



## AHA Team Training

# Secrets of a Therapist – Using Family Systems Theory for Health Care Teams

June 12, 2024

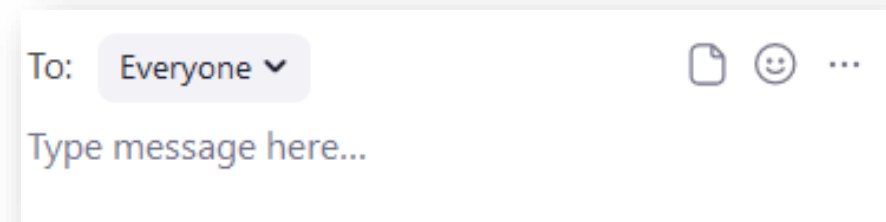


AHA CENTER FOR HEALTH  
**INNOVATION**

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In support of improving patient care, the Duke University Health System Department of Clinical Education and Professional Development is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the health care team.



# Upcoming Team Training Events

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## Courses

- [Virtual TeamSTEPPS Refresher](#), July 16-August 8
- [In-person TeamSTEPPS Master Training](#)
  - July 15-16 at Northwell Health, New Hyde Park, NY
  - September 25-26 at Houston Methodist, Houston, TX

## Webinars

- June 26 - Protecting Mothers: Key Takeaways From the 2024 Maternal Mortality and Morbidity Prevention Report *sponsored by Relias*, [Register now!](#)
- July 10 - Enhancing Collaboration: Leveraging TeamSTEPPS for Non-Clinical Success, [Register Now!](#)
- Are you interested in speaking on one of our monthly webinars? Check out our [speaker interest form](#) to submit your webinar proposal!



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## Custom TeamSTEPPS Advisory Services at Your Organization

### TeamSTEPPS Master Training Course

Using a train-the-trainer model, **we give you the foundational tools** and concepts, and train your staff through this **two-day training** program. You will gain a team of Master Trainers ready to teach others in your organization.

### Comprehensive TeamSTEPPS Programs

**We help you along the way.** After delivery of the two-day Master Training course, we continue to work with your team for **3-6 months**, building the internal capacity to hardwire TeamSTEPPS throughout your organization.

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“Our relationship with the TeamSTEPPS faculty and the on-site trainings were both phenomenal. **They did a great job of meeting us where we were** and customized a program that really helped us gain clarity about the problem we’re trying to solve.”

– **Melissa Riffe-Guyer**  
Executive Director,  
Culture Cone Health

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# Today's Presenter

**Dr Sanne Henninger, LCSW**

**Owner of Bright Blues Team and TeamSTEPPS  
Consulting and Counseling**  
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**Licensed Psychotherapist, leadership coach and  
educator**

Former Director of Patient Experience with TeamSTEPPS  
Duke Health - Integrated Practices



# Today's Objectives

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## 1. Utilize family system theory for team assessment

- Structure analysis
- Differentiation
- Triangles
- Cutoffs
- Anxiety systems
- Cognitive Distortions/Defenses

## 2. Apply human theory to improve Team Functioning

- Education
- EQ self awareness
- Conflict/Comm/SBAR
- Huddles, Brief, Debriefs
- Team norms vs distortions
- Role clarity/Boundary setting
- Anxiety map
- Stress reduction

## 3. Sustain and Evaluate Long term team effectiveness

- Rounding
- Team Norm review
- Continuous education

# 1. Utilize family system theory for team assessment

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Bowen family system theory: views the family as an emotional unit, where each member's actions are interconnected and influenced by the larger family system. Primary concepts: triangulation and differentiation.

Structural family therapy: focuses on the importance of roles and restructuring human dynamics for healthy relationships. Primary concepts: role clarity and system mapping.

Additional Therapies: Emotional Intelligence, cognitive therapy, change management



