



An Overview of Bipolar Disorder for Nursing Facility Staff

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CENTER OF
EXCELLENCE
FOR BEHAVIORAL HEALTH
IN NURSING FACILITIES

Today's Event Host

Nikki Harris, MA, CBHC-BS

COE-NF TRAINING AND EDUCATION LEAD

For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a certified behavioral specialist.



Today's Presenter

Bryan G. Stephens, MA, MBA, CPCS, LPC

CEO, TALKFORWARD

Bryan is a licensed professional counselor and the founder and CEO of TalkForward, which provides psychotherapy and executive consulting services. Bryan has practiced in behavioral health for the past 30 years.

With 20 years of executive management experience, Bryan served as a chief executive officer in a public behavioral health agency, with over 450 employees and an annual budget of \$27 million.

A specialist in clinical supervision, Bryan began training therapists in small and large groups, while serving as Ethics Chair for the Board of the Licensed Professional Counselors Association of Georgia (LPCA). He currently serves as the President of LPCA which has over 8000 members.

Bryan has an Executive MBA from Kennesaw State University and both a master's and bachelor's degree in psychology.

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Learning Objectives

1. Participants will gain an understanding of Bipolar Disorder
2. Participants will be able to recognize and understand signs and symptoms of Mania and Depression
3. Participants will learn appropriate responses of engagement

Types of Bipolar Disorder

- Bipolar disorder (formerly called manic-depressive illness or manic depression) is a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration.
- These shifts can make it difficult to carry out day-to-day tasks.
- Classified as a Mood Disorder
- Life-long disorder
- Often first diagnosed during late adolescence or early adulthood – however -
- Can be diagnosed at any time in life, though symptoms might have been present and not understood for years

- National Institute of Mental Health

Types of Bipolar Disorder

Bipolar I Disorder

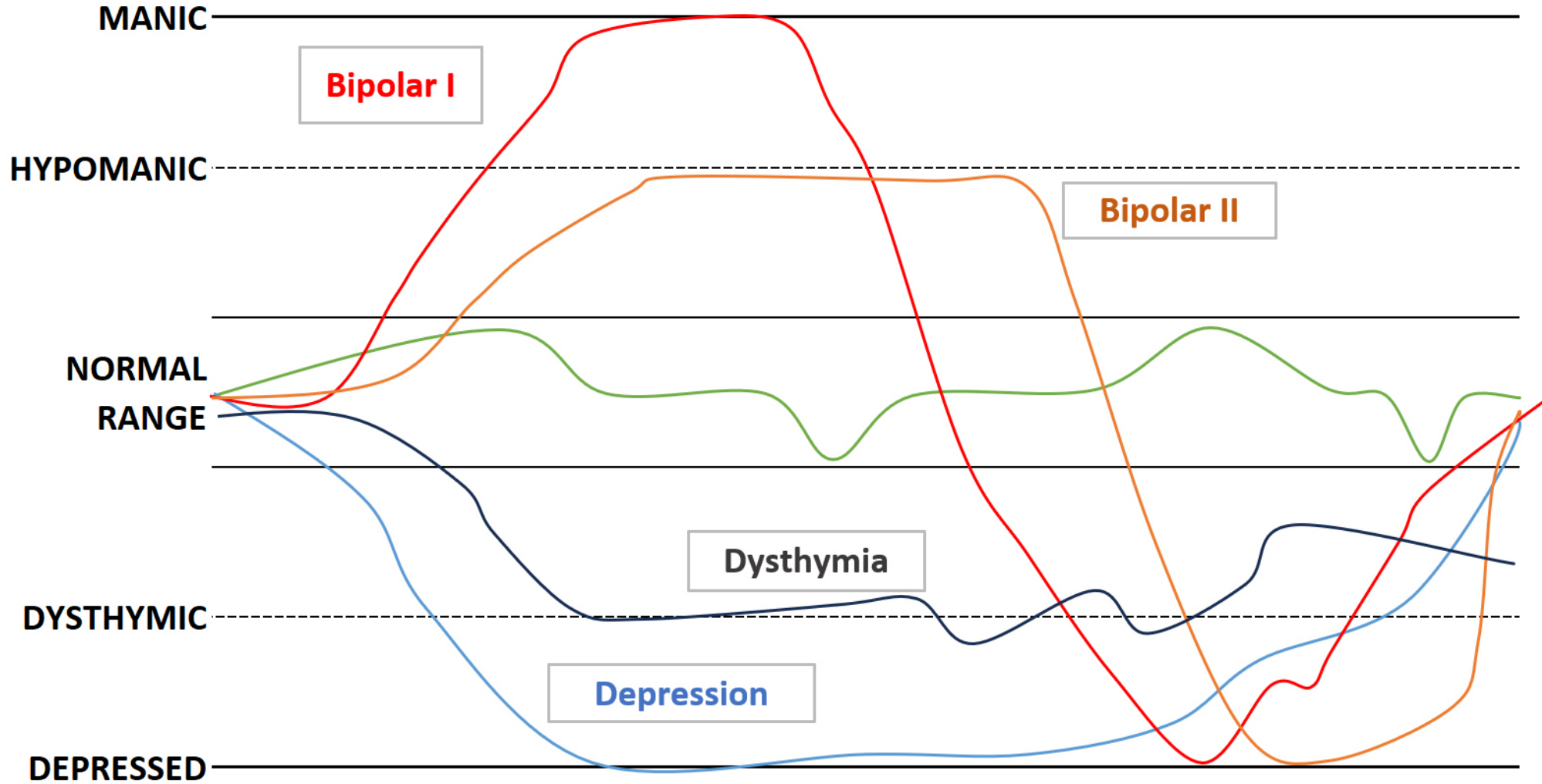
- Defined by manic episodes that last for at least 7 days (nearly every day for most of the day) or by manic symptoms that are so severe that the person needs immediate medical care.
- Usually, depressive episodes occur as well, typically lasting at least 2 weeks.
- Episodes of depression with mixed features (having depressive symptoms and manic symptoms at the same time) are also possible.
- Experiencing four or more episodes of mania or depression within 1 year is called “rapid cycling.”

