



CIT Officer Training

***Mood Disorders, Psychosis
and
Crisis Management
Presented by Judith Ray, PsyD***



Diagnostic & Statistical Manual of Mental Health Disorders

4th edition – Revised (DSM-IV-TR)

✚ Thoughts (e.g., psychotic disorders)

✚ Feelings (e.g., mood disorders)

✚ Behaviors (e.g., substance disorders)

Mood vs. Psychotic Disorders

MOOD DISORDERS

- ✦ Depression
- ✦ Bipolar Disorder

PSYCHOTIC DISORDERS

- ✦ Schizophrenia

Major Depression

- ☹ Depressed mood or loss of interest
- ☹ Significant weight loss or gain
- ☹ Loss of sleep or oversleeping
- ☹ Fatigue or loss of energy
- ☹ Slowed thinking and responses or agitation
- ☹ Feelings of **worthlessness** or inappropriate guilt
- ☹ Diminished ability to think or concentrate
- ☹ Inability to experience happiness
- ☹ **Hopelessness**
- ☹ Suicidal thoughts
- ☹ Psychosis can also be present

Major Depression

- ✦ Depression is **not** due to an unwillingness to accept responsibility, fears of coping with reality, laziness, cowardice or weakness, it is an illness (Miklowitz).

Major Depression

Points to Remember

- ✱ Develops over days to weeks: *not minutes*
- ✱ Episodic or Chronic
- ✱ Responds well to medications and therapy
- ✱ May or may not be triggered by life events
- ✱ High suicide risk

Observations of Depression

- ✖ Individual may avoid eye contact – tend to look down or away
- ✖ Speech soft and slow
- ✖ May take long pauses before answering questions or following commands
- ✖ Many have poor hygiene, messy living space
- ✖ May die of starvation

Management of Depression

- ✦ Be patient
- ✦ Carefully assess suicide risk
 - ✦ (#1 risk is a prior attempt)
- ✦ Consider the possibility that individual has already done something to hurt him/herself (e.g., took overdose)
- ✦ Validate feelings
- ✦ Give reassurance

Bipolar Disorder (Manic Depression)

- ✦ Mania
- ✦ “Mixed” state
- ✦ Depression

ALL STATES MAY BE ACCOMPANIED BY
PSYCHOSIS

Bipolar Disorder (Manic Depression)

- ✿ Bipolar depression is strongly influenced by biochemical, genetic, and neurological factors. It is **not** the product of a character flaw, personality defect, or lack of moral fiber (Miklowitz).

Bipolar Disorder (Manic Depression)

Mania

- Increased Energy
- Decreased Need for Sleep
- Racing Thoughts
- Impulsive Behavior
- (Risk Taking)
- Euphoria
- Distractible
- Grandiose
- Likes the Feeling

“Mixed” State

- Hyper
- Easily Agitated
- Irritable & Angry
- Hypersensitive to Stimulus

Depression

- Lethargic
- Increased Sleep
- Increased Appetite
- Decreased Energy & Motivation

Bipolar Disorder:

Points to Remember

- ✦ May present with “mixed” state – manic and depressed symptoms together
- ✦ Manic or depressive states may last days to months (typically months)
- ✦ Family history
- ✦ Successfully treated patients look, act and think like everyone else
- ✦ Mania looks like cocaine/amphetamine high
- ✦ Often associated with substance abuse
- ✦ May be violent when manic

Observations: Mania

- ✱ Hyper, agitated, pacing
- ✱ Rapidly changing mood (labile)
- ✱ Loud, rapid speech, interrupts, rapidly changes subjects
- ✱ Women may be dressed provocatively, heavy make-up
- ✱ Inappropriate sexual comments or behavior
- ✱ Violates personal space
- ✱ May remove clothes
- ✱ Delusions tend to be grandiose or religious
- ✱ Can escalate quickly

Management of Mania

- ✦ Expect rapid mood changes
- ✦ Be alert for impulsive violence
- ✦ Gently refocus individual when asking questions
- ✦ Low stimulus environment very important

Psychosis

Disruption in normal brain process

**5 Senses
take in
information**



**Brain
organizes
and
interprets**



**Body
reacts**

Psychosis

Loss of Contact with Reality

Common Causes of Psychosis:

Mental Illness:

Major Depression; Bipolar Depression or Mania;
Schizophrenia; Post-Partum Psychosis

Medical Problems:

Dementia; Epilepsy; Metabolic Problems;
Certain Medications

Drug/Alcohol Use or Withdrawal

Hallucinogens; Stimulants; Alcohol – DT's

Schizophrenia

Subtypes

- ✱ Paranoid
- ✱ Disorganized
- ✱ Catatonic
- ✱ Undifferentiated
- ✱ Residual

Schizophrenia

- ✱ Delusions
- ✱ Hallucinations
- ✱ Disorganized speech
- ✱ Disorganized behavior
- ✱ Negative Symptoms:
 - Flat Affect
 - Diminished speech or thought
 - Lack of motivation
- ✱ Social/Occupations Dysfunction
- ✱ Duration longer than 6 months
- ✱ Not due to:
 - mood disorder
 - medical problem
 - developmental disorder

