

Managing Stress and Avoiding Burnout for Adult Protective Services Professionals



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Your job is traumatic



Your job is traumatic. You see an ugly side of humanity: people hurting other people. And you don't get adequate support and understanding either.



I cannot even begin to understand...



I know that I cannot even begin to understand what your job is like. And I'm not going to insult you and pretend to understand. What I am going to do is to talk with you about **trauma**, from my perspective as a psychologist who treats traumatized patients, writes about trauma, and generally believes that most human problems stem from unresolved and often **unconscious** trauma. We try to protect ourselves, but this often gets in the way. So we need new ways to cope.

My hope for today



It is my hope that what I share today will help you on the job. This in turn, helps your clients, which is a goal that is close to my heart and that we all share.

I want to thank Joei O'Grady, CPM and Kim Lanker, CPM for helping me to begin to understand what you all face every day on your job and for their help and support with this presentation. I am so honored that they sought me out.

Today's webinar



In today's stressful and unsettled world, the men and women in adult protective services for vulnerable adults continue to give themselves fully to our society. The physical, emotional, and spiritual exhaustion from the demands of their job, including what they witness, make them vulnerable to burnout.

At the conclusion of this webinar



participants will be able to:

- *Identify sources of stress from being a professional who works with vulnerable adults.
- *Recognize that a range of emotions is a normal part of work and relationships, including this work.



- *Understand the power of the unconscious, transference and counter-transference and how it both protects us and gets in the way.**
- *Recognize specific individual stressors and stressors particular to certain work situations or clients.**
- *Be aware of a variety of solutions and strategies for reducing stress and avoiding burnout.**

Discrepancies can cause burnout.



- a) What is the job definition of an adult protective services professional for vulnerable adults? What does the job entail? What are the desirable qualities of a professional who works with vulnerable adults?

- b) How is the job different from your expectations?

The discrepancy between a) and b) and the resulting emotions can cause burnout.

Definition of “burnout”



Burnout comes from strong emotions that go on for too long with no resolution or comfort. Emotions are too strong, too intense, too unpleasant, or too difficult. Burnout is often accompanied by feelings of exhaustion or disillusionment.

People can resolve and recover from burnout with support, rest, and increased reflection. Professional help can often assist.

History of the concept of burnout



“Burnout” is not a new concept. It’s been around for a long time and has been called various names such as:

compassion fatigue, battle or combat fatigue, shell shock, feeling drained, nervous breakdown, crack up, shattered nerves, fall apart, emotional collapse, nervous exhaustion, PTSD (post traumatic stress disorder).

Moral injury



The concept "moral injury" has been applied to soldiers, doctors and other helping professionals whose jobs require actions that are inconsistent with their personal values. Increased shame and guilt often accompany moral injury.

People who work with vulnerable adults often went into the profession to help others, but find that they are limited due to laws, lack of services, or other barriers. So, "moral injury" may fit.

Burnout



These concepts were not developed in a coordinated way, often by different approaches or groups of professionals.

Although "burnout" is sometimes thought of as separate from emotions and related to specific tasks, such as long hours, short staff, not enough resources, it is hard to imagine any part of life as being without emotions.

The umbrella of “trauma”



In my work, I think about people, events, and life in general, under the umbrella of **trauma**. It covers being subjected to direct experience, witnessing experiences and variety of physical and emotional symptoms. The trauma perspective incorporates emotions, legitimizes and normalizes them; focuses on individual strengths and resilience; and offers hope for recovery.

In this webinar



But, in this webinar, I will use the term "burnout", because that is what we advertised, but I will apply the trauma framework.

Common symptoms of burnout



Changes in mood, often related to depression and anxiety

Lags in attention, memory, and concentration

Physical symptoms, such as headaches, high blood pressure, and illnesses

Behavioral changes that impact productivity and health, ranging from increased procrastination to substance abuse

Diminishing drive and increased feelings of alienation and despondency (Gorski & Chen, 2015)

Who can burn out?



There is a long list of people who are can be susceptible to burnout.

The list includes social workers, law enforcement professionals, protective services professionals, artists, nurses, physicians, veterinarians, soldiers, museum workers, firefighters, lawyers, teachers, psychologists, and other mental health workers.



Why do people burn out?

