Violence Assessment and Intervention: The Practitioner's Handbook

by Michael H. Corcoran, Ph.D., and James S. Cawood, C.P.P.; Boca Raton, Florida, CRC Press, 2003, 261 pages, $79.95

Alan R. Felthouse, M.D.

The surge in workplace violence over the past quarter century is a major public concern. Mass killings in places of employment spawn newspaper headlines, radio sound bites, and indelible televised images; yet the most catastrophic violent events constitute only the tip of the proverbial iceberg. Even more familiar to many, through personal experience and accounts from friends, family members, and coworkers, are the less sensational but very disturbing—sometimes terrifying—acts of aggression at work, including verbal threats, assaults, and hostage taking. A veritable industry of consultant services has developed to help employers, to protect potential victims, and to manage violent episodes safely. Workshops and seminars are held for consultants themselves. *Violence Assessment and Intervention: The Practitioner's Handbook* now makes much of this valuable, practical knowledge available in a handbook.

Clinicians recognize that the nature and extent of a person's potential for violence is a function of context. Therefore, a patient seeking outpatient treatment for mild depression will be evaluated differently than an inpatient who committed murder and was found not guilty by reason of insanity. This book illustrates that evaluations to address the potential for workplace violence can be exhaustively thorough and are not limited to the "instigator" him- or herself. Complexities of the instigator are compounded by the interactive complexities of potential victims and the work environment. Moreover, interventions are also dynamic and must be adjusted, in timing and approach, to the evolving and sometimes explosive situation.

The book's authors, Michael H. Corcoran, Ph.D., and James S. Cawood, C.P.P., are both highly experienced in assessing individuals for risk of violence and recommending preventive interventions. Having served as a municipal police officer and a member of the U.S. Secret Service, Corcoran has more than 30 years of experience in evaluating violent subjects, making interventions, and acting as a consultant for school districts, governments, businesses, law enforcement agencies, and private concerns. Cawood, who worked in the field of violence assessment, violence prevention, and incident resolution for 18 years, reports having successfully resolved 1,800 violence-related cases.

Violence Assessment and Intervention is a "how to do it" manual. Corcoran and Cawood take the reader through each step in conducting a thorough risk assessment and in charting a course of action to reduce the risk. The emphasis is on protecting potential victims from violence. The authors' thorough yet concise treatment of the topic demonstrates how comprehensive and time-intensive a proper assessment for violence can be.

With this approach, the potential instigator is not the only person who is evaluated. Assessment also includes an attempt to determine the "victim's role." From the "domineering" to the "criminal" victim, various victim typologies are described, with practical suggestions on how to most effectively interview victims of each typology. Of course, the instigator is the central focus of the assessment, but within the context of the work environment, which must also be carefully analyzed. A proper evaluation of the victim or victims and the organizational structure will provide guidance on the most appropriate interventions.

Of paramount importance, information gathering requires interviewing multiple individuals and examining many diverse records. With this systematic approach, no potential source of material information is overlooked. The authors explain how to acquire pertinent records, how to draw critical information from individuals through interview, and how to categorize the data in a way that meaningfully contributes to the risk assessment. Immediately following several chapters, including the chapter on information gathering, are appendixes with forms and outlines developed to assist in the methodologic collection and organization of information.

Eventually the consultant will rate the risk of violence as low, moderate, or high. This result is determined with the aid of an assessment grid with multiple sections. Parameters in each section are also rated as low, moderate, or high risk, depending on the nature of the corresponding information. For example, with regard to possessing a firearm, if the firearm is kept at home, the risk is low; if it is carried in one's vehicle, the risk is moderate; and if it is carried on one's person, the risk is severe. Beyond assessing specific parameters on the grid, the evaluator is encouraged to follow up with individualized, contextual questions, not explicitly cued by the parameters themselves.

