

Julie A. Fast and
John Preston, PsyD



NEW YORK BOSTON

The following table of contents refers to this PDF. You can click on specific exercises in the table of contents to visit that section of the document.

CONTENTS

What is the Take Charge Plan	6
------------------------------	---

GETTING STARTED

Compiling a Detailed Personal History	7
How Is Bipolar Different From Depression	8
What is the Difference Between Euphoric Mania and Dysphoric Mania	9
Dysphoric Mania Symptoms	12
Write Down Your Major Symptoms	13

STEP I

Getting to Know Your Medications	18
Why You Need to Take Medications Even When You Feel Well	23
Talking With Your Doctors About Side Effects	25

STEP II

How to Use Sleep as Natural Medicine	28
Thinking About Work and Money From a Bipolar Disorder Perspective	29
Create a Work History Chart	32
Create an Honest Picture of Your Financial Situation	35

STEP III

What Triggers Bipolar Disorder	38
Discover Your Triggers	39
Good Intentions, Bipolar Results	44
Your Bipolar Significant Seven Plan	45
Script: Talking to Health Care Professionals	46
Script: How to Prevent Substance Induced Bipolar Disorder	47
Recognize Your Bipolar Conversations	48
Practice the Responses That Will Work For You	57

STEP IV

The Many Faces of Your Health Care Team	61
Choose a Bipolar Disorder Educated Therapist	66
Communicating With Your Team	68

Managing Bipolar Disorder Between Appointments	69
The Difficult Questions and Comments	70
Teaching Your Family and Friends Exactly What They Can Do to Help	75
Why Hospitals Help	80
How You Feel About Your Hospital Visit	82
Retracing Your Path to the Hospital	83
Script: Talking About the Hospital Experience	85
Explaining What Happened and Why You Acted as You Did	86
How to Prevent Another Trip to the Hospital	87
Recognizing the Signs That You Need Immediate Help	89

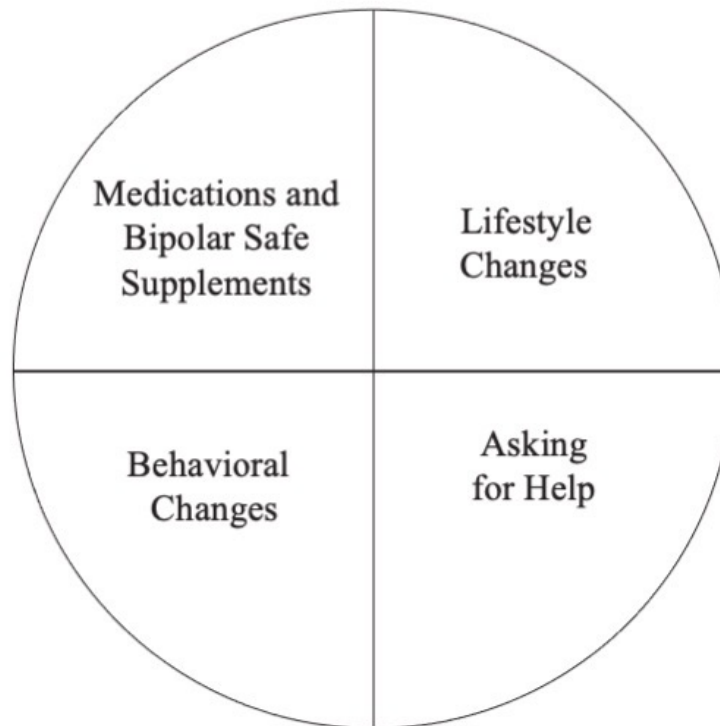
PUTTING IT ALL TOGETHER

Ten Situations You Can Learn to Recognize, Manage, and Prevent	91
Mania	91
Relationship Struggles	95
Loss of Hope	98
Getting Things Done When You are Depressed	101
Brain Racing and Looping	104
Sexual Concerns	107
Irritation, Anger, and Aggression	110
Negative Self-Talk	113
Cultural Challenges	116
Suicidal Thoughts	119

Recognizing Your Personal Bipolar Disorder Wake-Up Call	123
The Bipolar Disorder Check-In	124
How to Make Decisions from the Stable You	125
Your Toolbox	127
Suggested Reading	128
Online Resources	130
Notes	132
About the Authors	134

WHAT IS THE TAKE CHARGE PLAN?

The Take Charge Plan can be seen as a pie. One quarter of the pie is medications and bipolar-safe supplements. The second quarter includes lifestyle changes. The third covers behavioral changes, and the final piece of the pie teaches people with bipolar disorder how to reach out for support and ask for help from the right people.



Getting Started
Page 17



This information refers to the location of
the exercise in the printed book.

COMPILING A DETAILED PERSONAL HISTORY

Use this chart to create a one-page easy-to-access history of your bipolar disorder. You can show this to any new health care professional you work with:

Bipolar Disorder History

First major depressive episode: _____

First manic/hypomanic episode: _____

First signs of anxiety: _____

First signs of psychosis: _____

Family history of bipolar disorder: _____

Date of diagnosis: _____

Official diagnosis:

--

Number of hospital stays: _____

Medications tried/current medications:

--

Getting Started

Pages 19-21

HOW IS BIPOLAR DIFFERENT FROM DEPRESSION?

Bipolar depression is much more than sadness and unhappiness. Many people with depression have dozens of symptoms they deal with every day. Do you have any of the following symptoms when you're depressed? Put a check mark next to the symptoms you want to look for and manage in the future.

- Sadness, unhappiness, feelings of despair and hopelessness.
- Irritability, frustration, low tolerance, anger.
- Feeling worthless or inadequate, loss of self-confidence.
- Negative, pessimistic thinking. A bleak view of yourself, current life circumstances, and the future.
- Lack of enthusiasm; apathy.
- Loss of a sense of aliveness and diminished interest in life activities that once were a source of pleasure and interest.
- Suicidal thoughts.
- Poor memory and concentration.
- Sleep disturbances: insomnia, sleeping too much, restless sleep, waking up too early and being unable to get back to sleep. You are tired the next day.
- Appetite changes—either increased or decreased.
- Loss of sex drive.
- Restlessness or agitation.
- Lack of energy.
- Inability to work efficiently.
- Feeling that there is no purpose in life. Asking yourself, *What's the point?*
- Constant questioning and examining of life and your own behaviors, especially past decisions.
- Binge eating or not eating.
- No energy for exercising.
- Relationship problems/loss of relationships.

Getting Started

Pages 19-21

- Feeling terrible all the time, mentally and physically.
- Nagging unhappiness—the feeling that there’s never enough.
- Highly distractible—unable to focus on one project.
- D Impulsive and often thoughtless decision-making.
- D Hyperactivity and restlessness.
- Negativity and meanness.
- Hallucinations—hearing voices, for instance, or seeing yourself killed or hurt.
- Neediness.
- Anxiety.
- Being overly emotional; crying easily.
- Distorted thinking.
- Reduced immunity to illness.
- Being overly concerned with the lives of others.
- Making negative comparisons of yourself with others.
- Feeling easily overwhelmed.
- Difficulty meeting obligations.
- Oversensitivity.
- Overanalyzing everything.
- Brain racing and looping—one thought keeps going through your mind over and over again.
- Inability to make a decision—and when you do, it never feels right.

Getting Started Pages 23-26

What Is the Difference between Euphoric Mania and Dysphoric Mania?

Euphoric Mania Symptoms

Euphoric mania is a lot more than feeling happy. Thoughts, feelings, and behaviors in this episode are over the top and far more intense than emotions associated with simply feeling good. Do you have any of the following symptoms when you're in a euphoric manic episode?

- Feeling great no matter what happens.
- A profound feeling of physical well-being.
- Increased self-esteem or grandiosity; an unrealistically inflated sense of self-worth (*I'm the smartest person at this party*). Looking in the mirror and thinking how beautiful or handsome you are. (This is self-focused grandiosity and not delusional psychosis.)
- Decreased need for sleep. You may, for example, feel fully rested after only four or five hours of sleep at night. People in a manic episode rarely feel tired.
- Increased involvement in goal-directed activities.
- Having thoughts such as *The world is just so beautiful and full of possibilities. I can do anything I want to do!* You then take action on these thoughts.
- Talkativeness and rapid speech; others have a difficult time getting a word into the conversation.
- Racing thoughts.
- Gregariousness.
- Feeling enjoyment from dangerous situations.
- Thrill seeking.
- A high tolerance for situations that others find scary and worrisome.
- Starting new projects with laser focus and the ability to do these projects even at the expense of your regular work and those around you.

Getting Started

Pages 23-26

- Excessive spending—spending all of your money, gambling, or buying more objects than you can actually use.
- Often exhibiting an inability to distinguish between safe and unsafe behaviors.
- Increased use of alcohol or substances.
- Hypersexuality: an increase in sexual desire with a decrease in reasonable decision-making.
- Narcissistic thinking and behaviors.
- Lack of concern for how family members and friends feel about your behavior.
- Poor judgment and engaging in high-risk behaviors: reckless driving, excessive spending sprees, gambling, giving away large sums of money, sexual promiscuity.
- The inability to see you're sick even though it's obvious to others; resisting treatment.
- Psychosis. Although uncommon in euphoric hypomania, psychosis is very common in full-blown euphoric mania.
- Hyperactivity and restlessness.
- Talkativeness with strangers.
- Excessive spending—spending all of your money, gambling, or buying more objects than you can actually use.
- Often exhibiting an inability to distinguish between safe and unsafe behaviors.
- Increased use of alcohol or substances.
- Hypersexuality: an increase in sexual desire with a decrease in reasonable decision-making.
- Narcissistic thinking and behaviors.
- Lack of concern for how family members and friends feel about your behavior.
- Poor judgment and engaging in high-risk behaviors: reckless driving, excessive spending sprees, gambling, giving away large sums of money, sexual promiscuity.
- The inability to see you're sick even though it's obvious to others; resisting treatment.
- Psychosis. Although uncommon in euphoric hypomania, psychosis is very common in full-blown mania.

Getting Started

Pages 25-26

Dysphoric Mania Symptoms

Dysphoric mania (also called *mixed mania* or a *mixed episode*) occurs when the criteria for both a major agitated depressive episode and a hypomanic or full-blown manic episode are present at the same time. Dysphoric mania has typical manic symptoms such as excess energy, reduced need for sleep without being tired, rapid thinking and movement, and hypersexuality and impulsivity; however, rather than euphoria, there is extreme pessimism, negativity, irritability, aggression, and often suicidal thoughts and behaviors. Such episodes are chaotic and confusing. Dysphoric mania is an unhappy, restless, and often aggrieved mood with all of the typical energy of mania. This is the most dangerous of all bipolar disorder mood swings, especially if there is psychosis. Look over the following symptoms and check the ones you have experienced. As with all bipolar disorder symptoms, those listed here will be in contrast to who you are when stable:

- A very uncomfortable physical restlessness.
- Desire to leave your life and do something new.
- Lack of empathy.
- Aggression.
- Narcissistic thinking and behaviors.
- Criminal thinking and behavior.
- Rage.
- Destroying property.
- Public altercations.
- Lack of insight.
- Trouble with the law.
- Jail due to behaviors.
- Pessimistic worldview.
- Increased suicidal thoughts and behaviors.
- Yelling, cursing, and abusive language.
- Physical contact, including fighting.
- Increased anxiety.

Getting Started

Pages 25-26

Dysphoric Mania Symptoms (continued)

- Unkindness to the people you love. Saying, *I don't love you and never loved you* is common.
- Less interest in family, including children.
- Callous and unemotional when people tell you they are scared or worried.
- Psychosis: This can be present in dysphoric hypomania and is common in full-blown dysphoric mania.

Getting Started

Pages 35-37

Write Down Your Major Symptoms

Look over the following categories, and in the exercise below, list the typical symptoms you have experienced. These categories can overlap. Focus on what you think, say, and do. This is a great exercise to discuss with someone you trust and then share with a health care professional. Ask the people around you to make a list as well. Here is an example to get you started:

Depression: Spend more time alone and then start to believe I have no friends. Very agitated and unhappy with the world.

Euphoric mania: Love how I look. No worries. Tell people that life is great. Make very impulsive decisions that feel really good in the moment.

Dysphoric mania: Want to leave my partner. Everyone gets on my nerves. Road rage.

Psychosis: Feels like I'm being followed. Tell people they don't care about me. Accuse my partner of cheating.

Anxiety: Feels like a heart attack. Think I'm ill. Can't face projects. Avoid my responsibilities.

Getting Started

Pages 35-37

Irritation, anger, aggression, and violent behavior: Punch the wall. Throw things. Kick car tire. Yell and cuss at people. Pick fights because it feels good.

Cognitive/ADD symptoms: Everything is a jumble. Can't get started or stay on task. Brain feels like mush. So frustrated with my inability to focus.

Obsessive/compulsive symptoms: Contact someone over and over even though I know they don't want to talk. Scroll obsessively. Check online every second to see if someone contacted me.

Restlessness symptoms: Drive aimlessly, change locations, can't get comfortable.

Overstimulated symptoms: My brain shuts down. I want to run away and I tell people to leave me alone.

After each heading on the following page, write the main thoughts and behaviors you have for each symptom. Add any other major bipolar disorder symptoms you may experience as well. When you see a box on this document, you can write your notes.

Getting Started
Pages 35-37

Depression	
Euphoric Mania	
Dysphoric Mania	
Psychosis	
Anxiety	

Getting Started
Pages 35-37

Irritation, anger, aggression, and violent behavior	
Cognitive/ADD symptoms	
Obsessive/compulsive symptoms	
Restlessness symptoms	
Overstimulated symptoms	
Physical signs	

STEP I

MEDICATIONS AND BIPOLAR-SAFE SUPPLEMENTS



Chapter One
Pages 53-55

Getting to Know Your Medications

Do you know:

- What kind of bipolar medications you're taking?
- The specific symptoms they're treating?
- The recommended dosage?
- Any potential interactions with other medications you regularly take?
- Their side effects?
- If they are safe for bipolar disorder or have been prescribed for depression or anxiety without taking bipolar disorder into account?
- Are they on the Bipolar Significant Seven list in chapter 5?

Talk with your doctor, research the medications (skip the horror stories and focus on the balanced reports), and talk with your pharmacist so that you can ask intelligent and informed questions when you go to your appointments.

There are six categories of psychiatric medications used in treating bipolar disorder:

1. Lithium.
2. Anticonvulsants.
3. Antipsychotics.

Chapter One

Pages 53-55

4. SSRI (selective serotonin reuptake inhibitor) and SNRI (serotonin and norepinephrine reuptake inhibitor) antidepressants. Please note that there is a great deal of research that shows antidepressant use is often more detrimental than helpful. They can help some, but the risk for mania is often too high for their regular use in bipolar disorder. These drugs are always used with caution and must always be used with a mood stabilizer to prevent mania. They are included here, though, as they are sometimes used in bipolar disorder treatment.
5. Calcium channel blockers.
6. Benzodiazepines (tranquilizers).

Notes:

Chapter One
Pages 54-55

The following table gives you some examples from the preceding categories. Notice that the drugs are known by a generic name and one or more brand names, and that dosages differ greatly depending on the drug. It's always suggested that you research every drug you are taking or might take so that you are aware of the generally agreed-upon dosage ranges, the potential side effects, and what food and drugs you need to avoid while taking the drug. This is not every drug used in bipolar disorder, as new medications are always being researched, but it does give you a category for any new drug you may try.

