

## LifeWay Health & Well-being Inventory™ – for Adolescents – Parent inventory

Form 2A - To be completed by an adult 18+ This will require about 10 minutes to complete.

Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**An Overview & Background:** At LifeWay Counseling we encourage each adult client who will be attending therapy and counseling with a child/adolescent to focus on Well-being. Well-being for themselves, AND, Well-being for their child. Well-being physically. Well-being emotionally. Well-being in relationships. Well-being spiritually. Body, Mind, & Spirit. When we asked clients exactly what defined Well-being for them, they gave us a list of Personal Abilities they depend on to achieve or maintain Well-being. Many of these Abilities you already have. Using your Abilities during therapy and counseling will bring you better results in your personal life and your child's personal life.

### **Directions for completing the Well-being Abilities Inventory:**

Stop and reflect for just a minute on why you are coming to LifeWay, and how you are feeling about your overall Personal Well-being in this moment. Give your Personal life a well-being a rating.

Check  one box.

<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Moderate	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
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Collect your thoughts and feelings and write a sentence or two about your expectations, goals and outcomes from Lifeway counseling. Be honest in your writing.

**What is your hope and goals for your Child's Personal Well-being life improvements as a result of working with a Lifeway counseling therapist?**

**And, how will you know when these hopes & goals are becoming a reality in your Personal life? How might others know, see, and feel the improvements?**

\*Abilities develop within us from natural talents, strengths, behaviors and attitudes we've been taught, and experiences we have had in life. They are like an Inventory we can use as needed. They can be improved as we learn and practice with them.

The following list of Personal Abilities will help you take a 'selfie' or inventory of those abilities today and how you are applying them to your life, in general, and to your specific situation for help at LifeWay Counseling. Please indicate by checking the box  either 'Have what I need & I use them,' or 'I Want to learn & apply more' for each item.

<b>Caring for myself each day</b>	<b>Have what I need &amp; I use them</b>	<b>I Want to learn &amp; apply more</b>
I know how to keep negative thoughts from defeating me.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to find joy regardless of the circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
My spiritual health is a priority and I make time to care for it.	<input type="checkbox"/>	<input type="checkbox"/>
I am intentionally making healthy food choices.	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do to improve my mental health when I am feeling down, sad, depressed or angry.	<input type="checkbox"/>	<input type="checkbox"/>
I am intentionally making a choice to exercise regularly.	<input type="checkbox"/>	<input type="checkbox"/>
I routinely get the right amount of restful sleep I require.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Caring for my relationships</b>	<b>Have what I need &amp; I use them</b>	<b>I Want to learn &amp; apply more</b>
I know how to foster good relationships.	<input type="checkbox"/>	<input type="checkbox"/>
I am open to receiving love from others.	<input type="checkbox"/>	<input type="checkbox"/>
I can identify my emotions and communicate what I am feeling or experiencing to others constructively.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to peacefully resolve conflicts.	<input type="checkbox"/>	<input type="checkbox"/>
I can identify when criticism, defensiveness, contempt, or stonewalling are negatively impacting my relationships.	<input type="checkbox"/>	<input type="checkbox"/>
I know the steps to take that will improve or restore any broken relationships I am experiencing.	<input type="checkbox"/>	<input type="checkbox"/>
I can listen to my friends, family, & colleagues and show empathy, respect, and understanding.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to communicate effectively in any situation.	<input type="checkbox"/>	<input type="checkbox"/>
I know and understand the strengths of my friends and family, and I encourage and actively support their value to our relationship.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Caring for my work** responsibilities</b> **Work refers to a paid job, a volunteer task, being a stay-at-home mom/dad, a student, a person with a part-time job, etc.	<b>Have what I need &amp; I use them</b>	<b>I Want to learn &amp; apply more</b>
I feel good about my work/job and the positive things it provides.	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of parts of my work/job where I need help, and I ask for help to get the work/job done.	<input type="checkbox"/>	<input type="checkbox"/>
I can focus on the right things to complete the work/job successfully.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to build trusting working relationships with my peers, my colleagues on the team, or other family members. .	<input type="checkbox"/>	<input type="checkbox"/>
I know my strengths and how to apply them to my work/job so that my work is satisfying.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Caring for my Personal Growth</b>	<b>Have what I need &amp; I use them</b>	<b>I Want to learn &amp; apply more</b>
I am emotionally free to try new things.	<input type="checkbox"/>	<input type="checkbox"/>
I have written short term and long-term goals (a vision) that motivate me and give me purpose.	<input type="checkbox"/>	<input type="checkbox"/>
I am becoming more confident in myself and less dependent on comparing myself to others.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to climb out of persistent negative emotions caused by 'life situations' by taking positive steps to change my situation.	<input type="checkbox"/>	<input type="checkbox"/>
I know that my life is having a positive impact. It counts! I am worth something important.	<input type="checkbox"/>	<input type="checkbox"/>
I am on a positive path and direction moving forward in my life.	<input type="checkbox"/>	<input type="checkbox"/>
I believe my future will be good.	<input type="checkbox"/>	<input type="checkbox"/>

