

# **Bipolar Supporters Course**

*An Incredible Resource For Bipolar Supporters*

*Bonus Edition*



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# Introduction

One of the most difficult things we are ever faced with is dealing with the serious illness of a loved one. If we discover that our mother, father, sister, brother, wife, husband, close friend, even our child is suffering from a severe medical disorder, we become determined to do everything we can to help that person. We are more than willing to make sure that the people we care about go to their chemotherapy treatments, have their required time on the dialysis machine, or get the proper medical attention their problem requires.

Why then is it so difficult for most of us to do the same when our loved one is suffering from a serious mental illness like **bipolar disorder**?

All of us probably have our own answers; I have some of my own.

First, many people don't take mental illness seriously. They honestly believe that the individual could become "normal" again if they really wanted to, as if overcoming bipolar disorder was comparable to losing weight or giving up cigarettes.

People who believe this couldn't be more wrong. All mental illnesses are just as real as any medical disorder, and those who suffer from them need medical attention and support if they are to overcome them.

Second, many people choose to pretend there is nothing wrong with their loved one. They think that, as if by magic, the disorder will disappear or fix itself. My family fit this category for nearly 30 years. None of us ever openly discussed the fact that my mother suffered from bipolar disorder. It just seemed easier to ignore the problem.

As anyone who has tried this approach has found out, ignoring the problem won't help. In fact, it can make it worse. Because we didn't play an active role in my mom's treatment, we made it harder on her and on ourselves. We also were putting her life and ours in danger.

Finally, many people feel uncomfortable dealing with people who have a mental illness, even if that person is someone they love and care for deeply. In many cases, there's a sense that they aren't the same person any more or that they need to be handled more carefully. Other people are put off by the stigma attached to mental illness while others ignorantly believe that these disorders are like the flu and can be contracted through contact.

None of these ideas should prevent you from providing the care and support your loved one needs. Even though they may lash out and say hurtful things during episodes, you must remember that they are still the same person you care about and who cares about you, although at times their illness may prevent them from showing it.

You may not realize it now, but you can play a very important role in your loved one's treatment. You can ensure that they receive the proper care and treatment they need, you can help keep them from ruining their credit and finances, you can smooth over damaged relationships between them and others, and you can prevent them from hurting themselves or others. More importantly, you can show your loved one that they don't have to deal with this disorder alone. After all, it's not just their problem. It does affect the entire family.

Our loved ones suffering from bipolar disorder need our support. They probably won't ask for it and, at times, they may even seem to resent our interference into their personal affairs, but at those times they need us more than ever.

Trust me, I understand that it isn't easy. I've taken on the role as primary supporter for my mother. However, I have come to understand that my role is critical in her well-being and in our family's well-being. It's not a job you get many thanks for, but it's a job you must commit yourself to wholeheartedly and permanently.

### **My Story**

Before we go further, I think it will help you if I explain a little bit about how I came to take on this role and why I know how important it is.

You see, my mother has had bipolar disorder her entire life. During my lifetime, she'd had a number of episodes that I remember. Each time, we would just let the disorder fix itself or we'd leave the responsibility of getting help up to my mom. That was a big mistake on our parts, but it was just one of many that we made.

In May of 2003, I started noticing that my mom was angry a lot of the time. She wasn't sleeping, and she was starting to spend more time alone. I also began noticing that she was becoming paranoid. For example, I might have asked her "How's the lawn doing?" and she would think the lawn was a mess and needed to be completely redone. Even though I saw these signs, I didn't do anything about them and neither did my father or brother.

By November, she was worse. She had gotten into a heated conflict with my brother at his house and things were just going downhill from there. Still, we all just sat back and assumed things would work out on their own.

When December rolled around, my mother was not eating or sleeping and she wouldn't even come out of her room. My father started sleeping on the couch. By this time, she was in a full blown episode.

Then in January, I realized my mom needed to go to the hospital. She was yelling at me three times a day, telling me she didn't want me to be her son anymore, etc. I told her she needed to go to the hospital, but she refused. She said that her support network didn't think she should go to the hospital, which I

later found out wasn't true. I tried to argue with her, and I tried to reason with her, but neither approach worked. Finally, I found an approach that worked (we'll talk about that approach later) and, even though it took me two hours, I convinced her that she should go to the hospital.

Once we had her consent, my father and I realized that we didn't even know which hospital she should go to. We didn't even know the name or the phone number of her doctor! So we started searching and were lucky enough to come across his business card. After calling him, my dad and mom left for the hospital.

I didn't go with them because by that point I just didn't want to. I was exhausted emotionally and physically from dealing with my mom. That's when I realized that it was ridiculous that my family didn't know more about her problem, even though my brother and I had been dealing with it our whole lives as well.

My first stop was the library. I asked the librarian if she had any books on manic depression, which is what my family had always called my mother's illness. It was the librarian who told me that it was now called bipolar disorder. Can you imagine that? My family and I had been dealing with this problem for years and we didn't even know the correct terminology for it!

Anyway, I made it a point to find out everything I could about bipolar disorder and about helping my mom. I literally took off from work for six full months, talked to dozens of people in the medical fields, read almost every book available on the disorder, attended support groups regularly, and did everything else I could think of to find answers.

During my research, I realized that there were simply no books out there designed to help the supporters of people who have bipolar disorder, and I knew firsthand that we needed one.

So I compiled all of the information I collected and developed this manual in order to help people like us help the ones we love.

# Chapter 1

## Learning Bipolar Basics

In order to help your loved one, you need to understand what they are dealing with in terms of this disorder. This chapter will provide you with some of the information that you need to get a clear idea of what the disorder is, who it affects, and what types of consequences it can have on a person's life.

### What is Bipolar Disorder?

Before we can talk about how you can provide better support for your loved one, we first need to talk about what their disorder is in the first place. In my experience, most people have heard of bipolar disorder and some are even familiar with the fact that its sufferers have severe mood swings, but that's about as far as most people's knowledge of the disorder go.

It's important to understand your loved one's mental illness so that you'll know exactly what you're dealing with.

As I mentioned above and as you have probably seen for yourself, bipolar disorder is marked by mood swings. At some times, they enter a depressive mood. At other times, they experience mania, which is an unnatural feeling of euphoria. Contrary to what some people believe, the person does not continually rock back and forth between these two extremes. In between episodes, they may go months and years with normal moods.

Not all bipolar disorders are created equal either, and the type of disorder your loved one has will influence both the symptoms they exhibit and their treatment.

**Bipolar I** – These individuals suffer from severe episodes of mania and depression. The symptoms of both stages usually interfere with their ability to work and to function normally. Manic episodes can be accompanied by delusions and can require hospitalization.

**Bipolar II** – These individuals suffer from severe depressive stages and what are called *hypomanias*, which are less severe versions of manias. While the depressive stage for this group may limit their productivity, the *hypomanias* are usually less disruptive and rarely require hospitalization. In fact, the biggest difference between Bipolar I and Bipolar II is the severity of the manic episodes.

**Cyclothymic Disorder** – These individuals have episodes of mild depression and hypomania, but neither stage is severe.

While it may seem from looking at the descriptions above that those with Bipolar I



or Cyclothymic Disorder may be the lucky ones, the reality is that these are the individuals who are less likely to get any type of medical treatment and, as a result, can end up leading seriously limited lives. Continuous support and treatment are, therefore, still very important for them.

Both of these milder forms of bipolar disorder are more common than Bipolar I.

Before we talk any further about the different types of bipolar disorder, we first should look at the symptoms. We'll talk more about these later, but for now they will help you understand the differences between the three types.

As we look at the symptoms, keep in mind that not all of these symptoms may be present at one time. Some occur only in very severe episodes while others sufferers may not experience them at all.

**Full Manias** (as experienced by people with Bipolar I):

- Individuals will feel extremely happy, excited, and joyful
- Individuals will talk more than usual and at a faster speed
- Individuals will become more active and will find sitting still to be very difficult
- Individuals will be easily distracted and will feel like their thoughts are racing
- Individuals will require less sleep
- Individuals will feel overconfident and their self-esteem will be inflated
- Individuals will do things, such as make purchases, without thinking about them beforehand and will make exhibit poor decision-making skills
- Individuals will not believe that they have mental illness
- Individuals will be more irritable
- Individuals will have an increased interest in sex and/or may be more sexually active
- Individuals may experience delusions and/or hallucinations

**Hypomania** (as experienced by people with Bipolar II and Cyclothymic Disorder)

- Individuals will feel extremely happy, excited, and joyful
- Individuals will talk more than usual and at a faster speed
- Individuals will become more active and will find sitting still to be very difficult
- Individuals will have an increased interest in sex and/or may be more sexually active
- Individuals will be more irritable
- Individuals will be more reckless and may make bad choices

**Full Depression** (as experienced by people with Bipolar I and Bipolar II)

- Individuals will feel extremely sad and may have crying spells

- Individuals will experience a major change in their sleeping habits (they may sleep less or more than usual)
- Individuals will experience a major change in their eating habits (they will eat more or less than usual)
- Individuals will be irritable and angry
- Individuals will worry and will feel anxious about nearly everything
- Individuals will have little interest in or will get little pleasure from normal activities
- Individual will have trouble concentrating and/or making decisions
- Individuals will have a feeling that everything is going wrong for them
- Individuals will feel as if they have little or no energy
- Individuals will have difficulty focusing, concentrating, and making decisions
- Individuals will try to isolate themselves from people and will be reluctant to socialize
- Individuals will have significantly reduced self-esteem
- Individuals will experience aches and pains that don't have a physical cause
- Individuals will think about suicide

**Mild Depression** (as experienced by people with Cyclothymic Disorder)

- Individuals will experience a major change in their sleeping habits (they may sleep less or more than usual)
- Individuals will experience a major change in their eating habits (they will eat more or less than usual)
- Individuals will feel as if they have little or no energy
- Individuals will have significantly reduced self-esteem
- Individuals will have difficulty focusing, concentrating, and making decisions

As you can clearly see, all three types of disorders share many similar symptoms.

The difference is in the number of symptoms present and in the duration and frequency of the episodes.

**What Causes Bipolar Disorder?**

No one knows for sure what causes bipolar disorder. However, doctors do know that, as with other mental illnesses, an imbalance in brain chemicals is at the root of the problem.

You see, brain activity primarily involves the movement of electrical impulses through the nerves. Since the nerves are separated by small gaps called synapses, impulses have to wait for neurotransmitters (chemicals in the brain) to form a bridge between the nerves. These chemicals include serotonin, dopamine, norepinephrine, and others.

Most research now seems to point to these neurotransmitters as the primary cause of almost all mental illnesses. If there are too many neurotransmitters at a single synapses, then too many electrical impulses may be reaching that section of the brain. If there are too few, the impulses may not be able to reach their destination in a timely fashion.

More research is needed to determine the exact cause behind bipolar disorder and other mental illnesses, however.

### **Who Becomes Bipolar?**

There is a myth that people develop mental illnesses, including bipolar disorder, simply because they are weak or unable to function in the real world. That's simply not true.

Literally, anyone can suffer from bipolar disorder.

In most cases, the disorder has been prevalent in the individual since childhood, although it is usually first diagnosed when the person reaches young adulthood (between ages 18 and 24). Both men and women are affected by the disorder in about even numbers.

One of the biggest factors in who becomes bipolar is genetics. If your loved one is a parent or a sibling, you stand a greater chance of developing the disorder as well. On average, 1% of all adults have bipolar disorder. In comparison, depression itself affects 6% of all Americans. If bipolar disorder is present in your family, you stand a 10-20% chance of becoming bipolar yourself.

Unfortunately misdiagnosis is still a common problem for those with bipolar disorder. One reason is that sufferers usually only seek treatment on their own during a depressive episode, since they never recognize a problem while in a manic period. As a result, they may be diagnosed as having depression. Further complicating diagnosis is the fact that many bipolar patients also have other types of problems, such as eating disorders or substance abuse.

### **How do these mood swings differ from the ones most people have?**

Everyone has mood swings from time to time. However, if your loved one has bipolar disorder, their mood swings are much more serious.

*First*, the difference in moods will be much more extreme. Someone who is usually shy and cautious could become an outgoing, risk-taking person. Someone who is careful about spending money could go on a shopping spree and spend every penny they had in the bank.

*Second*, the average mood swing for a person without bipolar disorder is maybe a few hours. At the most, it might last a couple of days. For someone with

bipolar disorder, a manic or depressive episode will last weeks or months if it's not treated.

Finally, most of us can still manage our normal tasks like working and parenting even when we have a mood swing. Most people with bipolar disorder cannot. Because the moods are so intense, they interfere in every aspect of that person's life. They won't be able to concentrate on their work, they may scream endlessly at their children, they may lock themselves in a room for days, they may stop eating, they may sleep only a couple of hours a night. As a result, it becomes almost impossible for your loved one with bipolar disorder to function normally during an episode.

### Is Bipolar Disorder a New Illness?

No. Bipolar disorder has been a recognized mental illness since the 2<sup>nd</sup> century. A researcher at the time in modern day Turkey wrote about many of the symptoms of both depressive and manic episodes and about the link between the two. However, nothing was done about this observations until decades later. In the middle of the 19<sup>th</sup> century, Jules Falret actually did a great deal of work exploring those old ideas. Then, in 1875, he labeled the problem as **Manic-Depressive Psychosis**.

Research into depression and manic symptoms continued for the next few decades. The connection between the episodes was becoming clear and the disorder was fully recognized by the mental health community by the early part of the 20<sup>th</sup> century. An article in 1952 that appeared in the *Journal of Nervous and Mental Disorder* talked about the genetic component of the disorder and first suggested that the problem might be passed on within families, as we now know it is.

During the 1970's, the disorder was recognized as a legitimate illness and laws were passed to help those who were diagnosed with the problem. Then in 1980, the illness became known as bipolar disorder instead of manic depression.

More research has been done since then to find better treatments and to try and identify the specific cause of the problem.

### What Can I Expect From My Bipolar Loved One?

A misconception about bipolar disorder is that they continually cycle back and forth through periods of ups and downs like a roller coaster ride. If that were the case, the disorder would probably be easier to identify.

Individuals with *Bipolar I* usually only have 8-10 episodes in their entire life. However, these episodes can be so severe that they can wreck serious havoc on their finances, their relationships, their jobs, and more.

Let's talk a little bit about each episode. We'll talk about how you can how you

can help your loved one deal with these episodes a little later in the book.

### **Manic episodes**

Mania will not usually appear in your loved one overnight. The symptoms build up over the course of 7-14 days. Because the initial symptoms are mild, the episode can sneak up on family members unless they are tuned in to what to watch for.

Without treatment, the manic episode might last for as long as three months. When the episode ends, the individual will either enter a depressive episode or will return to their normal mood.

If you've just experienced your loved one's first manic episode, you shouldn't wait to get treatment. Without treatment, relapses usually occur within the first six months.

### **Depressive Episodes**

Many times a person with bipolar disorder will enter a depressive episode immediately after coming out of a manic episode. Other times, they may go from a normal mood to a state of depression. In general, depressive episodes are more common as the bipolar patient ages. Manic episodes are more common in younger patients.

These episodes will last at least two weeks. You will probably notice that your loved one is more withdrawn, seems to have less energy, and may talk about death or may make statements like "I have nothing to live for."

### **Mixed Episodes**

In some cases, individuals actually have episodes which include both symptoms of the depressive and of the manic episodes. These can be more difficult to deal with for both you and for your loved one because they are simultaneously having some of the manic feelings and some of the depressive feelings.

### **Rapid Cycling Bipolar Disorder**

I mentioned earlier that your loved one will probably only have a handful of episodes in their entire life and that is true for most people with bipolar disorder.

However, 20% of patients actually go through rapid cycling bipolar disorder. While others may have 8 episodes in their whole life, these people may have four or more episodes in a single year. In rare cases, patients may even change cycles every one to two days.

### How will I know that my loved one is going into an episode?

Well, I have two suggestions here. One is to look for erratic changes in behavior. You probably know your loved one pretty well, so you will be able to tell if they are sleeping more or less than usual, if they seem to be missing work more frequently, or if they've started doing unusual activities. When you see these

types of signs, you can be assured that your loved one is entering an episode.

Another suggestion I have for both you and your loved one is to watch for triggers. A trigger is something external that sets in motion the development of an episode. Everyone has different triggers. For some people, it might be excess stress. For others, it might be frustration at work or a major disappointment. As you work with your loved one, you should try to determine what those triggers might be and encourage your loved one to think about their own triggers as well (when they are stable). Once you identify some key triggers, you can work on handling those more effectively so they will be less likely to disrupt your loved one's stable mood.

Not all triggers are going to be events in your loved one's life, however. Evidence suggests that changes in the season may also increase a bipolar person's risks of going into an episode. Many patients have depressive episodes during the fall and winter months. Scientists suspect this is caused because the individual is not receiving enough natural sunlight. A decrease in activity and an increase in stress, especially around the holidays, can also be contributing factors.

If your loved one is already on medication for bipolar disorder and is showing signs of going into an episode, it means either they are not taking their medication or their medication is not working any more. That does happen. Either way, you should get in touch with their doctor as soon as you start noticing the signs so that a different treatment can be started and the episode can be brought to a quick conclusion.

Now that you understand more about the disorder, we can begin to talk more about how you can best help your loved one to deal with this disorder.

## Chapter 2

### Getting Your Loved One Diagnosed

Chances are you are either reading this book because you know your loved one has bipolar disorder or you suspect that your loved one does. In either case, you need to read this chapter.

#### Diagnosis Problems

You see, there are three problems with diagnosing bipolar disorder. One is that since it has received more media attention in recent years, doctors are jumping faster and sometimes incorrectly to the bipolar diagnosis. Another is that bipolar disorder is sometimes diagnosed as something entirely different. And finally, in many cases it is ignored completely for a long time by the affected person.

Let's talk a little bit about what causes these different problems first.

#### **Snap diagnosis**

A problem that is becoming more common as bipolar disorder gains more attention is that many doctors are assuming that patients who exhibit even just a couple of symptoms have bipolar disorder. In fact, there are even a growing number of types of bipolar disorder being assigned to these individuals when they don't seem to fit into the other pre-established categories.

Some mental health professionals worry that this overemphasize on bipolar disorder may cause many patients to be misdiagnosed because doctors will jump to a conclusion about the patient's condition.

#### **Mis-diagnosis**

A second common problem with bipolar disorder's diagnosis is that doctors often incorrectly diagnosis the illness. This is not always the fault of the doctor, however.

Most bipolar patients are not bothered by the manic feelings, so they generally only seek help when they are in a depressive episode. When doctors ask about their symptoms, most don't mention those feelings related to the manic episodes because they either don't realize they aren't normal or because they don't see how they could be connected to the depression. As a result, many bipolar patients start out diagnosed as simply suffering from severe depression or from some other form of mental illness.

#### **Ignored symptoms**

One of the main reasons why so many patients wait so long to go to the doctor about their symptoms is because they don't realize they have a problem. The

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combination of a lack of insight and of the “high” feeling associated with a manic episode mean that most bipolar people feel like they are on top of the world even as the floor is falling out from beneath their feet. Usually bipolar individuals only go to the doctor if they are in a depressive episode or are cycling rapidly through moods in a pattern that even they can recognize as abnormal.

