Couples Groups in Family Medicine Training

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To tailor a behavioral science curriculum to family practice needs, less importance should be given to inpatient psychiatry, and more emphasis to the common outpatient problems seen in the primary care setting. The experience of co-leading a short-term couples therapy group during residency training can assist the family physician in becoming more comfortable with marital counseling. Each couples group was co-led by a resident and a behavioral scientist, with couples who had requested marital treatment from the mental health service of a health maintenance organization. After couples were initially evaluated with a pregroup questionnaire, a number of group therapy sessions were co-led, using specific communications techniques and exercises. Benefits to the resident included development of skills in handling small groups, learning behavioral tools for assisting couples, and developing increased comfort in approaching psychosocial issues.

A family practice residency should provide a variety of training experiences in behavioral science to suit a variety of future practice styles. Standard training includes the diagnosis and treatment of depression and anxiety, the development of a capacity to discuss feelings about illness with a patient or family, and some understanding of how to use the physician-patient relationship. Some family physicians, during training or later, may be interested in expanding their knowledge of psychosocial issues and may wish to assist in handling many of their patients' emotional and interactional concerns, difficult as that may be within the context of a busy practice. A common occurrence is an idealism at the onset of practice (or residency) about meeting all of a patient's or family's needs, which then gives way to a more realistic perception of what the physician can and cannot (or does not wish to) do. A rich variety of experiences in residency training, all of which are relevant in some way to family medicine, can help to form this more realistic perception.

One method of enriching a resident's behavioral science training is through participation as a cotherapist in couples group therapy. Very few family physicians would choose to run therapy groups within a busy practice, yet having had this experience during residency training can be useful in a number of ways.[1] For residents who are particularly interested in behavioral science, one way to combine group training with an experience that helps the resident learn about families is to have the resident co-lead, with a mental health professional, a short-term couples group.

Advantages to the resident of this kind of training experience include (1) developing skills in

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handling small groups (applicable later to dealing with personnel issues, team leading, dealing with family conferences, dealing with "consumer" groups of patients, dealing with cluster groups of patients with the same illness or for health education purposes),[2-4] (2) learning specific behavioral skills in short-term marital counseling (an area of increasing interest to some primary care physicians),[5-7] and (3) developing receptivity to involving spouses in health care issues (an effective way to deal with hypertension compliance[8] or with hospital discharge issues).

The physician who is comfortably able to handle an interview with more than one person in the room can be at a distinct advantage in several areas of practice. Co-therapy in couples groups is an effective and efficient way of training family practice residents.

The basic requirements are an experienced co-therapist-teacher who understands the family medicine setting, a set of married couples who are experiencing some level of dysfunction (there was no prescreening of couples to more closely replicate the family medicine setting), and time (always at a premium in a residency training situation). Time for this experience was carved from a combination of clinic time, psychiatry rotation time, and the resident's own time.

From the standpoint of the behavioral sciences, structured couples groups oriented to behavior change and led by a male-female co-therapist team are the preferred treatment for many marital problems.[9-13] Elements that contribute to the therapeutic or healing process in these groups include learning communications skills, sharing successes and failures with other couples, observing the model of the smooth working relationship of the male-female co-therapist team, working on problems outside the group (by means of homework), mobilizing hope about relationships, exposing and disrupting marital "games," and increasing ability for an empathic relationship with the spouse.

Methods

The authors have co-led two couples groups, each composed of four couples who presented with marital problems to a health maintenance organization mental health service. All couples expressing a willingness to participate in a couples group were accepted. The couples varied widely in the range of ages, number of children, prior marriages, and duration of marriage. There were also differences in the couples' dissatisfaction with their marriage and degree of marital dysfunction. Each couple did, however, express a desire to improve communication in their relationship.

The first couples group consisted of eight 90-minute sessions, and the second group consisted of one all-day session and three 90-minute follow-up sessions. In the first part of the sessions all participants were introduced and an outline for the group was presented. One useful tool used during the first session was the family circle drawing.[14] Each group member drew his or her family of origin and presented it to another member of the group, who then used this information to introduce the other person to the group. This technique had the advantage of having the participants familiarize one another with the backgrounds of the other members as well as having each participant explore his or her own family background.

