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Burnout Recovery Clinical Practice Workbook

A clinically branded, function-preserving edition retaining the original exercises, psychoeducation, checklists, logs, planning tools, and response space.

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

1 · Self-Assessment

2 · Identifying Burnout Triggers

3 · Creating a Daily Self-Care Routine

4 · Setting Boundaries at Work

5 · Learning to Say No

6 · Time Management Techniques

7 · Coping with Perfectionism

8 · Practicing Mindfulness in Work

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11 · Planning Regular Breaks

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How to use this workbook

- Use this workbook selectively and collaboratively; it is educational and does not replace individualized assessment, diagnosis, treatment, medical care, or crisis services.
- Skip, pause, or modify any activity that increases distress, danger, shame, or loss of functioning. Adapt language for culture, disability, neurodivergence, health, resources, and lived context.
- Ratings in this workbook are reflection tools unless a named, validated measure and interpretation are explicitly provided.

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Self-Assessment

The following are common signs you might be struggling with burnout symptoms. Rate each statement on a scale from 1-5 (1 being “strongly disagree” and 5 being “strongly agree”):

Statement	Rate (1-5)
1. "I feel emotionally exhausted, even after a full night's sleep."	1-2-3-4-5
2. "I struggle to find motivation to start or complete tasks."	1-2-3-4-5
3. "I have difficulty concentrating or staying focused on what I need to do."	1-2-3-4-5
4. "I find myself easily irritated, frustrated, or impatient with others."	1-2-3-4-5
5. "I experience frequent headaches, stomach problems, or muscle tension."	1-2-3-4-5
6. "I rely on unhealthy habits like overeating, alcohol, or excessive screen time to cope."	1-2-3-4-5
7. "I experience a persistent sense of dread or anxiety about work."	1-2-3-4-5
8. "I feel emotionally numb, like I'm just going through the motions."	1-2-3-4-5

Score: ____/40

The score reflects the severity and impact of your burnout symptoms.

What statements resonated with you more than the others?

Identifying Burnout Triggers

1. What aspects of your work environment contribute to your feelings of burnout? (e.g., noise level, lack of support, excessive workload)

2. What changes in your environment could help reduce your stress levels? (e.g., organizing your space, requesting quiet time, setting boundaries)

3. What tasks or projects feel the most overwhelming to you? (e.g., tight deadlines, high-stakes projects, repetitive tasks)

4. What expectations have you set for yourself that may be unrealistic? (e.g., always meeting deadlines without exception, never asking for help)

5. How can you adjust these expectations to make them more achievable?
(e.g., setting smaller goals, allowing for setbacks, prioritizing tasks)

6. What recurring patterns do you notice in your experiences with burnout?
(e.g., burnout peaks after a project, burnout increases with lack of support)

7. What actions have helped reduce burnout in the past? (e.g., taking time off, reducing workload, seeking support)

8. How can you learn from past experiences to prevent future burnout?
(e.g., setting proactive boundaries, asking for help when needed)

Creating a Daily Self-Care Routine

1. What self-care practices do you currently engage in daily? (e.g., morning stretches, drinking water, taking short breaks)

2. Are there any basic self-care practices you've been avoiding or neglecting? (e.g., regular meals, sleep routine, exercise)

3. What barriers have prevented you from prioritizing self-care? (e.g., busy schedule, lack of energy, feeling guilty for taking time for yourself)

4. What physical self-care needs do you have on a daily basis? (e.g., hydration, nutrition, movement, rest)

5. What mental and emotional needs do you feel require attention each day? (e.g., time to process emotions, mental breaks, supportive self-talk)

6. How do you feel at the end of a day without any self-care? (e.g., exhausted, irritable, disconnected, stressed)

7. What positive outcomes have you noticed on days when you practiced self-care? (e.g., feeling more relaxed, increased energy, better focus)

8. What time of day works best for you to engage in self-care activities? (e.g., early morning, lunch break, evening)

9. How can you incorporate small self-care breaks throughout your day? (e.g., setting reminders to stretch, taking 5-minute mindfulness breaks, practicing deep breathing)

10. What specific self-care activities can you realistically include in your morning routine? (e.g., gentle exercise, mindful breathing, journaling)

11. What self-care practices would you like to include at the end of your day? (e.g., gratitude journaling, unwinding with a book, relaxation exercises)

12. What physical self-care activities would help you recharge? (e.g., taking a walk, gentle stretching, prioritizing sleep)

13. What emotional self-care activities can help you feel balanced? (e.g., journaling your thoughts, talking to a friend, practicing gratitude)

14. What is one self-care goal you can commit to daily? (e.g., drinking eight glasses of water, taking three deep breaths before each meal)

15. What is one self-care goal you'd like to try each week? (e.g., attending a fitness class, scheduling an hour for a hobby, planning a social activity)

Setting Boundaries at Work

1. What current boundaries, if any, do you have in place at work? (e.g., not working past a certain hour, setting limits on weekend emails)

2. Where do you feel a lack of boundaries in your work that contributes to burnout? (e.g., working late, not taking breaks, responding to emails after hours)

3. What makes it challenging for you to set or maintain boundaries? (e.g., fear of disappointing others, workload expectations, guilt)

4. What are your top priorities in maintaining a healthy work-life balance? (e.g., spending time with family, having time to relax, mental health)

5. What physical or emotional signs indicate you need better boundaries? (e.g., feeling drained, irritability, frequent headaches)

6. What is one boundary you think would immediately improve your well-being? (e.g., not checking work emails after a certain time, taking a lunch break away from your desk)

7. What boundaries could you set around your work hours to prevent burnout? (e.g., only working between 9-5, not logging in after hours, no weekend work)

8. How can you set boundaries around your availability for meetings or calls? (e.g., only scheduling meetings during certain hours, blocking off focus time)

9. What limits do you need around task assignments and workload? (e.g., saying no to extra projects, setting realistic deadlines, asking for support)

10. How can you communicate these boundaries with your team or supervisor? (e.g., discussing it in a one-on-one, sending a clear email, stating it politely in meetings)

11. What backup plan can you put in place for urgent matters that arise outside work hours? (e.g., designating a contact person, using an emergency-only phone)

12. What pushback do you anticipate when setting new boundaries? (e.g., colleagues expecting immediate responses, manager pushing for overtime)

13. How will you respond to colleagues or supervisors who challenge your boundaries? (e.g., kindly reinforcing your limits, explaining the importance for well-being)

14. What are your criteria for accepting new tasks or projects? (e.g., relevance to role, realistic deadlines, personal capacity)

15. What alternative solutions can you offer when you need to say no? (e.g., suggesting a later start date, recommending someone else)

Learning to Say No

1. What does saying “no” mean to you in a work or personal context? (e.g., protecting my time, prioritizing my needs, setting boundaries)

2. How often do you agree to tasks or commitments you don’t truly want to take on? (e.g., frequently, sometimes, rarely)

3. How does saying “yes” too often contribute to your feelings of burnout? (e.g., increased workload, lack of personal time, feeling overwhelmed)

4. What types of tasks or requests do you find difficult to say no to? (e.g., last-minute work requests, favors from friends, non-essential meetings)

5. What physical or emotional cues signal to you that you may need to say no? (e.g., feeling anxious, tight shoulders, sense of dread)

6. How can you assess if a new commitment aligns with your current priorities? (e.g., asking if it contributes to my goals, considering if I have time and energy)

7. What are some polite ways to say no without feeling guilty? (e.g., “I’d love to help, but I’m fully committed,” “Thank you for thinking of me, but I have to decline”)

8. What responses can you prepare if someone tries to push back on your “no”? (e.g., “I understand, but I’m not able to take on more right now,” “I’ll need to focus on my current responsibilities”)

Time Management Techniques

1. How do you currently organize your tasks each day? (e.g., using a to-do list, working on tasks as they come, prioritizing by deadlines)

