

N E B R A S K A

JAIL BULLETIN

JANUARY/FEBRUARY 1999

NUMBER 145

The *Jail Bulletin* may be used as a supplement to your jail in-service training program. If officers study the material and complete the attached "open book" quiz, they may receive **one hour of credit**. The bulletin and quiz may be reproduced for staff use as necessary. ***We welcome any material you would like to contribute to the "Jail Bulletin".***

MANAGING MENTALLY DISORDERED INMATES PART II

Corrections Officers Responsibilities

III. WHAT IS A MENTAL DISORDER (ILLNESS)?

- A. A disordered behavior is "maladaptive"; the inmate's emotional states or behaviors do not allow the inmate to emotionally cope or adapt to his/her environment in a way that is safe or expected of the inmate's peers. Mental disorders are described in a number of different ways. In the detention setting the most effective way of conceptualizing a mental disorder is to talk about how well an inmate can or can't adapt to his/her surrounding. For that reason, for this training purpose, we define a mental disorder as a state of "maladaption." That is, the inmate's emotional state(s) or behavior(s) do not allow the inmate to emotionally cope or adapt to his/her environment in a way that is safe or expected of the inmate's peers.

- B. Every possible disorder will surface in detention populations. In general, however, the most common, in descending order of prevalence, can be grouped as follows:

The most commonly observed types of disorders encountered in detention settings are:

1. Mood disorders (depression)
2. Drug and Alcohol
3. Stress and Trauma related
4. Psychotic disorders
5. Disorders of Learning, Development, Communication, Conduct
6. Other disorders: Tic, Elimination, Eating Disorders

This bulletin will attempt to address specifics of each of these broad categories, but since we cannot sufficiently cover all elements of a diagnosis, it is important to be able to remember those first five categories.

As we learn more about the specifics of each of these broad categories, it will be important to be able to have some way of organizing this information.

- C. The following general guidelines can be used to organize your observations about an inmate you suspect might have a mental disorder.

1. mood
2. behavior
3. situation

In many cases, inmates will be disordered in more than one area. For that reason, it is helpful to organize your observations according to the following three questions:

1. What mood(s) are you observing?
2. What behavior(s) are you observing?
3. What is the situation in which these behaviors (moods) occur?

Mental Disorders are identified and described by clinical mental health professionals through a process of “diagnosis.” Diagnosis is a process of judgement about groups of symptoms.

There is a DIFFERENCE BETWEEN DIAGNOSIS AND DIAGNOSTIC BEHAVIOR:

The first step in identifying behaviors with diagnostic consideration is to understand the difference between a diagnosis and behaviors/symptoms associated with a diagnosis.

DEFINITIONS:

Diagnosis is a judgement or decision about the nature of a condition (a disorder, a disability, a disease) by examination of the symptoms.

Behaviors make up a part, but not all of the criteria, for a diagnosis.

All the symptoms which make up a diagnosis may include other indicators which are not observable (such as hallucinations or mood stress).

In this training, it is hoped that staff will become sensitive to "Diagnostic Behaviors", that is behavioral symptoms which when associated with other acts and conditions may indicate a disorder. Not all behaviors are diagnostic.

In Review:

Diagnosis: a judgement or decision about the nature of a condition (a disorder, a disability, a disease) by examination of the symptoms

Diagnostic Behavior: behavioral symptoms which when associated with other acts and conditions may indicate a disorder

It is important to note that a diagnosis may be helpful in some ways, and not helpful in others:

Diagnoses are helpful to:

1. Understand the connections and relationships between mood and multiple and complex behaviors;
2. Suggest and identify inmates who may need to be evaluated for medications or a medical condition;
3. Suggest some general guidelines for interventions based on the known development of the disorder.

Diagnoses are not helpful to:

1. Predict behavior;
2. Solve behavioral problems.

The key to being effective with inmates with mental disorders is to:

1. Be aware of what behaviors or groups of behaviors may indicate a disorder;
2. Be able to organize your observations in a way that suggests an intervention.

The task for jail staff is to be able to identify behaviors with some eye toward diagnoses. That is, staff must be able to identify multiple behaviors and understand their associations. This will further allow professional mental health staff to identify interventions that will impact and diminish the most dysfunctional or dangerous behaviors.

Now that we have common information we will continue in more detail some of the specific diagnoses associated with the general types of disorders and specific behaviors associated with these disorders.

