

even stalks a mental health professional, someone with whom he poses as a patient to get more information about Beck, after he suspects that Beck is cheating with him. This “doctor” (Beck calls him a doctor although he is a social worker) eventually gets accused of murder, which is more severe than most of the sanctions for boundary violations.

Joe’s risk factors for stalking include his attachment issues and cluster B traits. While approximately half of stalkers reoffend,² for Joe, we know it will be one hundred percent. He is looking for love and looking for the world to be right, but his default is toward obsessional love and the irony is that the very thing he strives for is always just out of his grasp.

Joe Goldberg eventually discloses to the reader that he had a highly unusual trauma during the attacks of September 11, 2001, perpetrated by the owner of the bookstore, who has been a father figure. Your heart goes out to him, although as a forensic psychiatrist you quickly realize he uses this trauma to justify his current aberrant behaviors. He has an exaggerated sense of self, he is cunning and manipulative, he lacks guilt or empathy, demonstrates criminal versatility, and when his relationships end, they really end. You find yourself reflecting on the relationship between trauma and the development of psychopathic traits. Of course, those studies you’ve read are about criminals who got caught, a group Joe would not find himself in.

In summary, although the book is more compelling than the television series, we agree with the legendary Stephen King when he wrote of *You*, “Never read anything quite like it . . . hypnotic and scary.” The television series does not capture the inner life of Joe quite as well as the book does. The second season of *You* has moved from Lifetime to Netflix and will likely be even more thrilling as Netflix series rarely miss. Forensic psychiatrists will find the book an informative and interesting read about stalking and obsessional love.

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Legal Issues in Clinical Practice with Victims of Violence

By John E. B. Myers. New York: The Guilford Press, 2017. 300 pp. \$40.00

John E. B. Myers has a national reputation as an expert in interpersonal violence. As a practicing attorney and law professor, he has focused much of his career on advocacy for abused and neglected children and persons involved in domestic violence.¹ In addition to the book reviewed here, he has authored or edited numerous books and chapters on these topics. He was the 2000 recipient of the American Psychological Association’s Distinguished Contribution to Child Advocacy Award.²

With his considerable expertise and experience in the legal aspects of interpersonal violence, Myers wrote this book to offer mental health and social work professionals needed information “about the legal system and their role in it, particularly when working with victims of child maltreatment or domestic violence” (jacket cover). The book’s target audience is clinical practitioners.

The book delivers both general legal content as well as practical information for clinicians. The book is divided into five parts, with parts I–III covering legal basics, an overview of the criminal justice system, and a synopsis of the civil justice system as relevant to mental health clinicians. Part IV addresses clinicians and courts and includes chapters on testifying, serving as an expert witness, and issues related to confidentiality and privilege. Part V focuses on proving interpersonal violence in court. The book is constructed such that each part or chapter could be read independently of other sections.

The book succeeds in providing core information about the legal system in a way that is approachable to the reader. For mental health clinicians with little previous experience with the legal system, parts I–III provide a digestible and practical overview of basic legal principles, as well as hallmarks of criminal law, family

law, and juvenile law. Part I, for example, summarizes the sources of law in the United States and the court system. Although most of the content in parts I–III will be readily familiar to mental health clinicians with forensic training, there are some topics that are likely to interest and inform even seasoned forensic practitioners. An example of this is the chapter on hearsay, which describes common exceptions to the hearsay rule.

Myers skillfully holds readers' attention by including case studies to illustrate concepts and application of the law to factual scenarios. The case studies prompt the reader to consider the relevant law, what type of evidence would be presented if the case went to trial, and what stakeholders could have done differently to prevent or address the concerns that prompted legal involvement. At the end of most chapters is a section called "Apply What You Have Learned." Here, the author presents a case that addresses some of the core material in the chapter and prompts the reader to consider how the case should be decided. The author then provides an analysis of the case with explanations, when relevant, of the applicable law, persuasive facts, and how the legal case was decided. This is a helpful way to digest the concepts, particularly for clinicians without forensic training.

The book emphasizes how treating clinicians may come into contact with and participate in the legal system. In the preface, Myers states that the "purpose of the book is to address the legal and ethical dimensions" (p. viii) when interacting with the legal system. Despite this laudable goal, there is only cursory discussion of the distinction between clinical provider and forensic evaluator. Although the chapter on malpractice includes short sections on clinical and forensic roles in mental health and dual relationships, there is very little in the text on ethics or professional competence considerations relevant to treating clinicians functioning as experts.

Myers has stated, "If you want to help people in a way that is similar to being a doctor or a psychologist, become a lawyer."¹ There are many similarities across these professions, including that these practitioners commonly advocate for their patients or clients. It is important to recognize, however, that when mental health professionals function as experts, they have responsibilities to strive for objectivity in rendering opinions in the service of justice. Future editions of the book would better help clinicians without advanced forensic training by providing further discussion

of the ethics challenges and potential conflicting obligations that may arise when treating clinicians are asked to be objective reporters or experts on medical–legal questions. That being said, the book offers a reader-friendly overview of the justice system and provides clear examples of how mental health clinicians may participate in the legal system. I recommend this text as an introduction to legal issues in mental health practice.

References

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DSM-5 and the Law – Changes and Challenges

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After the American Psychiatric Association released the newest edition of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), psychiatrists and mental health professionals struggled to make the transition from its predecessor. The DSM-5 introduced significant changes, not only to the conceptualization of psychiatric disorders, but also to definitions, nomenclatures, classifications, and even the existence of certain disorders. The publication of *DSM-5 and the Law* updated users of the DSM-5 and helped them navigate the implications of this transition in various legal contexts.

As a Professor of Clinical Psychiatry, Chief of the Division of Psychiatry and the Law, and training director for the forensic psychiatry fellowship at the University of California-Davis School of Medicine, Dr. Charles Scott is an educator who has kept up with the ever-evolving fields of law and mental health. In the yearly forensic psychiatry review course offered by the American Academy of Psychiatry and the Law, his lectures depict the changes and new