2. What time of day do you feel most productive, and how do you use that time? (e.g., morning for focused work, afternoon for meetings, evening for planning)

3. What time-wasting habits or distractions do you often encounter during the day? (e.g., checking emails frequently, scrolling on social media, chatting with colleagues)

4. How effective do you feel your current time management approach is in reducing burnout? (e.g., somewhat effective, not effective, very effective)

5. What are your top three priorities at work this week? (e.g., completing a major project, preparing for a meeting, supporting team members)

6. How do you currently prioritize tasks on a daily basis? (e.g., by deadline, by importance, based on energy levels)

7. What criteria can you use to identify tasks that require immediate attention? (e.g., urgency, impact on other tasks, deadlines)

8. How can you set boundaries around non-priority tasks that may drain your energy? (e.g., delegating, postponing, setting limits on time spent)

9. What types of tasks can you dedicate specific time blocks for during your day? (e.g., focused work, email responses, meetings)

10. How long do you think each time block should be for maximum focus? (e.g., 25-30 minutes, 45 minutes, an hour)

11. What routine or reminders can help you maintain focus during each time block? (e.g., setting a timer, using a “do not disturb” signal, turning off notifications)

12. How will you handle interruptions that occur during time-blocked work? (e.g., rescheduling, noting for later response, setting boundaries)

13. What types of tasks can you batch together to improve efficiency? (e.g., answering emails, preparing meeting notes, data entry)

Coping with Perfectionism

Perfectionism is the tendency to set unrealistically high standards for oneself, often accompanied by excessive self-criticism and fear of failure.

1. What situations at work trigger your perfectionist tendencies? (e.g., preparing presentations, completing projects, receiving feedback)

2. How do you typically feel when you think a task needs to be “perfect”? (e.g., anxious, overwhelmed, motivated but stressed)

3. What thoughts run through your mind when you feel the need to be perfect? (e.g., “If it’s not flawless, I’ll disappoint others,” “This has to be the best”)

4. How does perfectionism impact your overall productivity and well-being? (e.g., slows down progress, increases stress, causes avoidance)

5. What personal or professional opportunities have you missed due to perfectionism? (e.g., delaying projects, avoiding challenges, not taking risks)

6. What aspects of perfectionism are most detrimental to your work-life balance? (e.g., overworking, not setting boundaries, sacrificing personal time)

7. How would your work or life improve if you allowed yourself to be “good enough” instead of “perfect”? (e.g., more free time, less stress, increased enjoyment of tasks)

8. What self-critical thoughts arise when you feel you haven’t met your high standards? (e.g., “I’m not good enough,” “People will judge me”)

9. How can you reframe these self-critical thoughts with a more balanced perspective? (e.g., “I did my best given the circumstances,” “Mistakes help me grow”)

10. What would you say to a friend struggling with the same perfectionist thoughts? (e.g., “Nobody is perfect,” “Your efforts are more than enough”)

11. What is one way to measure success that does not rely on perfection? (e.g., meeting deadlines)

12. What self-compassionate statements can help you when you feel critical of your work? (e.g., “It’s okay to make mistakes,” “This does not define my abilities”)

Practicing Mindfulness in Work

1. How often do you find yourself feeling overwhelmed or distracted at work? (e.g., frequently, occasionally, rarely)

2. What morning habits can you incorporate to prepare yourself for a mindful workday? (e.g., not checking emails immediately, having a quiet breakfast, stretching)

3. What small steps can you take to bring mindfulness into each task? (e.g., focusing on one task fully, taking deep breaths before starting, clearing distractions)

4. What are some cues that can remind you to refocus when you get distracted? (e.g., taking a deep breath, repeating a grounding phrase, stretching)

5. What physical signs do you notice when you're feeling stressed at work? (e.g., shallow breathing, muscle tension, racing thoughts)

6. What grounding techniques can you use in stressful moments to stay mindful? The following are some examples:

The 5-4-3-2-1 Method (Sensory Grounding)

This technique uses your senses to bring you back to the present moment.

