

## Preface to the Second Edition

Much has happened since *Family-Oriented Primary Care* first was published in 1990. Many physicians and nurses wrote to us about their experiences with family-oriented care, in the United States as well as in England, Germany, Israel, South Africa, Finland, Spain, Japan, and South Korea, to name just a few countries with strong family-oriented health professionals. We have been influenced by many of these colleagues and by the changes in the healthcare climate and practice. Ours is a time that requires innovation and rethinking of clinical approaches. This second edition of *Family-Oriented Primary Care* represents our current thinking and practice in response to the current healthcare environment.

Primary care is delivered in so many different settings and contexts that we are acutely aware that one approach cannot fit all situations. An intervention can have a variety of meanings across cultures. The examples in this book come from our experiences. The particulars may not fit your context or culture; however, we understand from our contact with others regarding the first edition that the principles of family-oriented primary care hold true regardless. For example, the meaning given by a patient to the symptom of fatigue or fainting may be different in the Rio Grande area of Texas than it is in New York City or outside Capetown, South Africa, but the principle of asking about and understanding the meaning or belief of the patient remains the same.

In addition to belief systems, family-oriented primary care is also very much affected by the economics of the particular healthcare delivery system in which the clinician works. In the United States, with the increasing corporatization of healthcare, clinicians have had to become even more aware of the bottom line. With decreased reimbursement in the face of increased paperwork, clinicians are even more pressured for time. The need to be efficient has never been greater. At the same time, there has been increased emphasis on “customer satisfaction.” Primary care has new prominence as a key element of this new delivery system, with primary care clinicians sometimes functioning as gatekeepers who decide when and how much to utilize other services.

## x Preface to the Second Edition

All this change and turmoil in the delivery of healthcare has been both stressful and exciting. Whereas many professionals worry about patients receiving the appropriate quality of care when decisions are driven by financial considerations, one of the real benefits of attention to cost has been the overdue respect now given to the patient and family as consumers of healthcare. Healthcare systems are suddenly competing openly, and they want to know what their patients want.

Family-oriented approaches have become more, not less, relevant in this environment. With the decreased length of hospital stays and increased use of less-expensive paraprofessionals for a range of services, family members increasingly are care providers for patients with a broad range of problems. It has become essential for primary care clinicians to know how to work with family members, and to understand the family context even when only working with an individual patient as is typical.

Another development that influences this edition is the work of McDaniel and Hepworth, with their colleague Bill Doherty, in the development of an approach for mental health professionals termed “medical family therapy” (2). This biopsychosocial approach to psychotherapy has the same underlying principles as family-oriented primary care, and provides a complementary approach for family-oriented behavioral health clinicians on the primary care team.

New organizations and new journals have sprung up to support these innovations in healthcare. For example, the Collaborative Family HealthCare Association (CFHA)<sup>1</sup>.org is a multidisciplinary organization for professionals interested in family-oriented, collaborative approaches to integrated healthcare. Its members include primary care physicians, nurses, a range of behavioral health specialists, and others committed to collaborative care. The journals *Families, Systems & Health* and the *Journal of Family Nursing* both devote themselves to research, literature reviews, and care reports about family-oriented healthcare. The research on the efficacy and effectiveness of family interventions has grown, will be seen in Chapter 2.

These many changes motivated our desire to update the first edition of *Family-Oriented Primary Care*. David Seaburn has turned his considerable talents to training in the area of research and health (thank you, Dave, for all of your important contributions to the first edition), and two new authors joined Susan McDaniel and Thomas Campbell in the revision of this volume: Jeri Hepworth, a family therapist who has taught and practiced in a Family Medicine residency program since 1981, and Alan Lorenz, a family physician who had a rural, family-oriented primary care practice for 10 years before coming to the University of Rochester Department of Family

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<sup>1</sup> Information about CFHA is available by writing 40 West 12 St, NY, NY 10011, Fax: 212-727-1126, E-mail: [staff@cfha.org](mailto:staff@cfha.org), Web site: [www.cfha.org](http://www.cfha.org)

Medicine in 2001. Both authors bring a long history of experience and creativity to this project.

For those who know the first edition, you will notice that we have added new chapters on topics that students, residents, and practitioners continuously asked us about: how to conduct a routine, family-oriented visit with an individual; how to work with the difficult (angry, uncooperative, multiproblem) patient and family; and a family-oriented approach to genetic screening. In addition, much of the previous material has been updated and expanded. In the chapter on abuse, for example, we include approaches to partner violence and elder abuse, as well as on child abuse. This manual reflects our rapidly changing field, although we retain material and principles that seem to us to be timeless. We have given more attention in this volume to diversity: the diversity of patients treated in primary care, the diverse family forms that are part of our current cultural fabric, and the diversity of clinicians now working in primary care.

Health professionals today come in a variety of forms. In the first edition, we focused our efforts on family physicians. Part of the purpose of the second edition has been to broaden the focus to include internists, pediatricians, nurse practitioners, physician assistants, obstetrician/gynecologists, and any specialty physicians wishing to bring more of a family focus to their practice.

Many of these changes are the result of feedback that our readers have provided on the first edition. We hope you will do the same, as we continue to try to provide a practical, working guide to the practice of family-oriented primary care.

