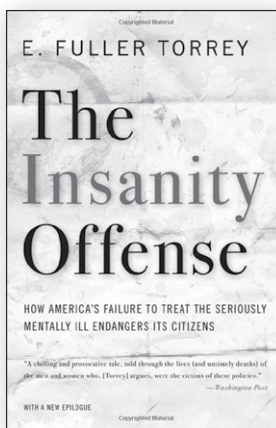


## BOOK REVIEWS

# The Insanity Offense. How America's Failure to Treat the Seriously Mentally Ill Endangers its Citizens



By E. Fuller Torrey. New York, NY: WW Norton & Company; 2012; ISBN: 978-0-393-34137-9; pp 284; \$16.95 (paperback).

The care for the *seriously* mentally ill—ie, schizophrenia patients and manic-depressive patients—has been the Cinderella and Achilles' heel of contemporary psychiatry. What do we, as a society, provide for them and how much do we really care for them? I am fully aware of those few dedicated community psychiatrists, but how many graduating residents would like to work in community mental health centers or the few remaining state and forensic hospitals? Those jobs are considered to be at the low end of the totem pole, mostly filled by international medical graduates. The

seriously mentally ill do not have many advocates beside the National Alliance on Mental Illness. Yet, there is at least 1 big advocate among us—E. Fuller Torrey, MD. No one has been pleading the issues of the seriously mentally ill more forcefully and eloquently than him. One can understand this by looking at the titles of some of his books published over the last several decades—*Surviving Schizophrenia: A Family Manual*; *Care of the Seriously Mentally Ill*; *Nowhere to Go: The Tragic Odyssey of the Homeless Mentally Ill*; *Criminalizing the Seriously Mentally Ill*; and *Out of the Shadows: Confronting America's Mental Illness Crisis*. I have read some of his books and frequently cite his *Witchdoctors and Psychiatrists*, originally published in 1972 and still worth reading. Dr. Torrey's books are written with passion for the seriously mentally ill, filled with interesting information, and easy to read. One can disagree with some of his opinions, but nobody can deny that he passionately cares for the seriously mentally ill.

His newest book, *The Insanity Offense. How America's Failure to Treat the Seriously Mentally Ill Endangers its Citizens*—originally published in 2008 and re-published with a new epilogue in 2012—

postulates what the subtitle suggests: by its failure to take care of the seriously mentally ill, our society endangers all of its citizens.

The core of the book are the tales of violent crimes; murders perpetrated by the seriously mentally ill. Crimes that could have been avoided if not for our neglect of the seriously mentally ill and for the legal limitations put on what could be done with/for the seriously mentally ill. These tragic stories start in chapter 2, "Death by the roadside," with the tale reminding us of a Greek tragedy. It is a story of Malcolm Tate, a schizophrenia patient who throughout his illness had become more aggressive, agitated, and threatening. As there was no place for him and for his permanent care, he ended up with his family who had become increasingly afraid of him. Being scared, running out of options, and feeling helpless, his sister, with the help of Tate's mother, killed him. The reader finds out in a later chapter that the sister was sentenced to life in prison and died there of untreated diabetes; the mother served a short prison term. The sister wrote in her appeal to her sentence, "I feel and felt then my brother should have been in the hospital where he could have been watched and taken care of properly. The police and hospital said they couldn't do anything until he hurt someone. I just couldn't let that happen to my daughter or family" (p 203). What an attestation to the failure of our society to protect its citizens.

In the introductory chapter, Dr. Torrey calls our care of the seriously mentally ill "one of the great social

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disasters of recent American history” that should be included “among the greatest calamities” (p 1). He postulates that the 2 major origins of this disaster are deinstitutionalization and the legal profession (p 1). Why deinstitutionalization? Well, as Dr. Torrey points out, there is a temporal relationship, frequently denied, “between the closing of state mental hospitals and the increase in homelessness, incarceration, victimization, and acts of violence associated with some of the released patients” (p 2). Also, once patients are released from hospitals, essential aftercare in most places varied from inadequate to invisible (p 2). And why the legal profession? Well, they pushed the legal actions targeted at closing state hospitals in some states (p 4) and, most importantly, “also brought lawsuits that sought to make it as difficult as possible to get patients back to the hospitals” (p 4). While having no experience with the mentally ill, many of them pushed for the abolition of involuntary hospitalization (p 4).

