Discussion 1

Genograms are a simple way to visualize, analyze and understand a family’s dynamics, relationships, age, gender and family medical history (Allen, & Henderson, 2017). Genograms are formed using pictures and symbols to help display family relationships and health risks. A key is important for this visualization to truly understand what is being demonstrated in the genograms. Genograms help provide families with knowledge and information on their genetics risks in their health. As nurses and future Nurse Practitioner’s genograms are helpful in being a patient advocate for preventative health care and helps aid determining when its appropriate for referrals to genetic counseling (Tavernier, 2009).

Tracing family genetics, like in a genogram, has left a personal impact in my life. When I was 10 years old, my mother’s sister was diagnosed with breast cancer at age 34. The first time diagnosed they were able to surgically remove the tumors and radiation and chemotherapy cleared her of the cancer. At age 36, at a follow up appointment, they found her breast cancer was back and had now metastasized. Part of her course of treatment this time was genetic counseling. Genetic counseling revealed that she was a carrier of the BRCA 2 gene. Genetic counseling and family health history tracing with a creation of a genogram led to the discovery that my maternal grandfather’s three aunts all died of breast cancer. My maternal grandfather only had a brother so it was hard to determine if the gene skipped generations or was only displayed in females. After my aunt’s genetic counseling, my own mother attended her own genetic counseling and discovered that she also was a carrier of the BRCA 2 gene. My mother preventively had a full hysterectomy which revealed  that she had pre-cancerous cells in both ovaries. My mother’s other sister still has yet to go to genetic counseling due to her fear of the emotional toll . Knowing my mother is a carrier of BRCA 2 the counselor suggested to her that I begin genetic counseling at age 24, which was 10 years prior to the age my maternal aunt was diagnosed. I still have an emotional struggle with my desire to go to genetic counseling. I lost my aunt to breast cancer, and I am a strong believer in preventive health care, but it is hard to face information genetic counseling may bring forth. Without genograms and genetic counseling my family would have never discovered this health care risk. This experience with genetic counseling allows for me to be a better advocate for my own preventative care.

A study published Hoskins et al uses genograms to display the family history of the BRCA genes in young patients participating in the study. This study is a good example of how we use genograms to trace genes like BRCA through families. As a result of study genograms can help a practitioner decide when genetic counseling referrals are appropriate. Visualizing your family’s medical history and health risks can be informative but also can be stressful and emotionally draining. The three main participants discussed in this study all expressed the struggle of family pressure whether it be to get tested or to preform health care prevention measures. For BRCA genes the two biggest health prevention measures you can get besides screenings is to get a risk-reducing bilateral mastectomy or a total or partial hysterectomy. For a young patient both these measures are extreme and can come with long term health consequences whether they chose to participate in them or not. Due to the complexity of each genetic counseling case, therapy support is important to help support the patient with this new cumbersome information (Hoskins, & Werner, 2012). Has anyone ever faced a similar situation knowing their family health risks?

Thanks,

Briana Tote

**Discussion 2**

Hello Class,

Up until my BSN and at present, I wasn't interested in genograms - the how or the why. Prior to advancing my education, I never really saw the point in genograms. How can a picture of a family tree possibly give valuable information? It seemed elementary; a literal tree with branches and your family scattered around the leaves. I was very wrong.

When gathering a health history from a patient in primary care, we must also focus on family health history. A complete family health history can give us a lot important information that can assist us with caring for and treating our patients and their families, which can be placed into a genogram for easier reference, pattern identification and organization (Noguiera et al. 2017). For instance, my maternal grandmother had ovarian cancer which places her descendants at a higher risk of also developing ovarian cancer, including myself. Thereby, all the women in my family are very attentive to annual exams and reporting any abnormal symptoms.

A genogram not only can display DOB, age, gender, ancestry and health information, but also family structure, social ties, economic status, cultural information, religious affiliations and relationship patterns within a family (Piasecka et al., 2018). Another pattern that I discovered in my family is a pattern of divorce, which I actually never really paid attention to until now. My maternal grandmother got divorced, my mother got divorced, and two out of my 3 aunts got divorced/separated. My paternal grandfather also got divorced prior to meeting and marrying my grandmother. That's a lot of divorce in one family!

My grandfather studied genealogy in his spare time and compiled all of his information into books that were given to each of his children. I need to find this book and actually sit down and go through it. I'm curious as to what new information I learn about my own family that I would otherwise never know if it wasn't for him.

