Mood Disorders

Instructor Manual

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The Psychological Disorders modules offer coverage of anxiety and related disorders, mood disorders, schizophrenic disorders, and personality disorders.

By reading these modules, students should know about the distinctions between the various disorders and how and when disorders "become" disorders. They should also have a general overview of the etiology, treatment, and risk factors of developing a particular disorder.

Note: It has long been true that studying psychological disorders has a way of making students of psychology self-conscious. Some begin looking for symptoms in themselves. Others volunteer personal information about struggles with disorders, occasionally inappropriately. Still others have a strong reaction to the idea of diagnosing disorders (which they feel—perhaps correctly—can stigmatize individuals). Instructors should simply be aware of these concerns and treat them sensitively. The emphasis on clinical aspects of psychology in this module are, in many ways, the best representation of the "core" of psychology as it is most commonly practiced in modern times.

Learning Objectives

- Relevant APA Learning Objectives (Version 2.0)
    - Describe key concepts, principles, and overarching themes in psychology (1.1)
    - Develop a working knowledge of psychology's content domains (1.2)
    - Describe applications of psychology(1.3)
    - Use scientific reasoning to interpret psychological phenomena (2.1)

- Demonstrate psychology information literacy (2.2)
- Build and enhance interpersonal relationships (3.2)
- Adopt values that build community at local, national, and global levels (3.3)

- Content-Specific Learning Objectives: Mood Disorders
  - Describe the diagnostic criteria for mood disorders
  - Understand age, gender, and ethnic differences in prevalence rates of mood disorders
  - Identify common risk factors for mood disorders
  - Know effective treatments of mood disorders

Abstract

Everyone feels down or euphoric from time to time, but this is different from having a mood disorder such as major depressive disorder or bipolar disorder. Mood disorders are extended periods of depressed, euphoric, or irritable moods that in combination with other symptoms cause the person significant distress and interfere with his or her daily life, often resulting in social and occupational difficulties. In this module, we describe major mood disorders, including their symptom presentations, general prevalence rates, and how and why the rates of these disorders tend to vary by age, gender, and race. In addition, biological and environmental risk factors that have been implicated in the development and course of mood disorders, such as heritability and stressful life events, are reviewed. Finally, we provide an overview of treatments for mood disorders, covering treatments with demonstrated effectiveness, as well as new treatment options showing promise.

Class Design Recommendations

The mood disorders module can be taught over a two-class period.

Please also see the Noba PowerPoint slides that complement this outline.

First class period (50-75 min):

- Provide characteristics of mood disorders
- Describe the common mood disorders
    - Major depressive disorder
    - Persistent depressive disorder
    - Bipolar disorders
- Discuss prevalence rates of the various disorders
- Conduct class activity: Teaching about psychological disorders - Using a group interviewing ad diagnostic approach

Second class period (50-75 min):

- Special topic: The role of sleep and social relationships in depression – Reciprocal effects
- Describe further risk factors for developing mood disorders
- Special topic: Suicide and mood disorders
- Activity: Suicide quiz
- Discuss effective treatments for mood disorders

Module Outline

What are Mood Disorders?

Mood Episodes

- A major depressive episode (MDE) is different from feeling sad or irritated from time-to-time. A MDE refers to feeling significantly distressed and or unable to engage in daily tasks for at least two weeks. During this state, the individual also experiences **anhedonia**, or the loss of ability to feel pleasure. According to the DSM-5, to meet criteria for MDE, the individual must experience five of the following nine symptoms (including one/both of the first two) for extensive amounts of time almost every day: (1) depressed mood; (2) diminished interest in pleasure in almost all activities; (3) significant weight loss or gain/

increase or decrease in appetite; (3) insomnia or **hypersomnia**; (4) **psychomotor irritation**or**retardation**; (5) feeling tired or a loss of energy; (6) fatigue or loss of energy; (7) feeling worthless or excessive inappropriate guilt; (8) difficulty concentrating; (9) repetitive thoughts about death, **suicidal ideation**, or suicide attempt.

