

Session # G8

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 to
 - 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

Bibliography / Reference

Mauksch, L.B. (2016) Questioning Taboo: Physicians' interruptions during interactions with patients. JAMA, 317(10), 1021-1022.

Yang, YC, Boen, C, Gerken, K, Li, T, Schorpp, Harris, KM (2016) Social relationships and physiological determinants of longevity across the human life span. PNAS, 111(3), 578-583.

Mauksch LB., Fogarty, CT. (2016). Our continuing exploration of medically unexplained symptoms. Families, Systems, & Health, 34(4), 305-308.

Kroenke, K. Somatic symptoms deserve our attention. (2016). Families, Systems, & Health. 34(4), 330-333.

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"

Doherty WJ, Baird MA. Levels of Physician Involvement with Families, 1985.

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

Anderson, T. (1987). The Reflecting Team: Dialogue and Meta-Dialogue in Clinical Work. Family Process, 26, 415-428.

Reading list continued

Session 4: FAMILY SYSTEM CONCEPTS I

Chapter 3, FOPC, "Family systems concepts: Theoretical tools for assessing the family"

Concepts for the Family Physician Assessing Family Systems.

"There's a Black Sheep in Every Family Fold" article, NY Times. November 23, 1988

OPTIONAL

Beck, R. L. (1987). The genogram as process. The American Journal of Family Therapy, 15(4), 343-351.

Session 5: FAMILY SYSTEMS CONCEPTS II/ FAMILY LIFE CYCLE

"Overview, the changing family life cycle", from Carter, Betty, McGoldrick, Monica (Ed) (1998). The Expanded Family Life Cycle: Individual, Family, and Social Perspectives (3rd ed.). Boston: Allyn & Bacon pp 1-26

Feiler, B. (2013) The stories that bind us. The New York Times, March 15, 2013.

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

Ciechanowski, PS, Walker, EA, Katon, WJ, Russo, JE. (2002). Attachment Theory: A model for health care utilization and somatization. Psychosomatic Medicine, 64: 660-667.

Maunder R Hunter J () Adult attachment and health: The interpersonal dance in medical settings. A psychodynamic understanding of modern medicine, 9, 93-107

Session 8: RESISTANCE/ COMPLIANCE: AN INTERPERSONAL PHENOMENA

Chapter 8, FOPC, "When interactions are difficult."

Kleinsinger, F (2010). Working with the noncompliant patient. Permanente Journal, 14(1) 54-60.

Session 9: MIND-BODY CONNECTION

Chapter 19, FOPC, "Integrating the Mind and Body Split: A BPS Approach to Somatic Fixation"

Abbass, A. (2005). Somatization: Diagnosing it sooner through emotion-focused interviewing. The Journal of Family Practice, 54(3), 231-240.

Understanding the stress response: Chronic activation of this survival mechanism impairs health. Harvard Health Publishing

OPTIONAL:

Yang, YC, Boen, C, Gerken, K, Li, T, Schorpp, Harris, KM (2016) Social relationships and physiological determinants of longevity across the human life span. PNAS, 1113(3) 578-583.

Mauksch LB., Fogarty, CT. Our continuing exploration of medically unexplained symptoms. Families, Systems, & Health, 34(4), Dec 2016, 305-308.

Kroenke, K. Somatic symptoms deserve our attention. Families, Systems, & Health, 34(4), Dec 2016, 330- 333.

Reading list continued

Session 10: FAMILY STRESS ASSESSMENT & HEALTH

Felitti, VJ, Anda, RF, Nordenberg, D, Williamson, DF, Spitz, AM, Edwards, V, Koss, MP & Marks, JS. (1998). Relationship of childhood Abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine, 14,(4), 245-258.
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"
Papernow, PL (2013) *Surviving and Thriving in Stepfamily Relationship: What works and what doesn't*. New York: Routledge (parts chapters 1, 2, 10, 14) pp 3-21; 136-143; 173-176.

Reading list continued

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."

Irvine P. (1985). The attending at the funeral. NEJM 312.

OPTIONAL:

Schultz, SH (2005) Saying goodbye. *Journal of Palliative Medicine*, 8(1): 139-140.

Rodrigues, N (2014) Pronouncing. Family Medicine, 46(6), 276.

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

Key Ingredients for Effective Collaboration (chapter 3) Seaburn, DB, Loren, AD, Gunn, B, Gawinski, BA; Mauksch, L (1996) Models of Collaboration. New York: Basic Books

Hunter, CL & Goodie, JL (2010) Operational and Clinical Components for Integrated-Collaborative Behavioral Healthcare in the Patient-Centered Medical Home Families, Systems, & Health, 28(4), 308-321.

* FOPC: McDaniel, SM; Campbell, TC; Hepworth, J & Lorenz, A (2005) Family-oriented Primary Care. 2nd. New York : Springer.