June 29, 1978

TO: ALL RESIDENTS
DEPARTMENT OF FAMILY MEDICINE

RE: Behavioral Science Curriculum

The Department of Family Medicine is pleased to announce the adoption of a formal program in the Behavioral Sciences beginning July 1, 1978. The program is based on several fundamental theoretical and philosophical assumptions regarding the nature of health care and the nature of the doctor/patient relationship. Briefly, these assumptions posit the integral relationship between psyche and soma in patient treatment; the importance of training physicians committed to primary care in the sense of involvement with all physical, psychological, and developmental aspects of patient care; the important role of physician insight and self-awareness in quality patient care; the critical function that a knowledge of behavioral dynamics, interviewing and communication skills, plays in adequately performing the full range of physician functions; and the importance of understanding patients contextually, taking into consideration their relationship to physical, social and especially family environments.

Some of the educational objectives of the program in Behavioral Sciences include the following:

1. Observational skills which include attention to both verbal and nonverbal behavior; awareness of interactive dynamics and small group processes.

2. Communication skills which include familiarity with techniques of active listening, empathy rapport building, confrontation; which promote qualities of coherency, relevance, openness, concern, and respect for the patient; and which should pay attention to the self as a relevant variable in any interactive process.

3. Interviewing skills including techniques for eliciting affective and cognitive information, dealing with silence, acknowledging both negative and positive emotions, clarifying, problem-solving, and summarizing.

4. Awareness of the importance of physical and social environmental variables in assessing a patient's life situation, and ability to manipulate the environment in a way to facilitate mutually agreed upon medical goals.

5. Familiarity with methods of dealing with psychosocial aspects of illness.

6. Basic understanding of normal and variant psychosocial development, including an understanding of common psychopathologies.

7. Theoretical familiarity with the fundamentals of family process and family dynamics.

8. Ability to intervene constructively in a dysfunctional family marital system.

9. Theoretical and practical knowledge of basic counseling skills.

10. Demonstration of psychological skills necessary to promote self-awareness and self-understanding.

11. Ability to act as a competent patient educator.

12. Ability to interact in a collaborative and constructive manner with professional colleagues.

The format of the Behavioral Science Program for the coming year will include the following components:

1. For first and second-year residents, a core series of case-oriented, small group seminars covering the following topics:

   Year 1 - Doctor/patient relationship, interviewing skills, family systems.

   Year 2 - Psychopathology, psychosocial aspects of disease, basic individual and family counseling.

2. For third-year residents, an opportunity to do individual work with a behavioral science faculty member in an area of mutual interest.

3. Thursday noon conferences at CCOC oriented around various aspects of the family and its relationship to illness and wellness behavior.

4. Occasional Grand Rounds presentations on relevant topics in Behavioral Sciences.

5. A bi-monthly group for first-year residents to discuss issues of professional and personal development.

6. A support group for women residents to examine the experience of women in medicine.

If you have any questions about the development or implementation of the behavioral science curriculum, please do not hesitate the contact me. I am looking forward to an exciting year of mutual collaboration and growth.

Sincerely,

Johanna Shapiro

Johanna Shapiro, Ph.D.
Department of Family Medicine

JS/vp

IRVINE. CALIFORNIA COLLEGE OF MEDICINE

BEHAVIORIAL SCIENCE BRAINSTORMING QUESTIONNAIRE

Using the following scale please indicate the intensity of your interest (or lack of interest!) in the following areas.

1	2	3	4	5	6	7
Not at all interested			Interested			Extremely interested

Content Areas

____ Interviewing Skills

____ Interpersonal Commications

____ Family Process

____ Psychopathology

____ Marital Counseling Skills

____ Family Therapy, Theory and Technique

____ Problems in Patient Management (hostilitys, depression, seduction, noncompliance)

____ Environmental Analysis

____ Crisis Intervention/Brief Therapy

____ Medical Ethics

____ Life Span Development

____ Doctor/Patient Interaction

____ Parent Training

____ Problem Solving/Decision Making

____ Observational Skills

____ Research

____ Other

Structure

____ One to one supervision of specific family cases

____ Small group seminars focusing on specific skill acquisition

____ Discussion group dealing with personal and/or professional issues and the way they interface

____ Lecture series on specific content areas

____ Behavioral Labs (role playing, films, decussion, etc.)

____ Other

To what extent would you be interested in using these time slots for Behavioral Science material?

____ Noon time

____ One evening per week for approximately 3 hours

____ The fourth section of the second and third year residency

Would you be interested in a Behavioral Science rotation? Yes No

To what extent are you interested in an advisory system for personal/ professional self appraisal. (Please comment)

Do you feel Behavioral Science aspects of the program should be opitional or required? (circle one)

BEHAVIORAL SCIENCE

TEACHING PROGRAM ON FAMILIES

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

Note: Each session = 1½ hour

BEHAVIORAL SCIENCE OBJECTIVES

FAMILY ASSESSMENT

Assessment

1. The family practice resident should be able to identify when a family problem is causing or interferring 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.

Family Interviewing (continued)

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 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 to make an assessment of the psychosomatic symptoms that the family is either causing or perpetuating with consultation.

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.

BEHAVIORAL SCIENCE OBJECTIVES

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 dysruption, 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., SCREEM: 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: (reduce stress, provide support, work to build strength within family)

    a. Reduce stress - direct problem-solving; facilitating problem-solving, calm family's emotions (talking, focus on thinking, distancing, drugs)
    b. Support - provide strength for family; guiding family; follow-through
    c. Building strength - self-awareness; self-assertion

10. Be familiar with the uses of an intervention contract

11. Be familiar with the four levels of intervention (empathy, facilitation, assertion, control)

Crisis Intervention (continued)

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.