

detection, and new ideas, such as the role of autism spectrum disorder in criminal proceedings. I found it particularly effective for three reasons. First, the authors approach each topic in a balanced manner, laying out the strengths and weaknesses of the science involved. They also discuss case law, admissibility, and credibility of testimony based on these new technologies. Second, each chapter is nicely organized into clinical and legal sections. Third, they provide practical advice for expert witnesses testifying in these areas.

The book is divided into 10 chapters dealing with a variety of topics, including neuroimaging in court, child sexual abuse, the role of sleep disorders in criminal responsibility, chronic traumatic encephalopathy, autism spectrum disorder in forensic settings, and forensic psychiatric implications of new designer drugs. The discussion is framed by Dr. Watson's excellent first chapter on the statutes and case law governing the admissibility of expert testimony. This chapter lays the groundwork for subsequent discussions of case law throughout the text. The editors have done a good job of maintaining continuity across chapters covering diverse topics.

All too often, articles and books about emerging technologies and approaches sound more like salesmanship than scholarship. I'm happy to say that this is not the case in this book. The authors generally maintain a neutral stance. They take a critical look at their subject matter and discuss both scientific and legal weaknesses. For example, in Chapter Six, Dr. Octavio Choi examines fMRI lie detection. He reviews some impressive data regarding the accuracy of fMRI lie detection but notes several limitations of this technology in real-world settings. He also discusses case law that has limited the admissibility of such evidence. Similarly, Drs. Fozdar and Farrell review current evidence regarding chronic traumatic encephalopathy in football players and war veterans. They discuss the diagnostic challenges surrounding this condition and offer recommendations for experts in cases involving suspected chronic traumatic encephalopathy.

The organization of the chapters will make it easy to use this book as a quick reference or a starting point for further research on a topic. Each chapter reviews the scientific research, followed by relevant legal principles and case law. I found this format to be intuitive and highly readable. As an expert witness, I first want to know the strength of the scientific evidence in a particular area. Then, I am interested in

learning how courts are likely to approach expert testimony in the area. As a reference, the clear subject headings make it easy to return to this book for a brief review of a given topic. The detailed citations of both medical literature and case law make this book a great starting point for learning more about any of the topics covered.

As a busy clinician, I particularly appreciated the concise, practical recommendations for applying the information to my practice. In their recommendations, each of the authors takes an appropriately conservative approach to using this relatively new research in court. They cover both assessment and testimony, highlighting limitations and pitfalls. Some examples include an approach to evaluating culpability in adolescents (pp 20–1), guidelines for assessing sleep-related violence (pp 116–17), and points for testifying in cases of suspected chronic traumatic encephalopathy (pp 147–8). The recommendations are provided in either a table or numbered list followed by brief explanations, making it easy to use the book as a quick reference.

I recommend this book as an introduction to cutting-edge developments in psychiatry and the law, such as using neuroimaging in courts, evaluating children who have been victims of sexual abuse, weighing the impact of autism spectrum disorders on alleged criminal behavior, and assessing juvenile maturity for purposes of bindover to the adult justice system. It is a well-researched, highly readable, and timely exploration of new and important topics. It integrates current scientific knowledge with recent case law to provide practical advice to experts testifying in these new areas.

Sherif Soliman, MD
Cleveland, OH

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

Case Studies in Sexual Deviance: Toward Evidence-Based Practice

Edited by William T. O'Donohue, New York: Routledge, 2013. 248 pp. \$48.

The concept of sexual deviance necessitates understanding sexual normalcy and pathology, and when

there is pathology, how it is competently assessed. *Case Studies in Sexual Deviance* enriches the reader's knowledge of paraphilic disorders through vivid case studies and thorough assessments by the respective evaluators. The academic background of the authors includes counseling, forensic psychology, and social work, and they originate from the United States, New Zealand, Singapore, and Canada.

