

JACE WorkFORCE Architect

Self-Care & Wellness Quick-Reference Sheet

For All Staff | Frontline Workers | Supervisors | Licensed Clinicians

Why Self-Care Is a Professional Responsibility — Not an Optional Extra

Burnout does not announce itself. It builds silently through cumulative stress, secondary trauma, compassion fatigue, and grief exposure — especially in behavioral health and peer recovery work. When burnout reaches a tipping point, it leads to ethical lapses, documentation errors, boundary violations, impaired clinical judgment, and ultimately staff turnover.

Self-care is not a luxury. It is a risk management strategy and a professional obligation. The JACE WorkFORCE Architect builds structured wellness plans using only your approved Grief & Loss Library and Self-Care course inventory.

The 4 Wellness Implementation Models

When the tool builds a self-care or wellness plan, it offers four implementation approaches. Understanding these helps you choose the right fit for your team or yourself.

Model	How It Works	Best For	Prompt to Use
1. Optional & Employee-Selected	Staff choose from a menu of approved self-care courses at their own pace	Low-risk roles, high-autonomy teams, initial rollout	“Build an optional self-care menu for staff.”
2. Supervisor-Assigned	Supervisors assign specific wellness modules based on observed need or risk	Staff showing burnout signs, post-incident support, high-caseload teams	“Create a supervisor-triggered wellness assignment model.”
3. Light Onboarding Integration	1–2 self-care modules embedded into the standard onboarding pathway	All new hires, setting expectations early, culture building	“Add self-care modules to our onboarding plan.”
4. Tiered Model (Best Practice)	Universal baseline for all staff + targeted modules for high-exposure roles	Organization-wide implementation, accreditation readiness, highest impact	“Build a tiered wellness model with universal and targeted tracks.”

Burnout Warning Signs to Watch For

Use these signals to decide when to activate self-care interventions. If you are a supervisor, watch for these in your team. If you are an employee, watch for these in yourself.

Warning Sign	What It Looks Like	What to Do
Emotional exhaustion	Cynicism, detachment, dreading work, emotional flatness	Assign grief processing or emotional regulation modules
Compassion fatigue	Inability to empathize, numbness to client suffering	Assign secondary trauma and resilience modules
Documentation decline	Errors increase, notes get shorter, deadlines slip	Combine documentation refresher with self-care track
Boundary drift	Over-involvement with clients, taking work home emotionally	Ethics refresher + boundaries module + supervision
Avoidance behaviors	Skipping training, avoiding difficult cases, calling out	Direct conversation + supervisor-assigned wellness
Physical symptoms	Chronic fatigue, headaches, sleep disruption, appetite changes	Immediate wellness engagement + professional referral

Isolation	Withdrawing from team, skipping meetings, reduced communication	Team-based resilience activity + individual check-in
Increased irritability	Short with colleagues, reactive in supervision, conflict increase	Emotional regulation module + structured reflection

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Self-Care Priorities by Role

Role	Primary Exposure Risk	Recommended Focus	Prompt
Peer Recovery Specialist	Relapse triggers, personal history activation	Resilience, emotional regulation, grief processing	“Build a PRS wellness track focused on resilience.”
Forensic Peer	Violence exposure, vicarious trauma, safety threat	Secondary trauma, crisis debrief, boundaries	“Create a forensic staff trauma prevention plan.”
Community Health Worker	Systemic barriers, community grief, compassion fatigue	Compassion fatigue, community grief, self-regulation	“Design a CHW burnout prevention pathway.”
Behavioral Health Worker	Clinical intensity, dual diagnosis complexity	Clinical fatigue, documentation stress, ethics drift	“Build a BHW wellness and ethics integration.”
Supervisor	Absorbing team stress, decision fatigue, isolation	Leadership resilience, secondary absorption, boundaries	“Create a supervisor self-care and resilience track.”
Licensed Clinician	Transference, countertransference, cumulative grief	Professional grief, ethical sustainability, scope clarity	“Build an LCPC burnout prevention and ethics plan.”

Top 10 Self-Care Prompts (Copy & Paste)

Copy & Paste These Prompts:

- “Build a tiered wellness model with universal baseline and high-risk role tracks.”
- “Create a burnout prevention plan for frontline peer recovery staff.”
- “Design a secondary trauma mitigation pathway for forensic teams.”
- “Integrate self-care modules into our 90-day onboarding plan.”
- “Build a grief processing track for staff exposed to client loss.”
- “Create a supervisor-triggered wellness intervention protocol.”
- “Design a quarterly resilience refresher schedule for all staff.”
- “Build an emotional regulation training track for crisis response teams.”
- “Help me measure the correlation between wellness participation and turnover.”
- “Create a personal self-care routine using approved courses for myself.”

Recommended Wellness Cadence

Frequency	For Employees	For Supervisors
Monthly	Complete one self-care or resilience module	Check team wellness engagement and flag disengaged staff
Monthly	Practice one emotional regulation technique from a module	Integrate one wellness discussion into team meeting
Quarterly	Complete a grief or secondary trauma module	Assign targeted wellness to high-exposure staff
Quarterly	Reflect on burnout warning signs honestly	Review wellness participation vs. turnover data
After Critical Incidents	Engage in structured grief or debrief module	Assign immediate post-incident self-care modules
After Client Loss	Complete grief processing module within 7 days	Ensure all affected staff receive grief support
Annually	Build next year’s personal wellness plan	Refresh organization-wide wellness strategy

The Real Cost of Ignoring Self-Care

When organizations treat wellness as optional, they pay in other ways:

- Higher 90-day turnover (staff leave before they're fully trained)
- Increased documentation errors (fatigued staff make more mistakes)
- More ethics complaints (burnout drives boundary violations)
- Lower client outcomes (impaired staff deliver impaired care)
- Audit findings (missing wellness evidence in accreditation reviews)
- Recruitment costs (replacing burned-out staff is 50–200% of salary)

Structured wellness is not soft. It is a financial and operational strategy.

Quick Dos and Don'ts

Do This	Avoid This
Schedule self-care as structured training, not afterthought	Treating wellness modules as “nice to have”
Normalize wellness in onboarding from day one	Waiting until burnout is visible to offer support
Use supervisor observation to trigger wellness assignments	Relying on staff to self-identify when struggling
Track wellness participation alongside performance data	Ignoring the link between self-care and retention
Complete grief modules within 7 days of client loss	Expecting staff to “just process it” on their own
Build a personal wellness plan, not just a team plan	Assuming self-care is only for frontline staff

Important Notice

Self-care modules are professional development tools, not clinical treatment. If you or a staff member are experiencing a mental health crisis, contact your Employee Assistance Program (EAP), a licensed clinician, or the 988 Suicide & Crisis Lifeline. All course recommendations come exclusively from your organization's approved Grief & Loss Library and Self-Care inventory.