The law both provides and limits measures that can be taken to maximize victim safety. For example, the option of prosecution, when appropriate, can protect the public through the incapacitation afforded by imprisonment. On the other hand, confidentiality, privacy, and disability law can circumscribe protective options. Protective and restraint orders can either mitigate or exacerbate the risk of violence. Without purporting to give legal advice, Corcoran and Cawood concisely summarize federal laws and explain special considerations vis a vis

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the dynamics of the individual case. Always the most compelling question is, "Will it protect the victim"? The authors counsel, "Use the right law at the right time, but always have other contingencies to protect public safety"; hence the importance of methodical violence assessment and intervention.

The successful approach to violence prevention is, in a word, diligent "preparation" for a crisis. Not steeped in data and actuarial research on risk assessment, this is a practical handbook that shares the observations, insights, reasoning, and techniques gained from the author's years of experiences in preventing and reducing violence at work and in other settings. Clinicians, personnel managers, and administrators who are interested in improving safety from personal violence will find many useful tips here. For those who consult in order to reduce workplace violence, this book will serve as an especially practical guide and informative reference. The approach described by Corcoran and Cawood is individualized yet methodical, comprehensive yet flexible, and highly dynamic, recognizing the fluid nature of unstable situations.

Treatment and Rehabilitation of Severe Mental Illness

by William D. Spaulding, Ph.D., Marty E. Sullivan, M.S.W., and Jeffrey S. Pollard, Ph.D.; New York, Guilford Press, 2003, 386 pages, $45 softcover

Matthew R. Merrens, Ph.D.

The authors of *Treatment and Rehabilitation of Severe Mental Illness* have succeeded in formulating an integrated model that will be useful to students and to professionals who provide mental health services to persons with severe mental illness. Part 1—the first three chapters—presents the authors' integrated paradigm, a review of the psychopathology of severe mental illness, and a discussion of assessment and rehabilitation planning. Part 2, which contains chapters 4 through 10, presents the authors' model for formulating a person's treatment and recovery plan on multiple levels, including physiological, cognitive, interpersonal, behavioral, and environmental levels. This section details treatment and rehabilitation strategies based on scientific effectiveness. Part 3—the final two chapters and the appendixes—covers administrative and management issues and presents a prototype and algorithm for assessment, treatment, and rehabilitation.

The major shortcoming of the book is the absence of any discussion of the role of evidence-based practices for severe mental illness. In recent years the role of evidence-based practices has received a great deal of attention, from the 1999 Surgeon General's report on mental health, which highlighted the importance of evidence-based practices, as well as from *Psychiatric Services,* which during 2001 focused on articles about evidence-based practices. In addition, the President's New Freedom Commission on Mental Health recently provided further support for the implementation of evidence-based practices for severe mental illness. The development of such practices will be an ongoing, dynamic process involving modifications to existing practices on the basis of research and the emergence of new practices. Evidence-based practices have begun to reform the treatment plans and recovery processes of persons with severe mental illness and, as such, seem to be an essential addition to the model that is presented in *Treatment and Rehabilitation of Severe Mental Illness.*

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Girlfighting: Betrayal and Rejection Among Girls

by Lyn Mikel Brown; New York University Press, 2003, 272 pages, $27.95

Maxine Harris, Ph.D.

Girlfighting is a serious and intelligent analysis of the cruelty and meanness involved in girls' relationships at each stage of development. The book is also a political challenge to what author Lyn Mikel Brown sees as the destructive messages foisted on girls by a patriarchal world. And therein lies part of the dilemma of the book. In trying to serve two masters, Brown, who is a respected academic and serious student of the life of girls, sometimes has difficulty serving either as well as she might.

Brown's book documents the manifestations of girlfighting as girls mature from early girlhood to late adolescence, from gossip and cliques to shaming and hurtful exclusion and name calling. She bases her observations on interviews with girls from first grade to high school and has included the voices of a range of girls with respect to race and economic privilege. Brown is at her best when she is listening to the girls in her sample. She has a wonderful ear for hearing the way girls really talk to each other and the way they explain their experiences to themselves and others. The reader can hear the confusion, anger, and at times sadness as the girls tell of their complicated relationships with other girls.