The third chapter, after describing a mentally ill California man who killed 13 people, brings to our attention that in California, it was the “marriage of Southern California conservative John Birchers to northern California’s liberal civil libertarians” (p 31) that made the passage of the legislature limiting the treatment options for the severely mentally ill. In the conclusion of the next chapter Dr. Torrey summarizes the legacy of that legislature. In California, some of the numbers are staggering: “approximately 32,000 severely mentally ill individuals are in state prisons, constituting 20% of all state pris-

oners. Between 1970 and 2004, severely mentally ill individuals, most of whom were not receiving treatment, were responsible for at least 4,700 California homicides. Each year, they are responsible for an additional 120 homicides” (p 68). The following 2 chapters provide a similar illustration and the legacy of the commitment laws in Wisconsin. One chapter mentions a great Program of Assertive Community Treatment in Dane County, WI. This program worked well, yet the homelessness and other problems of the mentally ill kept increasing. The problem was the program was available to only approximately 10% of people in need (p 97).

Chapter 7, “God does not take medication,” discusses anosognosia as the main problem leading to refusal of medication and later to violence. Chapters 8 and 9 summarize the consequences of “unconstrained civil liberties: homelessness, incarceration, victimization of mentally ill (protectors became perpetrators in many cases), and violence and homicides perpetrated by the mentally ill.” The author brings to our attention that, “Conservatively, it seems reasonable to predict that 5% to 10% of individuals with severe psychiatric disorder will commit acts of serious violence each year” (p 143). Dr. Torrey also mentions the attacks on public figures and mental health professionals. We are not fully aware that although the annual rate of job-related victimization by violent crime was 12.6 incidents per 1,000 workers, it was 16.2 for physicians and 68.2—more than 5 times higher—for psychiatrists (p 155).

The following chapter, “An imperative for change,” calls for protecting those afflicted with mental illness (“what kind of civilization allows seriously mentally ill persons to be victimized” [p 162]), decreasing stigma, protecting the public, making better expenditures, and other measures. Chapter 11, “Fixing the system,” continues in proposals on how to fix the system—through modification of the laws, identification of the target population, provision and enforcement of treatment, and assessment and research. The part on provision and enforcement of treatment emphasizes that, “medication is only part of the treatment plan. An effective system also must include a sufficient number of psychiatric beds for the admission of acutely ill patients and sufficient funding to allow patients to remain hospitalized long enough to achieve control of their symptoms, normally a period of 2 to 4 weeks. Such a system must also include a small number of beds for severely and chronically ill individuals for whom medications are not effective” (p 185). Chapter 12 contains the mentioned follow-up of chapter 2, the Malcolm Tate case. The last chapter, the newly added Epilogue: “Tragedy in Tucson,” discusses the shooting of Congresswoman Gabrielle Giffords and other people by Jared Loughner in Tucson, AZ. A similar story all over again. Dr. Torrey calculated that there are 100 potential Jared Loughners in each congressional district. Should the Representatives be at least a bit nervous?

This is a very interesting and passionate book, the kind of book one would expect from its author. Reading it one cannot help but wonder...what

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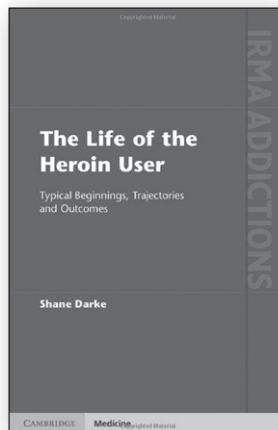
did we achieve by closing those state mental hospitals instead of modernizing them and making them more livable? One also wonders whether a combination of identifying the target population and creating new, spe-

cialized hospitals for this population could be the answer. Last but not least, I agree with another reviewer of the book's previous edition, Dr. Philip Veenhuis, that "this book should be required reading for all legislators and

civil rights attorneys," and for anybody interested in the plea of the severely mentally ill.

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## The Life of the Heroin User. Typical Beginning, Trajectories and Outcomes



By Shane Darke. New York, NY: Cambridge University Press; 2011; ISBN 978-0-521-84701-8; pp 204; \$95 (hardcover).