# Family Systems and Human Theories

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Differentiation

Boundaries

Triangles

Cutoffs

Multi-generational transmission

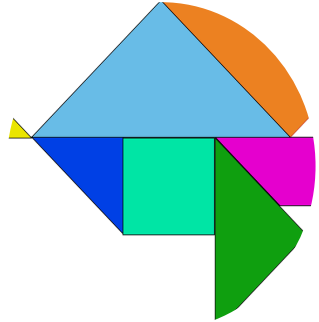
Anxiety systems

Cognitive Distortions/Defenses

THEORY



# Emotional Triangles



Two individuals involve a third person to manage tension or anxiety

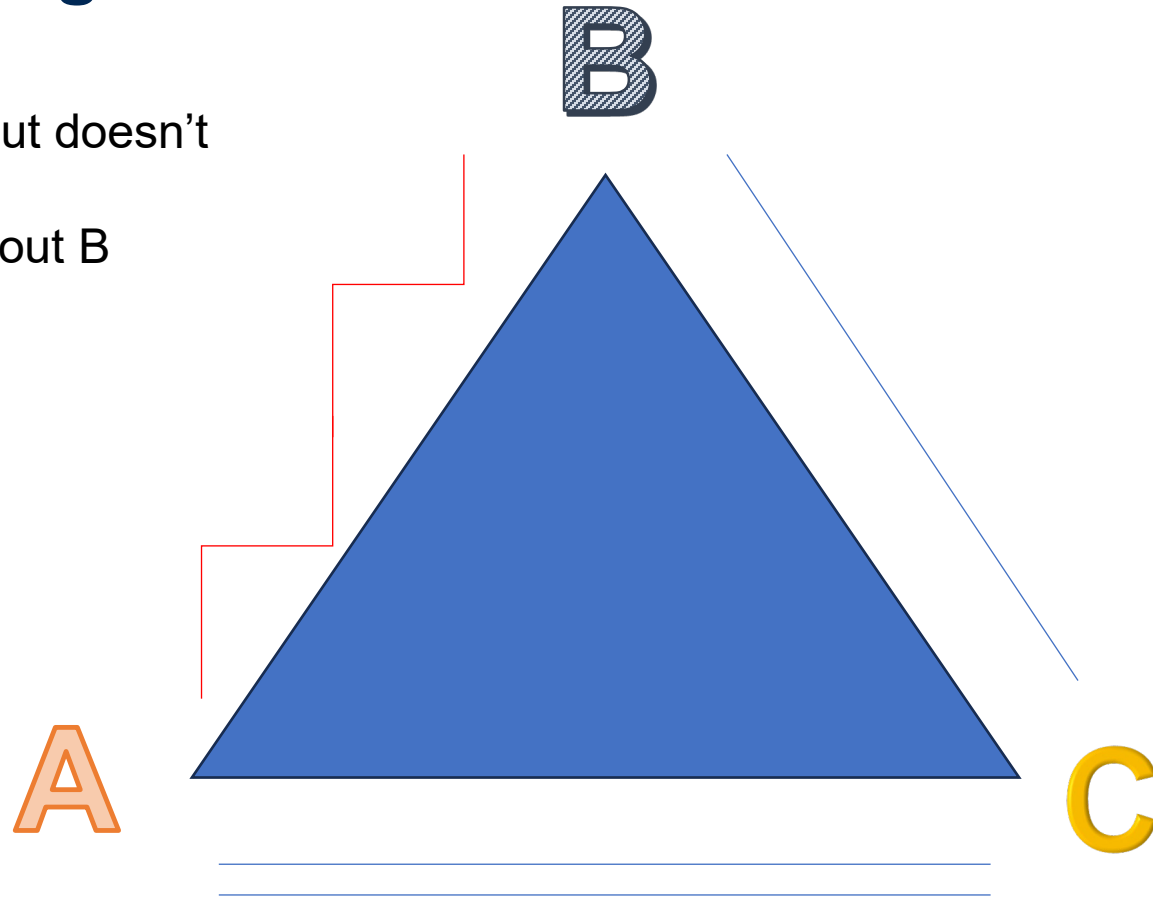
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Focus on 3<sup>rd</sup> person used to avoid confrontation or stabilize the relationship

# Emotional Triangles

A needs to speak to B but doesn't

Instead, speaks to C about B



# High

## DIFFERENTIATION

An individual's ability to maintain a separate sense of identity while remaining emotionally connected to others.

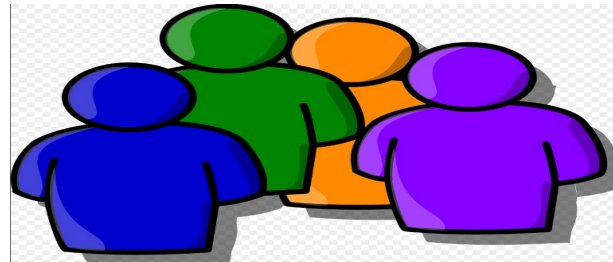
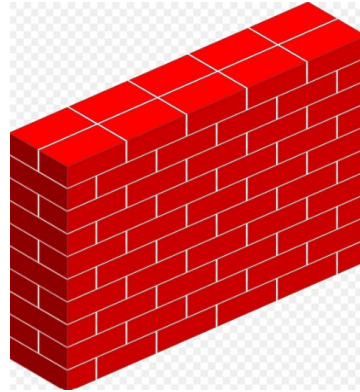
Boundary Building

Differentiation

# Low

### Disengagement/Cutoffs

High Differentiation involves strong and bold boundaries, less reactivity to others, emotional resilience, clear sense of self, and healthy relationships



### Over-involvement/Enmeshment

Low differentiation is characterized by emotional reactivity, fusion with others, and inability to maintain boundaries

# Multigenerational Transmission Process

The multigenerational transmission process refers to the transfer of emotional and relational patterns from one generation to the next within families and teams

These patterns can be conscious or unconscious and influence dynamics across generations.

Impact on Team Dynamics:

In healthcare teams, multigenerational patterns may manifest in communication styles, leadership approaches, and conflict resolution strategies, impacting team cohesion and effectiveness.