Brown tells the reader early in the introduction that she wants to explore the impact of culture on the relationships that girls have with other girls. Unfortunately, Brown makes the links largely by assertion between what she hears girls say and the culture she perceives. After discussing the back stabbing and betrayal that Brown feels is rampant during middle school. For example, she asserts,

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"The betrayals girls enact on each other derive largely from the rejection of their marginal place in the social order and their desire to have power—to be visible and taken seriously." Brown fails to give the reader a reason to believe this assertion. Those who share her political perspective will most likely agree with her conclusion, but those who are still struggling with trying to understand why we behave the way we do will not be persuaded.

Her last chapter, titled "This Book Is an Action," articulates an empowerment template for any oppressed group. Brown is especially clear that girls and the people who support and care about them must talk back to the messages of oppression. First, they must accurately read the situation that has transpired and break down the sexist-racist-classist messages; then they must correctly label or name the oppression, an act that brings it into the light. The next steps involve finding ways to resist the oppression and ultimately replacing the old attitudes with new feelings, attitudes, and behaviors. By putting girlfighting into the context of other types of oppression, Brown ultimately does give us a reason to care about behavior that at times seems trivial and not emotionally comparable to the sexual and physical abuse that haunts so many young girls and boys. *Girlfighting* emerges as a challenging, albeit somewhat flawed, work.

Trauma Practice in the Wake of September 11, 2001

edited by Steven N. Gold and Jan Faust; Binghamton, New York, Haworth Press, 2002, 170 pages, $14.95 softcover

Anthony T. Ng, M.D.

In the aftermath of the horrific events of September 11, 2001, a tremendous body of literature has been written about the issues of the psychological sequelae of major traumatic events. Various papers have also described the more specific effects of the September 11 disaster. The *Journal of Trauma Practice* (*JTP*) compiled a special issue that focused on aspects of the September 11 disaster and on the effects of terrorism in general.

Trauma Practice in the Wake of September 11, 2001 pulls together some of the relevant articles from *JTP,* aimed at frontline clinicians who may be involved in providing postdisaster mental health care. The book is edited by Steven N. Gold and Jan Faust, who are both psychologists with tremendous trauma experiences. In addition, many of the book's contributors are renowned experts in the field of disaster mental health and terrorism, including Charles Figley, Jerrold Post, and Betty Pfefferbaum.

I was impressed by how the book addresses issues that are pertinent to the mental health clinicians who provide care in the acute to even subacute phases of disasters. The chapter by Charles and Kathleen Figley and James Norman provides a nice account of how the Green Cross Project, a disaster mental health organization, responded to the World Trade Center disaster. More uniquely, this chapter focuses on the operational aspects of delivering acute disaster mental health care. The chapter provides a detailed description of the Green Cross response, including the use of incident command structure, an emerging operational concept in the mental health community that has been in use for a long time by many emergency and disaster response entities. This chapter reinforces quite well that amid the chaos after a disaster, effective disaster mental health involves the knowledge of not only what to do but also how to deliver that care in an organized manner.

Another chapter that I found very poignant is J. Eric Gentry's description of compassion fatigue. Providing disaster mental health care is an extremely challenging and overwhelming experience for any mental health clinician. Much disaster mental health training was conducted after the events of September 11. However, without an appreciation of the danger of doing such work, any benefit provided by the work of disaster mental health clinicians is offset by the effects of adverse psychological sequelae on them.

The book also includes several interesting chapters, such as one that describes the effects of September 11 on people around the world. This chapter is in the format of interviews with various international clinicians and highlights the fact that traumatic psychological effects from disaster, especially on the scale of the World Trade Center, can and do resonate across cultural lines. There are also two chapters that describe the psychological effects on two populations that have been exposed to chronic violence, the Palestinians and the Israelis. Although an excellent chapter describes the effects of terrorism among children through illustration from the Oklahoma City bombing, perhaps including other special populations would have made this book more encompassing of issues encountered by disaster mental health clinicians.

