

taken off the shelf for reference and reviewed many times in the course of a career. The book is very useful in presenting practical ways to intervene with suicidal patients and could be used educationally or clinically to teach assessment, intervention, and referral with such patients. Others that can benefit from this book are behavioral scientists who work in primary care settings.

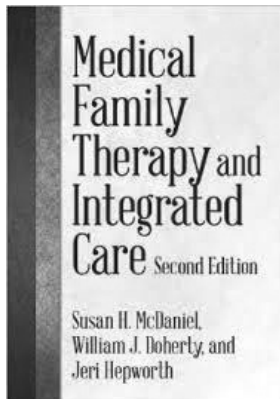
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## Medical Family Therapy and Integrated Care

Susan McDaniel, William J. Doherty, Jeri Hepworth

Washington, DC, American Psychological Association, 2014, 358 pp., \$69.95, hardcover



Understanding and working with families is an important strength for family medicine. However, the family approach has suffered as it competes with new activities in the medical encounter, such as procedures, prevention, and inclusion of the electronic health

record. *Medical Family Therapy*, published in 1992, has been an invaluable reference and guide for anyone working with families. Its 2014 Second Edition is extensively rewritten, discusses current research, and brings a new focus on integrated care as well as additional topics that will surely enhance the family focus in family medicine. It is long awaited and by far the best book on the subject.

The authors, Susan McDaniel, William J. Doherty, and Jeri Hepworth are recognized leaders of family therapy in family medicine. They have written numerous other books and scholarly articles on the topic and served as leaders in multiple professional organizations in and beyond family therapy, including presidencies of the Society of Teachers of Family Medicine and the American Psychological Association.

This book will be of value to many types of readers. It is most specifically written for

medical family therapists (MFTs) and surely will be adopted as a textbook for trainees in that discipline. Family physicians will benefit from the penetrative understanding of families held by the authors and will be able to knowledgeably discuss and request state-of-the-art family interventions. For similar reasons, non-MFT mental health practitioners working with families will find the book valuable and may want to read it cover to cover. *Family Oriented Primary Care* (second edition)<sup>1</sup>, also by these authors along with Alan Lorenz, has a broader approach to understanding families that may be useful to academic faculty. However, that book was published in 2005, and while we await its third edition, some of its most valuable information is included in *Medical Family Therapy*.

Recent research demonstrates the important role of self-awareness in the medical interaction, and the authors address this topic from the MFT perspective. Four main issues are identified. First is medical family of origin issues, relating to the therapist's family history with health-related issues such as experience of illness, health behaviors, health beliefs, and interactions with health professionals. They note that family health histories are loaded with strong feelings with which the therapist must come to peace. Second is the MFT's personal history with health-related issues. For example, someone with shame for their own stress-related physical problems may be ineffective with patients with similar problems. A third area is anxiety with physical aspects of illness and treatment, with a recommendation that MFTs desensitize themselves to the physical processes of health care. Finally, they describe the impact that concerns about power and status in relation to physicians may have on MFTs. They note "twin temptations... to treat physicians as authority figures instead of collaborators, or as figures of contempt or avoidance." It is in these types of issues that the authors demonstrate significant understanding of psychodynamic theory that is apparent throughout the book. With regard to power and status issues, they suggest that is not so much conflict with other disciplines as much as it is ambivalence about the MFT's own status and power as professionals and as people that may bring surrender to one of these temptations.

Several new chapters speak to recent changes in medicine. One, on community engagement, acknowledges that the view of the physician as omniscient has changed and with

this change has come the recognition of the importance of the community itself in changing health behaviors. The authors describe how MFTs can apply their understanding of systems and expertise entering groups toward community engagement. Another chapter deals with the new frontier of genomic medicine. MFTs can of course be of help gathering family information but even more so assisting with adaptation to serious findings. A final chapter discusses how MFTs may impact group communications, decision-making processes, and relationships to assist health care system transformation.

*Medical Family Therapy* is highly practical, thus one area missing is a discussion of different family therapy theories. Readers would benefit from knowing that family theories often differ in explanation for family dysfunction, call for differing techniques, and that different theories/techniques can be more effective with some situations than others. This should not detract significantly from the book's value for

trainees. Anyone seeking to perform family therapy should have more exposure to therapeutic techniques and theory than could be afforded in any single book and should receive supervised training with experienced training therapists.

In summary, *Medical Family Therapy* is a current, well-written book by authorities in the discipline. It covers all important topics on therapy with families and provides specific rationales and details on approaches. The authors are particularly insightful as to professional issues raised in family work. Anyone interested in improving their work with families should consider this book.

**William Elder, PhD**

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### Reference

1. McDaniel SH, Campbell TL, Hepworth J, Lorenz A. Family-oriented primary care, second edition). New York, NY: Springer-Verlag, 2005.

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