FAMILY CONFLICT

BEHAVIORAL DEFINITIONS

1. Constant or frequent conflict with parents and/or siblings.
2. A family that is not a stable source of positive influence or support, since family members have little or no contact with each other.
3. Ongoing conflict with parents, which is characterized by parents fostering dependence leading to feelings that the parents are overly involved.
4. Maintains a residence with parents and has been unable to live independently for more than a brief period.
5. Long period of noncommunication with parents, and description of self as the "black sheep."
6. Remarriage of two parties, both of whom bring children into the marriage from previous relationships.
7. Parents in conflict with each other over parenting methods and styles for their minor children.

__. _____
_____

__. _____
_____

__. _____
_____

LONG-TERM GOALS

1. Parents increase their cooperation and mutual support in dealing with their children.
2. Begin the process of emancipating from parents in a healthy way by making arrangements for independent living.

3. Decrease the level of present conflict with parents while beginning to let go of or resolving past conflicts with them.
4. Achieve a reasonable level of family connectedness and harmony where members support, help, and are concerned for each other.
5. Become a reconstituted/blended family unit that is functional and whose members are bonded to each other.
6. Reach a level of reduced tension, increased satisfaction, and improved communication with family and/or other authority figures.

__. _____
_____

__. _____
_____

__. _____
_____

SHORT-TERM OBJECTIVES

1. Describe the conflicts and the causes of conflicts between self and parents. (1, 2)

2. Attend and participate in family therapy sessions where the emphasis is on reducing conflict. (3, 4)

THERAPEUTIC INTERVENTIONS

1. Give verbal permission for the client to have and express own feelings, thoughts, and perspectives in order to foster a sense of autonomy from family.
2. Explore the nature of the client's family conflicts and their perceived causes.
3. Conduct family therapy sessions with the client and his/her parents to facilitate healthy communication (where the focus is on controlled, reciprocal, respectful communication of thoughts and feelings), conflict resolution, and the normalization of the emancipation process.
4. Educate family members that resistance to change in styles of relating to one another is usually high and that change takes concerted effort by all members.

3. Provide behavioral, emotional, and attitudinal information toward an assessment of specifiers relevant to a *DSM* diagnosis, the efficacy of treatment, and the nature of the therapy relationship. (5, 6, 7, 8)
5. Assess the client's level of insight (syntonic versus dystonic) toward the "presenting problems" (e.g., demonstrates good insight into the problematic nature of the "described behavior," agrees with others' concern, and is motivated to work on change; demonstrates ambivalence regarding the "problem described" and is reluctant to address the issue as a concern; or demonstrates resistance regarding acknowledgment of the "problem described," is not concerned, and has no motivation to change).
6. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with ADHD, depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).
7. Assess for any issues of age, gender, or culture that could help explain the client's currently defined "problem behavior" and factors that could offer a better understanding of the client's behavior.
8. Assess for the severity of the level of impairment to the client's functioning to determine appropriate level of care (e.g., the behavior noted creates mild, moderate, severe, or very severe impairment in social, relational, vocational, or occupational endeavors); continuously assess

	this severity of impairment as well as the efficacy of treatment (e.g., the client no longer demonstrates severe impairment but the presenting problem now is causing mild or moderate impairment).
4. Identify own as well as others' role in the family conflicts. (9, 10)	9. Confront the client when he/she is not taking responsibility for his/her role in the family conflict and reinforce the client for owning responsibility for his/her contribution to the conflict.
	10. Ask the client to read material on resolving family conflict (e.g., *Making Peace with Your Parents* by Bloomfield and Felder); encourage and monitor the selection of concepts to begin using in conflict resolution.
5. Family members demonstrate increased openness by sharing thoughts and feelings about family dynamics, roles, and expectations. (11, 12)	11. Conduct a family session in which a process genogram is formed that is complete with members, patterns of interaction, rules, and secrets.
	12. Facilitate each family member in expressing his/her concerns and expectations regarding becoming a more functional family unit.
6. Identify the role that chemical dependence behavior plays in triggering family conflict. (13)	13. Assess for the presence of chemical dependence in the client or family members; emphasize the need for chemical dependence treatment, if indicated, and arrange for such a focus (see the Substance Use chapter in this *Planner*).
7. Verbally describe an understanding of the role played by family relationship stress in triggering substance abuse or relapse. (14, 15)	14. Help the client to see the triggers for chemical dependence relapse in the family conflicts.
	15. Ask the client to read material on the family aspects of chemical

dependence (e.g., *It Will Never Happen to Me* by Black; *Bradshaw On the Family* by Bradshaw); process key family issues from the reading that are triggers for him/her.