The psychology of terrorists is reviewed briefly in the chapter by Jerrold Post, again in the format of an interview. Given that much of disaster mental health writing focuses on the effects of terrorism on the victims, it is important for clinicians to recognize what drives terrorists and what results terrorists are trying to accomplish in society with their actions. An appreciation of this question can help clinicians address special challenges encountered by victims and the community, including living under continuous threats and the altering of be-

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havior under that threat. The only shortcoming of the chapter is that it could have addressed more directly how an understanding of the psychology of terrorism can complement the delivery of disaster mental health care. Finally, there is a chapter that discusses the findings from the use of cognitive processing therapy in the World Trade Center disaster.

In general, *Trauma Practice in the Wake of September 11, 2001* is fairly easy reading. The chapters are nicely written and provide readers with some new perspectives on disaster mental health. The book highlights some relevant and practical information for any clinician who may be interested in providing disaster mental health care. All in all, *Trauma Practice in the Wake of September 11, 2001* is a nice complement to any reader of disaster mental health literature.

Psychoneuroendocrinology: The Scientific Basis of Clinical Practice

edited by Owen M. Wolkowitz, M.D., and Anthony J. Rothschild, M.D.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2003, 606 pages, $73.95 softcover

Jonathan O. Cole, M.D.

Owen M. Wolkowitz, M.D., and Anthony J. Rothschild, M.D., both distinguished experts in the relatively new trans-specialty area of psychoneuroendocrinology, have assembled a fine encyclopedic text drawing on experts in the variety of subfields encompassed by this growing specialty. I entered this field in the 1950s by serving in junior capacities in adrenal and pituitary clinical and basic research at a time when cortisol and adrenocorticotropic hormone (ACTH) were new drugs and Addison's disease was barely treatable.

Psychoneuroendocrinology: The Scientific Basis of Clinical Practice provides an excellent basis for any trainee or junior investigator who is entering the field or reviewing it for board examinations and should be useful for the next decade. All chapters are very well written and clinically relevant—mostly to physicians and biological investigators, probably, and to social workers, many psychologists, and certainly nurse practitioners, who will also find this book a fascinating and useful background for their work.

The deficits of the book are essentially the same as those of almost all biological research in psychiatry and, I suspect, endocrinology—the fact that it is a collection of many small studies leading to interesting but tentative findings. Almost all research, unfortunately, fails to yield findings that permit clear diagnostic conclusions or clear laboratory markers that are usable in clinical therapy. Even the dexamethasone suppression test (DST) , the most widely used and studied assay, probably yields abnormal results among many patients with depression, especially those with psychotic depression, but has yet to show the specificity and sensitivity necessary to determine diagnosis and predict response to treatment.

The reader of *Psychoneuroendocrinology* will become well aware of the available approaches to understanding the relationships between endocrine abnormalities and psychiatric disorders. The measurable variables are steadily increasing in number and sophistication. The psychiatric symptoms and disorders associated with endocrine disorders are, unfortunately, almost as complex and varied. The reader will be fascinated by the smorgasbord of information that is presented clearly and cogently in this book.

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The Anatomy of Hope

by Jerome Groopman, M.D.; New York, Random House, 2004, 272 pages, $24.95

Ellen B. Tabor, M.D.

Jerome Groopman, M.D., is a well-known hematologist-oncologist who publishes frequently in *The New Yorker.* Those who read his articles first when they get their issue of the magazine will certainly rush to read *The Anatomy of Hope.* They will be richly rewarded for their haste.

Groopman struggles to define hope with examples set by various patients, from those most devoid of hope to those buoyed by hope in the face of what often is terminal illness. A definition of hope seems obvious; yet as the author marches through the stories of his patients and his own development as a physician treating those who often die of their disease, he increasingly refines and clarifies his meaning. Although "spirituality" is a hot topic in medicine today, Groopman strives to define what hope might mean for people who do not believe in an immortal soul, life after death, or God. He does tie hope to a sense of spirituality, but several of his patients are deeply religious members of traditional religions, and he shows how rigid adherence to religious views can deprive as much as nourish hope. The stories are devastatingly poignant; read this book with a box of tissues at your side.