**H**eroin (and opioid) addiction generally is considered the most serious among drug addictions because of its burden of disease, complications, and persistent nature. For most, a person addicted to heroin seems to be similar to the proverbial "gomer" (get out of my emergency room) from the *House of God*.<sup>1</sup> We do not want to deal with heroin ad-

dicts, we want them out of our offices and referred to methadone clinics or other treatment facilities. Interestingly, similar to not knowing much about the proverbial "gomers," most of us do not know much about heroin addicts, except for the standard conclusion that they suffer from a serious, intractable condition and should be treated at methadone clinics or other special facilities. The lack of available knowledge on heroin addiction and addicts cannot be an excuse for our ignorance, as there is a large body of literature on heroin and its abuse. Part of the reason for our ignorance could be our own bias combined with the general stigma of addiction. Part of the reason could be the fact that there has not been a lot of literature published that synthesizes our knowledge about heroin addiction and addicts. As the author of *The Life of the Heroin User. Typical Beginning, Trajectories and Outcomes*, Shane Darke writes in the Preface to his book, "No one...has attempted to present a complete lifecycle of heroin use," to allow us to answer

a number of diverse questions such as "What is the family background of the typical heroin user?" "Does treatment for heroin abuse work?" or "Do people mature out?" Thus, Darke, an Australian addiction researcher, put together a book that, as he writes, examines "...the life of a 'typical' heroin user from the cradle to the grave," exploring "the gateways into drug and heroin use, typical trajectories of opioid use, transition points as treatment, relapse, routes out of heroin use, and death (although, as the author warns us, "there is no one career or trajectory that will cover the life course of all heroin users" [p 13]). [The book is part of the International Research Monograph in the Addictions series.]

The book consists of a Foreword, Preface, and 9 structured chapters addressing the following areas: Heroin and addict "careers"; Parents and childhood; Early teenage years: the onset of substance abuse; The mid to late teens: commencing heroin use; The 20s and 30s: heroin and polydrug use; The drug treatment cycle: remission and relapse; The older heroin user: the 40s and beyond; Death: rates and causes; and Conclusion: an inevitable life and death? All chapters conclude with a brief summary and a nice table of key points.

The first chapter is filled with a wealth of information discussing issues such as what the opioids are,

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how common heroin abuse is, what the dependence liability of heroin is, what the major harms of its use are, and what the costs to society are. The author points out that compared with cannabis and other illicit drugs, the prevalence of opioid use is relatively low: globally, between 15 and 21 million persons age 15 to 64 used opioids in the preceding year according to the 2009 statistics. The highest per capita rates are in Europe, followed by the Americas and Oceania (p 7). However, 1 in 4 of those who used heroin would develop dependence, and of all drug classes, heroin is second in dependence liability with only tobacco having a higher liability. This estimate may be conservative as it is complicated by the high mortality rates associated with opioids. When one considers this, together with the fact that opioids carry the highest degree of harm and proportionally the highest demand for treatment (p 8), one begins to understand the seriousness of heroin addiction compared with the rest of addictions. The harms of opioids include the high rates of premature death, risk of overdose, poor mental health of opioid abusers, high involvement in criminal activities, and a poor social profile. The costs of opioid use (direct ones such as medical care; indirect ones such as loss of output; and societal ones such as welfare) are high—\$22 billion in the United States in 1996. The use of heroin and opioid usually escalates to more severe levels with repeated cycles of cessation and relapse. The chapter closes with the notion that “one of the reasons why heroin carries the highest burden of disease of any drug is the sheer

chronicity of most use careers” (p 14). The following chapter on parents and childhood points out the enormous social disadvantage of heroin addicts. Children of parents with substance use disorders are significantly more likely to develop substance use disorders, experience childhood abuse, and develop a range of psychopathology (mood, anxiety disorders, etc.) (p 19). “Poverty and shattered childhood are strongly predictive of heroin dependence later in life” (p 32).

The onset and road to heroin abuse frequently is explained, as pointed out in the chapter on early teenage years, by the gateway hypothesis. This hypothesis postulates that, “there are developmental stages, and sequences of involvement in psychoactive drugs” (p 34). Stage 1 is the initiation into licit drugs (eg, alcohol, cigarettes); stage 2 involves initiation of cannabis; stage 3 involves initiation into the use of “hard” drugs (eg, heroin); and stage 4 involves the use of prescribed psychoactive pharmaceuticals (eg, opioids) (p 35). Interestingly, the gateway sequence is culturally dependent and its temporal specificity may be problematic as drug markets are dynamic (p 38). The text points out the risk of using other drugs (cardiovascular risks associated with stimulants) and the early initiation of sexuality among heroin users. The following chapter on mid to late teens discusses the age of heroin initiation, routes of administration (injections or smoking, aka “chasing”), transitions between routes of administration (the power of the “rush” from injecting is a powerful reinforcer [p 59]) and the harms of early use (overdose).

