



An Overview of Bipolar Disorder for Nursing Facility Staff

March 26, 2024



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 8,000 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

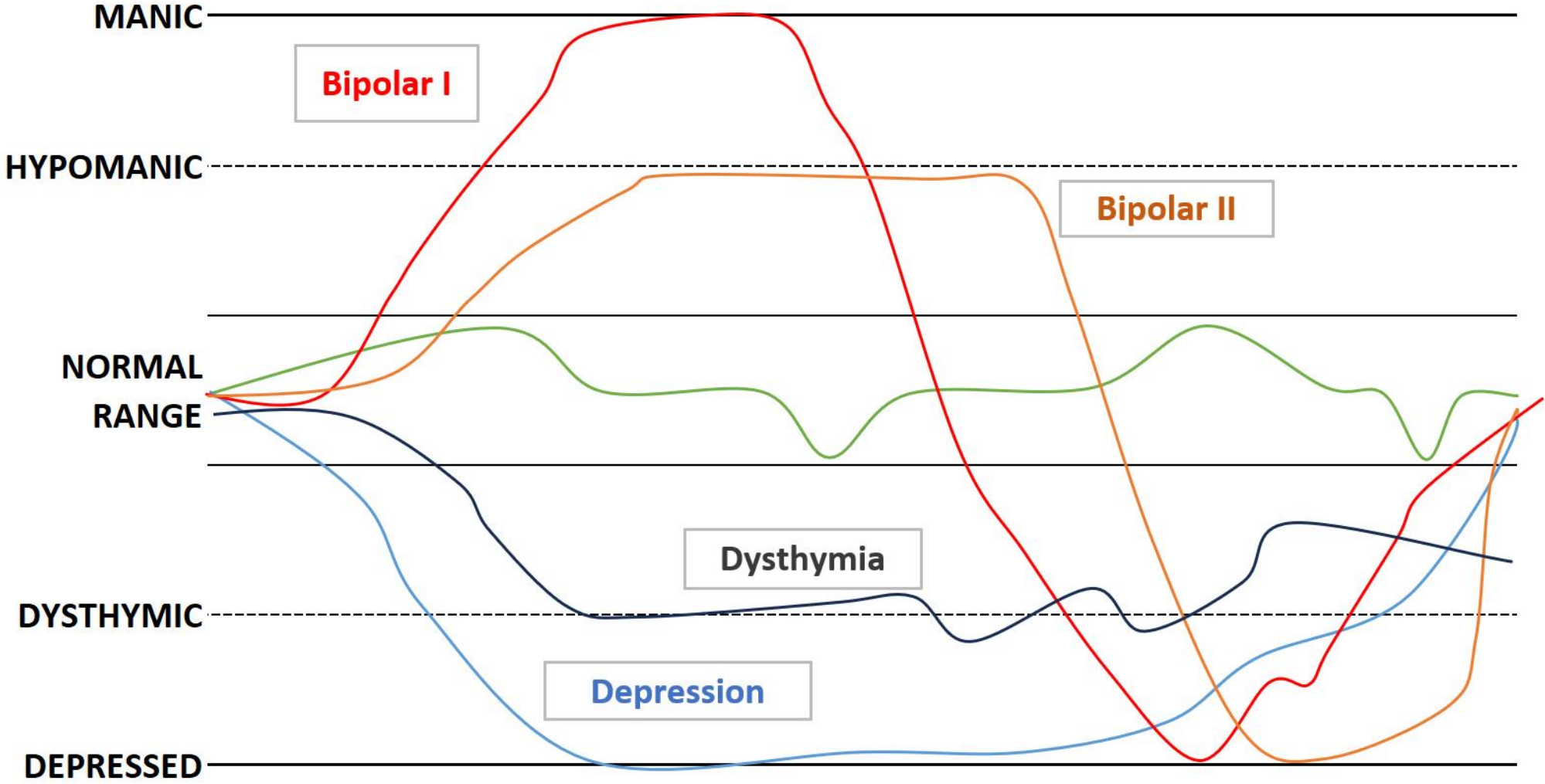
- Defined by manic episodes that last for at least seven (7) days (nearly every day for most of the day) or by manic symptoms that are so severe that the person needs immediate medical care.
- Usually, depressive episodes occur as well, typically lasting at least two (2) weeks.
- Episodes of depression 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 one (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 (cont.)