### Recognizing Bipolar Disorder

As a concerned loved one, your first job is to make sure that your husband, parent, sibling, or child gets the proper diagnosis.

So how can you be sure that your loved one needs help? Well, to be perfectly honest, you can't. However, if you're concerned about their well-being because you've noticed unusual moods or behaviors lately, then it's a good idea to encourage them to see a doctor.

Below you'll find a checklist of possible symptoms that could suggest your loved one is bipolar. Before you go through these symptoms, I need to give you a couple of pieces of important information.

1. No one will have all of these symptoms, but only a couple of symptoms does not mean your loved one has a problem. If your loved one has five or more of these symptoms, they should see a doctor.
2. Many of these symptoms can be caused by physical illness as well as by mental illness. A physician should first rule out all possible physical ailments.
3. Make sure that you don't confuse your loved one's normal personality with a serious problem. Everyone is different and those differences don't automatically signal mental illness.
4. You should make sure that your loved one gets medical treatment if they have any of these symptoms to an extreme level, if they have a large number of symptoms, if the symptoms go on for weeks or months, if the symptoms start having visible effects, such as poor work performance.

With those things in mind, you can read through this checklist of symptoms:

- Mania
- Depression
- Poor judgment
- Unexplainable anger
- Inability to concentrate
- Losing friends suddenly
- Changing jobs frequently
- Withdrawing from friends, family members, and society
- Being less active than usual
- Being unable to sit still



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- Doing things without thinking about the consequences
- Crying frequently
- Thinking about death excessively
- Having delusions or hallucinations
- Feeling useless, worthless, and hopeless
- Eating less or eating more than normal
- Sleeping less or sleeping more than normal

### The Diagnosis Process

In most cases, your loved one will first see their family doctor. Then that doctor will determine how to proceed. If he thinks there is the possibility of a mental illness, he will probably refer your loved one to a psychiatrist, a psychologist, or a therapist.

When your loved one does go to the doctor for diagnosis, he or she will have to provide quite a bit of information so that the medical professional can get a clear picture of what has been going on. Generally, this information includes their medical history and their family's medical history, as well as a discussion of the symptoms and problems they've been currently experiencing.

You may also be consulted by the doctor, if your loved one gives permission. You can, after all, provide valuable information on how the person is acting and how their behaviors have changed. When and if the doctor does talk to you, be honest and straightforward. Don't offer up your own suggested diagnosis, just stick to describing the symptoms and changes you've noticed in your loved one.

The mental health professional will also conduct what is known as a Mental Status Examination (MSE). The MSE consists of two parts: questions and observation. As the doctor is talking to your loved one, he will watch their mannerisms, behavior, mood, and way of speaking and will note if any of these suggest possible mental illness. Additionally, the doctor will ask your loved one questions that are designed to find out more about the problem, such as "Do you ever think about committing suicide?" or "Do you often have trouble concentrating?"

After the doctor collects all of the necessary information, he will offer a diagnosis and will make some suggestions on how best to treat your loved one.

One important thing is do NOT just assume that your loved one has bipolar disorder unless he or she has seen a qualified mental health professional. They may have a different type of mental illness, they may be suffering from a physical illness that produces similar symptoms, or they could be having a negative reaction to medication they are currently taking. You should NEVER try to treat any mental illness without the assistance and guidance of a trained medical professional.

Many supporters of bipolar loved ones worry that the diagnosis will upset the

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individual and that's one reason they avoid taking action. However, most patients are relieved to finally know what's wrong with them. In some cases, these individuals have been dealing with substance abuse problems, depression, eating disorders, promiscuous sexual behavior, and other serious problems without realizing that all of these issues were tied into one main mental health problem: the bipolar disorder.

## Chapter 3

### Helping Your Bipolar Loved One

Let me ask you a question: When you first found out that your loved one was bipolar, how did you react?

In my family, we chose to ignore it. We pretended nothing was wrong. In other families, people react by thinking that their loved one is making it up or by being convinced that their loved one has somehow brought the problem on themselves. Some people react by blaming themselves – especially parents and spouses – who feel they could have done something to prevent this from happening. Many other people react by worrying about what the disorder will do to their loved one, to them, and to the rest of the family.

All of these reactions are normal, don't beat yourself up about it. We can't help how we feel when life throws us a major curve ball. All we can do is work through those feelings so they don't prevent us from providing the support that our loved one needs.

When you accept the role of caregiver, it can be initially very stressful. Chances are you may not fully understand your loved one's condition and you may not have any idea how to help them get through an episode. That's one reason why you are reading this book, because less than a year ago I was in the very same place you are in and now I'll help you learn from both the mistakes that my family made and the research I've learned and the things I've tried.

If your loved one has never had treatment for bipolar disorder, they will probably be resistant at first. When someone is diagnosed with a mental illness or has to see a psychiatrist, there are many conflicting thoughts that come up which they have trouble dealing with.

Most bipolar disorder are fully functioning members of society when they aren't in an episode, so they may be offended that you think they need mental health treatment. They may think you are saying they're "crazy." They may also be worried about the consequences of seeing the doctor. Many people believe that they could end up hospitalized for the rest of their life if they go for treatment, but this is not the case either. Hospitalization, when necessary, is only temporary and is only designed to help them recover safely.

Others have the perception that seeking treatment for a mental illness shows that they are weak and can't handle it themselves. This feeling has grown out of a common misconception that mentally ill patients somehow bring on their own problems and, therefore, could overcome them if they had enough will power. That's not the case. Bipolar disorder is a genetic illness caused by an

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imbalance of brain chemicals; there is nothing that a person could do to cause the problem and the only way to treat it effectively is with a combination of medication and psychotherapy.

With older loved ones who have been dealing with bipolar disorder alone for a long time, you may have a different obstacle. They may have gone to treatment before and been told nothing could be done for them, because mental health care has only made significant treatment advances in recent years. Just a few decades ago, most patients with a mental illness were either treated with long-term hospitalization or with electroconvulsive therapy. Today, both of those options are rarely used for bipolar disorder and only in the most severe cases.

Your attitude toward your loved one's illness and its treatment will have an impact on their reaction to it. If you are negative about the process, then they will be less likely to continue because they will also think of it as a hopeless endeavor. However, if you are positive and encouraging, your loved one will pick up on that and will be more likely to accept and follow their doctor's advice. That doesn't mean you won't encounter difficulties, but it does mean those difficulties will be somewhat easier to manage, especially during stable moods.

# Chapter 4

## Finding the Right Medical Professionals

With bipolar disorder, treatment is an absolute necessity. Our loved one cannot battle this disorder without the assistance of medical professionals even if they are convinced that they can.

### Medical Professionals Involved in Treatment

There are a number of professionals who can help provide treatment for your loved one in different ways and depending on their needs, you may need to work with one or all of these individuals. Let's talk about a few of them now.

#### **Family/General Doctor**

In many cases, the first person who knew about your loved one's symptoms was his or her regular doctor. The family doctor can offer some valuable assistance to you. For one, he can refer you to other experienced professionals who are more knowledgeable about bipolar disorder. He also will have more familiarity with your loved one's medical history, including current medication for other health problems. Plus, he can rule out any other types of causes that might have led to the bipolar symptoms.

#### **Psychiatrists**

For many people with bipolar disorder, they need the assistance of a psychiatrist. Psychiatrists are doctors who specialize in the treatment of mental illness. Unlike psychologists, they can prescribe medication for your loved one. They may also be able to assist you in getting your loved one hospitalized if a current episode warrants that type of action.

#### **Psychologists**

The biggest difference between psychiatrists and psychologists is that psychologists are not medical doctors and, therefore, cannot prescribe medication for your loved one. However, they can assist you with other types of treatments, including family counseling, group therapy, and one-on-one psychotherapy. Psychologists often are called in to do testing in order to determine your loved one's diagnosis.

#### **Clinical Social Workers**

These professionals have gone through extensive schooling so that they understand the needs of patients with mental health problems. They also have first hand experience with many severe problems, including substance abuse. They can help your loved one in many practical matters, such as finances, housing, and transportation, plus they can provide counseling.

## Finding the Right Medical Professionals

### **Pharmacists**

While most of us take these people for granted when we go to pick our prescriptions, they can be an extremely valuable source of assistance. Pharmacists are licensed and trained in how to properly dispense medication; they can't diagnosis medical conditions. What they can do is to warn you about potential drug interactions, which can be a serious, life-threatening problem if your loved one is taking a number of medications for the disorder and for other medical problems. They can also give you information about what side effects to watch for. Basically if you ever have any question about any of the medications your loved one is taking, your regular pharmacist should be the first person you consult.

### **Marriage and/or Family Therapists**

Therapists, like psychologists, are not medical doctors, but they are licensed in providing counseling to people in their specialty area. There are a wide variety of specialties available, but the two which your family will be most likely to use are marriage and family therapists. As you may already know, bipolar disorder can be a tremendous strain on our relationships with our loved ones and with other family members. A Therapist can help you find better ways of coping with those problems. Therapy can involve only the individual or it can involve multiple people depending on the problem and the willingness of the other family members to participate.

### Getting Involved in Treatment

Regardless of which professionals you turn to for help, you need to become actively involved in the treatment for a number of reasons. Let me illustrate the reasons why with two of my own stories.

#### **Story #1**

As I mentioned before, my family always took a hands-off approach to my mother's condition. We pretty much left her treatment up to her and her doctor. That was a huge mistake. For a long time, my mom had been taking one type of medication and it had been doing a wonderful job for her. Then, all of a sudden, her doctor decides to switch her medication. The change actually pushed her into one of her most severe episodes that she'd gone through. Eventually, she had to be hospitalized. Later on, I went to her doctor to find out why he had changed her medication. He hadn't even written any reasons down on her charts (this made it difficult for the staff at the hospital to treat her properly because they didn't know why he changed her medicine either). When I asked him directly, he **COULDN'T GIVE ME AN ANSWER!** Can you believe that? His actions put my mother in the hospital and put my family through a myriad of problems and he couldn't even explain why he'd done it! So I asked him other questions about her condition, and he couldn't answer those either. At that moment, I realized that he was definitely not the doctor to treat my mother's condition and that was the last time he was ever involved in her case.

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### Story #2

One of the things we have to watch for with our loved ones is that people will try to take advantage of them. It seems horrible, but it's a reality. And sometimes people we should be able to trust completely are the ones who are most guilty of this. My mother had chosen to go to a particular therapist. She made the choice herself, since my family still wasn't involved in her treatment at this stage. My mother went to see this woman a few times a week, and this woman eventually used up every penny of insurance my mother had. However, that didn't stop the therapy sessions. The therapist then began to ask my mother to pay for each session in cash, which she did. The woman had convinced my mother that if she missed a session she would literally fall to pieces, which is a very persuasive argument for someone with bipolar disorder. After this went on for awhile, my mother also became suspicious and finally stopped going to her at all. Only after she'd made that decision did she tell the rest of us what had been going on. We found out that the therapist wasn't even licensed to work with people who had bipolar disorder in the first place; she was just a marriage counselor!

As you can see from just these two examples, if our family had been more active in my mother's treatment, we could have prevented both of these problems. However, we didn't know then how important our contributions could be. We just blindly believed that all medical professionals were knowledgeable, trustworthy, and reliable. We know now that nothing could be further from the truth.

Another reason to be actively involved in your loved one's treatment is the 5-95 rule. Let me explain what that is.

You see, out of every 100 patients a doctor has, I believe 95 receive assembly line treatment. The doctor comes in, looks briefly at the chart, asks a couple of questions, writes a prescription, then moves on to the next patient. With these patients, the doctor doesn't give their condition a second thought when he leaves the examination room. The other 5 patients, however, receive extraordinary care. The doctors are attentive to them, listen to their questions, explain things carefully, try to reduce their concerns, work closely with the families, and think about their conditions even outside of the office.

Every person actually deserves to receive that type of care from their doctors but that's just not the way the world works. Unfortunately, even the best doctors are going to focus most of their attention on a minority number of their patients. Obviously, you want your loved one to be in that minority.

So how can you make sure your loved one doesn't end up in the 95? You can be actively involved in the process. Don't hesitate to check in with the doctor periodically about your loved one's condition. Drop by to chat with the therapist. Stay in touch with your loved one's pharmacist. Make sure that all of your loved one's professionals know your face, voice, and name almost as well as they know your loved ones.

Why do you need to go to all this trouble? Well, because if the doctor knows

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someone is watching him and watching out for his patient, it's going to keep him on his toes. He won't take sloppy shortcuts when it comes to your loved one's treatment because if he does, he knows it's going to come back to haunt him.

Most people don't have anyone watching out for their best interests and that's why they end up in the 95. Your hands-on involvement will keep the medical professionals in line and ensure that your loved one gets the best treatment available at all times.

### Finding Good Medical Professionals for Your Loved One

I don't want your loved one to have to go through what my mother went through and that's why I want to help you find an excellent medical professionals to help treat your loved one.

If your loved one is already seeing a doctor, therapist, or psychiatrist, but you haven't taken part in the treatment or you haven't met the doctor yet, you need to do so as soon as possible. Go with your loved one during their next appointment or call the doctor yourself. I know many people don't feel comfortable getting involved in this aspect of their loved one's care, but you have to and, believe me, good medical professionals will want you to be a part of the treatment. They won't try to force you out of the picture.

When you do talk to the current professional, you should ask them some important questions. Again, I know most of you have been trained never to question anyone in the medical field, but you have to overcome that and realize that not all of them are created equal. Below is a checklist of some of the questions to ask:

- Where did you go to school? What did you study?
- How long have you been practicing in your field?
- How much experience do you have dealing with bipolar disorder?
- How do you stay current on medical trends since things change so rapidly?
- Do you feel comfortable working with other doctors and professionals who are involved with the same patient?
- What treatments and therapies do you feel work best for patients with bipolar disorder?
- How easy are you to reach if your patient has an after hours emergency?
- Do you feel comfortable having the family actively involved in the patient's treatment?
- Have you ever had your license suspended or revoked?
- Do you think (loved one's name)'s condition has improved since you've been working with him/her? How has it improved? What do you believe caused this improvement?
- Do you believe in permanent disability for patients with bipolar disorder? (This is an especially important question because without the doctor's



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support your loved one doesn't stand a very good chance of being approved for disability benefits)

You can, of course, add more questions if you need to. Remember doctors and medical professionals are there to help you and your loved one. If they seem reluctant to answer your questions, if they don't want to meet with you or to have you involved in the process, then you need to find a different medical professional. It's that simple. Also, even if they are willing to answer your questions, but you aren't happy with the answers, you need to find a different medical professional.

So, if you do have to find a new doctor or therapist, you're wondering, how do I go about it?

I know the task is a daunting one. In most cities, there are dozens, even hundreds, of professionals to choose from. Now, your insurance may limit you somewhat in who you can choose, but usually you'll have to do your own limiting.

Probably the first place you'll look is the yellow pages. That's not a bad place to start if you just want to become familiar with those available in your area, but it shouldn't be the sole basis for your decision. Remember the yellow pages are paid advertisements, so anything that you read in those ads was put there by the doctors themselves.

You may also try asking your friends and/or co-workers for recommendations, if you feel comfortable discussing your loved one's condition openly. The problem here is that you'll usually only get one name and that's not a large enough sampling to work with.

You'll definitely want to avoid relying on Internet searches, magazine directories, or any other method which is primarily used for advertisement. Professionals who appear in those arenas aren't necessarily the best at what they do; they just have bigger marketing budgets.

You can ask social workers, nurses, and other medical professionals if they know of any good doctors in the field. Most of them will be able to give you at least one name. Their recommendations are important because they have experience working with these professionals and with their patients, so they have insight from both sides.

Of course, even if you do compile a list of potential names, you may still run into the same problem my family did when we tried to change my mother's doctor: no one seemed to be taking new patients.

Medical professionals know how many patients they can handle, and it's wise for them to limit their practices so they don't become overwhelmed by the demand for treatment. However, it can make it more difficult for you when you try to find someone to help your loved one.

## Finding the Right Medical Professionals

That's one of the reasons why I created a new way of finding a doctor. You see, my background is in marketing, so I decided to apply my knowledge in that field to my family's need to get quality professional help for my mother and it worked.

### **My Method for Finding the Best Doctor, Therapist, etc.**

Let me warn you in advance: this method is unorthodox. When I first tried it, most people thought it was stupid and wouldn't work, but it did work for us and it will work for you.

All I did was send out letters to all of the potential professionals. I explained to them in the letter what my mother's situation was and what we were looking for in a doctor. I also included a number of questions about their qualifications which I asked them to answer and fax back to me. I also requested that if they weren't accepting new patients for them to send me referrals.

Six doctors responded to my letters in one week. I started with the first one. I read through her responses to my questions, did a background check on her, and had my mother talk to her over the phone. All of those things went well, plus I really liked the person who was working as her receptionist. That may not seem important to you now, but keep in mind that every time you have a problem, every time you have to make an appointment, every time you have a question you are first going to have to deal with this person and you'll quickly realize that you definitely want to like the receptionist of any doctor you choose.

We decided to use that first doctor, and we've been very happy with that decision. Part of the reason that this system works so well is that the type of doctors who will take the time to respond to your letters are exactly the type of doctors you want working with your loved ones. These doctors are willing to take the time to put your mind at ease and have a real desire to see your loved one's condition improve.

Remember that you can use this system to find any type of medical professional, so even if your loved one is happy with their psychiatrist, you can use it to find the right therapist or the right family doctor.

Before we move on to the next point I want to make, I wanted to provide you with a checklist that will help you determine if your loved one's doctor is doing a good job:

- Make sure the doctor listens well
- Make sure you and your loved one feel comfortable talking to him or her
- Make sure that the doctor is willing to look at multiple possibilities, instead of pigeonholing your loved one into only one diagnosis
- Make sure the doctor goes over the advantages and risks of every treatment option
- Make sure that the doctor is aware of any new treatment possibilities that are being used

## Finding the Right Medical Professionals

- Make sure that they evaluate your loved one's progress periodically
- Make sure that they keep you and your family informed of changes in medication, condition, or progress
- Make sure they are willing to help your loved one whenever necessary, even after hours
- Make sure they take your concerns and/or your complains seriously
- Make sure they NEVER take your loved one off a course of treatment that has been working consistently
- Make sure they NEVER take personal calls (unless it is a family emergency) during your loved one's meetings
- Make sure they NEVER encourage your loved one to maintain any type of social, financial, or sexual relationship with them
- Make sure they NEVER spend more time unloading their own personal problems on your loved one than they do listening to and talking about your loved one's concerns

That checklist may seem like a tall order, but your loved one and your family don't deserve anything less.

### The Importance of the Therapist

Before we leave the topic of doctors, I need to share another important point with you. Some doctors do not want to admit that a therapist is an important part of bipolar treatment. They think all your loved one needs is medication and while medication is important, it can't help with everything that your loved one may go through.

We talked about triggers before and how they can set off your loved one's episode. Well, therapists can help in this area. For example, if your loved one hates his or her job and is stressed out constantly because of it, then those feelings, which could trigger an episode, are actually working against the medication. It's like a battle going on within your loved one between the trigger and the mood stabilizer. Eventually, the doctor will have to change the medicine or increase the dosage of the medication to give it a fighting chance against the trigger.

