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| **As you work with this family or individual:** | |
| Individuals that create safety and/or well being   |  | | --- | | Individuals that create safety and/or well being | |  | |  | |  | | Past actions that create safety and/or well being | |  | |  | |  | | Behaviors that create safety and/or well being | |  | |  | |  |   **What is working for the family or individual?**  Actions that create safety and/or well being  Behaviors that create safety and/or well being | Past Trauma/Abuse/Stressful Events   |  | | --- | | Past Trauma/Abuse/Stressful Events | |  | |  | |  | | Possible Future Trauma/Abuse/Stressful Events | |  | |  | |  | | Non-harmful/dangerous issues making things confusing | |  | |  | |  |   **What are you concerned about?**  Possible Future Trauma/Abuse/Stressful Events  Issues that are not harmful/dangerous but are making things confusing |
| **Create less danger**   |  | | --- | | Create less danger | |  | |  | |  | | Create more support | |  | |  | |  | | Develop more assets | |  | |  | |  |   **What must happen next to:**  Create more safety  Develop more strengths | Less danger   |  | | --- | | Less danger | |  | |  | |  | | More support | |  | |  | |  | | More strengths | |  | |  | |  |   **How will you know when there is/are:**  More safety  More strengths |
| On a scale of 0-10 where 0 means that the situation is extremely unsafe or unstable and 10 means that the individual or family is ready to move on with no further intervention, where do you rate this situation? | |
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