- To be diagnosed with a manic or hypomanic episode, an individual must engage in persistent and sustained goal-directed behavior and experience euphoric or irritable mood for at least one week in mania and at least four days in hypomania. Three of the following symptoms must be present for euphoric mood, whereas four must be present for irritated mood: (1) inflated self-esteem or **grandiosity**; (2) increased goal-directed activity or psychomotor agitation; (3) reduced need for sleep; (4) racing thoughts or ideas; (5) distractibility; (6) increased talkativeness; (7) excessive engagement in risky activities.

Major Mood Disorders: Major Depressive Disorder, Persistent Depressive Disorder and Bipolar Disorder

- Major depressive disorder (MDD) involves one or more MDEs without any manic/hypomanic episodes. Persistent depressive disorder or dysthymia (PDD) involves feeling depressed most days for a minimum of two years. Additionally, the individual cannot be without symptoms for more than two months at a time. Two of the following symptoms are also required to meet PDD criteria: (1) increased or decrease appetite; (2) insomnia or hypersomnia; (3) low energy or fatigue; (4) decreased self-esteem; (5) poor concentration or difficulty in decision-making; (6) feelings of hopelessness.

- There are three major types of bipolar disorder. Bipolar I disorder (BD I), in the past referred to as manic-depression, requires a single (or recurring) manic episode – a depressive episode, although not required for the diagnosis, is usually present in BD I. Bipolar II disorder (BD II) requires a single (or recurring) hypomanic and depressive episode. The third type of bipolar disorder is cyclothymic, in which multiple alternating episodes of hypomania and depression are present and last for a minimum of two years.

How Common Are Mood Disorders and Who Develops Mood Disorders?

Depressive Disorders

- The lifetime prevalence for MDD is 16.6%. MDD can occur at any point in the life span,

however, it is most commonly diagnosed in the 20's. Older adults are less likely to be diagnosed with this disorder than younger adults; the earlier the age of onset, the worse the outcome. For most, MDD is a recurrent disorder; approximately half of the people that experience a MDE have a second MDE. Women are more two to three times more likely to be diagnosed with MDD. The one-year prevalence rate for PDD is around 0.5%. Within the U.S., the PDD prevalence rate varies among ethnicities (e.g., European Americans have higher prevalence rates than African Americans and Hispanic Americans).

Bipolar Disorders

- The prevalence rate of bipolar disorders in the United States is approximately 4.4% with BD I constituting 1% of the cases. BD often occurs in conjunction with other psychiatric disorders such as anxiety or substance use. Similar to MDD, BD symptoms present in adolescence in at least half of the cases and are more severe for those who experience an earlier onset. Additionally, the diagnosis of BD is more likely in younger rather than older adults. Research has shown that rates of BD vary across ethnicities (e.g., African Americans tend to be under-diagnosed as compared to European Americans).

What are some of the Factors Implicated in the Development and Course of Mood Disorders?

Depressive Disorders

- Numerous studies indicate that MDD mostly occurs as a result of genetic effects, however, some environmental effects have also been shown to play a role. Stressful life events, increased activity in brain areas implicated in stress responses, **early adversity** (e.g., childhood abuse), **chronic stress** (e.g., poverty) and interpersonal factors (e.g., dissatisfaction with intimate relationships). Additionally, people who have a pessimistic **attributional style**are more vulnerable to developing MDD because they usually make internal rather than external, global rather than specific, and stable rather than unstable attributions to adverse experiences.

Bipolar Disorders

- Evidence suggests that there are biological, highly heritable causes of BD, but there is a lot of variability in how and when the disorder develops. Some research indicates that

environmental factors, such as the loss of a close relationship, might serve as triggers for the genetic predisposition. People with BD are more likely to suffer depressive symptoms after a life stressor. The **social zeitgeber**theory posits that stressors, which interrupt sleep or our internal biological clock, can trigger relapse. Notably, positive events can play a role in that people with BD are more likely to experience manic symptoms after achieving a desired goal.

What are some of the Well-Supported Treatments for Mood Disorders?

Depressive Disorders

- The earlier antidepressant medications, monoamine oxidase inhibitors (MAOIs) and tricyclics, were effective in treating depression, but had serious side effects such as: increased blood pressure and cardiotoxicity, respectively. The more recent antidepressant medications, like selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs) have fewer side effects. Specifically, they are less cardiotoxic and result in fewer cognitive impairments. Biological treatments (in order of efficacy) include electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), and deep brain stimulation. These methods seem to be especially effective in individuals who have developed a resistance to medication. Psychosocial treatments that are supported by empirical research include cognitive, behavioral and interpersonal therapy. There is also some support for short-term psychodynamic therapy for depression.

