

Xenos Christian Fellowship
Christian Leadership 2 - Pastoral Counseling
Week 5 - Recognizing Emotional Disorders

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Introduction – review assignment

Biblical Basis for Mental Illness

- Biblical examples of mental illness: depression – Psa38:3-18; anxiety - Phil.4:6-9, 1Pet5:7

“My personal conviction is that our general vulnerability to poor mental health began at the dawn of human history and must not be seen as arising always as a consequence of personal sin or of demonic power. Mental health is like physical health. We are all vulnerable to its loss. And in addition sometimes it may arise because of specific, personal sin.” John White, *The Masks of Melancholy*, p25

- Just like physical illness, mental illness can be a result of several factors: living in a fallen world, genetic predisposition and/or personal sin choices (such as refusal to forgive or repent)

Affective Disorders

1. Major Depression

A person must have at least five of the following symptoms nearly every day for at least two weeks:

- Sad mood
- Tearfulness
- Psychomotor retardation
- Decreased energy
- Diminished interest or pleasure
- Insomnia
- Poor appetite
- Weight loss
- Poor concentration
- Feelings of worthlessness
- Hopelessness or excessive guilt
- Suicidal ideation

2. Dysthymic Disorder

Chronic low level depression

3. **Bipolar Disorder (Manic Depression)**

Definition of a Manic Episode: One or more distinct periods, (few days or weeks), with a predominately elevated, explosive or irritable mood, and at least three of the following symptoms:

- Increase in activity or physical restlessness
- More talkative—difficult to interrupt
- Jumping from one topic to another very rapidly (flight of ideas or loose associations)
- Inflated self-esteem, (delusions of grandeur)
- Decreased need for sleep (can stay up for 3-4 nights cleaning, etc.)
- Easily distracted
- Excessive involvement in activities with a high potential for painful consequences—like buying sprees, foolish business investments, or sexual indiscretions, etc.

Definition of a delusion: a “fixed false belief which no amount of objective evidence will change.”

Schizophrenic Disorders

A psychotic illness characterized by two or more of the following:

- 1) Delusions (see above definition)
- 2) Hallucinations: a false sensory perception in the absence of any external stimuli, not merely a misinterpretation of something that is really there, (i.e. not an illusion).
- 3) Disorganized thinking, speech or behavior
- 4) Negative symptoms such as flat affect, minimal spontaneous speech, or isolation

Anxiety Disorders

1. Panic Disorders: sudden distinct episodes of extreme anxiety which include four or more of the following symptoms:

- Shortness of breath, heart palpitations, chest pains, dizziness, sweating, shaking, or a fear of losing control or dying.
- May also have agoraphobia and are afraid to leave their homes.

2. Obsessive Compulsive Disorder: recurrent obsessions or intrusive, unwanted thoughts, or compulsions, which are repetitive behaviors or mental acts which the person feels driven to perform in response to an obsession or according to certain rules or rituals.

3. Generalized Anxiety Disorder: excessive worry that interferes with daily functioning, and at least 3 of the following:

- Muscle tension, insomnia, poor concentration, feeling restless or keyed-up, irritability, or fatigue

Personality Disorders

We all have certain personality traits.... When these personality traits become inflexible and maladaptive and cause either significant impairment in social or occupational functioning, they constitute a personality disorder.

Examples include: Narcissistic, Paranoid, Avoidant, Dependent, Anti-social, Histrionic, Schizoid, Passive-Aggressive, and Borderline Personality Disorder.

Substance Abuse

Determine if a person abusing drugs or alcohol merely needs to be admonished in order to overcome their problem, or if their abuse is serious enough to merit treatment in a chemical dependency program of some sort.

Pathologic use involves intoxication throughout the day, the inability to stop or cut down, or blackouts.

