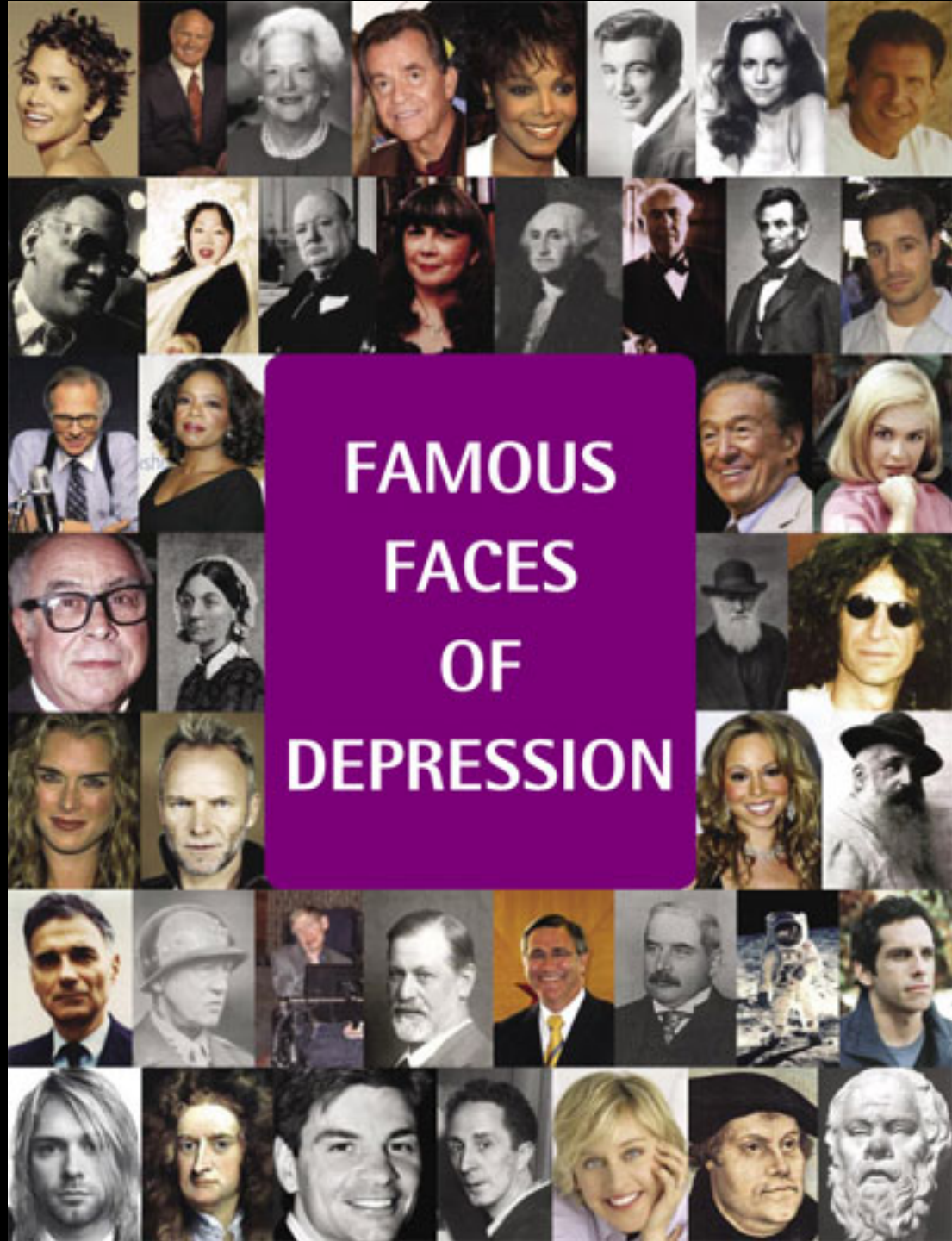
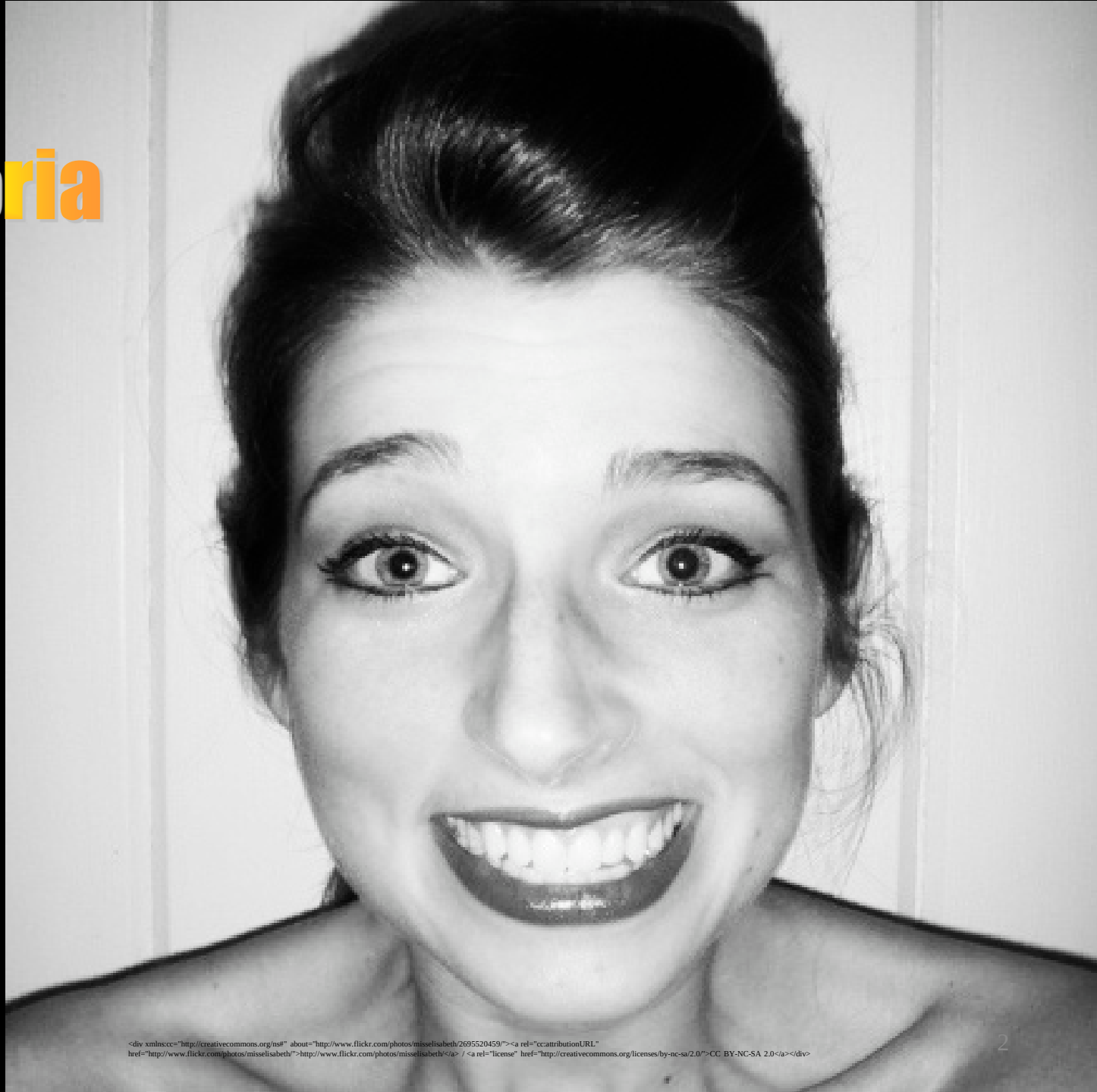
Chapter 8 Mood Disorders



Euphoria

- A feeling state that is more cheerful and elated than average, possibly even ecstatic.



Dysphoria

Unpleasant feelings, such as sadness or irritability.

http://www.iclipart.com/dodl.php/MON153031.jpg?linklokauth=LzA0Ny9zbWFsbC9iYXRjaF8xMS9NT04xNTMwMzEuanBnLDEzMjAxNTAyNzEsMTk5LjguMTMuMjA3LDAsMCxMTF8wLCwxYTc0ZDIxZDE3Yjc0ZjI4M2VmNzQ2NWM2NzQ2MGMyMQ%3D%3D

Normal vs. clinical depression

1. Moods fluctuate in everyone. Rate your lowest mood in the last month,

A.) 0 Low

B.) 1

C.) 2

D.) 3

E.) 4 High

Depression

Severe

Medium

Mild

A

B

D

C

Social Reaction

Mild Medium Severe

How depressed should one be four weeks after the death of one's mother?

A.) Mildly

B.) Moderately

C.) Severely

Episode: A time-limited period of symptoms

- Rate severity: *mild, moderate, or severe*.
- First episode or a recurrence.
- Specify prominent symptoms (e.g., *catatonic*, *postpartum*).

http://www.iclipart.com/dodl.php/060428a0025.jpg?linklokauth=LzA0Mi9zbWFsbC9iYXRjaF8wMS8wNjA0MjhhMDAyNS5qcGcsMTMyMDE1MDY1NCwxOTkuOC4xMy4yMDcsMCwwLExMXzAsLGQ5NjM2OGZiZGY1NGE0ZjE1ZTA1NWNlYzg4Y2Y4Y2Qz

MAJOR DEPRESSIVE DISORDER

- Unipolar
- Intense dysphoric mood
- Physical signs
  - Lethargic or agitated.
  - Disturbed eating and/or sleeping
  - Duration - 2 weeks to 6 months

