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Book Reviews

Working with Families of the Poor. 2nd ed. By Patricia Minuchin, Jorge Colapinto and Salvador Minuchin; The Guilford Press, New York, New York; 2007; ISBN-13: 978-1-59385-347-1; $25 (paperback), 259 pp.

Psychiatrists, psychologists, social workers and all other mental health workers who treat the poor hopefully realize the importance of family and family-based intervention in treating the poor suffering from mental illness and/or substance abuse.

Salvador Minuchin has taught us for decades about the systemic model and the importance of family approach to patients with chronic mental illness and poverty-related stress. His teaching in this area is the cornerstone of working with families. He has published, lectured and taught extensively in this area. In 1998 he and his co-workers Patricia Minuchin and Jorge Colapinto published the first edition of this interesting and important book, *Working with families of the poor*. Almost a decade later, the authors are bringing us the second edition of this volume. As they point out, many aspects of their family orientation and systemic approach remain constant, yet "as time has gone by, the world has changed and we have changed. Society has become more complex, challenging the helping systems to keep pace in their delivery of services . . . " (p. 3). The authors also emphasize that the new edition of their book is focused on the work of the last decade, presenting new material in the areas of substance dependence, foster care, and mental health of children.

The book consists of two parts, *I. Fundamentals of family-oriented thought and practice,* and *II. Implementing a family-oriented model in service systems*. Both parts consist of four chapters each. Chapter one provides a general orientation to the book and outlines the three main areas mentioned before. The authors state that their work has been guided by two fundamental principles: systemic orientation and an emphasis on families as the primary social context for its members. They explain that systemic orientation is "both a mode of thinking and a guide for facilitating change" (p. 5). The chapter ends with a case example of the "multicrisis poor," in which the authors illustrate the multiple aspects of services provided: professional assistance, the provision of housing, foster care for the children, and a drug rehabilitation program. Chapter two, "The framework" explains the systemic orientation in detail and discusses families as systems. Each family has predictable patterns of interaction that are recurrent and predictable (p. 18) and some of them are ethnic in origin (p. 19).

Each family, according to the authors, also contains a variety of subsystems and, of course, individuals. In the following discussion of the families served by the welfare system the authors emphasize that these families often "look chaotic; people come and go . . . the instability is partly a lifestyle, amid poverty, drugs and violence, but it's also a by-product of social interventions. Children are taken for placement, members are jailed or hospitalized, services are fragmented . . . . Violence is a major fact of life for these families" (p. 25). The last part of this chapter discusses the obstacles to the family approach—bureaucracy, training of professionals, and social attitudes toward families that are poor or "different." Chapter three, "Working in the system," outlines the conceptual skills, such as thinking about families, people, patterns, rules, boundaries, gathering information and others. At the conclusion, the authors summarize these skills in ten points (workers must first think about families—points 1–5, and then exercise practical skills to help families change—points 6–10): 1. Families are social systems; 2. The typical behavior of family members may be preferred, but alternative patterns are used; 3. Individuals are separate entities; 4. Families move through transitional periods in which the demands of new circumstances require a change in family patterns; 5. When they intervene, workers become part of the family system; 6. The staff's first efforts to help families change should explore how they define their problems; 7. Workers are the catalysts of change; 8. The staff empowers families by focusing on family strengths, but they must also work with conflict; 9. Intervention is most effective if the staff can restrain their expertise; 10. The staff should consider the extended family as its own primary resource, expanding their initial view of who might be available to help. Chapter four, "Changing the system," covers areas such as intake, nurturing the partnership and moving the family ahead (including the outreach which may involve visiting the family at home), and discharge and/or reunification.

The second part of the book, as the title suggests, deals with implementing a family-oriented model in service systems, Chapter five, "Substance abuse," describes two very different programs developed: a) "The perinatal program" for drug-dependent adult women who are pregnant and poor (co-written with David Greenan), and b) "The residential center for adolescents" (co-written with Richard Holm, new in this edition). The chapter is accompanied by interesting clinical examples. Chapter six, "Foster care," is probably the most

informative one for an adult psychiatrist like me. The authors point out at the beginning of this chapter that children in foster care are among the most disturbed young people in the country (p. 133). The chapter focuses on a systemic approach to foster care. It is emphasized that foster care has unique features, such as involving two families (the biological and the foster ones) and two sets of agency "employees" (the professional staff and the foster family members). The authors outline the basic ideas of their ecological model and the training of all those involved in foster care. Again, the chapter is "illustrated" with interesting clinical cases. Chapter seven, "The mental health of children," focuses on implementing systemic and family approach into the mental health care for children and adolescents—for instance the introduction of families and family oriented approach to psychiatric hospitals and wards (again, using clinical examples). The second part of this chapter focuses on mental health systems, the organization of training experience, and the training of case managers. The last chapter, "Moving mountains," provides a summary of the factors that maintain the basic elements of family-based services.