Bipolar Disorders

- The most effective pharmaceutical treatment for BDs is lithium because SSRIs and SNRIs have the ability to induce mania or hypomania in BD patients. Unfortunately, lithium is not without its side effects (e.g., impaired cognitive function, increased weight, nausea, etc.). Lithium is often administered together with anticonvulsant medications. A psychosocial therapy designed to address symptoms of sleep impairment (see zeitgeber theory) that has some empirical support is interpersonal and social rhythm therapy (IPSRT).

Difficult Terms

Attributional style
Chronic stress
Early adversity
Grandiosity
Hypersomnia
Psychomotor agitation
Psychomotor retardation
Social zeitgeber
Suicidal ideation

Lecture Frameworks

Overview

Of all the various disorders in this unit, depression is probably one that students have been exposed to the most. Despite this, they may not have a nuanced understand of the types of depressive disorders (i.e., major depressive vs. persistent depressive disorder). Highlight these distinctions and then provide information on the types of bipolar disorders. After you have briefly covered the various mood disorders, use the activities and videos we have provided to bring these disorders to life.

Touch upon the prevalence rates, the most common age of diagnosis (i.e., the 20's) as well as gender differences.

First Class Period:

- Discussion/warm-up:
    - Ask the students to generate symptoms of major depression disorder. Given the prevalence of major depression, students should be able to reflect and come up with numerous ideas. Then, consider playing the following 15-minute video (or parts of it) of a patient with major depression: https://www.youtube.com/watch?v=4YhpWZCdiZc (linked to a slide in the PowerPoint).
- Lecture: Refer to the PowerPoint slides for the following:
    - Provide detail on *major depression* and persistent depressive disorder.

- Delve into the types of *bipolar disorders* (i.e., bipolar I, bipolar II, cyclothymic disorders.)
- Provide the prevalence rates for each of the disorders covered in this module. Consider adding information on who develops the disorders (i.e., gender and culture differences).

- Lecture: Refer to the PowerPoint slides for the following:
  - Discuss risk factors for mood disorders.
  - Discuss treatments for depressive and bipolar disorders.
- Activity: Teaching about Psychological Disorders - Using a Group Interviewing and Diagnostic Approach
  - This activity can take up to 35 minutes; however, it's a great way to involve your students with the lecture material they have just learned. See the Activities and Demonstrations section below for more information on the activity.
  - In the PowerPoint slides, this activity is mentioned at the end of the first class period's lecture.

Second Class Period:

- Special Topic: The Role of Sleep and Social Relationships in Depression – Reciprocal Effects
  - Recent research has demonstrated that there are reciprocal effects between major depression and shortened sleep. Sleeping six hours or less every night puts us at risk for developing major depression. In turn, this also increases the risk for decreased sleep. Sleep deprivation is a real concern, especially for young people, and it could even be a precursor for developing major depression and other mood disorders.
  - Social isolation, much like reduced sleep, is also a risk factor for depression. Depression, in turn, increases the likelihood that individuals will isolate themselves. According to a nationally representative survey (McPherson et al., 2006; see Evidence-Based Teaching section), Americans have never felt as socially isolated as they do today. One-fourth of the respondents felt that they had no social support and about half reported that they had no close friends outside of their family. These numbers have seen a large increase from when this survey was last sent out in 1985. Ask the students why this might be? They are likely to generate some interesting ideas.
  - Robert Putnam, an author and sociologist writes in his book, *Bowling Alone,* that for

every 10 minutes of commuting time, there's about a 10% reduction in our social bonds. Meanwhile, this increase in social isolation has also led to an increase in mental illness, such as major depression. In fact, the prevalence of major depression is twice what it used to be approximately ten years ago.

- The lesson to be learned here is that in our increasingly busy lives with jobs, schools, commuting, and much more, we have to make time to connect and nurture our relationships with others, not just over the Internet but in person.