The author is present in the book from three vantage points. He writes in the very personal first person and recounts his patients' histories and their impact on him. He also presents the history of his development into a doctor struggling to learn how to inform fully while preserving—and even giving—hope at the same time. Finally, he shares his own medical history of chronic pain and how a doc-

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tor was able to restore the hope that was necessary for his recovery.

At the conclusion of the book is a section on the biology of hope, which psychiatrists in particular should find fascinating. This section addresses the effect of physical discomfort in illness, which causes depression in a way that seems obvious and yet is not.

This book provides descriptions of cancer patients. Psychiatrists and others who treat patients with chronic mental illness will readily substitute people with a diagnosis of schizophrenia who strive mightily to find meaning and hope in a life now radically changed, and in many ways diminished. The author provides a template for how we can talk with patients and their families in a way that both informs truthfully and provides a framework for hope and growth.

So what is hope? For Groopman, it is some combination of resilience, faith (not necessarily religious faith), and a sense of control. Although he does not make this explicit, for him it seems that to hope requires imagination of a future that continues, whether this be in the world as it is or in some other, imagined way.

One topic not mentioned in the book is that of meaning. It seems to me that hope can survive only when life as it is or might be has meaning. Even from Auschwitz, Dr. Viktor Frankel could find meaning (1). Groopman, himself the child of Holocaust survivors, works to preserve hope for his patients and himself. What he often means when he describes restoring hope, or helping a patient be hopeful, is understanding the meaning they ascribe to their lives.

This is a beautiful book for every reader. Students and trainees will find much to teach them about communicating with their patients; doctors will doubtless feel that there is more they can do to provide comfort and hope. Psychiatrists will see in it a means to helping patients bear unbearable affect, as well as their own.

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Disability and the Black Community

by Sheila D. Miller; New York, Haworth Press, 2002, 239 pages, $24.95 softcover

Altha J. Stewart, M.D.

Although the literature related to the complex and diverse disability concerns and needs of the black community has increased in the past two decades, there are still gaps and inconsistencies in translating theory and knowledge into practice. An already marginalized population, black persons with disabilities are further disenfranchised by the stigma and discrimination related to their disability. *Disability and the Black Community* is relevant to all health and human service professionals, because it expands the focus beyond treatment and intervention to include other important cultural and socioeconomic stressors that influence disabilities and those adapting to disability in the black community. Sheila D. Miller and her contributors have diverse perspectives on the needs of black individuals with disabilities. As the national debate on reducing health care disparities continues, the topics discussed in this book are timely and relevant.

The aim of the book is to motivate, influence, and empower communities, including providers and policy makers. *Disability and the Black Community* goes beyond a traditional review of health care services and reforms, with several authors providing an overview of the history of the development of current service delivery systems and the systemic deficiencies that account for the inadequate treatment of black people. The inclusion of such background and historical information makes the book useful for both beginning and veteran practitioners. Mental health and social service professionals at all levels should find this book helpful.

Several authors describe the variables to be taken into account to ensure appropriate inclusion of a cultural perspective in dealing with black persons with disabilities and highlight the need to shift from crisis-oriented and reactive responses in the current system to a more proactive, fully integrated approach. In addition, several authors confront assumptions and stereotypes about blacks and the roles such biases play in response to disability by individuals, their communities, and the service delivery system. Several contributors offer specific, culturally appropriate strategies for effective interventions designed to improve quality of life for these individuals.

Topics of importance to black individuals, such as mental health services for children, chronic medical illnesses (sickle cell anemia, arthritis, HIV infection and AIDS, and end-stage renal disease), domestic violence, foster care, housing, education and workforce training, and the cultural resiliency required to overcome the challenges they present are discussed. Adolescent males, a high-risk group, are the subject of three articles. One article describing the quality of life of black hemodialysis patients is especially thought provoking as we learn more about the metabolic and possible end-organ effects of newer psychotropic medications.

No matter what their professional orientation, those who work with black persons with disabilities will find that *Disability and the Black Community* offers useful information to support the belief that culture, instead of being viewed as an "add-on," should be viewed as improving care for all those we serve.

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