# Structural Factors and Systems

## **Anxiety responses tend to happen in patterns**

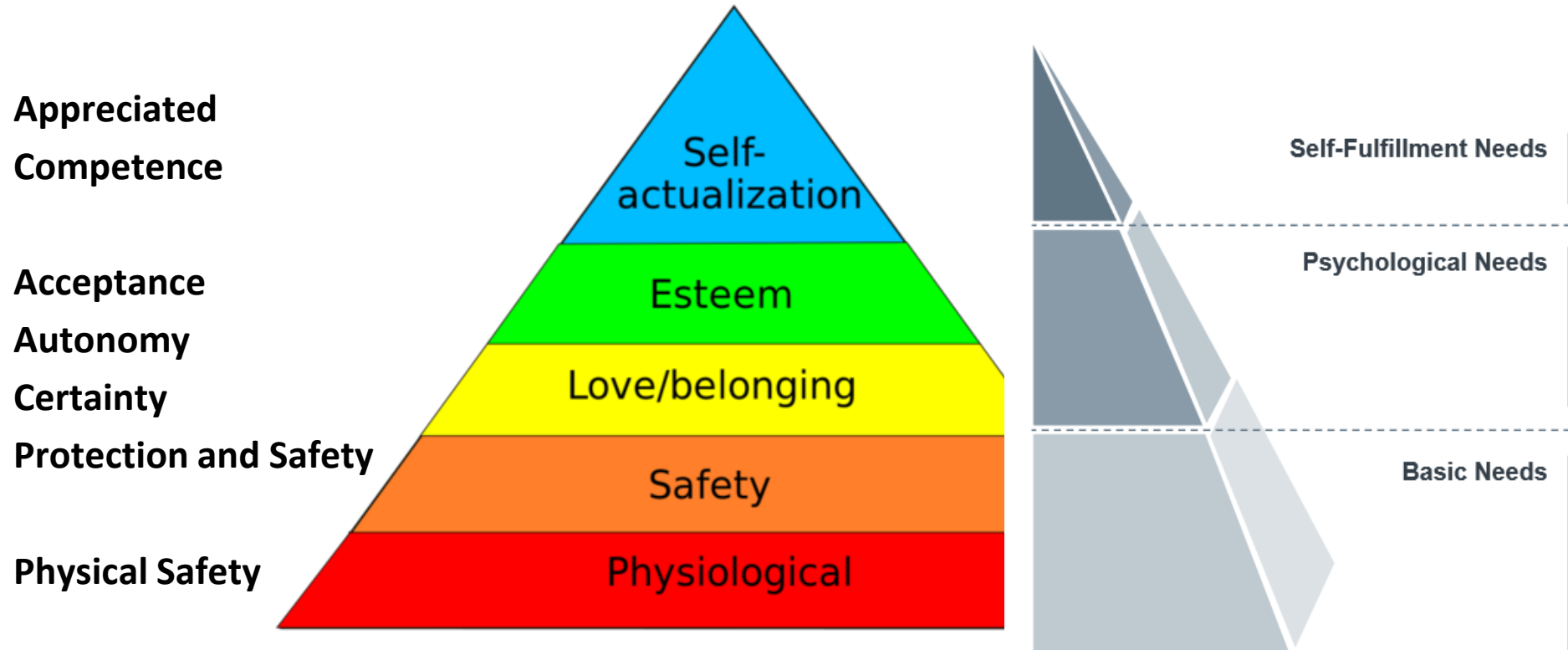
When XYZ gets anxious, EFG becomes reactive and anxious.

**Roles may be clear on paper, but often are not clear when “lived”. Boundaries may be crossed or ignored (differentiation).**

Staff question why XYZ is not doing their job OR why XYZ is stepping into their scope of work.

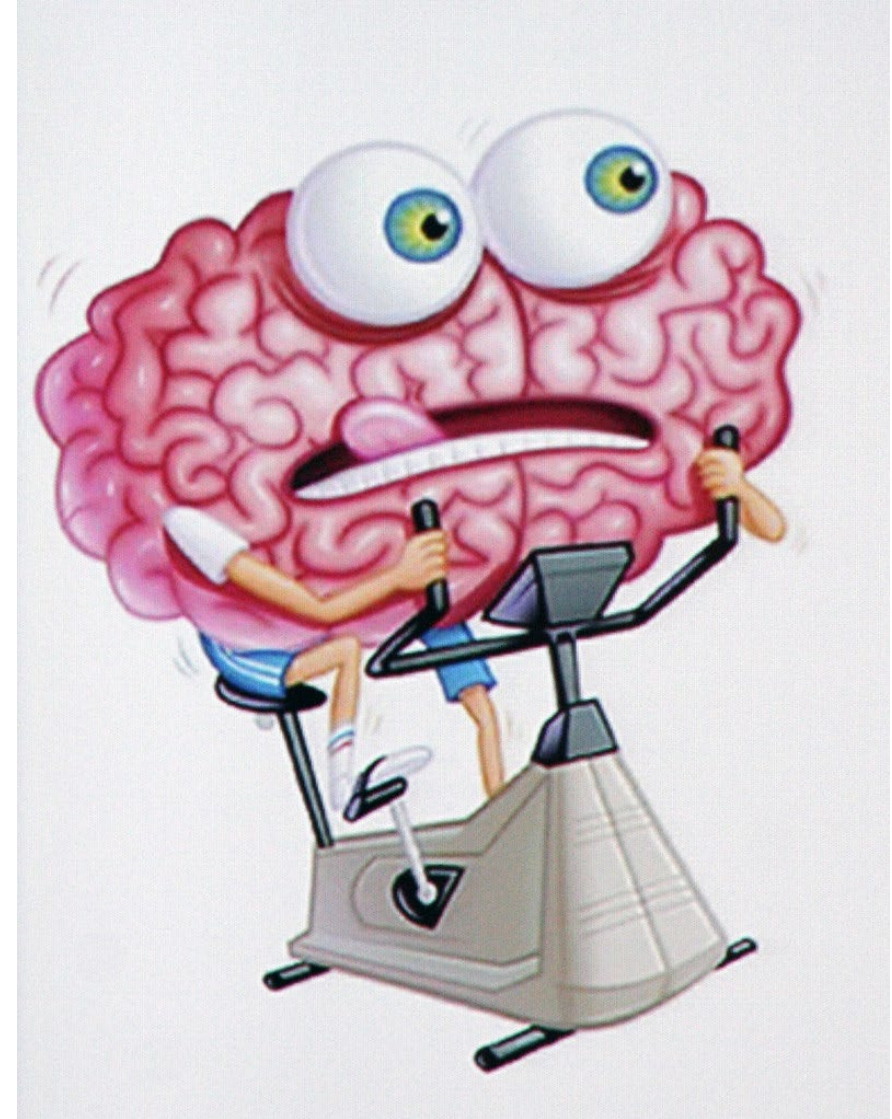
# Maslow's Hierarchy: Psychological Safety

