

## Outline

### Mood on a Continuum:

#### Conceptualizing the Bipolar Spectrum

Neurobiological underpinnings of Bipolar Disorder  
An acute condition or a chronic, progressive disease?  
Prognosis: Age of onset, importance of early intervention  
Limitations of the research and potential risks  
Understanding the bipolar patient

### Clinical Assessment:

#### How to Accurately Diagnose a Frequently Misdiagnosed Disorder

DSM-5®: Bipolar I, Bipolar II and Cyclothymic Disorder; specifiers  
Manic, mixed and depressive episodes  
Current evidence based assessment tools: SCID, MDQ, GBI, CICI3  
Do most clients present with depression or mania?  
5 key questions to ask at intake  
How to effectively gather family mental health history  
Tools to detect underreporting of symptoms  
“Unofficial” signs of mood lability  
How to recognize psychosis  
Differential diagnosis: ADHD, Schizoaffective Disorder, substance abuse and personality disorders

### Integrative Treatment Model:

#### Clinical Interventions to Increase Engagement, Stabilize Symptoms and Prevent Relapse

##### Psychoeducation

Tools to promote acceptance of diagnosis; implications of getting better  
Differentiate between moodiness and Bipolar Disorder  
Medications and medication compliance issues

##### Family Therapy

Compliance and communication  
Strategies to support the family who support the client  
Interventions to overcome support obstacles

##### Cognitive-Behavioral Therapy (CBT)

Teach clients how cognition changes with mood  
Identification of triggers and prodromal symptoms  
Create an individualized action plan

### Interpersonal and Social Rhythm Theory (IPSRT)

Sleep hygiene, routine and circadian rhythms  
Mood and cognition charting  
Grief related to social role changes

### Mania Management

Safety assessment  
Communication with support network  
Frequency of monitoring

### Identify and Manage Personal Deficits

How managing deficits decreases relapse  
Strategies to improve social connectedness  
Common cognitive deficits; their impact on stabilization  
Skills for managing cognitive deficits

### Clinical Considerations

Suicide and self-harm: Assessing for risk  
Crisis Intervention: Which symptoms warrant hospitalization?  
Prodromal symptoms: Red flags to listen for in session  
Children and adolescents: DMDD v. Bipolar Disorder

### Comprehensive, Step-by-Step Case Conceptualization

- 40 y/o female – depressed presentation, vague history, excessive spending
- 23 y/o male – hyperverbal, angry, depressed, chronic marijuana use

### Live Seminar Schedule

**7:30** Registration/Morning Coffee & Tea

**8:00** Program begins

**11:50-1:00** Lunch (*on your own*)

**4:00** Program ends

There will be two 15-min breaks (mid-morning & mid-afternoon).  
Actual lunch and break start times are at the discretion of the speaker.  
A more detailed schedule is available upon request.

#### Target Audience:

Psychologists • Mental Health Counselors • Social Workers  
Marriage and Family Therapists • Nurses • Psychiatrists  
Case Managers • Other Mental Health Professionals

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BIPOLAR  
DISORDER

Integrative Treatment Strategies for  
Lasting Recovery and Stabilization

Timonium, MD • Monday, September 23, 2019  
Ellicott City, MD • Tuesday, September 24, 2019  
Bowie, MD • Wednesday, September 25, 2019



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## Objectives

1. Differentiate diagnostically between Bipolar Disorder and similar or co-morbid disorders, including substance abuse, personality disorders, ADHD and Schizoaffective Disorder, to better inform treatment planning.
2. Identify risk factors and prognostic indicators related to Bipolar Disorder as related to assessment and treatment planning.
3. Implement specific clinical interventions to help clients with Bipolar Disorder anticipate, prevent and manage mood lability that interferes with daily functioning.
4. Teach clients to recognize and manage social, cognitive and health deficits associated with Bipolar Disorder.
5. Create custom treatment plans with tangible, attainable objectives for clients with Bipolar Disorder to meet personal goals toward recovery.
6. Develop specific treatment strategies to address comorbid disorders that often accompany Bipolar Disorder, including substance abuse and personality disorders.

