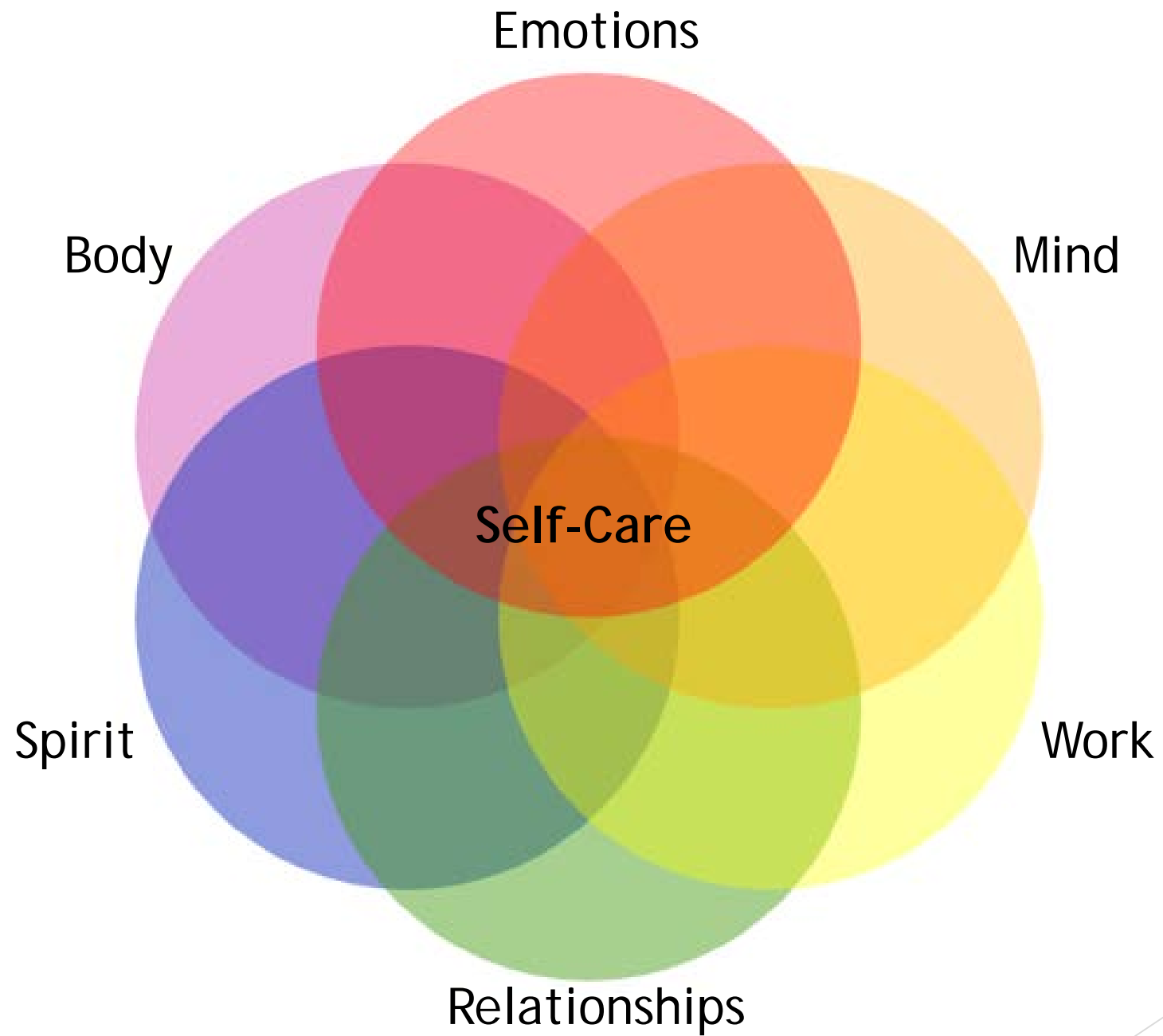


The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The overall composition is clean and modern, with the text centered on a white background.

# Time Management Support Group

Week 2: Oct 4<sup>th</sup>, 2021



\*Adapted from University of Buffalo School of Social Work *"Self-Care Starter Kit"*

# Resources for developing a self-care plan:

<http://socialwork.buffalo.edu/resources/self-care-starter-kit/developing-your-self-care-plan.html>

<http://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/lifestyle-behaviors.pdf>

<http://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/self-care-assessment.pdf>

<http://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/my-maintenance-self-care-worksheet.pdf>

<http://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/emergency-self-care-worksheet.pdf>

## Is your lifestyle causing you stress?

The way you live your life can have a big impact on your health, well-being, and how well or poorly you handle stress. The chart shows lifestyle behaviors that affect stress levels. Please check the boxes that apply to you. Doing an honest assessment of how well or poorly you take care of yourself can help you manage your stress in the future.

