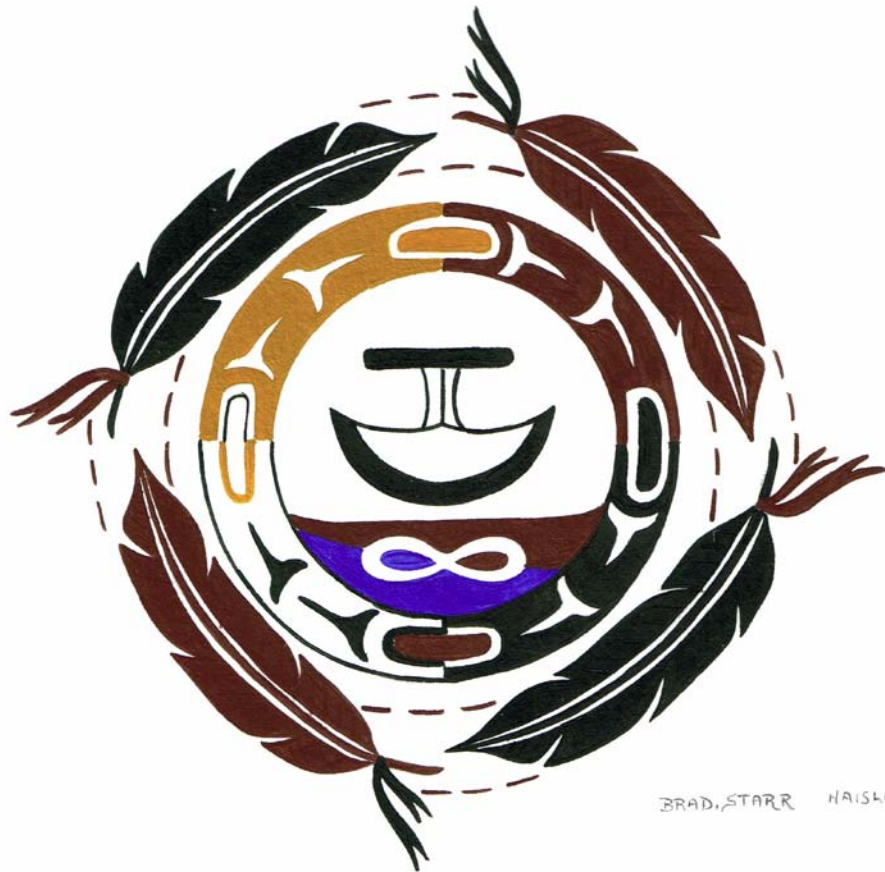


**SECTION ONE**

**FIRST NATIONS WELLNESS/ADDICTIONS**

**COUNSELLOR CERTIFICATION BOARD**

**APPLICATION FORMS**



BRAD, STARR HAISLA, NATION 05

## CHECK LIST

This check list is for your own use. This form is provided to assist you in processing the necessary forms required for certification. Please refer to the standards manual for assistance

### TO BE PROVIDED BY YOU:

- Pages 1, 2, & 3 of the Application Form \_\_\_\_\_
- \$200.00 certified check, money order, or program check \_\_\_\_\_  
payable to: First Nation Wellness/Addictions Counsellor  
Certification Board
- Current comprehensive Job Description \_\_\_\_\_
- HIV/AIDS Training Certificate \_\_\_\_\_
- Accredited College/University Transcripts identifying 45 \_\_\_\_\_  
credit hours of chemical addictions counsellor courses  
described in the manual.
- A copy of your college/university degree and transcripts \_\_\_\_\_
- Completed Wellness Plan \_\_\_\_\_
- Criminal Record Check \_\_\_\_\_

### TO BE PROVIDED BY YOUR SUPERVISOR FOR WHOM YOU HAVE WORKED DURING THE PAST 2,000 HOURS TO 10,000 HOURS:

- Employment Verification Form \_\_\_\_\_

### TO BE PROVIDED DIRECTLY TO THE CERTIFICATION BOARD BY A PERSON WHO HAS KNOWN YOU WELL FOR THREE YEARS:

- One Letter of Personal Reference \_\_\_\_\_

### TO BE PROVIDED DIRECTLY TO THE CERTIFICATION BOARD BY THREE PERSONS WHO ARE KNOWLEDGEABLE OF YOUR COMPETENCE AS AN ADDICTIONS COUNSELLOR:

- Three (3) Letters of Endorsement \_\_\_\_\_

### TO BE PROVIDED BY YOUR CURRENT SUPERVISOR:

- Supervisor's Evaluation Form \_\_\_\_\_

YOUR APPLICATION WILL BE PROCESSED ONLY AFTER ALL OF THE ABOVE  
ITEMS HAVE BEEN RECEIVED BY THE CERTIFICATION BOARD.