http://www.flickr.com/photos/jeremypullen/309759198410/30/2009

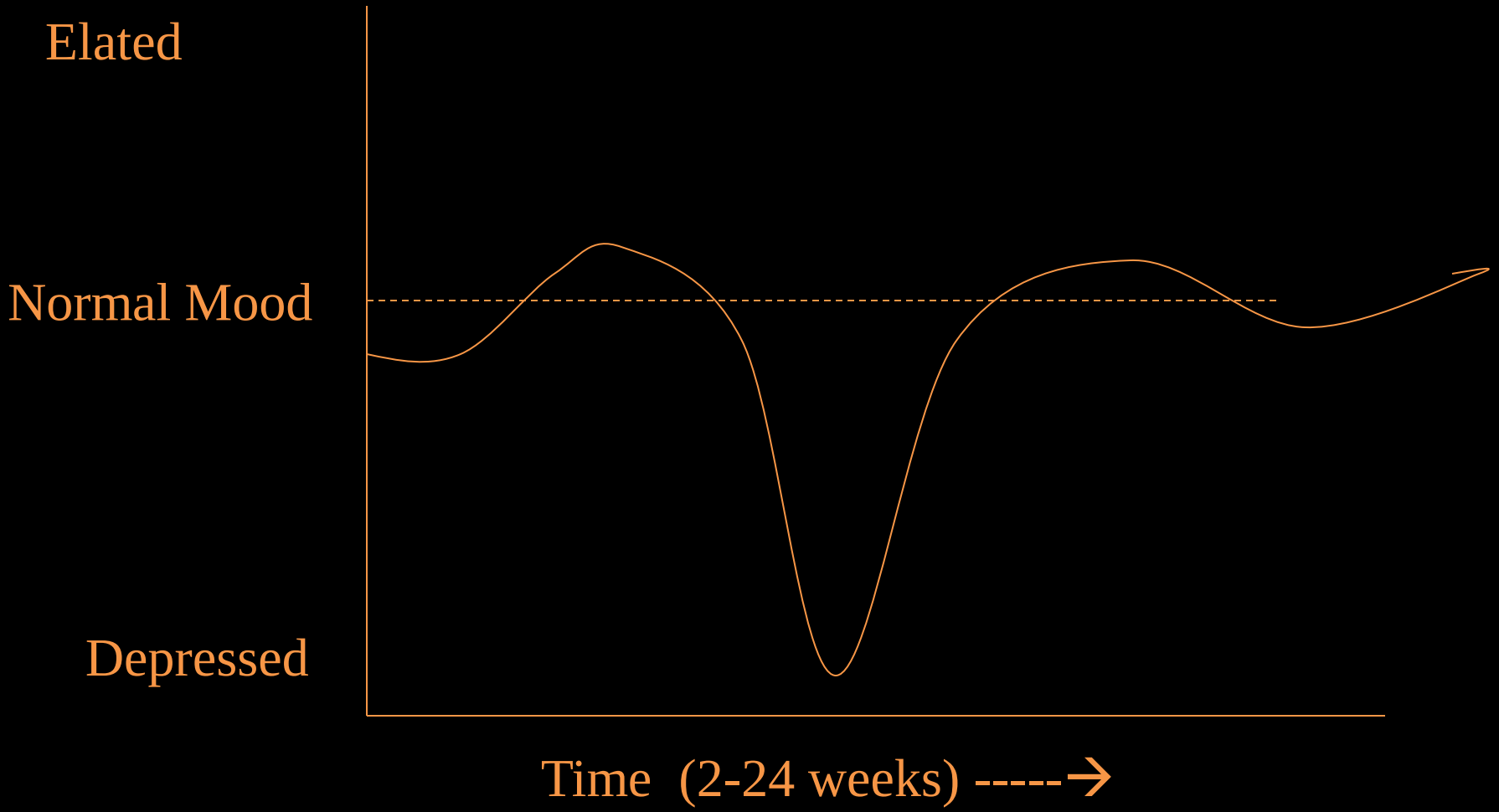
Psychomotor retardation

- **Movements slow**
- **Patient walks and talks excruciatingly slowly**

Paralysis of the will

http://www.flickr.com/photos/carolinatarre/4405247282/sizes/o/

Major Depressive Disorder



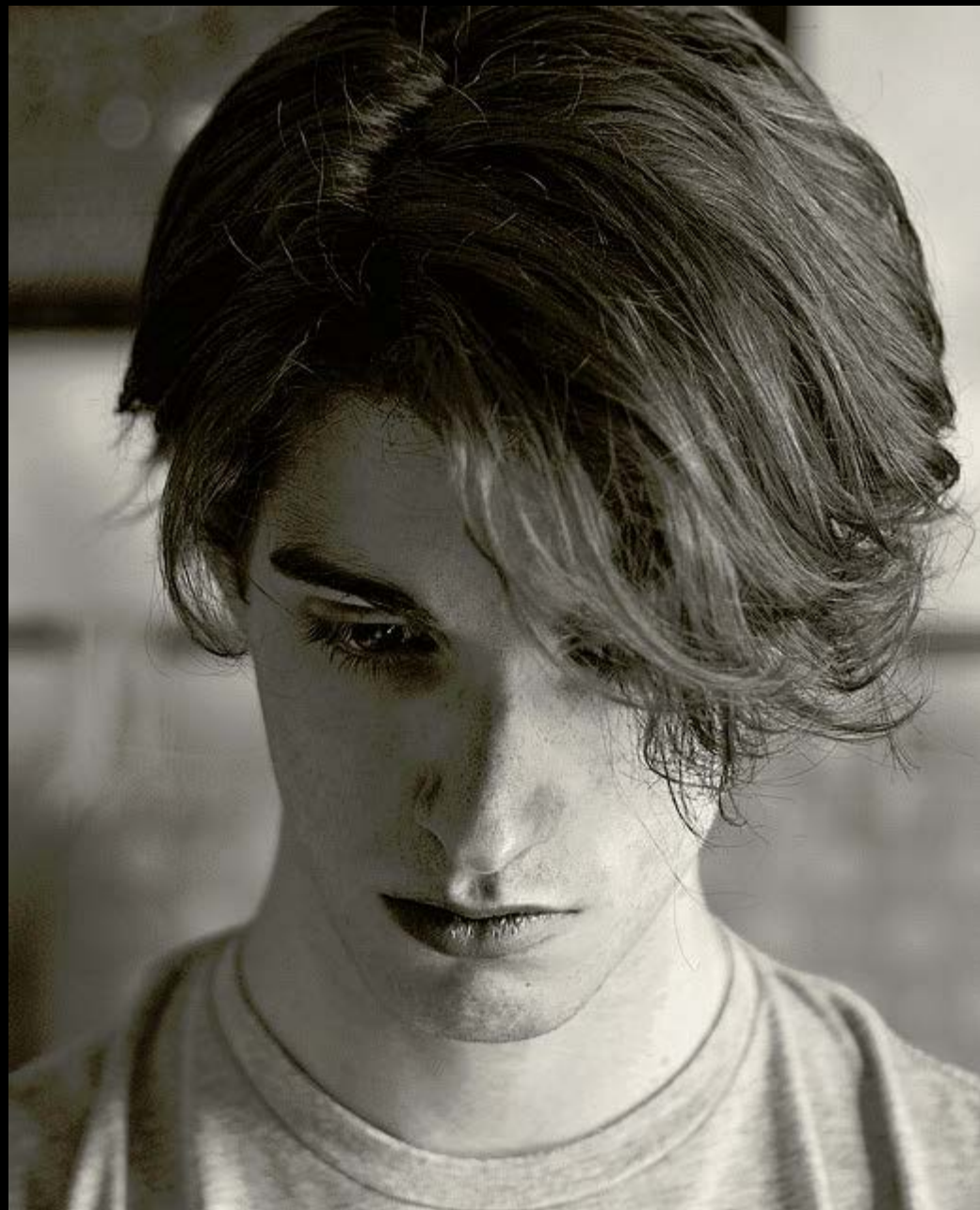
Types

Melancholic features—no pleasure

http://www.flickr.com/photos/s-t-r-a-n-g-e/2672919911/sizes/z/

Types

Seasonal pattern



http://www.flickr.com/photos/dbi90/3691863754/sizes/z/

Prevalence 13 men 21 women of 100

http://www.flickr.com/photos/mattmonath/4521222606/sizes/l/

Course 60% will have a second episode

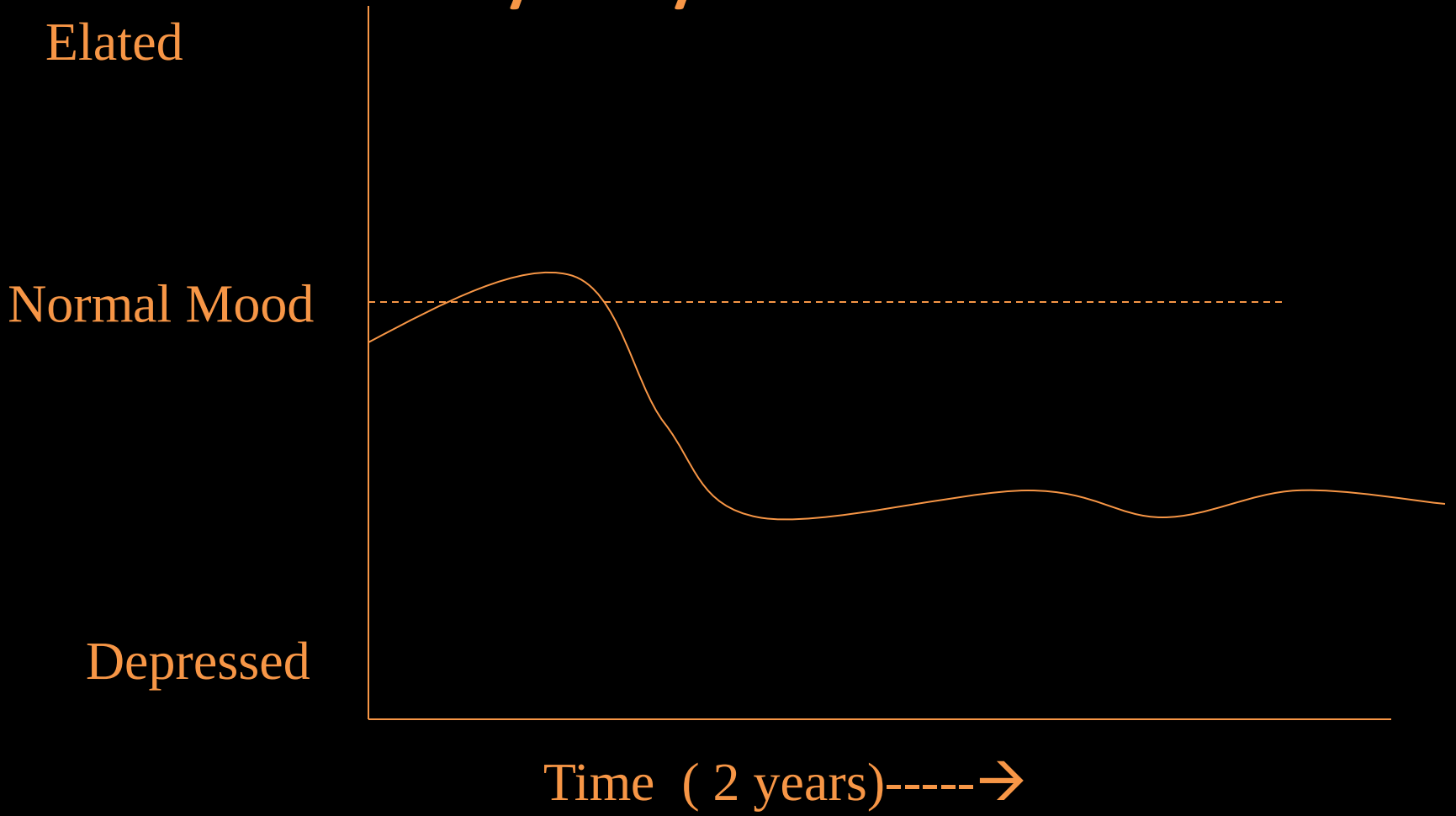
http://www.flickr.com/photos/cauchipics/4471686868/sizes/l/

Dysthymic Disorder

- Not as deep or intense as MDD
- Chronic: 2 years
- <=2 months relief

http://www.flickr.com/photos/safra78/3741249152/sizes/z/

Dysthymic Disorder



Disorder	Major Depressive	Dysthymic
Symptoms	5 or more Sadness or Loss of Interest or Loss of pleasure	3 or more Depressed mood
Duration	2 weeks	2 years

3. Have you ever felt “too happy”?

A.) Yes

B.) No

http://theangelwhispers.org/yahoo_site_admin/assets/images/ecstaticwoman2MA16183303-0017.185222429_std.jpg

Bipolar Disorder

A mood disorder involving disruptive experiences of heightened mood, possibly alternating with major depressive episodes.

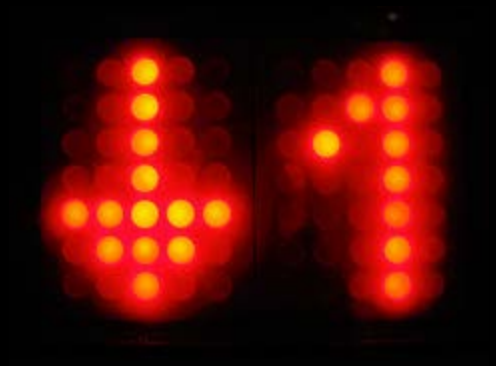
http://www.flickr.com/photos/51035796522@N01/111091247/sizes/m/

Manic Episode

- Racing thoughts
- Hyperactivity
- Easily distracted
- Grandiose sense of self
- May hear voices
- Highly energetic

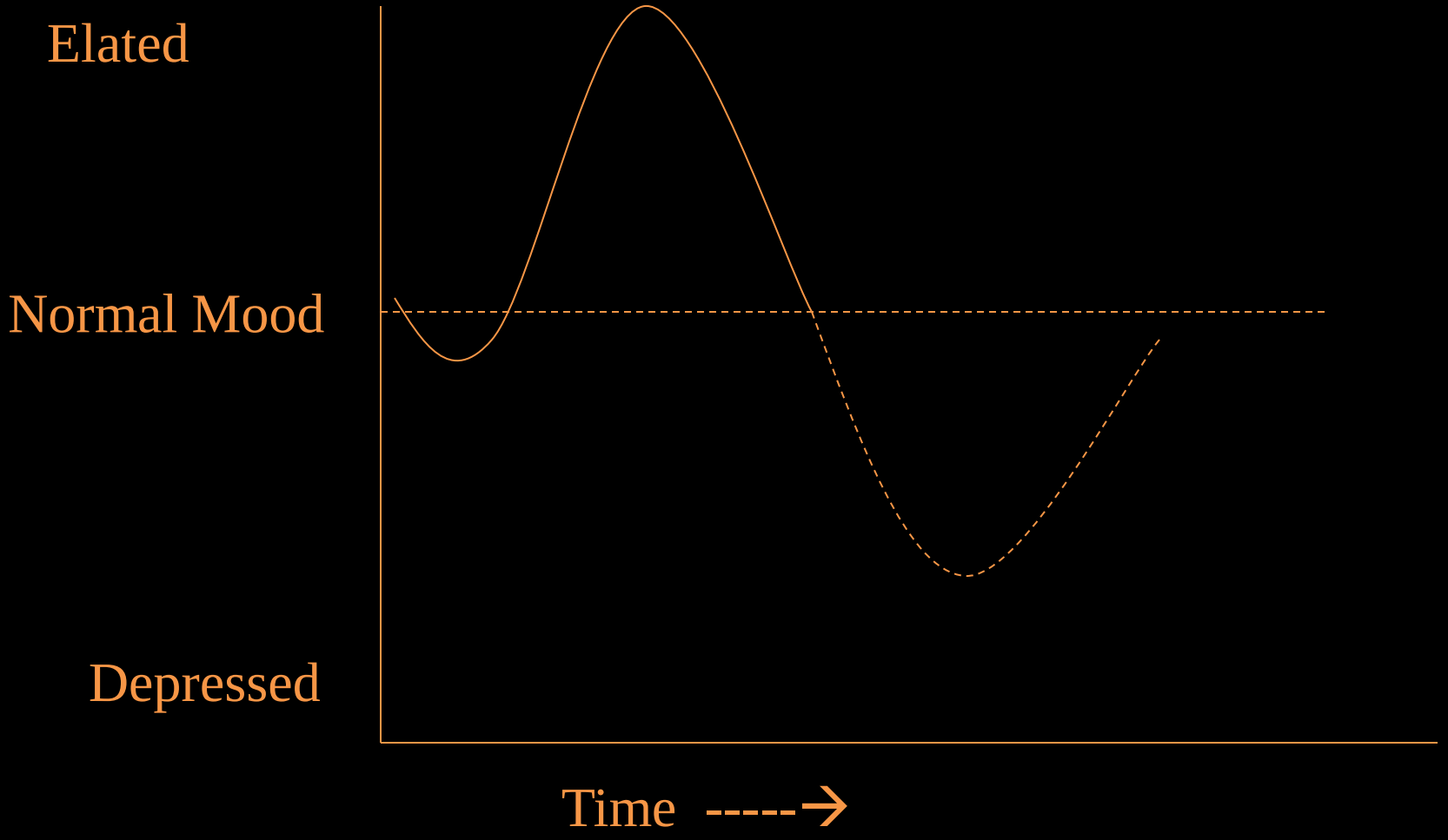
http://www.flickr.com/photos/piper/188378389/sizes/m/

