

ACTIVITY/FAMILY IMBALANCE

BEHAVIORAL DEFINITIONS

1. Tension develops in the family as a result of one of the family members' excessive time given to outside activities (parent's job or sport, a child's activity, etc.).
2. Family members question the issue of priorities because of the unusual amount of time that is dedicated to the outside activities.
3. Conflict and tension arise over the fact that certain duties and responsibilities are being shifted onto other family members unfairly due to the time absorbed by the external activity.
4. Jealousy and envy brew between family members unfairly due to the time absorbed by the external activity.
5. Family members compete over time with the often-absent family member, leading to disagreements (e.g., children arguing over time with parent).
6. A family member's excessive involvement with external activities is due to a mental illness (e.g., bipolar disorder).

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LONG-TERM GOALS

1. Eliminate family tension by encouraging family members to acknowledge the excessive outside activity and willfully give more time to family matters.
2. Find an acceptable balance between the competing demands of external activities and family responsibilities.
3. Implement a fair and equal system for assignment of chores and responsibilities among family members.
4. Family members strive to spend an equal amount of time with each other.
5. Obtain treatment for mental illness in order to restore balance and proper priorities to the allocation of time.
6. Successfully resolve family tension by dealing with issues directly rather than avoiding them through outside pursuits.

SHORT-TERM OBJECTIVES

1. Define the external activity that is contributing to family disharmony. (1, 2, 3, 4)

THERAPEUTIC INTERVENTIONS

1. Allow each family member to have his/her say about who is frequently absent from the family and for what activity (e.g., dad and work, sibling and sports); discuss any differences in perception.
2. Facilitate the ventilation of feelings as experienced by each family member over a particular family member's absence(s).
3. Have each family member take ownership of his/her feelings and behaviors.

2. Trace the history of the activity/family imbalance problem and what contributed to its origin. (5, 6, 7)
3. Each family member lists his/her time allocation priorities in a rank-ordered fashion. (8, 9)
- ▼ 4. Agree on a list of activity priorities that all members can endorse. (10, 11, 12)
4. Help the family identify the problem and define the specifics (e.g., mom works too much and does not have enough time for us).
5. Trace how the activity/family imbalance problem evolved (e.g., due to financial need, learned behaviors from family of origin)
6. Utilize assessment techniques to help define the problem and its historical roots (e.g., genograms, Family-of-Origin Scale [Hovestadt, Anderson, Piercy, Cochran, and Fine], or Family of Origin Inventory [Stuart]).
7. Solicit each family member's opinion on why the excessive energy is directed outside of the family.
8. Have each family member express his/her priorities for how time is spent (family time, work, recreation, friends, Internet, etc.); request that they rank order them according to what each perceives as being most important.
9. Have family members compare their lists of priorities and discuss how and why they are different; explore how the priorities have come to be so different.
10. Develop a joint family list of priorities by attempting to facilitate agreement between members on what the ranking of priorities in the family should be. ▼
11. Explore issues that may be interfering with the cohesive,

14 THE FAMILY THERAPY TREATMENT PLANNER

- rank-ordered list of priorities (e.g., need for attention, avoidance of conflict, or fear of not having enough income). ▽
- ▽ 5. Each member identifies the expectations he/she believes the family holds for him/her. (13)
- ▽ 6. Using “I” statements, express disagreement with each other over the activity/family imbalance issue in a respectful, constructive manner. (14)
- ▽ 7. Cooperate with completing an inventory to assess family relationships. (15, 16)
8. List the home-based duties, chores, and responsibilities that are assigned to each family member. (17, 18)
12. Assist family members in finding a healthy way (e.g., using assertive rather than aggressive or passive-aggressive communication and using active listening techniques) to address issues that interfere with the rank-ordered list of priorities. ▽
13. Explore the perceived expectations the family members hold for one another (e.g., dad’s belief of what his wife and children expect of him, an oldest child’s perception of his family’s expectation of him); compare these to actual expectations. ▽
14. Suggest some appropriate, more constructive means of expressing disagreement over the activity issue (e.g., using “I” statements rather than “you” statements, staying calm and respectful in tone); use role-playing and modeling to demonstrate this skill to the family. ▽
15. Use an assessment inventory to define the nature of relationships within the family (e.g., the Index of Family Relations [IFR] in the *Walmyr Assessment Scales Scoring Manual* by Hudson). ▽
16. Discuss with the family the results of the assessment inventory and the implications for family relationships. ▽
17. Open up a forum for the discussion of what home-based duties and responsibilities have been assigned to individual