There are many people to thank in making a project this large and long-standing finally come to fruition, most especially Jeanne Klee, the assistant to Susan McDaniel and Tom Campbell, who supported the revision and development of this book, drew genograms and figures, and performed countless other tasks, always with a smile.

There are also the many professionals who read specific chapters and gave us invaluable feedback. Thank you to: Louise Acheson, Robert Cushman, Laurie Donohue, Steven Eisinger, Kevin Fiscella, Starlene Loader, Robert McCann, June Peters, Peter Rowley, Robert Ryder, Aric Schichor, David Siegel, Linda Sinapi, and the residents and fellows in the Departments of Family Medicine at the University of Connecticut and the University of Rochester.

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Our patients, of course, taught us the most about family-oriented primary care. Thank you to all of them.

And finally, to our own families, who have loved and supported us throughout this project: David, Hanna, and Marisa Siegel; Kathy Cole-Kelly

xii Preface to the Second Edition

and Megan Campbell; Robert, Jon, and Katie Ryder; Jenny and Annalise Lorenz, August and Amylark Lorwood, and Kate, Emily, David, and Rebecca Sharp. We love you all.

*Susan H. McDaniel, PhD*  
*Thomas L. Campbell, MD*  
*Jeri Hepworth, PhD*  
*Alan Lorenz, MD*

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## Preface to the First Edition

This book is a manual for physicians who want to enhance their skills in working with patients in the context of their families. It has evolved out of our work with physicians, patients, and families in a primary care medical setting, as well as our teaching within the Department of Family Medicine at the University of Rochester School of Medicine and Dentistry. Respected colleagues, such as Medalie, Doherty and Baird, and Christie-Seely, have made contributions to the theory of family systems medicine, but little has yet been written about the practicalities and skills involved in day-to-day family-oriented primary care. Building on this theoretical work, we are taking the step of integrating theory into the daily practice of primary care physicians.

Family-oriented primary care offers the practitioners a useful perspective that will help in caring for both the individual patient and the family. The skills that operationalize this approach enable the physician to utilize the support inherent in most families to the benefit of the patient. The National Heart, Lung, and Blood Institute has recognized the importance of the family in increasing compliance and promoting continuity of care. Based upon research studies and clinical experience with hypertension, they recommend that the physician:

Enhance support from family members—identifying and involving one influential person, preferably someone living with the patient, who can provide encouragement, help support the behavior change, and, if necessary, remind the patient about specifics of the regimen (1).

In this book, we have extended this basic strategy to apply to all of primary care.

Whereas family-oriented primary care can result in more effective care of a patient, we also feel it is important to note that this perspective can be useful to the physician. Primary care can be a stressful and taxing, albeit rewarding, career. Recognizing the important of the family and utilizing its resources allows the physician to share the responsibility of care and

decision making with those who care most about the patient. This approach can help to prevent physician burn-out so that energy can be conserved for the physician's own personal and family life.

We begin the manual with a section that spells out our theory of family systems medicine, reviews the relevant research, and provides a guide for assessing and interviewing families in primary care. This section is called, "The Biopsychosocial Assessment of the Family." We then turn to a section entitled, "Health Care of the Family in Transition," and discuss how to treat specific health-care issues that arise when the patient and his or her family are facing normal developmental challenges. These issues range from the concerns of new couples, pregnancy, and adolescent difficulties, to sexual issues, aging, and death. In the next section, "A Family-Oriented Approach to Specific Medical Problems," we provide guidelines for a family-oriented approach to substance abuse, anxiety and depression, chronic illness, somatic fixation, and sexual and physical abuse. The final section, "Implementing Family-Oriented Primary Care," addresses general issues: the implementation of a family-oriented practice; hospitalization; collaborating and making referrals with family therapist; and managing personal and professional boundaries.

Throughout the book we will use case material to illustrate how to approach specific treatment problems in a family-oriented way. The case examples are actual primary care cases or composites of cases; however, identifying data have been changed and pseudonyms added to protect the confidentiality of our patients. Protocols appear at the end of the each chapter to be used as a quick guide in daily practice.

Many people have helped us in the completion of this project. Our patients have provided us with invaluable opportunities to learn about family-oriented primary care. The residents who we teach and the faculty with whom we work at the University of Rochester Department of Family Medicine have provided important feedback on our ideas and our clinical practice. Our colleagues in the Division of Family Programs in the Department of Psychiatry have also stimulated and informed our work. Particularly, the thinking and teaching of M. Duncan Stanton, The director of the division, and Judith Landau-Stanton have influenced and broadened our perspectives. The administration of the Department of Family Medicine, and Highland Hospital, has provided us with the financial support to work on this project. We would especially like to thank Jay Dickinson, The chairman of the Department of Family Medicine, for his guidance and support.

We would also like to acknowledge the many people who read and reviewed these chapters before publication. Their responses helped us to clarify our theories and sharpen our techniques. We are most grateful to three people who read the entire book in process and provided us with constructive feedback: Kathy Cole-Kelly, Eugene Farley, and Thomas Schwenk. Numerous colleagues read specific chapters along the way and responded

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