*Help other to manage ANXIETY at 5 levels*



# Cognitive Distortions

- 1. All-or-Nothing Thinking:** Viewing situations in only black or white, without recognizing any middle ground.
- 2. Overgeneralization:** Making broad interpretations from a single or few events.
- 3. Mental Filter:** Focusing exclusively on negative details and ignoring positive ones.
- 4. Disqualifying the Positive:** Dismissing positive experiences for arbitrary reasons.
- 5. Jumping to Conclusions:** Making negative interpretations without actual evidence.
- 6. Magnification and Minimization:** Exaggerating the importance of problems or shrinking the significance of desirable qualities.
- 7. Emotional Reasoning:** Believing that because you feel a certain way, it must be true.
- 8. Should Statements:** Using “should”, “ought”, or “must” statements can lead to guilt and frustration.
- 9. Labeling and Mislabeleding:** Assigning global negative labels to oneself or others based on limited information.
- 10. Personalization:** Taking responsibility for events outside of one’s control.



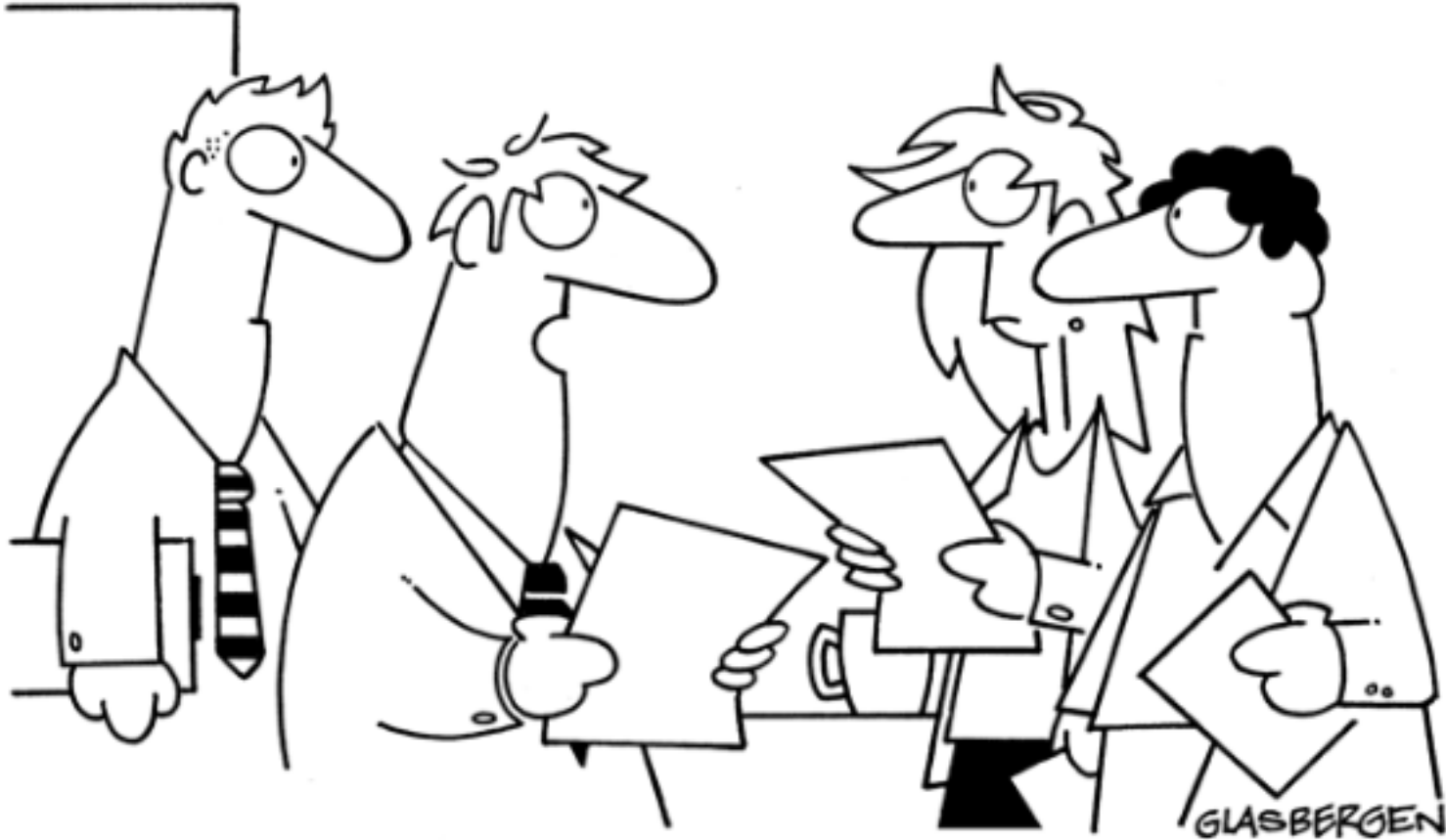
[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

