

Crisis Intervention Team (CIT) Training



Bipolar Disorder

Created by:

Nils Rosenbaum

Matthew Tinney

Lawrence Saavedra

Instructor Guide

COURSE TITLE PAGE

Program: Crisis Intervention Team (CIT) Training

Block: Bipolar Disorder

Course#/Title: *Bipolar Disorder*

Accreditation#:

Course Level: Advanced Training

Prerequisites: None

Instructional Method: Lecture, Power Point, and Discussion

Time Allotted: 1 Hour

Target Group: New Mexico Law Enforcement Basic and Certified Officers; Basic and Certified Telecommunicators

Instructor/Student Ratio: 1/35

Evaluation Strategy: Pre-Test/Post-Test, Class discussion

Required Instructor Materials: Lesson Plan, Power Point, Handouts, Discussion,

Required Student Materials: Note-taking materials, Student Manual

Suggested Instructor Certification:

<input checked="" type="checkbox"/> General Instructor	<input checked="" type="checkbox"/> Professional Lecturer
<input checked="" type="checkbox"/> Specialized Instructor	
<input checked="" type="checkbox"/> CIT Instructor	<input checked="" type="checkbox"/> Master Instructor

Source Document/Bibliography:

Bipolar disorder. (n.d.) Retrieved March 01, 2016, from <http://www.nimh.gov/index.shtml>

Black, D. W., & Grant, J. E. (2014). DSM-5 TM guidebook the essential companion to the Diagnostic and statistical manual of mental disorders, fifth edition. Washington, DC: American Psychiatric Publishing.

Yatham, L.N., Kennedy, S.H., O'Donovan, C. et al.(2005) Canadian Network for Mood and Anxiety Treatments (CANMAT) guidelines for the management of patients with bipolar disorder: consensus and controversies. Bipolar Disorders.

Fountoulakis, K.N., Gonda, X., Siamouli, M., & Rihmer, Z. (2009). Psychotherapeutic intervention and suicide risk reduction in bipolar disorder: A review of evidence. Journal of Affective Disorders, 113, 21-29

Smoller, J.W. and Fin, C.T. (2003) Family, twin, and adoption studies of bipolar disorder. American Journal of Medical Genetics Part C (Seminars in Genetics)
Diagnostic and Statistical Manual of Mental Disorders, 5th edition, American Psychiatric Association, 2013.

Bipolar disorders Retrieved December 27th, 2017, from <https://www.psychiatry.org/patients-families/bipolar-disorders/what-are-bipolar-disorders>

COURSE GOAL:

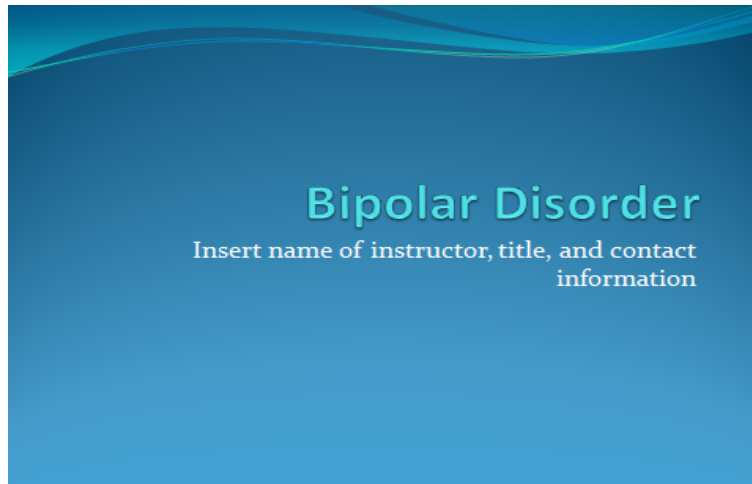
The goal is to help students become familiar with some key aspects of bipolar disorder, including risk factors, symptoms, and treatments for people living with bipolar disorder.

