

2007

# Review of 'Assessing and Managing Violence Risk in Juveniles'

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## Recommended Citation

DiCataldo, Frank C. 2007. "Review of 'Assessing and Managing Violence Risk in Juveniles.'" *Psychiatric Services* 58 (7): 1018-1019.

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seems the sort of successful translation from research to behavioral constructs that might then permit a second translation from behavioral constructs to nosologic constructs.

Other topics include childhood maltreatment, marriage, and expressed emotion—the latter in two separate chapters—which are each explored with regard to health and pathology. Among the 15 chapters are

discussions of epidemiology, psychology, biology, and taxonomy. The data described in *Relational Processes and DSM-V* seem significant. It will be necessary to shape these data into conceptually coherent concepts in order to ensure their eventual inclusion into a new manual in which, one hopes, neither empiricism nor ideology alone consistently determine the definition of a diagnosis. ♦

of the book is congruent with a research review of the topic.

Overall, I think this volume is well worth reading. The specific topics are extremely relevant for the practicing psychiatrist. Though 326 pages long, the book is a relatively quick, easy, and painless read. Given the published literature reviewed, it is becoming increasingly clear that what tardive dyskinesia was for the older antipsychotics, metabolic abnormalities are for the atypical antipsychotics. This book not only helps us make sure that we are aware of the issues, but it also provides us with practical aids to monitor for these serious medical conditions. ♦

### Managing Metabolic Abnormalities in the Psychiatrically Ill: A Clinical Guide for Psychiatrists

edited by Richard A. Bermudes, M.D., Paul E. Keck, M.D., and Susan L. McElroy, M.D.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2006, 326 pages, \$49 softcover

Brian B. Sheitman, M.D.

This volume addresses an extremely important topic for psychiatrists given that many of the medications available for patients with severe mental illness have considerable risk of inducing or worsening weight gain, dyslipidemias, and diabetes mellitus, all risk factors for cardiovascular disease. Furthermore, it is very timely in light of the recent report from the National Association of State Mental Health Program Directors that patients with severe mental illness die, on average, a startling 25 years earlier than patients without these illnesses, with most of this difference because of medical causes.

The authors, distinguished researchers and experts in their field, divided the book into nine chapters. Chapters 1, 2, and 5 provide an excellent review and update on diabetes, the metabolic syndrome, and cardiovascular disease, respectively. Chapters 3 and 4 review the literature on the overlap of severe mental illness and obesity and diabetes mellitus, respectively. Chapters 6, 7, and 8 focus on the effects of an-

tipsychotic medications on weight gain, glucose metabolism, and serum lipids. Chapter 9, titled “Metabolic Risk Assessment, Monitoring and Interventions: Translating What We Have Learned Into Clinical Practice,” then attempts to synthesize this information.

The clear strength of this volume is the very scholarly literature reviews presented on each of the topics. At the end of the chapters I felt that I had a good grasp of the relevant literature. Furthermore, the reviews of obesity, diabetes, and cardiovascular disease are written in a very readable manner.

Where the book falls somewhat short of expectations is in not meeting one of the stated objectives, which is to address “the unmet need of the lack of integration of general medical care with psychiatric care, and the related problems of barriers to collaboration and communication among health care providers.” Although the authors acknowledge that there is some disagreement among psychiatrists about whose responsibility it is to monitor the general medical conditions of people with mental illnesses, there is an absence of discussion about what the specific issues are and possible collaborative models. I suspect that this may reflect a gap in the research literature because the style

### Assessing and Managing Violence Risk in Juveniles

by Randy Borum and David Verhaagen; New York, Guilford Press, 226 pages, 2006, \$35

Frank DiCataldo, Ph.D.

It has been a quarter century since John Monahan (1) first problematized the clinical prediction of dangerousness, ushering in the paradigmatic shift to a public health model of violence risk as a continuum. The paradox of Monahan’s critique has been the spread—not its demise—of violence risk assessment to every corner of mental health practice. Concern about violence risk lurks behind every patient-clinician interaction.

The systematization of violence risk assessments for psychiatric patients, thanks in large measure to the recent MacArthur Violence Risk Assessment Study (2), is more advanced than it is for children and adolescents who find themselves ensnared within the various systems devised for dealing with youths in trouble. *Assessing and Managing Violence Risk in Juveniles* will undoubtedly help close that gap. It is the best resource presently available

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for the mental health professional faced with the complex task of having to provide empirically anchored assessments of the risk of violence among young people.