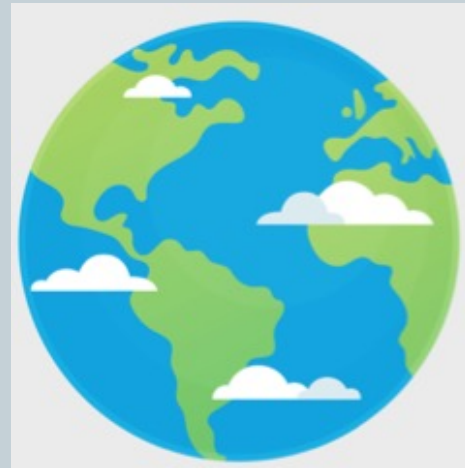


Burnout comes from repeated direct exposure or victimization to trauma, or being forced to participate in trauma, or from witnessing trauma. There are many different kinds of trauma. The effects of trauma are felt in different ways by different people, sometimes even years later. The reactions to trauma can be influenced by individual personal emotions, history and experiences. If you experienced *trauma*, or have been *traumatized*, you may already know that it does not just “go away with time.” You cannot just “get over it.”

Experts talk about trauma



When experts talk about trauma they are including disruptions in the environment that impact whole societies such as natural or man-made disasters, violence, epidemics (and pandemics), and terrorism, large scale transportation accidents, emergency worker exposure, war.



Personal traumas



Trauma also includes individual or family traumas. Some of these are loss through death or abandonment, abuse, rape, assault, homelessness, divorce, poverty, chronic illnesses, and learning disabilities, torture, child abuse.

Trauma and your job



The concept of trauma certainly applies to the experiences of adult protective services professionals and law enforcement professionals dealing with abuse and neglect of vulnerable adults. It is traumatic to see other humans suffer, often due to other people's abuse and neglect.

PTSD and trauma



Trauma can lead to PTSD.

PTSD is defined as “A normal reaction to abnormal events”.

This means that having any of a range of emotions in response to a trauma is normal.

“Normal” means expectable and that there is nothing wrong with having these emotions.

Possible symptoms of PTSD



Some possible symptoms of PTSD are (note the similarities to burnout):

PTSD symptoms



Behavioral: agitation, irritability, hostility, hypervigilance, self-destructive behavior, or social isolation, avoidance of situations that bring back memories of the trauma

Psychological: flashback, fear, severe anxiety, or mistrust, nightmares, unwanted memories of the trauma, emotional detachment or unwanted thoughts

Mood: loss of interest or pleasure in activities, guilt, or loneliness, anxiety, depression

Sleep: insomnia or nightmares

PTSD and burnout



PTSD can lead to burnout, although it does not always do so.

Emotions



We all have emotions when interacting at work, and in all relationships. Emotions can be comforting and helpful. They also can be upsetting and can cause more stress.

Reflecting on and addressing emotions can reduce stress and avoid burnout.

Emotions are normal.



EMOTIONS ARE NORMAL.

**EVERYONE HAS THEM ALTHOUGH NOT
EVERYONE FEELS EXACTLY THE SAME
WAY.**

Emotions



Here are some emotions that people experience when interacting with clients or in another type of relationship:

List of emotions



Disillusionment, sadness, anger, helplessness, hopelessness, grief, joy, happiness, meaningfulness, despair, rage, blame, indifference, exhaustion, hyper-vigilance, insomnia, fear, uncertainly, isolation, feeling misunderstood, denial, panic, guilt, depression, overwhelmed, disgust, abandonment, frustration, accomplishment, sympathy, dread, confusion, responsibility, irritation, relief, bias, pain, overwhelmed, abandoned, frustrated, accomplishment, sympathy, dread, confusion, duty, irritation, responsibility, guilt, relief, bias, pain, grief, disorganized, moody, intolerant, afraid, indifferent, **different feelings all at once**

Emotions are normal.



These are all normal emotions.

Emotions are not a “sign of weakness”. They are a sign that we are human.

They are only a problem when they make us feel bad or interfere with work, health, or relationships.

What happens to emotions from trauma?



Strong emotions created by trauma can be directed inward (at the survivor) or outward (at others).

Survivors can feel bad about themselves or others, or both. Survivors often feel guilty, as if what happened to them is their fault somehow.

