

Family Counselling

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Learning objectives

- Importance of family counselling in general practice
- Family life cycle, developmental challenges at each stage and unexpected life events
- Definition of counselling
- Role of family doctor in counselling
- Pitfalls

Olden Times

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Family counselling in General Practice



1/3 of problems seen in primary care are psychological

Patients with psychosocial problems are treated more often by GPs than any other profession

Family

Two or more people who share goals and values, have long-term commitments to one another, and reside usually in the same dwelling place.

Characteristics of healthy families

- Autonomy
- Partner bonding
- Communication
- Doing things together
- Encouragement and appreciation
- Flexibility
- Growth
- Homage
- Support

Influence of family on health and illness

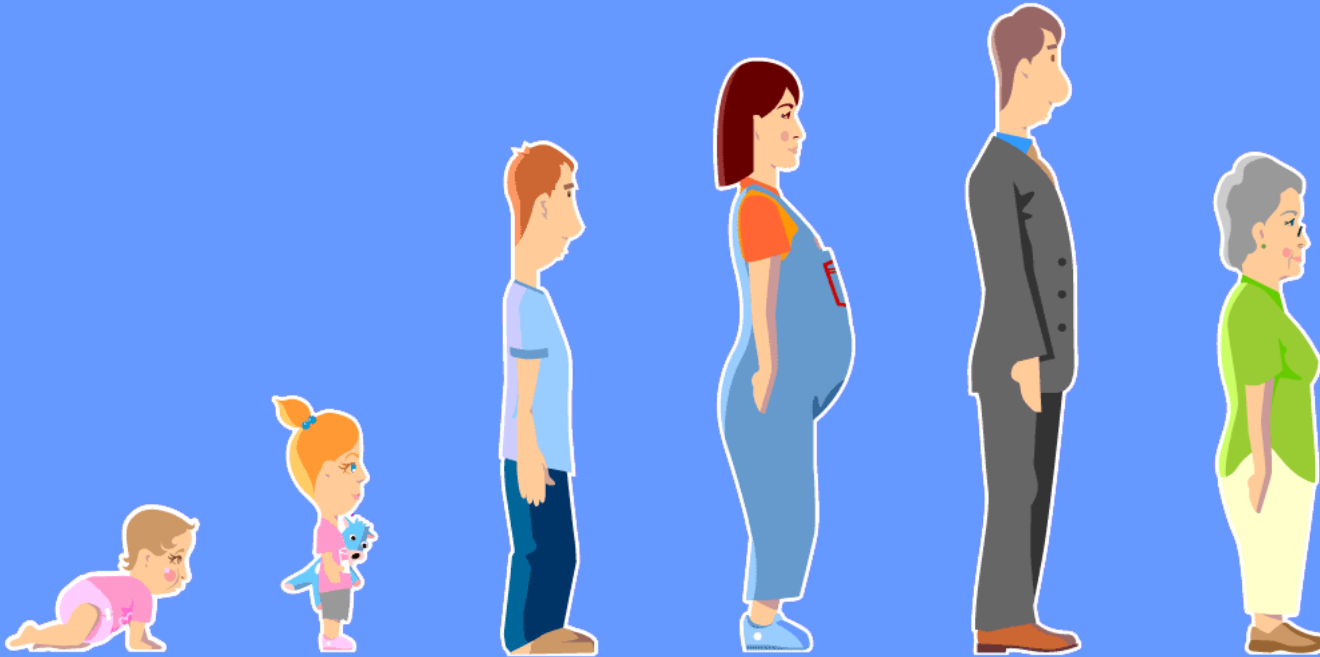
- Genetic influences
- Child rearing and development
- Illness behaviour modelling
- Infectious disease
- Life style and environment effect on non communicable disease
- Family conflict
- Support network in coping with illness

Family Life Cycle (Duvall)