LEARNING OBJECTIVE(S):

Upon completion of training, the student will be able to demonstrate the following measurable learning objectives:

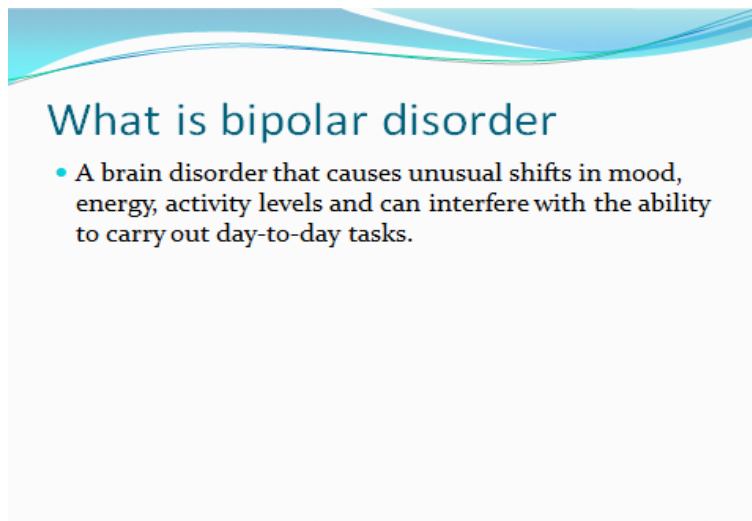
1. Be able to identify some key symptoms of bipolar disorder.
2. Recognize common treatments for bipolar disorder.

Slide 1 Welcome



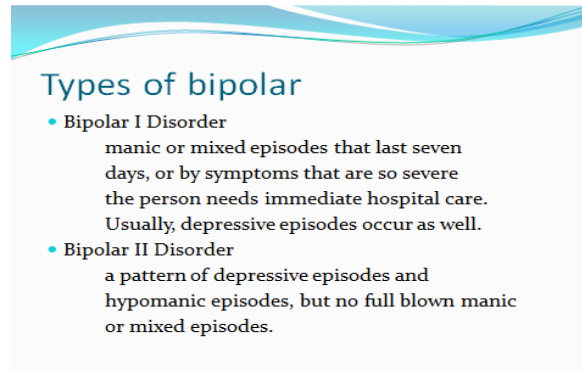
- Welcome students and introduce yourself. You may want to include your name on this PowerPoint or write it on a whiteboard or flip chart.
- Ask for cell phones and computers to be turned off or silenced.

Slide 2 Definitions



- Start by asking question “what do you think bipolar disorder is?”
- Solicit answers from the class and maybe even ask what thought comes to mind when they hear the word bipolar. (later you can try and use the classroom answers to address stigma felt by subjects living with bipolar disorder).
- Give the definition of bipolar as a brain disorder that causes unusual shifts in mood, energy, and activity levels.

Slide 3 Types of bipolar



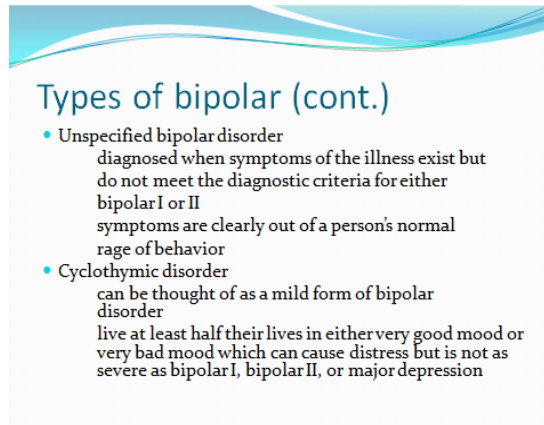
Types of bipolar

- **Bipolar I Disorder**
manic or mixed episodes that last seven days, or by symptoms that are so severe the person needs immediate hospital care. Usually, depressive episodes occur as well.
- **Bipolar II Disorder**
a pattern of depressive episodes and hypomanic episodes, but no full blown manic or mixed episodes.

