

## *BU Field Work Self-Care Plan (Assessment)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Agency: \_\_\_\_\_

### **Self-Care Assessment**

The following worksheet for assessing self-care is not exhaustive, only suggestive. Feel free to add areas of self-care that are relevant for you and rate yourself on how well you are taking care of yourself these days. Take particular note of anything you would like to include more in your life.

**Rate the following areas according to how well you think you are doing:**

- 5= I do this well (frequently)
- 4=I do this Okay (occasionally)
- 3=I barely or rarely do this
- 2= I never do this
- 1= This never occurred to me

Physical Self-Care	Psychological Self-Care
<input type="checkbox"/> Eat Regularly (breakfast, lunch, dinner) <input type="checkbox"/> Eat Healthy <input type="checkbox"/> Exercise <input type="checkbox"/> Get regular medical care for prevention <input type="checkbox"/> Get medical care when needed <input type="checkbox"/> Take time off when sick <input type="checkbox"/> Get massages <input type="checkbox"/> Dance, swim, walk, run, play sports, sing, or some physical activity <input type="checkbox"/> Take time to be sexual-with self or partner <input type="checkbox"/> Get enough sleep <input type="checkbox"/> Wear clothes I like <input type="checkbox"/> Take Vacations <input type="checkbox"/> Other	<input type="checkbox"/> Take Day trips or mini-vacations <input type="checkbox"/> Make time away from telephones, email and internet <input type="checkbox"/> Make time for self-reflection <input type="checkbox"/> Notice my inner experience; thoughts, beliefs, feelings <input type="checkbox"/> Have my own personal psychotherapy <input type="checkbox"/> Write in a journal <input type="checkbox"/> Read literature that is unrelated to work <input type="checkbox"/> Do something at which I am not an expert or in charge <input type="checkbox"/> Take time to be sexual-with self or partner <input type="checkbox"/> Attend to minimizing stress in my life <input type="checkbox"/> Engage my intelligence in a new area; art, show, sports <input type="checkbox"/> Be curious <input type="checkbox"/> Say no to extra responsibilities sometimes <input type="checkbox"/> Other
Emotional Self-Care	Spiritual Self-Care
<input type="checkbox"/> Spend time with others who company I enjoy <input type="checkbox"/> Stay in contact with important people in my life <input type="checkbox"/> Give myself affirmations, praise myself <input type="checkbox"/> Love myself <input type="checkbox"/> Re-read favorite books, re-view favorite movies <input type="checkbox"/> Allow myself to cry <input type="checkbox"/> Find things that make me laugh <input type="checkbox"/> Express my outrage in social action, letters, donations, marches <input type="checkbox"/> Other:	<input type="checkbox"/> Make time for reflection <input type="checkbox"/> Spend time in nature <input type="checkbox"/> Find a spiritual connection or community <input type="checkbox"/> Be open to inspiration <input type="checkbox"/> Cherish my optimism and hope <input type="checkbox"/> Be aware of non-material aspects of life <input type="checkbox"/> Try at times to not be in charge or the expert <input type="checkbox"/> Be open to not knowing <input type="checkbox"/> Identify what is meaningful to me and notice its place in my life <input type="checkbox"/> Meditate <input type="checkbox"/> Pray <input type="checkbox"/> Sing <input type="checkbox"/> Contribute to causes in which I believe <input type="checkbox"/> Read inspirational literature or listen to inspirational music <input type="checkbox"/> Other:

Relationship Self-Care	Overall Balance
<input type="checkbox"/> Schedule regular dates with my partner or spouse <input type="checkbox"/> Schedule regular activities with my children <input type="checkbox"/> Make time to see friends <input type="checkbox"/> Call, check on, or see my relatives <input type="checkbox"/> Spend time with my companion animals <input type="checkbox"/> Stay in contact with faraway friends <input type="checkbox"/> Make time to reply to personal emails and letters and send cards <input type="checkbox"/> Allow others to do things for me <input type="checkbox"/> Enlarge my social circle <input type="checkbox"/> Ask for help when I need it <input type="checkbox"/> Share a fear, hope or secret with someone I trust <input type="checkbox"/> Other:	<input type="checkbox"/> Strive for balance within my work-life and work day <input type="checkbox"/> Strive for balance among work, family, relationships, play, and rest  Other areas of Self-Care that are Relevant to You:

(Adapted from Saakvitne, Pearlman, & Staff of TSI/CAAP (1996). Transforming the pain: A workbook on vicarious traumatization. Norton)

**\*\*Below is a Self-Care Plan that you will be asked to complete during your fieldwork internship. This Self-Care Plan will be a useful tool for you during this internship to reflect upon your reactions and feelings to experiences in your life particularly as they relate to your stress level and coping. Your Self-Care Plan is meant to be a resource for you to counterbalance your personal life with your work life so you can feel productive and healthy. Throughout the semester as you take the compassion fatigue scale (Pro-QOL) bi-weekly, you may notice that stress from your external environment fluctuates depending upon your experiences and the requirements placed upon you from your internship, school work and your personal life. At the BU fieldwork program we strongly believe that the ability to develop and implement a Self-Care plan early on in your career is necessary to maintain professional integrity and personal happiness. Although you will receive a grade for your Self-Care Plan, there is no right or wrong approach... only the one that you feel will help you best accomplish a successful balance in your life.**

*"This is a very important practice. Live your daily life in a way that you never lose yourself. When you are carried away with worries, fears, cravings, anger, and desire, you run away from yourself and lose yourself. The practice is always to go back to oneself."* Thich Nhat Hanh

**Self-Care Plan**                      **Date:** \_\_\_\_\_

I use this worksheet as a guide to remind myself of the importance of maintaining a healthy personal and professional life. I understand that I have current strategies that are useful and others that are not. In this worksheet, I will identify what current activities help me to maintain a healthy life and what new activities may be additionally helpful. In this worksheet, I will also include how I will address potential barriers, including negative coping strategies to positive self-care and how I will address these barriers.

**Identifying Red Flags:**

(I will know when I need to revisit my self-care plan when I feel..... or when I notice..... or when someone tells me..... or when I score \_\_ on the CF scale)

Area of Concentration	Current Practice	New Practice
Mind		
Body		
Emotions		
Spirit		

**Barriers to maintaining self-care**

Barriers and negative coping strategies	Action Plan to Change