MEDICATIONS

	Generic Name	Brand Name	Suggested Daily Dose
<u>Mood stabilizers</u>			
	Lithium	Eskalith, Lithonate	600–2,400 mg
<u>Anticonvulsants</u>			
	Divalproex sodium	Depakote	750–1,500 mg
	Carbamazepine	Tegretol Trileptal	600–1,600 mg
	Oxcarbazepine	Lamictal	1,200–2,400 mg
	Lamotrigine	Topamax	50–500 mg
	Topiramate	Neurontin	50–300 mg
	Gabapentin		300–2,400 mg
<u>Atypical antipsychotics (newly developed antipsychotic medications that treat psychotic symptoms and appear to have antimanic effects)</u>			
	Olanzapine	Zyprexa	5–20 mg
	Risperidone	Risperdal	2–16 mg
	Ziprasidone	Geodon	60–160 mg
	Aripiprazole	Abilify	15–30 mg
	Quetiapine	Seroquel	150–400 mg
	Lurasidone	Latuda	40–80 mg
	Cariprazine	Vraylar	1–6 mg

Chapter One
Pages 54-55

MEDICATIONS (continued)

	Generic Name	Brand Name	Suggested Daily Dose
Antidepressants			
	Fluoxetine	Prozac, Sarafem	20–80 mg
	Bupropion	Wellbutrin	150–400 mg
	Sertraline	Zoloft	50–200 mg
	Paroxetine	Paxil	20–50 mg
	Venlafaxine	Effexor	75–350 mg
	Nefazodone	Serzone	100–500 mg
	Mirtazapine	Remeron	15–45 mg
	Citalopram	Celexa	10–60 mg
	Escitalopram	Lexapro	5–20 mg
	Duloxetine	Cymbalta	20–80 mg
	Atomoxetine	Strattera	60–120 mg
Calcium channel blockers*			
	Verapamil	Calan, Isoptin.	360–480 mg

* When a nerve impulse occurs, channels open at the end of certain nerve cells, allowing calcium to enter. The calcium influx helps to release the neurotransmitter from the vesicles (where it's stored). Thus, blocking calcium channels slows the rate of nerve-cell firing. These drugs were developed to treat heart conditions but have been found to be effective in treating mania.

Chapter One
Pages 54-55

MEDICATIONS (continued)

Generic Name	Brand Name	Suggested Daily Dose
Benzodiazepines (also referred to as minor tranquilizers or antianxiety drugs)		
Diazepam	Valium	4-30 mg
Clonazepam	Klonopin	0.5-2 mg
Lorazepam	Ativan	1-6 mg
Alprazolam	Xanax	1-4 mg
Sleep aids: Hypnotics		
Temazepam	Restoril	15-30 mg
Triazolam	Halcion	0.25-0.5 mg
Zolpidem	Ambien	5-10 mg
Zaleplon	Sonata	5-10 mg
Eszopiclone	Lunesta	1-3 mg

Notes:

Chapter One

Pages 63-64

WHY YOU NEED TO TAKE YOUR MEDICATIONS EVEN WHEN YOU FEEL WELL

Look over the following lists and check the entries that are true for you. You will probably have a few positive experiences when off medications, but the point of this exercise is to see that the negatives of being unmedicated usually outweigh what are seen as benefits of not using medications. This exercise can help you focus on what benefits you get from meds and what you want to change. It helps to do this when you're stable. You are just starting this book, so know that the following chapters have many strategies you can use to manage and ultimately prevent mood swings, and this always means a reduced need for high doses of medications over time. It makes sense to use a combination of medications along with lifestyle and behavior changes to find the balance you desire, but simply stopping medications is not the answer. Think of this as an "I hate my meds, but I love my meds" list. It's okay to dislike side effects while still accepting that the medications are helping. The goal is not gritting your teeth through unacceptable side effects. It's all about finding a balance so that your medication works with the least disruption to your life.

Life Before Medications

- Relationship problems.
- Lots of crying.
- Unhappiness.
- Recklessness.
- Restlessness/craving constant change.
- Issues with spending.
- Suicidal.
- Inability to work effectively.
- Bombardment with too many ideas.
- Dangerous behavior.
- Inability to know how you really feel.
- Constantly feeling up and down.
- Feeling misunderstood.
- Inability to stay in one place or stick with anything.

Chapter One
Pages 63-64

Life Before Medications (continued)

- Racing thoughts that don't stop.
- Don't have to worry about medication weight gain.
- Constant irritability.
- Expanded creativity.
- Excessive anxiousness.
- Not as tired.
- Greater stability.
- Fewer worries.
- Better able to connect with people.
- Ability to work and support yourself.
- Worrying about being dulled by medications.
- Ability to live life again.
- Less anxiety.
- No longer hearing voices.
- Worrying about being less creative.
- Ability to think about one thing at a time.
- Being told that others find it easier to be around you.
- Wondering if this is the "real you."
- Some weight gain.
- Wondering if the medications are changing your personality.
- Less destructive behavior—for instance, drinking less.

Notes

Chapter One
Pages 69-70

Talking With Your Doctors About Side Effects

The following suggestions can help you to talk with your doctor about medications:

- Would you please tell me why I'm on this particular medication?
- I know that it's important that I stay on medications and I'm willing to do that, but these side effects are simply too strong for me right now. I can't function normally if I am sleeping all day or constantly running to the bathroom because of diarrhea. What are my options?
- How long do you think I need to wait to see results from this medication, and what if I can't wait that long?
- What ideas do you have for reducing side effects?
- Are there any new medications coming out that will work with fewer side effects?
- I could really use help with this. Do you have any suggestions on where I can find more help?

Dealing with side effects is a large part of living with this illness. When you're on a combination of drugs, it makes sense that you would encounter a combination of side effects. Look over the following list and see if you have experienced any of the listed side effects. Put a check mark next to those you're experiencing now and share this information with your prescriber.

- Tiredness and fatigue
- Weight gain
- Changes in libido
- Tremors and shakiness
- Nausea or diarrhea
- Rashes
- Memory problems
- Menstrual irregularities
- Rapid cycling

Chapter One

Page 69-70

- Agitated sleep
- Suicidal thoughts
- Irritability or anger
- A bottomless pit of hunger
- No appetite at all
- Excessive sleeping
- Trouble concentrating
- Hair loss
- Teeth problems
- Skin problems
- Vision problems
- Muscle fatigue
- Increased thirst and urination (especially with lithium)
- Trouble reading or writing

Notes

STEP II

LIFESTYLE CHANGES



Chapter Two
Pages 82 and 85

How to Use Sleep as Natural Medicine

There are usually two types of sleep problems with bipolar disorder—sleeping too much and sleeping too little. One of the main challenges you face is to figure out if the sleep problems are caused by an outside factor affecting bipolar disorder, or if they come from the bipolar disorder itself. One thing is for sure: Sleep issues are *always* something you must take seriously and treat. There are three areas you need to watch in order to monitor your sleep:

1. The illness itself. Bipolar disorder mood swings can occur naturally with no outside interference.
2. Triggers: those environmental and stressful events that can disrupt sleep. These are covered in detail in chapter 4.
3. Medications, supplements, and substance use. This topic is covered in detail in chapter 5.

Look at your current life and write down the four main triggers that disrupt your sleep.

1.
2.
3.
4.

Chapter Three
Pages 108-110

How You Feel about Work

A person's ability to work is often taken for granted. It's simply what a person does. When you have an illness that often takes away this ability to work, you can have some serious internal conflict about who you are as a person and what your future will be like. Answer the following questions regarding work to get a clear idea of how you feel about your current work situation. Where you are now doesn't have to be your future. Change is always possible.

How does bipolar disorder affect your work abilities?

How does work affect your bipolar disorder symptoms?

What changes would you like to make regarding work?

Chapter Three
Pages 108-110

What are your work goals for the future?

How You Feel about Money

Depending on how much you have been able to work in the past, your financial situation may be quite serious as well. Once again, it may help you to know that you're not alone if you have significant financial problems because of this illness. Answer the following questions regarding money to get a clear idea of how you feel about your current financial situation.

How does your bipolar disorder currently affect your money making abilities?

How do your financial problems affect your bipolar disorder symptoms?

Chapter Three
Pages 108-110

What changes would you like to make regarding money?



What are your goals for the future regarding money?



Chapter Three
Pages 112-114

CREATE A WORK HISTORY CHART

It's important that you look at your past work history in order to get a realistic picture of your future work prospects. If you're new to the bipolar disorder diagnosis or don't have a lot of work experience, you can do the same exercise with your school history. It may be that medications will work well for you and that you will be able to work as you desire. If this is not currently the case, however, it's important that you be realistic about what you can and can't do at this time regarding work. If you just came out of the hospital, it may take some time before you can go back to work, and you may have to take on unexpected jobs until you are well enough to return to your regular work. The following exercise will help give you a complete picture of your work history; you can use the information to decide what work you can do realistically in the present and near future.

Chronological work history. List as many jobs as you can remember with dates and an explanation of why you left:

Patterns. What patterns do you see when you look at your work history?

Chapter Three

Page 112-114

Money. How much money did you make each year in the last ten years?

Current work situation. What is your current work situation? If you're working, how many hours do you work? What is the pay? Are you staying stable?

Future prospects. Considering your past experiences and your bipolar disorder diagnosis, answer the following questions:

If bipolar is managed, what is likely to be your work ability in the next six months?

Chapter Three
Pages 112-114

In the next year?

In the next five years?

What is different in your life now that will make your work prospects more positive in the future?

1. The Take Charge Plan

2.

3.

4.

Chapter Three

Pages 114-115

CREATE AN HONEST PICTURE OF YOUR FINANCIAL SITUATION

The next step, after looking at your work situation, is to look at your financial situation in a realistic way. It makes sense that where there are work problems, there will be money problems. Getting a realistic picture of your finances can be distressing, especially if you just got out of a bad mood swing. But considering how sensitive bipolar disorder is to stress, the worry from *not* knowing where you are financially can be worse than facing the reality of your situation. Writing down exactly where you are financially gets it out in the open and can take away some of the fear of the unknown you may feel. No matter how worried you are about your current financial situation, be kind to yourself and at least be honest about your needs and ability to earn money at this time. Then you will know exactly where you need help. Here are the questions you should be able to answer in order to find stability around money:

- How much money do you need to support yourself each month?
- Are you able to take care of this on your own or do you need help?
- Where can you get help financially?
- Who can you talk to about this topic?
- What can you begin now that will help you have financial stability in the future?

Your Debts:

Your Assets:

Housing		Cash	
Car		Savings	
Credit cards		Investments	
Loans		Housing	
Medical bills		Car	
Miscellaneous		Miscellaneous	
TOTAL DEBT		TOTAL ASSETS	

Getting Started
Pages 114-115

A realistic picture of the future. Look over the yearly salaries you listed in the work exercise, and then look at your present situation. What can you realistically expect to make in the next month, six months, and year?

One month:

Six months:

One year:

Can you survive on this money?

Steps you need to take to support yourself in the future:

STEP III

BEHAVIORAL CHANGES



Chapter Four

Page 132

What Triggers Bipolar Disorder?

The following list shows some common bipolar disorder triggers. This list can be a bit overwhelming at first, as it seems that life in general triggers bipolar disorder. It may not be possible to avoid all of these triggers, but just knowing that they can cause mood swings is the first step in preventing problems. The more of these that you can modify and eliminate, the more chance you have for stability. As you read the following list, put a check in the box next to the triggers you already know cause you problems so that you can be ready for them in the future.

- Substance use/abuse.
- Prescribed medications, including antidepressants, steroids, and stimulants.
- Sleep disruption/deprivation/erratic sleep patterns.
- Working nights. Change in work schedule.
- Relationship problems—especially with difficult people involving arguments or abuse.
- Travel.
- Work/school.
- Chaotic lifestyle.
- Move to a new location.
- Anything new, such as a new baby, new relationship, new job, or new school.
- Obligations and deadlines.
- Taking on too much.
- Lack of a set schedule.
- Disruption of an established schedule.
- Problematic online interactions.
- Enjoyable social events.
- Stressful social events.
- Change of any kind. Bipolar disorder reacts to change, even when the change is a positive.

Chapter Four
Pages 134-140

DISCOVER YOUR TRIGGERS

Look over each symptom below, read the examples, and add your own triggers to the list. Writing something down changes your memory. It's something concrete you can look back on when you're not sure what might have created a mood swing. Please remember that bipolar disorder itself can cause symptoms as well. The goal is to discover what mood swings are the result of a naturally occurring mood swing and what are more in your control as they were triggered by something specific.

Depression. Lack of human contact, lack of exercise, a breakup, drinking at night, no specific purpose to the day, too much to do, a child moving away, relationship struggles, world events . . .

Mania/hypomania. Staying out late, being around stressful people, taking a business trip, family problems, lack of day-to-day structure, arguing with people, trying a light box, exposure to upsetting or stimulating media, very stressful job, planning a wedding . . .

Chapter Four
Pages 134-140

Paranoia. Starting a new class with new people, depression, doing too much, crowds, consuming weed, breakups, people . . .

Anxiety. Caffeine, taking on too much, starting a new project at work, having no time to exercise, travel, overwhelming situations, work pressure . . .

Irritation/anger/aggression. Too much caffeine, taking on too much, not getting enough sleep, medication side effects, poor relationships, trouble at work . . .

Cognitive problems. Depression, medication side effects, taking on too many projects, trying to do too much, overstimulation, sleep problems . . .

Chapter Four
Pages 134-140

Obsessions/compulsions. Depression, psychosis, staying up too late, starting a new relationship, anxiety, new job, uncertainty in life...

Feeling overstimulated. Saying yes to everything, meeting new people, too many social events, going to the grocery store (or any other high-stimulus place)...

WHAT YOU CAN DO

Mood swings are the same whether they are naturally occurring or have been caused by an obvious trigger. If there is a specific trigger, focus there first and remove what you can. This is where you can have so much more control over bipolar disorder than you ever thought possible. For the exercise below, look over each symptom, read the suggestions, and then add your own ideas in the space provided.

Depression. Explore ketogenic metabolic therapies, walk for twenty minutes each day even when I'm too tired, talk with my doctor about meds, do something I love every single day, ask for help, find something to look forward to...

Chapter Four
Pages 134-140

Mania/hypomania. Talk with my doctor and get meds that help, set a bedtime and stick to it, avoid caffeine, cancel some obligations, work on relationships, find some balance, turn off screens at night, recognize the desire to party or travel on a whim as a symptom that needs treatment . . .

A large, empty rectangular box with a thin black border, positioned below the text about mania/hypomania.

Paranoia. Remind myself this is a normal bipolar symptom, try not to act on the thoughts, talk to my doctor about psychosis, limit stimulation in new situations . . .

A large, empty rectangular box with a thin black border, positioned below the text about paranoia.

Anxiety. Take a few days off from obligations, do yoga, do breathing exercises, walk, avoid caffeine, use a calming anxiety app, cognitive behavioral therapy . . .

A large, empty rectangular box with a thin black border, positioned below the text about anxiety.

Chapter Four
Pages 134-140

Irritation/anger/aggression. Check my meds, reduce caffeine, ask for help, treat the depression/mania first, refuse to act on my thoughts, check meds for side effects, tell people I'm irritated and I don't want to take it out on them . . .

Cognitive problems. Learn my medication side effects and ask my doctor for help, take on less so that I can concentrate better, focus on depression management, get help for a concussion . . .

