YOUR GUIDE TO LIVING WELL WITH BIPOLAR DISORDER

A Personal Wellness Solution from New Directions Behavioral Health
# Table of Contents

Introduction  
Acknowledgements  
What is Bipolar Disorder? .......................................................... 1  
What Triggers Mania and Depression? ..................................... 9  
Medical Treatment of Bipolar Disorder .............................. 15  
Using Routine to Maintain Wellness ........................................ 25  
Relationship with Self .............................................................. 29  
Family and Friends – Important Resources ............................ 37  
Making a Lifestyle Change .......................................................... 43  
Your Safety at Home and at Work ........................................... 49  
Bipolar Disorder and Substance Abuse Disorder .................... 53  
Guidebook Summary ............................................................... 72  
Reference Materials ................................................................. 73
Introduction

In this guidebook, New Directions aims to help you understand bipolar disorder. We want you to have the information and practical suggestions you need to improve your health.

New Directions acknowledges the efforts of Stacy Kreps, LSCSW, communications director and Suzanne Chaput, BSN, MA, director of Quality Management and Accreditation. Both worked many hours to present this information in a clear way. Thanks also to the clinicians on staff at New Directions, on our Quality Improvement Committee, and to the National Behavioral Consortium for valuable input.

I also want to thank our consumers, who give us new ideas about how to promote their health and well-being. Please share your ideas for improving this guidebook with your Coach. Your ideas will help us make this guide more useful.

John Quick, Ph.D.
President & Chief Executive Officer
Acknowledgements

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What is Bipolar Disorder?

Bipolar disorder is a psychiatric illness that affects every aspect of your life — school, career, relationships, finances, and your inner life. At the present time, bipolar disorder cannot be cured — but it can be treated, allowing you to live well with bipolar disorder.

Bipolar disorder affects between 2 and 3 million Americans. This educational program was designed to help you better understand this serious disorder by providing you with helpful information combined with the support of a New Directions Program Coach. By using the resources in this program, you can better understand bipolar disorder and its effects on you or a loved one.

Also called manic depression, 1-2 percent of adults in this country suffer with bipolar disorder. Treatment for bipolar disorder is quite successful but without proper treatment, life can be difficult. Common problems that accompany untreated bipolar disorder include substance abuse, thoughts of suicide, out-of-control spending, broken relationships and problems on the job.

With the right information, medication, and treatment, a person living with bipolar disorder can manage its symptoms, live well, and enjoy life.

How to Make this Manual Yours Alone

By using all the resources provided in this manual and working with your New Directions Program Coach, you can customize this manual so that it works for you, taking into account your unique situation, strengths, and limits. This is your opportunity to develop an individualized plan to live well with Bipolar disorder.
Throughout this manual, you will see icons like those to the left. These icons indicate when to inform your support system, when to take time to reflect, online and community resources available to you, and journal exercises designed to help you live well with bipolar disorder.

Why is bipolar disorder so difficult to diagnose?
We asked Dr. Jan Campbell, a Board Certified Psychiatrist. According to Dr. Campbell, many individuals with bipolar disorder don’t seek treatment until they have an episode of depression.

Without full information about an individual’s history, bipolar disorder is often first diagnosed as major depression. Also, the differential diagnosis is sometimes difficult.

Bipolar-like symptoms may actually signal certain medical problems including thyroid or adrenal gland disorders, Vitamin B-12 deficiency, nervous symptom disorders, or side-effects from prescribed medicine. Use of certain controlled substances, especially amphetamines, can also cause bipolar-like symptoms, including mania and psychosis.

Understanding Bipolar Disorder
Bipolar disorder causes a cycle of mood swings, from highs known as “mania” to lows known as “depression.” Episodes can go on for days or months. In between the highs and lows, you may have “even” moods.

Some people have frequent highs. Others tend to feel low most of the time. Highs and lows may be triggered by the stress of life events. Even simple stresses, such as jet lag or starting a different shift can trigger an episode of mania. Some people experience mood episodes only at certain times of the year.

Bipolar disorder affects behavior, thoughts, and feelings. It is a chronic medical condition that requires ongoing treatment. Behavioral health professionals now believe that people with this disorder suffer unstable nerve impulse transmissions in the brain.
Important information for you and your support system

Bipolar disorder has little to do with self-control. Just like a person living with diabetes cannot control blood sugar without certain lifestyle changes, including medication, a person living with bipolar disorder cannot simply “snap out of it.”

Have you ever blamed yourself for having bipolar disorder? Have you experienced anger or fears about the future?

Journal Exercise

If yes, you’re not alone. Like others living with a chronic medical condition, the individual living with bipolar disorder faces increased challenges.

Take a moment to write in the space provided below, how you feel today about living with bipolar disorder. Consider talking to a family member, trusted friend, or your New Directions Program Coach about your feelings.

________________________________________________________________
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Is bipolar disorder genetic?

The answer seems to be “yes.” Bipolar disorder runs in families and several genes have been linked to different types of physiological problems associated with bipolar disorder.
# Symptoms of Bipolar Disorder

Bipolar disorder involves episodes of mania and depression. Many people report that they feel “good” or “energized” during a manic episode even if they have less control over their behavior and thoughts. For this reason, most individuals with bipolar disorder are diagnosed during an episode of depression.

<table>
<thead>
<tr>
<th>Depression</th>
<th>Mania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling sad or “blue”</td>
<td>Feeling more creative or smarter than usual</td>
</tr>
<tr>
<td>Sleeping too much or too little</td>
<td>Lacking understanding about your behavior</td>
</tr>
<tr>
<td>Eating too much or too little</td>
<td>Needing little sleep and having lots of energy</td>
</tr>
<tr>
<td>Feeling worthless</td>
<td>Talking more than usual or talking faster</td>
</tr>
<tr>
<td>Having less energy than before the episode started</td>
<td>Racing thoughts and very distractible</td>
</tr>
<tr>
<td>Feeling hopeless</td>
<td>Feeling powerful or important</td>
</tr>
<tr>
<td>Expecting the worst</td>
<td>Telling people too much about yourself or letting others take advantage of you</td>
</tr>
<tr>
<td>Thinking about suicide or death</td>
<td>Spending recklessly</td>
</tr>
<tr>
<td>Decreased interest in activities and hobbies</td>
<td>Hearing voices or believing things that aren’t true</td>
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<tr>
<td>Withdrawing from friends and family</td>
<td>Engaging in high risk behaviors</td>
</tr>
</tbody>
</table>
Are you over 50? If you are experiencing the symptoms of bipolar disorder for the first time, see your physician. In people over 50, bipolar-like symptoms may indicate a different type of medical problem.

**Take time out**

Everyone who suspects the symptoms of bipolar disorder should seek medical advice. The first reason for this is the need for differential diagnosis – ruling out other medical conditions that mimic the symptoms of bipolar disorder.

The second reason is that a diagnosis of bipolar disorder also means a need for medication. Physicians prescribe the medications needed to end severe symptoms and to keep you symptom free long-term.
Different Types of Bipolar Disorder

Bipolar disorder is a complex medical condition that affects different people in different ways. One reality that makes bipolar disorder difficult to diagnose is that everyone experiences changes in mood. For a person without bipolar disorder, alterations in mood occur very close to “even.”

**In Bipolar I** you must have had at least one episode of mania or “mixed episodes.” Mania may mean that you have “inflated” self-esteem and feel that you can do things that, realistically, you cannot. You will probably experience a decreased need for sleep. Many people have an upsurge in goal-directed activities at work or school, but at the same time, may not accomplish anything. You may experience racing thoughts or talk much more than usual.

On the downside, you will have periods of depression. In fact, most people with Bipolar tend to have more frequent episode of depression, as opposed to mania. Depression means that you feel down every day for at least two weeks. You may feel “slowed down” and lack energy. You may have problems with appetite or with sleep.

Some people with Bipolar I experience “mixed episodes.” When this happens, the person has symptoms of depression and mania at the same time. Instead of the energizing effects of mania, people with mixed episodes often feel agitated, as if they could jump out of their skin.

In between the highs of mania and the lows of depression, you may experience what's known as “inter-episode” periods. These are times when your mood may return to baseline. At these times, you may feel like you don’t need medication and therapy. If you stop taking your medication, you may quickly become more depressed or more manic.

Some people also have “rapid cycling”. This means you have more than 4 distinct mood episodes each year.

**In Bipolar II** moods swing between major depression and a milder form of mania called “hypomania.” Hypomania lasts at least four days. Because hypomania is milder than mania, Bipolar II can be difficult to diagnose.

Instead of feeling as though something is wrong, you may feel full of energy and that you can do anything. You may not see the downside, which may include being overly talkative, moody, and distractible.

Hypomania may lead to relationship problems, but doesn’t usually create serious problems at home or work. Unless you know about this type of bipolar disorder, you may not ask for help until you experience depression. If you receive only an antidepressant, you may experience true mania.
Why is it important to know your type?

Knowing your personal cycle gives you the information you need to take charge of the disorder. Together, you and your physician can determine the optimal medication plan for you.

Understanding the disorder and how it affects you personally also gives you cues about your mood that help you make changes in your environment and lifestyle. These changes can mean the difference between serious life circumstances due to acute episodes and more moderate, less troubling life circumstances.

What’s your type?

If you don’t know, take time to start jotting down your mood on a daily basis. This may help you and your treatment team determine your type of bipolar disorder. This information may also affect your treatment.

<table>
<thead>
<tr>
<th>MONTH</th>
<th>Today I feel</th>
<th>Today I feel</th>
<th>Today I feel</th>
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<tbody>
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<td>Monday</td>
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</tbody>
</table>
What Triggers Mania and Depression?

Knowing what triggers mania and depression can put you on the path to prevention. By maintaining a regular schedule and watching for the early signs of behavioral change, you can effectively reduce the potential for an acute episode.

Body Clock
Your body operates according to a daily pattern known as a circadian rhythm. Sometimes, this is also called your body clock. This internal clock signals you to eat, rest and sleep. Your energy level fluctuates based on your body clock, and these fluctuations may also affect your mood.

Bipolar disorder is sensitive to any disturbance in your body clock. So, for example, if you do shift work or have jet lag, you are more likely to have a mood swing.

