Family Focus: A New Rotation

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There seems little disagreement, as the theoretical base of family medicine becomes more detailed and refined, that "family" is one of the cornerstones upon which it rests.[1-3] Moving beyond the conceptual framework that results from seeing the family as the object of care, to specific ways in which the concepts can be made operational requires innovative teaching methods in family medicine residencies. These techniques involve introduction of a new way of thinking, from individually based care focused on episodic illness events to a family oriented way of understanding and treating these events.

Most would agree with Elliott and Herndon that the substance of this teaching about families would necessarily include the three core concepts of the systems view of reality, identification of patterned interactional sequences in families, and a view of families over time, as either adapting to change or external stress or maintaining their homeostatic balance.[4] Ideally, teaching about these concepts is integrated into the preceptorship curriculum in the model unit by the family medicine faculty. Didactic sessions or seminars can also be helpful. Seeing whole families in the clinic or hospital setting for particular illness related problems of family members also occurs and can be an important continuity learning experience. In addition to these experiences, which take place throughout the three years of the residency, a rotational experience can add depth and intensity to learning about families.

Family Focus Rotation

At Group Health Cooperative Family Practice Residency in Seattle, Washington, a community based residency in the setting of a health maintenance organization, an elective, second year, month-long rotation entitled "Family Focus" has been organized. Second year residents spend five half-days per week in the clinic and one half-day per week in seminars, so four half-days are available for a rotational experience. The goals of the rotation are (1) the resident shall develop a way of thinking about and articulating about family systems and the impact of illness on those systems, (2) the resident shall be able to participate better as a team member in family care, (3) the resident shall learn family therapy techniques of assessment, brief intervention, and referral that are amenable to the primary care setting, (4) the resident shall become more aware about what can be learned about families from visiting them in their home setting, and (5) the resident shall become more aware of the variety of family structures that characterizes his or her own panel and be able to address any problems that might emerge in the relationships with these families.

The methods designed to meet these goals include (1) accompanying the Group Health outreach worker to visit single-parent, low-income families in their homes, for the purpose of psychosocial assesment and introduction to the Group Health system, (2) accompanying the parent-child specialist (a pediatric nurse practitioner) to homes where a parent-child problem was referred by a family physician or pediatrician, (3) participating in initial and some follow-up marital and family therapy interviews with the Mental Health Service's psychologist and psychiatrist, and (4) choosing several families (with identified problems or chronic illnesses) from his or her own panel for videotaped interviews and feedback with the behavioral scientist. The rotation now also includes participation in a Family Focus reading seminar, in which several residents, the behavioral scien-

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Communications continued on page 381

0094-3509/82/020376-02$00.50

Communications continued from page 376

tist, and a family physician read and discuss articles related to family systems theory,[5-7] families in primary care settings,[2,8,9] and family interviewing and marital counseling techniques.[10,11] Future reading seminars will include material on cross-cultural aspects of family structure. In addition, each resident on this rotation chooses a multiproblem family with whom the resident has had difficulty relating as a physician for a series of task centered home visits, accompanied by a psychologist from the Mental Health Service, with the purpose of improving and clarifying the physician-family relationship.

Case Example

A resident had been having continuing difficulty with the P. family, which had been assigned to her at the beginning of her residency. The parents, married twenty years, lived in the home, as did 17-year-old Jane, a diabetic, and 7-year-old foster child Jim. The father's father was a weekend visitor. Another older son was in a halfway house for drug abusers. The difficulties the resident saw in her relationship with the family were as follows: (1) Jane's noncompliance with her diabetic regimen and her multiple somatic complaints, resulting in high utilization of the resident's time, and (2) the mother's dependence on, and yet lack of trust in, the resident, manifested by her seeking many second opinions on family members' symptoms. Four home visits were made by the resident and psychologist during the Family Focus month, at which time the physician-patient relationship had nearly broken down completely. It became quickly clear that this was a "united front" family, and attempts were made to rechannel their battles away from the health care system. Family members were verbal and delighted with the physician's attention during the sessions. Goals of the sessions included assisting the 17-year-old girl to become emancipated, helping the mother find other outlets for her considerable energies, and assisting all family members in communicating more openly with each other and with the physician and in taking responsibility for their own feelings. By the third session the family's requests for service at the residency clinic had declined substantially, a new sense of rapport was established, and the physician-patient relationship was greatly improved.

Four residents have elected the Family Focus rotation in the past year, and each has seen approximately 25 families per month. Problems represented included family adjustment to severely handicapped children, difficulties with step-parenting and single parenting, adjustment to a new baby, child abuse, divorce, adolescent emancipation, severe financial stresses, multiple somatic complaints of both parents, encopresis, and school problems. A wide variety of family groups other than the traditional nuclear family characterized the Family Focus rotational contacts.

Evaluating such a rotation would require more specific behavioral learning objectives than set forth here. Residents who have participated in the rotation have reported being more aware of family problems in their practices, having developed a way of thinking about families, and feeling more confident about making brief interventions with families and couples in their practices. The focus in their comments has been on awareness of family variables in the medical setting as well as on specific skills in working with individuals in a family context.

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