

## Book Reviews

Michael H. Ebert, M.D., Editor

### **Care of the Mentally Disordered Offender in the Community**

*edited by Alec Buchanan. Oxford University Press, London, U.K., 2002, 333 pages, \$55.00 (paper).*

From the United Kingdom, source of the Magna Carta, we have a well-ordered resource for many professionals concerning the care of the mentally disordered offender in the community. That most of the authors writing 13 chapters are from the United Kingdom in no way distracts from its usefulness for U.S. clinicians. Four authors are from the United States. No author is listed as being a forensic psychiatrist. The U.K. authors include psychiatrists, psychologists, lawyers, and sociologists.

This volume, encyclopedic in scope, consists of 324 pages of valuable information backed up by 1000 references. It also serves as a useful template for any group seeking to start a forensic treatment program. The information is clearly stated, explaining how practice is actually conducted every day by the average practitioner. The book is both a how-to and hands-on guide, yet erudite and scholarly.

The introduction announces the book's primary focus of risk assessment and management regarding violence originating in the disordered mind. This text is for clinicians who provide care in the community instead of in a hospital or prison. It touches lightly on a major problem in the United States—that of mental illness magnified by substance use and abuse; only 2 index citations reference this condition. The book draws references from the work of the American Psychological Association but not that of the American Psychiatric Association or the American Academy of Psychiatry and the Law.

The text is as much about protecting patients as it is about protecting citizens who are increasingly the target of others' violent behavior. With deinstitutionalization in the United States, patients previously hospitalized all too often move on to prison, disrupting the community along the way. Chapter 13, "To Serve Which Master?" highlights the clinician's quandary, which is a dual-agency problem. A clinician will be required to define whether or not a person is treatable, which will set in motion a "protective sentencing" by a court, i.e., the amount of freedom and containment allowed. Everywhere the sign says safety first, overlaid by the Care Programme Approach (a 1991 U.K. policy initiative) to the patient; i.e., physicians need to balance patient care with community safety.

The authors report a U.K. culture of blame (who is at fault?), which increases the clinician's liability and reluctance to treat seriously ill and often dangerous individuals. Tarasoff duties (a physician's legal responsibilities to nonpatients) are briefly noted, with a mention of the clinician's quandary about how to manage optimal care given confidentiality requirements. A constant tension exists at an interface where clinicians struggle to act "as therapists, not as jailers" (p. xviii). Here, the advice to clinicians is that staying with psychiatric care will "best contribute to the overall safety and peace of their communities" (p. xviii).

In reading this text, one must keep in mind the fact that the population of the United Kingdom (in this book, England and Wales) is about one sixth the size of the United States and has a National Health Service and therefore much greater governmental involvement in these issues. For example, the National Confidential Inquiry Into Suicide and Homicide by People With a Mental Illness investigates suicides and homicides, something that is only in the nascent stages in the United States.

Another important and enlightening issue is the central role of the European Commission on Human Rights, which dictates conditions for lawful psychiatric treatment and detention. It acts as a floor, not a ceiling, designed to protect against totalitarian influences regarding basic freedoms and to protect against degrading, inhumane treatment, thus invoking dignity, respect, and privacy.

We in the United States, given the post-9/11 Patriot Act, are actively debating to what degree society and government can intrude on the lives of individuals. One can insert mentally disordered persons, in many instances, into the interface between psychiatry and the law to determine who needs to know what and why regarding care and safety. This text offers the reader different points of view on these complex subjects and their evolution in the United Kingdom, with lessons that can be applied everywhere.

The authors caution that clinicians can be forced into being "risk knowledge workers" (p. 7), causing professionals to think, act, and always be ready to justify their actions. On the drawing board is an attempt to provide for a "hybrid order" (p. 299) with facilities for those not deemed qualified for either a mental hospital or prison. Most likely because of the United Kingdom's national care system, issues of professional liability (read malpractice) and their attendant costs are given minimal attention.

There is a clear dialogue, without clear answer, regarding interventions for those with personality disorders who are deemed to be dangerous, either in a physically assaultive or sexual way. The reader gains the impression that in the United Kingdom, such activity is monitored by boards that can order long-term detention for offenders without mental illness. This system long preceded such measures in the United States. (I recall the advice of the late Canadian psychiatrist Heinz Lehman, M.D., who in the 1960s forecast a need for "forced" injectable medication for the treatment of severely ill yet dangerous outpatients.)

