

Relationship to Self

What Do You Say About Yourself to Yourself?

Resilience Intensives · Personal

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About this program

The Resilience Intensives program is designed specifically for substance use disorder clinicians and staff who face unique challenges in their daily work. This comprehensive program addresses personal resilience, professional career sustainability, intimate relationships, and community connections.

Through evidence-based assessments, reflective exercises, and practical tools, you'll build sustainable practices that honor both the demands of this vital work and your own wellbeing. Choose a module below to begin your journey from depletion to growth.

Getting started

Each module contains comprehensive reading materials, evidence-based self-assessments, and practical exercises. Your progress is automatically saved as you work through the content. Start with Time Management if you feel depleted and overwhelmed.

Part 1 · Reading · The Foundation You Stand On: Relationship to Self for Helpers

The Foundation You Stand On: Relationship to Self for Helpers

Your relationship with yourself is the ground you stand on when you do this work. It is the foundation beneath every therapeutic alliance you build, every crisis you navigate, every clinical decision you make, and every moment of emotional labor you offer to people in the most vulnerable period of their lives. When that foundation is solid — when you speak to yourself with respect, treat yourself with the same compassion you extend to clients, and maintain a clear sense of who you are beyond your professional role — you can sustain this work for decades. When that foundation is cracked — when your internal dialogue is dominated by criticism, self-doubt, guilt, and impossible standards — every aspect of your professional and personal life becomes precarious.

Here is the paradox that few training programs prepare you for: the very qualities that drew you to this field — empathy, sensitivity, the desire to help, the capacity to feel other people's pain — can become the mechanisms of your own suffering when they are not balanced by an equally strong relationship with yourself. You learned to attune to others. You learned to hold space for others. You learned to sit with others' pain without flinching. But somewhere along the way, many of you stopped doing any of that for yourselves.

You became experts at caring for others and amateurs at caring for yourselves — not because you are flawed, but because the field itself often rewards self-neglect and frames self-sacrifice as virtue. The substance use disorder treatment field carries unique pressures that intensify this dynamic. You work with a population where the stakes feel life-or-death because they often are. Client relapse rates are high, system barriers are real, and the emotional demands of holding hope for people who have lost it for themselves can be staggering.

The internal dialogue you maintain about yourself — what you say to yourself, about yourself, throughout the day — is not a minor psychological detail. It is the operating system that runs your clinical practice, your relationships, your capacity for joy, and your resilience under pressure. A clinician who silently tells themselves "I'm not good enough" fifty times a day will burn out faster, miss clinical nuance because they are distracted by self-monitoring, and model the very self-rejection they are trying to help clients overcome.

Reflection Questions

1. When you read that your relationship with yourself is the "foundation you stand on" for clinical work, what is your honest assessment of how solid that foundation is right now? What cracks have you been ignoring?

2. How has the SUD treatment field specifically shaped your internal dialogue — for better or worse? What messages has this field taught you about your own worth and needs?

3. Do you recognize the paradox of being skilled at compassion for others while struggling to extend it to yourself? When did you first notice this gap?

4. If your internal dialogue were an audio recording that played on speakers in your treatment center, would you be comfortable with what your colleagues heard? What would surprise them?

5. On a scale of 1 to 10, how much conscious attention have you given to your relationship with yourself in the past year, compared to the attention you give to your clients' self-relationships? What does that gap tell you?

Part 2 • Reading • What Do You Say About Yourself to Yourself?

What Do You Say About Yourself to Yourself?

The average person generates between 12,000 and 60,000 thoughts per day, and research consistently shows that for most people, roughly 80% of those thoughts are negative. For helping professionals — particularly those working in high-stress, high-stakes environments like substance use disorder treatment — that percentage is often higher.

Self-talk is the ongoing internal commentary that accompanies everything you do. It is the voice that evaluates your session after the client leaves. It is the narrator that tells you whether you are a good clinician, a good colleague, a good person. For SUD clinicians and staff, self-talk tends to organize around several recurring themes. The first is competence: "Am I good enough at this?" The second theme is worthiness: "Do I deserve to be here? Am I a fraud?" The third theme is sustainability: "How long can I keep doing this?"

What makes self-talk so powerful — and so dangerous — is that it operates largely below the level of conscious awareness. The first step toward a healthier relationship with yourself is not to "think positive" but awareness: to begin noticing what you actually say to yourself, how often you say it, in what contexts it intensifies, and what effect it has.

