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**LOYOLA UNIVERSITY CHICAGO**

**SCHOOL OF SOCIAL WORK**

**COURSE SYLLABUS**

**SOWK 645**

**Crisis Intervention**

**[Add Semester and Year]**

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**Instructor Name, Title, and Pronouns:**

**Email:**

**Telephone:**

**Office Hours:** [Add days, times, in-person/virtual]

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**Class Day and Time:**

**Class Location:** [Add building and room number or note online via zoom]

**Credits/Length of Course:** 3 Credit Hours / 14 weeks or 1 semester

**Method of Delivery:** In Person, Online, or Hybrid

**Prerequisites:** Completion of 500-level courses, with the exceptions of SOWK 506 and SOWK 509

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**SCHOOL OF SOCIAL WORK MISSION & IDENTITY STATEMENT**

Loyola University Chicago School of Social Work provides transformative education for practice-informed social work. The school advances rich and diverse knowledge grounded in empowering work with clients and organizations from a participatory, person-in-environment perspective. We promote social justice through macro, mezzo, and micro practice. “Transformative education” reflects our commitment to engaging students to be effective change agents for social justice in a global context. “Practice-informed social work” refers to a strengths-based, client-centered focus on working with individuals, families, groups, communities, and environmental systems.

**Course Description**

This advanced elective course endeavors to provide students with the theoretical bases and practical skills for working with clients in crisis. This course builds on the foundation content related to psychological crises and crisis intervention in Practice Skills with Individuals and Families and Lifespan Development, Human Behavior and Trauma. It also builds on foundational and advanced content regarding the treatment of specific populations in Advanced Micro-level Practice and Assessment of Client Concerns in Context, as well as the content on psychosocial diagnosis and the DSM-5 in Assessment of Client Concerns in Context. In general, a crisis is defined as the experience of an event that exceeds one’s coping mechanisms and resources and is, therefore, intolerable. Without relief, a crisis may cause severe cognitive, affective, and behavioral malfunction. This course initially focuses on general crisis theories, assessment models, and treatment/ intervention strategies. Later, students will concentrate on the application of these theories, models, and strategies in various practice settings.

This course is especially appropriate for students in the Micro Specialization and Advanced Clinical Practice track, which focuses on individuals who are struggling with mental or physical illness or disability. Such individuals are particularly at risk for crises and emergencies. Research-based practice models are utilized where available and appropriate.

**Learning Objectives & EPAS Related Competencies\***

\*Framed by the Council on Social Work Education’s Educational Policy and Accreditation Standards (EPAS)

**Competency 1.0: Demonstrate Ethical and Professional Behavior**

| **Assignment** | Sakai Discussions 1 - 4 | Knowledge, Values, Skills, and Cognitive & Affective Processes |
| --- | --- | --- |
| **Assignment** | Midterm Papers | Knowledge, Values, Skills, and Cognitive & Affective Processes |
| **Assignment** | Final Presentations | Knowledge, Values, and Skills |

**Competency 2.0: Engage Diversity and Difference in Practice**

| **Assignment** | Sakai Discussions 2 and 3 | Values and Cognitive & Affective Processes |
| --- | --- | --- |
| **Assignment** | Final Presentations | Values and Skills |

**Competency 3.0: Advance Human Rights and Social, Economic, and Environmental Justice**

| **Assignment** | Reflection on an IL Mental Health Summit Meeting | Values and Skills |
| --- | --- | --- |
| **Assignment** | Midterm Papers | Values and Skills |
| **Assignment** | Final Presentations | Values and Skills |

**Competency 5.0: Engage in Policy Practice**

| **Assignment** | Reflection on an IL Mental Health Summit Meeting | Knowledge, Values, and Skills |
| --- | --- | --- |

**Competency 6.0: Engage** **with Individuals, Families, Groups, Organizations, and Communities**

| **Assignment** | Sakai Discussions 1 - 3 | Knowledge, Values, Skills, and Cognitive & Affective Processes |
| --- | --- | --- |
| **Assignment** | Final Presentations | Knowledge, Values, and Skills |

 **Competency 7.0: Assess Individuals, Families, Groups, Organizations, and Communities**

| **Assignment** | Sakai Discussion 3 | Knowledge, Values, and Skills |
| --- | --- | --- |
| **Assignment** | Reflection on an IL Mental Health Summit Meeting | Knowledge, Values, and Skills |
| **Assignment** | Midterm Papers | Knowledge, Values, Skills, and Cognitive & Affective Processes |
| **Assignment** | Final Presentations | Knowledge, Values, and Skills |

**Competency 8.0: Intervene with Individuals, Families, Groups, Organizations, & Communities**

| **Assignment** | Sakai Discussion 4 | Cognitive & Affective Processes |
| --- | --- | --- |
| **Assignment** | Reflection on an IL Mental Health Summit Meeting | Knowledge, Values, and Skills |
| **Assignment** | Midterm Papers | Knowledge, Values, Skills, and Cognitive & Affective Processes |
| **Assignment** | Final Presentations | Knowledge, Values, and Skills |

**Methods of Instruction**

**Sakai**

This course will be conducted [in person/online (synchronous or asynchronous)/hybrid] with content available via Sakai. Sakai is the learning platform used at Loyola University Chicago. The platform offers a variety of tools that allow students and instructors to communicate, turn in assignments, participate in discussions, provide/receive feedback, and track students’ grades and progress. Make sure to do the following before the first day of the semester:

* Verify that your credentials to access the course are working properly
* Locate and access the course within Sakai
* Familiarize yourself with the Sakai tools

**Minimum Technical Requirements**

The course is delivered [in person/online/hybrid]. Students are expected to have basic knowledge and command of a computer/tablet and be familiar with the following software and tools:

* Web browsers such as Firefox. Tools such as VoiceThread work better with Firefox
* Reliable high-speed internet access
* Access to an active e-mail account. Be sure to check your Loyola University e-mail regularly, including the Spam folder.
* Word processing program (Microsoft Word recommended)
* Antivirus software
* Adobe Acrobat
* Access to a Windows, Chromebook, or Mac computer to complete assignments in the event your mobile device does not meet the minimum technical requirements

**POLICIES & RESOURCES**

**LUC SSW BSW/MSW Student Handbooks**

Please familiarize yourself with all content in the [LUC SSW BSW & MSW Student Handbook](https://www.luc.edu/socialwork/student-support/forms/)s. Additional key information is noted below.

**Students with Special Needs – Student Accessibility Center**

Loyola University Chicago provides reasonable accommodations for students with disabilities. Any student requesting accommodations related to a disability or other condition is required to register with the Student Accessibility Center (SAC). Professors will receive an accommodation notification from SAC, preferably within the first two weeks of class. Students are encouraged to meet with their professors individually in order to discuss their accommodations. All information will remain confidential. Please note that in this class, the software may be used to audio record class lectures in order to provide equal access to students with disabilities.  Students approved for this accommodation use recordings for their personal study only and recordings may not be shared with other people or used in any way against the faculty member, other lecturers, or students whose classroom comments are recorded as part of the class activity.  Recordings are deleted at the end of the semester.  For more information about registering with SAC or questions about accommodations, please contact SAC at 773-508-3700 or SAC@luc.edu.

**Respect for Diversity**

Guided by the NASW Code of Ethics and the mission of the University, the School of Social Work is committed to the recognition and respect for variations in racial, ethnic, and cultural backgrounds and with regard to class, gender, age, physical and mental ability/disability, religion, sexual orientation, gender identity, and gender expression. The school values ethnically sensitive and culturally competent social work education and practice. Students must uphold the ethical standards set forth by the profession and the Jesuit ideals of the university. (See: [Respect for Diversity](https://www.luc.edu/socialwork/aboutus/) for more information).

**Gender Pronouns and Name on Roster**

Addressing one another at all times by using appropriate names and gender pronouns honors and affirms individuals of all gender identities and gender expressions. Misgendering and heteronormative language exclude the experiences of individuals whose identities may not fit the gender binary, and/or who may not identify with the sex they were assigned at birth. Explicit identification of pronouns is increasingly used in professional identification (e.g., conference nametags, Twitter handles, etc.).

