

## ***Compulsive Sexual Behavior Disorder: Understanding, Assessment, and Treatment***

Edited by Richard Balon and Peer Briken. Washington, DC: American Psychiatric Association Publishing; 2021. 175 pp. \$49.00 paperback.

Reviewed by Kathryn Baseline, MD

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**Key words:** diagnosis; hypersexuality; behavioral addiction; compulsive sexual behavior; DSM-5; ICD-11

The recently published book *Compulsive Sexual Behavior Disorder: Understanding, Assessment, and Treatment* reviews the controversial diagnosis of compulsive sexual behavior disorder (CSBD). With the inclusion of CSBD in the International Classification of Diseases, 11th revision (ICD-11), which went into effect in January 2022, the book is a timely contribution to the literature for both general and forensic audiences.

The book comprises 12 chapters. It opens with an introductory chapter by editors Richard Balon, MD, and Peer Briken, MD, who familiarize readers with the controversy around the adoption of the CSBD diagnosis and the uncertainty about how best to classify its etiology. The book then offers chapters on various topics related to CSBD, including its etiological overlap with substance and other behavioral addictions (Chapter 2), clinical evaluation (Chapter 6), pharmacotherapy (Chapter 7), psychotherapy (Chapter 8), and its manifestation in women (Chapter 9). The content, at times, is self-referential, with many of its authors highlighted in the various studies cited throughout the text. This format underscores that the book is a collection authored by persons who are heavily involved in guiding the exploration of this topic. Included among its authors are members of the American Academy of Psychiatry and the Law as well as the broader international forensic community. Such a collaboration is welcome considering the differential acceptance of the diagnosis in America and abroad.

Regarding structure, the chapters within the book are brief, making the collection accessible and easy to read in a short amount of time. The content is

engaging, and the use of vignettes throughout the book helps consolidate the material for readers. The text, however, often reads as one extended literature review with studies described in rapid succession. Although this is likely helpful for the forensic or research audience who may wish to explore these studies further and desire a thorough understanding of the current state of the literature, this approach may be daunting for the average practitioner seeking clinical pearls and guidance. The various chapters all generally start by recapitulating the definition of the ICD-11 diagnosis of CSBD. If one is to read the book cover-to-cover in a brief amount of time (which is a reasonable feat given its length), this redundancy is noticeable and tedious. This structure gives the book a quality that each chapter is siloed from the others, rather than working in concert to build upon itself. For a casual reader who might reference one chapter at a time, however, such a reintroduction allows the chapters to stand on their own.

The editors are uniquely qualified to offer the end product. Dr. Peer Briken is a forensic clinician and researcher based primarily in Hamburg, Germany. He is the Director of the Institute for Sex Research and Forensic Psychiatry in Hamburg, an organization that evaluates and treats sexual offenders on an outpatient basis. Dr. Briken is also at the forefront of research on the pharmacological treatment of sexual offenders. Dr. Briken's background thus makes his contribution, both as chapter author and editor, an obvious choice, as he is well versed in the questions raised by the authors of DSM-5 on the proposed diagnosis of Huntington's disease as well as the benefits and limits of our current pharmacological offerings for those with sexual paraphilias and compulsive sexual behavior. Dr. Richard Balon holds professorships in the Departments of Psychiatry and Behavioral Neurology as well as Anesthesiology at Wayne State University School of Medicine in Detroit, Michigan. He has authored articles and books on the effects of cannabis and antidepressants on sexual experience and articles on sexual dysfunction, medical student and resident education, and pharmacology. He is a seasoned editor, having served on multiple editorial boards including *FOCUS*, *Psychiatric Times*, *Journal of Clinical Psychiatry*, *Journal of Sex and Marital Therapy*, and *Academic Psychiatry*.

The subject of the book, CSBD, is an important one for forensic audiences involved in criminal evaluations. Throughout the book, the authors repeatedly

allude to the DSM-5 authors' concerns of the potential misuse of the diagnosis by the court system. This concern is well-founded in a society where sexual crimes are considered particularly abhorrent and the legal system allows for the civil commitment of sexual offenders, as well as their continuous monitoring in the community. This is not the only concern, but is certainly the most relevant and specific to the field of forensic psychiatry, as forensic clinicians will not only need to navigate the education of the court system on this topic but will also be called upon to negotiate the ramifications of its use.

