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99 – Family Therapy Skills for Medical Practitioners

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Introduction

Despite societal changes, the family remains the most basic unit in society. The general practitioner is, more than other health care providers, involved and associated with the family and develops a perceptive awareness of a family's nature and style of living. One challenge in general practice is the need to pay attention to the stresses, social changes, and expectations of family members over time, as well as the effect that these and other family interactions have on the health of the individual patient (1). The concern is not only with psychological and psychosomatic disorders, but it is also emerging with chronic disease management in particular, which is becoming the major topic for general practice in our time. One example is the importance of the family's perception of disease and the treatment of diabetes (2).

A family-oriented approach is one of the basic attributes of general practice (3, 4). Family-oriented primary care involves thinking about the patient's problem in the context of the whole person and the person's significant others. These other persons, such as family members, can eventually be invited to help or be involved in the assessment or treatment processes. Although this can be considered a simplified model of family therapy in general practice, family therapy is in fact a much more complicated method, requiring specific competence, technique and allocated time, all of these conditions being barely achievable in daily routine practice.

Family therapy is one of the psychotherapeutic techniques used primarily in the treatment of psychosomatic disorders. It is proposed that – whenever possible – the whole family, not just the individual labelled as the bearer of the symptoms, enters into the treatment. A symptom is considered a stabilizing element in a dysfunctional family. The aim of treatment is to improve communication in the family and improve its functioning in order to stabilize the illness into healthier patterns without symptoms.

Family therapy uses a range of counselling and other techniques including: Structural therapy, Strategic therapy, Systemic/Milan therapy, Narrative therapy, Transgenerational therapy. Therapy usually takes place in multiple sessions spaced out over several months. Family therapy can be used in a variety of clinical settings, including general practice. There are few reports in the literature about the use of family therapy in general practice (5,6).

However, under current health care systems, it is not the task of a family doctor to engage in family therapy – unless they hold a particular interest and special training. Rather, it is the task of a family doctor to look for signals that make a contextual approach necessary, and then act upon it appropriately.

In order to find signals one has to undergo training in:

- non-verbal signals, especially the micro signals of contempt (7)
- designing a family tree
- designing a diagram of bonding and loyalty
- signals of abuse or other malfunctioning.

Moreover, communication, transaction and interaction analysis are essential skills. “Active listening” narrows the boundaries of interpretation and understanding, clarifying the picture;

“What do you mean by ...?”

This helps us to get away from overmedicalisation, away from only using the medical microscope and learning to use the telescope that is required in such a setting. The concept “medically unexplained symptoms” is inappropriate here, since the symptoms can very well be explained but the doctor needs to be able to use the right “scope”.

A doctor that stays in touch with himself and as humble as possible will go a long way.

Conclusion

Primary care or family doctors can learn additional skills to engage in untangling the puzzle a family presents. It is not a recipe that you learn from a cook-book, rather you learn it by observation, training, re-training and intervision.

Take home messages

- Pay attention to family interactions and consider them with regard to your patient.
- Explore the perception of chronic disease and its management in your patient's family.
- Family-oriented approach in general practice is not family therapy.
- GPs with special interest can become family therapy specialists after completing training and adjustment of practice organizations.

Original abstract

<http://www.woncaeurope.org/content/14-w-family-therapy-skills-medical-practitioners>

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