

Facilitator Notes: Mood (Affective) Disorders

We are preparing these lessons for individuals with a wide range of experience in providing training to their staff and co-workers. As a result, we have provided considerable structure and advice for those who would like it. Please feel free to change and improve on these lessons and make them your own. Our philosophy is that the best lesson is the one that reflects what you think is worth learning.

What to do before the session

- Read the lesson; decide if you want to make changes.
- Adjust the amount of materials covered by eliminating exercises or by deciding what to cover in greater detail.
- Make copies of handouts and exercises for each participant.
- Set up the presentation area to accommodate participants in groups of 2-5. It will be helpful but not critical if they have a surface to write upon.

Notes to the Facilitator

Notes to the facilitator of the lesson are written in blue and enclosed in []. They include background information, questions to ask the learners, points to emphasize, and answers to exercise questions. The “participant” versions of the handouts and exercises do not have them. Use them to orient yourself to the lesson, or simply ignore them if it is too much information.

Introducing the topic -- here are some points you might want to make

- Mood disorders (depression and bipolar) are the second most common mental illness experienced by supported employment participants
- Low motivation, poor initiative, poor ability to stay on task, irritability, interpersonal limitations, poor stress tolerance, distractibility, and poor judgment can make these individuals difficult to support in employment.
- Having a basic understanding of mood disorders and how they impact people can help us get to know the individuals we serve and to identify effective support strategies.

30 Minute Lesson: Mood (Affective) Disorders

Facilitator Version

A mood or affective disturbance can go either down, toward excessive sadness, or up, toward excessive elation. (Affect is another term for mood or spirit.) The vocational problems created by major depression or bipolar disorder are acute, severe, and extremely disruptive. Those created by dysthymia may be constant and oppressive. All these disorders cause serious distress in the workplace. This lesson focuses on building an understanding of these disorders

Learning Objectives

- < Build an understanding of mood disorders: causes, symptoms, and treatment
- < Understand the signs and symptoms associated with depression and mania
- < Learn effective ways to relate to and get to know people with mood disorders

The Ideal Participant

- < Works with individuals with mental health (psychiatric) disabilities in an employment context

Prep activities and time required

10-20 minutes, including reading the lesson, making copies of handout exercises, and organizing.

Lesson length, other requirements

30-45 minutes. Can be adjusted by eliminating or modifying exercises

Does not require an overhead or LCD projector. A flip chart or whiteboard is handy but not necessary. All handouts are ready to use, or can be modified by user to meet specific needs.

Other related lessons

Schizophrenia (Thought Disorder)

Personality Disorders



Test Your Knowledge!

[About 5 minutes to take the quiz; 5 additional minutes at the end to review the correct answers. The point of this activity is to get your learners thinking about their knowledge, and to test some of their assumptions. Have them complete the questions individually or with a partner, then hang on to their papers. At the end of your session, review the correct answers (provided in green).]

1. What is the difference between Depression, Bipolar I, and Bipolar II?

People with depression have only depressive episodes.

People with Bipolar I have depressive and full-blown manic episodes.

People with Bipolar II have depressive and hypomanic episodes

2. List three symptoms of depression, and three symptoms of mania.

See list on page 6.

3. True or False: A person with dysthymia is allergic to plants of the thyme family.

False – a person with dysthymia experiences chronic moderate depression.

4. True or False: it is inappropriate to ask a person with bipolar disorder about his/her experience with the disease.

False - Understanding what a person has been through will help you start to know how he or she might be feeling. Stories told by the person are much better for developing empathy than learning about symptoms or reading hospital records.

5. What are two ways to assist someone who has poor insight and judgment on the job?

My ideas - Job structuring (task list, task analysis, setting criterion and checkpoint times), adding or augmenting existing cues and building in consistent feedback; cue cards, role playing, and journaling (see page 7).

Mood (Affective) Disorder Overview

[10 minutes. These three pages review information about mood disorders. You can go through the material in lecture format, have participants read the sections to themselves, or take turns reading them out loud. You might have the group address the questions in blue type as you go along.]

We all experience feelings of sadness or happiness in our lives. However, when these periods become extreme, are inappropriate to the circumstances, or last longer than is appropriate, a biological illness - a mood or "affective" disorder - may be present. These disorders include unipolar forms - usually major depression - and bipolar forms, including both depression and mania. Swings can occur in cycles of days, weeks, months, or seasons. Most people have periods of relative stability between cycles, though 20 to 30% continue to have mood swings and interpersonal or occupational difficulties even when they are not actively cycling.