Bipolar II Disorder

- Defined by a pattern of depressive episodes and hypomanic episodes.
- Hypomanic episodes are less severe than the manic episodes in bipolar I disorder.

- National Institute of Mental Health

Mood Variability by Diagnosis



Recognizing a Manic Episode

- Racing thoughts
- Resident reports feeling very up, high, elated, or extremely irritable or touchy
- Resident has a decreased need for sleep or cannot sleep
- Talking fast about a lot of different things (“flight of ideas”)
- Resident is able to do many things at once without getting tired
- Excessive appetite for food, drinking, sex, or other pleasurable activities (such as gambling)
- Resident reports feeling unusually important, talented, or powerful
- Symptoms of Psychosis such as delusions and hallucinations (severe mania)

Hypomania

Hypomania is less intense than mania

- Person often feels very good
- Able to get things done
- Less need for sleep
- Feels (and can be) more creative
- Faster thinking
- Pressured Speech
- Often does not recognize anything is wrong

Hypomania feels good to the person.

Recognizing a Depressed Episode

- Resident reports feeling very down or sad, or anxious
- Resident reports feeling slowed down or restless
- Having trouble falling asleep, waking up too early, or sleeping too much
- Talking very slowly, feeling unable to find anything to say, or forgetting a lot
- Having trouble concentrating or making decisions
- Resident reports feeling unable to do even simple things
- Having a lack of interest in almost all activities
- Resident reports feeling hopeless or worthless, or thinking about death or suicide

Dysthymia

Someone who is at the dysthymia level of mood is diagnosed with Persistent depressive disorder (formerly dysthymic disorder)

- Characterized by chronic low-level depression that is not as severe, but may be longer lasting than, major depressive disorder.
- A diagnosis of persistent depressive disorder requires having experienced a combination of depressive symptoms for two years or more

Recognizing a Mixed Episode

People can have both manic and depressive symptoms in the same episode

- Called an episode with mixed features
- This is a higher risk state for suicide than just depression as the person feels the negative emotions while having the energy to act on suicidal thoughts

Ways to Support Residents Experiencing Symptoms of Mania

- Be patient
- Gently redirect them back on topic
- Do not respond to irritability in kind
- Attempt to redirect into some physical activity to burn energy
- Monitor sleep closely – lack of sleep can lead to psychosis
- If they are psychotic, avoid confrontation
 - Do not deny hallucinations
 - Do not deny delusions
 - Go with the perceived reality, when possible, while ensuring safety first

Treatment of Bipolar Disorder

A full assessment from an MD is needed when residents show signs of mania. The MD may order such things as:

- Medications in the short term or for ongoing care
- Test to rule out other medical conditions
- Change of medications (anti-depressants can trigger a manic episode)

Non-pharmacological Interventions

Non-pharmacological interventions can be used to improve the resident's activities of daily living.

Psychosocial Interventions:

- Social skills training
- Coping skills
- Coaching (problem & symptom focused interventions)
- Talk therapy (cognitive behavioral therapy)

What You Can Do Today

Educate

- Train your assessment team on proper bipolar diagnostic criteria (physicians, nurses, social workers)
- Train staff at all levels on the signs, symptoms and supportive responses when working with residents with a bipolar diagnosis.

Psychiatric care

- Ensure that residents with a diagnosis of bipolar get the appropriate level of counseling and psychiatric care in your facility.

Interdisciplinary Team

- Ensure that resident's treatment and symptoms are communicated with staff at all levels.

