

**KEY QUESTION for SELF: DO YOU HAVE A CARE PLAN?**

What have you found effective as part of your Spiritual self-care to help you with stress & focus?

**SELF-CARE MANAGEMENT PLAN**

**COMPONENTS of a SELF-CARE PLAN - GOALS to INCORPORATE into a CARE PLAN:**

- Commitment to invest in time and ways that will fill your emotional and spiritual tank
- Incorporate ways that celebrate specific YOU time
- Care Plan should effectively exercise your Spirit, Soul (mind) & Body

**A SAMPLE PLAN could include:**

- Biblical engagement in daily prayer, reading and meditation on the Word of God
- Laughing, talking, spending quality time with family & others
- Scripture reading, Spiritual reflection time engaged in the Word, Journaling
- Other spiritual disciplines: Sabbath, Solitude, Retreat (see Spiritual Disciplines Overview)
- Other Sabbath typed endeavors: Sabbatical, setting boundaries, visiting a sacred place to encounter God in fresh ways, Rest, sleep, & slowing down
- Favorite exercise, movement, hobbies, leisure activities
- Breathing and music therapies
- Time management planning

**Step One: Personal Assessment**

- Personal Rating: Your Current Level of Consistent Self-Care



- Life Stress, Resilience, and Coping

- Rate your current area of Life Stress |Low 1 2 3 4 5 6 7 8 9 10 High|
- What is your level of Stress Vulnerability |Low 1 2 3 4 5 6 7 8 9 10 High|
- How do you rate your Personal Resilience |Low 1 2 3 4 5 6 7 8 9 10 High|
- Do you have Healthy & Sufficient Coping Strategies? |Low 1 2 3 4 5 6 7 8 9 10 High|
- Are your Basic Needs being met Daily at home? |Low 1 2 3 4 5 6 7 8 9 10 High|
- Please Rate your level of Fatigue |Low 1 2 3 4 5 6 7 8 9 10 High|
- Rate your likeliness for or nearness to Burnout |Low 1 2 3 4 5 6 7 8 9 10 High|
- Are your Basic Needs being met Daily at work? |Low 1 2 3 4 5 6 7 8 9 10 High|

**Step Two: Setting Goals**

- Review Your Self-Assessment Results (**Honesty/Transparency/BE RESPONSIBLE to SELF**). Rate where most stress lies and begin to create coping strategies to intervene in that area of your life.

\_\_\_ General Life Stress      \_\_\_ Crisis/Event Stress      \_\_\_ Ministry Leader Stress

Setting SMART Goals (Your goal-setting and your personalized care plan needs to be all the below.) Is your plan:

\_\_\_ Specific    \_\_\_ Measurable    \_\_\_ Attainable    \_\_\_ Realistic    \_\_\_ Time-based

**APPOINT an Accountability friend and/or mentor:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_