As part of our professionalization and in the spirit of our professional values, during our first class as we introduce ourselves, you may choose to share your name and gender pronouns (e.g., Hello, my name is Sam and my gender pronouns are she/her/hers or Hello, my name is Lou, and my gender pronouns are they/them/theirs). If you would only like to introduce yourself by name, without pronouns, that is also completely fine. If you do not wish to be called by the name listed on the roster, please inform the class. You may also choose to add your pronouns to your zoom account profile (e.g., Sam Smith (they/them) so they always appear on the screen. Note that if you choose to do so, you must change your profile name from the main login on your Zoom account (e.g., add the pronouns after your last name) or you will have to add the pronouns manually during each and every zoom session. The goal is to create an affirming environment for all students with regard to their names and gender pronouns.

**Brave and Safe Space**

A safe space is ideally one where the expression of identity and experience can exist and be affirmed without fear of repercussion and without the pressure to educate. While learning may occur in these spaces, the ultimate goal is to provide support. A brave space encourages dialogue. Recognizing differences and holding each person accountable to do the work of sharing experiences and coming to new understandings - a feat that’s often hard, and typically uncomfortable.

The School of Social Work values creating a brave and safe space within classrooms for all students. Our instructors welcome all course-related comments and concerns from students. If you have a concern about whether your classroom is a supportive, brave, and safe space, or any other concerns, you are welcome to speak with your instructor or any other faculty or staff member that you trust. That person will help you talk through a pathway to address your concerns and bring them to the Associate Dean with you or on your behalf if you so desire. You should be reassured that expressing your concerns will not result in any penalty to you.

**Title IX Disclosure and Rights**

Under Title IX federal law, "no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance" (Title IX of the Education Amendments of 1972). It is important for you to know the professor has a mandatory obligation to notify designated University personnel of incidents of gender-based misconduct (sexual assault, dating/domestic violence, stalking, sexual harassment, etc.) that are shared in private or during class discussions. The reason for this is to keep all members of the Loyola community safe, also to ensure you are connected to the resources and reporting options available. Hypothetical scenarios that are discussed do not require any action. Please visit the [Title IX at Loyola University Chicago Page](https://www.luc.edu/equity/titleixequitylaws/titleix/) for more information regarding the University’s response to notifications of gender-based misconduct. The following link contains information if you wish to [speak or contact a confidential resource on campus](https://www.luc.edu/equity/about/contacttheoecteam/).

**Student Code of Conduct**

Respecting the rights and opinions of others is an important aspect of a Jesuit education. Please respect others by allowing others to express their opinion, and avoiding the use of vulgar language and/or offensive or discriminatory comments (racial, ethnic, etc.). It’s the student’s responsibility to read and adhere to the[Loyola University Code of Conduct](https://www.luc.edu/media/lucedu/law/fyi/pdfs/Code_of_Conduct.pdf).

**Privacy Policy – FERPA**

FERPA (Family Educational Rights and Privacy Act) is a federal law that protects the privacy of students and educational records. To learn more about students’ privacy rights visit the [FERPA Actat Loyola University](https://www.luc.edu/regrec/aboutus/ferpa/) website or the [U.S Dept. of Education website](https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html). Loyola University, e-mail, and Learning Management System meet FERPA requirements.

**Third-Party and FERPA**

Some assignments may require the use of public online websites, applications, social media, and/or blogs among others. If a course requires students to participate in these types of activities the students can choose not to participate. In this case, the students should contact the instructor as soon as possible and let them know of their decision. Please avoid sharing the private information of others.

**Resources for Writing**

The Writing Center, Loyola University Chicago, is available to help writers develop and clarify ideas and work on specific issues such as punctuation, grammar, documentation, and sentence structure. Students are encouraged to visit the [Writing Center Website](https://www.luc.edu/writing/index.shtml) for additional information. Services are available at both WTC & LSC. Resources for APA may be found here: <http://owl.english.purdue.edu/owl/resource/560/01/>

**Help with Technology – Help Desk**

The ITS Service Desk provides the University with a single point of access for support with technology. They are committed to providing excellent, professional customer service in tracking and resolving support requests. To request assistance, please contact the ITS Service Desk at 773.508.4ITS or via email at ITS Service Desk ITSServiceDesk@luc.edu. Help Desk [Support Hours](https://www.luc.edu/its/service/support_hours.shtml).

**Important Contact Information**

IT Help Desk: 773-508-4487, [IT Help Desk Website](http://www.luc.edu/its/service/)

Wellness Center: 773- 494-3810,  [Wellness Center Website](https://www.luc.edu/wellness/)
Writing Center: 312-915-6089, [Writing Center Website](https://www.luc.edu/writing/index.shtml)
Tutoring – Academic Excellence: 773-508-7708, [Tutoring Website](https://www.luc.edu/tutoring/index.shtml)
Ethics Hotline: 1-855-603-6988, [Ethics Hotline Website](https://www.luc.edu/hr/ethics/)
Military Veteran Student Services: 773-508-7765, [Veteran Student Services Website](https://www.luc.edu/veterans/)
Library: 312-915-6622, [Library Website](http://libraries.luc.edu/)

Students Accessibility Center: 773-508-3700, [Students Accessibility Center Website](https://www.luc.edu/sac/)

**ACADEMIC INTEGRITY, GRADING & ASSIGNMENTS**

**Academic Integrity and Plagiarism**

Academic integrity is essential to a student’s professional development, their ability to serve others, and to the university’s mission. Therefore, students are expected to conduct all academic work within the letter and the spirit of the Statement on Academic Honesty of Loyola University Chicago, which is characterized by any action whereby a student misrepresents the ownership of academic work submitted in their name. Students who plagiarize risk receiving a failing grade at the instructor’s discretion. All students who plagiarize will be referred to the Committee of Student Affairs (CSA) for judicial review. Knowledge of what plagiarism is will help you from inadvertently committing it in your papers. Additional [information on plagiarism](https://www.plagiarism.org/).

Plagiarism is a serious ethical violation, the consequences of which can be a failure of a specific class and/or expulsion from the school**.** Responsibilities of Academic Honesty are detailed in [the LUC BSW & MSW Student Handbooks](https://www.luc.edu/socialwork/student-support/forms/). Please read the Graduate Catalog stating the university policy on plagiarism. The definition of plagiarism is: “In an instructional setting, plagiarism occurs when a writer deliberately (or unintentionally) uses someone else’s language, ideas, or other original (not common-knowledge) material without acknowledging its source." Source: WPA (n.d.). Defining and Avoiding Plagiarism: The [WPA Statement on Best Practices](http://wpacouncil.org/files/wpa-plagiarism-statement.pdf).

This commitment ensures that a student in the School of Social Work will neither knowingly give nor receive any inappropriate assistance in academic work, thereby, affirming personal and professional honor and integrity. Students may not use the same assignment content to fulfill different course requirements. If a paper is submitted to a course that is closely related to a paper submitted for another course, it is suggested that the student cite the paper. (Example: paper submitted for SOWK 000, Instructor: Wayne Williams, Semester: Spring 2020)

**Turn-It-In**

By taking this course you agree that all required papers may be subject to submission review to Turnitin.com (within Sakai or otherwise) to detect plagiarism. Any and all written material submitted as course work may be subject to detection of plagiarism using the Turn-it-in database. To learn about their usage policy, visit the [Turn-It-In](https://www.turnitin.com/) website.

**Academic Warnings**

Students are responsible for tracking their progress through each class. As a result, students should identify and resolve any academic difficulty as early as possible. In the event that a student is experiencing academic difficulty, the student will be notified by the instructor in writing (via e-mail) no later than the deadline for early alert according to the LUC Academic calendar at mid-term. See the [LUC SSW BSW & MSW Student Handbooks](https://www.luc.edu/socialwork/student-support/forms/) for additional information regarding academic concerns.

**Grading Criteria**

Grades are based on the following criteria:

**A** = Exceptional. This grade will be assigned to assignments that show extensive use of literature as well as broad use of concrete concepts and examples of practice, paying special attention to the use of professional language, grammar, and sentence structure in all written materials.

**B** = Fully meets graduate-level standards. This grade will be assigned to tasks and assignments in which all the steps have been satisfactorily completed showing a combination of the appropriate use of theories, principles, and precise descriptions of practice.

**C** = Performance, in general, is not satisfactory and is below the graduate level standard, all the requirements of the task or assignment have been completed.

**D** = Performance, in general, is not adequate. The student must re-take the course.

**F** = Failure. The performance and quality of work are not satisfactory, or some parts of the tasks or assignments have not been completed.