What You Can Do Today

Assess the stimuli in the nursing facility environment

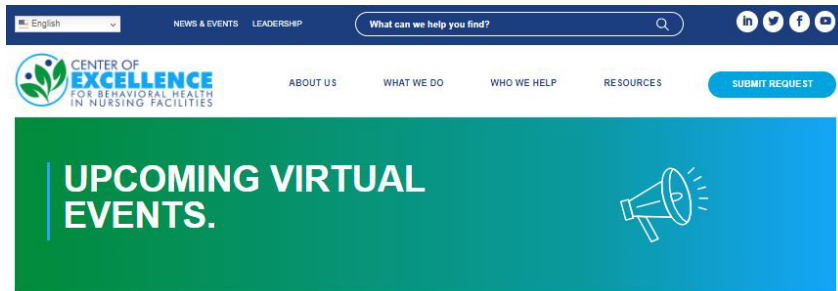
- Residents experiencing an episode of mania will benefit from routine and a calm and stable environment.

Planning activities

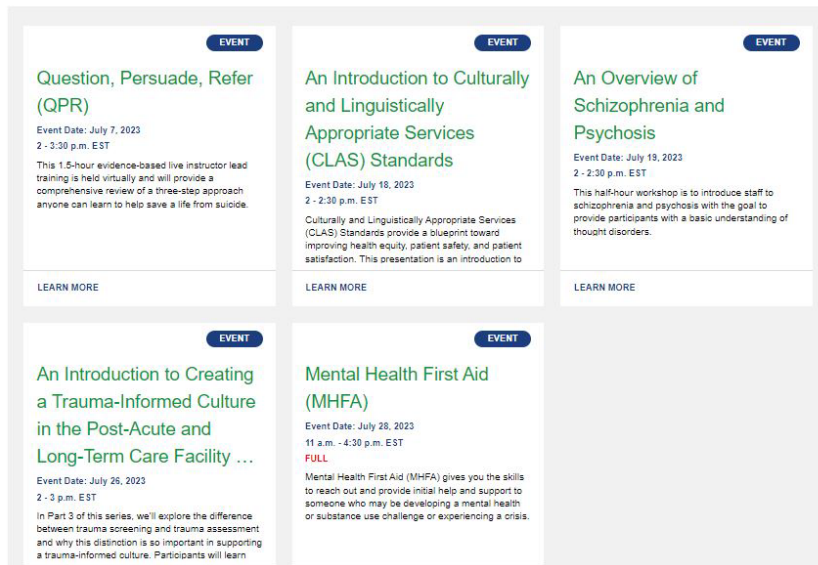
- Work with residents with a bipolar diagnosis when they are not manic
 - Establish an effective sleep schedule with adequate sleep
 - Build a plan to manage the client's energy including some basic exercise
 - Ensure the choices are a part of the resident's care plan

Stay Up-to-date and Register for our Next Event!

<https://nursinghomebehavioralhealth.org/upcoming-events/>



The screenshot shows the top navigation bar of the website with a search bar and social media icons. Below the navigation is a green banner with the text "UPCOMING VIRTUAL EVENTS." and a megaphone icon.



The screenshot displays five event cards, each with a title, date, time, and a "LEARN MORE" link. The events are:

- Question, Persuade, Refer (QPR)**: Event Date: July 7, 2023, 2 - 3:30 p.m. EST. Description: This 1.5-hour evidence-based live instructor lead training is held virtually and will provide a comprehensive review of a three-step approach anyone can learn to help save a life from suicide.
- An Introduction to Culturally and Linguistically Appropriate Services (CLAS) Standards**: Event Date: July 18, 2023, 2 - 2:30 p.m. EST. Description: Culturally and Linguistically Appropriate Services (CLAS) Standards provide a blueprint toward improving health equity, patient safety, and patient satisfaction. This presentation is an introduction to...
- An Overview of Schizophrenia and Psychosis**: Event Date: July 19, 2023, 2 - 2:30 p.m. EST. Description: This half-hour workshop is to introduce staff to schizophrenia and psychosis with the goal to provide participants with a basic understanding of thought disorders.
- An Introduction to Creating a Trauma-Informed Culture in the Post-Acute and Long-Term Care Facility ...**: Event Date: July 26, 2023, 2 - 3 p.m. EST. Description: In Part 3 of this series, we'll explore the difference between trauma screening and trauma assessment and why this distinction is so important in supporting a trauma-informed culture. Participants will learn...
- Mental Health First Aid (MHFA)**: Event Date: July 28, 2023, 11 a.m. - 4:30 p.m. EST. Status: FULL. Description: Mental Health First Aid (MHFA) gives you the skills to reach out and provide initial help and support to someone who may be developing a mental health or substance use challenge or experiencing a crisis.

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Contact us:

For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

Visit the website:

nursinghomebehavioralhealth.org

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Thank You!



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