

DISORDER	TYPE	SYMPTOMS
DEPRESSION	Emotions Thoughts Behavior Physical	Unusually sad Loss of interests Fatigue Crying Suicidal thoughts Sleep issues
PSYCHOSIS	SCHIZOPHRENIA	Delusions Hallucinations Cognitive difficulty Loss/Lack of drive Flat Affect Social withdrawal Thermo-disregulation
	BIPOLAR Depression Mania	Increased energy Elevated mood Lack of sleep Irritability Rapid thoughts/speech Lower inhibitions Grandiose delusions Lack of insight
	DEPRESSION	- See above -
	DRUG INDUCED EXCITED DELIRIUM	Any of the above listed symptoms. **Appear quickly and dissipate as drugs / alcohol leave system

Resources:

- Contact CRT via Communications
- Crisis Clinic: 206-461-3210 (Have DMHP in-person or phone)
- Mobile Crisis Team: 206-245-3201
- CSC / CDF: 206-682-2371
- DESC: 206-464-1570
- CCORS: 206-461-3222

DISORDER	TYPE	SYMPTOMS
ANXIETY Psychological Behavior Physical	G.A.D. General Anxiety Disorder	Excessive worry Poor problem solving Concentrations issues **Symptoms more than 6-months
	PANIC	Racing heart Sweating Shortness of breath Dizziness Detached feeling **Can mimic heart attack
	PTSD vs. Acute Stress <4 weeks	Intense fear Helplessness Dreams Flashbacks Avoidance behavior Hyper-vigilance

Options:

CSC/CDF: For eligible offenses (screen prior)
 Book KCJ/Rout to Mental Health Court (Misdemeanors)

Emotional Based:

Acknowledge how they perceive situation, validate feelings & fears
 Do not “buy-in” or “argue” delusions or hallucinations
 Display empathy & Build rapport
 What has helped or made them feel safe in the past

Personality Based:

Set context for interaction
 Establish ground rules
 “I” Statements & Effective pauses to enforce boundaries

***** THIS LIST IS A GENERAL REFERENCE AND
 NOT DESIGNED TO BE ALL INCLUSIVE *****