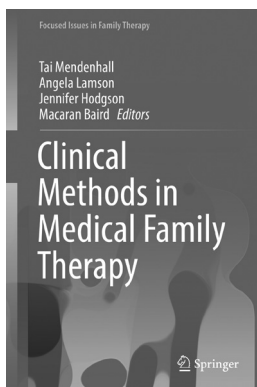


Clinical Methods in Medical Family Therapy

Tai Mendenhall, Angela Lamson, Jennifer
Hidgson, Macaran Baird, eds

New York, Springer Press, 2018, 617 pp., \$99.99, hardcover



Clinical Methods in Medical Family Therapy is for the reader in search of a comprehensive, integrative behavioral and medical family therapy book. It represents the new wave of medical family therapy information and its integration into a large variety of

medical specialties. The book expands upon pioneering works, including *Family Therapy and Family Medicine*,¹ *Medical Family Therapy: A Biopsychosocial Approach to Families With Health Problems*,² and *Family Oriented Primary Care: A Manual for Medical Providers*.^{3,4}

The book opens with a demonstration of the authors' commitment to family systems roots and theoretical orientation, as they share their professional genogram, show their connections to one another, their individual professional journeys, and personal narratives. As national experts in the profession of medical family therapy, the authors have been instrumental in the expansion of medical family therapy into academic graduate programs, including doctoral-level degrees. They share a wealth of knowledge while incorporating the most up-to-date literature and research-informed practices throughout the book.

The 19 well-organized chapters are divided into four sections: Medical Family Therapy in Primary Care; Secondary Care; Tertiary Care; Unique Care Environments and Populations. Example chapters include Medical Family Therapy in Disaster Preparedness and Employee Assistance Programs, Emergency Medicine, Internal Medicine, Intensive Care, Oncology, Obstetrics and Gynecology Care, Palliative and Hospice Care, and Endocrinology. Each chapter describes the specific medical

specialty or setting and how medical family therapists and behavioral health specialists are incorporated. Each provides a clinical vignette, a table describing levels of integration of a medical family therapist, individual approaches, community approaches, reflection questions, clinical assessment instruments, and professional organization resources with internet links. Also included is a glossary of terms specifically related to the medical specialty or department. Availability of these details and resources will assist anyone wanting to gain knowledge or work as a clinician in any of the mentioned medical specialties. The clinical vignettes are valuable, demonstrating how a medical family therapist in the office setting can assist patients with psychological, social, spiritual, and family concerns. They enable the biopsychosocial spiritual approach to come to life, demonstrating how psychosocial concerns impact medical concerns and how medical family therapists can untangle the patients' complex needs, offering research-informed psychological or family systems-based interventions.

One clinical vignette describes a 12 year-old seen at the pediatric endocrinologist for high BMI and signs of insulin resistance. After a PHQ-9A is administered, her high depression score is noted. The therapist meets with her, leading to identification of issues related to the child missing her mother and being in the care of her grandmother. The therapist helps the child to work on self-efficacy and self-care as well as the family strengths and challenges in meeting necessary medication and behavioral health care goals. Taking a family system approach helps to recognize connections to the symptoms and potential solutions.

This comprehensive book benefits new and seasoned medical and mental health professionals. It will be excellent for novice clinicians wanting to learn how family systems work is incorporated into a medical setting, or for proficient systems thinkers entering the world of medicine. The book provides excellent descriptions of unfamiliar terms to the language and roles unique to each medical specialty. Physicians, nurses, and other medical personnel could gain understanding of a fully-integrated

behavioral health model. It also provides specific terms and roles of professionals needed in each specialty area.

The tables describe the five levels of medical family therapy integration, discerning specific goals and tasks required to advance knowledge and skills in each specialty. Level one may have a cursory role while level five includes full integration into the medical department. An individual who reaches level five is fully integrated with a sophisticated skill set that is useful to further the profession with policies and research.

One topic that may have enhanced the book further is a suggested guide for administrators regarding workforce development, such as financial aspects involved in hiring and supporting a medical family therapist into specialty health care teams. Clearly, the benefits of behavioral health care are helpful to those receiving care and the medical staff. However, the book concludes with descriptions of family therapists successfully practicing in various medical specialties throughout the country.

This book is an excellent resource for medical and mental health training. It is informed by research, includes clinical vignettes, and clear descriptions of medical terminology and professional roles; this demonstrates a unique perspective. It should be considered a required text for all medical family therapy programs, behavioral health courses, and medical school.