Disorder	Bipolar 1	Bipolar 2	Cyclothymic
Symptoms	Manic Possibly depressed	Hypomanic Major depression	Hypomanic Mild depression
Duration	Varies	Varies	2+ years

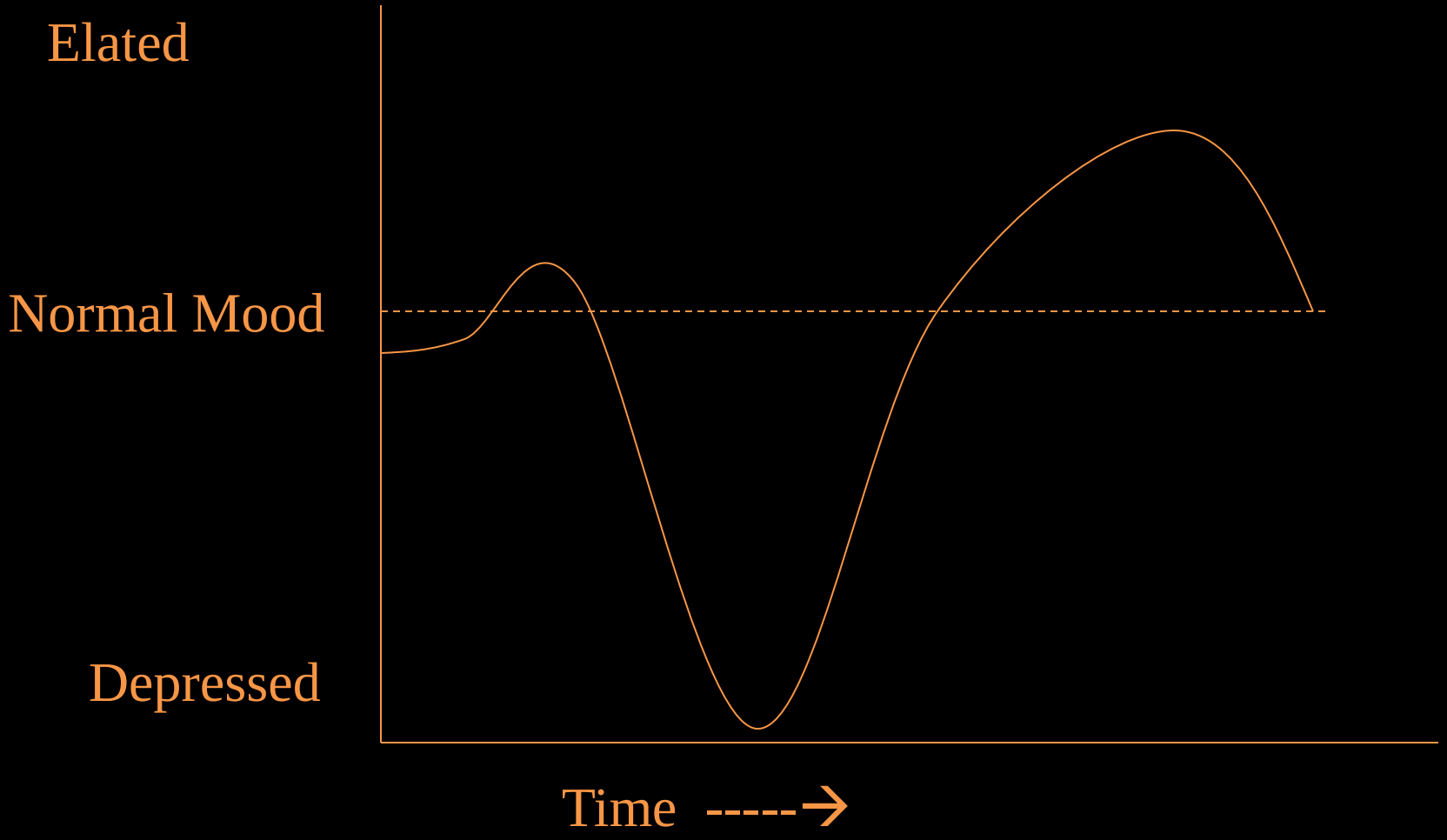


http://www.flickr.com/photos/ph0t0s/64157471/sizes/s/

Bipolar Type 1

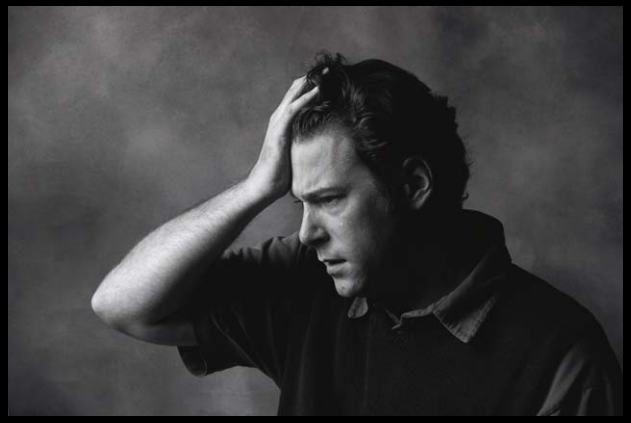


Bipolar Type 2



Prevalence

1.6% of the population

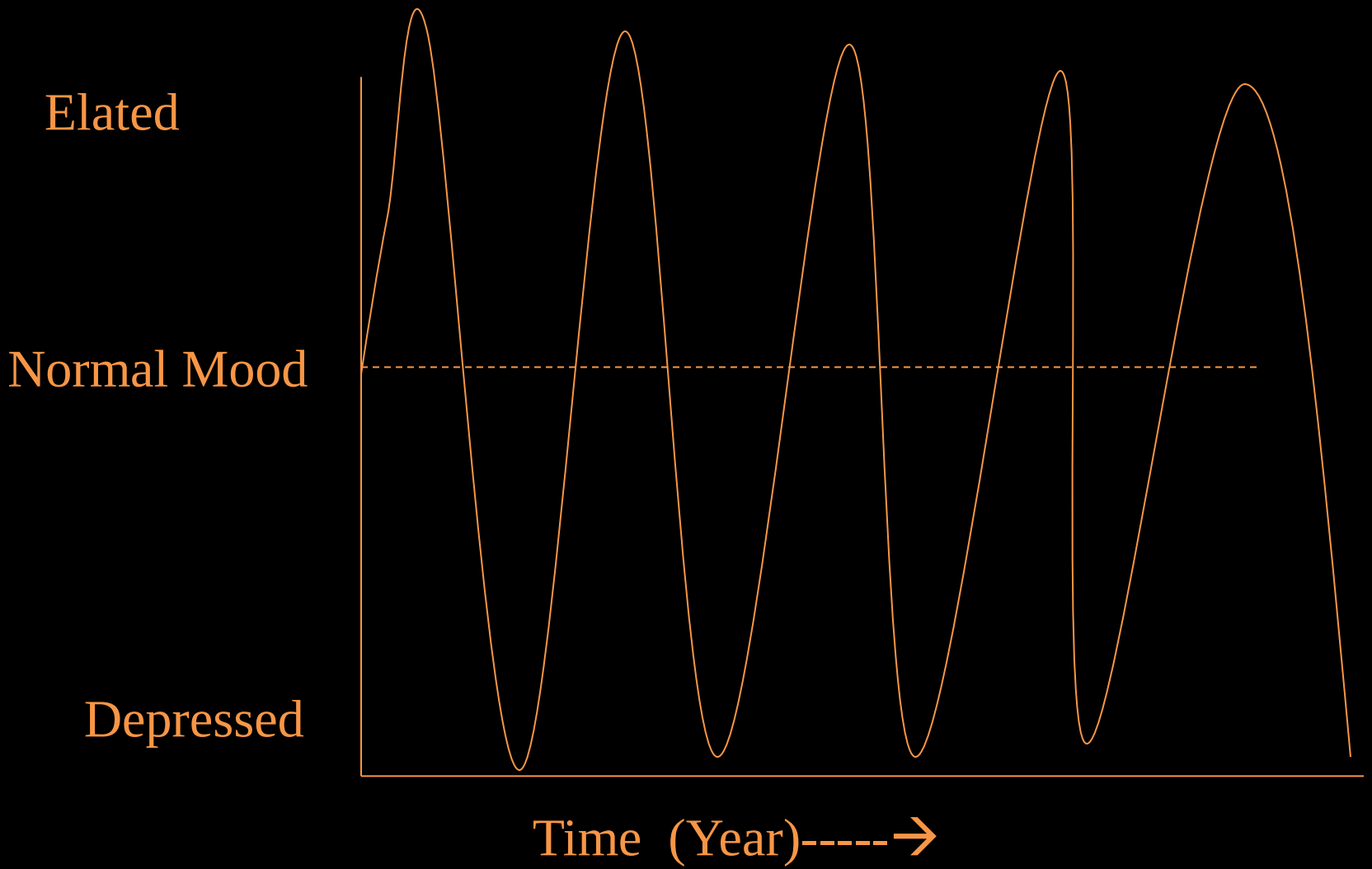


Course

- Men first episode -- manic.
- Women first episode -- major depressive.
- After manic episode, 90% experience subsequent episodes.

http://www.flickr.com/photos/simonpais/1774472387/sizes/m/

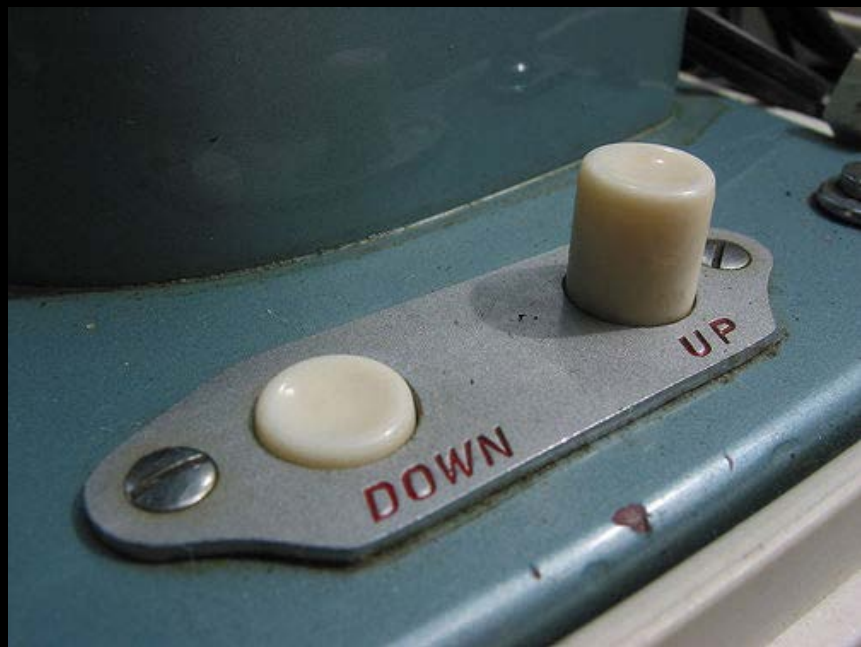
Rapid Cycling



Under 15% have 4-8 mood episodes in a single year:

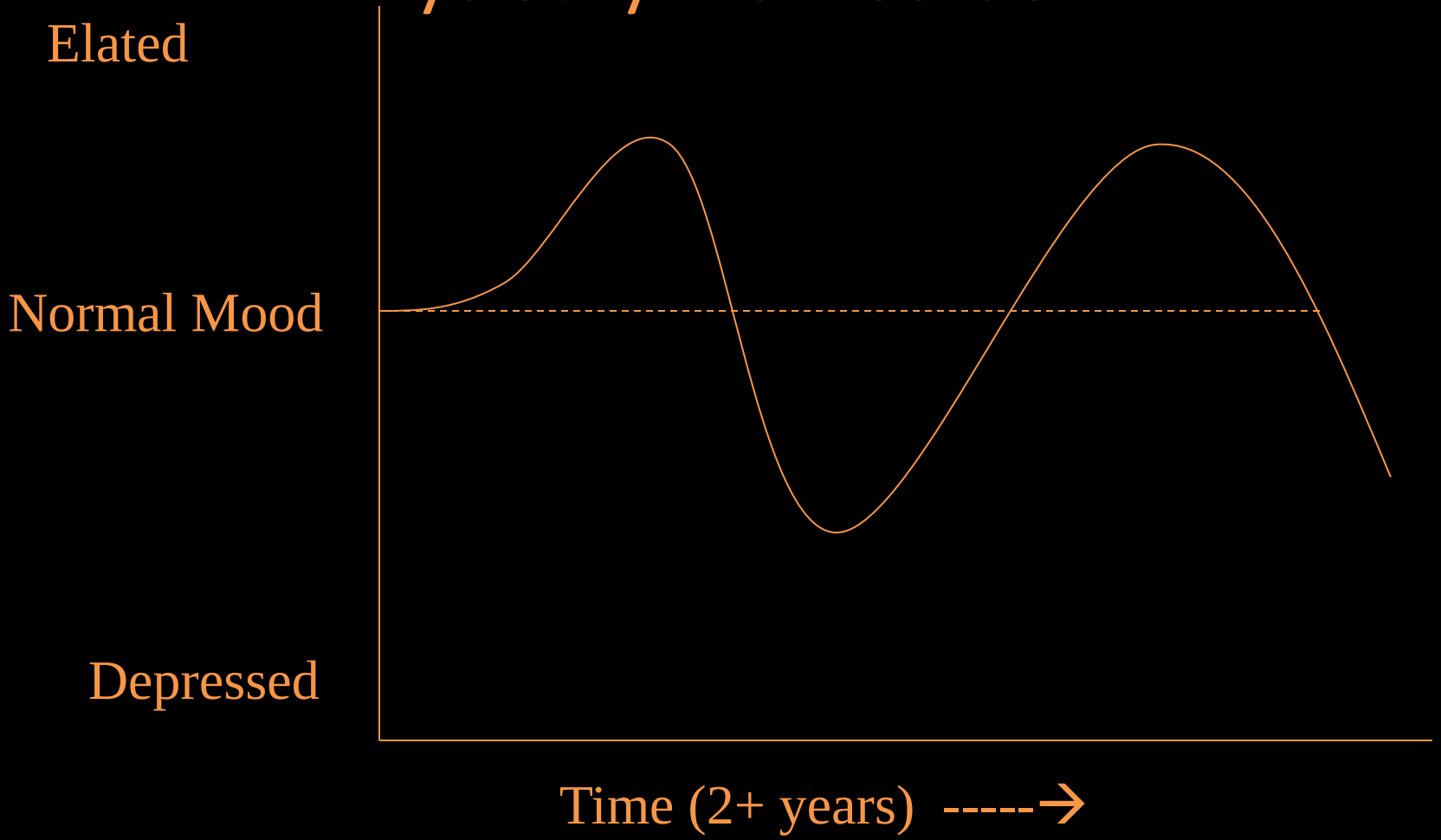
Cyclothymic Disorder

- Dramatic and recurrent mood shifts.
- Not as intense as bipolar.
- Chronic condition: Lasts at least 2 years.
- May feel productive and creative but others regard them as moody, irritable.



https://secure.flickr.com/photos/splorp/4430528/sizes/m/in/photostream/

Cyclothymic Disorder

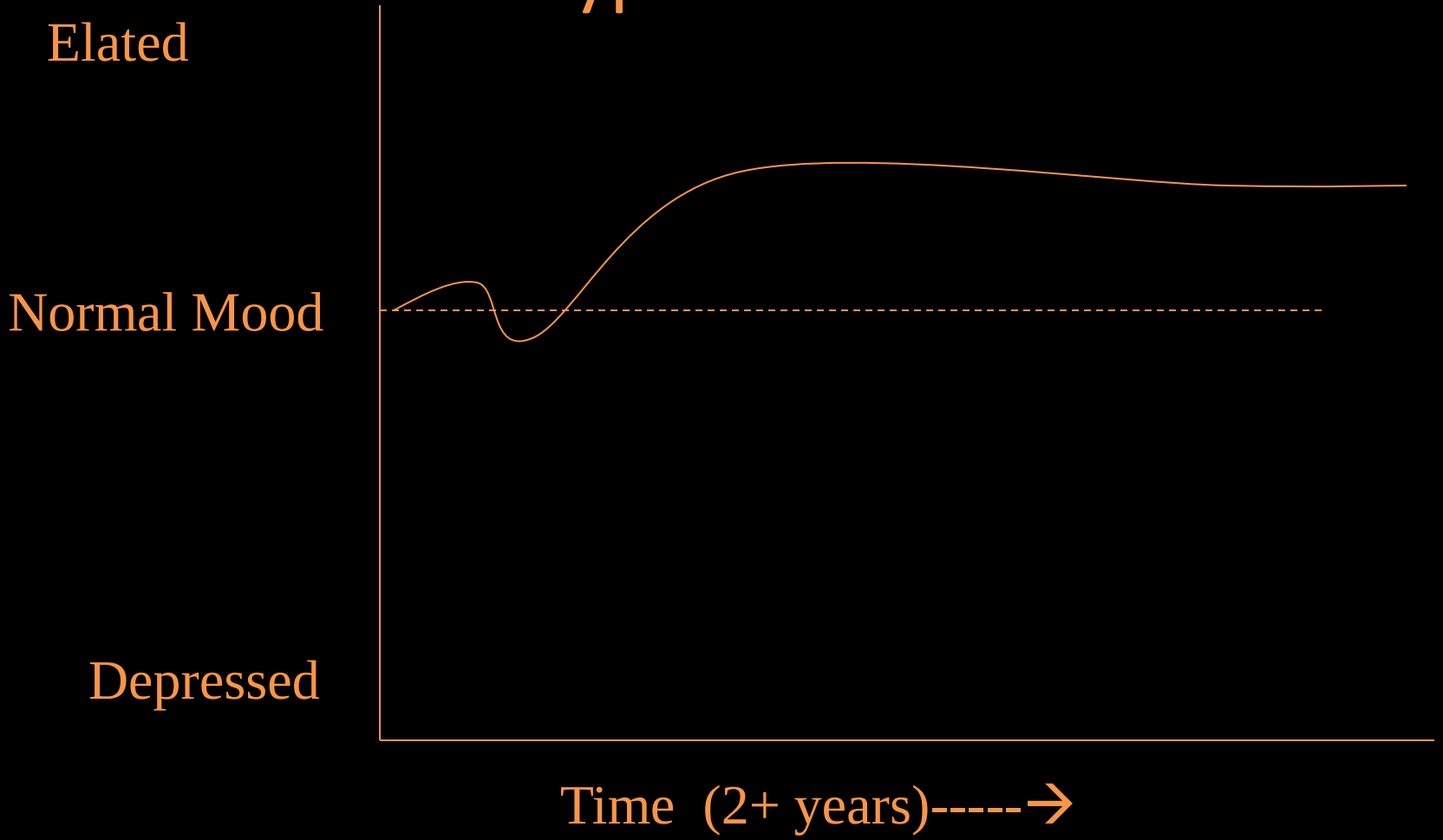


Chronic Hypomanic Disorder

Unbroken 2 year manic state

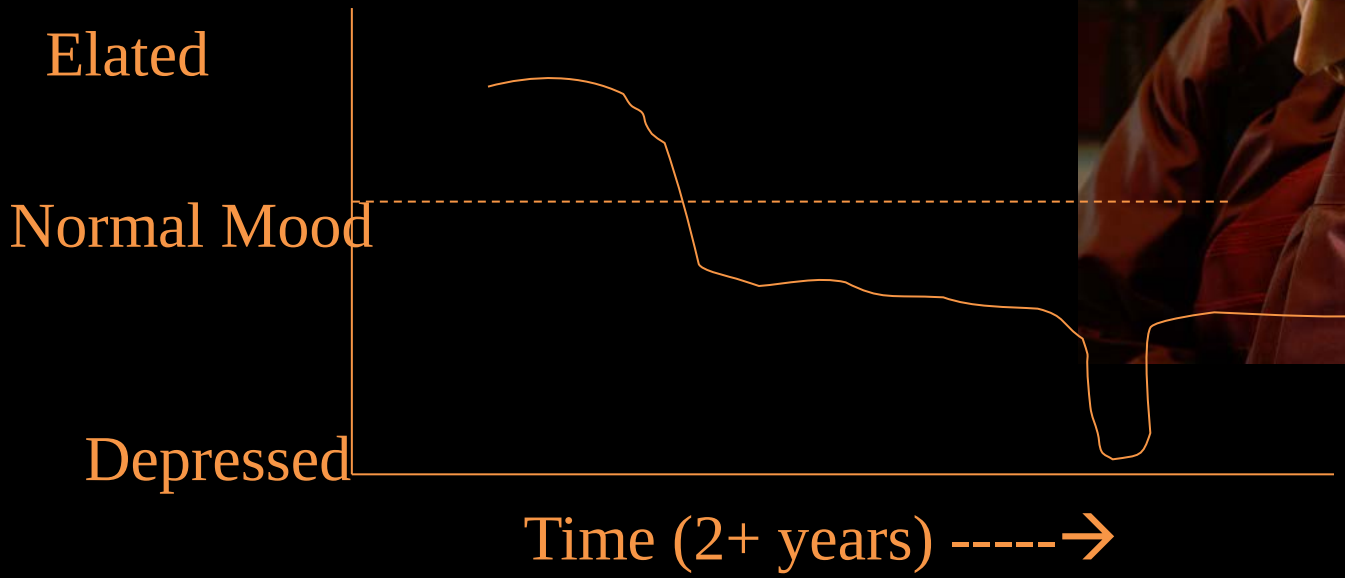
http://www.iclipart.com/dodl.php/andresr14061.jpg?linklokauth=LzA2Ni9zbWFsbC9iYXRjaF8yMy9hbmRyZXNyMTQwNjEuanBnLDEzMTk5ODEyOTUsMTk5LjguMTMuMjA3LDAsMCxMTF8wLCwwNjRlMmJiMTAwZDdkYWI2N2E2NWRkN2QxYzQ1OTdkNg%3D%3D