Reflection Questions

1. Pause right now and notice: what has your self-talk been saying in the last hour? What themes emerge — competence, worthiness, sustainability, or something else?

2. As a clinician trained to spot cognitive distortions, which distortions do you most frequently apply to yourself?

3. How do you respond when you catch a client engaging in harsh self-talk? Do you offer the same intervention to yourself?

4. If you were to track your self-talk for a single clinical day, what would the ratio of critical to compassionate statements look like?

5. What would change about your clinical practice if your self-talk were 20% more compassionate?

Part 3 • Reading • The Helper's Trap: How This Field Weaponizes Self-Talk

The Helper's Trap: How This Field Weaponizes Self-Talk

The substance use disorder treatment field does not merely fail to protect clinicians from destructive self-talk — in many cases, it actively cultivates it. The culture, the expectations, the reward systems, and the unspoken norms of this field create conditions in which harmful self-talk not only survives but thrives.

The first trap is Helper Identity Fusion. When your sense of self becomes inseparable from your role as a helper, every clinical outcome becomes a referendum on your worth as a human being. The second trap is Compassion Asymmetry. You extend radical compassion to your clients, then tell yourself "I should have handled that better." The third trap is the Suffering Comparison. Your self-talk says: "I have no right to complain."

The fourth trap is the Perfection Imperative. Your self-talk becomes hypervigilant, treating normal clinical uncertainty as evidence of incompetence. The fifth trap is Vicarious Trauma Internalization. The cynicism that characterizes secondary traumatic stress begins to color how you speak to yourself.

Reflection Questions

1. Which of the five traps resonates most strongly with you right now?

2. How would you respond if a client told you they felt guilty for struggling because "other people have it worse"? Now apply that same clinical response to yourself.

3. Have you experienced the shift from healthy professional standards to the Perfection Imperative?

4. If vicarious trauma is shaping your self-talk, whose voice are you actually hearing?

5. What would it look like to stay deeply committed to your work while refusing to allow the field's systemic pressures to determine how you speak to yourself?

Part 4 • Reading • Rewiring the Internal Dialogue: From Critic to Compassionate Witness

Rewiring the Internal Dialogue: From Critic to Compassionate Witness

Changing your self-talk is not about installing forced positivity. It is about developing a different relationship with your own internal voice — one that is honest, warm, accurate, and resilient. The goal is not to silence the inner critic entirely but to ensure it is not the only voice in the room.

The first principle is Noticing Without Fusing. The second is Accuracy Over Positivity. The third is the Colleague Test. The fourth is Self-Compassion as Clinical Practice. The fifth is Practice Over Perfection.

Research shows that self-compassionate helping professionals have lower rates of burnout, higher job satisfaction, and better client outcomes. When you treat yourself well, you treat your clients better.

Reflection Questions

1. Try the Colleague Test right now: identify the harshest thing your inner critic has said to you this week. Now imagine a respected colleague said that same thing about themselves to you. What would you say in response?

2. Which of the three self-compassion components — self-kindness, common humanity, or mindfulness — feels most challenging for you?

3. How does the idea of "Accuracy Over Positivity" land for you?

4. If self-compassion genuinely improves clinical outcomes, what is your ethical obligation to practice it?

5. Write a "Compassionate Witness Statement" — what would a wise, honest, caring observer say about you and the work you are doing right now?

Part 5 · Self-Assessment

Self-Talk & Self-Relationship Assessment

Rate each statement: 1 (Not at all like me) to 5 (Very much like me)

Your Self-Relationship Profile

Inner Critic Dominance ____ %

Self-Compassion Depletion ____ %

Professional Identity Fusion ____ %

Boundary-Related Self-Talk ____ %

Resilient Self-Talk Capacity ____ %

Reading Your Scores

For Domains 1-4, higher scores indicate greater difficulty in that area — more inner critic dominance, more compassion depletion, more identity fusion, or more boundary-related distress. For Domain 5 (Resilient Self-Talk Capacity), higher scores indicate greater self-relationship health — a professional strength. The gap between your challenge scores and your resilience score reveals where your self-relationship most needs attention.

