HOW CAN I HELP?
BIPOLAR DISORDER

PRESENTED BY ALAN BAGSHAW

What is "Bipolar?"

1. Manic Episode
2. Hypomanic Episode
3. Major Depressive Episode

What is "Bipolar?"

Manic Episode:

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or every, lasting at least 1 week and present most of the day, nearly every day.
B. During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms are present to a significant degree and represent a noticeable change from usual behavior:
    1. Inflated self-esteem or grandiosity
    2. Decreased need for sleep.
    3. More talkative than usual or pressure to keep talking.
    4. Flight of ideas or subjective experience that thoughts are racing.
    5. Distractibility
    6. Increase in goal-directed activity or psychomotor agitation.
    7. Excessive involvement in activities that have a high potential for painful consequences (spending sprees, sexual indiscretion, foolish business investments).
C. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.
D. The episode is not attributable to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or another medical condition.

What is "Bipolar?"

Hypomanic Episode:

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least 4 consecutive days and present most of the day, nearly every day.
B. During the period of mood disturbance and increased energy and activity, 3 (or more) of the above symptoms (4 if the mood is only irritable) have persisted, represent a noticeable change from usual behavior, and have been present to a significant degree.
    1. Inflated self-esteem or grandiosity
    2. Decreased need for sleep.
    3. More talkative than usual or pressure to keep talking.
    4. Flight of ideas or subjective experience that thoughts are racing.
    5. Distractibility
    6. Increase in goal-directed activity or psychomotor agitation.
    7. Excessive involvement in activities that have a high potential for painful consequences (spending sprees, sexual indiscretion, foolish business investments).
C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic.
D. The disturbance in mood and the change in functioning are observable by others.
E. <u>The episode is not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization. If there are psychotic features, the episode is, by definition, manic.</u>
F. The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment).

What is "Bipolar?"

Major Depressive Episode:

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
   1. Depressed most of the day, nearly every day as indicated by subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful)
   2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by subjective account or observation)
   3. Significant weight loss when not dieting or weight gain (e.g., change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day
   4. Insomnia or hypersomnia nearly every day
   5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
   6. Fatigue or loss of energy nearly every day
   7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
   8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
   9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. The episode is not attributable to the physiological effects of a substance or to another medical condition.

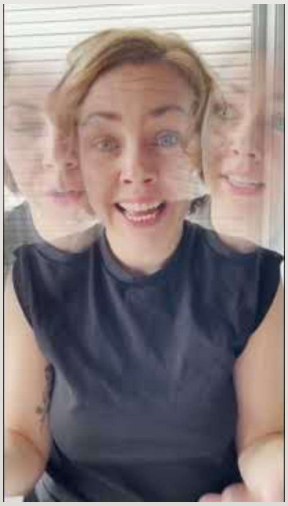
D. The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.

SO WHAT'S THE DIFFERENCE BETWEEN BIPOLAR I AND BIPOLAR II ???????

Bipolar I – there has been at least one manic episode

Bipolar II – Hypomanic AND Major Depressive Episodes have been met, but there has never been a manic episode

What MANIA Feels Like



Depressive Episode

Manic Episode Interactions:

- Why challenge? Set and maintain boundaries, but stay calm!
- Do not assume, but do not try to find rationale.
- Harmful to self or others?
- Talk TO the person and not ABOUT the person.
- Remember, nothing is personal.
- Support in not enabling!

Depressive Episode Interactions:

- Listen! Talk! Experience! Do not try to fix.
- Can you make life less stressful?
- Positive reinforcement – do not say it will be ok, show that it will be ok.
- Don't say "at least" or "it could be worse."
- Be patient, it is not being lazy.

BIG QUESTION: IS THIS MANIA OR BEING UNDER THE INFLUENCE?

WHO CARES!?!?!?!

Labels may or may not help.

Keep people safe. If they are alive they can seek help.

Be in the moment. Next experience the person may know you are a safe anchor point and tell you about use (if it exists).

HOW CAN I HELP?

PSYCHOSIS

PRESENTED BY ALAN BAGSHAW

WHAT IS PSYCHOSIS?