Obsessions/compulsions. Do less until the obsessions stop, remove the trigger if possible, no online dating, talk with my doctor about psychosis, work on anxiety, focus on treating the illness instead of focusing on a person, say no when my brain won't be quiet, set limits on screen time . .

Feeling overstimulated. Stop situations that are making me sick, say no even when it's hard, avoid crowds, focus on breathing, take a long bath, get a massage, ask for help . . .

Chapter Five
Pages 147-148

GOOD INTENTIONS, BIPOLAR RESULTS

It is essential that you become a bipolar brain detective who investigates anything you put in and on your body to check for bipolar disorder safety. This is one of the most natural and inexpensive ways to prevent mood swings. You can be kind to yourself for being human and wanting to use substances to feel better and at the same time focus on finding relief in a way that doesn't make your bipolar disorder worse. Your good intentions don't have to create bipolar disorder results. You can address your very human needs in a way that maintains stability. Here are the categories in the Bipolar Significant Seven:

1. Stimulants
2. Sex and reproductive hormones
3. Steroids
4. Prescription medications
5. Hallucinogens
6. Supplements
7. Social drugs

The vast majority of the items in these categories have legitimate uses. The list is educational and intended for you, your loved ones, and your health care team to explore together. The substances on the Bipolar Significant Seven affect the neurotransmitters that affect the bipolar brain, including serotonin, dopamine, norepinephrine, GABA, and acetylcholine. Once you have the information on how a substance might affect bipolar disorder, you can make a decision on whether to avoid or use a substance with care.

Chapter Five
Page 159-160

YOUR BIPOLAR SIGNIFICANT SEVEN PLAN

You now know the categories in the Bipolar Significant Seven. What was the most surprising? Have you had a bipolar reaction to anything on the list? It's impossible to avoid everything that might destabilize bipolar disorder, but you can learn to prevent the majority of bipolar disorder, but you can learn to prevent the majority of bipolar disorder reactions just by researching the way the substances will affect the brain. Use the questions below to research a substance before deciding on use. These questions are a good place to start if a substance is recommended by a health care professional who might not be familiar with the bipolar disorder:

1. Does it affect neurotransmitters, especially serotonin, dopamine, norepinephrine, GABA, or acetylcholine?
2. Can the substance negatively affect sleep over time?
3. Does research already show the substance can create mania, depression, psychosis, or agitation?
4. Has this substance affected you in the past?
5. Can you use less of the substance?
6. Does the substance interact with a bipolar disorder medication?
7. Is there an alternative that is bipolar disorder safe?

These questions will help you find information online and will help you ask questions of any prescriber. You can then make a bipolar disorder informed decision.

Chapter Five
Page 161

Script.....

A Script for Talking to Health Care Professionals about the Bipolar
Significant Seven

There may come a time when a well-meaning health care professional wants you to try something new to help your brain or body. It's essential that you do the research on the substance (or technology) before agreeing to its use. There is often an idea that you can try a substance and wait to see what happens. This is not safe for your brain, and for this reason, you have to protect yourself and state your needs clearly when faced with a new substance or treatment. Here is a script you can use to talk with a professional so that bipolar disorder is always in the forefront of all decisions:

“I have bipolar disorder. This means that my brain reacts differently to substances and treatments. I have to make sure that everything we do is researched for a bipolar disorder reaction. This will save me from getting sick. I don't have depression; I have bipolar depression, and almost everything that works for depression or anxiety can make me manic and many things that work for physical illness can create mood swings as well as psychosis in my bipolar brain. My anxiety is bipolar anxiety and can't be treated as typical anxiety. Everything in my life has to take bipolar disorder into account. Just like you would with someone who has insulin-dependent diabetes. The more we focus on bipolar-safe treatments, the better it is for my bipolar brain.”

Chapter Five

Page 162

Script...

How to Use the Bipolar Significant Seven List to Prevent Substance-Induced Bipolar Disorder in Children and Relatives of People with Bipolar Disorder

If you have bipolar disorder, there is a chance your child will have naturally expressed bipolar disorder, but there is also a chance your child will have the potential for bipolar disorder that will only come out if they use a substance known to “turn on” the manic pole of the illness. The main example is antidepressants, but the list also includes many of the items that can create mania in your child or relative. These include ADD medications, steroids, THC, and other stimulating hallucinogens. Here is a script you can use with a health care professional who might prescribe medications for your child:

“I have bipolar disorder. My goal is to prevent the illness in my children. For this reason, we don’t want to use antidepressants or ADD medications. We also need to avoid steroids unless there is an emergency. These are known to cause problems when there is known bipolar disorder in a parent. We can work together to find bipolar-safe medications that help keep my child’s brain as stable as possible.”

You are the parent. It’s essential that you do what is needed to prevent substance use bipolar disorder in a child. You can also teach others in your family tree how to do the same.

Chapter Six
Pages 170-175

RECOGNIZE YOUR LEADING THOUGHT

You are the only person who has access to this part of a mood swing. That is why writing your thoughts down is essential. Others can benefit from learning what you think when you start to get sick. Think of how your thought process changes when a specific mood swing arrives. This takes practice, but over time, you can learn this pattern. Start with three things you tend to think every time. The following exercise shares some typical leading thoughts. You can then add three of your own:

Depression: What is the point of even getting out of bed? Will my life always be this terrible? I can't go on like this.

1.

2.

3.

Suicidal thoughts: It would be better if I just died. If I get cancer, I won't get treatment. I wish something would happen so that I could leave this earth

1.

2.

3.

Chapter Six
Pages 170-175

Paranoia: Is that car following me? Are people at work upset with me?
Does someone know something they're not telling me?

1.

2.

3.

Irritation and anger: People need to shut up and stop making so much noise. I'm sick and tired of the way people treat me at restaurants! These kids are getting on my nerves!

1.

2.

3.

Euphoric mania: I can't believe how beautiful the world is right now.
Sleep is such a waste of time. It's amazing not to be depressed anymore!

1.

2.

3.

Chapter Six

Pages 170-175

Dysphoric mania: I hate my life so much and I'm so tired of how people disrespect me! I'm stuck in this life and I have to get out of here. Where is this awful energy coming from?

1.

2.

3.

Anxiety: I can't breathe. I have to leave this concert now. I can't handle this situation.

1.

2.

3.

Notes

Chapter Six
Pages 170-175

RECOGNIZING YOUR LEADING COMMENT

When you look at your conversations during mood swings, you may realize that you repeat a particular sentence every time you get sick. This is called the leading comment—the first thing you say when you start a mood swing. For example, your first comment when you're depressed may be, "I don't have any friends!" When you're euphoric manic, it may be, "I'm finally feeling good again and it's time to have some fun." If you're paranoid, you may say, "People are looking at me funny." When you're in an agitated depression, you may say, "Why are people so stupid?!" These are leading comments that often cause terrible problems in the lives of people with bipolar disorder, as they are the comments that start the Bipolar Conversation, and the person listening to you usually has no idea what's going on. These leading comments upset the people in your life because they're not based in reality but are a symptom of bipolar disorder. If they go unrecognized, entire conversations happen that are in the control of bipolar disorder, and the relationship often experiences serious difficulties. As a result, you may find yourself without the support you need. It makes sense to learn to recognize what you say so that you can stop yourself and get help instead of moving forward with the conversation.

Use the following exercise to examine three of your typical leading comments. Some examples are provided.

Depression: You would be better off without me. I don't have the energy to work these days. Everything is so hard.

1.

2.

3.

Chapter Six
Page 170-175

Suicidal comments: I can tell that I'm a burden and you're tired of me. I don't want to live anymore. Life would be easier if I were dead.

1.

2.

3.

Paranoia: Are you cheating on me? Did you text someone behind my back? Did you make plans with other friends and not invite me?

1.

2.

3.

Irritation and anger: Shut the #\$% up! Get out of my face and let me have some space! Stop badgering me and telling me what to do!

1.

2.

3.

Chapter Six
Page 170-175

Euphoric mania: Do you want to ruin my fun? I have an amazing idea for reorganizing the system at work. Wow! I haven't felt this good in such a long time!

1.

2.

3.

Dysphoric mania: I don't think I love you anymore. I'm getting really pissed off right now, so you better back off! The people in this town are so stupid!

1.

2.

3.

Anxiety: This was a mistake. I can't breathe. I'm having a heart attack.

1.

2.

3.

Chapter Six
Page 170-175

RECOGNIZE YOUR LEADING ACTION

Sometimes the beginning of a Bipolar Conversation is a physical action. Think of the sounds you make when irritated such as a heavy sigh or slamming a door a bit too strongly. Some leading actions include crying, talking really fast, raising your voice, shortness of breath, pinched lips, punching something, or driving aggressively. These actions tend to be quite personal and you will need to take notice of them and write them down. Behaviors that are created by the bipolar brain will feel natural to you even when they are serious symptoms of the illness. Look over the following examples and then write your three main leading actions under each symptom.

Depression: Staying in bed. Crying. Slow walking

1.
2.
3.

Suicidal actions: Holding bottles of pills. Giving things away. Stop talking.

1.
2.
3.

Chapter Six
Page 170-175

Paranoia: Putting a tracker on a loved one's phone. Obsessively checking someone's social media. Following someone.

1.

2.

3.

Irritation and anger: Aggressive posturing such as bumping someone. Throwing or destroying something. Very obvious sighs.

1.

2.

3.

Euphoric mania: Get online to find someone to sleep with. Wake up really early. Drive really fast.

1.

2.

3.

Chapter Six
Page 170-175

Dysphoric mania: Picking fights with strangers. Increased drinking. Throwing things away because the house is too cluttered.

1.

2.

3.

Anxiety: Leaving a place without telling anyone. Taking too many anxiety medications. Wringing hands and picking at skin.

1.

2.

3.

Notes

Chapter Six
Pages 181-183

**PRACTICE THE RESPONSES THAT WILL
WORK FOR YOU**

The following exercise helps you practice what you want others to say to you when you're sick. After each symptom, write the language that you know will get through to you and will help you focus on treating bipolar disorder first, instead of starting a Bipolar Conversation. You can then share this with the people in your life by saying, "Here is what I want you to say to me when you see a specific mood swing. I give you permission to say this to me and I want you to remind me that I gave you this permission."

A few examples are listed below, but this needs to come from you as the wording needs to get through to you.

Depression: "This is what I hear when you get depressed and I can tell the depression is talking for you right now. You asked that I remind you that depression does this to you every time. Let's focus on management."

A response that will work for you:



Chapter Six
Pages 181-183

Paranoia: “You have told me many times that this is a terrible episode for you. The thoughts and feelings are so real right now, but they are not real. They are manufactured by the bipolar brain. Let’s focus on the pattern we see right now. The language is the same. This is paranoia and we are going to work together to manage this episode.”

A response that will work for you:

Anger: “This is very familiar to me and I am here to tell you that this is a time where we will focus on the bipolar disorder and not the anger. This is not how I want us to communicate. You asked me to point out the anger and I am doing what you asked. We can take a break right now or we can focus on management.”

A response that will work for you:

Chapter Six
Pages 181-183

Euphoric mania: “You have told me many times that this is a mood swing that is very hard to manage. It simply feels too good for you to stop it on your own. It simply feels too good and tricks you into thinking this is a positive. I’m doing as you asked and am pointing out the signs I see of the mania. I hear what you say each time. Your face looks like it always looks in this episode. I can’t keep up with your ideas. This is mania and we can work together to get the sleep back on track and focus on management.”

A response that works for you:

Anxiety: “Anxiety is so painful physically. I can see how it affects your vision and breathing and life in general. We have been here before and we will get through this as we have in the past. The first step is to regulate the breathing. We will then look at triggers and go from there. We can do this together.”

A response that works for you:

STEP IV

ASKING FOR HELP



Chapter Seven

Pages 191-194

The Many Faces of Your Health Care Team

A medications doctor is of course an essential part of any health care team, but if you want to manage this illness successfully, you'll need a lot more support than someone you see, at most, a few times a month for a very limited time.

There are many people you can look to for help in managing bipolar disorder, from a close friend or trusted colleague to a therapist or natural practitioner. The first step of the process is deciding on the qualities you want the people on your team to possess. When you're clear on what you want, it becomes easier for you to attract people to your team. Look over the following list and check the qualities you feel are important for the people on your health care team.

This is a highly individual choice. There is no one type of practitioner who is better than the other. Their commonality is their ability to recognize and understand bipolar disorder. You need to decide who will work for you.

Qualities You Are Looking for in a Health Care Provider

- Good listener.
- A physical health expert.
- Help with medication management.
- Truly understands bipolar disorder.
- Is willing to use the Bipolar Significant Seven list for reference.
- Takes time to learn your symptoms.
- Nonjudgmental care.
- Tolerance.
- A cool head in an emergency.
- Offers specific tips you can use to stay stable.
- Tough love.
- Someone who tells it like it is.
- A friend.

Chapter Seven

Pages 191-194

- A mentor.
- Someone fun.
- A teacher.
- Aware of your cultural needs.
- Will not lie to you even when it hurts you to hear the truth.
- Eases you into change.
- Understands LGBTQ+ experiences.
- Has the time to help comprehensively.
- Someone you can afford.
- Someone free to spend time with you.
- A compassionate person.
- A harsh taskmaster.
- Willing to learn from you.
- Behavioral specialist.
- A dentist who understands bipolar disorder and bipolar disorder medications.
- Offers concrete suggestions.
- Provides the safety needed to talk about scary things.
- Someone you can cry with and not be embarrassed.
- Willing to try new treatments as long as they are bipolar-safe.

Notes:

Chapter Seven

Pages 191-194

CREATING YOUR HEALTH CARE TEAM

Quality	Role/Title of Person
Someone to listen to you	Therapist, naturopath, friends able to handle your bipolar disorder, family member who wants to help, doctor, psychiatrist, support group, online group.
Physical health	Primary care physician, naturopath, dentist, chiropractor, acupuncturist, nurse practitioner, massage therapist, yoga teacher, meditation teacher, personal trainer, martial arts teacher, anyone else who works on the body.
Help with medication management	Psychiatrist, nurse practitioner, primary care physician.
Compassionate/understanding	Therapist, naturopath, support group, nurse practitioner, friend, family member, psychiatrist, primary care physician.
Someone who understands bipolar disorder	Support group, specialized health care practitioner, online group, friend with bipolar disorder.
Nonjudgmental care	Naturopath, therapist, compassionate health care professional, carefully chosen friends, family members, coworkers who want to help.
Practical advice	Psychiatrist, therapist, pragmatic health care professional, peer who manages the illness successfully, mentor, others who have experienced serious illness.

Chapter Seven
Pages 191-194

CREATING YOUR HEALTH CARE TEAM (continued)

Quality	Role/Title of Person
Tolerance	Choose people who naturally have this quality.
Time	Naturopath, therapist, support group, psychiatrist or general doctor in private practice, online groups.
Specific tips I can use to stay stable	Therapist trained in bipolar disorder treatment, monitored support group, online help, this book, national and local mental health organizations.

Notes:

Chapter Seven

Pages 191-194

Your Health Care Team

The comprehensive list below shows how bipolar disorder is rarely treated with just one practitioner. The list is naturally dependent on access and your financial situation, but it is possible to build on your team over time as you learn how to access more comprehensive care. It's also essential that whomever you choose has experience with bipolar disorder or is willing to learn from you.

