



PRIMARY HEALTHCARE TEAMWORK

Counselling In Family Medicine

Objectives:

- ★ Recognize What Is Counselling
- ★ Appreciate Theories And Approaches To Counselling
- ★ Recognize Values In Counselling
- ★ Application Of Knowledge On An Examples

Color index:

Original text **Important** Doctor's notes **Golden notes** Extra

Overview

- Definition of counselling
- Aims of counselling
- Different approaches:
 - Psychodynamic
 - **Humanistic**
 - **Behavioral**
- Phases of counselling
- Values in counselling
- Counselling in practice



What Is Counselling

IS IT?

- An advice
- Motivation
- Judgement about behavior (generally no, but can be used in some cases)
- Helping others
- Interaction
- Interview
- Confrontation (generally no, but can be used in some cases)
- Conversation
- Facilitation
- Empathy

Definitions Of Counselling:



1. Advice given to someone:

- **Simple definition of counseling:** advice and support that is given to people to help them deal with problems, make important decisions, etc.
- To give advice, especially on social or personal problems.

Counselling Definitions

Definitions Of Counselling Cont.

More scientific definition.

- Counselling is **an interactive process** between the skilled attendant/ health worker/counselor and a client/patient during which **information is exchanged** and support is provided so that the **client , design a plan and take action** to improve their health or a certain situation they have.

According to the Psychotherapy and Counselling Federation of Australia (PACFA):

Here they combined psychotherapy with social counselling.

- Psychotherapy and Counselling are professional activities that utilise an **interpersonal relationship** to enable people to **develop self understanding** and to make **changes** in their lives.

Best Definition:

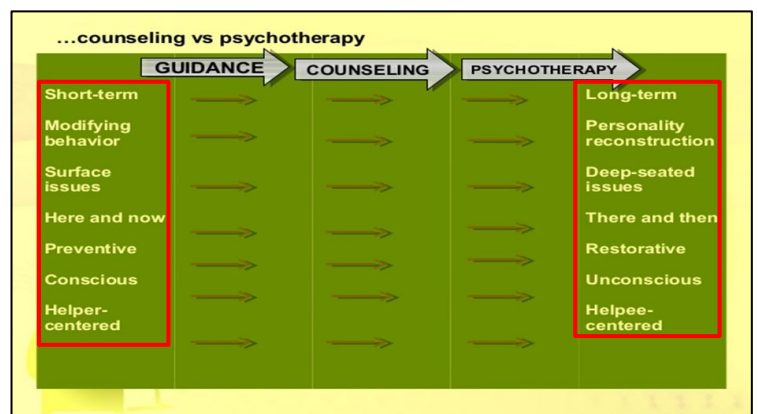
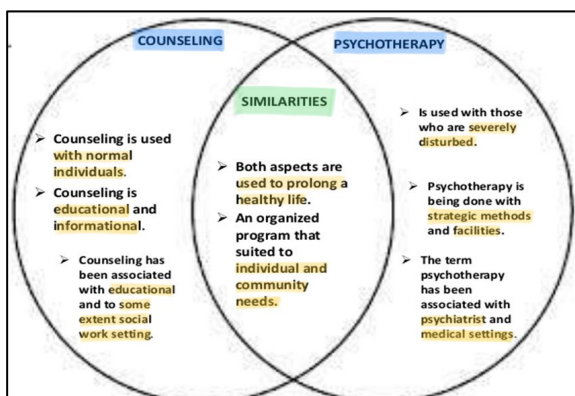
Counselling

Counselling is a **structured** conversation aimed at facilitating a client's quality of life in the face of adversity.

Counselling should be:

- **Structured:** Not social
- **Conversation:** Dialogue and interaction
- **Facilitative:** Rather than prescriptive or a direct advice.

