

The book clearly represents a kind of high-water mark for research in lie detection and deception. Both for valuable information in forensic assessments and to address concerns raised in court on cross-examination, this is an extremely valuable contribution to the forensic literature.

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Writing Forensic Reports: A Guide for Mental Health Professionals

By Daniel P. Greenfield, MD, MPH, MS, and Jack A. Gottschalk, JD, MA, MSM. New York: Springer Publishing Company, 2009. 198 pp. \$45.00 paperback.

Although report writing is an integral part of the practice of forensic psychiatry, few resources are devoted to teaching this skill. Daniel Greenfield and Jack Gottschalk, the authors of *Writing Forensic Reports: A Guide for Mental Health Professionals*, wrote the handbook to “assist the neophyte, novice, apprentice (trainee), reasonably experienced, and very experienced forensic mental health practitioner with forensic expert report writing.” Although the book may be useful for students and residents considering forensic psychiatry, it does not provide enough specific guidance about report writing to be helpful to the “reasonably experienced” or “very experienced” forensic psychiatric expert.

The handbook consists of seven chapters divided into three sections. The first section, the “Introduction,” consists of two chapters. The first chapter, titled “The Importance of Forensic Reports,” makes a compelling case for studying forensic report writing and provides an overview of the book. The chapter closes with seven “pointers” for working collaboratively with counsel that are needlessly repeated in the epilogue of the book. While these suggestions, such as avoiding delays and remaining focused on the task at hand, are useful to forensic mental health professionals, only one of the recommendations, “communicate clearly,” is specific to report writing.

“Forensic Reports and the Law” is the title of the second chapter, which provides an excellent concise overview of the role of forensic reports in civil and

criminal cases. The authors also describe landmark U.S. Supreme Court cases that examine the admissibility of expert witness testimony.

The second section of the handbook, “The Reports,” is divided into four chapters. The second and fifth chapters review full criminal and civil reports, respectively, and the remaining two chapters, four and six, provide synopses of criminal and civil reports.

“The Reports” section includes full-length reports that offer good, practical teaching opportunities. Unfortunately, Greenfield and Gottschalk do not fully use the reports as educational tools. They identify areas in which each report models good practices, such as using American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) diagnoses; however, there is no adequate discussion about how each report, although generally well-written, could be improved. For example, the first sample report in Chapter Three, “State v. Edward Taylor Hard,” examines the role of voluntary intoxication in a homicide. The report’s author chooses not to describe details of the incident in the report, “in the interest of saving time.” Given the seriousness of the case, the expert’s decision to omit details of the alleged offense could be used by opposing counsel during cross-examination to undermine the expert’s opinion(s). In addition, the expert states that the fatality occurred during “what appears to have been a bar brawl.” The expert’s choice of words, implying that the expert is uncertain of key details in the case, is potentially problematic.¹ The author should have identified the source of information about the “bar brawl.”

Two chapters that provide brief vignettes of criminal and civil forensic cases are also included in Section Two. Each vignette is approximately two to three paragraphs long and presents a question of referral, a brief synopsis of the expert’s analysis, and the expert’s opinion. These chapters provide a good overview of a variety of referral concerns, but no specific advice about report writing.

The final section is an epilogue that restates the seven recommendations for working collaboratively with attorneys. Also included are six appendices, among which are a guide to abbreviations, additional resources, and a concise discussion of psychological testing.

Overall, the book is a well-organized overview of a wide range of questions and problems attending forensic psychiatric referrals. As noted, the book is a

first edition and has room for improvement. Future editions could benefit from more detailed advice about report writing and more comprehensive analyses of sample expert reports. Despite the handbook's limitations, the authors deserve a great deal of credit for compiling an interesting array of reports, with commentaries, that may be of use to forensic mental health experts in their practices.

References

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Psychic Assaults and Frightened Clinicians: Countertransference in Forensic Systems

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"Difficult patients are difficult because they generate difficult feelings in us" (p 88).

Health care professionals working in secure forensic settings encounter challenges that are unique to these environments. These practitioners seek resources designed to enhance the quality of mental health care delivery to mentally ill offenders, including those who have committed reprehensible acts against society. Forensic psychotherapists John Gordon and Gabriel Kirtchuk have edited a book titled, *Psychic Assaults and Frightened Clinicians: Countertransference in Forensic Systems*, that is one such reference.

The book, which is part of Karnac Books' Forensic Psychotherapy Monograph Series, is divided into a foreword, an introduction, and a conclusion that are authored by the books' editors, along with six chapters contributed by various British forensic psychiatrists and psychologists.

The thrust of this book is that countertransference has an everyday effect on the hospital system and the multidisciplinary staff who work with a most difficult group of patients—inmates with mental illness.

Contributors to this book are psychoanalytically trained mental health professionals who work in a variety of forensic settings. They draw on analytic concepts, including object relations theory, to examine the multidisciplinary forensic mental health team as a system of care for mentally ill offenders. The authors review how a patient's primitive character defenses, including acting out and passive aggression, affect the functioning of the mental health care system on all levels. The analytic approach is both a strength and weakness of the book.

In the book, countertransference is defined as a "potential block, distortion or impasse which threatens the professional task" of advancing the therapy. The analytic approach to forensic mental health care reminds the reader of the defenses, transference, countertransference, and the primitive coping skills of many of the patients. The recent emphasis in psychiatry of neurobiology, including neurotransmitters, molecular biology and brain function, has sometimes evolved at the expense of the dynamics associated with a patient's experiences, the subtleties of interpersonal interactions, and discovering the reasoning behind the choices made by a person. I do not wish to downplay the benefits that biological psychiatry has brought to many patients; however, our profession has diminished the value of concepts such as transference, countertransference, emotional contagion, parallel processes, and projective identification. My own experience in forensic work indicates that we ignore these concepts at our own and our patients' peril.

Weaknesses of the book are also evident. Although psychoanalytic concepts (including the analytic insistence on self-understanding) can help mental health professionals develop greater insight into the patient, the authors appear dismissive of the use of cognitive-based interventions, which they say create a defensive distance between clinicians and patients. Also, the authors seem to be unaware of how psychoanalytic techniques can be misused by clinicians who fail to examine their motives, both conscious and unconscious. This caveat also applies to other therapeutic modalities, including cognitive behavioral therapy and pharmacotherapy, both with consent of the patient and despite the patient's objection. Good therapists do not hide behind technique.

The editors' decision to limit the book's content to the influence of patients' behavior on the mental health care delivery system is another shortcoming. A