- Acknowledge 5 things you can see around you (e.g., your desk, a clock, a plant).
- Identify 4 things you can feel (e.g., the texture of your clothing, the chair under you).
- Notice 3 things you can hear (e.g., typing sounds, footsteps, distant chatter).
- Identify 2 things you can smell (e.g., your coffee, hand lotion).
- Focus on 1 thing you can taste (e.g., gum, water, or simply notice your mouth's sensations).

Box Breathing

This breathing technique helps regulate stress and anxiety by focusing on a structured rhythm.

- Inhale deeply through your nose for 4 seconds.
- Hold your breath for 4 seconds.
- Exhale slowly through your mouth for 4 seconds.
- Hold your breath again for 4 seconds.
- Repeat the cycle 4-5 times.

Feet-On-The-Floor Exercise

This exercise connects you to the physical world and provides a sense of stability.

- Sit in your chair and place both feet flat on the floor.

- Press your feet gently into the ground and notice the sensations (firmness, texture of your shoes).
- Imagine the floor supporting you fully and releasing any tension into the ground.
- Take a few deep breaths as you focus on this connection.

Anchoring with an Object

Use a personal object as a mental anchor to ground yourself in the present.

- Choose a small object (e.g., a pen, bracelet, or stress ball) you can easily carry or access.
- Hold the object in your hand and focus on its texture, temperature, and weight.
- Reflect on its significance or use it as a symbol of calm.
- Keep the object handy for moments when you need to refocus.

The "Name It to Tame It" Technique

Labeling your emotions can help you distance yourself from them and stay grounded.

- Pause and take a deep breath.
- Silently identify what you're feeling (e.g., "I'm feeling anxious," or "I'm overwhelmed").
- Remind yourself that it's okay to feel this way, and that the emotion will pass.
- Refocus on a manageable task to shift your attention.

One-Minute Meditation

A brief meditation can quickly calm your mind and restore focus.

- Sit comfortably and close your eyes (if possible).
- Take slow, deep breaths, focusing on the inhale and exhale.

- Let any distracting thoughts pass by, imagining them as clouds drifting away.
- After one minute, open your eyes and return to work with renewed focus.

Tense and Release (Progressive Muscle Relaxation)

This technique relieves physical tension caused by stress.

- Start with your feet: Tense the muscles for 5 seconds, then release.
- Move to your legs, stomach, arms, shoulders, and face, repeating the tensing and releasing.
- Focus on the feeling of relaxation as you release each muscle group.

7. How can you remind yourself to pause before reacting to stress? (e.g., using a “pause” reminder on your desk, practicing deep breathing)

8. What calming words or phrases can you use to soothe yourself during a stressful moment? (e.g., “This moment will pass,” “I am capable of handling this”)

9. How can you ensure you’re fully present when communicating with colleagues? (e.g., listening without interrupting, maintaining eye contact, putting away distractions)

10. What reminders can help you practice empathy and patience in conversations? (e.g., “Everyone is doing their best,” “Listen with an open mind”)

11. What activities could you do during breaks to bring mindfulness to your day? (e.g., a short walk, stretching, breathing exercises)

12. What signals in your body or mind tell you it’s time for a mindful break? (e.g., feeling tense, trouble focusing, fatigue)

13. How can you end your workday with a mindful practice to help you unwind? (e.g., reflecting on accomplishments, practicing gratitude, a short meditation)

14. What evening activities can help you decompress and leave work behind? (e.g., reading, spending time with family, going for a walk)

Building a Support Network

1. What are some situations at work where you could benefit from support? (e.g., handling heavy workloads, managing deadlines, dealing with difficult clients)

2. Who are some colleagues or team members you trust and feel comfortable with? (e.g., your direct supervisor, a work friend, a mentor)

3. What qualities do you look for in a supportive person at work? (e.g., good listener, empathetic, trustworthy, positive)

4. Are there people outside of work who you can rely on for emotional support? (e.g., friends, family members, a therapist)

5. What steps can you take to connect more deeply with colleagues? (e.g., scheduling coffee chats, joining team activities, attending social events)

6. How can you ask for support in a way that feels comfortable for you?
(e.g., starting with small requests, sharing your workload challenges)

7. How can you be a source of support for others at work? (e.g., offering to listen, sharing your experiences, helping with tasks when able)

8. How can you remind yourself that it's okay to accept support without feeling guilty? (e.g., viewing support as a mutual benefit, recognizing that everyone needs help)

Self-Compassion Exercises

Self-compassion is the practice of treating yourself with kindness, understanding, and acceptance, especially in moments of struggle, failure, or inadequacy.

