## Oxford Textbook of Correctional Psychiatry

Edited by Robert L. Trestman, PhD, MD, Kenneth L. Appelbaum, MD, and Jeffrey L. Metzner MD. New York: Oxford University Press, 2015, 434 pp. \$142.54.

The correctional psychiatrists who serve as editors and authors of this text have built upon the excellent work done by many of the same authors a decade ago in the sentinel book, *Handbook of Correctional Mental Health*.<sup>1</sup> The *Oxford Textbook of Correctional Psychiatry* examines current thinking in correctional mental health care and mental health administration and covers new ground. It is thorough in the breadth of topics that it covers and will serve as a useful resource for forensic mental health professionals and trainees, as well as administrators and attorneys involved in correctional psychiatry intersects with community health care and public policy and will be a useful resource for individuals in those fields, as well.

The comprehensive *Textbook* has 13 sections and 71 chapters, and most have a common theme. The authors call upon correctional psychiatrists and administrators to be aware of the unique challenges inherent in this setting, while continually being mindful of medical ethics. The editors have ensured that the chapters do not duplicate information except when it is essential to understanding the material.

The first two sections review the context and organization of correctional institutions. Jamie Fellner's chapter on human rights makes for an especially interesting read when combined with the thoughtful discourse on multidirectional, robust professionalism by Philip Candilis and Eric Huttenbach. Robert Trestman notes the lack of studies comparing the various funding models of correctional health care and closes with a well-articulated suggestion of the potential benefits that this work could provide.

Section III covers patient management from screening to community re-entry with an important discussion on restricted housing. The effects, or possible lack thereof, that segregation has on the mentally ill are reviewed. The authors rightly point out that societal concerns with long-term segregation have to do with the potential violation of evolving standards of decency. Sections IV, V, and VI address common management topics, emergencies, and general psychopharmacologic concerns in corrections institutions. Bernice Elger's chapter on sleep complaints elegantly examines the ethics of insomnia management in corrections. Reena Kapoor's review of crises management details how psychiatrists' roles may differ in a correctional setting but returns to the importance of applying one's medical ethics in these settings in the same manner that one does in community settings. The authors examine the need for and benefits of hospitalization, but remind the reader to give consideration to the stigma of hospitalization.

Section VII reviews various mental disorders and describes how their treatment differs in correctional institutions. Even the seasoned correctional psychiatrist should benefit from the discussion regarding attention deficit hyperactivity disorder and complex posttraumatic stress disorder (PTSD), as the authors point out that these are often unrecognized, underdiagnosed, and untreated, with resulting behavioral management challenges for the system. The chapters that address psychotherapy review evidence-based treatment modalities, including individual and group therapies and the recovery model. There is also a review of treatment of substance use disorders.

The discussions of suicide prevention, suicide risk assessment, management of aggression, self-injury and misconduct include the latest evidence-based research. James Degroot gives an informative review of the success of the Georgia Department of Corrections (GDC) in treating PTSD.

As with any textbook, there are some updates in diagnosis and treatment that are not included in the book. Specifically, our readers may find it useful to know that the frequently encountered complaint of middle-of-the-night insomnia has an evidenced-based U.S. Food and Drug Administration–approved treatment that is nonaddictive: low- to ul-tra-low-dose doxepin has a unique mechanism at the lower doses. This treatment is also recommended by the American Academy of Sleep Medicine.<sup>2</sup> Also, the literature is evolving regarding the effect of the change in PTSD diagnostic criteria on its incidence in correctional institutions.

It is an understatement to say that this book is comprehensive. Its thoroughness is surpassed by the level of expertise of the authors and editors. The cohesive organization of the large number of essential topics, by so many experts, makes this a book that will be referred to constantly for both the evidence-based standards, but also, for ethics guidance while working in corrections, community health care, and public policy.

## References

- 1. Scott CL, ed: Handbook of Correctional Mental Health. Washington, DC: American Psychiatric Publishing, 2009
- Schutte-Rodin S, Broch L, Buysse D, *et al*: Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med 4:487–504, 2008

Elizabeth Ferguson, MD Augusta, GA

Disclosures of financial or other potential conflicts of interest: None.

## Learning Forensic Assessment: Research and Practice

Edited by Rebecca Jackson and Ronald Roesch. 2nd edition. New York: Routledge, Taylor, and Francis Group, 2016. 529 pp. \$89.95.

Building on the first edition published in 2008,<sup>1</sup> the second edition of *Learning Forensic Assessment: Research and Practice* provides a comprehensive guide for forensic mental health providers to better their understanding of the scope and tools available to perform forensic assessments. The editors, Rebecca Jackson and Ronald Roesch, updated the text and incorporated new developments in mental health since the first edition. They make special reference to changes in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), Historical Clinical Risk Management-20, case law, and additional forensic assessment tools. In doing so, they fulfill their stated purpose.

Similar to the first edition, the text is designed for graduate psychology students who are learning forensic assessment, as well as for psychologists coming into forensic practice. The text is divided into five broad areas: Professional and Practice Issues, Adult Forensic Assessment, Juvenile Forensic Assessment, Civil Forensic Assessment, and Communicating Your Findings.

Part I provides an overview of training in forensic assessment, legal theory related to mental health, and ethics-related questions in forensic mental health. Parts II and III discuss forensic assessments for adults and juveniles, respectively. Topics include adjudicative competency, violence risk assessment, and psychopathy, among others. The adult section also covers insanity assessments and topics relevant to execution. The juvenile section reviews topics that become relevant when juveniles are transferred to adult criminal courts.

The fourth section of the book focuses on civil forensic assessments, such as child custody, disability, and personal injury, and there is a chapter on civil commitment and decision-making capacity. Part V is on the communication, both oral and written, of experts' forensic opinions.

The chapters are authored by respected forensic psychologists, many of whom contributed to the first edition of the text. Although, as a whole, the text is geared toward forensic psychological assessment and use of psychological tools, each chapter provides fundamental material and case law that are relevant to psychiatrists who conduct civil and criminal evaluations for the courts. Many of the chapters include historical perspectives of the subtopics and provide concise summaries of the legal cases that shape the forensic topics. For example, in the chapter on insanity, the author provides an overview of the development of the insanity standards and law and compares the various insanity standards that are currently in effect in various jurisdictions in the United States. These sections complement the author's discussion of the basic components of the current insanity standards and give practical information as to how to conduct assessments of insanity.

Although the text has many uses, forensic psychiatrists, particularly trainees, will find the book beneficial in two key respects. First, all of the chapters that cover topics of assessment (Parts II–IV) detail assessment tools specific to the forensic topic being covered. Where relevant, the authors provide descriptions of assessment instruments and information about validity. It is helpful for psychiatrists to have an appreciation of these tools and how they may be applied in court, whether they are personally making use of them or in cases where they incorporate into their opinions results of tests that have been performed by psychologists.

Again, in the chapter on insanity, for example, the author describes the use of structured interview tools such as the Schedule for Affective Disorders and Schizophrenia (SADS) and modifications of this tool for insanity evaluations. The SADS is compared with the Structured Clinical Interview for DSM-IV Dis-