# Coaching Employees with EQ questions

<p><b>Self Awareness</b> How do (did) I come across?</p>	<p><b>Self-Management</b> How well do I manage my emotions and stay focused on the relationship? What can I do to ensure I manage my stress/emotions in advance of a difficult interaction?</p>
<p><b>Self</b></p>	
<p><b>Relationship Awareness</b> How can I improve my understanding of others needs and reactions?</p>	<p><b>Relationship Management</b> Do I keep the relationship as the primary goal over anything else? How can I better show that? What patterns can I predict and prepare for now?</p>
<p><b>Relationship</b></p>	

# Poor Emotional Intelligence

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**“If we want to succeed as a team, we need to put aside our own selfish, individual interests and start doing things my way.”**



# Case Study - Leadership and Coordination Challenges at XYZ Clinic

## The Symptom:

The staff are poor performing, lots of errors, little motivation, resist improvement efforts (in family therapy this would often be the “kids”)

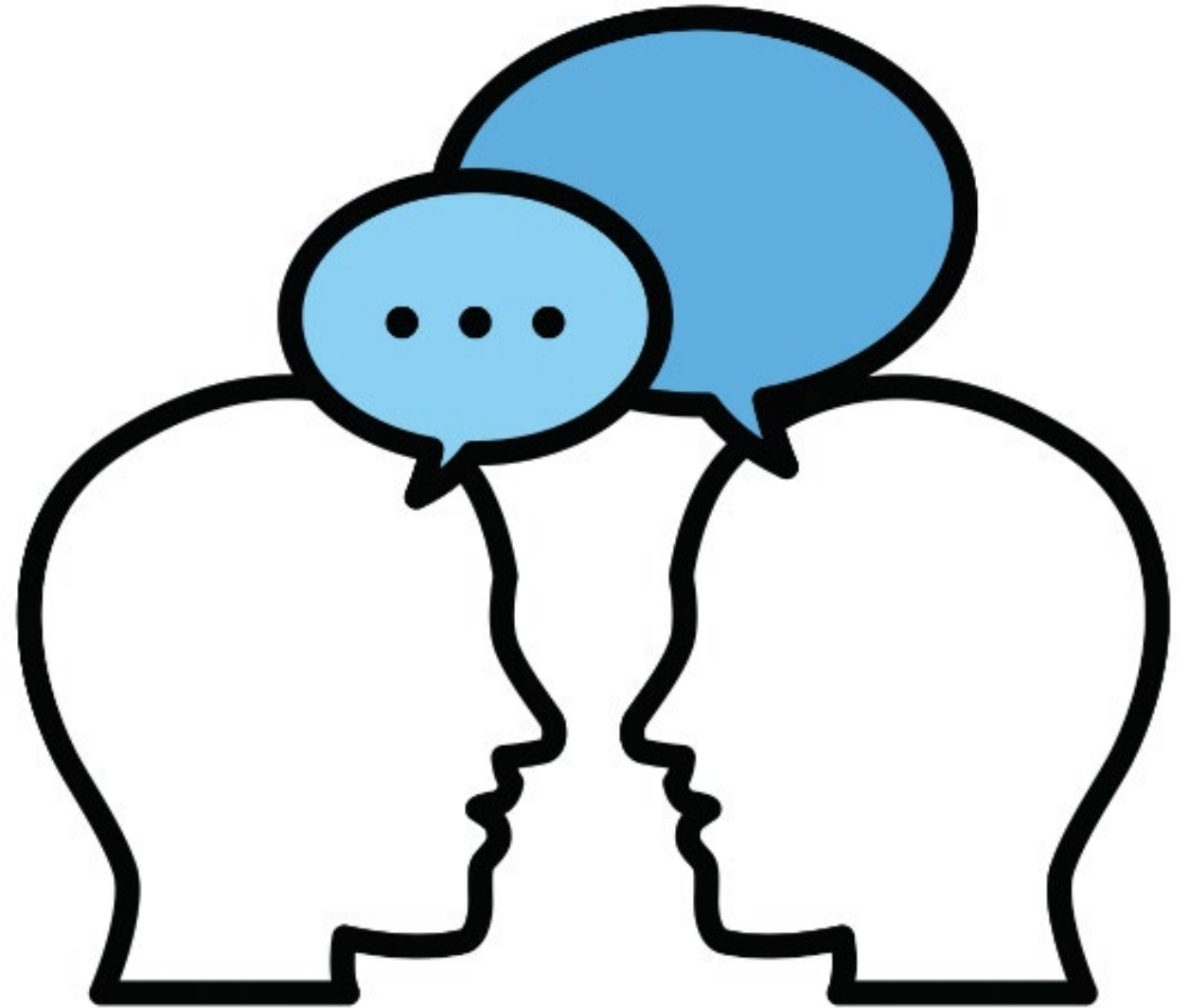
- Poor attitudes
- No teamwork
- “low morale”
- Fully aligned with the “blame the Dept” mentality
- Conflict amongst staff with poor role clarity
- Poor communication
- No accountability
- Resist management efforts for change



# Chat

Given this information, what steps could we take?