8. Increase the number of positive family interactions by planning activities. (16, 17, 18)

16. Refer the family for an experiential weekend at a center for family education to build skills and confidence in working together (consider a physical confidence class with low or high ropes courses, etc.).

17. Ask the parents to read material on positive parenting methods (e.g., *Raising Self-Reliant Children* by Glenn and Nelsen; *Between Parent and Child* by Ginott; *Between Parent and Teenager* by Ginott); process key concepts gathered from their reading.

18. Assist the client in developing a list of positive family activities that promote harmony (e.g., bowling, fishing, playing table games, doing work projects). Schedule such activities into the family calendar.

9. Parents report how both are involved in the home and parenting process. (19, 20)

19. Elicit from the parents the role each takes in the parental team and his/her perspective on parenting.

20. Read and process in a family therapy session the fable "Raising Cain" or "Cinderella" (see *Friedman's Fables* by Friedman).

10. Identify ways in which the parental team can be strengthened. (21)

21. Assist the parents in identifying areas that need strengthening in their "parental team," then work with them to strengthen these areas (or assign "Learning to

Parent as a Team" in the *Adult Psychotherapy Homework Planner* by Jongsma).

11. Parents learn and implement effective parenting methods to reduce conflict between themselves and the children over parenting. (22, 23, 24, 25, 26)

22. Ask the parents to read material consistent with a parent training approach to managing disruptive children's behavior (e.g., *The Kazdin Method for Parenting the Defiant Child* by Kazdin; *Parents and Adolescents Living Together: The Basics* by Forgatch and Patterson; *Parents and Adolescents Living Together: Family Problem Solving* by Patterson and Forgatch).

23. Describe the Parent Management Training approach to teach the parents how behavioral interactions with the child can encourage or discourage positive or negative behavior by the child and that changing key elements of those interactions (e.g., prompting and reinforcing positive behaviors) can be used to promote positive change (see *Parent Management Training-Oregon Model* by Forgatch and Patterson).

24. Teach the parents how to specifically define and identify problem behaviors, identify their own reactions to the behavior, determine whether the reaction encourages or discourages the behavior, and generate alternatives to the problem behavior (or assign "Using Reinforcement Principles in Parenting" in the *Adult Psychotherapy Homework Planner* by Jongsma).

25. Assign the parents to implement key parenting practices

consistently, including establishing realistic age-appropriate rules for acceptable and unacceptable behavior, prompting of positive behavior in the environment, use of positive reinforcement to encourage behavior (e.g., praise and clearly established rewards), use of calm, clear direct instruction, time out, and other loss-of-privilege practices for sustained problem behavior (assign "A Structured Parenting Plan" in the *Adult Psychotherapy Homework Planner* by Jongsma).

26. Assign the parents home exercises in which they implement and record results of implementation exercises (or assign "Clear Rules, Positive Reinforcement, Appropriate Consequences" in the *Adolescent Psychotherapy Homework Planner* by Jongsma, Peterson, and McInnis); review in session, providing corrective feedback toward improved, appropriate, and consistent use of skills.

12. Older children and teens learn skills for managing anger and solving problems without conflict. (27, 28)

27. Use modeling, role-playing, and behavioral rehearsal to teach the client anger control techniques that include stop, think, and act as well as cognitive problem-solving skills; role-play the application of the skills to multiple situations in the client's life.

28. Assign the client to implement the anger control and problem-solving techniques in his/her daily living (or assign "Applying Problem-Solving to Interpersonal Conflict" in the *Adult*

	Psychotherapy Homework Planner by Jongsma); review these incidents; reinforce and provide corrective feedback toward the goal of sustained effective use.
13. Report an increase in resolving conflicts with parents by talking calmly and assertively rather than aggressively and defensively. (29, 30)	29. Use role-playing, role reversal, modeling, and behavioral rehearsal to help the client develop assertive ways to resolve conflict with parents (recommend *Your Perfect Right: Assertiveness and Equality in Your Life and Relationships* by Alberti and Emmons).
	30. Assign the parents to read material on reducing sibling conflict (e.g., *The Kazdin Method for Parenting the Defiant Child* by Kazdin); process key concepts and encourage implementation of interventions with their children.
14. Parents increase structure within the family. (31, 32)	31. Assist parents in developing rituals (e.g., dinner times, bedtime readings, weekly family activity times) that will provide structure and promote bonding.
	32. Assist the parents in increasing structure within the family by setting times for eating meals together, limiting number of visitors, setting a lights-out time, establishing a phone call cutoff time, curfew time, "family meeting" time, and so on.
15. Each family member represents pictorially and then describes his/her role in the family. (33, 34)	33. Conduct a family session in which all members bring self-produced drawings of themselves in relationship to the family; ask each to describe what they've brought and then have the picture placed in an album.

