

## **REPORTS**

### **A MARRIAGE GUIDANCE COUNSELLOR AND GENERAL PRACTITIONER DISCUSSION GROUP**

At the initiative of the Hull branch of the Marriage Guidance Council joint groups consisting of marriage guidance counsellors and general practitioners, meeting once a month, and consisting of about ten people equally divided between the two professions, have been set up. This paper is a preliminary report on the functioning of the second group and its activities.

#### *Objectives*

The stated objective of the exercise was:

1. To show general practitioners who marriage guidance counsellors were, how they work, and the problems they faced in communicating with general practitioners.
2. To allow counsellors to come to some understanding of the general practitioner's view of family problems and methods of handling them.
3. To facilitate communication, where appropriate, between counsellors and clients' doctors.

This group consisted of five doctors, five counsellors, and a consultant psychiatrist. On one occasion the group was augmented by the regional tutor of the marriage guidance council and two general practitioners from America.

#### *Procedures*

General topics were dealt with at the first session, including discussion of communication methods. Counsellors aired their grievances about difficulties in communication with clients' doctors and it was pointed out by the doctors that perhaps a letter, in that it can be filed in the patient's own records, and can be read and digested at the doctor's 'leisure' might be a 'cooler' method of communication than a telephone call, especially in view of the high incidence of allergy to telephones among general practitioners. At this group it was also decided that further meetings should be based on presentation of a case. It was felt that this should be done by counsellors as general practitioners were unlikely to have any cases worked up to the level that counsellors worked up cases, but that where possible counsellors should present cases in which the doctors present were also involved. The rest of the meetings were indeed based on this formula except the last one which was concerned mainly with deciding (a) whether the existing group should be on-going, and (b) discussing an approach for basing family counsellors in group practices. There were six meetings all told.

#### *Evaluation*

The series was useful at a superficial level. The doctors learned, in some cases for the first time, the principles of non-directive counselling and were therefore able to see the ways in which they could give help with, and select cases for, counsellors. Communication difficulties were ironed out as far as the personnel of both professions were concerned. Mutual respect was increased.

At a deeper level nothing was achieved. In no meeting were the general practitioners forced to assess their own reactions to patients, nor were they seriously challenged on the amount of time they were prepared to give to counselling, nor on their use of drugs and referral rather than the use of interviews in depth. Counsellors gained no insight from these groups into assessment of medical problems in their cases. In the cases of most people taking part in the groups easy personal relationships were established.

#### *Proposals*

If the last paragraph is held to have fulfilled the objectives stated, the group could now have been wound up. It would seem that the good personal relationships established and the freedom of conversation to which the members had become accustomed could allow an on-going group to work at greater depth, and therefore with greater usefulness, than this one. For this to happen general practitioners would have to present cases and to submit to the same analytical

scrutiny as counsellors do in their weekly discussions. This might well be traumatic for some doctors who, by reason of their negligible training of psychiatry and psychology generate fairly high levels of anxiety when their own methods come under scrutiny. Casualties might be expected.

#### *Further developments*

Both general practitioners and counsellors agreed with the above evaluation and it has been decided to continue with these group meetings. The further series of meetings, however, are to be based firmly in case presentations by the general practitioners who will expect and receive criticism from the counsellors as to their ways of handling marital situations in their own practices. It is hoped that they will thereby gain insight in the same way as those doctors participating in the Tavistock seminars did. Where the cases to be presented involved one of the counsellors present or the consultant psychiatrist, previous discussion is encouraged. This on-going group is now in progress and is felt to be beneficial by those six general practitioners taking part in it.

#### **Summary**

A series of meetings between general practitioners and marriage guidance counsellors has been set up in Hull. The first series were to improve communication and mutual respect. An ongoing group has been formed to take advantage of the Tavistock-like situation that arises in these groups to learn more about their own reactions to patients and some of the counselling skills of marriage guidance counsellors. It is felt that this experiment is worth publicizing as it could be applied in many areas to the benefit of doctors, counsellors and patients.

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## **RESEARCH METHODS AND STATISTICS**

### **A report on the course held at the College, 9 to 13 March 1970**

The purpose of this report is:

1. To record the structure and scope of the course.
2. To analyse its objectives.
3. To evaluate its achievements.

This was the second course of this nature held at the College and a description of its origin and precedent is given previously.<sup>1</sup>

The course comprised ten sessions, five of which were conducted by Mr G. Kalton and Mr F. Gattoni of the social statistics department at the London School of Economics, Professor K. B. Haley of the University of Birmingham Operational Institute for Engineering Production, Dr D. L. Crombie of the Records and Statistics Unit of the College, Dr J. Fry, Dr G. I. Watson and Dr B. Cooper supervised one session each. The course was attended by 23 participating doctors from all parts of the country, representing several branches of the profession and all types of practice.

#### **Content of course**

The statisticians gave an account of methods used to chart the field of morbidity, describing the logical and mathematical steps taken in developing a research project. Experimental design was discussed and the formulation and development of a hypothesis. Tests for reliability and validity were described. Methods of collecting data and their limitations were discussed, followed by a description of the statistical principles involved in data analysis and sampling procedures.

There was a brief interlude during which the computer terminal at the London School of Economics was visited, and it was learned that the work done in one hour by the computer which was seen a year ago, could now be accomplished in one minute by the present CDC 6600 machine. The prospect of computer terminals could revolutionize the present methods of recording in general practice.

In the remaining sessions, Dr G. I. Watson summarized the development of research in