**Let's Chat**



# The Rest of the Story

## The medical director:

- Expects the department head to resolve clinic problems
- Takes little responsibility
- Voices complaints to other clinic providers, one of whom she is enmeshed with. Gains validation.
- Poses as hero



## NEW Department Head

- Does not hold med director accountable, avoids conflict
- Anxious that the dept has long history of poor performance
- Unhappy with staff performance
- Tries to ally with the one provider and clinic manager
- No support from those they report to (disengagement with high but unclear expectations)

## Clinic manager:



Cutoff from leadership decision making

Cutoff

Distant

Poor Boundary

Enmeshed



## Provider colleague:

- Allies with staff
- Plays both sides
- With med dir and dept head
- Take lots of time off

Strained

Enmeshed



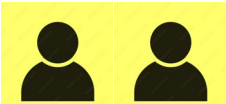
Enmeshed

Symptom

## Staff:



- Fully aligned with the “blame the Dept” mentality
- They take advantage of the alignment with med dir
- Not held accountable (considered poor performers)
- Conflict amongst staff with poor role clarity

Team Member	Identified Issue	System component
	<p>Tries to ally with the one provider and clinic manager</p> <p>Anxious that the dept has long history of poor performance</p> <p>Does not hold med director accountable, avoids conflict</p> <p>No support from those they report to (disengagement with high but unclear expectations)</p>	<p>Triangle</p> <p>Anxiety Patterns MGT</p> <p>Boundary Role clarity</p> <p>Cutoff</p>
	<p>Avoids responsibility</p> <p>Poses as hero</p> <p>Voices complaints to other clinic providers, one of whom she is enmeshed with. Gains validation</p> <p>Expects the department head to resolve clinic problems</p>	<p>Role Clarity</p> <p>Triangle</p> <p>Enmeshed Poor emotional intelligence</p> <p>Disengaged Cognitive distortions</p>
	<ul style="list-style-type: none"> <li>Fully aligned with the “blame the Dept” mentality</li> <li>They take advantage of the alignment with med dir</li> <li>Not held accountable (considered poor performers)</li> <li>Conflict amongst staff with poor role clarity</li> </ul>	<p>Triangulated Clarity Task Assistance Enmeshed Disengaged Poor emotional intelligence</p>

# Quick Solutions List

**Triangles**

**MGT**

**Cutoff**

**Boundaries**

**Enmeshed**

**Disengaged**

**Cognitive distortions**

Conflict resolution

Story telling

Briefs/Debriefs

Role Clarity

Set boundaries

Conflict Resolution

Team Values



# Department Head



1. Provide support and historical context for the new department head.
2. Provide clear expectations of medical director role.



# Medical Director

3. Set boundaries and role clarity with department head

Set regular meetings

Offer conflict resolution facilitation



# Medical Director

4. Medical director advised to set boundaries with staff and providers.

Will show a united front with clinic manager.



# Staff

5. Staff begin the process of team development under united leadership.



# The Larger Plan

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**“We are communicating better ...  
but we are still not out of the woods.”**



# A plan for the department

## Leadership Engagement

- Education\* (all education and theoretical interventions)
- Leadership Alignment/Visibility
- Psychological Safety

## Education all staff\*

- Family Systems
- EQ for conflict
- TeamSTEPPS (SBAR, cross understanding, Briefs, Huddle checks, Debriefs)
- Resilience

## All Teams Interventions

- Bridging Communication Tool
- Team Values vs distortions
- Stress reduction
- Leadership Rounding
- Huddles, Brief, Debriefs
- Establishing personal accountability goals

## As needed Theoretical Interventions

- Anxiety/Change map
- EQ Conflict Resolution
- Review of cognitive distortions





# Example Plan

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1. Leaders attend monthly training/meetings and report back assignments to cohort
2. Set up one-hour trainings with intact teams to complete education and assignments
3. In staff meetings, complete one team intervention each time

## TO DO LIST

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# Sample Intervention Slides

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- Leadership Alignment (boundaries and triangles)
- Rounding on Psychological Safety (reducing anxiety patterns)
- Bridging Communication Tool (role clarity)
- SBAR (triangles, reducing anxiety patterns)
- Brief/Debrief (all issues! 😊 )
- Personal accountability Huddles
- Giving and Receiving Help (boundaries)
- Team Values (all issues! 😊 )

# Leadership Alignment

## *Activity*

### The Goal:

- To be and be seen as a **United front** and offer consistent, positive approaches to patient and staff care.

### To answer as an individual:

- How aligned am I with recent changes I am supposed to lead?
- How aligned am I with my clinic and senior leaders?



### Example Questions to answer as a Team

How do we prefer to communicate with each other and in the clinic?

Are our roles as leaders clear to each other and to our staff?

Do we appear as a united front?

How will we manage performance issues?

What patterns in issues do we observe that we can plan better for?

What is our united approach for dealing with clinic conflict?

Where do we agree we need to focus for teamwork?

## Rounding for psychological safety

### *Activity*

For each employee, review the list of needs as your guide for evaluating your Employees needs.