- Go over the 4 different types of bipolar disorder in detail
- Explain that Bipolar I disorder is characterized by manic or mixed episodes that last at least 7 days, or by symptoms that are so severe that the person needs immediate hospital care. Make sure that the students know that there is usually a depressive episode that also occurs
- Explain that Bipolar II Disorder is a pattern of depressive episodes and hypomanic episodes but no full blown manic or mixed episodes make sure to verbalize the differences between I and II

Notes:

Slide 4 Types of bipolar continued



Types of bipolar (cont.)

- Unspecified bipolar disorder
diagnosed when symptoms of the illness exist but do not meet the diagnostic criteria for either bipolar I or II
symptoms are clearly out of a person's normal range of behavior
- Cyclothymic disorder
can be thought of as a mild form of bipolar disorder
live at least half their lives in either very good mood or very bad mood which can cause distress but is not as severe as bipolar I, bipolar II, or major depression

- Next lead a discussion on unspecified bipolar disorder talk about how it is diagnosed. Talk about how prevalent this type of bipolar is and stress how it is clearly out a person's normal range of behavior
- Explain how Cyclothymic Disorder can be thought of as a mild form of bipolar disorder in which a person lives at least half their lives in either a very good mood or a very bad mood. This can cause distress but is not severe as bipolar I, bipolar II, or major depression.
- Using a white board if available to chart the two different poles of manic and depressed while showing how a person can cycle through life while living with bipolar can be a very effective visual aid.

Notes:

Slide 5 Symptoms of Bipolar

Symptoms of Bipolar Disorder

- Increased energy or over activity
- Elevated, expansive, or extremely irritable mood (mood lasts for days, not hours)
- Can be easily irritated or angered
- Lack of inhibitions
- Hypersexual
- Excessive involvement in destructive behaviors
- Grandiose thinking and delusions
- Need for less sleep
- Rapid thinking

- Ask the students what possible symptoms they have seen from people living with bipolar disorder
- Use these answers to lead a class discussion on the preconceived ideas surrounding bipolar and the stigmatization that comes with suffering from the illness and living with the stigma
- Go over the symptoms seen with people living with bipolar disorder in detail
- Use this opportunity to clear up any misconceptions that became apparent during the discussion from above
- Discuss how depression can present at work or daily life. **Reminder: This is where the suicidal tendencies come into play. A dangerous phase.**
- Ask what mania looks like. And note that this is the phase where many people with bipolar stop taking their medication.
- Ask students why they think this happens. (They feel “great” and don’t like how they feel on medication; they think they don’t need it anymore.)

Slide 6 Risk factors for bipolar disorder

Risk Factors For Bipolar Disorder

- Genetic
 - family history is strongest and most consistent risk factor
- Environmental risk factors, common triggers for episodes:
 - bipolar disorder is more seen more in divorced and separated people than single people
 - drug or alcohol abuse
 - bipolar is more prevalent in countries with higher incomes as opposed to lower income countries
- Co-occurring conditions
 - anxiety disorders, eating disorders, ADHD, other health problems

- Genetic - if a close family member has bipolar disorder then it is more likely to occur than if there is no family history
- Environmental - Ask the class why these factors may be true.

Slide 7 Treatment for bipolar disorder

Treatments for bipolar disorder

- Prescribed medications

Mood stabilizers such as: Lithium, Lamictal (for bipolar depression), Tegretol, Zyprexa, and Depakote



- Note: Lithium is the most effective and commonly prescribed medication for bipolar (if someone tells you they take Lithium, this is a clue for their diagnosis.)
 - This is a good opportunity to go over side effects and reasons some patients don't like to take medication.
 - Talk about how long it takes for mood stabilizers to take effect and how they are administered
 -

Slide 8 Treatment for bipolar disorder continued

Treatments for bipolar (cont.)