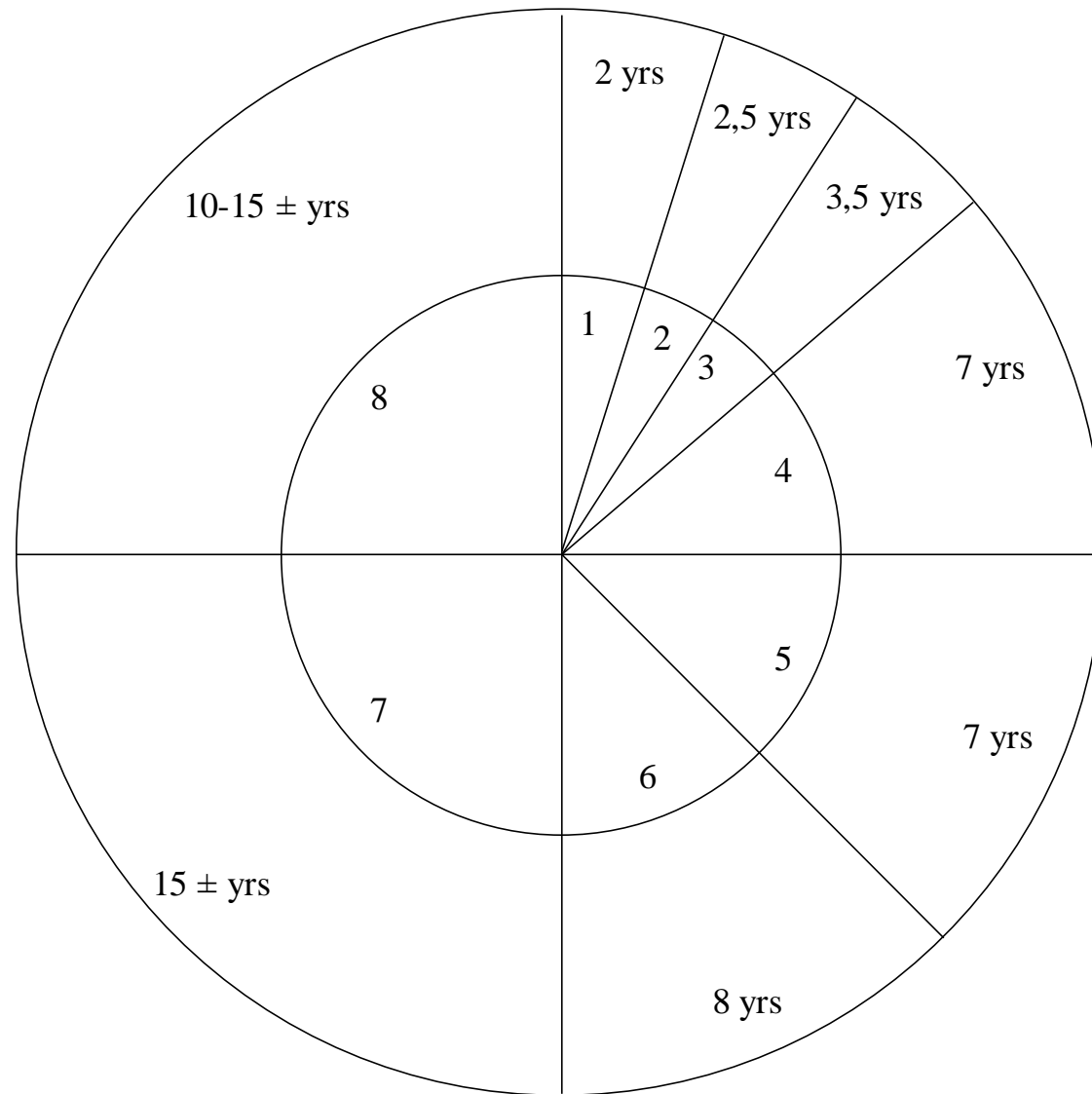
- A series of stages families go through as the structure of the family changes.
- Each family is unique
- Every family does not follow the life cycle in order of description cause.
- Helpful in understanding family dynamics

- Understanding the stage in the family lifecycle that your patient is in can help you as the family doctor to understand the challenges and demands he is facing in his life and provide holistic care.

