

**COURSE APPROVAL DOCUMENT**  
Southeast Missouri State University

Department:   Psychology  

Course No.   PD582  

Title of Course:   Fundamentals of Emergency Psychology  

Date:   August 1, 2015  

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Please check: X  New  
                   Revision

I. Catalog Description (Credit Hours of Course): This course is a practicum involving psychiatric/psychological emergencies that may present in emergency room or outpatient settings, and appropriate interventions (0).

II. Co- or Prerequisite(s):

III. Purposes or Objectives of the Course (optional):

- 1) To improve clinical interviewing skills.
- 2) To develop clinical skills for management of complex clinical situations.
- 3) To develop skills useful in managing psychological emergencies and crisis situations.

*Add additional Objectives as needed*

IV. Student Learning Outcomes (Minimum of 3):

- 1) The student will discuss the ethical and legal dilemmas involved in treating suicidal patients.
- 2) The student will describe how to make quick clinical assessments in cases involving dangerous behavior or substance abuse.
- 3) The student will describe the cycle of spousal abuse and family violence.

*Add additional SLOs as needed*

V. Optional departmental/college requirements:

- A.
- B.

VI. Course Content or Outline (Indicate number of class hours per unit or section):

- A. See syllabus attached.
- B.
- C.

Please Attach copy of class syllabus and schedule as an example

Signature: \_\_\_\_\_  
                  Chair

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
                  Dean

Date: \_\_\_\_\_

**PONCE HEALTH SCIENCES UNIVERSITY  
CLINICAL PSYCHOLOGY PSY.D. PROGRAM**

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<b>COURSE TITLE</b>	Fundamentals of Clinical Interventions and Emergency Psychology
<b>CODING</b>	PSY 582
<b>CREDIT HOURS</b>	0 credits
<b>CONTACT HOURS</b>	50
<b>PREREQUISITE</b>	None
<b>PROFESSOR</b>	<b>Job Description: Intervention - Psychotherapy</b>
<b>TEACHING ASSISTANT</b>	
<b>OFFICE HOURS</b>	
<b>EMAIL ADDRESS</b>	
<b>SEMESTER</b>	

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### **COURSE DESCRIPTION**

The course focuses on a detailed discussion of all major psychiatric/psychological emergencies that usually present to the emergency room or outpatient settings. A detailed discussion of suicide/aggression focuses on both psychological and social aspects that complicate this extreme emergency. Emphasis will be placed on psychological interventions, theoretical background and the medical management of emergencies associated to alcohol and substance abuse as well as major psychiatric disorders that may present for evaluation in the emergency room setting.

### **GENERAL OBJECTIVE**

To advance fundamental interviewing skills in students and to promote the development of clinical skills for management of complex clinical situations, psychological emergencies and crisis interventions.

### **SPECIFIC OBJECTIVES**

By the end of the semester the student will be able to:

- Understand the components of the clinical interview.
- Appreciate concepts associated with the Facilics system as described by Shea.
- Utilize all components of the clinical interview which are utilized to perform an assessment of dangerousness to self and others
- Perform a quick clinical assessment of a case where dangerousness is present.
- Formulate a fast diagnostic impression in cases where there is substance abuse.
- Discuss the theories associated to suicidal behavior as well as the physiological correlates of violent behavior directed at the self.
- Appreciate the indications for inpatient hospitalization vs. outpatient treatment often initial stabilization of crisis.
- Discuss the legal/ethical dilemmas in treating suicidal patients.
- Understand the implications to clinical practice of Tarasoff I and II decisions.
- Recognize the cycle of spousal abuse and family violence.
- Appreciate the complexity and variability of possible factors associated to violent behavior requiring emergency treatment.
- Apply acquired knowledge of major psychiatric diagnoses epidemiology as well as potential self-injury risk to actual cases.
- Evaluate clinical cases presented through the Standardized Patient program
- Use crisis intervention techniques to help patients presenting various psychological conditions.
- Recognize the legal and moral implications of working and evaluating patients at risk of inflicting harm to themselves and to others.

### **COURSE CONTENT**

#### **Unit 1**

Upon successful completion of this introductory unit to the Practicum students should have an understanding of the course lectures sequence and the interviewing process with standardized patients.

