Diagnosing Psychiatric Disorders and The Mood Disorder Dysthymia

Evidence Based Practices (EBP): Integrated System of Care; Universal Dual Diagnosis Capabilities; Principles of Empathy and Hope; Motivational Interviewing Approach; Stages of Change Model Design; Strength Based; Skill Building; Solution Focused; Neurochemistry Based Disorders of the Brain; Symptom Identification; Symptom Management; EBP Curriculum Topics, i.e. Nutrition, Stress Management, Cognitive Behavioral, and more…

Consistency in the Group Setting

The importance of *consistency* in a treatment setting can't be overstated. This is especially true when people are placed in vulnerable situations. *Inconsistency* can, at best, increase uncertainty and insecurity for the person receiving services. At worst, unpredictability can create a sense of helplessness while simultaneously decreasing a person's development of self-reliance. In fact, all human beings benefit from a dependable approach in the treatment of chronic disorders. When a person learns they can rely on consistency, they are less stressed and more relaxed. Consistency in the group setting includes the group structure, psychoeducational material, and the approach.

Each agency or facility will have different requirements – such as group receipts or paperwork – however, consistency can still include a structure similar to the following:

1. Group members pick up: a. Clip Board, b. Paper, and c. Pencil/Pen as they enter the room.
2. Group facilitator picks up the group receipts from each person in the group, and/or the group facilitator passes out the sign-in sheet for the group members to sign.
3. Group facilitator provides a Positive Group Beginning, Consistent Psychoeducational Material, Consistent Approach, and a Positive Group Closure.

Psychoeducational Groups and Crisis Event Processing (when requested)

Notes to Facilitator(s):

1. *The Basics, Second Edition* meets the definitions and goals of Psychoeducational Groups, Skill Building Groups, and Cognitive Behavioral Groups.
2. Group participants who have become accustomed to Interpersonal Processing Groups – as well as staff who have facilitated them – may find it a challenge to now facilitate Psychoeducational Groups.
3. Likewise, facilitators who may have followed a more lecture-style education presentation, may find it challenging to now devote at least 1/3rd of group time to specific topic discussions and interactions.
4. Both types of groups (Interpersonal Processing Groups and Psychoeducational Groups) are extremely important, yet each has different goals and structure.
5. The structure of Psychoeducational Groups, Skill Building Groups, and/or Cognitive-Behavioral Groups in no way means that there will not be *interaction* – far from it. It just means that the interactions, discussions, and exercises will be about the topic(s) of each group.
6. Facilitators *may* – or not – still want to allow time in each group for the group member(s) to discuss a crisis that may have occurred since the last group.
7. We do know, of course, that *every* person in group is typically experiencing many challenges each and every week; however, most of these incidents are often best resolved in ways other than group time where the event does not pertain to every group member.
8. Suggested responses to a challenge, problem, or crisis can also include suggesting the person contact their primary care provider; schedule a 1:1 appointment; reschedule their next 1:1 to an earlier time; or, meet with the facilitator after group to explore options and develop a plan.
9. A facilitator would, of course, not *"grade"* an event as being worthy or not for group time. If a person requests individual time in the group, then that would be accepted as valid and time allotted at the end of the group.
10. Over time, the group begins to understand the differences between a situation, a challenge, a problem, or a crisis and can make decisions to utilize group time or continue with the current psychoeducational topic.

Prepare Professionals

Suggestions for professionals to prepare themselves for group typically includes:

1. Review all content material, appendices, and/or handouts *prior* to group to avoid a lecturing style.
2. Decide beforehand the *key points* to be covered in each group to produce flexibility for group responses, discussions, or questions.
3. Gain an overall understanding of the content so summarizing is possible in order to create an interactive facilitation style.
4. Determine the group structure to achieve the essential balance between education and discussions.
5. Check group room to be sure there are enough clipboards, pencils or pens, and markers or chalk for the board.
6. Make enough copies of any handouts *before* group.
7. Write any group content on the board *prior* to the beginning of group whenever possible.

