AMERICAN ACADEMY OF FAMILY PHYSICIANS

AAFP Reprint No. 270

Recommended Curriculum Guidelines for Family Medicine Residents

Human Behavior and Mental Health

This document was endorsed by the American Academy of Family Physicians (AAFP).

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Attitudes, behaviors, knowledge, and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME), www.acgme.org. The family medicine curriculum must include structured experience in several specified areas. Much of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center, although additional experience gained in various other settings (e.g., an inpatient setting, a patient's home, a long-term care facility, the emergency department, the community) is critical for well-rounded residency training. The residents should be able to develop a skillset and apply their skills appropriately to all patient care settings.

Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum to supplement experiential learning, with an emphasis on outcomes-oriented, evidence-based studies that delineate common diseases affecting patients of all ages. Patient-centered care, and targeted techniques of health promotion and disease prevention are hallmarks of family medicine and should be integrated in all settings. Appropriate referral patterns, transitions of care, and the provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME website. Current AAFP Curriculum Guidelines may be found online at www.aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies, as indicated on each guideline.

Each residency program is responsible for its own curriculum. **This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians.**

Preamble

Family physicians incorporate knowledge of human behavior, mental health, and mental disorders into their everyday practice of medicine. This Curriculum Guideline provides suggestions for appropriate curricula in human behavior and mental health for family medicine residents.

The relationship between the patient and the patient's family is considered basic to an understanding of human behavior and mental health throughout the curriculum. The family medicine resident should have sensitivity to and knowledge of the mind-body connection that comes into play in every aspect of wellness, illness, and family and individual stress, as well as how the mind-body connection may influence a patient's presentation at any given time. Additionally, residents should learn to recognize the effect of their medical practice on their own wellness so that they can develop coping and self-care strategies in order to commit not only to their patients' lifelong health and well-being, but also to their own. It is suggested that residencies develop a curriculum regarding physician wellness.

Family physicians must be able to recognize interrelationships among biologic, psychologic, and social factors in all patients. It is important that the ethical dimensions of patient care be considered among these interrelationships. To facilitate learning, attention must be paid to these principles as a continuum throughout the family medicine residency training period.

Competencies

At the completion of residency training, a family medicine resident should:

- Understand normal and abnormal psychosocial growth and development across the life span and be able to apply this knowledge to the care of the individual patient (Medical Knowledge, Patient Care)
- Have sensitivity to and knowledge of the emotional aspects of illness (Patient Care, Professionalism)

- Recognize the stages and impact of stress in the typical/atypical family life cycle (Medical Knowledge, Interpersonal and Communication Skills)
- Understand the impact of mental health disorders on the family unit (Medical Knowledge, Systems-based Practice)
- Elicit information pertaining to cultural values and beliefs, family systems, and relevant social history to best understand what drives patient behavior (Interpersonal and Communication Skills)
- Master a variety of motivational interviewing techniques to enhance the physician-patient relationship and motivate the patient to change behavior (Interpersonal and Communication Skills, Practice-based Learning and Improvement)
- Demonstrate the ability to effectively interview and evaluate patients for mental health disorders using appropriate techniques and skills to enhance the physician-patient relationship (Interpersonal and Communication Skills, Patient Care)
- Be able to recognize, initiate treatment for, and utilize appropriate referrals for mental health disorders to optimize patient care (Systems-based Practice, Practice-based Learning and Improvement)
- Assess patient's risk for abuse, neglect, and family and community violence (Medical Knowledge, Interpersonal and Communication Skills)
- Screen for prior trauma in a sensitive and effective manner, and be able to intervene effectively and professionally in emergent psychiatric, domestic violence, child abuse, and disaster situations (Professionalism, Systems-based Practice)

Attitudes

The resident should demonstrate attitudes that encompass:

- Awareness of and willingness to overcome his or her own biases, attitudes, and stereotypes regarding mental illness and social diversity, as well as recognition of how attitudes and stereotypes affect patient care
- Recognition of the complex bidirectional interaction between family/social factors and individual health
- Acceptance of the patient's right to self-determination
- Sensitivity to gender, race, age, cultural, and other differences among people
- Respect and compassion for the psychosocial dynamics that influence human behavior and the physician-patient relationship
- Recognition of the prevalence of abuse in society and willingness to support patients who are in abusive situations
- Understanding of the importance of a multidisciplinary approach to the enhancement of individualized care

- Commitment to lifelong learning about the dynamic interaction of the biological, social, and psychological aspects of the human life cycle
- Willingness to explore individual and family motivators that play a role in patient's medical decision making

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. Basic human behavior
    a. Normal, abnormal, and variant psychosocial growth and development across the life span
    b. Interrelationships among biologic, psychologic, and social factors in all patients
    c. Reciprocal effects of acute and chronic illnesses on patients and their families
    d. Factors that influence adherence to a treatment plan
    e. Family functions and common interactional patterns in coping with stress
    f. Awareness of his or her own attitudes and values that influence effectiveness and satisfaction as a physician
    g. Stressors on physicians, and approaches to effective coping and wellness
    h. Ethical issues in medical practice, including informed consent, patient autonomy, confidentiality, and quality of life
    i. Differential diagnosis of common mental health disorders
    j. Familiarity with *Diagnostic and Statistical Manual of Mental Disorders,* 5th edition (DSM-5) nomenclature of mental health disorders

2. Mental health disorders
    a. Neurodevelopmental disorders
        i. Intellectual disability (intellectual developmental disorder)
        ii. Specific learning disorders
        iii. Motor disorders
        iv. Communication disorders
        v. Autism spectrum disorder
        vi. Attention deficit/hyperactivity disorder (ADHD)
        vii. Tic disorder
    b. Feeding and eating disorders
        i. Avoidant/restrictive food intake disorder
        ii. Anorexia nervosa
        iii. Bulimia nervosa
        iv. Binge eating disorder

c. Elimination disorders

d. Sleep-wake disorders
    i. Insomnia disorder
    ii. Hypersomnolence disorder
    iii. Narcolepsy
    iv. Breathing-related sleep disorders
    v. Circadian rhythm sleep disorder
    vi. Restless leg syndrome

e. Neurocognitive disorders
    i. Major neurocognitive disorder (NCD) (dementia)
    ii. Major or mild NCD due to: Alzheimer disease, frontotemporal lobar degeneration, Lewy body disease, vascular disease, traumatic brain injury, substance/medication use, HIV infection, prion disease, Parkinson disease, Huntington disease, multiple etiologies unspecified
    iii. Mild NCD
    iv. Delirium
    v. Cognitive disorder not otherwise specified

f. Substance-related and addictive disorders
    i. Substance use disorder
    ii. Gambling disorder

g. Schizophrenia spectrum and other psychotic disorders
    i. Schizophrenia
    ii. Schizoaffective disorder
    iii. Delusional disorder
    iv. Catatonia
    v. Brief psychotic disorder
    vi. Psychotic disorder due to another medical condition
    vii. Substance-/medication-induced psychotic disorder

h. Bipolar and related disorders
    i. Bipolar disorders (including hypomanic, manic, mixed, and depressed)

i. Depressive disorders
    i. Major depressive disorder
    ii. Persistent depressive disorder
    iii. Disruptive mood dysregulation disorder
    iv. Premenstrual dysphoric disorder

j. Anxiety disorders
    i. Panic attack
    ii. Panic disorder
    iii. Phobias (agoraphobia, specific phobia, and social anxiety disorder [social phobia])
    iv. Generalized anxiety disorder
    v. Separation anxiety disorder
    vi. Selective mutism

k. Somatic symptom and related disorders
    i. Conversion disorder (functional neurological symptom disorder)
    ii. Illness anxiety disorder
    iii. Somatic symptom disorder