Observations: *Schizophrenia /Psychosis*

Dress/Appearance:

- ✿ Unkempt/disheveled
- ✿ Eccentric dress
- ✿ Multiple layers of clothing
- ✿ Hats, headphones, etc.
- ✿ Emaciated

Observations: *Schizophrenia/Psychosis*

Behavior

- ✚ Speech may be disorganized, illogical or completely unintelligible
- ✚ May use made up words (neologisms), rhyming, repetition
- ✚ May appear to be concentrating on something else, pause or get distracted during conversation, be unable to concentrate or speak to someone who isn't there
- ✚ With visual hallucinations may stare at a particular spot or follow hallucination with eyes
- ✚ With tactile hallucinations may scratch self raw
- ✚ May pace constantly
- ✚ May be immobile
- ✚ May make bizarre gestures
- ✚ May sleep during the day, up at night

Observations: *Schizophrenia/Psychosis* *Interactions With Others*

- ✚ If paranoid – hostile, suspicious, accusing, threatening
- ✚ Flat affect – no emotional response
- ✚ Lack of connection
- ✚ Lack of motivation
- ✚ Inappropriate behavior: lacks boundaries
- ✚ Appears terrified or inappropriately frightened



High Risk Psychotic Symptoms for Violence and Suicide

- ✦ Command hallucinations
- ✦ Feelings of alien control
- ✦ Religious preoccupation

Management of Psychosis

- ✚ Calm, even tone
- ✚ Maintain distance/don't "trap"
- ✚ Minimize stimulation
- ✚ One speaker
- ✚ Use first names
- ✚ Short concrete questions if the individual appears confused
- ✚ Give simple explanations and offer choices if possible
- ✚ Give brief simple instructions
- ✚ Ask about hallucinations (Delusions)

Dealing with Delusions

- ✦ Allow individual to vent without interrupting
- ✦ Acknowledge false beliefs without agreeing with them
- ✦ Do not confront delusions
- ✦ Do not “play into” delusions
- ✦ Paranoid delusions:
 - Individuals may tell bizarre stories
 - Remain calm
 - Give clear explanations of who you are/why you’re there
 - Be aware you may be incorporated into delusions

DANGEROUSNESS

Points to Remember

- ✱ Persons with mental illness are no more dangerous than anyone else when the condition is treated.
- ✱ Best single predictor of future behavior is PAST behavior.
- ✱ Generally, men are 10 times more likely to become violent than women
- ✱ Acutely mentally ill women are equally as likely to become violent as mentally ill men
- ✱ Substance Abuse increases violence risk even when individual is not high or withdrawing – with or without concurrent mental illness

Don'ts

- ⚡ Don't lie or deceive
- ⚡ Don't get drawn into an argument
- ⚡ Don't say "I know how you feel"
- ⚡ Avoid violating personal space
- ⚡ Avoid raising your voice

Common Medications

Depression:

Prozac (Fluoxetine)
Paxil (Paroxetine)
Zoloft (Sertraline)
Celexa (Citalopram)
Effexor (Venlafaxine)
Lexapro (Escitalopram)
Cymbalta (Duloxetine)
Remeron (Mirtazapine)
Serzone (Nefazodone)
Wellbutrin (Bupropion)
Elavil (Amitriptyline)*
Sinequan (Doxepin)
Tofranil (Imipramine)*

Mania (mood stabilizers):

Tegretol (Carbamazepine)
Lithium (Eskalith) *
Depakote (Valproic Acid)
Trileptal
(Oxycarbamesepine)
Lamictal (Lamortgrigine)
Abilify

** These drugs are especially dangerous in overdose*

Psychosis(Schizophrenia):

Zyprexa (Olanzapine)
Risperdal (Risperidone)
Seroquel (Quetiapine)
Geodon (Ziprasidone)
Haldol (Haloperidol)
Prolixin (Fluphenazine)
Mellaril (Thioridazine)
Trilafon (Perphenazine)
Stelazine (Trifluoperazine)
Mauane (Thiothixine)

Clozaril (Clozapine)*

In Conclusion

- ☀ Remember that being psychotic is frightening
- ☀ Be calm, patient and understanding
- ☀ Treat each person with respect
- ☀ Stress that you are there to help

Mental Health Assessment

- ✚ Ask open ended questions
- ✚ Observe mood
- ✚ Immediate Precipitant (Why now?)
- ✚ Mental Health History
- ✚ Drug/Alcohol Use
- ✚ Dangerousness
- ✚ Psychosis
- ✚ Orientation (person, place, time)
- ✚ Social Supports
- ✚ “What do you think is going on with you right now?”
- ✚ “Is there anything else I didn’t ask about?”