	34. Ask the family to make a collage of pictures cut out from magazines depicting "family" through their eyes and/or ask them to design a coat of arms that will signify the blended unit.
16. Family members report a desire for and vision of a new sense of connectedness. (35, 36, 37)	35. In a family session, assign the family the task of planning and going on an outing or activity; in the following session, process the experience with the family, giving positive reinforcement where appropriate.
	36. Conduct a session with all new family members in which a genogram is constructed, gathering the history of both families and that visually shows how the new family connection will be.
	37. Assign the parents to read the book *Changing Families* by Fassler, Lash, and Ives at home with the family and report their impressions in family therapy sessions.
17. Identify factors that lead to dependence on the family and verbalize steps to overcome them. (38, 39)	38. Ask the client to make a list of ways he/she is dependent on parents.
	39. For each factor that promotes the client's dependence on parents, develop a constructive plan to reduce that dependence (or assign "Taking Steps toward Independence" in the *Adult Psychotherapy Homework Planner* by Jongsma).
18. Increase the level of independent functioning. (40, 41)	40. Confront the client's emotional dependence and avoidance of economic responsibility that promotes continuing pattern of living with parents; develop a plan for the client's healthy and

responsible emancipation from parents that is, if possible, complete with their blessing (e.g., finding and keeping a job, saving money, socializing with friends, finding own housing, etc.).

41. Probe the client's fears surrounding emancipation; support the client's strengths that can lead to independence (or assign "Acknowledging My Strengths" in the *Adult Psychotherapy Homework Planner* by Jongsma) and assist the client in identifying and replacing fearful thoughts with positive messages (or assign "Replacing Fears With Positive Messages" in the *Adult Psychotherapy Homework Planner* by Jongsma).

__. _____ __. _____
_____ _____
__. _____ __. _____
_____ _____
__. _____ __. _____
_____ _____

DIAGNOSTIC SUGGESTIONS

Using DSM-IV/ICD-9-CM:

Axis I:	313.81	Oppositional Defiant Disorder
	312.8	Conduct Disorder
	312.9	Disruptive Behavior Disorder NOS
	300.4	Dysthymic Disorder
	300.00	Anxiety Disorder NOS
	312.34	Intermittent Explosive Disorder
	303.90	Alcohol Dependence
	304.20	Cocaine Dependence
	304.80	Polysubstance Dependence

	V71.02	Child or Adolescent Antisocial Behavior
	V61.20	Parent-Child Relational Problem
	V61.10	Partner Relational Problem
	V61.8	Sibling Relational Problem
	_____	_____
	_____	_____
Axis II:	301.7	Antisocial Personality Disorder
	301.6	Dependent Personality Disorder
	301.83	Borderline Personality Disorder
	301.9	Personality Disorder NOS
	_____	_____
	_____	_____

Using DSM-5/ICD-9-CM/ICD-10-CM:

ICD-9-CM	ICD-10-CM	*DSM-5* Disorder, Condition, or Problem
300.4	F34.1	Persistent Depressive Disorder
300.09	F41.8	Other Specified Anxiety Disorder
300.00	F41.9	Unspecified Anxiety Disorder
312.34	F63.81	Intermittent Explosive Disorder
303.90	F10.20	Alcohol Use Disorder, Moderate or Severe
304.20	F14.20	Cocaine Use Disorder, Moderate or Severe
301.7	F60.2	Antisocial Personality Disorder
301.6	F60.7	Dependent Personality Disorder
301.83	F60.3	Borderline Personality Disorder
301.9	F60.9	Unspecified Personality Disorder
V61.8	Z63.8	High Expressed Emotion Level Within Family

Note: The ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2014. ICD-10-CM codes are to be used starting October 1, 2014. Some ICD-9-CM codes are associated with more than one ICD-10-CM and *DSM-5* Disorder, Condition, or Problem. In addition, some ICD-9-CM disorders have been discontinued resulting in multiple ICD-9-CM codes being replaced by one ICD-10-CM code. Some discontinued ICD-9-CM codes are not listed in this table. See *Diagnostic and Statistical Manual of Mental Disorders* (2013) for details.

 indicates that the Objective/Intervention is consistent with those found in evidence-based treatments.