

## Book Review: *The American Psychiatric Publishing Textbook of Forensic Psychiatry*

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The author reviews the second edition of the *American Psychiatric Publishing Textbook of Forensic Psychiatry*, which is likely to be widely used by individual clinicians and training programs. He provides a detailed and constructively critical description of the content of each of the 23 chapters in the book. He also reviews the companion *Study Guide*. (*Journal of Psychiatric Practice* 2010;16:344-349)

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This issue's forensic space is devoted entirely to a book review. The new book, edited by Drs. Simon and Gold, and its companion study guide/questions, are part of the textbook lineup from American Psychiatric Publishing, Inc. (APPI) and will be bought by a great many clinicians and institutions. These books are therefore worth a close look.

*The American Psychiatric Publishing Textbook of Forensic Psychiatry, 2nd Edition*. Robert I. Simon and Liza H. Gold, editors. Washington, DC: American Psychiatric Publishing, 2010. (ISBN 978-1-58562-378-5, 726 pages)

*Study Guide to Forensic Psychiatry* (Companion to *The American Psychiatric Publishing Textbook of Forensic Psychiatry, 2nd Edition*). Robert I. Simon and Robert E. Hales. Washington, DC: American Psychiatric Publishing, 2010 (ISBN 978-1-58562-391-4)

*The American Psychiatric Publishing Textbook of Forensic Psychiatry, 2nd Edition*, has much to recommend it. It is not really a "textbook" of forensic psychiatry, but a set of well-structured chapters on, as the Preface comments, topics important to general psychiatrists who are interested in the interface of mental health professions (not just psychiatry) and the law. It would be a good text to have available for

general psychiatry residency programs. It should not, in my view, be trainees' only reference in their forensic courses or rotations. In spite of the word "psychiatry" in the title and text, almost all of the content is applicable to other independently licensed mental health professionals, particularly clinical psychologists, who deal with many of the same clinical duties, forensic procedures, and expert qualification issues.

So far as I know, this book is not available in Kindle® or other e-book formats, nor is there a CD or online updatable version. While this is not a fatal flaw by any means, some readers may find it an inconvenience.

Most of the chapters in the book are very readable, either straight through over a weekend or as a quick reference for introductions to the various subjects covered. As is the case with virtually all edited books, the chapters are a bit uneven in quality and coverage. Some appear to have been written to inform clinicians about forensic topics important to them; others offer practical "how to" instruction or suggestions. There is some redundancy, and a few topics are omitted which are important to clinicians' interactions with, or forays into, legal realms. There is a very good glossary of legal terms. The subject index is quite complete. The separate index of legal cases is also nice, but one wonders how useful it will be for the target audience.

I was surprised that the book lacks a chapter devoted to suicide, including a specific focus on forensic issues related to suicide (e.g., risk assessment, forensic assessment of alleged negligence and causation, commonness of suicide as a cause of malpractice action, and the like). This is particularly surprising since the book does include a chapter on violence and

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injury to third parties, and one on violence and sex offender risk assessment. Suicide is one of the most important (and relevant) topics in forensic psychiatry, and a much more common cause of litigation (and of death) than, for example, mental patients' violence against others. It should be noted that Dr. Simon and APPI will be publishing a book titled *Preventing Patient Suicide: Clinical Assessment and Management* in 2011.

The Preface prepares one for the book's purpose and necessary limitations. I would agree with the editors' comment that "exposure to formal didactic training in forensic psychiatry is... limited" (approved U.S. psychiatry residency programs do include required courses, which unfortunately are often inadequate), but I would disagree with the premise that, except for fellowship programs, "formal... training [is] virtually nonexistent." Most residency programs have forensic electives; the American Psychiatric Association and other professional organizations routinely offer well taught (and attended) courses and workshops (such as the excellent and quite comprehensive course by Dr. Phillip Resnick); and one can often find good independent courses that may or may not offer continuing medical education (CME) credit.

The chapter structure of the book is useful and consistent, with many case vignettes that, although sometimes limiting the scope of the text, provide practical examples of the topics being discussed. Each chapter has a "Conclusion," followed by bulleted "Key Points" and "Practice Guidelines" (the last occasionally being somewhat stilted—in the historical chapter, for example—and included apparently in order to keep to the structured outline).