Master Guide & Master Tips to Professionals

Note: *The Master Guide* (located at the beginning of Volume I & II) and the *Master Tips to Professionals* (located at the back of Volume I) have many topics to assist in the group process like Master Tip #39: Suggestions For Managing Handouts For Groups (pages Master Tips 64-67). Other tips include:

1. Master Guide: Interactive Style (pages Master Guide 10-11)
2. Master Tip #1: Suggestions for Beginning Group (pages Master Tips 1-4)
3. Master Tip #3: Empathetic Treatment Approach (pages Master Tips 7-9)
4. Master Tip #4: Promoting Hope (page Master Tips 9)
5. Master Tip #5: Maintaining a Consistent, Nonjudgmental, and Positive Attitude (pages Master Tips 10-13)
6. Master Tip #12: Responding to Requests for Copies of Appendices (pages Master Tips 27-29)
7. Master Tip #13: Depth of Psychoeducational Content (pages Master Tips 29-30)
8. Master Tip #14: Group Closure Suggestions (pages Master Tips 30-31)
9. Master Tip #16: Motivational Interviewing (pages Master Tips 31-32)

Present Curriculum/Topic

1. It is extremely important that each group participant leave every group with more Psychoeducation than they came in with – which may also include discussing a "familiar topic" yet with a "present-day" focus. Psychoeducational Groups are designed to provide education about all areas related to the management of Substance Use Disorders and Psychiatric Disorders. Psychoeducational Groups are not Interpersonal Processing Groups – even though interaction and processing the particular *psychoeducational topic(s)* is essential to individualizing the topic(s) or skill(s) presented.
2. It is recommended that a minimum of 1/3rd of group time be devoted to interaction (therapeutic counseling *topic* discussions). This can be accomplished – depending on the individual style of the group facilitator(s) – by any "present education-interact/discuss – present education-interact/discuss" combination while still structuring the group to include the curriculum/topic education to be covered.
3. The presentation of material will, of course, be modified by the facilitator to match the functioning skills of group participants. It is important to note, however, that *The Basics, Second Edition* was written in a conversational language while taking into consideration a wide-range of symptom acuity and severity. Persons with co-occurring psychiatric and substance disorders benefit from learning about their disorders and how to manage them, as do all individuals with any chronic disorder(s). Each group participant will retain what is meaningful to them at the present time.

Group Beginning Suggestions

A positive group beginning (and ending) is extremely important. There are many ways to begin (and end) a group in a positive way. Suggestions to choose from can include:

1. Reading the Thought For The Day from a meditation book. (Note: Meditation books that also contain an index at the end of the book – such as *Easy Does It* – are helpful in choosing a specific reading that matches the topic(s) presented in group like Self-Esteem.), or
2. Reading an inspirational or humorous curriculum handout from *The Basics, Second Edition*, or
3. Practicing a deep breathing or a stretching exercise, *or*
4. Sharing of one thing that each person is grateful for today, *or*
5. Sharing of one positive thing that he/she did that contributed to their recovery in the past few days, or
6. Reading an AA Slogan with a brief explanation or AA/NA/Dual Recovery inspirational reading.

* Recommended Beginning: Breathing Exercise (located on page Master Tips 3)

Practice Curriculum/Topic

Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.

Diagnosing Psychiatric Disorders and The Mood Disorder Dysthymia
Volume I; Subject Two; Pages: Subject 2-4 – 2-8; 2-11 – 2-14

Based on a 2-Hour group: Two 50 minute segments	Time-Frame
Group Beginning	**20 Minutes Total**
Positive group beginning (suggestions are located on the previous page).	5 Minutes
1. Brief Group Introductions: (Note: The *interactions* in a psychoeducational group are discussions about the *topics*, not interpersonal processing or case management questions which do not apply to the entire group.) a. Ask the group members to tell the group their name. b. Welcome any group members who are new to this group or phase. 2. Crisis Processing (when requested and optional): a. Ask the group if anyone has experienced a crisis since their last group, and if they need/want additional time in this group to discuss it, i.e. what happened, how they managed the crisis, and/or explore options and develop a plan. b. Let the person(s) know that you will allow time at the end of this group for them to share their experience and receive support from their fellow group members.	10 Minutes
<u>Summarize Introduction of the Group Topic and Why It's Important (page Subject 2-5)</u>: Treatment for any disorder begins with a diagnosis. The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) is the manual that mental health professionals currently use to diagnosis a Psychiatric Disorder. Today we will look at the specific criteria that is identified in order to make a diagnosis. There are four major types of Mood Disorders. Major Depression | Dysthymia | Bipolar Disorder | Cyclothymia Today we will also discuss the mood disorder Dysthymic Disorder.	5 Minutes