- Special Topic: Suicide and Mood Disorders

  - Though the module mentions the elevated risk of suicide in patients with mood disorders like depression, it does not offer any further information. We think, however, that this is an important issue to inform your students about.
  - *Discussion-warm-up*: Cite the annual rate of suicide in the United States, or other similar facts. For a list of such facts, visit the website: http://www.cdc.gov/violenceprevention-/pdf/suicide_datasheet-a.pdf. Among American young adults aged 15-24, suicide is the third leading cause of death. Ask the students to generate risk factors of suicide? According to a study by Wilcox et al. (2010; see Evidenced Based Teaching section), lack of social support, childhood abuse, self-reported depressive symptoms and maternal depression are all risk factors for suicide. Are there any parallels between the risk factors for suicide and risk factors for depression?

- Activity: Suicide Quiz

  - The discussion of suicide and its relationship to mood disorders provides the perfect opportunity to administer the suicide quiz to your students (see Activities and Demonstrations). This quiz assesses beliefs and misconception that people have about suicide.
  - Keep in mind that suicide is a sensitive topic. It may be a good idea to preface the activity by informing the students that doing the exercise may invoke strong emotions and also have the on-campus wellness center (and perhaps other local agency) contact number (s) on hand.

Activities & Demonstrations

Teaching about Psychological Disorders - Using a Group Interviewing and Diagnostic Approach: In-Class Activity

Tomcho & colleagues proposed an activity, in which an interviewer (the class instructor) interviews a "client" (a graduate student) who is "suffering" from a psychological disorder. They developed two scripts, one for anxiety disorders and the other for mood disorders. Thus, this activity can be utilized in two parts, for the current module as well as for the previous one on anxiety and related disorders.

Time

35 minutes

Materials

List of disorders, script, a graduate student who is willing to play the part of a patient/client.

Directions

- Divide the class into groups of approximately 4-5 students. Prior to the activity, give the students a list of either the anxiety disorders or mood disorders (depending on which script you are using) to refer to during the interview. Also, the instructor can provide brief instructions on how to ask open-ended interview questions. The students watch the "client" and the "interviewer" act out the script. Then, allow the students to come up with questions to ask in their respective groups.
- Next, allow a few groups to ask one question of the pseudo-client. After three groups ask their questions, the groups can have another few minutes to discuss the client's answers and either develop another question or offer potential diagnoses.
- After all groups have had an opportunity to ask one question of the client, students can indicate the diagnosis they are considering on their list of disorders. Once they have formulated responses, groups can volunteer and share their diagnoses with the rest of the class.
- This will create class discussion and allow students to learn discrepancies between various anxiety and mood disorders. Keep in mind that this activity can take about 35 minutes. For the script, please see the appendix in the article below:

Tomcho, T. J., Wolfe, W. L., & Foels, R. (2006). Teaching about psychological disorders: Using a group interviewing and diagnostic approach. *Teaching of Psychology, 33*(3), 184–188.

Suicide Quiz: In-Class Activity

Hubbard and McIntosh have developed a quiz that allows the instructor to teach undergraduates about their own misconceptions of suicide as well as some factual information about suicide that they may not otherwise know about.

Time

15-20 minutes

Materials

Handouts of quiz (see appendix in the source article).

Directions

- The quiz has 39 items in it and the instructor can either administer it in its entirety, or use selected items - we recommend the latter option in the interest of time.
- After completing the quiz, students can be given an answer key or the instructor can review the items with the class and perhaps even poll student responses.
- To obtain the complete list of items in the quiz, see the appendix in the article below:

Hubbard, R. W., & McIntosh, J. L. (1992). Integrating suicidology into abnormal psychology classes: the revised facts on suicide quiz. *Teaching of Psychology, 19*(3), 163–166.

Outside Resources

Books: Recommended memoirs include A Memoir of Madness by William Styron (MDD); Noonday Demon: An Atlas of Depression by Andrew Solomon (MDD); and An Unquiet Mind:

A Memoir of Moods and Madness by Kay Redfield (BD).
Web: Visit the Association for Behavioral and Cognitive Therapies to find a list of the recommended therapists and evidence-based treatments.
http://www.abct.org

Web: Visit the Depression and Bipolar Support Alliance for educational information and social support options.
http://www.dbsalliance.org/

Evidence-Based Teaching

McPherson, M., Smith-Lovin, L., & Brashears, M. E. (2006). Social isolation in America: changes in core discussion networks over two decades. *American Sociological Review*, *71*(3), 353–375.