l. Sexual dysfunctions
    i. Sexual interest/arousal disorder
    ii. Orgasmic disorders
    iii. Genito-pelvic pain/penetration disorder
    iv. Sexual pain disorders
    v. Sexual dysfunction related to a general medical condition

m. Gender dysphoria

n. Personality disorders
    i. Paranoid
    ii. Schizoid
    iii. Schizotypal
    iv. Antisocial
    v. Borderline
    vi. Histrionic
    vii. Narcissistic
    viii. Avoidant
    ix. Dependent
    x. Obsessive-compulsive

o. Trauma- and stressor-related disorders
    i. Acute stress disorder
    ii. Adjustment disorders
    iii. Post-traumatic stress disorder
    iv. Reactive attachment disorder
    v. Disinhibited social engagement disorder

p. Dissociative disorders
    i. Dissociative identity disorder
    ii. Disruptive, impulse-control, and conduct disorders
    iii. Oppositional defiant disorder
    iv. Conduct disorder
    v. Intermittent explosive disorder

q. Additional conditions
    i. Problems related to family upbringing
    ii. Other problems related to primary support group
    iii. Child maltreatment and neglect problems
    iv. Adult maltreatment and neglect problems
    v. Academic or educational problems
    vi. Occupational problems
    vii. Housing problems
    viii. Economic problems

ix. Circumstances of personal history (other personal history of psychological trauma; personal history of self-harm; personal history of military deployment; other personal risk factors; problem related to lifestyle; adult antisocial behavior; child or adolescent antisocial behavior)
x. Problems related to access to medical and other health care
xi. Nonadherence to medical treatment
xii. Overweight or obesity
xiii. Malingering
xiv. Borderline intellectual functioning
xv. Problems related to crime or interaction with the legal system
xvi. Other health service encounters for counseling and medical advice
xvii. Religious or spiritual problem
xviii. Acculturation problem
xix. Phase-of-life problem
xx. Problems related to other psychosocial, personal, and environmental circumstances (e.g., unwanted pregnancy; victim of terrorism or torture; exposure to disaster, war, or other hostilities)

Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer the following skills:

1. Use evaluation tools and interviewing skills to enhance data collection in short periods of time and optimize the physician-patient relationship
    a. Understand that the nature of questioning influences patient responses (e.g., open ended, nonjudgmental)
    b. Create an environment that allows for honest patient responses
2. Elicit the context of the visit using BATHE (Background, Affect, Trouble, Handling, Empathy) or other techniques
3. Perform a mental status examination
4. Use special procedures in psychiatric disorder diagnosis, including psychological testing, laboratory testing, and brain imaging
5. Elicit and recognize the common signs and symptoms of the disorders listed under “Knowledge”
6. Teach patients methods for evaluating and selecting reliable websites for medical information
7. Screen for depression using the Patient Health Questionnaire (PHQ-9), Beck Depression Inventory, Zung Self-Rating Depression Scale, Hamilton Rating Scale

for Depression, and SIG-E-CAPS mnemonic (Sleep, Interest, Guilt, Energy, Concentration, Appetite, Psychomotor, and Suicidal ideation)

8. Refer appropriately to cognitive behavioral therapy and psychiatric consultation
    a. Understand the central therapeutic role of the primary care provider
    b. Utilize team-based collaborative care, such as the IMPACT model of evidence-based depression care
9. Manage emotional aspects of nonpsychiatric disorders
10. Apply techniques to enhance compliance with medical treatment regimens
11. Initiate management of psychiatric emergencies (e.g., the suicidal patient, the acutely psychotic patient)
12. Properly use psychopharmacologic agents, taking into consideration the following:
    a. Diagnostic indications and contraindications
    b. Dosage; length of use; monitoring of response, side effects, and compliance
    c. Drug interactions
13. Establish and use the connection in the physician-patient relationship as a tool to manage mental health disorders
14. Utilize motivational interviewing to support behavioral and lifestyle changes (e.g., smoking cessation, obesity management, medication adherence)
    a. Assess the patient's "Stage of Change"
    b. Assess the patient's "Life Goal/What is Important"
    c. Assess the patient's "Confidence in Achievement"
15. Apply motivational interviewing techniques
    a. Ask, tell/teach, ask
    b. Suggest
    c. Develop discrepancy between life goal and behavior
    d. Use patient-centered language
    e. Build efficacy
16. Teach and support stress management techniques
    a. Breathing
    b. Muscle relaxation
    c. Imagery

    d. Cognitive restructuring (cognitive behavioral therapy [CBT])