## Contents

The chapters are grouped into four sections.

**Part I** is an Introduction to Forensic Psychiatry.

Dr. Gold's historical Chapter 1, "Rediscovering Forensic Psychiatry," packs a great deal into an interesting, enjoyable 39 pages.

In Chapter 2, "Introduction to the Legal System," Professor Shuman carefully chose what to include in his allotted space, being neither too legalistic nor overly basic.

Chapter 3, "Starting a Forensic Practice," by Drs. Gold and Berger, makes some good points, but it is incomplete and suggests some of its principles a bit

too broadly (e.g., in legalistic advice that does not apply to all practices or jurisdictions). That having been said, it is difficult to cover such a broad topic in only 30 pages. The editors might have omitted the topic, since the book is intended for general clinicians who need to "discharge forensic obligations," not those entering forensic practice (Preface, p. xx).

Dr. Gutheil's brief Chapter 4, "The Expert Witness," is pithy, like his well accepted guide to the subject, which I reviewed earlier this year.<sup>1,2</sup> Psychiatrists and other clinicians anticipating testimony, particularly expert testimony, should take the time to read his short book rather than relying on this pared-down, somewhat anecdotal chapter.

I was pleased to see Dr. Knoll's excellent Chapter 5, "Ethics in Forensic Psychiatry," placed in the first section rather than among the "special topics" at the end. The topic applies to all aspects of forensic practice and is often misunderstood by professionals and lay readers alike.

Chapter 6, "Psychiatric Diagnosis in Litigation," by Drs. Simon and Gold, makes the valuable point that impairment is far more important than diagnosis for most forensic purposes. That lays the groundwork for an author point against which I would argue: allowing diagnoses when evaluatees do not actually meet accepted diagnostic criteria (see pp. 154–5, 158). In my experience, mental health professionals who opine or testify that a litigant has some diagnosis for which he or she doesn't meet prudent criteria usually do a disservice to both the case and the truth. Drs. Simon and Gold comment that many forensic and administrative decision-makers (e.g., disability insurers) demand a diagnosis before compensating plaintiffs or complainants, but I wish they had left out "diagnosis" and focused on the validity of a syndromic approach.

General clinicians who are asked to perform forensic work need to understand the differences between forensic evaluations/reports and general clinical ones. Thus, Chapter 7 by Dr. Wettstein, "The Forensic Psychiatric Examination and Report," is one of the most important for the intended readers of this book and will receive extra attention in this review.

Dr. Wettstein offers a lot of good advice. He emphasizes the need for collateral information. A useful table on page 194 outlines common problems and omissions in forensic reports. I like the differentiation the author makes between "notification to" and "consent by" evaluatees (p. 182). He discusses, but offers

only vague preferences about, outside observers and recording of interviews. My own view is clear: third parties with an interest in the outcome (such as lawyers) are to be avoided; unobtrusive recording equipment, however, is usually a good idea.

I disagree with some of Dr. Wettstein's premises, such as his recommendation that the evaluator himself or herself obtain records from original sources (e.g., hospitals and clinics) (p. 80). In my view, it is important that evaluators remain clinical experts and not become investigators. After specifying a need for all relevant and available records, one should rely upon the retaining party (e.g., attorney or agency) to supply the records. It is unreasonable (and may introduce bias) to expect a clinician-evaluator to determine what records are available, track them down, obtain them, and certify their authenticity and completeness. If records appear to be lacking, the expert should address that with the retaining entity and/or provide appropriate caveats in his or her reports.

Dr. Wettstein's brief discussion of psychological testing appears to confuse "self-report" instruments with much more useful, statistically based multi-scale tests such as the Minnesota Multiphasic Personality Inventory (MMPI). Although the evaluatee does indeed provide the "answers" for such instruments, it is the answer patterns, generally indecipherable and poorly manipulable by the evaluatee, that are the point, and very reliable statistical procedures routinely detect invalid results. These tests should not be confused with self-report inventories such as symptom checklists, pain inventories, checklists for posttraumatic stress disorder (PTSD), or memory-based protocols, the forensic usefulness of all of which, as Dr. Wettstein states, is extremely limited when the test taker has an interest in the outcome.