**I** = At the discretion of the section Instructor a temporary grade of **Incomplete** may be assigned to a student who, for a reason beyond the student’s control, has been unable to complete the required work in a course on time. The request signed by the student and the faculty member must be approved and on file with the BSW or MSW Program Director when grades are submitted.

### **Grading Scale**

|  |  |
| --- | --- |
| **Grade** | **Percentage (%)** |
| **A** | 96 – 100 |
| **A-** | 92 – 95 |
| **B +** | 88 – 91 |
| **B** | 84 – 87 |
| **B-** | 80 – 83 |
| **C+** | 76 – 79 |
| **C** | 72 – 75 |
| **C-** | 68 – 71 |
| **D+** | 64 – 67 |
| **D** | 60 – 63 |
| **F** | Below 60 |

**Grade of “Incomplete”**

The temporary grade of “Incomplete” will be considered for those students who, for reasons beyond their control, have not been able to complete the requirements and tasks of the course on time, within the time stipulated in the academic calendar. It is the student's responsibility to request an “Incomplete” grade. This request must be approved and signed by the instructor and the student with final approval of the program director. If the student fails to complete the request or receive appropriate approval, the final grade will be F.

**Use of Rubrics as an Evaluation Tool**

Rubrics will be used as assessment tools for course activities and assignments. All tasks and assignments will be evaluated following the criteria outlined in the specific rubric. The grade of each activity will be based on the combination of points assigned to each evaluation criteria listed in the rubric for that assignment. Unless an obvious error can be established and documented in the rubric, the points and/or grade awarded by the instructor will be considered final for that activity or assignment.

**Facilitator Feedback to Learners**

The instructor will provide individual feedback to each student for each assignment submitted. These comments will be offered to complement the grade obtained and will include comments about student progress, knowledge, skills, and participation. Instructors will post constructive feedback no later than 7 days after assignment submission.

**DESCRIPTION OF ASSIGNMENTS**

**Midterm Paper** (\_ pages, \_ points)

The midterm paper requires an analysis of, and recommendations for, a crisis case (posted in Assignments). The paper must be original to this class. It is due in the seventh class (unless otherwise specified below) and every effort will be made to return it with a grade and extensive comments by the ninth class. An appointment during office hours can be scheduled for further discussion. The paper will comprise thirty-five (35) percent of each student’s final grade.

1. Based on the case of Mary (see Sakai), explain the **current dynamics that led to Mary’s crisis** from a Person-In-Environment perspective. How did her thinking, emotions, behavior, and social environment interact to produce her crisis?
2. Use the **Triage Assessment Form** to assess Mary’s current state.
3. Conduct a **lethality assessment** on Mary. This may be incorporated into step two of your intervention (see below) but should not replace it. Bullet points may be used for risk factors.
4. Evaluate **the severity of Mary’s crisis** using data from her case, TAF, and lethality assessment.
5. Using the **six-step crisis intervention model**, explain how you would intervene and include your rationale for each intervention. Bullet points may be used if no elaboration is necessary. Taken together, your interventions should constitute a **comprehensive crisis response**.
6. Make **recommendations** for interventions that, as a crisis worker, you would not provide and/or would be necessary for the future. This may be included in step five but should not replace. Buller points may be used here.
7. Do not skip questions because of a lack of data. Instead, you may:
* Add facts that are absent but necessary to your analyses. If you choose this option, make sure to highlight the facts that you add.
* Note that a lack of data prevents a full analysis of a given element. If you choose this option, make sure to highlight the facts that you add.
1. Your paper should read more like a report that an academic paper. Do not include citations.
2. The paper should be:
* Structured according to the order of these directions (1-6 above)
* Written in at least a size 11 font
* No longer than **five (5) pages** in length, **plus the TAF** (which should follow the report)
* Submitted as a **single document**

Optional and Ungraded: Identify some of the countertransference reactions that you might have if this were your case (not included in the five-page limit).

**Final Presentation** (\_ points)

The final is a small group presentation. Group configurations will be determined by the third class. Topics must be finalized by class five. All presentation grades may be requested by email and appointments can be scheduled for further discussion. The presentation grade will comprise thirty-five (35) percent of each student’s final grade.

Groups of four (4) students must first create a case, and draw field experiences, focusing on PTSD, sexual abuse, or assault, and/or domestic violence. Additionally, the client in the client in the case must have at least two (2) intersectional attributes.

Groups must communicate with each other to prevent duplication. While two groups may choose the same focus, care should be taken to ensure that the ascribed characteristics (gender, age, ethnicity, and sexual orientation) of the clients and others are not the same.

The group will decide on the method of presenting the facts of the case to the class (although this may not be done solely in writing).

Each group member will be responsible for presenting one (1) of the following pieces of the case:

1. Crisis Assessment
2. Engagement of the client and others
3. Use of the family in interventions, at least one (1) of which must address intersectional issues
4. Use of non-family interventions, including at least one (1) intervention that promotes social justice

This assignment is worth 35 points. Allocation is as follows:

1. Knowledge and application of relevant theories, models, and techniques (15 points)
2. Clarity and organization of individual presentations (8 points)
3. Cohesion and organization of the presentation as a whole, including interacting with the audience (8 points)
4. Creativity of presentation as a whole (4 points)

Time permitting, the end of some classes may be used for group communication

**Mental Health Summit of Illinois Meeting**

MHSI meeting is required. In preparation, students will be given an up-to-date list of the mental health legislation that the Summit is following. Within a week of the meeting, students must submit a 500-word reflection and explanation of how the work of the Summit constitutes both the practice of advancing human rights and crisis intervention at the policy level. This assignment is ungraded.

**Asynchronous Sakai Discussions**

Four times during the semester students will reply to a question posted on the Discussion page in Sakai. Students must also post at least one reply to another student’s comments. Topics include showing emotion in front of the clients (Module 3), working with a client whose politics you dislike (Module 9), conceptualizing the military as a culture (Module 11), and identifying countertransference reactions to Psychological First Aid (Module 12). Each Discussion will be open for a week. Responses are viewed but not graded, though one participation point is earned for every two (2) posts.

**Participation and Attendance**

See the Rubrics for Graded Assignments in the next section.

**List of Graded Assignments**

|  |  |  |
| --- | --- | --- |
| **Assignments** | **Rubric Element** | **Points** |
| **Midterm Paper** | Psycho-social dynamics | 6 |
| Lethality Assessment | 6 |
| Determining crisis severity | 3 |
| Defining of the crisis | 3 |
| Establishing Safety | 3 |
| Generating alternatives for intervention | 3 |
| Planning interventions | 6 |
| Writing | 5 |
| **Total Assignment Points** | **35** |
| **Final****Presentation** | Knowledge & application of theories, models, & techniques | 15 |
| Clarity and organization of individual presentation | 8 |
| Cohesion and organization of presentation as a whole | 8 |
| Creativity of presentation as a whole | 4 |
| **Total Assignment Points** | **35** |
| **Mental****Health Summit of IL Meeting** | Reflection on the Summit’s advancement of human rights and macro-level crisis intervention | **10** |
| **Participation** | Adding to the topic/discussion in class (6 points IP) | 3 |
| Accessing Sakai at least five (5) times per week (O/H) | 3 |
| Posting eight original, substantive Sakai Discussion responses | 4 |
| **Total Assignment Points** | **10** |
| **Attendance** | At synchronous classes, for the duration of each class | **10** |
|  | **GRAND TOTAL** | **100** |

**REQUIRED TEXT(S)**

* Frankl, Viktor (2014). *Man's Search for Meaning.* Beacon Press.
* Herman, Judith (2015). *Trauma and recovery: The aftermath of violence---from domestic abuse to political terror*, pp. 33-95. BasicBooks.

**RECOMMENDED TEXT(S)**

* Bryant, Richard (2016). *Acute Stress Disorder: What it is and how to treat it.* Guilford Press.
* James, R. & Gilliland, B. (2017). *Crisis Intervention Strategies*, Eighth Edition. Cengage Learning
* Katz, Renee & Johnson, Theresa, Eds. (2006). *When Professionals Weep: Emotional and Countertransference Responses in Palliative and End of Life Care.* Routledge
* Worchel, Dana & Gearing, Robin (2010). *Suicide assessment and treatment: Empirical* and evidence-based practices. Springer Publishing Co.
* Boyd-Webb, Nancy (Ed.). (2004). *Mass trauma and violence: Helping families and children cope*. Guilford Press.
* Karls, James, M. & Wandrei, Karin E. (2008). *Person-In-Environment System: The classification system for social functioning problems*, Second Edition. NASW Press.
* Sommers-Flanagan, J. & Sommers-Flanagan, R. (2014). *Clinical Interviewing*, Fifth Edition. John Wiley & Sons.

