

chapter one

Taking Control of Your Illness

In this chapter you will:

- ✓ Read about the four steps to controlling depression and mania.
- ✓ Find out why medications alone don't control your illness.
- ✓ Learn how your reactions to your symptoms can help you or hurt you.
- ✓ Discover how this workbook will help you take control of your symptoms.

This workbook is designed to guide you through the process of learning what you can do, in addition to taking medication regularly, to control your symptoms of bipolar disorder. There is a lot you can accomplish. You can learn to lessen and avoid symptoms of depression, mania, hypomania, irritability, and anxiety, as well as cope with the many ways your illness can interfere with your life. You can use this book on your own, make it part of your individual or group therapy, or work through it with your psychiatrist. Each chapter offers information, skills, and exercises that can help you learn to cope with your emotions, control negative thinking, minimize physical symptoms, deal with medication issues, manage problems of daily life, and generally come to terms with having bipolar disorder.

If you commit the time to practice and learn each method, the exercises in this workbook can help you learn the facts about bipolar disorder, achieve more stability, discover new ways to keep the symptoms from coming back, get more out of treatment, and reach your goals in life.

How Can You Control the Illness?

Bipolar disorder is biological in nature, but it causes both physical and psychological symptoms. The physical symptoms include impairments in sleep, energy, appe-

tite, and concentration. The psychological symptoms include changes in thoughts, feelings, and choice of actions. This workbook will provide you with a host of tools to control your mood swings and to improve the quality of your life by managing the physical and psychological symptoms of depression and mania.

The overall goal of this workbook is to help you prevent recurrences of depression and mania. To accomplish this you will need to learn two important things:

1. How to recognize the early warning signs that the physical and psychological symptoms of bipolar disorder are returning.
2. How to act quickly to stop the symptoms before they become severe. That means taking action to control symptoms before they become full episodes of depression and mania by correcting and controlling the thinking problems, activity changes, and emotional upsets caused by the illness.

The interventions throughout the workbook are geared toward helping you in four ways—to see symptoms coming, take precautions, reduce your symptoms, and check your progress. The outline below summarizes the steps you can take to control your mood swings.

Step 1: See It Coming

How?
Know your symptoms



Use Life Chart (Chapter 3) and Mood Symptoms Worksheet (Chapter 4).

How?
Monitor your mood



Use Mood and Symptom Graphs (Chapter 4).

How?
Recognize your triggers



Identify triggers on your Life Chart (Chapter 3).
Review your list of things that make it worse (Chapter 5).

Step 2: Take Precautions

How?
Don't make it worse



Learn to get enough sleep (Chapter 5).
Stick with medications (Chapter 6).
Avoid symptom triggers (Chapters 5 and 6).

How?
Add positives



Learn to strengthen relationships (Chapters 5 and 8).
Set personal goals (Chapter 6).
Work toward adjustment to the illness (Chapter 7).
Develop healthy habits (Chapter 5).

How?
Decrease negatives



Solve problems (Chapters 5 and 8).
Control worry and rumination (Chapter 5).
Avoid overstimulation (Chapters 5 and 9).

Step 3: Reduce Your Symptoms

How?
Stop inactivity



Use Activity Schedule.
Break it down and take it on, and use "A" list/"B" list (Chapter 5).

How?
Change your thinking



Use the *catch it, control it, correct it* methods (Chapters 8 and 9).

How?
Reverse mental meltdown



Use the *slow it, focus it, structure it* methods (Chapter 10).

How?
Reduce hyperactivity



Control overstimulation.
Keep desire for change in check.
Set limits on activity with goal setting.
Get some sleep (Chapter 5).

Step 4: Check Your Progress

How?
Monitor your mood and symptom changes



Use Mood Graphs (Chapter 4).
 Use Mood Symptoms Worksheet (Chapter 4).
 Get feedback from others (Chapter 9).

