

Counselor Wellness

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Action Planning for Wellness Packet for Workshop Attendees

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Exercise: Combating Counselor Burn-Out

1. Identify some of the signs of burn-out you have personally experienced:

2. Brainstorming: What steps can you take – Starting TODAY – to reduce your own level of Burn-Out?

Action Planning for Wellness

Long Range Wellness Goals

Longevity Goal: Ideal age you'd like to attain, assuming you'll reach this age in a relatively robust state of health: _____

Long Range Wellness Goals: Identify your long-range wellness goals – landmarks that you want to attain in your personal quest for high-level wellness, optimal recovery and burn-out prevention. Briefly describe why each goal is important to you. Be sure to address goals that are important to you in terms of quality of life, as well as in the arena of optimal health.

L.R. Goal No. 1. _____

Why this goal is important: _____

L.R. Goal No. 2. _____

Why this goal is important: _____

L.R. Goal No. 3. _____

Why this goal is important: _____

Action Planning for Wellness

Short Range Wellness Goals and Associated Actions Steps

Identify one or more immediate wellness goals that you would like to attain sometime over the next 3-6 months (be specific). At least one of these goals should address combating burn-out.

S.R. Goal No. 1 _____

S.R. Goal No. 2 _____

S.R. Goal No. 3 _____

Now, for each goal, list a series of *concrete and manageable action steps* that you can take toward realizing this goal (list these steps in numbered order).

S.R. Goal No. 1/Action Steps: _____

S.R. Goal No.2/Action Steps: _____

S.R. Goal No. 3/Action Steps: _____

Action Planning for Wellness

Weekly Review Sheet

Short Range Wellness Goals and Action Steps:

Goal No. 1: _____

How am I doing concerning this goal and the action steps? _____

Points of Resistance and Challenging this Resistance: _____

Do I need to modify my goal or any of the action steps? If so, describe here: _____

Goal No. 2: _____

How am I doing concerning this goal and the action steps? _____

Points of Resistance and Challenging this Resistance: _____

Do I need to modify my goal or any of the actions steps? If so, describe here: _____

Goal No. 3: _____

How am I doing concerning this goal and the action steps? _____

Points of Resistance and Challenging this Resistance: _____

Do I need to modify my goal or any of the action steps? If so, describe here: _____

Comments re my overall progress this week:

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Periodic Wellness and Recovery Review and Goal Setting

Instructions:

1. Complete this review every 3-6 months
2. Using the worksheet below, evaluate where you stand in relation to each Short-Range Wellness Goal you had previously set. Comment on your progress, as well as problems and obstacles you've encountered along the way. Then you need to determine where you stand in reference to each goal, as indicated in the "Next Steps" section of the worksheet.
3. **KEY: Once you have completed the worksheet below, you then need to complete a new "Short Range Wellness Goals and Associated Action Steps" form . Here you will set forth a new (or updated) set of Short Range Goals and associated Action Steps, to guide you for the next 3-6 months.**

Your Periodic Review Worksheet (focusing on the Short Range Goals you had previously set forth):

Short Range Goal 1: _____

Progress/Problems relating to your accomplishing this goal: _____

Next Steps: Check one of the following:

- (a) I've accomplished this Goal and am ready to move on to a new wellness goal__
CONGRATULATIONS! **HOW ARE YOU GOING TO REWARD**
YOURSELF?
- (b) I need to continue working on this goal, perhaps with a new set of action
steps _____
- (c) I need to modify this goal, and/or the action steps _____

Short Range Goal 2. _____

Progress/Problems relating to your accomplishing this goal: _____

Next Steps: Check one of the following:

- (a) I've accomplished this Goal and am ready to move on to a new wellness goal ____
CONGRATULATIONS!
- (b) I need to continue working on this goal, perhaps with a new set of action
steps ____
- (c) I need to modify this goal, and/or the action steps ____

Short Range Goal 3: _____

Progress/Problems relating to your accomplishing this goal: _____

Next Steps: Check one of the following:

- (a) I've accomplished this Goal and am ready to move on to a new wellness goal ____
CONGRATULATIONS!
- (b) I need to continue working on this goal, perhaps with a new set of action
steps ____
- (c) I need to modify this goal, and/or the action steps ____

Moving Forward

1. Once you've completed this Periodic Review and Goal Setting worksheet, your next step is to celebrate completing your first "Action Planning for Wellness" cycle – **How will you REWARD YOURSELF for your progress?**
2. THEN – Begin your new "Action Planning for Wellness" cycle by completing a new "Short Range Wellness Goals and Associated Action Steps" form, to guide you over the next 3-6 months (you choose the time line).
3. In completing your new "Short Range Goals" form:
 - (a) Revisit each former short range goal and ask yourself – "Do I want to continue working on this goal (perhaps with a modified set of action steps), or am I ready to move on to a NEW short-range wellness goal?"
 - (b) Each New Goal should be both manageable and challenging – and paired with an appropriate sequence of Action Steps.
 - (c) Assign yourself a time line for completing your next "Action Planning for Wellness" cycle – and ENJOY THE PROCESS!
4. TIP: You can complete a new "Long Range Wellness Goals" worksheet at any time. It will be exciting to see how your Long Range Goals change as you move further and further along your chosen pathway to wellness – ***To Your Health!***

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