

EMORY  
UNIVERSITY



Preventing “The Blues” from  
Turning Into Black-and-blue:  
*Crisis De-escalation for Individuals  
with Mood Disorders*

*State of Georgia  
Crisis Intervention Team  
Training Program*

## Learning Objectives:

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1. Appreciate the link between feelings, thoughts, and behaviors.
2. Increase your comfort in talking about mood disorders and mental illness in general.
3. Define the terms mood disorder and affective disorder. Understand ways in which mood disorders can affect thoughts and behaviors.
4. Describe symptoms of Major Depressive Disorder, including potential problems with cognition and perceptions.



## Learning Objectives, continued

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5. Describe characteristics of a person with Bipolar Disorder, including potential impulsivity and erratic behavior.
6. Differentiate between malicious behavior and unusual or aggressive behavior resulting from a mood disorder.
7. Know and be able to apply the “Ten Commandments of De-escalation.”



# Stigma Origins

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- Greek for *“to mark or brand;”* *“Marks of the wounds of the crucified Christ.”*
- Prevents open discourse about mental illness, sexuality, some social issues.
- 1 in 5 Americans has some mental illness during a calendar year.
- *“There is very little risk of violence or harm to a stranger from casual contact with an individual who has a mental disorder.”*  
– U.S. Surgeon General Satcher, 1999.



# Mind – Body Connection

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- How one thinks affects one's physical health. Examples: affirmations, cortisol surge, exam related illnesses.
- How one's body feels affects one's mood. Example: increase heart rate with drugs, make environment warm, panic attack occurs even when there is no stress.  
*“Misattribution of Arousal.”*
- Stress acts as a “trigger” for other problems, including initial mental illnesses, decreased immunocompetence (and correspondingly infectious/autoimmune illnesses), and decreased cortical brain functioning.



# Terms: What do we Mean by Mental Health / Illness?

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- Mental Health: successful performance of mental function resulting in productive activities, relationships, and ability to cope with change and adversity. NOT based on some idealistic norm.
- Mental Illness: health condition characterized by alterations in mood, thoughts, behaviors associated with distress and/or impaired functioning.



# Depressive Disorders

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- Major Depressive Disorder (MDD) is a common problem with prevalence of 7% population at any given time; 20% of women and 12% men during lifetime.
- Signs and symptoms of Major Depression:
  - Persistent sadness and despair
  - Sleep pattern changes (+ or -)
  - Change in appetite (+ or -)
  - Decreased concentration
  - Social withdrawal, feeling worthless or guilty
  - Thoughts of harming self
  - Decreased interest in doing things once enjoyed
- 15% people with MDD develop psychotic symptoms along with symptoms above. May appear agitated, paranoid, disorganized which can be mistaken for anger, malice.



# Bipolar Disorder (“Manic Depression”)

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- Prevalence of nearly 1.2 – 1.5% in U.S. population.
- Symptoms include:
  - Periods of depression as described above
  - Alternated with “Mania:” feeling as though one is “on top of the world,” or even too good
    - Persistently elevated mood, irritable, or expansive mood
    - Inflated self esteem
    - More talkative than usual
    - “racing” thoughts
    - Distractibility
    - Increased goal-directed activity (extra work, building things, etc.)
    - Excessive involvement in pleasurable activities (hypersexual, impulsive travel, buying sprees)



## Bipolar Disorder, continued

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- Major Risk factor for Suicide...depressed mood coupled with energy to act
- Psychotic thinking common. Energy during manic phase may appear as aggression, irritability
- At increased risk for other problems
  - Co-occurring substance disorders (60%)
  - Criminal activity (42% in Modestin study)
  - Medical problems including STDs, sleep disturbances



# Treatment Options

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- Types of treatment for mental illnesses include psychotherapy (talk therapy) and pharmacotherapy (medication).
- Control of hypertension – 40%  
Management of mental illnesses – 80%  
Yet most mentally ill people do not seek help. Why?
- Barriers to treatment
  1. Stigma
  2. Access (no parity for insurers)
  3. Fear of breach of confidentiality
  4. Cost
  5. Sense of Doom
- Mental Illness responsible for > 40% workforce loss. Second most expensive disability worldwide.



# “Ten Commandments” of De-escalation (Fishkind, 2002)

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1. You shall respect personal space (2 arm lengths)
2. You shall not be provocative
3. You shall establish verbal contact
4. You shall state things concisely, and repeat them
5. You shall identify wants/needs explicitly and calmly



## “Ten Commandments” of De-escalation, continued

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- 6) You shall listen; no retaliation if insulted
- 7) You shall agree or agree to disagree
- 8) You shall lay down the law: link behaviors to consequences
- 9) You shall offer choices to diminish the assumption that the only two choices are fight or flee
- 10) You shall debrief with others



# Scenario

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- Mr. Smith is a 40-year-old African-American man on whom the police were called due to his acting “weird.” He had crafted a cardboard “temple” on Peachtree Street and was preaching about the end of the world. When one passer-by challenged him, Mr. Smith swore at the stranger, spit at him, and began chanting. When you approach the scene you see Mr. Smith naked except for his underwear kneeling to pray. How should you de-escalate this potential crisis.....?



# Summary

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- Mental illnesses like MDD and Bipolar Disorder are illnesses just like diabetes, hypertension, etc.
- How one feels affects how one thinks and behaves
- It is important to know the signs of MDD and Bipolar Disorder in order to be able to know who may be acting strangely due to their illness rather than aggression
- Employing strategies for crisis de-escalation can calm a volatile situation
- People with mental illnesses require psychiatric care to help their symptoms and behavior



# Presentation Prepared By:

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