

### FAMILY SELF-CONTROL (FSC) SKILLS \* SUMMARY SHEET

Definition of self-control: Self-control is not will-power, nor is it an inherent characteristic of the individual. Self-control consists of three components: self-awareness, environmental awareness, and competency in applying specific skills to modify one's own behavior. A behavior generally considered to exhibit self-control generally meets the following criteria: it is not receiving immediate environmental reward or punishment; it is something which the person has not done effortlessly for most of his life; it has high social desirability; and it involves a considerable degree of perceived sacrifice.

Uses of self-control skills in behavioral medicine: Self-management skills have been used in treating a variety of medical problems: alcoholism; insomnia, obesity, drug addiction, hypertension and cardiovascular problems, smoking, behavioral problems in children, sexual dysfunction, tension headaches, anxiety, depression, and pain. Increasingly, self-control skills have been recognized to be a useful adjunct in family practice. However, these self-control strategies have generally been applied only to the individual and directed primarily at individual change.

Applications of self-control skills to the family context: The concept of self-management lends itself easily to family applications. In the context of family self-control, "self" refers not to the individual self, but to the familial self. From the behavioral viewpoint, the family can be conceptualized as a system of mutual control, in which individual members are simultaneously actors and reactors, with control being exercised upon, as well as being exercised by, each family member. Family self-control skills emphasize reciprocal management, in which two or more persons mutually determine which behaviors to change, agree to record responses, and negotiate motivational circumstances.

Non-specific benefits of utilizing family self-control skills: Teaching a family FSC skills conveys physician respect for the family as a self-regulating, self-responsible unit. Furthermore, it provides problem-solving and decision-making skills targeted at the family as a whole. It legitimizes the family as a self-reinforcing agent, and enhances family cohesiveness by stressing the concept of the family unit as a team.

Family self-control techniques-Problem identification and goal-setting: Family readiness to change is assessed by having each member state positive motivation to change, as well as barriers to change and self-sabotaging mechanisms. Reconceptualization of the problem area occurs through the techniques of translation, in which the individual patient's problem is redefined as a family problem, and specification, in which the parameters of the problem are narrowed until they yield a discrete, observable, recordable behavior.

Use of a <u>family functional analysis</u> of the problem area in which each family member monitors personal antecedents and consequences relative to the identified problem behavior allows family members to see how they contribute to and are influenced by the problem under examination. As a result of family monitoring, interlocking target behaviors can be established for each family member.

### FAMILY DISCREPANCY LIST\*

OUR FAMILY DISCREPANCY LIST IDEAL FAMILY \*Modified from H. Krumboltz, 1978

What? Where? Duration?)										
Before ) Where were you? what were you doing? How were you feeling?	After  How did situation change as a result? What did you do? How did you feel? What did you want to do?	Time	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
		7-8		,c. ø	·					
		8-9								
		9-10							÷	
		10-11		**************************************		:				
		11-12								
		12-1				energy "				
		1-2								
		2-3		•				december		
		3-4								
		TOTAL								

Adapted from Diebert and Harmon, <u>New Tools for Changing Behavior</u>, Research Press, Champaign, Ill.

### FAMILY SELF-MANAGEMENT CONTRACT

To:
ing behaviors: (specific)
mstances clear: place, time, etc.)
ent of overt (external: physical, social) and evironment).
ning contract is kept):
•
signature
signature
signature
signature

### PHYSICIAN-FACILITATOR CHECKLIST

### I. Problem Identification

- A. Present idea that family can take increased responsibility for its own functioning, especially in the area of health-related problems
- B. Encourage transition from concept of patient problem to concept of family problem
- C. Give specific examples of how family is effected by problem, and how family influences problem
- D. Avoid discussion of causality
- E. Provide ground rules for family conferences.
- F. Train family in use of I-statements, active listening
- G. Facilitate/organize family conference

### II. Monitoring of family problem area

- A. Provide clear explanation and simple monitoring device
- B. Stress honesty and accuracy in gathering information
- C. Provide practice in monitoring
- D. Provide shaping experience for family members (e.g., from counting to forming a functional analysis).
- E. Reward successive approximations of monitoring

### III. Goal-setting

- A. Stress situation-specific, limited target behavior for each family member
- B. Help family engage in translation and specification procedures
- C. Emphasize successive approximation