Dr. Wettstein makes the valuable point that reports should not be generated without a specific request. Doctors often like to tell people what they think, but one's impulse to communicate must be tempered by the forensic situation. I disagree with his premise that forensic reports "must be comprehensive (and) detailed...." In a great many forensic situations, the report should not go into great detail or offer unnecessary information (although it should not lie by omission, either). The rest of Dr. Wettstein's advice is very good, except perhaps for his proscription against referring to the other side's experts by name (p. 192). Reports are often intended, in part at least, to rebut

the other side's case; it is not inappropriate to specify, in a professional manner, the names of those with whom one disagrees.

**Part II**, which deals with "Civil Litigation," is more focused.

Chapter 8, "Professional Liability in Psychiatric Practice and Requisite Standard of Care," by Drs. Meyer, Simon, and Shuman, has excellent discussions of foreseeability (a difficult concept for many experts) and vicarious liability. Some other topics are a little spotty. The authors suggest that there is more adversarialism among experts than should be the case in most matters (p. 213), which brings to mind the old concept of a "battle of the experts." This provides fodder for misconstruing ethical experts as "hired guns," a notion that should be retired. Although expert opinion may be used to rebut opposing testimony, and the litigation arena is indeed adversarial for the lawyers and litigants, "opposing" experts may not be in very much opposition after all, and they often agree on lots of points (one reason most cases never go to trial). Opposing lawyers naturally highlight differences of opinion, which may create the appearance (but rarely the reality) of a "battle of the experts."

Chapter 9, "Competencies in Civil Law," by Dr. Abrams, is excellent, if a bit legalistic for a book intended for general clinicians. It highlights the many kinds of competency and the fact that criteria for each type of competency can be quite different. His brief review of competence to stand trial in sexually violent predator (SVP) matters (pp. 235–6) is particularly interesting.

Drs. Ciccone and Jones do a fine job with Chapter 10, "Personal Injury Litigation and Forensic Psychiatry Assessment." Personal injury matters are among the most common forensic referrals to general psychiatrists. The authors make very good points about issues such as clarifying attorneys' requests, striving for objectivity, and record review.

Chapter 11, "Disability," by Dr. Drukteinis, is particularly important, because issues related to disability are, like personal injury discussed above, among the most common forensic matters addressed by general clinicians. The "confounding factors" section (pp. 294–6) does not sufficiently address important issues of objectivity, conflict of interest, and potential damage to the therapeutic relationship that arise when the evaluatee is one's own patient (the seminal reference concerning these conflicts, Strasburger et al.

1997,<sup>3</sup> is omitted). The author may rely too heavily on the patient/evaluator's own statements and presentation to the examiner, but he also mentions the need for corroboration of both ability and disability before coming to an opinion.

Chapter 12, "The Workplace," by Dr. Gold, is one of the best in the book. The author provides a logical roadmap through the often confusing situations and nuances of different parts of the law (e.g., torts versus workers compensation), presence or absence of causation, over- and under-diagnosis, diagnosis versus function, and psychiatrists' varying roles in each. I was particularly impressed by her treatment of PTSD, which was neither overly permissive (the bane of defendants and personal responsibility buffs) nor overly restrictive (and thus unfair to worthy plaintiffs).

**Part III** deals with "Issues in Criminal Justice."

This section of the book begins with Chapter 13, "Competency to Stand Trial and the Insanity Defense," by Dr. Scott. This chapter discusses two of the most common issues in this area, but ones that are often misunderstood by nonforensic clinicians—competence to stand trial and criminal responsibility. The author does a good job of covering the principles of both, the differences between the concepts, and the basics of the evaluations.

Chapter 14, "Forensic Assessment of Sex Offenders," by Drs. Bradford, Booth, and Seto, contains some very good information (such as debunking stereotypes about offender recidivism [p. 383]). The author notes that the real point of almost all sex offender assessments is risk assessment and, in that context, notes the two main aspects of offending behavior and offender risk: sexual deviance itself and the antisocial tendencies that are often associated with sexual criminality. The authors are experts in the field, but their Canadian backgrounds may affect the applicability of the assessment recommendations to U.S. evaluators. The authors make the important point that sex offender evaluations, particularly those associated with SVP commitments—almost always associated with incarceration and questionable "treatment" from which "patients" are almost never released—should be done by experienced experts. This is not a field for general clinicians. I wish the section on testing had been more detailed, noting the pros and cons of the "actuarial" scales commonly used in SVP commitment cases and spending

less space on phallometric testing (which is not obtainable for most U.S. evaluations). The treatment section focuses on biological approaches (omitting some useful behavioral strategies), many of which are essentially unavailable to U.S. offenders. Treatment is clinically important but, whether effective or not, rarely leads to the offender's release (particularly from SVP programs).

