaccines and their high degree of effectiveness in preventing severe illness and death. Connect to End COVID-19 is a national \$3.3 million Centers for Disease Control and Prevention (CDC)-funded initiative that helps social workers and their clients to make informed decisions about life-saving vaccines.

NASW and the NASW Foundation are partnering with the Health Behavior Research and Training Institute at The University of Texas at Austin Steve Hicks School of Social Work on this campaign—which includes national and state chapter-level training, tools, and information to promote vaccine confidence.

Register today for complimentary [self-study webinars](#), including CEUs; and, learn more about the campaign by visiting [NASW's website](#).



The Connect to End COVID-19 initiative is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services as part of a financial assistance award totaling \$3.3 million with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS, or the U.S. Government.

Visit the Connect to End COVID-19 booth at the [NASW National Conference](#) June 19-22 in Washington, DC. We look forward to meeting you!