- **Physical safety**
- **Protection and safety**
- **Certainty**
- **Autonomy**
- **Acceptance**
- **Competence**
- **Appreciated**

# Bridging Communication Tool- Role Clarity

<b>Your Profession:</b>	<b>Other profession_____</b>	<b>Other Profession_____</b>	<b>Other Profession_____</b>
<b>What they need from us</b>			
<b>What we need from them</b>			
<b>What we appreciate in them as a group</b>			
<b>A “Non-negotiable” that you believe is important for others to follow</b>			



# SBAR

A framework for team members to effectively communicate information to one another under all circumstances (even when stressed).

## Situation

*What is going on?*

## Background

*What is the clinical background or content?*

## Assessment

*What do I think the problem is?*

## Recommendation and Request

*What would I need to do?* [SBAR Video](#)  
(2 min 25 sec)

# CONSISTENCY

### **Examples:**

- An office staff member now uses SBAR to take messages.
- Triage nurses used SBAR to record notes.
- Clinical staff used an SBAR checklist as part of communication with providers.
- A provider used SBAR to organize dictation of notes.

### **Ideas:**

- Can this be used for managing conflict?
- As a way to organize your agenda?
- Dot phrases/templates for recurring patient scenarios or other events?
- Organize your thoughts before speaking?
- Organize an agenda item for presentation?

# Brief to Set the Plan

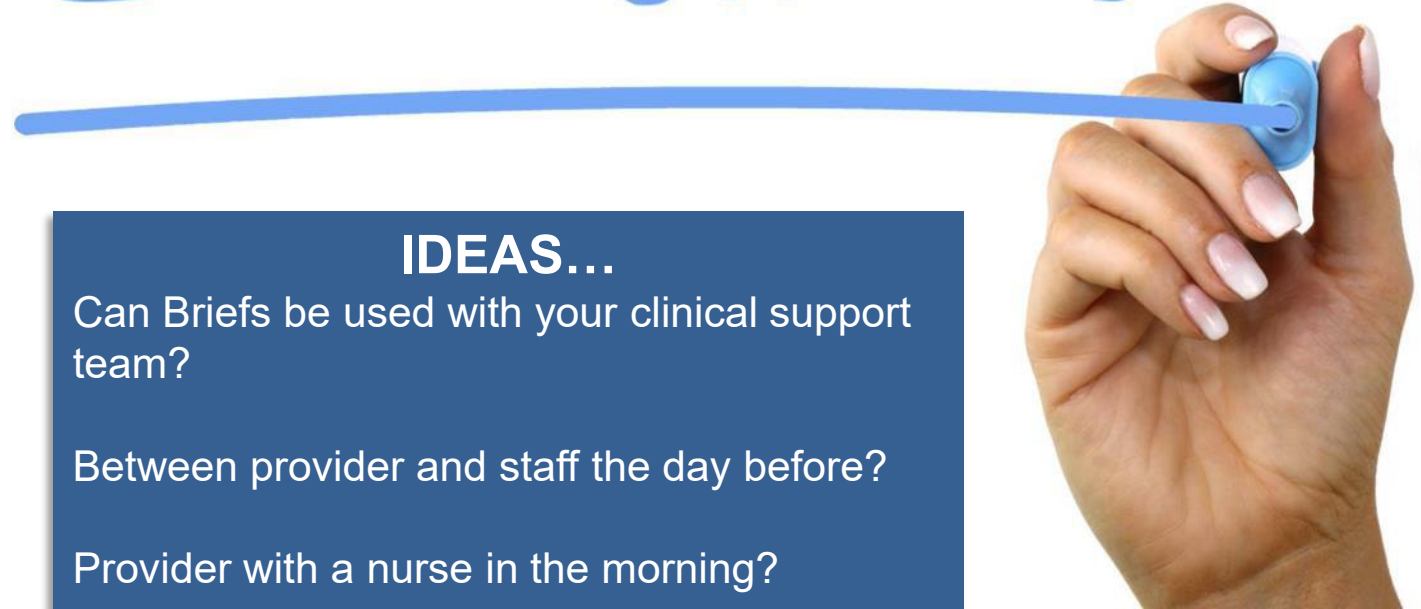
## Successful Briefs:

- Keep it short 3-5 minutes
- Have a timer and a standard agenda

## Agenda Examples:

- The day ahead
- Unresolved from yesterday
- What would help me
- What I appreciate

# BRIEF



### IDEAS...

Can Briefs be used with your clinical support team?

Between provider and staff the day before?

Provider with a nurse in the morning?

To notify providers of staff changes?

Just before meeting with a challenging patient?

As an electronic huddle?

## Debriefs

- Build a culture of communication and Learning
- Team support displayed
- Prevents conflict



Discuss emotional events

What went well?

Something positive to end on

Share of appreciations this week

Any “learning moments” (“What was confusing this week?”)

Issues that were resolved  
(so others can learn)

Good catches



## Debrief Provider and Clinical Staff Example

Topic	Clinical Staff member	Provider
Needs of you		
I Can ...		
Appreciation		



# Giving and Receiving Help

## *Put it on the table for discussion*



### **Check-in with others before making a request.**

“Is this a good moment?”

“Is this a good time for me to ask you a question?”

### **Approach it from a learning perspective:**

“Can you help me learn about ...?”