Why It Takes More Than Medication

Medications that effectively control symptoms of depression and mania, mood swings, anxiety, irritability, and sleep problems are the cornerstone of managing illnesses like bipolar disorder. Bipolar disorder is a biological illness that causes changes in the way your brain processes the chemicals your body naturally produces. Medications are designed to correct this problem by providing these chemicals or neurotransmitters when they are lacking or by helping your brain use them more efficiently. Without medication, psychological approaches like those presented in this workbook may be only minimally effective. But even with medication, you, like most people with bipolar disorder, will probably need more to gain the greatest possible control over your symptoms and to prevent relapse.

- You need backup interventions for those times when you don't take your medications consistently or when they are not working fully. Most people with bipolar disorder have trouble taking medication on a regular basis, especially when their symptoms have improved or when side effects are unpleasant.
- You need ways to minimize stress, cope with changes of season, and avoid sleep loss—all factors that can cause symptoms to return even when you take medication every day.
- You need healthy and effective ways to control your symptoms instead of giving in to the temptation to use alcohol or street drugs to help you sleep, calm your nerves, or change your mood. Alcohol and street drugs are not usually safe to use when you are taking psychiatric medications, and they can interfere with the potency of some medications.
- You need methods for examining and managing your lifestyle so that it doesn't lead to sleep loss, poor eating habits, or unhealthy behaviors that can increase the risk of relapse.
- You may find yourself going through times when part of you rejects the idea of having this illness, does not want to take medications, or is unwilling to make the

modifications to your lifestyle that might help reduce or eliminate symptoms. At the same time another part of you knows what you should do to take care of yourself. You need some strategies for sorting out your feelings about the illness and the treatment when you feel conflicted about it.

- Depression and mania can make it hard to organize your thoughts, make decisions, and solve problems. You need ways to reverse the mental meltdown that makes it hard to think.

- Medications may remove symptoms, but if you've had financial, legal, or family problems as a result of bipolar disorder, you'll be left with those problems even when your symptoms have improved. You need ways to resolve the problems that stress you so that you can improve the quality of your life.

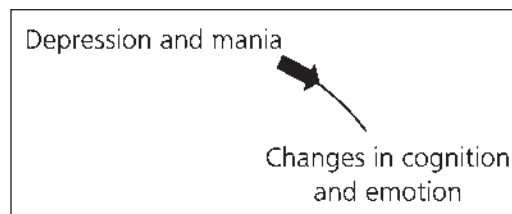
Fortunately, there are methods you can learn to fill the gaps that medication treatment leaves. Strategies for controlling symptoms, preventing relapse, and solving problems are explained in this workbook. Mastering these strategies will help you come to terms with your illness, give you a reason to stick with medication treatment, and keep the ups and downs from interfering with your life.

The Ups and Downs of Bipolar Disorder

Many different things can trigger depression and mania in people who have bipolar disorder, but sometimes they occur for no specific reason at all. Once an episode starts, however, your reaction to it can make symptoms better or worse. This is why.

Depression or mania will cause **changes in your thought processes and your emotions**, as shown in the diagram. Your thoughts—what you think about and how you think—are also referred to as *cognitions*. Fill out Worksheet 1.1 to remind yourself of the emotions and cognitions you've experienced during periods of depression and mania.

Changes in your emotions and thought processes **affect behavior**. They can **color the types of actions** you choose to take, such as staying out late to have fun because you feel terrific and don't want the day to end, starting a new project because you're full of new ideas, or avoiding interactions with others because you're feeling bad about yourself and don't