Chronic Hypomanic Disorder

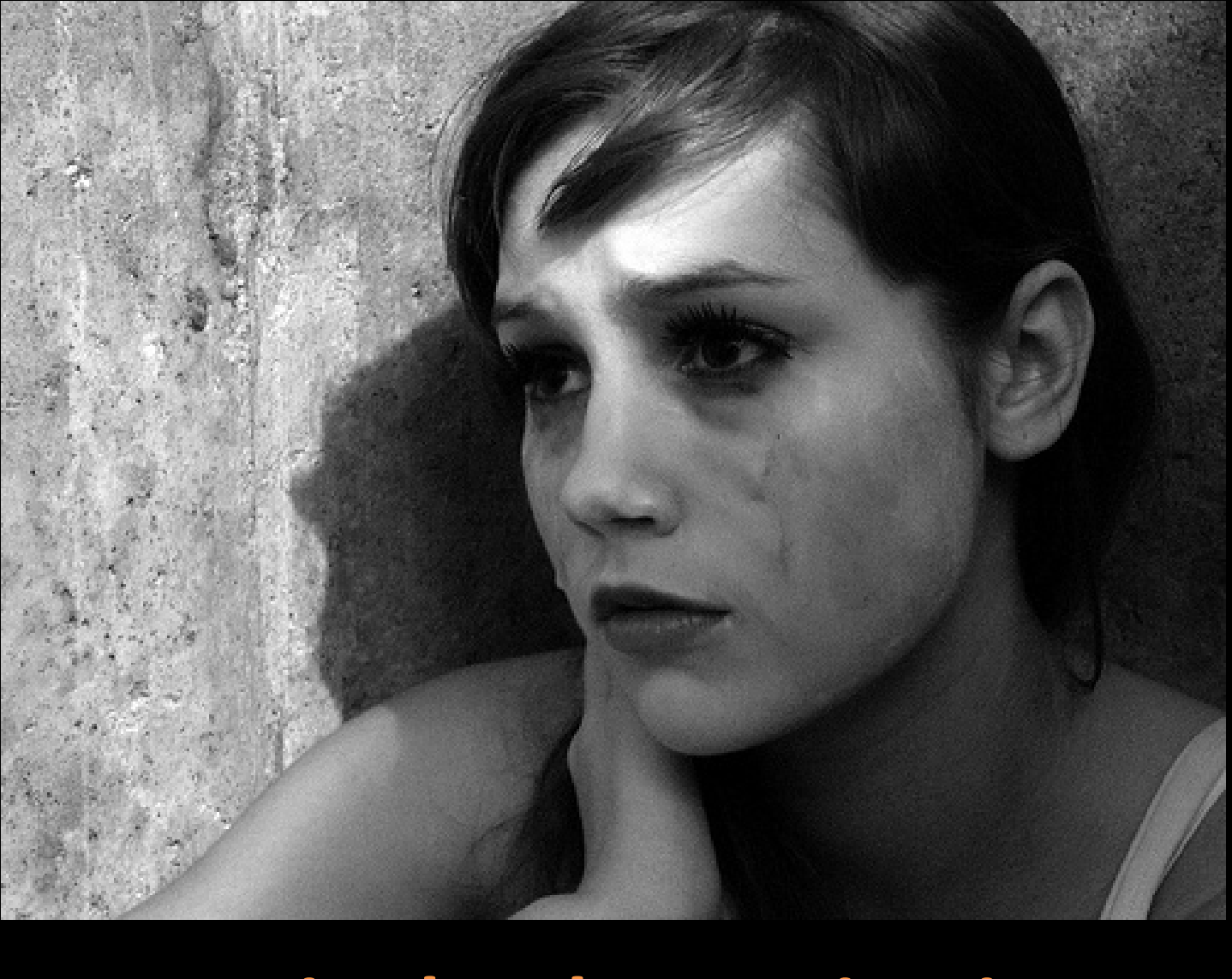


Double Depression

- **Depressive episode on top of a dysthymic disorder**



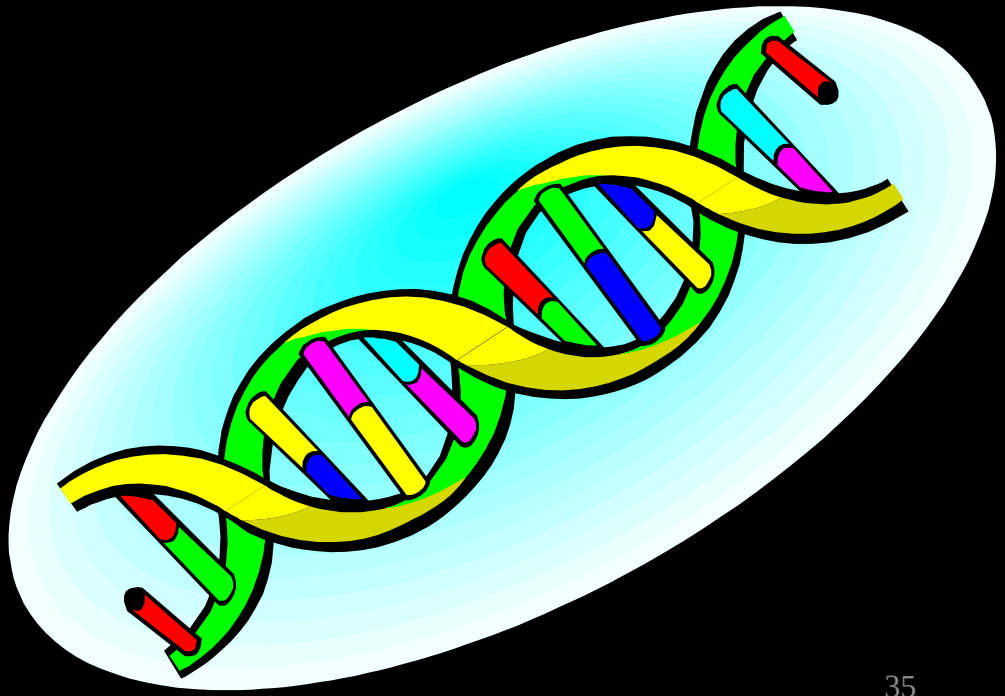
http://www.iclipart.com/dodl.php/070123b0130.jpg?linklokauth=LzA0Mi9zbWFsbC9iYXRjaF8wMS8wNzAxMjNiMDEzMC5qcGcsMTMxOTk4MTQ3NCwxOTkuOC4xMy4yMDcsMCwwLExMXzAsLDAwZDZjNGRmZTY3NGRiZDI3NDIzOWQ0MTBiNWE5Mjgx



Unipolar depression is 4X more prevalent than bipolar

Biological Perspectives on Mood Disorders

- Genetics
  - First-degree relatives of MDD twice as likely to develop DD
  - Heritability estimated at 31-42%.
- Biochemical Factors
  - Norepinephrene deficit
  - Serotonin deficit
  - Both deficit
  - Stress hormone (cortisol)



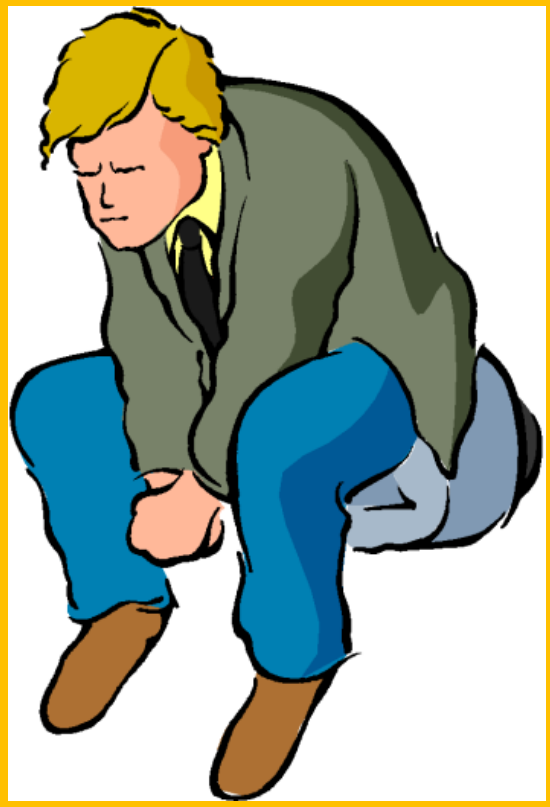
Psychological Perspectives

- Psychodynamic
  - Rejection or loss of parental love
  - Defensive mechanisms
- Behavioral & Cognitive
  - Low response-contingent positive reinforcement.
  - Lack of social skills
  - Stressful life events

https://secure.flickr.com/photos/thebrokenone/2929877921/sizes/m/in/photostream/

4. What do you do when you are depressed?

1. A. Sleep
2. B. Isolate
3. C. Eat
4. D. Escape (alcohol, drugs, video)
5. Other

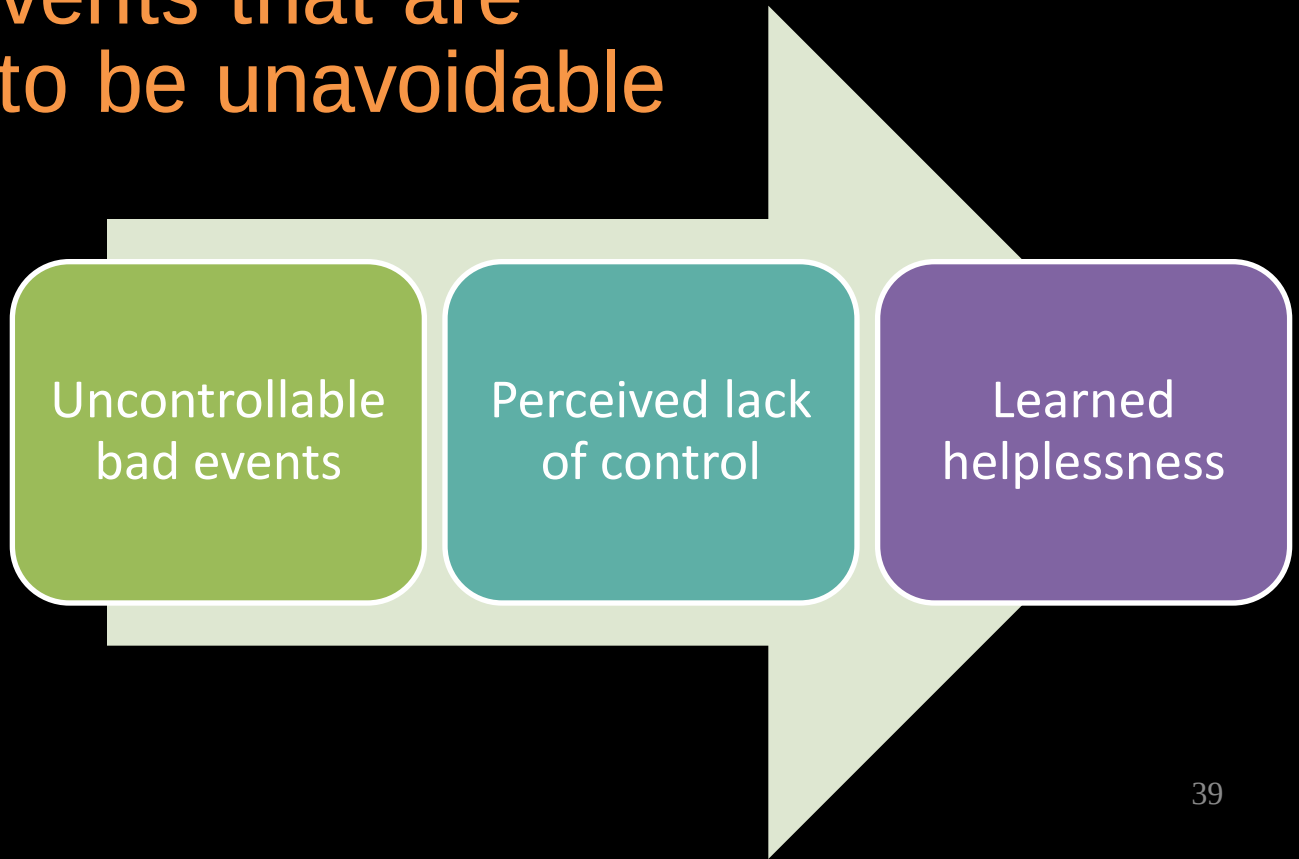


Lewinsohn's Behavioral View of Depression

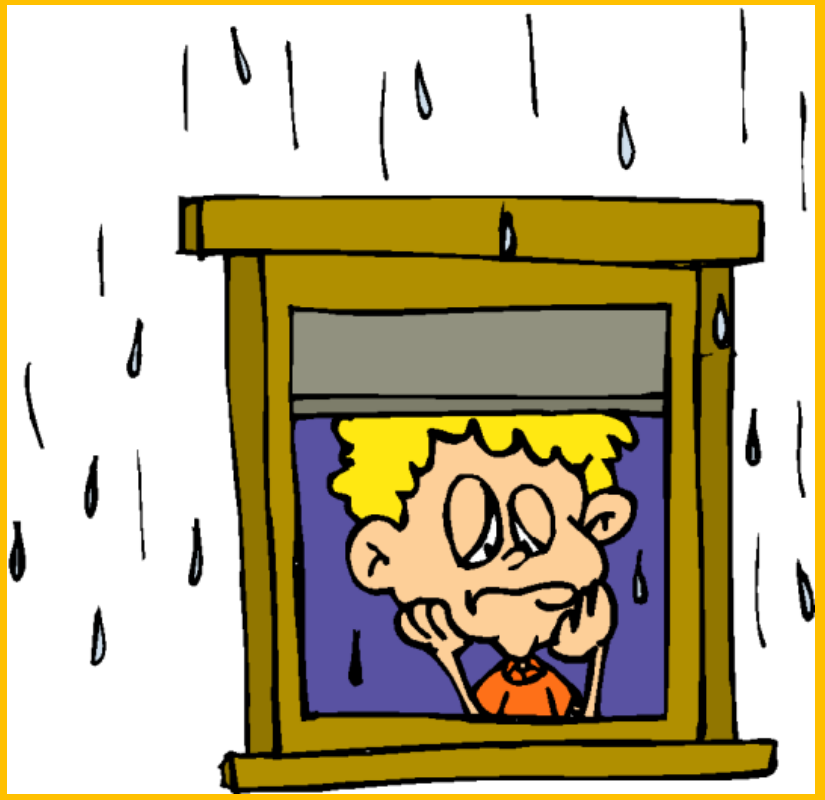
1. Stressor leads to reduction in reinforcers
2. Person With draws
3. Reinforcers further reduced
4. More withdrawal and depression

Learned Helplessness

The passive resignation produced by repeated exposure to negative events that are perceived to be unavoidable



5. What do you say to yourself when you are depressed?



A.) I am a bad person

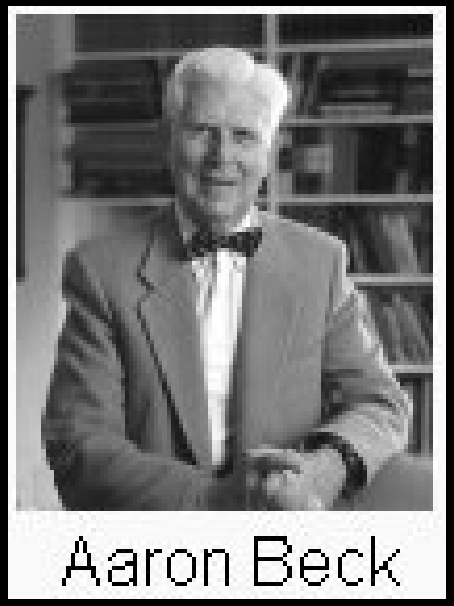
B.) This will never change

C.) Everything is bad

D.) All of the above

E.) Other

Cognitive Perspectives


Aaron Beck

- Beck's Cognitive triad
  - Negative view of self, world, and future
  - Leads to a depressive schema
- Cognitive distortions- drawing erroneous (negative) conclusions from experience
  - Faulty logic, arbitrary inferences overgeneneralizing, taking things out of context
- Content of thought think they are worthless and helpless so feel that way

Cognitive Perspectives

Cognitive Triad

A negative view of

1. the self
2. the world, and
3. the future.

