professional’s perspective. Ironically, though clinical physicians ply their trade every day in communication with patients, their training in the art of it is less in-depth than that of many health professionals such as psychologists, nurses, therapists, and others. The book, which is penned by an occupational therapist, is unlikely to be spontaneously read by a medical student, physician resident, or practicing physician. This is unfortunate, and a second edition, coauthored with a physician, might generate additional interest within the medical profession at large.

Ultimately, with useful cross-referencing and the author’s easy to understand style of writing, *Health Literacy from A to Z* is a worthwhile read for all clinical health care providers and for all academic health care professionals with interest in becoming more effective oral and written communicators.

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Using a “strengths-based” approach to capitalize on a family’s “resiliency” are the latest buzzwords in those fields working with families in crisis. The theoretical underpinnings of resiliency-based practice—the idea of hearing the whisper of strengths among the roar of problems—falls in accord with the values of the field of social work and the movement toward patient-centered family medicine. Practical use and application of this approach, however, have been ambiguous. When families finally seek help, they are often discouraged and defeated, consumed by their problem-saturated narratives. While our intention is to recognize and reinforce the strengths of the family unit and to increase their ability to cope with multiple complex stressors, how does this actually manifest itself? Mary Patricia Van Hook places this approach into the context of family work, from the theoretical foundations to the applied use of resiliency. She aptly redefines our idea of what a resilient family looks like—not problem free but able to “absorb the shock of problems and discover strategies to solve them while finding ways to meet the needs of family members and the family unit.”

The book is divided into three parts. The first section serves as an introduction to resiliency-based practice, summarizing volumes of evidence-based literature on risk and protective factors at the environmental, family, and individual levels. The author presents an in-depth review of how the professional can be a catalyst for change within the family system, encouraging the notion that challenges are part of the rhythm of family life rather than a threat to the family unit itself. Existing evaluation tools are outlined to help the professional gauge family functioning. The reader, however, may need to flip back to a previous chapter to recall the specific details, since they are not repeated. The case examples are diverse enough that professionals across a variety of disciplines will be able to find scenarios they can relate to.

A thorough chapter is devoted to the impact of cultural issues, race, and ethnicity. As culture is passed down through intergenerational transmission to create and sustain change within a family, it is imperative to understand the risks and protective factors that exist in the overlap between culture, dominant US values, and poverty. These concepts are not limited to this chapter; however, they are also woven throughout the text, continually reminding the reader of the necessity to be aware of and adapt one’s approach as needed.

The second part of the book focuses on incorporating resiliency-based practices into the major theoretical approaches to family therapy, including social learning (cognitive), structural, solution focused, narrative, psychoeducational, multisystems, spirituality, and object relations. Each chapter first provides a refresher on the major tenets of each form of family therapy. The incorporation of resiliency-based theory into practice is explicit, rendering aspects of these chapters seem like a how-to guide of joining “as a partner in the family dance,” including what to say, how to say it, how to set an agenda and goals, specific responses to conflict, exploiting the power of silence, and, importantly, how to continually reinforce the family’s inherent strengths. Concrete ways to weave in resiliency-based approaches are provided, including the use of visual aids, assigning the family “homework,” and specific questions to probe what works for a given family and empowering them to build upon those successes.

Realistic case examples of families from various socioeconomic, cultural, and gender role backgrounds are referred to in different chapters, illustrating various ways of engaging, assessing, and evaluating family functioning. The reader, however, may need to flip back to a previous chapter to recall the specific details, since they are not repeated. The case examples are diverse enough that professionals across a variety of disciplines will be able to find scenarios they can relate to.

Part three of this textbook offers an in-depth exploration of working with families dealing with illness and with chapters devoted to children, HIV/AIDS, diabetes, dementia, effects of trauma, and refugee experiences. These chapters review how such medical and emotional challenges are
processed, and particular attention is paid to culture and religious or spiritual orientation.

While Dr. Van Hook gives a thorough overview of resiliency-based practice from its foundations to its application, the text is dense and reads laboriously at times, despite her obvious enthusiasm for the subject. As a whole, because of its intense and exhaustive nature, the book would be best suited for an advanced clinical audience, like professors of clinical social work, marriage and family therapy, or mental health counseling with families. Due to its comprehensive nature, this book offers something for everyone working with families. Students and beginning therapists would find the middle section of the book useful with its specific application instructions and case examples. Professionals within the medical community, such as family physicians, medical social workers, and nurses might find the last section of the book of particular relevance, given the need for adequate cultural competence when working with families in the medical setting.

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It gave me great joy to revisit Pulitzer Prize winner John McPhee’s short book Heirs of General Practice. First appearing as an essay in the New Yorker on July 23, 1984, published as a stand-alone book later that year, and then gathered together as part of the collection Table of Contents in 1985, much of McPhee’s account of rural family medicine rings true today.1 In it are discussions of turf and referrals, of long hours and hospital meals, and of patients who follow our advice (and those who don’t).

Following a group of family physicians in rural Maine, McPhee describes care for patients with abdominal pain and alcohol abuse, maladies that are self-evident, and problems that defy diagnosis by the most esteemed specialists. Throughout he demonstrates a keen eye for detail and the human interest in our wonderful calling. There is even a genogram!

I have the sense of peering into a time capsule—the specialty of family medicine was younger and arguably more optimistic than it is today. I was finishing residency and eager to enter my own rural family practice. The force of DRGs, for-profit medicine, and merger mania was just beginning to be felt. To read McPhee’s essay is like glancing through a box of old photographs—you recognize yourself but can hardly believe the time that has passed.

McPhee is a gifted writer who encapsulates the essence of a topic in a readable and insightful manner. If, after McPhee, you yearn for another author who clearly captures the cadences and nuances of family medicine, pick up something by author and family physician Ferrol Sams. Epiphany is a good place to start.2

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References

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