

Frontline Clinician Bipolar Treatment

Appendices

Online Appendix A: Clinician and Practice Characteristics

	n (or mean)	% (or standard deviation)
Professional Discipline		
Social Worker	31	56%
Non-Social Work Therapists	24	44%
Year Completed Training		
1978-1990	10	18%
1991-2000	12	22%
2001-2004	12	22%
2005-2008	6	11%
2009-2011	15	27%
Therapeutic Approach (maximum rating of 4)		
CBT techniques	3.2	0.50
IPSRT techniques	2.9	0.40
Non- specific techniques	2.8	0.44
Other therapy techniques**	2.2	0.44
Average number of visits with adults 18+ per week	18	9
Percent of visits involving patients with bipolar disorder		
0-10%	13	24%
11-25%	13	24%
25-50%	23	42%
51% or more	10	18%

* Respondents may choose more than one theory, so responses do not add up to 100%

** Responses include arts therapy, choice/reality therapy, Gestalt, Motivational Interviewing, , Criminal Personality Theory

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Online Appendix B: Knowledge of Bipolar Disorder Treatment

	n (or mean)	% (or std)
To what extent do you agree or disagree with the following statement: I am very knowledgeable in the treatment of individuals with bipolar disorder		
Strongly Agree	8	15%
Agree	28	52%
Neither Agree nor Disagree	13	24%
Disagree	5	9%
Strongly Disagree	0	0%
Bipolar Disorder Knowledge	Question Answered Correctly	
	n	%
Management of sleep habits is a very important part of treating bipolar disorder.	53	96%
Psychotherapy improves outcomes for patients with bipolar disorder when administered with medications.	52	95%
The maintenance phase of treatment for bipolar disorder focuses on preventing recurrence.	49	89%
The combination of medication and bipolar-specific psychotherapy decreases the likelihood that patients will suffer a new episode of depression or mania relative to medication alone.	45	82%
Atypical antipsychotic medications (such as Zyprexa or Abilify) are used as mood stabilizing medications in bipolar disorder.	40	73%
Mood stabilizers such as lithium, Depakote, and Tegretol are the mainstay of treatment for bipolar disorder.	37	67%
Most patients with bipolar disorder spend more time in the depressive phase of the illness than the manic phase of the illness.	36	65%
Antidepressant medications may provoke mood cycling in patients with bipolar disorder.	35	64%
Evidence suggests that many mental health clinicians misdiagnose patients with bipolar disorder as suffering from unipolar depression.	32	58%
Cyclothymic disorder is mild mood swings.	31	56%
Side effects occur only in a small percentage of patients taking mood stabilizers (false)	33	60%
The depressive phase of bipolar disorder takes longer to treat than the manic phase.	30	55%
Antidepressant medications should only be prescribed for a patient with bipolar disorder if they are receiving concurrent treatment with a mood stabilizer.	26	47%
Level of perceived skill with bipolar patients (mean score, higher score = higher level of skill – maximum		

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score of 4)			
Counseling	3.5	0.6	
Psychoeducation for the patient	3.3	.7	
Diagnosis	3.2	.7	
Exploration of feelings about medication and identification of side effects	3.0	.8	
Identifying early warning signs of possible recurrence	3.3	.7	
Psychoeducation for patients' family members	3.0	.9	

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Online Appendix C: Perceived Barriers to Optimal Treatment of Bipolar Disorder

	Limits a Great Deal	
	n	%
How much does each factor limit your ability to provide "optimal" mental health treatment for your patients?		
Patients poor adherence to treatment	31	56%
Alcohol/substance use problems interfere with treatment	27	49%
Alcohol/substance use problems were more pressing	24	44%
Patient has limited insight into illness	17	31%
Patient too unstable to manage as outpatient	17	31%
Patient refuses medications	16	29%
Patient refuses to give up highs	12	22%
Patient/family reluctance to accept diagnosis or treatment	13	24%
Medication side effects are intolerable to patient	11	20%
Poor reimbursement or limited benefits	8	15%
Preferred medication difficult to obtain	7	13%
Limited visit time for counseling/education	5	9%
Inadequate time to provide follow-up	4	7%
Insufficient psychiatric back-up	4	7%
Inadequate provisions for after-hours emergency contact	4	7%

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