- Psychiatrist
- Psychiatric nurse practitioner
- General practitioner
- Chiropractor
- Dentist
- Compassionate friends
- Coworkers you can trust
- Online groups
- Ketogenic metabolic therapy nutritionist
- Naturopath
- Therapist
- Massage therapist
- Personal trainer
- Family members who want to help
- Monitored support group
- Brain health organization

Chapter Seven
Pages 201-202

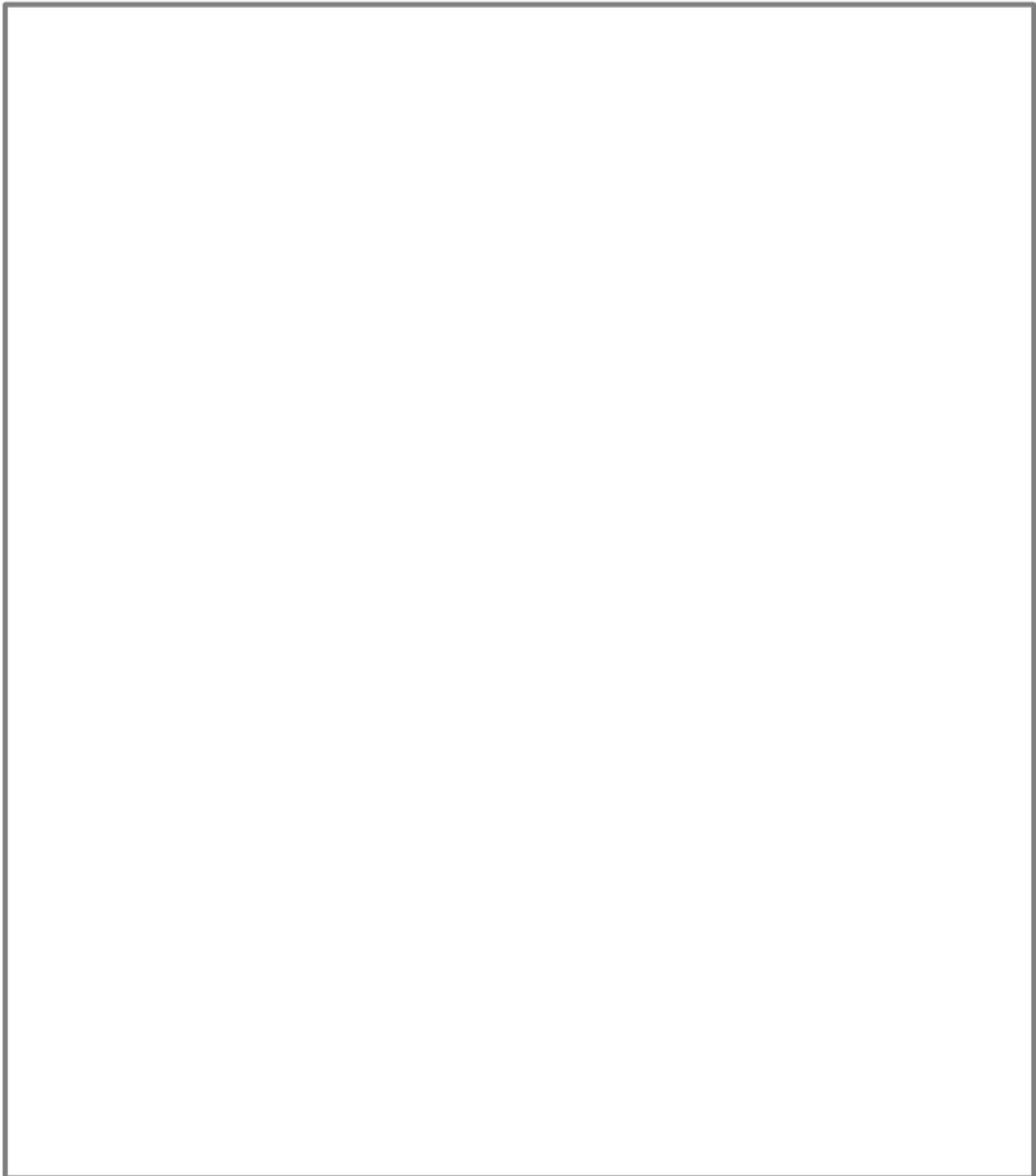
CHOOSE A BIPOLAR DISORDER EDUCATED THERAPIST

The following script will give you an idea of how to educate your therapist about bipolar disorder and how it affects your view on life:

I cry a lot when I'm in a downswing. It doesn't mean my life is terrible; it just means I'm sick and need to focus on taking care of the depression. When I'm slightly manic, I talk really fast and seem very excited. I jump into new situations without thinking, and rarely think things through to the end result. This doesn't mean that we need to address my desire to do too much. Instead, we need to address the mania. I need suggestions on how to prevent the mania instead of a discussion on what I'm doing wrong in my life because of the mania. You may notice that there are some days when I'm unnaturally upset about my life even though I was just fine the week before. This probably makes you think that I'm really unhappy about something and that we have to dig deep to find the causes of my unhappiness. The truth is that bipolar disorder often makes me upset about my life. It tells me that my life is pointless and worthless. This is part of the illness. It's very important that you ask me if I'm in a mood swing when we meet, especially if you notice that I'm different from the last time we met. We can then talk about managing this illness instead of dwelling on what bipolar disorder is telling me is wrong with my life. I'm working hard on learning to manage my mood swings and I need your help with this.

Chapter Seven
Pages 201-202

In the space provided below, write what you would like to tell your therapist about bipolar disorder and how it affects your behavior when you're in a session. It always helps to write out what you want to teach a therapist about your mood swings. You can then read this during the first session.

A large, empty rectangular box with a thin black border, intended for the user to write their response to the prompt above.

Chapter Seven

Page 205

Communicating with Your Team

Once you choose a medications doctor and your other health care professionals, you may still have quite a few communication problems. Appointments can feel very rushed. You may forget what you want to ask, and as almost always happens with medical doctors, you may feel pressured to say everything you need to say in a short period of time. One way to get around this is to think carefully about your appointment before you get there. You can write down the questions you want to ask and get clear on the exact help you need before you get to the office or online appointment. In other words, you can do the homework needed so that your appointments can be successful. Use the following checklist to get ready.

- Think of the questions you want to ask and write them down. Read from this list.
- Make sure you're clear on the length of the appointment and that you use your time wisely. Get there early even if you have to wait.
- If the appointment is in a new location, check on parking and driving directions, and plan accordingly in order to reduce your stress.
- Practice logging on to a telehealth system well before your appointment.
- Be nice to yourself. It's not easy to go to appointments when you're not feeling well.
- Bring someone with you for support.

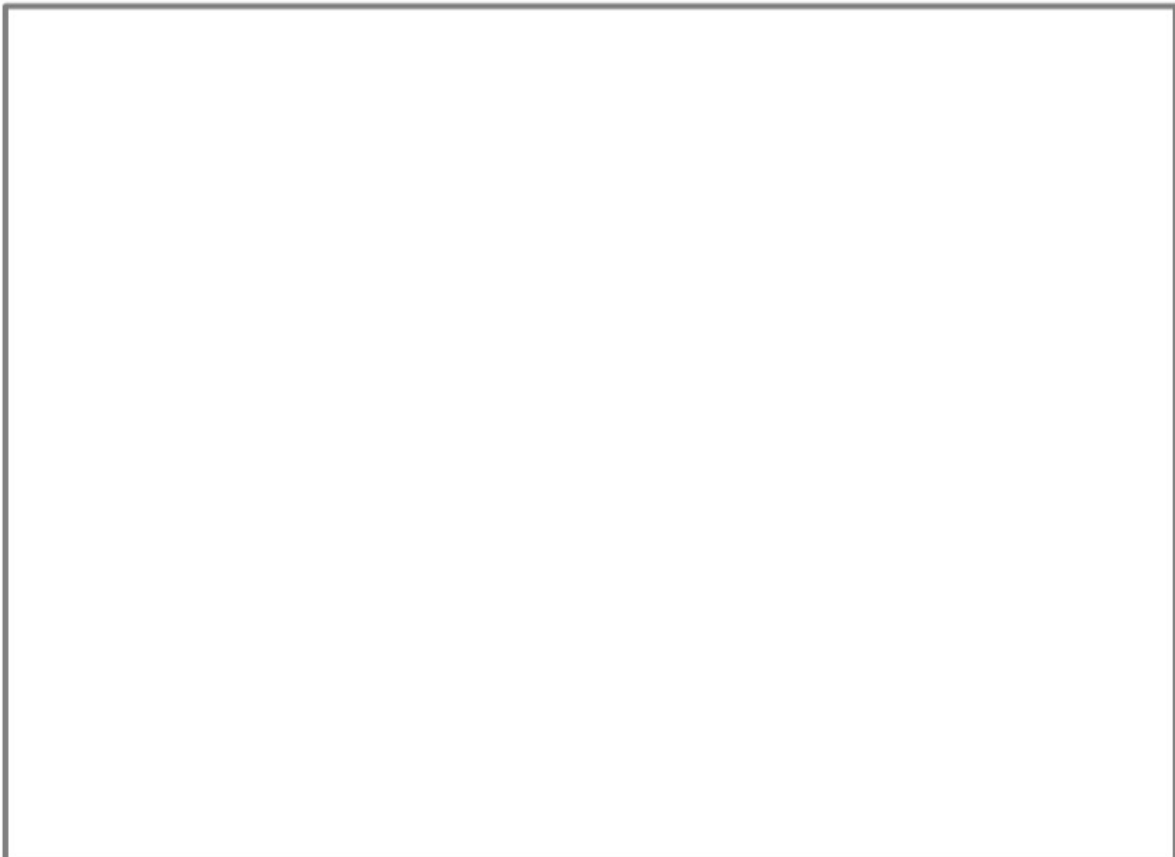
Notes:

Chapter Seven
Page 207

MANAGING BIPOLAR DISORDER
BETWEEN APPOINTMENTS

- Think of what I can do for myself first.
- Talk with a trusted friend.
- Call my therapist.
- Remember the ideas in this book.
- Find an online support group.
- Write in a journal.
- Practice symptom tolerance and remind myself that bipolar disorder is episodic and it is normal to have mood swings.

My ideas:

A large, empty rectangular box with a thin black border, intended for the user to write their ideas.

Chapter Eight

Pages 213-219

The Difficult Questions and Comments

How many times have you heard people say, “Why can’t you just get your act together? Everyone gets moody!” How often do people tell you to just snap out of it and not be so emotional? These are typical reactions from people who don’t understand the illness. Now that you have more background on why you act the way you do, you can start to teach the people in your life about bipolar disorder and why it affects your emotions and behaviors so strongly. It helps if you have set answers ready for the tough questions. Remember, the people who ask these questions are not necessarily trying to hurt you. They simply don’t understand the illness, and it’s up to you to educate them so that they can help you instead of upsetting you.

Here are some of the tough questions and comments you may have to deal with. Put a check next to each question or comment you’ve heard. Add your own experiences to the end of the list.

- What’s wrong with you?
- Why are you sick all the time?
- When are you going to get better?
- Why do you spend so much money when you’re sick?
- What did you do to catch this illness?
- Why are you so emotional?
- I bet you could deal with this if you just tried harder.
- Everyone else can work; why can’t you?
- Why are you so weird?
- You could do so much if you would just settle down.
- I don’t understand you at all.
- Do you want to ruin your life?

Write some of the difficult questions and comments you have heard here:

Chapter Eight

Pages 213-219

Scripts: How to Respond to the Tough Questions and Comments

The more you can learn to respond to what people say instead of reacting to how the questions and comments make you feel, the more effectively you can explain this illness to your friends and family members. Even though you may be hurt and angry by the insensitivity of others, it always helps if you acknowledge their questions and comments and then give your responses calmly and clearly.

Read over the following examples of how you can respond to some of the difficult questions and comments you may hear. You really can plan ahead for what you want to say when faced with difficult questions.

- I know you think I can't control myself sometimes. I understand that's how I appear to you. If I had leukemia or diabetes, would you ask me why I can't control my white blood cells or my insulin? Bipolar disorder is a physical illness that affects my brain chemistry—this then affects my emotions. If you can accept that, you can understand why I have trouble. I know my behavior is often confusing. I'm working on it. If you can help me get more stable, the confusing behavior will get better as well.
- Many people with bipolar disorder have trouble with work. Work's a very stimulating place and, as you know, I have trouble when I get overstimulated. My brain responds differently than other brains. I would appreciate your help in figuring out what I can do to support myself so that I can be more productive.
- I'm not like most other people, because I have an illness. But I am like the other people with bipolar disorder. I'm just not like you because you don't have bipolar disorder. Can you accept me for how I am and read this book with me so that we can manage the illness together?

Chapter Eight

Pages 213-219

- One of the symptoms of mania, as strange as it seems, is spending money. It's a well-documented symptom. When I get manic, I spend without thinking. I really need your help to monitor my spending so that mania doesn't wreck my finances.
- Bipolar disorder is an illness that makes me respond to outside events with way over-the-top reactions. You may go through the same event and have a normal reaction because your brain is normal. My brain can't do this as well as yours can. My brain creates false emotions that are often very confusing and upsetting. It's not something I do on purpose. I'm not weak and I don't have personality problems. I have an illness that makes it look like I have emotional issues—but I don't. I just have a brain that doesn't react to things correctly. I'm working to fix this by taking medications and starting the ideas in this book. Would you like to help me with this?

What would you like to say to the people who ask the difficult questions and make judgmental comments? It's a good idea to write down what you *really* want to say in the first draft. Let it all out! The first draft is when you can be mad at everyone and tell them how mean they have been and how hurtful it has been for you. You can keep that draft for yourself. Next, you want to write something you can use that will help keep your relationships strong. Write a script that educates people about the illness. You can't control how someone receives what you say, but you can at least know that you haven't added to the difficult situation.

Chapter Eight

Pages 213-219

As you can see, there are many ways to deflate and deflect the unthinking and often judgmental questions and comments you get from the people in your life. Remind yourself that they often ask these questions out of ignorance, and may not ever understand what you go through, but at least you now know how to talk to them. Try to step outside yourself and look at your behavior from their point of view. Most people outside of bipolar disorder just want to know what it means when you're sick. What does it feel like? What do you go through? And many want to know what they can do to help. Educate your friends and family members, but remember that there's no way they can understand this complex and very confusing illness unless you teach them what they need to know about their behavior toward you. One way to do this is to create a list of what you want and need to give them. It can be hard to talk about these things, but writing and reading them can make things easier.

Here are a few more ideas to guide you:

- Understand that I'm really trying to control the bipolar disorder, but sometimes it wins and I really can't help my behavior when I have a serious mood swing. The solution is for me to prevent the mood swings. I could use your help with this.
- Please, please remain objective and don't judge me by what I do when I'm ill. Help me to learn ways not to do the behaviors, but don't get caught up in the Bipolar Conversation. Please don't punish me for being sick! Use the ideas in this book to help me manage the illness. I give you permission to talk to me honestly about bipolar disorder.
- Try not to get caught up in my mood swings and take the things I say so personally. Learn to recognize them and tell me what you need in the situation.
- Ask me what I'm going through. Don't simply ask me how I am. I'll probably lie to you. I can't be honest when I'm ill. Ask me specific questions such as "Are you sleeping?" Or "Are you having suicidal

Chapter Eight

Pages 213-219

thoughts?” Or “It seems like you’re depressed; I’m going to _____.” When I’m sick, it’s hard to make healthy decisions. I really need your help when I’m sick.

- You have my permission to say that you’re seeing signs of mania. Just know I won’t be happy to hear what you say, and then remind me that I said I would not be happy!

Knowing how to help someone with bipolar disorder is not innate. The people around you are not being unkind or obtuse on purpose. They literally don’t know what to do. The people in your life need your help and guidance in order to help you.

Add a few ideas here on what you want to say to people when you’re ill and need help:

Chapter Eight
Pages 221-226

TEACHING YOUR FAMILY AND FRIENDS EXACTLY WHAT THEY CAN DO TO HELP

Now that you're becoming clearer on what you need from people who may be willing to help, you can get more specific and teach them exactly what they can do when you're sick. Please know that the people who care about you might not have any idea what to do when you're in a mood swing. You have to teach them what to say and do and what not to say and do. Don't expect them to simply know what you need. The example below shows how you can teach someone what you need when you're depressed. You can then fill out the rest of the exercise with your own ideas.

Here's what works for depression:

- Take me for a walk or go out with me.
- Ask me if I'm depressed instead of asking me how I am in general.
- Use the tips in this book to help me get stable.
- Learn my symptoms of depression so that you aren't frustrated and angry when I'm unmotivated, unresponsive, crying, irritated, or needy.
- Remind me that bipolar disorder is an illness and that it has to be treated first.
- Help me find and eliminate the depression triggers.
- If I'm crying, don't be scared. You can remind me that I often cry when I'm depressed and it's just a sign that I need to manage the bipolar disorder.

My list for what works for depression:

Chapter Eight

Pages 221-226

Here's what doesn't work for depression:

- Telling me that my life is great and there's no reason for me to be so unhappy.
- Getting frustrated and avoiding me because I'm so needy.
- Trying to motivate me to do things without addressing the depression first.
- Telling me to snap out of it.
- Not understanding that it's normal for me to be depressed—it's part of having bipolar disorder and I need help with the illness, not necessarily with my life.

My list for what doesn't work for depression:

Mania. Here's what works for mania:

Here's what doesn't work for mania:

Chapter Eight
Pages 221-226

Anxiety. Here's what works for anxiety:



Here's what doesn't work for anxiety:



Psychosis. Here's what works for psychosis:



Chapter Eight
Pages 221-226

Here's what doesn't work for psychosis:



Anger/irritation. Here's what works for anger/irritation:



Here's what doesn't work for anger/irritation:



Chapter Eight
Pages 221-226

NEEDINESS

One of the main problems with how bipolar disorder affects your relationships is that the illness can make you very needy. It really is a complex and frustrating illness, and you may reach out blindly to whoever is in your life, expecting them to understand what you need and why you need so much, so often. This can be confusing and upsetting for your friends and family members (even those who do want to help) and may cause them to turn away from you. One solution is to have a sort of chain of command you go through before you turn to the same person too many times.

Look over the following chain of command for asking for help.

1. I try to help myself first by looking at my lifestyle and deciding on any changes I can make in order to feel better. I use the strategies in this book to calm my mood as best I can.
2. I turn to professionals. They're used to my mood swings.
3. I turn to people who understand my needs and are not overwhelmed when I'm sick.
4. I tell the people in my life that I'm ill, and if they offer help, I take it. If not, I look elsewhere.
5. I join professional groups that provide support and kindness when I'm sick. These groups don't have to be related to bipolar disorder.
6. I don't exclusively call one person (such as my parent or best friend) and cry on the phone to them every night. I spread out my needs.
7. I accept that being needy is a sign that I'm depressed, and I have to treat the depression first if I want to end the neediness.
8. I try to get help from friends and family when I really need it instead of just turning to people without thinking of how it will affect them.
9. I accept that my partner may need a break from taking care of me and that I must turn to others instead of burdening one person with all my needs.

You can start your chain of command here:

Chapter Nine
Pages 230-232

WHY HOSPITALS HELP

Hospital visits work for a reason. They offer a low-stimulation environment where a person can focus on healing without having to deal with the outside world. This can't last forever, but a large part of it can be created at home when you come out of the hospital, helping you to maintain stability once you're out of the controlled environment and have to get back to your daily life. The first step is to examine how hospitals help people with bipolar disorder get better:

- Calm, regulated environment.
- Lack of stimulation.
- Almost everything is low energy.
- Contact with outside people is limited.
- Regular meals.
- Medications are taken care of by someone else.
- Plenty of time for regulated sleep.
- People to help you when you need help.
- Close contact with your doctor and especially your nurses.

Coming out of this controlled environment and going back to your regular life can be quite a shock. You may find that you start to get sick again once you get home. The stress can be enormous, but it's normal when just getting out of the hospital. Taking measures to re-create the hospital environment at home can really make a difference in acclimating back to your regular life. It's also a good idea to re-create some of the hospital environment as a regular part of your home life—this can promote stability and help you stay healthy.

Chapter Nine
Pages 230-232

In the space provided below, list specific ways you can re-create the hospital environment at home.

Sleep	
Food	
Medications	
Asking for Help	
Limiting Stimulation	

Chapter Nine
Pages 233-234

HOW YOU FEEL ABOUT YOUR HOSPITAL VISIT

You may have been in the hospital years ago, or it may be a recent experience.

The question is how you view that hospital visit today. Are you still filled with anger or shame about your stay? Maybe someone you love had to commit you against your will and you're unsure of what to do with your feelings of anger and hurt. Or maybe you feel ashamed at having to go to the hospital for help. Maybe you think you should have been able to deal with your problems on your own. There is also a chance that your friends and family members made you feel weak for needing so much help. Think about how you want to work on these emotions. You can talk with a therapist, your doctor, a support group, an online chat group, or a trusted friend or family member about these feelings. The goal is to get these emotions out in the open so that they don't hamper your healing once you're home. You can fill out the following exercise and then take this book with you when you see your doctor, visit a therapist, or talk with a friend.

Put a check next to the emotions you identify with. After you get an idea of your emotional position, you will be better able to discuss your feelings with your family, friends, and health care professionals. Please know that many people have positive experiences in the hospital and are thankful for the treatment and help they receive. This checklist is for those who want to explore a more negative hospital experience.

- | | |
|---|--|
| <input type="checkbox"/> Ashamed | <input type="checkbox"/> Worried about money |
| <input type="checkbox"/> Scared | <input type="checkbox"/> Feel like an outcast |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Worried about what others will think |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Don't think I'll ever get back to normal |
| <input type="checkbox"/> Helpless | <input type="checkbox"/> Scared I'll have to go |
| <input type="checkbox"/> Worried about the future | <input type="checkbox"/> Scared I will never work again |
| <input type="checkbox"/> Tired | <input type="checkbox"/> Feel that my life is ruined forever |
| <input type="checkbox"/> Worried about work | <input type="checkbox"/> Don't think I can discuss things with you |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Feel that people don't understand |
| <input type="checkbox"/> Suicidal | <input type="checkbox"/> Feel pressured to get back to normal |

Chapter Nine
Pages 235-237

RETRACING YOUR PATH TO THE HOSPITAL

Hospital visits often seem to come out of the blue. Friends and family will say, “He was so normal one day, and then he just snapped and had to go to the hospital for three weeks.” Or “She seemed fine, and then we found her with a bottle of pills and some wine, and we had to rush her to the hospital.” This is not actually a realistic picture of what leads up to a hospital visit. *Hospital visits never come out of a void.* Behavior that leads to hospitalization is often present weeks and even months before the final decision is made to go to the hospital. There are always signs. It’s natural that someone who has not been diagnosed with bipolar disorder would have no idea what sign to look for, but now that you have a diagnosis you can learn your own signs in order to prevent future hospital visits.

If you were in the hospital, think of your behaviors in the weeks before you were admitted. Think of your sleep, eating, socializing, work, money, and relationship choices. What did others notice? Did anyone try to help you? It helps to explore all of your thoughts and behaviors in order to prevent future mood swings. You can also use the information from the last chapter that taught you to avoid the Bipolar Conversation. You will then use the information to look for signs in the future that you may be heading for a hospital visit. Once you figure out the path to the hospital, you can focus on a management plan that recognizes these signs sooner so that you can avoid another hospital stay. Here are a few examples:

Prehospital symptoms: Felt down every day when I woke up. Wondered why my life was so pointless. Started to think about dying. The feelings were so real, I honestly thought my life was worthless. When my family said something, I just said I was going through some changes and that they should leave me alone. I had no idea what was happening. I stopped working, and soon couldn’t play the video games I have always enjoyed. I could be with people or smile or have fun. Soon I was consumed with the idea that I wanted to die, and I tried to kill myself.

Chapter Nine
Pages 235-237

Solution: I can make a list of what I was thinking, saying, and doing before this episode and show it to the people in my life so that they know what to look for. I can take my medications and have regular doctor appointments as a check-in. I can now know that the first little signs, such as thinking that life is pointless, mean I need immediate help: I won't let it go this far again because I have a plan now. This includes looking at my feelings around the things I love to do. This is often a first sign that I'm getting sick. I feel bored and uninterested in what usually brings me pleasure. This starts with video games and then moves into other areas like sex. This is when I have to get help. I won't ever wait again.

Use this section to explore what happened the last time you were hospitalized or almost hospitalized:

Your prehospital symptoms:

Your solutions:

Chapter Nine
Pages 239-240

SCRIPT: TALKING ABOUT THE HOSPITAL EXPERIENCE

It may help if you first write down what you want to say. Sometimes it's useful to create a script you can use when you're faced with difficult questions from friends, family, and coworkers. Read the following example and then write one of your own.

As you may know, I was just in the hospital. I have an illness called bipolar disorder. Many people with bipolar disorder have to go into the hospital, especially when they are first diagnosed. I know that my behavior seemed bizarre to you, but this is why I needed help. When unmanaged, the illness makes me do a lot of strange and unexplainable things. I had to go to the hospital to get my brain chemistry regulated so that I could get back to my normal life. I can learn to manage this illness, but sometimes I need the help of a hospital setting. It's very calm there, and I can just focus on getting better. It's a bit hard when I get out, and I could use your help and understanding. If you have any questions about bipolar disorder, I can help answer them.

Write your script here:

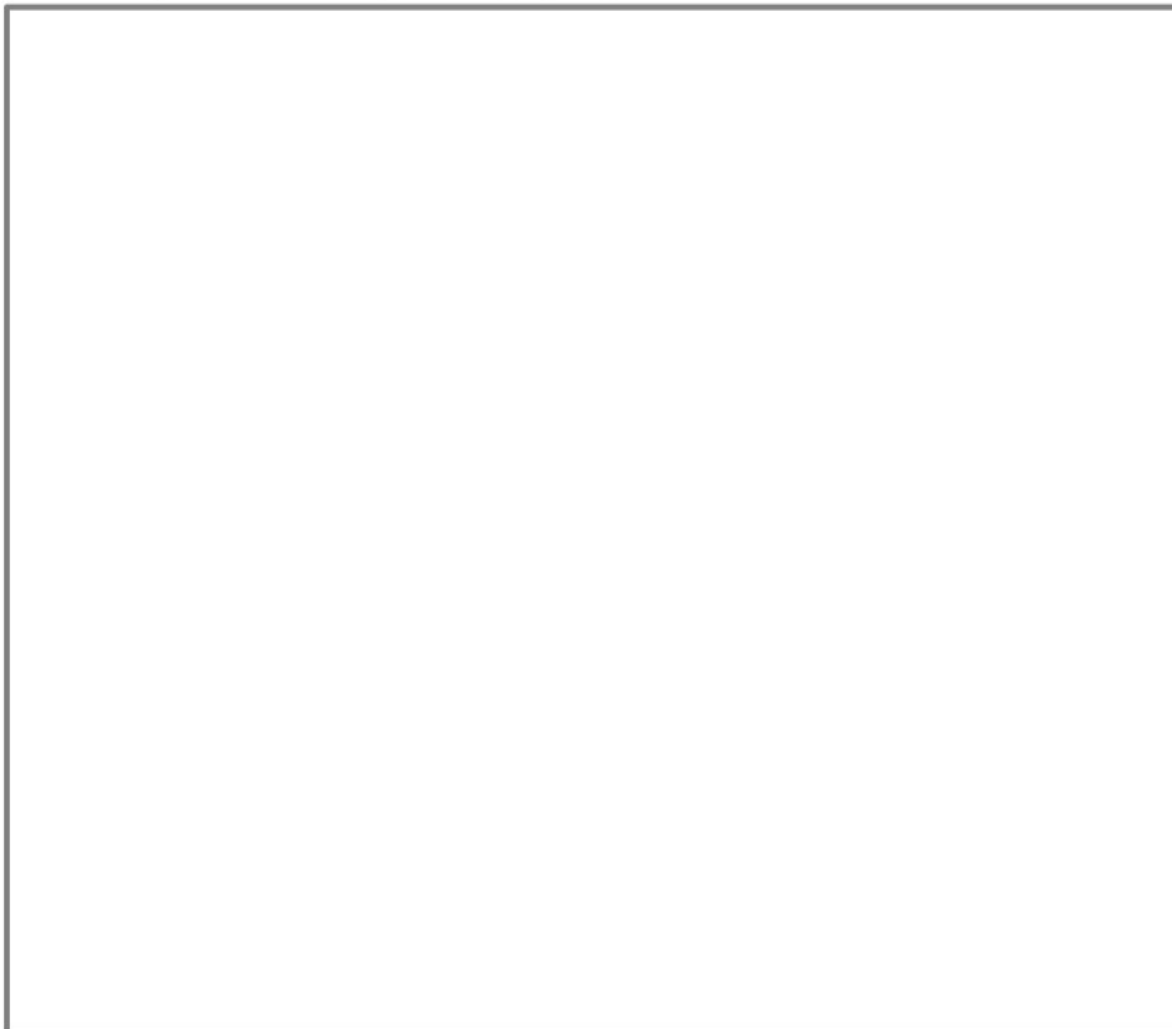
Chapter Nine

Page 241

**EXPLAINING WHAT HAPPENED AND
WHY YOU ACTED AS YOU DID****Write Down What You Want to Say**

Using the strategies you have learned in this book, write down what you want to say to someone in your life who you may have hurt or scared by your behavior before you went to the hospital. Be honest. Remind yourself and them that it's an illness and that you're now getting help in managing the illness as a whole. The person you're talking to may have been very traumatized by your hospital stay, so be thoughtful and gentle as you talk.

What you want to say to the people you've hurt or scared:

A large, empty rectangular box with a thin black border, intended for the user to write their response to the prompt above.