The fifth chapter on the 20s and 30s of heroin addicts proposes that this period can be viewed as the drug career “prime” (p 63) both in terms of drug use and in terms of increased chances of adverse effects. This is the time of developing polydrug use pattern, (in addition to heroin, using alcohol, benzodiazepines, and/or stimulants). This also is the time when drug related problems such as overdose, physical illnesses (hepatitis, human immunodeficiency virus, and other infections), development of severe psychopathology (depression, suicidal attempts), social disadvantage, and crime (as pointed out in the next chapter, “The mature user is on a daily [or near daily] cycle of crime or sex work to support drug use,” [p 81]) emerge.

The sixth chapter discusses the drug treatment cycle. The treatment falls into 3 domains: detoxification, inpatient residential rehabilitation, and outpatient pharmacotherapy (methadone, buprenorphine, naltrexone). The author also focuses on what successful treatment can achieve and what predicts remission and relapse. The following chapter on the older heroin user (if he/she survives) discusses the “maturing out” hypothesis (ie, out of addiction), drug use patterns of older heroin users, and his/her morbidity and mortality risk. The chapter on death first suggests that we would expect half of heroin abusers to be deceased by the age of 50 (p 111). The mortality rates are approximately 1% to 3% per year (p 11) and increase with more frequent use (p 111). The causes of death are overdose, infections, suicide, and trauma.

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The last chapter recapitulates the lifecycle of the heroin addict and discusses some clinical implications—whether there is an inevitable trajectory of abuse, what could be done preventively (heroin users are not untreatable and treatment may deflect a trajectory), and finally addresses the issue of harm reduction measures (eg, needle and syringe

provision, overdose prevention such as providing naloxone hydrochloride to heroin users).

This little volume achieved what its author intended to do; summarize the lifecycle of the heroin abuser in a well written, informative, and readable text. At times the text is repetitive, but the repetition is tolerable and harmless. Some may be discouraged

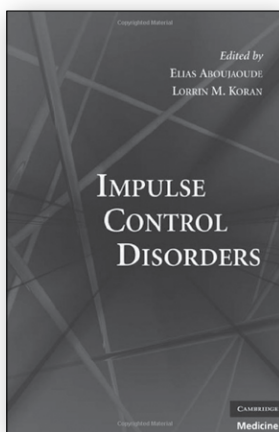
by the price, but what is cheap these days? The fact is that this is worthwhile reading for everybody interested in substance abuse and for all trainees and clinicians in the field.

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## REFERENCE

1. Shem S. House of God. New York, NY: Dell Books; 1978.

## Impulse Control Disorders



Edited by Elias Aboujaoude and Lorrin M. Koran. New York, NY: Cambridge University Press; 2010; ISBN 978-0-521-89870-6; pp 324; \$105 (hardcover).

**P**roblems with poor impulse control are common in our society. From impulse shopping to poor anger control to compulsive habits, the inability to effectively control impulsive behavior has become an increasingly visible behavior in our world. *Impulse Control Disorders* is a book which covers a wide range of conditions where impaired im-

pulse containment leads to distress and pathology.

This book is divided into 4 sections each dealing with a type of impulse-related pathology. The categories of dysfunction are: acquisition, pellicular, information-seeking, and sexual-aggressive impulses. Each section goes on to describe a type of problem and the related pathology of the subtype of impulse control associated with it, rather like a modern version of “the 7 deadly sins.” Brief parts regarding treatment also are included and are interesting.

The first section on disorders of acquisition is fascinating. It begins with an interesting piece on compulsive shopping. This is a common problem causing huge economic losses and suffering for many people. It includes material on why some people are pathological shoppers and how it can be differentiated from ordinary purchases. The author of the first section has done considerable research on the topic and his expertise produces a good beginning to the text. This sections goes on to issues

involving gambling. Certainly, gambling has been viewed as a risky vice for millennia, but only now are clinicians and government authorities beginning to come to grips with treating it as a public health issue. The authors cover this topic nicely. The concept of risk taking and anticipation within the construct of potential reward schemes is enlightening and interesting. This section ends with a piece on kleptomania, the compulsion to steal things that are unnecessary. This is always an interesting topic and I wish that more information was provided than the relatively small number of pages in the text. Overall, the first section is well worth reading and contains valuable material.