The groups were behaviorally oriented and therefore focused primarily on the presentation of various exercises designed to improve communication. The exercises were demonstrated by the co-therapist, tried out by the couples, and then discussed. Much of the material used in the exercises was adapted from Bach's *The Intimate Enemy*.[15] The resident read the appropriate material beforehand, and each exercise was reviewed with the behavioral scientist prior to each session. In this way the resident was able to learn the theoretical content and background of group therapy. By applying this knowledge in actual practice alongside an experienced therapist, the resident gradually developed confidence and familiarity with the material.

Although there was no pregroup screening of couples, an attempt was made to establish the relative degrees of initial marital dysfunction for each couple. A questionnaire was developed by the resident and behavioral scientist, sent to each individual, and returned prior to the beginning of the group. Each partner was asked to rate areas of communication, strengths, and major issues of concern in their relationship. The questionnaire was designed to allow evaluation of the relative dysfunction of each couple so that the group agenda could be tailored to the needs of its members. While the questionnaire was a valuable tool

to use with the couples, developing it was also an important learning experience because it focused on discussion of the unique problems and dynamics of a marital relationship.

The easily taught exercises included active listening, checking out assumptions, analyzing conflict patterns, and expressing resentments and appreciations. Each couple was given individualized homework assignments based on observations made by the co-therapists during the sessions. The last few sessions of the first group and the follow-up sessions of the second group were loosely structured and consisted of feedback regarding the homework assignments and group discussion pertaining to problems individual couples may have encountered.

At the last session of the couples groups, an evaluation form was distributed and completed. All the members felt they were able to gain from participation in the group. There was an increased ability to talk and express feelings to the spouse, as well as an active desire to listen. Seeing these interactional improvements was particularly gratifying and important for the resident in that they demonstrated better communication and benefit in relationships over a relatively short period of time. Although at the end of the sessions some couples expressed a desire to continue the group or to continue other forms of therapy, all members felt they had learned skills that they could readily apply to improving communication in their marriage. Through the group process many of the members were able to gain insight into their patterns of behavior and express feelings toward their spouse that they had previously been unable to verbalize.

Discussion

A recent assessment of mental health training in family practice residencies indicated that the curriculum content was provided primarily by conferences and lectures, and the majority of clinical experience was provided in an inpatient setting.[16] This survey pointed to a clear lack of training in the outpatient setting for psychiatric and psychosocial disturbances. More outpatient training in the residency years must be provided to give physicians a firm base of knowledge and understanding they can use in the clinic and hospital settings.

Participation of the resident as co-therapist in couples group therapy can be a unique and interesting educational experience. When compared with other forms of counseling training, group therapy is economical in terms of time, energy, and resources. Participation of the resident as co-therapist provides an ideal setting for learning and developing attitudes and skills that will be useful in approaching psychosocial problems. These skills include development of counseling skills, recognition of dysfunctional marital relationships, awareness of the range of presenting complaints often seen with troubled relationships, and comfort in approaching psychosocial issues. Specific participation in couples group therapy allows the resident to develop knowledge of group dynamics, techniques for group therapy, ability to work in large groups, and leadership skills. A prerequisite, of course, is the availability of a knowledgeable and experienced therapist who is willing to teach and work with residents.

The theoretical content and background of counseling in a group setting was approached through reading of selected material and discussion prior to each group session. It was through actual participation in the group sessions, however, that much of the learning took place. The resident participated actively in each of the sessions by instructing and demonstrating the communications exercises to the group, as well as by guiding the discussion toward the pre-established topics. The resident was encouraged to confront members of the group when obvious defense mechanisms and avoidances were being used and to freely make observations concerning the group's behavior or interactions between spouses. Debriefing sessions after each group were also an important part of the learning experience. A significant amount of experience in counseling is not necessary for participation in this type of therapy.

Having the resident introduced to the group as a co-therapist and informing the group of the resident's participation as part of behavioral sciences training seemed to establish the credibility of the resident as co-leader while avoiding unrealistic expectations of the resident as an experienced therapist. In fact, most participants were pleased to have a physician involved in the sessions, as this indicated a concern and willingness to become involved in marital and psychosocial problems.

Although most family physicians will not be

conducting couples group therapy in practice, training in this area during residency provides benefits that can be applied to many routine patient encounters. Improvements in communication and interpersonal skills may prove beneficial in enhancing physician-patient relationships. In addition, many of the approaches and exercises involved in couples group therapy can be applied readily to individual and family consultations and therapy. The more encounters and skills physicians leaving residency have attained, the more open, receptive, and effective they will be in managing issues related to mental health.

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