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Worksheet: Defining Family and Personal Support Networks

√ Take three minutes and write down:

The family members who are most involved in your life now:

√ Write down the name of a person in your family who is important to you and yet you are worried about the relationship.

As each of the following descriptors comes up in the screen:

- write down yes if the descriptor frequently applies to the relationship
- write down no if the descriptor rarely applies

Do not take the time to write down the descriptor, just quickly respond 'yes' or 'no' using your gut reaction

Family Member Name:		
Y	N	Descriptor
		Ridicule or insult then say "you were joking", or accuse the other of "lacking a sense of humour"
		Withhold approval, appreciation or affection
		Use the silent treatment, walk away without answering
		Criticize, call names, yell
		Humiliate privately or in public
		Accuse others of being too sensitive
		Hurt others especially when they are down
		Become energized by fighting, while others are exhausted
		Have unpredictable mood swings for no apparent reason
		Present a different face to the world than to partner or family
		"Twist" words, turning what was said against the other person
		Try to control all decisions e.g. money, hair style or clothes
		Complain about how badly you are treated
		Threaten to leave, or threaten to throw the other out
		Say things to make your partner or family member feel good, but do things that make them feel bad

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		Hit or push the other, even “accidentally“
		Stir up trouble just when the family or two of you seem to be getting closer
		Compliment enough to keep others happy, yet criticize enough to keep them insecure
		Harass about imagined affairs or wrong doings including addiction
		Manipulate with lies and contradictions
		Destroy furniture, punch holes in walls, break appliances
		Make the other feel like they can't win
		Frequently say things that are later denied or accuse the other of misunderstanding
.....		Total Yes Column
	Total No Column

Add up the number of yes's and the number of no's

If you answered 'yes' to most of the questions, there is a chance that you may be involved in a toxic relationship with a member of your family. You need to consider making some changes. Couple or family counseling can help.

If you answered 'no' to most of the questions you likely only need to work on the areas of concern and may wish to make a plan with your Counselor. The healthier you, your partner, and family become the less chance of unhealthy interactions

√ Who are my family members who are most involved in my life now?

Who are the family members I do not have much contact with but would like to increase contact?

Who is the one family member I can most count on when I am in trouble? What behaviors do they exhibit that makes me think I can count on them?

√ **Relationship Strength and Weakness Inventory**

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Worksheet:

Parental Relationships and You, Child Relationships and You

✓ Quick Inventory of Your Family “Hot Buttons”

Pg. 20-21, “I’m Okay, You’re My Parents, How to Overcome Guilt, Let Go of Anger and Create a Relationship That Works,” Dale Atkins, Ph.D., Henry Holt and Company, New York, 2004. This is an excellent resource for those clients wanting more reading and support to work on parent relationships.

Write down the three most traumatic family-related events of your childhood e.g. divorce, drug abuse

- a. _____
- b. _____
- c. _____

Write down the three things you still feel guilty about from your childhood even if you think they weren’t your fault. Omit if you don’t feel guilty about anything

- a. _____
- b. _____
- c. _____

List the top three things that still get you angry at your parents

- a. _____
- b. _____
- c. _____

Save this as your quick check as to why you may be reacting in certain ways with your parents.

On Your Own Time:

Use your exercises from “The Feeling Good Handbook” to help you move on from some of these old emotions.

Think back and try to identify what your old roles were. What do those old roles mean now that you are an adult? Are you still playing them?

Education Session: Worksheet: Wk 5 Session 3, Number 31

Name: _____ Date: _____