

An Overview of Bipolar Disorder for Nursing Facility Staff

Tuesday, March 18, 2025



Host



Nikki Harris, MA, CBHC-BS

Training and education lead

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). 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.

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 recently served 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.

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

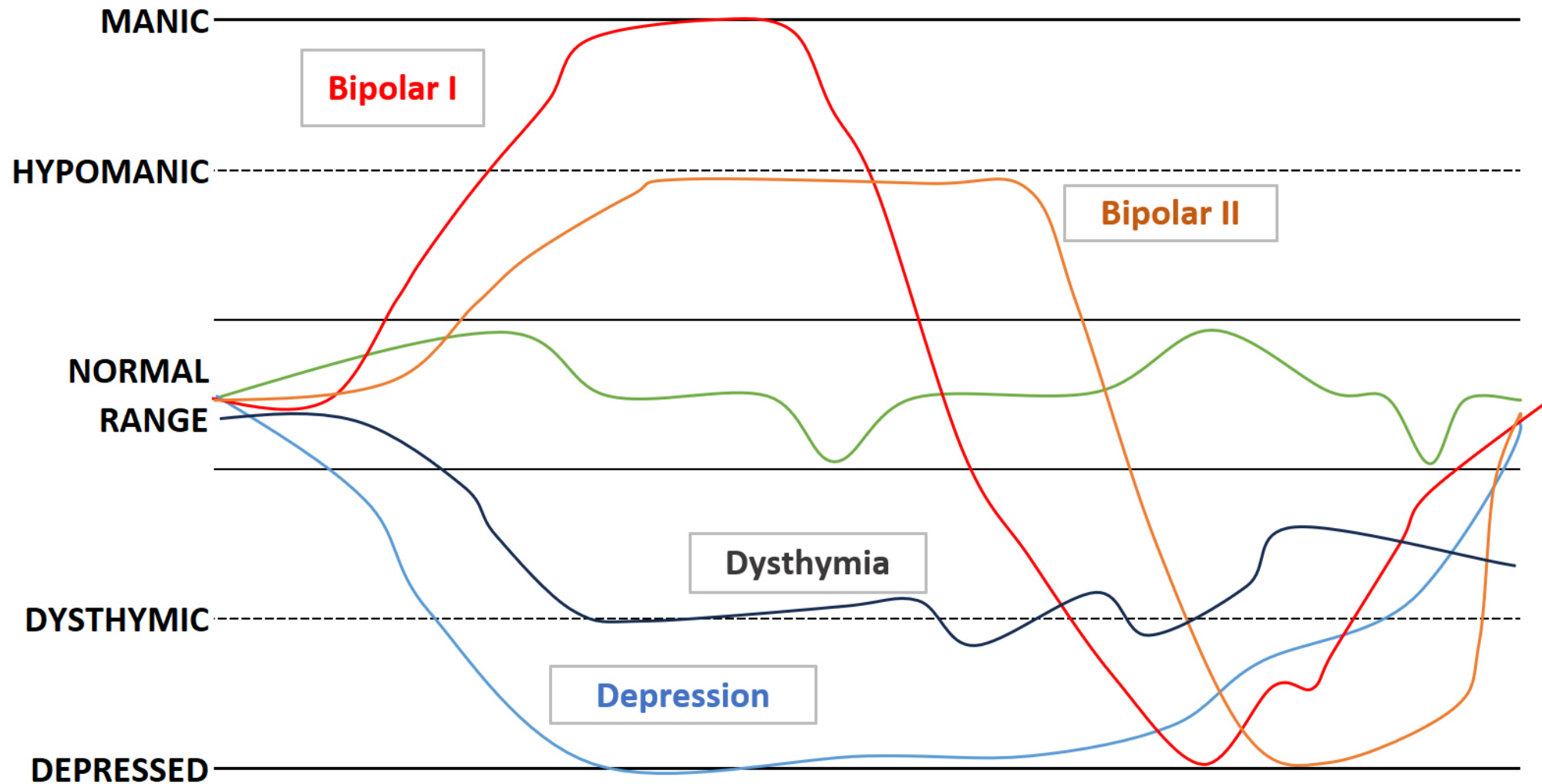
- Defined by manic episodes that last for at least seven (7) days (nearly every day for most of the day) or by manic symptoms that are so severe that the person needs immediate medical care.
- Usually, depressive episodes occur as well, typically lasting at least two (2) weeks.
- Episodes of depression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

