

THE FAMILY IN FAMILY MEDICINE
GRADUATE CURRICULUM AND TEACHING STRATEGIES

Developed and Compiled

by the

Society of Teachers of Family Medicine

Task Force on the Family in Family Medicine

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BEHAVIORAL SCIENCE OBJECTIVES - FAMILY ASSESSMENT

Assessment

1. The family practice resident should be able to identify when a family problem is causing or interfering with a medical problem.
2. The family practice resident should be able to discuss various family interaction problem themes such as separation, pain, and abandonment.
 - a. The family practice resident should also be able to identify particular families that are using these themes without consultation in 90% of the cases.
 - b. The family practice resident should be able to determine if any therapy is needed.
3. Have a familiarity with a systems model for understanding family dynamics and interaction.
4. Be able to list four characteristics of a psychosomatogenic family.
5. Be familiar with and know how to administer a family APGAR for screening purposes.
6. Be familiar with basic data gathering strategies to use in family assessment.
7. Be able to explain the following major functions which the family serves for its members: socialization, communication, adaptation.
8. Be able to assess a family according to the family categories schema--problem solving, affective expression, communication, role behavior, autonomy, modes of behavioral control.
9. Be familiar with how to establish a family genogram
10. Be able to assess:
 - a. Historical, developmental perspective
 - b. Psychosocial interior of family
 - c. Family as sub-system within larger society

Family Interviewing

1. The family practice resident should be able to determine which families need therapy and which do not need therapy in 90% of the cases without consultation.

2. The family practice resident should be able to conduct and control a single psychological interview with a family and make a necessary evaluation of recommendation for follow-up treatment in 90% of the first family interviews without consultation.
3. Be familiar with basic joining strategies.
4. Be able to observe, record and interpret interactions during a family interview.
5. Be able to elicit sufficient information to be able to assess the family organization.
6. Be able to elicit the view of the problem from each member.
7. Be able to elicit sufficient information to assess family functioning and resources.
8. Be able to recognize when a family interview is appropriate.
9. Basic familiarity with brief family intervention techniques.
10. Be able to gather information on:
 - a. Family structure
 - b. Presenting problems
 - c. Role network
 - d. Family goals and value orientation
 - e. Patterns of communication
 - f. Family rules and regulations

Family Intervention

1. The family practice resident should be able to determine the goals of family therapy in 90% of the cases with the advice of an appropriate consultant.
2. The family practice resident should be able with consultation to make an assessment of the psychosomatic symptoms that the family is either causing or perpetuating.
3. Familiarity with basic concepts in each of the following approaches to family therapy:
 - a. Conjoint family therapy
 - b. Structural family therapy
 - c. Behavior modification techniques applied to the family unit
4. Be able to know when to refer to a behavioral specialist
5. Know how to set ground rules for communication in an initial family interview.

Family Life Cycle

1. Be able to identify and discuss key stages of the family life cycle:
 - a. Unattached young adult
 - b. The new couple
 - c. The family with young children
 - d. The family with adolescents

- e. Launching children and middle age
 - f. The family in later life
 - g. Important tasks at each stage
2. Be able to recognize important normative crises in the family life cycle; and be familiar with preventive or therapeutic responses:
 - a. Birth of first child
 - b. Impact of death and serious illness
 - c. Separation, divorce, and single-parent families
 - d. Restructured (remarried) families
 - e. Adolescence
 - f. Empty nest phenomenon
 - g. Retirement
 3. Be able to identify and discuss major variations in the family life cycle:
 - a. Socio-economic considerations; multiproblem poor family
 - b. Cultural variations

BEHAVIORAL SCIENCE OBJECTIVES - CRISIS INTERVENTION

1. Be able to define a family crisis:
 - a. Distinguish between normative and non-normative
 - b. List four categories of crisis (addition, abandonment, demoralization, status change)
 - c. Be able to distinguish between types of crises (crises of anticipated life transitions, sudden traumatic stress, developmental, psychiatric emergencies etc.)
2. Be able to state and define four signals of family crisis e.g., known precipitation stress, adaptive disruption, long-term negative potential consequences, perceived feeling of crisis among family members.
3. Be able to evaluate family members' value orientation toward a crisis.
4. Be familiar with a taxonomy for identifying family resources e.g., SCREAM--social, cultural, religion, economic, education, medical.
5. Have a basic understanding of crisis theory and coping processes e.g., homeostatic balance; adaptive vs. maladaptive.
6. Be familiar with the concept of the life cycle of an emotional crisis e.g., stages or phases of a crisis.
7. Be able to identify the four stages of crisis intervention.
8. Be familiar with general principles of therapeutic value in dealing with individuals in crisis e.g., help individual face crisis; assist fact finding; avoid false reassurance; discourage projection; help individual accept help; help with everyday tasks.
9. Be able to state and give specific techniques in the three general principles of crisis intervention:

- a. Reduce stress-- direct problem-solving; facilitating problem-solving, calm family's emotions (talking, focus on thinking, distancing, drugs)
 - b. Provide support-- provide strength for family; guiding family; follow-through
 - c. Work to build strength within family - self-awareness; self-assertion.
10. Be familiar with the uses of intervention contract.
 11. Be familiar with the four levels of intervention (empathy, facilitation, assertion, control).
 12. Be familiar with characteristics of facilitation level interventions (listening, informing, referral-assisting, supporting, insuring).
 13. Be familiar with basic brief counseling techniques (personal guidance, advice, behavior shaping, successive approximation).
 14. Be able to list two helping behaviors related to assertion level interventions (confrontation, persuasiveness).
 15. Be able to discriminate when to employ a facilitative intervention, an assertion intervention, or a control intervention.

FAMILY FOCUS ROUNDS

Family focus rounds of 1½ hours occur twice a week during the resident's rotation through the family medicine in-patient service. Participation in rounds is required for the three family medicine residents on the rotation, and open to any other interested residents/faculty in the department. The rounds are conducted by a team of one physician and one behavioral scientist (currently, a psychologist.) For any one group of residents, the total time spent on the in-patient service is one month (we anticipate expanding to two months in July.)

Family focus rounds are devoted to teaching the interaction of family and illness, definition and understanding of the concept of psychosomatogenic families, family assessment, family interviewing, family intervention, and family crisis counseling. An important aspect of the teaching program includes rounding with the residents on a weekly basis, and using these actual patients and families to illustrate the didactic material covered in the instructional units.

HOME VISIT PROGRAM

The department sponsors an active home visit program, in which every resident participates, completing 1-2 home visits during each year of the residency. Guidelines for the home visit are on next page.

BEHAVIORAL SCIENCE
TEACHING PROGRAM ON FAMILIES

Week 1	<u>Session A</u> Family Life Cycle	<u>Session B</u> Family Life Cycle Systems Theory
Week 2	<u>Session C</u> Interaction of Family and Illness	<u>Session D</u> Psychosomatogenic Families
Week 3	<u>Session E</u> Family Assessment	<u>Session F</u> Family Interviewing
Week 4	<u>Session G</u> Family Intervention	<u>Session H</u> Families in Crisis

Note: Each session = 1½ hours