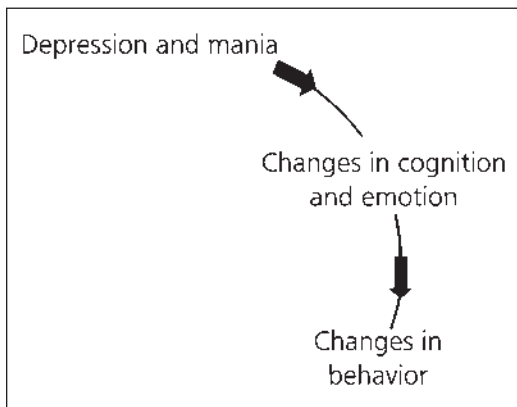


Depression and mania affect thoughts and feelings.

worksheet 1.1 **Cognitions and Emotions**

Emotions	Cognitions
<p>Emotional changes are feelings like sadness, despair, and anxiety and feeling high, euphoric, or irritable. These emotions are usually intense and will last for days, weeks, or months at a time. They are not just reactions to exciting or upsetting events.</p>	<p>Both the content and the process of your thinking can change during episodes of depression and mania. Content changes are what you think about. For example, when depressed you have more negative thoughts and when manic you might have new and exciting ideas. The thought processes that change are the speed of your thinking, how well you can concentrate, the clarity of your thoughts, and your decision-making ability.</p>
<p><i>Circle the words that describe your emotions during depression or mania.</i></p> <p>sad empty blue lonely worried anxious tense uptight irritable annoyed angry euphoric elevated high happy ecstatic</p>	<p><i>Circle the words that describe your cognitive changes during depression or mania.</i></p> <p>Process changes: slow confused forgetful poor judgment indecisive muddled unrealistic foggy creative racing</p> <p>Content changes: negative hopeless self-critical paranoid new plans optimistic</p>

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Thoughts and feelings affect behavior.

want others to see you depressed. In the following exercise (Worksheet 1.2), try to match the emotions, thoughts, and actions that might go together during episodes of depression and mania.

The **quality of your actions can change** when you are depressed or manic. You might be more disorganized or jump from one activity to another when manic. You might move more slowly than usual when depressed.

It does not take long before **changes in**

worksheet 1.2 | **Moods, Thoughts, and Actions**

Mood	Thoughts	Actions
Sad	<i>I have the best idea ever.</i>	Decides not to go to party.
Nervous	<i>There is nothing I can do about my problem.</i>	Snaps at a friend.
Euphoric	<i>He's getting on my nerves.</i>	Gives up.
Irritable	<i>I'll freeze up and not know what to say.</i>	Leaves work early to start a new project.

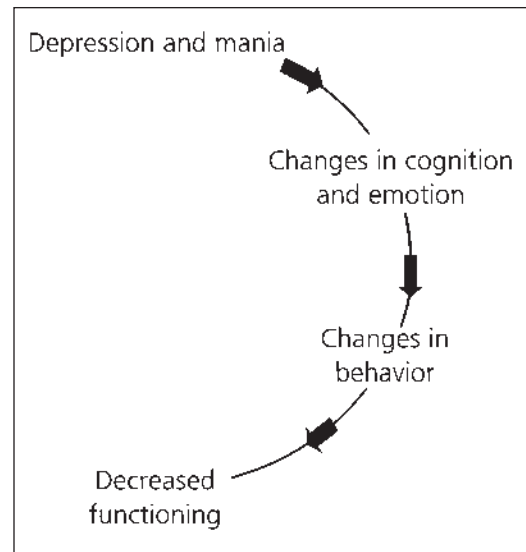
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types and quality of behavior affect your ability to function effectively at home, work, or in social situations, as shown in the diagram. Here are some examples.

- Taking action before thinking things through can lead to errors in judgment or poor decision making.
- Slowness in movement and fatigue can interfere with fulfilling obligations.
- Giving up means that problems may not get solved.
- Starting too many projects means nothing gets finished.
- Leaving work early because you're tired may lead to reprimands from the boss.
- Avoiding people means missing out on fun.
- Snapping at people may start conflict and damage relationships.

When your functioning declines and you're unable to compensate for it, problems often develop.

