

Violence in the Workplace

by Raymond B. Flannery, Jr., Ph.D.; New York City, Crossroad Publishing Company, 1995, 188 pages, \$24.95

Marcia Scott, M.D.

Today, for the third time since I read this book, I'm trying to put on paper why it's so important. The headlines of today's paper are about the decrease in urban murder rates, but the back pages reveal not less murder, but less dying: fewer people are dying because of more and better trauma centers. Take a moment to congratulate the trauma surgeons, then read this book.

Dr. Flannery is director of training for the Massachusetts Department of Mental Health and associate clinical professor of psychology at Harvard University. He doesn't write quite as well as Scott Turow, but given a different venue, he could. In this brief but powerful and useful text about workplace violence, he confronts the public health epidemic that has subtly changed our lives.

We've known people in high-risk jobs; we worry about our naive, incautious children; now we wonder if we just have to get used to it. Dr. Flannery says that we should not get used to it, that violence is predictable, something we need to and often can prevent. "If we understand the nature of violence at work, there are specific strategies we can take to reduce the risk of undue harm for our colleagues and ourselves," he says.

In the first half of the book, the author makes it clear that no matter how much we learn about individual, cultural, or workplace risk factors, the solutions to violence reside in our planned responses to it. The first four chapters contain compelling descriptions of the victim, the workplace, and the assailant. Dr. Flannery's stories are gripping and clearly the product of experience. His explanations of how people react to trauma could be useful

when you need words to use with the naive or the disbelieving. He also discusses what makes the workplace vulnerable—the work ethic, focus on achievement, and hierarchical helplessness. Unlike Fox Butterfield, who in *All God's Children* fails to see the layering of culture on underlying mental disorder (1), Flannery explains complex psychology and biology without significant offense to science. He conveys his reasoning and recommendations in gentle, almost literary prose.

The second half of the book covers programmatic and ad hoc interventions. In each of the four situations focused on—industry, policing, education, and health care—a common threefold approach to violence at work is emerging. This approach includes pre-incident training, stress management interventions, and debriefing of employee-victims.

The author suggests ways of enhancing stress resistance for both the individual and the organization, and in the last chapter he indulges himself and us in a personal look at policy, parenting, schools, substance abuse, the media, and society. He notes, as did Judge Robert Jones in the silicone-breast-implant case (2), that we have a great deal of scientific and anecdotal information with which to approach issues—in this case violence, poverty, abuse, guns, and drugs—but feasible, sensible planning has been much too politicized and delayed.

This is an outstanding book, deceptively brief, elegantly written, balanced in its analysis, and clear in its recommendations. It is dedicated to "Alan Shields, M.D., Employee Victim, and to Employee Victims Everywhere." Read it, heed it, teach it. It could save a life.

References

1. Butterfield S: *All God's Children*. New York, Avon, 1996
2. Kaiser J: Breast-implant ruling sends a message. *Science* 275:21, 1997

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Greater Expectations: Overcoming the Culture of Indulgence in America's Homes and Schools

by William Damon; New York City, Free Press, 1995, 304 pages, \$23

James H. Egan, M.D.

William Damon is professor of education and director of the Center for the Study of Human Development at Brown University. This work follows in the tradition of Hirsch, Bloom, Ravitch, Finn, Wilson, Elkind, Pagan, Bennett, DiLulio, and other contemporary authors who have catalogued the decline of American youth.

Damon comprehensively documents the decline of civic behavior, moral standards, and academic achievement and a parallel increase in violence, suicide, addiction, unwanted pregnancy, and unmarried parenthood among our young people. The presentation is factual and non-polemical, but is nonetheless depressing and numbing. He correctly notes the cultural emphasis on the self and self-esteem rather than on the group, the emphasis on rights without complementary responsibility, and the insistence on feeling good rather than doing good.

The strength of this work is the description of the problem. Unfortunately, the prescriptive section is disappointing. It is either vague and platitudinous or, occasionally, contradictory. Damon urges more virtue, less TV, a greater sense of community, smaller schools infused by local community values, and, at the same time, national standards for curricula and a national consensus about core values. He offers few suggestions about how to implement his recommendations, noting only that it will take a long time. He unfortunately does not address the difficulty of achieving a consensus on behavioral norms and values in a pluralistic society, nor does he seem to ap-

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preciate the inherent conflict between local standards and national ones.

I feel I may be too harsh on Dr. Damon, as he has comprehensibly and fairly documented the problems facing our youth. He has done so as well as or better than anyone else, and no one seems to have a better prescription than he does for all their faults.