Counselling VS Psychotherapy



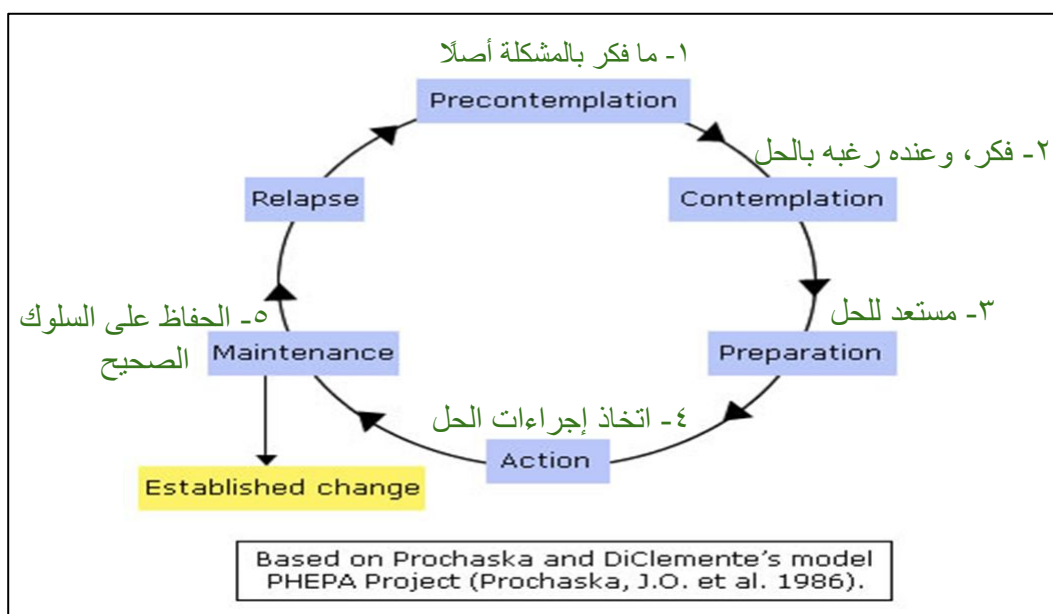
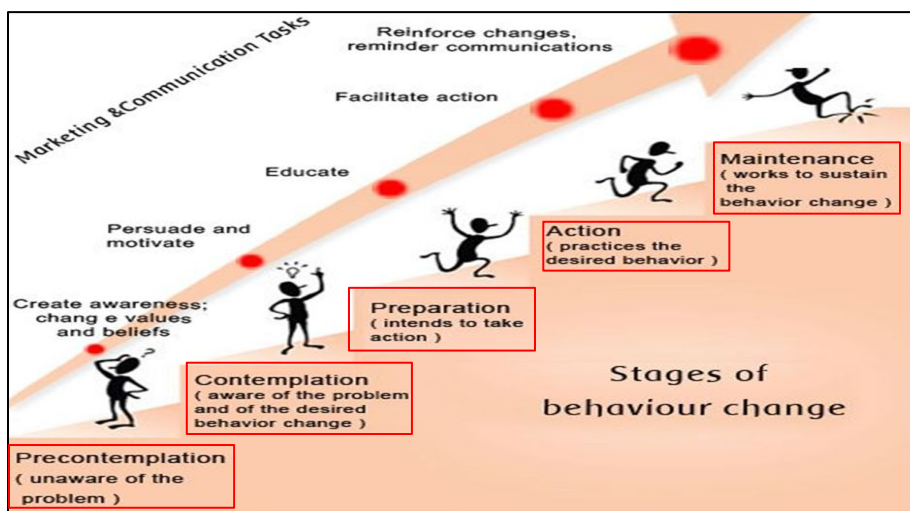
Counselling

Aims of Counselling:

- Help people **Understand** their problems better.
- Help people **Manage** their problems.
- Help to **Empower** clients/patients.
- Help people to **Think Positively** about their problems..
- Help in **Changing Behavior** positively.