1. What emotions or beliefs keep you from being compassionate toward yourself? (e.g., guilt, fear of laziness, perfectionism)

2. What self-critical thoughts come up when you're feeling overwhelmed at work? (e.g., "I'm not good enough," "I can't keep up," "I'm letting people down")

3. How can you reframe these self-critical thoughts into self-compassionate statements? (e.g., "I'm doing my best," "It's okay to take a break," "I am worthy regardless of performance")

4. What words of kindness would you offer to a friend feeling the same way you do? (e.g., "You're only human," "You deserve rest," "You've accomplished a lot")

5. What mistakes or setbacks do you often blame yourself for at work? (e.g., missing a deadline, making an error, feeling unproductive)

6. How can you remind yourself that mistakes are a natural part of growth? (e.g., “Everyone makes mistakes,” “I learn from each experience”)

7. What actions can you take to forgive yourself for past mistakes? (e.g., reflecting on what you learned, acknowledging effort, setting new goals)

8. What daily practices can help you build self-compassion? (e.g., starting each day with affirmations, practicing gratitude, scheduling breaks)

9. What self-care activity can you add to your day to prioritize well-being? (e.g., taking a walk, having a quiet lunch, spending time on a hobby)

Planning Regular Breaks

1. How often do you currently take breaks during your workday? (e.g., rarely, once or twice, regularly but not enough)

2. What signs of burnout or fatigue do you experience when you skip breaks? (e.g., decreased focus, irritability, physical exhaustion)

3. What types of tasks or times of day make you feel in greatest need of a break? (e.g., long meetings, high-concentration tasks, afternoons)

4. What activities help you feel refreshed during a short break? The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ Take a brisk walk around the office or outside.
- ☐ Stretch your arms, legs, and back.
- ☐ Practice deep breathing exercises.
- ☐ Stand and do 10 squats or calf raises.
- ☐ Use a stress ball or hand grip exerciser.
- ☐ Do a wall push-up or desk stretch.
- ☐ Doodle or sketch something fun.
- ☐ Journal for five minutes about what's on your mind.
- ☐ Visualize a peaceful place, like a beach or forest.

- ☐ Rearrange a small part of your workspace.
- ☐ Chat with a friendly coworker about something lighthearted.
- ☐ Send a quick text or voice note to a loved one.
- ☐ Drink a glass of water or a cup of herbal tea.
- ☐ Snack on something healthy, like nuts, fruit, or yogurt.
- ☐ Take your coffee or tea outside for a breath of fresh air.
- ☐ Look out the window and observe the scenery.
- ☐ _____
- ☐ _____

5. What are some ways to relax and recharge during longer breaks, like lunch? The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ Take a walk outside to stretch your legs and get fresh air.
- ☐ Take a short power nap in a quiet space (10-20 minutes).
- ☐ Stretch your whole body to loosen tight muscles.
- ☐ Do a light workout or cardio session nearby.
- ☐ Dance to your favorite playlist to boost your mood.
- ☐ Read a book or magazine to escape work-related thoughts.
- ☐ Journal your thoughts or create a gratitude list.
- ☐ Listen to an inspiring or entertaining podcast.
- ☐ Plan or daydream about a future trip or fun activity.
- ☐ Have lunch with a coworker and chat about non-work topics.
- ☐ Call or text a loved one to catch up.
- ☐ Declutter or organize your workspace to feel more at ease.
- ☐ Step outside to soak up sunlight or enjoy fresh air.
- ☐ _____
- ☐ _____

