
Communication

The Genogram as an Aid to Crisis Intervention

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The genogram has often been used to record genetic information about a patient. In addition, it has been found to be useful for recording information about family structure and relationships. Critical life events, including births, deaths, marriages, divorces, and major illnesses are readily identified. At the University of Vermont a genogram is routinely recorded as part of the initial comprehensive medical evaluation in the family practice unit.

The genogram is particularly useful in identifying and clarifying relationships in families at times of crisis. The following case report illustrates the role of the genogram in facilitating crisis intervention by the family physician.

Case Report

A 19-year-old woman, Tanya C., presented to the family practice unit with a request for change in her birth control medications because she was experiencing headaches. She also reported symptoms of anxiety related to longstanding socioeconomic difficulties and to being a single parent. She was scheduled for a comprehensive evaluation, at which time a genogram was recorded, as shown in Figure 1.*

Five months later the news media reported the death of a 13-year-old boy, David C., as a result of multiple stab wounds. His mother, Deborah B., had been critically injured as a result of stab wounds and gunshot wounds. A warrant had been issued for the arrest of William B., husband of

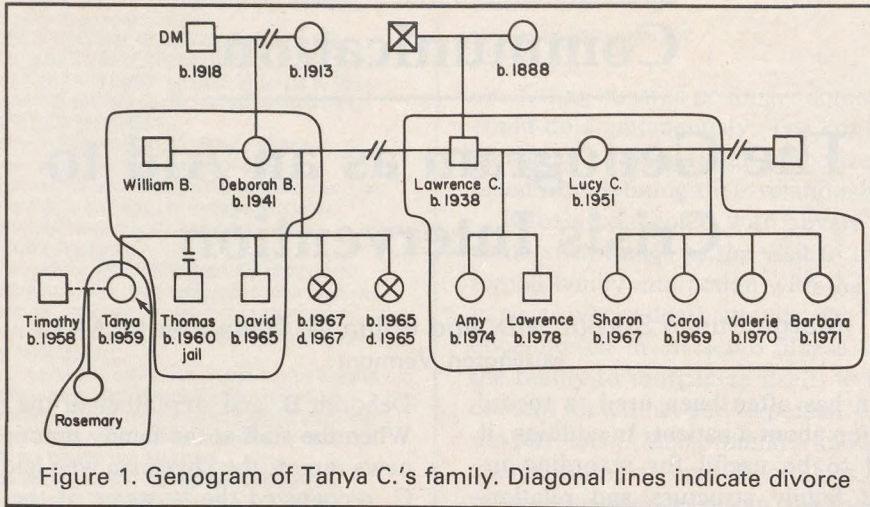
Deborah B. and stepfather of the murdered boy. When the staff at the family practice unit read the news report, the physician who had treated Tanya C. recognized the surname of the murdered boy and consulted the genogram of Tanya's family recorded five months earlier. The genogram was used to clarify family relationships and to identify other family members who had been under care at the family practice unit. The murdered boy was her brother and Deborah B. was her mother. Her father and stepmother (Lawrence and Lucy C.) and their children were all regular patients at the unit.

A meeting was held involving the three family physicians who were closely involved with the care of Tanya, her father, and her stepmother and the family practice consultation-liaison psychiatrist. A plan of active crisis intervention was initiated. Telephone contact was established with those individuals who were identified by the genograms as critical to crisis management, namely Tanya C., Lawrence C., and Lucy C. The latter two reported significant anxiety and were treated with a short course of benzodiazepines but did not elect to come to the office for crisis counseling. Tanya C. came to the office later that day and was seen by her family physician. Crisis counseling continued initially twice a week and then weekly for a total of eight sessions in a six-week period.

Initial sessions focused on ventilation of her feelings of sadness for the loss of her brother, her feelings of fear that her stepfather would return and murder her and her daughter, and her feelings of anger against her stepfather as well as the investigating police officers. Sessions also dealt with problem solving regarding management of critical relationships and activities of daily living during the crisis as well as development of appropriate coping strategies. Preliminary autopsy findings

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*Modified to conform to the standard symbols proposed by Jolly et al¹



were released by the medical examiner and discussed with Tanya. Because her mother was in the intensive care unit at the time of the funeral, she was encouraged to arrange for photographs to be taken at the funeral to be shared with her mother at a later time. Subsequent counseling sessions focused on her difficulties in interacting with hospital staff during her visits to her mother and her feelings of resentment against her stepmother, whom she perceived to be competing with her for her father's support and attention. Benzodiazepines were prescribed during the first four weeks of supportive counseling.

Tanya's mother, Deborah B., was followed throughout her hospitalization by the family practice consultation-liaison psychiatrist, with informal visits by Tanya's physician. While in the intensive care unit, Deborah experienced transient psychotic episodes during which she perceived the staff as attempting to harm her; upon awakening from sleep she had occasional visual hallucinations of her husband standing in the room. These episodes were related to a combination of factors: intense fear that her husband would return and murder her in the hospital, severe pain from her injuries, and cognitive impairment due to metabolic problems and the disorienting and stressful environment of the intensive care unit. Interventions included low doses of haloperidol, scheduling of regular and adequate analgesics, and reassurance by frequent and regular visits. As Deborah's medical problems stabilized, she was encouraged to ventilate her feelings of sadness at the loss of her son as well as her feelings of rage at her husband and her desire for justice and revenge.

Tanya, meanwhile, during outpatient visits with her family physician, discussed her mother's wish to view her murdered son's body and to return to the apartment where the murder had been committed. Although she did neither, she did eventually view the photographs of the funeral; later she was well enough to attend the burial, which had been delayed because of the frozen soil.

In the months since the homicide Tanya, Lucy, and Deborah have been seen at the family practice unit for a variety of reasons. All three are periodically troubled by nightmares but are coping well in their various roles and appear to have resolved the acute phase of their grief reaction appropriately.

Conclusions

The genogram served a useful function in the successful management of a family crisis of catastrophic proportions. It permitted rapid identification of key family members and assessment of critical family relationships. Appropriate personnel were designated to intervene on behalf of identified patients and family members. Care by several physicians was coordinated between the hospital and outpatient settings. Individual and family issues were appropriately addressed and were not lost in the attention to the sensational legal aspects of the case. This case demonstrates the utility of a genogram recorded during routine medical care in providing guidance for the physicians' intervening at the time of a critical life event.

Reference

1. Jolly W, Fromm J, Rosen MG: The genogram. *J Fam Pract* 10:251, 1980