This is an interesting book written by authors devoted to the systemic and family approach to mental health and substance abuse care. It emphasizes a very important part of the care for the poor—the work with their families. The book would be appreciated by all those taking care of mentally ill, poor patients, those treating foster children, and those involved in substance abuse treatment/management. Thus, this book should be read not only by social workers and a few psychiatrists really interested in family approach and family therapy, but by all psychiatrists working within community mental health centers system and by all administrators of these institutions and mental health policymakers.

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How Doctors Think. By Jerome Groopman; Houghton Mifflin Company, New York, New York; 2007; ISBN 978-0-618-61003-7; $26 (hardcover), 307 pp.

How do doctors (and, actually, others) really think? We wish we really knew. It is a very interesting and important question for all of us—patients and physicians. A sound bite about physician's decision making one hears frequently is that, on average, a physician will interrupt a patient describing her/his symptom within 18 seconds. As has been also pointed out, physicians frequently make a diagnosis and a decision about treatment in a similarly short time. These decisions are correct many times, but could be wrong, with serious consequences at times. So, one may ask, how do physicians make these decisions so quickly, what is going on in their mind? Jerome Groopman, who has become a philosopher and a commentator on some aspects of modern day medicine (see 1, 2) is trying to analyze, elucidate and answer this question in his newest book, *How doctors think*. His book is not, as he points out, about every aspect of thinking, but " . . . about what goes on in a doctor's mind as he or she treats a patient" (p. 3). He emphasizes that the approach to the physician's way of thinking and decision-making has been changing. His generation "was never explicitly taught how to think as clinicians" (p. 4). Nowadays, medical students and residents are being taught to follow preset algorithms and practice guidelines in the form of decision trees to establish a more organized structure in thinking and decision making (p. 5). This approach is being touted by administrators, senior staff, and insurance companies. It is "thinking within the box." As Groopman suggests, "clinical algorithms can be useful for run-of-the-mill diagnosis and treatment, . . . but they quickly fall apart when a doctor needs to think outside their boxes, when symptoms are vague, or multiple and confusing, or when test results are inexact" (p. 5). Then the questions arise—How do physicians think in those situations? Do different physicians think differently? Are different forms of thinking more or less prevalent among different specialties? How does a physician's thinking differ during routine visits versus times of clinical crisis? Do physician's emotions—his/ her like or dislike of a particular patient, his attitudes about the social and psychological makeup of his patient's life— color his thinking? All these and other questions spawned not in my mind, but in Dr. Groopman's mind and he decided to explore them. An important caveat though: he quickly realized that "trying to assess how psychiatrists think was beyond my abilities" and thus this book does not deal with the way psychiatrists think.

The book consists of ten chapters that go through various disciplines and are usually based on and illustrated with excellent clinical cases. The first chapter, "Flesh-and-blood decision-making," points out that attending physicians who teach trainees to perform "a calm, deliberate, and linear analysis of the clinical information" usually themselves do not think that way when encountering emergency patients. Cognitive science points out that, "The mind acts like a magnet, pulling in the cues from all directions" (p. 35). An expert clinician typically forms a notion of what is wrong with the patient within twenty seconds (p. 34). Dr. Groopman points out that to develop hypotheses from a very incomplete body of information, doctors use shortcuts called heuristics (p. 35). The second chapter, "Lessons from the heart," discuses the errors that could arise due to various aspects of our thinking during quick analysis and decision making. He discusses the representativeness error (when thinking is guided by a prototype and one fails to consider possibilities contradicting the prototype), attribution error (when patients fit as negative stereotype), and affective error (when one's thinking is colored by the feelings about the patient, and the fact that we value information that fulfills our desires) too highly. The third chapter, "Spinning plates," expands on classical cognitive errors and focuses a bit on