- family members; poll each family member on what he/she believes would be a fair distribution of duties and responsibilities and why.
9. Agree on an assignment of chores that all find equitable. (19)
 10. Each family member acknowledges a responsibility to work on behalf of the family unit, not just self-interest. (20)
 11. Acknowledge and resolve feelings of jealousy over time and attention given to various family members. (21, 22)
 12. Verbalize feelings and beliefs over the lack of quality time family members spend together. (23, 24)
 18. Bring to the surface any underlying beliefs about how the delegation of chores should be based on income earners versus non-income earners, adults versus children, males versus females, and so on.
 19. Assist the family in developing a fair method for assigning chores to various family members (e.g., suggest using a lottery drawing to randomize assignment of chores).
 20. Help family members confront those who appear to be attempting to shirk their responsibilities; discuss the need to take responsibility for their own behavior and to work for the good of the family unit, not just themselves.
 21. Explore the issue of jealousy and envy and how this plays into the conflicts between family members over the activity/family imbalance issue.
 22. Focus on specific arguments over time allocation within the family and how these have developed.
 23. Facilitate family members in ventilating their feelings about the lack of time they have with each other or the unequally great amount of time spent with a specific family member.
 24. Probe whether certain family members may be avoiding each

16 THE FAMILY THERAPY TREATMENT PLANNER

13. Each family member lists the pros and cons about being close with one another. (25)
 14. Participate in activities that build family unity and bonding. (26)
 15. Identify symptoms of a mental illness in the too-often-absent family member or in his/her family of origin. (27, 28, 29)
 16. Accept referral for psychological treatment of the mentally ill family member. (30, 31, 32)
 25. Ask each family member to list the pros and cons of being a part of a close family unit; assess whether the family has a problem with being closely knit.
 26. Suggest ways to build family intimacy, such as social or recreational activities, using such strategies as playing the UnGame [Zakich] or an equivalent activity together.
 27. Investigate whether or not there is a history of mental health problems in the family of origin of the frequently absent member.
 28. Determine whether the family member who is spending excessive time outside the home may be struggling with a mental health issue (e.g., obsession, addiction, or a more serious psychiatric problem, such as bipolar disorder).
 29. Suggest a more in-depth evaluation via referral of the frequently absent member to another mental health professional (e.g., clinical psychologist, psychiatrist, etc.).
 30. Discuss the various treatment options for the mentally ill family member (e.g., outpatient, inpatient, etc.).
 31. Assist the family in identifying methods for supporting the mentally ill family member (e.g., intervention, support groups, etc.).
- other or avoiding intimacy by remaining overly involved in the external activities.

- 17. Verbalize acceptance of the presence of a mental illness and the need to obtain treatment. (33, 34)
 - 32. Discuss using a buddy system for family members both within and outside of the family (e.g., local chapter of Families of the Mentally Ill or the American Red Cross) to gain support in coping with mental illness in the family.
 - 33. Confront the issue of denial of mental illness on the part of any family member, including the one with the diagnosed illness.
 - 34. Attempt to uncover any enabling process within the family system that may be reinforcing the denial of mental illness.
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DIAGNOSTIC SUGGESTIONS

<u>ICD-9-CM</u>	<u>ICD-10-CM</u>	<u>DSM-5 Disorder, Condition, or Problem</u>
309.0	F43.21	Adjustment Disorder, With Depressed Mood
300.02	F41.1	Generalized Anxiety Disorder
296.2x	F32.x	Major Depressive Disorder, Single Episode
V61.20	Z62.820	Parent-Child Relational Problem
296.xx	F31.xx	Bipolar I Disorder
296.89	F31.81	Bipolar II Disorder
301.81	F60.81	Narcissistic Personality Disorder
301.50	F60.4	Histrionic Personality Disorder
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