Chapter Nine
Pages 242-243

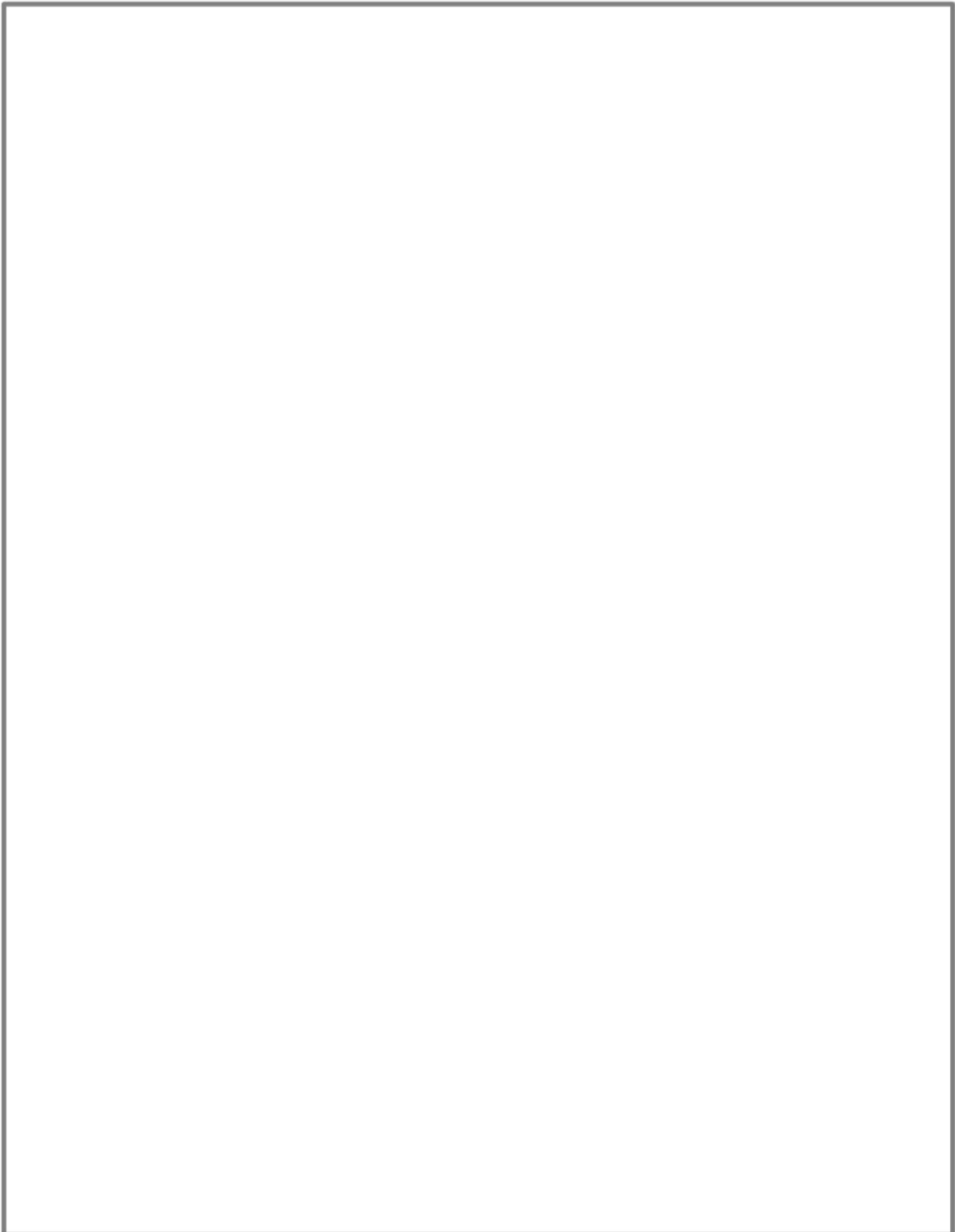
HOW TO PREVENT ANOTHER TRIP TO THE HOSPITAL

You *can* prevent a return trip to the hospital. It will take a lot of teamwork, and you will need to use the suggestions in this book as well as the help from your health care providers, but it can be done. The following list offers some tips on how to prevent a trip to the hospital. Add your own ideas, and ask your friends and family members for their thoughts as well:

- Know the first symptoms of a mood swing so that you can get immediate help.
- Work on your relationship with your doctor and other health care professionals so that they can monitor your mood swings.
- Chart your mood swings daily. Over time you will see your patterns and how symptoms escalate so that you can take action early to treat bipolar disorder first. A mood chart is an excellent prevention tool.
- Ask others to look for signs and talk with you openly if they think you're getting sick. Give them permission to use the Bipolar Conversation strategies you learned in this book.
- Monitor your spending carefully. When spending gets out of control, it's often a sign that bipolar disorder needs to be treated immediately.
- Watch your thoughts carefully. Suicidal thoughts, whether passive or active, are always a sign that you need help. Don't let these thoughts go too far.
- Make sure that your medications are working and that you're taking them regularly.
- Beware of changes in substance use. An increase in these behaviors is often a sign that you're getting sick. As always with substance use, be honest with yourself and focus on bipolar disorder management.
- Focus on the strategies in this book to recognize the early signs of hypersexuality, gambling, spending, and other symptoms that have caused you problems in the past.

Chapter Nine
Pages 242-243

Write your ideas here on how you can prevent hospital visits:

A large, empty rectangular box with a thin black border, intended for the user to write their ideas on how to prevent hospital visits. The box is currently blank.

Chapter Nine
Pages 244-245

RECOGNIZING THE SIGNS THAT YOU NEED IMMEDIATE HELP

It's very possible that your illness will someday grow too strong again, and you will have to return to the hospital. One way to make this easier is to make sure you know the signs that you need help before you make life-altering decisions. If you can create a list of the signs that you need immediate help and show this to your friends, family members, and health care team, they can help you get medical attention immediately instead of the mood swing going so far that you need to be committed against your will. Read over the following examples and add your symptoms to the end of the list.

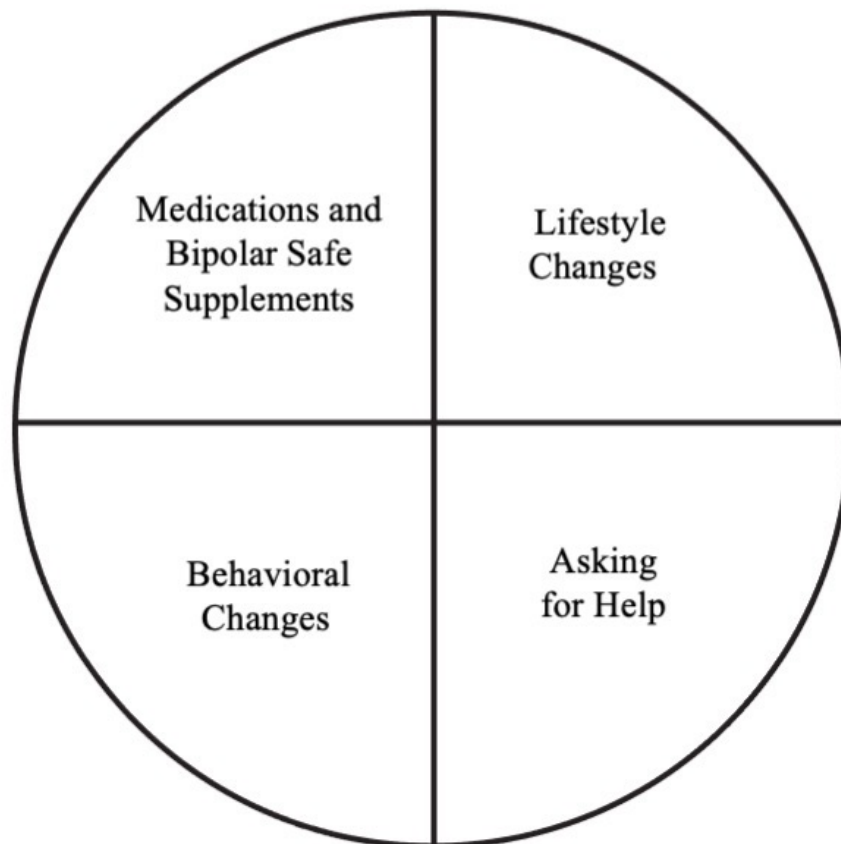
Signs That You Need Immediate Help

- Suicidal thoughts and behaviors.
- Mania or depression that can no longer be treated at home.
- Dangerous behavior. Be honest with yourself.
- An inability to do anything, including getting out of bed, eating, working, or having a normal conversation.
- Talk of dying.
- Canceling doctor's appointments even when it's obvious that you need them.
- Reverting to old behaviors.
- Stopping all medications and saying you're cured when it's obvious to others that you're still sick.
- Crying that won't stop.
- People telling you that you're sick and need help.

Write down your signs here. This is a good list to show to the people who want to help. They can use the ideas in chapter 6 and be ready with a response to your symptoms that will help you get needed treatment.

PUTTING IT ALL TOGETHER

USING THE TAKE CHARGE PLAN IN DAILY LIFE



Chapter Ten
Pages 252-289

TEN SITUATIONS YOU CAN LEARN TO RECOGNIZE, MANAGE, AND PREVENT

1. Manic disasters
2. Relationship struggles
3. Loss of hope
4. Getting things done when you're depressed
5. Brain racing and looping
6. Sexual concerns
7. Irritation, anger, and aggression
8. Negative self-talk
9. Cultural challenges
10. Suicidal thoughts

Situation 1. Manic Disasters

Manic disasters, from inappropriate sexual behavior and excessive spending to agitation and making life-changing, spur-of-the-moment decisions, can really wreck your life. The best way to deal with these manic disasters is to prevent them from ever happening again. Mania is difficult to treat once it goes too far. Because of this, you need to learn the first signs of your mania symptoms, write them down, show them to your friends and family members, and have a plan ready to implement the minute the symptoms start. This section will help you start your plan to prevent manic disasters, specifically euphoric mania.

Symptoms:

- Thinking I'm cured and the bipolar disorder is gone.
- Telling the people around me, "Can't you just let me have some fun for once? I've been depressed for months and now I finally feel good and you want me to calm down!"
- Wanting to make up for the time I lost when I was depressed. This leads me to take on way too much work that I will never finish.

Chapter Ten
Pages 252-289

- Needing a lot less sleep and it feels so good!
- Think about sex with strangers.

Write your mania symptoms here. Focus on what you think, say, and do:

Medications

- I'm taking a new medication. I will ask my doctor if it can cause this mania. I want to feel this good forever, but I can't sleep anymore.
- I missed a few doses of my medications. I didn't think I could get manic this quickly.
- I stopped taking meds because I felt so good. I was already manic when I stopped them. I had breakthrough symptoms.
- Did I have an adverse reaction to a medication I thought would help, such as an antidepressant?
- Am I taking any medications to prevent mania? Have I focused on depression and not the mania?

Write down what happens to your thoughts and behaviors around medications when you're manic:

Chapter Ten

Pages 252-289

Triggers

- Went to South America. I was so excited about finally traveling again and I just lost my mind when I got there. I didn't want to eat much or sleep. All I did was drink and party.
- I did try a new supplement. Does it contain amino acids?
- A dream job. I took on a ton of new projects and stayed up all night finishing them.
- Business trip to a different time zone. I had no idea that time changes could upset my sleep and then make me manic. Three hours can make this much of a difference?
- Going out more than usual and sleeping a lot less. I just want to have fun like all of my friends. How can I accept that this late-night social life won't work for me?

Write down what typically triggers your manic disasters:

Ask for Help

- Call my doctor right now and tell the truth that I'm manic. I don't want to do this, as it feels good, but I know what happens if I let this go too far.
- Teach the people in my life the first signs that I'm getting manic so that they can help me before it goes too far.
- Set up regular appointments with my doctor to check in even if I feel good.
- Involve my friends and family in helping me calm down this mania and prevent it in the future.

Chapter Ten

Pages 252-289

How do you want to ask or help in order to prevent manic disasters in the future?

Lifestyle Changes

- Go to sleep on the same day I woke up. Focus on the outcome and not what I am losing by having to sleep regularly.
- Leave the party before 11:00 p.m.
- Look at the Bipolar Significant Seven chapter and honestly assess what I am putting in and on my body.
- Accept that I can't go out and party like I want to.
- Say no to extra projects at work.
- Talk with my therapist about the sadness I feel that I can't use all of my intelligence at work the way I want to.

This comprehensive list is just for one situation—euphoric mania. Think of how making a list like this for each big episode in the past can help you prevent future mood swings.

Lifestyle changes I can make to prevent manic disasters in the future:

Chapter Ten

Pages 252-289

Situation 2. Relationship Struggles

Unmanaged bipolar disorder can be really hard on relationships. From neediness to unreliability, paranoia, insensitivity, acting moody, and feeling terribly lonely, bipolar disorder can make you a difficult person to be around. One of the best ways to keep your relationships strong even when you're having mood swings is to learn to recognize the signs that you're getting sick—especially those that may cause problems in your relationships. You can then treat the illness instead of taking out your problems on the people around you.

Symptoms

- Saying things like “I don’t think you really care about me,” or “This relationship was a mistake and I don’t love you anymore.”
- Feeling lonely all the time—or needing too much from others and overwhelming people. I just can’t see the reality of my relationships. They just all feel hopeless and ruined to me. Even though there is no proof of this, I still feel it when I get sick.
- Pushing people away—or getting irritated really easily.
- Not feeling love for my kids.
- Ignoring my partner. I really don’t feel that I love them anymore. It feels so real.
- Talking too fast and overwhelming people.
- Leaving people when I have a mood swing and then wanting to come back.
- Getting hypersexual in front of my friends.



Chapter Ten

Pages 252-289

Medications

- Check to see if my medication dosage is correct.
- Make sure I'm being treated for depression correctly.
- Is there a medication that can help with these feelings?
- Do I need medications for paranoia?



Triggers

- Turning to the wrong people and overwhelming them.
- Argumentative people.
- Medications that make me irritated.
- Am I using a substance recreationally that's actually making my bipolar disorder a lot worse and making me mean to the people I love?
- Crowds.
- Unstable friends who add to my instability.
- Hanging out with people who only want to party.



Chapter Ten

Pages 252-289

Ask for Help

- See a behavioral therapist who can help me see the signs I'm getting sick so that I don't take my symptoms out on the people I care about.
- Ask friends and family to read this book so that they can understand me a bit better.
- Remember to ask for help from the right people.
- Join a support group of like-minded people who have found a way to manage bipolar disorder and their relationships.

Lifestyle Changes

- Use the chain of command for neediness.
- Teach others how to help me.
- Read books on relationships.
- Exercise more.
- Focus on regular sleep.
- Decide what is more important to me—socializing all night or having stable relationships with people who actually care about me?

Chapter Ten

Pages 252-289

Situation 3. Loss of Hope

Hopelessness is a totally normal bipolar disorder feeling. It's part of the illness and is one of the main symptoms of depression. When you feel hopeless, it really doesn't help if people in your life point out all the good things you have going. Bipolar disorder won't let you listen to what they say. Instead, it helps if you can see hopelessness as a sign that you need help managing the illness. Use the following section to create a plan for ending the hopeless feelings.

Symptoms

- Saying things like "I don't see any reason to keep living like this."
- Starting all-or-nothing thinking: "Nothing will ever be better. I'll always be this way. Life will always be terrible."
- Asking, "What's the point?"
- Feeling that this illness has ruined my life forever.
- Zero enjoyment in what usually makes me happy.

Medications

- Medications don't seem to be working.
- I don't have the money for all the medications I need.
- I don't see the point in taking medications.
- I don't take medications.

Chapter Ten

Pages 252-289

Triggers

- Isolating myself and drinking alone.
- Relationship problems.
- Poor diet and no exercise and I now feel unhealthy and unlovable.
- Lack of structure in my life. No place to be at a specific time makes me feel unloved and out to sea in a very small and leaky boat.



Ask for Help

- Find a support group.
- Teach others how to respond to me when I say hopeless things.
- Look into government assistance for medications.
- Find a doctor who can help me get my medications regulated.



Chapter Ten

Pages 252-289

Lifestyle Changes

- Start doing the things I love again—even if I don't feel like it.
- Join a group of like-minded people.
- Recognize my leading comments and see them as a sign that I'm sick.
- Have a plan in place to recognize how my brain changes when the depression starts. I can be ready to feel hopeless and see it as illness and not my reality.