At LifeWay Counseling we want you to take maximum advantage of your Personal Strengths. Please list 3 strengths you have a desire to apply to the work at LifeWay.

- 1.
- 2.
- 3.

If you have taken a Strengths evaluation, like Gallup StrengthsFinder, Enneagram, or VIA, and have that information readily available to you, write in your top strengths and indicate the source.

<b>Caring for my family</b>	<b>Have what I need &amp; I use them</b>	<b>I Want to learn &amp; apply more</b>
I know the steps to take that will improve my family relationships.	<input type="checkbox"/>	<input type="checkbox"/>
I can identify when criticism, defensiveness, contempt, or stonewalling are negatively impacting our family relationships.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to peacefully resolve my conflicts with each family member and between family members.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to communicate effectively with every family member.	<input type="checkbox"/>	<input type="checkbox"/>
I can listen to any family member and show empathy, respect, and understanding.	<input type="checkbox"/>	<input type="checkbox"/>
I know and understand the strengths of each family member and encourage and actively support their contribution to our family's quality of life.	<input type="checkbox"/>	<input type="checkbox"/>
Our family has written short term and long-term goals (a vision) that motivate us and give us a shared purpose.	<input type="checkbox"/>	<input type="checkbox"/>
I feel well equipped to be the best parent/child/other I can be.	<input type="checkbox"/>	<input type="checkbox"/>

At LifeWay Counseling we realize that many times people coming to counseling have doubts and fears about counseling. Please write down any doubts or fears related to counseling that you are experiencing. They are not unusual. It is helpful for our therapists to understand them. If no doubts or fears, circle **NONE**.

As you participate with the staff at LifeWay, you will be learning new approaches to improve your family. We want to make sure we provide those approaches in a way that is easiest for you to learn and apply them to your life. We have listed the 3 most common learning styles below. Please choose the one that you prefer.

- Visual learner – watch someone show me how to do it or use visual illustrations.
- Auditory learner – hear someone tell me how, like listening to presentations/podcasts/etc.
- Kinesthetic learner – try to do it myself.

**Complete this section if you are The Parent who is bringing your child to Lifeway Counseling for Child Counseling** This will require about 5 minutes to complete.

The following list of **Personal Parenting Education Abilities** will help you take a ‘selfie’ or inventory of those parenting abilities today related directly to the child who you are bringing to LifeWay for counseling Please indicate by checking the box  either ‘Have what I need & I use them,’ or ‘I Want to learn & apply more’ for each item.

<b>My Parenting Abilities</b>	<b>Have what I need &amp; I use them</b>	<b>I Want to learn &amp; apply more</b>
Becoming more aligned with my co-parent about family goals.	<input type="checkbox"/>	<input type="checkbox"/>
Establishing a family goal statement.	<input type="checkbox"/>	<input type="checkbox"/>
Becoming more aligned with my co-parent about discipline.	<input type="checkbox"/>	<input type="checkbox"/>
Learning about how to validate my family members’ emotions.	<input type="checkbox"/>	<input type="checkbox"/>
Having developmentally appropriate expectations for my child’s behavior.	<input type="checkbox"/>	<input type="checkbox"/>
How to cultivate self-calming strategies to improve my focus and patience.	<input type="checkbox"/>	<input type="checkbox"/>
How to advocate for my child at school, church, or in activities.	<input type="checkbox"/>	<input type="checkbox"/>
Learning how to achieve family peace.	<input type="checkbox"/>	<input type="checkbox"/>
Helping my family talk about spiritual beliefs.		