**NOTE: only original documents will be accepted for processing. No faxed copies  
will be accepted as originals.**

**APPLICATION (PRIOR EXPERIENCE)**

**FOR CERTIFICATION AS AN**

**INDIGENOUS CERTIFIED ADDICTIONS SPECIALIST I, II, III**

APPLICANT'S FULL NAME \_\_\_\_\_  
First Middle Last

ALSO KNOWN AS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Street Town Province Postal Code

HOME PHONE\_(\_\_\_\_)\_\_\_\_\_ BUSINESS PHONE\_(\_\_\_\_)\_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
Street Town Province Postal Code

CURRENT POSITION \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOCIAL INSURANCE # \_\_\_\_\_

FIRST NATION AFFILIATION/ORGANIZATION \_\_\_\_\_

OTHER AFFILIATION/ORGANIZATION \_\_\_\_\_

APPLYING FOR ADDICTION SPECIALIST I \_\_\_\_ II \_\_\_\_ III \_\_\_\_



**EMPLOYMENT HISTORY**

Please list full-time, paid positions, beginning with your current position and going back consecutively for at least five positions and/or five years.

1. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
MAJOR DUTIES \_\_\_\_\_  
\_\_\_\_\_

2. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
MAJOR DUTIES \_\_\_\_\_  
\_\_\_\_\_

3. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
MAJOR DUTIES \_\_\_\_\_  
\_\_\_\_\_

4. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
MAJOR DUTIES \_\_\_\_\_  
\_\_\_\_\_

5. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
MAJOR DUTIES \_\_\_\_\_  
\_\_\_\_\_

.....  
LETTERS OF ENDORSEMENT

Using the forms provided, three letters of endorsement from persons who can attest to your competency as an Indigenous Certified Addictions Specialist will be sent directly to the Board by:

	<u>NAME</u>	<u>AGENCY</u>	<u>TITLE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

.....  
LETTER OF PERSONAL REFERENCE

Using the forms provided, a letter of personal reference from an individual who has known you (not a relative) for at least three years, will be sent to the Board by:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**EMPLOYMENT VERIFICATION**

Using the form provided, the following employers will verify at least one year for Indigenous Certified Addictions Specialist I, three years for Indigenous Certified Addictions Specialist II, and five years for Indigenous Certified Addictions Specialist III of continuous employment, utilizing addiction counseling skills.

- 1. \_\_\_\_\_  

Name	Agency	Title
------	--------	-------
- 2. \_\_\_\_\_  

Name	Agency	Title
------	--------	-------

**Training**

I have received chemical dependency training from the following College/University

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Assurances**

I certify that I voluntarily make this application, and freely submit myself to the evaluation of the First Nations Wellness/Addictions Counsellor Certification Board. I will accept the decision of the Board and do accept full responsibility for any and all consequences of the process of seeking certification.

As an Indigenous Certified Addictions Specialist enrolled with FNWACCB, I agree to abide by and uphold the policies, procedures, code of ethics and decisions of the Board and its officers. As Indigenous Certified Addictions Specialists, this “Code of Ethics” defines responsibilities to oneself, family, colleagues, clients, the public and Nations.

I certify that I have no history of alcohol or other substance misuse for a minimum period of three years immediately prior to making this application.

To the best of my knowledge, the information contained herein is true and correct.

I authorize members of representatives of the FNWACCB to contact and obtain information from any references, employers or education institution deemed necessary in the evaluation of this application.