Chapter 15 "Correctional Psychiatry," by Drs. Metzner and Dvoskin, is brief but outstanding. It provides excellent, well written information and clarification of common stereotypes (such as standards of correctional mental health care and the reasons for them). Space limitations apparently prevented the authors from covering more topics, but the reader gets the point that correctional psychiatry is an important subspecialty.

Chapter 16, "Forensic Psychiatry and Law Enforcement," by Drs. Pinals and Price, is long and extensively referenced, but the writing is not up to the standard set by much of the rest of the book. In my view, there are also some flaws in the content, which focuses on a few specialized areas such as "suicide by cop." The principles covered in this chapter seem more applicable to generic mental health consultation to law enforcement agencies; most of the roles the authors discuss are almost always filled by less expensive, nonmedical clinicians rather than psychiatrists. Psychiatrists (even forensic ones) are less likely than psychologists to have the training, experience, and motivation to work as mental health liaisons with law enforcement in many of the roles described. One of the roles the authors describe, negotiation consultation, raised my concern until I noted that the recommendation is for *consultation to* the law enforcement team, not direct involvement in the negotiation. This is reasonable, since, in my experience, most psychiatrists lack the training, experience, and position in the law enforcement hierarchy necessary to be effective (and specially trained law enforcement professionals have a very good record of successful negotiation and crisis intervention).

**Part IV**, "Special Topics," completes the book.

Chapter 17 "Malingering," by Drs. LeBourgeois, Thompson, and Black, notes that forensic professionals must pay far more attention to various kinds of faking by patients than those in general clinical practice, and that forensic clinicians must appreciate the concept of doubting evaluatees' accuracy and truthful-

ness, understand formal and informal procedures for assessing the extent of their truthfulness, and be aware of the limited validity of many of those procedures. I was a little surprised that Rogers' important instrument, the Structured Interview of Reported Symptoms (SIRS),<sup>4</sup> was not mentioned (although Rogers was cited), nor was adequate attention given to the validity scales and algorithms used with the MMPI-2 and similar multi-scale inventories, or validity patterns in neuropsychological batteries. One important point that seemed to receive short shrift is that informal methods and incomplete correlates of malingering, such as those explored by Resnick and others (largely many years ago; see p. 469), are sometimes anecdotal and often poorly validated. The administration and interpretation of testing designed to detect malingering, dissimulation, and forensically relevant exaggeration is often a job for an experienced forensic psychologist, not a psychiatrist.

Chapter 18, "Children and Adolescents," by Dr. Ash, includes a very useful pair of tables (pp. 486–87) that summarize differences between child and adult forensic cases and highlight several child and adolescent issues for which there are no direct adult analogues. Dr. Ash reiterates the critical point that child forensic work is so different from general forensic psychiatry that general psychiatrists shouldn't accept child cases unless they are thoroughly versed in both child psychiatry and its forensic nuances. He also makes it clear that a psychiatrist or psychotherapist who is seeing one member of a family should not become an expert witness in a child custody action involving that family. The author acknowledges that his 19-page chapter is not adequate preparation for child forensic work, but he does a fine job of providing an overview.

Common issues in geriatric forensic work, unlike those that arise in child psychiatry, can often be handled by non-geriatric psychiatrists. Chapter 19, "Forensic Geriatric Psychiatry," by Drs. Read and Weinstock provides a good, readable foundation for beginning to work with such cases.

I was a little disappointed in Chapter 20, "Personal Violence," by Dr. Felthous. The author is outstanding in the field, but the writing was a bit confusing and the principles and supporting references were often somewhat dated. Many, perhaps most, citations were well over 20 years old and/or geographically limited, and of limited use in modern consultations (cf. Ohio's so-called "Littleton Guidelines"). Most of the chapter

appeared to be written for a reader who is acting as a forensic consultant in civil litigation (a common role), with some attention to criminal and correctional disposition evaluations. The portions that addressed assessment of violence potential seemed too general, even for a single chapter in a general text.