The fact that ICD-11 has made the decision to include CSBD provides a more grounded definition by which researchers and clinicians can start to diagnose patients. It is an important step for patients who are struggling with symptoms of CSBD and seek to better understand their condition. But it leaves the American forensic community on unsteady ground. Brad Booth, MD (Chair of the AAPL Sexual Offender Committee) and colleagues point out in their chapter on forensic aspects of CSBD (Chapter 10), that the state of research on CSBD is in its infancy, which raises concerns about its admissibility in the American court system. On the other hand, the vignettes in the book (and my own experience), suggest that cases do arise in which such a diagnosis should at least be considered; what to do beyond that consideration remains unclear.

Ultimately, this book is an excellent place to start for forensic clinicians who wish to rapidly immerse themselves in the literature. By no means, however, should it serve as the only education on the topic. Forensic clinicians, particularly those who are involved in the adjudication of sexual offenses, should be watchful of literature which, hopefully, will expand more rapidly with a formal diagnosis now presented and adopted.

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

## **CBT with Justice-Involved Clients: Interventions for Antisocial and Self-Destructive Behaviors**

By Raymond ChipTafrate, Damon Mitchell, and David J. Simourd. New York/London: The Guilford Press, 2018. 307 pp. \$35.00 paperback.

Reviewed by Zachary Gamble, IV, DO, and Nicole Sussman, MD

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**Key words:** CBT; therapy; motivational interviewing; risk reduction; recidivism; training

*CBT with Justice-Involved Clients* is a treatment manual with the goal of reducing recidivism among justice-involved clients (JICs). It is divided into parts that introduce the reader to the forensic treatment milieu, describe engaging and assessing these clients, and outline treatment plans aimed at the patterns of faulty thinking that lead to criminality. This book provides the clinician with practical tools for assessing these individuals and formulating meaningful interventions, including sample scripts and treatment plans building upon the foundation of minimizing future criminality. Although aimed at the clinician with no prior experience in the justice-involved milieu, even seasoned providers will find much to offer to better enable them to serve this population.

To provide such a clinically useful text, the authors drew upon their experiences that extend far beyond clinical work. Collectively, they provide consultation to criminal justice agencies and organizations, hold leadership positions in professional organizations and publications, teach workshops and trainings, have authored a variety of publications, and present research internationally. Their expertise in motivational interviewing, addressing the most difficult aspects of treatment, and using language that can successfully engage a potentially difficult population, is very apparent throughout the book.

The first two chapters of the book (Part 1) introduce the basics of approaching treatment in the forensic milieu, including the theoretical underpinning of a forensic-based cognitive behavioral therapy (CBT) approach. This section defines the parameters of the treatment landscape and the formulation of a cognitive-behavioral approach to therapy for forensic clients, outlining an approach to a general treatment that focuses on the criminal risk domains with the aim of reducing recidivism.

Part 2 focuses on the successful engagement of JICs to facilitate treatment. Importantly, the authors do not avoid addressing the common challenges posed by this population but instead offer helpful language and approaches to increase the likelihood of developing a collaborative and effective relationship. The authors

recommend beginning this approach with empathic motivational interviewing using open-ended questions, affirmations, reflections, and summarization. There is also considerable focus on the clinician's clarifying values with the client, which the authors contend enhances engagement, helps establish prosocial goals, and fosters meaningful motivation to change. This approach clarifies the client's values in a way that decreases the client making choices that come into conflict with these values and reduces the behaviors that lead to future criminal justice involvement.

Having established the essential foundation for therapeutically approaching JICs, a framework for assessing and formulating individual cases is the focus of Part 3. Here, the authors assert that proper and thorough assessment is the key to identifying treatment targets and risk levels, which is key to a reduction in recidivism. The authors provide scripts and guidance to help the clinician elicit, explore, and challenge specific criminogenic thought patterns and risk domains. The authors' expertise in targeting common risk domains such as antisocial peers, anger dysregulation, and other maladaptive behaviors common in this population is key in guiding a clinician less familiar with JICs. Once risk domains are identified, the authors offer a three-pronged formulation strategy that considers the likelihood of future criminality, identifying risk areas unique to the individual client and, based upon the information ascertained, developing a treatment plan which reduces the risk of subsequent criminal behaviors.

The text then contains several chapters (Parts 4 and 5) that provide detailed treatment planning recommendations for the clinician. Here, one who is familiar with traditional CBT will recognize the emphasis on recognizing and modifying thoughts and behaviors, especially those that are criminogenic. The cognitive approach connects criminogenic thinking patterns with the individual's decision-making process. To do this, the authors offer risks-thoughts-decisions, which are essentially structured discussions related to each criminal risk domain. Worksheets are provided to allow clients to self-monitor criminogenic thoughts and to identify more productive thinking. Role playing exercises (where clinicians play the criminogenic voice) are encouraged so clients can actively practice restructuring their thoughts away from criminogenic patterns toward more prosocial ones, which hopefully can lead to more appropriate decision-making and behaviors.