For example, poor job performance can lead to termination of employment. Failing to meet responsibilities at home can cause conflict with your parents or spouse, strain marriages, or interfere with family



Behavior changes affect functioning.

Answers for Worksheet 1.2

Mood	Thoughts	Actions
Sad	<i>I have the best idea ever.</i>	Decides not to go to party.
Nervous	<i>There is nothing I can do about my problem.</i>	Snaps at a friend.
Euphoric	<i>He's getting on my nerves.</i>	Gives up.
Irritable	<i>I'll freeze up and not know what to say.</i>	Leaves work early to start a new project.

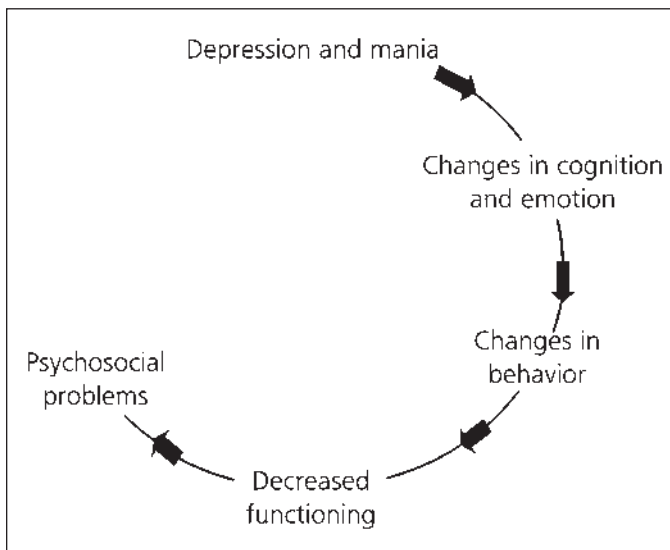
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communication. Impulsivity and poor decision making can lead to financial problems and relationship problems. Typical problems are shown in the table on page 9.

What problems have you experienced in your life that you think might be attributable to having bipolar disorder? These could be problems caused by the symptoms of the disorder as described above, or they could have been caused indirectly when mania and depression kept you from dealing with everyday life issues. On Worksheet 1.3, make some notes on the types of problems you think you might

have had in your life because of bipolar disorder. This list will help you gain control of your symptoms in two ways. One, if you see old problems coming back, it may be a sign that it is time to take action to control your symptoms. Two, if you focus on skills that help you prevent new problems from forming, you can reduce the stress that can cause a relapse.

Having to cope with problems will cause stress for anyone, but because you have bipolar disorder the risks are greater for you. Nighttime worry about problems can in-



Poor functioning leads to problems.

Problems Caused by Poor Functioning

<i>Changes in functioning</i>	<i>Possible problems</i>
Acting without thinking and poor decision making	Quitting a job without having a new one when you can't afford it
Not fulfilling role obligations	Neglecting children's well-being
Spending excessively, not paying bills	Eviction from home, repossession of belongings
Arguing with people at work instead of solving problems calmly	Termination of employment
Drinking excessively or using street drugs	Legal problems, health problems, family problems

worksheet 1.3 **Problems Associated with Having Bipolar Disorder**

Relationship problems:

Work problems:

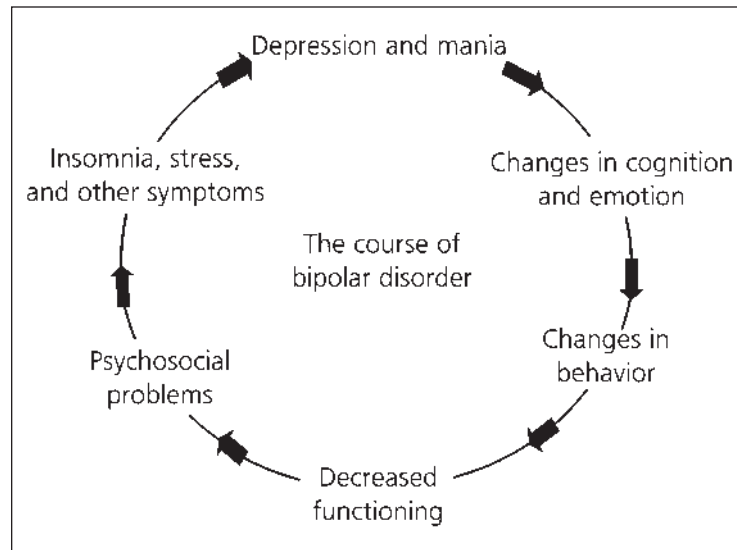
School problems:

Legal problems:

Financial problems:

Family problems:

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Cognitive-behavioral model of bipolar disorder.

terfere with sleep, and sleep loss can induce mania. Attempting to relieve stress with alcohol can make depression worse and can also interfere with sleep. Fatigue from sleep loss can cause further decline in work performance, can lower motivation to handle problems, and may lead you to give up and give in to depression. **All of this can worsen symptoms of depression and mania, and the cycle perpetuates itself.**

Cognitive-Behavioral Therapy for Bipolar Disorder

This description may make the cycle of symptoms and problems in bipolar disorder seem overwhelming and impossible to control, but in fact it's possible to learn effective ways to manage your illness. This workbook provides you with the tools for controlling your mood swings that are usually taught in cognitive-behavioral therapy, or CBT. CBT is a skills-oriented type of psychotherapy that teaches you ways to straighten out problems in thinking, control your emotions, and cope more effectively with your symptoms and your life problems. Throughout this workbook, you will be provided with the tools that cognitive-behavioral therapists use to help people cope with depression and mania. Here is how it works.

The overall plan is for you get to know yourself and your pattern of symptoms well enough to know when they are coming back and to learn CBT skills for managing them. The end result is that if you do all that you can to control symptoms

and work closely with your doctor to find the right medications, you will have shorter times of illness and longer times of wellness.

Throughout this workbook you will learn ways to break the cycle of depression and mania with tools that control symptoms at each point in the sequence. First you have to learn to recognize where you are in the cycle of changes in thoughts, emotions, actions, and functioning. This will be accomplished by developing an early warning system, using the methods described in Chapters 3 and 4. Next, you will need to learn ways to control the mood swings and changes in thinking that seem to come early in the course of depression and mania. This can be accomplished by learning the methods in Chapters 8 and 9 for evaluating your thoughts and removing any distortions in your thinking. When you do this, your depressed, euphoric, and irritable moods will usually decrease in intensity. In Chapter 10 you will learn to slow down and sort through your thoughts in a more systematic way so that you can make good decisions and cope more effectively with the changes you're experiencing. When you are able to do this, you will usually feel less anxious, irritated, and overwhelmed. Taken together, the methods used to control your cognitive and emotional changes in depression and mania will help to break the cycle. The mental and emotional symptoms will lessen, and they will be less likely to negatively affect your behavior.

Another way to break the cycle of bipolar disorder is to control the behaviors that may be making symptoms worse. That includes staying up all night, drinking too much, avoiding people, or procrastinating in solving problems. In Chapter 5 you'll learn several different strategies for coping more effectively, taking positive action, solving problems, keeping yourself from getting out of control, and breaking out of procrastination and lethargy. When you change your actions, you will think better of yourself and feel more hopeful about your ability to cope. Changing behavior helps to improve the cognitive and emotional symptoms of depression and mania. The reverse is also true. When your mood and attitude are better, you will engage in more productive behaviors.

If you realize you are in the middle of a cycle of depression or mania only after your thoughts, feelings, and actions have changed for the worse, you can learn to work your way out of the episode by taking your medications more consistently and by taking steps to avoid aggravating the situation. The CBT methods covered in Chapters 5 and 6 will help you get back on track when you feel out of control and when you are having trouble taking the medication your doctor has prescribed. If you can get back into the swing of things, you can regain control over your thoughts, feelings, and actions.