Inner Critic Dominance

I frequently tell myself I am not good enough at my job

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

When I make a clinical mistake, I replay it in my mind for days or weeks

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I hold myself to standards I would never impose on a colleague

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I minimize my accomplishments and maximize my failures

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I compare myself unfavorably to other clinicians or staff members

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I use harsh language with myself that I would never use with a client

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I believe I should be further along in my career or skills than I am

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

When I receive positive feedback, I dismiss it or attribute it to luck

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Self-Compassion Depletion

I extend more compassion to my clients in one session than I give myself in a week

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I feel guilty when I prioritize my own emotional needs

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I struggle to treat myself with the same warmth I offer to others

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I believe that self-compassion is somehow self-indulgent or weak

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

When I am hurting, I tell myself to "push through" rather than acknowledging the pain

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have difficulty accepting comfort or support from others

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I dismiss my own struggles as insignificant compared to what my clients face

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I feel I have "used up" my compassion on others and have none left for myself

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Professional Identity Fusion

My sense of self-worth is almost entirely tied to my professional performance

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

When a client relapses or leaves treatment, I take it as a personal failure

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have difficulty separating who I am from what I do

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Outside of work, I struggle to identify what I value or enjoy

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I define myself primarily through my role as a helper or healer

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

When work is going poorly, I feel like I am going poorly as a person

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I have sacrificed personal relationships, health, or interests for my career

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I fear that without my professional identity, I would have no identity at all

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Boundary-Related Self-Talk

I tell myself that setting boundaries makes me a bad clinician or colleague

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I feel anxious or guilty when I say no to additional responsibilities

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I believe that "good" helpers are always available and never complain

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I fear that enforcing boundaries will result in rejection or professional consequences

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I struggle to advocate for my own needs in the workplace

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I tell myself I should be able to handle more than I currently can

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I equate self-care with selfishness in my internal dialogue

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I believe asking for help signals incompetence

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Resilient Self-Talk Capacity

I can catch negative self-talk in real time and choose a different response

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I regularly acknowledge my strengths and what I bring to my work

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I practice self-forgiveness when I make mistakes

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I maintain a sense of identity and value outside of my professional role

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I can hold both difficulty and competence — "This is hard AND I am capable"

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I speak to myself with the same tone I would use with a respected colleague

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I celebrate small wins and recognize progress, not just perfection

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

I believe I deserve the same quality of care I provide to others

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Assessment Reflection

1. Which domain scored highest? What does this tell you about the primary way your self-relationship is under strain?

Your reflection...

2. How does your Resilient Self-Talk Capacity compare to your Inner Critic Dominance score?
What does the gap reveal?

Your reflection...

3. Which specific items did you rate as 5? These represent the most entrenched patterns.

Your reflection...

4. Were any of your answers surprising? Did this assessment reveal a pattern you had not consciously recognized before?

Your reflection...

5. Based on this assessment, what is the single most important change you need to make in how you speak to yourself?

Your reflection...

Part 6 · Exercise 1: Self-Talk Audit — One Clinical Day

Self-Talk Audit

One Clinical Day, Recorded As It Actually Happened

Why This Matters

The reading makes one claim before any other: self-talk runs mostly below awareness, so the first move is not to change it but to hear it. You would never build a treatment plan without an intake. This is the intake. Pick one ordinary clinical day — not your worst, not your best — and write down what the voice actually says at each point, in its own words. Do not tidy it up. Do not argue with it yet.

Before the First Session

Write the sentences exactly as they arrive. Quotation marks, not summaries.

1. What did you say to yourself in the first half hour after waking — about the day, your caseload, your readiness for it?

Be specific and honest...

2. Walking in, looking at the schedule or the census: what did the voice say about who is on it and how you will do with them?

Be specific and honest...

3. How warm and accurate was your self-talk before your first clinical contact?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

In and Between Sessions

1. During a session, when something did not land — a missed reflection, a silence, a client who pushed back — what did you say to yourself in that moment?

Be specific and honest...

2. After the client left, what was the verdict? Write the sentence you use to grade your own session.

Be specific and honest...

3. What did the voice say after the hardest moment of the day — a crisis, a discharge, bad news about a client, a conflict with staff?

Be specific and honest...

4. If anyone thanked you, praised your work, or a client made progress, what did you say to yourself about it?

Be specific and honest...

5. How warm and accurate was your self-talk across the working day?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Driving Home and Lying Down

1. On the way home, what did you replay, and what did you conclude about yourself from it?

Be specific and honest...