Attributions in Human Helplessness

- Internal vs. external
  - The person vs. the problem
- Stable vs. unstable
  - Permanent vs. transient
- Global vs. specific
  - All vs. some circumstances

Cognitive Distortions

- Drawing erroneous or negative conclusions from experience
- Overgeneralizing
- Selective Abstraction
- Excessive Responsibility
- Assuming Temporal Causality
- Making Excessive Self-Reference
- Catastrophizing
- Dichotomous Thinking

Sociocultural Perspective

- Interpersonal
- Disturbed social functioning
- Impaired social relationships
- Significant interplay with behavioral and cognitive perspectives- lack of social skills leads to failed relationship, that leads to feelings of worthlessness, that leads to depression

http://i23.photobucket.com/albums/b368/Driscol/awkward.jpg

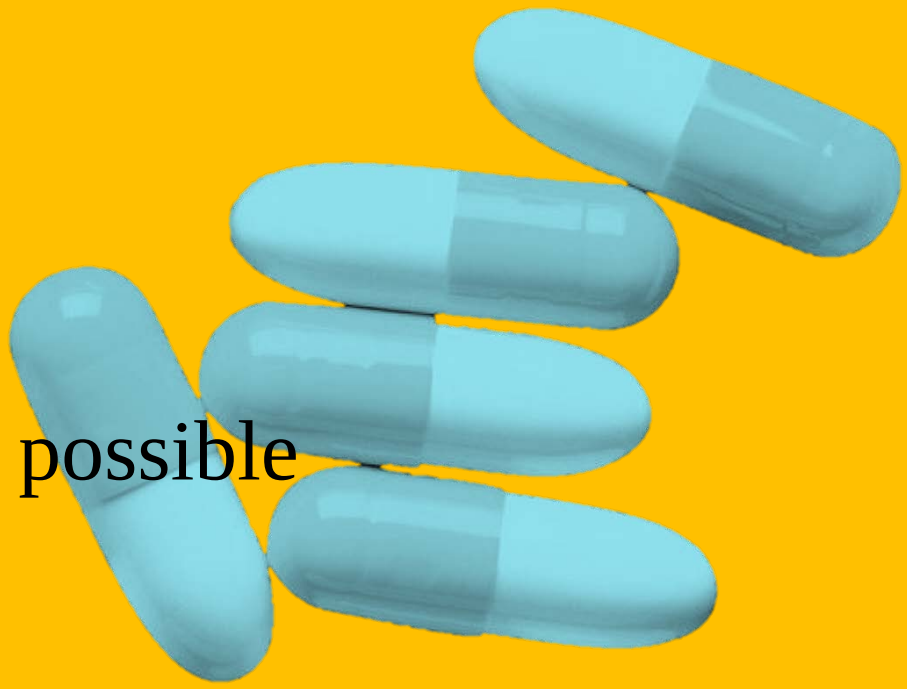
6. How do you feel about medication for depression? (whether you take it or not)

A.) A great treatment

B.) Sometimes necessary

C.) To be avoided whenever possible

D.) Never to be used



Biological Treatment

- Medications
  - Depression
    - Tricyclic antidepressants
    - MAO's
    - SSRI's / SNRI's
  - Bipolar
    - Lithium
    - Antidepressants (when in depressed episode)
    - Anticonvulsants (rapid cyclers)

https://secure.flickr.com/photos/blogumentary/2418324828/sizes/m/in/photostream/

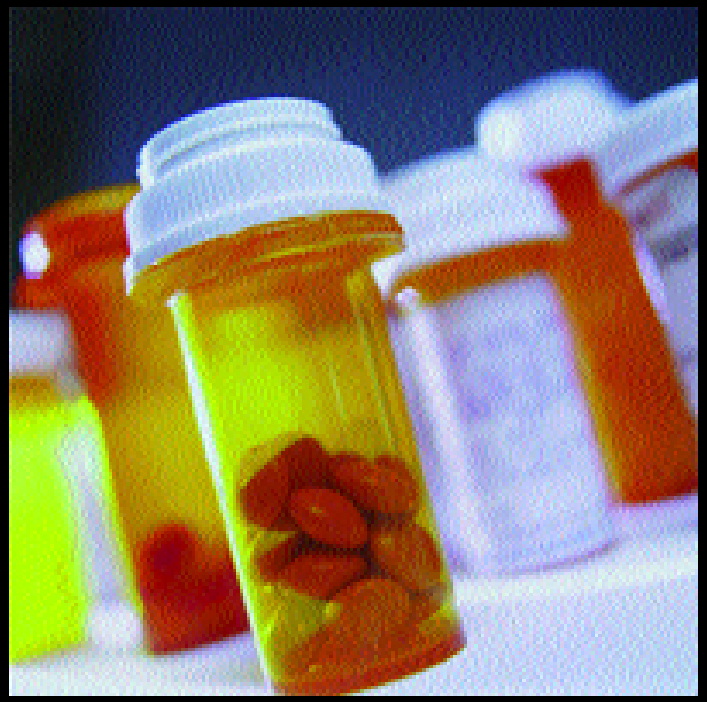
Electroconvulsive Therapy (ECT)
"Shock Treatment"

- Lifesaving where medications were ineffective
- Especially effective when patients over age 60
- Usually 6-8 sessions till mood returns to normal

http://www.minddisorders.com/images/gemd_01_img0044.jpg

Treating Bipolar Disorder

- Lithium carbonate effective for 80%
- Not at all for the other 20%

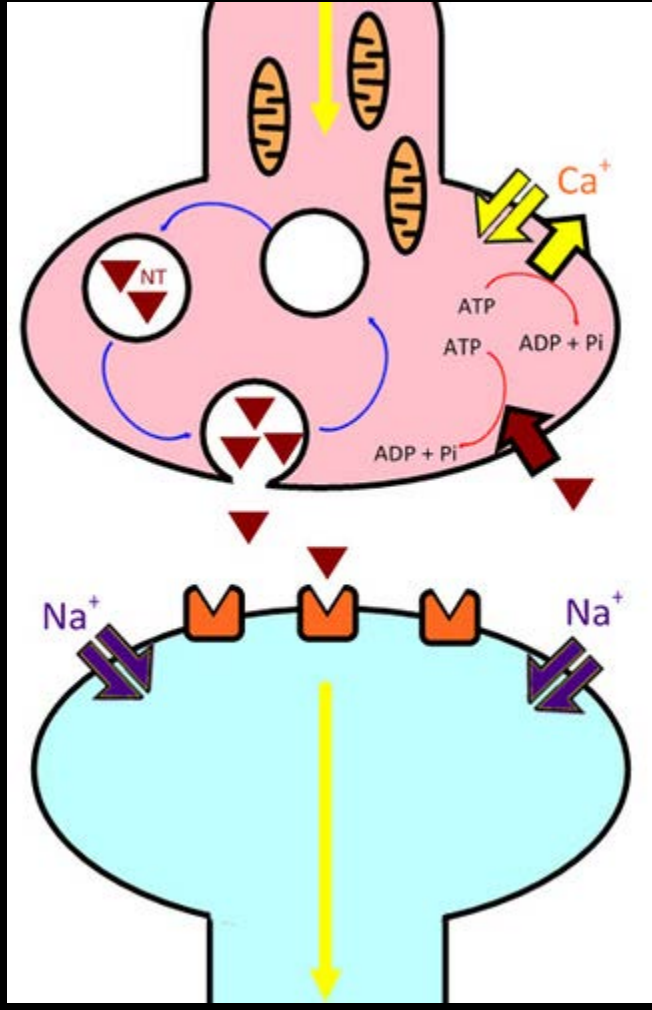


How Medications Work

- MAO inhibitors By inhibiting the enzyme MAO it prevents the breakdown of norepinephrine
- Tricyclics they block the reuptake of norepinephrine
- Prozac (SRI's): block the reuptake of serotonin
- SNRI's block the reuptake of serotonin & norepinephrine

Terms

- Breakdown: **The destroying of the neurotransmitter in the synapse by the enzyme MAO**
- Reuptake **The reabsorbtion of a neurotransmitter by the releasing cell**



https://secure.flickr.com/photos/gurustip/5223432144/sizes/m/in/photostream/

http://www.iclipart.com/dodl.php/natural_sponge.jpg?linklokauth=LzA3OS9zbWFsbC9iYXRjaF8wMS9uYXR1cmFsX3Nwb25nZS5qcGcsMTMyMDA2ODA2MiwxOTkuOC4xMy4yMDcsMCwwLExMXzAsLDExOWQ5NDEyNmY3M2NiN2MxYjdjZGVkMTYxZGFiZTdl

Norepinephrine

- Catecholamine which is needed to avoid depression
- Discharged into synapse
- Can be eliminated by
  - Reuptake
  - Breakdown
- MAO breaks down NE
- MAO inhibitors, inhibit breakdown
- Trycyclics block reuptake

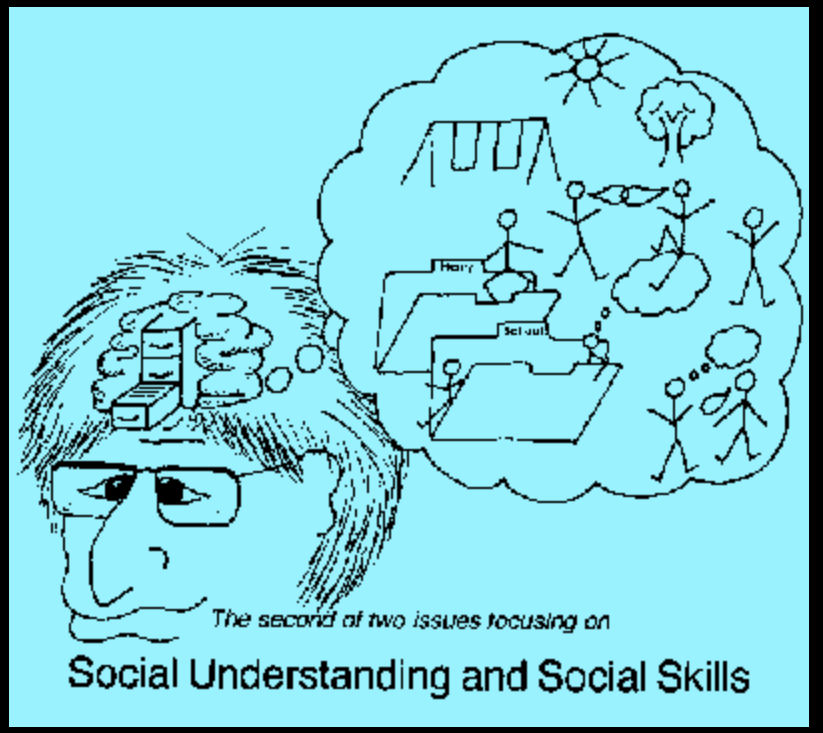
Serotonin

- SSRI (Selective Serotonin Reuptake Inhibitor)
- Blocks reuptake
- Common Brands
  - Prozac
  - Zoloft
  - Paxil

http://www.iclipart.com/dodl.php/070517d0143.jpg?linklokauth=LzA0Mi9zbWFsbC9iYXRjaF8wMS8wNzA1MTdkMDE0My5qcGcsMTMyMDA2ODk1OSwxOTkuOC4xMy4yMDcsMCwwLExMXzAsLDY1ZDg0OTdiMjM5YzkxNjUyYmNhZWQxMGM2ZmZhY2E5

Psychological Treatment

- Behavioral- change social skills, environment, behaviors through modeling, coaching, role-playing, and rehearsal; give “assignments” (activities to engage in)
- Cognitive -restructure thinking
- Psycho-education - help bipolar clients understand the disorder and the importance of medication



Behavioral Treatment

- Assessment
  - Frequency,
  - Quality, and
  - Range of Activities and Social Interactions.
- Implementation of Treatment
  - Change social skills.
  - Change environment.
  - Develop new behaviors

Cognitive Restructuring

- Identify and monitors dysfunctional automatic thoughts
- Recognize connection between thoughts, emotions, and actions
- Evaluates the reasonableness of the automatic thoughts
- Substitute more reasonable thoughts
- Identify and alter dysfunctional assumptions

Six Depressogenic Assumptions

- **To be happy I must succeed.**
- **To be happy I must be accepted by all people at all times**
- **If I make a mistake it means I am inept**
- **I cannot live without love**
- **Someone disagreeing with me means they don't like me**
- **My value as a person depends upon what others think of me**

When to be Optimistic?

- Optimistic when the cost of failure is low
- Make another sales call
- Cautious
- Drive drunk

https://secure.flickr.com/photos/wrhowell/52824625/sizes/m/in/photostream/

National Institute of Mental Health study on the effectiveness of treatments for depression

- Cognitive therapy patients,
- 79% showed marked improvement or
- Complete remission,
- 20% of the drug patients showed such a strong response.
- Follow-up at 3, 6, and 12 months both groups maintained their improvements.