If your loved one also has a therapist, however, he or she can talk about those feelings and about what is causing them. The therapist might even tell your loved one to change jobs or might give them some strategies for easing their stress levels. When those triggers, like stress, are reduced or are dealt with effectively, the medication is able to work better and will be more likely to preserve your loved one's stability.

When you help your loved one select a therapist, make sure that their qualifications reach the same level of integrity that you would expect from your doctor. Even though they don't prescribe medicine for your loved one, the wrong therapist could still cause more damage than benefits to your loved one.

## Finding the Right Medical Professionals

Let me give you a few examples of how this can be true:

- **Giving them bad advice** – Some therapists simply don't have the knowledge necessary to deal with bipolar patients. You need to make sure that your loved one's therapist is experienced with the disorder.
- **Telling them not to take their medication** – While it may seem hard to believe, there are some therapists out there who will actually tell your loved one to stop taking their medication or who will try to persuade them that all drugs are bad.
- **Taking money from your loved one** – Unfortunately, patients with bipolar disorder are often taken advantage of by people who should know better. Therapists often form a strong relationship with their patients, and then ask for money for each session knowing that the patient will be reluctant to stop seeing them.
- **Basing advice solely on patient's information** – Remember that bipolar individuals don't always have a clear understanding of their conditions or of the reasons for their caretaker's behavior, so they may tell the therapists things that aren't actually true. A good therapist will only provide advice after confirming the validity of the information.
- **Manipulating them to create a dependence** – Bad therapists will try to convince your loved one that they need them in order to stay healthy. By doing this, they can create a situation where your loved one becomes dependent on them, and this can lead to many of the problems above.

You can protect your loved one from dangerous therapists by following the three simple steps which are listed below:

- **Help** your loved one select a licensed clinical social worker as a therapist so you can both be assured of their qualifications
- **Ask** how the therapist feels about medications because you definitely don't want your loved one working with someone who may encourage them to stop taking their prescriptions.
- **Stay** in contact with the therapist. Make sure your loved one and the therapist know upfront that you want to be kept informed of which treatments are being used and how the therapist feels your loved one is progressing. If things don't seem to be going well or if you disagree with the therapist's treatment plan, don't hesitate to switch to someone else.

# Chapter 5

## Understanding Different Treatment Methods

Ok, now that we've talked about how to ensure that your loved one has the right professionals to help them deal with bipolar disorder, we need to discuss some of the treatments that are commonly used. Decisions regarding treatment are, of course, made by the professionals, so you need to make sure that you agree with the methods they may recommend (that's why it's important to ask what types of treatments the doctors will use in advance). My mother's doctor (the one we got rid of), for example, did not believe in hospitalizing bipolar patients.

Not to get off track, but I would advise you never to use a doctor that believes this because there is a good chance that at some point your loved one may need to be hospitalized for their safety and for yours. In my mom's case, we found out that she had gone to her doctor in November and had asked him to put her in the hospital because she could feel the episode getting worse. He told her she was fine which was far from the truth. In fact, the only way I got him to cooperate with me was by threatening to have him investigated. You shouldn't have to threaten your loved one's doctor to get them to treat them appropriately.

Hospitalization is just one type of treatment, however, and normally it is reserved for only serious situations that require immediate intervention. We'll talk more about this later in the chapter.

With bipolar patients, treatment usually involves a number of components because the disorder has such an impact on every aspect of their lives. In general, most medical professionals will create a treatment plan for your loved one that includes the following elements:

- Medication
- Psychotherapy
- Support groups or group therapy
- Hospitalization (during an episode)

Family/marriage counseling may also be recommended in some cases, as well drug/alcohol counseling if substance abuse is a problem for your loved one.

### Your Role in Your Loved One's Treatment

We'll talk about each of these therapies individually, but remember that you have a few responsibilities when it comes to treatment:

1. You need to determine whether the current treatments seem to be working
2. You need to make sure that your loved one continues with the treatment

## Understanding Different Treatment Methods

plan

3. You need to understand the purpose behind each method of treatment.

I want to touch briefly on each of these responsibilities before we start talking about the different types of therapies because I believe it is vital for you to understand your specific role in this process.

1. **You need to determine whether the current treatments seem to be working**

Many people don't know how they can tell if a treatment is working, but the truth is it's quite simple. When treatment is effective, your loved one should be more like their old self. They should be eating normally, doing the things they normally enjoy, exhibiting normal sleeping behaviors, being able to interact with friends and other family members again, and showing fewer bipolar symptoms. You can't expect immediate results, even with medication. It does take some time. However, if you haven't begun to see these types of changes in your loved ones within two to three weeks, then the treatment plan is **not working**.

You may want to consider keeping a simple diary or journal concerning your loved one's behavior during the initial phase of treatment, so you won't have to rely on your memory. For example, if they seemed very sleepy after they take their new medication, you could write this down and take it with you to the next doctor's visit so that you can help him adjust your loved one's medication and dosage. Taking notes in this way is also extremely helpful if you share caregiver duties with any other family members or friends, so that you can get together and compare notes to get a complete picture of your loved one's condition.

2. **You need to make sure that your loved one continues with the treatment plan**

One of the most common questions people ask me about helping someone who has bipolar disorder is how do you get them to take their medicine when they don't want to. Education will help in most cases. Evidence suggests that bipolar patients who are told exactly why they need to take their medications, what different treatment options are available, and what may occur if they don't continue their current treatment will follow their doctor's order.

Unfortunately education alone doesn't always do the trick and the bad news is that you can't force your loved one to do anything he or she doesn't want to do unless you have them committed involuntarily and that's a drastic measure which generally isn't necessary.

Even though you can't force them, you can coerce them into doing what you want if you know how to sell them on it. You see, my background is in sales and marketing so I understand that the key to selling someone (which is basically getting them to do something they don't want to do) is telling them the benefits. You can't tell them "Take your medicine and it will make you feel

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better” because they may already feel fine if they're in a manic episode, so you need to be clever.

With my mom, I know she cares a great deal about her job and when she's in an episode she puts her job in jeopardy. So I told her “Mom, if you take your medicine, you'll be able to go back to work soon” and it worked because I know what motivates her. Your loved one's motivation may not be his or her job, it may be their spouse, their children, or their favorite hobby. Your job is to identify that motivation and use it to get them to do what they need to do.

Also, if your loved one doesn't want to take their medication, you should ask them why. Many of these medications have tremendous side effects that are almost unbearable for some patients, and I know I wouldn't want to take a prescription every day that made me feel worse, would you? If you do find out that's the case with your loved one, then talk to their doctor and he will work with your loved one to find the right medicine and dosage for them. They shouldn't have to suffer because of their medication.

Finally, and I won't be able to stress this enough, don't ever give in to your loved one. They will try and say anything sometimes to avoid continuing their treatment, and the temptation will be great for you to just let them slide once or twice. Don't do it! If you give in once, you'll give in again and the next thing you know your loved one will be in the middle of an episode that could have been prevented. So, I repeat NEVER GIVE IN TO YOUR LOVED ONE!

### 3. **You need to understand the purpose behind each method of treatment**

A big part of your job with your loved one's treatment is to understand how each element of the plan will help them. Not only will this come in handy if you ever have to try to persuade your loved one to take their medication or to go to their support group, but it will also help you to determine which part of the treatment is not working. Sometimes it may be the entire plan that needs to be reworked, but in other cases it may just be that changes to the medication or in the dosage may be needed or that a different therapist should be used. Because you will spend more time with your loved one than anyone else, your input can be a tremendous asset to the medical professionals if you understand how the treatment is designed to affect your loved one.

Trust me, I realize that taking on this responsibility sounds like a huge task and one that may require more of you than you think you can give. But you can do it.

### Treatment Methods for Bipolar Disorder

Now that you understand how you can be an asset in your loved one's treatment program, let's talk about the different possible elements that might make up that program.

## Understanding Different Treatment Methods

### **Medication**

Usually this is the first line of treatment for bipolar disorder. Because it's such a complex issue, I've dedicated an entire chapter to it.

While you'll read detailed information about drug therapy in the next chapter, let me tell you that the most important thing your loved one can do to preserve their quality of life and to have stability in their life is to continue taking their medication exactly as their doctor has prescribed. Going off the drugs because of the side effects or because they feel fine is not going to help them in the long run.

Also, you must keep in mind that the medication is an essential part of treatment. I've seen people abandon their prescriptions and turn to meditation, yoga, herbal remedies, you name it to try and treat bipolar disorder. None of those things are going to help your loved one find long-term stability.

### **Psychotherapy**

Psychotherapy is what most people think of when the idea of seeing a psychiatrist comes up. Basically your loved one will talk to a trained professional (usually a psychologist or therapist) who can help them express their feelings about their disorder and about their situation in general.

Bipolar disorder, as with most mental illnesses, causes just as many confused emotions in the patient as it does for the family members, perhaps even more so. They need to be able to discuss those feelings openly and safely so that they don't build up and trigger episodes.

Another benefit of psychotherapy is that it can help patients learn strategies for dealing with their disorder. For example, a therapist may be able to help your loved one determine what feelings or events trigger episodes. Then, they can work out ways to avoid those triggers.

Finally, psychotherapy often works well in helping patients cope with their memories of what they've done during their manic episodes. During a normal or depressed mood, they usually will remember at least some of the sexual partners, the spending sprees, the aggressive behavior, the hurtful words, the substance abuse, etc. One bipolar young woman reported feeling like a slut because of some of the activities she engaged in during a hypomanic episode, for example. Your loved one needs to be able to talk about these feelings with someone who won't judge them and who won't tell others. They also need help in dealing with those feelings appropriately so they don't become bogged down in guilt, low self-esteem, or self-directed anger which can just aggravate the existing disorder.

Psychotherapy can also be helpful to you and to other members of your family who are trying to cope with your loved one and the disorder. You probably could also use someone with whom to share your feelings without having to worry about being judged. Some professionals may even want you to participate in your loved one's sessions because mental illness does not only affect the



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individual, it affects the entire family.

Generally, psychotherapy is not used on patients while they are in a manic episode because one of the symptoms is usually a denial of the problem. Once your loved one begins to return to a more stable mood, however, he or she will benefit greatly from talking to a psychologist or therapist.

### **Support Groups**

Support groups come in a number of different types, but most of them are small gatherings of people who either have bipolar disorder or who have a loved one with bipolar disorder. The main idea of support groups is to help individuals realize they are not alone and to help all members feel more comfortable talking about their disorder.

Don't expect to go to a support group and discover any effective strategies for you or for your loved one. What many people don't realize about support groups is that the only people who attend regularly are those that are struggling to come to grips with their problem. As soon as someone gets on the right track, they begin to avoid the support group.

That doesn't mean support groups aren't a valuable part of your loved one's treatment, however. You and your loved one can learn a lot just from being with and interacting with other people who understand your situations. Below are just a few of the benefits you can both gain from regularly attending a support group:

- Support groups can educate both of you about the disorder, about strategies for coping with it, and about the latest developments in treatment.
- Support groups can help you and your loved one shake off the stigmas often attached to mental illness by being around other people with the same disorder.
- Support groups encourage both of you to interact with others in a social situation, so neither of you withdraw from the world.
- Support groups can also help you learn about ways to get financial assistance for your loved one and can give you some ideas of other ways to find them the help they need.

If your loved one's doctor recommends a support group, he or she will probably refer you to one. You can also find a group on your own by visiting [www.DBSAlliance.org](http://www.DBSAlliance.org) or calling 1-800-826-3632. This web site and phone number will connect you to the Depression and Bipolar Support Alliance which runs more than 1,000 support groups in the United States.

If they don't offer any support groups in your area, then contact your loved one's doctor, nurse, or therapist and request a referral.

Before you or your loved one joins a support group, you'll need to think about a few issues in order to choose the right one for your needs. First, make sure you

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have a clear understanding of the group's philosophy. Not all groups operate on the same basic principles. Some are focused on more on dealing with specific aspects of the disorder, some rely heavily on a spiritual aspect, others encourage members to become "buddies" to help one another out, etc. Before you or your loved one attends a meeting, you should read through some of the group's handouts and talk to the group leader. You want to make sure that the group will be a good fit for your loved one and their overall treatment plan. Also, make sure that the group is designed in such a way to provide some of the benefits listed above. Otherwise, you and your loved one would be better off joining a different support group.

### **Hospitalization**

When your loved one is going into or is already in an episode, he or she may need to be hospitalized for treatment. Even though we might like to believe that we can handle the situation ourselves, that's not always the case and our loved one may need to be some place where they can be constantly monitored and cared for so they don't cause harm to themselves or to someone else.

If you are unsure whether your loved one should be hospitalized, you need to talk to the mental health professionals he or she is working with. The therapist will be able to tell you if there have been any noticeable changes in your loved one's behavior. They are trained to watch for these changes, so they may catch them even if you don't. If the therapist is in communication with your loved one's doctor, they may have already begun discussing hospitalization. If not, then you should mention your concerns to the doctor yourself. Explain what symptoms you have seen, get a report from the therapist (if necessary), and ask him to evaluate the situation.

Alternatively, many communities have a service that will come to your home and evaluate your loved one for you. To find out if this service is available in your area, you should contact your county mental health organization.

Now if hospitalization is warranted, your loved one may be reluctant to go. You'll need to use all of your powers of persuasion to convince them to voluntarily. Say anything that you think might work. Agree with anything they say. Use reverse psychology, manipulation, whatever it takes to get them to give you the green light on the process.

Some people have also asked me what they can do if nothing seems to convince their loved one. The answer is nothing unless they pose a threat to themselves or to someone else, then you may need to consider involuntary hospitalization.

Laws regarding involuntary hospitalization do vary from state to state. However, most allow temporary hospitalization for people who have a mental illness and who may be dangerous. If your loved one threatens you or threatens to take their own life and refuses to go to the hospital, then you need to contact the police and have them take your loved one to the facility. Before you reach that point, however, you should do some homework and find out what the involuntary

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hospitalization rules are in your state so you'll know exactly how to handle the situation. To find out that information you can contact local hospitals, crisis centers (they usually have a hot line number in your phone book), police departments, mental health centers (also listed in the phone book), or your loved one's doctor and/or therapist.

### **Other Types of Treatment**

As I mentioned, medication, psychotherapy, and support groups are just three of the most common types of treatments your loved one's doctor may recommend. There are others as well which may be called for in certain cases.

#### *Counseling*

Different types of counseling, for example, may be required for your loved one and for you. Married couples who are dealing with one spouse's bipolar disorder need to take part in marriage counseling in order to keep their relationship strong. Because individuals with bipolar disorder can engage in so many behaviors that can jeopardize that relationship, outside intervention is a necessity.

Another problem many bipolar patients deal with is substance abuse. Whether they take drugs or alcohol to forget the symptoms of the disorder or as part of a manic episode, they need to receive substance abuse counseling in addition to their other types of treatments.

#### *Electroconvulsive Therapy*

Another treatment which may sometimes be used, even though it sounds horrific, is electroconvulsive therapy (ECT). With ECT, your loved one's brain would receive a mild electrical shock. The shock causes a minor seizure in the brain which temporarily relieves the symptoms of either a severe depressive or manic episode. While the idea of ECT treatment may remind us of old movies where mentally ill people were strapped to tables and shocked until they became more like zombies than people, the technique is itself harmless and causes less side effects than most of the medications on the market.

However, ECT treatment is not commonly used. When it is used, the medical professional usually has determined that the patient needs immediate assistance with his or her symptoms or the patient has tried other treatments without success. ECT is considered a "last resort" treatment mainly because it is extremely costly and would require your loved one to under general anesthesia, which always involves some degree of risk. If your loved one's doctor suggests ECT treatments, then you need to ask them why they believe that to be the best answer and what available alternatives are there.

#### *"Pacemakers" for the Brain*

Another treatment, similar to ECT treatment, is also being tested on patients who suffer from depression and may be able to help your loved one in the near future as well. With this method, a small pacemaker-like battery-operated device is implanted in the chest. A wire runs from the device to the vagus nerve located in

## Understanding Different Treatment Methods

the neck which is one of the main conductors of nerve impulses from the body to the brain. At three minute intervals, the pacemaker-device sends out surge of electricity which travels up the wire, to the vagus nerve, and to the brain. The electricity stimulates the brain in much the same way that ECT treatments do.

Originally, the device was approved by the FDA for the treatment of seizures but doctors noticed that patients who were using the device seemed happier and decided to test them at treating depression. In Europe and Canada, the devices are already been sold as depression treatments and the FDA should approve them for similar use in the United States within the next two years.

No matter which combination of treatments, your loved one's doctor proposes, you should begin to see improvements quickly. If you do not notice any changes or if your loved one's symptoms worsen, you need to consult his or her doctor.

Also, if you or your loved one has any doubts about the treatment plan that the doctor has laid out, then never hesitate to ask questions and to request a second opinion. A good doctor knows that his job is not only to treat the condition but is also to ease the mind of his patient and his patient's family, so he will do whatever it takes to be sure that you feel comfortable with the treatment plan he has proposed.

# Chapter 6

## Dealing with Your Loved One's Medication

Prescription drugs are almost always used for the treatment of bipolar disorder. Many people are resistant to the idea of drug therapy because they fear their loved one will become an addict or will have to depend on drugs their entire life. Unfortunately, the latter half of that fear is usually accurate.

Even though people with bipolar disorder can go years between episodes, there is no cure and medication is usually required permanently to allow the individual to lead a normal, productive life. However, having to take a pill or two every day is nothing compared to having to deal with the major disruptions of manic highs and depressive lows that result from not taking medication to control the disorder.

That doesn't mean there aren't doctors out there who act more like drug dealers than physicians. The way the system works many doctors do get kickbacks from pharmaceutical companies when they prescribe certain medications. With these doctors, the treatment of their patients often takes a back seat. Thankfully, these doctors make up a minority portion of the profession.

### Choosing the Best Medication

Most of the medications your loved one's doctor might prescribe are designed to bring balance to the chemicals in the brain. If you remember back to when we talked about the role of neurotransmitters in mental illness, then you can understand why this balance is important.

Essentially, the goal of drug therapy is to stabilize your loved one's moods. By balancing the chemicals, the hope is that your loved one won't enter an episode.

Finding the right medication, however, can often be the challenging part of the treatment process. Currently, there are over two dozen prescription medications that can be used in the treatment of bipolar disorder. Your loved one may have to try a number of them before finding the one that is ideal for their treatment program.