The difference between alcohol or substance abuse versus dependence

Tolerance

Withdrawal symptoms

Eating Disorders

1. Anorexia

- Intense fear of getting fat
- Disturbance of body image
- Weight loss of at least 25% of original body weight
- Refusal to maintain body weight over a minimal normal weight for age and height
- No known physical illness that would account for weight loss
- Amenorrhea

2. Bulimia

- Recurrent episodes of binge eating
- Recurrent inappropriate compensatory behavior in order to prevent weight gain

- The binge eating and compensatory behavior both occur at least twice a week for 3 months
- Preoccupation with weight and shape
- Not due to any physical disorder

Attention Deficit Disorder (ADD)

Symptoms include: poor concentration, distractibility, tendency not to finish projects, easily bored, impatience, tendency toward addictive behavior, poor listening, and the tendency to drift away in the middle of a page or conversation.

In addition to ADD, there is also Attention Deficit Disorder with Hyperactivity (ADHD)

When to refer for professional help

The RED FLAGS to look for in discerning if someone needs professional help are:

- 1) Suicidal ideation...
- 2) Need for medication due to:
 - out of touch with reality (psychosis)
 - Obsessive Compulsive Disorder (OCD)
 - severe depression with changes in sleep, energy, appetite, and motivation
- 3) Need for detox due to addiction to (dependence on) substance
- 4) Need for referral to an internist due to physical causes of depression or anxiety

1. SUICIDAL IDEATION

This must be asked directly if you suspect someone may have thoughts about hurting themselves. It's important to get them to verbalize these thoughts, since they are less likely to act on them if they talk about it. Ask them if they have thought of a plan. Also ask them if they've ever had these thoughts before or ever made a suicide attempt in the past.

If they say "I wish I were dead", this is not taken nearly as seriously as if they say I'm thinking about taking an overdose. If they have a plan it must be taken seriously and you should take them to NetCare, Riverside Emergency Room, or a Community Mental Health Center.

2. NEED FOR MEDICATION DUE TO:

- Out of touch with reality (psychosis)
- Obsessive Compulsive Disorder (OCD)
- Severe depression

If an individual is psychotic, significantly depressed, or experiencing O.C.D., they ought to be referred for an evaluation by a psychiatrist in order to determine if they need medication.

Individuals with symptoms of Major Depression, Bipolar Disorder, and in some cases Dysthymic Disorder will likely need anti-depressant medication.

3. NEED FOR DETOX

If they are dependent on drugs or alcohol they may need to be hospitalized in order to be detoxed.

4. NEED FOR REFERRAL TO AN INTERNIST

It is always important to rule out any physical causes for depression or anxiety.

Conclusion

It is always better to error on the safe side. In other words, take it seriously when someone mentions suicide and will try and draw them out and find out what they are thinking. If they have a plan, it is best to get them in to see a professional right away. Professionals have been trained to determine lethality, and it should be up to them to decide if someone needs to be hospitalized, not you. You should also give a written report to the Xenos office of the event and what you did in response.

Your job as leaders/workers is to get them to see a professional. You can take them to OSU or Riverside ER, or a Community Mental Health Center such as North Central at 1301 High St. just south of campus. You can also contact Netcare, which has a 24-hour psychiatric emergency services at 276-2273, or call OSU at 293-9600.

ADDITIONAL CONTACTS/PROFESSIONALS

Dr. Larry Pfahler, Christian psychiatrist, Worthington, Alpha Psychiatric Care
Cornerstone Psychological Services, 1601 Bethel Road, 459-3003
Wellspring Counseling, 792-2340

RECOMMENDED BOOKS AND READING

The Mask of Melancholy, John White
Counseling the Depressed, Archibald Hart
Counseling Those with Eating Disorders, Vath
Happiness is a Choice, Minirth & Meier
Basic Principles of Biblical Counseling, Larry Crabb
Effective Biblical Counseling, Larry Crabb
Men and Women, Larry Crabb
Christian Psychiatry, Frank Minirth
The Healthy Christian Life, Minirth Meier Clinic

Assignment Due Next Week

Write a one page description of an issue that you have helped counsel someone through. What were some of the questions you asked to help uncover the situation? What were some of the truths you shared to point them in the right direction? If you got to the place where you were able to talk through a “plan for change”, what were some of the ideas you both came up with? What might you do differently if you were faced with the same scenario today?

Key Points to Know for Exam

1. Be able to name the “red flags” that indicate someone should be referred for professional help.