**COURSE SCHEDULE**

**Module 1 – Crisis Concepts, Domains, Theories, & Models**

**Date**

**Description**

This module examines the concept of crisis through a variety of definitions, characteristics, and domains. Crisis can be defined in a number of ways. But all definitions include these two ideas. First, a crisis is not an event. The event that precipitates a crisis, from the intrapersonal to the international, are relevant to the story and for planning but not to the concept of crisis. The second idea found in all definitions of crisis is that of a lack of resources to cope with the effects of the precipitant. Otherwise said, crisis occurs when a precipitant causes effect that overwhelm coping resources. The inability to cope is the crisis. An example. In an initial schizophrenic episode, the precipitants are neurologic changes; the effects are psychosis, disorganization, abolitionism, lack of insight, and familial instability; and the resources needed (hospitalization, medicine, psychoeducation, and an informed, supportive environment) are not at anyone's immediate disposal.

Also, this module is a review of crisis theory according to different schools of thought. Specifically treated are psychoanalytic, systems, adaptational, interpersonal, and chaos theories of crisis. However, from a Social Work perspective, none of these is sufficient because their foci are either intrapsychic or environmental. We conceptualize cases using both an understanding of the client as well as the client's world, the psychological as well as the social. (James Karls' Person-In-Environment Classification System is a great example of this.) The model endorsed by this course does just that.

This module also elaborates on the general principles behind crisis intervention models. Specific attention is paid to areas of focus in terms of problem areas and conscious material. Additionally, the models that underpin the one that we will use in this course are addressed. Specifically discussed are the equilibrium, the cognitive, and the psychosocial transition models. Finally, this module also tackles the overuse, and misuse, of eclecticism both as a general approach and as an approach to crisis intervention.

Additionally, the intersection of Social Work's person-in-environment construction, social and economic justice, and Crisis Intervention will be examined. Finally, the characteristics of effective crisis interventionists are discussed.

**Learning Objectives**

After successfully completing this module, students will be able to:

1. Define the concept of crisis
2. Identify the characteristics of crisis and describe the domains in which crisis occurs
3. Pinpoint the contributions of five schools of thought to crisis assessment and intervention
4. Focus on appropriate problem areas and material
5. Analyze the 3 models that underpin the model we use in this course
6. Recognize the characteristics of effective crisis interventionists, both the general and in themselves (Discussion)

**Required Resources**

* Module 1 Asynchronous Lecture: 32 min
* Module 1 Asynchronous Lecture Slides

**Recommended Resources**

* James, R. & Gilliland, B. (2017). *Crisis Intervention Strategies,* Eighth Edition. Cengage Learning.
* Karls, James, M. & Wandrei, Karin E. (2008). *Person-In-Environment System: The PIE classification system for social functioning problems,* Second Edition. NASW Press.

**Module 2 – Six-Step Model of Crisis Intervention**

**Date**

**Description**

This module describes the model that we use in this course. Loosely based on James’ and Gilliland’s crisis intervention model, our six-step model is comprised of two basic categories: preparation and action. Preparatory steps include defining the problem, establishing safety, and offering support. Action steps are examining alternatives, planning, and gaining commitment. Each is treated individually and extensively.

Lastly, permanent structures for mezzo and macro level crisis intervention are delineated, including the American Red Cross, community mental health centers, and Child Advocacy Centers as in-depth examples.

**Learning Objectives**

After successfully completing this module, students will be able to:

1. Define clients’ crisis problems
2. Analyze clients’ descriptions of their crisis problems (Discussion of related ethics)
3. Use and give examples of psychological and physical safety during interviews
4. Propose the right kinds of support
5. Examine crisis intervention alternatives (Interactive lecture on conducting needs assessment)
6. Plan interventions (from a strengths-based perspective) and get follow up a commitment from clients

**Required Resources**

* Module 2 Asynchronous Lecture: 32 min
* Module 2 Asynchronous Lecture Slides
* Cognitive Therapy Model Slide
* Andriessen K. (2021). Suicide prevention across countries and continents: Lessons learned. *Journal of Crisis Intervention and Suicide Prevention*, 43(1), 72-73. <https://doi.org/10.1027/00573-000>
* Busby, D., King, C., Brent, D., et al. (2019). Adolescents’ engagement with crisis hotline risk study. Suicide and Life-Threatening Behavior, 50(1), 72-82. <https://doi.org/10.1111/sltb.12558>

**Recommended Resources**

* James, R. & Gilliland, B. (2017). *Crisis Intervention Strategies*, Eighth Edition. Cengage Learning.
* Sommers-Flanagan, J. & Sommers-Flanagan, R. (2014). *Clinical Interviewing*, Fifth Edition. John Wiley & Sons.

**Module 3 – Crisis Assessment**

**Date**

**Description**

This module teaches crisis evaluation techniques. Because our crisis intervention model so robustly informs crisis assessment, this module is placed AFTER the intervention module (#2).

The process of crisis assessment has 2 basic stages. The first is a modified psychosocial evaluation that collects only the information necessary to understand and intervene in a crisis. The second is a modified mental status examination that focuses on clients' ABCs. That is, clients' **A**ffective, **B**ehavioral, and **C**ognitive states are evaluated and then individually measured. The aggregated measure, along with other factors, allows for the determination of crisis severity, also known as crisis acuity.

Lastly, non-linear dynamic trend identification, and elements of macro and mezzo level crisis assessment, are elaborated.

**Learning Objectives**

After successfully completing this module, students will be able to:

1. Identify the elements of macro and mezzo level crisis assessment and the elements of a full psychosocial assessment that are always included in a crisis evaluation
2. Choose optional evaluation elements based on the micro level crisis at hand (Exercise)
3. Define the problem in crisis evaluation
4. Use the Triage Assessment Form (Lecture and video-based application exercise), including an assessment of help-seeking behavior
5. Determine micro level crisis acuity

**Required Resources**

* Module 3 Asynchronous Lecture: 30 min
* Module 3 Asynchronous Lecture Slides
* Triage Assessment Form
* Bridgett C. & Polak P. (2003). Social systems intervention and crisis resolution: Part 1-assessment. *Advances in Psychiatric Treatment*, 9(6), 424-431. <https://doi.org/10.1192/apt.9.6.424>
* Severson A. (2020). Mobile crisis team screening and assessment tools and procedures. *Institute for Social Research. University of New Mexico.* <http://isr.unm.edu/reports/2020/mobile-crisis-team-screening-and-assessment-tools-and-procedures1.pdf>
* Bridgett C. & Polak P. (2003). Social systems intervention and crisis resolution: Part 1-assessment. *Advances in Psychiatric Treatment*, 9(6), 424-431. <https://doi.org/10.1192/apt.9.6.424>
* Severson A. (2020). Mobile crisis team screening and assessment tools and procedures. *Institute for Social Research. University of New Mexico.* <http://isr.unm.edu/reports/2020/mobile-crisis-team-screening-and-assessment-tools-and-procedures1.pdf>
* Thompson, Laura; Sugg, Margaret; Runkle, Jennifer R. (2018). Adolescents in Crisis: A geographic exploration of help-seeking behavior using data from a Crisis Text Line. *Social Science & Medicine*, 215(10), 69-79. <https://doi.org/10.1016/j.socscimed.2018.08.025>

**Recommended Resources**

* James, R. & Gilliland, B. (2017). *Crisis Intervention Strategies*, Eighth Edition. Cengage Learning.
* Sommers-Flanagan, J. & Sommers-Flanagan, R. (2014). *Clinical Interviewing*, Fifth Edition. John Wiley & Sons.

**Module 4 – Lethality Evaluation**

**Date**

**Description**

Lethality is defined as a degree of dangerousness. A lethality evaluation establishes the degree of risk that a client in crisis will engage in conduct that would harm the client (suicidality) or someone else (homicidality). Much like the overall process of crisis assessment, the specific assessment of lethality has 2 basic stages. Both entail gathering data from multiple sources. The first is an examination of clients' thinking about the act of suicide or homicide. The second is the evaluation of client risk factors. In the case of suicidality, risk factors include beliefs about death (religious and otherwise), aspects of clients' psychiatric statuses and histories (like current and previous major depressions), as well as their social situations and histories (for example, ongoing loss, isolation, or incarceration).

