A LEAD MAGNET FROM BARAKA

The Burnout Recovery Workbook

A self-guided protocol for adults whose burnout doesn't recover from a vacation.

BARAKA Ontology & Clinical Counselling

West Vancouver, BC · Bilingual: English & Farsi

Mental Health · Naturopathic Medicine · Coaching · Community

barakaocc.com

Welcome

If you've downloaded this workbook, something has probably been asking for your attention for a while. We're glad you came.

Burnout is one of the most under-treated conditions of contemporary professional life. Most adults who have it do not realize they have it — or recognize it only after years of slow erosion. This workbook is designed to help you map where you are, identify the underlying inner architecture that produced the burnout, and begin a 30-day stabilization before deciding whether deeper work with a therapist makes sense.

It will not fix burnout. Burnout doesn't get fixed by a workbook. But it will help you see what you're working with — and seeing is the start of the work.

Part 1 — Where you are right now

Self-assessment

Read each statement. Score yourself: 0 = not at all, 1 = sometimes, 2 = often, 3 = constantly. Don't overthink — first instinct is usually right.

- ____ I feel tired even after a full night's sleep
- ____ Work I used to find meaningful now feels mechanical
- ____ I have a sense of dread on Sunday evenings
- ____ I'm cynical or irritable about my job in ways I wasn't a year ago
- ____ I'm having difficulty concentrating on tasks I could once do easily
- ____ I'm noticing physical symptoms — gut issues, headaches, tension, sleep disruption
- ____ I drink, scroll, eat, or otherwise numb out more than I used to
- ____ I've withdrawn from people I used to enjoy
- ____ I cannot rest when I'm not working — I'm restless or guilty
- ____ I cannot remember the last time I felt genuinely energized about something

> **Scoring**
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> **0–8:** Likely stress, not yet burnout. Address proactively.
> **9–16:** Early-to-mid burnout. The 30-day protocol matters.
> **17–24:** Significant burnout. Consider therapy alongside the protocol.
> **25–30:** Severe burnout, likely with anxiety or depression. Therapy is recommended; talk to your family physician as well.

Part 2 — The inner architecture

A vacation will not fix burnout if the system that produced it is still in place. Below are the most common inner-architecture patterns we see in burned-out adults. Most people have at least two. Recognizing yours is the first step toward changing it.

Pattern 1: Identity-output fusion

When 'what I do' has become 'who I am' so completely that any threat to the work feels existential. People with this pattern cannot rest because resting threatens the self.

Pattern 2: Hyper-responsibility

The conviction that things will fall apart if you do not personally hold them up. Common in healthcare professionals, eldest siblings, immigrant family success stories, and adults raised in chaotic households where they had to be the responsible one.

Pattern 3: Perfectionism

The standard you hold yourself to is not 'good enough' but something closer to 'no error.' Perfectionism is exhausting because it has no completion point. The work is never done.

Pattern 4: The over-functioning protector

An internal manager part has been carrying the system for years. Competent, capable, exhausted. Underneath are usually exiled parts — the rest-needing, wanting, angry parts — that have been kept out of conscious awareness for the manager to do its job.

Pattern 5: Fear of stopping

Many burned-out adults sense, accurately, that if they stop running, something underneath will catch up — grief, depression, a marriage they've been not-looking-at, an identity crisis. The running has been protective. Slowing down takes courage.

Reflection:

- Which two patterns most resonate?
- How long have they been running?
- What might be underneath — what is the running protecting you from feeling?

Part 3 — A 30-day stabilization protocol

Before any deeper work, the body needs to come down from chronic activation. This 30-day protocol focuses on the foundations: sleep, nervous-system regulation, and reducing acute load.

Week 1 — Sleep architecture

- **Set a non-negotiable bedtime.** Same time every night, including weekends.
- **Cut screens 60 minutes before bed.** Phone and laptop in another room.
- **Cut alcohol or limit to one earlier in the evening.** Alcohol fragments sleep architecture.
- **Cut caffeine after noon.** Yes, even if you're 'not affected.' You are.
- **If you wake at 3 a.m., don't fight it.** Read with a small light until you can return to sleep. Don't check the time or your phone.

Week 2 — Nervous system regulation

- **10-minute morning practice.** Breath, walk, or stillness. Same time every day.
- **Mid-day reset.** A 5-minute break with feet on the ground, eyes closed.
- **Movement, daily.** 20–30 minutes, anything you'll actually do. Not a goal-driven workout.
- **Time in nature.** Even 15 minutes outside changes nervous-system state. Bonus for the seawall.
- **Cut multitasking.** One thing at a time. Email windowed three times a day, not constantly.

Week 3 — Reducing the load

- **Identify the top three drains.** Specific commitments, meetings, relationships, mental loops.
- **Cut, defer, or delegate one of them.** Not all three. Just one. This week.
- **Practice no.** One small no this week to something that wasn't yours to carry.
- **Boundary the inbox.** Three windows per day, not constant.
- **Identify the resentments.** What you've been carrying that should not have been yours.

Week 4 — Beginning the deeper question

- **What would I do with my life if I weren't running?** Begin imagining.
- **What part of me has gone underground?** What have I exiled to keep the engine going?
- **What conversation am I avoiding?** With my partner, my boss, myself.
- **What is the work asking of me that I haven't been giving?**
- **What in my life is no longer mine?**

Reflection:

• After 30 days, what has shifted?

• What has resisted shifting — and what might that resistance be telling you?

• What is the next step that is honestly yours to take?

Part 4 — When to seek therapy

The 30-day protocol is foundation, not cure. If burnout has been going on more than six months, or has crossed into anxiety or depression, or if you can see that the inner architecture is going to keep reproducing it — therapy is probably the right next step.

Specific signals it's time:

- Depression or anxiety at clinical thresholds, layered with the burnout
- Substance use creeping in ways that worry you
- Relationships eroding in ways you can't seem to repair from your current state
- Awareness that the inner architecture has been there since long before this job
- A sense that you've tried everything in your toolkit and need something deeper
- Any thoughts of self-harm — these need clinical attention regardless of severity

> **A note on what depth-oriented burnout therapy actually does**
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> It works at three levels in parallel: stabilization (the work you're starting in this workbook); re-examining the relationship to your work itself; and the deepest layer — the inner architecture, the parts of you that cannot rest, the identity questions, the family-of-origin and cultural patterns that built the engine. This deepest work is what changes whether burnout returns.

When the workbook isn't enough.

Baraka offers depth-oriented therapy, naturopathic medicine, integrative coaching, and community in West Vancouver — in English and Farsi, in person at our Ambleside office or online across British Columbia. Our practice is built around the belief that healing happens at the intersection of clinical rigour, cultural fluency, and the deeper questions of meaning, identity, and being.

What a first step looks like

- **Free 15-minute consultation** — a no-pressure conversation by phone or video to ask questions and explore fit.
- **First session** — 50 to 90 minutes depending on the service. Mostly listening; we go where the work goes.
- **Ongoing therapy or care** — only if it's the right fit, at a cadence that works for your life.

Book a free 15-minute consult → barakaocc.com | (236) 455-6306

This guide is educational and is not a substitute for clinical care. If you are in crisis, please call 9-8-8 (Canada Suicide Crisis Helpline, 24/7) or go to your nearest emergency department.

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