Relationship Notes:

Evaluating and Identifying Healthy Relationships

-Am I more stressed, anxious or depressed?

| Some Examples of Relationships: - Friendship | |
|---|------------------------------------|
| Parent-child | |
| Boyfriend-girlfriendSiblings | |
| AcquaintanceRoommates | |
| What Relationships Provide: | |
| -Social Satisfactions -Basic Needs like shelter and food | |
| Evaluating: -How does your relationship affect your life? - in school | |
| My physical Health My emotional health my use of drugs or alcohol my family and friends my ability to function independently | |
| In School: - How does this person Have my grades improved or fallen? - Have I missed school because of this person? - Have I limited my extracurricular activities so I | |
| At Work: -Have I because of this per -Has this person ever come to my place of work? -Does this person give me any support in my car | to check up on me or embarrass me? |
| My Physical Health: -Have I had anyHave I gained or lost weight? -Have I contracted any sexually transmitted diseaHave I become physically upset because of con -Have I been coerced into having sex? | • |
| My Emotional Health: -Do I feel better or worse about myself since ente | ering this relationshin? |

| ? |
|---|
| Use of Drugs or Alcohol: |
| -Have I increased my use of alcohol, drugs and/or smoking in this relationship? |
| -Has this person? |
| -Do I drink or use to feel more comfortable around this person/friends? |
| My Family and Friendship: |
| feel about this person? |
| -How does this person feel about them? |
| -Have I grown apart from Family and Friends since forming this relationship? |
| -Does this person ever act jealous of my family/friends. |
| -Do I lie to my family and friends to cover up for this person? |
| -Do we spend time separately with others we know? |
| Ability to Function Independently: |
| ? |
| -Have I become dependent on this person from my living arrangements? |
| -Do I feel that I just couldn't make it on my own without this person? |
| A Balancing Act: |
| -Healthy relationships maintain a balance between the individuals involved in the relationship. |
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| A Balancing Act: In the box- draw the example of the balancing act (circles). |
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| A Balancing Act: |
| -If the relationship is all about ME, then I am focusing on getting my needs met and expect you |
| to make my needs your priority as well- and your needs suffer. |
| |
| Type to enter text |
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| A Balancing Act: -If the relationship is all about YOU, then I am focusing on getting your needs met at the expense of my own. | | |
|--|--|--|
| Type to enter text | | |
| A Balancing Act -If the relationship is about US, then we are both focused on the relationship that we lose our individuality. | | |
| Type to enter text | | |

A Balancing Act:

- In a healthy relationship, YOU, ME, and US are in a balance most of the time.
- However, sometimes YOU or ME may needs more attention...______.

Healthy Relationships:

- -How healthy is your relationship?
- -The next few slides contain questions that may help you.

Questions to Ask Yourself...

- 1. Can you name 2-4 things about this person you really like?
- 2. Can your name 2-4 things about this person you really dislike?
- 3. Can you name 3 things this person is interested in besides you?
- 4. Can you name 3 activities you can be involved in without this person?
- 5. Do you both have equal decision-making power in the relationship?
- 6. How do you handle conflicts?
- 7. Do you think this person's relationships with family/friends are healthy?
- 8. Since forming this relationship, do you generally feel worse, better, or the same about yourself?
- If you're confused about your relationship and where it's going and what it's doing for you, please get help from the appropriate counseling services.