The chapter on Multisystem Therapy for Youth Problem Sexual Behavior (MST-PSB) was very informative. MST has clear principles and requires each member of the treatment team to have master's level or higher credentials. It is the only treatment for sex offenders that has undergone randomized clinical trials. Although studies show that MST-PSB is effective in addressing sex offending by juveniles, the authors failed to mention valid limitations to their interpretation, ranging from small sample sizes to whether confounding variables were controlled for and to what extent the results can be generalized across cultures and societies. Readers of the *Journal* would appreciate the discussion of the challenges of court-ordered treatment, especially when it relates to sexual abuse, the perception that it is coerced, and parental feelings that their delinquent children are not monsters.

Assessments and treatment of a rapist can be daunting to a clinician. Lawrence Ellerby, however, enables readers to master the evaluation through the case scenario and suggests how the evaluator might gather data, including the use of collateral information, psychological testing, and self-report measures. The assessment is enriched with techniques in the art of clinical interviewing, including pacing of topics and strategies to enhance disclosure. This discussion will be invaluable to clinicians who are relatively inexperienced in the field. The segment of evaluation is concluded by how to formulate a case and write a comprehensive report. The chapter concludes with a discussion of treatment planning and the stages of therapeutic engagement.

Rehabilitation of a child sex offender was discussed in conjunction with the Good Lives Model (GLM), which assists offenders in meeting their basic needs in more prosocial ways. Even though the authors were aware of the challenges in using this model, especially in the area of culture, it would have been more educational if they had proposed solid interventions. For example, when an offender stated

that sexual intercourse with young female victims is not harmful to them and used cultural excuses to justify unacceptable acts against children, there was no strong rebuttal of this excuse for pathological behavior that could wreak lifelong damage on victims. Even though the diagnosis of sexual masochism may appear straightforward, the authors did not mention that there is poor agreement among clinicians. For example, among 15 known forensic psychiatrists with experience working with sexually sadistic offenders, there was a very low κ statistic for interdiagnostician agreement ($\kappa = 0.14$).¹

The chapter on voyeurism differentiates between acceptable voyeuristic activities such as watching reality television shows and those of pathological voyeurism. The role of technology in increasing the complexity of voyeuristic activities and recent statutory changes are important for readers to absorb. The case of Mr. V. was methodically presented and adequately formulated. Factors that affect static and dynamic risks, including recidivism and propensity for sexual interest in children, were dissected. However, given the thoroughness with which the authors approached the subject, I found their ambivalence regarding whether viewing pornographic materials by sex offenders should be prohibited to be a palpable deficiency. Clinicians and administrators working with sex offenders in institutions struggle with this question, especially in the contrast between what clinicians may recommend versus what the clients' human rights advocates dictate. This section would have been enriched by more research into the mechanism of the reward system in voyeurism *vis-à-vis* neuroplasticity and the dopaminergic circuitry. A theory proposes that the voyeuristic aspect of pornographic materials induces synaptic plasticity, which then enables the formation of new neuronal connections and consequent dopaminergic release, which further perpetuates the urge to repeat the maladaptive behavior.² A case could be made for restricting access to pornography, rather than concluding that exposure to such materials raises more questions than answers and that the best way to raise self-esteem is to lower expectations.

The book also delved into some rarer areas of sexual deviance, such as telephone scatologia, where callers derive sexual gratification through arousal and or masturbation when they lure an unsuspecting listener into explicit and obscene telephone conversations. However, given the ready availability of the

Books and Media

Internet to young children, this chapter could have included a section on transmitting sexually explicit material via social media (sexting) and “sexual activities.” Is sexting a pathological social activity or a criminal activity? Should deviance in this area be defined by the nature of what is sexted, by the frequency of sexting, or by the ages of the people involved (e.g., underaged children)? What are the parental dilemmas, and how could clinicians mitigate cases without allowing a young person to be criminalized? This may be a subject for future editions of the book. Overall, it is a well-edited,

concise book that would benefit readers of the *Journal*.

References

1. Marshall W, Hucker S: Issues in the diagnosis of sexual sadism. *Sex Offend Treat* 1, 2006. Online journal. Available at www.sexual-offenders-treatment.com. Accessed June 14, 2015
2. Olsen CM: Natural rewards, neuroplasticity, and non-drug addictions. *Neuropharmacology* 61:1109–22, 2011

Babatunde A. Adetunji, MD, MA, MS
Voorhees, NJ

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