- Prescribed medications
Antipsychotics such as : Risperidone, Olanzapine, Quetiapine, and Asenapine



- Go over side effects and reasons some patients don't like to take this medication
- Talk about the usefulness of antipsychotics and what to expect the patient might act and look like when taking them

Slide 9 Treatment for bipolar disorder continued

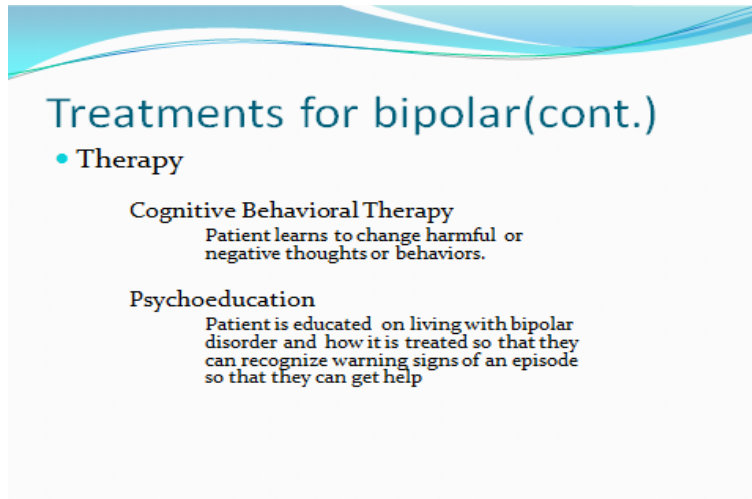
Treatments for bipolar (cont.)

- Prescribed medications
Antidepressants (generally used simultaneously with mood stabilizers), such as: Trazodone, Zoloft, Paxil, and Wellbutrin



- Go over the side effects and reasons why people don't like to take these medications
- Talk about the warnings for suicide when starting these medications and go over the reasons why there is an increased risk of suicide when these medications are taken

Slide 10 Treatments for bipolar continued

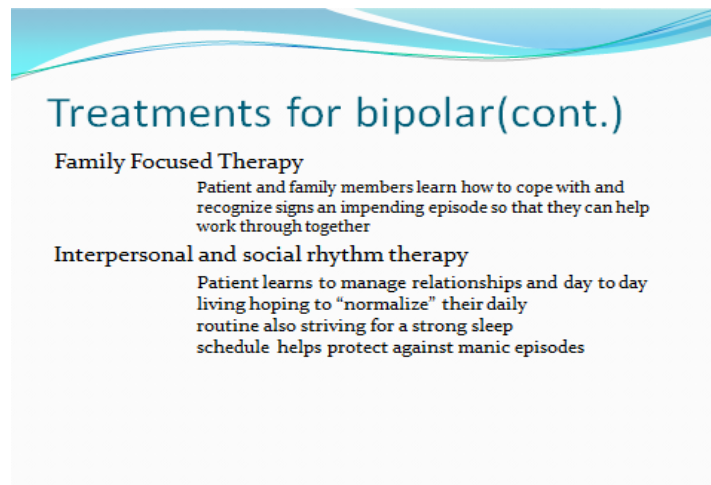


Treatments for bipolar(cont.)

- **Therapy**
 - Cognitive Behavioral Therapy**
Patient learns to change harmful or negative thoughts or behaviors.
 - Psychoeducation**
Patient is educated on living with bipolar disorder and how it is treated so that they can recognize warning signs of an episode so that they can get help

- Instructor should take this opportunity to go over the different types of treatments available for bipolar disorder