Creating a Calm Workspace

1. What elements of your workspace contribute to feelings of stress or overwhelm? (e.g., clutter, too many screens, lack of natural light, noise)

2. What positive aspects of your workspace help you feel calm and focused? (e.g., a comfortable chair, natural light, personal items)

3. How does your workspace currently impact your productivity and mood? (e.g., feeling distracted, motivated, calm, anxious)

4. What specific items or tools do you need within reach to reduce stress? (e.g., water bottle, planner, stress ball, noise-canceling headphones)

5. What distractions can you eliminate or reduce to improve focus? (e.g., clearing unnecessary items, turning off notifications, reducing clutter)

6. What sensory elements would help create a more relaxing workspace? (e.g., adding plants, using soft lighting, incorporating calming scents)

7. How often will you dedicate time to tidying up your workspace? (e.g., daily at the end of the day, weekly on Fridays)

8. How can you create a system for organizing essential items? (e.g., using labeled drawers, setting up a filing system, having a designated space for each item)

9. What personal items bring you comfort and positivity in your workspace? (e.g., family photos, favorite quotes, souvenirs)

10. How can you incorporate more calming colors or decor elements? (e.g., using neutral or pastel colors, adding artwork, using calming textures)

Establishing a Sleep Routine

1. What challenges prevent you from maintaining a regular sleep schedule? (e.g., work stress, screen time, irregular hours)

2. What activities or habits impact your ability to fall asleep easily? (e.g., caffeine intake, late-night screen use, stressful thoughts)

3. What time would you ideally like to go to bed and wake up each day? (e.g., 10 p.m. to 6 a.m., 11 p.m. to 7 a.m.)

4. How can you start adjusting your bedtime to align with this ideal schedule? (e.g., going to bed 15 minutes earlier each night, creating a wind-down routine)

5. What reminders or cues can help you stick to a regular sleep schedule? (e.g., setting an alarm to start winding down, creating a “no screens” rule after a certain time)

6. What activities help you feel relaxed before bed? The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ Do gentle stretching to release tension.
- ☐ Take a warm bath or shower to soothe your muscles.
- ☐ Practice deep breathing exercises for relaxation.
- ☐ Massage your hands, feet, or temples with lotion or oil.
- ☐ Use a heating pad or warm compress for sore muscles.
- ☐ Journal about your day or write down your thoughts.
- ☐ Write a gratitude list to focus on positive moments.
- ☐ Read a book or magazine with calming content.
- ☐ Visualize a peaceful scene, like a beach or forest.
- ☐ Create a to-do list for the next day to ease mental clutter.
- ☐ Dim the lights to signal your body it's time to relax.
- ☐ Wrap yourself in a cozy blanket or use a weighted blanket.
- ☐ Listen to white noise, rain sounds, or nature sounds.
- ☐ Sip a warm, caffeine-free herbal tea like chamomile.
- ☐ Draw, doodle, or color in an adult coloring book.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

7. What physical discomforts sometimes prevent you from falling or staying asleep? (e.g., room temperature, bedding, noise)

8. How can you make your bedroom environment more conducive to sleep? The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ Install blackout curtains or blinds to block out external light.
- ☐ Use dim, warm-toned lights in the evening to signal relaxation.
- ☐ Add a bedside lamp with a soft glow for nighttime reading.
- ☐ Turn off or cover bright electronic lights (e.g., clocks, chargers).
- ☐ Use a red or amber nightlight if you need one at night.
- ☐ Keep the room cool.
- ☐ Use breathable bedding to regulate body temperature.
- ☐ Add a fan or air purifier for better airflow.
- ☐ Layer blankets so you can adjust warmth easily.
- ☐ Use a heated blanket or mattress pad if you tend to get cold.
- ☐ Use a white noise machine to drown out disruptive sounds.
- ☐ Play calming nature sounds, like rain or waves, if you find them soothing.
- ☐ Wear earplugs if you're sensitive to noise.
- ☐ Fix creaky doors or noisy bed frames to reduce disturbances.
- ☐ Place rugs or carpeting to absorb sound in the room.
- ☐ Invest in a supportive mattress that suits your sleep style.
- ☐ Choose pillows that match your comfort needs.
- ☐ Use soft, high-quality sheets and pillowcases.
- ☐ Add a weighted blanket to promote relaxation and reduce anxiety.
- ☐ Keep a cozy throw blanket on hand for added comfort.
- ☐ Declutter your room to create a peaceful, organized space.
- ☐ Keep your bed for sleep and relaxation only—no work or electronics.
- ☐ Use calming colors like blues, grays, or soft greens in decor.
- ☐ _____
- ☐ _____