2. The last thing the voice said before sleep. Word for word if you can.

Be specific and honest...

3. How warm and accurate was your self-talk at the end of the day?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The Tally

Read back everything above before answering.

1. Count them. Roughly how many statements were critical, how many neutral, how many compassionate? Write the ratio.

Be specific and honest...

2. Sort the critical statements into the reading's three themes — competence (“am I good enough at this?”), worthiness (“do I deserve to be here?”), sustainability (“how long can I keep doing this?”). Which theme ran the day?

Be specific and honest...

3. Pick the harshest sentence on this page. If a client said it about themselves in group, what would you hear in it clinically?

Be specific and honest...

4. How different is this record from what you would have guessed your self-talk was before you tracked it?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Part 7 • Exercise 2: Self-Talk Pattern Identifier

Self-Talk Pattern Identifier

The Distortions You Would Spot in Anyone But Yourself

Why This Matters

You can name a cognitive distortion in a client's sentence before they have finished saying it. The reading asks why that skill switches off when the sentence is your own. This exercise takes the raw material from Exercise 1 and runs it through the same lens you use every day in session — then through the five traps this field sets for the people who work in it.

Your Own Chart Review

Use statements from your audit, or ones you know by heart. For each distortion, write the real sentence you say — or write “not mine” if it is honestly absent.

1. All-or-nothing: the sentence where one imperfect session makes you a bad clinician.

Be specific and honest...

2. Mind reading: what you tell yourself your supervisor, colleagues or clients privately think of you.

Be specific and honest...

3. Personalizing: the outcome you made about you — a relapse, a walk-out, a no-show, a death.

Be specific and honest...

4. Discounting the positive: the good outcome or kind word you explained away, and how you explained it.

Be specific and honest...

5. Shoulds: list every “I should” you carry about how much you can handle, know, feel or give.

Be specific and honest...

6. How much more easily do you catch these distortions in clients than in yourself?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The Five Traps

The reading names five ways this field weaponizes self-talk. Rate how strongly each one is operating in you now, and give the evidence.

1. Helper Identity Fusion — every clinical outcome feels like a verdict on your worth as a person.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

2. Compassion Asymmetry — radical compassion for clients, “I should have handled that better” for yourself.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

3. The Suffering Comparison — “I have no right to complain” because of what your clients face.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. The Perfection Imperative — normal clinical uncertainty treated as evidence of incompetence.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

5. Vicarious Trauma Internalization — the cynicism of the work has started speaking in your own voice about you.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

6. Take your highest-rated trap. Write the most recent concrete moment it ran — what happened, what the voice said, what you did next.

Be specific and honest...

When It Gets Loud

1. In what situations does the critic intensify? Be specific — after family sessions, before supervision, on documentation days, around a particular client or colleague.

Be specific and honest...

2. What happens in your body just before or as it gets loud? This is the earliest signal you have.

Be specific and honest...

3. When is it quietest? What is different about those times?

Be specific and honest...

What the Pattern Is Doing for You

No pattern survives this long without a function. You would ask this of any client's behavior.

1. What does your inner critic believe it is protecting you from? Complacency, failure, being found out, harming a client?

Be specific and honest...

2. What does it actually cost — in your sessions, your attention, your sleep, your willingness to take clinical risks?

Be specific and honest...

3. Write a one-paragraph case formulation of your self-talk, the way you would write one for a client: pattern, triggers, function, maintaining factors.

Be specific and honest...

Part 8 · Exercise 3: The Reframing Workshop

The Reframing Workshop

Accuracy Over Positivity

Why This Matters

The reading is plain that this is not about forced positivity. “I’m an amazing clinician” will bounce off a mind that has just watched a client walk out, and it should. The goal is a sentence that is truer than the critic’s — one you would sign your name to in a chart. Accurate self-talk is the only kind that holds under pressure.

Noticing Without Fusing

The first principle: you are the one hearing the thought, not the thought itself.

1. Write one critical statement you say to yourself often. Exactly as the voice says it.

Be specific and honest...

2. Now write it again beginning with “I’m noticing the thought that...”. Read both versions aloud. What shifts, if anything?

Be specific and honest...

3. How much do you believe the original statement right now?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The Evidence Review

1. What is the actual evidence for the statement? Facts only — things a neutral observer could verify.

Be specific and honest...