What is surprising is not what is new, but rather how documenting the

decline has failed to spark a sense of outrage among parents and professionals alike. In recent years each new finding, study, or work receives its 15 minutes of fame and then recedes from our collective awareness. What accounts for our collective denial is never addressed. I fear that until the denial diminishes, no outrage that will fuel the needed reforms in our society will be generated.

Current Psychotherapeutic Drugs, first edition

edited by Donald F. Klein, M.D., and Lewis P. Rowland, M.D.; New York City, Brunner/Mazel Publishers, 1996, 176 pages, \$39.95 softcover

Jerrold G. Bernstein, M.D.

When invited to review a new psychopharmacology text edited by Donald Klein and associates, I was excited about the prospect of seeing a new, third edition of *Diagnosis and Drug Treatment of Psychiatric Disorders*, originally published in 1969 and 1980 (1). These volumes edited by Dr. Klein and his colleagues were the most comprehensive, well-written, and well-referenced psychopharmacology books of their day.

Other than sharing the senior editor and some of the section editors, *Current Psychotherapeutic Drugs* bears no relationship to those seminal works. The 1996 book is brief and concise, with limited references, making it a useful general text and reference for psychiatrists and other mental health professionals who wish to learn from brief synopses about medication characteristics, side effects, and usual dosages. This book would also be useful to students first encountering patients taking psychotropic drugs.

The coeditor, Lewis Rowland, is a well-known professor of neurology, which is an added strength because of the close alliance of psychopharmacology and neuropharmacology. Many of the same drugs are used in both neu-

rologic and psychiatric practice, and psychotropic drugs have the potential for neurologic side effects.

The format of *Current Psychotherapeutic Drugs* is straightforward and useful; the book is divided into six sections covering drug groups such as stimulants or antipsychotics. Each section begins with a two- to six-page overview, followed by 12 to 50 literature references and then by brief monographs on individual drugs.

The overviews are generally well written and understandable to readers of varying backgrounds, but they include few tables or charts to help the reader compare different options. The number of references is generally adequate, but in many cases the most recent publications on newer drugs such as risperidone and the selective serotonin reuptake inhibitors are not included. Indeed, the most recent citations in the book date from 1993 or, in a few cases, 1994. The overviews have little discussion of optimal techniques of medication use or approaches to optimizing pharmacologic response.

The drug monographs are well organized by such aspects as indications, contraindications, interactions, adverse effects, and pharmacokinetic considerations. Although many of the monographs are well written, some read like the *Physicians' Desk Reference*, and the reader gets the feeling that some are distillations of package-insert information. I also noted errors in a few of the monographs.

It is puzzling that some drugs withdrawn from the market, such as isocarboxazid, halazepam, methpyrilon, and ethchlorvynol, are presented in full. On the other hand, fluvoxamine, marketed in the U.S. for nearly two years, is listed as being considered for approval and not marketed.

Because stimulant and anorexiant drugs are being increasingly used in psychiatry, it is gratifying to see relatively lengthy discussions of them. However, dexfenfluramine, a recently marketed anorexiant that was investigational when this book was written, is not mentioned. It is also puzzling that 14 of the 160 pages of text are devoted to the barbiturates, which are seldom used clinically in psychiatry.

This book can be compared to three other current psychopharmacology textbooks: *Principles and Practice of Psychopharmacotherapy* by Janicak and others (2), American Psychiatric Press Textbook of Psychopharmacology edited by Schatzberg and Nemeroff (3), and the third edition of my own book, *Handbook of Drug Therapy in Psychiatry* (4). Each of these volumes is more comprehensive than the book reviewed here, with more extensive use of charts and tables to help characterize and compare the various drugs, and with more extensive bibliographic material. In my own book, I tried to present techniques to optimize clinical response, along with tables to help the clinician choose among comparable drugs. The Janicak book includes a variety of clinically applicable treatment flow charts, and the Schatzberg and Nemeroff book is somewhat more encyclopedic, more closely resembling Dr. Klein's earlier volumes.

References

1. Klein DR, Gittelman R, Quitkin F, et al: *Diagnosis and Drug Treatment of Psychiatric Disorders: Adults and Children*, 2nd ed. Baltimore, Williams & Wilkins, 1980
2. Janicak PC, Davis JM, Preskorn SH, et al: *Principles and Practice of Psychopharmacotherapy*. Baltimore, Williams & Wilkins, 1993
3. Schatzberg AF, Nemeroff CB (eds): *American Psychiatric Press Textbook of Psychopharmacology*. Washington, DC, American Psychiatric Press, 1995
4. Bernstein JC: *Handbook of Drug Therapy in Psychiatry*, 3rd ed. St Louis, Mosby, 1995

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