

DAILY SELF-INVENTORY FOR MENTAL HEALTH PROFESSIONALS

1. Did I cause harm (physical or emotional) today, intentionally or unintentionally, to self or others?

Yes

No

2. If so, how, and what can I do to make amends and prevent reoccurrence?

3. Have I treated everyone I've come across with dignity and respect today?

Yes

No

4. If no, how did I mistreat another/others? What were my underlying thoughts/feelings/beliefs?
How can I improve in this area?

5. Have I imposed my personal values on a client (or clients) today?

Yes

No

6. If so, which values, and what steps can I take to prevent this from happening in the future?
(Note: professional counselors are to respect diversity and seek training when at risk of imposing personal values, especially when they're inconsistent with the client's goals.)



7. Currently, what are my personal biases and how can I overcome them?

8. Have I done anything today that has *not* been in effort to foster client welfare (i.e. self-disclosure for self-fulfilling reasons)?

Yes

No

9. If so, what were my motives and how can I improve on this?

10. On a scale from 1-10 (1 being the least and 10 the greatest), how ***genuine*** have I been with both colleagues and clients? _____

11. On a scale from 1-10, how ***transparent*** have I been with both colleagues and clients? _____

12. What specific, evidence-based counseling skills, tools, and techniques did I use today? Am I certain there is empirical research to support my practices? (If no, how will I remedy this?)

13. Have I practiced outside the boundaries of my professional competence (based on education, training, supervision, and experience) today?

Yes

No



14. What have I done today to advance my knowledge of the counseling profession, including current issues, evidence-based practices, relevant research, etc.?

15. What have I done today to promote social justice?

16. Have I maintained professional boundaries with both colleagues and clients today?

Yes No

17. Did I protect client confidentiality to my best ability today?

Yes No

18. To my best knowledge, am I adhering to my professional (and agency's, if applicable) code of ethics?

Yes No

19. On a scale from 1-10, what is my level of "burnout"? _____

20. What have I done for self-care today?

- ☐ Exercise
- ☐ Healthy snacks/meals
- ☐ Meditation
- ☐ Adequate rest
- ☐ Adequate water intake
- ☐ Regular breaks throughout the workday
- ☐ Positive self-talk
- ☐ Consultation
- ☐ Therapy
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____



AREAS FOR IMPROVEMENT:

AREAS IN WHICH I EXCEL:

PROFESSIONAL AND/OR SELF-CARE GOALS FOR TOMORROW:

