

FORM 2.1

The Decisional Balancing Scale

Directions: List all of the *advantages* and *disadvantages* of attempting your choice solution to cope with or resolve your difficulty. Rate each advantage and disadvantage on a scale from 1 to 4.

1 = Slightly important, 2 = Moderately important, 3 = Very important, 4 = Extremely important.

Advantages	Disadvantages

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FORM 3.1
Possibility Scenario Planning

Directions: As a team, collaborate on listing three positive and three negative future scenarios for the problem situation. In the second column, write corresponding alternative positive outcomes for each scenario. In the third column, write the steps family members, key social network resources, and involved helping professionals will take to help you achieve a positive outcome.

Future Uncertainties (Positive and Negative)	Alternative Possible Future Outcomes	Steps to Be Taken by (Family Members and the Collaborative Team Members)

Based on Camillus (2015).

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FORM 3.2

Transformational Scenario Planning and Action Steps

Directions: As a team, collaborate on listing four to five outcomes that the family would like to achieve. In the second column, write down what key catalysts (possessors of special knowledge and expertise) should be recruited to help you accomplish these goals. In the last column, write the steps the team and catalysts will take to help your family achieve its desired outcomes.

Desired Future Outcomes	Identified Key Catalysts Needed for Desired Future Outcomes	Steps Taken to Support Family and Catalysts to Achieve Desired Future Outcomes

Based on Camillus (2015).

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FORM 4.1

Significant Other Consent Form

I/We _____ give my/our therapist _____ permission to include in my/our counseling sessions the following two friends/adult significant others: _____ and _____

_____ for the purpose of providing additional support in my/our treatment. I will explain to my friends, their parents, and adult significant others that confidential information will be shared in our counseling sessions and that it is *not* to be disclosed outside of our meetings. I will obtain signatures from my friends, their parents, and any adult significant others I wish to include in my/our counseling sessions.

_____ Signature of Client	_____ Date
_____ Signature of Parent/Guardian	_____ Date
_____ Signature of Friend's Parent	_____ Date
_____ Signature of Friend	_____ Date
_____ Signature of Friend's Parent	_____ Date
_____ Signature of Friend	_____ Date
_____ Signature of Adult Significant Other	_____ Date
_____ Signature of Adult Significant Other	_____ Date
_____ Witness	_____ Date

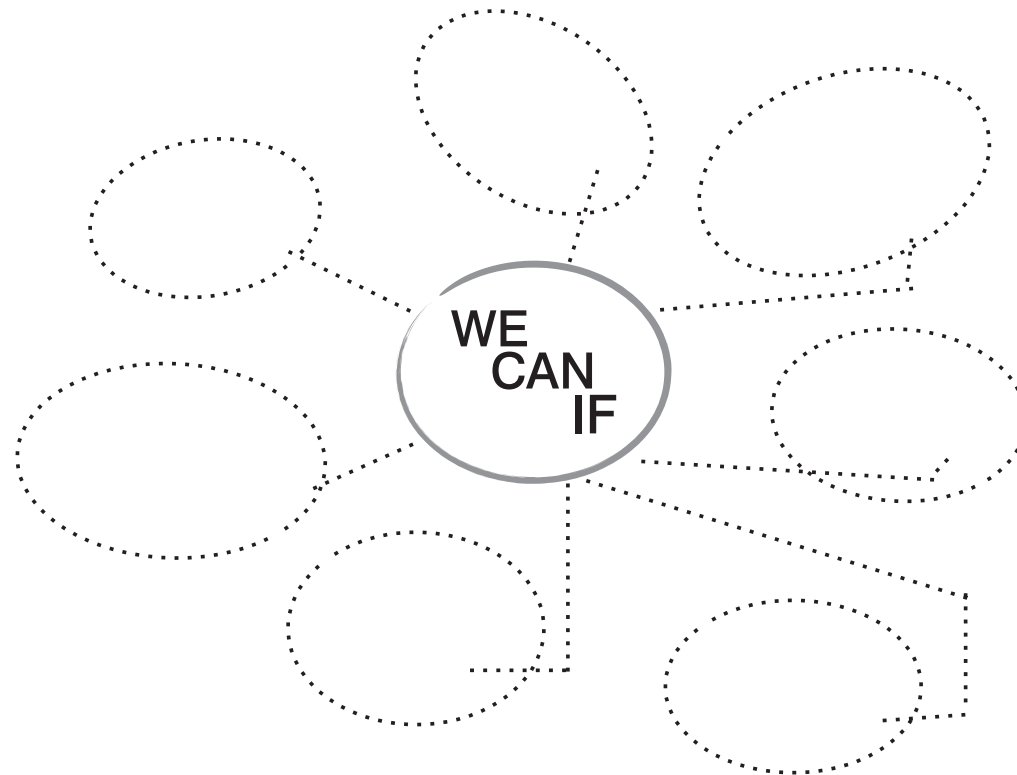
Notice to client/significant others: I/We understand that this consent shall expire in 1 year from the date of our signature(s) or until the calendar date _____. I/We understand that I/we may revoke this consent at any time during my/our treatment. I/We also agree not to hold my/our therapist responsible for any violation of my/our confidentiality by participating friends or adult significant others. I/We (friend's parents) agree not to hold the therapist responsible for any possible negative effects of having my/our teen participating in his/her friend's counseling sessions.

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FORM 4.2

Can-If Map

Directions: In each of the bubbles, write down your collaborative team's ideas for: We use other people . . . , We remove X to allow us to Y . . . , We resource it by . . . , We substitute X for Y . . . , We introduce a . . . , We access the knowledge of . . . , and We think of it as . . . for resolving the problem situation.



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FORM 5.1
Epiphany Log

Directions: Every day, write down epiphanies that occurred to you, what sparked them, any wisdom gained from them, and how you applied them to resolving your difficulties or coping with them better.

Date	My Epiphany	Sparked by	Wisdom Gained	Applied to

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FORM 5.2

Serendipitous Practices and Contexts Log

Directions: Every day, monitor and document any serendipitous practices and contexts that have brought you good luck or benefits. Specify what wisdom you have gained from these practices and resources, how you applied them to resolving or coping better with your difficulties, and the positive outcomes you experienced.

Date	Serendipitous Practices and Contexts	Wisdom Gained	Applied to	Positive Outcomes

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FORM 6.1

My Positive Trigger Log

Directions: Every day, carefully keep track of what you, family members, and resource people from your social network say or do to trigger positive emotions for you and help you steer clear of slips. In the last column, write down what specific thoughts and feelings are triggered for you by your personal steps, as well as the actions of others who care about you.

Date	What I Did	My Parents/Siblings	Friends	Other Involved Helpers	Positive Thoughts and Feelings Triggered

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FORM 6.2

Worst-Case Scenarios and Action Steps

Directions: As a team, collaborate to list four to five worst-case scenarios that could occur. In the second column, the teen is to write the steps he or she will take to constructively manage each of the situations. In the last column, write down the steps you would like family members and key resource people from your social network to take to help you to stay on track.

Worst-Case Scenario	Individual Steps I Will Take	The Steps We Will Take (Partner, Family Members, Key Resource People from Social Network)

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