2. What is the evidence against it, or that it leaves out? Include outcomes you have discounted and feedback you have dismissed.

Be specific and honest...

3. What part of this is simply the normal uncertainty of clinical work — outcomes no clinician controls?

Be specific and honest...

The Accurate Sentence

1. Write a replacement that is accurate rather than positive. It may include the hard part. It must include what the critic left out.

Be specific and honest...

2. Write it as a both-and: "This is hard AND...", "I missed that AND..."

Be specific and honest...

3. How much do you believe the accurate sentence?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. If the new sentence does not feel believable yet, what is the sticking point? Adjust the sentence until it is something you could actually say and mean.

Be specific and honest...

Two More Rounds

Pick two different statements — ideally one about competence and one about worthiness.

1. Second critical statement, word for word.

Be specific and honest...

2. Its accurate replacement, after checking the evidence for and against.

Be specific and honest...

3. Third critical statement, word for word.

Be specific and honest...

4. Its accurate replacement.

Be specific and honest...

5. Of the three accurate sentences, which one do you most need this month? Where will you put it so you meet it on the day you need it?

Be specific and honest...

Part 9 · Exercise 4: Origin Story Excavation

Origin Story Excavation

Whose Voice Is This, Really?

Why This Matters

No one is born with an inner critic that speaks in complete sentences. It was learned — in a family, a school, a training program, an early job, a treatment center culture — and it often still uses the exact phrasing of the person you learned it from. The reading asks, about vicarious trauma, “whose voice are you actually hearing?” That question applies to the whole critic. This exercise traces it back. Go at a pace that is safe for you; if this opens more than you want to hold alone, that is a reason to bring it to your own clinician or supervisor, not a reason to push through.

The Voice Itself

1. Describe your inner critic as if it were a person. Tone, volume, favorite phrases, what it sounds like when it is disappointed in you.

Be specific and honest...

2. Does it remind you of anyone — a parent, teacher, coach, early supervisor, a figure from your own recovery or faith community? Who, and which phrases match?

Be specific and honest...

3. How much does the voice sound like someone you actually knew?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Early Lessons

1. What rules about needs, rest, mistakes and asking for help did you learn growing up? Write them as the rules were actually stated or implied.

Be specific and honest...

2. Were you the caretaker, the fixer, the responsible one, the one who kept the peace? How early did helping become the way you earned your place?

Be specific and honest...

3. What drew you into this field? Be honest about any part of the answer that has to do with your own history or someone you love.

Be specific and honest...

What the Field Added

The reading argues the SUD field actively cultivates harsh self-talk. Trace what it layered on top of what you arrived with.

1. What did your training or early career teach you about what a good clinician feels, needs, and puts up with?

Be specific and honest...

2. What unspoken rules operate where you work now about self-care, boundaries, overtime, and admitting you are struggling?

Be specific and honest...

3. Is there a specific moment — a client death, a complaint, a supervisor's comment, a critical incident — after which the voice got louder? Describe it only as far as you are comfortable.

Be specific and honest...

Returning What Is Not Yours

1. Which of the critic's messages did you inherit rather than choose? List them.

Be specific and honest...

2. Is there anything in the critic's message worth keeping — a real value, like care for clients or integrity — once the cruelty is stripped out? Write the value in its own words.

Be specific and honest...

3. Write a short reply to the original owner of that voice (not to be sent). What do you now know that they did not?

Be specific and honest...

4. How separate from you does the critic feel now that you have traced where it came from?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Part 10 · Exercise 5: Self-Compassion Letter to the Helper

Self-Compassion Letter to the Helper

Self-Compassion as Clinical Practice

Why This Matters

The assessment for this module opens on a single line: “I extend more compassion to my clients in one session than I give myself in a week.” The reading's answer is that self-compassion is not an indulgence to earn after the work is done; it is a clinical practice with three working parts — self-kindness, common humanity, and mindfulness. This letter uses all three. Write it to yourself as the person who does this work, from someone who has watched you do it.

Before You Write

1. Name the thing you are hardest on yourself about right now. One specific struggle, mistake, or limitation.

Be specific and honest...

2. Choose who is writing to you: a wise mentor, a clinician you respect, your future self in ten years, or a client who got well. Who is it, and why them?

Be specific and honest...