The second section deals with pellicular impulses, the tendency to pick and pull at one’s self. This portion contains trichotillomania, skin picking, and nail biting. This is a well-written and interesting section. It has numerous photos of self-inflicted injury from these unfortunate tortures. Perspectives from dental and dermatology points of view are included, providing a unique point of view often not seen by the mental health practitioner. This is a very gripping section, but is lacking in

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depth and leaves the reader looking for more information.

The third section deals with the relatively new issue of information technology. This portion of the book deals with topics regarding Internet addictions and virtual reality compulsions. This is something we see to some degree every day. People surf the Internet for hours and ignore their responsibilities. Others stay up late into the night on computers or playing video games. Thirty years ago, this topic would have been moot, but now it is a real threat to the stability of some people. This kind of impulse control condition is a problem for many reasons. People with such inclinations will spend hours away from work, family, and friends. They often compound the problem with impulsive spending on the Internet. Many individuals with isolated lives spend even more time in isolation in front of a terminal or video screen, losing social contacts and sometimes social skills. This issue is common but seldom discussed in the clinical literature. It is refreshing and informative to see it included in this volume.

The final section of the book deals with issues of fundamental sexual and aggressive impulse control disorders. This portion deals with loss of impulse control over hypersexuality, pornography, explosive temper, vio-

lence, and pyromania. These are topics that could be torn from newspaper headlines. Many lives are ruined due to poor impulse control over aggression or hypersexuality. Much human suffering and considerable financial loss can be attributed to these issues. It is entirely fitting for these topics to be included in a book on impulse control problems. The authors seem knowledgeable and articulate. The issue in the case of this book is why such a small number of pages are devoted to this arena. Scarcely 100 pages are given to cover a series of topics that society has a great deal of trouble coping with. While keenly handled by the authors, one would have hoped for a more detailed review of the literature and perhaps more information regarding therapies.

This book is an important contribution to the clinician's library. It is interesting and well researched. My main criticism is that there is not enough detail on the subjects and some potentially important topics are omitted. While each section gave a good review of the material, it seems to lack the depth of scope that one would like. The area on pelvic disorders is good in so far as it is well written and contains information from other specialists, but why was it so brief? If one has other specialists involved and even includes

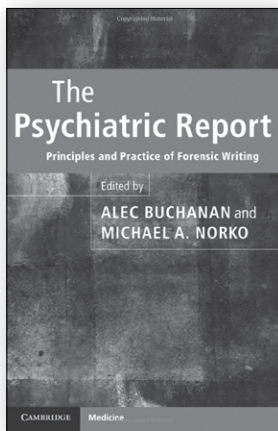
photos of the condition (which was a great idea), then why not spend time including more detail? Likewise, the sections on aggression and sexuality only grant a few pages to topics that have previously filled entire volumes. Because the scope of the book covers impulse control disorders, why wasn't hoarding given a section? If one is looking for a nice, brief review of core syndromes of impulse control, this is a fine book, but it could not truly be considered a reference because of the condensed nature of the material.

How much of poor impulse control is pure habit formation to reduce anxiety vs how much is related to loss of executive function and perhaps frontal lobe disease? Some readers will be likely to claim that some of these conditions are disorders of character, while others will likely see hidden organic pathology as the cause of such problems. This potential debate must be assessed as more people look over the text and the relevant literature. This work will be of interest to laypeople and sociologists as well as clinicians. I welcome this work for its efforts and look forward to a larger, more comprehensive edition in the future.

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# The Psychiatric Report. Principles and Practice of Forensic Writing



Edited by Alec Buchanan and Michael A. Norko. New York, NY: Cambridge University Press; 2011; ISBN 987-0-521-131184-1; pp 300; \$55 (paperback).

Good, understandable, cogent, and clear report writing is important in all medicine and in psychiatry. However, it seems to me that the quality of writing and wordsmithing of reports is nowhere as important as at the borderland of psychiatry and law—forensic psychiatry. As the editors of *The Psychiatric Report. Principles and Practice of Forensic Writing*, Drs. Norko and Buchanan emphasize, "...it is the skill at report writing that largely defines forensic practice; it demarcates evaluators' abilities and demonstrates their usefulness to those who enlist their efforts" (p 1). Furthermore, as Paul Appelbaum

writes in the Foreword to this book, "The prototypical image of the forensic psychiatrist is the expert in the witness box..." Forensic psychiatrists are well aware, however, that only a small percentage of cases, whether civil or criminal, ever get to trial, and many "expert witnesses" stay quite busy while occasionally setting foot in a courtroom. That is because a written report of a psychiatric evaluation of a party to the case or of relevant documentation serves as the basis for settlement, plea bargaining, or other disposition far more frequently than testimony is required. "...the *sine qua non* of a forensic expert is the production of a written report embodying his or her findings" (p xiii). Drs. Norko and Buchanan further point out that, "The development of skill at forensic report writing requires knowledge, experience, and guidance" (p 1) and they note that there is very little in the literature on the "precise subject of report writing" (p 1). Thus, they put together a team of mostly American forensic psychiatry experts to write a comprehensive volume on 1 of the core competencies in forensic practice—the principles and practice of forensic writing.