The long-term impact of mood disorders differs widely across those who experience them. Some individuals find that their symptoms are well controlled by medication, and they are able to maintain a lifestyle that includes full-time employment, a family, and other aspects of "normal" life. Others will have less success with medication and will continue to experience many intrusive symptoms that make it more difficult for them to achieve any sort of stability, let alone employment.

[Can you name some well-known and successful people who have been open about their depression or bipolar disorder? (Some examples include actress Lorraine Bracco, diver Greg Louganis, Delta Burke, Terry Bradshaw, Mike Wallace, Art Buchwald, Ted Turner, Alanis Morissette, Roseanne Barr, Carrie Fisher, Patty Duke, Tipper Gore, Sheryl Crow, Drew Barrymore, etc.) How do these folks differ from the individuals we serve in employment services?]

Depression

Depression is the most common psychiatric disorder, occurring in up to 25% of the adult female population and up to 12% of adult men. It typically shows up for the first time during the mid twenties, and is characterized by changes in mood, energy, irritability, interest and motivation as well as various physical symptoms such as insomnia, loss of appetite, loss of sexual drive and trouble concentrating. During depressive episodes, people usually feel profoundly sad, hopeless, without the usual level of energy and zest, slowed down on thought and activity. Sleep is disturbed, as is appetite; some people eat or sleep too much, others too little. Aches and pains may occur throughout the body. As many as 15% of people diagnosed with severe major depression die by suicide.

Dysthymia

Dysthymia is milder and more chronic than major depression. It produces long periods of diminished ability to function or work normally, in which the person can't imagine feeling better or doing more.

Bipolar (Manic Depressive) Disorder

Bipolar disorder is characterized by a history of high (elated, manic) and low (depressed) moods with periods of “normal” mood and activity in between. About 0.4% to 1.6% of people will experience a manic episode in their lifetime and almost all of these will go on to have more.



Mania is characterized by an excess of energy, speeded-up ideas and lofty ambitions, all accompanied by euphoria, irritability or agitation, often along with underlying depression. While in a manic state a person may pursue a course of action that may spend their family into bankruptcy, ruin a marriage by sexual exploits, or concoct elaborate schemes. Often they end up in a hospital or jail because their behavior goes beyond acceptable social bounds.

There are two types of bipolar disorder. **Bipolar I** is classic manic depressive illness with wide mood swings; and psychotic mania with all the typical symptoms of grandiosity, paranoia, increased energy, no sleep, increased rate of speech and thought, impulsive behaviors, etc. Studies of Bipolar I suggest that an average of four episodes occur over 10 years. The interval between cycles tends to decrease as the person ages. Five to fifteen percent of people with Bipolar I have four or more mood episodes per year; this is considered rapid cycling and is associated with a poorer prognosis and higher support needs. **Bipolar II** involves severe depression along with periods of “hypomania,” but not true manic phases.

Persons with bipolar disorder may experience thought disorder symptoms such as delusions and/or hallucinations, especially while in a manic state. This sometimes results in a misdiagnosis of schizophrenia. In one study of bipolar disorder, 37% reported that they had been misdiagnosed three or more times before receiving the correct diagnosis.

Hypomania is a word that describes a reduced state of mania. People with bipolar disorder often say that when hypomanic they feel better than at any other time in their lives. In fact, their productivity, creativity, sexuality, confidence and other moods can be significantly heightened. Inspirations for new solutions to problems, business opportunities and other ventures seem to appear out of nowhere, fully formed and without obstacles. Sleep becomes unnecessary and paranoia may appear. This heightened confidence level can result in life plans and decisions being out of proportion with the reality of an individual’s abilities and resources, resulting in spending sprees, reckless business investments and sexual indiscretions.

Alcohol and drug abuse are very common among people with bipolar disorder. Research findings suggest that many factors may contribute to these substance abuse problems, including self-medication of symptoms, mood symptoms either brought on or perpetuated by substance abuse, and risk factors that may influence the occurrence of both bipolar disorder and substance use disorders. Treatment for co-occurring substance abuse, when present, is an important part of the overall treatment plan.

Anxiety disorders, such as post-traumatic stress disorder and obsessive-compulsive disorder, also may be common in people with bipolar disorder. Co-occurring anxiety disorders may respond to the treatments used for bipolar disorder, or they may require separate treatment.