I know compiling a genogram takes time and may be a tedious task, but I'm interested in what each of us learn from our own family genograms.

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Discussion 3

Genograms have been proven to be very effective in representing a family wellness (physical, mental, emotional) trend.  A genogram can show the negatives and positives of clinical illness over many generations.  “Genograms allow an overview of the familiar structure and the identification of affective bonds” (Nogueira, 2017, p. 5111).  A clinician using the genogram should be able to use it as a tool to treat the family’s disease process and promote wellness to prevent it from traveling further through the familial lines.  Most people do not look at them as trends that are able to be broken, they just do what they have always done.

A simpler form of a genogram was used in a study with pregnant woman about feeding trends in the United Kingdom.  The women were asked to create a picture of the friends and family network that is available to them in hopes that it would help support the women to breastfeed longer.  Creating the genogram proved to be a positive tool for most women as they asked to keep the genogram to remind them of the wide network available to them (Thomson, et al, 2020).  So many times, I take care of women who choose not to breastfeed because “no one in my family has breastfed.”  Using genograms to help create a picture of support for women could be very motivational.  One negative of the study done by Thomas, et al, was that a lack of support system might be visualized for a woman and this could cause negative feelings in her.  Decreasing a person’s confidence is never the goal.  There are always ways to represent the positive in a person if lack of a network is discovered.

Discussion 4

The family Genogram offers a visual snapshot of a family history including the structure, relationships, and important medical information. By including at least three generations, the information can be wide enough to develop common trends in health of the family, as well as relationship trends. (Platt &Skowron) Genograms can be utilized in the research of different disease processes specifically mental health conditions. According to Leonidas and Santos (2015) family dynamics are an important factor in at risk individuals. A genogram would be an important visual for providers to better understand the interfamilial relationship qualities. Genograms would be able to portray the physical medical conditions with a potentially genetic component as well as the quality of relationships formed between family members.

Best practices include utilizing the Genogram to the full extent possible. This can be a time consuming and difficult process depending on the family. The article by Zubatsky and Brieler (2018) described a health system that attempted to do this. Their template offered places to document important factors in follow up primary care, including family support sources, family members that aid in decision making and daily life, and relationship patterns. The genogram develops over time as relationships with family members evolve and develop.

A common drawback described in the literature is the lack of universal symbols or design features for Genogram development. Each provider has their own system to draw out and describe a family. This works well if the genogram stays with the author. If referred to another provider or the provider is replaced, the genogram potentially loses value. The new provider must spend time and energy to decode the previous providers system of understanding the family structure.

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Zubatsky, M., & Brieler, J. (2018). A Health Systems Genogram for Improving Hospital Transitions to Primary Care. *Annals of Family Medicine*, *16*(6), 566. https://link.gale.com/apps/doc/A629315208/AONE?u=sunyit&sid=AONE&xid=541438bc

**Discussion 5**

Hello Class,

Genograms create a visual representation of invaluable information regarding patients risks of developing various disease processes and medical conditions. According to Mosgaard (2017), a genogram assists in the understanding of various factors such as the configuration of a family and family dynamics and patterns that present themselves across multiple generations (p. 1). When this information is collected, information is obtained regarding what a person’s support system looks like based on who lives in each household, if it is a single-parent family, and if the individual has children. Genograms also represents the family as a complex system that must be explored to discover unique values and identities (p. 2). No one family is alike, and the unique identities and preferences must be learned to conduct a holistic assessment and provide patient-centered care.

Launer (2017) discusses the benefits of using genograms when he states how quick and efficient they are in discovering a vast amount of information regarding a patient's health and risks of developing a disease. When done appropriately, genograms allow providers to include a large amount of information in a format that is easy to understand. The provider can use this approach in incorporating different types of information, including occupations, residence, age, whether a person is alive or deceased, and possible conflictual relationships (p. 575). With such a vast amount of information available in a way that is easy to read, it allows a picture to be painted of multiple family generations' health and what medical interventions are most critical.

Various studies have been conducted concerning genograms and the prevalence of psychiatric illness. One study I found interesting is that of destructive behaviors among adolescent girls. This study focused on 140 teenage participants with suicidal behavior, violent behavior, and ones without destructive behaviors at all. The study aimed to learn about families' structure with adolescent females who demonstrate destructive behaviors (p. 1). Some of the similarities discovered amongst these girls included having reconstructed families, alcohol abuse, and lack of healthy family relationships (p. 13). As providers, we can recognize these patterns among family dynamics and violent behaviors. From there, we can provide care that focuses on the risk for suicide based on these identified factors. This study demonstrates one of the many benefits of utilizing genograms in primary care, especially with the known influx of suicides among female adolescents.