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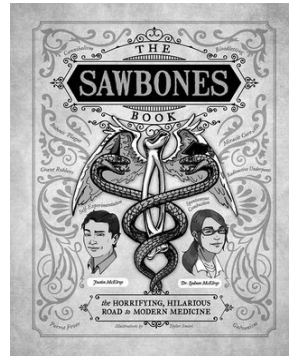
References

1. Doherty, WJ, Baird, MA. Family therapy and family medicine: Toward the primary care of families. New York, NY: Guilford Press, 1983.
2. McDaniel, SH, Hepworth, J, Doherty, WJ. Medical family therapy: A biopsychosocial approach to families with health problems. New York, NY, US: Basic Books, 1992.
3. McDaniel, SH, Campbell, TL, Seaburn, DB. Family Oriented Primary Care: A manual for medical providers. New York, NY. Springer, 1990.
4. McDaniel, SH, Campbell, TL, Hepworth, J, Lorenz, A. Family Oriented Primary Care: A manual for medical providers, second edition. New York, NY. Springer, 2005.

The Sawbones Book: The Hilarious, Horrifying Road to Modern Medicine

Justin McElroy, Sydnee McElroy, Teylor Smirl (Illustrator)

San Francisco, CA, Weldon Owen Inc, 2018, 216 pp., \$16.28, hardcover



Sawbones the book was based on the podcast: *Sawbones: A Marital Tour of Misguided Medicine*.¹ The podcast, which is an extremely popular podcast with excellent ratings on iTunes, is a weekly humorous and informative

account of all the missteps we in the medical profession have taken over the years in our quest to cure people of disease. The book and podcast were created by family physician Sydnee McElroy, MD, an assistant professor at Marshall Family Health in West Virginia, and her husband, Justin McElroy, a podcaster, actor, and former video game journalist. Sydnee's younger sister, Teylor Smirl, an illustrator and comic book artist, illustrated the book. As a family physician interested in medical history, a graphic novel enthusiast, and a loyal listener of the *Sawbones* podcast since 2014, the year after the podcast began, I was eager for the book to be published, and was certainly not disappointed when I finally had the opportunity to read it.

The book and podcast are a combination of engaging and factual bits of medical history mostly presented by Sydnee, interspersed with usually hilarious side commentary by Justin. The book compiles many of the more notable (and illustratable) stories into a single concise volume. Although by no means a comprehensive account of medical history throughout the ages, the weekly podcast, now ongoing for 6 years, does indeed cover quite a few topics from trepanation to black salve. For the podcast each week, Sydnee often takes suggestions from listeners, to come up with a topic for the week that she then researches and tells a story about. Each week, Justin listens to the story Sydnee is telling in real time, and interjects his very nonmedical thoughts and comments. As you can imagine, the back and forth between husband and wife is very entertaining. The

layout and design of the book are a reflection of the interactions Sydnee and Justin have on the podcast, with sidebars by Justin, intermittent “Justin vs Sydnee” text bubbles, and Sydnee’s Fun Medical Facts/Sydney’s Medical History Corner footers. To the reader familiar with the podcast, the voices of Sydnee and Justin can be clearly heard while reading through the pages of the book. The book has a bit of a graphic novel style, but with much more text, and as Justin often says on the podcast, it has a very “old timey” feel, which is perfect.

The book is divided into an introduction and four chapters: The Unnerving, The Gross, The Weird, and The Awesome. Each chapter includes a “The Doctor Is In” section, where Sydnee, just as she does in the podcast occasionally, answers specific short questions emailed or tweeted in by listeners. The book also includes some old photos, advertisements, and paintings, often adapted by Teylor, that complement the stories.

Although this is not a text meant to be used for medical education purposes, the book, just like the podcast, is exceedingly entertaining, and just as the podcast is easy and fun to listen to, so too is the book easy and fun to read. However, as a bonus, the reader also learns a bit of medical history in the process, and as almost every medical historian will tell you, in order to really understand modern medicine, one must know a bit about the history of medicine as well. Sydnee states often and emphatically that she is not a medical historian, and while this is true, she is, as many family doctors are, talented at taking the obscure and sometimes difficult to understand truth, and weaving it into an interesting and digestible story that physicians and nonphysicians alike can easily absorb. In the end, the true value of the podcast and the book lies in the fact that they make medical history accessible and fun for everyone. Finally, for family medicine educators and learners—those of us who have always been interested in medical history but usually too busy seeing patients, spending time with family, or in our rare bits of free time reading actual medical texts and listening to AAFP podcasts, the podcast and the book provide a humorous and engaging—albeit slightly disorganized—introduction into the world of medical history.