Stages of the Individual Life Cycle



Family Life Cycle



1. Married couples
(without children)
2. Childbearing families
(oldest child, birth to 30 months)
3. Families with preschool children
(oldest child 30 months to 6 years)
4. Families with school children
(oldest child 6 to 13 years)
5. Families with teenagers
(oldest child 13 to 20 years)
6. Families launching young adults
(first child gone to last child leaving home)
7. Middle-aged parents
(empty nest to retirement)
8. Aging family members
(retirement to death of both spouses
retirement to death of both spouses)

STAGE 1: Married couples without children

- In this stage, two people form a family unit separate from each one's original family unit
- There are no children in this stage of the life cycle



Challenges

- Honeymoon effect : Overlooking problems
- Initial adjustment to marriage
- Role adjustments
- Shift from family of origin to new commitment
 - emotional separation

STAGE 2: Childbearing families

- From the birth of the first child until that child is 2 ½ years old
- During this stage, children are added to the family.



Challenges

- Demands of caring for an infant

STAGE 3 - Families with preschool children

- When the oldest child is between the ages of 2 ½ and 6 years old

STAGE 4 - Families with school age children

(When the oldest child is between the ages of 6 to 13)



STAGE 5 - Families with teenagers

(When the oldest child is between the ages of 13 and 20)

Developmental Tasks:

- Allowing and helping children become more independent
- Coping with their independence



Challenges

- children become more independent - coping with their independence
- Developing new interests beyond child care

STAGE 6 – Families launching young adults

- first child gone to last child leaving home
- empty nest



Challenges

- Re-stabilizing and reordering priorities
- Adjusting to the ending of parenting roles

STAGE 7 –Middle aged parents

- Empty nest to retirement

Challenges

- Financial hardships? Higher income?
- Sandwich generation?

Help raise grandchildren & dependent parents.

- Dealing effectively with aging, illness and death while retaining zest for life

Stage 8 – Aging family members



Challenges

- Dealing with aging, illness and death

Family crises/Unexpected life events

- Illness of a member
- Accidents
- Divorce
- Unemployment

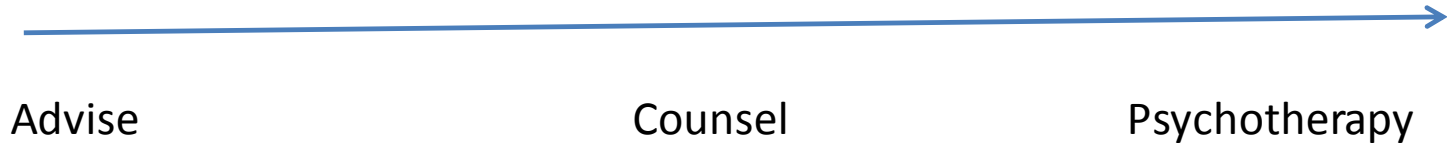
Identify Family Dysfunction

- Marital ,sexual difficulties
- Multiple presentations of one member
- Multiple presentations several members
- Abnormal behaviour in a child
- Difficult patient
- Antenatal/postnatal inappropriate behaviour
- Alcohol/drug abuse
- Abuse
- Psychiatric disease

How to intervene

- Opportunistic observation of the family at a consultation – identify – Some patients may realise they are having problems coping, alternatively patients may present with somatisation due to lack of insight
- Reassurance, advise, explanation
- Home visit
- Family conference
- Family counselling
- Family therapy

What is counselling



Use of relationship to facilitate self- knowledge, emotional acceptance and growth and the optimal development of personal resources. The overall aim is to provide an opportunity to work towards living a fuller and more satisfying life.