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

Time for Questions



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COE-NF Resources



Bipolar Disorder Facts

What is Bipolar Disorder?

Bipolar disorder is a brain disorder that causes extreme mood swings, including emotional highs (hypomania and mania) and lows (depression).

These mood swings can affect sleep, energy, activity, judgment, behavior, and the ability to think clearly.

Symptoms of a Manic Episode

A manic episode is a period of at least one week when a resident has elated mood and/or irritable mood most of the day for most days and possesses more energy than usual. A hypomanic episode is a less severe form of mania that will persist for at least four consecutive days. Symptoms of a manic and a hypomanic episode are the same. However, symptoms of hypomanic are less intense. At least three of the following changes in behavior will occur:

- Decreased need for sleep
- Increased or faster speech
- Uncontrollable racing thoughts or quickly changing ideas or topics when speaking
- Distractibility
- Increased activity
- Increased risky behavior
- Grandiosity

Sources: [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#), and the [National Institute of Mental Health](#).

Symptoms of a Depressive Episode

A major depressive episode is a period of at least two weeks in which a resident has at least five of the following symptoms, including at least one of the first two symptoms:

- Sadness or despair
- Loss of interest in activities the person once enjoyed
- Feelings of worthlessness or guilt
- Fatigue
- Increased or decreased sleep
- Increased or decreased appetite
- Restlessness or slowed speech or movement
- Difficulty concentrating
- Frequent thoughts of death or suicide

Diagnosis

Diagnosis should be made by a qualified health professional. Determining a diagnosis of bipolar disorder includes:

A physical exam and lab tests: Used to rule out medical problems that may resemble bipolar disorder such as hyperthyroidism, medicines such as steroids, or other mental health conditions.

Psychiatric evaluation: Qualified health professional usually diagnose bipolar disorder based on a person's symptoms, lifetime history, experiences, and, in some cases, family history.

For Help and More Information

- For comprehensive on-demand training on bipolar disorder and additional resources, visit www.nursinghomebehavioralhealth.org
- Information is also available in [Appendix PP of the State Operations Manual](#) (F-tags F605, F637, F740, F744, and F757)

This material was prepared by the Center of Excellence for Behavioral Health in Nursing Facilities. This work is made possible by grant number 1H76SM087155 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration.



Scan the QR code or visit the link below to view this resource.



<https://nursinghomebehavioralhealth.org/wp-content/uploads/2023/09/Bipolar-factsheet-508-091823d.pdf>



Understanding and Recognizing the Signs and Symptoms of Bipolar Disorder

The screenshot shows the top navigation bar of the Center of Excellence website. It includes a language dropdown set to 'English', a search bar with the text 'What can we help you find?', and social media icons for LinkedIn, Twitter, Facebook, and YouTube. Below the navigation bar is the logo for the Center of Excellence for Behavioral Health in Nursing Facilities, followed by menu items: ABOUT US, WHAT WE DO, WHO WE HELP, RESOURCES, and a blue 'SUBMIT REQUEST' button. A large green banner below the navigation features the text 'RESOURCES ON-DEMAND VIDEOS' and an icon of a graduation cap.

BITE-SIZED LEARNINGS:

A bite-sized learning (BSL) is a teaching approach that involves presenting content in a brief 5 – 10 minute timeframe. BSLs are presented in a narrated PowerPoint Presentation.

To get started, click the "Watch Video" button below. Upon completion of the video, you will be directed to complete a brief BSL evaluation.

The screenshot shows two cards under the heading 'BITE-SIZED LEARNING'. The first card is titled 'Schizophrenia and Antipsychotics Bite-sized Learning' and includes a 'WATCH VIDEO' button and a 'FLYER' button. The second card is titled 'Bipolar Disorder: Understanding and Recognizing the Signs and...' and includes a 'WATCH VIDEO' button and a 'FLYER' button. This second card is circled in red.

Scan the QR code or visit the link below to view this resource.



<https://nursinghomebehavioralhealth.org/on-demand-videos/>

Recognizing and Treating Bipolar Disorder in Nursing Facilities

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Recognizing and Treating Bipolar Disorder in Nursing Facilities

Module

This course will equip you with foundational knowledge of bipolar disorder, explore the potential causes, and the impact it can have on residents.

COMPLETE PRE-TEST



https://nursinghomebehavioralhealth.org/news-events/site_resources/recognizing-and-treating-bipolar-disorder-in-nursing-facilities/



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Thank You!

