

ACTIVITY/FAMILY IMBALANCE

CLIENT PRESENTATION

1. Tension Due to Outside Activities (1)*

- A. The family has experienced tension due to a family member's excessive time given to outside activities.
- B. A parent spends an excessive amount of time at work away from home, resulting in arguments and tension within the family.
- C. A family member spends a great deal of time involved in sports activities, resulting in tension about the lack of time spent with other family members.
- D. A family member spends a great deal of time involved in activities away from the family, resulting in tension about lack of time with other family members.
- E. Family members often experience arguments and conflicts when they try to resolve the activity/family imbalance.
- F. Family tension has decreased as family members have developed a greater balance regarding activities outside of the home.

2. Priorities Questioned (2)

- A. Family members often question other family members' priorities because of the unusual amount of time that is dedicated to outside activities.
- B. Family members are uncertain about how important they are to other family members due to the unusual amount of time that is dedicated to outside activities.
- C. Family members have become more at ease with the level of importance of the family within all family members' lifestyles.

3. Shift of Duties (3)

- A. Some family duties and responsibilities have been unfairly shifted to other family members due to the time absorbed by the external activities.
- B. Family members experience conflicts and tension due to the unfair shifting of responsibilities.
- C. Family members have become more understanding about how their outside activities affect others and have become more responsible for their own duties around the home.
- D. The family has prioritized responsibilities in a different manner, which has reduced the conflict and tension within the family.

4. Jealousy and Envy (4)

- A. Family members often experience feelings of jealousy and envy due to the increased amount of time dedicated to external activities.
- B. Accusations of favoritism have arisen among family members.

*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Family Therapy Treatment Planner*, Second Ed. (Dattilio, Jongsma, and Davis) by John Wiley & Sons, 2010.

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- C. Feelings of jealousy and envy often lead to arguments and conflict between family members.
- D. As family members have begun to resolve concerns related to jealousy and envy, conflict has decreased.
- E. Family members report no further feelings of envy or jealousy.

5. Competition for Absent Family Member's Time (5)

- A. Family members often feel as though they are in competition with each other for the absent family member's available time.
- B. Family members display attention-seeking behaviors to obtain time with the frequently absent family member.
- C. Family members often disagree about how they can use the absent family member's available time.
- D. As activity/family imbalance issues have been worked out, family members are able to obtain adequate time with the previously unavailable family member.

6. Mental Illness (6)

- A. A family member's excessive involvement with activities away from the family appears to be related to mental illness.
- B. Bipolar disease appears to be the precipitating cause of the activity/family imbalance issues.
- C. As the family member's mental illness has been treated, the activity/family imbalance issues have been resolved.

INTERVENTIONS IMPLEMENTED

1. Obtain All Family Members' Opinions (1)*

- A. Each family member was allowed to express opinions about who is absent too often from the family.
- B. Family members were encouraged to provide open, honest opinions about family members being overly committed to outside activities.
- C. Family members were redirected when they tried to argue or deny other family members' opinions.
- D. It was reflected to the family that they have very similar opinions about the activity/family imbalance issues.
- E. Family members were noted to have quite varied opinions about the activity/family imbalance issues, and these differences in perception were summarized.

2. Facilitate Ventilation of Feelings (2)

- A. Family members were asked to express their feelings regarding the activity/family imbalance pattern.
- B. Family members were provided with support and encouragement when they openly expressed their feelings regarding the activity/family imbalance issues.

*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Family Therapy Treatment Planner*, Second Ed. (Dattilio, Jongsma, and Davis) by John Wiley & Sons, 2010.

- C. Family members were redirected when they attempted to deny or invalidate the family members' emotions about the activity/family imbalance.
- D. Family members were guarded about their feelings related to the activity/family imbalance and were encouraged to open up about these emotions when they felt safe to do so.

3. Encourage Ownership of Feelings and Behavior (3)

- A. All family members were encouraged to take ownership of their own feelings and behavior.
- B. All family members were encouraged to identify and express their feelings.
- C. Each family member was directed to identify the behaviors they have that contribute to the conflicts over activity/family imbalance.
- D. Family members were supported as they took ownership of their feelings and behavior.
- E. Family members tended to blame others for their feelings and behavior and were provided with feedback about this pattern.

