DAILY SELF-INVENTORY FOR MENTAL HEALTH PROFESSIONALS

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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?
   
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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?
   
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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.)
   
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Daily Self-Inventory for Mental Health Professionals
7. Currently, what are my personal biases and how can I overcome them?

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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?

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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.?

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

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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:

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AREAS IN WHICH I EXCEL:

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PROFESSIONAL AND/OR SELF-CARE GOALS FOR TOMORROW:

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