

Mood Disorders in Adults

OPTIMAL OUTCOME OF TREATMENT/RECOVERY

The client attains an agreed upon level of functioning and learns skills to prevent or manage future episodes of illness. These skills can include increased awareness of mood disorder symptoms, continuation of preventative medication, and changes in thinking and behavior., which facilitate health.

ASSESSMENT GUIDELINES (See Assessment Guidelines for Adults)

1. Clients with mood disorders shall be assessed at intake for danger to self (and others when appropriate.) Crisis intervention shall be provided as needed. Appropriate clinical instruments to evaluate the severity of mood disruption and suicidality, may be helpful
2. Clients who are affected by a mood disorder shall be screened and referred, as appropriate, for case management, peer support specialist, psychosocial rehabilitation and/or support services.
3. Clients with mood disorders shall be referred to a medical provider, as indicated, for evaluation for general medical conditions, which may contribute to the mood disorder or medication that may be useful in ameliorating symptoms.

TREATMENT/RECOVERY GUIDELINES (See Treatment/Recovery Guidelines for Adults)

1. Psychotherapy, education, and medication are the foundations for effective treatment/recovery of mood disorders.
2. Therapists providing psychotherapy with mood-disordered clients shall use cognitive, interpersonal, or other effective treatment/recovery methods and focus on collaborative goals. An individualized treatment/recovery plan shall be developed with the client and progress shall be continuously evaluated. Treatment/recovery shall be time-effective and focused.
3. Client education about his/her illness and treatment/recovery options is an essential part of treatment/recovery. Clients shall be provided information about their illness and have opportunities to discuss this information. Family members and significant others shall be included in this process whenever appropriate and possible.
4. A medication evaluation shall be considered for all clients with recurrent depression, Bipolar Disorder, and clients with symptoms of, but not limited to:

- 4a. A sense of hopelessness, suicidal ideation or behavior,
 - 4b. Psychotic symptoms, including delusions, hallucinations,
 - 4c. Severe disturbance in sleep, appetite, weight, concentration, or libido,
 - 4d. Severe obsessional somatic concerns.
- 5. Clients with a positive response to medication shall be advised to continue medication for an appropriate length of time given the age of onset, severity of symptoms, and number of episodes. Medical staff have the primary responsibility to periodically review medication with the client. Therapists shall review medication use with the client and refer concerns to the medical staff as indicated.
 - 6. When a client misses a scheduled appointment, outreach shall be initiated as clinically determined.
 - 7. An assigned staff person shall assume primary responsibility for the coordination of treatment/recovery between care providers. All providers shall work collaboratively in the treatment/recovery. Each provider assumes responsibility for appropriate documentation for the services they provide, e.g., group, individual, and family psychotherapy, skills development, medication management, etc.

These Guidelines have been revised by the Utah Behavioral Health Clinic Sub-Committee and approved by the Utah Behavioral Health Committee

Revised: January 29, 2009
Approved: June 30, 2009