

# Monitoring Impact

Rate each statement either rarely (R) sometimes (S) or frequently (F) for your experience over the past month. Consider discussing with a supervisor or trusted colleague, focussing on any high scoring (F) responses and monitoring month by month to identify any recurring patterns.

FEELINGS	
	I have felt overwhelmed, emotionally exhausted or depressed
	I have felt enraged or very sad about the situation of someone/ those I am supporting
	I have felt hopeless and despairing that anything can improve
	I have felt that everything rests on my shoulders; that I can never do enough
	I have felt overly involved emotionally with someone/ those I am supporting
	I have felt trapped; that I have no choice but to keep doing this work
	I have felt detached or numb; less able to empathise with others (work/home)
	I have felt guilty about my life in the presence of clients
	I have felt little pleasure in everyday life (work/home)

THOUGHTS	
	I am preoccupied with thoughts of someone/ those I am supporting - outside of work
	I have fantasies of rescuing clients
	I have dissociative moments, nightmares or unwanted imagery
	I believe that my work is useless and I am ineffective
	I feel cynical about clients/their situation
	I dread coming to work or think of avoiding someone/ those I am supporting
	I see danger and feel a heightened sense of vulnerability and personal threat
	I minimise/discount other pain (family/my own) as 'not as bad' as people I support at work
	I think that no-one outside work understands

BEHAVIOURS	
	I am always working and busy (at home/work) and uneasy if not
	I am finding it harder to maintain professional boundaries at work
	I am avoiding work and/or taking more time off
	I am finding it harder to listen to client's stories of traumatic experiences
	I am making more mistakes
	I am more distant, detached and cut-off from others (at work/home)
	I no longer want to see friends or take time relaxing or playing with family/friends
	I am finding it harder to be intimate
	I am using alcohol/drugs/other ways of 'not feeling' more frequently

PHYSICAL SYMPTOMS - circle (or add any not mentioned)	
	Poor sleep; increased or decreased appetite; regular physical pain e.g., headaches, stomach aches; increased or frequent illness or deep tiredness... Other?

# Monitoring Self-Care

This form is designed to support you to try and include specific elements of self-care which research shows really support well-being and help to build resilience in Helpers.

4 Cornerstones (ABCCs)		How am I doing?
Self- <u>A</u> wareness	What can I feel in my body? What is this telling me about what I need?	
<u>B</u> alance	How balanced is my life – at work and at home?	
<u>C</u> onnection	How connected to others do I feel – at work and at home?	
Self- <u>C</u> ompassion	Am I able to accept what I feel and what I need? Treat myself like a best friend?	
Boosting my 'feel-good' chemicals (GRR!)		How am I doing?
<u>G</u> rounding Reconnecting with the breath and centring our energy	How often do I ground and centre my energy? Is it a habit?	
<u>R</u> eleasing Discharging stress chemicals	What aerobic activities do I do (running, swimming, dancing, singing etc.?) How often?	
<u>R</u> e-charging Getting more DOSE 'feel-good' chemicals	What am I doing to top up my Dopamine, Oxytocin, Serotonin and Endorphins?	
Action planning		
What can get in the way? What would I like to change, do more of etc.?		