- A collection of symptoms that reflect of loss of reality.
- Difficulty with understanding reality around them.
- Typical onset late teens to mid-20s.
- No one cause, appears to result from a complex combination of genetic risk, differences in brain development, and exposure to stressors or trauma. Can also be caused by substance use.
- Psychosis can also result from other disorders, such as tumors, dementia, Parkinson's disease, Huntington's disease, HIV, epilepsy, malaria, syphilis, stroke, low blood sugar, Multiple Sclerosis, Urinary Tract Infections
- Schizophrenia versus Schizoaffective Disorder
- Depression, Bipolar disorder, personality disorders (paranoid or schizotypal), postpartum psychosis, delusional disorder

WHAT DOES PSYCHOSIS LOOK LIKE?

- Suspiciousness, paranoid ideas, or uneasiness with others
- Trouble thinking clearly and logically
- Withdrawing socially and spending a lot more time alone
- Unusual or overly intense ideas, strange feelings, or a lack of feelings
- Decline in self-care or personal hygiene
- Disruption of sleep, including difficulty falling asleep and reduced sleep time
- Difficulty telling reality from fantasy
- Confused speech or trouble communicating
- Sudden drop in grades or job performance
- Anxiety
- Mood swings
- Lack of motivation
- Difficulty in functioning daily.

WHAT DOES PSYCHOSIS LOOK LIKE?

HALLUCINATIONS - MAY CAUSE SOMEONE TO SEE, HEAR, FEEL, TASTE, OR SMELL SOMETHING THAT'S NOT THERE.

DELUSIONS – EROTOMANIC, GRANDEUR, THOUGHT BROADCASTING.

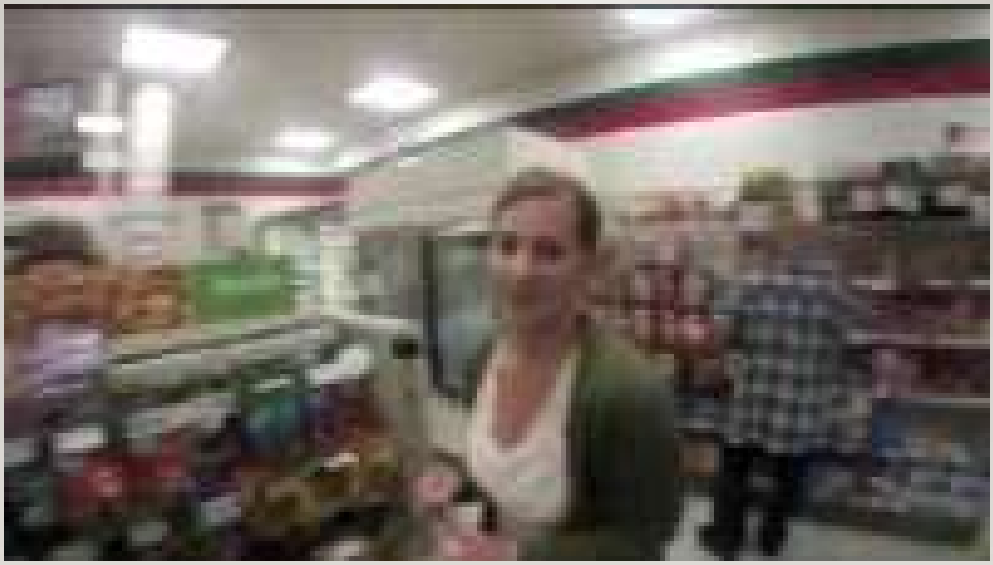
DISORGANIZED THOUGHT – FLIGHT OF IDEAS, THOUGHT BLOCKING, NOT ABLE TO FOLLOW.

CATATONIA – BECOME NON-RESPONSIVE, MAY GRUNT.

DISORGANIZED BEHAVIORS – ACTS/TASKS DO NOT MAKE SENSE TO OTHERS.

STIGMA

WHAT DOES PSYCHOSIS FEEL LIKE?



WHAT CAN I DO?

- CBTp – "Look, Point, Name"
- Empathy
- Compassion
- Redirect
- Validation
- Nothing personal
- Safety/Boundaries

How do you complete SOAR with someone who is experiencing the symptoms we reviewed?

Accept the whole person.

Bring the whole person to the table.

Difficult to determine symptom versus reality!

References:

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