3. How much resistance do you feel to writing a kind letter to yourself?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. What is the resistance saying? Write its objection down so it is on the page and not in your way.

Be specific and honest...

Part One — Mindfulness

Acknowledge the pain accurately. Not exaggerated, not minimized.

1. In the writer's voice: describe what you are going through and how much it hurts, the way you would reflect it back to a client so they felt fully heard.

Be specific and honest...

Part Two — Common Humanity

The Suffering Comparison tells you your pain does not count. This part answers it.

1. In the writer's voice: remind yourself who else in this field has struggled with exactly this — and that struggling with it does not disqualify you from the work.

Be specific and honest...

2. In the writer's voice: answer “I have no right to complain when my clients have it worse.”

Be specific and honest...

Part Three — Self-Kindness

1. In the writer's voice: say what you would want a hurting colleague to hear. Include what they see in you and your work that you do not let yourself see.

Be specific and honest...

2. In the writer's voice: give yourself one specific permission — to rest, to be imperfect, to ask for help, to stop replaying something.

Be specific and honest...

3. Read the whole letter back aloud. What was hardest to write? What was hardest to hear?

Be specific and honest...

4. How much of the letter were you able to take in?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Part 11 • Exercise 6: The Colleague Test in Practice

The Colleague Test in Practice

Would You Say It to Someone You Respect?

Why This Matters

The Colleague Test is the reading's simplest tool and its hardest. Take the harshest thing your critic said this week and imagine a respected colleague said it about themselves, to you, in the break room. You would not agree with them. You would not say “yes, you really are a fraud.” You already know what you would say. This exercise makes you say it — five times, until it starts to become the voice you hear first.

Round One

1. The harshest thing your inner critic said to you this week, word for word.

Be specific and honest...

2. Picture a specific colleague you respect saying that exact sentence about themselves. Who is it?

Be specific and honest...

3. Write what you would actually say back to them. Not a platitude — what you would say because you know the work and you know them.

Be specific and honest...

Rounds Two to Five

Use four more statements. Aim for one each on competence, worthiness, sustainability, and boundaries.

1. A competence statement (“I’m not good enough at this”) and your response to a colleague who said it.

Be specific and honest...

2. A worthiness statement (“I don’t deserve to be here”) and your response to a colleague who said it.

Be specific and honest...

3. A sustainability statement (“I can’t keep doing this, and that means I’m weak”) and your response to a colleague who said it.

Be specific and honest...

4. A boundary statement (“saying no makes me a bad team member”) and your response to a colleague who said it.

Be specific and honest...

The Double Standard

1. How wide is the gap between the standard you hold yourself to and the standard you hold respected colleagues to?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

2. What reason does your mind give for why the kinder standard applies to them and not to you? Write the justification out in full.

Be specific and honest...

3. Would that justification survive five minutes of peer supervision? What would a good supervisor say about it?

Be specific and honest...

Using It in Real Time

The test only matters if it runs inside the day, not just on paper.

1. Choose a cue that will prompt the test during a working day — a moment you know the critic shows up (after a session, before notes, walking to your car).

Be specific and honest...

2. Write a short version of the question you can ask yourself in under three seconds.

Be specific and honest...

3. Try it for three working days, then come back. What happened when you used it? What happened when you forgot?

Be specific and honest...

4. How close is your self-talk now to the tone you would use with a respected colleague?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Part 12 · Exercise 7: Identity Beyond the Badge

Identity Beyond the Badge

Who You Are When You Are Not Helping

Why This Matters

Helper Identity Fusion is the first trap in the reading for a reason: when who you are and what you do become the same thing, every relapse on your caseload is a referendum on your worth, and every bad week at work is a bad week as a human being. The assessment item that tends to land hardest is the last one in that domain: “I fear that without my professional identity, I would have no identity at all.” This exercise maps what is under the badge — and what has been neglected there.

Measuring the Fusion

1. How much of your sense of self-worth rests on your professional role and performance?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

2. When you meet someone new, how long does it take before you tell them what you do? What do you say about yourself if you are not allowed to mention work?

Be specific and honest...

3. Describe the last time a bad week at work became a bad week as a person. Where did the line between the two disappear?

Be specific and honest...

4. When a client relapses, leaves against advice, or dies, what do you conclude about yourself — not about the work, about you?

Be specific and honest...

The Rest of the Map

List what you are, apart from the role. Answer even the ones that feel thin — thin is information.