National Institute of Mental Health study on the effectiveness of treatments for depression.

- Cognitive therapy groups continued to be less depressed than the drug therapy group.
- & had half the relapse rate of the drug group.
- Tricyclics work faster but the psychotherapies produced more lasting relief.

Interpersonal Intervention

- Interpersonal Therapy - collaboration between therapist and client
  - Assess magnitude and nature of depression
  - Form a treatment plan focusing on primary problems
  - Carry out the plan
- Behavioral Marital Therapy - behavioral change plan in context of relationship

https://secure.flickr.com/photos/a_big_big_world/55130474/sizes/m/in/photostream/

Interpersonal Therapy

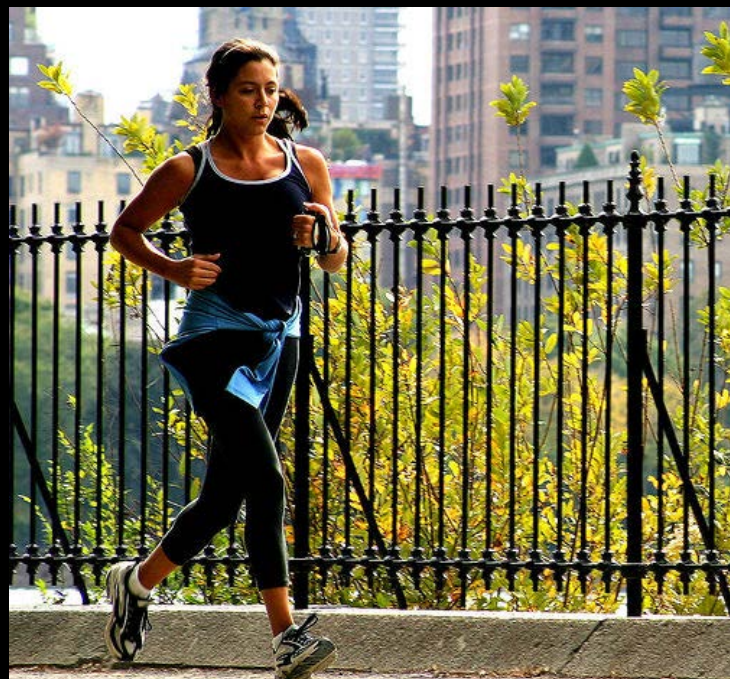
- Targets:
  - interpersonal disputes / conflicts,
  - interpersonal role transitions,
  - complicated grief that goes beyond the normal bereavement period)
  - role disputes,
  - interpersonal deficits.
- Present-oriented
- Emphasizes patients' exploring options
- Increasing their activities and social life.
- Treatment begins
  - History of the problem.
  - Therapist suggests which of the four problem areas is most relevant
  - Then asks the patient what he or she wishes to accomplish.
- Time-limited (16-20 session long)
- No more than two problems.

http://www.cdc.gov/std/EPT/ept-couple.jpg

http://members.aol.com/njacbt/article1.html
http://www.med.umich.edu/depression/ipt.htm
http://www2.health-center.com/mentalhealth/therapy/types/interpersonal.htm
http://www.apa.org/divisions/div12/rev_est/ipt_depr.shtml
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11211373&dopt=Abstract

APA 2010 Guidelines

- Very Mild: — Exercise
- Mild to Moderate: Cognitive and Interpersonal
- Severe: Medication (+ CBT or IP)
- Extreme: ECT



https://secure.flickr.com/photos/thomashawk/12239464/sizes/m/in/photostream/

4 Invulnerability Factors

- Intimate relationship
- Part-time or full-time job away from home
- Fewer than three children still at home
- Serious religious commitment
  - Reflect the developmental tasks: love, work, and meaning
  - 3 children still at home probably reflects some isolation and difficulty in parenting roles.

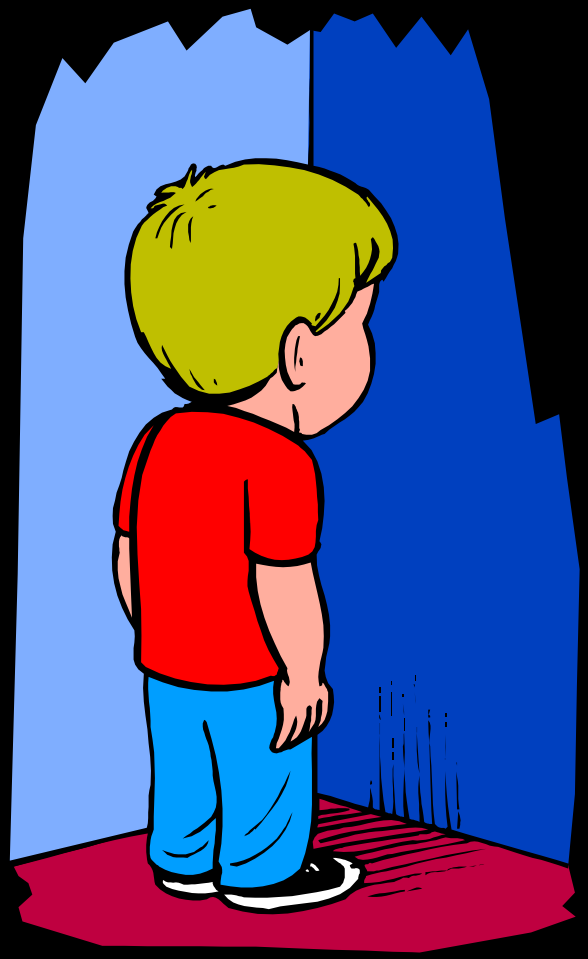
Perception of Reality and Depression

- Non-depressed people distort reality
- Depressed people are sadder but wiser.
- Alloy and Abramson (1979)

https://secure.flickr.com/photos/kygp/2568074498/sizes/m/in/photostream/

Non-depressives

- Deny their responsibility for the violence and suffering of the world
- Minimize the punishment they should receive for their sins.
- Alloy and Abramson (1979)



Love Addiction

- Love addicts
  - skilled at producing demonstrations of love from others
  - insist on a constant flow of love.
- Cares little for the actual personality of the person he loves.
- Focus on getting love, rather than giving love,

http://keshigirl.blogspot.com/2007/11/life-after-love.html

Excessive dependence on others for self- esteem

- Need to be showered with love and admiration.
- Greedy for love
- When not satisfied, his self-esteem plummets.
- When disappointed difficulty tolerating frustration
- Trivial losses upset self-regard
- Immediate and frantic efforts to relieve discomfort.

http://www.georgeblowfish.com/dependent.jpg

Thin ideal & depression

- Thin ideal and dieting not only cause eating disorders
- Cause women to be more depressed than men.

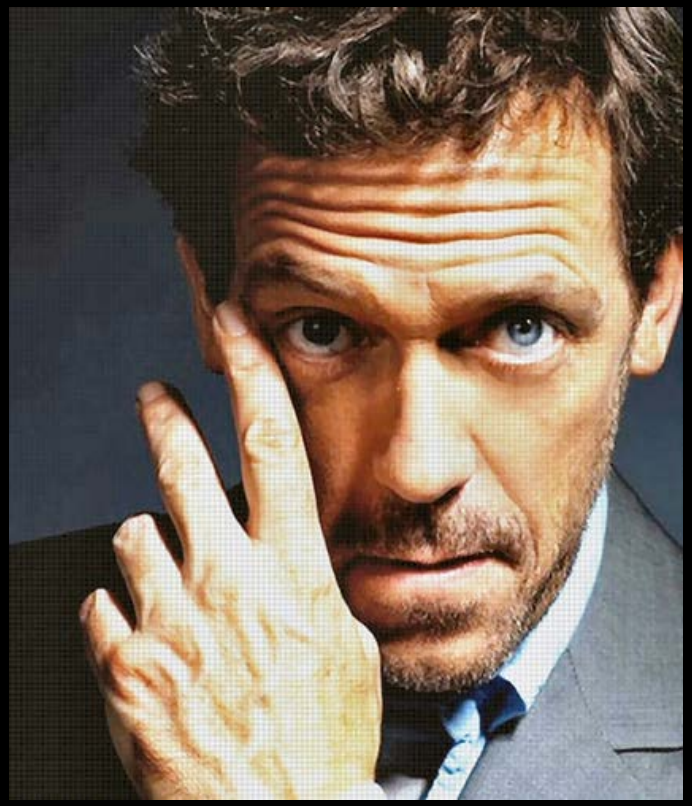
https://secure.flickr.com/photos/ktlindsay/2322037166/sizes/m/in/photostream/

Depressive Symptoms In Adolescents

- Commonly negativistic
- Antisocial

Theological Principles People with Depression Ignores Or Exaggerate

- Personal responsibility,
- Lack of God's sovereignty,
- Falleness of the world.
- Self-absorbed
- Focused on the present
- Contrary to the principles of taking an interest in others
- Thinking about the future



http://https://secure.flickr.com/photos/bailary_llorar/4320224154/sizes/m/in/photostream/7/27/2009

Attributions of Responsibility When Depressed

- For the violence and suffering of the world and that they should be greatly punished for their sins in light of Christian thinking.
- Christians have historically believed that they were responsible for some of the suffering in the world and that they should be punished for their sins.
- The problem come from the exaggeration and
- The lack of acceptance of the solution.

Endogenous and Exogenous

- **Endogenous**
  - **biological**
  - **with melancholia**
  - **from the body**
- **Exogenous**
  - **psychological**
  - **without melancholia**
  - **from outside the body**

Endogenous Depression

- **Psychomotor retardation**
- **More severe symptoms**
- **Lack of reaction to environment**
- **Loss of interest in life**
- **Somatic symptoms**
- **Early morning wakening**
- **Guilt**
- **Suicidal behavior**

PMDD

Premenstrual Dysphoric Disorder

- Severe form of the more commonly known premenstrual syndrome, or PMS.
- PMDD is heritable, affects 5-8% of women,
- Associated with severe emotional and physical problems, such as irritability, marked depressed mood, anger, headaches, weight gain and more, to such an extent that quality of life is seriously impacted
- Science Daily 10/02/2007

http://www.irib.ir/health/Image/PMS-840114.gif

SEASIONAL AFFECTIVE DISOR

Curtis K. Leech, Ph.D
G. Lee Griffith
Psychology Der
Anderson

Our Outline

- Demographics
- Symptoms
- Theories of possible causes
- Foods to avoid
- Clinical aspects
- Treatments

Demographics

Estimated 11 million Americans (4%) SAD

- 25 million have similar subclinical symptoms
- Most common in northern latitudes (45-50), 10% , e.g., Alaska, North Dakota, Wash. St.
- Less common in southern latitudes (25-30), 1.4% in South Texas, Florida, Mexico
- Found in both children and adults
- 75-80% of cases are in females
- Varies considerably in severity, even within a region
- Different races take on the risk of region

Core Symptoms

- Depressed mood:
- Often described as:
  - Feeling down in the dumps
  - Feeling sad and/or empty
  - Being irritable due to
    - feeling overwhelmed
    - (by usual tasks of living)

More Symptoms

- Anxiety
- Difficulty concentrating
- Anhedonia for the little pleasures
- Lack motivation
- Apathy
- Carbohydrate craving (at night)
- Decreased libido
- Hypersomnia
- Lethargy
- Perception of PMS worsens
- Weight gain
- Hopelessness & helplessness

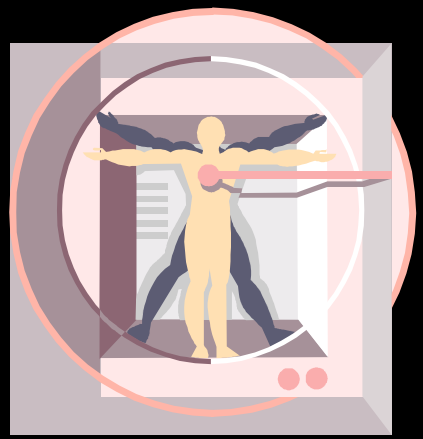
Possible Causes Of SADS

Melatonoin Hypothesis

- Elevated levels of melatonin in winter
- Melatonin secreted during the night time (i.e., the more darkness, the more melatonin)
- It is secreted from the pineal gland (also called the “median eye”), even in blind people
- Increased light (e.g. 2500 lux, for 2 hours at about 4 feet) thought to decrease melatonin

Disorder of Rhythmicity Hypothesis:

- Abnormally delayed circadian rhythm due to reduced exposure to light
- “Phase shift hypothesis”-light in AM shifts rhythms earlier, to normal rhythm
- May affect “biological clock” located in the suprachiasmatic nuclei (SCN) of hypothalamus
- Research finds that light treatment in AM, **or PM** (paradoxically) often helps reset the clock



