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Model for counseling people in relationships

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Patients trust family doctors and consult them when they encounter problems. Sometimes these problems are with relationships with marriage partners, family members, or friends. But do family physicians know how to deal with these problems? In medical school and family medicine residency, most counseling training focuses on addressing individual needs and not so much on the needs of those in relationships.[1]

In the field of marriage and family therapy, 4 common factors have been shown to determine the effectiveness of counseling. Each factor has been attributed a percentage of the improvement[2]: patient and extratherapeutic factors (40%), including the characteristics of patients themselves and the external environment; relationship factors (30%), meaning the therapeutic relationship between doctor and patient that encompasses such things as warmth, respect, genuineness, and empathy; technique or model factors (15%) refers to use of specific techniques and processes; and expectancy, placebo, and hope factors (15%), which contribute to patients' feeling that there is hope and chance of improvement.

In light of these factors, it seems that family physicians are well suited to offer effective counseling to couples and people in relationships. First, because family physicians already have some knowledge of patients and their social environments, they have an idea how to go about working on patient and extratherapeutic factors. Second, there is already a rapport between family physicians and their patients, and this will contribute to the therapeutic relationship. Third, people often come to physicians with the expectation that physicians can help them improve. With all this going for them, physicians wishing to counsel patients now need to add only knowledge of techniques or models for counseling. Since these techniques contribute only 15% to the overall effectiveness of counseling, physicians can feel at ease as long as they have a general idea of the various methods. This paper attempts to describe 1 counseling model to help physicians manage patients with relationship problems.

Figure 1. Model for counseling people in relationships

Stage 1. Understanding themselves and each other

Can each of you share with me and each other how you have progressed in the 3 phases of life (dependence, independence, and interdependence) so far? (For detailed questions, refer to Poon.[3]) Some key questions are as follows:

- What was your experience growing up like? Overall, was it positive (eg, nurturing), neutral, or negative (eg, traumatic, abusive, neglectful)? Please elaborate.
- When did you see yourself as autonomous, having a good sense of self, individuality, a belief system, and freedom to make life decisions? Was this process easy or hard, and how did it come about?
- At this point in your life, do you think you have achieved a healthy interdependent state in relationships with others? What do you think are some of the key ingredients in healthy relationships with others?

Stage 2. Complementing and enhancing each other

- After listening to each other, what do you notice as similarities and differences between the 2 of you?
- How would these similarities and differences play out, interact, and affect your relationship together? Are they positive, neutral, or negative?
- What do you like or appreciate about the other person?
- Could you describe some of the positive experiences you have had in the past with each other?
- Would these qualities or positive experiences still hold true and be important in your current relationship?
- What are your individual needs, desires, and expectations in this relationship?
- What would each of you like to change or adjust so that you would complement each other better and the relationship would be stronger and better in the future? Try to think about little things as well as big ones.
- When and how do you think you can start on a path of adjustment or change?

Stage 3. Contracting to follow up

Make sure the 2 people contract to return for follow-up. In follow-up sessions, counselors should focus on work done to enhance the relationship. If the experience has been positive, encourage the 2 people to continue doing more of the same. If the experience has been negative, use solution-focused questions to try to help the 2 people move along the path toward improvement a little bit at a time.

When the 2 people are on a steady course, terminate the counseling, but offer to reconnect if the need arises. At the same time, forewarn the couple that they will experience small setbacks and that they can handle them using the techniques described above. If they get stuck, they are to return to see you.

Indications

The approach described here was developed based on years of counseling people in relationships. It is an eclectic approach derived from various models. Anyone willing to enter into counseling and not suffering from acute psychosis or thought-process disorders could benefit from this approach.

Model

The counseling process is divided into 3 stages (**Figure 1**[2]). The first stage is to follow the counseling model for individual patients.[3] Ask how each individual has gone through the 3 phases of life, dependence, independence, and interdependence, in the areas of physical, psychological, social, and spiritual development. Answers to these questions will enable each person in the relationship to know himself or herself and the other better. Physicians should listen attentively and show an interest in patients as they answer these questions. This will build rapport and cultivate trust.

The second stage of counseling is to help the 2 people work on enhancing and complementing each other in the relationship. Assumptions are that, in making decisions, 2 minds are better than 1 and that the couple should be a team working together rather than against each other. The task is to help the 2 people see how they can derive benefit from each other and not strive to control or to prove superiority over the other. A counselor can help a couple to develop joint and common goals and expectations. The last 2 questions of the model prod the couple to start moving on, work out changes, and each contribute to a solution. In following this line of counseling, physicians do not take sides, but remain balanced in an effort to help couples learn about and understand the past and then apply this new knowledge to working out the present so that the future will be brighter.

The final stage in counseling is to follow up on progress. Emphasis should be on the positive things the 2 people have done. Using a solution-focused approach, physicians can encourage and guide couples along the right path and help them not to be discouraged by minor setbacks.[4] Once the 2 people progress along the right track, physicians should applaud their positive movements and let them continue on their own. Counseling can then be over, but counselors should always explain that, if couples get stuck and need help, they can return to counseling.

Conclusion

As this is my own method in working with patients and their families, I can testify to the model's value and usefulness. I hope this model will help other family physicians counsel people in relationships.

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