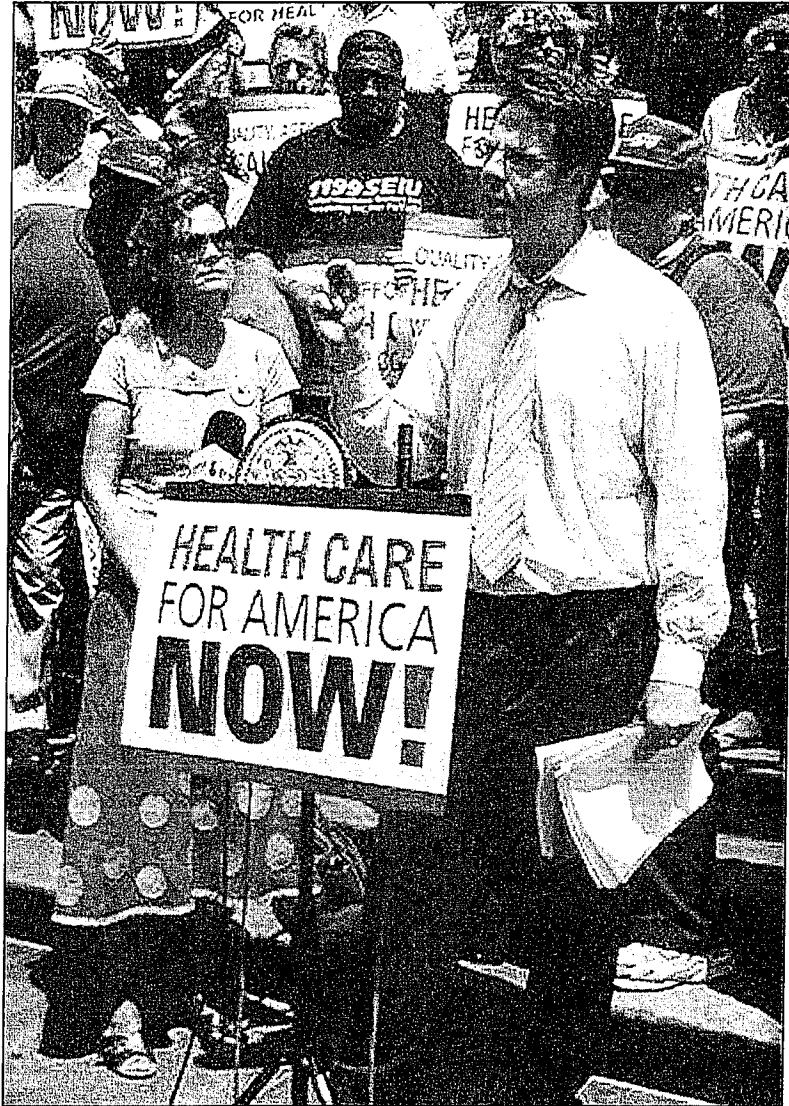


# Families, Systems, & Health

*The Journal of Collaborative Family Healthcare*



JUNE 2010 • VOL. 28 • No. 2

[www.apa.org/pubs/journals/fsh](http://www.apa.org/pubs/journals/fsh)

Published quarterly by the Educational Publishing Foundation

ISSN 1091-7527

ISBN 1-4338-0924-9

ISBN-13 978-1-4338-0924-8

cludes chapters on how the brain works and how psychotropic medications work in general. The second section—and longest at six chapters—is on “Psychiatric Disorders and Their Treatments.” Covered are mood and anxiety disorders, schizophrenia and other psychoses, cognitive disorders, alcoholism and substance use disorders, and a chapter on special populations such as chronic pain, obesity, and sleep disorders.

The authors offer clear-cut information by using tables, and interweave medical information with clinical information. For example, in the section on depression, there are tables covering, among other things, components for a suicide evaluation, classification of antidepressants according to their presumed mechanism of action, causes of sexual dysfunction in depressed patients, and symptoms that may occur during acute SSRI withdrawal. These tables provide an accessible reference to guide therapists in their conversations with patients, families, and physicians.

