

WE ARE FAMILY (THERAPISTS): A NOVEL MULTI-FAMILY GROUP THERAPY TRAINING EXPERIENCE FOR PSYCHIATRIC RESIDENTS

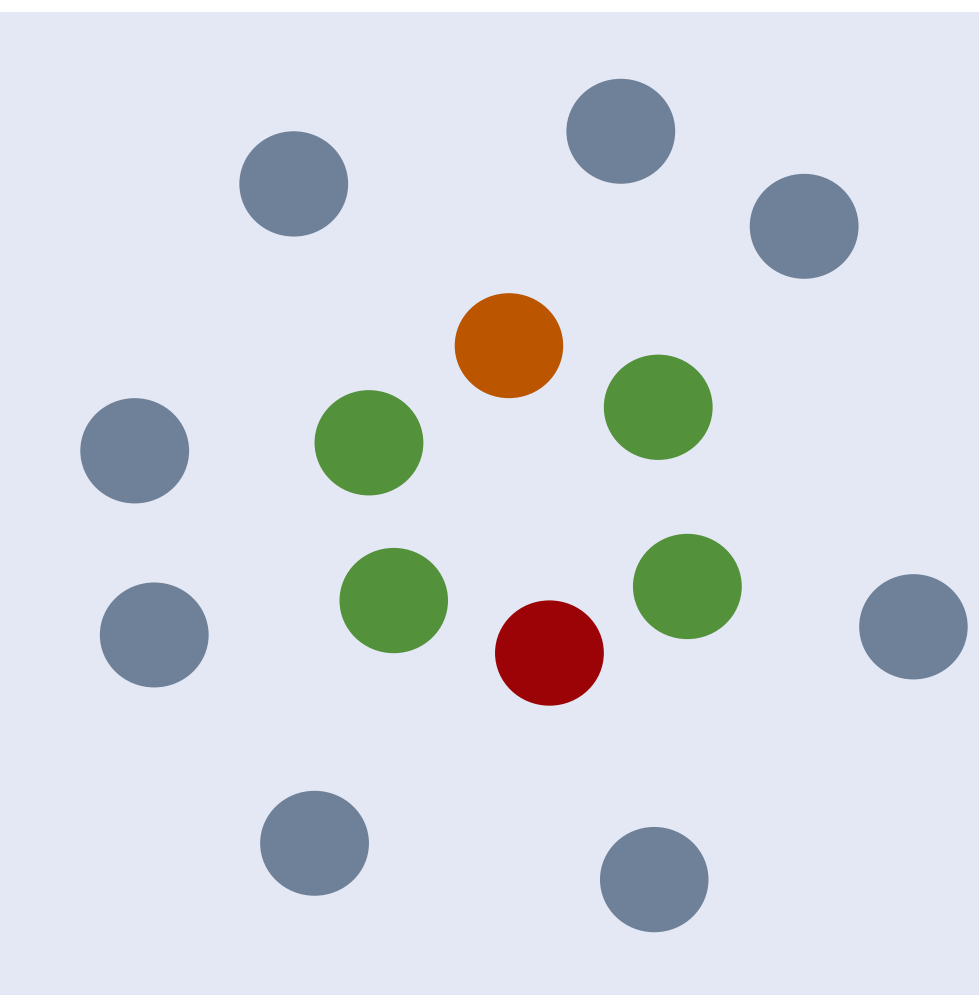
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BACKGROUND & PURPOSE