You might find that the way you've behaved during periods of depression or mania has caused new problems or has brought more stress into your life. Having too much stress worsens your mood, interferes with your sleep, and keeps depression and mania going. To break the cycle, you will need to learn the stress manage-

ment strategies covered in Chapters 5 and 10. They will help you resolve your difficulties so you can lessen your worry and get a good night's sleep.

When combined with effective medication management, these cognitive-behavioral strategies can help you take control of your illness so that you can reach your goals and have a happy and productive life.

How to Use This Workbook

This workbook was written for four types of readers. The first type is someone who was diagnosed recently and doesn't yet know a great deal about how to manage his or her illness. **Goals for the newly diagnosed are to:**

1. **Better understand your illness.**
2. **Learn ways to make treatment work.**
3. **Find out how to live with and manage your symptoms.**

The second type of person this workbook is suited for has struggled with bipolar disorder for some time and doesn't feel he or she has achieved stability. **Goals for the experienced person who is still working toward greater stability are to:**

1. **Get more out of medication treatment.**
2. **Learn skills to control your mood swings.**
3. **Gain acceptance of your illness and treatment.**

The third type of person with bipolar disorder who is the focus of this book has found a medication regimen that works and wants to learn more about how to maintain stability. **Goals to help this person maintain stability are to:**

1. **Know your vulnerabilities.**
2. **Prevent relapse.**
3. **Strengthen relationships.**
4. **Find purpose in life.**

The fourth type of reader is the family member of someone who has bipolar disorder who wants to learn what he or she can do to help. Those individuals can be supportive, offer assistance, or help remind the person with the illness to use the methods learned. **Goals for the family member are to:**

1. Try to understand the nature of bipolar disorder.
2. Know the signs of symptoms returning.
3. Learn how to encourage treatment and not interfere with it.

If you fall into one of these four groups, you can work through this book from beginning to end or skip ahead to the sections of the workbook that pertain to you. Another way to use this workbook is to look over the table on pages 14–15 and choose the areas that apply to you. Read those sections before you read the others.

This workbook is organized so you can start with general information about bipolar disorder in Chapters 1 and 2 and then begin to put together your own personal history of symptoms and treatment. The exercises in Chapters 3 and 4 will help you develop your own early warning system so that you can identify recurrences of depression, mania, hypomania, or mixed states as soon as they begin. This will give you a head start in taking action to stop the symptoms from progressing.

Beginning with Chapter 5 and throughout the remainder of the workbook, you will be provided with methods for preventing and controlling symptoms of depression and mania. Chapter 6 helps you get the most out of your medication treatment, and Chapter 7 will help you out if you're having difficulty accepting the diagnosis of bipolar disorder and all that coping with the illness means. Chapters 8 and 9 will offer strategies for fighting off negative thinking and for keeping manic thinking from getting you into trouble. Chapter 10 will help you cope with poor concentration, difficulty organizing your thoughts, decision making, and mental overstimulation.

Illustrations: How It Works for Others with Bipolar Disorder

Throughout the workbook you'll find examples of how other people with bipolar disorder have responded to the exercises and interventions presented. They represent the first three types of readers described earlier. Tommy is 21 years old and was diagnosed with bipolar disorder only recently, so he is a good example of the first group. Amanda is 32 years old and has had bipolar disorder for several years but has not yet found a way to manage the symptoms. She would fall into the second group. Paul is 23 years old and was diagnosed with bipolar disorder as a child. He has worked closely with his psychiatrist for many years and has a pretty good regimen for controlling his symptoms most of the time. Raquel is 45 years old and has had the most experience with the illness. She has been through the adjustments that the others are just beginning to make, has come to terms with having bipolar disorder,

Where Do I Start?

