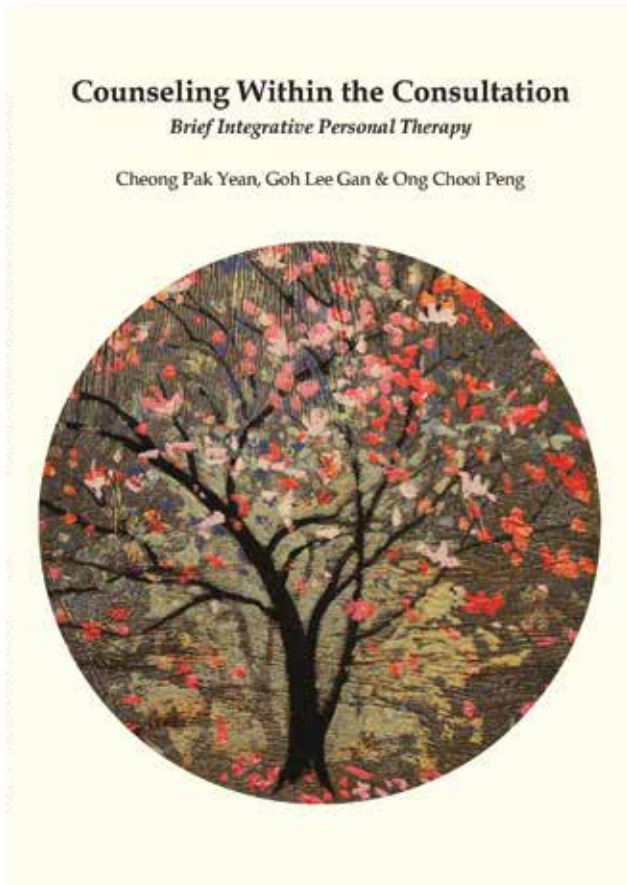


Going *beyond* Clinical Symptoms

By Dr Wong Tien Hua



Title: *Counseling Within the Consultation: Brief Integrative Personal Therapy*

Authors: Cheong Pak Yean, Goh Lee Gan and Ong Chooi Peng

Number of pages: 130

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The challenge of time

In the practice of clinical medicine today, there is a great emphasis on the biomedical approach to problem-solving, where much of what is taught is based on identifying and managing defined illnesses.

The process of trying to elicit the problem from a patient through a detailed history, testing an initial hypothesis about the disease through examination and investigations, and then managing the illness through medical treatment is already a complex task. This task is then further compounded by the pressure of time, which is almost always in short supply in a busy clinical practice.

It therefore comes as no surprise that the idea of spending time to address the psychological needs of patients and providing psychotherapy when such needs arise, is anathema to many doctors. While the concept of good communication coupled with an empathetic listening ear is familiar to most clinicians, many are fearful of triggering catharsis in patients and opening up their Pandora's box of psychological problems.

Skills learned in communication are paradoxically applied to effectively block communication, when doctors start to move into uncomfortable and unfamiliar territory. I believe that physicians are reluctant to go deeper due to their fear of a lack of skills in handling such cases. Furthermore, they simply do not have the time for this, even if they may possess the interest.

Psychotherapy as an essential skill in clinical medicine

The anxious woman who shows up regularly for minor problems fearing the worst; the elderly man who does not seem compliant with medication and does not listen to his daughter's instructions; the tired office worker consulting frequently for fatigue and requesting medical leave – these are just a few examples of patients who fall outside the typical biomedical model for treatment of their illnesses.

It is only a matter of time when all doctors come face to face with such patients, whose psychosocial issues

contribute significantly to their clinical symptoms. Each patient encounter is unique, due to patients' different social, work, and family environments. Having the tools to obtain such information is only the first step. Next, the clinicians must use the data collected to identify the underlying issues, and resolve the problems.

About brief integrative personal therapy (BIPT)

This book begins by acknowledging that time is a luxury in current clinical practice, and that an extended yet also efficient and effective consultation will be required to look into psychosocial issues.

It therefore proposes a new concept of BIPT, which is a framework for formulating a counselling problem. Clinicians need to integrate the gathering of relevant psychosocial details into the current biomedical model in history-taking, via the extended consultation. Management will have to be personalised according to patients' unique needs and circumstances. BIPT is eclectic and flexible, and does not specify a rigid structure to tackle issues. This makes it highly adaptable to different practices and styles of management depending on the doctor.

The book is divided into two parts. The first part describes the concept of using extended relating and inquiry skills during consultations in order to garner more information. Good communication skills are only the beginning of the counselling process, as doctors begin to explore and unlock the patients' inner feelings and thoughts.

There is so much data that we can gather from patients to expand our capacity for therapeutic work. I suspect that what many of us clinicians do today, in terms of empathetic counselling, only scratches the surface. The authors describe the Johari window of four states:

1. An open, free area for problems that both patients and doctors know;
2. A blind area unknown to patients;
3. A hidden area unknown to doctors; and
4. An area of unknowns which may only surface only after long-term collaborative counselling.

The second part of the book discusses four techniques to manage patients:

1. Problem solving approach – using cognitive behavioural therapy to counter maladaptive responses and cognitive distortions.
2. Pattern approach – learning about the patients' past experiences and how it defines their current state. Clinicians can then guide patients to construct a preferred positive story to help the latter shift focus from problems to solutions.

3. Process approach – helping patients achieve a balance between conflicting demands by focusing the consciousness on the present in space and time. This has the effect of reducing negative thoughts involving past failures or future uncertainties.
4. Positive approach – promoting mental resilience by encouraging positive thoughts and helping patients identify meaning and purpose in their lives.

Who should read this book?

This concise book is ambitious as it attempts to introduce the reader to a variety of psychological theories and counselling methods. However, as the field of psychotherapy is very broad, in-depth coverage of every method would not be possible. For example, the field of cognitive behavioural therapy is mentioned in only a few short paragraphs.

However, that might perhaps be its strength as well, since it provides busy clinicians with an excellent overview of psychotherapy and equips them with basic tools that they can use immediately in a clinical setting. It also suggests how BIPT can be incorporated into doctors' current routine.

This publication should be essential reading for family medicine practitioners, to encourage them to look beyond the biomedical model, towards individualised whole body management of patients with their complex personal experiences, family structures, and social backgrounds. It is also relevant to any doctor in clinical practice, no matter their specialty, if they are committed to developing meaningful doctor-patient relationships and wish to be better equipped to anticipate and manage their patients holistically. ■

Launch of *Counseling Within the Consultation*

An overview of BIPT with role plays and demonstrations awaits you!

Date: 31 January 2015, Saturday

Time: 2.30 pm - 4.30 pm

Venue: Alumni Medical Centre, 2 College Road, Singapore 169850

To buy this book (\$20 by post) and/or register for the BIPT course in 28 February and 28 March 2015, please email specialistmedicalclinic@gmail.com.



Dr Wong Tien Hua is a family medicine physician in private practice, and the 1st Vice President of SMA. He is interested in primary care, patient communication, and medical ethics.