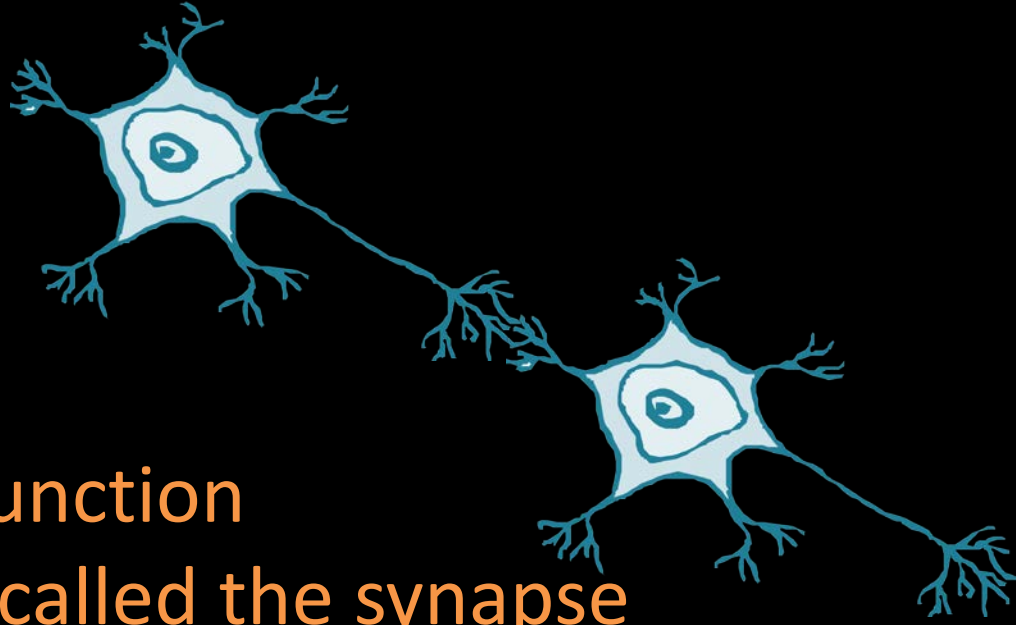
Stress Response Axis Hypothesis

- Some SAD patients are OK when alone at rest
- However, when stressed or challenged they can't rally, and thus get depressed
- Research suggests SAD patients respond with abnormally low levels of corticotrophin (CHR) (hormone that mediates response to stress)
- Light restores CHR to near normal levels in SAD patients
- May be one factor among many that plays a role

Serotonin Hypothesis

- Low levels of serotonin cause SAD
- Explains the circadian rhythm data because sertonin nerve cells are in SCN
- Explains craving carbohydrates (energizes), as these increase serotonin
- Selective serotonin reuptake inhibitors (SSRI,e.g., Prozac, Zoloft, Paxil) treat SAD effectively in many patients

How Drugs Work



- Most work at the junction between neurons, called the synapse
- Some drugs block receptors.
- Some drugs block the breakdown of the neurotransmitter in the synapse (MAOI)
- Some drugs inhibit the reuptake of the neurotransmitter (SSRI)

Foods Too Avoid if on MAOI

- If you are on a MAOI(Nardil, Parnate):
- Avoid sauerkraut or marmite (a green vegetable jelly from Britain), beer, red wine, aged or smoked cheese, brewer's yeast, liver, pate, soy sauce, fava beans, herring, sausage, and other, smoked or pickled meat, fish, poultry, and many Chinese foods.
- These are high in tyramine (MAOI's block an enzyme that breaks down tryamine).
- High blood pressure may result.

Suggested Readings

- Rosenthal, N.E. (1993). Winter blues: Seasonal affective disorder, what it is and how to overcome it. New York:The Gilford Press.
- Taylor, C. & Levinson, R.K. (1998). If you think you have seasonal affective disorder, New York: Dell Publishing.
- Web sites

Treating SADS

Lee Griffith

Distinguish from Other Causes

- Abuse
- Death
- Job loss
- Return to School
- Anniversaries
- Multiple Causes

Treatments

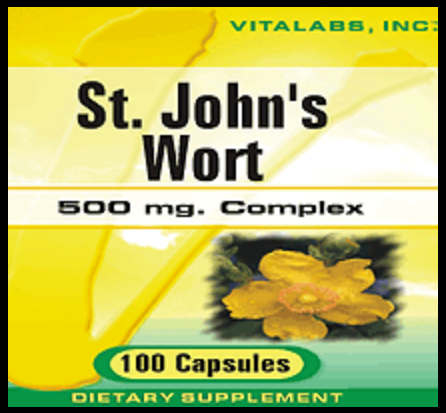
- Light
- St. John's Wort
- Psychotherapy
- Prescription anti-depressants
- Other Treatments

Light Therapy

- Cool white as good as full spectrum
- Light Boxes intensity related
- Light Visors not intensity related
- Dawn Simulators
- Possibly Harmful to eyes
- No Ultra violet
- Not with drugs that produce light sen

St. John's Wort

- 39% reduction in symptoms
- Do not mix with alcohol
- Do not mix with prescription antidepressants



http://myprivatelabelvitamins.com/images/public/st-johns-wort.gif

Psychotherapy

- Sort out causes
- Personalize treatment
- Reduce stress
- Choose reasonable lifestyle

Prescription Antidepressants

- Welbutrin (bupropion) effective
- (Citaloprin) = light therapy
- Prozac (Fluoxetine) = light therapy

Other Interventions

- Diet
- Exercise
- Vitamin D
- Vitamin B12
- Vacations
- Relocation

Turn your SAD to Glad!

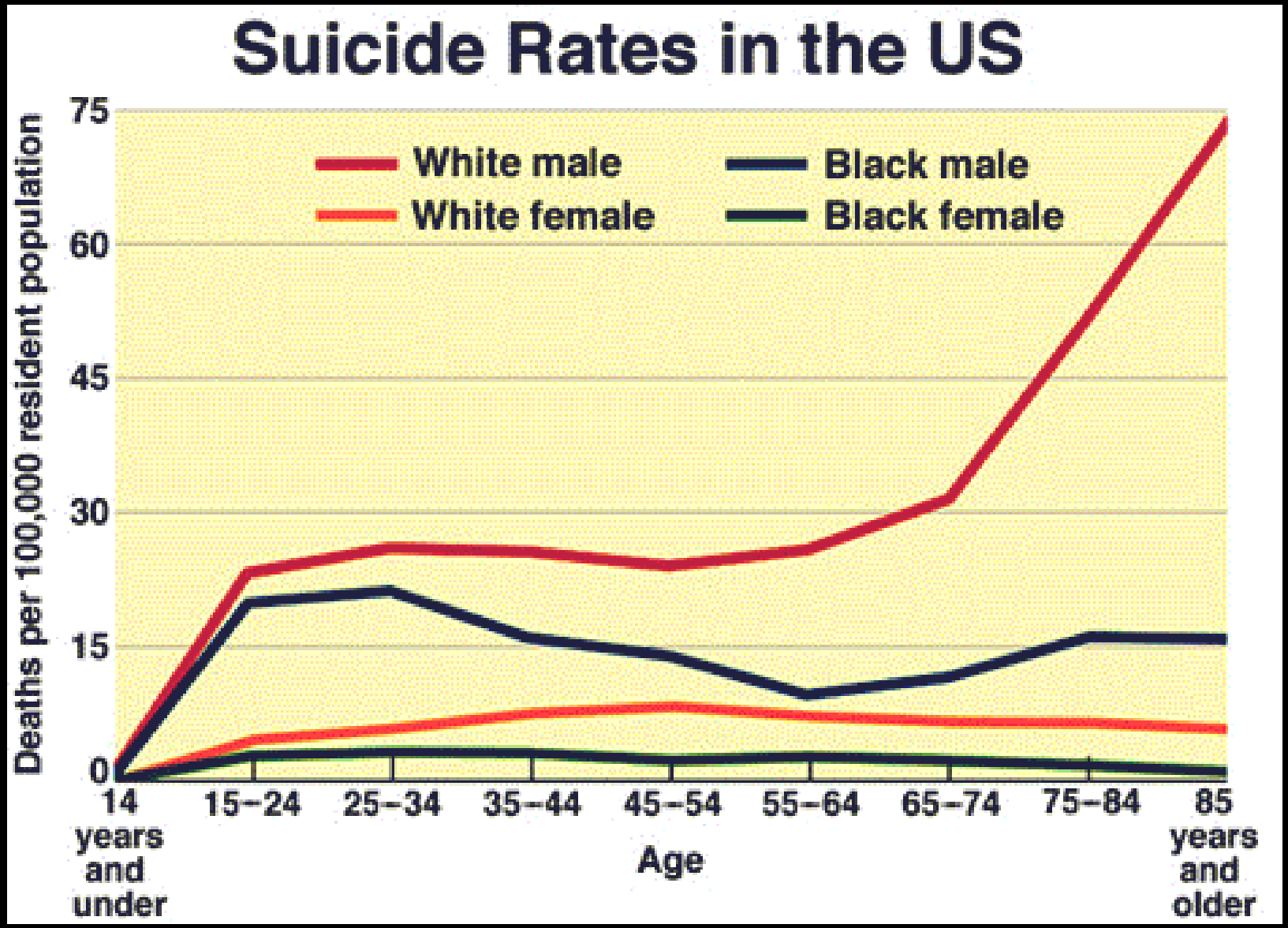
Suicide

http://www.rjgeib.com/biography/la-days/murder1.jpg

Suicide

Who Commits Suicide?

- More than 30,000 Americans a year.
- Women attempt more often,
  but male success rate is 4 times greater.
- More white.
- More unmarried.
- Associated DSM disorders.

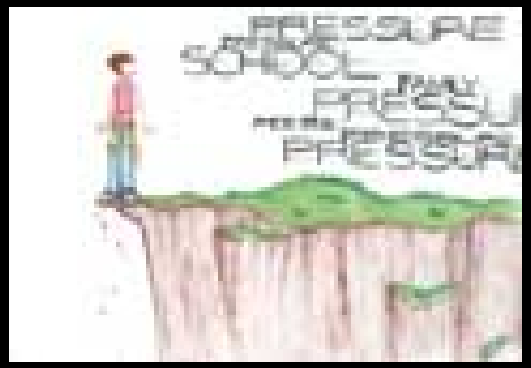

Suicide Rates in the US
Deaths per 100,000 resident population
75
60
45
30
15
0
White male
White female
Black male
Black female
14 years and under
15–24
25–34
35–44
45–54
55–64
65–74
75–84
85 years and older
Age

Why Suicide?

- Biological –
  - family history;
  - abnormal neurochemical levels;
  - stress and immune system functioning
- Psychological –
  - expression of hopelessness;
  - belief that stressor is insurmountable;
  - plea for interpersonal communication
- Sociocultural-
  - feeling of alienation from society (anomie)

Assess Risk Factors

- High degree of suicidal intent (how they plan to die)
- Suicidal lethality - danger of methods (hanging, shooting, jumping, alcohol and barbiturates are high risks; cutting wrists and over-the-counter medications are low)
- Talking about suicide, giving away possessions



Suicide Risk Factors

Demographic or Social Factors

- Young or elderly male
- Native American or Caucasian
- Single (especially if widowed)
- Economic/occupational stress
- Incarceration
- Gambling history
- Easy access to firearm

http://flagstaff.sedona.com/Sedona/images/gambling.jpg

Suicide Risk Factors

Clinical Factors

- Major psychiatric illness
- Personality disorder
- Impulsive or violent traits
- Current medical illness
- Family history of suicide
- Previous self-injurious acts or attempts
- Anger, agitation, excessive preoccupation
- Abuse of alcohol, drugs, heavy smoking
- Easy access to toxins (including medicines)
- Suicide plans, preparation, or note
- Low ambivalence about dying vs. living

http://www.scottcounseling.com/wordpress/wp-content/uploads/2009/02/cutting-300x225.jpg

Suicide Risk Factors

Factors Specific to Youth

- Less racial difference
- Recent marriage, unwanted pregnancy
- Lack of family support
- Abuse history
- School problems
- Social ostracism, humiliation
- Conduct disorder
- Homosexual orientation

http://www.lifemalta.org/upload/pregnant.jpg

Suicide Risk Factors

Precipitating Factors

Recent stressors, especially losses of security in these domains

- Emotional
- Social
- Physical
- Financial

http://www.youthnoise.com/site/images/fitc/article.328.gif

Assessment of Suicidality

- Assess Risk Factors
  - Suicidal intent.
  - Suicidal lethality.
  - Talking about suicide.
  - Giving away possessions.

Treating Suicidality

- Context - depends on risk
  - Hotlines, hospital emergency room, health clinics, inpatient psychiatric facility
- Social Support- agreement to contact therapist when experiencing suicidal impulses (“contract”)
- Therapy
  - Cognitive/behavioral techniques
  - Suicide prevention centers

Suicide on Survivors

- No act leaves such a bitter and lasting legacy among friends and relatives.
- It leaves in its wake bewilderment, guilt, shame, and stigma people carry to their graves.

http://www.benedictretteymortuary.com/images/grief-support-family.jpg

Victim Induced Homicide

Provoking a policeman to kill you

Types of Mood Disorders
Major Depressive Disorders
Dysthymic Disorder
Disorders of Alteration in Mood

Treatment of Mood Disorders
Biological
Psychological
Sociocultural
Interpersonal

Suicide
Who Commits Suicide?
Why People Commit Suicide?
Suicide Assessment
Treatment