Identifying Sources of Enjoyment

1. What activities or hobbies do you currently enjoy in your personal life? (e.g., reading, cooking, painting, spending time with friends)

2. What aspects of your work bring you enjoyment or satisfaction? (e.g., creative projects, problem-solving, collaboration with colleagues)

3. How often do you engage in activities purely for enjoyment? (e.g., daily, weekly, rarely)

4. How does spending time on enjoyable activities impact your mood and energy? (e.g., feeling recharged, more positive, less stressed)

5. What small moments or simple pleasures bring you joy each day? (e.g., morning coffee, a short walk, listening to music)

6. What physical sensations do you associate with feeling enjoyment? (e.g., warmth, relaxation, a light feeling)

7. What social interactions do you find enjoyable or uplifting? (e.g., chatting with a friend, spending time with family, talking with a mentor)

8. How can you increase your awareness of these small sources of joy throughout the day? (e.g., taking mental notes, journaling, practicing gratitude)

9. What hobbies or activities did you enjoy in the past that you no longer do? (e.g., playing an instrument, painting, attending social events)

10. What aspects of those past activities brought you the most enjoyment? (e.g., creativity, relaxation, connection with others)

11. What might be preventing you from returning to these activities now?
(e.g., lack of time, feeling out of practice, prioritizing work)

12. How could you make space to reintroduce some of these past sources of joy? (e.g., starting small, setting aside weekly time, joining a group or class)

13. What new activities or hobbies have you been curious about but haven't tried? (e.g., gardening, learning a new language, cooking classes)

14. How can you start exploring these new interests in small, manageable ways? (e.g., signing up for a trial class, setting aside 10 minutes a day)

Exploring Meaning and Purpose

1. What aspects of your work bring you a sense of purpose or fulfillment? (e.g., helping others, creating something valuable, solving problems)

2. How do your personal values align with your current work and lifestyle? (e.g., value of growth, desire for creativity, commitment to helping people)

3. What activities outside of work make you feel connected to a larger purpose? (e.g., volunteering, spending time with family, engaging in community events)

4. What long-term goals align with your sense of purpose and values? (e.g., making a positive difference in my field, developing skills, creating a balanced life)

5. What smaller, short-term goals could you set that support these long-term purposes? (e.g., taking a relevant course, networking with like-minded people, starting a side project)

6. What daily activities help you feel connected to your sense of purpose? (e.g., practicing gratitude, helping a colleague, spending time with loved ones)

7. What small adjustments could make your work more purposeful each day? (e.g., engaging in tasks that challenge you, supporting team members, learning something new)

8. What passions or interests outside of work make you feel alive and purposeful? (e.g., art, teaching, writing, mentoring)

9. How can you make more time for these passions, even if it's just a few minutes each day? (e.g., setting a time in the morning, practicing during lunch breaks, scheduling weekly)

Financial Stress Reduction Plan

1. What specific financial concerns contribute to your stress? (e.g., monthly bills, debt payments, saving for future goals)

2. What are the main expenses that feel overwhelming or difficult to manage? (e.g., rent/mortgage, student loans, credit card debt)

3. What are your short-term financial goals that could reduce immediate stress? (e.g., building a small emergency fund, paying off one debt, budgeting monthly)

4. What long-term financial goals would help you feel more secure and reduce stress? (e.g., building savings, investing, becoming debt-free)