While it may seem a simple process, your loved one's doctor must identify a drug that meets all of the following qualifications:

- The drug should minimize symptoms (or get rid of them altogether) – this is the primary goal of the treatment, after all
- The drug should be easy to take – the more difficult it is for your loved one to take the medication, the less likely they are to do it
- The drug must be safe – the drug must have been approved for bipolar

## Dealing with Your Loved One's Medication

disorder by the FDA

- The drug must not interact with other medications – many medicines simply cannot be taken together without causing serious problems
- The drug must not cause serious side effects in your loved one – sometimes the best medication can turn out to be the worst for your loved one if they are one of the few who experience negative side effects from taking it
- The drug must not be unaffordable – doctors should work with you to find a medication that your loved one will be able to afford since they will probably need to take it for the rest of their life

One of the most popular drug treatments used for bipolar disorder is lithium. Since 1974, lithium has been helping patients, particularly those with more manic episodes than depressive ones. However, lithium does have a number of drawbacks, including

- Large number of side effects, including weight gain, frequent urination, tremors, and decreased cognitive ability (cognitive refers to your loved one's ability to reason, think, and remember)
- Some serious, but rare side effects, such as damaging nerve tissue (neurotoxicity)
- Negative interactions with a wide array of other drugs. Many cardiac and anti-inflammatory medications interfere with the effects of lithium, for example.
- Diet has an impact on lithium's effectiveness. If your loved one can't or doesn't take in enough sodium, lithium may not work effectively or can build up to toxic levels in the body.

There are also a number of popular alternatives to lithium, including divalproex or carbamazepine. While these are becoming popular, especially for rapid cycling bipolar disorder, lithium is usually one of the first drugs most doctors try.

Lithium and similar drugs will usually also prevent depressive episodes also, but if that's not the case, doctors may prescribe an additional mood stabilizing drug or an antidepressant to be taken for a short period of time. Antidepressants are rarely given to bipolar patients, however, because it can cause a sudden switch to a manic episode. In fact, many patients who are initially diagnosed as suffering from depression find out that they are bipolar because of the effects of the antidepressant.

Choosing the right drug treatment for your loved one will be mostly a trial and error process. During that time, things will be most difficult for you and your loved one as they may experience side effects, may go into an episode, or may experience rapid cycling as a result of the changes in medication. Your loved one can assist in this process (or you can) by keeping track of when each medication is taken, how much is taken, and what effects the medication seems to have. Keeping these records can help your loved one's doctor get a better feel for how the medications are effecting their patient and can assist them in making

## Dealing with Your Loved One's Medication

alterations to the treatment plan.

Thankfully, once the right drug has been found, your loved one should be able to continue using that treatment successfully unless his or her condition warrants a change down the road.

### Coping with Side Effects

We've mentioned side effects a few times already in this section, and some of you may be wondering what types of side effects to anticipate.

Unfortunately, almost every type of prescription drug can cause some mild side effects. Usually, these side effects will go away or will be greatly reduced after your loved one has been taking the medication for awhile but that may not be much comfort to them while they are coping with the effects.

First let's talk about some of the minor side effects associated with the drugs most commonly prescribed for people with bipolar disorder, then we'll look at some better ways to deal with those effects.

### **Mild Side Effects**

Below is a checklist of potential, but minor side effects your loved one may experience from their medication:

- Nausea
- Shaking
- Fatigue
- Dry mouth
- Weight gain
- Increased thirst
- Dehydration
- Frequent urination
- Drowsiness
- Diarrhea
- Blurred vision

Even though none of these side effects are severe, they can interfere with your loved one's quality of life and can make them reluctant to take their medication.

Make sure either you or your loved one talks to the doctor about the side effects he or she is experiencing. In many cases, an additional medication can be given to alleviate the side effects. Your loved one's doctor might also lower the dosage. For instance, some doctors have found that reducing the dosage of lithium by 30% significantly reduces side effects without reducing the drug's effectiveness at stabilizing a patient's moods.

However, if the doctor can't or won't do either of these things, your loved one can try changing the time he or she takes the medication. For example, if the blurred

## Dealing with Your Loved One's Medication

vision or fatigue are interfering with his or her life, then they could take the medication before going to bed so that most of those side effects would have subsided by morning.

Nausea is one of the most common side effects for all types of drugs and, in many instances, it is also the easiest to deal with. Your loved one should try eating food or drinking milk when taking the medication. Perhaps, he or she could take their medication at breakfast and dinner. When the drug is mixed with food in the stomach, it minimizes the risk of nausea significantly.

Another common side effects associated with mood stabilizers, like lithium, and with antidepressants is dry mouth. The chemicals in the drugs actually reduce amount of saliva your loved one produces and, obviously, the result is a dry mouth.

Dry mouth can be an uncomfortable and unpleasant experience, especially over extended periods. However, there are some ways to deal with it more effectively. Below are a few suggestions:

- Suck on sugarless hard candy – this causes the mouth to produce more saliva
- Chew sugarless gum – again, the chewing sensation will cause the mouth to produce saliva
- Take sips of cold water frequently
- Suck on pieces of crushed ice
- Roll water or ice around in your mouth before you swallow it so that it eliminates the dry feeling all over
- Squirt just a couple of drops of lemon juice in the mouth – the sudden sourness will cause an immediate increase in saliva production
- Use lip balm to keep your lips moist at all times – the lack of saliva in the mouth can also cause drying of the lips
- Try not to breathe through the mouth – breathing through the mouth actually makes the mouth drier.
- Use products designed to create artificial saliva in the mouth – products like Oralbalance, MouthKote, and Optimoist are available without prescriptions through local pharmacies or online for between \$10 to \$13.

Weight gain can be another side effect your loved one has trouble coping with. With this type of medication, weight gain is often a result of the body retaining more of the fluids being taken in to combat the other side effects. Some prescription drugs may also cause an increase in appetite which could lead to weight gain as well. Your best bet if your loved one is concerned about gaining weight is to talk to the doctor. Another option is to make that your loved one is eating a healthy diet. If you help them deal with their increased appetite, for example, by providing healthy snacks instead of salty chips and overly sugared sweets, then you can keep them from gaining extra pounds.



## Dealing with Your Loved One's Medication

### **Serious Side Effects**

We've talked about some of the minor side effects that you and your loved one might have to deal with. However, not all side effects are minor. Some require immediate medical attention.

Lithium, for instance, can cause kidney problems and can be fatal if your loved one allows themselves to become dehydrated since the lack of fluids in the body can cause the levels of lithium in the blood to reach toxic levels. Divalproex, on the other hand, can cause some patient's livers to stop working properly and can cause Polycystic Ovary Syndrome, which causes cysts to form in the ovary and an increase in male-hormones such as testosterone that can eventually lead to infertility. Even though these side effects occur very rarely, they should still be taken seriously by you and your loved one.

Make sure that if your loved one begins to complain of or show any of the following symptoms that you contact their doctor immediately:

- Heart problems, such as palpitations or racing
- Jaundice
- Fever
- Rash
- Problems breathing
- Hallucinations (hearing voices, seeing things, etc)
- Thoughts of suicide, death, or violence

The first time your loved one gets his or her prescription for their medication make sure to ask the pharmacist about potential dangerous side effects as well as the milder side effects.

### **Dealing with Potential Drug Interactions**

Additionally, many drugs used to treat bipolar disorder can interfere with or cause negative reactions in patients when they are used with certain other types of medications. For this reason, be sure that your loved one's doctor knows exactly what other medicines he or she is taking, including over-the-counter medications and illegal drugs. Keep a list of all the medicines your loved one uses so that you can take it with you to the next doctor's appointment.

Another key to minimizing the risk of drug interactions is to use the same pharmacy consistently. Some people go to multiple places for their prescriptions either to take advantage of special savings on new prescriptions or just out of convenience. However, if your loved one always uses the same pharmacy, their computers should have a complete list of all the prescription medication he or she is currently taking and can warn you about any potential drug interactions that might occur. If your loved one spreads their prescriptions out to several pharmacies, he or she cannot take advantage of this added benefit.

# Chapter 7

## Coping with the Costs of Bipolar Treatment

Bipolar disorder can be a devastating illness if it is not treated properly. It can wreck a person's relationships, career, and especially their finances. One of the biggest expenses related to the disorder is actually the treatment itself and that's why we need to talk about it.

As I've said throughout this book (and will continue to say), bipolar disorder requires professional treatment. However, I'm also aware that not everyone is fortunate enough to have medical insurance that will cover the type of treatment your loved one requires. In fact, even if your loved one does have health insurance through an employer, there's a good chance they'll end up losing it when they enter a severe episode. So let's talk about some things you need to know in order to keep the costs of receiving treatment from bankrupting your loved one.

### Medical Professional/Hospitalization Costs

#### **If They Have Health Insurance**

If your loved one does have health insurance, make sure that you contact the insurance company to find out what steps need to be taken to get them to cover the expenses of seeing a mental health professional. With most plans, your loved one will have to be referred to the mental health professional by their primary physician. You will also need to be sure that the mental health professional is part of your loved one's provider network (the doctors and medical personnel whose fees are covered by the insurance plan). Going outside the provider network or failing to get a referral will usually mean that your loved one's bills won't be covered by the insurance plan.

If you do have health insurance, you may also run into another problem. Some plans place limits on how much you can spend on health care. When your loved one goes over that limit (and they usually will, especially if they need to be hospitalized), they will be expected to pay for their treatments out-of-pocket. Make sure to thoroughly read your loved one's insurance plan to see if and how much these limitations. If the insurance does run out, talk to your loved one's doctor about contacting the insurance company and requesting an extension of benefits. If that doesn't work, your loved one's doctor may be willing to work out a payment plan for your family to help make the costs more manageable.

You may be able to avoid this problem; however, if you have your loved one's disorder biologically coded. Let me explain what this means because my family found out the hard way how important it is.

## Coping with the Costs of Bipolar Treatment

When your doctor makes a diagnosis, he or she has to tell the insurance company about the nature of the problem. In some cases, the problem is a result of your own bad habits. For example, smoking might lead to lung cancer and overeating might lead to heart disease. Some times it is caused by an accident, such as a brain injury from a car crash. In other cases, the problem has been with the person from birth even if they are just now realizing the problem exists. These types of problems are considered biological.

In New Jersey and possibly elsewhere, if you have a disorder that is biologically coded, your insurance company cannot put caps on how many times you can visit the doctor for that problem. Otherwise, you will have to pay out-of-pocket for visits beyond the insurance company's limits, even if they are considered necessary by your doctor.

My family didn't have my mother's disorder biologically coded until early this year, so we had to spend quite a bit of money on treatments that weren't covered by her insurance. Now, she has almost unlimited insurance benefits.

You should call your insurance company or read through your loved one's insurance plan documentation to find out if this applies for them. Also, you can talk to your loved one's doctor. He or she should know if biological coding could help your loved one receive more treatment and, if they are a good doctor, they will do whatever it takes to prove that the disorder is biological so that their patient can receive the treatment they need.

### **If They Don't Have Health Insurance**

For those of you whose loved one's don't have insurance to help cover the costs of treatment, you will still need to find ways of dealing with these expenses. Trust me, it isn't cheap. Each visit to a Psychologist or a Psychiatrist will probably cost your loved one about \$100. If hospitalization, continued counseling for substance abuse, or ECT treatments are needed, you can expect your expenses to skyrocket.

One of the best things you can do for your loved one is to try and find medical professionals who work on a sliding-scale fee. These doctors provide the same treatment to all patients but charge them based on their income level. You may have to travel further from your home than you like to help your loved one take advantage of such a system, but it will be worth it in the long run when the bills start adding up.

Another option is to go to a medical training facility. In these facilities, new or in-training doctors will work with your loved one under the supervision of a trained doctor. The costs are usually lower and are generally income-based. On the down side, however, your loved one may end up changing doctors regularly because once a doctor finishes his training, he will move on to his own practice. Of course, this type of treatment is better than none at all.

Finally, you may need to look into Medicare or Medicaid benefits. Both of these

## Coping with the Costs of Bipolar Treatment

programs are run by the government and provide assistance in paying for the costs of medical treatment. The programs do have some differences, however, and you'll need to decide which one would be best for your loved one's situation.

Medicare is available for individuals who are over 65 years of age or who are disabled. If your loved one is under 65, you will need to go through the process of applying for Social Security benefits for disabled individuals. You can contact your local Social Security Administration office for information on how exactly to do that. Medicare does cover most medical bills, including hospital stays, doctor visits, and even temporary home care. However, it does not cover the costs of prescriptions.

Medicaid is available to people of any age who have a low income. If your loved one is not working or is unable to work, he or she may be eligible for Medicaid. You will need to contact your local department of Family and Social Services for information on how to apply and what criteria your loved one must meet to be eligible. The criteria vary from state to state. Medicaid does cover most medical costs, as well prescriptions.

### Prescription Costs

Even if you can find affordable medical care or if you are lucky enough to have your mental health care covered by your health plan, your loved one may still end up paying large amounts of money every month for prescriptions.

Many health insurance plans today don't cover prescriptions at all and others require co-payments of anywhere from \$5 to \$30 depending on the medicine. Some insurance plans also require individuals to meet a yearly deductible (sometimes as low as \$100 per year) before the plan will cover even partial prescription costs.

If you don't have insurance or your insurance doesn't cover those costs, then you do have some options.

1. Many doctors do have samples of the medication they prescribe which they can give you if you can't afford to buy the prescription drugs you need. However, this solution is generally only temporary.
2. A number of drug companies also offer programs to low-income patients so they can receive their brand-name drugs for free. You can contact the manufacturer of the drug you are taking directly and find out from them if they have such a program and, if so, how your loved one can be in that program.
3. Order your medications online from one of the Canadian based pharmacies. The difference in prices can be dramatic. For example, one of these web sites offered 100 capsules of 10 Mg Prozac for \$167.58 while just 30 capsules of 10 Mg Prozac purchased at CVS pharmacies in the United States would cost \$115.99. That's a savings of more than 50%.

The bottom line here is that your loved one **MUST** have this treatment if they are going to lead a productive life. You need to find a way for that to happen.

# Chapter 8

## Planning for Episodes

One of the biggest mistakes my family made when dealing with my mother's illness was being overly optimistic. Even though we'd gone through episodes with her before, I guess we always hoped it would be the last, so we never put together a plan for how to deal with the episodes or their consequences.

Now that I know everything that I know (and everything you will soon know), I know that planning for EVERY possible scenario is not only important, but it is critical.

Think about your loved one for a moment. How would they function if they lost their job, their health insurance, their home? What would you do if they became violent, if they had to be hospitalized, if they wouldn't take their medicine?

These are just a half dozen possibilities and my guess is you don't have a clue how you or they would deal with any of these situations. That's why you need to start planning now for what may happen in the future.

### Objections to Planning

I can guess what some of you are already out there saying: "My sister would never become violent, so I don't need to plan for that," "My mother is ok right now, and I don't want to jinx it by being overly negative," "My husband says he doesn't want to make any plans because there's nothing wrong him."

Let's address each one of these.

#### **"My sister would never become violent, so I don't need to plan for that."**

Many people have been taken by surprise by the extreme changes in moods that their bipolar loved ones have gone through. The reality is that you cannot predict what they will do in a future episode by what they have done during past episodes. If you deny the possibility that they will become violent towards you, themselves, or others, then you are inviting more problems for your family and your loved one.

#### **"My husband says he doesn't want to make any plans because there's nothing wrong him."**

Unfortunately, many people who try to support and help individuals who have bipolar disorder end up making this mistake: they listen to the bipolar person. Rarely will any bipolar person ever admit that they have a problem or that they need any type of treatment. In fact, my mother often told me that she thought I was the one who was bipolar, not her. It's not that they are in denial about the

## Planning for Episodes

Problem, it's just that they honestly can't see it. You have to be willing to do things behind your loved one's back in order to do what is necessary to protect them. That's your responsibility as their supporter.

**“My mother is ok right now, and I don't want to jinx it by being overly negative.”**

Many of the people I know have accused me of being overly negative because I always plan for the worst case scenario with my mom. However, I don't consider myself negative, I consider myself realistic. And realism is necessary to cope effectively with this disorder, in my opinion.

That's why I encourage everyone who is trying to support a bipolar loved one to learn and take to heart the Stockdale Paradox.

### The Stockdale Paradox & Bipolar Planning

Strangely enough, I first encountered a discussion of the Stockdale Paradox in a book called *Good to Great: Why Some Companies Make the Leap . . . And Others Don't* by Jim Collins, but I immediately saw how its idea could be applied to my mom's situation.

The Stockdale Paradox was named after Admiral Jim Stockdale. He was a prisoner of war during the Vietnam War for eight years and was tortured more than 20 times by his captors. While he was held, he had no idea of what his future would hold. He didn't know if he would be killed the next day or if he would ever see his family again.

One of the things that stand out about his story is that he never doubted that he would be set free one day. However, he never fell into the same trap as many of the other prisoners who were overly optimistic about their release and told themselves they would be free for Christmas or Easter or Thanksgiving.

Stockdale told Collins during his interview for the book that “You must never confuse faith that you will prevail in the end – which you can never afford to lose – with the discipline to confront the most brutal facts of your current reality, whatever they might be.”

Initially, it seems to be a contradiction that you must be both negative and optimistic at the same time, but the reality is that it makes perfect sense.

People who are overly optimistic never stop to think about what will happen if they are wrong; the possibility never occurs to them. When they are wrong, then they are devastated. They don't know how to cope when things don't turn out the way they'd anticipated.

People who are only extremely negative usually just give up. They don't see any hope or reason in working towards a goal because they believe from the very beginning that their actions will result in failure. So they never do anything.

## Planning for Episodes

The Stockdale Paradox is a combination of the best elements of both approaches. You need hope to motivate you and to keep you strong even in the face of adversity. However, you also have to realize that there will be challenges and obstacles which you will have to overcome.

Can you see how the Stockdale Paradox relates to bipolar disorder? You want to help your loved one and you want to believe that with your assistance, their life will be better. And you should never give up on that feeling, because it is true. I know from firsthand experience that it's true. However, you owe it to yourself and to your loved one to appraise their situation realistically. You have to realize that their condition is going to cause problems and that the best way to help them when those situations arise is by having a plan on how to deal with it.

### Scenarios to Plan For

Let's talk about a few of these possible scenarios and how you need to deal with them:

- Your loved one needs to go to the hospital
- Your loved one loses his or her job
- Your loved one's insurance runs out
- Your loved one doesn't have any money
- Your loved one won't take their medication
- Your loved one becomes violent
- Your loved one needs to find a new doctor
- Your loved one goes into a depressive episode
- Your loved one goes into a manic episode
- Your loved one is threatening to take his or her own life

These are just some of the possible scenarios which may come up while you are working with your loved one. Try to come up with every possibility (even if it seems remote) that might happen and make a plan for dealing with that scenario in advance.

Within this book, I'm going to tell you many of the things you need to know to effectively plan for many of the above scenarios. For example, I'm going to tell you how to find a great doctor or therapist for your loved one. I'll also give you suggestions on how to get them to take their medicine, how to make sure they have an income and insurance to cover their expenses, and how to deal with your loved one if they become violent.

Before you read any further, however, I want you to find out and write down the name and phone number of your loved one's doctor(s) and therapist(s), the hospital your loved one would need to go to in case of an emergency, and the names and dosages of all of your loved one's current medications. This information is some of the most important information to have on hand (that's what my family found out the hard way) and it's never too early to have it written somewhere.

## Planning for Episodes

In addition to this information, there are two other things that you absolutely must do as soon as possible.

1. Have your loved one sign a medical information release authorization form for each doctor, therapist, and pharmacist.
2. Draw up a Power of Attorney, get your loved one to sign it, and have it notarized.

I want to talk about each of these things just a little bit, so you'll understand why they are so important. Many of you may feel uncomfortable giving yourself so much authority over your loved one. Please keep in mind that you have to do these things for their own good and don't let your own fear of responsibility or discomfort at being in charge keep you from doing what needs to be done for your loved.

Another excellent reason to plan for episodes is that it can actually prevent them from occurring in the first place. Stress can trigger an episode in someone with bipolar disorder, and one of the biggest stresses many of them face is worrying about what will happen if they enter an episode. Because you've planned for that possibility, they no longer have to worry about it and their stress level is reduced.

### **Medical Information Release Authorization**

With that said, let me first explain about the medical information release authorization form. Back in 1996, the United States created the Health Insurance Portability and Accountability Act (HIPAA). As part of this act, health care providers and insurance companies were required to put in place some strict rules to protect patients' privacy. Prior to 1996, there were problems with individuals' medical information being accessed and misused. For example, marketing companies were buying medical information, then selling it or using it in order to market goods or services based on that person's health history. A company might find out a person is diabetic, and then send them brochures on low-sugar candy bars, for instance. Another example is that employers were looking into potential employees' health records. In those cases, people with AIDS, cancer, past substance abuse, or mental illness would get passed over for employment.

As a result of HIPAA, health care providers and insurance companies cannot release a person's medical information without that person's authorization. In some places now, doctor's are having all of their patients sign authorization forms to allow at least one person access to that information. However, you need to be sure that your loved one has given you that authorization with his or her health providers, insurance company, even pharmacist.

Let me give you an example of why these authorization forms are so important. Your loved one gets sick with the flu and can't leave the house because they feel so awful, so they ask you to pick their bipolar medication at the pharmacy. Guess what? If your loved one hasn't given his or her pharmacist permission to



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release that information to you, you can't pick it up.

Here's another example: You suspect your loved one is getting ready to enter an episode but you want to check with his or her therapist to see if they've noticed any changes also. The therapist can't tell you anything unless they have on record a signed form from your loved one authorizing you to have access to that information.

I know that you may be thinking about how stupid that is, right? But you're wrong. Trust me, I know it can be inconvenient to have to make sure my mom's given me authorization to find out about her health insurance benefits and everything else, but I'd rather have to put up with a little inconvenience than to have my mother receiving junk mail promoting an herbal miracle cure for bipolar disorder or to have her employer fire her because she has a mental illness.

If your loved one refuses to sign one of these forms, then you will need to work around it. Even though your loved one's doctor won't be able to reveal anything about his or her specific condition, they can listen to you. So if your loved one has been exhibiting different symptoms, for example, you can tell the doctor about them. Another way to get around the HIPAA laws is by asking doctors for general information for "someone like this." Then, when they respond, they won't be providing specific information on your loved one's case.

While those things will work for awhile, you really need to have the forms signed by your loved one. Don't give up. Keep trying new methods of persuasion until you find one that works.

You'll find a generic example of one of these forms in the appendix. Remember to have copies for all of your loved one's doctors, therapists, and other medical professionals.

### **Power of Attorney**

Secondly, we need to talk about the power of attorney. A Power of Attorney is a legal document that authorizes you to take action on behalf of your loved one. That means you can sign checks for them, get their disability benefits started (we'll talk about this more later), make medical and financial decisions for them, and more. It's an important document for anyone to have actually, but it's vital when you are caring for someone with bipolar disorder.

Many people don't have a power of attorney simply because they believe they need to have a lawyer draw one up, but that's not the case. You can find examples of power of attorneys at your local library and some office supply stores make them available as well. In fact, I provide a sample power of attorney template to everyone who takes my Bipolar Supporters Course. With the template, you would just need to fill in some pieces of information and it would be ready. Then, both you and your loved one would need to sign and get it notarized. You can get any document notarized at your bank usually for only a couple of dollars. My suggestion is to make several copies of the power of

## Planning for Episodes

attorney and have all copies notarized at the same time, then give a copy to anyone who might need one, such as your loved one's doctor.

Also, while we're on the subject, let me give you another valuable piece of advice: don't wait to have either of these things done! When I had my mom sign the power of attorney, she was in the middle of a full-blown episode. I had to take her into the bank so that the form could be notarized and she was talking to herself. This was, of course, after I had to talk her into signing the document in the first place (I'll tell you how I did that a little later). I went into the bank and explained the situation to them first, so they were prepared and they got us out of there fast. Things would have been so much easier if I could have done everything when she wasn't in an episode, so I strongly suggest that you get all of these things done while your loved one is stable so they'll be in place when you do need them.

Also, keep in mind that you should get multiple copies of your power of attorney form. Since photocopies are not accepted by most places, you'll need to have a number of copies ready to be signed and notarized by your loved one. Notary costs can be expensive (some government officials charge \$3 to \$5 per notarization); however, local banks will notarize things for customers for free. Hospitals often provide this service for free as well. Call around in advance and find out where would be the best place to have the forms notarized.

An example power of attorney form is in the appendix for you to use. You'll simply need to type up a copy with your loved one's information added, print off multiple copies, and get them signed and notarized.

### Your Loved One & WRAP

While I'm asking you to create most of these plans, particularly if your loved one is already in the middle of an episode, you should also encourage your loved one to participate when they are feeling stable.

One of the best ways to do this that I've found is called the Wellness Recovery Action Plan (WRAP). It was developed by Mary Ellen Copeland, who is a mental health recovery educator and who based a lot of her teachings on her own experiences with extreme mood swings.

Basically, WRAP is a plan that your loved one creates while they are feeling stable so that they can let you, their doctors, and their support network know what their wishes are even when they aren't able to communicate them to you because of the disorder. There are a number of benefits to this approach:

**Benefit #1** -- Your loved one will have to take responsibility for more aspects of their own life, instead of becoming overly dependent on you for guidance. Not only does this give them more confidence in themselves, it also provides them with hope for the future.

## Planning for Episodes

**Benefit #2** – Your loved one will begin to learn more about him or herself because WRAP requires them to really think about their behavior, their actions, their relationships, their treatment, and their futures. These are things many bipolar patients (and people in general, for that matter) don't normally spend a great deal of time reflecting on.

**Benefit #3** – Your loved one will become their own best advocate. In the beginning, they will need you to help them get the best treatment possible and to help them make the right decisions on choosing doctors and therapists. However, the goal of WRAP is to encourage your loved one to start standing up for his/her own rights as a person and a patient.

**Benefit #4** – Your loved one will begin to realize how important it is to have a strong support network made up of friends, family members, and medical professionals. Because all of these individuals play a key role in WRAP, your loved one will need to take stock of their current relationships and will begin to see how each person can actively contribute to his or her wellness.

A completed WRAP will contain five main sections:

- A daily maintenance plan that includes descriptions of how your loved one feels when they aren't in an episode, lists of things your loved one must do each day to continue feeling well, and reminders of what they need to do each day, week, month, etc.
- A list of their triggers and how to deal with them more effectively. We've talked about triggers before and why it's important that you and your loved one begin to recognize them.
- A description of their early warning signs. Your loved one does realize when they are not feeling normal, especially if they have had bipolar disorder for awhile, and they can tell when an episode is getting ready to start. The problem is that they usually don't tell anyone else and this delays them from getting the treatment they need.
- A list of things that signal that things are becoming more serious. For example, when my mom refused to leave her room that should have told my family to take action then. Had we known that her desire for complete isolation meant that her condition was getting much worse, we would have taken action sooner.
- A plan for how to deal with the actual full-blown episode. This section allows your loved one to specify which treatments they want or don't want, which medications they would be willing to take and which they wouldn't, which members of their support team they want left in charge of different aspects of their life (i.e. paying their bills, feeding their pets, watching their children), and where they prefer to receive treatment. When your loved one already has these guidelines in place, it makes

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your job much easier because all you have to do is make sure their wishes are met as much as possible.

Your loved one will need to keep all of these sections together, perhaps in a three-ring binder or a folder because they will need to be updated periodically. Make sure that your loved one has easy access to the plan at all times. Making copies of the plan, or parts of the plan, for other members of your loved one's support network is also a good idea.

You can learn more about WRAP by visiting [www.mentalhealthrecovery.com](http://www.mentalhealthrecovery.com).

# Chapter 9

## Dealing with Your Loved One's Episodes

We've talked about many things so far in this book, but in this chapter I want to provide you with some guidance on things you should and shouldn't do with your bipolar loved one when they are in either a depressive or a manic mood. These are all very important and some of them can literally save your loved one's life.

### Dealing with a Manic Episode

Manic episodes are probably the most difficult episodes to deal with. At first, the upbeat mood associate with manic episodes may be enjoyable to be around. Our loved one might seem to be more fun, more outgoing, and more adventurous. However, as the manic episode picks up speed, those positive elements go to extremes and you are going to end up dealing with someone who doesn't want to sit still, who eagerly puts his or her life in danger for a quick thrill, or who becomes so easily distracted that you can no longer even have a conversation with them.

Watching your loved one go through these episodes can be awful, especially if they turn on you. I've spent hours every day for months having my mother yell at me and say hurtful things to me over the phone and in person. It's definitely not easy.

Prevention is the best way to deal with a manic episode. If your loved one gets on the right medicine and takes it regularly, he or she can go years without having an episode. They can lead a normal, happy, and productive life.

Unfortunately, prevention isn't always possible. In the case of my mother, her most severe manic episode was as a result of her doctor changing her medication for no reason. In other cases, the bipolar patient may stop taking the medication or other changes may cause the medication to stop working effectively.

When your loved one does enter a manic episode, NEVER try to let it run its course. Manic episodes are simply too destructive and too dangerous for you to allow that to happen. They need treatment immediately, so get them to the doctor or to the hospital as soon as possible. The longer you wait the more damage they can do to themselves and to others.

In my experiences with my mother and in my months of research on bipolar disorder, I've found that there are five extremely serious mistakes that you could make while trying to help your loved one when they are in the midst of a manic episode. You need to know these mistakes so that you don't make them.

## Coping with Bipolar-Related Problems

1. Not taking threats of violence seriously
2. Not taking suicidal thoughts seriously
3. Arguing with your loved one
4. Letting your loved one control the finances
5. Listening to your loved one when they say "I'm fine"
6. Allowing them to physically or emotionally abuse you
7. Abandoning them in the middle of an episode

I want to talk about each of these mistakes in a little more detail so that you understand why they are mistakes and how you should deal with the situations instead.

### 1. **Not taking threats of violence seriously**

Most people who do not commit violent acts do so either because they are afraid of being caught, because they have empathy for other people (i. e. they understand that their actions would cause physical or emotional pain to someone else), or because it would violate their ethical code.

When your loved one is in a manic episode, none of these possibilities apply. For one, they won't take the time to think through the possible consequences of their actions the way they would during a normal mood. They also lack the insight necessary for feelings of empathy or even of sympathy to restrain them. When they make violent threats, they are being serious and even if they are the most timid individuals usually that's no guarantee they won't do something to harm you, your property, or your family.

If your loved one makes violent threats, call the police. Ask them to help you take your loved one to the hospital immediately. Once your loved one reaches this point, they need serious and prompt medical attention.

### 2. **Not taking suicidal thoughts seriously**

One of the biggest problems with mental health issues is that people often don't take them seriously. If they can't see the symptoms or can't run tests to find a cause, then they just assume the afflicted person is trying to get attention. This fact has been especially true with people who have thought about or attempted suicide.

If your loved one shows any possible sign that they may be considering suicide, you cannot ignore it and assume they are just trying to get attention. Suicidal thoughts and attempts are literally cries for help. Your loved one does not want to die; he or she wants to stop suffering and can't think of any other way to make that happen.

When and if you suspect your loved one may be thinking of taking their own life, you need to get them immediate medical treatment. Even though you may think you can watch them 24 hours a day, even though you may think you've made your home suicide-proof, it's not going to be enough to stop someone who is determined to kill themselves.

### 3. **Arguing with your loved one**

Who doesn't, at times, argue with their spouse, their parent, their sibling, their child? That's normal, but when your loved one is in a manic episode, you could be doing more harm to both you and your loved one by arguing with them.

A study conducted by Anne-Marie Baronet, co-author of *Psychiatric Rehabilitation: Efficacy of Four Models*, in 2002 on 97 pairs of bipolar patients and their primary support givers found that when conflict was present in the relationships, both parties felt more negatively about their situation. The bipolar individual became increasingly more difficult to deal with as the level of conflict rose while the caregiver felt more heavily burdened and increasingly less satisfied with their role in the relationship. Obviously, arguing puts a serious strain on the extremely important relationship between you and your loved one.

Another reason not to argue with your loved one is that it's futile. When he or she is in a manic episode, you cannot reason with them. They are convinced that there is nothing wrong with them and that they don't need your help. Nothing you say will be able to change their minds, no matter how loudly or how forcefully you say it.

So how do you avoid arguing? Simple. You do what you need to do for your loved one even if it means doing it in the background so they don't realize it's even being done. Don't ask them if they want you to make a plan. Don't ask them if they want you to handle the finances. Don't ask them if they need to go to the hospital. You just do what's in their best interest.

### 4. **Letting your loved one control the finances**

As we've talked about before, during a manic episode your loved one may have a tendency to spend money excessively. They could literally go through thousands of dollars on a single shopping spree.

Imagine what would happen if your loved one is in control of their own or worst, your family's finances during a manic episode. Bounced checks, maxed out credit cards, and emptied accounts are just the tip of the iceberg.

You will have to step in to prevent this from happening. Take away debit cards, credit cards, checkbooks, and any other method they could use to easily access their money on a moment's notice. Only allow them to use cash and only provide enough cash for them to spend without hurting their financial situation. Whenever possible, you should either do their shopping for them or at least go with them when they do it.

You will probably meet with resistance from your loved one on this point. Again, don't bother trying to argue with them because you won't get anywhere if they are in a manic episode. You'll just need to do what needs to be done

behind their back.

You may also feel uncomfortable putting yourself in this position. You may feel that you are being unfair to your loved ones or that you are being too controlling. The reality is, however, that you love your spouse, your parent, your sibling, etc. and you don't want to see them dig themselves into a mountain of debt or homelessness. Keep reminding yourself that you are doing what's best for your loved one.

### 5. **Listening to your loved one when they say “I'm fine”**

One of the biggest problems I see people making when they deal with loved ones who have bipolar disorder is that they listen to them even when they are in a manic episode. They will ask them things, such as

- Do you need to go to the hospital?
- Are you taking your medication?
- How do you feel right now?
- Do we need to make some plans on how to deal with your episodes?

Now, keep in mind that one of the common symptoms of a manic episode is that the individual doesn't realize they have a mental illness, so what do you think they are going to answer to the above questions?

When your loved one is in the middle of a manic episode, you cannot trust them to tell you the truth about their condition because, in reality, they don't know the truth about their condition. As far as they are concerned, they are fine and the rest of us are crazy.

Part of your job is to ignore much of what your loved one says during these episodes and to do what you think is necessary. Most of the time, you really will know what's best for them even though they don't.

Of course, you will probably encounter friends or other relatives who think you are just a terrible person for not listening to them or for forcing them to go to the hospital when they “feel fine” but you have to ignore those people. They don't understand the reality of this disorder, and they don't understand that allowing your loved one to make these types of decisions while they are in the midst of a manic episode could ruin them financially, could land them in jail, or could cost them their life.

### 6. **Allowing them to physically or emotionally abuse you**

Many people will allow their loved ones to scream at them, beat them, and even threaten them because they think they have no choice but to put up with their behavior. That's not true!

You should never take that type of abuse from your loved one. Instead, you need to get them immediate medical attention. With proper treatment, your loved one will once again become the stable person you care about. Not



helping them get that treatment isn't doing them or you any good.

### **7. Abandoning them in the middle of an episode**

Probably the greatest mistake you could make with your loved one is abandoning them during a manic episode. No matter how stressful, frustrating, and difficult it is to try and get them the treatment they need, you can't give up on them without causing severe ramifications.

On Court TV just the other day there was a perfect example of this. A woman with bipolar disorder was refusing to take her medication and her episode was getting worse and worse. She was becoming increasingly paranoid and agitated. Her husband couldn't take any more so he left her. As a result, she took off alone in her car and started driving all around the country until she finally ended up sharing a place with a man she didn't know all that well. She became convinced that he was trying to poison her, so she murdered him and is now serving time in prison.

This woman didn't have to go through all of this and that man didn't have to die. If her husband had put his foot down and refused to give in, she would have most likely started treatment and would have soon recovered. Even if that didn't work, he could have had her involuntarily hospitalized so that she could get the treatment she obviously needed.

I know that sometimes, especially with spouses, it can be tempting to just throw in the towel. Before my mom was in treatment, there were times when I didn't care if I ever talked to her again. Treatment does make a tremendous difference though. Believe me, when my mom is stable, you would never know there is anything wrong with her.

However, if you do get to the point where you think you've signed on for more than you can swallow, you should wait until they are stable again before you leave them. Also, don't just leave them completely alone. Make sure that you have arranged for someone else to fill your role. Don't expect your loved one to do that, because chances are they won't. You may also want to contact your loved one's therapist and let them know of the situation, so they can help him or her cope with the change.

### Dealing with a depressive episode

Most people would probably agree that loved ones are easier to deal with during their depressive episodes than during their manic ones. Unfortunately for the loved ones, they typically feel as if they are suffering more during these episodes. Remember we talked about how most bipolar patients only seek help for their symptoms during depressive episodes, because they either enjoy or don't recognize a problem with the manic symptoms.

Depressive episodes don't usually involve excessive spending or increased sexual activity, but they can cause their own serious problems. For one, your

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loved one may be so depressed that he or she may not feel like going to work or his or her job performance may suffer. As a result, they could lose their job and their insurance, if they're covered at all. They may also try to "medicate" their feelings by taking illegal drugs or alcohol which can either create or worsen substance dependency which complicates their treatment. Most importantly, they run a serious risk of committing suicide.

Because of these and other potential problems associated with depressive episodes, you need to do whatever you can to help them overcome the episode as quickly as possible. Of course, the big question is what can you do? Well, I've got some answers for you.

Below is a checklist of some things that will help your loved one recover from their depressive episode quickly:

- Talk to a doctor about medication – You should do this as soon as possible since the medicines will take some time to work and since several things may need to be tried to find the one that is effective.
- Include a lot of activities your loved one enjoys in your day – Doing something they like will help your loved one fight those feelings of hopelessness
- Encourage them to talk about their feelings with you or with someone else that they trust, such as a friend, a minister, or a therapist – Talking about their feelings really will help them recover from depression. However, the person they choose should refrain from passing judgment on them.
- Cut sugar, caffeine, unhealthy foods, and products containing aspartame (an artificial sweetener) from their diets – All of these things have been shown to increase depression, not reduce it.
- Take them shopping for something they've been wanting – We all feel better when we get something we've been wanting, even if it's just something small like a book or a DVD
- Watch a funny movie with them – You should never underestimate the power of laughter. A funny movie can help them temporarily forget their problems and could help them start feeling better.
- Play music that they enjoy – Music can be very calming for people. It can also have a cathartic effect (meaning it helps them release negative feelings safely). Many depressed young people report feeling significantly better after listening to their favorite music.
- Make sure they don't sleep more than 8 hours a day – Even though many depressed people feel tired all the time, allowing them to sleep too much actually will increase their feelings of depression
- Have them go outside between 11 AM and 2 PM every day – Scientific evidence has shown that exposure to direct sunlight actually helps lift depression
- Exercise with them for at least 30 minutes a day – Exercise releases some natural endorphins in the body which will combat those feelings of

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depression

- Prevent them (to the best of your ability) from taking alcohol or drugs – Alcohol and drugs usually enhance the current mood of the taker so if they are already depressed, they are just going to feel worse not better
- Increase the amount of foods rich in Omega-3 fatty acids in their diets – EPA (one of several Omega-3 fatty acids) has been shown to help reduce feelings of depression. Many vegetable oils and fish are high in Omega-3 fatty acids. Also, your loved one achieves the same effect by taking a daily supplement.
- Encourage your loved one to spend more time with people they care about – Isolation is one of the biggest contributors to depression, so try to get your loved one to spend time with people they like and enjoy being with. It will help them feel better.

