

tests measure up in sensitivity (a measure of the frequency with which true positives actually test positive) and specificity (a measure of the frequency with which true negatives are detected by a test) in particular remind us that even tests long in use in the field, such as the Structured Interview of Reported Symptoms (SIRS), can, depending on how the test is scored, yield results that are far less specific or sensitive than one might expect. Should this test be scored improperly under certain circumstances, the results would be rendered virtually worthless. Forensic psychiatrists in training and those unfamiliar with neuropsychological testing will find the summaries in the book helpful when using test results to support opinions in evaluations.

My one regret is that Bauer Boone did not address informed consent for neuropsychological testing in relation to validity testing and tests for malingering in more detail. This is a controversial area within neuropsychology. She elides the question of informed consent by stating on page 5 that when a person contracts with an attorney to represent him, decisions about participation in psychological testing are made by the attorney. This assertion took me by surprise. First, observers are not allowed to be present because of validity concerns in many if not all jurisdictions, and because most attorneys are not sufficiently knowledgeable about the relative strengths and weaknesses of specific tests, it is hard to see how they could be helpful even if they were present. Second, I was surprised to see the attorney characterized as the decision-maker in the attorney–client relationship. Consistent with experience in practice, review of Rule 1.2(a) of the American Bar Association’s Model Rules of Professional Conduct places the authority for decision-making in the hands of the client. With respect to the client–lawyer relationship, in addressing the allocation of authority, the rule states that the lawyer must abide by the client’s decisions, unless there are ethics-related or legal reasons why he cannot.¹

Bauer Boone’s next point is that defense counsel has the right and indeed the obligation to obtain information useful to the defense, including conducting its own examination, and should the plaintiff refuse to undergo an examination arranged by the defense, defense counsel could reasonably request that the case be dismissed. Furthermore, in some jurisdictions, the consent of the subject is not required at all. All this is true of course, but, if any-

thing, it suggests that more care, not less, be paid to informed consent. In Form 1.2 on page 6 of the book, there is no mention that validity testing should be conducted in a manner that would be easily understood by the average plaintiff. The form leaves one with the distinct impression that what one sees is all there is and that the only possible choice is for the subject to consent to all the tests or none. The unspoken fact is that subjects are not informed about specific tests, the predictive value of the results, and the uses to which the results can be and are put at trial, something any reasonable person would need to know in making an informed decision.

The author’s points about validity are well taken, however, and the topic is worthy of more attention. I look forward to seeing how she addresses these concerns in the second edition.

Overall, the book is useful as a manual that provides a highly accessible overview of tests that will be useful for early-career and experienced forensic psychiatrists alike.

References

1. American Bar Association: Model Rules of Professional Conduct. Rule 1.2. Scope of representation and allocation of authority between client and lawyer. Paragraph (a). Chicago, IL: AMA, Center for Professional Responsibility, 1983 (latest revision, February 2013). Available at http://www.americanbar.org/groups/professional_responsibility/publications/model_rules_of_professional_conduct.html. Accessed February 19, 2014

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Clinical Handbook of Adolescent Addiction

Edited by Richard Rosner, MD. New York: Wiley-Blackwell, 2013. 499 pp. \$90.00.

One of your outpatients whom you have been treating for anxiety disorder calls you for help. Her daughter has reported that her bottle of stimulant medication is missing. She suspects her 19-year-old brother, who has started abusing marijuana and has just been arrested by the police after he and his friends were found with unprescribed oxycodone pills. What do you do? How would you assess this young man, taking into consideration his psychoso-

cial environment? Since law enforcement is involved, what would your recommendations be and what are the possible treatment options? This scenario is not unusual, and the *Clinical Handbook of Adolescent Addiction*, edited by forensic psychiatrist Richard Rosner of New York University Medical Center, comes in very handy. Rosner's attributes of being patient and thorough permeate the book, in content and organization.

The book has seven sections divided into easily understood chapters. The first section examines the scourge of addiction and what adolescent psychiatrists should know. The authors compare epidemiological data regarding addiction in the United States to statistics in the United Kingdom. This section is followed by a discussion of assessment of the substance-using adolescent, including the emergency room examination; management of toxidromes (syndromes caused by high levels of toxins in the body); the use of screening tools and psychological instruments; the impact of psychiatric comorbidities; and the significance of toxicologic testing, with comparative discussions of urine, blood, hair, saliva, and sweat.

Risk and prevention are examined, including Kandel's Gateway and the Reverse Gateway Hypotheses and the relevance of preventive measures being directed toward the use of gateway drugs. Discussions of the clinical aspects of specific drugs are useful. Case vignettes illustrate how cannabis use can affect adolescents.

The challenge of working with adolescents who have substance use disorders requires a skill set that includes structure, managing resistance, and consistency. Rational emotive therapy can be a useful tool to recognize and dispute irrationality in resistant evaluatees. Ara Anspikian, in a section on "Promising Practices," describes the Network for the Improvement of Addiction Treatment (NIATx), including practical considerations, such as attendance and no-show policies, moving clients through various levels of care, and using motivational incentives to foster rehabilitation.

The text contains discussions of clinical aspects of special topics, including sexual addiction, compulsive masturbation, dependence on pornography, telephone sex addiction, and cybersex dependence. These behaviors are facilitated by access to electronic technology, including the Internet, which permits sexting and cybersex, among others.

Although the book is a great resource for general clinicians, the forensic aspect of each section was relatively sparse. The section devoted to the forensic facets of addiction mostly addresses confidentiality, consent, third-party liability for supplying adolescents with illegal substances, and the role of drug courts as alternatives to incarceration in adolescent drug offenders. Although there is a discussion of cultural assessment, the author does not explore how our current legal system comparatively deals with adolescent substance use within the various subcultures. I would have welcomed a discussion of how psychiatric comorbidities like attention-deficit/hyperactivity disorder, anxiety disorders, and mood disorders may or may not mitigate disposition and sentencing.

The chapter on toxicology, although useful, could have elaborated more on when to test, how often to test, the significance of particulate contamination, and the concept of chain of custody. Also, it would have been useful for readers of this journal if the authors had compared and contrasted voluntary and court-mandated admissions in terms of compliance and success rates. Other omissions include a discussion of sexting and cybersex and confidentiality and what role these play in criminal proceedings of adolescents with substance use disorder.

Given that the book was not specifically geared toward forensic psychiatric practitioners, I highly recommend the book for clinicians. The delicate balance of being comprehensive without being intimidating definitely adds to its attractiveness. One hopes that future editions will contain more forensic elaborations.

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The Dilemma of the Sexual Offender

By George B. Palermo and Mary Ann Farkas. Second Edition. Springfield, IL: Charles C. Thomas, Publisher, Ltd., 2013. 321 pp. \$49.95 paperback, \$113.00 hardcover.

The Dilemma of the Sexual Offender, another publication in the American Series in Behavioral Science and Law, is a thoughtful and at times controversial