

its and when to ask for support (see "12 rules for physician survival," page 46).

### **When should I refer to a mental health professional?**

It depends on the complexity of the patient's condition and how comfortable you are with managing the problem. If you are uncomfortable or have a gut feeling that the problem is more complicated than you previously thought, consider referral.

Some patients may resist mental health referrals either because of logistical problems or fear of being stigmatized. Ask patients how they feel about being referred. Articulating ambivalent feelings may help prepare them to follow through on the referral. Successful referral may require several visits to discuss these concerns (see "Making a successful mental health referral," page 51).

### **How do I choose a psychotherapist?**

Try to match a patient with someone who is likely to provide rapport and trust. Also, look for results. If you have referred several times but have not seen patients improve, try someone else.

### **What about support groups and other community resources?**

An appropriate support group can certainly have a place in addressing mental health issues, although its effectiveness really depends on the composition of the group and the skills and motivation of the leader. Many groups are free. Twelve-step groups such as Al-Anon, for example, provide support for relatives of substance abusers whether or not the abuser is in treatment.

You can find out about support groups in your community through your local or provincial health department and through area hospitals. □

#### **REFERENCES**

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## **Practical tips in marital counselling**

Primary care physicians are frequently involved with the emotional and physical repercussions of marital discord, separation, and divorce. Often, we deal with the consequences to the children involved. Doing marital counselling takes years of training and supervision. However, calling a couple together to try to improve communication in the marriage is something not beyond the scope of general practitioners. Also, seeing couples premaritally can help them to make a clearer decision whether in fact marriage is going to work.

Often, you are faced with one partner having a presenting complaint. Once the problem is discussed, often it is clear that it is a marital issue rather than an individual concern and that it would be far better to get the spouse into the office as well. Offer a half-hour or a one-hour appointment and advise the patient to speak to her spouse and say that it was suggested that they both come in to discuss if there is something the doctor can do to help. Sometimes you have to meet with the other partner to clarify further whether couple counselling can help.

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## WHERE TO START

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At the first session, it is important to establish the scope of the difficulties and hear independently from both parties about what they see are the difficulties and how do they plan to change. What do they see as the solutions based on what they themselves are prepared to do rather than on what they perceive needs to take place with their partner? If after inquiring about their motivation to seek counselling, they seem committed, then book two or three appointments. After three sessions, you will have a better understanding of their problems and if you can help. This will also give the couple a chance to see if the three sessions were at all helpful to them, and everyone can decide whether further sessions are in order. Everyone can decide if further sessions are in order. It is important to not only look at problems but also focus attention on the strengths of the relationship. Ask yourself what has held these two people together despite all their difficulties? It can be helpful to end the first session telling the couple of their strengths.

If after seeing a couple for an assessment a referral is necessary, then you are better equipped to make the appropriate referral. The wife of one couple I was seeing seemed to have paranoid ideation. I referred them to a psychiatrist with a special interest in couple

therapy, rather than a social worker, because I thought at some point medication may need to be prescribed.

## THE GROUND RULES

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There are some basic principles I share with each couple:

- Usually problems centre around sex, money, time, in-laws, and children.

### Key points

- If a patient complains of marital problems, it is helpful to call the couple together.
- Set aside a half hour or one hour to review the problem.
- Find out what is their commitment to staying together, their love for each other and what attracted them to each other when they first met.
- What were the positive qualities that led them to decide to spend the rest of their life together?
- What do they see as the solutions based on what they themselves are prepared to do rather than on what they perceive needs to take place with their partner?
- Decide to refer, do nothing, or have them back for two or three sessions.
- Be a coach or mediator with the intent to improve communication rather than a judge who decides who is right or wrong.
- Teaching couples to use eye contact, expressiveness in the face, body language, nodding of the head as ways of listening helps them to validate to one another that they are attentive. Teach them how to collaborate, compromise, and work on change.

- No one partner is to blame. Usually, the responsibility for the problems and their resolution is 50-50. Each partner must assume responsibility to change themselves rather than waiting or expecting their partner to change.

- I am not a judge but a coach and mediator. I explain that each person sees the world and the events that happen from a totally different perspective. Each person's viewpoint has merit and is right in the eyes of the beholder.

- Most interpersonal lack of communication stems from the "I'm right/you're wrong" game. Everyone wants to be right and in so doing makes the other person wrong. Whoever is right for that interaction feels good and the person who loses feels demoralized; and small, and the loser will then attempt in the next opportunity to prove the other person wrong. This seesaw battle will continue, with attacking and defending. In the long run it means distancing and loss of love.

- The intention of the sessions is to improve communication and for the parties to change, rather than going over the past to decide who was right. If the physician gets caught in the struggle of who is right, he will compound the problem. It is important for the physician to see both sides and attempt to communicate common ground. It is better to stay neutral and not take sides.

- There will be conflict in marriage and, rather than deny there are problems, it is important to learn conflict resolution.

#### THINK POSITIVE

At the first session after the initial meeting, ask the patients to describe in their own words "What attracted you to each other in the first place?" Specifically, ask them to talk about the "first time they met?" When did they decide to spend the rest of their

lives together? Ask "What were the specific positive qualities that you liked about your partner and what were your hopes and dreams about this relationship?"

This usually creates some positive feelings. You might then discuss three things that are important for a successful relationship. First, are they in love? If so, have them communicate this to each other while you watch. Second, are they committed to this relationship? Third, what is the anger and resentment that keeps them apart? I spend the session focusing on the first two points and save work on anger for later sessions if the building of positive feelings doesn't work, and I am sure there is so much old unforgiven resentment that it interferes with any attempt at communication.

Almost never suggest that a couple stay together or separate. That is their decision only. It is important not to have any investment in them staying together. Sometimes, counselling may help them separate and save everyone, including the children, from a lot of grief.

If either of the two are not committed to the marriage, then there will be problems. Often, one partner has one foot out the door, which destabilizes the relationship and makes counselling very hard. If there is an ongoing affair, then it must be stopped before therapy is continued. You can often find out about this if you see the partners individually. Of course, whatever is said in the individual sessions is confidential but if you find out there is still an affair going on then you must recommend that counselling stop until this issue is settled.

#### FACE TO FACE

Have the couple sitting face to face to enhance communication and, rather than feeding information through you, they should talk to one another directly. You may