<b>My relationship with my child</b>	<b>Have what I need &amp; I use them</b>	<b>I Want to learn &amp; apply more</b>
Learning how to talk to my child in a way that matches their development.	<input type="checkbox"/>	<input type="checkbox"/>
How to talk with my teenager to maintain a close relationship.	<input type="checkbox"/>	<input type="checkbox"/>
How to help my child with sleep and bedtime routine.	<input type="checkbox"/>	<input type="checkbox"/>

How to help my child with morning routines.	<input type="checkbox"/>	<input type="checkbox"/>
How to help my child who is underachieving in school.		
Supporting my child's spiritual and moral development.	<input type="checkbox"/>	<input type="checkbox"/>
I know my child's strengths and how to help them use their strengths.	<input type="checkbox"/>	<input type="checkbox"/>

**Complete this section if you are The Parent who is bringing your child to Lifeway Counseling for Child Counseling** This will require about 5 minutes to complete.

**Tell us about your child's Well-Being and areas where more support may be needed. These areas are not a test. Each 'Yes/No' answer to the statements is your reflection on your child's life at this moment.**

<b>Your child's personal strengths</b>	<b>Yes</b>	<b>No</b>
My child is curious and likes to learn.	<input type="checkbox"/>	<input type="checkbox"/>
My child is kind to others.	<input type="checkbox"/>	<input type="checkbox"/>
My child does fun things.	<input type="checkbox"/>	<input type="checkbox"/>
My child does their work and play all by themselves.	<input type="checkbox"/>	<input type="checkbox"/>
My child knows how to wash their hands to prevent getting sick.	<input type="checkbox"/>	<input type="checkbox"/>
My child knows how to show their feelings.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Your child's social strengths</b>	<b>Yes</b>	<b>No</b>
My child tells the truth.	<input type="checkbox"/>	<input type="checkbox"/>
My child apologizes when needed to correct the situation.	<input type="checkbox"/>	<input type="checkbox"/>
My child learns from their mistakes and makes corrections.	<input type="checkbox"/>	<input type="checkbox"/>
My child helps at home.	<input type="checkbox"/>	<input type="checkbox"/>
My child shares & takes turns and has fun with others.	<input type="checkbox"/>	<input type="checkbox"/>
My child has fun playing the game whether win or lose.	<input type="checkbox"/>	<input type="checkbox"/>
My child is attentive and listens to others.	<input type="checkbox"/>	<input type="checkbox"/>
My child has a sense of humor that others notice and appreciate.	<input type="checkbox"/>	<input type="checkbox"/>
My child knows when to tell me they are not feeling well.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Complete this section if you are The Parent who is bringing your child to Lifeway Counseling for Child Counseling</b>		
<b>Your child's school strengths</b>	<b>Yes</b>	<b>No</b>
My child feels good about doing their schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>
My child is reaching expected learning goals for their age and grade.	<input type="checkbox"/>	<input type="checkbox"/>
My child talks with their classmates at recess and during lunch.	<input type="checkbox"/>	<input type="checkbox"/>
My child likes learning.	<input type="checkbox"/>	<input type="checkbox"/>
My child understands the information they hear from teachers and classmates.	<input type="checkbox"/>	<input type="checkbox"/>
My child is reading and comprehending at grade level.	<input type="checkbox"/>	<input type="checkbox"/>
My child has a strong imagination.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Your child's daily choices</b>	<b>Yes</b>	<b>No</b>
My child routinely likes to try new things.	<input type="checkbox"/>	<input type="checkbox"/>
My child like to participate in after school activities or join school clubs.	<input type="checkbox"/>	<input type="checkbox"/>
My child tells me they can do most anything if they try and practice at it.	<input type="checkbox"/>	<input type="checkbox"/>
My child doesn't seem to need to be the best at everything. They are OK.	<input type="checkbox"/>	<input type="checkbox"/>
My child knows what they are good at and how to apply their strengths to the task.	<input type="checkbox"/>	<input type="checkbox"/>
My child seems to have a good outlook on their future.	<input type="checkbox"/>	<input type="checkbox"/>

Thank your for completing the LifeWay Health & Well-Being Inventory™ for Parents.