- Counsellor is a facilitator
- However needs to be flexible and move between the two ends of the spectrum

What is counselling

- “The various techniques and methods by which people can be helped to understand themselves and to be more effective” (Munro et al,1988)

- Family doctor has an advantage as a counsellor because of continuity of care
 - Familiar environment, long term relationship, understanding of patient family and psychosocial background
 - Family doctor knows previous coping strategies of the family
 - Assess family resources that could be used to alleviate situation
- Holistic approach – biopsychosocial model, patient centred method
- Therapeutic effect of doctor - Practical uses of the doctor patient relationship
- GP counsels everyday
- Awareness of community resources that could be utilised

Effective counselling

- Provides comfort to the patient – “Feel better”
- Demonstrable improvements in physical and mental well being and health
- Provide support and equip with skills
- Is a clear cut treatment option

Instances where counselling may help

- Illness
- Accidents
- Divorce , separation, marital ,sexual problems, contraception, fertility, abortion
- Unemployment
- Death
- Financial crises
- Bad news
- Abuse
- Domestic violence
- Alcohol abuse/ smoking – ask,advise,assess,assist,arrange

Models of counselling

- B – Background
- A – Affect
- Trouble – Impact
- Handling
- Empathy – legitimise feelings

Aims of counselling

- Assist patients to identify and implement their own unique solutions to a particular problem
- Help patients **develop insight** into their particular situation
- Identify range of possible courses of action
- Modification of behaviour

- A contract should be established 1 hour sessions once a week for 6 weeks
- Short term long term **goals**
- Homework – behaviour changes – patients active participation
- Evaluate progress
- Select other options for behaviour
- Evaluate progress
- If counselling not productive may need to terminate counselling relationship and refer

- Avoid transference
- Use resources – referral, religious
- Confidentiality
- Non judgemental
- Patient
- Communication skills – eg. Appropriate confrontation
- Special love of counselling
- Training

Pitfalls

- Need to ensure confidentiality in dealing with several members of a family
- Maintain impartiality - avoid taking sides
- Avoid over involvement maintain objectivity and professionalism to prevent dependence.
- Avoid assuming a directive role in family affairs. Counselling is not giving advice.

Those unlikely to benefit

- Psychotic
- Previous unrewarding experience with counselling
- Not accepting of a psychosocial explanation
- Language barrier
- Do not believe in counselling
- Dependant
- Secondary gain
- Unable to change

- Mr Kamal and his family have been patients of yours for the last 10 years. Mr Kamal is a 50 year old clerk the sole breadwinner of the family. His wife is a housewife and they have three children of 15,10 and 8 years old. He was a diabetic and hypertensive patient but was poorly compliant to therapy. In addition he had been a heavy smoker.

- Mr Kamal presents with a worsening productive cough of two weeks duration and had fever during the last 3-4 days. He has had a chronic productive cough associated with progressive shortness of breath for about two years with intermittent episodes of worsening similar to the current episode.