1. Other roles you hold: family, friend, partner, neighbor, member of a community, team, congregation or fellowship.

Be specific and honest...

2. What you enjoy or are drawn to that has nothing to do with helping anyone. When did you last do each one?

Be specific and honest...

3. What you value that would still be true if you left this field tomorrow.

Be specific and honest...

4. Qualities people who do not work with you would use to describe you.

Be specific and honest...

What Was Traded Away

1. What relationships, health habits, interests or parts of yourself have you sacrificed to the career? Be specific about when each one slipped.

Be specific and honest...

2. What story did you tell yourself at the time about why that sacrifice was necessary or noble?
Be specific and honest...

3. How strong is your sense of identity and value outside your professional role right now?
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Loosening the Fusion

1. Choose one part of your identity from the map above to deliberately feed this month. What will you do, and when?

Be specific and honest...

2. Finish this sentence in a way you believe: "My work matters to me, and I am more than my work because..."

Be specific and honest...

3. Write the sentence you will use the next time a client outcome tries to become a verdict on you. Make it accurate, not dismissive of the loss.

Be specific and honest...

Part 13 · Exercise 8: Seven-Day Self-Talk Practice

Seven-Day Self-Talk Practice

Practice Over Perfection

Why This Matters

The fifth principle in the reading is Practice Over Perfection, and it exists because the Perfection Imperative will try to take over this exercise too. You will miss days. You will catch the critic an hour late. That is what practice looks like. Each day, catch one statement and answer it accurately. Fill each day in on the day. A blank day is not a failure; it is a data point about how busy the critic keeps you.

Setting the Practice

1. Which theme or trap from Exercises 1 and 2 will you listen for this week?

Be specific and honest...

2. When in the day will you stop and write? Tie it to something you already do.

Be specific and honest...

3. Starting point: how harsh is your inner voice on a typical day right now?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 1

1. One self-talk statement you caught today, written word for word.

Be specific and honest...

2. The accurate answer you gave it — not the positive one, the true one. If you did not answer it in the moment, answer it now.

Be specific and honest...

3. How harsh was your inner voice today, overall?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. How much of it did you notice while it was happening, rather than afterwards or not at all?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 2

1. One self-talk statement you caught today, written word for word.

Be specific and honest...

2. The accurate answer you gave it — not the positive one, the true one. If you did not answer it in the moment, answer it now.

Be specific and honest...

3. How harsh was your inner voice today, overall?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. How much of it did you notice while it was happening, rather than afterwards or not at all?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 3

1. One self-talk statement you caught today, written word for word.

Be specific and honest...

2. The accurate answer you gave it — not the positive one, the true one. If you did not answer it in the moment, answer it now.

Be specific and honest...

3. How harsh was your inner voice today, overall?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. How much of it did you notice while it was happening, rather than afterwards or not at all?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 4

1. One self-talk statement you caught today, written word for word.

Be specific and honest...

2. The accurate answer you gave it — not the positive one, the true one. If you did not answer it in the moment, answer it now.

Be specific and honest...

3. How harsh was your inner voice today, overall?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. How much of it did you notice while it was happening, rather than afterwards or not at all?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 5

1. One self-talk statement you caught today, written word for word.

Be specific and honest...

2. The accurate answer you gave it — not the positive one, the true one. If you did not answer it in the moment, answer it now.

Be specific and honest...

3. How harsh was your inner voice today, overall?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. How much of it did you notice while it was happening, rather than afterwards or not at all?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 6

1. One self-talk statement you caught today, written word for word.

Be specific and honest...

2. The accurate answer you gave it — not the positive one, the true one. If you did not answer it in the moment, answer it now.

Be specific and honest...

3. How harsh was your inner voice today, overall?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. How much of it did you notice while it was happening, rather than afterwards or not at all?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Day 7

1. One self-talk statement you caught today, written word for word.

Be specific and honest...

2. The accurate answer you gave it — not the positive one, the true one. If you did not answer it in the moment, answer it now.

Be specific and honest...

3. How harsh was your inner voice today, overall?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. How much of it did you notice while it was happening, rather than afterwards or not at all?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The Week in Review

1. Look across the seven daily ratings. What changed, and what did not?

Be specific and honest...

2. Which accurate answer from this week worked best? Copy it here.

Be specific and honest...