I waive my right to inspect the results of any such inquiries made to references, employers, or education institutions. I waive my right to inspect any letters of endorsement or personal reference. I waive my right to inspect the record of deliberations of the Board in considering this application.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**EMPLOYMENT VERIFICATION FORM**

The following information is offered in fulfillment of the requirements of at least one year, (2000 hours) for Indigenous Certified Addictions Specialist I, three years, (6000 hours) for Indigenous Certified Addictions Specialist II, or five years (10,000 hours) for Indigenous Certified Addictions Specialist III of continuous employment utilizing addictions counseling skills in a facility approved by:

Name of Applicant \_\_\_\_\_ S.I.N.# \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Position of Applicant \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Major Duties \_\_\_\_\_

Percentage of time spent in activities related to Conducting Assessment, Individual and Group Counselling, Case Management, Patient Education, & Family Counselling:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Positions Held \_\_\_\_\_

\_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Major Duties \_\_\_\_\_

If verification by more than one employer is required to meet the standards, please photo-copy this form.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PERSONAL LETTER OF REFERENCE**

**In Support of Application For Certification as an**

**Indigenous Certified Addictions Specialist (ICAS)**

NAME OF APPLICANT \_\_\_\_\_  
To be filled in by applicant

The above-named individual has applied for certification as an Indigenous Certified Addictions Specialist with the First Nations Wellness/Addictions Counsellor Certification Board. To assist the Board in its evaluation of the application, the following information is being requested. You are not expected to provide this information if you do not know the applicant personally.

All information is confidential and the applicant has waived their right to inspect this letter or any other communications between you and the Board. Please fill out this form and forward directly to the Board within ten days. Failure to do so may jeopardize the timely processing of the application.

.....  
LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT \_\_\_\_\_

RELATIONSHIP TO THE APPLICANT \_\_\_\_\_  
(Friend, co-worker, supervisor, etc.)

Please comment on the following characteristics regarding the applicant:

1. Moral Character \_\_\_\_\_  
\_\_\_\_\_

2. Community Standing \_\_\_\_\_  
\_\_\_\_\_

3. Family Relationships \_\_\_\_\_  
\_\_\_\_\_

4. Non-Alcohol/Drug Related Activities \_\_\_\_\_  
\_\_\_\_\_

5. Volunteer Activities \_\_\_\_\_  
\_\_\_\_\_

6. Personal history of alcohol or other substance misuse (length of non-use) \_\_\_\_\_  
\_\_\_\_\_

7. Other Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Endorser \_\_\_\_\_  
Please print or type

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_ PC \_\_\_\_\_

Telephone \_\_(\_\_) \_\_\_\_\_

Signature \_\_\_\_\_

Forward Directly to  
Registrar  
First Nations Wellness/Addictions Counsellor Certification Board  
104 – 1037 W. Broadway Vancouver, BC V6H 1E3

## GLOSSARY OF TERMS

1. Moral Character:

consider honesty, maintenance of healthy counsellor-client relationships, the ability to determine right from wrong according to generally accepted community standards, and the example set for young people, clients, friends and co-workers.

2. Professionalism:

consider work habits such as adherence to office hours, program policies and record maintenance as well as relationships with co-workers, other agency personnel, clients and community members.

3. Community Standing:

consider community activities other than those involved with the field of addictions as well as leadership activities.

4. Commitment to Helping First Nations Alcohol/Drug Mis-users:

state evidence that the applicant considers his/her involvement in the field as more than a “job”.

**LETTER OF ENDORSEMENT**

**In Support of Application For Certification as an  
Indigenous Certified Addictions Specialist (ICAS)**

NAME OF APPLICANT \_\_\_\_\_  
To be filled in by applicant

The above-named individual has applied for certification as an Indigenous Certified Addictions Specialist with the First Nations Wellness/Addictions Counsellor Certification Board. To assist the Board in its evaluation of the application, the following information is being requested. You are not expected to provide this information if you do not know the applicant personally or feel that you are not in a position to accurately comment on the applicant's competency as an Indigenous Certified Addictions Specialist.

All information is confidential and the applicant has waived their right to inspect this letter or any other communications between you and the Board. Please fill out this form and forward directly to the Board within ten days. Failure to do so may jeopardize the timely processing of the application.

.....

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT \_\_\_\_\_

RELATIONSHIP TO THE APPLICANT \_\_\_\_\_  
(Friend, co-worker, supervisor, etc.)