Stressful Life Events
Although stressful life events cannot cause bipolar disorder, these events may trigger an acute episode of mania or depression. Just like someone with hypertension is more vulnerable to high blood pressure when under stress, someone with bipolar disorder is more vulnerable to a mood swing when life gets difficult.

Drugs and Medications
Some medicines trigger mania, including antidepressants and the steroid prednisone. Use of street drugs such as cocaine and amphetamines will often result in mania.
What helps?
Bipolar disorder responds well to treatment. If you seek care during an acute phase, the goal of treatment will be to stop the current cycle, whether of mania, hypomania, depression or mixed moods.

Once the acute phase has been stabilized, maintenance treatment begins. The goal is to prevent future mood swings through medication, education, and professional support.

Medication
Medication forms the first line of defense for almost all individuals with bipolar disorder. Your doctor may start you on a medication known as a “mood stabilizer.” Sometimes this is combined with antidepressants. Still other medicines may be prescribed to help you sleep or feel less nervous.

During acute treatment, you may receive different combinations of medicines. Your doctor may have you try an antipsychotic or anticonvulsant medication for a short time. Some anticonvulsants are also helpful in the maintenance phase to stabilize mood.

You may feel tempted to stop or cut back your medication after you begin to feel better. Always talk to your doctor before changing your medication routine.

Since every person is different, your doctor will tailor medications to meet your specific needs.
Journal Exercise

You will find more details about medications later in this workbook. For now, spend some time creating a list of all the medications, both prescribed and over-the-counter that you take on a regular basis. Developing a written list can save time for you and for your health team. Carry a copy of this list with you in case of emergencies.

<table>
<thead>
<tr>
<th>Prescribed Medications</th>
<th>Over-the-counter Medications</th>
<th>Vitamins and Supplements</th>
</tr>
</thead>
</table>

Medication and Creativity

Loss of creativity – this is a fear that many people living with bipolar disorder express. Medication, intended to even out roller-coaster moods, tends to make some people feel less sharp. Some people describe slower thinking processes and worry that they’ve lost creative edge.

In reality, you may feel more creative without medication but be more creative with it. Albert Rothenberg of Harvard Medical School and author of “Creativity and Madness: New Findings and Old Stereotypes” (1990), suggest that creative people do better when treated for mental health difficulties. According to Rothenberg, anxiety, depression, and thought disorders interfere with the creative process.
Feeling creative in the midst of a manic episode is a bit like feeling creative when taking amphetamines, a group of drugs also known as “speed.” New ideas flash through the mind and every thought crackles with possibility.

Creativity depends on more than the rapid flow of thoughts. Psychology looks at several dimensions of creativity, including:

- **Originality** – an idea that hasn’t been thought of before
- **Functionality** – an idea that leads to a “product” that works
- **Skills** – the creative person must have the skill to follow-through with the original idea; for example, a writer must have good research and editing skills or a scientist must have an in-depth understanding of the field in order to test a new hypothesis
- **Intrinsic task motivation** – the initiative to start a project and to continue even in the face of obstacles and challenges
- **Quality processes** – the self-discipline and good work habits needed to follow-through, pay attention to details, and evaluate a project’s progress

Rather than depend on the euphoria of a manic or hypomanic episode for creativity, spend time developing true creativity.

**Get your creative juices flowing**

- Solve problems and learn to depend on your ability to think
- Spend time with creative people
- Learn to play
- Practice imagination by focusing on possibilities and dreams
- Read to learn new things
- Brainstorm to develop new ideas

**Practice creativity techniques**

- Learn new creativity skills such as “mind mapping” developed by Tony Buzan (see Bibliography)
- Develop a hobby for a “creativity workout”
- Find games and puzzles that challenge your creative right brain
- Write down your brainstorming ideas, goals, action plans, and self-evaluations
- Look for new challenges every day
**Education**

Learn as much as you can about bipolar disorder. Good information helps you see problems and take action before serious trouble starts. You can find information from books, the internet, and your doctor or therapist.

Or go to one of the best places to find information and support – the Depression and Bipolar Support Alliance or the National Alliance for the Mentally Ill.

**The Depression and Bipolar Support Alliance (DBSA)**

Find them online at [www.dbsalliance.org](http://www.dbsalliance.org) or call at 1-800-826-3632.

Their mission: To improve the lives of people living with mood disorders.

What the DBSA offers you:

- A Scientific Advisory Board comprised of leading researchers and clinicians in the field of mood disorders
- A grassroots network of more than 1,000 patient-run support groups across the country
- More than two dozen publications about living with mood disorders available free of charge
- Advocacy on behalf of people living with mood disorders

**The National Alliance for the Mentally Ill (NAMI)**

Find them online at [www.nami.org](http://www.nami.org) or call at 1-800-950-2624.

Their mission: NAMI is dedicated to the eradication of mental illness and to the improvement of the quality of life of all whose lives are affected by these diseases.

What NAMI offers you:

- Information about mental illness, medications, and the latest research
- Support both online and in communities across the country
- Advocacy and opportunities for action to fight stigma and achieve equitable services and treatment for Americans living with severe mental illnesses and their families
Psychotherapy

A therapist can help you learn how to recognize and deal with your moods. Through therapy, you can get answers to concerns and deal with negative feelings about the disorder or yourself. You will learn how to recognize and manage your moods. Your therapist can also teach you new ways of thinking that will help you take charge of your moods.

Your therapist will also work with a person close to you. Your spouse, family member or trusted friend can be a great source of support. Asking other people for help with your safety plan, discussed later in this series, makes serious problems less likely.

Remember – you will learn best when you don’t feel depressed or high. When you do have a mood swing, your therapist may see you more often for shorter sessions to help you stay safe until your mood gets back to more even levels.

What will you learn in psychotherapy?

According to clinical psychologist Dr. Brent Halderman, new ways of thinking can actually reduce mood swings.

Take time out

“Simply by monitoring what you say to yourself about your feelings and mood, you can identify what are known as cognitive distortions. This type of thinking can set you up for self-defeating behaviors that intensify a manic or depressive cycle. Once you replace these distortions with thinking based in reality, you will have a much easier time managing your behavior when experiencing mood swings.”

Medication – Education – Psychotherapy

These three are the keys to learning to live well with bipolar disorder.

Do you take medication? Do you contact the advocacy and support groups for information and new developments in treatment of bipolar disorder? Do you have a psychotherapist to call on for assistance, support and crisis management?

The next section of Your Guide to Living Well with Bipolar Disorder will help you better understand how to get medication and a healthcare team working with you.
Medical Treatment of Bipolar Disorder

Medication is the core treatment for bipolar disorder. Individuals living with bipolar disorder find that medication helps control acute episodes of mania and depression. To promote an effective medication regimen, you first need a supportive healthcare team.

Creating a Supportive Healthcare Team

A supportive healthcare team is essential to help you live with bipolar disorder. When you feel comfortable talking with your primary care physician, psychiatrist and therapist, you can more easily ask questions and let them know how you are feeling. This means developing trusting relationships with your healthcare team.

Honest communication opens the door to learning about and selecting different treatment options, including different medications and therapies. Together, you and your team strive for relationships that allow the healthcare professionals to teach you what they know while giving you choices about your treatment. You learn to trust the judgment of the professionals working with you, while they learn to trust that you will take their advice seriously and follow-through on recommendations.

Take time to think through your concerns and questions. According to clinical social worker, Lisa Woodring, getting help from family or trusted friends can keep you on track.

Take time out “Often people get to the doctor’s office and forget the two or three things that concern them most. Talking with a family member or friend about these concerns ahead of time can make it easier to get the words out during that office visit.”
Maximizing the Team Relationships
By taking three simple steps, you can add to the process of maximizing the relationships with your health care team.

1. Organize your questions in writing to make sure you get the answers you need.
2. Write down the answers your doctor gives you to help you remember his or her advice and instructions.
3. Ask your doctor or therapist for any available written materials about bipolar disorder to save time.

What to ask your doctor and pharmacist
Learn everything you can about your medications so that you will be able to ask informed questions during your visits with the physician. The US Food and Drug Administration (FDA) suggest these questions:

- What is the name of the medication?
- What is it supposed to do?
- How and when do I take it?
- How often do I take it?
- What if I stop taking it?
- Should I avoid any foods, drinks, other medications, or activities while taking it?
- What are the side effects and what should I do if they occur?
- Is there written information available about the medication?

Medications
Like many people living with bipolar disorder, you may have a lot of questions and concerns about your medication. Maybe you worry about the side effects such as feeling sleepy, gaining weight, or having an upset stomach. Maybe you feel like a failure because you believe you “should” be able to live with this disorder without “depending” on drugs. Or maybe you haven’t had much luck finding the right medication or combination of medications in the past.

A word about alcohol or drug use
Approximately 60 percent of individuals diagnosed with bipolar disorder use alcohol or drugs to “self-medicate.” If you use alcohol or drugs on a regular basis, talk to your physician about potential interactions with your medication and whether you may need some assistance to safely stop using substances and to learn new ways to cope with mood swings with them.
According to Dr. Jan Campbell, Board Certified Psychiatrist, science has shown that medication is an essential part of stabilizing mood and thinking in people living with bipolar disorder.

"Each person is a different individual, and medication has a different effect on each one of us. Many people try several different medications and dosages before finding the ‘perfect fit’ – the one that adjusts the chemical imbalance affecting the body. It’s important to be patient while finding that fit.”

**Lithium**
This was the first medication found to work for bipolar disorder and is still the most frequently used medication. Your doctor will want to do blood tests to make sure that you have the right blood level of lithium. The following table provides general information and is not exhaustive. Be sure to check with your doctor about questions you may have. Also expect that once or twice a year, your doctor will obtain other blood work to check on potential problems.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Tell your doctor about</th>
<th>Common side effects</th>
<th>How to take this medication</th>
<th>What to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lithium</td>
<td>- Kidney disease</td>
<td>- Mild increase in thirst or urination</td>
<td>- Exactly as directed by your doctor</td>
<td>- Use caution until you know how the medication affects you</td>
</tr>
<tr>
<td>Brand Names –</td>
<td>- Heart disease</td>
<td>- Fine hand tremor</td>
<td>- With a full glass of water</td>
<td>- Drink 8-12 glasses of water every day</td>
</tr>
<tr>
<td>Eskalith</td>
<td>- Thyroid problems</td>
<td>- Headache or mild dizziness</td>
<td>- Do not crush or break extended release forms</td>
<td>- Do not change the amount of salt, water or caffeine you consume</td>
</tr>
<tr>
<td>Eskalith-CR</td>
<td>- Pregnancy</td>
<td>- Swollen feet or hands</td>
<td>- Measure the liquid form with a dose-measuring spoon or cup</td>
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<tr>
<td>Lithobid</td>
<td>- Nursing</td>
<td>- Rash</td>
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<tr>
<td>Lithonate</td>
<td>- Other medications</td>
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<tr>
<td>Lithotabs</td>
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</table>

**Anticonvulsant Medications**
Anticonvulsant medications have been used for bipolar disorder for about twenty years. Expect that once or twice a year, you doctor will ask you to have blood work done to monitor potential problems.

Depakote, most frequently used, is helpful to people with more frequent bipolar depression. Others in this group include Carbamazepine, Lamictal and Trileptal. Some of these drugs will also require monitoring of blood levels.
When taking an anticonvulsant medication to control mood, it’s important to follow your doctor’s instructions and to report any side effects. Your doctor will give you a list of symptoms to look out for. The following table provides general information and is not exhaustive. Be sure to check with your doctor about questions you may have.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Tell your doctor about</th>
<th>Common side effects</th>
<th>How to take this medication</th>
<th>What to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divalproex sodium</td>
<td>Liver disease or a urea cycle disorder, Pregnancy – Depakote is known to be harmful to an unborn baby, Nursing</td>
<td>Tremor, Weight gain, Menstrual changes, Hair loss, Drowsiness, Depression, Headache, Low red blood cells, Liver problems</td>
<td>Exactly as directed by your doctor, Drink a full glass of water, Eat food, Do not break extended release tablets</td>
<td>Avoid alcohol and other drugs that cause drowsiness, Use caution when driving or operating machinery</td>
</tr>
<tr>
<td>Brand Names</td>
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<tr>
<td>Depakote</td>
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<td>Depakote ER</td>
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<tr>
<td>Depakote Sprinkles</td>
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<tr>
<td>Carbamazepine</td>
<td>Allergies to tricyclics, If you’ve taken an MAO inhibitor in the past 14 days, Bone marrow disease or bone marrow suppression, Kidney, liver or heart disease, Low level of red blood cells (anemia), Glaucoma</td>
<td>Mild nausea, vomiting, diarrhea, constipation, Decreased appetite, Dry mouth, Joint or muscle aches</td>
<td>Exactly as directed by your doctor, With a full glass of water, Take some brands with food, Do not break extended release tablets</td>
<td>Use caution when driving or operating machinery, Avoid alcohol, Avoid exposure to sunlight, Discuss the use of grapefruit or grapefruit juice with your doctor</td>
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<tr>
<td>Brand Names</td>
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<td>Carbatrol</td>
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<td>Epitol</td>
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<td>Tegretol</td>
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<td>Tegretol XR</td>
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Antipsychotic Medications

Antipsychotic medications are sometimes used when psychotic symptoms don’t respond to mood stabilizers. One of the newest medications in this class, Zyprexa, has been approved for bipolar disorder as a single agent. The drawback – Zyprexa can cause serious weight gain and has been associated with the development of diabetes. Another medication called Clozaril is used only for people who have not responded to any other medication. Clozaril can cause severe side effects and requires frequent blood tests to monitor white cell count.

As with all medications, follow your doctor’s instructions to the letter. Be sure to tell your doctor about any symptoms you develop after starting one of these medications. Expect that your doctor will obtain blood tests on occasion, to monitor for side effects.

The following table is not exhaustive, so please talk with your doctor about any questions you may have.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Tell your doctor about</th>
<th>Common side effects</th>
<th>How to take this medication</th>
<th>What to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Olanzapine</td>
<td>• Pregnancy or nursing</td>
<td>• Dizziness</td>
<td>• Exactly as directed by your doctor</td>
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<tr>
<td>Brand Names • Zyprexa</td>
<td>• Liver disease</td>
<td>• Agitation</td>
<td>• With a full glass of water</td>
<td>• Rise slowly to prevent dizziness and possible fall</td>
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<td>• Zyprexa Zydis</td>
<td>• Heart disease or high blood pressure</td>
<td>• Increased heart rate</td>
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<td>• Seizure or epilepsy</td>
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<td>• Enlarged prostate</td>
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<td>• Glaucoma</td>
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<td>Clozapine</td>
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<td>• Exactly as directed by your doctor</td>
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<td>Brand Names • Clozaril</td>
<td>• Blood problems</td>
<td>• Upset stomach</td>
<td>• With a full glass of water</td>
<td>• Rise slowly to prevent dizziness and possible fall</td>
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<td>• Seizure or epilepsy</td>
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<td>• Liver or kidney disease</td>
<td>• Watering mouth</td>
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<td>• Do not take other prescription or over-the-counter medications, including herbal products without talking to your doctor</td>
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<td>• Heart disease or high blood pressure</td>
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<td>• Enlarged prostate</td>
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<td>• Narrow angle glaucoma</td>
<td>• Increased dreaming or nightmares</td>
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Other antipsychotic medications that your doctor may discuss with you include Risperdal, Seroquel, Geodon, Latuda, Fanapt, Invega, Saphris and Abilify.
Keeping Track of your medications
Some people take different medications at different times of day. Like most people living busy, full lives, it’s easy to get mixed up or miss a dose. One way to keep this from happening is to buy a 7-day pillbox.

By filling the box on the same day each week – say, every Sunday evening – you can more easily keep track of your medicine day by day.

Another help comes from keeping a record of any missed medications. Compare this log to your mood diary. Did your moods change when you missed a dose?

Your record-keeping will help you and your doctor to decide whether a certain medication works. It may look like a certain medicine doesn’t work when in fact you may have missed several doses. The medication can’t work if you don’t have enough of it in your system. Take control of your prescriptions by maintaining logs and diaries.

Mood Monitoring and Medication
Living with bipolar disorder means living with mood cycles. The medication plan that works for you in January may not be right for you in May.

Learning to be in tune with your body and moods will help you and your health care team make the right treatment choices for you. Keeping a mood and sleep chart allows you to see your unique mood cycles. Over time, you will begin to notice patterns that may help you recognize the start of manic or depressive cycles. Let your doctor know about changes in your mood so that your medications can be adjusted.

Earlier in this series, you received a 5 week mood chart to record moods daily. Expand that today to include both moods and any side effects from medications. Use the chart on the next page to help you.
When to Let Your Healthcare Team Help

There may come a time in the course of this disorder when you prefer not to make choices about medications. These times can be short-lived if you have developed a strong working relationship with your healthcare team.

Based on an understanding of you and your unique situation, your doctor can help you reduce symptoms and get back to baseline functioning. This difficult time

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Journal Exercise
may even turn out to be helpful in getting the right combination of medications for you. You and your doctor should discuss options before an acute episode, allowing you to make your preferences known to your healthcare provider.

In Addition to Medication...
ECT, or electroconvulsive therapy, is used in cases of severe depression or mania. There has been a great deal of misunderstanding about ECT and it can be frightening to hear about it for the first time. The movies, TV and other media often show a negative and out-of-date perspective of this form of treatment. Today, ECT is considered a safe procedure and it can be one of the more effective treatments for resistant depression.

Hospitalization is sometimes needed to keep you safe and help you “get back on track.” Your health care team can look at adjusting medication, help you get connected to social supports, and consider any environmental changes you may want to make. Think of a hospital stay as a brief time to get stabilized and readjust your current situation to decrease the likelihood of another acute episode.

Healthy habits will help no matter what treatment you are receiving. Developing and maintaining a routine that works for you will improve your response to medication. When you avoid extreme changes in day-to-day activities – or take action to reduce the impact of disruptions to your routine – you also reduce the likelihood of an acute episode.

- Cut down on sugar and caffeine to help decrease irritability
- Cut back on junk food to maintain a healthy heart and weight while keeping your thinking processes sharp
- Avoid a pitfall common to depression that comes with lack of appetite – be sure what you eat contains protein, fruits and vegetables. Check with your doctor about foods that may interact with medications and ask about taking a multivitamin
- Exercise! Go for a walk, rake the yard, tend the garden, and shovel the snow, even if you don’t feel like doing it...it’s great for your mental energy!
- Develop a sleep routine and stick to it – your body will respond positively to an established cycle for waking and rest
- Try one new healthy thing today

Using Psychotherapy Sessions
Regular sessions with a psychologist or other behavioral health therapist should be part of your plan to stay well. Your therapist can point you to information about managing bipolar disorder. During therapy sessions, you have the chance to talk about the day-to-day problems that come with bipolar disorder. Therapy is essential if you are trying to stop drinking alcohol or misusing drugs, or if you are making any other change in lifestyle or habits.
How does talking help?

Many people ask this question while working with a psychologist or therapist. Somehow, it doesn’t seem possible that “just talking” can help resolve the challenges that come with living with bipolar disorder.

No matter what an individual’s circumstances, he or she faces one of two types of problems.

The first type of problem is one with a solution. You may not have identified the solution, but it exists. With this type of problem, talking to your therapist helps you:

- Gain the advantage of your therapist’s perspective – an objective third party
- Take advantage of your therapist’s training and experience, which may include knowledge about different ways to solve the problem
- Change perspective as you talk, which in turn helps you find a solution
- Brainstorm possible solutions together
- Receive support from your therapist while starting to take steps to solve the problem

Sometimes you face a problem without a solution. In this case, emotional coping is the key. Talking helps you:

- Understand that a problem is outside your control
- Become more aware of your emotional reaction to a difficult situation
- Gain the emotional support of your therapist, someone who is trained to stand beside individuals while going through what may be a painful process
- Learn the internal stages of grief, loss, anger, and other uncomfortable emotions
- Identify strengths and capacity for resilience
- Grow beyond the present emotional pain

At some point, you and your psychologist or therapist may decide that you need less frequent sessions. When that time comes, you will first have been stable for at least six months, doing well with your medications, and able to handle the normal stresses of every day life. An occasional “tune up” or “refresher” session may be what you need, especially if problems come up over time. Even if you discontinue talk therapy for a time, continue regular medication management visits with your psychiatrist.
Using Routine to Maintain Wellness

Harry (names are changed to protect confidentiality), diagnosed with bipolar disorder in 1987, takes his medicine as prescribed. He takes care of himself, with a disciplined nutrition and exercise program. But Harry’s work requires him to travel overseas at least four times a year. With the disruption to his sleep cycle, Harry knows he’s in for a period of manic behavior by the time he returns home.

Anne’s life is in an uproar. Her husband just lost his job and her own job is on the line. She can’t eat and can’t sleep … Anne can’t ever remember feeling this depressed before. She’s decided to stop taking her medication to see if that will help her feel better.

People with bipolar disorder contend with the same stresses and strains as everyone else. Travel, divorce, financial worries and woes, job demands, children … all these take their toll. Something as insignificant as a disruption in mealtime can trigger a new episode of illness.

Interpersonal and Social Rhythm Therapy
A new intervention on the horizon – known as Interpersonal and Social Rhythm Therapy or IPSRT – helps people with bipolar disorder minimize the impact of these disruptive triggers. Research shows that IPSRT combined with drug treatment outperforms drug treatment alone.

What is IPSRT? Simply put, the following interventions give you the wherewithal to take charge of your illness through the use of routines or habits, and charts.

Routines
Your routine – or what you do every day – forms the “backbone” of your life. Beginning with waking, your routine consists of such commonplace activities as brushing your teeth, taking a shower, eating, exercising, working, relating to others, and finally, sleeping.

How important is your routine? It can mean the difference between frequent bouts of illness and prolonged periods of health. Your routine can help you develop “stress-resistant” skills under pressure. With practice and discipline, your routine can promote resiliency factors that impact not only your mental health, but your physical health as well.

Sleep
As someone diagnosed with bipolar disorder, you understand that sleep may be the first routine to fall by the wayside during bouts of mania. In a manic or hypomanic phase, most people with bipolar disorder tend to function on very little sleep. Rather than get the recommended 7 hours of sleep a night, you may find
According to recent research, you can limit mood cycles by using a sound sleep strategy. This means that you:

- Allow yourself at least 7 hours every night for sleep
- Go to bed and wake up at the same time every day, even on weekends
- Eliminate caffeine, nicotine, and alcohol at least 7 hours prior to bedtime – all three interfere with sleep
- Don’t nap during the day if you can’t sleep at night
- Journal before bedtime and/or write your to-do list for tomorrow
- Get ready for morning – set out your clothes, your shoes, your car keys and other must-have items
- Take a warm bath, avoid bright lights, drink a warm, non-caffeine drink
- If you find yourself worrying or problem solving while in bed, get up, wait 30 minutes, then try again
- Try progressive relaxation, prayer, meditation, imagery, or soothing music to help you fall asleep and to reduce “racing” thoughts
- Focus on pleasant thoughts
- Make your bedroom comfortable – keep in mind the temperature, light, noise level, and softness of the bed

**Exercise**

Research keeps coming up with new reasons to exercise. Nothing else you do will benefit you as much or as quickly as a regular exercise regimen. Through research, we know that exercise will:

- Help you sleep
- Lower your risk for developing gallstones, colon cancer, or diabetes
- Help you maintain a healthy weight
- Decrease joint swelling and pain for individuals with arthritis
- Reduce the symptoms of depression and anxiety
- Lower both your blood pressure and your risk for heart disease
- Prevent fractures due to improved muscle strength and balance
- Increase bone density in middle-aged and older people
- Help ease daily stress

Most people understand the importance of exercise. Actually exercising is another matter. Do you live a sedentary life? Are you too busy to exercise or can’t find the motivation?
The key to beginning an exercise program – or any positive habit – lies in forcing yourself to “just do it” for about 90 days. For instance, commit to a brisk, 30-minute walk every day for 90 days and at the end of that time, you will find yourself missing it if you skip your daily walk.

During that first 90 days, your body makes dramatic changes in brain chemistry, producing more endorphins – the “feel good” chemicals. As you condition your body and build muscle, you create positive changes in body temperature, heart rate, and blood pressure. As your physical wellbeing improves, you will also find changes in your emotional wellness – more stable mood and less anxiety.

**Relaxation**
Almost as important as exercise is relaxation. Just like exercise, relaxation takes dedicated practice to master.

**Take time out**
The simplest, most direct route to learning how to relax is to practice progressive relaxation.

To start, take about 15 minutes of time when you know you won’t be interrupted. Close the door; take the phone off the hook. Sit down or lie down – whichever is more comfortable for you. Take a few deep breaths.

Working from your toes up your body, tense your muscles and hold the tension for about 7 seconds, then relax.

End by trying to tense the top of your head, then relax. Consistent, daily practice of this technique will teach you how to relax under stressful circumstances.

**Relating to others**
Like sleep, food, and exercise, people do best with strong social supports. Whether this means family or friends, your social circle helps you in many ways. When connections with others are strong, you give as much help and support as you get – leading to great personal satisfaction!

If you find that you have difficulty with making and keeping these important relationships, you will want to look for ways to identify what the obstacles might be. Common hurdles include:

- Self-absorption – thinking only about yourself
- Lack of assertiveness – being too passive or assertive to get along well with others
- Lack of listening skills
- Focus on only one type of relationship – such as romantic relationships or parent-child relationships
- Wanting intensity and high self-disclosure early in the relationship
- Not wanting to self-disclose (explain) at any point in a relationship – usually
due to a lack of trust in others
• History of violence or abuse in relationships
• Expecting a single relationship to take care of all relationship needs

To overcome these hurdles, you may want help from a trained behavioral health professional. A psychotherapist can help you learn the skills and attitudes you need – and may have missed during childhood – to form strong bonds with other people.

There are several books available regarding relationships. See the three listed below:

• Treasured Friends: Finding and Keeping True Friendships by Ann Hibbard
• How to Win Friends and Influence People by Dale Carnegie
• Making Intimate Connections: Seven Guidelines for Great Relationships and Better Communication by Albert Ellis and Ted Crawford
Relationship with Self

Studies show that your relationships, and the support that comes with them, can make a tremendous difference to you and how well you manage bipolar disorder. But family, friends and your healthcare team can’t help you until you help them. Start by paying attention to the relationship you have with yourself!

Your Self-talk

Self-talk is the running commentary in your mind that describes events, other people, the world, and yourself. In the last three decades, research has demonstrated that self-talk helps you:

- Coordinate your senses with motor functions
- Link you with other people
- Manage how you behave

Self talk has been described as “negative” or “positive.” Most books and articles about self-talk point to replacing negative self-talk with positive for such benefits as increased self-esteem and stress reduction. In reality, some negative self-talk actually helps you stay in touch with reality and make needed changes.

Negative self-talk can be especially helpful when you face a high-risk situation such as smoking or drinking too much alcohol.
Instead of viewing self talk as “negative” and “positive,” it may be more useful to think of self-talk as “constructive” or “destructive.”

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<tr>
<th>Constructive Self-Talk</th>
<th>Destructive Self-Talk</th>
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<tr>
<td>Uses positive self-statements to encourage and motivate</td>
<td>Discounts positive self-statements to distract from possibilities</td>
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<tr>
<td>Uses negative self-statements to initiate needed change</td>
<td>Uses negative self-statements to immobilize change and growth</td>
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<td>Stays grounded in reality</td>
<td>Involves an irrational belief system</td>
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<tr>
<td>Enhances awareness of connections with other people</td>
<td>Uses self-blame and blame of others, which intensify feelings of isolation</td>
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<tr>
<td>Focuses attention toward resolving difficult life circumstances, either through problem solving or emotional coping</td>
<td>Focuses attention toward catastrophe, absolutes, and all-or-nothing thinking</td>
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**Notice Your Self-Talk**
Learning to notice your self-talk helps you in several ways.

**Take time out**

First, you can challenge automatic destructive patterns in your self-talk. For example, you may notice the message “I shouldn’t have to take medication” coming up every time you take medication.

The idea that people should be able to manage without medication is widely held in our society – it’s also wrong. The reality? Individuals with a medical condition usually improve when they follow the doctor’s instructions and take medication consistently and as prescribed.

Second, by taking the time to notice your self-talk, you become better acquainted with the content of your patterns of thought. This can be especially helpful to those living with bipolar disorder. If you learn to notice when the content of your self-talk changes, as it often does during a manic episode, you may be able to reduce the severity of an acute cycle.
As an experiment, spend one day jotting down the thoughts that go through your mind. Try and classify these thoughts as “constructive” or “destructive.”

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Are your automatic thoughts more constructive or destructive? Are your thoughts destructive under certain situations? Share what you’ve learned with a family member, trusted friend, or your New Directions Personal Program Coach.

**Recognizing Destructive Self-Talk**
Destructive self-talk is rarely grounded in reality. Instead, it deals with absolutes. Following are some of the more common “automatic” messages that people tell themselves:

- It’s awful
- It’s a catastrophe
- This must never happen
- This must always happen
- This should have happened
- This must never happen again
- It’s all or nothing
- Nothing good can come of it
- Everything turns out badly
- Someone’s to blame
- If it’s not right, it’s all wrong
- This always makes me angry
- They’re always talking about me
- It’s my fault
- Things will never change
- I can’t stand it
- I’ll never get it right
Noticing self-talk opens the door to changing your self-talk in ways that work for you. When you take charge of your self-talk, you commandeer perhaps the single most influential force you can control. Whether you are aware of it or not, you believe your self-talk, even in the face of evidence to the contrary. By replacing destructive thoughts with constructive self-talk, you create enormous possibilities for growth.

Use the space below to note any destructive patterns of self-talk, then write a replacement statement.

This process may take considerable thought. Some people find it helpful to use “neutral” statements at first, “especially when it’s difficult to buy into a positive statement.

For example, instead of replacing “I’ll never be any good” with “I’m a good and worthy person,” try using “I’m working to learn and grow.”

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**Suicidal Thoughts and Self-talk**

Not everyone living with bipolar disorder has suicidal thoughts. But, sadly, like many people dealing with a chronic illness, considering suicide is not uncommon. According to one study, as many as 20 percent of people living with untreated bipolar disorder attempt suicide.

According to the National Institute of Mental Health, the following indicate a risk of suicide attempt:

- Talking about feeling suicidal or wanting to die
- Feeling hopeless, that nothing will ever change or get better
- Feeling helpless, that nothing one does makes any difference
- Feeling like a burden to family and friends
- Abusing alcohol or drugs
- Putting affairs in order (e.g., organizing finances or giving away possessions to prepare for one's death)
- Writing a suicide note
- Putting oneself in harm's way, or in situations where there is a danger of being killed talking about feeling suicidal or wanting to die

You and your support system should know what factors raise your risk for a suicide attempt and the factors that increase the likelihood of a completed suicide in the event of an attempt.

The following list may be helpful to you, your family, and friends.

Both the risk of a suicide attempt and the risk for a completed suicide increase given the following circumstances:

- Loss of a loved one, through death, divorce or separation
- Someone close to you attempts or completes suicide
- Loss of a job
- Financial problems
- Episode of acute depression
- Substance abuse
- Tendency to be impulsive
- Inadequate social support network
- Difficulties following advice of the healthcare team
- Abusive relationships, now or in the past
- Diagnosis or worsening of a chronic medical illness
- Owning a gun or other firearm
- Legal problems
• A depressive or mixed episode or becoming depressed after a manic episode
• Stopping medications without first seeking medical consultation
• Failing to discard old medications and “hoarding” them

Take time to write down a plan to mobilize your safety net in case you have suicidal thoughts. When you talk to your healthcare team or New Directions Program Coach about suicide, you will be taken seriously and every effort will be made to keep you safe.

To protect my safety, I plan to:
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Connecting with others can help reduce suicidal thoughts

According to Stacy Kreps, clinical social worker and psychotherapist, the first step when you notice suicidal thoughts is to connect with others.

“Isolation keeps good information out. When feeling suicidal, good information about the effect such an act would have on others can help you avoid an attempt. Good information lets you know that these feelings are temporary, that there is hope and help, that things will get better. When it doesn’t seem possible to generate hope for yourself, call on others to help you stay safe!”

According to Dr. James Eyman, clinical psychologist, “When a person feels suicidal, things look bleak. It may seem like suicide is the only solution when, in fact, feeling suicidal distorts a person’s perception of reality.” Solutions do exist and life will get better. To help a person remember this in the midst of suicidal thinking, connecting with others is especially important.

Connect with others as soon as you notice suicidal thinking. Call a member of your healthcare team or your New Directions Program Coach. Call a trusted family member or friend. Don’t try to handle suicidal thinking on your own!
If a history of suicidal thinking is true for you, you may find help from “Suicide: The Forever Decision … for Those Thinking about Suicide, and for Those Who Know, Love, or Counsel Them” by Paul G. Quinette.

**Practice for Change**

Like any other change, adjusting your self-talk to be more constructive takes time and practice. You may find yourself slipping into old patterns of thinking, especially when things get tough.

When you notice this happening – **STOP**. Take a deep breath and use your progressive relaxation techniques to slow your thoughts.

Simply slowing down and taking time to think through your situation can help reorganize your self-talk. Remind yourself of the constructive messages you want to send yourself.

If you find yourself unable to realign your thinking, call on a family member, a trusted friend, your health team, or the New Directions Personal Program Coach to help with the change process.

**Special Considerations**

People living with bipolar disorder have special considerations when it comes to working with self-talk. During a manic episode, your thoughts may become elevated. You may feel extremely cheerful or happy. At times, anything and everything seems possible.

Many individuals with bipolar disorder report that the early phase of a manic episode causes them to feel self-confident, creative, talented, able to learn easily.

The focus on *positive* self-talk can confuse the response to this phase of the disorder. It seems as though the high self-esteem and can-do attitude that often comes with mania is exactly what’s wanted.

When compared with thoughts that occur during the depressed phase – low self esteem, low energy, unable to learn or be creative – mania or hypomania seems attractive.
It’s critical to remember that negative self-talk can be constructive. By learning to question the source of your self-talk – is it real or part of the disorder? – you can stay more grounded in reality and seek help when needed.

By noticing your self-talk regularly, you may be able to also notice the start of a depressive or manic episode. Think back to times when you experienced mania or depression. Do you recall specific patterns of thinking? If yes, note them here:

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Part of a good safety plan means letting your support system know how you think during an acute episode. Give this information to family, friends, your health team, and your Personal Program Coach.
Family and Friends – Important Resources

“No man is an island …” Everyone needs family and friends. As you learn to live well with bipolar disorder, you may feel that you impose on your support system. Keep in mind the fact that good relationships include both give and take.

The Myth of Self-Reliance

The notion that individuals can be self-reliant permeates our culture. You, like many others, may have been brought up with these beliefs:

- Individualism means striving to avoid dependency on others
- Only weak people ask for help
- Medicine should only be used for a short time – otherwise you get dependent
- Once other people know you have an illness, they will pity you
- Some people may try to take advantage of you if you ask for help

Many more variations of the “rugged individual” myth exist. In reality, humans live in social systems and must develop interdependence with others in order to survive. Interdependence means that help and support is reciprocal. Today you may get something you need – a drive to the doctor, a call to your therapist, emotional support – from someone else. Tomorrow, you may give assistance to another person.
Talk with a family member, trusted friend, your therapist, or your New Directions Program Coach about beliefs you may have that lead you to reject help from others.

What will happen if you choose to ask for or accept help from others? How will you feel? What will it mean about you?

**What do family and friends need?**

Information, information, information. If you find it difficult to explain your situation to another person – for instance, maybe you get tongue-tied when trying to describe a manic episode – take some steps that will help you more easily give information when asked.

Have a short list of reading material prepared for family and friends. That may include this workbook or it may include books such as *The Bipolar Survival Guide: What You and Your Family Need to Know* by David J. Miklowitz, *Bipolar Disorder: A Guide for Patients and Families* by Francis Mark Mondimore, M.D.

Educate yourself. Even though you may already know a lot, you may run into a question that you can’t answer. By keeping up with new information about bipolar disorder, you can prepare yourself to answer questions.

Anticipate and practice answering tough questions. You may want to start by writing down what you want to say – giving you time to think through and consider different answers. You may also want to role play responding to questions with your therapist or the New Directions Program Coach – giving you practice in “thinking on your feet.”

**Early warning signs of an acute episode**

Some of the most important information to give family and friends is a list of the early warning signs of an acute episode. Your support system may be the first to notice these signs while you, no matter how much you try, may miss them.

Review the two lists on the next page with your support system. Which of these “signs” is true of you? By developing an individualized list of early warning signs now, your support system can help you avoid an acute episode — or reduce its severity and duration.
### Warning signs of Mania

<table>
<thead>
<tr>
<th>Increased energy</th>
<th>Speech disruptions</th>
<th>Changes in behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Less sleep</td>
<td>• Rapid, pressured speech</td>
<td>• Inappropriate humor</td>
</tr>
<tr>
<td>• Little tiredness</td>
<td>• Incoherent speech</td>
<td>• Impulsivity</td>
</tr>
<tr>
<td>• Increased activities</td>
<td>• Putting together words based on their sound (also known as Clang Associations)</td>
<td>• Spending sprees</td>
</tr>
<tr>
<td>• Restlessness</td>
<td></td>
<td>• Hypersexuality</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Changes in thought patterns</th>
<th>Changes in mood</th>
<th>Changes in perception</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Distractible</td>
<td>• Irritable</td>
<td>• Inflated self-esteem</td>
</tr>
<tr>
<td>• More creative than usual</td>
<td>• Excited</td>
<td>• Mild paranoia</td>
</tr>
<tr>
<td>• Racing thoughts</td>
<td>• Hostile</td>
<td></td>
</tr>
<tr>
<td>• Poor insight</td>
<td>• Euphoric or extremely happy</td>
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</tbody>
</table>

### Warning signs of Depression

<table>
<thead>
<tr>
<th>Decreased energy</th>
<th>Physical changes</th>
<th>Emotional distress</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Tired</td>
<td>• Unexplained aches and pains</td>
<td>• Constant sadness</td>
</tr>
<tr>
<td>• Restless or lethargic</td>
<td>• Weight loss or gain</td>
<td>• Uncontrolled crying</td>
</tr>
<tr>
<td>• Sleeping too little or too much</td>
<td>• More or less appetite</td>
<td>• Feeling guilty</td>
</tr>
<tr>
<td>• Isolating from family and friends</td>
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<td>• Feeling worthless</td>
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<tr>
<th>Difficult Moods</th>
<th>Changes in thinking</th>
<th>Preoccupied with death</th>
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<tr>
<td>• Irritable or angry</td>
<td>• Can’t concentrate</td>
<td>• Thoughts of death</td>
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<tr>
<td>• Worried or negative</td>
<td>• Can’t make a decision</td>
<td>• Thoughts of suicide</td>
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<tr>
<td>• Indifferent</td>
<td>• Memory problems</td>
<td>• Feeling “dead” or detached</td>
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<tr>
<td>• Self-critical</td>
<td>• Disorganized</td>
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Answering the “tough” questions

It’s likely that your family and friends share your beliefs about self-reliance, dependence, and medication. They may ask questions like these:

- Won’t you get dependent on your medicine if you take it every day?
- Can’t you just control your … (spending, mood, suicidal thoughts, and so forth)?
- What are you so worried about? Lots of people get moody but don’t go to the doctor all the time!
- You just need to toughen up!

While you may already know the error of these questions and statements, hearing them still hurts. Also, it can be difficult getting family and friends to understand that you must take your medication or that you can’t just “snap out of” an acute episode or “toughen up” in some way.

Family and friends may need your help and help from your health care team to understand that bipolar disorder is a biological illness. Just like a diabetic can’t voluntarily control his or her blood sugar levels, someone living with bipolar disorder cannot always voluntarily control mood or behavior.

According to Dr. Brent Halderman, clinical psychologist, two factors seem to predict whether a person manages bipolar disorder – or any other chronic illness – to the optimal degree possible.

Take time out

Studies show these factors as helpful time and again.

- Does the person follow the advice of his or her health team?
- Does the person have a strong social support network made up of family, friends, and peers?

Both factors tend to keep the person motivated to take an active role in treatment, to be responsible about medication and therapy, and to stay safe during acute episodes of the disorder.

But what if you don’t have a strong, involved support network? What then?

Take steps to develop a network

Support can come from many different sources. Bipolar support groups in your community, place of worship, groups that involve a common interest such as sports, art, or writing, even acting as a volunteer will put you in touch with a wide range of people.
Allow new relationships to develop gradually, with slow disclosure of your particular situation. Remember that you are in charge of information about you. If you feel uncomfortable talking about some aspect of your life, wait. Maintain your boundaries until you feel comfortable in a new relationship.

Your social support system is important. You want these people to be in your life for the long term. Take your time. You can put together a strong social support network.

While you are developing a social network, use your professional network – your health care team – to provide support. Your therapist and your New Directions Program Coach may have some ideas about building social supports.

For more information on finding and keeping friends, try Friendship Book: The Art of Making and Keeping Friends by Rita Robinson.
Making a Lifestyle Change

Making a lifestyle change is never easy. It takes time and effort, patience and commitment. While making the change, your life may feel awkward or uncomfortable, but stay with it. The results are worth the effort!

Getting started
If you plan to make a lifestyle change, to improve one or more of these wellness factors, the following steps may help point you in the right direction.

The First Step: Once you’ve identified the need to make a lifestyle change, spend some time thinking about making the change. What will it take? What are the steps? Who else is involved in making the change?

For example, a change in nutrition might involve your whole family. If you prepare meals, will you fix one dinner for yourself and another for everyone else? How much more time will it take to cook two dinners every evening? What about eating out? Will your family have to stop eating fast food to accommodate your changing lifestyle?

Think through questions like these. Try to be specific as you think about barriers to change and also about the people and circumstances that can assist you. You may find it helpful to write them down as you think.
Planning for Change
Successful lifestyle changes start with a goal and a plan. Set a goal. Decide what you plan to accomplish over what period of time. Once you’ve set the goal, ask if it’s possible to meet this goal.

If your goal is weight loss, plan to lose one or two pounds a week. If your goal is to gain aerobic capacity with exercise, consider your current fitness level. If your goal is to improve an aspect of one of your relationships, start small and be specific. A physician or other health professional can help you set safe, realistic goals.

Prioritize so that you work on one goal at a time. Trying to work on more than one goal at a time can make it difficult, if not impossible to achieve your goals.

If you set your goals too high, you may need to rewrite your goals to be more achievable. Once you’ve set a goal, talk with a family member or trusted friend to see if someone else thinks you may have aimed too high.

Develop a Plan
Small, incremental changes over time work better than a total lifestyle makeover from one day to the next. Are you changing your diet? Maybe this week you want to add a vegetable or a fruit and eliminate a dessert. Maybe next week you want to eat red meat only twice. This type of gradual change is easier to accomplish and leaves you feeling successful.

Demanding sudden or total change does not last long and is unrealistic. Thoughtful planning will produce more lasting rewards.

Keep a journal
Journals serve two purposes. First, journals provide a record of what you did when. Second, research shows that journaling tends to keep us on the “straight and narrow.”

Journaling is “unnatural” for most people and they find it difficult to make the time for it.

The journal provided on the next page may give you a way to think about structuring your journal.
Take time to plan for change. Begin by brainstorming – what do I want to change? Write down everything that comes to mind. At this point, don’t worry too much about any barriers or obstacles.

Next, prioritize the changes you want to make. Some people start with what they perceive to be the easiest change, others with the change they want most. There’s no single “right way” to begin this process.

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The next step is to consider what steps you must take to achieve the change you selected and what barriers may interfere with achieving your goal.

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<th>Barriers or obstacles to consider</th>
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43
Because keeping a journal or diary is unnatural, working with a “question/answer” structure can be helpful at first.

Get into the habit of jotting down the answers to the questions in the chart provided below. When you feel ready to add details, get a notebook and use at least one sheet of paper for each day.

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### Journal Exercise

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<th>Did I take steps toward my goal today?</th>
<th>What helped me take these steps today?</th>
<th>What barriers did I overcome or what barriers hindered me?</th>
<th>What will I do differently tomorrow?</th>
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Plan Ahead
Making a lifestyle change takes dedication, motivation, and determination. Barriers – both from outside and from within – will interrupt your forward movement. Often we sabotage a healthy lifestyle change by failing to decide how we will handle obstacles as they come up. If you plan for these times, you have a far better chance of success.

On a new eating plan? What will you do for Christmas? Started a new exercise plan? What will you do if you catch cold? Trying to cut back at work? What if you’re handed a new project? Expecting problems helps you stay grounded in reality. When faced with an expected problem, you can spend time solving it rather than wondering why it’s there in the first place.

You will not be able to plan ahead for all problems that may get in the way of your reaching a goal. Life is not perfect and neither is any person. Relax as much as possible when problems occur. It will be easier to think through the problem and make a plan.

Be kind to yourself.
Follow-through with a lifestyle change is easy when things are going well. But what about times when sticking to a diet or a specific bedtime gets tough? Many people simply give up.

Be kind to yourself if, for example, you have a slip and go off your diet. Change rarely progresses in a smooth straight line. Rather, change happens in fits and starts. If you fall into old habits, simply be prepared to pick up where you left off.

One be-kind-to-yourself strategy is to use the notion of a “practice field.” When you learn something new – tennis, the tango, the trumpet – you get to “practice.” You expect to make plenty of mistakes while you learn and you also expect to get better as time goes by. Use this same approach to lifestyle changes to gain more patience on days when you don’t follow through and make progress toward your goal.

Remember to give yourself plenty of “credit” – by learning to pat yourself on the back and reward yourself for even small successes, you actually increase your chance for ultimate success!

You can learn more types of thinking techniques aimed at success in the next section of this Workbook. Ask your therapist or the New Directions Personal Program Coach about how to apply these techniques to your personal situation.
Your Safety at Home and at Work

Everyone living with bipolar disorder needs a safety plan. This means taking time to think through what should happen during an acute episode. This also means knowing your legal rights at work and when it comes to pre-planning your care.

A good safety plan takes into account the elements – medical, social, and financial – that you need to safeguard your quality of life when experiencing a manic or depressive episode. The safety plan keeps the important pieces of your life from completely falling apart when you must deal with an acute cycle.

Each individual’s safety plan will be different, with some common factors to all. When putting together your safety plan, consider:

- Who should be contacted in addition to your Healthcare Team
- What hospital(s) do you prefer
- Who should (and should not) get past treatment records
- What medications you will (or won’t) take – include medications that you know have not worked for you in the past
- Whether you will agree to specific treatments such as ECT
- Whether you will agree to experimental treatments such as Transcranial Magnetic Stimulation, even knowing these are not covered by insurance
- Whether you will discuss the possibility of participation in research studies
- Who will take care of your children, home, pets, and bills
- Who will contact your employer and take care of medical leave issues

In addition, you will want to map out contingencies for your healthcare team, family, and friends to take should you become suicidal due to a bout of depression or act recklessly due to an episode of mania.

Work with your healthcare team, family, and trusted friends to complete the following form:

<table>
<thead>
<tr>
<th>Name and number of person to call in an emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and number of my psychiatrist</td>
</tr>
<tr>
<td>Name and number of psychotherapist</td>
</tr>
</tbody>
</table>
Your Guide to Living Well with Bipolar Disorder

| Name and number of New Directions’ Program Coach |  |
| Hospital preference |  |
| List of medications to use/try |  |
| I agree to the use of chemical restraints in the hospital if necessary | Yes | No |
| I agree to the use of physical restraints in the hospital if necessary | Yes | No |
| I agree to try ECT if necessary | Yes | No |
| I agree to try experimental treatments even if not covered by insurance | Yes | No |
| I agree to consider participation in research programs | Yes | No |
| Name and number of person with key to my home |  |
| Name and number of person with access to my checking account for bill paying |  |
| Other important information |  |
| Other important information |  |

**What is a Psychiatric Advance Directive?**

A Psychiatric Advance Directive or “PAD” is similar to a Living Will and contains much the same information as your safety plan.

Only 17 states have enacted regulations that authorize a PAD as of December 2003. To check if your state is one of these, go to [www.nami.org](http://www.nami.org) or to [www.napas.org](http://www.napas.org) (National Association of Protection and Advocacy System).
While PAD forms are available for sale on the Internet, NAMI offers a forms packet for free.

**What about planning on my job?**
The Job Accommodation Network (JAN), funded by the Office of Disability Employment Policy of the US Department of Labor, has developed a list of accommodations that your employer must make for you, if needed to perform your job.

As someone living with bipolar disorder, you are covered at work and school by the Americans with Disability Act. While you have a right to your privacy, your employer may ask you about your behavioral health if you show any signs or symptoms on the job.

Accommodations that may be made include:

- Help to maintain stamina during the workday
- Help to maintain concentration on the job
- Help to stay organized and meet deadlines
- Help to work effectively with supervisors
- Help in handling stress and emotions
- Help with attendance issues
- Help with change management

A full list of the accommodations that may be made, plus information about accommodating workers with bipolar disorder can be found on the JAN website at [www.jan.wvu.edu/media/BiPolar.html](http://www.jan.wvu.edu/media/BiPolar.html).

**Resources**
If your employer has purchased an Employee Assistance Program, you may be eligible for short-term help from a behavioral health professional for specific problems related to your job performance or personal life. These services may even be available without cost to you. Check with your HR department or benefits representative at work to learn about this type of benefit.
Bipolar Disorder and Substance Use Disorder

Substance use disorder affects about 60 percent of people living with bipolar disorder.

Bipolar disorder affects between 2 and 3 million Americans. Of these, studies show that as many as 60 percent also struggle with substance use disorder. This chapter was designed to increase your awareness about the link between bipolar disorder and substance use disorder, and give you helpful information about signs, symptoms and treatment.

What is a Substance Use Disorder?
The National Institute for Alcohol Abuse and Alcoholism (NIAAA) states:

“Alcoholism is a disease. The craving that an alcoholic feels for alcohol can be as strong as the need for food or water. An alcoholic will continue to drink despite serious family, health, or legal problems.”

The Centers for Disease Control defines alcoholism in a similar way:

“Alcoholism or alcohol dependence is a diagnosable disease characterized by several factors including a strong craving for alcohol, continued use despite harm or personal injury, the inability to limit drinking, physical illness when drinking stops, and the need to increase the amount drunk in order to feel the effects.”