The behavioral component of the treatment of JICs is also addressed. The authors recommend first identifying potentially dangerous leisure activities, while also assessing education and job skills, which are generally treatment targets in this population. Similarly, a plan to understand the client's social relationships and restructure these to reduce antisocial interactions or minimize contact with high-risk companions, while also repairing or creating more positive social connections, is provided. The final behavioral target assesses the self-destructive and criminogenic domain of substance misuse and dysregulated anger. This assessment involves having the client monitor substance use and anger episodes. For the former, the client is assisted in substituting activities and finding social and community sobriety support. To deal with anger, anger episodes are analyzed, including triggers, thoughts, experiences, patterns of expression, and outcomes to facilitate the ability to identify beneficial and realistic treatment goals. The concluding section of the book outlines practical tips and tools to manage a JIC-focused practice, including ways to convey constructive feedback to clients, a template for assessment and reporting, and ways to monitor and document client progress.

Ultimately, this book provides valuable and specific guidance for working with individuals with unique yet common challenges facing all clients. Treatment targeting antisocial outlooks, anger dysregulation, job coaching, and other fundamental lifestyle changes are welcome in the therapeutic landscape. Forensic clinicians will find the exercise of connecting thinking patterns to behaviors familiar. This book will help further steer the conversation toward change and, ideally, a reduction in negative behaviors. Using this book as a tool is likely to help the clinician feel more empowered and effective, as well as foster compassion and empathy, leading to a stronger therapeutic alliance and, ultimately, better outcomes. Throughout the book, the authors have included many worksheets and templates, which increase the practicality and usefulness of the text.

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## Malpractice and Liability in Psychiatry

Edited by Peter Ash, MD, Richard L. Frierson, MD, and Susan Hatters Friedman, MD. Cham, Switzerland: Springer Nature, Switzerland AG; 2022. 315 pp. \$186 paperback.

Reviewed by Sarah Anwar, MD, and Britta K. Ostermeyer, MD, MBA

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**Key words:** psychiatry; malpractice; liability

Psychiatrists are often faced with complex challenges that may pose ethics dilemmas as well as malpractice liability concerns. Although psychiatrists hold foremost the goal to help patients, they also must be thoughtful in choosing practices that reduce their risk of malpractice litigation. “Malpractice and Liability in Psychiatry” provides an outstanding and comprehensive framework to effectively and safely care for patients while also mitigating any potential malpractice litigation. The authors aim to provide a “How Not-To Guide” and emphasize in many chapters how to practice psychiatry in ways that prevent malpractice complaints from arising in the first place. When such prevention efforts fail and a malpractice lawsuit is filed, readers are also prepared for what might be reasonably expected when going through a psychiatric malpractice lawsuit.

The idea for this textbook originated from prior work of the Committee for Psychiatry & Law of the Group for the Advancement of Psychiatry (GAP). All three editors are senior, university-based, board-certified forensic psychiatrists who are highly experienced and respected in the psychiatric and forensic communities. All three editors have served the American Academy of Psychiatry and the Law (AAPL) as President. Dr. Ash is Professor and Forensic Fellowship Training Program Director in the Department of Psychiatry and Behavioral Sciences at Emory University in Atlanta, Georgia. Dr. Frierson is Clinical Professor, Vice Chair for Education, and Forensic Fellowship Training Program Director in the Department of Neuropsychiatry & Behavioral Sciences at the University of South Carolina School of Medicine in Columbia, South Carolina. Dr. Hatters Friedman is the Phillip J. Resnick Professor of Forensic Psychiatry, Professor of Reproductive Biology, Professor of Pediatrics, Adjunct Professor of Law, and the Director of the Division of Forensic Psychiatry at Case Western Reserve University in Cleveland, Ohio.

This text contains 36 chapters that are grouped into the following six parts: Malpractice Law; Litigation; Malpractice Allegations; Practice Areas; Special Topics;

and Complaints. The chapters were authored by 49 outstanding contributors, who are all well-recognized psychiatric and forensic psychiatric authorities.

