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.

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


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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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