According to McPherson and colleagues, Americans are more socially isolated today than they were a few decades ago. People reported a marked decrease in close social relationships outside of their immediate families. Career and job responsibilities, increased years in school and other related factors might have a lot to do with reduced efforts to form close or intimate social ties. The results of these data also have implications for mental illness, as lack of social support has been shown to be a risk factor for mental illnesses, such as depression.

Wilcox, H. C., Arria, A. M., Caldeira, K. M., Vincent, K. B., Pinchevsky, G. M., & O'Grady, K. E. (2010). Prevalence and predictors of persistent suicide ideation, plans, and attempts during college. *Journal of Affective Disorders*, *127*(1-3), 287–294.

Wilcox and colleagues followed just over a 1000 students throughout college and found that 12% had considered committing suicide at least once. Factors that precipitated suicidal thought or ideation were lack of social support, maternal depression, experiencing depressive symptoms, and early childhood trauma. The authors suggest that though the estimates from the study were grave, knowledge of these risk factors could serve as useful screening tools and help identify at-risk students.

Lowman, J., Judge, A. M., & Wiss, C. (2010). Lurking on the Internet: a small-group assignment that puts a human face on psychopathology. *Teaching of Psychology, 37*(4), 267–270.

Lowman and colleagues aim to bring psychological disorders to life and increase empathy in what they refer to as the "Lurking Assignment". Students are assigned a psychological disorder

or a diagnostic category and are asked to "lurk" on the Internet to find YouTube videos, blogs, and/or forums, in which patients with these disorders discuss their lives. The students follow these sites throughout the semester and assess their knowledge about the disorder from a patient's point of view. At the end of the term, students submit a paper based on their observations, have the opportunity to share what they've learned, and/or give presentations.

Hubbard, R. W., & McIntosh, J. L. (1992). Integrating suicidology into abnormal psychology classes: the revised facts on suicide quiz. *Teaching of Psychology, 19*(3), 163–166.

See activities and demonstrations for details on this article.

Patton, G. C., Hibbert, M., Rosier, M. J., Carlin, J. B., Caust, J., & Bowes, G. (1996). Is smoking associated with depression and anxiety in teenagers? *American Journal of Public Health*, *86*(2), 225–230.

Does mental health have an influence on smoking? This article provides information on the relationship between smoking and depression and anxiety in teenagers. According to Patton et al., teenage participants in their study were twice as likely to be smokers if they had increased anxiety and depression. The researchers also report on gender differences; there was a consistent relationship between regular smoking and comorbid psychiatric diagnoses in girls. For boys, this was only true of the youngest group. Girls especially may be using smoking to self-treat their depressed mood and feelings of anxiety. Programs should target teenagers' perceptions of the benefits of smoking in relation to their psychological or mental health.

Suggestions from the Society for Teaching's Introductory Psychology Primer

Keeley, J. (2013). Abnormal and Therapy. In S.E. Afful, J. J. Good, J. Keeley, S. Leder, & J. J. Stiegler-Balfour (Eds.). Introductory Psychology teaching primer: A guide for new teachers of Psych 101. Retrieved from the Society for the Teaching of Psychology web site:

http://teachpsych.org/ebooks/intro2013/index.php

POSSIBLE ASSESSMENTS (Out of Class). Students search the Internet for information regarding psychological disorders and evaluate the quality of that information. The assignment can be done in groups and includes a peer-evaluation component. For a full description of the activity, see the reference to Casteel (2003) below. (LO 4.4)

(In or Out of Class). Questions Regarding Controversial Cases: The student is presented with a series of descriptions of an abnormal behavior under changing circumstances (cultural setting, severity of the behavior, etc.) and then asked if the behavior is normal or not.

ACTIVITIES & TECHNIQUES (In Class)

Discussion of Abnormality: Enter class and behave oddly in some way (e.g., talking to yourself, showing excessive irritability, breaking social convention by standing in an unusual place). Then ask students to identify what was unusual about your behavior and why it is unusual. Based upon the reasons and examples they give, you can identify students' responses as reflecting various definitions of abnormality (i.e., distress, dysfunction, unusualness, dangerous, deviance). This activity is a fun way to get students engaged with the material and how it applies to their lives.

