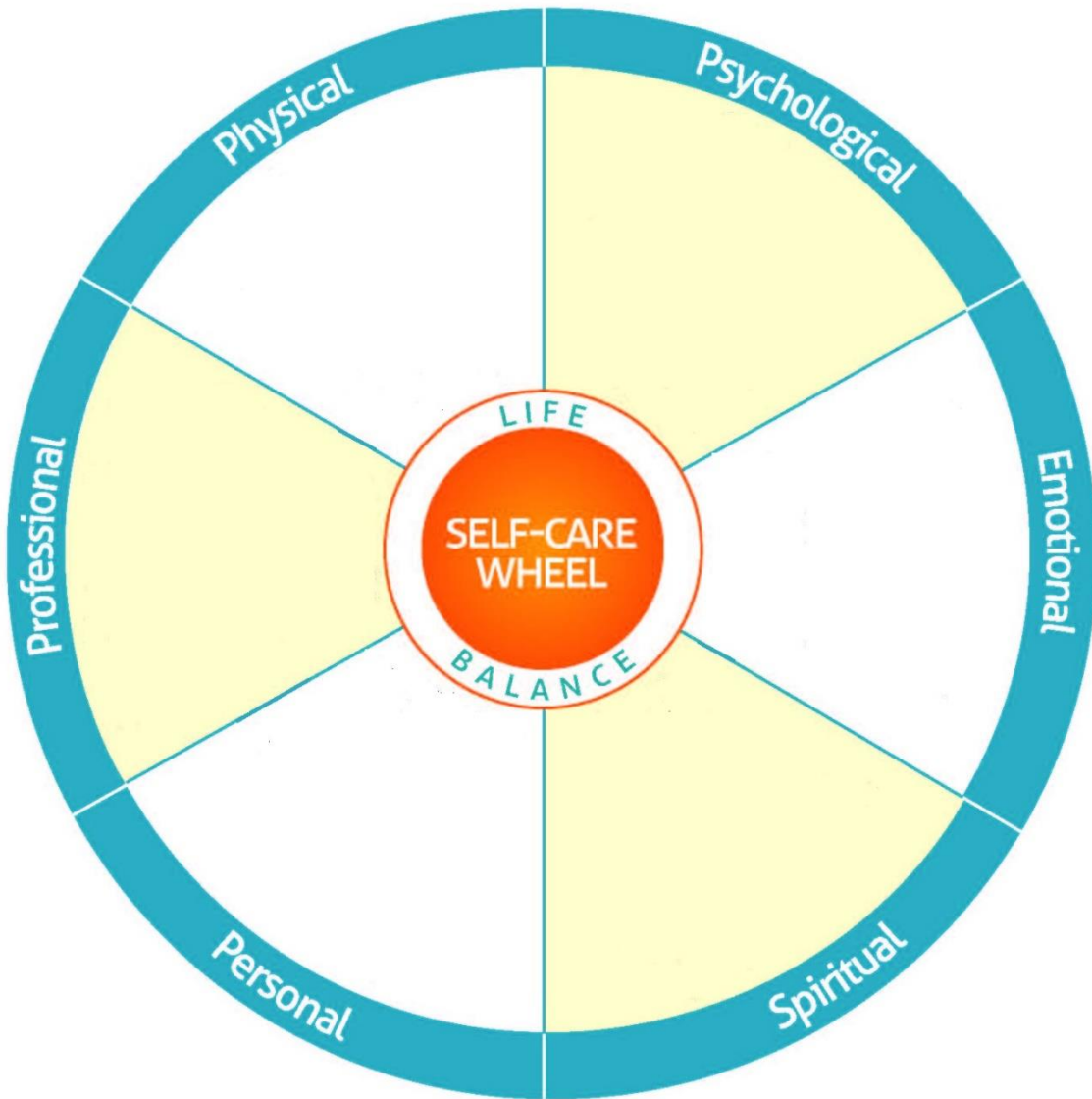


Name: _____

SELF-CARE WHEEL



Recognize the effect of Secondary Trauma on Clients and Caregivers in These Turbulent Times Training

My Self-Care/Personal Pledge is: _____

My word of wisdom/inspiration is: _____

This is where I will keep my pledge or word on inspiration: _____

My Favorite Self-Care Activities are: _____

The cheerleader (s) in my life is/are: _____

My favorite place is: _____

My self-reflection after this training is:

Other important self-care information/activity/suggestions that I want add to my Self-Care plan:

