Reproducible Handouts

for

Living Well with Bipolar Disorder

Practicle Strategies for Improving Your Daily Life

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Contents

MOOD CHART

Week of ____________________

Mark your mood for each day with an X, or if you prefer, make one mood rating for the morning and another for the evening.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Severe mania (+3)	🟥	🟥	🟥	🟥	🟥	🟥	🟥
Moderate mania/hypomania (+2)	🟧	🟧	🟧	🟧	🟧	🟧	🟧
Mild hypomania (+1)	🟨	🟨	🟨	🟨	🟨	🟨	🟨
Balanced (0)	🟩	🟩	🟩	🟩	🟩	🟩	🟩
Mild depression (-1)	🟪	🟪	🟪	🟪	🟪	🟪	🟪
Moderate depression (-2)	🟦	🟦	🟦	🟦	🟦	🟦	🟦
Severe depression (-3)	⬛	⬛	⬛	⬛	⬛	⬛	⬛
I woke up at:							
I went to bed at:							
Other observations:							

An Informational Handout for Family Members

Depressive Phases of Bipolar Disorder

Depression in bipolar disorder (BD) comes in episodes that can last anywhere from a couple of weeks to several months. During a depressive episode, I may feel very sad, down, anxious, irritable, numb, or some combination of these. I may have insomnia or sleep too much (with trouble getting up in the morning), lose interest in things, have low energy, move or talk slowly, eat very little (or at other times, too much), feel worthless and hopeless about the future, and have thoughts of taking my own life. Depressive episodes are not like ordinary feelings of sadness. They are much worse and can make it very difficult to accomplish even small things, like taking a shower or getting dressed. I may feel like sleeping the whole day.

Bipolar disorder has a basis in the activity of neural circuits in the brain. Depression is treated with medications, usually mood stabilizers, like lithium or lamotrigine (Lamictal); and sometimes with antipsychotic agents, like quetiapine (Seroquel) or lurasidone (Latuda). It is a good idea for me to have psychotherapy as well, so that I can learn strategies for coping with stress.

I know that I need to take medications, but I also go through periods of doubting whether they help. It won't help me to be constantly reminded to take my medications. Our family may also benefit from seeing a therapist who knows about how BD affects family relationships. What I need most from my family is support in the form of listening when I'm feeling distressed, showing compassion, and, if I ask, helping me communicate with my doctors.

I am still a human being who values my independence, so please respect my wishes in terms of who you contact or consult about my problems. If you are worried about my safety, communicate with me on what you're worried about. Please be patient. Know that I am trying as hard as I can, even though it may look like I'm giving in.

I may benefit from regular daily routines and activities. I may ask your help in coming up with a daily plan to take my mind off my moods. Some of these will be activities that you may want to join me in (for example, going for a hike or doing some deep breathing and meditation). Other things I may want to do alone.

With treatment and family support, I will come out of this. I can accomplish many of my goals for work and family life.

MANIA PREVENTION PLAN

Early warning signs	Stressors or triggers	Coping skills	Troubleshooting	Workarounds

CHAIN ANALYSIS RECORD FOR SELF-INJURIOUS BEHAVIOR

Describe the incident involving self-injury that you would like to focus on. What did you do, where, and at what time?

What emotional or physical states may have caused you distress at the time? List all of the factors that might have contributed, even those that seem unrelated to self-harming (such as a poor night of sleep), physical illness symptoms (a sore throat), recent use of alcohol or drugs, being isolated from people, or medication side effects (feeling sluggish or having headaches). Recall any imagery that may have affected you (feeling disturbed by the way your body looks).

Describe all events (in order of time) leading up to the self-injury and the feelings, thoughts, and behaviors that went with each one. What started the chain? Something you did or someone else did? Draw the sequence in panels if you prefer. For each event, describe what you may have thought and how you felt before and after. Example: "It started when I went to class, felt like I was dumb" or "I talked to my parents—I felt guilty and that I've always been a burden to them."

(*continued*)

CHAIN ANALYSIS RECORD *(page 2 of 2)*

Describe in detail the event that occurred immediately before your self-injury. The event may have been an hour before, a day before, or even a week or more before. When that event occurred, what were your thoughts? Feelings?

What happened after the self-injury event? What did you feel after hurting yourself (include any positive [elation, relief] or negative [guilt, shame] emotions that you recall, in any combination)? What did others do immediately after? Did anyone try to get you to a hospital or call your doctor? Did anything positive or negative happen?

SUICIDE PREVENTION PLAN

1. **List your warning signs of a suicidal episode** (morbid thoughts; plans involving weapons, times, and places; persistently sad and morose mood; social withdrawal; sleep disturbance, fatigue, and loss of energy; guilt or shame; talking to others about death or the afterlife):

2. **Check all the things you can do if you experience one or more of these warning signs:**
   - ☐ Get rid of all dangerous weapons
   - ☐ Call your psychiatrist or therapist to arrange an emergency appointment
   - ☐ Ask for telephone coaching from your doctor(s) or call a suicide hotline (x988 or 800-273-TALK, or the Teen Line at 800-TLC-TEEN [800-852-8336])
   - ☐ Implement replacement activities:
     - ☐ Meditation
     - ☐ Listening to music
     - ☐ Ice bath
     - ☐ Exercise
     - ☐ Rewarding activities involving other people
     - ☐ Other (specify) ______________________________
   - ☐ Challenge your self-defeating thoughts about current stressors and consider alternative thoughts about the same situations (such as "It's possible that I'll feel differently about this after I've talked to ____________").
   - ☐ Ask close friends or family members for support
   - ☐ Consult religious or spiritual sources that have helped you in the past
   - ☐ Review your Reasons for Living Inventory (see page 89)

(*continued*)

SUICIDE PREVENTION PLAN *(page 2 of 2)*

3. Check off the things your doctor and therapist can do:

- ☐ See you on an emergency basis
- ☐ Provide a limited amount of telephone coaching
- ☐ Modify your medication regimen
- ☐ Arrange hospitalization if necessary
- ☐ Help you understand what is causing your suicidal thoughts
- ☐ Assist you with behavioral strategies for handling painful thoughts and feelings

4. Check those things that your family members or close friends can do. For each item checked, list who you most trust with the task:

- ☐ Listen to you, validate your feelings, offer suggestions ____________________
- ☐ Avoid being critical or judgmental ____________________
- ☐ Distract you with mutually enjoyable activities ____________________
- ☐ Help you take care of responsibilities that have been difficult (like child care, cleaning, or taking care of pets) ____________________
- ☐ Stay with you until you feel safe ____________________
- ☐ Call your doctor or therapist to help arrange an appointment ____________________
- ☐ Take you to the hospital ____________________
- ☐ Take away weapons, pills, or other sources of danger to you ____________________

5. List your doctors' names and phone numbers:

____________________	____________
____________________	____________
____________________	____________

SLEEP HYGIENE PLAN

The nature of my sleep disturbance (examples: being unable to fall asleep, waking too early):

Vulnerability factors (persistent anxiety, stressful job, travel across time zones, having variable work shifts):

Immediate factors (too much light in the room, uncomfortable bed, noise, partner who snores, dog that wakes me up):

Consequences the next day (sleep inertia, reduced effectiveness or concentration):

Chosen sleep strategies:

Strategies for dealing with sleep inertia:

An Informational Handout on Bipolar Disorder for Family Members

WHAT IS BIPOLAR DISORDER?

People with bipolar disorder (BD) have severe mood swings from states of excessive activity and energy (mania) to severe depression. The disorder affects about one in every 50 people, and usually starts in adolescence or young adulthood. It can continue throughout the life span but often gets easier to cope with over time.

WHAT ARE THE SYMPTOMS?

If I have bipolar I disorder, I can get depressed or fully manic. These are states of about 1 week to several months in which I become overly happy and excited or overly irritable and angry. I may feel like I can do things that no one else can do or that I'm a very important person. When I'm in this state I sleep less than usual or not at all, have an unusual amount of energy, talk fast and jump from one idea to another, do too many things at once, and get easily distracted. I may do things that are risky and impulsive, like spending a lot of money or driving recklessly. If I have bipolar II disorder, I won't have full manias but I'll have less intense periods of heightened activity and decreased sleep called hypomanias, alternating with periods of depression.

When I get depressed, the opposite occurs: I get low or very sad in mood, lose interest in most things and most people, have little motivation to do things I usually enjoy, have trouble sleeping (even though I desperately want to) or sleep too much, have little or no appetite, and get fatigued or low in energy. I may have ideas about ending my life or harming myself in some way. I may seem like I'm moving and thinking very slowly. These periods can last anywhere from 2 weeks to several months.

In the periods after a manic, hypomanic, or depressive episode, I need time to convalesce and get back to my ordinary self. During the periods in between I may function well but I may have to cope with minor symptoms of depression, mania, or anxiety and worry.

(*continued*)

HOW WILL BD AFFECT THE FAMILY?

When I become ill, I may have trouble relating well to people in the family. I may get irritable or angry easily in manic states, especially if people want to stop me from doing things I want to do. I may get irritable during depression, especially when people work too hard to get me to be active. At times I may be hard to motivate and won't respond when asked to do something. It's important at these times to use healthy family communication skills, such as active listening or making patient and diplomatic requests, acknowledging one another's viewpoints. If our family is having a lot of problems, we may benefit from some family counseling.

WHAT CAUSES BD, AND WILL ANYONE ELSE IN THE FAMILY GET IT?

BD runs in families, but if one person has it, the chances that another first-degree relative of that person (a son or daughter or a parent or sibling) will get it is about 10–15%. The symptoms are probably caused by dysregulations in circuits of the brain involved in emotion regulation. Episodes can also be triggered by stress, including family conflicts or life events, especially events that disrupt my sleep. No one chooses to become bipolar but there are many things that can be done to stabilize it.

HOW IS BD TREATED?

I need to see a psychiatrist for medications. They prescribe mood stabilizers (examples are lithium, valproate [Depakote], or lamotrigine [Lamictal]) or certain antipsychotic medications (for example, aripiprazole [Abilify], risperidone [Risperdal], quetiapine [Seroquel], lurasidone [Latuda], cariprazine (Vraylar), or lumateperone [Caplyta]). Taking an antipsychotic does not mean I am psychotic, because these medications are used for mood stabilization as well. My doctor may also recommend an antidepressant medication to improve my mood and sleep. I need to see my psychiatrist at least once a month to make sure I am getting the right dosages, to have my blood levels tested, and to get control over the side effects. These medications can be hard to take (for example, some of them cause hand tremors or weight gain), and I may go through periods of not wanting to take them.

(*continued*)

If my symptoms get severe or if I feel like I'm going to hurt myself, I may need to be in the hospital for a short time. Being in the hospital is nothing to be ashamed of; it can be very helpful in reestablishing periods of stability and getting my medications readjusted.

I should also see a therapist to help me develop skills for managing my mood swings and to cope with events that could contribute to recurrences. Many people learn to recognize early warning signs of new episodes and get help before their symptoms get out of hand. Our family may benefit from counseling to learn more about BD and how it affects me, and to learn to communicate effectively when I am having episodes. Sometimes, therapy comes in the form of groups with other individuals with BD, or with other families coping with it.

When I am depressed, some regular exercise may help lift my mood, either alone or with another person. However, I may not want to exercise when I am feeling low, so it's important to let me do it at my own pace.

WHAT DOES THE FUTURE HOLD?

There is every reason to be hopeful. With a regular program of medications, therapy, exercise, and family support, my episodes will become less frequent and less disruptive. I can still reach my personal goals and have a successful work and family life. Many very talented and creative people have had this disorder.

COLLABORATIVE PROBLEM-SOLVING WORKSHEET

What is the problem? Define it from both partners' perspectives.

Brainstorm solutions: Throw out every possible solution, even ones that may seem unfeasible or silly. Don't squash any options just yet.

Evaluate the pros and cons of each proposed solution.

Solution number	Advantages	Disadvantages

Choose one solution or set of solutions:

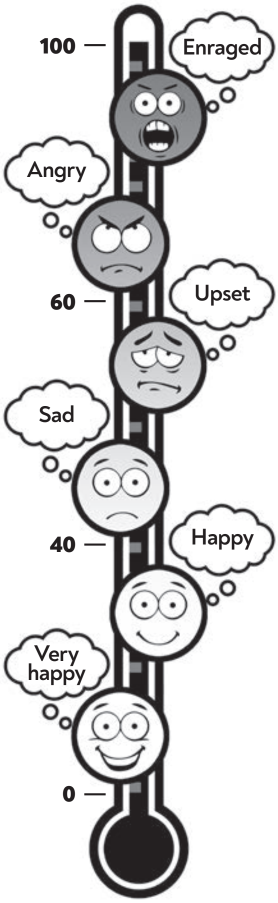
Develop an implementation plan: Who will do what?

Revisit the initial problem later: Was it solved? If not, why not? Go back to the beginning. Was it defined correctly? Were the solutions feasible?

STRESS THERMOMETER

Things that have stressed you out lately:

Make a 0–100 rating of the most distressed or angry you were today.



Things you did (or can do) to make yourself feel better:

STOP!

Calm down

Relax

Think about what really works

Think about something good

Do something that boosts your mood*

*See the box on page 25 for ideas.

WORK AND SCHOOL PLANNING SHEET

I am reentering the job market (or going to school) after a mood episode. What “reasonable accommodations” should I ask for?

Would I want to disclose having bipolar disorder, and what would I say?

If I am feeling depressed and having a tough time getting through the workday or school day, what can I do?

What strategies can help me with anxiety or stress on the job?

What strategies for improving memory and attention can I use?

What are the arguments for or against applying for disability?

PHYSICAL ACTIVITY AND DIET CHART

For each day, record what you ate at each meal, amount of time spent exercising, mood, and wake/bedtimes.

Day	Breakfast	Lunch	Dinner	Snacks	Drinks	Physical activity *(~ time)*	Mood for the day *(–5 to +5)*	Wake time	Bedtime
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

APPETITE AWARENESS TRACKER

1. **Monitoring your appetite:** Notice the physical sensations of hunger and fullness. Distinguish between eating to manage hunger and eating because you just want food. Write down examples of each.

   Helpful examples: You noticed a food craving and waited it out; you stopped eating when you didn't really need any more or weren't enjoying the food.

   Unhelpful: You got too hungry and ended up eating too fast and too much.

2. **Make two ratings each time you eat:**

   Before eating: How hungry or full were you?

Too hungry	Sort of hungry	Not really hungry	Just full	Very full
1	2	3	4	5

   After eating: How hungry or full were you?

Too hungry	Sort of hungry	Not really hungry	Just full	Very full
1	2	3	4	5

3. **At the end of the day:** Rate how much you were able to be mindful and use appetite cues (hunger and fullness) when deciding when, what, and how much to eat.

   Notice food(s) that you wish you hadn't eaten and what might have felt better in that situation.

Not that mindful		Somewhat		Mostly mindful
1	2	3	4	5

(*continued*)

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APPETITE AWARENESS TRACKER *(page 2 of 2)*

4. **Awareness of external stimuli:** Notice the effect of large serving sizes and seeing food and other people eating.

   Helpful example: You used prepackaged servings to limit amounts; you were able to say no to food you didn't really want that much.

   Unhelpful: Others kept eating and you felt you had to do so as well; others ordered dessert or extra alcohol.

5. **Awareness of "What the heck?" responses.**

   Notice and write down unhelpful thoughts like "I don't care," "I'm hopeless," or "I feel rebellious," and then challenge these thoughts.

Unhelpful thoughts	Alternative thoughts
"I've been good all week; I deserve this treat."	"Yes, I've been good all week, and I've been feeling much better physically. I want to stay this way."

6. **Awareness of emotional eating**

   Notice and write down any thoughts or excuses you gave yourself that allowed you to eat for emotional reasons (for example, getting upset by something on social media and eating a lot of ice cream). Describe how you felt after you ate (Was the food worth it? Did you feel better? Or was the food not worth it because you felt worse afterward?).

SELF-ASSESSMENT TOOL FOR SUBSTANCE AND ALCOHOL USE

My drug of choice (DofC), may include alcohol:

____

How often I used it this past week (approximately):

____

Note: If your DofC is prescribed by your doctor, be realistic as to whether you use it as prescribed or more often than that.

1. What *expectations* drive you toward using your DofC? What do you think you will feel and what will happen? Expectations can range from "I'll feel happier (or less depressed or less anxious)" to "I'll be better able to handle the (work, social, family) situation I'm about to enter" or "I won't be bored."

2. Rate your *level of craving* at any one moment. Use a 1–10 scale where 1 = *I have no desire to use this DofC* and 10 = *I must have it; my craving is uncontrollable*. You may be more comfortable with a simpler scale like 1 = *no desire*, 2 = *some craving*, and 3 = *full* craving (which may include physical sensations of withdrawal).

   To get used to the scale, rate how much craving you feel at this moment: ______

   How much craving did you feel when you woke up this morning? ______

(*continued*)

SELF-ASSESSMENT TOOL *(page 2 of 2)*

3. Make a list of your *triggers* for DofC use. Triggers are those things that make you more likely to use the drug or increase your craving. Triggers may include the presence of certain people with whom you normally drink or get high (and with whom you rarely visit without your DofC); certain places, times of day, or evening; certain routine activities (such as drinking alcohol with meals or smoking weed to help you fall asleep); or using other substances that create the craving (such as alcohol being a trigger for vaping tobacco).

   Trigger 1: ______________________________

   Trigger 2: ______________________________

   Trigger 3: ______________________________

4. Triggers are best managed by *creating* roadblocks—things you do to block your exposure to the trigger. These may include not getting together with certain people with whom you always get drunk or high or figuring out other things to do with them, avoiding alcohol if you're trying to stop smoking, and making your access to the drug more difficult (such as giving it to your partner to store for you).

   Roadblock 1: ______________________________

   Roadblock 2: ______________________________

   Roadblock 3: ______________________________

5. Write down what you would gain or lose by giving up the substance. Losses may include certain friendships or perhaps enjoyment of activities like listening to music. You may also gain things: the money you've been spending on the drug, more interactions with people in which you don't feel impaired, a cleaner driving record.

   Gain 1: ______________________________

   Gain 2: ______________________________

   Gain 3: ______________________________

   Loss 1: ______________________________

   Loss 2: ______________________________

   Loss 3: ______________________________

SELF-ASSESSMENT OF MEDICATION REGIMENS

What medications are now being recommended, and at what dosage?

______________________________ ______________

______________________________ ______________

______________________________ ______________

What is your understanding of why they're being recommended?

Do you agree with these recommendations? If not, recount your reasons for not wanting to take one or all of them.

What do you see as the risks of not taking them?

If you are taking them regularly, what side effects do you experience?

What have you learned about dealing with side effects?

How are your family members or spouse communicating with you about your meds? Is it helping or not? What would you want to be different?