

**Behavioral Health Promotion Activities Plan**

<b>Behavioral Health Concern/Diagnosis:</b>	<b><u>Manic Disorders:</u></b> (1) Manic Episode, (2) Hypomanic Episode, Bipolar I Disorder, Single Manic Episode
<b>What is it?</b>	Per DSM-5: “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>Behavioral Observations of Mania include:</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.
<b>Support Strategies:</b>	<ul style="list-style-type: none"> <li>○ Define and track psychiatric symptoms of mania (the 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, Family-Focused Therapy, 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 for Mania include:</b>	<p><b><u>Mood Stabilizers:</u></b> e.g. Lithium.</p> <p><b><u>Anticonvulsant Medications:</u></b> e.g. divalproex sodium (Depakote, Depakote CP, and Depakote ER), valproic acid (Depakene and Stavzor), and carbamazepine (Tegretol),</p> <p><b><u>Atypical Antipsychotic Medications:</u></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 (typically 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/)

**Behavioral Health Promotion Activities Plan**

<b>Behavioral Health Concern/Diagnosis:</b>	<b><u>Manic Disorders:</u></b> (1) Manic Episode, (2) Hypomanic Episode, Bipolar I Disorder, Single Manic Episode
<b>What is it?</b>	Per DSM-5: “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>Manic Symptoms:</b>	
<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>	

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