The requisite discussion of duty to warn/protect and assessment of liability for third-party injury was lengthy but somewhat superficial, and asked the psychiatrist-consultant to perform a lawyer's role in deciding, for example, what notifications and other actions are required or permitted in a given jurisdiction. (I believe that, although the forensic consultant should understand the general legal context, nuances of what is or is not legal are primarily the lawyer's bailiwick.)

There was very little discussion of facility duty and liability for injury to other patients or staff, a substantial component of malpractice cases that involve inpatient violence (and sometimes post-discharge violence as well). There was no discussion of assessment to determine appropriate hospital placement of violent patients (called "manifestly violent" in some state mental health systems), a common consultative role in the public sector.

As in some other chapters, the author addressed the importance of ameliorating psychiatric symptoms that increase violence risk. It would have been nice to have finished that thought with the important point that symptom alleviation is insufficient for relaxing one's vigilance (e.g., discharging from the hospital or decreasing monitoring); patient change must be shown to be stable, reliable, and able to survive the new, less protective environment.

Chapter 21, "Understanding Risk Assessment Instruments," by Dr. Mossman is unfortunately limited to only two kinds of risk: those associated with violence and those involving sex offender recidivism. It does not address other, often more common, clinical and forensic risk scenarios such as those associated with suicidal thoughts and behaviors. Nevertheless, Dr. Mossman touches on the important point that, while "predicting" specific behavior is usually impossible, clinicians are routinely expected to assess, understand, and manage *risk*.

Chapter 22, "Forensic Psychiatry and the Internet," by Dr. Recupero, is not very helpful, which is surprising given the author's several articles on related topics. Most of the content is related to general social and psychosocial aspects of the Internet, as well as

some clinical uses and issues. There is a brief and somewhat useful section on forensic psychiatrists' websites (although I disagree with the premise that forensic psychiatrists should list personal cases and trials on their websites). Some clinical or patient-related Internet activities are mentioned, but there is little discussion of forensic topics such as how Internet-based clinical practices may or may not meet the standard of care or threaten confidentiality.

There is very little discussion, either pro or con, of the many ways that the Internet can serve as a forensic practice tool (e.g., for Web-based conferencing, depositions, rapid transmittal of voluminous records and depositions in searchable formats, records portability, report submission, literature reviews and other research, and selected evaluatee, collateral, or witness interviews). There is no mention of safeguarding proprietary or otherwise confidential forensic information in one's emails, an issue considered critical by many retaining attorneys or government agencies. There is a broad discussion of common problems such as pornography, Internet "addiction," misrepresentation on social networks, suicide pacts, and so-called "cyberstalking" and "cyberbullying," none of which suggests much in the way of a really new psychiatric condition or special forensic psychiatry issue, but rather that the Internet is a very efficient vehicle for some antisocial, compulsive, impulsive, or immature activities that have always been with us.

Chapter 23, "Psychological Testing in Forensic Psychiatry" by Dr. Baronosky, addresses a critical topic, and probably should not have been relegated to the back of the book. The main points, in my view, are that 1) a great many forensic psychiatry consultations can be improved with appropriate psychological testing and 2) psychiatrists need qualified forensic psychologists to choose, perform, and interpret such tests; this is not a job for amateurs. The chapter itself

has a few flaws, such as uneven treatment of types of forensic psychological testing and a limited understanding of the different qualifying rules for forensic testimony. For example, the Daubert Rule,<sup>5</sup> about admissibility of expert testimony, applies in federal jurisdictions, but it is not recognized in some states.

### **Study Guide to Forensic Psychiatry**

The question-and-answer *Study Guide* by Drs. Simon and Hales is a fine companion to the text, although necessarily limited by the content and quality of each chapter cited (since the questions and answers refer specifically to the material in the book). The first section provides six fairly simple multiple-choice questions from each chapter. Some are confusing but most are well-written. Then the questions from each chapter are reiterated with the answers, detailed explanations, and a reference or two. An online CME program, *Self-Assessment in Forensic Psychiatry*, which offers 11.5 category 1 CME credits, is also available (a great idea). It can be purchased at [www.psychiatryonline.com](http://www.psychiatryonline.com).

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