

TABLE 1. Levels of Physician Involvement with Families

Level one: Minimal emphasis on family	Level two: Ongoing medical information and advice	Level three: Feelings and support
<p>This baseline level of involvement consists of dealing with families only as necessary for practical and medical-legal reasons, but not viewing communicating with families as integral to the physician's role or as involving skills for the physician to develop. This level presumably characterizes most medical school training in which biomedical issues are the sole conscious focus of patient care.</p>	<p><i>Knowledge base:</i> Primarily medical, plus awareness of the triangular dimension of the physician-patient relationship.</p> <p><i>Personal development:</i> Openness to engage patients and families in a collaborative way.</p> <p><i>Skills</i></p> <ol style="list-style-type: none"> 1. Regularly and clearly communicating medical findings and treatment options to family members. 2. Asking family members questions that elicit relevant diagnostic and treatment information. 3. Attentively listening to family members' questions and concerns. 4. Advising families about how to handle the medical and rehabilitation needs of the patient. 5. For large or demanding families, knowing how to channel communication through one or two key members. 6. Identifying gross family dysfunction that interferes with medical treatment, and referring the family to a therapist. 	<p><i>Knowledge base:</i> Normal family development and reactions to stress.</p> <p><i>Personal development:</i> Awareness of one's own feelings in relationship to the patient and family.</p> <p><i>Skills</i></p> <ol style="list-style-type: none"> 1. Asking questions that elicit family members' expressions of concerns and feelings related to the patient's condition and its effect on the family. 2. Empathically listening to family members' concerns and feelings, and normalizing them where appropriate. 3. Forming a preliminary assessment of the family's level of functioning as it relates to the patient's problem. 4. Encouraging family members in their efforts to cope as a family with their situation. 5. Tailoring medical advice to the unique needs, concerns, and feelings of the family. 6. Identifying family dysfunction and fitting a referral recommendation to the unique situation of the family.

Level four:
Systematic assessment
and planned intervention

Knowledge base: Family systems.

Personal development: Awareness of one's own participation in systems including the therapeutic triangle, the medical system, one's own family system, and larger community systems.

Skills

1. Engaging family members, including reluctant ones, in a planned family conference or a series of conferences.
 2. Structuring a conference with even a poorly communicating family in such a way that all members have a chance to express themselves.
 3. Systematically assessing the family's level of functioning.
 4. Supporting individual members while avoiding coalitions.
 5. Reframing the family's definition of their problem in a way that makes problem solving more achievable.
 6. Helping the family members view their difficulty as one that requires new forms of collaborative efforts.
 7. Helping family members generate alternative, mutually acceptable ways to cope with their difficulty.
 8. Helping the family balance their coping efforts by calibrating their various roles in a way that allows support without sacrificing anyone's autonomy.
 9. Identifying family dysfunction that lies beyond primary care treatment and orchestrating a referral by educating the family and the therapist about what to expect from one another.
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Level five:
Family therapy

Knowledge base: Family systems and patterns whereby dysfunctional families interact with professionals and other health care systems.

Personal development: Ability to handle intense emotions in families and self and to maintain neutrality in the face of strong pressure from family members or other professionals.

Skills

The following is not an exhaustive list of family therapy skills but rather a list of several key skills that distinguish level five involvement from primary care involvement with families.

1. Interviewing families or family members who are quite difficult to engage.
2. Efficiently generating and testing hypotheses about the family's difficulties and interaction patterns.
3. Escalating conflict in the family in order to break a family impasse.
4. Temporarily siding with one family member against another.
5. Constructively dealing with a family's strong resistance to change.
6. Negotiating collaborative relationships with other professionals and other systems who are working with the family, even when these groups are at odds with one another.