[Before going on to the discussion of the signs and symptoms of mood disorders, you might want to have the group brainstorm what they have noticed about people who are experiencing depression or mania, then as you move through the next few pages, see how many of the common symptoms are included in the list that's developed.]

Signs and Symptoms of Mood Disorders

[Compare this list to the signs and symptoms the group came up with. What did you miss? What did you add?]

Mania	Depression
Characterized by increased emotional and physical activity: * restlessness * flight of ideas * inability to eat and sleep because of involvement with more important things	Characterized by decreased emotional and physical activity: * constipation * slowed gait and activity * inability to make decisions quickly
Extroverted personality	Lack of interest in life, low motivation
Delusional self-confidence, grandiosity	Lack of self-confidence (feelings of worthlessness, inadequacy, inferiority)
Directing hostility onto environment; aggressively finding fault w/ others; seeking out and picking on others; sensitive areas; open hostility	Internalizing hostility; feeling completely at fault; defeatist, pessimistic, feeling suicidal
Elevated, expansive or irritable mood.	Irritable; bad tempered
Pressured speech, distractibility, racing thoughts, flight of ideas	Poor concentration, memory, and decision making abilities; poor ability to stay on task
Dress in bright, bizarre colors and clothing; use of too much makeup	Lack of energy, easily fatigued
Apparent unlimited energy	Withdrawn from groups
Poor judgment	Preoccupation with death
Poor reality testing; hallucinations, delusions	Lack of initiative



Vocational Obstacles and Mood Disorders

[5-7 minutes to cover the next two pages. You can go through the material in lecture format, have participants read the sections to themselves, or take turns reading them out loud.]

Any summary of vocational obstacles experienced by people with mood disorders will necessarily be fairly broad. People with mood disorders differ in their skills, past experience, interests, and the impact of the illness; and in the types and level of support they need to be successful. Some may experience all of the obstacles outlined below; while others may struggle with only a few. As always, the best approach is to start with the individual's own situation and experience in identifying the obstacles to be addressed and the most effective approaches to those obstacles.

Variability of Functioning Level

People with mood disorders generally have periods of at least relative stability between episodes of illness. The frequency and periodicity of these episodes must be taken into account when helping people select employment. For example, a person who generally becomes ill every spring but who otherwise is able to maintain stability with medication and counseling may need to take a week or two off every year to deal with the illness, but not need a lot of other accommodations. Another person who experiences many more residual symptoms may need the flexibility that is provided by self-employment, contract work, part-time work, or a very understanding employer.

Difficulty Concentrating, Distractibility

Additional structure and/or stronger cues may be needed for the individual to be successful on the job. Consider these accommodations:

- ✓ Keep tasks and steps brief and focused
- ✓ Use frequent prompts
- ✓ Redesign work area to limit distractions and clutter
- ✓ Post simple graphic charts or other enhanced cues
- ✓ Use visual instructions as well as verbal



Impairment of Insight and Judgment

Poor judgment and a lack of insight into the intent and consequences of behavior are obstacles shared by just about every person who is chronically unemployed. These deficits impact problem solving, reading cues, setting goals, selecting appropriate behavior, and many other aspects of employment.

Job structuring (task list, task analysis, setting criterion and checkpoint times) can reduce the number of independent decisions required of the worker. Adding or augmenting existing cues and building in consistent feedback will also help the worker select the appropriate behavior in a given situation. Cue cards, role playing, and journaling can also be useful tools.

Difficulty in Organization and Planning

Organizing and planning work can be overwhelming to a person who has limited work experience or who is distracted by the symptoms of mood disorder. Good job matching can minimize the stress; along with a good job analysis, reminder tools such as to do lists or DayTimers, and perhaps assistance from the supervisor or a coworker-mentor in prioritizing work to be done (natural support).

Sleep Disturbance



High or low needs for sleep are classic signs of elevated or depressed mood; both can interfere with job performance. It may be helpful to start by selecting job shifts that are consistent with the worker's highest energy level - for example, avoiding an early morning shift for someone who has difficulty getting going in the morning. The development of other healthful habits such as getting regular exercise and limiting alcohol intake can also assist in managing sleep patterns.