Lifestyle Behaviors					
When you are under stress, do you:	Yes	No	When you are under stress, do you:	Yes	No
Smoke/use tobacco	<input type="checkbox"/>	<input type="checkbox"/>	Engage in physical activity at least three times a week for 30 minutes each day	<input type="checkbox"/>	<input type="checkbox"/>
Drink a lot of coffee or caffeinated drinks (more than 2-3 cups per day)	<input type="checkbox"/>	<input type="checkbox"/>	Get six to eight hours of sleep every night	<input type="checkbox"/>	<input type="checkbox"/>
Drink alcohol (more than recommended levels of 1-2 per day)	<input type="checkbox"/>	<input type="checkbox"/>	Maintain good eating habits	<input type="checkbox"/>	<input type="checkbox"/>
Overuse over-the-counter medications	<input type="checkbox"/>	<input type="checkbox"/>	Make time to relax	<input type="checkbox"/>	<input type="checkbox"/>
Overeat or under eat	<input type="checkbox"/>	<input type="checkbox"/>	Maintain a sense of humor	<input type="checkbox"/>	<input type="checkbox"/>
Spend too much money (e.g., do you have a lot of credit card debt and have trouble making payments?)	<input type="checkbox"/>	<input type="checkbox"/>	Play	<input type="checkbox"/>	<input type="checkbox"/>
Abuse/overuse tranquilizers or other over-the-counter medications	<input type="checkbox"/>	<input type="checkbox"/>	Maintain healthy rituals and routines	<input type="checkbox"/>	<input type="checkbox"/>
Watch too much television (more than 3-4 hours per day)	<input type="checkbox"/>	<input type="checkbox"/>	Be optimistic. Engage in positive thinking	<input type="checkbox"/>	<input type="checkbox"/>
Have angry outbursts	<input type="checkbox"/>	<input type="checkbox"/>	Spend time with family	<input type="checkbox"/>	<input type="checkbox"/>
Take illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	Spend time with friends	<input type="checkbox"/>	<input type="checkbox"/>
Withdraw from people	<input type="checkbox"/>	<input type="checkbox"/>	Make plans for the future	<input type="checkbox"/>	<input type="checkbox"/>
Ignore or deny stress symptoms	<input type="checkbox"/>	<input type="checkbox"/>	Figure out ways to manage stress	<input type="checkbox"/>	<input type="checkbox"/>
Engage in self-destructive relationships	<input type="checkbox"/>	<input type="checkbox"/>	Reward yourself for your accomplishments	<input type="checkbox"/>	<input type="checkbox"/>
<b>These are negative self-care behaviors.</b>			<b>These are positive self-care behaviors.</b>		

## My Maintenance Self-Care Plan Worksheet

Consider what you do now for self-care and list those activities within each dimension of self-care on this worksheet (or you can add new dimensions at the end that represent other aspects of your life). Identify new strategies that you will begin to incorporate as part of your ongoing maintenance self-care plan — pay particular attention to domains that you have not been addressing in the past. On the last page identify barriers that might interfere with ongoing self-care, how you will address them, and any negative coping strategies you would like to target for change.

<p style="text-align: center;"><b><u>MIND</u></b></p> <p>Current practice</p>   <p>New practice</p>	<p style="text-align: center;"><b><u>BODY</u></b></p> <p>Current practice</p>   <p>New practice</p>
<p style="text-align: center;"><b><u>EMOTIONS</u></b></p> <p>Current practice</p>   <p>New practice</p>	<p style="text-align: center;"><b><u>SPIRIT</u></b></p> <p>Current practice</p>   <p>New practice</p>

## My Maintenance Self-Care Plan Worksheet

<u>WORK</u>	<u>RELATIONSHIPS</u>
<p>Current practice</p> <p>New practice</p>	<p>Current practice</p> <p>New practice</p>
<p><u>OTHER: _____.</u></p> <p>Current practice</p> <p>New practice</p>	<p><u>OTHER: _____.</u></p> <p>Current practice</p> <p>New practice</p>

*My Maintenance Self-Care Plan Worksheet*

<p><b>Barriers to maintaining my self-care strategies</b></p>	<p><b>How I will address these barriers and remind myself to practice self-care</b></p>
<p><b>Negative coping strategies I would like to use less or not at all</b></p>	<p><b>What I will do instead</b></p>

(Adapted by Shirley Reiser, LCSW and Lisa D. Butler, PhD from materials provided by Sandra A. Lopez, LCSW, ACSW, University of Houston, Graduate School of Social Work.)