4. Define Problem Clearly (4)

- A. The family was asked to clearly define the problem of activity/family imbalance.
- B. The family was assisted in developing specific information about the problem of activity/family imbalance.
- C. When family members fell into vague generalizations, they were redirected to be more specific.
- D. Family members' descriptions of the problem areas of activity/family imbalance were redefined in behavioral terms.

5. Review Evolution of the Problem (5)

- A. The family was assisted in identifying how the activity/family imbalance problems evolved.
- B. It was noted that the activity/family imbalance appeared to start because of emotional concerns.
- C. It was noted that the activity/family imbalance seemed to begin due to logistical considerations.
- D. It was noted that the activity/family imbalance appeared to begin with financial problems.
- E. It was noted that the activity/family imbalance started with family-of-origin pressures.
- F. The family was uncertain about why the activity/family imbalance started and was provided with tentative examples of how these patterns begin.

6. Use Assessment Techniques (6)

- A. Objective assessment techniques were used to help define the activity/family imbalance problem and its historical roots.
- B. *The Family-of-Origin Scale* (Hovestadt et al.) was used to help define the activity/family imbalance problem and its historical roots.
- C. *The Family-of-Origin Inventory* (Stewart) was used to help define the problem and its historical roots.
- D. The results of the objective assessment techniques were reflected to the family.

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7. Solicit Opinions about Energy Directed Outside the Family (7)

- A. Each family member was asked to provide an opinion about why excessive energy is directed to activities outside of the family.
- B. Each family member's opinion was validated and honored in regard to perceptions about why excessive energy is directed to activities outside of the family.
- C. The family's opinions regarding the excessive energy that is directed to activities outside of the family were summarized and reflected to the family.

8. Identify Each Family Member's Priorities (8)

- A. Each family member was asked to express personal priorities regarding how time is spent.
- B. Each family member was requested to rank his/her activities as to how much time is spent with them.
- C. Family members' priorities were reflected to them, including similarities and differences.

9. Explore Differences in Priorities (9)

- A. Family members were asked to compare their list of priorities.
- B. Family members were asked to discuss how their priorities differ from each other.
- C. Family members were asked to identify the reasons why their priorities have become divergent.
- D. It was reflected to the family members that they have come to a greater understanding of each other's priorities as a result of discussing the differences in their priorities and the etiologies of those differences.
- E. Family members were provided with feedback about how and why their priorities are different.

10. Develop Family Priorities (10)

- A. The family was assisted in developing a list of priorities endorsed by all members.
- B. Family members were urged to compromise in order to develop a list of priorities suitable to all family members.
- C. Family members were reinforced for developing a set of priorities that are acceptable to all family members.
- D. Family members failed to develop a set of priorities for the family as a whole and were provided with redirection in this area.

11. Explore Barriers to Cohesive Priorities (11)

- A. The family was questioned about issues that may interfere with the cohesive, rank-ordered list of priorities endorsed by all members.
- B. Family members were assisted in identifying worries or fears that may affect the cohesiveness of the list of family priorities.
- C. Family members were helped to identify logistical concerns that will affect the family's list of priorities.

- D. Family members were helped to identify how avoidance of conflict affects family priorities.
- E. Family members were unable to identify possible barriers to the cohesive set of priorities for the family and were provided with tentative examples of possible barriers.

12. Develop Healthy Intervention Technique (12)

- A. Family members were assisted in finding healthy ways to address issues that interfered with the rank-ordered list of priorities.
- B. Family members were encouraged to use assertive communication techniques.
- C. Family members were taught about how to replace aggressive and passive-aggressive communication with healthy communication.
- D. Family members were reinforced for their healthy pattern of communication; specific examples were highlighted.
- E. Family members were redirected when they used unhealthy communication.