### IV. Interventions

- A. Emphasize basic principles of reinforcement: small, frequent, easily accessible, closely linked to target behavior
- B. Help identify family reinforcers
- C. Stress reinforcement rather than punishment
- D. Encourage explicit family contracts, and participate in drawing these up
- E. Facilitate family rehearsal of agreed-upon, mutually adaptive behaviors

### V. Maintenance

- A. Provide checkpoint for family members regarding progress or problems
- B. Continue role of reinforcing agent
- C. Encourage regular family conferences

### PHYSICIAN-FACILITATOR CHECKLIST

### I. PROBLEM IDENTIFICATION

- A. Present idea that family can take increased responsibility for its own functioning, especially in the area of health-related problems
- B. ENCOURAGE TRANSITION FROM CONCEPT OF PATIENT PROBLEM TO CONCEPT OF FAMILY PROBLEM
- C. GIVE SPECIFIC EXAMPLES OF HOW FAMILY IS EFFECTED BY PROBLEM, AND HOW FAMILY INFLUENCES PROBLEM
- D. AVOID DISCUSSION OF CAUSALITY
- E. PROVIDE GROUND RULES FOR FAMILY CONFERENCE
- F. TRAIN FAMILY IN USE OF I-STATEMENTS, ACTIVE LISTENING
- G. FACILITATE/ORGANIZE FAMILY CONFERENCE

### II. MONITORING OF FAMILY PROBLEM AREA

- A. PROVIDE CLEAR EXPLANATION AND SIMPLE MONITORING DEVICE
- B. Stress honesty and accuracy in gathering information
- C. PROVIDE PRACTICE IN MONITORING
- D. Provide shaping experience for family members (e.g., from counting to forming a functional analysis)
- E. REWARD SUCCESSIVE APPROXIMATIONS OF MONITORING

### III. GOAL-SETTING

- A. STRESS SITUATION-SPECIFIC, LIMITED TARGET BEHAVIOR FOR EACH FAMILY MEMBER
- B. HELP FAMILY ENGAGE IN TRANSLATION AND SPECIFICATION PROCEDURES
- C. EMPHASIZE SUCCESSIVE APPROXIMATION

### IV. IMPERVENTIONS

- A. EMPHASIZE BASIC PRINCIPLES OF REINFORCEMENT: SMALL, FREQUENT, EASILY ACCESSIBLE, CLOSELY LINKED TO TARGET BEHAVIOR
- B. HELP IDENTIFY FAMILY REINFORCERS
- C. STRESS REINFORCEMENT RATHER THAN PUNISHMENT
- D. ENCOURAGE EXPLICIT FAMILY CONTRACTS, AND PARTICIPATE IN DRAWING THESE UP
- E. FACILITATE FAMILY REHEARSAL OF AGREED-UPON, MUTUALLY ADAPTIVE BEHAVIORS

### V. MAINTENANCE

- A. PROVIDE CHECKPOINT FOR FAMILY MEMBERS REGARDING PROGRESS OR PROBLEMS
- B. CONTINUE ROLE OF REINFORCING AGENT
- C. ENCOURAGE REGULAR FAMILY CONFERENCES

