

# CareCertify LLC

## Behavioral Health Series

### BHS-016

## Supporting Individuals with Mood Disorders (Depression & Bipolar)

### Participant Guide

Group: Group 3: Direct Care Skills | Credit Hours: 1.5

For Home Health Aides, CNAs, PCAs, DSPs & Direct Care Staff

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## Learning Objectives

Upon completing this course, you will be able to:

- Identify the symptoms of major depression and bipolar disorder
- Distinguish between depressive and manic episodes in client behavior
- Apply supportive communication techniques for clients with mood disorders
- Recognize warning signs of suicidal ideation and respond appropriately
- Support medication adherence and daily functioning for clients with mood disorders

## Section 1: Understanding Mood Disorders

Mood disorders are among the most common mental health conditions affecting home care clients. Major depressive disorder (MDD) and bipolar disorder affect millions of Americans and significantly impact daily functioning, relationships, and quality of life.

### Mood Disorders Home Care Workers May Encounter

Major Depressive Disorder (MDD): persistent sadness, loss of interest, hopelessness  
Persistent Depressive Disorder (Dysthymia): chronic, lower-grade depression  
Bipolar I: full manic episodes alternating with depressive episodes  
Bipolar II: hypomanic episodes (less severe mania) with depressive episodes  
Cyclothymia: cycling moods that do not meet full criteria for bipolar

## Section 2: Recognizing Depression in Clients

Depression looks different in different people. Some clients withdraw and become tearful; others become irritable, physically sluggish, or stop engaging in activities they once enjoyed.

### Signs of Depression to Watch For

Persistent sad, empty, or hopeless mood  
Loss of interest or pleasure in activities (anhedonia)  
Changes in appetite or weight  
Sleep disturbances (too much or too little)  
Fatigue and loss of energy  
Difficulty concentrating or making decisions  
Feelings of worthlessness or excessive guilt  
Slowed movements or speech  
Thoughts of death or suicide

### Section 3: Recognizing Manic and Hypomanic Episodes

Mania is a distinct period of elevated, expansive, or irritable mood that is abnormal for the person. During manic episodes, clients may appear energized, talkative, and confident — but they may also engage in dangerous behaviors or become aggressive.

Signs of a Manic Episode
Decreased need for sleep without fatigue
Racing thoughts and rapid or pressured speech
Grandiosity (inflated sense of self-importance)
Impulsive or risky behaviors (excessive spending, sexual behavior)
Increased goal-directed activity
Distractibility
In severe cases: psychotic features
Hypomania: similar symptoms but less severe and shorter in duration

### Section 4: Supportive Communication for Mood Disorders

Your communication approach must flex depending on whether the client is experiencing a depressive or manic episode.

✓ DO	✗ DON'T
With depression: sit with the client, acknowledge their feelings, offer gentle encouragement	Tell a depressed client to "cheer up" or "just think positive"
With mania: stay calm, speak slowly, reduce stimulation in the environment	Engage in rapid excited conversation with a manic client
Validate feelings without reinforcing hopelessness	Argue with a client who is in a manic grandiose state
Maintain routines to provide predictability and support	Ignore mood changes as "just their personality"
Ask about mood changes and report significant shifts to your supervisor	Leave a client alone if they express suicidal thoughts

### Section 5: Suicidal Ideation — Recognition and Response

Depression and bipolar disorder both significantly elevate suicide risk. Home care workers must know the warning signs and how to respond.

Warning Signs of Suicidal Ideation
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Statements like "I don't want to be here anymore" or "Everyone would be better off without me"  
 Giving away meaningful possessions  
 Sudden calmness after a period of depression (may indicate a decision has been made)  
 Withdrawal from all relationships  
 Increased substance use  
 Asking about methods of suicide

Take all statements seriously. Do not leave the client alone. Contact your supervisor immediately.

 **SCENARIO**

Your client, who has been severely depressed, suddenly seems calm and even cheerful. She mentions giving her jewelry to her granddaughter and tells you she has "taken care of everything."

Response: This is a serious warning sign — sudden calm and giving away possessions may indicate she has made a decision about suicide. Do not leave her alone. Contact your supervisor immediately and follow agency crisis protocol. Call 988 or 911 if you cannot reach your supervisor.

## Section 6: Medication and Daily Functioning Support

Mood stabilizers, antidepressants, and antipsychotics are commonly used in bipolar and depressive disorders. Medication adherence is often challenging because clients feel better and stop taking medications, or experience difficult side effects.

- Lithium (common mood stabilizer) requires regular blood monitoring — report missed doses
- Antidepressants take 2–4 weeks to show full effect — support patience
- Report any side effects or medication refusals to your supervisor
- Support regular sleep, meals, and activity — disruptions can trigger episodes
- Recognize that motivation may be very low during depression — gentle encouragement helps

### Quick Reference Summary

<b>Depression Signs</b>	Sadness, anhedonia, sleep/appetite changes, worthlessness, suicidal thoughts
<b>Mania Signs</b>	Decreased sleep, grandiosity, rapid speech, risky behavior, impulsivity
<b>Bipolar I vs II</b>	Bipolar I: full mania; Bipolar II: hypomania + depression
<b>Suicidal Warning</b>	Sudden calm, giving away possessions, direct statements — do not leave alone
<b>Crisis Line</b>	988 Suicide and Crisis Lifeline