- A. Discussion of classes' format and didactic component

- B. Clinical Interviewing with Standardized Patients
- C. Overview of basic interviewing skills

Assigned Readings:

Chapters 1. Shea, S.C. (1998). *Psychiatric Interviewing: The Art of Understanding* (2<sup>nd</sup> ed.). Philadelphia: W.B. Saunders Company.

**Unit 2**

Upon successful completion of this unit students should have an understanding of the clinical interview components.

- A. Understanding the main elements of the clinical Interview
- B. Assessment of verbal and non-verbal behavior

Assigned reading:

Chapter 2. Kleespies, P.M. (2009). *Behavioral Emergencies: An evidence based resource for evaluating and managing risk of suicide, violence, and victimization*. Washington, DC: American Psychological Association.

Suggested readings:

Chapters 2 & 3. Shea, S.C. (1998). *Psychiatric Interviewing: The Art of Understanding* (2<sup>nd</sup> ed.). Philadelphia: W.B. Saunders Company.

**Unit 3**

Upon successful completion of this unit students should have an understanding of the basic components of crisis intervention.

- A. Definition of Terms
- B. The ABC model of Crisis Intervention
- C. Case presentation model

Assigned readings:

Chapters 1 and 2 Kleespies, P.M. (2009). *Behavioral Emergencies: An evidence based resource for evaluating and managing risk of suicide, violence, and victimization*. Washington, DC: American Psychological Association.

Suggested readings:

Chapters 5 & 6. Shea, S.C. (1998). *Psychiatric Interviewing: The Art of Understanding* (2<sup>nd</sup> ed.). Philadelphia: W.B. Saunders Company.

**Unit 4**

Upon successful completion of this unit students should have an understanding of the assessment of crisis.

- A. Hospitalization Criteria (general guidelines)
- B. Hospitalization Protocol
- C. Assessment of dangerousness

Assigned readings:

Chapters 3 and 5 Kleespies, P.M. (2009). *Behavioral Emergencies: An evidence based resource for evaluating and managing risk of suicide, violence, and victimization*. Washington, DC: American Psychological Association.

Suggested reading:

Chapters 8. Shea, S.C. (1998). *Psychiatric Interviewing: The Art of Understanding* (2<sup>nd</sup> ed.). Philadelphia: W.B. Saunders Company.

**Unit 5 (two sessions)**

Upon successful completion of this unit students should have an understanding of the assessment of suicide and dangerousness to self.

- A. Epidemiology of suicide
- B. Clinical presentation of the suicidal patient
- C. Assessment of suicidal risk

Assigned readings:

Chapters 3 and 5 Kleespies, P.M. (2009). *Behavioral Emergencies: An evidence based resource for evaluating and managing risk of suicide, violence, and victimization*. Washington, DC: American Psychological Association.

Suggested reading:

Chapter 8. Shea, S.C. (1998). *Psychiatric Interviewing: The Art of Understanding* (2<sup>nd</sup> ed.). Philadelphia: W.B. Saunders Company. W.B. Saunders Company.

**Unit 6**

Upon successful completion of this unit students should have an understanding of the risk management of suicidal/homicidal patient and the depressive patient.

- A. Clinical Management of suicidality
- B. Levels of intervention

Assigned readings:

Chapters 6 and 7. Kleespies, P.M. (2009). *Behavioral Emergencies: An evidence based resource for evaluating and managing risk of suicide, violence, and victimization*. Washington, DC: American Psychological Association.

**Unit 7 (two sessions)**

Upon successful completion of this unit students should have an understanding of the clinical management of patients with homicidal risk and violent behavior.

- A. Tarasoff and Tarasoff II
- B. Managing violent clients
- C. APA videos: Managing aggressive clients
- D. De-escalating

Assigned readings:

Chapters 8 and 9. Kleespies, P.M. (2009). *Behavioral Emergencies: An evidence based resource for evaluating and managing risk of suicide, violence, and victimization*. Washington, DC: American Psychological Association.

Suggested reading:

Chapter 17. Kleespies, P.M. (2009). *Behavioral Emergencies: An evidence based resource for evaluating and managing risk of suicide, violence, and victimization*. Washington, DC: American Psychological Association.