## FAMILY SELF-MANAGEMENT CONTRACT

FFF	ECTIVE DATE	S: FROM: AUGUST 10. 1979		To:	August 17, 1979				
OR	FAMILY AGE	EES TO ENGAGE IN THE FOLLOWING BEHA	VIORS: (SPECIF	10)					
	FATHER:	TAKE HANCY OUT ONE NIGHT THIS HEE							
	Nother:	MRITE DOWN IN ADVANCE EVERYTHING	PLAN TO EAT	THIS HEEK					
(JEFFIE)		ASK NOM FOR "HEALTHY" SNACKS THIS							
		Do 3 things with Mom that aren't eating							
		NG SITUATION(S): (MAKE CIRCUMSTANCE			c.)				
	FATHER:	8:00 P.M., SATURDAY, DINNER AND D	ANCING, AT THE	PLACE					
		BEFORE BREAKFAST, LUNCH, DINNER,							
(JEFFIE)	CHILD:	MONDAY, HEDNESDAY, FRIDAY AFTER S	CHOOL, ASK FO	APPLES, (	ARROTS, CELERY				
(SUSAN)	CHILD:	HORK ON RUG (MONDAY EVENING); GO	SHOPPING (AFT)	R SCHOOL)	GO TO MOVIES THURSDAY EVENING				
	LAN TO AC. IMAGERY,	IMPLISH THIS BY: (ARRANGEMENT OF OVER THOUGHTS) ENVIRONMENT).		PHYSICAL	SOCIAL) AND COVERT (INTERNAL:				
	FATHER:	Making reservations							
	HOTHER:	DUYING NOTEPAD; PRACTICING WRITING FOODS DOWN; IMAGINING MYSELF WRITING							
	JEFFIE:	PICTURE OF JUNK FOOD "JUNKIE" ON REFRIGERATOR							
	SUSAN:	BUYING RUG MATERIALS; CHOOSING A MOVIE							
Resu	PDS (PRC/I	DED BY FAMILY MEMBERS, ASSUMING COM		):					
	FATHER:	GO BOWLING HEDNESDAY EVENING AFTE	R HORK WITH F	RIENDS					
	MOTHER:	TELL MYSELF I'M DOING A GOOD JOB	AT END OF SU	CCESSFUL D	NY; BOB & SUSAN AGREE TO FIX DINNER				
	JEFFIE:	PAID A DIME EACH TIME ASKS FOR HE	ALTHY SNACK						
	SUSAN:	BUY A NEW DRESS FRIDAY							
		DATE			SIGNATURE				
					SIGNATURE				
					SIGNATURE				
		WITNESS			SIGNATURE				

NATE:	SUSAN		
BEHAVIOR	TO BE RECORDED:	Mom's EATING	
	ERE? DURATION?)		

BEFORE	AFTER									
WHERE WERE YOU? WHAT WERE YOU DOING? HOW WERE YOU FEELING? WHO WAS THERE? WHAT WAS HAPPENING?	DID SITUATION CHANGE AS A RESULT? WHAT DID YOU DO? HOW DID YOU FEEL? WHAT DID YOU WANT TO DO?	TIME	Sun.	Mon.	Tues.	WED.	Thurs.	FRI	SAT.	TOTAL
BREAKFAST: MOM, DAD, ME & JEFFIE; MOM & JEFFIE FIGHTING; I WAS RUSHING	MOM ATE EXTRA HELPING OF TOAST; I FELT BAD & LEFT; WANTED TO TELL MOM TO STOP	7-8	X							
PICNIC WITH RELATIVES; Mom & ME SITTING TOGETHER AWAY FROM OTHERS	I was lonely; wanted to leave glad Mom was there to talk to	12-3								
SHOPPING WITH MOM AFTER SCHOOL, COULDN'T FIND ANY CLOTHES	ATE HAMBURGER WITH MOM WASN'T HUNDRY							X		
HELPING MOM MAKE DINNER	WE BOTH ATE; I FELT GUILTY	4-5		X						
COOKING DINNER		5-6				X				
DINNER WITH MOM, JEFFIE DAD; JEFFIE AND I FOUGHT	Mom GOT SECOND HELPING & ATE DESSERT, I LEFT	6-7			X					
WATCHING TV WITH Mom & JEFFIE; FELT TIRED	Mom Eating; got up to do Homework	7-8					X			
Mom & I WENT TO MOVIES TALKED ABOUT WHAT WE WERE GOING TO EAT	FELT SICK	8-9							X	

# FAMILY DISCREPANCY LIST\*

OUR FAMILY	DISCREPANCY LIST	IDEAL FAMILY
OFF ON OUR OWN	Don't spend time together (except me & Susan)	Do THINGS TOGETHER
DON'T SIT DOWN ENOUGH AS A FAMILY	MOSTLY TALK ABOUT MEALS AND FOOD	CAN TALK TO EACH OTHER ABOUT ANYTHING
LOTS OF ARGUMENTS		EVERYBODY GETS ALONG
GOOD CHRISTIAN FAMILY	NONE	GOOD CHRISTIANS
CARE ABOUT EACH OTHER	JEFFIE A SMART-ALECK	RESPECT FOR PARENTS

MODIFIED FROM H. KRUMBOLTZ, 1976