Trauma survivors often feel depressed or anxious. Relationships, productivity at work and general enjoyment of life might be affected.

Impulses



Survivors often have impulses to “act out” and behave in out of control ways. Survivors sometimes “take it out” on others around them with yelling, abuse, or hatred. Some are just angry all the time.

Has any of this happened to you or to others around you at your job?



Sometimes trauma survivors don't know what to do with all of these emotions which may be quite strong and spill over into present day life.

Sometimes, emotions are so unbearable that they become unconscious, as a way to try and protect ourselves.

More about emotions



So, some emotions from trauma become **unconscious**. This means that we are not fully aware, or may not be aware at all, of them. They are thus hidden from ourselves. When we try and bury our emotions, we may not even realize that they are still there.

This is a way that we try and protect ourselves.

Humans do not want to deal with trauma.



We humans don't want to deal with trauma.

Psychiatrist Judith Herman, wrote the classic book Trauma and Recovery. One of Dr. Herman's most important contributions is her understanding of our desire to "forget" about trauma as a way to protect ourselves from it.

Remembering and forgetting trauma



“The ordinary response to atrocities is to banish them from consciousness. Certain violations of the social compact are too terrible to utter out loud: this is the meaning of the word *unspeakable*. Trauma survivors want to forget, observers want to forget, and society as a whole wants to forget. It is too painful to do otherwise. “Atrocities, however, refuse to be buried.”
Judith Herman, MD (p.1).



We push trauma away, sometimes unconsciously, but it rears up and becomes visible in other ways. Sometimes in behavior.

Words from my mentor



My mentor defines the unconscious as “the things that we do that we do not see or know about but that others see or know about”.

Emotions from the past



Some traumas and emotions may be from the past—
like emotional echoes.

One experience with emotions from the past



I have experienced this myself.

When I was first in the practice of psychology, naturally I did not have very many patients. So, I had too much free time. I used to walk downtown to the giant Woolworth store. I could get some exercise and enjoy picking up a few little items. Once inside the store, I typically became aware that I was incredibly anxious.



I attributed it to what was going on in my immediate professional life:

I had just started my practice, I didn't know if I was any good at doing psychotherapy, I wasn't making much money, the office furniture cost two thousand dollars (!!!), there was a lot outreach and networking to be done, I worried about impression that I was making on new professionals, etc.



I tried to calm myself down. It always seemed to be a bit futile. But, as I left the store after making my purchases, I became aware of the fresh air, and my anxieties seemed to melt away. Of course, I would be okay, I would tell myself!



One day, I had a sore throat. I went into Woolworth, and selected a pack of life savers from the counter by the cash register on the other side of the store from where I typically paid. When I got in line in front of that counter, I had a terrible anxiety attack. I felt really hot and broke out into a cold sweat. I hadn't thought that I was all that sick, and here it seemed that I suddenly had a fever. I paid and went outside. The cool air hit my face, and all of a sudden I no longer felt like I had a fever.



Then I remembered...



When I was in the 3rd grade, I had stolen a pack of lifesavers in that very store. They were in front of the register that I had used on that adult day. I remembered feeling, as a child, the cold air on my face when I exited the store with my booty. However, I was terrified at what I had done. I remember looking behind me as I walked home, sure that a police car would come racing down the street towards me any moment.



It took several days for me to stop being terrified that I would be discovered and punished. I never told anyone what I had done. Not only that *but until that moment, I had “forgotten.”* I wanted it to go away and I made it so.



Think about how many times I had been in that same store over those decades. Think about how many times I had bought lifesavers in other stores, or had shopped in other Woolworth stores. It wasn't until all of the details fell into place, in exactly the same way that they did on that particular ill fated day of my crime, that I remembered the trauma of what I had done and the fear and anxiety associated with it.



As soon as I remembered what had happened, I was no longer anxious in Woolworth. In fact, I felt incredibly competent. I felt like shouting to the rooftops: “HEY, look at ME!!! I am so competent at shopping at Woolworth!!”



Not only that, but when I told my childhood friend, she said “You did do it. I was with you.” She made a joke out of it for awhile. When she introduced me to new people, she would say “and she steals, so guard your stuff” and then tell them my story. We shared many laughs now that the unconscious painful unspoken memory was gone. When I used this example in a presentation to a civic group, someone in the audience inquired if Woolworth was still in business. Someone else responded, “No they went out of business because of people like Peggy.”