Additionally, suicidology, suicide typologies, countertransference, and documentation are discussed in this module. Finally, the relevance of suicidology to Social Work by intervention level, and the social and economic justice aspects of Crisis Intervention, will be examined.

**Learning Objectives**

After successfully completing this module, students will be able to:

1. Discuss the ethical implications of intervening in cases of lethality
2. Identify and collect the appropriate data to evaluate lethality
3. Evaluate suicidal thinking
4. Identify the beliefs that increase the risk of action in suicidal clients
5. Identify the psychiatric and social factors that increase the risk in suicidal clients
6. Identify the unique aspects of documenting lethality assessments
7. Be aware of and appropriately address their personal reactions to material from suicidal and homicidal clients.

**Required Resources**

* Module 4 Asynchronous Lecture A: 66 min
* Module 4 Asynchronous Lecture B: 19 min
* Module 4 Asynchronous Lectures A & B Slides
* Suicide Abstracts: Culture I Teens I Risk Factors I Miscellaneous
* Hollingsworth, D., Wingate, L., Tucker, R., et al. (2016). Hope as a moderator of the relationship between interpersonal predictors of suicide and suicidal thinking in African Americans. *Journal* *of Black Psychology*, 42(2), 175-190. <https://doi.org/10.1177/0095798414563748>
* Meda, N., Miola, A., Slongo, I., et al. (2022). The impact of macroeconomic factors on suicide in 175 countries over 27 years. *Suicide and Life-Threatening Behavior*, 52, 49–58. <https://doi.org/10.1111/sltb.12773>

**Recommended Resources**

* American Association of Suicidology <https://suicidology.org/>
* Worchel, Dana & Gearing, Robin (2010). *Suicide assessment and treatment: Empirical and evidence-based* *practices*. Springer Publishing Co.

**Module 5 – Lethality Intervention**

**Date**

**Description**

Because intervening in cases of suicidality and homicidality can entail involuntary commitment, and because Social Work values client self-determination, crisis interventionists are often in the ethically sticky position of being part of removing clients' freedom through involuntary hospitalization. The ethics of temporarily taking away clients' autonomy, and of euthanasia, are considered to assist students in establishing their own positions on the ethics of suicide intervention. Relatedly, countertransference reactions to suicide intervention, attempts, and completions are explored, as are relational, affective, behavioral, and cognitive interventions for suicide. Finally, policy (macro) level intervention is considered.

**Learning Objectives**

After successfully completing this module, students will be able to:

1. Choose and employ micro level interventions to prevent suicidal actions
2. Choose and employ micro level interventions to prevent homicidal actions
3. Identify when and how to apply Tarasoff
4. Describe and apply the ethics of confidentiality exceptions, involuntary commitment, assisted suicide, and euthanasia
5. List the unique aspects of documenting lethality interventions
6. Be aware of and appropriately address their personal reactions to material from suicide and homicide interventions
7. Be aware of and appropriately address their personal reactions to material from suicide attempts and completions

**Required Resources**

* Cognitive Therapy: A Primer in Four Slides
* Lifeline Suicide Hotline: Program Description
* Mental Health Summit of Illinois: *Virtual or in-person attendance of an MHSI meeting is required.*
* Arshad U., Ain, F., Gauntlett, J., et al. (2019). A systematic review of the evidence supporting mobile and internet-based psychological interventions for self-harm. *Journal of Suicide and* *Life-Threatening Behavior*, 50(1), 151-179. <https://doi.org/10.1111/sltb.12583>
* Clement, D., Wingate, R., Cole, A., et al. (2020). The common factors of grit, hope, and optimism differentially influence suicide resilience. *International Journal of Environmental Research and Public Health*, 17(24), 9588. <https://doi.org/10.3390/ijerph17249588>
* Fox, R. & Cooper, M. (1998). The effects of suicide on the private practitioner: A professional and personal perspective. *Clinical Social Work Journal*, 26(2), 143-157. [https://doi.org/10.1023/A:1022866917611](https://doi.org/10.1023/A%3A1022866917611)
* Garvey, K., Penn, J., Campbell, A. (2009). Contracting for safety: Clinical practice and forensic implications. *Journal of the American Academy of Psychiatry and the Law*, 37(3), 363-70. <http://jaapl.org/content/37/3/363>
* Holman, W. (1997). Who would find you? A question for working with suicidal children and adolescents. *Child and Adolescent Social Work Journal*, 14(2), 129-137. [https://doi.org/10.1023/A:1024557200606](https://doi.org/10.1023/A%3A1024557200606)

**Recommended Resources**

* The Belgian Act on Euthanasia of May 28th, 2002
* Monohan, J. (1993). Limiting therapist exposure to Tarasoff liability. *American Psychologist*, 48(3), 242-250. <https://doi.org/10.1037/0003-066X.48.3.242>
* Rosenbluth, M., Kleinman, I., Lowy, F. (1995). Suicide: The interaction of clinical and ethical issues. *Psychiatric Services*, 46, 919-921. <https://doi.org/10.1176/ps.46.9.919>
* Worchel, Dana & Gearing, Robin (2010). *Suicide assessment and treatment: Empirical and evidence-based practices.* Springer Publishing Co.

**Module 6 – Seminar**

**Date**

**Description**

This module begins with an examination of dynamics assessment, which is the multiple relationships between the client’s effect, behavior, cognition, social interaction, and environment. The class will then be run as a seminar wherein students apply what they have learned in the first five modules to the evaluations of and intervention in a practice case.

**Learning Objectives**

After successfully completing this module, students will be able to:

1. Assess the dynamics of crisis cases
2. Deepen their skills in conducting crisis evaluations and lethality assessments, as well as applying the six-step intervention model
3. Complete their midterm papers by obtaining answers to outstanding questions

**Required Resources**

* Practice Case: Patient in the emergency department after a suicide attempt

**Module 7 – Overview of Trauma’s Causes and Feature; Physiology of Anxiety**

**Date**

**Description**

This is the first in a series of modules on trauma. Indeed, the rest of the course is an examination of trauma, crisis intervention at different points in the development of stress reactions, and crisis intervention with traumatized populations. The particular populations to be studied are victims of violence, geriatrics, and veterans.

The current module provides a broad overview of the causes and features of trauma. While special attention is paid to the physiology of anxiety, this module seeks neither to provide a review of current brain research on trauma nor to teach stress disorder diagnostics. However, the module does provide an overview of accepted treatments of trauma.

Let us begin with these foundational ideas. **First, stress reactions exist on a continuum.** Second, stress is normal and often functional. Third, in higher doses, stress can cause impairment and even illness. It is at this high level of acuity that crises and trauma can be found. Also, considered in Marmar’s Typology, another useful conceptualization of the continuum of human stress reactions. Finally, an examination of the social and economic justice elements of trauma intervention, using current global events, is conducted.

**Learning Objectives**

After successfully completing this module, students will be able to:

1. Describe the stress continuum
2. Place trauma and crisis on the stress continuum
3. Pinpoint multiple micro, mezzo, and macro-level potential causes of, and contributing factors to, trauma
4. Identify the 3 categories of trauma symptoms in individual cases
5. Identify at least 2 features in each of the 3 categories of trauma symptoms in individual cases
6. Explain the basic physiology of anxiety to clients
7. Recommend the evidence-based gold standards for the non-pharmacologic treatment of acute and traumatic stress

**Required Resources**

* Module 7 Asynchronous Lecture: 32 min
* Module 7 Asynchronous Lecture Slides
* Herman, Judith (2015). *Trauma and recovery: The aftermath of violence---from domestic abuse to political terror*, pp. 33-95. BasicBooks.
* Kirkinis, K., Pieterse, A. L., Martin, C., Agiliga, A., & Brownell, A. (**in press**). Racism, racial discrimination, and trauma: A systematic review of the social science literature. *Ethnicity &* *Health*. <https://doi.org/10.1080/13557858.2018.1514453>
* Thoma, M., Rohleder, N., Rohner, S. (2021) Clinical ecopsychology: The mental health impacts and underlying pathways of the climate and environmental crisis. *Frontiers in Psychiatry*. <https://doi.org/10.3389/fpsyt.2021.675936>

**Recommended Content**

* American Psychological Association. (2017).*Clinical practice guideline for the treatment of post-traumatic stress disorder*. <https://www.apa.org/ptsd-guideline/>
* Bryant, Richard (2016). *Acute Stress Disorder: What it is and how to treat it.* Guilford Press.
* National Center for Post-Traumatic Stress Disorder <https://www.ptsd.va.gov/>

 **Module 8 – Expanded Trauma Features and Interventions**

**Date**

**Description**

This module expands on the overview of trauma presented in Module 7. Specifically discussed are the active responses to, the psychodynamics of, and phases of trauma. While most crisis interventions occur soon after the traumatic event, some happen with clients who have longstanding Post Traumatic Stress Disorder (PTSD), making the phases of crisis and recovery vital to understand in order to intervene appropriately.