When your loved one is depressed, it is also important that you take any suggestion or indication of suicidal thoughts seriously. Remember that suicide is most common just as the depression is lifting, so be particularly vigilant during this time. If you suspect that your loved one may be even considering suicide, you need to call 1-800-442-HOPE which is suicide crisis hotline. They'll be able to help you and your loved one.

### Dealing with a Mixed Episode

Mixed episodes actually contain symptoms from both manic and depressive episodes, so they can be extremely difficult to deal with. However, you can use a combination of all of the advice above to cover all of your bases.

If your loved one has a mixed episode, you should talk to the doctor about switching medications. Some treatments, such as lithium, have not proven to be as effective in treating mixed episodes or rapid cycling bipolar disorder.

### One Final Suggestion

Stress can often aggravate an episode and, in some cases. As a supporter, you need to intercept any potential bad news.

What would be considered bad news?

Many things could be construed as bad news by your loved one during an episode, including but not limited to the following:

- Social security information
- Hospital information
- Bills
- Credit collection calls
- Information you'll receive from me

These are just a few examples.

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One of the best ways to intercept bad news through the mail is by setting up a Post office box. These can cost as little as \$12 and will allow you to go through the mail before it ever reaches your loved one.

With bad news via the phone, make sure you invest in a caller ID unit or an answering machine so you can screen your loved one's calls. This can also help you prevent telemarketers from reaching your loved one and persuading them to spend more money.

As far as information you'll receive from me, you can protect your loved one from it by having it sent to an email address they have no access to and by protecting your password at all times.

It may seem drastic, but you need to do these things as part of your support for your loved one.

# Chapter 10

## Coping with Bipolar-Related Problems

Bipolar disorder is not just a serious mental illness because it causes changes in mood; it is serious because of the problems associated with those changes. You need to be aware of some of those problems, so that you can prevent them when possible and deal with them effectively when they do arise.

### Uncooperativeness

One of the most common problems you may face with your loved one, especially if you are trying to treat their current episode is uncooperative behavior. You may not be able to get them to take their medication, go to the hospital, sign documents, or do any number of other things that they need to do for their own well-being.

As I mentioned earlier, you can't force your loved one to do anything they don't want to do. You also can't argue with them or try to reason with them because neither of these approaches are going to work. Trust me, I tried them all and you probably have to.

The one thing that did work was reverse psychology. Basically with reverse psychology, you claim that you are taking the same position as the other person in order to get them to agree to what you want. For example, when I was trying to get my mother to go the hospital during her last episode, she told me that she thought I was the one who was sick. So I said, "You're right, Mom. If you go the hospital, you'll be able to help me get better." It worked.

Another approach I tried with success helped me get her to sign the power of attorney form. She was convinced that I was just going to try to take all her money (even though she didn't have much by this time), so she kept refusing to sign it. I told her, "You just must be too sick to sign it." She argued that she wasn't, and I kept insisting that since she wouldn't sign it she was just too sick. Guess what? I got her to sign it.

Understanding your loved one's motivations can be a big benefit in dealing with uncooperativeness. If you know that your loved one cares deeply for his or her children, you can use them to coerce him/her into doing what needs to be done. Tell them that they need to take their medication so they can be healthy for their children, for example. Or if there is a big event coming up in the family, such as a wedding or a graduation, you can use that if you know it means a lot to your loved one.

While it may be difficult at first to find what will work with your loved one, you

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must remember never to give in to them. Each time you give in, you will make it even harder the next time to get them to cooperate. And if you let them talk you out of giving them their medication or taking them to the hospital, then you are actually preventing them from regaining their health and you are putting them at further risk.

### Suicide

During depressive episodes, you must be particularly vigilant because your loved one could attempt suicide. Almost 20% of people with bipolar disorder will kill themselves and nearly half of all bipolar individuals will attempt suicide at least once.

You may be surprised to learn that most suicide attempts do not take place during the deepest part of the depression. The majority of them actually take place when the depressive episode is beginning to lift. No one knows for certain why this is, but two possibilities are that when the person comes to grip with the decision to take his or her own life the gloom lifts or that only during the beginning recovery from depression does the individual have the energy to go through with a suicide plan.

Regardless of the reasons, the risk is too high to ignore that your loved one may at least try to commit suicide at some point during their lifetime.

Below is a checklist of things you should watch for when your loved one is in a depressive episode. They could indicate an inclination toward suicide.

- Beginning to discuss suicide openly
- Talking about meeting up with dead relatives in the very near future
- Giving away items that are personal or special
- Purchasing guns, knives, or other weapons
- Stockpiling medications
- Finalizing funeral arrangements, writing a will, or checking on the status of life insurance policies
- Contacting people they haven't spoken to in a long time
- Making statements such as "You'd all be better off if I was dead" or "I don't have anything to live for"
- Having several accidents in a row that result in injury (these may have been suicide attempts)

If your loved one shows any of these symptoms, you should contact his or her doctor immediately. You don't want to wait because the episode may not end soon enough to save your loved one's life.

In the meantime, you need to do the following to at least prevent any more attempts from being made by your loved one:

- Hide all medications and weapons (including kitchen knives) where your

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- loved one can not easily access them
- Get rid of any medications that are no longer needed
- Do not let them drive anywhere alone
- Do your best not to let them have access to illegal drugs or alcohol
- Take suicide threats from your loved one seriously – one of the biggest mistakes you can make is to assume that they don't mean it or that they're just trying to get attention

Make sure to also keep the phone number of the suicide hotline (1-800-442-HOPE) handy in case of an emergency.

### Excessive Spending

Another major problem you may face when dealing with your bipolar loved one is excessive spending. During manic episodes, many bipolar patients go on huge shopping sprees and buy anything that strikes their fancy. My mother, for example, would spend hundreds of dollars A DAY at the grocery store during her manic episodes.

Even if your loved one is normally the most cautious buyer in the world under normal conditions, during a manic episode that will literally buy anything and everything.

Maybe you're wondering where they get the money from. That answer is easy: they use the magical world of credit cards. Bipolar patients can easily blow the entire balance of a single credit card in one shopping trip. Not to mention, many of them have multiple cards.

Even if they don't have credit cards or if they've used up all of their available credit, they will take money out of checking, savings, and investment accounts to spend. In some instances, they may even steal from other people in order to have the money they want. Remember, during a manic episode, your loved one is going to act impulsively so they won't take the time to think about whether stealing is right or wrong. They just want what they want when they want it.

Sometimes their paranoia, which is one of the symptoms of an episode, can cause them to spend excessively. My mother, for example, was spending \$1200 a month on groceries because she would go to the store, buy tons of food, then throw all of it away because she was convinced that it was contaminated by food poisoning. None of us realized this was even going on.

As you can imagine, too many of these shopping sprees can drain any family's budget, bury your loved one in mountains of debt, and ruin their prospects for a comfortable retirement.

If you are just coming into the picture and your loved one has had previous bipolar episodes, you should immediately start checking into their financial situation. Find out how much money they have in all of their accounts, determine

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how many credit cards they have and what the current balances are on those, and see if they've touched any retirement savings accounts they might have (i. e. 401k, IRAs, etc.). You need to know how much damage, if any, has been done.

Now, I realize that you may be uncomfortable “snooping” through your loved one's finances, but you have to remember that you're dealing with someone who doesn't realize there is anything wrong with them most of the time. You have to do these things in order to protect your loved one from the effects of their disorder.

After you investigate their finances, you will very likely find that they are in economic trouble. Here are some suggestions on ways to help them out of that trouble:

Once you start them on the road to financial recovery or if your loved one has not gone on impulsive shopping sprees during a manic episode yet, then let me give you some tips for preventing future financial disaster:

- Limit them to one credit card during an episode --  
If your loved one already has multiple credit cards, you need to take all but one away from them. You can even take all of them away if you want to go that far. Without access to the cards, your loved one won't be able to charge themselves into debt.
- Require dual signatures on checks, withdraw slips, etc. -- Talk to your loved one's bank (after you have power of attorney) and explain the problem to them, then put as many safeguards in place as the bank permits. They will usually be cooperative.
- Shut down credit cards for the duration of the episode – Most people don't realize that they can do this, but you can contact the credit card company and ask them to shut down the card temporarily. You don't have to explain the entire situation to the company; you can simply say that you're worried about excess spending levels that you might not be able to afford and they'll close it down for you. After your loved one is stable again, you can start the card back up.
- Don't keep large quantities of cash around the house – Some people have a tendency to keep quantities of cash hidden in their home, but if your loved one is in an episode and they have access to that money it will be gone like water down a drain. If you have to keep it in the house, invest in a locked box and keep the key with you at all times.
- Go shopping with them – If your loved one wants to go shopping, even to a convenience store or supermarket, you should go with them. Even though you wouldn't think someone could spend hundreds of dollars at either of those locations, they can during a manic episode. At least if you're there, you can try to prevent them from spending a fortune.



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- Transfer bank balances into a separate account – You may want to consider, especially if you are the spouse of your loved one, a separate checking account that only you have access to. Then when your loved one goes into an episode, you can transfer all or most of the money into that account to protect it from your loved one's spending. On the up side, you'll still have access to the money in order to pay bills, buy groceries, etc.
- Get rid of anything that might make your loved one tempted to engage in impulse buying. For example, call catalog companies and cancel all of them. With my mom, I had to call 87 different companies to have her taken off their lists. The process takes about 90 days, so you'll need to get started on this as soon as possible. Trust me though, it's important. My mom owed thousands of dollars to catalog companies. The more she bought the more catalogs she received. It was crazy.
- Make sure to put your loved one on the “do not call and do not mail” lists so they won't receive unsolicited, but tempting offers. You can place them on the do not call list by calling 1-888-382-1222 or by visiting [www.donotcall.gov](http://www.donotcall.gov). To have them placed on the do not mail list, you can pay \$5 and register at: [www.dmaconsumers.org/cgi/offmailinglistdave](http://www.dmaconsumers.org/cgi/offmailinglistdave) or you can register for free by sending a postcard with your loved one's name, address, and signature to the address below:

Mail Preference Service  
Direct Marketing Association  
P. O. Box 643  
Carmel, NY 15012-0643

You may also want to think about investing in a safety deposit box so that those confiscated credit cards, checkbooks, and other items will not be within the house. You can also keep any other important papers in the safety deposit box, so that they don't get destroyed if your loved one does turn aggressive.

While all of those suggestions may help you, especially if your loved one isn't in debt yet, you may need to take some additional steps if the damage has already been done. When I began helping my mom, it took me NINE hours to go through all of her bills. NINE hours! She owed thousands and thousands of dollars to credit card companies and other businesses.

I really was overwhelmed by the amount of debt she had accumulated in just a few short years, and I didn't know how to start paying it down. Then, by accident, I ran into someone who told me about Consumer Credit Counseling Service (CCCS). This is a non-profit organization that helps people for a small fee (\$10) to lower their interest rates and to work with their creditors in order to eventually become debt free. It does take time, however, but it's worth it. Most people don't

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know this organization even exists because they rely on word-of-mouth advertising. You can find a CCCS office in your area by calling 1-888-726-3260.

By the way, some of you may be thinking about having your loved one file for bankruptcy in order to get them out of their debt burden. While that will reduce their debt right away, it may not be the best option for someone with bipolar disorder. Generally, after someone files for bankruptcy, they immediately begin to get credit card offers right away because now their credit report is clear (except for the bankruptcy itself which stays on the report for around 7 years). In just a short time, your loved one can find themselves back under a mountain of debt. With CCCS, however, it takes longer for the credit report to be cleared up, so there's less risk for that to happen.

I want to make one last point on this before I move on to the next problem. In some couples, one person handles all the bill paying and money management while the other person is almost clueless about their financial situation. Even under normal circumstances this is a bad idea, but if you are letting your bipolar loved one handle all of the money issues while you stand on the sidelines then you're making a huge mistake. Dealing with the finances should be both of your responsibilities, even when your loved one is stable. You both should know at any given time how much money you have in the bank and how many credit cards you have. Otherwise, when the time comes to protect your finances, you won't know where to begin and by the time you find out it might be too late.

### Sexual Promiscuity

One of the hardest parts of the disorder to deal with for spouses is that during a manic episode, their loved one could have sexual intercourse with other people. Adultery is never easy to deal with, even if the underlying cause is a mental illness.

In a manic episode, your loved one could and very well might have unprotected, sexual or intimate relations with multiple partners who they barely even know or with so-called friends who are taking advantage of the situation.

Again, you have to keep in mind the nature of a manic episode. Your loved one's decision making is seriously impaired, their self-esteem may be overly inflated, and they lack the insight to necessarily think about their actions before they do them.

While excessive spending could ruin your loved one financially, this type of impulsive sexual activity could kill them or you.

The reality we all must deal with today is that sexual relations with anyone without protection is dangerous. You've probably heard the old adage: "When you sleep with someone, you're also sleeping with every other person they've ever slept with in their life." Most people have adapted their lifestyles so that they don't put their lives at risk just for sexual gratification. They either always use

## Coping with Bipolar-Related Problems

protection, are careful about who they have sex with, or both.

Unfortunately, your loved one during a manic episode isn't likely to do either of those things. As a result, they could become pregnant, contract a sexually transmitted disease, or take part in activities they'll be ashamed of later.

All of those possibilities are frightening. They could contract herpes, which would stay with them forever, or AIDS, which would eventually kill them. They could end up having sex with multiple partners during a single encounter, having their sexual activity videotaped, or get involved in a violent sexual encounter. Not to mention that a pregnancy adds serious complications to the treatment of bipolar disorder even under the best of circumstances.

Besides those consequences for your loved one, they can also end up hurting those around them. If you are married to a bipolar person who has a sexually transmitted disease, you could get it from them. If they are pregnant, their unborn baby could contract the disease as well. Plus, if they continue to have unprotected sex with other partners, those people run the risk of getting a sexually transmitted disease as well.

Not to mention the emotional pain you will undoubtedly feel if you find out that your spouse has been with other people. Knowing their actions are just a result of the disorder may not offer you much comfort at those times.

The bad thing is you may not be able to do much to prevent this type of behavior. During a manic episode, your loved one will want to be more active and will not want to be contained at home.

### Violent or Destructive Behavior

Another serious problem that you may have to deal with during a manic episode is violent or destructive behavior. Even though many bipolar patients feel extremely elated during their manic episodes, many of them also feel extremely irritable. In these cases, the smallest conflict or problem can set them off.

During depressive episodes, you may also have to deal with this problem. While usually the violent tendencies for a depressed individual are self-directed, they do at times turn towards those around them who they may blame for their feelings of worthlessness or guilt.

Remember that the risks of both suicide and homicide are significantly higher for someone with bipolar disorder, so you need to take these possibilities seriously.

There are a couple of ways to deal with these possibilities:

- Never have any weapons easily accessible to your loved one. If you do have guns or other weapons in your home, you must keep them locked up at all times and never permit your loved one to know where you keep the

## Coping with Bipolar-Related Problems

- key.
- Try to prevent your loved one from taking illegal drugs or drinking alcohol. These substances will only aggravate their condition.
- Call the police if things escalate and you are afraid for your safety, your family's safety, or your loved one's safety.

With regards to that last suggestion about calling the police, I strongly encourage you to talk to your local law enforcement department before a situation like that comes up.

The reason is that there have been some horror stories in recent years about the police and people with bipolar. One example that I read was about a mother who called the police on her son, then left the scene. When the police arrived, her son was behaving in an aggressive manner and was eventually shot by the police. Had the mother talked to the police in advance and stayed on the scene her son would probably never have been shot.

When you contact your local law enforcement department, talk to the person in the highest position possible. Ask them how they deal with someone who has a mental illness. You can also let the individual know that you may have to call them in the future because you have a loved one with bipolar disorder. If they are aware of this in advance, you will minimize the risk of tragedy.

If they don't have an answer or if they treat them just like any other criminal, you may want to avoid calling them unless you have absolutely no other choice.

Also, never leave the scene after you call the police. You simply cannot abandon your loved one when they are in an irrational state of mind and expect them to deal with the cops alone. You should be there to explain the situation to the police and to tell them what you need from them. They may be able to help you get them into the hospital for treatment, for example, instead of dragging them off to jail.

Another suggestion I have is to tell the 9-1-1 operator who takes your emergency call that your loved one has bipolar disorder. Even if he or she doesn't understand what the disorder is exactly, the police who answer the call will at least know they are dealing with someone who has a mental illness.

You may be thinking still that your loved one would never try to hurt you or anyone else, even during an episode. You might be right, but do you want to take that chance? How would you feel if your loved one ended up shot like that mother's son? Could you live with the fact that you could have prevented it if you had just planned for it?

Remember the Stockdale Paradox. You should always hope for the best, but plan for the worst. With bipolar disorder, doing anything else is just leaving the door open for catastrophe.

## Coping with Bipolar-Related Problems

### Substance Abuse

The term comorbid is used by mental health professionals when an individual has multiple mental illnesses. Individuals with bipolar disorder run a high risk of having comorbid conditions. Obviously, this problem can complicate treatment but it can also make your job as their support person more difficult.

The most common comorbid condition for people with bipolar disorder is substance abuse. In some cases, the substance abuse has been caused by their desire to try to stop the effects of their disorder. In other cases, it is an outgrowth of risk-taking behavior during manic episodes when your loved one may be very likely to try drugs or to drink alcohol even if they never have in the past.

Illegal drugs and alcohol can cause serious problems for your loved one and for you, including:

- Can interfere with normal medications
- Can increase likelihood of violent and destructive behavior
- Can increase likelihood of promiscuous sexual activity
- Can contribute to excessive spending problems (because your loved one will need to buy the alcohol and/or the illegal drugs)
- Can cause serious health problems, such as cirrhosis of the liver if they drink too much or AIDS if they share heroin needles
- Can cause death and serious injury to them and to others if they drive while under the influence of illegal drugs and/or alcohol
- Can cause increased conflicts between you and your loved one which can damage your supportive relationship

These are just a few of the serious consequences that can result when bipolar disorder and substance abuse are combined. As you can see, this is not a problem to take lightly.

If you suspect that your loved one does have a substance abuse problem, you need to talk to their doctor immediately. He should be able to recommend a counseling program that may help them kick the drug and alcohol habit for good without interfering with their bipolar treatment plan.

