Let’s Learn Family Systems Theory: Training Family Medicine Residents in Multidisciplinary Setting

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.
Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018

Slides and handouts are also available on the mobile app.
Learning Objectives

At the conclusion of this session, the participant will be able to:

- Identify components of a system theory course for multidisciplinary health care team education
- Identify key components to multidisciplinary education
- Appreciate the importance of multidisciplinary teaching team
Learning Assessment

A learning assessment is required for CE credit. A question and answer period will be conducted at the end of this presentation.
Time for the session

Historical overview
Teaching components
Demonstration
Dialog
Questions and Answers
Historical

Eugene Farley, MD founding chair 1968, focus on psychosocial aspects of care for residency (4 month rotation) Donald Treat, MD; John Dickinson, MD; Thomas Campbell, MD

Residency Directors: Peter Franks, MD; Elizabeth Naumburg, MD; Jeff Harp, MD; Steve Schultz, MD
- Susan McDaniel, PhD and Tom Campbell, MD 1985-2001
- Susan McDaniel, PhD and Alan Lorenz, MD 2001-2003
- Alan Lorenz, MD and Barbara Gawinski, PhD, LMFT 2003-2010
- Barbara Gawinski PhD, LMFT and Pebble Kranz, MD 2011-2014
- Barbara Gawinski PhD, LMFT and Colleen Fogarty, MD 2014-2017
- Barbara Gawinski PhD, LMFT and Sachiko Kaizuka, MD 2017-present
Background

35 years co-teaching MD and PhD
32 year BH clinicians and teachers on site
Modeling from the “podium”
Using direct observation for teaching
Utilizing the support for multidisciplinary learners
Teaching Components

Reading and Assigned Text Syllabus
Video demonstration materials
Genogram
Clinical Work
Teaching Components

Reading materials – faculty created syllabus

- Learners develop leadership skills in facilitating discussions on the readings
- Learners apply literature to case based materials
Teaching Components

Video materials – faculty created

- Assorted Family meetings segments
- Demonstration of Locations
- Skills Demonstration
Teaching Components

Genogram

• skills of how to create the diagram
• skills of live collection of family information
• practice through their own collection and presentation to peers
Teaching Components

Clinical Work – Family Meeting

- Residents conduct two family meetings,
- Observers take on specific observation tasks
- Resident reviews video, reflects on learning or teaching point
- Resident writes clinical note
Demonstration
Case preparation
Genogram 1
Hypothesis and Goals

Hypothesis:
Patient is experiencing a great deal of difficulty with her health care issues and is unable to care for herself and the home.
The children do not know how to be helpful and probably are willing to do so.

Goal:
Develop a respectful genogram of the family to understand who can be the support and strengths for this patient.
Understand the challenges of this family with a mother who has medical concerns and limitations.
Understand the patient’s engagement in the ethnic community in Rochester.
Classroom Case Planning
Observers identify roles

Patient interaction with daughter
Patient interaction with grandchild
Patient interaction with son
Patient or family discussion of oldest son’s role
Patient’s affect with children in the room
Patient’s awareness of community resources
Patient’s connection with home country via social media
Family discussion of chronic illnesses from historical perspective
Observation Room
Family Meeting
Genogram 2
Post family meeting feedback

Content
Process
Peer support
Shared learning
Teaching Components - Skills Checklist & Evaluations

Pre-session
identify and plan, genogram prep, hypothesis and goals

Conducting the interview
convene family, join, gather data, problem definition and management

Post-session
evaluation note and follow-up

*Faculty co-write an elaborate note for the residents’ folder after each meeting*

*Faculty co-complete a milestones checklist twice during the rotation*

*PS Faculty submit evaluations for post-doctoral psychology fellows files*
Follow up meetings with patient
Pre-session

Identifying and planning for visit
• Reviews panel of patients to identify appropriate family
• Selects family within identified criteria from patient panel
• Presents patient story and preliminary questions for consideration for visit

Genogram preparation
• Prepares basic genogram from prior meetings and chart review
• Presents genogram to demonstrate key family relationships
• Discuss possible family life cycle issues related genogram

Develop hypotheses about the family
• States hypothesis (idea) about the patient and key members
• Works with the team to develop additional hypotheses

Develop goals for session
• Develops goals for the family consultation
• Include how the family consultation and others involvement will help the clinician with ongoing outpatient care
**In-session**

*Convening the family / important other*
- Invites and confirm key members attend
- Orients the patient/family/others to the consultation room, mirror, and presence of consulting team.
- Obtains consent for videotaping from all adult members.