Lack of Self-confidence and Initiative; Embarrassment

Depending on the type of disorder experienced, the severity of the illness, behavior during episodes, and the available support and understanding of family and friends, people with affective disorders may face challenges beyond those controlled by medication. These challenges include a lack of self-confidence, and difficulty taking the initiative, embarrassment or insecurity about having a mental illness, the need to cope with the consequences of behavior (especially after manic episodes), and a fear of losing control again. Counseling, especially peer counseling or support groups, is often helpful in assisting people in getting beyond these barriers and rebuilding a fulfilling life.

[How do these challenges differ from those experienced by our customers with disabilities like mental retardation, traumatic brain injury, or autism? In what ways are they similar?]

Treatment of Mood Disorders

[3-5 minutes to cover this page, or just distribute it as a handout.]

Like schizophrenia, mood disorders are treated with a combination of medication and psychosocial rehabilitation. There are several medications used to treat depression. All increase concentrations of the neurotransmitters serotonin and norepinephrine, either by preventing the breakdown of the neurotransmitters or blocking their reabsorption. People with depression may also be given anti-anxiety medications such as Clonopin.

Electric convulsive (ECT) therapy sometimes causes quick and dramatic improvement in symptoms for some people with severe depression, usually those for whom medication has proven to be ineffective. Improved methods for relaxing muscles and precisely targeting a small area of the brain has made ECT far more safe and effective than it used to be. However it is still a somewhat controversial treatment.

Acute episodes of mania are usually treated with a mood stabilizer such as



lithium plus an antipsychotic. Anti-depressants must be used judiciously with people with bipolar disorder because of their tendency to trigger a manic episode. Ongoing control of bipolar disorder is generally achieved through the use of lithium carbonate.

Lithium has proved extremely effective in enabling many people to maintain a fulfilling and productive life despite having bipolar disorder, though relapse is likely if the person stops taking it. In order for lithium to be effective, its concentration in the blood must be held at a proper level - too little doesn't help and too

much can be toxic, requiring that blood lithium levels be monitored regularly. These levels can be affected by many things including exercise, sweating in hot weather, increased or decreased fluids, and changes in weight. Common ongoing side effects include dry mouth and shaky hands.

For people with bipolar disorder who can't tolerate or don't respond to lithium, the doctor may prescribe anticonvulsant medications.

Risks of Being Undiagnosed/Untreated

Currently, three out of four people with bipolar disorder are untreated. Many self-medicate with drugs or alcohol. One in five people with untreated bipolar disorder will commit suicide. Some common reasons why people avoid or discontinue treatment:

- < Public misunderstanding/stigma about mental illness
- < Belief that creativity stems from the illness
- < Enjoyment of euphoric highs
- < Discomfort from the side effects of medications



Handout: Relating to People with Mental Illness

These ideas about relating to people with mental illness are adapted from Providing Vocational Services: Job Coaching and Ongoing Support for Persons with Severe Mental Illness, by M. Furlong, J.A. Jonikas, J.A. Cook, L. Hathaway, and S.L. Goode; Thresholds National Research and Training Center, 1994.

- 1) Ask people about their experiences with mental illness. Understanding what a person has been through will help you start to know how he or she might be feeling. Stories told by the person are much better for developing empathy than learning about symptoms or reading hospital records.
- 2) Train yourself to be an expert observer in your work with people. Continually assess how the person is acting by asking yourself:
 - a) Does he or she seem to be experiencing symptoms at the present time?
 - b) In what ways are the person's current actions similar to those of persons who do not have mental illness?
 - c) In what ways do the person's actions currently set him or her apart?
- 3) Employ active listening techniques - paying attention to what people are saying even if the content does not seem relevant or is delusional. Give clear indications that you are listening attentively.
- 4) Do not be afraid to ask questions. If you would like to find out more about a person, ask him or her in a straightforward manner; you can take an active interest without intrusive probing. It is important to show people that what they have to say is valuable and that you would like to hear more from them so that you can get to know them better.
- 5) Display your empathy. As you continue to work with this group of people, you will better understand the painful experiences that individuals with mental illness often confront, and will be able to express that you care about those experiences.
- 6) Give a name to the feelings that people are experiencing. This process entails



being sensitive to the emotions that a person is displaying, clearly identifying these emotions in your mind, describing them to the person, and then asking the person for verification: "You look like you are in a good mood today," or "Are you feeling sad today? It seems like something is bothering you."

- 7) Stay focused on here-and-now situations. Helping people stay focused will enable them to stay on task for longer periods of time, benefit them in social interactions in the workplace, and make it easier to form relationships.
- 8) Build trust by going at the person's pace, avoiding the tendency to rush them into getting to know you more quickly than is comfortable. Follow through when you tell people that you are going to do something for them. Never make promises you know you cannot keep.