Attention is paid to choosing appropriate crisis or other interventions, based on the trauma phase, as well as to the goals and techniques of each intervention. The uses of family, as an adjunct to individual crisis intervention, are also addressed. Finally, this module discusses group work. While it is no longer the standard for immediate intervention, crisis workers must be able to explain its use in the context of extended interventions in order to make appropriate referrals.

Attention is paid to choosing appropriate crisis or other interventions, based on the trauma phase, as well as to the goals and techniques of each intervention. The uses of family, as an adjunct to individual crisis intervention, are also addressed. Finally, this module discusses group work. While it is no longer the standard for immediate intervention, crisis workers must be able to explain its use in the context of extended interventions in order to make appropriate referrals.

Clients who were recently and deeply traumatized will likely require long-term treatment. Even though extended trauma intervention is outside the scope of crisis intervention practice, the plans designed by interventionists must include an explanation of what to expect from a referral for such therapy. This includes explaining the specific therapies, as well as both the risks of those therapies and of extended trauma intervention in general.

**Learning Objectives**

After successfully completing this module, students will be able to:

1. Describe the active responses to, the psychodynamics of, and phases of trauma
2. Explain the impact of climate change on the development of trauma reactions
3. Choose an appropriate crisis or other intervention based on the trauma phase
4. Explain the goals and techniques of crisis and other interventions for each trauma phase
5. Identify the risks of treating trauma
6. Pinpoint the uses of group and family interventions by phase of trauma

**Required Resources**

* Module 8 Asynchronous Lecture: 37 min
* Module 8 Asynchronous Lecture Slides
* Frankl, Viktor (2014). *Man's Search for Meaning*, pp. 119-157. Beacon Press.
* Herman, Judith (2015). *Trauma and Recovery: The aftermath of violence – from domestic abuse to political terror,* pp. 96-114. BasicBooks.
* Nebbitt, V., Lombe, M., Pitzer, K. A., et al. (2021). Exposure to Violence and Posttraumatic Stress Among Youth in Public Housing: Do Community, Family, and Peers Matter? J. *Racial and Ethic Health Disparities*, 8, 264-274. <https://doi.org/10.1007/s40615-020-00780-0>
* Rivers, I., Noret, N., Poteat, V.P., Ashurst, N. (2009). Observing Bullying at School: The mental health implications of witness status. *School Psychology Quarterly*, 24(4), 211-223. <https://doi.org/10.1037/a0018164>
* Ferrara, P., Franceschini, G., Corsello, G., et al. (2021). Children Witnessing Domestic and Family Violence: A Widespread Occurrence during the Coronavirus Disease 2019 Pandemic. *Journal o*f *Pediatrics*, 235, 305–306. <https://doi.org/10.1016/j.jpeds.2021.04.071>

**Recommended Content**

* American Psychological Association. (2017). Clinical practice guidelines for the treatment of post-traumatic stress disorder. <https://www.apa.org/ptsd-guideline/>
* Bryant, Richard (2016). *Acute Stress Disorder: What it is and how to treat it.* Guilford Press.
* Marmar, C. (1991). Brief dynamic psychotherapy for post-traumatic stress disorder. *Psychiatric Analysis*, 21(7), 405-414. <https://doi.org/10.1002/jts.2490010305>
* National Center for Post-Traumatic Stress Disorder <https://www.ptsd.va.gov/>
* National Child Traumatic Stress Network <https://www.nctsn.org/>

**Module 9 – Genocide, Trauma, and the Elderly**

**Date**

**Description**

The last module noted that the rest of the course examines trauma, crisis intervention at different points in the development of stress reactions, and crisis intervention with traumatized populations. Module 8 is exactly that. It is an examination of Holocaust survivors whose traumas are triggered by the vicissitudes of late life. Because their traumas developed in ghettos and concentration camps over 75 years ago, we will be looking at crisis intervention with mature stress reactions, ones that have been reinforced by decades of repetition. Moreover, symptoms and complicated intervention. Special attention is paid to the ways in which the deterioration of specific neuropsychological functions can impact both choice of intervention and the ways in which interventions are conducted.

Ann Luban, LCSW, MSW, MAJCS is your guest instructor. She will show a short didactic video \* and hold a discussion about some of the topics illustrated by the video, with an intermittent lecture. Topics will generally fall into the categories of characteristics of geriatrics with earlier trauma, as well as crisis triggers and interventions for geriatric Holocaust survivors.

\* The video contains real and graphic Holocaust footage and includes actual survivors describing the atrocities they suffered and witnessed.

**Learning Objectives**

After successfully completing this module, students will be able to:

1. Pinpoint the ways in which aspects of aging interact with PTSD symptoms
2. Explain how the deterioration of specific neuropsychological functions affects the elderly and impact choice of intervention
3. Explain how the deterioration of specific neuropsychological functions affects the ways in which interventions are conducted
4. Discuss the basic history of the Holocaust
5. Identify the unique needs and triggers of sufferers of Holocaust trauma and Dementia
6. Use the Holocaust Program at the Council for Jewish Elderly in practice

**Required Resources**

* Module 9 Asynchronous Lecture: 10 min
* Module 9 Asynchronous Lecture Slides
* Summary of Video
* Bio of Ann Luban, LCSW, MSW, MAJCS
* Frankl, Viktor (2014). *Man's Search for Meaning*, pp. 21-115. Beacon Press.
* Herman, Judith (2015). *Trauma and Recovery: The aftermath of violence---from domestic abuse to political terror*, pp. 51-95. BasicBooks.

**Recommended Resources**

* Canada, K., Watson, A., O’Kelley, S., et al. (2021). Utilizing Crisis Intervention Teams in Prison to Improve Officer Knowledge, Stigmatizing Attitudes, and Perception of Response Options. *Criminal justice and behavior*, 48(1), 10-31. <https://doi.org/10.1177/0093854820942274>
* Compton, M., Bahora, M., Watson, A., Olivias, J. (2008). A Comprehensive Review of Extant (Police) Crisis Intervention Team Programs. *Journal of the American Academy of Psychiatry and the Law,* 36, 47-55. <https://jaapl.org/content/36/1/47>
* Katz, Renee & Johnson, Theresa, Eds. (2006). *When Professionals Weep: Emotional and Countertransference Responses in Palliative and End of Life Care*. Routledge.
* National Center for Post-Traumatic Stress Disorder (<https://www.ptsd.va.gov/>

**Module 10 – Crisis Intervention with Victims of Sexual Assault and Intimate Partner Violence**

**Date**

**Description**

This module addresses the crises of sexual assault and intimate partner violence. Physical sequelae of the acts that precipitate these crises aside, neither act is primarily sexual or physical. Instead, they are acts of power, dominance, and ownership, with profound and long-lasting cognitive, emotional, behavioral, and social effects on their victims.

As the National Intimate Partner and Sexual Violence Survey of 2010 incontrovertibly shows, most perpetrators of sexual assault are men and most victims of it are women and girls. Therefore, this module elucidates the male psychological and behavioral factors associated with sexual assault, with the additional objective of improving students’ ability to identify them in clinical situations.

Also discussed here are related social factors like gender attitudes, social disorganization, and the legitimization of violence. Relatedly, the social and economic justice facets of intervention with violence victims are addressed.