Videos of Individuals with Disorders: Cengage has published a large online database of video clips across a range of disorders and topics relevant to abnormal psychology (http://clipsforclass.com/abnormal.php). This library is an economical (both monetarily and in terms of your time) way of demonstrating what these disorders are like.

RELEVANT TOP ARTICLES (Annotated Bibliography)

Balch, W. R. (2009). Using an exemplification exercise to teach psychological disorders. *Teaching of Psychology, 36*, 55-58.

This article describes an exercise whereby students describe individuals they know or hypothetical examples of people with various mental disorders. The exercise led to improved retention on a post-test of information about the disorders relative to a lecture-only control.

Casteel, M. A. (2003). Teaching students to evaluate Web information as they learn about psychological disorders. *Teaching of Psychology, 30,* 258-260.

This article provides a method for instructing introductory students about psychological

disorders using an Internet based search exercise. The activity emphasizes improving students' ability to judge the quality of Internet resources while simultaneously investigating content.

Conner-Greene, P. A. (2006). Interdisciplinary critical inquiry: Teaching about the social construction of madness. *Teaching of Psychology, 33*, 6-13.

In this article, the author provides a variety of background resources and commentary for understanding the social construction of mental illness. She also describes five pedagogical techniques to engage students with the material, including excellent discussion prompts. This article is a superb starting point for engaging your students in critical thinking regarding mental disorders.

Tomcho, T. J., Wolfe, W. L., & Foel, R. (2006). Teaching about psychological disorders: Using a group interviewing and diagnostic approach. *Teaching of Psychology, 33*, 184-188.

This article describes an exercise where an interviewer and pseudo-client perform an interview for the class. Based upon the interview, the students must decide which among a class of disorders best describes the individual. The authors provide scripts for an anxiety disorder, a

mood disorder, and a psychotic disorder.

Links to ToPIX Materials

Activities, demonstrations, handouts, etc.:
http://topix.teachpsych.org/w/page/19981032/Psychological%20Disorders%20in%20the%20Classroom

Books & Films:
http://topix.teachpsych.org/w/page/39234720/Disorders

In the News:
http://topix.teachpsych.org/w/page/26711727/Psychological%20Disorders%20in%20the%20News

Video/Audio:
http://topix.teachpsych.org/w/page/19981031/Psychological%20Disorders%20Video

Teaching Topics

Teaching The Most Important Course
https://nobaproject.com/documents/1_Teaching_The_Most_Important_Course.pdf

Content Coverage
https://nobaproject.com/documents/2_Content_Coverage.pdf

Motivating Students
https://nobaproject.com/documents/3_Motivating_Students_Tips.pdf

Engaging Large Classes
https://nobaproject.com/documents/4_Engaging_Large_Classes.pdf

Assessment Learning
https://nobaproject.com/documents/5_Assessment_Learning.pdf

Teaching Biological Psychology
https://nobaproject.com/documents/6_Teaching_Bio_Psych.pdf

PowerPoint Presentation

This module has an associated PowerPoint presentation. Download it at https://nobaproject.com//images/shared/supplement_editions/000/000/280/Mood%20Disorders.ppt?1416599007.

About Noba

The Diener Education Fund (DEF) is a non-profit organization founded with the mission of re-inventing higher education to serve the changing needs of students and professors. The initial focus of the DEF is on making information, especially of the type found in textbooks, widely available to people of all backgrounds. This mission is embodied in the Noba project.

Noba is an open and free online platform that provides high-quality, flexibly structured textbooks and educational materials. The goals of Noba are three-fold:

- To reduce financial burden on students by providing access to free educational content
- To provide instructors with a platform to customize educational content to better suit their curriculum
- To present material written by a collection of experts and authorities in the field

The Diener Education Fund is co-founded by Drs. Ed and Carol Diener. Ed is the Joseph Smiley Distinguished Professor of Psychology (Emeritus) at the University of Illinois. Carol Diener is the former director of the Mental Health Worker and the Juvenile Justice Programs at the University of Illinois. Both Ed and Carol are award- winning university teachers.

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