All of the pieces fell into place.



By making my emotions, which had been living in the unconscious, become conscious, and then connecting them with past emotions, experiences, and behaviors, they no longer were a source of stress for me. In fact, after I made the connections, and *only after all of the pieces fell into place*, I felt competent and totally in control of my situation.



It's still me. When my colleague died...



I was distraught. I went to her funeral.

That Spring, I finally went to my doctor because I had been having headaches and I was so cold all the time.

My doctor said, “Where is the headache”? I said that it moved from side to side. He said, “That’s not how headaches work.”

We talked and then I remembered...



When I was waiting for my colleague's casket to be rolled out to enter the hearse, my feet were so cold on the concrete. I felt like screaming, "You can't put her into that cold, cold ground."

And I realized that I did not know on which side of her head the aneurism had been. So, my headaches moved around accordingly.

My doctor and I talked. The headaches went away and I was not so cold anymore.

The unconscious



The unconscious is very powerful. It can get in the way of change. It tricks us into believing that familiar is better and easier, even if consciously we know that this is not necessarily true. It tries to protect us, but sometimes it gets in the way. We develop ways to protect ourselves, shut out pain, “forget”, not care, deflect it. These ways of attempting to cope are called “**defenses**”.

We have defenses because we need them.



We have defenses because we need them. Otherwise we would be so overwhelmed all the time that we would not be able to function. They help us until they get in the way.

Getting stuck



Who would want to change anyway? It's too hard.

But unconscious emotions can make us more vulnerable (to being hurt, to making mistakes, to relationship problems, to feeling bad about ourselves).

They can get us stuck.

Transference



This is because of **transference**.

What is transference?



What is **transference**?

Transference



Transference is exactly what the word means. Emotions from one situation or relationship are “transferred” onto another relationship or situation. We may not be aware of this transfer. This refers to emotions that a client feels toward a doctor, psychologist, teacher, nurse, financial planner, store owner, architect or **anyone with whom there is an interaction.**

More on transference



Certain situations may cause emotions that either bother us or may make us feel good even if other people do not notice or care about that particular situation. This is because of transference.

We see transference in everyday life.



We see transference all the time in everyday life:

Negative transference



Negative transference: a woman raised in an alcoholic family marries an alcoholic; a man survives a bitter divorce and marries a second wife who is much like his first wife; a boss screams at an employee for making a common mistake that the boss often makes too.

Positive transference



Positive transference: passion; commitment; a cardiologist goes into the field because her beloved father is in the same field; a researcher studies pancreatic cancer because he promised his father on his deathbed that he would try to find a cure.

Counter-transference



Counter-transference is the same process in the other direction. It is the feeling that the doctor, psychologist, teacher, nurse, financial planner, store owner, architect, or anyone has toward the client. It is the same as **transference** only in the other direction.

Everyday expressions



Everyday expressions of these concepts:

She really pushes my buttons. He drives me nuts. He is on my last nerve. We keep butting heads. It's a personality difference. I feel stuck. He can't get off of it. I keep doing the same thing over and over again. It triggers me. This happens every time. Maybe it's just me. I feel like I'm beating my head against the wall. It's like a broken record. I see myself in her.

If it gets in the way, it's a problem.



**Transference is only a problem if it gets in the way:
of love, work, or play.**

Learn from the past.



"Those who do not learn from the past are doomed to repeat it." (George Santayana)

This is a statement about transference.

Your work



How do these concepts relate to the work of adult protective services professionals and law enforcement professionals?



My cats are contemplating this question.

Explanation. Not excuse.



They help to explain, but **do not excuse**, a lot of human behavior towards vulnerable adults. Adult protective services professionals and law enforcement professionals deal with emotions and the ugly reality of our society's disrespect for the elderly and vulnerable adults every day all the time, often seen through re-enactments.

Re-enactment



A **re-enactment** is a way of expressing transference through behavior. It is "acted out". We see this everyday: a woman raised in a family of alcoholics marries an alcoholic; a man with an abusive mother marries an abusive woman; the same problem comes up in every job or many relationships. We may not see these behaviors, and to others it may appear as if they “came out of nowhere” and don’t make any sense.