13. Explore Perceived Expectations (13)

- A. Family members were asked to verbalize their perceptions of what other family members expect of them.
- B. Perceived expectations were compared to family members' actual expectations of one another.
- C. It was reflected to the family members that they often perceive others to expect much more of them than what is actually expected.
- D. It was reflected to the family members that their perceptions of what others expect of them are quite accurate.

14. Suggest Helpful Communication Techniques (14)

- A. Family members were taught helpful communication techniques to more effectively express their disagreement over the activity issue.
- B. Family members were taught the use of "I" statements.
- C. Family members were urged to stay calm and respectful in tone when discussing the activity issue.
- D. Family members were reinforced for their use of calm, respectful, and direct communication techniques.
- E. Family members have not used respectful communication techniques and were reminded to do so.

15. Objectively Assess Relationships (15)

- A. An assessment inventory was used to objectively define the nature of the relationships within the family.
- B. The Index of Family Relations (Hudson) was used to assess the nature of the relationships within the family.
- C. The results of the objective assessment of the relationships within the family were presented to the family members.

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16. Discuss Inventory Results (16)

- A. The results of the assessment inventory were discussed with the family.
- B. The assessment inventory results indicated that family members do not feel close to one another.
- C. The assessment inventory results indicated that family members do feel close to one another.
- D. The family was helped to process the results of the objective assessment of family relationships, and the implication of this information was reviewed.

17. Discuss Home-Based Duties (17)

- A. Family members were asked to discuss how home-based duties have been assigned to individual family members.
- B. Each family member was asked to provide feedback on what would be the fairest distribution of duties and responsibilities, and why duties should be distributed in this manner.
- C. Family members were assisted in synthesizing how home-based duties and responsibilities should be assigned.
- D. It was reflected to the family members that they have very divergent beliefs about how home-based duties should be assigned.

18. Delineate Underlying Beliefs (18)

- A. The family was asked to identify their beliefs about the basis for delegation of household chores.
- B. Family members were asked about how chores should be delegated in regard to income earners versus non-income earners.
- C. Family members were asked their opinion about how chores should be delegated based on age levels.
- D. The family was assisted in clearly defining the underlying beliefs that form the basis for the delegation of household chores.

19. Develop a Fair Method for Assigning Chores (19)

- A. The family was assisted in developing a fair method for assigning chores for various family members.
- B. It was suggested to the family to use a lottery drawing to randomize the assignment of chores.
- C. Family members were assisted in fine-tuning the selected method of assigning chores.

20. Confront Laziness (20)

- A. Family members who were attempting to shirk their household chore responsibilities were directly confronted.
- B. An emphasis was placed on the need for all family members to take responsibility for their own behavior.
- C. Working for the good of the family was prioritized above working for the good of one's self.
- D. The family was assisted in respectfully confronting those who have shirked news based responsibilities.

- E. Family members who have increased their level of responsibility within the family were reinforced.
- F. Family members continued to tend to shirk their responsibilities and require other family members to take over for them; treatment focus was changed to address this issue.

21. Explore Jealousy/Envy (21)

- A. Family members were asked about their level of jealousy and envy in regard to the activity/family imbalance.
- B. Family members were supported as they expressed their feelings regarding the activity/family imbalance.
- C. Family members were provided with examples of situations in which they might experience jealousy or envy.
- D. Family members denied any pattern of jealousy or envy and were urged to be aware of this dynamic.

22. Focus on Time-Allocation Arguments (22)

- A. The family was asked to identify the specific arguments that they have over time allocation.
- B. The family was assisted in identifying how time-allocation disagreements have developed.

23. Facilitate Emotional Ventilation (23)

- A. Family members were asked to express their feelings regarding the lack of time that they are able to have with each other.
- B. Family members were asked to express their feelings regarding the great amount of time spent with a specific family member.
- C. Family members were encouraged to openly express their feelings; when other family members attempted to suppress the healthy expression of emotion, they were redirected to allow this necessary ventilation.
- D. Family members were very guarded about expressing their feelings and were urged to be more open as they felt safe to do so.

24. Probe for Avoidance (24)

- A. Family members were questioned about whether they may be using external activities as a way to avoid contact or closeness with the family.
- B. Family members were noted to be avoidant of closeness with other family members by remaining overly involved in external activities.
- C. The avoidant family member was provided with support as the pattern of avoidance was processed and reviewed.