5. How can you make these financial goals realistic and achievable? (e.g., setting small monthly targets, focusing on one goal at a time)

6. What are your essential monthly expenses that need to be prioritized?
(e.g., rent/mortgage, utilities, groceries, transportation)

7. How much can you realistically allocate toward financial goals like savings or debt repayment? (e.g., 10% of income, \$100 per month)

8. What optional expenses can you reduce to ease financial pressure? (e.g., dining out, subscriptions, non-essential shopping)

9. How will you track and adjust your budget to stay on top of expenses?
(e.g., using a budgeting app, reviewing monthly, setting alerts)

10. How much would make you feel comfortable as an initial emergency fund goal? (e.g., \$500, one month of expenses, three months of expenses)

11. How much can you save each month to gradually build this fund? (e.g., \$20 a week, allocating leftover budget)

12. What strategies can you use to ensure you consistently contribute to your emergency fund? (e.g., automatic transfers, setting a monthly goal)

13. What habits can you adopt to manage impulsive spending? (e.g., waiting 24 hours before non-essential purchases, using cash for discretionary spending)

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: Burnout is not a DSM diagnosis · non-diagnostic occupational construct
- ICD-11 CDDR: QD85 Burn-out · occupational phenomenon, not a medical condition
- This workbook is non-diagnostic. A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44.
- The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- A symptom checklist or self-rating cannot establish diagnosis. Any diagnostic discussion must address clinically significant distress/impairment, required course or duration where applicable, developmental and cultural context, substance/medication and medical causes, comorbidity, exclusions, and reasonable differentials without reproducing copyrighted criteria.

Document-specific corrections

- Describe Burnout Recovery as a contextual, functional, occupational, umbrella, or proposed construct·not a confirmed diagnosis·unless a separately recognized disorder is assessed.
- Where Burnout Recovery discusses symptoms, add the missing diagnostic frame: clinically meaningful distress/impairment, relevant course or duration, exclusions, developmental and cultural context, substance/medication or medical causes, and plausible differentials.
- Supersede diagnostic-sounding scoring on pages [1, 2, 3, 4, 34]: disclose whether each tool is validated or author-created, remove unsupported thresholds, and separate symptom monitoring from diagnosis.
- Replace crisis wording on pages [2, 12, 42, 43, 44] with the current U.S. 988 call/text/chat pathway, 911 or nearest emergency department for immediate danger/medical emergency, and a direction to use verified local services outside the United States.

Measures, scoring, and permissions

- Pages [1, 2, 3, 4, 34] contain named, implied, or author-created screening/rating content; extracted candidate names include: Self-Assessment . These scores are not diagnostic unless the exact instrument, version, validation population, administration, and interpretation are established. Identify provenance for every item set and scoring rule. Obtain publisher permission/license when required; otherwise remove cutoffs and label it as a nonvalidated reflection checklist, or replace it with a properly licensed measure without altering its wording/scoring.

Intervention scope and contraindications

- Use Burnout Recovery activities as psychoeducation and structured reflection, not diagnosis or a stand-alone treatment plan. Adapt or stop any exercise that worsens distress, functioning, conflict, pain, or dissociation, and escalate care according to the actual presentation.

Crisis and current resources

- For Burnout Recovery, use: ·If there is immediate danger or a medical emergency, call 911 or go to the nearest emergency department. In the U.S., call or text 988 or use 988lifeline.org for 24/7 crisis support. Outside the U.S., use verified local emergency and crisis services.· Verify all topic-specific agencies and links at publication.

Authoritative references

- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
- <https://www.psychiatry.org/getmedia/b68a5776-f88c-45c7-9535-fd219d7aa5cb/APA-DSM5TR-Update-September-2025.pdf>
- <https://icd.who.int/browse/2026-01/mms/en>
- <https://www.who.int/publications/i/item/9789240077263>

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- <https://www.samhsa.gov/mental-health/988>
- <https://www.samhsa.gov/mental-health/national-behavioral-health-crisis-care>
- <https://988lifeline.org/>