Please comment on the following characteristics regarding the applicant:

\*1. Moral Character \_\_\_\_\_  
\_\_\_\_\_

\*2. Professionalism \_\_\_\_\_  
\_\_\_\_\_

\*3. Community Standing \_\_\_\_\_  
\_\_\_\_\_

\*4. Commitment to helping alcohol/drug mis-users \_\_\_\_\_  
\_\_\_\_\_

\* See Glossary attached

5. Skill and knowledge level:
- a. Oral Communication Skills \_\_\_\_\_  
\_\_\_\_\_
  - b. Written Communication Skills \_\_\_\_\_  
\_\_\_\_\_
  - c. Understanding of human growth and development \_\_\_\_\_  
\_\_\_\_\_
  - d. Ability to use First Nations values and culture in treatment \_\_\_\_\_  
\_\_\_\_\_
  - e. Ability to work with groups \_\_\_\_\_  
\_\_\_\_\_
  - f. Ability to use other community resources \_\_\_\_\_  
\_\_\_\_\_
  - g. Ability to develop trust relationships with clients \_\_\_\_\_  
\_\_\_\_\_
  - h. Ability to communicate about alcoholism and drug abuse \_\_\_\_\_  
\_\_\_\_\_
  - i. Ability to work as a team member \_\_\_\_\_  
\_\_\_\_\_
6. Personal history of alcohol or other substance mis-use \_\_\_\_\_  
\_\_\_\_\_

7. Other remarks \_\_\_\_\_  
\_\_\_\_\_

Name of Endorser \_\_\_\_\_  
Please print or type

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ PC \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Signature \_\_\_\_\_

Forward Directly to:  
Registrar  
First Nations Wellness/Addictions Counsellor Certification Board  
104 – 1037 W. Broadway Vancouver, BC V6H 1E3

## GLOSSARY OF TERMS

1. Moral Character:

consider honesty, maintenance of healthy counselor-client relationships, the ability to determine right from wrong according to generally accepted community standards, and the example set for young people, clients, friends and co-workers.

2. Professionalism:

consider work habits such as adherence to office hours, program policies and record maintenance as well as relationships with co-workers, other agency personnel, clients and community members.

3. Community Standing:

consider community activities other than those involved with the field of alcoholism/drug addiction as well as leadership activities.

4. Commitment to Helping First Nations Alcohol/Drug Mis-users:

state evidence that the applicant considers his/her involvement in the field as more than a “job”.

**SUPERVISOR'S EVALUATION FORM**

NAME OF APPLICANT \_\_\_\_\_

TO BE FILLED IN BY APPLICANT

Completion of this form represents your personal appraisal of the applicant's skill level in those areas of competency necessary to be a professional Indigenous Certified Addictions Specialist. The applicant has waived his/her right to inspect this evaluation and/or any other communication between you and the First Nations Wellness/Addictions Counsellor Certification Board. Please forward this completed form directly to the Board (address below) **within ten days**. Failure in your prompt response may cause unnecessary delay in the processing of this application.



LENGTH OF TIME YOU HAVE SUPERVISED THE APPLICANT \_\_\_\_\_

IMPORTANT: Please respond to  
all items below

Please Circle the Appropriate Number

Weak                      Adequate                      Superior

COMMUNICATIONS

- |                  |       |         |        |
|------------------|-------|---------|--------|
| 1. Oral .....    | 1 2 3 | 4 5 6 7 | 8 9 10 |
| 2. Written ..... | 1 2 3 | 4 5 6 7 | 8 9 10 |

KNOWLEDGE OF ADDICTIONS

- |                             |       |         |        |
|-----------------------------|-------|---------|--------|
| 3. Physiological.....       | 1 2 3 | 4 5 6 7 | 8 9 10 |
| 4. Psychological .....      | 1 2 3 | 4 5 6 7 | 8 9 10 |
| 5. Socio-cultural.....      | 1 2 3 | 4 5 6 7 | 8 9 10 |
| (First Nations Communities) |       |         |        |

EVALUATION AND CLIENT ASSESSMENT

- |  |       |         |        |
|--|-------|---------|--------|
| 6. Human growth and development.....   | 1 2 3 | 4 5 6 7 | 8 9 10 |
| 7. Signs and symptoms of addictions.....   | 1 2 3 | 4 5 6 7 | 8 9 10 |
| 8. Signs and symptoms indicating<br>referral for medical, psychological<br>or other assessment ..... | 1 2 3 | 4 5 6 7 | 8 9 10 |
| 9. Assessing stage of addictions.....  | 1 2 3 | 4 5 6 7 | 8 9 10 |
| 10. Ability to take a case history.....  | 1 2 3 | 4 5 6 7 | 8 9 10 |