Disrespectful and out of control behavior



Many trauma survivors learned to behave in disrespectful and out of control ways because they grew up in homes where the adults were disrespectful and out of control. This may be part of the trauma that the survivor experienced. Screaming, insulting, cursing, hitting, and ridicule may have been common ways of behaving.

Other traumas



Other trauma survivors may have grown up in homes where the adults were not out of control. These survivors may have been exposed to traumas such as war, assault, or natural disaster. These traumas often try the emotional well-being of even the healthiest among us.

Emotional habits



These behaviors may have been viewed as normal, acceptable, and justifiable ways to respond. Out of control behavior was thus modeled and learned. After years of exposure to such behaviors, they may become emotional habits for survivors who were subjected to them, but now re enact them.

Unconscious impulses



Some impulses to be out of control may become unconscious. It may be really hard for survivors to become aware of some of their impulses. Other people may not understand either.

Consequences as “insult added to injury”



When there are demands or negative consequences for out of control behavior, survivors often feel that they are being judged and punished unfairly. It may feel like it is adding “insult to injury”. After all, they are already suffering emotionally because of their trauma.

No excuse for out of control behavior



There is never an excuse for out of control behavior. Survivors still have to control themselves, no matter what happened to them, unfair as this feels to them sometimes.

At your job



You may see this at your job when you try to intervene and it fails or backfires. Or when you encounter what seems to be totally irrational people who are committed to their point of view or actions no matter what the reality or consequences.

Abusive people



And you see this on the job with abusive people.

Why do people abuse?



Why do people abuse?

Reasons



People abuse for a number of reasons: for feelings of power and control, out of frustration or anger, because they feel powerless, because they have no other solutions to handling anger and frustration except emotional or physical violence, **it was done to them.**

This reenactment, is transference from their own experiences.

Explanations, not excuses



These are explanations not excuses.

More about abuse



Common psychological knowledge is that people who abuse, were abused. Either abused directly or by witnessing abuse. **It does not work in the other direction.** Not everyone who was abused is abusive. In the former case, it is often a re-enactment with the perpetrator getting a sense of control over the situation by not being the victim.

It's not your job.



This should be dealt with in psychotherapy and is not in the job definition or training of an adult protective services or law enforcement professional.

Our mental health infrastructure



The mental health infrastructure in our country is in shambles. Coverage is limited or eliminated. People do not get help that they need.

Reduced options for you



This means that adult protective services professionals and law enforcement professionals have greatly reduced options for referral for clients and also for themselves, in regards to dealing with the trauma of the job (both emotions and behavior).

Emotions from trauma



People who have been traumatized often feel alone, feel ashamed, or feel "weak". Often it feels like (and is actually fact) that other people don't understand what traumatized people feel. You may feel this way.

Finding a psychologist



It is a challenge to find a psychologist with adequate training and also adequate training in trauma. To treat patients who have been traumatized, one has to be able to tolerate listening to *unspeakable* traumatic stories and strong, possibly uncomfortable emotions, both coming from the client and oneself (counter-transference).

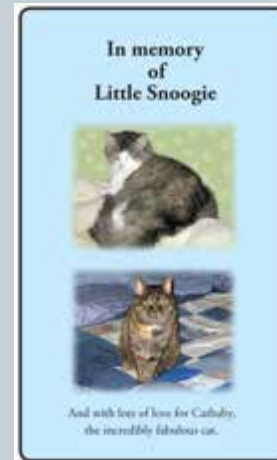
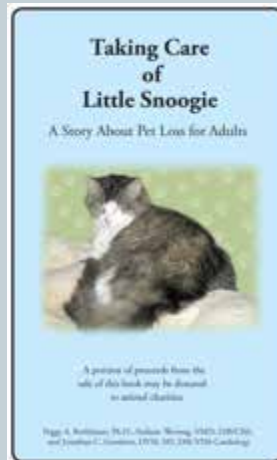
Stigma



There is also a stigma about psychotherapy and mental health issues in general. This could come from one's own fears about mental health. It also often comes from the acting out behavior of some traumatized people which frightens people or for some other reason is unappealing and undesirable.