**Learning Objectives**

After successfully completing this module, students will be able to:

1. Define sexual assault and intimate partner violence (IPV)
2. Identify macro-level factors contributing to the phenomenon of sexual violence
3. Analyze the effects of these macro-level factors on perpetrators and victims of sexual assault
4. Utilize the psychological profile of sexually violent men, and casual theories of IPV, in practice
5. Pinpoint risk factors for victimization by and perpetration of IPV
6. Identify psychological factors prevalent, in male heterosexuals who commit IPV
7. Identify psychological factors prevalent, in female heterosexuals who are victims of IPV
8. Identify family factors contributing to heterosexual IPV
9. Apply general guidelines for crisis intervention with sexual assault and IPV victims
10. Use Child Advocacy Centers and shelter systems in practice

**Required Resources**

* Module 10 Asynchronous Lecture A: 18 min
* Module 10 Asynchronous Lecture A Slides
* Module 10 Asynchronous Lecture B: 19 min
* Module 10 Asynchronous Lecture B Slides
* Herman, Judith (2015). *Trauma and Recovery: The aftermath of violence---from domestic abuse to political terror*, pp. 50-95. BasicBooks.
* National Center for Injury Prevention and Control. (2011).*The National Intimate Partner and Sexual Violence Survey: 2010 summary report* [Fact sheet]. U.S. Department of Health and Human Services, Centers for Disease Control.

**Recommended Resources**

* James, R. & Gilliland, B. (2017). *Crisis Intervention Strategies*, Eighth Edition. Cengage Learning.
* National Center for Injury Prevention and Control. (2011).*The National Intimate Partner and Sexual Violence Survey: 2010 summary report*. U.S. Department of Health and Human Services, Centers for Disease Control. <https://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf>

**Module 11 – Recent Veterans’ Reintegration Crises and Interventions**

**Date**

**Description**

This module is an application of the crisis of trauma to another population. Specifically, discussed is the recent veterans’ typical family reintegration experience. Moreover, the particular elements aggravating re-engagement will be addressed. They are the veteran’s Post Traumatic Stress Disorder, post-deployment family dynamics, and non-family social reactions.

Importantly, techniques to catalyze reintegration, and enhance re-engagement, are also examined. The four methods discussed are Battlemind Training, expectation management, allowing withdrawal, and the use of specialized interventions. Battlemind Training is an interesting attempt by the military to tamp down the mindset needed to be in battle because it hampers reintegration.

Also treated in this module is the crisis of homicidality, among veterans. This includes an examination of its epidemiology as well as available interventions.

**Learning Objectives**

After successfully completing this module, students will be able to:

1. Discuss recent veterans' typical family reintegration dynamics and process
2. Identify the ways in which ASD and PTSD impede re-engagement with family and community
3. Pinpoint the ways in which non-trauma related family dynamics can impede re-engagement with family and community
4. Explain how non-family social reactions to the veteran can impede community reintegration
5. Describe at least two ways to enhance social engagement with the family and community
6. Choose appropriate interventions for homicidal veterans
7. Use the Veterans Administration's services in practice

**Required Resources**

* Module 11 Asynchronous Lecture: 23 min
* Module 11 Asynchronous Lecture Slides
* Resources for Soldiers and Veterans
* Brown, L., Chen, S., Nrine, et al. (2020). DSM-5 symptom clusters and suicidal ideation in veterans. *Psychiatry Research*, v288. <https://doi.org/10.1016/j.psychres.2020.112942>
* Herman, Judith. (2015). *Trauma and Recovery: The aftermath of violence---from domestic abuse to political terror*, pp. 20-28. BasicBooks.
* McClendon, J., Perkins, D., Copeland, L., et al. (2019). Patterns and correlates of racial/ethnic differences in PTSD screening among recently separated Veterans. *Journal of Anxiety* *Disorders*, 68, 102-145. <https://doi.org/10.1016/j.janxdis.2019.102145>
* Mills, M. & Tortez, L. (2018). Fighting for family: Considerations of work-family conflict in military service member parents. *Research in Occupational Stress and Well-Being*, 16, 91-116. <https://doi.org/10.1108/S1479-355520180000016008>
* Naifeh J., Ursano J., Stein M., et al. (2022). Risk of suicide attempt in reserve versus active component soldiers during deployment to the wars in Iraq and Afghanistan. *Suicide and Life-Threatening Behavior*, 52, 24–36. <https://doi.org/10.1111/sltb.12770>
* Potter, D. (2008, June 30). Special veterans’ issue. *Mental Health Services Update*, 4(2).

**Recommended Resources**

* American Psychological Association. (2017). *Clinical practice guidelines for the treatment of post-traumatic stress disorder*. <https://www.apa.org/ptsd-guideline/>
* Veterans Administration's National Center for Post-Traumatic Stress Disorder <https://www.ptsd.va.gov/>

**Module 12 – Psychological First Aid**

**Date**

**Description**

Module 12 focuses on Psychological First Aid (PFA). PFA is crisis intervention directly after an event, on site. Although the six-step model is versatile, intervening where the crisis even occurred, immediately after it occurred, is different enough to beg its own treatment.

Time changes stress reactions. The specific reactions seen immediately after an even, in both adults and children, will be discussed. But Person-In-Environment cases conceptualization requires us to attend to external factors, as well. Therefore, attention is paid to proximal factors related to stress responses, like the nature of the crisis or disaster, the overall responses to it, and the effects on Red Cross first responders. There is a myriad of factors that affect first responders, all of which have the potential to negatively affect their abilities to optimally intervene. The unique self-care needs of PFA practitioners are identified and the Red Cross’ procedures to attend to them are briefly discussed.

PFA techniques are also examined. Some may be familiar to you. For example, while you have been taught that the ways in which conversations are ended are important in all clinical interactions, the physical and temporal proximity to crisis events in PFA call for a modified set of skills. The same is true of conversation length, goals, and topics, all of which will be addressed in this module.

Lastly, PFA’s complementarity with Social Work will be briefly treated.

**Learning Objectives**

After successfully completing this module, students will be able to:

1. Articulate what Psychological First Aid is
2. Assess when to use PFA
3. Identify immediate stress reactions in adults and children
4. Pinpoint proximal factors related to stress responses
5. Employ PFA techniques
6. Attend to the unique self-care needs of PFA responders

**Required Resources**

* Module 12 Synchronous Lecture Slides A
* Aiello, T. (2012). What the children said. Children's narrative constructions of the events of 9-11 in psychotherapy. *Journal of Infant, Child, and Adolescent Psychotherapy*, 11, 32-38. <https://doi.org/10.1080/15289168.2012.648887>
* Fox, J., Burkle F. Jr., Bass, J., et al. (2012). The effectiveness of psychological first aid as a disaster intervention tool: Research analysis of peer-reviewed literature from 1990-2010. *Disaster Medicine and Public Health Preparedness*, 6(3), 247-52. <https://doi.org/10.1001/dmp.2012.39>

**Recommended Resources**

* American Red Cross of Greater Chicago. (2008). *Overview of the American Red Cross* [PowerPoint slides]. <https://www.sakai.luc.edu>.
* Brymer, M., Jacobs, A., Layne, C., et al. (2006). *Psychological First Aid: Field Operations Guide, Second Edition* [Practice guideline]. National Child Traumatic Stress Network and National Center for Post-Traumatic Stress Disorder. <https://www.nctsn.org/resources/psychological-first-aid-pfa-field-operations-guide-2nd-edition>

**Optional (Non-PFA Intervention after Mass Trauma)**

* Boyd-Webb, Nancy (Ed.). (2004). *Mass trauma and violence: Helping families and children cope*. Guilford Press.
* James, R. & Gilliland, B. (2017). *Crisis Intervention Strategies*, Eighth Edition. Cengage Learning.
* Levine, E. (1996). Oklahoma City: The storying of a disaster. *Smith College Studies in Social Work*, 67(1), 21-38. <https://doi.org/10.1080/00377319609517477>

**Module 13 – Burnout**

**Date**

**Description**

The stressors of Social Work and the concept of burnout are addresses in this module. This included foci on burnout’s phases and protective factors. Also discussed are students’ stress manifestation and methos of self-care. Lastly, training in relaxation techniques is provided.