Slide 13 Treatments for bipolar continued

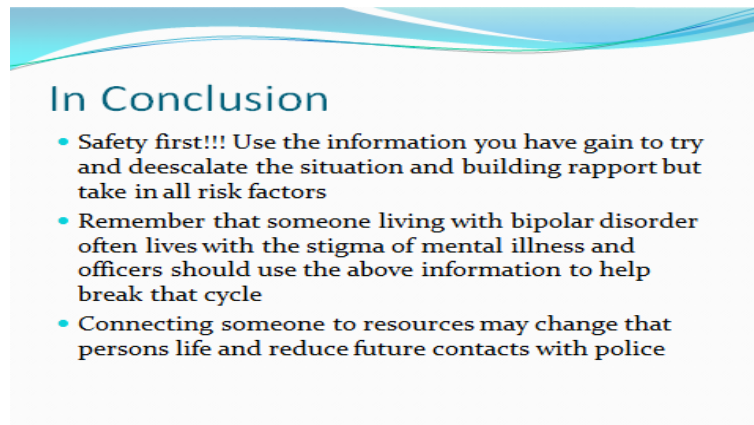


Treatments for bipolar(cont.)

- Family Focused Therapy**
Patient and family members learn how to cope with and recognize signs an impending episode so that they can help work through together
- Interpersonal and social rhythm therapy**
Patient learns to manage relationships and day to day living hoping to "normalize" their daily routine also striving for a strong sleep schedule helps protect against manic episodes

- Continue to talk about therapy available and used for bipolar disorder
- This is a good time to talk about how sleep and lack of sleep affect the patient living with bipolar disorder.
- Stigma of getting help
 - Talk about how some people living with bipolar may not seek treatment because of the stigma surrounding the illness.

Slide 14 Conclusion



A presentation slide with a blue and white wavy header. The title "In Conclusion" is in blue. Below it are three bullet points in black text.

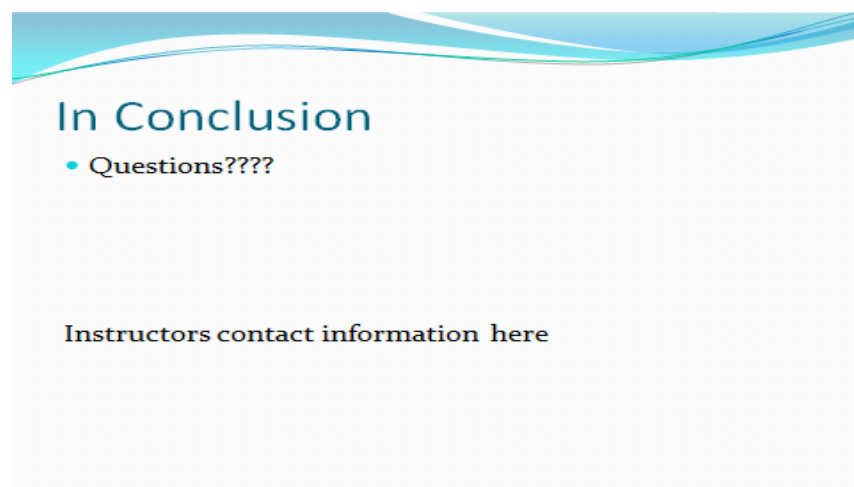
In Conclusion

- Safety first!!! Use the information you have gain to try and deescalate the situation and building rapport but take in all risk factors
- Remember that someone living with bipolar disorder often lives with the stigma of mental illness and officers should use the above information to help break that cycle
- Connecting someone to resources may change that persons life and reduce future contacts with police

Instructor should conclude the class by going over the following points:

- Safety first - Tell the student to use the information they have gained to try and deescalate the situation and build rapport but to take in all the risk factors involved.
- Stigmatization – Tell the students to use the information they have gained to help break the cycle of stigmatization surrounding persons suffering from bipolar disorder. It is easier to show empathy if you understand the stigma involved.
- Resources – know that connecting someone living with bipolar disorder to the proper resources could change their life as well as reduce future contacts with the police.

Slide 15 Questions



A presentation slide with a blue and white wavy header. The title "In Conclusion" is in blue. Below it is a bullet point in black text. At the bottom, there is a line of text in black.

In Conclusion

- Questions????

Instructors contact information here

- Instructor should ask for any possible questions
- Make sure that the class has contact information for you before you close