Both the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Diagnostic and Statistical Manual of Mental Disorders used by physicians and behavioral health professionals to diagnose alcoholism and drug abuse use many of these same concepts to define a drug use disorder, such as dependence on cocaine or methamphetamine.
What Makes a Person More Vulnerable?
According to SAMHSA, more than nine percent of the general population has a diagnosable substance or alcohol use disorder. Some people have a greater vulnerability than others. For example, you may be more at risk for developing this type of disorder if you have:

- Family history of substance use disorder
- Recent stressful life events and lack of social supports
- Chronic pain or illness, including recent trauma
- Behavioral health disorder
- Alcohol use before age 15
- Childhood diagnosis of attention deficit hyperactivity disorder

A Genetic Link?
It is generally accepted that a significant portion of risk to develop alcoholism is due to inheriting some genes that make a person susceptible to becoming addicted to alcohol. Adoption studies and twin studies show that this is true for about 25 percent of children of alcoholic fathers. If both parents are alcoholics, the risk is estimated to be 75 percent.

In April 2006, the NIAAA issued a press release stating that researchers had identified new genes that may contribute to excessive alcohol use. Working with nine different strains of mice with various inclinations to consume alcohol, they uncovered 4,000 genes that differed between the high alcohol and low alcohol intake mice. Using statistical techniques, they narrowed the field to 75 genes that may be implicated in whether a mouse will drink more or less.

It’s important to understand that, although genetic research relating to substance use disorders is progressing, a definitive answer is not yet available.

Biology isn’t destiny. While some people may have risk factors that make them more vulnerable to developing a substance use disorder, it’s possible to reduce the risk by abstaining from alcohol or drugs.

What Makes People with Bipolar Disorder More Vulnerable?
Up to 60 percent of people living with bipolar disorder have a substance use disorder. Compare this to the prevalence in the general population – about nine percent for alcoholism and another two percent for drug abuse. What makes people with bipolar disorder so much more vulnerable?

According to the Depression and Bipolar Support Alliance, people living with bipolar disorder often use alcohol or illicit drugs to “mask” the symptoms of the disorder.

1 http://www.medicalnewstoday.com/medicalnews.php?newsid=11577
Take time out

The Drinkers’ Pyramid

People living with bipolar disorder may want to consider themselves as part of the “at-risk” level drinkers on the Drinker’s Pyramid. Bipolar disorder makes the potential for developing alcoholism or drug use disorder more likely.

Source: Private communication, Eric Goplerud, Ph.D.

Signs of Substance Use Disorder
Like all diseases, substance use disorder has its warning signs. Knowing what these are may help you identify a need for professional help.

- Planning life around the substance
- Neglecting other areas of life, including work and relationships
- Acting secretive, sometimes because of shame but more often to protect the ability to get the substance
- Denying the problem when confronted
• Trying to stop using without success
• Insisting “I can stop whenever I want to!”
• Blaming others or events for using the substance

How Much is Too Much?

Take stock of your use of substances. Consider the following information from the US Department of Agriculture about what is considered moderate alcohol use.

**Women**: No more than one drink a day  
**Men**: No more than two drinks a day

(This limit is based on differences between the sexes in both weight and metabolism)

If you are using illicit substances, remember that they’re against the law for a reason. At the very least, you risk legal difficulties.

**Important information for you and your support system**

The CAGE screening test was designed to screen adults for alcohol problems. It cannot be used to diagnose, but only suggests that a disorder may be present.

• Have you ever felt you ought to Cut down on your drinking or drug use?
• Do you get Annoyed at criticism of your drinking or drug use?
• Do you ever feel Guilty about your drinking or drug use?
• Do you ever take an Early-morning drink (eye-opener) or use drugs first thing in the morning ("a little hair of the dog that bit you") to get the day started or to eliminate the "shakes"?

A person who answers "yes," "sometimes," or "often" to 2 or more of the questions may have a problem with alcohol.

The AUDIT questionnaire was developed by the World Health Organization (WHO) to identify persons whose alcohol consumption has become hazardous or harmful to their health. To take the AUDIT online, visit [http://www.alcoholscreening.org/](http://www.alcoholscreening.org/). This site will score your questionnaire and provide you with advice about any needed next steps based on the results.

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<th>Count as a drink</th>
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<td>- 12 ounces of regular beer</td>
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<td>- 5 ounces of wine</td>
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<td>- 1.5 ounces of 80-proof distilled spirits</td>
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What are the Symptoms of Substance Use Disorder?

Substance abuse consists of one or more of the following problems during a one year period:

- Problems at home or at work
- Substance use in dangerous situations
- Problems with the law because of alcohol use
- Continued use when someone close to you asks you to stop

Substance use disorder consists of three or more of the following problems during a one year period:

- Using more and more of the substance to get the same effect
- For alcohol use disorder, physical withdrawal symptoms, like the shakes, nausea or weakness
- Using more than you wanted to use
- Trying to cut down or quit using the substance, but can’t
- Giving up things you like to do because of your using
- Using even when you know it hurts you
What to Do if You Think You Already Have a Problem

The first step in any type of behavior change is to ask about your state of readiness. Ask the question: How much do I want to change? To answer it, give yourself a score from 1 to 10 with 1 being “not at all” and 10 being “start today.”

One aspect of whether a person is ready and motivated to change has to do with their view of the problem. If you drink or use illicit drugs, how serious do you think your problem has become? Answer this in two ways:

1. Rate the seriousness of the problem on a scale from 1 to 10, with 1 being “not at all serious” and 10 being “extremely serious.

   My score

2. List the problems that you have encountered as a result of drinking or drugging, including problems on the job, in relationships, and in your management of bipolar disorder, including how closely you follow doctor’s instructions in taking medication. Give yourself a score of “1” for each item you list and then add for your total score.

   My score

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Do You Want to Drink Less?

If you scored more than 5 in both areas in the above exercise, or higher than 6 in one or both, you may be ready to make some changes. If you scored less, you may not have a problem or you may not be ready to change. If you suspect that you’re not ready to change, skip this exercise and go to the next section, “Getting Ready to Change.”

If you feel that you are ready to change, the following exercises can help you develop an abstinence or “drink less” plan. This approach is also useful for many other types of lifestyle behavior changes, such as smoking cessation or improved nutrition and fitness.

**List your reasons for wanting to change.**
Think about your health, your daily habits such as sleep, your relationships, your job. Maybe you’re concerned about a medication interaction with alcohol or other drugs. Maybe you’ve experienced legal problems. Whatever the reasons for wanting to change, list them here:

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List your reasons to continue drinking or using drugs. What will you lose if you make this change? Consider how substance use makes you feel. What will you do with your time if you’re not using? What about your social circle – will you lose friends if you give up or reduce drinking?

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<td>10.</td>
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List What You Know
You already have information about how to make a change in your use of substances. This information may have come to you from many places, including books you’ve read, experiences you’ve had, information you’ve gathered from TV or the Internet. On the following page, list what you believe you already know about abstinence or limiting use of substances. Think in terms of “how to.”

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Use Your Tools to Set a Goal

Make a plan to limit or eliminate use of substances. Consider the following steps in goal setting:

1. When will you start to make the change? Set a date to begin and expectations for that date. How much will you drink on that date if anything?
2. What resources do you have for making the change? Think about changes you’ve made in the past and what has helped you.
3. What support do you have for making the change? Who will help you? Who do you trust to give you encouragement and a boost when needed?
4. What might get in the way of making this change? An old Alcoholics Anonymous saying is HALT: never get too Hungry, Angry, Lonely or Tired. These issues, plus other types of stresses often get in the way of change.
5. Who might sabotage your attempt to change? The question can usually be answered if you have drinking or drugging buddies. Sometimes, your family can get in the way of change. See the section on “Families and Recovery” later in this chapter.
6. What’s your plan to keep moving toward change? This may include small rewards for small victories, taking the change one day (or one hour) at a time, or making social or environmental changes to help you succeed.

Use this chart to set your goal:

<table>
<thead>
<tr>
<th>When will I start making the change?</th>
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<tr>
<td>What resources do I have for making the change?</td>
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<tr>
<td>What support do I have for making the change?</td>
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<tr>
<td>What might get in the way of change?</td>
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<tr>
<td>Who might sabotage my attempt to change?</td>
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<tr>
<td>What’s my plan to keep moving in the direction of change?</td>
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</table>
Getting Ready to Change
Not everybody that feels a need to make a change is ready to change. While you may see how drinking or drugging interferes with your recovery from bipolar disorder, you may not be ready to change these behaviors.

At times, people can feel guilty about not changing, putting them under stress. The more stress they feel, the harder it is to consider a change. This is a “Catch-22” or “vicious cycle.”

If you feel that you are “caught” in the cycle of inability to change, several different approaches may be especially helpful to you. Consider trying one or more of the following:

1. Get more information. If you are thinking about reducing your alcohol consumption, get information about how other people have done this. If you are thinking about abstinence, you may want to check into one of the 12-Step Programs such as Alcoholics Anonymous.

2. Consider changing your environment. Sometimes, people continue behaviors like drinking because they’re around people who use substances or because
they’re experiencing difficult life circumstances. When your environment changes, the root cause of your drinking may decrease, making you feel as though change is possible. While not all environmental factors can be changed, list those you believe you can influence and develop a plan to do so.

3. Learn to improve your stress management skills. For someone living with bipolar disorder, a major factor in managing stress may be working more closely with your health team to stay on your medication and work through issues related to finding and keeping social supports.

4. Consider talking with a licensed specialist in the area of alcohol or drug use disorders. This may be a psychologist, a social worker, a counselor, or other behavioral health professional. This person may be able to help support you through the “get ready” process.
Jot down which of the above steps you would be prepared to take today to get ready for change. What will you do to achieve a small step toward the goal of readiness?

<table>
<thead>
<tr>
<th>Today I will:</th>
<th>To accomplish this, I will take the following steps</th>
</tr>
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</table>

**Families and Recovery**
Research shows that when a family member has a substance use problem, everyone in the family suffers. For example, studies conducted in the 1990’s at University of Buffalo’s Medical School and Research Institute on Addictions found that alcoholic homes were characterized by chaos and negative parenting behaviors.

Based on both theory and research, four areas of “dysfunction” have been identified in homes where an adult or adolescent suffers with a substance use disorder. Depending on the number of other problems in the family, these characteristics may be more or less serious.

