National Animal Care & Control Association

My Personal Resilience Plan — Workshop Worksheet

A quick-reference companion to the full Personal Resilience Plan. Complete this during today's workshop and keep it somewhere visible.

1 MY SUPPORT NETWORK

Name	Relationship	Contact Method

Supervisor / Mentor: _____

Peer Support Contact: _____

EAP Phone: _____

Counselor / Therapist: _____

2 MY HEALTHY COPING SKILLS

Check the activities that help you recharge:

- ☐ Walking or exercise
- ☐ Time outdoors in nature
- ☐ Spending time with family or friends
- ☐ Reading or listening to podcasts
- ☐ Deep breathing or mindfulness
- ☐ Hobbies or creative writing

Other: _____

My Top 3 Go-To Strategies:

1. _____
2. _____
3. _____

Daily Commitment: "I will spend at least _____ minutes a day investing in my well-being."

3 MY DAILY MICRO-HABITS

Micro-Habit	Doing It	My Notes
Take a 5-minute walk (outside if possible)	☐	
Stretch 2–3 minutes between calls/tasks	☐	
Write down 3 wins or gratitude's	☐	
Check in briefly with one trusted person	☐	

4 WARNING SIGNS & THE RESILIENCE CYCLE

- ☐ Sleep disruption
- ☐ Mood changes / irritability
- ☐ Loss of motivation
- ☐ Emotional exhaustion
- ☐ Social withdrawal
- ☐ Concentration difficulty

Other signs I notice in myself: _____

The Resilience Cycle:

BUILD → daily habits that create your foundation
NOTICE → catch early signs of strain
RESPOND → use a healthy coping strategy
RECOVER → restore, then strengthen the foundation

5 MY ACTION PLAN FOR HARD MOMENTS

When I notice warning signs, I will: 1) pause and acknowledge without judgment 2) use one of my top coping strategies 3) reach out to a trusted person within 24 hours 4) contact a professional if symptoms persist beyond one week.

Trusted Person:	Peer Support Contact:	Mental Health Professional:
_____	_____	_____

Crisis Resource: 988 Suicide & Crisis Lifeline — call or text 988

6 CLOSING REFLECTION

One thing I can do this week to strengthen my resilience:

_____

Review Date:	My Strength:	My Reminder:
_____	_____	_____