How I manage stress and avoid burnout:

I co-authored a book, Taking Care of Little Snoogie ©, which deals with my sadness over losing a pet and offers comforting suggestions for myself and others. Some of the proceeds from book sales go to animal charities, which makes me feel like I am helping.



Donating to charities



I make art and donate it to organizations who serve the homeless and they use it for fundraising. ©





And I also make cards© and donate them.



The unconscious and your job



Why am I telling you all of this information about transference, survivors and re enactments?

To help you understand



To help you understand what you may be experiencing on the job.

To help you find new ways to protect yourself that may work better.

Balance



It is often a challenge to balance feeling emotions with pushing them away, particularly unpleasant ones. For example, caring about people and dealing with the reality of the job.

Sometimes what you experience on the job might make it hard to be kind and compassionate, either on or off the job.

You may feel impulses to act out with friends, family, co-workers.



What doesn't work.



You may have tried to push away or bury your feelings.

That doesn't work. In the short term maybe, but not in the long term. It does not protect you.

Seek help if you need it. This is a way to protect yourself.

What you can do for yourself.



Know this:

You are dealing with reality. Keep this fact in mind.

Sometimes it is terrible.

You know this to be fact. It helps when others understand, but ultimately, it's irrelevant.

You know what you know as truth. Accept and trust your perceptions and emotions.

Using transference to protect yourself.



Transference is a useful tool to help understand the clients, our own connections and reactions, to prevent burnout, to be more professional, to be calmer.



Watch yourself.



Try to make yourself aware of your vulnerabilities and pay attention to them.

Try to be aware and make connections with your own vulnerabilities and current reality.

Make connections for yourself, like I did with my Woolworth anxiety.

Pay attention to your transferences.



Someone reminds you of your mother?

A teacher?

A neighbor?

A beloved pet?

An abusive childhood?

A prior trauma?

Abusive relationship?

A loss of someone beloved?

A conscious memory?

Connections help us cope.

Make the connections, so that you can try to understand yourself and cope better.



It's a continual process.



Monitor your emotions as well as your behavior.

Watch for triggers. What "sets you off"?

Control and try to understand any impulses to act out.

Not your responsibility.



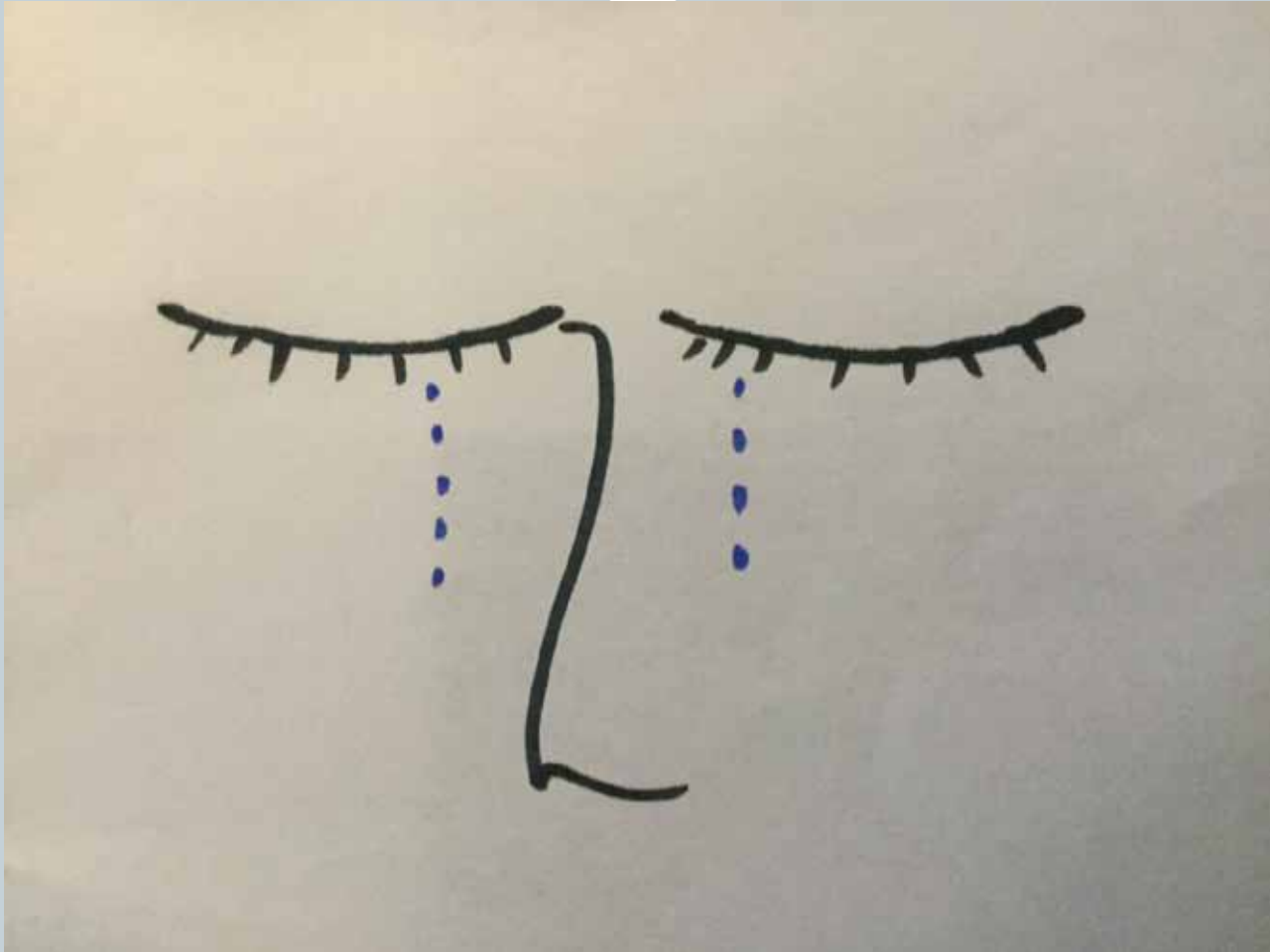
Don't "take it personally", although this is hard. People and their behavior has nothing to do with you or what you may or may not have done or said. It is not your fault or responsibility. Try to understand what "gets to you". This is the present, not the past.