“I saw and wondered...”

“I have a question if you have time...”



### **Ask for help as a team member:**

“Is this a good moment? I have a small task that would help me. I hope I can assist you later today.”

Say no with care. “I really apologize, I can’t right now but will be able to in about 15 minutes.”

“I have a quick question if you have time.”

### **Examples:**

- If you need help, it is your responsibility to ask for help and not wait to be noticed.
- If you see someone in need of help, offer assistance “I have 5 minutes.”
- If you cannot help and are asked, be gracious about it and include a “yes”. “Yes, I can’t help now but I could in a few minutes.”
- Collaborate on “help”: “I have an idea, if you can do this... I can do this..” (particularly between providers and clinical staff).
- If you are assigned to assist someone, work to your fullest so that you do not have to be asked.
- If you ask for help, inquire of their status respectfully, “I wondered if this was a good time for me to ask you something?”



## Huddle Checks – Personal Accountability



At Huddle during “Check-in” encourage your team to share personal learning moments for:

**Poor response under stress:** “I was not in a good mood yesterday and never thanked Diane for her help. Thank you Diane”

**Our Team Values:** “We just decided to focus on positivity and I was really negative yesterday. I am sorry everyone.”

**Take assistance:** “I was not helpful yesterday to anyone because I felt so overwhelmed but I probably should have shared that.”

**My Communication:** “We are supposed to communicate clearly and I really confused a lot of people yesterday. I will definitely use SBAR to communicate from now on.”



# The Power of Team Values

## *Activity*

1. Ask the Team: “What is important to our team?” and “What behaviors do we expect from one another?”
2. Turn those answers into Statements that guide their work together.

### Examples (Providers/Staff):

- **We will watch our stress levels and be careful how we respond to one another.**
- We will manage disagreements early and with care so that relationships stay strong.
- We will look for ways to help each other.
- We need to manage appropriately without talking about others or responding poorly.
- We will not be passive or aggressive, only assertive.

OUR  
VALUES!



# Team Values

## *Sustainment Activities*

- Interview (round) on employees for key themes related to Team Values
- Share key themes in a meeting and have small groups report-out for clarification and choice of non-negotiables
- Post in breakrooms
- Put on the back of team meeting agendas
- Use in coaching discussions
- Have teams or individuals do a self-evaluation related to the non-negotiables
- Review with the team quarterly





# Facilitating a Conflict Conversation

1. Interview those involved.
2. Ask employees to complete the worksheet in advance of the meeting.
3. Review it with them individually in advance of joint meeting. Share how you will conduct the meeting.
4. Schedule a time to meet and facilitate the conversation.
  - a) Establish a goal
  - b) Have each employee share the self awareness and self management sections.
  - c) Each shares their perspective from the relationship awareness sections.
  - d) Help to clarify perspectives. Search for tangible, tactical changes related to roles, operations.
  - e) End with very specific changes and next steps. Be sure to schedule a follow-up meeting before departing.
5. Have a follow-up meeting.
6. Review progress on the agreements and next steps.



# Take-Aways to Start Immediately

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Accurately assess for:

- Family Systems issues
- Communication
- Psychological Safety
- Emotional Intelligence

Implement:

- Education!
- Team Values
- Huddles, Brief, Debriefs
- Bridging Communication Gaps

Leadership Monitoring:

- Leadership Alignment
- Team Values





# Resources/References

## 1. Emotional Side of Organizations: Applications of Bowen Family Systems Theory:

1. This book, edited by Patricia A. [Comella and others, contains papers presented at The Georgetown Family Center's Conference on Organizations in 1995<sup>1</sup>](#). It covers various aspects of applying Bowen Theory to organizational contexts, including anxiety, leadership, and emotional processes.
2. Some of the topics covered include:
  1. **Theoretical Considerations:** Summaries of Bowen Theory, extension to nonfamily groups, and rethinking the consultant's role.
  2. **The Organization as an Emotional System:** Insights into workplace dynamics, re-engineered workplaces, and anxiety within organizations.
  3. **Human Social Systems:** Implications for corrections, consulting to joint ventures, and violence in the workplace.
  4. **Defining a Self Within Social Systems:** Leadership, teaching, and case studies using Bowen Theory.
3. You can find this book [here](#).

## 2. Application of Bowen Theory to Organization Development Practice:

1. Katherine Kott's dissertation explores how Bowen Theory can be made more accessible to organization development (OD) consultants. [It aims to create a reference model for using Bowen Theory in OD practice<sup>2</sup>](#).
2. You can access the dissertation [here](#).

## 3. Understanding Organizations: An Overview of Bowen Theory and Organizations:

1. Edited by Ruth Riley Sagar and Kathleen Klaus Wiseman, this book delves into applications of Bowen Family Systems Theory in organizational settings.
2. [Topics covered include principles for personal definition in work systems, emotional process, leadership, and consulting cases<sup>3</sup>](#).
3. You can find this book [here](#).

## 4. Applying Bowen Theory to Work Systems:

1. This paper introduces consultants to Bowen Theory concepts that support better self-management during client engagements. [It also helps consultants understand emotional forces within client systems and promote systemic change in organizations<sup>4</sup>](#).
2. You can read the paper [here](#).

# THANK YOU

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Former Director of Patient Experience with TeamSTEPPS  
Duke Health - Integrated Practices



# Final Reminders

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