3. How did you speak to yourself about the days you missed or forgot? That answer is the practice too.

Be specific and honest...

4. What is the one thing you will keep doing next week?

Be specific and honest...

Part 14 · Exercise 9: The Boundary Voice Inventory

The Boundary Voice Inventory

What You Say to Yourself Before, During, and After “No”

Why This Matters

Most clinicians know what a healthy boundary is. They teach it. What stops them from holding one is rarely a lack of skill — it is the sentence they say to themselves the moment before they speak. “A good clinician would stay late.” “If I say no they'll think I'm not a team player.” “Asking for help means I can't handle it.” This inventory goes after that sentence, because until it changes, the boundary will keep collapsing on the inside before it is ever tested on the outside.

The Beliefs Running the Boundaries

Rate how true each belief feels, not how true you think it should feel.

1. Setting boundaries makes me a worse clinician or colleague.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

2. Good helpers are always available and never complain.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

3. Taking care of myself is selfish.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

4. Asking for help signals incompetence.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

5. Write the belief that runs your boundaries most, in the words you actually use.

Be specific and honest...

A Recent Boundary Moment

Choose a recent time you were asked for more — a shift, a caseload add, a call after hours, a committee, a favor.

1. What was asked of you, by whom, and what did you want to say?

Be specific and honest...

2. What did you say to yourself in the seconds before you answered?

Be specific and honest...

3. What did you actually say or do?

Be specific and honest...

4. What did the voice say afterwards — whether you held the line or gave in?

Be specific and honest...

5. What were you afraid would happen if you said no? Rejection, a bad evaluation, a client being harmed, being seen as weak?

Be specific and honest...

Testing the Fear

1. What evidence do you have that the feared consequence would actually happen? What evidence that it would not?

Be specific and honest...

2. What has saying yes cost you over the past three months — hours, sleep, relationships, quality of care to the clients you already have?

Be specific and honest...

3. What are you teaching clients about boundaries by the way you keep, or do not keep, your own?

Be specific and honest...

The New Internal Script

1. Write the sentence you will say to yourself before the next boundary moment. Accurate, and something you could believe.

Be specific and honest...

2. Write the words you will say out loud to the person asking.

Be specific and honest...

3. Guilt will likely arrive afterwards. Write what you will say to yourself when it does.

Be specific and honest...

4. How confident are you that you can hold the next boundary that matters?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

Part 15 · Exercise 10: Self-Talk & Resilience Connection Map

Self-Talk & Resilience Connection Map

From Critic to Compassionate Witness

Why This Matters

The first reading called your internal dialogue the operating system that runs your practice, your relationships and your resilience. This last exercise draws the connections: where the old self-talk has been costing you, what the module has shown you, and what you will now practice. It ends where the reading ends — with the voice of a Compassionate Witness, honest and caring, who is not the only voice in the room but is finally one of them.

Drawing the Lines

For each area, name how your self-talk has been shaping it.

1. Your clinical work — attention in session, risk-taking, documentation, how you hold difficult clients.

Be specific and honest...

2. Your energy, sleep and physical health.

Be specific and honest...

3. Your relationships at home and with colleagues.

Be specific and honest...

4. How long you believe you can keep doing this work.

Be specific and honest...

What This Module Showed You

Look back through Exercises 1 to 9 before answering.

1. The single most important thing you learned about how you speak to yourself.

Be specific and honest...

2. The trap you are most vulnerable to, and your early warning sign that it is running.

Be specific and honest...

3. The tool that worked best for you — noticing without fusing, the accurate sentence, the Colleague Test, the letter, or something else.

Be specific and honest...

4. How much more solid does the foundation of your relationship with yourself feel now than when you started this module?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much

The Practice Going Forward

1. One daily practice you will keep — what, when, and the smallest version you would still do on your worst week.

Be specific and honest...

2. Who will you tell about this work — a supervisor, therapist, sponsor, trusted colleague? When?

Be specific and honest...

3. The critic will come back loud during a hard stretch. What is your plan for that week?

Be specific and honest...

4. Set a date to retake the self-assessment for this module and compare. Write the date.

Be specific and honest...

The Compassionate Witness Statement

1. Write what a wise, honest, caring observer would say about you and the work you are doing right now. Include the hard truths. Leave out the contempt.

Be specific and honest...

2. How much of that statement can you believe today?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Not at all · Very much