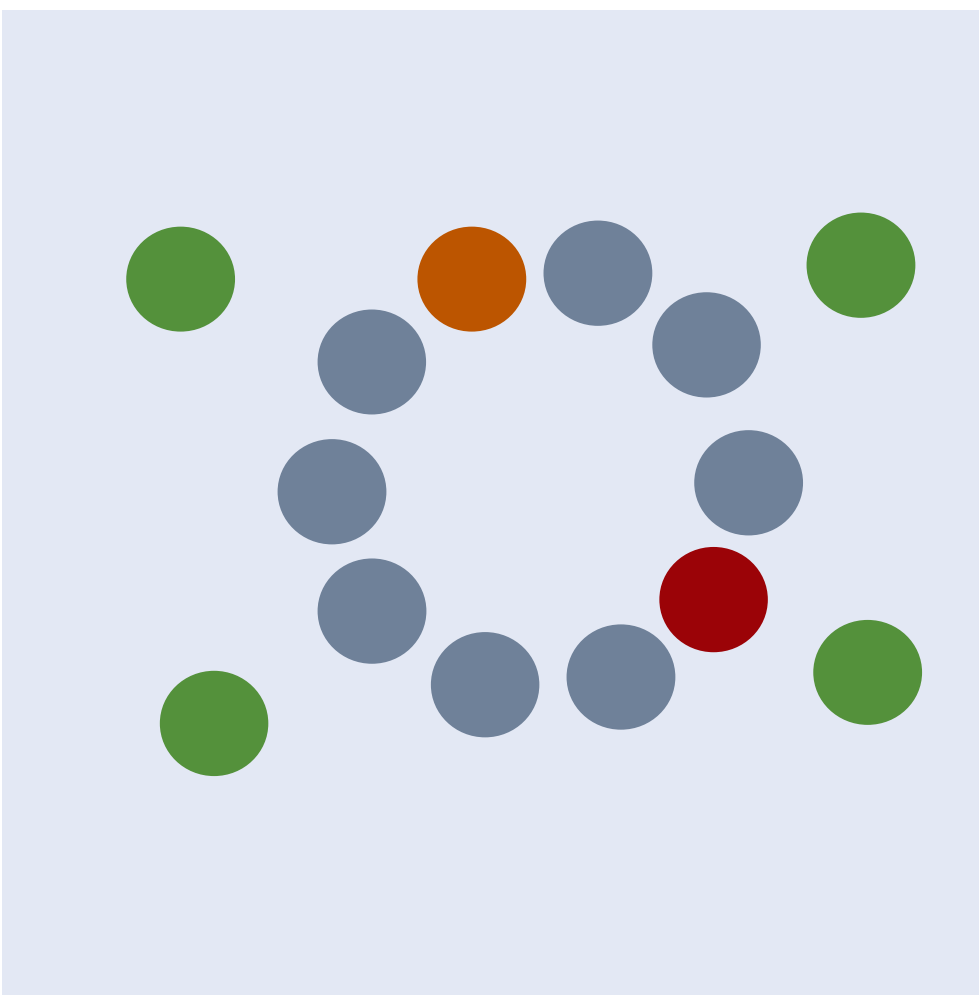
Family therapy is a key, evidence-based treatment for psychiatric disorders in both children and adults. However, **under current ACGME training requirements, one can complete psychiatry residency without any exposure to family therapy**. In the CU residency program, only residents in a psychotherapy training track are offered family therapy cases and supervision.

METHODS

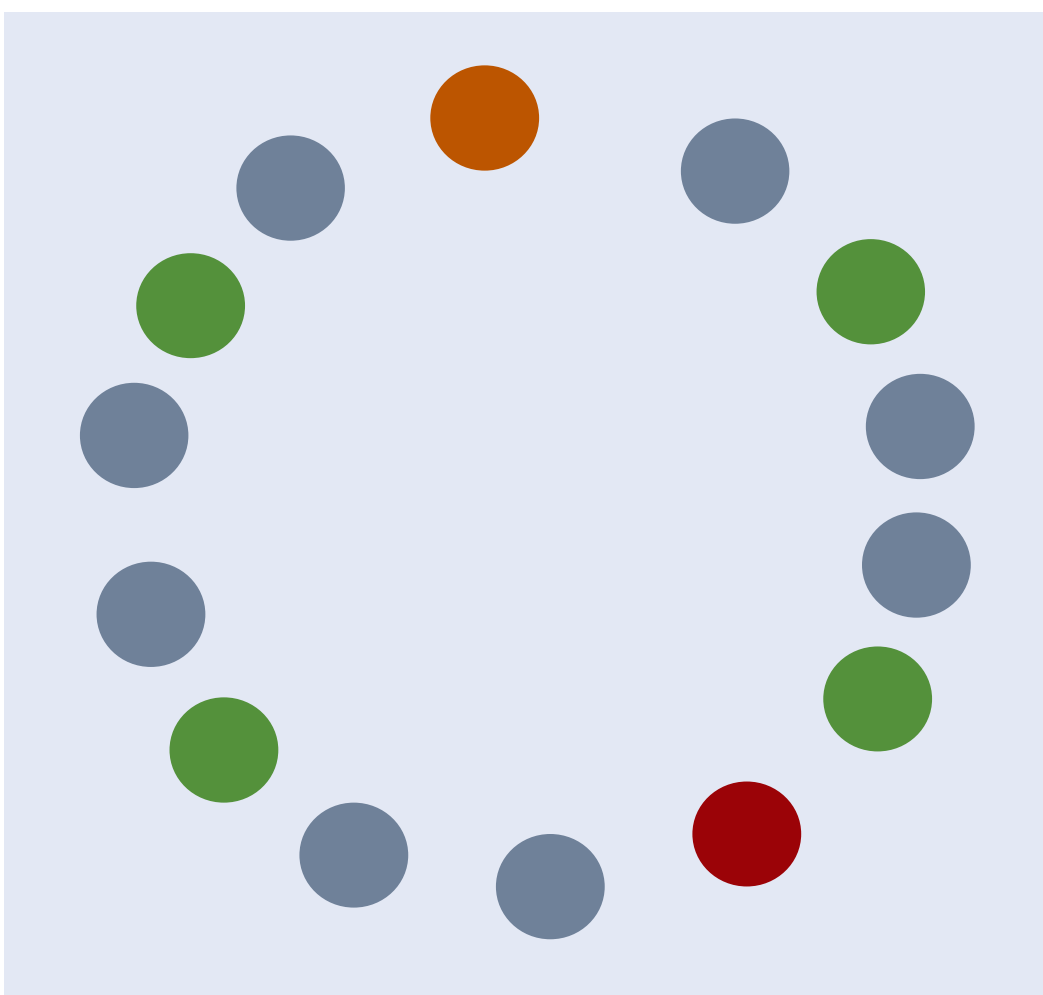
In this elective, residents co-led a 1-session, 90-minute multifamily group with a family therapy trained psychiatrist. This took place on an inpatient unit once a week, and was run in the fishbowl style. Residents engaged in weekly supervision with the attending to review key educational points.



