LPS 5150 Certification and Oversight Common Disorders and Symptoms for Hold Writing

When writing an involuntary hold, a requirement is that you indicate the danger to self, danger to others, and/or grave disability is due to a mental disorder. This can be achieved by either listing the current psychiatric diagnosis the consumer has been diagnosed OR provide multiple symptoms that are present of a mental disorder in the 2nd narrative section which states the facts of the evaluation.

Below are a list of the most common disorders as well as their corresponding symptoms. Please keep this in mind when writing holds.

Depressive symptoms:

- depressed mood (irritable, tearful, excessive sadness, etc)
- suicidal ideation and/or thoughts of death and dying
- loss of interest (isolates from people, stops participating in hobbies/interests, etc)
- insomnia or hypersomnia
- psychomotor agitation (restlessness, tapping, fidgeting, fast talking, racing thoughts)
- psychomotor retardation (delayed speech, slow movements)
- loss of energy
- feelings of worthlessness
- low concentration

Manic Symptoms

- grandiosity (unrealistically high self esteem, may believe dangerous behavior will not harm them)
- decreased need for sleep (hasn't slept for excessive amount of time, does not need sleep, etc.)
- talkative or rapid speech
- flight of ideas or racing thoughts
- highly goal directed (behavior hyper-focused on specific goal/task)
- distractibility (easily distracted by unimportant/irrelevant stimuli)
- behavior with a high potential for painful consequences (excessive drug use/sexual activity/spending, etc.)
- labile affect (excessive emotions incongruent with situation)

Schizophrenia or Psychotic Disorder Symptoms:

- **Delusions** paranoid ideation, persecutory delusions, grandiose delusions, bizarre delusions, preoccupied with loyalty/trustworthiness of others, unrealistically suspicious
- **Hallucinations** Auditory hallucinations, visual hallucinations, command hallucinations (voices telling patient to do things such as harm self or others)
- **Disorganization** disorganized speech (word salad, incoherent speech, tangential responses, loose associations, etc.), disorganized behavior, disorganized thoughts
- Catatonia- agitation without external stimulation, negativism (resistance to instructions), stupor
 (lack of motor responses, not reacting to environment), mutism (no or minimal verbal response),
 Alogia (diminished speech output), posturing (maintaining odd/inappropriate postures),
 stereotyping (repetitive/abnormal movements), catatonic excitement (excessive motor activity
 without obvious cause), diminished emotional expression, anhedonia (lack of ability to experience
 pleasure), asociality (lack of interest in social interactions)
- Negative Symptoms- blunted affect (limited or no emotional expression), poverty of speech, poverty of thought, apathy (lack of interest/concern), anhedonia (unable to feel pleasure), reduced social drive, loss of motivation, loss of social interest, inattention to social or cognitive input

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Borderline Personality Disorder Symptoms:

- Recurrent suicidal behavior/gestures/threats or self-mutilating behavior
- Impulsivity (with spending, sex, drugs, driving, eating, etc)
- Difficulty controlling anger (difficult to calm, outbursts, fights, etc)
- Emotional instability (difficult to calm, distressed for hours/days, slow return to baseline, etc.)
- Feelings of emptiness
- Stress related paranoid ideation or severe dissociation
- Highly unstable relationships
- Frantic efforts to avoid abandonment
- Poor identity or sense of self

OCD, Anxiety, and Trauma Related Symptoms:

- excessive worry
- obsessions (specific and persistent thoughts/urges/images that are difficult to ignore)
- compulsions (repetitive behaviors/thoughts aimed at reducing fears/distress)
- hypervigilance (may perceive threats even if unrealistic, may make efforts to protect self by harming others)
- flashbacks (internal reliving previous traumatic experience)
- nightmares