The reader should keep in mind that parity has existed in England since 1948, when the National Assistance Act was established, something the United States is still struggling toward. However, along with this act came the power for the Home Secretary to authorize hospital discharge or detention. An elaborate system exists (we'd call it a bureaucracy) to try to provide care and keep citizens safe, yet with never-adequate resources, it is a work forever in progress. We can all learn from the U.K. professional's struggle to make it work. As an outsider, I found the U.K. system a bit hard to grasp at first, because the authors write as if their information is known to all readers. It took me a while to gain a clear sense of how it works in the United

Kingdom, but then things fell together. There are core similarities between U.K. and U.S. guiding principles, such as least restrictive and outpatient versus inpatient care, yet a bit of reading was needed to gain that understanding. Perhaps a chapter at the beginning entitled something like "This Is How it Works in the United Kingdom" would have shed light on these issues sooner.

I was especially pleased and rewarded to read chapter 8, which contains an excellent discussion of the role of the clinician's countertransference reactions as a tool to facilitate treatment in what is extremely difficult work with extremely impaired people. This chapter guides us to avoid labeling these patients with the pejorative "manipulative." Other authors astutely focused on monitoring patients' levels of anxiety as a barometer of their risk for violent behavior, hopefully offering an opportunity for preventive intervention. Trust in the therapeutic alliance is addressed as a counterbalance to nihilism and countertransference of hatred of those in treatment. In Chapter 11, things are made quite clear with a reference to the 5 D's—deterrence, deflection, dilution, delay, and denial—all of which prevent care and generate a hostile presentation to a patient.

Chapter 6 defines 3 types of useful risk assessment approaches: anamnestic (person's history), actuarial (probability of certain behavior), and clinical. And, to me, in a valuable British style, the authors outline 5 points—(1) get the right information, (2) distinguish between risk markers and risk factors, (3) consider history in detail, (4) take context seriously, and (5) be explicit—which couldn't state the case better, and which would make an excellent teaching tool.

I highly recommend this text—in my opinion, without major flaws—as it provides an in-depth discussion of the major issues that clinicians encounter, both in individual practices and as team members in a community setting. It is likely to be difficult reading for those new to forensics, but with time and effort, much can be learned.

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## **Dementia: A Practical Guide**

by Marc E. Agronin, M.D. In book series: *Practical Guides in Psychiatry*. Carlat DJ, ed. Lippincott Williams & Wilkins, Philadelphia, Pa., 2004, 320 pages, \$29.95 (paper).

*Dementia: A Practical Guide* is a delightful and compact 320-page pocket-sized book of concise information about dementia subtypes, assessment, and treatment, as well as the psychiatric conditions often associated with dementia. The book is ideally suited for psychiatric residents, primary care physicians, psychiatric nurse practitioners, nursing students, and those

medical and nursing staff in the long-term care setting. This book provides an excellent resource for busy practitioners in need of quick information on dementia.

The number of people in the United States with a diagnosis of dementia continues to grow in both number and overall percentage of medical diagnoses. Dementia research has made major strides within the last decade, and this explosive growth is expected to continue for the next decade. With this vast amount of knowledge of various types of progressive and non-progressive cognitive impairment, it is important to have resources available that can aid in our quick acquisition of knowledge to assist us in patient care. *Dementia: A Practical Guide* provides a means of easily extracting information from its 4 sections and detailed appendices. The book includes a section on clinical assessment of dementia, with subsections on the neurologic and mental status examinations; a section on medical, psychiatric, and neuropsychological testing; a section on dementia subtypes; a section on psychiatric conditions associated with dementia, with subsections on agitation, psychosis, depression, and apathy; and a section on psychosocial issues in dementia care. The appendices provide a wonderful set of pocket-sized, 1-page summaries of a wide range of issues in dementia, including screening questions, history taking, physical examination, mental status examination, cognitive screening, the clock drawing test, evaluation tests, assessment and treatment of agitation and psychosis, delirium, Omnibus Budget Reconciliation Act of 1987 guidelines, and assessment and treatment of depression. The book also makes excellent use of clinical vignettes throughout the sections; these vignettes provide a direct clinical correlate of the material being presented in that chapter. In addition, the sections make use of "essential concepts" charts and "key point" boxes that provide concise pearls in the field of dementia assessment and treatment.

The most important attribute of this book is that it provides information that a busy clinician can use in active clinical care of the patient with dementia. The book is well organized, with a content outline and a subject index that can lead the reader to the area of interest quickly. The appendices provide summary sheets that can be kept in one's coat pocket to facilitate dementia evaluation or care. The author makes a point of addressing target symptoms for the treatment approach; one must define the target symptoms for treatment and then proceed for an optimal outcome of treatment.

Overall, *Dementia: A Practical Guide* represents an excellent continuation of the *Practical Guides in Psychiatry* series. For someone who needs quick, useful information on the assessment and treatment of dementia, this resource is highly recommended.

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