First, the adolescent patients, in the inner circle, had a facilitated discussion about experiences with mental illness and hospitalization while family members observed.



Second, family members switched into the inner circle, reflected on what they heard from the adolescents, discussed their experiences as family members.



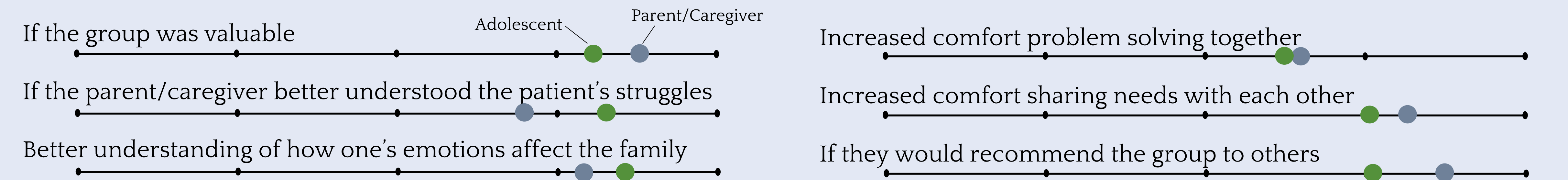
Finally, the large group reflected together, followed by a conversation about balancing autonomy and supervision in the context of discharge and safety planning.

Residents were also responsible for designing the group format and curriculum. Using the QI process, with the aim of improving patient care and the value of hospitalization, they developed a survey to collect patient and family feedback, and used this to improve the intervention over the course of the elective. Further, residents took ownership of recruiting patients and families, creating fliers for the units, and reaching out to other members of the care team to get referrals.

RESULTS – PATIENTS & FAMILIES

Feedback was collected from the 23 participating patients and their 42 family members. Patients and families found the multifamily group to be a helpful intervention that improved their inpatient experience. The feedback survey included questions about:

*all questions used a standard Likert scale from "strongly disagree" to "strongly agree"



RESULTS – RESIDENTS

Residents' comfort level as group leaders increased as they honed skills in managing a group with family conflict. They also gained experience developing therapeutic interventions in a time limited, inpatient setting. Overall, this was a valuable learning experience that allowed residents to develop skills that were not otherwise a part of the residency curriculum. There were opportunities for growth in a number of milestones, as listed below:

PC4	Residents improved skills in family and group psychotherapies.
MK1	Residents used knowledge of development in facilitating conversation about both balancing autonomy and supervision in adolescents and affects of family on patient pathology.
MK4	Residents worked to develop an evidence based therapeutic intervention.
SBP2	Residents aimed to improve patient care and value of inpatient hospitalization. They gathered feedback on these goals from patients and families and made changes when needed.
PBLI1	Residents developed this new elective not only to improve patient care, but to fill a gap in their education. They also strove to improve their therapy skills throughout.
PBLI2	The development of the group was framed as a QI project with the goal of improving patient care and value of hospitalization. Feedback on the value of the group and other goals was collected from patients and families, and incremental improvements were made to both the structure of the group and the feedback mechanism.
PROF2	Residents demonstrated accountability for their learning during the creation of and throughout this rotation. They also advocated for the implementation of this group as a tool to improve patient care and the value of hospitalization.
ICS1	Residents had to gain skills in managing a group and family conflict, while developing a therapeutic alliance with the group in just a short time. They also had to develop relationships with the inpatient care team to build trust that this intervention would be a value to their patients and to get referrals.
ICS2	Residents had to gain skills in communicating effectively with both patients and families, as well as members of the inpatient care teams.

DISCUSSION

This novel elective provided a valuable educational experience in family and group psychotherapy in a system with limited opportunities for both. Residents reported this experience significantly added to their training, and there were opportunities for growth in a number of milestones. The new group intervention was also seen as a valuable addition to inpatient care by patients and their families.



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