Randy Borum and David Verhaagen have done a masterful job of distilling the expansive theoretical and empirical literature from developmental criminology, adolescent psychopathology, and research on youth violence. They translate this vast store into a concise and clearly presented practice manual to guide the clinician from data collection, to the synthesis of findings, and to the construction of a comprehensive and relevant report regarding violence risk and its management and reduction. It will be an indispensable resource for the clinician working within any of the numerous "at-risk-youth" sites, where risk assessments are routinely produced.

Although the book will likely be a favorite among the clinicians who conduct risk assessments as a regular part of their clinical practice, it will likely fail to satisfy scholars concerned about the media-fueled panic about youth violence, which is behind the recent legal trends calling for the criminalization of delinquency and the ever-grow-

ing overrepresentation of youths from minority groups within the criminal justice system. Concern about violence risk among youths is everywhere these days. The adolescent in our midst has become a figure to be regarded with fear, and our fears are no longer confined to youths within the halls of juvenile court. They have spread to our schools and are reaching down to younger and younger children. The book sidesteps these larger problems that have more to do with our systems of thought about youths than with the youths themselves.

The assessment process prescribed within the book will undoubtedly result in better assessments. Let's hope that it doesn't also promote the idea that more assessments are necessarily better. Better quality and less quantity could be a more valuable outcome. ♦

### References

1. Monahan J: Predicting Violent Behavior: An Assessment of Clinical Techniques. Beverly Hills, Calif, Sage, 1981
2. Monahan J, Steadman H, Silver E, et al: Rethinking Risk Assessment: The MacArthur Study of Mental Disorder and Violence. New York, Oxford University Press, 2001

er than a symptom to Bruno Bettelheim's blaming mothers in *The Empty Fortress*. Psychoanalysis was gradually replaced with the DSM's attempts at standardized psychiatric diagnosis. Autism was not included in the *DSM-II* as a distinct disorder, whereas *DSM-III*, called autism a "pervasive developmental disorder" and no longer a psychosis.

Gradually, we arrived at where we are at today, with broad diagnostic criteria including pervasive developmental disorder not otherwise stated and Asperger's disorder, which now makes up as many as 75 percent of new cases in the spectrum. Grinker criticizes the comparison between prevalence studies in the past and present, arguing that the diagnostic criteria have changed so much that this comparison is not reliable: "Diagnosing a mental disorder in a child is like describing a moving target." Epidemiological methods used today are much more aggressive, and public awareness as well as earlier detection is leading to increased numbers.

In the book's second part, we are introduced to captivating and uplifting personal stories of families around the world living with autism. From the suburbs of Washington, D.C., to France, India, South Africa, and South Korea, these tales shed light not only on this illness but on humankind. The parents of children with autism, no matter how remote and impoverished, seek a diagnosis and treatment for their children and are helping autism in "becoming visible." They fight for awareness and better education, form advocacy groups, and change beliefs. As Grinker says in the introduction to his book, "We should stop, step back and take a closer look at our fears about autism."

*Unstrange Minds* is a well-written, carefully presented work of scientific research, looking at the cultural implications of autism. It manages to address key points about autism today, both internationally and very personally. I believe that anyone touched by autism, whether physician, psychologist, teacher, or parent, should read this book. ♦

## Unstrange Minds: Remapping the World of Autism

by Roy Richard Grinker; New York, Basic Books, 2006, 340 pages, \$26.95

Yael Dvir, M.D.

"Unstrange," a neologism coined by the poet E. E. Cummings, is very appropriately used in the title of this book. As Roy Richard Grinker states in his introduction, "the process of understanding autism itself parallels the work that anthropologists do, since the minds of people with autism are sometimes as hard to understand as foreign cultures." Grinker is a professor of anthropology at George Washington University and is interested in the intersection between culture and illness. He is also

the father of a daughter with autism.

In this beautifully written, captivating book, Grinker looks at autism from a cultural viewpoint and observes how culture dictates the way we view autism. He examines the historical events leading to the current rise in the prevalence of autism and critically inspects the available evidence. "Is there really more autism, or are we just seeing it more?" he asks. Grinker argues for the latter.

In the book's first part, Grinker reviews the significant changes that psychiatry has undergone leading to the "tipping point" in this "epidemic," from Leo Kanner's first description of autism as a biological syndrome rath-

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