

How geograms work
and why there useful.



A Genogram is a resourceful clinical tool that is being used by family therapists and medical professions as an assessment tool to assist in identifying a patient's important family information (Shellenberger, et al, 2007, 368). Adding a cultural layer to the genogram has assisted many medical physicians in understanding the reasons why some patients don't understand the medical diagnosis and refuse medical treatment (372). The genogram that includes biological history and cultural history has been found to be a resourceful instrument that is becoming part of the client's medical records (368). The genogram can also be used to focus attention on the biopsychosocial context of the patient's health and wellness concerns (368).

To start a genogram, one begins with basic answers to questions taken in during the intake session at the patient's first visit to the family physician or family therapist. The therapist or practitioner would include important events, such as deaths, marriages, and divorces all deserve careful study (Nichols, 2010, 125). It would also include answers relating to the patient's nuclear family such as who lives in the household (name, age, gender, occupation, and education), where the other members live, and what health related changes or problems have the family faced most recently (Shellenberger, et al, p. 369).

Other significant information included in the genogram would be concerns regarding pregnancies, illnesses, hospitalizations, deaths, and even psychiatric problems such as depression, anxieties, and phobias (Nichols, 2010, 125). In addition, dates and relationships provide the framework to explore emotional boundaries, triangles, fusion and cutoffs between family members, and critical conflicts that occur among family members (125). The

answers to these questions and questions relating to biological heredity will indicate whether there are common themes that show up through generations which would indicate possible cause to current medical or psychological concerns (125). Common themes like cardiovascular disease, diabetes, and hypertension are just a few that tends to be hereditary. Genograms can find a link in a family history that indicate psychosocial problems (i. e. domestic violence, substance abuse, relationship difficulties) as well as cultural beliefs, values, attitudes and health practices (Shellenberger, et al, 369-370).

After the patient assessment is complete the information can be transformed into an organizational family tree type drawing with symbols used to identify gender. For example, men are notated by squares and women by circles, with ages inputted inside the frame (Nichols, 2010, p. 124). Horizontal lines indicate marriages, with the date of marriage written on the line and vertical lines connect parents and children (124). These are just a few basic symbols to get the genogram started.

There are many uses of genograms in family therapy that have been found to be extremely successful. Therapists have reported that using the genogram as a tool for family members to express emotions by telling “ facts” and not opinions can prevent unnecessary negative comments and frustration. The genogram can also be used to initiate a cooling down period after a heated family battle and can be a way that a therapist can connect with their client in order to lay the foundation for positive relationship (Schilson, Braun, and Hudson, 1993, 201).

It has found to be a means through which a therapist can learn key words and ideas for later use when developing goals and direction with their clients. When a therapist looks into each family member's personal concerns, values, wishes and fears they are better able to connect to the core issues causing conflict. The genogram can capture information about the family structure, major life events, repetitive illnesses and eventually the process can be therapeutic (201). These benefits all aim to assess, while it boosts patient morale by highlighting individual and family coping strengths. The positive relationship that is established during the intake session supports the relationship between client and therapist by gaining the patient's trust and connection with the health care staff (201-202).

When genograms were used as a training tool in preparing therapists and physicians for working in their field they became more effective in developing the client-practitioner relationship. (Aten, Madson and Kruse, 2008, 111-112). Research on the effectiveness of genograms as a tool can teach family therapist and supervisors in training ways to assess their client's family relationships and history but it also helps gain self awareness and self reflection during their internship (111-112).

It has been shown that cultural issues can affect patients, families, and health provider's perspective on the specific illness. It also discovered that cultural genograms were used to further develop training for postgraduate student and to develop their skill set in understanding cultural sensitivity which helped gain insight, sensitivity and awareness to cultural issues. This ongoing training influence the quality and outcome of the patient and family

encounter (112). Trainees are able to explore their own ethnic and cultural heritages and draw personal genogram depicting these origins (115).

Shellenberger, et al (2007), proved that when residents learn how to create their own individual cultural genogram enables them to understand their beliefs, values, attitudes and how general health practices differ from their own found the cultural genogram to be a continuous working document used throughout the sessions, collecting as much information on the intake interview and add to it on subsequent visits (380).

Similar to the traditional genogram, the cultural genogram provides information about where the family members are from, their health beliefs and behaviors, the gender roles within the household as well as culture and health resources (368). They showed that the use of cultural genograms as teaching tools in medical practice proved to be beneficial when used in cultural sensitivity training. It proved to be a creative, practical tool to assist clinicians in understanding the history of the client (380).

Aten, Madson and Kruse (2008) found that an introduction to family functioning and cultural competence resulted in a deeper positive response from students to learn a structure approach to identify cultural information for use in a clinical setting (114). Also indicated that when patient and provider do not share a common culture, communication can be challenging among the extend family. Without this type of understanding and knowledge of the patient's past can lead to misunderstanding of a patient's culture and family. It can lead to the patient's feeling disrespected or

uncomfortable or receiving care that is inconsistent with important cultural practices (Shellenberger, et al, 2007 p. 371).

Today the cultural diversity of the U. S. population, combined with the increasing cultural diversity of medicinal students and primary care residents, has created a critical need for approaches to cultural sensitivity training that are not tied to any single culture (380). By building on this understanding, providers can then develop management plans that are more consistent with the patient's worldview and more likely to be followed.

Although Schilson, Braun, and Hudson (1993) have discussed many benefits of using the genogram as an effective tool in the medical field, it has not been implemented in most practices due to the extensive time it takes to gather the information. The extensive family histories are found to be a time consuming task that some find impractical in a busy office practice (203). The family physicians who have successfully intergraded genograms into their practices acknowledge that the genogram does take more time to process and will increases the length of time during each visit; however they also claim that the extra time required is often spent building patient rapport (Shellenberger, et al, p. 372). The rapport building provided useful family information that can be used to address a patient's concerns during a particular office visits or at some future visit. As a result therapists were able to use reflective listening to contribute to the healing process of the patient (372). The more intense understanding of the past and present experiences and responses contributed to a more supporting and effective treatment strategies (372).

In conclusion, this research indicates that the family therapy and medical practitioner have found many useful ways of assessing families in which the families themselves can participate. The purpose of this research was to examine the implications of the benefits of the genogram. The assessment process and procedures described here depend upon mutual engagement and participation of both the therapist and client. The family therapy has been incorporated into several family-medicine training programs and proven to be successful.

The other alternatives for physicians who prefer not to use the genogram often refer to the family therapist to continue to aid the physician by acting as a referral source for patients. It is likely that further qualitative and quantitative research will clarify how the two professionals can work together most efficiently to benefit the client. Per Shellenberger, et al, (2007), clearly, as health care evolves into total life care, the family physician/family therapist association promises to be a vital union, beneficial to care providers and the patients and clients they serve (380).