NYSCHA/NECHA 2011 Annual Meeting
October 19-21, 2011 Saratoga Springs, New York

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Some say students "go away" to college. However, sometimes, students are seen at the behest of their mother, or, concerned parents call after the student has left, or, we speak with family by cell during the actual visit. This seminar applies family systems concepts like triangulation, coalitions, alliances, family roles and hierarchy to a student health setting.

Learning Objective #1
Participants will be able to define and describe basic family systems concepts.

Learning Objective #2
Participants will be able to apply these concepts to a complicated case.

At our core, we are relational beings, and as children our relationships with our parents and siblings form the basis of our future relationships. Eventually, friends, and then colleagues, further embellish our lives. Often our relationships with our spouse or partner, and then potentially with our children and even our grandchildren, constitute much of the fabric of our own lives. Since most of us get our ideas about how families function from our own families, our families of origin serve as the standard by which we measure other families.

Attention to family context is an important component to understanding a patient's health status. Although the structure and functioning of a family can contribute to overall health and well-being, family problems can also contribute to a wide array of physical and mental disorders. Family characteristics interact with genetic predispositions to affect psychosocial functioning, response to stress, and poor health behaviors. For some acute, self-limited illnesses, a primarily biomedical intervention may be sufficient treatment for a symptom. However, for many medical problems, understanding the web of relationships – the relational context – among family and friends is integral to successful and comprehensive treatment.

Healthcare practitioners can be trained to develop more complex ideas about family. With the right skills, healthcare practitioners can assess the structure, development, and functioning of a family easily and quickly. Family development relates to the family members' ages and developmental stages. Family function can be assessed through history and observation of family process. For example, a healthcare practitioner can observe whether a parent or partner is comforting to the patient, or whether family members seem to be supportive of one another. Over time and with more complicated medical problems, patients inevitably describe their family functioning as they discuss stresses and coping strategies. However, all of our assumptions and emotions come with us when we meet families professionally, requiring us to monitor our own personal and cultural biases as we consider each family and their response to an illness or new challenge.

This seminar begins by describing basic family systems concepts, which include key family characteristics, structure, process, and the life cycle. Specific questions that

healthcare practitioners can ask are embedded in each section. These questions can also be applied to our own families, to uncover our own biases and assumptions about the families that we see. Later in the seminar, with time permitting we will have an opportunity to physically depict some of these concepts and challenging clinical situations with a family sculpture. We shall use the definition of family as "a group of people related by blood or choice who move together through time." This definition embraces the wider range of intimate family structures that is seen across all cultures.

Most primary care practitioners can be competent mediators within the family as a result of targeted skill building and focused reflection on family dynamics. A healthcare practitioner who knows the family members and how they function together has the ability to negotiate the patient's care and help the whole family. It is essential to develop good family interviewing skills that allow a healthcare practitioner to direct discussions so that the maximum amount of information can be shared clearly in the shortest amount of time.

FAMILY LIFE CYCLE

Family life cycle stage	*Developmental tasks*
Leaving home	• Differentiate self in relation to family • Develop intimate peer relationships • Establish oneself in work
Couples and pairing	• Form a committed relationship • Realign relationships with extended family to include partner
Pregnancy and childbirth	• Make room for children in the family • Become parents while remaining partners
Family with young children	• Form a parent team • Negotiate relationships with extended family to include parenting and grandparenting roles
Family with adolescents	• Shift parent–child relationship to permit adolescent to move in and out of system
Adulthood and middle years	• Refocus on marital and career issues • Deal with disabilities and death of grandparents • Deal with own aging and mortality
Graying of the family	• Maintain functioning in the face of physiological decline
Death and grieving	• Deal with loss of partner, siblings, and peers • Prepare for one's own death

Note centripetal and centrifugal forces.

FAMILY CHARACTERISTICS

General family characteristic	*Key questions for healthcare practitioners*
Family stability: an interpersonal process by which the family strives to maintain emotional balance in the system.	• With all of the changes, what has the family done to maintain balance?
Family transition: an interpersonal process by which the family adapts to developmental growth in members, and to varying expectations and roles in the community.	• How has your family had to adapt to these new developments (e.g. now that your mother-in-law has moved in with you)?
Family worldview: the general view that family members have of themselves as competent or ineffective, cohesive or fragmented. This view can be enhanced when they feel that they have coped with a crisis well, or when a healthcare practitioner recognizes their efforts and affirms their strengths.	• Does your family generally feel that you are able to help one another out in a crisis? • How has it worked when you have had to "fill in" for one another before? • How do family members let one another know when they need help?
Relational context of a symptom: a symptom is part of a larger family and psychosocial context that can influence and be influenced by that symptom.	• How do the patient's symptoms influence everyone else in the family? • Have you noticed if there are things family members do that make the identified patient take more or less responsibility for her medications?

FAMILY STRUCTURE

Family structural characteristic	*Key questions for healthcare practitioners*
Hierarchy: how power or authority is distributed within the family.	• Who is overtly and covertly in charge of which decisions in the family system? • Is the family's hierarchy clear and appropriate (parents in charge of their children) or reversed (parents controlled by children)?
Boundaries: define the different functional subgroups in the family (e.g. parents, siblings, grandparents).	• What are the subgroups in the family? • Are the boundaries between subgroups (e.g. parents and children) clear and appropriate, or confused and problematic?
Family role selection: the conscious or unconscious assignment of complementary roles to members of a family.	• What roles do family members play, and how do these roles relate to one another? • Who fills the role of the family's expert on illness and health? • Who is most often the "sick" member of

	the family?
Alliance: a positive relationship between any two members of a family.	• What are the important alliances in the family?
Coalition: a relationship between at least three people in which two act together secretly against a third person.	• What coalitions exist in the family? • Who is siding against whom?

FAMILY PROCESS

Family process characteristic	*Key questions for healthcare practitioners*
Enmeshment: where family members have diminished interpersonal boundaries, limited individual autonomy, and a high degree of emotional reactivity.	• Are family members involved or over-involved with each other? • Do family members "feel each others' feelings"? • Do family members seldom act independently?
Disengagement: where family members are emotionally distant and unresponsive to one another.	• Do family members show little emotional response to each other? • Are family members distant or isolated from each other?
Perceived criticism: where family members do not feel valued for their opinions or contributions.	• What happens when you and your family disagree or become stressed? • Does this pattern make the situation better or worse? • If it makes the situation worse, what other behaviors might interrupt the sequence or pattern?

ILLNESS LIFE CYCLE

Acute Phase	Progressive
Sub-Acute Phase	Relapsing
Chronic Phase	Unpredictable

Note centripetal and centrifugal forces and relationship to Family Life Cycle

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