# Chapter 11

## Insuring Financial Support for Your Loved One

During either a manic or a depressive episode, your loved one may begin to miss work, to show up late to work, or exhibit poor work performance. As a result, they might lose their job altogether.

Losing a job for someone with bipolar disorder can have a tremendous impact on them. For one, they may lose their health insurance benefits. They will also lose income needed to pay their bills and put food on the table. Plus, the job loss may cause them to become more agitated or more depressed depending on the type of episode they are currently in. Not to mention, it may have long-term consequences for their self-confidence which may trigger additional episodes or, in the very least, make it more difficult for them to find a new job.

### Family and Medical Leave Act

One of the first things that you and your loved one need to know about is the Family and Medical Leave Act (FMLA) which has been around since 1993. Under this act, a person can take up to 12 weeks of unpaid leave from work in order to care for their own or for a loved one's serious health problem, including mental illness. To be eligible for FMLA, an individual has to meet the following requirements:

- He or she must have worked for the employer for at least 12 months (not necessarily consecutively)
- He or she must have worked at least 1250 hours during that time
- The serious health condition must either affect the individual's spouse, child, parent, or self
- The serious health condition must require continuing care from a medical professional or in-patient care
- The individual's employer must have at least 50 employees

Under these guidelines, your loved one could take a leave of absence from work while they are receiving treatment for their episode. Additionally, if necessary, you may be able to take off from your job to help your loved one through an episode.

To use FMLA, you or your loved one will need to complete some paperwork that will be provided by the employer. Your loved one's doctor will need to complete the form which explains the nature of the health problem and the reasons why a leave might be necessary. Although, you probably don't want to fool with any more paperwork, you should try to get all of this done in advance so that the

## Insuring Financial Support for Your Loved One

FMLA leave will be approved before your loved one needs to use it.

One downside to the FMLA is that the time off is unpaid, so you or your loved one won't receive any income during their time off. Planning in advance, however, for the possibility of needing to take up to 12 weeks off from work is a good idea. Your loved one could begin saving money now to help cover their expenses.

### Disability Benefits

In many cases, however, your loved one may want to explore the possibility of getting disability benefits. The Social Security Administration offers two programs that may help your loved one if they are having difficulty holding down a full-time job and/or meeting their expenses because of their disorder.

The first of these programs is Social Security Disability Insurance. This program basically provides your loved one with a monthly income if they are unable to work enough to take care of themselves any longer as a result of their disability. However, not just anyone can receive these benefits. Your loved one will need to meet the following requirements:

1. He or she must have been employed sufficiently to have accumulated the minimum number of credits. Depending on the amount of work one does each year, he or she earns credits. The amount required to earn a credit varies each year and the number of credits required to be eligible varies depending on your loved one's age.
2. Their condition must prevent them from doing the type of work they used to do and the Social Security Administration must determine that they won't be able to work in another field as a result of their disability.
3. They must not earn more than \$810 per month because the disability interferes with their ability to work.

The second of these programs is Supplemental Security Income (SSI). Unlike Social Security Disability Insurance which requires your loved one to have worked a certain amount of time during their lifetime, anyone who is disabled and has a low income may be eligible for SSI. To determine your loved one's eligibility, the Social Security Administration will look at a number of factors:

- Your loved one's disability – The disability must be on the approved list of qualifying disabilities. Bipolar disorder is considered a qualifying disability.
- Your loved one's income – Not every dime of earnings your loved one brings in will count as income, however. While the income limits do vary somewhat, if your loved one is making less than a \$1000 per month they stand a good chance of qualifying.
- Your loved one's property – The eligibility decision will also be based on the value of property that your loved one owns. His or her home, car, and small life insurance policies (under \$1500) do not count in the

## Insuring Financial Support for Your Loved One

determination. Their property must be worth less than \$2000 (or \$3000 if they are part of a couple) to be eligible.

If your loved one meets these requirements and those for Social Security Disability Insurance, they can receive money from both programs. Additionally, they may be eligible for other programs, such as Medicare, Medicaid, food stamps, housing assistance, and other social services.

One of the nice things about both of these programs, however, is that if your loved one is able to go back to work, they can continue receiving benefits if their income does not exceed the minimum requirements. So if your loved one can only work part-time because of their disability, they may be able to still continue receiving benefits. Also, up to five years after your loved one is approved, he or she can have disability benefits restarted immediately if their income falls below the required level. This fact can come in handy if your loved one goes into a severe episode and is unable to work.

To apply for either program, you will need to provide documentation regarding your loved one's disability, income, treatment, and work history. While the process does involve a great deal of paperwork, the results will be worth it if your loved one qualifies since that will be one less thing they and you have to worry about.

The Social Security Administration web site at [www.ssa.gov](http://www.ssa.gov) provides additional information about each of these programs; application starter kits that will help you gather the necessary information, and even a benefit eligibility screening tool to help you determine in advance if your loved one might qualify. You should also contact the social security office in your area and make an appointment to discuss what benefits are available for your loved one.

Besides these two programs, your community probably has a number of other services available to help people with disabilities. You can usually find out about them by talking to your loved one's therapist, calling your local social services office, or contacting mental health advocacy groups in your area.



## Chapter 12

### Handling Other Relationships

In most of this book, we've focused on the relationship between just you and your loved one with bipolar disorder. However, other people will eventually make their way into both of your lives and will need to be figured into the situation, not closed out. Remember that the more close connections your loved one has, the more people are there to support them during an episode and to help you handle the responsibilities that come with the role you've accepted.

#### Spouse or Significant Other

One of the most important relationships your loved one has is with his or her spouse (which, of course, might be you). They share a family, finances, a home, a life together and all of that needs to be preserved. If you aren't the spouse but you are the caregiver, you must work with your loved one's spouse to try to educate them about the disorder and to encourage them to take a more active role in the situation.

If you are the spouse, then you probably already know that bipolar disorder can put a tremendous strain on your marriage. Divorce rates for couples dealing with bipolar disorder are close to three times as high as they are for the general population. Part of the reason is that spouses usually don't understand the disorder or how to effectively support their loved one during an episode.

Over the last few weeks of completing this book, I was able to save three marriages that were on the verge of ending because the spouse could no longer handle the strain of dealing with the disorder. I talked to them over the phone for close to an hour and explained how important it was for them to get their loved one on treatment as quickly as possible. All three took my advice and were amazed at the results. It was a total change for the positive. The person they originally fell in love with returned, and they no longer had to feel helpless in the situation.

If your loved one is seeing someone seriously or is contemplating marriage, you should encourage them to let the other person know about the disorder. Many people are afraid to tell someone they care about, because they're not sure what reaction they'll get. However, it isn't fair to the other person in the relationship if he or she makes a commitment without knowing the whole truth. Of course, this is your loved one's decision, but you should urge them to be upfront and honest.

#### Children

Another important relationship may be the one between your loved one and his

## Handling Other Relationships

or her children.

### **Existing Children**

Children should be told about the disorder and educated as soon as possible. Not only can they help notice when an episode is starting, but they can help educate others and can decrease the stigma attached to mental illness.

Another concern if they already have children is that the children will develop bipolar disorder in the near future. Of course that is a real possibility, but a clear diagnosis is usually not possible until the late teenage, early adult years. However, children with bipolar disorder are also very likely to have Attention Deficit Hyperactivity Disorder (ADHD), so parents will need to be alert for signs and symptoms of that problem as well so that they can get treatment for their children before it interferes with their schoolwork and social life.

### **Starting a Family**

On the other hand, your loved one (or both of you) may be considering starting a family, and but you might be wondering if it's such a good idea. Well, I might be biased, but I'm thankful that my parents decided to have a family regardless of my mother's bipolar condition. Of course that doesn't mean you shouldn't take precautions or ignore the risks.

Bipolar disorder does have a genetic factor, so there is a possibility that the child would grow up and become bipolar. The risk is still relatively small, however. There is no real way of knowing who will get the disorder, so if your loved one does decide to have a child, then they should be aware of that possibility and should plan in advance for it.

Other factors also need to be taken into consideration:

- How will the increased stress of pregnancy and/or being a parent affect your loved one's condition
- Can the family financial afford to expand the family, even when the loved one is in an episode?
- How will the medication affect the fetus during the pregnancy and if the mother decides to breastfeed?
- What will happen if an episode occurs during or right after pregnancy

These questions need to be discussed between the couple, the doctor, and the therapist, so that a decision can be made based on solid information.

Women must be particularly cautious about starting a family if they are bipolar and taking lithium because the drug can cause the fetus to be born with defects. They should also be aware that they may experience worse symptoms during the postpartum period and may go into a full episode.

Another factor to figure in to this equation is that some studies have shown that

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children of bipolar parents also run a higher risk of other mood-related mental illnesses. The risk could be as high as 15% for depression and 1% for schizoaffective disorders (a combination of schizophrenia and bipolar disorder).

If your loved one does decide to have a family, remember that not everyone is going to be supportive. Some people will view the decision as irresponsible since there is a possibility that the child may develop bipolar disorder, however, the final decision is your loved one's and his or her spouse. They shouldn't make it lightly, but once made you should respect it.

### Friends & Other Family Members

When a loved one becomes diagnosed with bipolar disorder, they may have already lost many of their friends, so it is important that they begin to establish new connections with people. Support groups can help your loved one meet people who have similar experiences, but they don't have to be the sole source of interpersonal contact.

During a stable period, your loved one can and should continue on their life in a normal way while continuing their treatment faithfully. You should encourage them to go to places where they can meet new people and spend time with those people. Mental illness has a tendency to make people want to withdraw and surround themselves only with a small circle of people, but that's not the best choice for someone with bipolar disorder who benefits by having a larger support network.

Your loved one does not need to tell anyone about having bipolar disorder unless he or she feels comfortable doing so. However, it may be in his or her best interest to do so once the relationship becomes closer, particularly if it's a romantic relationship. The other partner does have a right to know what he or she is getting into, after all.

Once your loved one begins treatment, he or she may always want to start mending damaged relationships with friends and family members. You can be an asset in these attempts by serving as a bridge between the parties and by educating the other people about the disorder, the consequences, and the treatment.

# Chapter 13

## Coping with Your Role as Supporter

When you take on the role of supporter for your bipolar loved one, you are accepting a great deal of responsibility and will be making a lot of personal sacrifices. Don't take on the role if you don't feel that you are going to be able to handle it now and in the future. Even though treatment will help your loved one, they will always need you to be there to make sure they keep taking their medication, to provide emotional support when they need it, and to make sure they don't cause themselves any harm.

### Importance of Family Involvement

Evidence suggests that you and your family play a crucial part in your loved one's success in dealing with bipolar disorder. In fact, some studies have even suggested that family-focused therapy could be a benefit to bipolar patients. Family-focused therapy would consist of in-home sessions that would help all parties have a better understanding of bipolar disorder, of how to communicate with one another effectively, and how to solve problems that come up as a result of the disorder. The study found that family-focused therapy combined with medication resulted in fewer and less severe relapses for patients.

Family involvement is very important for many reasons; many of which you probably already know, but should be repeated:

- You can make sure your medication continues his or her treatment
- You can watch for signs of a relapse and get help for your loved one before an episode escalates
- You can help them prepare for these episodes and prevent them from doing things that may be harmful to them
- You can communicate with doctors and other organizations to make sure your loved one gets the help he or she needs
- You can provide valuable emotional support to your loved one who must deal with the stigma of mental illness and who may be abandoned by friends, family members, and co-workers because of their disorder.
- You can do research (like reading this book) to help both you and your loved one gain a better understanding of what bipolar disorder is and how it can be overcome, even if it can't be cured.
- You can encourage your loved one never to give up. Some people with bipolar disorder just give in to the illness and allow it to rob them of a wonderful life, but with your encouragement and assistance you can make sure this doesn't happen to your loved one.

One of the biggest challenges families face when dealing with bipolar disorder is

## Coping with Your Role as Supporter

communicating. It can be frustrating for you as the main caregiver and support provider when your loved one won't listen to you, won't take his or her medication, or won't willing participate in the planning for future episodes.

Some therapists have found success using role-playing techniques to improve the communication process between bipolar patients and their families. Basically with these techniques, each person takes turn acting as negative behaviors portrayed by the other person so that all of the people involved can more clearly see the situation and can try to get a feel for one another's point of view. Role-playing is a less threatening way for you and your loved one to explain what behavior changes you'd each like to see.

The bottom line is that your loved one needs you to be a good friend/spouse to them now more than ever. That means they need you to do the following things:

- Realize that bipolar disorder is real and is serious. When you accept that the disorder isn't some figment of your loved one's imagination and that it's as real for them as cancer, heart disease, or any other number of major health problems then you'll treat it that way and you'll provide the support your loved one needs.
- Recognize that, even though things will initially be difficult, the situation will get easier for both of you. Things will be rough for the first few months and maybe even for the first year, but once you have your loved one in treatment that works, dealing with bipolar disorder won't be any more difficult than caring for someone who has the flu.
- Help your loved one develop a strong support system that will keep them stable. Support is really a key ingredient of success with bipolar disorder. I believe that your loved one's support network should consist of a doctor, a therapist, friends, and family members. These should all be people whose primary goal is improving the quality of life for your loved one and in helping them deal with the disorder.
- Keep their finances in order so they don't bankrupt themselves during an episode. When your loved one is in an episode, they won't be able to ask for your help and, in fact, they will probably tell you they don't want your help. But that doesn't mean they don't need your help, especially in regard to their finances.
- Don't expect the problem to fix itself. My family made this mistake for nearly 30 years. Things could have been better for my mom and for all of us if we had known then what I know now about helping someone with bipolar disorder.

### Your Stress Level

When people find out that I'm helping my mom deal with her bipolar disorder, they usually say something like "That must be incredibly stressful" or "Doesn't that interfere with your social life?" Most of you are probably wondering the same thing.

## Coping with Your Role as Supporter

Dealing with my mom was stressful before she got the proper treatment. As I said before, she was screaming at me three times a day, every day for at least a month. She was telling me she didn't want me as a son anymore, that she thought I was sick, that she thought I wanted to take her money, and on and on. That was all extremely stressful. Watching her become less and less like the productive, intelligent woman I knew and not being able to do anything about it was also extremely stressful. Arguing with her about going to the hospital, taking her medication, or signing her paperwork was also unbelievably stressful and exhausting.

During those times, I couldn't function myself. I seemed to be tired all the time because of the emotional strain of dealing with her in that condition. I thought about the situation all the time and had trouble concentrating on other things around me. It would have been nearly impossible for me to have much of a social life while I was going through all of that.

Now that's how I felt before I got her into treatment, before I did my research, and before I took charge of the situation. Now, I can relax because I know that we have a plan for handling her episodes when they occur. I can relax because I've gotten her debt under control and I've gotten her wonderful medical professionals who will take excellent care of her as long as I give them a call every now and then.

Once all of the elements fell in place, my stress level was reduced to practically nothing. That's what a combination of planning and getting treatment can do for the situation.

I won't lie. Initially, getting everything in place will require a lot of your time and energy. However, once everything is done and your loved one is on a treatment plan that works, taking care of them won't be any more difficult than taking care of a person with the flu because you'll be able to spot early warning symptoms of an episode, get them to treatment quickly, and bring closure to the episode in two weeks or less in most cases. That's a vast improvement over what you are probably dealing with now.

Studies have also found that a number of other factors will help you deal more effectively with the responsibilities of taking care of your loved one, including:

- Belonging to a support group
- Working outside of the home in a capacity that you find meaningful
- Staying involved in other activities that you enjoy
- Keeping your family life as normal as possible
- Having help from other family members and friends
- Understanding bipolar disorder
- Going to family counseling with your loved one

In addition to the items listed above, I have three additional suggestions for you:

## Coping with Your Role as Supporter

1. Don't neglect your other family members
2. Plan for the future
3. Be realistic

1. **Don't neglect your other family members**

When we try to help our bipolar loved one, we do run the risk of becoming so focused on them and their problem that we lose sight of the other people around us, including our own spouse or significant other, our friends, our children, etc. We can't allow ourselves to be totally consumed by the demands of our loved one. No matter how much we care for them, we have to take care of ourselves and our responsibilities to be mentally and emotionally able to help them. Also, ignoring the other people in our lives just causes them to resent your loved one and you which will increase tension in the family and make it uncomfortable for everyone.

2. **Plan for the future**

Even though right now you are completely capable of juggling all of the necessary tasks related to being your loved one's caregiver, no one can predict the future. You may be unable to handle all of the responsibility at some point in the future when your loved one goes into an episode or you may have other commitments that prevent you from being able to devote yourself to the job. For these reasons, you should always have a back-up caregiver in mind. The caregiver could be another trusted family member or friend who understands the illness and how to handle it or it could be a paid professional who is trained in caring for people with bipolar disorder or other mental illnesses. When you are prepared for the unexpected, both you and your loved one will have less to worry about.

3. **Be realistic**

Right now, you've either made the commitment or are trying to decide whether you have what it takes to be your loved one's caregiver. While sometimes we have to make our decisions out of necessity, you may have other options available so don't consent to something and get started if you seriously doubt that you can fulfill your duties. Now it is normal to feel a little apprehensive at first, especially if you feel uncomfortable handling so much of your loved one's personal business, but don't mistake that nervousness for the knowledge that you don't have the time, the desire, or the patience to help your loved one in this capacity. It's better to be realistic now and find an alternative, then to resent your loved one or become bitter down the road.

Additionally, you can decrease the stress related to caring for your loved one during an episode by keeping in mind what they were like before the episode began. If the episode only lasts a week or two because of the treatment, you should be able to do this with no problem. However, if it continues for weeks or months, you may need an external reminder of what he or she is normally like.

Scrapbooks make an excellent external reminder. Not only are they



## Coping with Your Role as Supporter

enjoyable to put together, but you and your loved one can actually work on one together when he or she is in a stable mood.

For those of you who aren't familiar with scrapbooking it's basically a creative way of presenting photographs and preserving memories. For example, you could have a page dedicated to the birth of a child. You might have the baby's first photograph, along with the hospital wristband, some decorative materials, and a short journal entry about how exciting the day was. You can find many examples and templates for scrapbooks on the Internet that will jump start some of your own creative ideas.

To get started with a scrapbook, you will need the following supplies which can be purchased almost anywhere:

- Lots of photographs in good condition
- An album and refill pages for the album – you should find the 3-ring type of album because it is the easiest to use.
- Sharp scissors
- Adhesives – photo tape works well but avoid most types of glues or rubber cement
- Good quality paper (such as card stock) that is acid-free and lignin-free so that it doesn't deteriorate your photos
- Journal pens that are permanent and acid-free
- Decorative materials – stickers, glitter, colorful paper, lace, etc.
- Personal memorabilia – you can save things like the program for your child's first dance recital, the ticket stubs to an event you attended, etc. right along with the photos in the albums.

When you complete the scrapbook, you'll have something to look back at during difficult times so that you'll remember why you care for and love this person and why you have taken on this responsibility.

### Dealing with Negative Reactions from Others

I'll warn you now that not everyone will be supportive of your decision to help your loved one. When I started helping my mom, some of my family members and friends just sort of backed off from the situation. They didn't want anything to do with bipolar or with us.