The book consists of the Foreword, Introduction, 19 chapters, and Conclusion. In the Introduction, the editors explain the context of the forensic report (effect upon evaluatees;

professional identity and its implications; expectations of the legal system; and principles, guidelines, and standards) and the purpose of this textbook. The core of the book, 19 chapters, are organized in 3 conceptual sections, principles of writing, structure and content, and special issues.

The 6 chapters of the first section discuss "History and function of the psychiatric report" (a bit boring), "Preparation," "Confidentiality and record keeping," "Ethics," "Writing a narrative," and "Draftsmanship." The chapter on preparation describes the process report preparation in 3 stages, "deciding whether or not to accept the case; procuring, examining, and categorizing forensic data that will serve as the body of the psychiatric report; and formulating forensic opinions for the report" (p 22). It also outlines the initial contact, obtaining and examining the data, marshaling the evidence, and communicating the opinion. The chapter on confidentiality brings out the multiple confidentiality obligations an expert has that relate to the agency commissioning the report (eg, prosecution, defense, court) as well as their own role in the legal proceeding (fact witness, expert witness, etc.). It also explains the Health Insurance Portability and Accountability Act in the context of forensic psychiatry, duty to third parties (Tarasoff), prosecutorial use of defense experts, work product rule, and psychotherapist-patient privilege (different in military law) confidentiality within a training program or group practice. Finally, this chapter discusses record keeping of forensic files. The chapter on ethics

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emphasizes that the forensic practice should incorporate an understanding of how culture and context shape claims of “objective” and “scientific” knowledge (p 57). This chapter also outlines some ethical principles for guiding forensic reports, such as respect for persons; respect for privacy and confidentiality; respect for consent processes; and commitment to honesty and striving for objectivity. The chapter on draftsmanship is the most entertaining part of this volume. It emphasizes that it is essential for forensic psychiatrists to express ideas clearly and succinctly in written reports (p 81). The text here provides extensive advice on simplicity (“Multi-syllable words reduce readability, tax the reader, and decrease comprehension. Sentences of 20 to 25 words have the greatest readability. Use common words. Rather than writing ‘remuneration,’ use ‘salary.’” When medical terms cannot be avoided, they should be clearly defined. Avoid acronyms unless they are widely known. Don’t use periods for acronyms. Avoid embellishments such as italics, underlining, or **bold** [pp 84-85]) and brevity (omit needless words [p 85]). The authors provide further practical suggestions, such as dictating or typing one’s record the day of the evaluation while the material is still fresh in one’s mind, using only DSM diagnoses, avoiding pregnant negatives (statements about what symptoms are not present rather than what symptoms are present), or that one’s signature should not include many titles; “The signature block should not be an ego trip” (p 89). Another useful part of this chapter is the listing of 10

pitfalls (eg, raising the bar unnecessarily; using language that appears haughty or pompous; using absolute language; using hedge words such as “apparently,” “supposedly,” etc.; using emphasis when expressing your opinion; or using language that makes your report appear to be the product of a “mill”). Finally, the authors advise proofreading a report out loud or backwards as it allows some overlooked errors to be discovered. Many of these suggestions apply to any report writing, not just the forensic one.

The 7 chapters of the second section deal with issues such as report structure, criminal litigation, civil litigation, civil and sex-offender commitment, competency to practice and licensing, child custody, and employment: disability and fitness. All chapters of this part are well written, interesting, informative, important, and fairly brief. The chapter on civil litigation warns us of the potential biases when conducting an evaluation (eg, advocacy bias, retrospective bias in medical malpractice, and hindsight bias in retrospective assessment for personal injury). The chapter on employment disability and fitness contains useful information even for the non-forensic reader—eg, did you know that “the financial criteria to qualify for Social Security Disability require that the individual has paid into Social Security Administration at least 40 quarters of payments from employment income”? Some chapters include a section on frequently asked questions in cross-examination, copies of forms used in various forensic psychiatry institutions, and good summary tables.

