

## **CHRONIC CARE MANAGEMENT PLAN BIPOLAR MOOD DISORDER OVERVIEW**

### **What is bipolar mood disorder?**

Bipolar mood disorder is considered to be a serious psychiatric disorder that, if active, requires effective treatment. It is a leading cause of disability and, if not under control, greatly reduces employability. Even if mood swings are not readily observable, many people may have ongoing problems with symptoms of depression. There are two subtypes: Bipolar I and Bipolar II. Those who suffer from Bipolar II never experience all-out manic episodes.

Common symptoms of bipolar mood disorder include:

- Symptoms of anxiety and/or depression
- Impulsivity
- Recklessness
- Elevated libido
- Poor insight
- Inattention
- Sensory hyperactivity
- Family history of illness
- Sudden withdrawal from activities and isolation from friends

This psychiatric disorder can be associated with coexisting disorders, such as:

- Substance abuse/dependence
- Overeating
- ADHD
- Impulse-control disorder
- Possibility of heightened risks of suicide and violence

Assessment of suicide risk should include presence of suicidal or homicidal ideation, access to lethal means, any command hallucinations, previous attempts, family history, and alcohol/drug abuse.

### **Treatment**

In Job Corps, the goal of treatment for bipolar mood disorder should be to help the student make progress toward employability.

Psychotherapy should be cognitive-behaviorally focused and emphasize education about stressors, sleep hygiene, symptoms of relapse, and medication compliance. Other psychological issues include the emotional consequences of mood swings, coping with a chronic psychiatric disorder, stigmatization, developmental delays, fear of relapse, interpersonal challenges, and academic, occupational, and legal issues.

Pharmacotherapy may include lithium, divalproex, lamotrigine, carbamazepine, olanzapine, ziprasidone, quetiapine, and aripiprazole. Typically, those with bipolar mood disorder require more than one medication in their regimen and cognitive therapy. Utilizing the psychotherapy to complement pharmacotherapy is an important principle of treatment.

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

**CHRONIC CARE MANAGEMENT PLAN  
BIPOLAR MOOD DISORDER**

**OUTREACH AND ADMISSIONS PERIOD**

Please provide us with the following information regarding the applicant's self-disclosed diagnosis of Bipolar Disorder. [To be obtained from applicant's physician or other health provider.]

1. Classification of Bipolar Mood Disorder

- \_\_\_\_\_ Mild intermittent—symptoms absent with medication, and no pressure
- \_\_\_\_\_ Mild persistent—symptoms more than twice a week, less than daily
- \_\_\_\_\_ Moderate persistent—daily symptoms, but can usually ignore
- \_\_\_\_\_ Severe, persistent—continual symptoms, even with treatment compliance

2. Date of diagnosis: \_\_\_\_\_

3. Age of onset: \_\_\_\_\_

4. What are the current symptoms?

\_\_\_\_\_

\_\_\_\_\_

5. List **current** (within the past 6 months) self-harm behaviors, if applicable.

\_\_\_\_\_

\_\_\_\_\_

6. List current medications and/or treatment, including dosage and frequency.

\_\_\_\_\_

\_\_\_\_\_

7. Has applicant been compliant with medications and treatment? If no, explain.

\_\_\_\_\_

\_\_\_\_\_

8. List past hospitalizations related to bipolar symptoms, including dates, reason admitted, and discharge summary.

\_\_\_\_\_

\_\_\_\_\_

9. What is the current status?

\_\_\_\_\_

\_\_\_\_\_

10. What is the applicant's prognosis with medication?

\_\_\_\_\_

\_\_\_\_\_

10a. What is the applicant's prognosis without medication?

\_\_\_\_\_

\_\_\_\_\_

11. When was last appointment? \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

12. Will applicant need to continue follow-up under your care? If yes, please list date and/or frequency of follow-up appointments.

\_\_\_\_\_  
\_\_\_\_\_

13. In your opinion, will the applicant be able to self-manage his/her medications unsupervised and participate in a non-mental health residential vocational training program? If no, explain.

\_\_\_\_\_  
\_\_\_\_\_

14. In your opinion, will the applicant be appropriate to reside in a non-mental health dormitory-style residence with minimal supervision? If no, please explain.

\_\_\_\_\_  
\_\_\_\_\_

15. Are there any restrictions or limitations related to this specific illness?

\_\_\_\_\_  
\_\_\_\_\_

16. List any precipitants that could induce increased symptoms.

\_\_\_\_\_  
\_\_\_\_\_

17. List any environmental features that might trigger worsening symptoms (e.g., noisy room, crowded room with strangers, family gatherings, etc.).

\_\_\_\_\_  
\_\_\_\_\_

Please sign below and return the form in the attached addressed envelope.

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

For any questions, please call

\_\_\_\_\_  
Admissions Counselor/Health and Wellness Staff

\_\_\_\_\_  
Phone

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

DOB: \_\_\_\_\_

**CHRONIC CARE MANAGEMENT PLAN  
BIPOLAR MOOD DISORDER**

**Goals:**

1. Enhance employability by optimizing control of symptoms
2. Educate the student regarding recognition of symptoms and self-management
3. Reduce environmental triggers, which might set off increased symptoms
4. Optimize pharmacotherapy, based on students past and current experience
5. Help student develop outline of plans to arrange for optimal care after graduation

**This care management plan includes suggested clinical activities and accommodations that are not mandatory for any particular student. In keeping with the importance of individualized care, please choose those that are most appropriate for this particular student's care plan, considering the specific presentation of the problem and needs of the student. The overall goal is to develop a care plan that supports the student's goal toward employability.**

Mark each item with an X that is part of the student's case management plan.