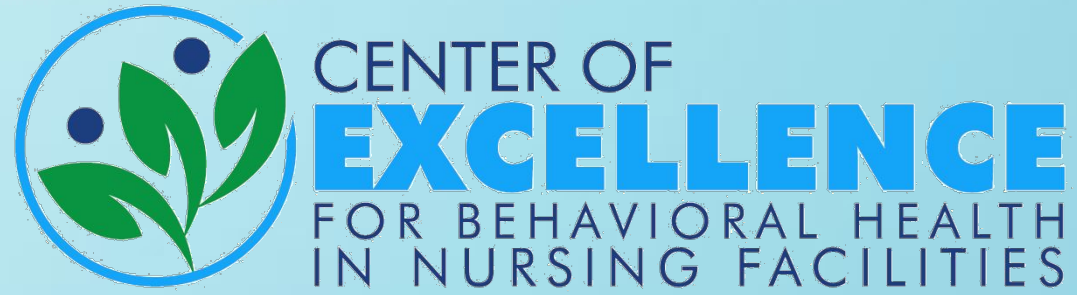
What You Can Do Today (cont.)

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



Questions?



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.

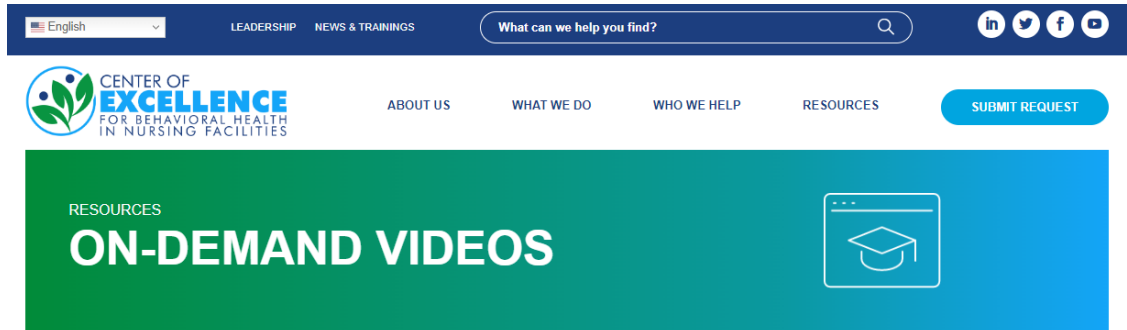


Scan the QR code or visit the link below to view this resource.