Finally, the chapters of the third section focus on issues such as writing for the US federal courts, incorporating psychological testing, reasonable medical certainty, violence risk assessment, malingering, and psychiatry and ethics in the United Kingdom criminal sentencing. I found the chapter on psychological testing especially useful; it discusses not only the advantages of psychological testing (diagnostic clarification, assessment for feigning and malingering) but also those questions that psychological testing cannot answer (the etiology of the deficit, the veracity of the client account, and the cause of a specific behavior in the past). It also provides advice on how to incorporate psychological assessment into one’s report; what to do when results conflict and on psychiatrist-administered psychological tests. The chapter on malingering points out that malingering psychiatric symptoms is not a rare event; it discusses informed consent in the malingering assessment, malingering assessment methods, and assessment of malingering of specific disorders (psychosis, posttraumatic stress disorder, depression).

The Conclusion briefly summarizes the main themes of the book such as narrative, respect for the person, ethics, and the role of clinical guidelines.

Although I do not practice forensic psychiatry, I really enjoyed reading this book. It is well put together, practical, and full of useful advice. There are some overlaps, but no major ones and they are not always avoidable. One may not even notice them much, unless one reads the



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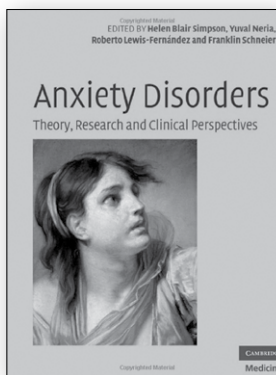
book cover to cover, rather than reading individual chapters as needed. The book will be a welcome addition to the library of all those who practice forensic psychiatry and of teachers

and students of forensic psychiatry for whom this should be a seminal text. Many of the remaining practicing clinical psychiatrists, including myself, could learn a lot from this

volume, if only about the simplicity and brevity of any report writing.

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## Anxiety Disorders: Theory, Research and Clinical Perspectives



Edited by Helen Blair Simpson, Yuval Neria, Roberto Lewis-Fernández, and Franklin Schneier. New York, NY: Cambridge University Press; 2010; ISBN: 978-0-521-51557-3; pp 378; \$99 (hardcover).

It is uncommon to read a good book on anxiety disorders. This one, however, is unusually fine. *Anxiety Disorders: Theory, Research and Clinical Perspectives* is highly descriptive and clinically useful. It is well researched and a pleasure to read.

Anxiety often is overlooked in modern clinical practice. Although it is no longer considered the basis of all psychological problems by way

of ambivalence or neurotic conflict, anxiety is very important in clinical practice. We see many of the issues noted in this book in our clinics daily. Patients often respond to stress with anxiety. Many cases of agitated depression are fraught with tension and worry. Panic attacks cause our patients to seek emergency treatment due to the extremely unpleasant nature of physiology exerted by anxiety. This unpleasant feeling also pushes many people with anxiety into addiction to a variety of drugs, from ethanol to benzodiazepines. Anxiety is a powerful motivator, and it must be respected.

The editors of this text have done a wonderful job of assembling material. The contributing authors are a well-known group of opinion leaders that come from both clinical and research settings. The book contains 31 sections, each like a short chapter. Each portion is concise and devoted to a unique problem in the anxiety field. This volume begins with an excellent review of the epidemiology and nosology of anxiety

disorders. There is a meaningful discussion on the evolution of anxiety from a symptom to a syndrome of disorders. As the book goes on, the variety of anxiety-related problems are illustrated, from obsessive-compulsive disorder to posttraumatic stress disorder, social anxiety, and panic attacks. Each topic is well handled and both symptoms and treatment options are covered in fine detail.

Several sections discussing the physiology of anxiety are included. This goes from basic cellular material to primate models and on to genetic theories. This discussion of basic biological modulation is brought to life in later sections on treatment using various somatic therapies. There is a good description of using selective serotonin reuptake inhibitors, atypical antipsychotics, and benzodiazepines. The use of behavioral therapies also is discussed. These sections contain interesting diagrams, which augment the instructional impact of the text.

Anxiety in childhood, attachment disorders, and evidence-based treatment all are included in the later sections of the book. There are also sections about alternative medical treatment and best practices for dealing with anxiety in primary care. The clinical material is interesting and provides for far better reading

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than most people would expect from any medical book. It is written in a compelling style, which is a benefit to the student, clinician, or educated layman. The references are

excellent and the index is helpful.