Supervisor's Evaluation Form  
Page Two

	<u>Weak</u>	<u>Adequate</u>	<u>Superior</u>
11. Evaluation of client progress .....	1 2 3	4 5 6 7	8 9 10
12. Goal setting, contracting, problem-solving .....	1 2 3	4 5 6 7	8 9 10
13. Individual treatment planning .....	1 2 3	4 5 6 7	8 9 10
14. Informing client of legal rights .....	1 2 3	4 5 6 7	8 9 10

INFORMATION AND REFERRAL

15. Recruiting clients .....	1 2 3	4 5 6 7	8 9 10
16. Mobilizing community resources .....	1 2 3	4 5 6 7	8 9 10
17. Knowledge of eligibility requirements (admissions, welfare, etc.) .....	1 2 3	4 5 6 7	8 9 10
18. Knowledge of treatment philosophies of providing agencies .....	1 2 3	4 5 6 7	8 9 10
19. Knowledge of admissions policies.....	1 2 3	4 5 6 7	8 9 10
20. Selecting proper referral .....	1 2 3	4 5 6 7	8 9 10
21. Interpreting to client the need for Referral .....	1 2 3	4 5 6 7	8 9 10
22. Follow-up to insure client gets service from other providers .....	1 2 3	4 5 6 7	8 9 10

COUNSELLING AND TREATMENT

23. Establishing a trust relationship with client.....	1 2 3	4 5 6 7	8 9 10
24. Teaching or training others .....	1 2 3	4 5 6 7	8 9 10
25. Elicit feelings .....	1 2 3	4 5 6 7	8 9 10
26. Facilitate self-understanding by Client.....	1 2 3	4 5 6 7	8 9 10
27. Motivate the client .....	1 2 3	4 5 6 7	8 9 10
28. One-to-one counseling .....	1 2 3	4 5 6 7	8 9 10
29. Group counseling .....	1 2 3	4 5 6 7	8 9 10
30. Counseling with spouse and Family .....	1 2 3	4 5 6 7	8 9 10
31. Coordinate client's continuum of Treatment .....	1 2 3	4 5 6 7	8 9 10
32. Understand steps, traditions & philosophy of N.A., A.A., Al-Anon, Ala-Teen .....	1 2 3	4 5 6 7	8 9 10

Supervisor's Evaluation Form  
Page Three

	<u>Weak</u>	<u>Adequate</u>	<u>Superior</u>
33. Engage/Gage client's participation N.A., A.A., Al-Anon, Ala-Teen.....	1 2 3	4 5 6 7	8 9 10
34. Knowledge and understanding of predominant culture, tribal customs and traditions of clients.....	1 2 3	4 5 6 7	8 9 10
35. Ability to utilize native culture, values and traditions of treatment.....	1 2 3	4 5 6 7	8 9 10
36. Ability to assist clients in the spiritual aspects of recovery.....	1 2 3	4 5 6 7	8 9 10
37. Ability to assist clients in establishing new social activities and relationships .....	1 2 3	4 5 6 7	8 9 10

COMMENTS: (Do your responses need to be qualified in any way? Are there aspects of the Applicant's competence that deserve special mention?)

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Name of Supervisor \_\_\_\_\_  
Print or Type

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Signature \_\_\_\_\_

Forward Directly to  
Registrar: First Nations Wellness/Addictions Counsellor Certification Board  
104- 1037 W. Broadway Vancouver BC V6H 1E3

# WORKER WELLNESS PLAN

## Personal Wellness

Our Certification Board created the following personal wellness model incorporating our cultural holistic, universal, individualistic paradigm of the Circle of Life.

### *What is personal wellness?*

Wellness begins when an individual has a vision of self as a person who is living their dream and thriving. Wellness is a positive approach to model an evidence-based personal healthy lifestyle. A personal wellness plan is a continuous day to day action to maximize our human potential in each of the Circle of Life quadrants.