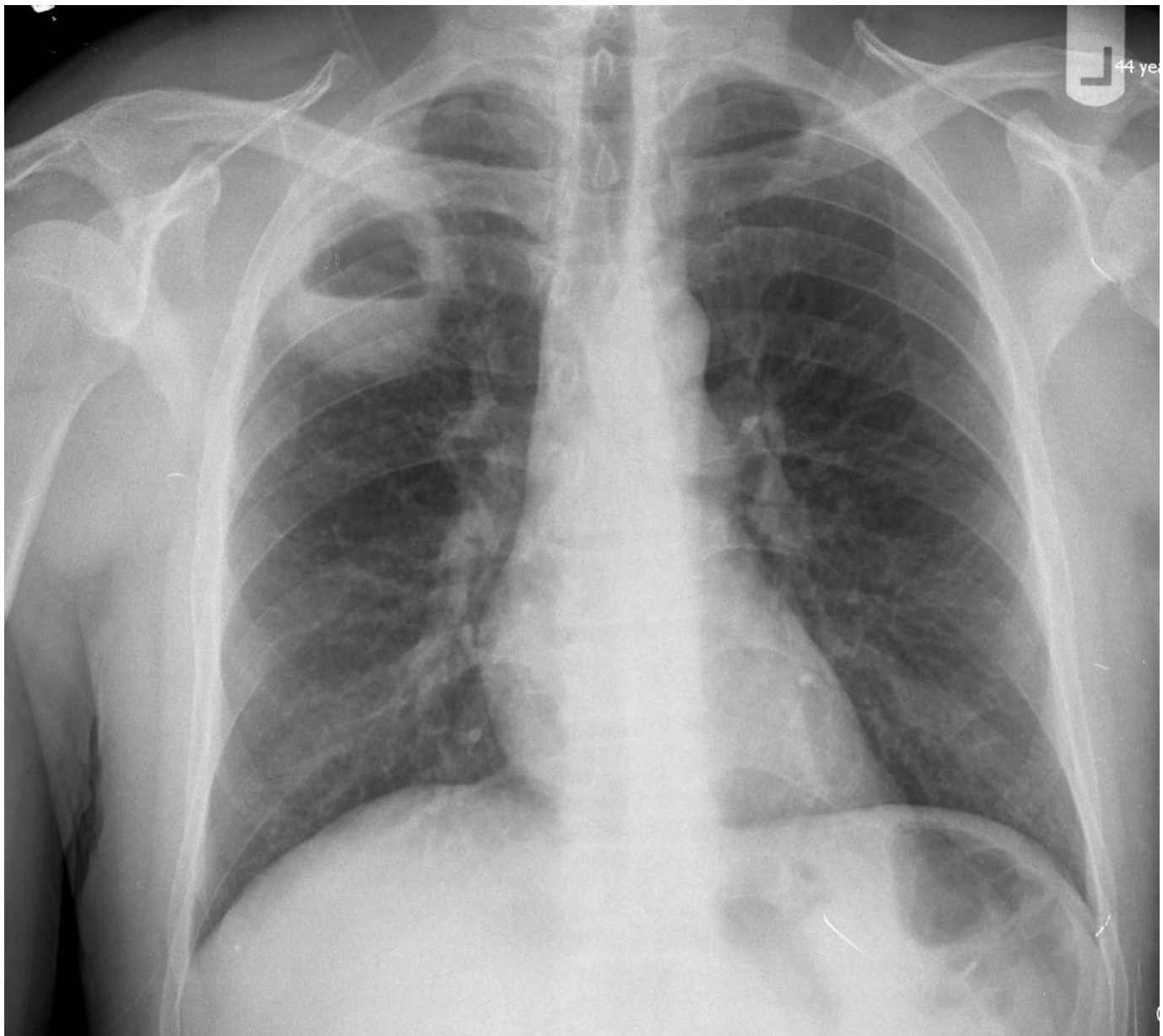
- List three likely diagnoses in order of probability.

- You think that Mr Kamal is currently suffering from an acute exacerbation of COPD .What is your immediate management?

Mr Kamal presents for follow up a week later and is now well. Describe your management of the patient regarding his chronic condition.

- Two weeks later you see Mr Kamal again. He says that he had cough and fever with chills and rigors for one week. You treat him for an exacerbation and decide to review him.
- One week later you see the patient his acute symptoms are less but he has fever with chills on and off and appears to have lost weight.

- List three differential diagnoses you will think of now.
- What investigations will you do.



- You refer the patient.
- Mr. Kamals 42 year old wife comes to meet you a week later and reveals that Mr Kamal had been diagnosed with lung cancer and is now home from Maharagama hospital and the hospital has told them that nothing further can be done for Mr Kamal as the cancer is widespread.

- Briefly describe what palliative care is .

- Briefly describe your management as the family doctor at this stage ?

Home visit

Counsel the family - coping

Care of carer

Care of children

Medical – pain, SOB

Patient – depression

Economic problems

Support for family from relations ,social welfare , NGOs