**Unit 8**

Upon successful completion of this unit students should have an understanding of the clinical management family violence.

- A. The Violence Cycle
- B. Men who abuse and the abused women
- C. Interventions in family violence

Assigned reading:

Chapter 11. Kleespies, P.M. (2009). *Behavioral Emergencies: An evidence based resource for evaluating and managing risk of suicide, violence, and victimization*. Washington, DC: American Psychological Association.

**Unit 9**

Upon successful completion of this unit students should have an understanding of the techniques for the assessment of alcoholism and substance abuse.

- A. CAGE
- B. Recollecting substance abuse history
- C. Medical conditions associated with substances abuse

### Assigned readings:

Chapters 5, 13, and 14. Kleespies, P.M. (2009). *Behavioral Emergencies: An evidence based resource for evaluating and managing risk of suicide, violence, and victimization*. Washington, DC: American Psychological Association.

### Unit 10

Upon successful completion of this unit students should have an understanding of the basic interview skills in medical contexts.

- A. Models of intervention in primary care settings
- B. Diagnosing symptoms
- C. Chronic conditions
- D. Crisis related to medical conditions
- E. The terminally ill patient and his/her relatives

### Assigned reading:

Chapters 19. Kleespies, P.M. (2009). *Behavioral Emergencies: An evidence based resource for evaluating and managing risk of suicide, violence, and victimization*. Washington, DC: American Psychological Association.

### Final Session

A final session is conducted to discuss challenges and opportunities related to the course. Feedback from students is also recollected during this session.

### **TEACHING STRATEGIES AND ACTIVITIES**

1. Lectures on the course topics
2. Discussion of assigned readings
3. Use of audiovisual resources
4. Discussion of cases.
5. Role playing
6. Inclusion of APA videos for clinical interviews

### **RESOURCES**

1. Assigned journal reading material
2. Audiovisual resources and aids
3. Assigned topics and cases
4. Standardized Patient cases

### **STUDENT EVALUATION CRITERIA AND GRADING SYSTEM**

Evaluation by supervisor of work done with standardized patient #1	10%
Evaluation by supervisor of work done with Standardized Patient #2	10%
Evaluation by supervisor of work done with Standardized Patient #3	10%
Evaluation by supervisor of work done with Standardized Patient #4	10%
Attendance, and participation	30%
Assignments	30%

Attendance to all standardized patient sessions is mandatory. Any un-excused absence will imply loss of 10% of the grade. Excused absences require written medical excuse or other similar quantifiable situation. Attendance to class will also account for the final grade. Points will be deducted for non-medical excuses.

### **OTHER IMPORTANT INFORMATION**

#### Diversity Statement

Diversity relates to the acknowledgement of the human condition in all manifestations; its similarities and differences. Diversity seeks to understand different biopsychosocial experiences. It strives towards the human values of equality, respect, and acceptance, within a multicultural world whose boundaries have been overshadowed by technology and globalization. Diversity is the antithesis to oppression in all its manifestations (e.g. sexism, racism, exploitation) and to discrimination in any form, including discrimination due to sexual orientation, physical (dis) Abilities, socioeconomic status, worldviews, places of origin, cultural orientation, primary language, or to any other human characteristic, preference or state.

The notion of diversity is central to the study of human behavior. It requires the development of self-awareness of prejudiced attitudes. It includes understanding of differences in worldviews associated to the psycho-cultural and psycho-economic background of recipients of psychological services. Our training program promotes the awareness of subtle and “invisible” prejudice (e.g. homophobia) acquired during formative years.

#### Request for Reasonable Accommodations

Students in need of accommodation based on the impact of a disability should contact the professor privately to discuss the specific need. Students with documented disabilities should contact the Academic Deanship Office to coordinate reasonable accommodations.

#### Attendance Policy

After three absences for a 3 credit course, or 2 absences for a 2 credit course, the student will automatically be dropped from the class unless the professor recommends otherwise. The complete institutional attendance policy is included in the Appendix.

#### Honor Code Reminder

Any violation of the ethical dispositions of our institution or program will be automatically referred to the corresponding authorities. For the present course, plagiarism may lead to obtaining a grade of “0” on the plagiarized work and this would most probably lead to a failing grade in the course. Students found to violate this policy may be referred to the institutional Promotions Committee with a recommendation of dismissal from the program. The complete plagiarism policy is included in the Appendix.