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

Understanding and Recognizing the Signs and Symptoms of Bipolar Disorder

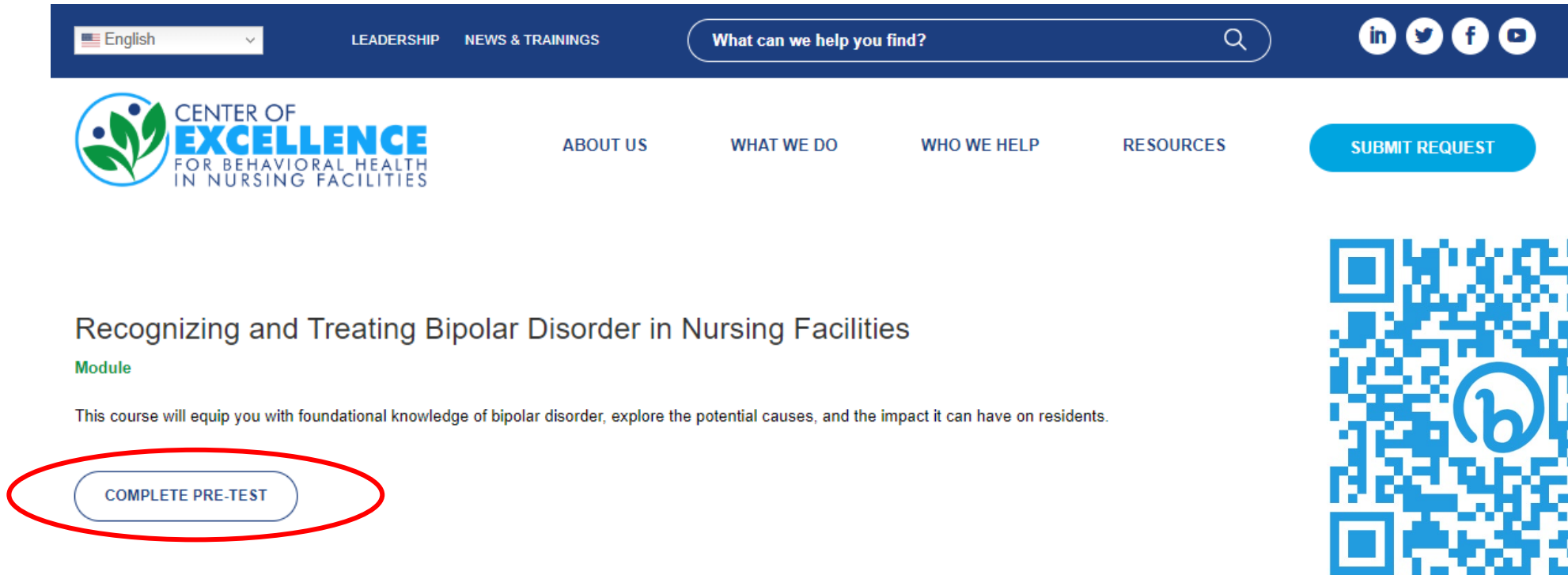


Scan the QR code or visit the link below to view this resource.



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

Recognizing and Treating Bipolar Disorder in Nursing Facilities




The screenshot shows the website of the Center of Excellence for Behavioral Health in Nursing Facilities. The header includes a language dropdown set to 'English', navigation links for 'LEADERSHIP' and 'NEWS & TRAININGS', a search bar with the text 'What can we help you find?', and social media icons for LinkedIn, Twitter, Facebook, and YouTube. Below the header, the organization's logo is on the left, and navigation links for 'ABOUT US', 'WHAT WE DO', 'WHO WE HELP', and 'RESOURCES' are in the center. A blue 'SUBMIT REQUEST' button is on the right. The main content area features the title 'Recognizing and Treating Bipolar Disorder in Nursing Facilities' and the word 'Module' in green. A description states: 'This course will equip you with foundational knowledge of bipolar disorder, explore the potential causes, and the impact it can have on residents.' A button labeled 'COMPLETE PRE-TEST' is circled in red. To the right of the text is a QR code with a stylized 'b' in the center.

English

LEADERSHIP NEWS & TRAININGS

What can we help you find?

in t f y

 CENTER OF
EXCELLENCE
FOR BEHAVIORAL HEALTH
IN NURSING FACILITIES

ABOUT US WHAT WE DO WHO WE HELP RESOURCES


SUBMIT REQUEST

Recognizing and Treating Bipolar Disorder in Nursing Facilities

Module

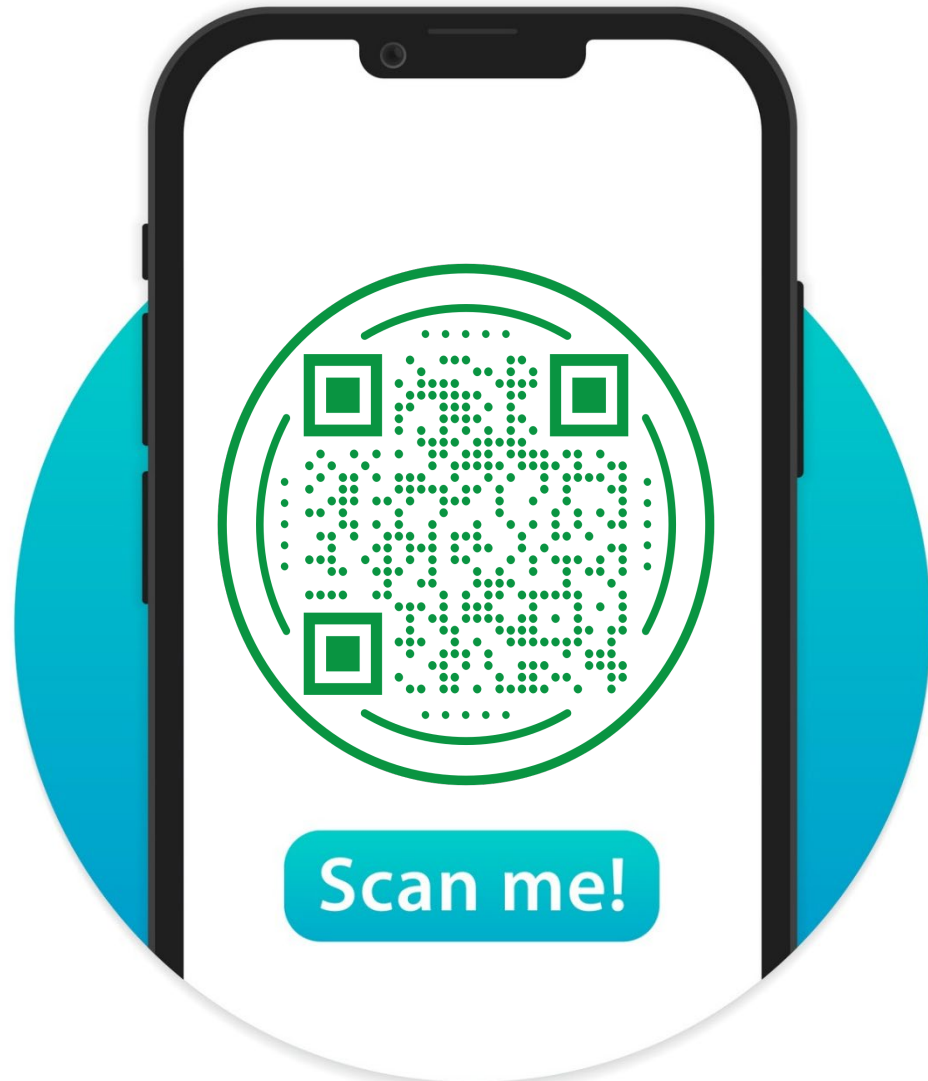
This course will equip you with foundational knowledge of bipolar disorder, explore the potential causes, and the impact it can have on residents.

COMPLETE PRE-TEST



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

Request Assistance



To submit a request for assistance,
scan the QR code.

We look forward to assisting you!

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

Connect with COE-NF

Monthly Newsletter

- Shares behavioral health resources
- Provides nursing facility behavioral health regulatory updates
- Announces upcoming training opportunities

Social Media Profiles

- LinkedIn: www.linkedin.com/company/nursinghomebh/
- Twitter: twitter.com/NursingHomeBH
- Facebook: www.facebook.com/NursingHomeBH
- YouTube: www.youtube.com/channel/UCgnRi9EFB9rXApnIUwS09sw

Text Messaging Platform

- Enables nursing facility staff to receive COE-NF updates on their smartphone

SCAN ME



**Scan QR code to
sign up for the
COE-NF newsletter.**

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www.talkforward.com
www.talkforwardcounseling.com

Thank You!



This material was created by the Center of Excellence for Behavioral Health in Nursing Facilities. This work is made possible by grant number 1H79SM087155 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.