It was the third section, on “Creative Collaboration,” that was, for me, the unexpected jewel of this book. Presuming the reader has no background in collaborative care, the authors provide basic information, such as which who might prescribe medications for psychiatric disorders or which health care professionals may be part of the medical team. They provide examples for referring patients for medication, and information about what to expect once the patient does see the prescriber. This is particularly useful in preparing for the consultation.

This book provides an excellent resource for introducing the concepts of collaborative care and for teaching specific strategies for engaging the physicians in our practice. I plan to incorporate *The Therapist's Guide to Psychopharmacology: Working with Patients, Families and Physicians to Optimize Care (Revised Edition)* into our internship orientation, and to use it as a reference throughout the year.

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**Breaking the Cycle: How to Turn Conflict Into Collaboration When You and Your Patients Disagree**

By George F. Blackall, Steven Simms,  
and Michael J. Green  
Philadelphia: American College of  
Physicians, 2009, 147 pp., \$29.95

DOI: 10.1037/a0019979

Every doctor has a problem patient, someone whose name you groan to see in your schedule and whose calls you delay returning. They are the patients who make you wonder why you ever thought medicine would be a good career choice. And chances are, you've already tried and failed to make them change their ways. But what if you *could* change the relationship you have with them?

*Breaking the Cycle* is a quick and entertaining read (I read the entire book in less than a day) that practically addresses those maddening stalemate situations between you and your most difficult patients. Not only do the authors break down their methods into a standardized approach, but they also tell the story of how the approach plays out in a variety of real-life situations. This is not one of those frustrating “How to” books that makes everything sound great on paper and yet has no application to real life.

The authors' principles are simple. They start with the obvious, but often ignored, point that doctors do not have all the answers. We don't always encounter a patient with clear symptoms that we are able to promptly diagnose. We cannot always prescribe a medication that will cure the patient. It's great when it does work that way, but more often than not, it doesn't. Patient problems often persist despite our best efforts, leaving both patients and physicians

frustrated. Sometimes the patient gets angry, the doctor withdraws, and the relationship breaks down. It is only in recognizing the limitations of our "doctor-as-expert" thought process, that we can begin to move into a new paradigm, helping both our patients and ourselves in the process. This is where the book, despite its focus on physicians, becomes applicable to so many other medical care providers. This book helps any provider identify new ways to engage and avoid alienating patients, information that is both immediately necessary and timeless.

On a personal note, I have already found the book to be useful. As a family medicine resident with a complex patient panel, many of whom have social needs far beyond what a medical clinic can provide, I have inherited several patients who have long since completed a thorough medical and psychiatric work up for their complaints, usually pain or anxiety/depression. Rather than get frustrated when they appeared for yet another visit, I decided to put *Breaking the Cycle* to the test. I discarded my own internal pressure to "do something!" and simply listened to their concerns. I commiserated with their woes, offered suggestions and encouragement where I could, but always without judgment or expectation. And miraculously, it seems to work. They are happy to have been heard and understood; I am happy to

have offered some small respite from their daily grind, even if nothing else has changed.

George Blackall is an associate professor of pediatric psychology at Penn State Hershey, while Steven Simms is a family therapist, psychologist, and associate director of the Philadelphia Child and Family Therapy Training Center. They have turned their skills and training to evaluating the physician, and by collaborating with Michael J. Green, a professor and internist, have produced a useful guide to navigating these painful situations that many physicians are otherwise inclined to ignore.

*Breaking the Cycle* provides an important reminder that sometimes all our patients need for us to do is to walk their medical journey with them. We won't always have the answers, we will potentially make mistakes, but we have entered into a professional relationship that we won't lightly abandon. We will provide a safe place for any patient to voice their concerns and know that they have been heard; providing that reassurance may be all that many of our most difficult patients need. If so, both the price of this book and the time reading it will have been well spent.

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