The following is a review of some of the disorders you will likely encounter and the behaviors associated with them.

MOOD DISORDERS are disturbances of mood which cause impairment in functioning. There are three mood disorders most often seen in detention centers:

A. Major Depression is characterized by

- depressed or irritable mood most all of the time
- diminished interest or pleasure in nearly all activities
- significant weight loss
- insomnia (sleeplessness) or hypersomnia (excessive sleeping)
- physical movement that is excessively slow to excessively fidgety (psychomotor retardation or agitation)
- fatigue or loss of energy
- feelings of worthlessness or excessive or inappropriate guilt
- diminished ability to think, concentrate, or make decisions
- recurrent thoughts of death or suicide

B. Dysthymic Disorder is characterized by depressed or irritable mood for most of the day, most all of the time for a period of years which causes significant distress or impairment in social, academic or other important areas of functioning.

Dysthymia is also characterized by

- poor appetite or overeating
- insomnia or hypersomnia
- low energy or fatigue
- low self-esteem
- poor concentration or difficulty making decisions
- feelings of hopelessness

C. Bipolar Disorder are mood symptoms which cause significant impairment in functioning and are characterized by alternating depressive and manic symptoms not due to the use of substances and uncharacteristic of the person.

Manic symptoms are characterized by a persistent, elevated, expansive or "euphoric" mood and:

-inflated self-esteem or grandiosity

-decreased need for sleep

-more talkative than usual, or pressured to keep talking

-racing thoughts

-distractable, attention easily drawn to unimportant or irrelevant stimuli

-increase in goal-directed activity (sexual, occupational, academic)

-excessive involvement in pleasurable activities that have a high potential for painful consequences (engaging in unrestrained buying sprees, sexual indiscretions).

The next jail bulletin will follow-up on this topic with “what is a mental disorder” continued, in Managing Mentally Disordered Inmates part III.

Material prepared by staff of the Nebraska Commission on Law Enforcement and Criminal Justice. If you or your agency wish to contribute to the **Jail Bulletin** or have a special subject to be addressed through the bulletin, please contact: Jail Standards Division, P.O. Box 94946, Lincoln, Nebraska 68509-94946, Telephone 402-471-3710, FAX 402-471-2837.

The contents of the *Jail Bulletin* represent the views of the various author(s) and do not necessarily reflect official views or policies of the Nebraska Crime Commission or the Nebraska Jail Standards Board.

QUIZ

Nebraska Jail Standards require that jail staff receive eighteen (18) hours of in service training each year. The Jail Bulletin may be used to supplement in service training if an officer studies the bulletin, completes the quiz, and this process is documented by the jail administrator for review during annual jail inspections. **CREDIT: One Hour credit for jail in service training requirement.**

JANUARY/FEBRUARY 1999

NUMBER 145

**SUBJECT: MANAGING MENTALLY
DISORDERED INMATES
PART II**

NAME: _____

DATE: _____

1. From the material, which of the following are mood disorders that are most often seen in detention facilities? (circle those that apply)
 - a. Dysthymic Disorder
 - b. Bipolar Disorder
 - c. Disorientation
 - d. Major Depression
 - e. Psychosis
 - f. All of the above except c and e

2. Major Depression can be characterized by: (Circle those that apply)
 - a. Insomnia or hypersomnia
 - b. Feelings of worthlessness or excessive or inappropriate guilt

- c. Depressed or irritable mood most all of the time
- d. None of the above
- e. a, b and c above

3. List the five most commonly observed disorders encountered in detention settings.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

4. According to the material, the key to being effective with inmates with mental disorders is to: (Circle those that apply)

- a. Provide reasonable care
- b. Be aware of what behaviors or groups of behaviors may indicate a disorder
- c. Be able to organize your observations in a way that suggests an intervention
- d. a and c above
- e. All of the above

5. Mood Disorders are disturbances of mood which causes impairment in functioning. (Circle one)

- a. True
- b. False

6. In many cases, inmates will be disordered in more than one area. (circle one)

- a. True
- b. False

7. Diagnostic Behaviors are behavioral symptoms which when associated with other acts and conditions may indicate a disorder. (Circle one)

- a. True
- b. False

8. Mental disorder is defined as a state of mal adaption.(circle one)

- a. True
- b. False

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QUIZ

(Answers)

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Answer sheets should be retained by the Jail Administrator.