A Teaching Program in Family Dynamics

Don B. Cauthen, MD, James M. Turnbull, MD, W. Ross Lawler, MD,
and Paul C. Friedman, MD
San Antonio, Texas

This communication outlines a program to teach family dynamics in a Department of Family Practice. Our present family dynamics program has two basic components: (1) home visits, and (2) family dynamics conferences.

Each first year resident, as part of a one-month family practice orientation rotation, visits two of his/her families along with a family practice faculty member and a behaviorist. The goals of these visits are to introduce the resident to the value of house calls and to show how much unique information one can acquire about a family in its own home. These home visits are important in themselves and they complement the family dynamics conference that will be described next in more detail.

Below is listed a brief outline description of our family dynamics conference. Such a list cannot convey the true personality of the conference, but it is hoped that it will give a basic understanding of the conference.

The Format of the Family Dynamics Conference

A. The conference should last at least 1½ hours.

B. A family practice faculty member should act as moderator.

C. A behaviorist who has knowledge of family dynamics should be in attendance as a resource person.

D. The resident should present what he/she knows of the family in approximately 20 minutes.

1. Factual information (A diagram of the family on a blackboard with name, age, and sex of each family member is very helpful.)
2. Problems that the family identifies
3. Problems that the resident identifies
4. Areas of special concern

E. The group, as a whole, should decide what new information is needed. Then, the group will be able to help the resident focus or plan his/her interview.

F. The family should be brought into the conference room and interviewed by the resident with or without one of the faculty members. This interview should last approximately 30 minutes. Towards the end, others should be invited to ask the family questions. (At first, we were afraid families would be reluctant to come in for such interviews because of the time required and the stress involved. We were surprised at the ease and enthusiasm of the families. Invariably, rather than feeling put out, they were very impressed by the attention given to them and their problems.)

G. After the interview, the family should be thanked before they leave, and the whole group should afterwards discuss the family. The goal of the discussion should be to allow those present to articulate their perceptions, so as to allow the group to gain a deeper insight into the family's life situation. The discussion is easily started by the moderator with, "Well, what do you all think?" The discussion is not very structured, but it usually covers several points:

1. General feelings about the family
2. Family interactions during the interview
3. New information and its impact on the knowledge about the family

From the Department of Family Practice, University of Texas, Health Science Center at San Antonio, San Antonio, Texas. Requests for reprints should be addressed to Dr. Don B. Cauthen, Department of Family Practice, University of Texas, Health Science Center at San Antonio, 7703 Floyd Curl Drive, San Antonio, TX 78284.

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4. New problems or issues uncovered by the joint interview
5. Some projection, if possible, of the family's future, ie, anticipated future problems, or future solutions to present problems
6. Positive aspects of the family noted in the live interview
7. The resident-family interaction
8. Problems the resident can anticipate in working with the family
9. How the resident can more effectively interact with the family
10. A constructive critique of the resident's interview

H. Near the end of the conference, residents should present follow-up information on families previously presented.

Comments

Someone should be identified to help coordinate the conference. This person can help by finding appropriate families within the clinic population, describing the format to the family, arranging for the family to attend at the appropriate time, and assisting the resident in the future management of the family. We use a social worker for this role.

The resident should have as much knowledge about the family as possible. A preliminary home visit with a faculty member and/or a behaviorist is especially helpful.

Families who utilize the family practice clinic frequently should be selected.

Families who have problems should be selected.

Specific types of families can be selected, such as families with:
An alcoholic parent
Someone in the family with a severe chronic disease
Someone in the family who is dying
Multiple severe problems
A parent who has chronic functional pain
A father who is unable to work because of functional problems
Someone in the family who has significant anxiety or depression
A child who is a behavioral problem

When the conferences are initiated, residents who are enthusiastic and who recognize the family has problems should give the first conferences. These positive early conferences will help win over the residents who have doubts.

Some mental toughness on the part of the faculty is necessary. One cannot expect every conference to be perfect. Some conferences will be mediocre, whereas other conferences will be excellent.

Some residents and faculty will never accept the relevance of such topics to family practice.

The conference should be judged by how relevant you feel it is to the management of that family, and by the amount of discussion that is generated among the residents in the group.

Each new group of residents has its own personality, so the group interaction may vary from year to year.

Finally, the integration of the knowledge gained in these conferences with the management of specific health problems is one of the most important goals. When conferences on specific health problems are presented, and one wants to use a case presentation, try to use individuals from families presented in earlier family conferences. For example, we used a woman as the case for a conference on "the management of chronic renal failure in the ambulatory setting" who was the mother in a family presented in an earlier family conference. Such a combination is very complementary and gives a holistic approach, since the group can better relate the factual information to a real person, not to a description of a person on a piece of paper. It also shows how counterproductive it can be to treat a person's disease without a deeper understanding of his/her life situation.

This format has been successful for us. Most residents have a real "feel" for the families that are presented as well as an appreciation of family dynamics and its relevance to family practice. Home visits have certainly complemented these conferences. We hope that, in time, the residents will feel less overwhelmed by the problem family and therefore, more relaxed in dealing with such a family, and less reluctant to tackle other problem families. We also hope that they will gain insight into, and appreciation of, the value of understanding the dynamics of "normal" families.