Understanding bipolar disorder

- Do you need more information about the nature of bipolar disorder and its treatment? Read Chapters 1 and 2.
- Are you having trouble coming to terms with having bipolar disorder? Read Chapters 2, 4, and 7.
- Are you angry about having the illness and having to take medications? Read Chapters 6 and 7.
- Are you depressed about having bipolar disorder? Read Chapters 7, 8, and 9.

Symptom awareness

- Are you aware of the factors that influence your mood swings? Read Chapter 4.
- Do you think you are aware of your unique symptoms of depression, mania, hypomania, and mixed states? Read Chapters 3 and 4.
- Are you sometimes uncertain about whether your symptoms are returning? Read Chapter 4.
- Do you sometimes do things that make your mood or symptoms worse? Read Chapters 4 and 5.

Coping with life

- Is your sleep irregular? Read Chapter 5.
- Are you overstimulated by noise, people, or too much activity? Read Chapter 5.

Medication treatment issues

- Are you having difficulty taking medications on a daily basis? Read Chapter 6.
- Do you ever forget to take medications or decide you just don't want to take them? Read Chapters 6 and 7.

Negative thinking

- Are you overly negative, self-critical, or pessimistic? Read Chapters 8 and 9.
- Is it easy for you to see your failures and difficult to see your strengths? Read Chapters 8 and 9.
- Do other people think you take too many risks? Do you have trouble seeing it at the time, but realize it later? Read Chapters 8 and 9.
- Do you jump to conclusions or make assumptions that later turn out not to be true? Read Chapters 8 and 9.
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Where Do I Start? (*cont.*)*Mental clarity and concentration*

Do you have any difficulty concentrating? Do you get distracted easily?	Read Chapter 10.
Are you disorganized?	Read Chapter 10.
Do you have trouble making decisions?	Read Chapter 10.

People problems

Are you isolated from others?	Read Chapter 5.
Do you have trouble solving problems with people?	Read Chapter 10.
Do people upset you?	Read Chapters 8 and 9.

Stress management

Is it hard to slow your mind and relax your body?	Read Chapters 5 and 10.
Are you easily overwhelmed with tasks and unable to take action?	Read Chapters 5 and 10.

der, and feels stable most of the time. Raquel and Paul fall into the third group of readers, those who have achieved relative stability. Having a feel for what each of these people has gone through and how they have used the methods in this book will help you know how their experiences might apply to you as you work through the exercises.

Tommy is a struggling college student. He has had two episodes of mania so far. The first episode was mild and did not last very long. He was diagnosed with bipolar disorder after his second episode because his symptoms were bad enough to require hospitalization. He was brought into the emergency room by police when he crashed his car into a light pole. His strange behavior made the police think he had been taking drugs along with the alcohol he had in the car. In the emergency room the doctor figured out that Tommy was actually manic. Tommy was not very cooperative in the hospital, and with the help of his parents, who thought his problem was drinking and nothing more, Tommy was discharged without medication. Unfortunately, he only got worse. The following week, Tommy's parents arranged through their family doctor to have him admitted to a psychiatric hospital because he was "talking crazy" about being a disciple of God and seeing angels flying around his room. He was started on a mood-stabilizing medication in the hospital, as well as an antipsychotic drug. He was more like his old self after a few weeks but did not really understand what had happened to him. Throughout the workbook, examples of Tommy's efforts to work through the exercises will be provided.