Stages Of Change:



APPROACHES/THEORIES:

Different approaches / Theories

1. Humanistic.
2. Behavioral.
3. Psychodynamic. (will not talk about it, mainly with psychotherapy)

1- Humanistic:

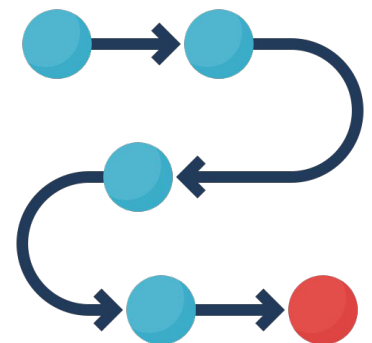
1. Recognize the **uniqueness** of every individual.
2. Everyone has a **capacity to grow** emotionally and psychologically towards personal fulfillment.
3. Make distinction between life events **vs** response to life events.
4. Help people to **explore** their own thoughts and work on their solutions .
5. Encourages **self-awareness** and **self realization**.

2- Behavioral Approach:

1. Environment determines behavior.
2. Responses to a given situation is due to behaviour that has been reinforced as a child.
3. **Is based on the belief that behavior is learned and can be changed.**
4. The initial concern in therapy is to help the client **analyze behavior, define problems, and select goals.**

Phases Of Counselling:

1. **Defining the relationship.**
2. Gathering information.
3. Describing the problem dynamic.
4. Making intervention and action.



Phases of Counselling

1- Defining The Relationship:

- Introduce yourself/establish rapport. (create a good and comfortable environment).
- Defining the objectives and roles. (You must explain to the patient that you are not giving solutions, you are only directing)
- Allow the client/ patient to negotiate.
- Observation skills:
 - Verbal and nonverbal cues.
- Sensitivity and response to emotions. (sensitivity can be a good thing such as respecting the person in front of you, or a bad thing like getting sad and upset over any slight thing).

2- Gathering Information:

- Obtain information about the client/patient.
- Attempted intervention. (trying anything before)
- Allow patient/client to **talk freely and express himself.**
- Use facilitative questions (**open-ended**).
- **Understand the patient's world.**

3- Describing The Problem Dynamic:

- This is the formal phase of counseling
- Explain your understanding of the problem. (By summarizing what he said and allow him to correct you).
- Sharing information/understanding.

4- Making Intervention And Action:

- Help the patient/ client to answer the questions:
 - What do i do to solve the problem?
 - How do i make it happen? and also
 - Counselor is supportive/ agent of change....but non-directive.
 - **End by** Termination and referral

Phases of counselling

A different layout of counselling phases:



The Setting And Seating:

Sitting position There should be an angle between the doctor and the patient and not to meet the patient straight face to face because it gives the patient a feeling of discomfort



Styles of counselling

Styles of counselling:

A- Directive: (Not a good style of counselling).

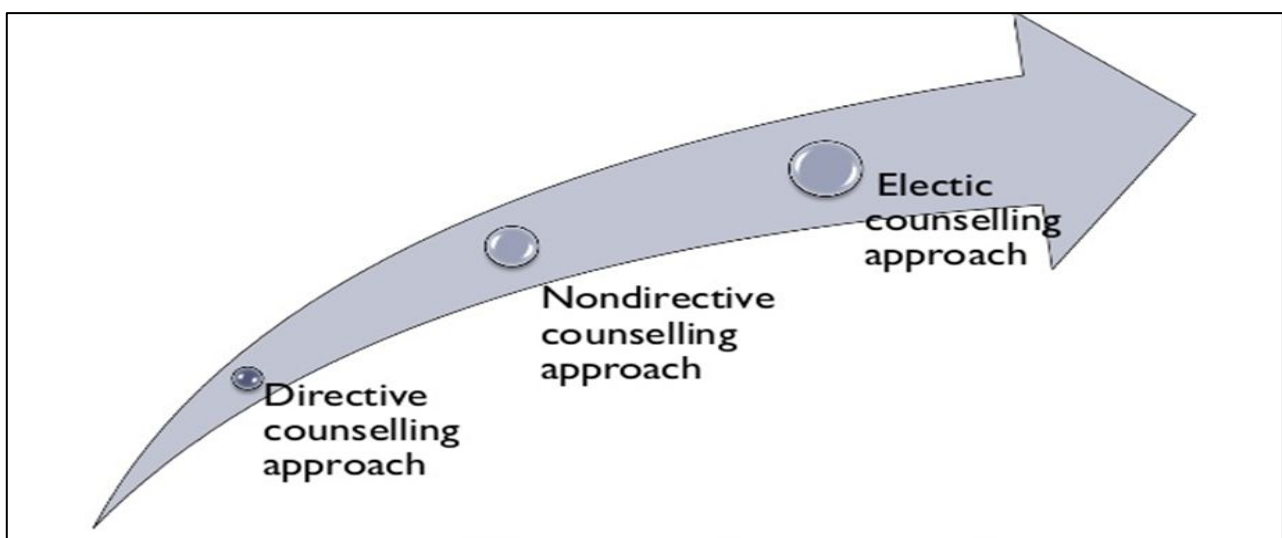
- Counsellor-centered.
- The counselor direct the patient/client.
- Allow the counselor to control the situation all the way through. (the only advantage)