Skill Building Exercise and Discussion - Suggestions for topic discussion:	**Time-Frame**
To the Facilitator(s): 1. It is recommended that any group content for this particular group be written on the board prior to the beginning of group – whenever possible. 2. This group is never intended to diagnosis a Mood Disorder. It *is* intended to provide enough information for participants to decide if they relate to these symptoms of depression and if they would like/need to explore this further with their therapist, counselor, case manager, etc. 3. In the cases where a person says these symptoms of depression are a part of the common sadness caused by the early recovery process of Substance Disorders, a facilitator can let the person(s) know: a. If something does change, like symptoms of depression (prolonged depressed mood, feelings of hopelessness, or any other symptoms) becoming more acute, *or* b. If symptoms of depression do not lessen with abstinence or harm reduction – the person is then encouraged to bring this up with their primary counselor for further discussion. 4. For the individual(s) who may see a strong identification with a Dysthymia Disorder or has a history of depressed symptoms or has a diagnosis of a Dysthymia Disorder – it would be recommended that he/she follow-up right away with their primary service provider for evaluation and/or specific treatment planning. 5. You *may* or *may not* decide to cover the information in the group that is found in the next section (depending on your specific group) about the symptoms of a Dysthimia Disorder. However, these points are *important* and you may want to interject them as you go or in the sequence below. **To the Group:** When talking about symptoms of any Psychiatric Disorder like a Mood Disorder, there are a few things to keep in mind: 1. A specific set of criteria must be met in order to diagnose a Psychiatric Disorder. 2. When any of us read about mental health disorders we experience common responses. We often look at the symptoms and say: "Oh my, I have *that one* and *that one* and *that one* too! I must have a psychiatric disorder." That is very typical among us human beings. 3. Remember to have a specific illness – a person would have to have specific *symptoms*, a specific *number* of symptoms, for a specific *amount of time*, and the symptoms have to be *severe enough* to cause *significant distress* in important areas of the person's functioning. 4. Also the diagnosis of a Dysthymia Disorder must rule out or eliminate other causes for the symptoms. This would include Substance Use Disorders. In other words when symptoms of depression are caused by substance abuse or substance dependence, a diagnosis would be made of "Substance-Induced Mood Disorder." In that situation, the symptoms of depression would lessen or clear with continued recovery for Substance Use Disorders. 5. However, whether symptoms of Mood Disorders are substance-induced or not, it is still very important to address *any* symptoms that are persistent, or *any* symptoms that don't clear with recovery, or *any* symptoms you may have experienced for a long time, or *any* symptoms that are causing you distress at the present time. 6. Self-awareness is a skill to develop and education about symptoms is critical to that process. 7. We want you to be aware of any symptoms you may be experiencing now or may or experience in the *future*. We – your treatment team – want to be sure we are working *with* you in symptom management and treatment planning to meet your individual needs. 8. In other words, symptoms of depression are treated *as if* they *won't* clear with time.	30 Minutes

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame
Overview of Psychiatric Disorders	Subject 2-4 – 2-5	Summarize information for the three questions. 1 What is mental health? 2 What are mental health illnesses? 3 Can mental health illnesses be successfully treated?	continued
Episodes of Psychiatric Illnesses	Subject 2-5	Summarize information using the text. 1 Acute 2 Recurrent 3 Chronic or Persistent	
Symptoms of Psychiatric Disorders	Subject 2-5 – 2-6	Summarize sections: 1 Mild 2 Moderate 3 Severe	
Diagnosing a Psychiatric Disorder	Subject 2-6 – 2-7	Summarize information in the table: 1 Symptoms Identification 2 Number of Symptoms 3 Duration of Symptoms 4 Level of Symptom Severity & The Effect on Functioning 5 Ruling Out or Eliminating Other Causes	
The *Same* Diagnosis – Similarities and Differences Among Individuals	Subject 2-7	Summarize one paragraph.	
A *Different* Diagnosis – Similarities and Differences Among Individuals	Subject 2-7	Summarize two paragraphs.	
Similar Challenges Among Individuals in Recovery	Subject 2-7 – 2-8	Summarize the similarities in the table below using the explanations in the text. 1 Problems 2 Diagnosis 3 Recovery	
Hope for Recovery	Subject 2-8	Discuss the three examples in the table.	
Types of Psychiatric Disorders	Subject 2-8	Disorders most associated with co-occurring disorders: 1 Mood Disorders 2 Anxiety Disorders 3 Thought Disorders 4 Personality Disorders 5 Eating Disorders	

Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group:

1. What comments do you have about how Psychiatric Disorders arre diagnosed?
2. Did you realize the success rate was so high for serious and persistent Psychiatric Disorders?
3. What do you think a person needs to do to be this successful? Following a treatment plan?
4. What would that treatment plan include?
5. What else would be helpful?