1. Poor communication between parents and children often results in mixed messages. For example, a parent who uses substances may pay attention to children when sober, only to ignore them when using. Children don’t see the parent as responsible for this inconsistency. Instead, children will strive to gain consistent attention whether the parent is drinking or not. Failure to gain that attention leads children to have low self esteem.

   Communication may also be extremely “closed” – substance use by a parent is normally kept secret from the community. As a result of keeping this secret, children learn to communicate with great caution instead of openness.

2. Emotions and beliefs are discounted. Children often get the message that expression of negative emotions such as anger or sadness may upset the parent and “cause” him or her to use. The non-using spouse is typically too preoccupied with taking care of the consequences of using to help validate feelings and beliefs of the children. In addition, the non-using
spouse may be putting the brakes on negative feelings, and end up feeling numb in order to maintain family functioning.

3. Rules and roles in these homes are often inconsistent. Rules may change depending on the mood or lack of sobriety of the user. What was okay yesterday may not be okay today. As for roles, many children act as parents, picking up adult responsibilities such as housework or even earning money to help the family.

4. Family identity in these homes is often lacking. There may be little sense that family members are connected. Time spent together as a family may be minimized and family rituals – holiday meals, for example – may be spoiled by the behavior of the user.

During the 1970’s and 1980’s, a great deal of attention was focused on characterizing the alcoholic family. Many authors found that the alcoholic family operated with three major rules:

Don’t talk
Don’t trust
Don’t feel

Recovery that focuses solely on helping the user to become abstinent fails the family. Without intervention, family members simply keep on following those same three, dysfunctional rules.

Of great interest to those living with bipolar disorder is a 1999 study reported in the Journal of the American Academy of Child and Adolescent Psychiatry. This study concludes that when bipolar and substance use disorders co-exist, family members are at greater risk for suicide attempts.

What’s the answer? Any good recovery program – whether medical or community based – should include a strong family component. Intervention with the user’s spouse and children helps to realign the family roles and rules in the family, and improve communication.

Different Types of Help
Once a person has gone through detoxification, the question arises, what’s next? Clinicians tend to agree that a single, simple approach to treatment doesn’t exist. Both bipolar and substance use disorders are complex, and treatment must be individualized.

Following are several different types of self-help and treatment resources that may be considered:

Alcoholics Anonymous and Narcotics Anonymous
AA and its off-shoot, NA (Narcotics Anonymous) and CA (Cocaine Anonymous), are self-help groups with approximately 100,000 to 200,000 members. AA was started on
June 10, 1935 by Dr. Bob. He was soon joined by Bill W. These founders of AA came up with the now famous 12-steps that starts will an admission of lack of control over alcohol. The official AA site still says:

We who are in A.A. came because we finally gave up trying to control our drinking. We still hated to admit that we could never drink safely. Then we heard from other A.A. members that we were sick. (We thought so for years!) We found out that many people suffered from the same feelings of guilt and loneliness and hopelessness that we did. We found out that we had these feelings because we had the disease of alcoholism.

AA operates from the premise that only total abstinence will allow the alcoholic to stay in “recovery.” Narcotics Anonymous takes the same approach.

Other groups formed around AA, including:

- Al-Anon for the spouses of alcoholics
- Ala-Teen for the adolescent and now pre-adolescent children of alcoholics
- Adult Children on Alcoholics (ACOA) for adults attempting to overcome the long-term effects of growing up in an alcoholic home

Intensive Outpatient Program (IOP)
IOPs include education, group therapy, and family involvement in the treatment of substance use. Depending on the IOP, AA or NA may be used as an adjunctive therapy.

A study published in Biological Psychiatry (2004) found that an integrated group therapy for bipolar and substance use disorders may be helpful in treatment. A focus on relapse prevention strategies and coping skills promoted improved recovery results.

Medication and Cravings Management
Research has found some medications to be efficacious in helping people with bipolar disorder reduce heavy drinking. Valproate2, which is an anticonvulsant and also used as a mood stabilizer, may assist those suffering from alcoholism. Individuals with problem drinking and bipolar disorder may want to talk with their physician about this.

Certain medications may also prove helpful in reducing cravings, or the urge to use substances. The physician may need special qualifications or experience to prescribe some of these medications.

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Although these new medications help people with cravings management, most studies indicate that medication alone is not as effective as medication combined with talk therapy. Cravings management depends on a number of interrelated factors, such as:

- Self-efficacy or a person’s confidence in his/her ability to handle a given situation
- Expectations about the future
- Cues for substance use in the environment, such as the availability of alcohol
- Degree of motivation or how much a person focuses on the positives of change
- Coping skills to manage stress, temptation, and impulsive behavior
- Emotional states, especially feeling blue or depressed
- Social supports to stop using substances

A psychotherapist may provide help in all these areas or may recommend group treatment, which has been shown effective in the treatment of substance abuse.
People living with bipolar disorder have a much higher vulnerability to substance use disorder than others. If you believe you have a problem with substance use, talk with your health team about treatment.

**Journal Exercise**

If you are already in care for substance use, using a diary to rate your mood, your desire to use substances, your stresses that day, and whether you use or don’t use, may help you better understand what changes are needed to aid recovery. This type of diary may also help your health team look for interventions that will fit your individual needs. You may photocopy and use the diary shown below for this purpose.

<table>
<thead>
<tr>
<th>Today’s Date</th>
<th></th>
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<tbody>
<tr>
<td>My mood on a scale of 1 to 10, with 1 being very low and 2 being euphoric.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Desire to use substances on a scale of 1 to 10, with 1 being virtually none and 10 being extremely high.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Today’s stresses</td>
<td></td>
</tr>
<tr>
<td>Substances used today, if any</td>
<td>Check if none</td>
</tr>
<tr>
<td>Additional notes</td>
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</tbody>
</table>
Summary
People living with bipolar disorder have a greater risk of developing a substance use disorder than the general population. While the reason for this is still unknown, it’s wise for people with any type of mood disorder, including depression and bipolar disorder, to discuss use of substances with their medical team.

If you are living with bipolar disorder and believe you have already experienced difficulties as a result of substance use, get in touch with your medical team as soon as possible.

With optimal health as your goal, you can get motivated to make needed changes in your habits by working with your support system, including family, friends, employer, and health team.
Guidebook Summary

Living with bipolar disorder, like living with any chronic disease, presents special challenges. You are challenged to take medications regularly, to meet with your healthcare team consistently, and to educate yourself and your family or other support network continually.

Yet at no other time in history has there been a greater understanding of this disorder. Through research, new medications and new therapeutic approaches have offered greater efficacy in treating the symptoms of this disorder. The human genome mapping project holds out hope that, someday, science may understand the genetic causes of bipolar disorder – leading to even more effective treatments.

Today, it’s important for you to educate yourself, take medication as prescribed, and surround yourself with a trusted healthcare team and family or friends. With these in place, it’s possible to live well with bipolar disorder.
Reference Materials

The list of books, articles and organizations below helped us to create this manual for you. You may find in-depth information from using this list to expand your personal library of resources.

Books

- American Heart Association
- Anderson, Bob
  “Stretching”
- Anderson, Bob et al.
  “Getting in Shape: 32 Workout Programs for Lifelong Fitness”
- Burns, David M.D.
  “Feeling Good: The New Mood Therapy”
- Buzan, Tony and Barry,
  “The Mind Map Book: How to Use Radiant Thinking to Maximize Your Brain's Untapped Potential“
- Carnegie, Dale
  “How to Win Friends and Influence People”
- Claiborn, James Ph.D.
  “The Habit Change Workbook: How to Break Bad Habits and Form Good Ones”
- Clark, D.B.
  “The End of Ohm: A Science Fantasy for Overcoming Resistance to Lifestyle Change”
- Duyff, Roberta Lawson
  “American Dietetic Association Complete Food and Nutrition Guide”
- Ellis, Albert
  “Making Intimate Connections: Seven Guidelines for Great Relationships and Better Communication”
- Hauri, Peter
  “No More Sleepless Nights”
- Hibbard, Ann
  “Treasured Friends: Finding and Keeping True Friendships”
- Jamison, Kay Redfield M.D.
  “An Unquiet Mind: A Memoir of Moods and Madness”
- Miklowitz, David
  “The Bipolar Survival Guide: What You and Your Family Need to Know”
- Mondimore, Mark M.D.
  “Bipolar Disorder: A Guide for Patients and Families”
- Moyer, David
  “Too Good to be True? Nutrients Quiet the Unquiet Brain: A Four Generation Bipolar Odyssey”
- Neimark, Neil F. M.D.
  “The Handbook of Journaling”
Perry, J. Mitchell Ph.D.
“The Road to Optimism: Change Your Language - Change Your Life”

• Quinette, Paul G.
“Suicide: The Forever Decision...for Those Thinking About Suicide, and for Those Who Know, Love, or Counsel Them”

• Robinson, Rita
“Friendship Book: The Art of Making and Keeping Friends”

Articles

Expert Consensus Treatment Guidelines for Bipolar Disorder: A Guide for Patients and Families
Www.psychguides.com/bphe.html


UC Davis Health System, “What is Bipolar Disorder,” June 2000,
Http://wellness.ucdavis.edu/weollconnected.bipolardisorder66.html

WebMD, http://content.health.msn.com/content/drugs
Weikle, Julia E. “Self-Talk and Self-Health,” ERIC Digest, ERIC Clearinghouse on Reading, English and Communication, 1993

Wyoming Department of Mental Health, “Psychiatric Advance Directives,”
http://mentalhealth.state.wy.us/pad/about/apd_faq.html

Organizations

The Depression and Bipolar Support Alliance (DBSA)
Find them online at www.dbsalliance.org or call at 800-826-3632.

The National Alliance for the Mentally Ill (NAMI)
Find them online at www.nami.org or call at 800-950-2624.

National Mental Health Association (NHMA)
1021 Prince Street
Alexandria, VA 22314-2971
800-969-6642

Child and Adolescent Bipolar Foundation
Find them online at www.bpkids.org or call at 847-256-8525

American Institute for Cognitive Therapy
Find them online at www.cognitivetherapynyc.com or call 212-308-2440

National Institute of Mental Health
Find them online at www.nimh.nih.gov or call 800-421-4211