This is a good book for any clinician interested in anxiety. It covers theory, diagnoses, treatment, and future directions. It is enjoyable to

read it and a good book to keep in the office. I highly recommend it.

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Tucson, AZ, USA

## BOOKS RECEIVED

The following books have been received or otherwise obtained and will be reviewed by selected individuals, the courtesy of the sender is acknowledged by this listing.

**Clinical Manual of Adolescent Substance Abuse Treatment.** Edited by Yifrah Kaminer and Ken C. Winters. Arlington, VA: American Psychiatric Publishing, Inc.; 2010; pp 518; \$67 (paperback).

**Handbook of Office-Based Buprenorphine Treatment of Opioid Dependence.** By John A. Renner Jr. and Petros Levounis. Arlington, VA: American Psychiatric Publishing, Inc.; 2010; pp 357; \$61 (paperback).

**Psychotherapy for the Treatment of Substance Abuse.** Edited by Marc Galanter and Herbert D. Kleber. Arlington, VA: American Psychiatric Publishing, Inc.; 2010; pp 427; \$67 (paperback; with a DVD).

**Cocaine and Methamphetamine Dependence. Advances in Treatment.** Edited by Thomas R. Kosten, Thomas F. Newton, Richard De La Garza II, and Colin N. Haile. Arlington, VA: American Psychiatric Publishing, Inc.; 2011; pp 234; \$65 (paperback).

**Lonely at the Top. The High Cost of Men's Success.** By Thomas Joiner. New York, NY: Palgrave Macmillan; 2011; pp 272; \$27 (hardcover).

**Developing an Evidence-Based Classification of Eating Disorders. Scientific Findings for DSM-5.** Edited by Ruth H. Striegel-Moore, Stephen A. Wonderlich, B. Timothy Walsh, and James E. Mitchell. Arlington, VA: American Psychiatric Publishing, Inc.; 2011; pp 429; \$65 (paperback).

**Handbook of Mentalizing in Mental Health Practice.** Edited by Anthony W. Bateman and Peter Fonagy. Arlington, VA: American Psychiatric Publishing, Inc.; 2011; pp 617; \$69 (paperback).

**Study Guide to Psychosomatic Medicine. A Companion to The American Psychiatric Publishing Textbook of Psychosomatic Medicine. Second Edition.** By James A. Bourgeois, Robert E. Hales, and Narriman C. Shahrokh. Arlington, VA: American Psychiatric Publishing, Inc.; 2010; pp 264; \$56 (paperback).

**Anxiety Disorders in Children and Adolescents. Second Edition.** Edited by Wendy K. Silverman and Andy P. Field. New York, NY: Cambridge University Press; 2011; pp 436; \$80 (paperback).

**Resilience and Mental Health: Challenges Across the Lifespan.** Edited by Steven M. Southwick, Brett T. Litz, Dennis Charney, and Matthew J. Friedman. New York, NY: Cambridge University Press; 2011; pp 382; \$99 (hardcover).

**The Life of the Heroin User. Typical Beginning, Trajectories and Outcomes.** By Shane Darke. New York, NY: Cambridge University Press; 2011; pp 204; \$95 (hardcover).

**Strengthening the DSM. Incorporating Resilience and Cultural Competence.** By Betty Garcia and Anne Petrovich. New York, NY: Springer Publishing Company; 2011; pp 376; \$60 (paperback).

**The Encyclopedia of Neuropsychological Disorders.** Edited by Chad A. Noggle, Raymond S. Dean, and Arthur MacNeill Horton, Jr. New York, NY: Springer Publishing Company; 2011; pp 830; \$150 (hardcover).

**Nine Lives. Nine Case Histories Reflecting the Human Condition.** By Newell Fisher. New York, NY: Vantage Press, Inc.; 2011; pp 146; \$29.95 (paperback).

**The Insanity Offense. How America's Failure to Treat the Seriously Mentally Ill Endangers its Citizens.** By E. Fuller Torrey. New York, NY: WW Norton & Company; 2012; pp 284; \$16.95 (paperback).

**The Psychotherapy of Hope. The Legacy of Persuasion and Healing.** Edited by Renato D. Alarcón and Julia B. Frank. Baltimore, MD: The Johns Hopkins University Press; 2011; pp 368; \$55 (hardcover).