NOTES:

Chapter Ten

Pages 252-289

Situation 4. Getting Things Done When You're Depressed

It often feels impossible to get things done when you're depressed. For many people, it's a struggle to get out of bed, much less do the work that needs to be done in a day. This is normal. Most people with depression have trouble getting things done. It's a symptom of the illness, and you're not alone if you feel unmotivated when you're depressed. One of the best ways to deal with this problem is to have a plan ready and waiting that you can use as soon as the depression starts. Use the following section to create a plan you can use on the days you need an extra push to get things done.

Symptoms

- Saying things like "I just don't have the energy to do anything."
- Feeling overwhelmed with all I have to do, so I do nothing.
- Feeling that the steps of a project are insurmountable.
- Feeling that my brain is totally scattered.
- So depressed my body will not move.
- Telling people to do things without me as I won't be any fun anyway.

Chapter Ten

Pages 252-289

Medications

- My medications make me really tired all the time.
- My medications dull my brain and I often feel blank.
- I can try a new medication that can help with my energy level as long as I check the side effects.
- I get manic if I take antidepressants, but there must be some medical help for me. I have to keep trying.



Triggers

- Staying in bed all day makes me more tired and depressed.
- My relationship ended.
- I use a lot of caffeine and energy drinks to function and this makes me rapid cycle.
- Taking on too much.
- Feeling that work is too stressful.



Chapter Ten

Pages 252-289

Ask for Help

- Ask the people in my life to help me around the house.
- Ask someone to help me get organized.
- Get tips from a behavioral therapist.
- Ask someone to sit with me and encourage me as I do a task.



Lifestyle Changes

- Praise myself when I take the first step of a project.
- Choose a small task and praise myself when it gets done. Doing anything in this mood swing is an accomplishment!
- Exercise to create energy.
- Decide to do things even when I don't feel like doing them.



Chapter Ten

Pages 252-289

Situation 5. Brain Racing and Looping

Brain racing and looping happen when your brain seems to go into high gear and just won't turn off. You can hear the same song over and over again or constantly replay a conversation in your head. You can hear numbers, such as *1, 2, 3, 4, 5 . . . 1, 2, 3, 4, 5 . . .* Brain racing and looping are often a sign that you're overstimulated or psychotic. They're also a sign that you need to stop what you're doing and examine your lifestyle. Use the following section to help you figure out what causes your brain racing and looping and what you can do in the future to prevent it. Some studies show that writing down these thoughts may help stop the looping. Keep this in mind as you fill out this exercise.

Symptoms

- Saying things like “My brain just won't turn off.”
- Hearing music in my brain that won't stop playing.
- Continually hearing an old conversation in my head, over and over again—especially an imagined or worrisome conversation.
- Feeling like my brain keeps running even when I'm sleeping.
- Unable to get past my thoughts. They are SO loud.

Chapter Ten

Pages 252-289

Medications

- My new medication is causing problems.
- My medications need adjusting and I want to talk to my doctor about my constant brain activity. Do I need an antipsychotic until this calms down?
- I stopped my medications.



Triggers

- Lack of sleep.
- Arguments.
- Wondering, *Am I manic?*
- I'm taking a new supplement that is supposed to help my depression, but I think it's increasing my agitation.
- Moved to a new apartment. I am not sure why this would make my brain go crazy like this, but the move is the only big change in my life right now.



Chapter Ten

Pages 252-289

Ask for Help

- Ask the people in my life to help limit stimulation in my environment.
- Ask my doctor about my medications.
- Ask if anyone has techniques to quiet the brain.
- Ask my support group for their advice.
- Use the ideas in chapter 4 for help.



Lifestyle Changes

- Reduce caffeine, energy drinks, and other substances that can increase anxiety.
- Go to sleep at a regular time.
- Exercise more, especially relaxing exercises such as yoga that involve calming breathing.
- Turn off screens at night and listen to a book or podcast in the dark.



Chapter Ten

Pages 252-289

Situation 6. Sexual Concerns

Sexual concerns are common with bipolar disorder. From a lack of sexuality when you're depressed to hypersexuality when you're manic, bipolar disorder can make your sex life really miserable. Then there are the medication side effects to complicate the problem. It's important that you separate how you behaved sexually before medications, as well as how you feel sexually when you're well, from the way you feel sexually when you're sick and on meds. If you have a normal sex drive when you're well or if you enjoyed sex before you went on medications, then you can assume that the problems are related to bipolar disorder. If you have always had sexual concerns and bipolar disorder simply makes them worse, then you will approach the concern differently. Once again, treating bipolar disorder first so that you can find some stability is the best way to deal with sexual concerns caused by the illness. Use the following section to help you create a plan for working on the sexual concerns you may have.

Symptoms

- Saying things like "I think I'm frigid/asexual."
- Wanting to have sex with multiple partners.
- Being unable to have an orgasm.
- Feeling no sexual desire.

Chapter Ten

Pages 252-289

Medications

- My meds affect my ability to have an orgasm.
- My medications make me feel dull, fat, and unsexy.
- My medications are overstimulating and I want more sex than normal.
- I stopped my medications.



Triggers

- Weight gain.
- Medications.
- This might be a mood swing without a trigger. I think I'm depressed.
- Relationship problems.



Chapter Ten

Pages 252-289

Ask for Help

- Tell my doctor about my concerns and discuss medications.
- Ask my doctor for help in clarifying what is the bipolar disorder and what is me.
- Talk honestly with my partner and work together to manage the bipolar disorder.



Lifestyle Changes

- Examine medications that affect libido or that create mania that can lead to hypersexuality.
- Exercise to increase endorphins and sexual desire.
- Decide what is the bipolar disorder and what is actually a relationship issue, and work on the relationship issues.
- Get help for weight loss by exploring ketogenic metabolic therapies.



Chapter Ten

Pages 252-289

Situation 7. Irritation, Anger, and Aggression

Irritation, anger, and aggression are often seen as personality problems instead of bipolar disorder problems, but they're actually very common bipolar disorder symptoms. Whether caused by depression or mania, irritation, anger, and aggression can create serious difficulties in your life if they're not treated effectively. These feelings are often a sign that you need to examine your lifestyle and figure out what is triggering the behaviors. Use the following section to create a plan for stopping these destructive symptoms from ruining your life.

Symptoms

- Saying things like "People are so stupid!"
- Feeling like hitting or kicking something or someone.
- Getting so angry that I feel I'm going to explode!
- Having road rage/extreme impatience.
- Losing my temper in public.
- Feeling very frustrated with people I normally love and respect.

Medications

- My new medication is making me irritable.
- I stopped my medications because they were making me feel slow.
- My medications are not working.
- My medications make me feel antsy, like I have to get my energy out by punching something.

Chapter Ten

Pages 252-289

Triggers

- Going to a busy event at work, attending a social event, or visiting a crowded restaurant. Hanging out at a bar.
- People (especially my kids) wanting too much from me.
- Vacation.
- Cannabis. This is so unfair. It helps others, but makes me mean?



Ask for Help

- Teach people to respond to my symptoms instead of reacting to the
- Focus on avoiding the Bipolar Conversation.
- Talk with my doctor about a medication change.
- Ask friends and family to be patient with me.
- Join a support group.



Chapter Ten
Pages 252-289

Lifestyle Changes

- Make a deal with myself not to take out my irritation or anger on others.
- Take a walk the minute I start to feel irritated.
- Work on my diet/stop caffeine. Get real about substance use.
- Really learn to notice the very first signs of irritation so that it doesn't turn into something more serious.



NOTES:



Chapter Ten

Pages 252-289

Situation 8. Negative Self-Talk

Negative self-talk is a common symptom of depression. It's as though your brain is offering a running commentary on everything you do wrong and how you'll never succeed. Sometimes the talk you hear is actually a hallucination or an intrusive thought and is caused by psychosis. For many people, negative self-talk happens after a stressful event, though it can be chronic as well. This negative self-talk can be very destructive—it may cause you not to reach your goals and can affect your relationships adversely. Use the following section to create a plan for managing and ultimately preventing negative self-talk.

Symptoms

- Saying things like “I hate myself.”
- Feeling negative about myself and being unable to think anything positive about myself.
- Putting myself down in front of others because it's what I hear in my head.
- Feeling negative about other people as well.
- Truly believing my thoughts. I need to question my thoughts.



Chapter Ten

Pages 252-289

Medications

- I can talk to my doctor about these negative thoughts.
- Is there a medication to help my thinking?
- I stopped my medications because I don't have any money.
- The medications make me unhappier than before.



Triggers

- Stressful events, including trauma and arguments.
- Stress at work or school.
- Non-accepting people in my life.
- Situations I can't control, which often make me talk negatively about myself and others.



Chapter Ten

Pages 252-289

Ask for Help

- Find a therapist who can help me with cognitive therapy techniques.
- Ask others to point out when I talk negatively about myself so that I can say something positive about myself.
- Ask my doctor for ideas.
- Reach out to the happy, stable people in my life.



Lifestyle Changes

- Work on metabolite therapy diet and exercise to improve the depression and improve my thoughts.
- Avoid the stressful people and events that I know make me sick.
- Praise myself no matter what I do and make a rule that I can't put myself down anymore.
- Say no to the thoughts and remind myself that it's the depression talking.



Chapter Ten

Pages 252-289

Situation 9. Cultural Challenges

You may come from a background where brain illness is seen as something personal. Maybe your family doesn't discuss this topic. Maybe your culture believes it's a sign of weakness. Whatever the case, your cultural background can cause extra stress when it comes to treating bipolar disorder, especially if your family doesn't speak the same language as your doctors and therapists. They may feel confused, or wonder what you have done wrong to cause all these troubles to the family. This can cause considerable pressure on you at a time when you need to focus on your own health. Use the following section to help you create a plan for living within your culture while still getting the help you need to treat bipolar disorder.

Symptoms

- I feel pressured to be what my culture wants me to be.
- In my culture, women are supposed to be strong.
- My parents don't believe in bipolar disorder.
- In my culture, the man is the provider. I can't provide right now.
- Brain illness is taboo in my culture and is seen as a spirit problem.
- Men are not mentally ill in my culture.



Chapter Ten

Pages 252-289

Medications

- Medications are something weak people take.
- I have to learn to accept that I need medications and not let my family influence my decisions.
- I have to hide my medication.
- My family doesn't understand my weight gain.
- People keep telling me to try our natural remedies instead of the "chemicals" I use.

Triggers

- My friends and family members make me feel weak for being sick.
- My friends and family tell me it's all in my head, and this is terribly stressful.
- I can't turn to my family for help.
- The stress over this issue makes me more ill.

Chapter Ten

Pages 252-289

Ask for Help

- See a therapist from my own culture who understands what I'm going through. I can ask them about their experience with bipolar disorder with people from our community.
- Look for online groups for people in similar situations.
- Ask my doctor for help.
- Turn to people who do not judge me.

Lifestyle Changes

- Discuss my illness with people who understand.
- Talk with my family about other issues and save bipolar disorder for my health care professionals.
- Ask my friends and family to read this book, ask for their questions, and explain that bipolar disorder is a physical illness. I can translate sections if there is a language barrier.
- Accept my culture, but also educate my friends and family members.

Chapter Ten

Pages 252-289

Situation 10. Suicidal Thoughts

As scary as they are, suicidal thoughts are a normal part of bipolar disorder. They mean that you're sick and need help. They don't mean that life is worthless or that you need to die. They mean that bipolar disorder is in control and that you're not thinking rationally. Do you have active thoughts in which you actually plan what you will do? Or do you have more passive thoughts where you just think about dying? When do you have these suicidal thoughts? Do they happen after an argument? Are they stress-related? The more aware you are of what causes the suicidal thoughts, the easier it will be to prevent them.

If you have suicidal thoughts, talk about them openly. Explain to family members and friends that they're a normal part of bipolar disorder and are a sign that you need help and support. If you're having suicidal thoughts regularly, it's very important that you talk with your doctor immediately. It means that you're sick and need help. *People with bipolar disorder resort to suicidal behavior to relieve the pain of mood swings; it doesn't mean they want to end their lives.* Antipsychotics, as well as other bipolar disorder medications, can often work miracles with suicidal thoughts. Instead of trying to kill yourself, say to yourself, *This is an illness and I'm going to see a doctor first for help.* You won't want to do this, but you must. Suicide ends the pain, but it also ends your life—and that's not a good trade-off. There are other and better ways to end the pain caused by bipolar disorder. When you deal with the pain caused by the mood swings, you will have a lot more desire to live.

Chapter Ten

Pages 252-289

Symptoms

- Saying or thinking, “I wish I were dead.”
- “Things would be easier if I wrecked my car and died.”
- “I could get a hose to put in my exhaust, shut the windows of my car, and just go to sleep.”
- “I just don’t think I can live with this pain anymore.”
- Hearing a voice: “Jump off that bridge.”

It might be hard to revisit your suicidal thoughts and behaviors, but it helps to see them as symptoms you can manage. These symptoms are a sign of depression. They can be recognized in the moment as illness and not a sign that you want to end your life.

Medications

- My new sleep med started the thoughts (I need to see my doctor immediately).
- My medications aren’t working.
- I must talk with my doctor about antipsychotic medications for suicidal thoughts.
- I need to ask about my options.
- Explore ECT as a treatment for suicidal depression.

Chapter Ten

Pages 252-289

Triggers

- Breakup of a relationship.
- Trouble at work.
- Fights with people I love.
- World events.
- A big change.



Ask for Help

- Tell my doctor I'm having suicidal thoughts, even though I'm scared and embarrassed and really do believe things would be better if I were dead.
- Tell my friends that I'm sick and ask for their help.
- Make sure I talk with the right people.
- Find a person to call who can listen.
- Call a warmline or a hot line.

