

Your Signature Stress Experience

Enhancing Your Mindful Awareness of the Sources, Experiences, and Impacts of Stress

Describe your signature stress experience (i.e., typical reactions, habits, actions, thoughts, feelings)? _____

How does your stress process typically impact client care (check all that apply)?:

- | | |
|--|---|
| <input type="checkbox"/> More distractible | <input type="checkbox"/> Less flexible with yourself |
| <input type="checkbox"/> Less patient | <input type="checkbox"/> More spillover of emotions onto client |
| <input type="checkbox"/> Less compassionate | <input type="checkbox"/> More energetic spillover from one client to the next |
| <input type="checkbox"/> More quick to "advise" vs. collaborate | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Too fatigued to engage mindfully | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Miss important moments for change/insight | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Fed up with "yet another troubled client" | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Desire cancelations | |

What are your (external & internal) triggers of stress? _____

Do you feel chronically stressed? _____

How do you currently take care of yourself to mitigate acute (or chronic stress)?

How would you like to address your deeper needs when stressed (and even to prevent accumulation of excess stress)? _____