Bingham

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Mosgaard, J., Vazquez, M., & Lyngby, K. (2017). Postmodern approaches in the use of genograms. In: Lebow J., Chambers A., Breunlin D. (eds) Encyclopedia of Couple and Family Therapy. Springer, Cham. https://doi.org/10.1007/978-3-319-15877-8\_829-1

Warchulska, K., & Izydorczyk, B. (2018). Family patterns and suicidal and violent behavior among adolescent girls: Genogram analysis. *International Journal of Environment Research and Public Health, 15,*1-16. https://doi.org/10.3390/ijerph15102067

**Discussion 6**

Professor Grabski and classmates,

            Wow, who knew how much information could be collected and analyzed using a genogram. It’s more than just a family tree. Many disciplines use genograms including, sociology, psychology, anthropology, genetic research, education and medicine. A genogram is a pictorial diagram consisting of shapes, lines, numbers, and some words that allows us to analysis family relationships, and medical condition; uncovering valuable intergenerational patterns and dynamics (Allen & Henderson, 2017). Family strengths and dysfunctions can be discovered aiding the Nurse Practitioner and other important members of the inter-disciplinary team an essential understanding where treatment and interventions are needed to assist both the patient and their families (McCullough Chavis, 2004). This may be helpful for the Nurse Practitioner when assessing various conditions that are hereditary, or the social worker and/or psychologist that may be helping a patient like Jason from our reading, deal with a life changing event. The Nurse Practitioner may discover that the grandmother and mother of the patient both had breast cancer, signifying the importance of monitoring the patient closer compared to a patient with no family history. The Practitioner may perform an earlier screening for breast cancer or even have the patient tested for the BRCA gene if the patient agrees. A Psychologist specializing in couple and family therapy can use a genogram previously referred to as a family diagram to visualize and assess numerous variables of the family or couple as a whole in order to better advise and guide the family or couple in order to restore homeostasis (Eshtehardi & Gasbarrini, 2019).  One personal example I can share is when my grandpa became debilitated as a result of Parkinson’s Disease, he relied on my grandmother to care for him. At first, she was able to care for him herself as he only needed minimal assistance to perform certain ADL’s such as bathing, dressing and toileting. But as time progressed, he became bed bound, which created a difficult situation as he didn’t want to go to a nursing home, and my grandmother could no longer care for him by herself. My mom whom was the youngest of their four children and whom also lived next door in a connected duplex style home decided that she would attempt to manage his care along with hired help and the assistance of family which included myself. I knew being a nurse that this was the beginning of the end for him as I witnessed him slowly declining. I knew that he wouldn’t want to live this way so as a family we decided to have Hospice consulted. My mother, although in agreeance of hospice care believed hospice was just a going to “kill” him, I tried to explain to her it’s a way to keep him comfortable and maintain his dignity at the end of his life. She seemed to understand and agree, but the day came that grandpa passed peacefully with his family by his side. Soon after my mother stopped talking to me as she felt my decision to have hospice consulted was what “killed” him. I had lost my grandpa and now I had lost my mother. I knew that this was part of the normal grieving process that she would have anger, but I knew anger toward a child wasn’t good for anyone involved. I convinced my mom that we needed to see someone for family therapy and she agreed. Long story short, the family therapist was able to not just help my mother but the family as a whole.

            In addition, it’s important to acknowledge that not all families and cultures are alike. In some cultures, the male plays a dominant role over the wife, and in others the eldest child is left to care for their younger sibling when the mother migrates to another country for work, and sends money home to her family. In my personal genogram my fiancé and I share household and family responsibilities. He’s not superior to me and I’m not superior to him. When an important decision is to be made, we communicate with each other to ensure we both have an equal say, and that we each are able to express our feelings openly. Although we are not married, we share two beautiful girls together and live and conduct our lives like a married couple without the legal paperwork binding ourselves as husband and wife. So, on the genogram instead of a solid line connecting us it’s a hashed line.

            In conclusion, families and individuals come in all shapes and sizes. A genogram is just one tool that can help you understand your patient, couple or family you are caring for as a professional.