Teaching Counseling Skills in Family Medicine

Published in *STFM Messenger, April 2005*

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No one will deny the importance of residents acquiring basic counseling skills to identify and manage psychosocial issues during a regular office. We know that behavioral and lifestyle factors are responsible for the increased prevalence of chronic diseases. As we learn more about the functioning of the human organism at the cellular level, evidence is accumulating that connects emotional events to biochemical expression in the body. Patients need guidance to effectively manage acute stressors and relationship situations, as well as normal developmental changes related to the family lifecycle. Residents need guidance to manage their acute stressors and relationship situations, as well as changes related to their personal and professional development. Students need to see Family Physicians practice what they preach regarding the biopsychosocial model.

So what are the knowledge, skills and attitudes that residents need to acquire in order to address these areas effectively? First, the acceptance that counseling is part of the job, then the recognition that counseling by family docs is different in many ways from that provided by mental health professionals and finally an opportunity to see these skills modeled, practice them and perform them under supervision.

Having a positive impact on patients' behavior, requires being patient centered, listening actively, and asking the right questions. Specific skills include providing **support**; **legitimizing** patients' feelings; **reflecting** understanding of patients' problems; demonstrating **respect** and creating therapeutic **partnerships**[1]. A related skill, motivational interviewing, helps patients recognize the costs associated with unhealthy lifestyles and make decisions to modify them.

When patients express discouragement saying they "can't" adopt a specific behavior, the response "You just haven't done it yet." expresses confidence in their ability and helps move patients to a "contemplative" stage.

The focus of counseling in Family Medicine is different from traditional therapy because the aim is not to explore the genesis of problems in-depth, but to focus on finding strategies for addressing them. *The Fifteen Minute Hour: Practical Therapeutic Interventions in Primary Care*[2] will help residents and students to become comfortable with these concepts.

Physician faculty should expect residents to address the psychosocial aspect of patients' visits. It is also imperative that faculty model the behaviors they wish residents to emulate. Behavioral science faculty can teach specific skills, consult and supervise clinical encounters, but unless the medical faculty demonstrates ongoing attention to behavioral issues with their own patients, residents will not consider these areas critical.

Since mental health and physical health are tied, residents need to become proficient in exploring the context of a patient's visit. The BATHE technique [Background, Affect, Trouble, Handling, and Empathy] works best when it directly follows the "history of present illness". When preceptors consistently ask for this information, residents will experience how the technique helps increase their rapport with patients, gives patients valuable insight into situations and empowers them to address their specific problems. Naturally, when serious psychiatric problems are uncovered, appropriate referrals must be made. However, in the great majority of cases, the aim is to make patients feel competent to manage their own lives while connected to the caregiver. The task is not to solve patients' problems, rather to support them while they do and for residents to feel comfortable and competent within these limits.

References:

1. Cohen-Cole SA, *The Medical Interview: The Three-Function Approach.* St. Louis, MO: 1991.

2. Stuart, M.R. and Lieberman, J.A. III, *The Fifteen Minute Hour: Practical Therapeutic Interventions in Primary Care, 3rd Edition*. Philadelphia PA: Saunders, 2002.