

### Behavioral Health Promotion Activities Plan

<b>Behavioral Health Concern/Diagnosis:</b>	<b>Bipolar Disorders:</b> (1) Bipolar I Disorder, (2) Bipolar II Disorder, (3) Cyclothymic Disorder, (4) Bipolar and Related Disorder Due to Another Medical Condition, (5) Other Specified Bipolar and Related Disorder, and (6) Unspecified Bipolar and Related Disorder.
<b>What is it?</b>	Per DSM-5, Bipolar Disorders involve a combination of (1) manic symptoms which include: “a distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary)” p. 124 <b>and</b> (2) depressive symptoms which include: “the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual’s ability to function” p. 155.
<b>Behavioral Observations of Depression /Mania include:</b>	<p><b>Depressive Symptoms:</b> Looks sad/tearful, little or no emotional expression, appears angry/irritable, engages in self harming behavior, physical aggression/disruptive behavior, reluctant to engage socially, no longer likes activities previously enjoyed, eats less or more, weight gain/loss, difficulty falling asleep or staying asleep, paces, fidgets, talks or makes noise excessively, moves slowly, talks little or speaks rarely, appears tired, negative self-talk, decline in self-care, easily distracted, memory problems, loss of skills, talks about death or loved ones who have died.</p> <p><b>Manic Symptoms:</b> Laughs excessively loud or sings during inappropriate times, excessively giddy or silly during inappropriate times, gets into someone’s personal space, smiles excessively in ways not appropriate to context, moods that switch between excessive happiness and irritability, exaggerates skills/accomplishments/social events, decreased need for sleep, talkative, interrupts frequently, perseverates, jumps from topic to topic, engages in activities in a sped up manner, is restless.</p>
<b>Support Strategies:</b>	<ul style="list-style-type: none"> <li>○ Define and track psychiatric symptoms that are being treated or to be treated and share this data with the prescribing physician (if applicable). The Behavioral Health Team Review Form of Psychotropic Medications is a useful tool for this and can be found on PCHC’s website (click on resources and then forms).</li> <li>○ Evidence Based Interventions include: Psychoeducation and Cognitive Therapy (see Resource List on PCHC’s website for definitions of these terms). Recovery planning tools such as WRAP (wellness recovery action plan) and art or music therapy may also be helpful.</li> <li>○ Those involved in the person’s care can encourage the person to take his or her medication as prescribed (if relevant), and use strategies/skills that the person has learned by working with a mental health professional.</li> </ul>
<b>Medications Commonly Prescribed Include:</b>	<p><b>Mood Stabilizers:</b> e.g. Lithium.</p> <p><b>Anticonvulsant Medications:</b> e.g. divalproex sodium (Depakote), valproic acid (Depakene), and carbamazepine (Tegretol).</p> <p><b>Atypical Antipsychotic Medications:</b> e.g. aripiprazole (Abilify), ziprasidone (Geodon), risperidone (Risperdal), olanzapine (Zyprexa), and quetiapine (Seroquel).</p>
<b>Frequency of Support:</b>	Fill in which physician treats this condition and how often the person is seen for medication review (usually at least every 90 days).
<b>Desired Outcome:</b>	A reduction in observable and self-reported psychiatric symptoms.
<b>Person/Agency Responsible:</b>	Name of person, family/caregivers, agency nurse, primary care physician, and specialist if applicable.

**References:** American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. Washington, DC: Author

Copeland, M. E. (2010). *WRAP (Wellness Action Recovery Plan) Plus*. Dummerston, Vermont: Peach Press.

Fletcher, R., Barnhill, J. & Cooper, S.A (2017). *Diagnostic Manual – Intellectual Disability 2(DM-ID 2): A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability*. Kingston, NY: NADD Press.

APA Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist*, 61, 271-285. Information retrieved from: [https://www.div12.org/psychological\\_treatments/treatments/](https://www.div12.org/psychological_treatments/treatments/)

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<b>Behavioral Observations of Depression/Mania:</b>	<p><b><u>Depressive Symptoms:</u></b></p> <p><b><u>Manic Symptoms:</u></b></p>
<b>Support Strategies:</b>	
<b>Medications Prescribed:</b>	
<b>Frequency of Support:</b>	
<b>Desired Outcome:</b>	A reduction in observable and self-reported psychiatric symptoms.
<b>Person/Agency Responsible:</b>	

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