# BIPOLAR DISORDER

## Integrative Treatment Strategies for Lasting Recovery and Stabilization

- Discover the 5 must-ask questions to accurately diagnose an often-elusive disorder
- Decrease mood swings, restore stability and help clients reclaim their lives
- Identify red flags and patterns that precede destructive mood lability
- Significantly reduce your client’s risk of suicide, self-injury and other harmful behaviors

### Timonium, MD

Monday, September 23, 2019

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# Bipolar Disorder

## Integrative Treatment Strategies for Lasting Recovery and Stabilization

Do you suspect a client may have Bipolar Disorder but feel overwhelmed by the complexity of their clinical presentation? Are you exhausted from chasing your client’s mood and trying to get out in front of the next crisis? Does your client display recurrent mood swings, poor treatment compliance and unpredictable, dangerous impulsivity?

**If you’re looking for a clear, comprehensive approach to treating this vulnerable and high risk population, this training is for you!**

Attend this seminar to discover an integrative approach that **goes beyond treating a single mood state and crisis intervention**. You’ll learn innovative, non-medication approaches that combine the most promising researched-based theories into a cohesive treatment guideline to help your clients achieve long-term stabilization.

Packed with tools, tips and handouts, this evidence based, integrative approach will **leave your clinical toolbox overflowing with practical interventions**, including how to:


- Confidently diagnose Bipolar Disorder and differentiate it from similar disorders
- Identify prodromal symptoms and patterns that precede mood lability
- Motivate your clients to make necessary lifestyle changes for stabilization
- Significantly decrease destructive behavior, including self-harm and suicide
- Create custom, realistic treatment plans that cater to your client’s strengths

Go beyond “supportive therapy” to help your clients regain control of their mood and, ultimately, their lives. Sign up today!

## Speaker

**Catherine Ness MA, LCPC** is a psychotherapist and founder/owner of Affective Counseling, a mental health practice specializing in and committed to mood management. In her 14 years of clinical experience in a variety of settings, Catherine has developed a specialization in and a passion for the treatment of Bipolar Disorder. Frustrated by the lack of specific interventions available for treating this vulnerable population, she spent years researching and developing an integrative treatment approach with tangible techniques, outside of medication management, that improve the lives of those struggling with this disorder. Catherine is an experienced speaker who is passionate about educating mental health professionals about Bipolar Disorder; her most recent presentations were with the Veterans Administration in Chicago and the Illinois Mental Health Counselors Association conference in the spring of 2019.

Speaker Disclosures:  
Financial: Catherine Ann Ness maintains a private practice. She receives a speaking honorarium from PESI, Inc.  
Non-financial: Catherine Ann Ness has no relevant non-financial relationship to disclose.



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### The Anxiety, Worry & Depression Workbook

#### 65 Exercises, Worksheets & Tips to Improve Mood and Feel Better

By Jennifer L Abel, Ph.D.

Jennifer Abel, PhD, has compiled **an interactive workbook** that will help you tame anxiety, worry and depression. Backed with science and over 25 years of clinical experience, this easy-to-use guide is full of **practical, proven worksheets, self-monitoring forms, exercises and scripts** for you to start changing your habits, and start changing your life.

**Reflect**

*Awaken to the Wisdom of the Here and Now*

By Donald Altman, M.A., LPC

If you feel like you’ve been stuck repeating the same problems over and over or lost in endless distraction, don’t worry. That may just be a signal that it’s time for you to embark on an exciting new path of self-evolution. *Reflect* taps into your unique human capacity for accessing meaning, presence and wisdom in 108 inspiring, affirming, and illuminating reflections. You’ll journal, reflect, and practice, to discover the wonder and stillness of presence that exist for you, not tomorrow, but in this next awakening moment.

### Live Seminar Continuing Education Credit Information

**Credits listed below are for full attendance at the live event only.** After attendance has been verified, pre-registered attendees will receive an email from PESI Customer Service with the subject line, “Evaluation and Certificate” within one week. This email will contain a link to complete the seminar evaluation and allow attendees to print, email or download a certificate of completion if in full attendance. For those in partial attendance (arrived late or left early), a letter of attendance is available through that link and an adjusted certificate of completion reflecting partial credit will be issued within 30 days (if your board allows). Please see “LIVE SEMINAR SCHEDULE” on this brochure for full attendance start and end times. NOTE: Boards do not allow credit for breaks or lunch.

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