*Joining*
- Greets and talks with family members
- Adapts his/her behavior to style and affect of family
  - Mirrors the emotional tone in room verbally and nonverbal
  - Responds to the patient/family/other communicated toe
  - Acknowledges and normalizes negative emotions in room
- Recognition and respect for hierarchy
- Avoids coalitions
Data gathering

• Create agenda
  • Creates structure of leadership in session by beginning to identify the reason for this family meeting.
• Problem definition
  • Defines/states the reason for the family consultation, using the language of “goal”
• Sets goals
  • Elicits patient goals for the meeting
  • Elicits other members’ goals
  • Writes goals on board or paper to provide visual ‘map’
• Family organization: elicits sufficient information to be able to assess the family organization and complete genogram
  • Explains the role of the genogram in providing family care.
  • Gathers information to complete the 3 generation genogram.
• Individual and family functioning: elicits sufficient information to assess the family functioning (i.e. adaptability, affect, cohesion)
  • Key relationships
  • Adaptation to change over time
  • Family affect
  • Family response to difficulties

• Individual and family resources: elicits sufficient information to assess family resources:
  • Cultural factors
  • Religious practices/involvement
  • Employment/ Volunteerism
  • Social/community connections, agencies, personnel.
  • Key family relationships, locally and elsewhere
Problem definition and management

• Summarize problem(s) to the family
  • Describes the agreed upon problem
  • Elicits information about the patient/family/other’s response to problem.

• Family and individual strengths
  • Identifies and supports the strengths of the family
  • Uses family engagement in the management plan

• Management: establishes a plan with the family and team
  • Discusses with patient/family/other the next steps in their care based on the family consultation.

• Pacing and closure of the interview
  • Uses verbal and nonverbal makers to close the session
  • Use respectful interruption (EEE) as needed to close the session on time.
Post-session

Evaluation write-up
- Writes chart note within 24 hours using provided examples as a template
- Presents note to class for review and comments one week after family consultation
- Reviews video recording of session for self-reflection and identifying learning
- Present brief segment(s) (< 5 minutes including discussion) to class one week after family consultation
- Revises chart note per suggestions within 24 hours.

Follow-up
- Presents update on case to class within practicum, as appropriate
Questions and Answers
Harvard Health Publishing Understanding the stress response: Chronic activation of this survival mechanism impairs health. 
https://www.health.harvard.edu/staying-healthy/understanding-the-stress-response
Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!
Reading List

Session 1: INTRODUCTION TO A BIOPSYCHOSOCIAL APPROACH TO MEDICINE

Chapter 1, FOPC. “Basic premises of family-oriented primary care: Collaborating with the family to improve quality of care.”

Chapter 2, FOPC. "How Families Affect Illness: Research on the Family's Influence on Health"

Session 2: CONVENING FAMILIES

Chapter 5, FOPC. "Convening the family: How, when, and to what end?"

Chapter 6, FOPC. "Building partnerships: Promoting a working alliance with a family"

Chapter 7, FOPC. "Conducting a family conference: A cornerstone for family-oriented care"

For Genogram presentations in future, handouts: Chapter on your ethnic background from McGoldrick M, Giordano, Pearce JK, (Eds.). Ethnicity and Family Therapy (2nd ed.). Guilford Press, 1996.

Session 3: CONDUCTING A FAMILY CONFERENCE

Session 4: FAMILY SYSTEM CONCEPTS I
Chapter 3, FOPC, "Family systems concepts: Theoretical tools for assessing the family"
"There's a Black Sheep in Every Family Fold” article, NY Times. November 23, 1988
OPTIONAL

Session 5: FAMILY SYSTEMS CONCEPTS II/ FAMILY LIFE CYCLE

Session 6: STUDYING ONE'S OWN FAMILY: GENOGRAM
Chapter 26, FOPC "Managing personal and professional boundaries: How to make the physician's own issues a resource in patient care."
Reading list continued

Session 7: ATTACHMENT THEORY

Session 8: RESISTANCE/COMPLIANCE: AN INTERPERSONAL PHENOMENA
Chapter 8, FOPC, “When interactions are difficult.”

Session 9: MIND-BODY CONNECTION
Chapter 19, FOPC, “Integrating the Mind and Body Split: A BPS Approach to Somatic Fixation”
Understanding the stress response: Chronic activation of this survival mechanism impairs health. Harvard Health Publishing
OPTIONAL:
Reading list continued

**Session 10: FAMILY STRESS ASSESSMENT & HEALTH**
ACE Questionnaire

**Session 11: COUPLE ASSESSMENT**
Chapter 9, FOPC, "Working with couples in primary care: One plus one is more than two"
Chapter 14, FOPC "Recognizing the signs of strain: Counseling couples in primary care"

**Session 12: PARENT- CHILD ASSESSMENT**
Chapter 11, FOPC, "Supporting parents: Family-oriented child healthcare."
Chapter 12, FOPC, "When parents get stuck: Working with parents about behavior problems in children"
Session 13: DEATH IN THE FAMILY
Chapter 15, FOPC "Anticipating Loss: Healthcare for older patients"
Chapter 16, FOPC "Looking death in the eye: Death, grieving and families."
OPTIONAL:

Session 14: PSYCHIATRIC /BEHAVIORAL HEALTH REFERRALS
Chapter 25, FOPC, "Working together: Collaboration and referral to family oriented mental health professionals."
Chapter 23, FOPC, "Family-oriented primary care in the real world: Ethical and practical issues"
OPTIONAL