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame
Dysthymic Disorder	Subject 2-11 – 2-12	Summarize two paragraphs.	continued
Symptoms of Dysthymia	Subject 2-12	Name the seven symptoms of Dysthymia and give examples from the text.	

	Physical And Cognitive/Thinking Symptoms		Emotional, Spiritual, And Behavioral Symptoms
1	Changes in Appetite	1	Long-Term Chronic Symptoms of Depression
2	Sleep Problems	2	Spiritual Symptoms
3	Fatigue	3	Functioning Impairment
4	Cognitive Problems		

Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group:

1. Do you relate to these symptoms of Dysthymia? Which ones specifically?
2. Sometimes it's easier to recognize depression in others. Do you have family members who struggle with depression?
3. Do you experience symptoms of depression even during periods of reduced substance use or abstinence?
4. Do you think symptoms of depression are "substance induced" and will lessen or clear with continued Substance Use Disorder recovery?
5. Have you noticed an improvement in depression during your recovery?
6. Are these symptoms causing problems for you? In what way? How do you cope with feeling depressed?

Break — **10 Minutes**

Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Treatment for Major Depression and Dsythymia Disorder	Subject 2-12	Summarize hopeful information of the three points in the table.	15 Minutes	20 Minutes
Treatments for Depression *Are* Effective	Subject 2-12 –2-14	1. Summarize one paragraph. 2. Summarize five areas of recovery show in the table below. 3. Summarize one remaining paragraph.		

1	Biological	2	Psychological	3	Social, Cultural, Environmental	4	Spiritual	5	Harm Reduction or Goal of Abstinence

Skill Building Exercise and Discussion - Suggestions for topic discussion:	**Time-Frame with Crisis Processing**	**Time-Frame without Crisis Processing**
<u>To The Group:</u> 1. Which areas of recovery for Depression and Dysthymia Disorder have you found helpful personally? For example: a. Identifying and changing negative thinking (a *symptom* of depression, not the cause) b. Reducing stress and learning relaxation techniques? c. What else has been helpful to lessen depression? 2. Which areas or skills will you add to your personal recovery plan? If possible, be specific. What? When?	continued	continued
Skill Building Exercise and Discussion - Suggestions for topic discussion:	**Time-Frame with Crisis Processing**	**Time-Frame without Crisis Processing**
<u>To the Facilitator(s):</u> 1. The remainder of this group will be devoted to the "*Changing Thinking Can Change Attitudes"* Worksheet Handout, and the "*Challenge Negative Thinking: Let the Light Shine In!"* Worksheet Handout. 2. You may present the handout information in whatever way meets your specific facilitating needs/style which might include: a. Give each group member a copy of each of the handouts to work on, share with the group, and take home, *or* b. Put the main headings (Polarized Thinking, Catastrophic Exaggeration, etc.) on the board for group discussions, *or* c. Verbally explain sections of the handouts and elicit suggestions for each during group discussions. **<u>To The Group:</u>** 1. Today we will look at how negative thinking can change attitudes and also how to challenge negative thinking. 2. Which of these negative thinking patterns do you identify with or relate to? How can you challenge these…one negative thought at a time? 3. Which of the positive thinking patterns would be the most helpful or meaningful to you personally? 4. How can you begin to practice these new positive thinking patterns...one positive thought at a time?	15 Minutes	20 Minutes
Crisis Processing	**Time-Frame**	
1. Ask the group member(s) to tell the group what happened. 2. Explore options and/or develop an immediate plan for coping. 3. Allow the group to offer support.	10 Minutes	
"Paper Work"	**Time-Frame**	
Group participants fill out Group Notes.	5 Minutes	
Group Closure	**Time-Frame**	
1. Read a daily meditation for the day, *or* 2. Ask each group member to name something they will do this week to lessen sadness or depression, *or* 3. Ask a group member to read aloud an inspirational reading or message of your choice.	5 Minutes	