17. Manage chronic pain

18. Perform crisis counseling
    a. Complete safety assessment
    b. Complete safety plan

19. Utilize community resources
    a. Family resources, family meetings
    b. Patient care team of other mental health professionals
    c. Other community resources

20. Practice patient-centered variations in treatment based on the patient's personality, lifestyle, and family setting

21. Identify and address drug and alcohol dependency and abuse

22. Provide appropriate care of health disorders listed under psychopathology

23. Refer appropriately to ensure continuity of care, provide optimal information sharing, and enhance patient compliance

Implementation

Training in human behavior and mental health should be accomplished in outpatient, inpatient, home-based, nursing home, emergency, and other settings appropriate to residents' future practice needs. This occurs through a combination of longitudinal experience, supervised experiences, and didactic teaching. This combination should include experience in diagnostic assessment, psychotherapeutic techniques (cognitive behavioral therapy, motivational interviewing, self-reflection, narrative medicine, wellness interventions), and psychopharmacologic management. Learning tools such as Balint groups, video review of resident interviews with actual or standardized patients, direct observation, feedback, didactics, community-based experiences, and role playing are useful and recommended. Collaborating with multiple mental health professionals and community-based individuals/agencies (e.g., schools, nursing homes/home visits, substance abuse programs, shelters) to work as a team is often essential to providing the most effective, comprehensive, and long-lasting care.

Resources

Anxiety Disorders

Kavan MG, Elsasser GN, Barone EJ. The physician's role in managing acute stress disorder. *Am Fam Physician*. 2012;86(7):643-649.

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Bipolar and Related Disorders

Price AL, Marzani-Nissen GR. Bipolar disorders: a review. *Am Fam Physician*. 2012;85(5):483-493.

Depressive Disorders

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Gender Dysphoria

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Personality Disorders

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Ramar K, Olson EJ. Management of common sleep disorders. *Am Fam Physician*. 2013;88(4):231-238.

Somatic Symptom and Related Disorders

Oyama O, Paltoo C, Greengold J. Somatoform disorders. *Am Fam Physician*. 2007;76(9):1333-1338.

Substance-Related and Addictive Disorders

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Additional Resources

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Stuart M, Liberman JA. *The Fifteen Minute Hour: Practical Therapeutic Interventions in Primary Care*. 3rd ed. Philadelphia, Pa: Saunders; 2002.

Website Resources

Advancing Integrated Mental Health Solutions (AIMS) Center. Evidence-Based Behavioral Interventions in Primary Care. https://aims.uw.edu/evidence-based-behavioral-interventions-primary-care

Advancing Integrated Mental Health Solutions (AIMS) Center. IMPACT: Evidence-Based Depression Care. http://impact-uw.org/

American Psychiatric Association. www.psych.org

American Psychological Association. www.apa.org

Athealth.com. www.athealth.com

Center for Advancing Health (CFAH). www.cfah.org

Centers for Disease Control and Prevention, Injury Prevention & Control: Division of Violence Prevention. The Adverse Childhood Experiences (ACE) Study. www.cdc.gov/violenceprevention/acestudy/index.html

Collaborative Family Healthcare Association (CFHA). http://cfha.site-ym.com

First published 9/1986
Revised/Title change 7/1994
Revised 06/2000
Revised 1/2008 by South Bend Family Medicine Residency Program
Revised 06/2011 by Rush-Copley Family Medicine Residency Program
Revised 06/2015 by Phelps Memorial Hospital, Sleepy Hollow, NY