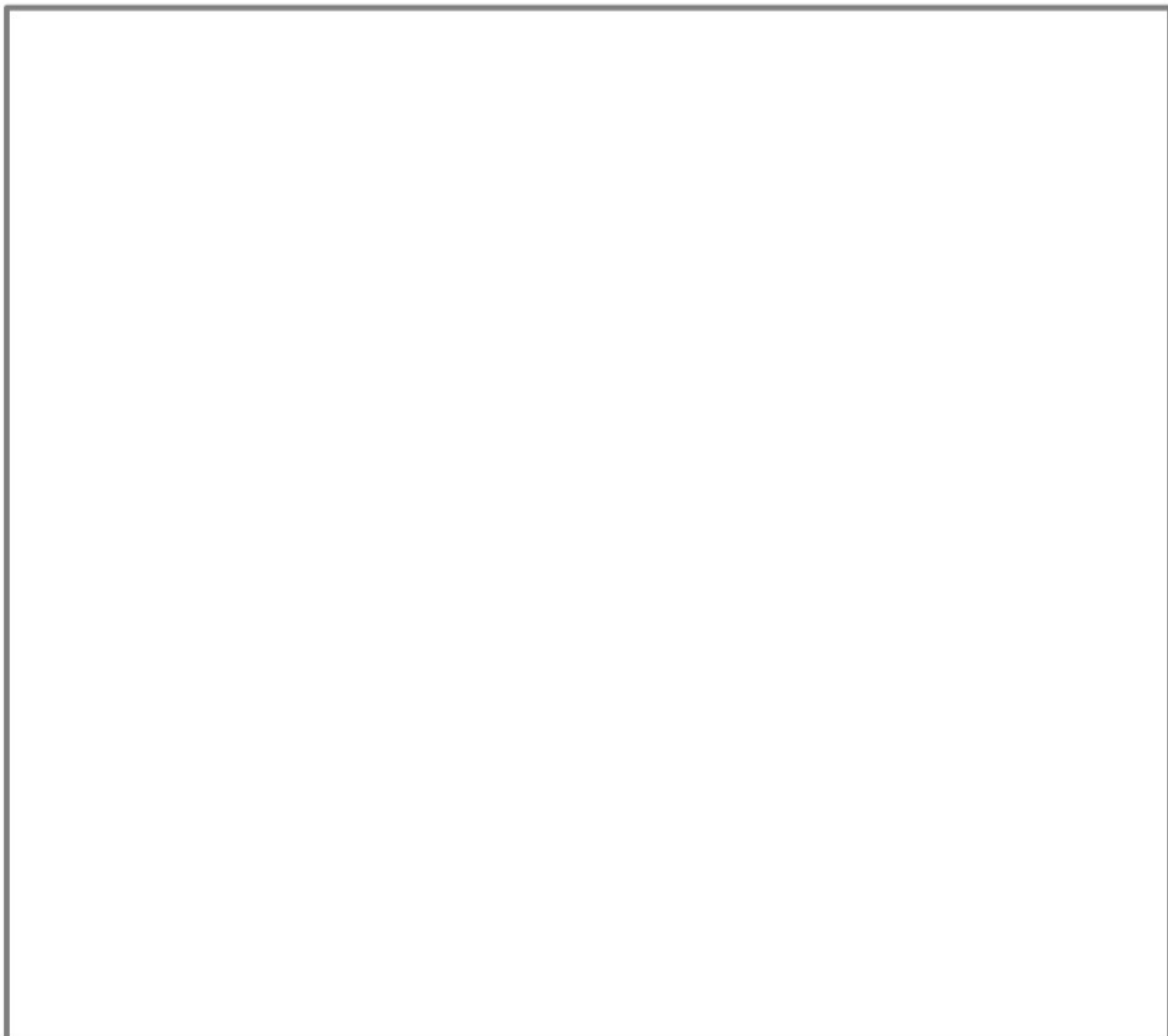


Chapter Ten

Pages 252-289

Lifestyle Changes

- Avoid arguments and stressful people.
- Exercise more/watch my diet.
- Keep my life balanced.
- Constantly remind myself that these thoughts do not mean I have to act on them. They mean that I'm sick and need help for bipolar disorder.
- Make a plan now that I can use the minute I get suicidal.
- Remind myself that suicidal thoughts are a normal symptom of bipolar disorder and I can treat bipolar disorder first.



Chapter Eleven

Page 296

Recognizing Your Personal Bipolar Disorder Wake-Up Call

Each person has a different wake-up call, signaling that bipolar disorder is taking over their life. What is yours? Is it an increase in spending? A big change in the use of drugs, alcohol, or food? Sleep problems? Think of the signs that start each of your major bipolar disorder episodes. Write down your personal wake-up calls below so that you will know that you need to take action and treat bipolar disorder first instead of ignoring these signs and getting sick again. Some examples are provided to get you started:

Your Personal Wake-Up Calls

I want to leave my partner.

People I normally tolerate become totally intolerable.

I stop working.

It's very difficult to get out of bed.

I have really intense thoughts about traveling the world.

I can clean my whole house with ease and I practically sing while I do the work

I normally hate!

Life feels so amazing I forget my responsibilities and want to do anything to reach my dreams.

Chapter Eleven

Pages 296-297

The Bipolar Disorder Check-In

The bipolar disorder check-in can be a lifesaver. It's a simple process that can help you manage the illness successfully so that an episode doesn't sneak up on you and ruin your life once again. The check-in works like this: Using a device that works for you such as a mood app or a calendar with notifications, create a bipolar disorder check-in time where you stop what you're doing and ask yourself how you are on a scale of 1 to 10 in terms of mood swings. (A 1 means that you're stable; a 10 that you really need some help.) You can then examine your thoughts, feelings, and behaviors to see if you're stable or in need of management. This is a great way to deal with relationship issues and money problems that come up because of mood swings. It helps to involve a trusted person in your life to go over the questions below at least once a week. You can ask yourself the following questions during your check-in:

- How is my sleep?
- Am I irritated?
- Am I depressed?
- Am I showing signs of mania?
- How is my spending?
- Am I having voice hallucinations or intrusive thoughts?
- Am I making impulsive decisions?
- Are people acting concerned about me?
- How are my relationships?
- Have people told me directly they think I am in a mood swing?
- Is everything upsetting me, even the people I love?
- Am I feeling too good?

Chapter Eleven

Pages 298-299

HOW TO MAKE DECISIONS FROM THE STABLE YOU

Sometimes it's hard to tell if your emotions are your own or if they are manufactured by bipolar disorder. This can be a real problem if your feelings are telling you to do something drastic such as leave a job or a relationship. The following list will help you to determine if you're well and making decisions that you truly want or are ill and need help with bipolar disorder before you take any serious steps. Whenever you're thinking of making a big change that will affect your future, read over the following list and resolve to make a decision from the real you and not the bipolar disorder you. Bipolar you is always in contrast to who you are when stable. You can teach yourself to see the difference between the real you and the you being affected by bipolar disorder. Look over this list and read these questions out loud. Get used to asking yourself these questions before every big decision. You can also ask the people around you to ask the same questions. This is prevention of the highest kind. This type of self-questioning as well as asking others to join you by asking questions teaches you insight.

- Have I said this before and felt like this when I was sick in the past?
- When I am stable, do I think this way?
- Is my thinking black and white, all or nothing? Am I being rigid?
- Is the real me talking, or is it bipolar talking?
- Could this be considered a snap decision? What do others think? Am I beating myself up about something and this is leading to a rash decision? Am I suddenly unhappy in a relationship or a situation that has been quite happy in the past?
- Are my bipolar symptoms obvious to others but not to me? What are people saying to me? Can I listen?
- Could my decision be a result of a bipolar mood swing? Am I suddenly thinking of leaving a situation because something looks much better than the current situation? Will my decision to leave harm other people?

Chapter Eleven

Pages 298-299

- Do I have thoughts such as *Things would be better if I could just _____* or *Things would be different if I could just _____*?
- Do I feel like quitting and canceling the things I love? Have I stopped doing the things that normally bring me pleasure?
- Is my mood fluctuation? Do I feel that everything is terrible one minute, while the next I feel that things will be fine? Am I rapid cycling?
- Does everything feel wrong and impossible? Am I depressed or is this dysphoric mania?
- Does everything feel right and perfect? Am I manic?
- Can I hold off on a decision and ask for help with my bipolar disorder before making a decision?

NOTES:

Chapter Eleven

Page 301

Your Toolbox

- Knowledge about bipolar disorder.
- List of your symptoms.
- A comprehensive diagnosis.
- Medications and bipolar-safe supplements.
- Sleep plan for mood management.
- Ketogenic metabolic therapy diet.
- Long-distance walking.
- Appropriate bright light exposure.
- Clear picture of your current work ability.
- Understanding of your current financial needs.
- List of your bipolar disorder triggers.
- Plan to manage and avoid your triggers.
- The Bipolar Significant Seven plan.
- The Bipolar Conversation strategy.
- Supportive health care team.
- People who can and are willing to help.
- Realistic approach to hospital stays.
- Plan for challenging situations.
- *The Take Charge Plan* for a stable future.

SUGGESTED READING

Loving Someone with Bipolar Disorder: Understanding and Helping Your Partner, by Julie A. Fast and John Preston, PsyD

The first book ever written for a partner of someone with a brain disorder. *Loving* remains the gold standard for partners who want to support a loved one with bipolar disorder without losing themselves in the process. Julie's experience as a person with bipolar disorder who married a person with bipolar disorder offers a compassionate and realistic approach to bipolar disorder management.

Getting It Done When You're Depressed: 50 Strategies for Keeping Your Life on Track (2nd edition), by Julie A. Fast and John Preston, PsyD

No matter who reads this book, all will learn practical and immediately useful strategies that help a person work through tasks when it feels impossible to get things done. This classic book, now in its second edition, is a #1 bestselling book used by people around the world who want to move on with life even when life gets tough. Julie A. Fast used the ideas in this book to write the second edition of *Take Charge of Bipolar Disorder* during a world crisis that left her feeling overwhelmed and unfocused. The strategies in this book work for depression and anxiety along with the attention and focus symptoms of ADD.

Handbook of Clinical Psychopharmacology for Therapists (10th edition), by John Preston

Easy-to-digest books on the complex nature of brain health medications are hard to find. This classic from Dr. John Preston is the bestselling psychopharmacology for nonpsychiatric professionals who want to better understand the way medications are used in brain disorder treatment. The clearly presented information works well for those with bipolar disorder as well as for those who care about someone with the illness.

The Bipolar Disorder Survival Guide: What You and Your Family Need to Know (3rd edition), by David J. Miklowitz

A classic, well-researched handbook that covers the bipolar brain, treatment choices, and comprehensive management ideas from the client–doctor perspective. An excellent companion to *Take Charge of Bipolar Disorder*.

Feeling Good: The New Mood Therapy, by Dr. David Burns

This is a must-read book for anyone who wants to tame the busy brain while soothing the emotions that arise from depression, anxiety, and overall life stressors. On a scale of one to five, this book is a ten.

The Four Agreements: A Practical Guide to Personal Freedom, by Don Miguel Ruiz

For those who desire an esoteric approach to emotional responses to relationships and life in general. A classic program from Don Miguel Ruiz that teaches the reader how to regulate paranoia, depression, and anxiety from a spiritual and philosophical perspective. Once you are able to recognize the difference between bipolar disorder symptoms and the non-bipolar-generated emotions that are a response to the regular world, the Four Agreements becomes an invaluable tool in emotional management.

Bipolar, Not So Much: Understanding Your Mood Swings and Depression, by James R. Phelps, Chris Aiken, MD

Why Am I Still Depressed? Recognizing and Managing the Ups and Downs of Bipolar II and Soft Bipolar Disorder, by Jim Phelps

These two books are invaluable resources for anyone interested in bipolar disorder and depression management. These often prove very helpful for family members who may not have bipolar disorder but do have mood disorder symptoms.

The Complete Idiot's Guide to Bipolar Disorder, by Jay Carter, PsyD, and Bobbi Dempsey

This classic book helps the reader get into the mind of someone with bipolar disorder while also providing a comprehensive plan for those with the illness.

Brain Energy: A Revolutionary Breakthrough in Understanding Mental Health and Improving Treatment for Anxiety, Depression, OCD, PTSD, and More, by Christopher Palmer, MD

Harvard psychiatrist Dr. Chris Palmer shares his research on the link between metabolism and every factor known to play a role in mental health, including genetics, inflammation, hormones, neurotransmitters, sleep, stress, and trauma. Dr. Palmer's research into the role the ketogenic metabolic therapy diet can play in bipolar disorder management is available on his website: www.ChrisPalmer.com.

Ketogenic Diet Therapies for Epilepsy and Other Conditions (7th edition), by Eric Kossoff, MD; Zahava Turner, RD, CSP, LDN; Mackenzie C. Cervenka, MD; and Bobbie J. Barron, RD, LDN

This meticulously researched and regularly updated book is the top resource for those who want to learn and ultimately use the food science behind the ketogenic metabolic therapy diet to help others, including those with bipolar disorder.

ONLINE RESOURCES

Julie's Web Page

JulieFast.com

For more information on bipolar disorder, schizoaffective disorder, communication skills, ketogenic metabolic diets, cannabis, and the Bipolar Significant Seven, visit the Take Charge Page on Julie's website. You can also find more information regarding the Stable Table, Julie's group for family members, and the Stable Bed, Julie's group for partners. JulieFast.com also includes resources for health care professionals.

Julie's Instagram Page

@JulieFast

Julie focuses on bipolar disorder and psychotic disorder through her colorful posts and lively question-and-answer sessions.

Schizophrenia and Psychosis Action Alliance

SCZaction.org

Research, advocacy, and support for neurobiological illnesses, including schizophrenia, schizoaffective disorder, and psychosis spectrum disorders.

The Charlie Foundation

CharlieFoundation.org

The Charlie Foundation shares the history of the ketogenic therapeutic diet for epilepsy and other neurological conditions while teaching readers how to use the diet to balance brain chemistry. The website includes a store with books from ketogenic nutritionist Beth Zupec-Kania, including the booklet *Modified Ketogenic Diet therapy: Metabolic Diet therapy for Neurologic and Other Conditions*.

Notes

Getting Started: What Is Bipolar Disorder?

1. Akiskal, H.S., et al (2000). Re-evaluating the prevalence of and diagnostic composition within the broad clinical spectrum of bipolar disorders. *J. Affective Disorders*, 59, Suppl: S5-530; Judd, L., et al. (2002). The long-term natural history of the weekly symptomatic status of bipolar I disorder. *Arch Gen Psychiatry*, 59: 530-537.
2. Ibid.

Chapter 1. Medications and Bipolar-Safe Supplements

1. Bowden, C.L., and V. Singh. (2005). Long-term management of bipolar disorder. In: *Advances in the Treatment of Bipolar Disorder*. Edited by T.A. Ketter, American Psychiatric Publishing, Washington, D.C., p. 135.
2. Gitlin, M. (2002). Depression Myths and Contrary Realities. Continuing Education Series, UCLA.
3. Stoll, et al., *Archives of General Psychiatry*, 56 (1999): 407-412
4. Nemets, et al., *American Journal of Psychiatry*, 159 (2002): 477-479

Chapter 2. Sleep, Diet, Exercise, and Light

1. Julie Fast interview with Chris Palmer, 13 Feb. 2022. Author of *Brain Energy: A Revolutionary Breakthrough in Understanding Mental Health—and Improving Treatment for Anxiety, Depression, OCD, PTSD, and More*. BenBella Books (November 15, 2022).
2. Julie fast interview with Beth Zupac-Kania, 11 Feb. 2022. Author of *Ketogenic Diet Therapies for Neurological Disorders: Pocket Guide*. Charlie Foundation, 2019.

Chapter 5. The Bipolar Significant Seven

1. “Is There a Link between Marijuana Use and Psychiatric Disorders?” National Institutes of Health, U.S. Department of Health and Human Services, 13 Apr. 2021, <https://nida.nih.gov/publications/research-reports/marijuana/there-link-between-marijuana-use-psychiatric-disorders>.
2. Stuyt, Elizabeth. “The Problem with the Current High Potency THC Marijuana from the Perspective of an Addiction Psychiatrist.” *Missouri Medicine*, U.S. National Library of Medicine, 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC63121555>.

ABOUT THE AUTHORS

Julie A. Fast, author and researcher, is the bestselling author of *Take Charge of Bipolar Disorder*; *Loving Someone with Bipolar Disorder*; and *The Health Cards Insight System for Bipolar Disorder*. She is the world's top online bipolar disorder author with over 15 million views of her blogs, essays, and articles. After many years of untreated symptoms, Julie was finally diagnosed with bipolar disorder and a psychotic disorder, also called *schizoaffective disorder*, at age 31. Julie focuses on brain health research and education and regularly trains health care professionals on the topics of bipolar disorder, psychosis, and substances that affect the bipolar brain. You can read more about Julie's work at JulieFast.com.

John Preston, PsyD, ABPP, was a professor of psychology with Alliant International University, Sacramento. He also taught on the faculty of the UC Davis School of Medicine. Dr. Preston was the author of seventeen books, with topics including psychotherapy, depression, psychopharmacology, and neurobiology, and wrote the "Drugs in Psychiatry" chapter in *Encyclopedia Americana*. He was a lecturer in the United States, Europe, and Russia.