**Learning Objectives**

After successfully completing this module, students will be able to:

1. Define burnout and its components
2. Identify the phases and stages of burnout
3. Conduct a basic assessment of burnout
4. Pinpoint factors that protect against burnout
5. Practice diaphragmatic breathing and progressive muscle relaxation

**Required Resources**

* Module 13 Synchronous Lecture Slides
* Leiter M. (2007). Burnout as a crisis in professional role structures: Measurement and conceptual issues, *Anxiety, Stress & Coping*, 5(1), 79-93. <https://doi.org/10.1080/10615809208250489>
* Maslach C. & Leiter M. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 103–111. <https://doi.org/10.1002/wps.20311>
* Smith, M., Rasmussen, J., Mills, M., et al. (2012). Stress and performance: Do service orientation and emotional energy moderate the relationship? *Journal of Occupational Health Psychology*, 17, 116-128. <https://doi.org/10.1186/1745-6673-7-18>

**Recommended Resources**

* James, R. & Gilliland, B. (2017). *Crisis Intervention Strategies*, Eighth Edition. Cengage Learning.

**Module 14 – Final Group Presentation**

**Date**

**Description**

**Learning Objective**

After successfully completing this module, students will be able to:

1. Synthesize case data, applied crisis theory, and crisis intervention
2. Critique case analyses in a group

**COURSE FEEDBACK & SYLLABUS REFERENCES**

**Course Feedback**

You will receive an email communication near the end of this semester with regard to your feedback for this course related to the content, assignments, instructor support, etc. Your feedback for each of your courses improves learning outcomes for students and the instruction process in the course. Your feedback is valuable and affects revisions to this course.

**Syllabus References**

**Newsletters**

* Potter, D. (2008, June 30). Special veterans’ issue. *Mental Health Services Update*, 4(2). Potter Center for Development.
* Military and Family Online Resources*. (2011). SAMHSA News.* Substance Abuse and Mental Health Services Administration.

**Professional Journals**

* Aiello, T. (2012). What the children said. Children's narrative constructions of the events of 9-11 in psychotherapy. *Journal of Infant, Child, and Adolescent Psychotherapy*, 11, 32-38. <https://doi.org/10.1080/15289168.2012.648887>
* Andriessen K. (2021). Suicide prevention across countries and continents: Lessons learned. *Journal of Crisis Intervention and Suicide Prevention*, 43(1), 72-73. <https://doi.org/10.1027/00573-000>
* Arshad U., Ain, F., Gauntlett, J., et al. (2019). A systematic review of the evidence supporting mobile and internet-based psychological interventions for self harm. *Journal of Suicide and Life Threatening Behavior*, 50(1), 151-179. <https://doi.org/10.1111/sltb.12583>
* Bridgett C. & Polak P. (2003). Social systems intervention and crisis resolution: Part 1 - assessment. *Advances in Psychiatric Treatment*, 9(6), 424-431. <https://doi.org/10.1192/apt.9.6.424>
* Brown, L., Chen, S., Nrine, et al. (2020). DSM-5 symptom clusters and suicidal in veterans. *Psychiatry Research*, v288. <https://doi.org/10.1016/j.psychres.2020.112942>
* Busby, D., King, C., Brent, D., et al. (2019). Adolescents engagement with crisis hotline risk management services: A report from the emergency department screen for teen suicide risk study. *Suicide and Life-Threatening Behavior*, 50(1), 72-82. <https://doi.org/10.1111/sltb.12558>
* Canada, K., Watson, A., O’kelley, S., et al. (2021). Utilizing crisis intervention teams in prison to improve officer knowledge, stigmatizing attitudes, and perception of response options. *Criminal Justice and Behavior*, 48(1), 10-31. <https://doi.org/10.1177/0093854820942274>
* Clement, D., Wingate, R., Cole, A., et al. (2020). The common factors of grit, hope, and optimism differentially influence suicide resilience. *International Journal of Environmental* *Research and Public Health*, 17(24), 9588. <https://doi.org/10.3390/ijerph17249588>
* Compton, M., Bahora, M., Watson, A., Olivias, J. (2008). A Comprehensive Review of Extant (Police) Crisis Intervention Team Programs. *Journal of the American Academy of Psychiatry and the Law*, 36, 47-55. <http://jaapl.org/content/36/1/47>
* Ferrara, P., Franceschini, G., Corsello, G., et al. (2021). Children Witnessing Domestic and Family Violence: A Widespread Occurrence during the Coronavirus Disease 2019 Pandemic. *Journal of Pediatrics*, 235, 305–306. <https://doi.org/10.1016/j.jpeds.2021.04.071>
* Fox, J., Burkle F. Jr., Bass, J., et al. (2012). The effectiveness of psychological first aid as a disaster intervention tool: Research analysis of peer-reviewed literature from 1990-2010. *Disaster Medicine and Public Health Preparedness*, 6(3), 247-52. <https://doi.org/10.1001/dmp.2012.39>
* Fox, R. & Cooper, M. (1998). The effects of suicide on the private practitioner: A professional and personal perspective. *Clinical Social Work Journal*, 26(2), 143-157. [https://doi.org/10.1023/A:1022866917611](https://doi.org/10.1023/A%3A1022866917611)
* Garvey, K., Penn, J., Campbell, A. (2009). Contracting for safety: Clinical practice and forensic implications*. Journal of the American Academy of Psychiatry and the Law*, 37(3), 363-70. <http://jaapl.org/content/37/3/363>
* Hollingsworth, D., Wingate, L., Tucker, R., et al. (2016). Hope as a moderator of the relationship between interpersonal predictors of suicide and suicidal thinking in African Americans. *Journal of Black Psychology*, 42(2), 175-190. <https://doi.org/10.1177/0095798414563748>
* Holman, W. (1997). Who would find you? A question for working with suicidal children and adolescents. *Child and Adolescent Social Work Journal*, 14(2), 129-137. [https://doi.org/10.1023/A:1024557200606](https://doi.org/10.1023/A%3A1024557200606)
* Kirkinis, K., Pieterse, A. L., Martin, C., Agiliga, A., & Brownell, A. (in press). Racism, racial discrimination, and trauma: A systematic review of the social science literature. *Ethnicity &* *Health*. [Https://doi.org/10.1080/13557858.2018.1514453](https://doi.org/10.1080/13557858.2018.1514453)
* Leiter M. (2007). Burnout as a crisis in professional role structures: Measurement and conceptual issues, *Anxiety, Stress & Coping*, 5(1), 79-93. <https://doi.org/10.1080/10615809208250489>
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* McClendon, J., Perkins, D., Copeland, L., et al. (2019). Patterns and correlates of racial/ethnic differences in PTSD screening among recently separated Veterans. *Journal of Anxiety* *Disorders*, 68,102-145. <https://doi.org/10.1016/j.janxdis.2019.102145>
* Meda, N., Miola, A., Slongo, I., et al. (2022). The impact of macroeconomic factors on suicide in 175 countries over 27 years. *Suicide and Life-Threatening Behavior*, 52, 49–58. <https://doi.org/10.1111/sltb.12773>
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* Smith, M., Rasmussen, J., Mills, M., et al. (2012). Stress and performance: Do service orientation and emotional energy moderate the relationship? *Journal of Occupational* *Health Psychology*, 17, 116-128. <https://doi.org/10.1186/1745-6673-7-18>
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**Trade Magazines**

* Draper, J.m, (2007, Jun 1). Preventing suicide minute by minute. *Behavioral Healthcare*, 27(6), 29-3. PMID: 18020178

**Professional Journals**

**Websites**

* [American Association of Suicidology https://suicidology.org/](https://d.docs.live.net/e3cf5fb971f5663d/American%20Association%20of%20Suicidology%20%20https%3A/suicidology.org/)
* [American Psychological Association https://www.apa.org/ptsd-guideline/](https://d.docs.live.net/e3cf5fb971f5663d/American%20Psychological%20Association%20https%3A/www.apa.org/ptsd-guideline/)
* Centers for Disease Control, National Center for Injury Prevention and Control <https://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf>
* [National Center for Post Traumatic Stress Disorder https://www.ptsd.va.gov](https://d.docs.live.net/e3cf5fb971f5663d/National%20Center%20for%20Post%20Traumatic%20Stress%20Disorder%20https%3A/www.ptsd.va.gov)
* [National Child Traumatic Stress Network https://www.nctsn.org/](https://d.docs.live.net/e3cf5fb971f5663d/National%20Child%20Traumatic%20Stress%20Network%20https%3A/www.nctsn.org/)
* University of New Mexico, Institute for Social Research <https://isr.unm.edu/reports/2020/mobile-crisis-team-screening-and-assessment-tools-and-procedures1.pdf>

**Other**