From the start, this book establishes a humanistic tone. Part 1 begins by providing all the basic information and understanding of malpractice law. Through relevant examples in multiple psychiatric practice settings, readers are thoroughly educated on the four required elements of duty, dereliction, damages, and direct causation that must be proven by a plaintiff patient to prevail in a malpractice suit. Part 1 also utilizes actual court cases as clinical examples of vicarious liability, such as *Bazley v. Curry*, [1999] 2 S.C.R. 534 (Can.), *Cox v. M.A. Primary and Urgent Care Clinic et al.*, 313 S.W.3d 240 (Tenn. 2010), and *Marvillo v. Shenandoah Memorial Hospital*, 547 F. Supp. 2d 528 (W.D. Va. 2008). Sample cross-examinations are provided so that readers will have a thorough understanding of the types of interactions a psychiatrist may face if ever involved in a lawsuit. Some of the sample cases illustrate the possibilities of litigation accrued from other sources, such as advanced practice practitioners, social workers, and therapists. This book expertly teaches how to tactfully define roles in a collaborative practice to protect oneself from complaints aimed toward others.

Part 2 of this book provides detailed information on the litigation process and its components. Particularly interesting is Chapter 11, devoted to detailed guidance for physicians facing a lawsuit, because being sued is one of the most stressful events that physicians may experience. Readers are given a good understanding that malpractice litigation is a lengthy process, which leaves defendant physicians immersed in guilt and shame and vulnerable to stress and illness. In addition, defendant physicians are usually told by their attorneys to avoid discussing anything about the lawsuit with anyone. Chapter 11 reports that these physicians often experience feelings of loneliness and are at high risk of developing depression, adjustment disorder, anger, and frustration, as well as somatic symptoms or even new onset or exacerbation of physical illness. The authors explain Medical Malpractice Stress Syndrome (MMSS) and provide detailed information on strategies to reduce stress, increase resilience, and enhance self-care during the malpractice litigation process.

The book breaks down a malpractice lawsuit from both the defendant physician’s and the prosecuting attorney’s point of view. Readers are provided charts so they can approach with confidence the various scenarios

they may encounter in a trial. These charts include information such as the different personalities of attorneys and explanations of different types of objections.

In Part 3, the book discusses malpractice prevention strategies to utilize, starting with the initial assessment of a patient, while also emphasizing the importance of avoiding overly defensive medicine. Reminders are included about how to handle the most sensitive of subjects that psychiatrists encounter, such as the duty to protect, suicide risk assessments, and other vital topics that are often overlooked, such as documentation, laboratory testing and vital sign monitoring, appropriate prescribing and off-label medication usage, error disclosure, and others. The book also outlines risk mitigation strategies to use when facing an allegation of malpractice in many different areas, including patient suicide, patient violence, boundary violations, confidentiality breaches, negligent psychopharmacology and psychotherapy, and abandonment and unnecessary commitment.

In Part 4, specific types of risks are broken down and addressed. The authors thoroughly review psychiatric malpractice in multiple practice areas, such as inpatient, outpatient, child and adolescent, consultation-liaison, emergency room, reproductive, addiction, geriatric, correctional, forensic, and research. The scope of practice differs widely in each area of psychiatry such that the areas of potential malfunction also differ. This book takes the time to detail the importance of each facet of these different settings and provides many useful examples to consider.

Parts 5 and 6 discuss special considerations and complaints, such as telepsychiatry, internet reviews, and physician impairment. Readers are provided guidance on practice concerns during a disaster or public health crisis as well as guidance that was sorely sought during the COVID-19 pandemic. More charts provide legal and regulatory resources for telepsychiatry from a number of different bodies, such as the American

Psychiatric Association (APA), American Telemedicine Association (ATA), American Academy of Child and Adolescent Psychiatry (AACAP), Center for Connected Health Policy (CCHP), and National Consortium of Telehealth Resource Center (NTRCs). In an ever-growing technologically dependent world, the emergence of smartphone apps, social media, and electronic transmission of HIPAA-containing materials provide additional sources of allegations of dereliction and malpractice. Readers learn how to address negative reviews on the internet to improve the quality of future patient experiences. The information provided to aid psychiatrists who find themselves facing litigation because of errors related to negligence while using emerging technology is unparalleled and vital for the evolving psychiatrist. Should psychiatrists find themselves facing disciplinary actions as a result of a malpractice lawsuit, Part 6 also provides helpful algorithms regarding the process of state medical board complaints and the different types of disciplinary actions they may face.

The education delivered in this comprehensive textbook is as relevant to psychiatrists on their first day of residency as it is to well-seasoned psychiatrists, as all facets of appropriate patient care are discussed. Emphasis is placed on providing thorough and proper care in the most effective manner to reduce the risk of malpractice claims and litigation, while providing guidance to those who may find themselves in that situation.

In summary, this textbook is a masterpiece on psychiatric malpractice and should be on every psychiatrist's bookshelf. It is very useful and serves as a career companion to all psychiatrists. It is truly one of kind and, without a doubt, the most comprehensive compendium available for an all-inclusive and wide-ranging review on malpractice in the field of psychiatry.

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