You cannot fix people and their behavior. It's not your job.

You cannot fix everything for every person. I don't like that fact anymore than you do.

Just do your job, the best that you can do it.

It is hard and sometimes it is sad.



Other ways to protect yourself.



Talk to a psychologist for psychotherapy, supervision, coaching, or behavior management.

Get other professional help if you need it.



Talk to other people.



Talk to peers.

Talk to friends or family (only if this is not too stressful for them.)

Spend time with friends and family.





Stay away from extremes. The entire rainbow is between black and white.





Mind and take care of your own business; ignore/don't engage with other people's issues.

Set and maintain personal boundaries. Say "no".

Be flexible with those who can reciprocate in kind.

Forgive yourself and others.

You are human.



Just as you would not run a marathon on a sprained ankle, be aware that sometimes you need to rest or get help.

This is part of what makes you human.



Summary and Conclusions



Burnout is from strong feelings that go on for too long with no resolution or comfort. Burnout is often accompanied by feelings of exhaustion or disillusionment. People can resolve and recover from burnout some support and rest.



Remember that emotional echoes from the past combined with present day realities can cause stress. Pause, reflect and make your own personal connections with the past and the present. This will help you to better create your present and future.

Try to proceed differently.



Try to proceed differently with emotions, thoughts, and behaviors. Look at yourself first before you look at anyone else. We can only change ourselves. We can't force anyone else to change. Understanding ourselves and our vulnerabilities and strengths can help to manage stress and avoid burnout.

Be patient with yourself.



Be patient with yourself so that you can learn and grow. Remember that this is a difficult task for anyone to do alone. Change is hard. Know when to get help. Consider supervision, coaching, or psychotherapy with a psychologist who has a background and expertise in trauma.

Understanding our emotions



If we learn to understand our emotions, we can put them to work for us. This can give us a new level of understanding about ourselves and what is going on around us, while managing stress and avoiding burnout. It's a powerful way to protect ourselves.

Positive news



Although there is plenty of opportunity to be heartbroken and frustrated when doing adult protective services work and advocacy, there is plenty of positive and encouraging news as well. We can't save those who have already suffered and we can't bring back those who have already died. It's too late for them, and this fact distresses and angers me.

Together we rise.



We are all in this together. Together we rise and work to help our vulnerable populations.



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Thanks for attending this webinar.



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