

cussions generally emphasize that most valuable of contributions, the histories of how we got (or were pushed) into the messes we now have to face. It is hoped that the lessons of history are well learned. Henry Ford, a not so great forensic psychiatrist, said, "History is bunk." Most authorities see it otherwise.

In the opening chapter, Drs. Thomas Gutheil and Mark Mills join Rachlin in outlining the various conflicts between clinical and legal models, which for so many years have grayed the area which is forensic psychiatry. Their presentation of the differences in the conceptualization of lawyers and psychiatrists is basic to an understanding of all that follows and to the understanding of anyone who pretends to practice forensic psychiatry. Subsequent chapters are also by distinguished psychiatrists familiar to AAPL members and are models of consistency and clarity.

Dr. Robert Miller provides a chapter on civil commitment, followed by Dr. Robert Sadoff's chapter on the historical development of the concept of competence and informed consent. Dr. Gutheil then concentrates on *Rogers*, but in his characteristic manner which allows us to see the concept of the right to refuse treatment in historical and functional (dysfunctional?) perspectives. Dr. Irwin Perr writes about psychiatric malpractice and Mills follows with a chapter on *Tarasoff*-related phenomena and the possible expansion of the duty to warn. The next two chapters are related; Dr. Ben Bursten warns us about the trend of erosion of confidentiality and Dr. Harold Schwartz joins Dr. Rachlin in dis-

cussing possible problems when patients or others demand access to records.

This slim, paperback volume is a prize. It is highly instructive and sometimes even heartening to step back, as the authors have done, and take a look at these phenomena from an objective, historical view. We can learn much from this book, which has the added, terrific benefit of being a "good read."

**ETHICS AND LAW IN MENTAL HEALTH ADMINISTRATION.** By WE Barton, MD, and GM Barton, MD, MPH. New York: International Universities Press, 1984. 357 pp + author and subject indices. Price not given.

Reviewed by William H. Reid, MD,  
MPH

This well-organized, easy to read text by two of our most experienced writers in the field of mental health administration begins with "an explanation of moral rules, values, attitudes, and etiquette" that have influenced the practice of clinical administration. A number of ethical guidelines are discussed, after which representative ethical complaints are explored.

The second section contains chapters on the legal aspects of the field, including consent, confidentiality, hospitalization, patient rights, treatment, competency, criminal responsibility, malpractice and "presentation of evidence." Appendices contain several "boilerplate" forms, a list

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of patients' rights, and a listing of the legal cases cited in the text.

Although this is a very clear and readable book, and thus will be used to the advantage of clinician, administrator, and patient alike, I wish that it were a bit more up to date. The most recent case cited is 1982 (*Youngberg v. Romeo*), with only one other since 1980 (*Eichner v. Dillon*, 1981).

**ROGERS CRIMINAL RESPONSIBILITY ASSESSMENT SCALES.** By R Rogers. Odessa, FL: Psychological Assessment Resources, 1984. \$22.

Reviewed by J. Reid Meloy

Until now, the validity of insanity evaluations has been virtually ignored in the research literature. The Rogers Criminal Responsibility Assessment Scales (R-CRAS) are a major contemporary contribution to resolution of the psycholegal controversies surrounding the plea of insanity. The R-CRAS was designed to provide a "systematic and empirically based approach to evaluations of criminal responsibility."

The forensic psychiatrist or psychologist is presented with a 15-page examination booklet that is organized into two parts. Part I consists of 25 assessment criteria that are each quantified into four to six graduations of increasing severity and address patient reliability, organicity, psychopathology, cognitive control,

and behavioral control. Part II consists of three decision models that successfully operationalize the ALI, GBMI, and M'Naghten Standards.

A moderate degree of internal consistency was found within each of the five summary scales. The interjudge reliability is particularly impressive since two examiners introduced a temporal variable by doing their evaluations at separate times. The mean reliability correlation coefficient for the 25 variables was .58 with 18 variables achieving significance at the .0001 level. The overall percentage of agreement for the ALI decision model was 91 percent and for the clinicians' opinions regarding insanity, the agreement was 97 percent.

The R-CRAS is a standardizing instrument to complement the careful review of all relevant police-investigative reports, clinical interviews with the patient/defendant, and psychologic or neurologic testing. It is a systematic and criterion-based instrument, modeled after the Schedule of Affective Disorders and Schizophrenia, that should be immensely helpful in determining criminal responsibility. It may well become the most important psychometric contribution of the decade to forensic psychiatry and psychology.

**LAW AND THE MENTAL HEALTH SYSTEM: CIVIL AND CRIMINAL ASPECTS.** By R Reisner. St. Paul, MN: West Publishing (American Case Book Series), 1985. 696 pp. \$28.95.