<b>OUTREACH AND ADMISSIONS</b>	
<input type="checkbox"/>	Conduct clinical file review
<input type="checkbox"/>	Request additional health and educational information for file review, if needed
<input type="checkbox"/>	Refer and participate with IDT team for accommodation planning

<b>CAREER PREPARATION PERIOD</b>	
<input type="checkbox"/>	Screen for co-occurring disorders
<input type="checkbox"/>	Establish a symptom action plan for current or returning symptoms
<input type="checkbox"/>	Evaluate need for brief on-center treatment
<input type="checkbox"/>	Evaluate need for outside mental health resources
<input type="checkbox"/>	Arrange for continued off-center appointments with physician and/or therapist
<input type="checkbox"/>	Discuss vocational training match
<input type="checkbox"/>	Develop safety/behavior plan with student
<input type="checkbox"/>	Review center emergency response plan
<input type="checkbox"/>	Refer to center physician or consulting psychiatrist for medication evaluation if indicated
<input type="checkbox"/>	Consult with center physician or consulting psychiatrist to provide a written schedule of medications and calendar of compliance
<input type="checkbox"/>	Consult with center physician or consulting psychiatrist to provide a written description of possible medication side effects
<input type="checkbox"/>	Consult with oral health and wellness staff about the effects of psychotropic medications on oral care, if applicable. Reduced saliva (dry mouth), a side effect from some medications, can cause oral health care problems
<input type="checkbox"/>	Provide student with sleep hygiene brochure, if appropriate ( <a href="http://jchealth.jobcorps.gov/health-topics/gh/gh-docs/">http://jchealth.jobcorps.gov/health-topics/gh/gh-docs/</a> )
<input type="checkbox"/>	Refer to TEAP, if appropriate
<input type="checkbox"/>	Refer to anger and/or stress management group
<input type="checkbox"/>	Refer to TUPP/smoking cessation enrollment
<input type="checkbox"/>	Refer to recreation to practice social and group recreation skills
<input type="checkbox"/>	Educate student about self-care plans to monitor and cope with symptoms of Bipolar Mood Disorder: <ul style="list-style-type: none"><li>• Identify a pattern to the student's episodes of bipolar disorder and what triggers them</li><li>• Coping skills</li><li>• Compliance with therapy and/or medication appointments</li><li>• Medication compliance if needed</li><li>• Managing bipolar symptoms in the employment setting</li><li>• Refer to Web site <a href="http://www.ndmda.org/">http://www.ndmda.org/</a> for support with BPD management</li></ul>
<input type="checkbox"/>	Document weekly or agreed-upon case management review with counselors

I agree with the care management plan for the Career Preparation Period:

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

DOB: \_\_\_\_\_

<b>CAREER DEVELOPMENT PERIOD</b>	
	Monitor adherence issues: <ul style="list-style-type: none"><li>• Regular counseling planned and kept on or off center, if applicable</li><li>• Participation in groups on center</li><li>• Self-monitoring, asking for assistance when needed</li><li>• Medication regimen, including anticipate getting refills</li><li>• Rest, exercise, nutrition</li><li>• Address any tobacco, alcohol, drug use</li></ul>
	If off-center treatment is sought, assure communication with treatment provider is documented
	Encourage active participation in CSS and Social Skills Training. Standards that could be particularly helpful are Workplace Relationships and Ethics, Communications, Interpersonal Skills, and Independent Living
	Participate in review of accommodations with the disability coordinator
	Document weekly or agreed-upon case management review with counselors

I agree with the care management plan for the Career Development Period.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CAREER TRANSITION PERIOD</b>	
	Conduct a health and wellness center exit interview approximately 4 weeks before program completion and review self-management skills
	Work with the career transition specialist to identify potential sources of mental health care, and specialty care if needed, in the work community
	Work with the HWM to obtain signed HIPAA authorizations for the transfer of student health records to identified health care providers
	Work with the HWM and career transition specialist in assisting the student in enrolling or maintaining enrollment in a public or private health insurance program
	Provide student with copy of SF-93, SF-88, and management plan, including sleep and mood charts, if any
	Work with HWM and/or center physician to provide student with adequate supply of medication(s) at departure
	Consult with the disability coordinator and review accommodation needs for future employment, and give student a written description of ideas to be reviewed with providers in the work community

I agree with the care management plan for the Career Transition Period:

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

DOB: \_\_\_\_\_

<b>SUGGESTED TRAINING AND ACCOMMODATION ACTIVITIES</b>	
	Educate instructors to be sensitive to any changes in behavior that might signal that a student is struggling with regulating their mood
	If student requests separate study space or room for test taking or to do homework because of distractibility in the presence of others, comply if possible
	With student's permission, consult with mental health consultant and student to develop any special modifications of educational or vocational strategies that may be needed to help overcome residual symptoms (e.g., use of ear plugs if in a noisy environment that might distract from finishing assignments) and a mechanism to practice skills needed for work environment
	Manage symptoms. If the student appears to be struggling with his/her mood, check with student/HWC to see if student has been taking his/her prescribed medication and if not, provide pass to health and wellness center for student discuss this with the wellness staff