#### Note

This syllabus is a guide and is subject to change according to circumstances that may arise during the semester. Students are responsible for all announced changes in the syllabus.

### **TEXTBOOK**

Kleespies, P.M. (2009). *Behavioral Emergencies: An evidence based resource for evaluating and managing risk of suicide, violence, and victimization*. Washington, DC: American Psychological Association.

#### Suggested:

Shea, S.C. (1998). *Psychiatric Interviewing: The Art of Understanding A practical guide to psychiatrists, psychologists, counselors, social workers nurses and other mental health professionals* (2<sup>nd</sup> ed.). Philadelphia: W.B. Saunders Company.

### **BIBLIOGRAPHY**

Aguilera, D.C. (1997). *Crisis Intervention: Theory and Methodology*. New York: Mosby-Year Book.

Dattilio, F.M., Freeman, A. (Eds.). (1994). *Cognitive-Behavioral Strategies in Crisis Intervention*. New York: Guilford Publishers.

Gard, B. A., Ruzek, J. I. (2006). Community mental health response to crisis. *Journal of Clinical Psychology*. 62(8), 1029-1041.

James, R. & Gilliland, B. E. (2004). *Crisis intervention strategies*. Wadsworth.

Lindemann, E. (1995). *Crisis Intervention (The Master Work Series)*. New Jersey: Jason Aronson Inc.

Myer, R. A. & Conte, C. (2006). Assessment for crisis intervention. *Journal of Clinical Psychology*. 62(8), 959-970.

Pollin, I & Baird Kannan, S. (1995). *Medical Crisis Counseling : Short-Term Therapy for Long-Term Illness*. New York: W.W. Norton & Company.

Potter, D., Stevens, J. A., Laberteaux, P. (2003). *Practical Concepts and Training Exercises for Crisis Intervention Teams: Including Role Plays and Interactive Games*. Chevron Publishing Corporation.

Sullivan, M. A., Harris, E., Collado, C., Chen, T. (2006). Noways tired: Perspectives of clinicians of color on culturally competent crisis intervention. *Journal of Clinical Psychology*. 62(8), 987-999.

## **APPENDIX**

### **INSTITUTIONAL ATTENDANCE POLICY**

Attendance at lectures and laboratory exercises is mandatory unless excused because of illness or by previous authorization of the professor in charge of the course. Each department will decide the relative weight to be given to the attendance in calculating the final grade.

Attendance to clinical activities involving patients, patient models, and similar types of activities is considered part of the students' professional responsibility and is mandatory. Absence may be excused after the student consults with the respective department chairperson. Three unexcused absences may adversely affect the final grade for a course.

Incomplete work due to illness or other serious circumstances during the course will be handled according to departmental policies, which must be provided to the students in writing at the beginning of each term. Faculty are not obligated to repeat lecture/laboratory topics that were presented at scheduled times and dates.

### **PROGRAM POLICY ON ACADEMIC HONESTY AND PLAGIARISM**

There are different ways in which a student may incur in one of the various forms of academic dishonesty. Lack of knowledge does not justify academic dishonesty as common sense usually helps to prevent potentially problematic situations. In case of doubt, the standards of academic honesty call for the student to ask the professor or advisor. The most frequent form of academic dishonesty is plagiarism. According to the Random House Webster's college Dictionary plagiarism is: "the unauthorized use of the language and thoughts of another author and the representation of them as one's own. 2. something used and represented in this manner".

Our faculty recognizes that plagiarism in any of its forms and/or manifestation is a serious offense both in the academic and the professional world. Some of the acts that constitute plagiarism are:

- a. using words or thoughts of authors without giving due credit.
- b. presenting work done for one course to fulfill the requirements of another course (self-plagiarism).
- c. taking credit for phrases or ideas of other authors to produce a collage of ideas that have not been created by the student.
- d. not using quotation marks to identify the exact words of an author.
- e. taking information from Internet without citing the source.
- f. buying papers from the Internet or from other sources.
- g. Using another student's paper or clinical report to satisfy course requirements.

Each professor will evaluate alleged cases of academic dishonesty and will proceed to deal with each case according to institutional policies and procedures.