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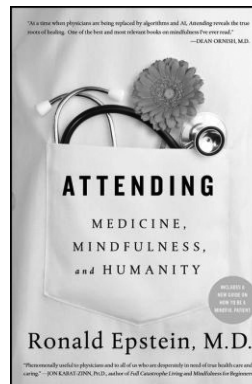
References

1. Maximum Fun. Sawbones. <https://www.maximumfun.org/shows/sawbones>. Accessed May 12, 2019.

Attending: Medicine, Mindfulness, and Humanity

Ronald Epstein

New York, Scribner, 2017, 287 pp, \$26, hardcover



As burnout rates soar in medicine, mindfulness is the new buzzword. In this book, Ronald Epstein, MD translates the concept of mindfulness for health care providers; he takes it far beyond practice to more of a way of being. If you were under the misconception that

mindfulness equals meditation, Epstein’s book will set you straight. In medicine, it is about compassion, addressing errors, having curiosity, and ultimately being comfortable in one’s own skin. In the first sentence, he reminds us that “human understanding starts with understanding oneself.” His goal is to help us with self-preservation and much more; he describes attending as “showing up, being present, listening, and accompanying patients when it matters most.” Attending, he argues is a moral imperative that allows for the best care and a way to honor patients’ humanity.

What makes this book so accessible is the style of Dr Epstein’s writing. He layers one set of wisdom upon another. He has practiced in Rochester, New York for years, and shares plenty of stories. While he uses powerful idioms like the importance of knowing the patient versus simply knowing about the patient, he solidifies each important concept with an anecdote that solidifies his message.

The book oscillates between theories and very useful analogies. He includes concepts such as decision theory, explores rationale versus narrative, and the “whole mind” versus the “shared mind.” Believe me, this material is fascinating because of how practically it is presented, and readers will have many “Ah-ha” moments realizing why they and patients behave the way they do. The book is well researched with 25 pages of 400+ references. Research aside, the book focuses on everyday

issues like getting frustrated with patients or angry about being inefficient. Epstein shows us how practicing mindfulness allows us to gain a metacognitive approach to these situations and transform how we react in real time. Some lessons are as basic as noticing the flowers in the patient's room to show them you are present, and as complex as being self-aware enough to take a time-out in a heated situation to become calm by simply focusing on your feet planted on the ground.

I admit to having become a disciple of Epstein's approach. It inspired me to take some mindfulness courses and I am now living what he preaches. That is how inspiring the book can be! Epstein implies that merely reading the book will not get you to an enlightened state. It is a challenging journey but one worth pursuing. He chides that mindfulness is usually the domain of poets and philosophers but is ultimately at the core of health care and medicine. He argues that being a doctor is about sharing information, being present, and being kind—and yet these traits are very difficult to achieve consistently and well within our fast-paced world and broken systems.

If the above is not reason enough to buy and read this book, let me highlight three other features. Epstein writes a treatise on suffering that, once read, will alter the way healers think about those who are in pain or are ill in a broader, more personal manner. He teaches us to move from empathy and rote statements (“sorry to hear that”) to compassion and engaging questions (“how are you dealing with that.”) He reminds us to transition from cure to care when appropriate and use the physical

exam for touch and deep listening for validation. Second, his coverage of medical mistakes is different from others. Epstein delineates the physician as the “second victim” of patient errors and how projects around the country like the “Confession Project” are healing and transformative for participants. Finally, a step-by-step, two-page appendix provides a how-to-guide for medical mindfulness.

Academics will enjoy the discussion of learning theory and the differences between learners, experts, and masters. Students and residents will gain 20 years of acumen about practicing differently and may thus avoid some of the frustrations that many of us have endured. All readers will seek solace in Epstein's rage against the system, chiding the pressures of health care and its demand for more productivity, when what we cherish is sincerity and caring. What is so satisfying about this book is the offered path to provider satisfaction, and not simply analysis. Epstein delves into the traits that lead to burnout and then outlines “stress inoculation” approaches including 10 resiliency factors. I think the book is so useful, I plan to give a copy to each of the learners I mentor.

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