Guidelines for Communication with People with Manic Symptoms

These approaches (from the Community Psychiatric Clinic in Seattle) will assist you in communicating with people with manic symptoms.

- ✓ Provide increased structure
- ✓ Don't hesitate to interrupt; do it in a spirit of interest in what he is saying
- ✓ If necessary, slow down your own speech
- ✓ Ask the person to speak more slowly.

References on Mood Disorders and Employment

<http://www.psycom.net/depression.central.bipolar.html>

<http://www.moodswing.org/> A web community providing information, support and education on bipolar disorder (also called manic depression), a disease of the brain.

Fact sheets

http://www.fact-sheets.com/health/mental-health/bipolar_disorder/

http://www.fact-sheets.com/health/what_is_depression/

Depression and bipolar support alliance

<http://www.dbsalliance.org/index.html>

Facts about depression

<http://www.depression.com>

National Institute of Mental Health

<http://www.nimh.nih.gov/publicat/bipolar.cfm>

<http://www.nimh.nih.gov/publicat/depression.cfm>



Dysthymia

<http://www.psycom.net/depression.central.dysthymia.html>

<http://www.mentalhealth.com/dis/p20-md04.html>

National Alliance on Mental Illness (NAMI)

http://www.nami.org/Template.cfm?Section=By_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=54&ContentID=23036&lstd=327

Center for Mental Health Services

<http://mentalhealth.samhsa.gov/publications/allpubs/ken98-0052/default.asp>

Vocational Impact of Psychiatric Disorders: A Guide for Rehabilitation Professionals, by

Gary Fischler and Nan Booth; Aspen Publishers 1999; ISBN 0-8342-1251-X.

This excellent book reviews the vocational implications of major mental illnesses including mood disorders, anxiety disorders, somatoform disorders, personality disorders, and schizophrenia. The authors offer very specific information about the impact of the disorder on work and vocational abilities, and summarize vocational strategies and accommodations.

Psychiatric Rehabilitation, by Carlos Pratt, Kenneth Gill, Nora Barrett, and Melissa Roberts, 1999; Academic Press; ISBN 0-12-564245-8.

Includes an overview of major psychiatric disorders, the philosophy and principles of psychiatric rehabilitation, community based service approaches, case management strategies, and vocational and educational rehabilitation.

Surviving Schizophrenia: A Family Manual (fourth edition) by E. Fuller Torrey; Harper and Row, 2001; ISBN 0-06-095919-3

A great book on schizophrenia, easily understandable and full of information about how the disease works and how it affects those who live with it.

Making it Work: Supported Employment for Persons with Severe and Persistent Mental Illness, Kathie Prieve and Beth De Point, Rise Incorporated, St. Paul, Minnesota; (612) 786-8334

An excellent, practical handbook that includes chapters on vocational service delivery strategies and managing mental illness in work settings.

Wrapping up the Session

[It is important to spend a few minutes (5 minutes or so) bringing the lesson to a sensible close. Usually the focus will be on emphasizing the most important point(s), relating how the information could be integrated into current services. Here are some suggestions for wrap-up questions:]

- ❖ What did you learn today that surprised you?

- ❖ Was there a specific person or persons you had in mind as we reviewed the information about mood disorders? Which information seemed particularly applicable, and which information didn't seem to match as well?

- ❖ What else should we learn about these disabilities?

30 Minute Lesson: Feedback Form

Please let us know what you think of this product, so we can continue to better meet your training needs. Fax or mail to Laurie Ford at 6912 220th SW, Suite 105, Mountlake Terrace, WA 98043; Fax (425) 774-9303

Topic of Lesson _____

- Facilitator Version
- Participant Version
- Non-Facilitated Group Version
- Self-Study Version

1. On a scale of 1 to 5, please rate the relevancy of these materials to your job _____
(1 is worst, 5 is best)
2. On a scale of 1 to 5, please rate the positive impact of these materials on your professional skills, knowledge, and abilities (1 is worst, 5 is best) _____
3. On a scale of 1 to 5, please rate the positive impact of these materials on your organization (1 is worst, 5 is best) _____
4. What was the most useful part of the lesson?
5. What was the least useful part of the lesson?
6. How could this lesson be improved?
7. What additional topics would you like to see in a 30 Minute Lesson?