You can't let those people persuade you to stop helping your loved one, however. Their reactions aren't based on concern for your loved one's well-being, but on ignorance and misinformation. If they took the time to learn about the disorder and how to help people who have the disorder, then they wouldn't feel that way anymore.

One big thing I've learned from all of this is that there's nothing to be embarrassed of. When I went to the library that first time, I was convinced that the librarian was going to treat me differently when she found out I was interested

## Coping with Your Role as Supporter

in bipolar disorder (or manic depression as I wrongly called it). But she didn't and most people I talked to about the disorder haven't either.

The reason why is what I call the 1-3 law. Twenty-two million people in the United States suffer from mood disorders, including bipolar, according to the Depression and Bipolar Support Alliance. Each of those people know at least three other people, such as a friend, parent, co-worker who knows they have a mood disorder. That means when you talk to someone about bipolar disorder the reaction you are most likely to get is not "Oh my god, I didn't know you knew someone who was crazy" but "Oh, my friend's sister has bipolar disorder" or "I went to college with a girl who was just diagnosed with depression" or "I have a cousin who is bipolar."

Don't get me wrong. I've had my fair share of negative reactions, too. Some people I've told backed off real fast as if bipolar disorder was a contagious disease instead of a mental illness, but those people have been in the minority. I realized that their reaction had more to do with themselves than it did with me, my mother, or the bipolar disorder.

I would recommend that you tell only those people you trust the most about what's going on with you and your loved one. If they have a negative reaction, try to involve them in learning about the disorder. You'd be amazed just how a little education can change someone's attitude toward mental illness. I'm hoping that my brother will read this book or take part in my bipolar supporters course so that he can learn more about our mother's condition, but I can't force him anymore than you can force the people in your life to be understanding.

### Dealing with Your Loved One's Stable Periods

One of the hardest things you may have to deal with is letting your loved one have more freedom once they have regained their normal mood. After you've spent weeks and months handling every aspect of your loved one's life, it can be difficult to give back those responsibilities to your loved one. You may worry that they aren't ready. You may feel as if you are no longer needed. However, you must allow them to return to their life of independence as soon as their doctor and therapist believe they are up to it.

That doesn't mean you no longer have an important role in your loved one's treatment. You need to continue checking in with the medical professionals. You need to make sure your loved one is taking his or her medication and going to doctor appointments and support group meetings. You also need watch for signs of a relapse and for triggers. You must also make sure that you have everything in order for the next episode whether it occurs in a month or in five years.

### The Danger of Co-Dependency

Taking care of your loved one is a wonderful thing, but you don't want to cross

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the line and develop a co-dependent relationship, which is destructive not only to your loved one, but to you as well.

A co-dependent relationship is difficult to define. Usually what occurs is that the caretaker in the relationship ends up constantly sacrificing his/her needs to take care of the other person. Because they get pleasure from taking on the role of the “good person,” they never expect accountability from the other person. The relationship just becomes an endless cycle of problems that doesn't help either party.

I didn't want to develop that type of relationship with my mom. After we got everything under control, I told her that she was going to have to take this disorder seriously and to continue her treatment. She asked me if I would leave her if she got sick again. I told her, “No, but if you stop taking your medication and get sick, then you'll probably never see me again.”

I know you may think that sounds harsh, but she has to realize that staying healthy is her responsibility, not mine. My job is to help her if she does relapse into another episode because the medication or the treatment stops working, but I can't put my life on hold just because she's unwilling to do her part.

I'm able to set those boundaries, but some of you may find it more difficult. In fact, some of you may already have been drawn into a co-dependent relationship.

The National Mental Health Association's web site lists some important questions that you need to ask yourself to determine if you may already be in a co-dependent relationship with your loved one. These questions are listed below:

1. Do you keep quiet to avoid arguments?
2. Are you always worried about others' opinions of you?
3. Have you ever lived with someone with an alcohol or drug problem?
4. Have you ever lived with someone who hits or belittles you?
5. Are the opinions of others more important than your own?
6. Do you have difficulty adjusting to changes at work or home?
7. Do you feel rejected when significant others spend time with friends?
8. Do you doubt your ability to be who you want to be?
9. Are you uncomfortable expressing your true feelings to others?
10. Have you ever felt inadequate?

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11. Do you feel like a “bad person” when you make a mistake?
12. Do you have difficulty taking compliments or gifts?
13. Do you feel humiliation when your child or spouse makes a mistake?
14. Do you think people in your life would go downhill without your constant efforts?
15. Do you frequently wish someone could help you get things done?
16. Do you have difficulty talking to people in authority, such as the police or your boss?
17. Are you confused about who you are or where you are going with your life?
18. Do you have trouble saying “no” when asked for help?
19. Do you have trouble asking for help?
20. Do you have so many things going at once that you can’t do justice to any of them?

If you answered “yes” to several of these questions, then you are probably co-dependent and you need to get some counseling. A therapist will be able to help you work through the causes of your co-dependency and may also recommend learning more about the problem and taking part in group therapy as well.

While co-dependency can happen in any relationship, it is often most common between spouses and/or significant others. If you are married to someone who has bipolar disorder, then you need to put your foot down when it comes to treatment. Let them know in no uncertain terms that if they do not keep taking their medication and getting treatment that you will leave them.

Again, I know this is harsh and I know some of you probably think I don't understand because I'm not married to someone with the disorder.

That's true, so I can't speak from personal experience. However, I have interviewed and talked with many, many individuals who are married to someone with bipolar disorder, and I've learned a great deal from their experiences.

One thing I've come to understand is that some people have to learn things the hard way. For example, I talked to one man whose wife had begged him for years to take his medication and to take the disorder seriously, but he wouldn't listen. Finally, she divorced him. He ended up going into a manic episode and lost everything! The day he went bankrupt was the day he checked himself in for treatment. He's been serious about the disorder for the last 7 years now.

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While that's great news, he had to learn the hard way. If his wife hadn't left him, he may never have gotten to this point.

Believe me, I know it sounds harsh to tell someone you love that you'll cut all connections to them just because they won't deal with their disorder appropriately. However, staying in a relationship with someone who is not taking responsibility for their disorder is only going to be emotionally draining and destructive for you and it will never force your loved one to get serious about treatment. In those cases, the best thing you can do for both of you is to get out.

# Chapter 14

## Frequently Asked Questions

You probably have some other questions that haven't been answered yet in this book. I know how you feel. When I started my quest to find out more about bipolar disorder and how I could help my mom, I just seemed to have more questions as I found more information.

In this chapter, I've included some of the questions people ask me most frequently about dealing with a loved one who has bipolar disorder. These are mostly topics that aren't covered in detail elsewhere in the book.

Hopefully, you'll be able to find the answers to your remaining questions below.

### **Did I have anything to do with my loved one developing bipolar disorder?**

No. Researchers have never found a link to anything like bad parenting, a difficult childhood, or a problem marriage as a cause for bipolar disorder. Most evidence points to an imbalance of brain chemicals as the cause.

### **My relative and I don't have a good relationship. Should I be their support person?**

That's difficult to answer. It depends on how bad your relationship is and on if there are any alternatives for your relative. It is never a good idea for someone with bipolar disorder to return to an extremely negative, stressful environment. Plus, you will be asked to make a lot of sacrifices and to do a lot of work on behalf of this relative, so you must care about them enough to do those things. Of course, if no one else in your family is willing to step up to the plate and help your relative, then you may be the best choice by default and this could be a chance for you to improve your relationship.

### **My loved one always had big dreams for the future. Does this diagnosis mean that he or she will never achieve those things?**

Absolutely not! Bipolar disorder can be treated so that your loved one can have a normal, productive life. Problems usually only arise for people who have not been diagnosed or who quit their treatment once they begin to feel better. Many talented, successful people have suffered from bipolar disorder, including Carrie Fisher, Ted Turner, Jim Carrey, Patty Duke, William Blake, Samuel Taylor Coleridge, Percy Bysshe Shelley, and possibly Vincent Van Gogh. You can help your loved one achieve his or her dreams by helping him or her stay focused on their treatment and encouraging them not to let the disorder stand in their way.

### **What should I do if I can't find any programs to help my loved one?**

Actually, that shouldn't be a problem. There are literally hundreds of options out there for people with mental illnesses who need financial or other types of

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assistance. Part of the problem may be that you aren't asking the right kinds of questions. For example, if you call up your local social services office and ask them "Do you have a program to help people with bipolar disorder pay their utility bills?" Nine times out of ten they'll tell you no without even checking. I don't want to offend anyone reading this book, but most of the people who answer those questions are simply too lazy to find out. Instead, you need to ask questions like "I want to find out about the program you have to help people with bipolar disorder pay their utility bills." When you say it like this, then they think you already know such a program exists and they'll dig up the information for you. If they say that they don't offer a program like that, then you can ask "Which department does?" so that it remains clear that you know that type of program is available. When you ask questions in this way, you'll get results.

### **How I can talk to my loved one rationally during an episode? They won't listen to anything I say.**

You can't. When your loved one is in an episode, you can not reason with them or talk to them in a rational way. If you could, then they wouldn't need treatment. You could just say, "You shouldn't do that because it might hurt you" or "You can't keep spending money because you're already in debt" or "You need to take your medication so you'll feel better" and it would work. But that's not how it happens. Mental illnesses prevent people from being able to think rationally and that's why arguing, talking, or blaming them for their behaviors is not going to get you anywhere.

### **How can I prevent conflicts between me and my loved one?**

The answer to that is easy: don't argue with them. Conflicts usually only arise when you try to argue with someone who is in the middle of an episode. When you argue or try to talk to them rationally, you aren't going to get anywhere and you'll just raise tension in the relationship. Instead of arguing, just make it clear that they are going to do what they need to do. Don't let them think it's up for discussion or debate because it shouldn't be.

### **Could a divorce or a death in the family cause someone to develop bipolar disorder?**

No. Bipolar disorder is not caused by any external event; it is a pre-existing mental illness that results from an imbalance in brain chemicals. However, those types of events could trigger an episode in a person who may have previously been stable. Major life events can also cause the disorder to become worse in some patients, which is why most doctors will urge spouses not to divorce or leave someone who is bipolar. Even more minor events, like an argument or a bad day at work, can trigger episodes. Things that you or I might just forget about can have a major impact on someone else. If that someone else has bipolar disorder and they aren't in treatment, they could go into an episode as a result.

### **Does anyone know why people with bipolar disorder have the manic episodes?**

No one knows for certain how the manic episodes have developed. Most

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researchers agree that the manic aspect of bipolar disorder emerges as a way of combating feelings of impending depression. For example, if a person is feeling bad because people are criticizing his work, then he may combat that with the belief that his work is incredible or that other people are simply jealous of his talent. Likewise, if the person feels bad about yelling at their spouse, they may try to drown out their own critical voice by turning instead to the pursuit of nothing but pleasure.

Because depression often involves feelings of low self-worth, an individual would fight back against those feelings by creating an image of themselves as nearly perfect. They believe they are protected against criticism, danger, and problems. All of this results in the behaviors associated with a manic episode: risk-taking behavior, inflated self-esteem, grandiose illusions, etc.

Of course, none of these things are done on a conscious level. Your loved one would not realize that these thoughts or defense mechanisms are even present. However, the psychotherapy aspect of their treatment may help them get to the bottom of some of these negative feelings which might trigger episodes so that your loved one can gain more understanding of the disorder and how to deal with it.

### **My co-worker's sister tried this herbal miracle drug and it cured her bipolar disorder. Does this work?**

No. No matter what you may see on the Internet or in advertisements there is no cure for bipolar disorder and there are no miracle treatments for it either. All of these products are designed to take advantage of people's desire to find a quick, easy fix for their problem and that's just not always possible. A combination of the correct medication and psychotherapy is the only treatment that truly will make a difference in your loved one's condition.



Well, we've reached the end of the book. I hope you've learned a great deal from my experiences and my research that will help you as you help your loved one deal with bipolar disorder.

Bipolar disorder isn't an easy illness to cope with. The manic and depressive episodes can seriously disrupt your family, your loved one's career, your plans, everything! But it's important to keep in mind that just as you didn't ask to become a supporter for someone with bipolar disorder, your loved one didn't ask to become someone with bipolar disorder.

The biggest obstacles you will have to overcome in your new role are your own lack of knowledge about the disorder and your loved one's resistance to continue treatment. My hope is that this book provided you with some ways to deal with both of these roadblocks should they interfere with your loved one's journey to prolonged wellness.

Remember that planning and prevention will make a world of difference in controlling this disorder and allowing your loved one and your family to have a productive and happy life.

Feel free to let me know how you're doing or if you have any questions I didn't address in the book.

I wish you and your loved one the best of luck while dealing with bipolar disorder.

# Appendix

## **Six Handy Checklists**

While I hope you've found all of the material in this book helpful, I also know that when you need some quick information, you're not going to want to have to re-read this whole thing to find it. That's why I've put together a few checklists which can help provide you with quick access to answers to the questions you'll most likely have while you help your loved one and the rest of your family understand and cope with bipolar disorder.

### **Checklist #1 -- Symptoms of a Manic Episode**

- Individuals will feel extremely happy, excited, and joyful
- Individuals will talk more than usual and at a faster speed
- Individuals will become more active and will find sitting still to be very difficult
- Individuals will be easily distracted and will feel like their thoughts are racing
- Individuals will require less sleep
- Individuals will feel overconfident and their self-esteem will be inflated
- Individuals will do things, such as make purchases, without thinking about them beforehand and will make exhibit poor decision-making skills
- Individuals will not believe that they have mental illness
- Individuals will be more irritable
- Individuals will have an increased interest in sex and/or may be more sexually active
- Individuals may experience delusions and/or hallucinations

### **Checklist #2 – Symptoms of a Depressive Episode**

- Individuals will feel extremely sad and may have crying spells
- Individuals will experience a major change in their sleeping habits (they may sleep less or more than usual)
- Individuals will experience a major change in their eating habits (they will eat more or less than usual)
- Individuals will be irritable and angry
- Individuals will worry and will feel anxious about nearly everything
- Individuals will have little interest in or will get little pleasure from normal activities
- Individual will have trouble concentrating and/or making decisions
- Individuals will have a feeling that everything is going wrong for them
- Individuals will feel as if they have little or no energy
- Individuals will have difficulty focusing, concentrating, and making decisions
- Individuals will try to isolate themselves from people and will be reluctant to socialize

- Individuals will have significantly reduced self-esteem
- Individuals will experience aches and pains that don't have a physical cause
- Individuals will think about suicide

### **Checklist #3 -- Mistakes People Make When Dealing with a Bipolar Loved One**

- Not taking their suicide threats seriously
- Not taking their threats of violence seriously
- Listening to them when they say they feel fine or don't need treatment
- Arguing with them
- Trying to discuss things rationally
- Not helping them with their finances
- Not involved in their treatment
- Not checking in with medical professionals periodically
- Not planning for future episodes
- Not taking the illness seriously
- Thinking that the episode can not be overcome
- Abandoning their loved one
- Blaming the loved one for the problem
- Giving in to their loved one
- Ignoring the symptoms and hoping it will go away

### **Checklist #4 -- When to Call Your Loved One's Doctor**

- When new side effects to the medication develop
- When side effects to the medication worsen
- When your loved one is facing a major lifestyle change, such as being fired from their job or breaking up with a significant other
- When serious new symptoms appear, including dizziness, depression, thoughts of suicide, or hallucinations
- When your loved one is showing symptoms of either a manic or depressive episode
- When your loved one is talking about suicide or is threatening violent behavior

### **Checklist #5 -- What Your Loved One Needs to Do**

- Sleep enough and at regular times – unusual sleep patterns can sometimes trigger an episode
- Avoid drinking alcohol and illegal drugs – these can interfere with medications and can sometimes trigger an episode
- Set both short-term and long-term goals for themselves, such as taking their medication each day (short-term) or graduating from college (long-term)
- Stop blaming themselves for the disorder – they had nothing to do with causing it but that doesn't mean they can do nothing about treating it
- Connect with other people who have and who don't have bipolar

disorder so they can strengthen their support network

- Accept changes – your loved one’s needs to realize that bipolar disorder will change their life but that doesn't have to be a bad thing. You and your loved one's therapist can help them cope with the changes
- Make plans for dealing with episodes as well when they are in a stable period
- Keep taking their medication and going to treatment

### **Checklist #6 -- What You Need to do For Your Loved One**

- Make sure they do not replace their treatment program with any of these “get well fast” products, such as herbs, certain vitamins, meditation programs, etc. These programs won't help and stopping the medication will actually be worse for them.
- Find them a good doctor (if they don't already have one) and make sure they've received a correct diagnosis for their problems. If you're still not sure, ask for a second opinion.
- Educate your friends, family members, and co-workers whenever possible so that you can minimize the stigma that is so often attached to mental illness and to your loved one. Education is the only way to combat this problem.
- Help your loved one stay focused on other parts of their life instead of just the bipolar disorder. Do your part to make sure they don't let the disorder stop them from achieving their goals in life.
- Treat them the same way you always did when they are in a normal mood. They are the same person.
- Stay hopeful for you and your loved one. If the doctor has trouble finding the right medication for your loved one, it could become easy for you to believe that nothing can do done to help your loved one, but that's not true. Finding the right treatment just takes time.
- Encourage them to meet new people and to form new, positive relationships
- Be willing to take action. Many people just want to avoid problems instead of dealing with them because it seems easier, however avoidance just makes things worse in the long run.
- Make plans for dealing with future episodes.

## Resources

If you need additional assistance helping your loved one or learning more about bipolar disorder, the following organizations will be able to help you.

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

730 N. Franklin St  
Suite 501  
Chicago, IL 60610-7224  
[www.dbsalliance.org](http://www.dbsalliance.org)  
800-826-3632

**American Psychiatric Association (APA)**

888-357-7924  
[www.psych.org](http://www.psych.org)

**American Psychological Association**

800-374-2721  
[www.helping.apa.org](http://www.helping.apa.org)

**Center for Mental Health Services (CMHS)**

800-789-2647  
[www.mentalhealth.org](http://www.mentalhealth.org)

**National Alliance for the Mentally Ill**

800-950-6264  
[www.nami.org](http://www.nami.org)

**National Institute of Mental Health**

800-421-4211  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

**National Mental Health Association**

2001 N. Beauregard Street, 12th Floor  
Alexandria, VA 22311  
800-969-6642  
[www.nmha.org](http://www.nmha.org)

**U. S. Food and Drug Administration**

888-463-6332  
[www.fda.gov](http://www.fda.gov)

**National Mental Health Association**

2001 N. Beauregard Street, 12th Floor  
Alexandria, VA 22311  
Phone 703/684-7722

**Co-Dependents Anonymous**

PO Box 33577

Phoenix, AZ 85067

Phone: (602) 277-7991

**Family Support America**

20 North Wacker Drive, Suite 1100

Chicago, IL 60606

Phone: 312-338-0900

[www.familysupportamerica.org](http://www.familysupportamerica.org)

**Wellness Recovery Action Plan**

[www.mentalhealthrecovery.com](http://www.mentalhealthrecovery.com)

**Suicide Hotline 1-800-442-HOPE**

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