B- Non-directive:

- Patient/Client-centered.
- Allow client/patient to tell his story in his own way.
- The role of the counsellor is to **create an atmosphere** in which the client can express himself more freely. (make the patient feel comfortable).
- **Stress on emotional elements and development of insight.**

C- Elecetic (Selective)/Combination: (MIX)

- Alternating between **patient-centered** and **counsellor-centered** styles.
- Client-specific (**tailored according to situation and client**). (Change your style according to the patient personality (needs experience)).



Conclusion

Values in counselling:

- Respect (should be mutual)
- Acceptance
- Respec rights: privacy, confidentiality
- Respect uniqueness of each client
- Honesty
- **Refrain from judgment** ???? (mostly yes, but sometimes you can use it when you're certain it will hit the target).

COUNSELLING IS NOT...

- Advice
- Judgment.
- Getting emotionally involved. (We shouldn't go too involved with the patient so that the consultation is not affected, and there must be a healthy distance between the doctor and the patient, so that the patient does becomes dependent on the doctor)
- Look at the problem from your perspective.
- **Is not magic that will resolve all the problems.**

Case Provided By The Doctor

55 yo saudi with primary infertility for 17 yrs works as a teacher & now retired. Have HTN & DM (HbA1C: 11) Stopped taking his medication due to family problems. He was on glargine, aspart, metformin, amelor, reserpine. His family issue was that his 49 yo wife (married to him with knowledge about his infertility) had left the house 4 months ago.

- How can we help this pt?
 - First he is a candidate for counseling not psychotherapy. And since this was in the clinic, short counseling is useful.
- We told him for your social issue we might be able to help you or might not. Still, you should take care of your health. If you kept on not taking your meds you might get all the complications of diabetes. Are you willing to do that?
 - “No, my health is important” he said.
- So take your meds on time, Improve your diet & Exercise.
- Doing this we solved $\frac{3}{4}$ of the problem. Then we asked what did you do to bring her back?
 - He said “i tried calling her but she won’t answer. **Do you mind calling her doctor?”**
- **What should your reply be?**
 - Decline the offer since this is a personal issue. Beside, if she didn’t answer her husband why would she answer the doctor? (if it was part of marital counseling it might be acceptable)
- So how can we help him with his social problem?
 - We asked him if anyone from her family is in good relationship with him and can help him with his problem? he said “yes her brother” so we told him to contact him and try to help. He liked the suggestion and left the clinic happy.

Lecture Quiz

Q1: You are caring for an unmarried 28-year-old woman. She is overweight, and you are conducting a brief intervention to help her develop an action plan for weight loss. Which of the following will be most effective?

- A- Let the patient know what has worked for you in your efforts to maintain a healthy weight
- B- Discuss the impact of successful weight loss on her overall appearance
- C- Work with her to agree to a weight loss goal, for example, losing 1 lb per week.
- D- Work with her to agree to an exercise goal, for example, walking 1 mile daily.

Q2: Which of the following style considered a MIX style?

- A) Directive
- B) Non-directive
- C) Electic

Q3: Which of the following style considered patient centered?

- A) Directive
- B) Non-directive
- C) Electic



THANKS!!

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*Send us your feedback:
We are all ears!*