## The Circle of Life

The Circle of Life is also called **The Sacred Circle of Life**. It is an ideology, a way of thinking about and understanding our universe. The Circle of Life is an all encompassing tool, it is individualistic, holistic and universal. It is important to know that this sacred circle of life is based on the understanding that our lives are in constant motion in space and time, the symbols encompass all living entities, it is a life-long learning/teaching. Every thought and action, every word unsaid and action not taken impacts the direction of one's life; it is the acceptance of understanding the gift of our Creator given individual 'Will' in action. The Circle of Life is the foundation of our Indigenous Certified Addictions Specialists personal and client wellness plans. It is a symbol of our life cycles, of creation, of seasons, directions, life events, growth, vision, wisdom and much more. It is a commitment to development of human potential. The Circle of Life involves implementation,

### *Circle of Life Quadrants*

To keep the Circle of Life strong, centered and thriving, it is necessary to understand the symbols of entire lives of every single entity.

#### **1. Spiritual**

What is your belief and connection to a greater spiritual power? What does your relationship to your greater spiritual power look like? What do you do to practice your spiritual beliefs on a daily basis? Do you believe that spirituality has a positive influence in your life? How do you share your gift?

#### **2. Emotional**

Remember, we all can't be a ray of sunshine each moment of every day, Look at your emotional state-to see if it is negative or positive, reveal your own attitudes, beliefs, and values towards yourself and then to others. Identify feelings of fear, anger, shame, guilt, unworthiness, trust, anxiety, depression, resentment, and suspicions, to name but a few. Feelings are gifts from Our Creator to be used as teachers for our short walk in this world, they are neither right nor wrong, good nor bad, they just are. Feelings impart a definite sense of love and safety. Is your self-image positive or negative? Are you cheerful and helpful to others, offering a smile or handshake or an encouraging word?

#### **3. Physical**

Getting yearly physical/dental examinations, sleep, knowledge of new information about nutrition, exercise, stress management, drinking adequate amounts of safe water, deep breathing, perspiring (sweating), good hygiene (personal cleansing), taking care if there is a chronic,

*First Nations Wellness/Addictions Counsellor Certification Board*

degenerative or traumatic condition. Removing health-challenging addictive substances: junk food, processed foods, pop, sugar, drugs, alcohol, smoking cigarettes/cigars. Making sure we practice safe sex.

#### 4. Mental/Social/Cultural

This includes the balance in family life, work life, school life, social and fun, financial knowledge, health knowledge, cultural practices, new information. In order to maintain a sense of wholeness each quadrant must be balanced with the others.

### *Circle of Life Wellness Plan*

All Indigenous Certified Addictions Specialist will have a personal health and wellness plan. This plan is a continuous day-to-day action plan that maximizes the individual potential in each quadrant of the Circle of Life. Below is a list to assist you to develop your personal wellness plan. Use it each day, keep in mind that balance in your own life is your own responsibility that reflects your credibility.

*“My Wisdom of Choice is my great gift received from The Creator.  
I draw on the teachings and wisdom of Elders whom I know and respect.  
Their insights provide the vision I need to discover my purpose.”*

Make changes, additions, or modifications to the list below, it's a guide designed to help you get started.

1. List what is necessary to remain balanced in each of your four quadrants.
2. Take time to consider the common feelings, actions and thoughts that support your total well being.

## MY SELF CARE COMMITMENT.

Today: \_\_\_\_\_ MY NAME: \_\_\_\_\_

A. My **Strengths**: \_\_\_\_\_  
What may stop me from using my strengths to achieve the goals I choose for myself: \_\_\_\_\_  
\_\_\_\_\_

B For my **Spiritual** well being:  
My goal is \_\_\_\_\_  
Steps I take to reach my goal:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

C. For my **Emotional** well being:

My goal is \_\_\_\_\_

Steps I take to reach my goal:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

D. For my **Physical** well being:

My goal is: \_\_\_\_\_

Steps I take to reach my goal:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

E. For my **Mental** well being,:

My goal is \_\_\_\_\_

Steps I take to reach my goal:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

---

Examples:

**A. Strengths**

People skills, gentleness, sense of humor, insight, respect, vision, hopes and dreams, dedication, commitment, skills, experience, knowledge.

**B. Spiritual**

Traditional/Cultural Ceremonies, prayer, spiritual readings, meditation

**C. Emotional**

Cultural practices, healing, work environment, adventure, rest & relaxation, feelings, virtues, beliefs,, values, self-esteem

**D. Physical**

Nutritious foods, exercise, clean body and environment, no-smoking, no-alcohol, no-drugs, safe sex

**E. Mental/Social/Cultural**

Work life, school life, social and fun, financial knowledge, health knowledge, cultural practices. Nuclear and extended family, relationships, old and new friends, new information, self-expression, anger management