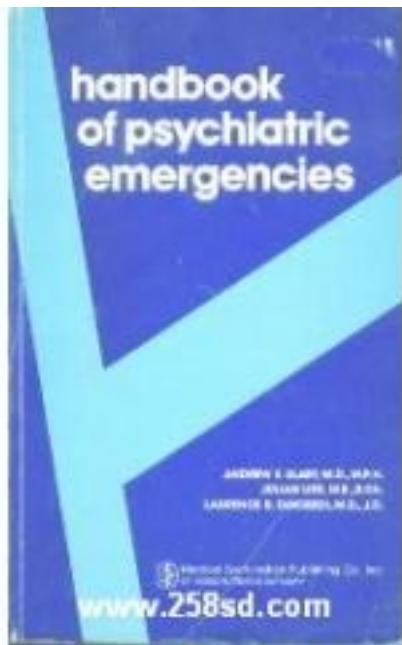


Handbook of psychiatric emergencies: A guide for emergencies in psychiatry



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PREFACE
Psychiatric emergencies arise in a variety of different settings and contexts. A belligerent and intoxicated person brought to the emergency room by the police; a depressed housewife who attempts to reach her therapist in the early hours of the morning; because of a sudden upsurge of suicidal fantasies; and an in-patient who becomes catatonically excited all represent situations where prompt and decisive interventions are called for. In such situations the physician must summon up all of his personal and professional resources to obviate the possibility of a catastrophic or even fatal outcome for the patient.

The physician must bring to the fore his knowledge of psychopathology and psycho-diagnosis interviewing psychopharmacology and general medical and administrative know-how in order to provide effective treatment. He will also have to call upon his powers of reasoning and common sense and his empathic and intuitive resources to resonate best with each clinical situation. An ability to tolerate anxiety and ambiguity and to blend flexibility and firmness as well as a readiness to tactfully contend with fear and anger will stand the physician in good stead. Emergency intervention may require careful listening and observation as well as a certain degree of risk-taking and pragmatism. Emergency treatment can involve thinly veiled threats to one's self-esteem or personal safety; thus a diplomatic and cautiousness tempered with courage will frequently be required. One must constantly guard against being either too permissive or too provocative. Much can be gained through consistently maintaining a professional demeanor and a necessary degree of authoritarianism. The physician who willingly divests himself of his dignity or invites a patient to do this to him courts trouble. It is ironic that there are fewer tangible rewards in emergency psychiatric treatment than there are in other aspects of psychiatric care such as psychotherapy. It is no small wonder that clinicians who choose or are assigned to work in emergency treatment facilities so often complain of feeling demoralized and emotionally and physically drained. Emergency treatment can be extremely taxing and time-consuming which may explain why some clinicians find it so difficult to shift gears and move to this approach when it becomes necessary. After all it is more convenient to tell a patient in distress to go to the emergency room of a nearby general hospital than to personally attend to his emergency needs. In order to be fully effective

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