

diagnostic evaluation is stressed over and over again — which this reviewer welcomes wholeheartedly. For example, in regard to schizophrenia they clearly spell out the distinction between the schizophrenic syndrome of insidious onset, the schizophreniform psychosis of acute onset related to alcohol, drugs, brain damage and serious emotional trauma, and paranoid psychosis of middle age precipitated by systemic illness, organic brain disease, alcohol or drug abuse, social isolation and culture dislocation. The authors state, "Many have responded to treatment without drugs . . . those with exceedingly chronic schizophrenia and long-term hospitalization . . . show only meaningless improvement from drug therapy, which is more often given for the benefit of the hospital staff than for that of the patient."

In regard to the treatment of violent aggressive behavior, the same principle applies. Listing the varieties of underlying diagnostic entities in itself suggests the pharmacologic agent: manic and hypomanic states (lithium); epileptic and other cerebral dysrhythmias (Dilantin, *etc.*); schizophrenia (Haldol, *et al.*); organic brain syndromes (Haldol, Mellaril, Navane and Benadryl). In the aggressive behavior of retarded children SCH12,679 was found useful, a new benzodiazepine. For the sexually violent, Provera has been found to be of some use.

In conclusion the authors are convinced that the psychological phenomena consequent to pharmacologic intervention are *not* universal but take a variety of forms depending upon the psychopathology and personality structure of the individual. Hence, we must know enough about psychopathology, differential diagnosis and interpersonal psychodynamics to use these agents both wisely and well.

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CHILD PSYCHIATRY AND THE LAW. Edited by Diane H. Schetky, M.D. and Elissa P. Benedek, M.D. Brunner/Mazel, New York. Pp. 297. 1980. \$20.25.

Clearly, the legal setting is vastly rich with opportunity of therapeutic interventions for children and their families. Such interface of child psychiatry and the law can be conceptualized according to specific court jurisdictions dealing with children and families or to related legal concepts and influences impacting upon the mental health care of children: namely, juvenile delinquency; noncriminal misbehavior (status offenses); child welfare (child abuse and neglect); domestic relations (divorce, custody and domestic violence); victimology; the children and families of adult offenders; the placement of children involving foster care, adoption and parental rights; the rights of children in mental health settings in relation to hospitalization, treatment issues, confi-

dentiality and records and guardianship issues; mutual collaboration, consultation and education of mental health-legal professionals; civil liability issues relating to children; the efforts for greater clarity and definition of children's rights; and finally, the arena of individual and group (e.g., class action suits) efforts to achieve resources which will follow through on promises for care.

The legal setting can be conceptualized, utilized and exploited as a mental health setting for children, adolescents and families, but such efforts require clarity and definition of the referral, intake, evaluation, treatment, consultation, followup and program evaluation components of the clinical process in the context of the legal setting. The need for an observing ego (program evaluation) at the interface of child mental health care and the law is essential to minimize the overpublicized tendency for mutual mystification and misunderstanding at this boundary.

Much has been said about the interplay of general psychiatry and the law, but there is an increasing awareness of the need for greater formalization and comprehensiveness of education and/or training programs relating to the interaction of children, families and the law. This increasing awareness is especially interesting in the light of mental health education and training which begins with adult concerns and specializes in child concerns, of forensic psychiatry training which is dominated by adult concerns and of a history of child mental health care delivery which is rooted in the legal system.

Mental health professionals often anticipate discomfort and difficulty upon entering the court setting; this underlines the need for training to allow for systematic desensitization of such anticipatory dis-ease, and to provide a wholesome appreciation of the opportunity and process of the legal system. Centrism or the inability to deal with difference has plagued mutual efforts at collaboration between mental health and legal professionals.

Child Psychiatry and the Law claims to be the first text of its kind to deal solely with the subject of child psychiatry and humbly anticipates its own "out-of-datedness," a development which would speak to welcome progress in this area. In addition, the presentation of the material allows for the perception that law and child psychiatry have common goals of enlightenment, problem solving and healing. This important volume is divided into four major sections:

I. Introduction to Child Psychiatry presents a historical development of forensic child psychiatry and a practical overview of the role of the expert witness and the interface of the clinical process and the legal setting.

II. Child Custody and Neglect delves into the court jurisdictions relating to child welfare (child abuse), domestic relations (child custody), and decisions relating to the placement of children

(termination of parental rights and adoption).

III. The Juvenile Offender focuses primarily on the juvenile court jurisdiction (juvenile delinquency and status offenders) exploring diagnostic treatment issues as well as raising important social/philosophical questions and concerns.

IV. Special Issues is an especially interesting section exploring diverse areas such as the child witness, competency and criminal responsibility in the juvenile setting, commitment proceedings for children in need of services, civil liability involving psychic trauma to children and legal issues relating to the nature of the psychiatrist-child client/patient relationship.

The strength of this book lies in its use of historical material, clinical-legal perspective, multidisciplinary effort and landscape perspective of child psychiatry and law. In a glib and idealistic simplification of the real world, one might hope that a great abundance of clinical services might be found in legal settings, a marriage of authority and wisdom allowing for mutual problem solving. After all, the court setting in many respects is like a clinical setting (or *vice versa*) and would allow for varied and sundry clinical interventions, modalities and programs. I would recommend this text as both introduction and supplement to training at the interface of child psychiatry and the law. It is to be hoped that this text will inspire more literature, greater work efforts in the area of forensic child psychiatry and ultimately further resolution of problems affecting children and families.

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