

## International Handbook of Threat Assessment

Edited by J. Reid Meloy and Jens Hoffman., New York: Oxford University Press, 2014. 496 pp. \$90.00.

From the 2012 school shooting in Newtown, Connecticut, to the 2015 terrorist attack in San Bernardino, we have been repeatedly shocked by acts of mass killing. After each tragedy, we ask key questions: why did this happen? Were there warning signs? How can we mitigate the risk of another tragedy? Although many mass killings cannot be prevented, all too often there were warning signs that the perpetrator was on a path to violence. In our hyper-connected society of e-mails, text messages, and social media, those on the road to violence often broadcast their roadmap for thousands to see. This text is a timely review of the state of the science of threat assessment. The authors quote the mass shooter, Anders Breivik, who wrote in his manifesto, "The time for dialogue is over" (p 1377). This quotation provides an apt metaphor for the core lessons in the text. Although prediction of mass shootings is impossible, the methods laid out in this book can help us assess when someone poses a threat and when the time for dialogue may be ending. The book, which is simultaneously broad in scope and richly detailed, is a resource that should easily earn a place on your bookshelf.

The text is divided into three sections: Foundations, Fields of Practice, and Operations. Each chapter includes case examples and concludes with a bulleted list of key concepts. It elegantly proceeds from concepts to specific procedures for assessment and intervention. Because of its broad scope, in my view this book is primarily for reference. I found the text fascinating to read in its entirety but realize that other busy clinicians may not read through the more specialized areas, such as the chapter on computer models for assessing threatening communications. This volume serves as an excellent starting point for researching different areas of threat assessment. Each chapter is thoroughly referenced, providing the reader with access to even more detailed research.

The first section, Foundations, should be required reading in every forensic fellowship program. It be-

gins by contrasting violence risk assessment with threat assessment. Although both focus on preventing violent acts, there are important differences. Violence risk assessments are usually based on population data and focus on determining and reducing the likelihood of violence by a specific person, such as a defendant convicted of domestic violence, and they are generally conducted by clinicians providing consultation to legal decision makers. A threat assessment, on the other hand, refers to case-specific data and focuses on protecting a specific victim. These assessments are often conducted in an operational setting by law enforcement agencies, such as the Federal Bureau of Investigation or Secret Service, and they are dynamic, in that they continually evaluate the danger to a specific target. Subsequent chapters in the first section include discussions of warning behaviors, data collection in threat assessments, and legal concerns.

In the second section, Fields of Practice, the authors discuss the process of threat assessment in different settings. Each type of threat has unique characteristics and requires a different approach. For example, a unique risk factor for intimate-partner femicide is proprietariness, when the potential perpetrator feels that he has or should have control over the victim.

The emerging topic of electronic threat assessment is also examined. The authors discuss studies about the characteristics of e-mail and social media threats, as well as characteristics of threateners who approach their targets. Also reviewed are methods for assessing threats that involve workplace violence, public figures, school shootings, terrorists, and anonymous perpetrators.

The authors use the Operations section of the book to discuss practical aspects of how threat-assessment teams function in different settings. Diverse programs including the Los Angeles Police Department (LAPD) Threat Management Unit, the Fixated Threat Assessment Centre in the United Kingdom, and threat assessment at universities in Germany and Switzerland are described. Administrators and policy makers interested in developing threat assessment teams will find this section helpful. It provides several multidisciplinary models that can serve as roadmaps for new programs. It describes how these teams screen referrals, investigate threats, and intervene to protect potential targets. A diverse array of operations is reviewed, including preventing

school and university shootings, preventing honor killings, and combatting international terrorism. I found Prosecutor Rachel Solov's chapter, "An Operational Approach to Prosecuting Stalking Cases" (Chapter 23), particularly enlightening. She discussed her approach to recognizing stalking behaviors, interacting with victims, sentencing perpetrators, and protecting victims.

I know that I will reread several of the chapters in this book. The information can guide clinical assessments, future research, and public policy. The authors summarize this complex topic in a manner that is clear, concise, and highly accessible to the busy clinician. Whether you are interested in assessing the risk posed by terroristic threats, stalking, or intimate-partner violence, this book is an invaluable resource.

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## Philosophy and Psychiatry: Problems, Intersections, and New Perspectives

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"At the end of the day, it's all about food and sex," writes David Rubinow in *Philosophy and Psychiatry* (p 262). In case you are wondering, his chapter is about the roles of genetic predisposition and the endocrine system in mood disorders. Like the other 20 contributions to this book, a product of the Philosophical Issues in Psychiatry Research Group at the University of North Carolina at Chapel Hill, Rubinow's chapter is one of a pair, which seems appropriate. If Rubinow is right about what it's all about, it is likely to be more fun with company.

With a couple of exceptions, one of each of the paired chapters is written by a clinician and the other by a philosopher. The arguments of Rubinow, a psychiatry department Chair, are juxtaposed with those of Valerie Hardcastle, a philosopher who points to the effects of disparities in service provision on the health of those who live in poor neighborhoods. Among them, the 10 pairs of chapters cover some big questions. How are mental illnesses different from

other illnesses? How does mental illness affect the relationship between free will and moral responsibility? How and when is the coercion of the patients of mental health services justified? What does it mean to be human?

I have an interest in classification and was drawn to the description of "scrupulosity" (p 164), which two philosophers, Jesse Summers and Walter Sinnott-Armstrong, regard as a variant of obsessive-compulsive disorder. The symptoms of scrupulosity apparently include moral perfectionism, chronic doubt, and "moral thought-action fusion" (p 164), a feeling that merely having an intrusive thought (a loved one coming to harm, perhaps) makes the feared outcome more likely. The question that the authors ask is at what point it becomes justified to treat someone who has such a condition over his objection.

The authors argue that the answer depends on the characteristics of the mental disorder that the person is suffering from. I am not sure I agree. I suspect, instead, that the same criteria should apply whatever the condition, and this is the usual legal position. The authors conclude that a distressed person with scrupulosity can be treated against his will when his thinking demonstrates one or more of three types of incoherence: an inability to defend the moral standards that he is endorsing, an inability to distinguish what is ideal from what is required, and a fixation on one element of the broad picture.

Hanna Pickard, in her paired chapter, takes issue with the lack of attention, in the arguments of Summers and Sinnott-Armstrong, to any risk of harm to the person. After all, in most jurisdictions the criteria for treatment over objection include a risk of harm to self or others. One could question also the lack of reference, in the criteria for diagnosis or treatment over objection, to a person's level of function. I think that the degree to which one's scruples prevent one from undertaking the tasks of everyday life should be relevant to both whether one can properly be said to have a mental disorder and whether one should be treated against one's will.

What struck me most, however, was the similarity of incoherence to what might otherwise be called irrationality. Because of this, it seemed to me that the arguments presented here could inform the long-standing discussion of what does and does not amount to "incapacity" to make treatment decisions. Pickard is convincingly insistent that this criterion is key to preventing future abuses of psychiatry's coer-