25. List Pros and Cons of Closeness (25)

- A. Each family member was asked to list the pros and cons of being a close-knit family unit.
- B. Family members were assisted in clarifying the positive aspects of being a close family unit.
- C. Family members were assisted in clarifying the negative side of being a close family unit.

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- D. It was reflected to the family that all family members seem to be seeking a close-knit family unit.
- E. It was reflected to the family members that they are not unified in their desire to obtain a more close-knit family unit.

26. Suggest Intimacy Builders (26)

- A. Ways to increase family intimacy were suggested to the family.
- B. The family was encouraged to engage in social and recreational activities together.
- C. The family was encouraged to play *The UnGame* (Zakich) as a way to build mutual understanding.
- D. The family was reinforced for using specific activities to build family intimacy.
- E. The family has not used activities to build family intimacy and was redirected in this area.

27. Assess Family Mental Health History (27)

- A. The often-absent family member's extended family was assessed for the presence of mental health concerns.
- B. It was noted that there are mental health problems within the family-of-origin of the too-often-absent family member.
- C. It was reflected that there is no history of mental health illness within the too-often-absent family member's history.

28. Assess for Mental Health Issues (28)

- A. The family member who is often spending excessive time outside of the home was assessed for a mental health issue.
- B. The too-often-absent family member was assessed for any obsessive or compulsive symptoms.
- C. The too-often-absent family member was assessed for addiction concerns.
- D. The too-often-absent family member was assessed for severe and persistent mental illness concerns, such as bipolar disorder.
- E. Mental health problems were identified for the too-often-absent family member, and an appropriate referral was initiated.
- F. Upon assessment, no significant mental health concerns were identified for the too-often-absent family member, and this was reflected to the family.

29. Suggest Further Evaluation (29)

- A. The too-often-absent family member was referred to another mental health professional (e.g., clinical psychologist or psychiatrist) for an in-depth assessment of mental health needs.
- B. The too-often-absent family member has followed through on the referral for further evaluation, and the results of this assessment were reviewed.
- C. The too-often-absent family member has not followed up on a referral for a more in-depth evaluation, and the reasons for this resistance were processed and resolved.

30. Discuss Treatment Options (30)

- A. The various treatment options available for the mentally ill family member were discussed.
- B. The family was provided with specific information regarding treatment available for the mentally ill family member.
- C. A specific referral was made for treatment for the mentally ill family member's needs.
- D. The family has followed up on treatment for the mentally ill family member, and the benefits of this treatment were reviewed.
- E. The family has not followed up on treatment for the mentally ill family member and was redirected to do so.

31. Develop Support for Mentally Ill Family Member (31)

- A. Ways in which the family can support the mentally ill family member were identified.
- B. Family members were asked to commit to helpful ways in which they can assist the mentally ill family member in recovery.
- C. Family members were reinforced for the support provided to the mentally ill family member.
- D. Family members have not been supportive of the mentally ill family member and were reminded about how helpful this can be.

32. Use Buddy System (32)

- A. The buddy system was suggested as a way for family members to obtain peer support.
- B. Family members were encouraged to use a peer support model in the family, attending treatment or support groups together, or holding each other accountable.
- C. Family members were encouraged to seek out others outside of the family who can provide support regarding the family member's mental illness concerns.
- D. Family members' use of peer support/buddy system concepts was reviewed.
- E. The family has not used peer support or the buddy system to gain support in coping with the mental illness in the family and was reminded about these helpful resources.

33. Confront Denial (33)

- A. The family was confronted for their denial of the mental illness concerns.
- B. The mentally-ill family member was confronted for denying the mental illness concerns.
- C. The nonmentally-ill family members were confronted about their pattern of denial of mental illness within the family.

34. Uncover Enabling (34)

- A. Family members were taught about how enabling can exacerbate mental illness concerns.
- B. Family members were confronted for their pattern of enabling the mentally ill family member.
- C. Positive reinforcement was provided to the family members for decreasing their enabling behaviors.