Like most people who have been diagnosed recently, Tommy knew very little about bipolar disorder, but he was pretty certain that he did not have it. He picked up the book from time to time and read through sections that caught his eye but did not really work through the entire program right away. His psychiatrist encouraged him to read more and learn about what he could do to control his symptoms. Tommy read the first few chapters, about the illness, but was not ready to buy into the idea that he had bipolar disorder. His mom was very worried about Tommy and frustrated by his lack of effort to educate himself. She read through the workbook as well as many other books on bipolar disorder so she would understand what was happening to her son. She encouraged Tommy to read Chapter 7, on the topic of denial, and to talk it over with her and with his doctor. After reading it Tommy was still not entirely convinced that he had bipolar disorder because he had not had enough experiences with the illness. On the other hand, he did not want to go to the hospital again, so he agreed to read the workbook a little at a time. Some of the exercises didn't seem to pertain to him, because he had not yet had a severe period of depression, but he recognized the symptoms of mania listed in Chapters 3 and 4 and made some effort to follow the guidelines in Chapter 5 for preventing them from returning. Tommy used the workbook like a reference book. Each time he had new experiences that might be related to bipolar disorder, he tried to find an exercise related to it. He would read through his old notes in the workbook and add new insights. Some of his notes are included in the workbook to show how someone newly diagnosed with bipolar disorder might approach the tasks.

Amanda is a good example of someone who has dealt with the many ups and downs of bipolar disorder but does not feel able to control it. A 32-year-old nurse who had her first episode of major depression in high school and her first manic episode in nursing school about 6 years ago, she has had other periods of depression, mania, and hypomania and has been under the care of a psychiatrist off and on over many years. In addition, Amanda has had supportive counseling to cope with periods of low mood. She knows she has bipolar disorder and wants to do what she can to control it for the sake of her family. She gets extremely irritated with her husband when she is manic, which has taken a toll on her marriage. She suffers from low-level depression much of the time and often has difficulty keeping her home clean and organized, doing her job at the hospital, and caring for her 5-year-old daughter. She has lost jobs for poor attendance when she was depressed and has walked off of jobs because her irritability and impulsiveness during manic spells have gotten the best of her.

Amanda picked up this workbook after a period of depression that really frightened her. She caught herself thinking that life was not worth living and that there was no hope for a better future. This was not Amanda's usual attitude, and when she came out of the depression, it greatly upset her that she had allowed her thinking to get so distorted. She kept thinking, "What if I had acted on those

ideas?” Amanda was ready to work diligently through all the exercises in the workbook. She recognized her symptoms from the examples in Chapters 3 and 4 and knew she had coped poorly with them in the past. She made the adjustments in her lifestyle and in her reactions recommended in Chapter 5. Amanda was particularly interested in learning to control her distorted thinking, so she slowly and carefully worked through each exercise in Chapters 8, 9, and 10. She had worked through her denial about having the illness years ago but needed some help in taking her medications more consistently. She wanted treatment to work, but side effects and other problems always seemed to get in the way. Amanda used the methods in Chapter 6 to find a way to be more consistent with taking her medication. She was tired of all the ups and downs in her life, and each time she learned a new exercise for dealing with her distorted thoughts, her behavior changes, and her mood swings she felt like she had more control over her illness and her life. Amanda’s examples are included throughout the workbook. If you think you’re like Amanda, pay particular attention to how she completed each exercise.

Paul and Raquel are both good examples of people who have learned a great deal about how to manage bipolar disorder. Both have had bad experiences with depression and did not want to go there again. Paul is only 23 years old, but his bipolar disorder started during his elementary school years and he has been through enough treatment to be an expert on the issue. He did not go through a period of denial like Tommy had, because his parents explained to him when he was a young child what illness he had and how medication would help. He learned early in life that he felt better with medication than without it and that things went better at school and with his friends when he was more stable. Although Paul knew a great deal about the biology of bipolar disorder and was pretty consistent with taking medications, he did not know much about how his reactions contributed to his symptoms. He wanted to learn what he could do to keep his symptoms from flaring up without always having to take additional medications, which had been his strategy in the past. Paul only skimmed through the first three chapters because he had already read so much about the illness, as had his parents. He did not think he needed Chapters 6 and 7, because he had already accepted his illness and took his medication fairly consistently. What he wanted to learn were the methods in Chapter 5 for making himself less vulnerable to relapse by controlling his actions and the strategies in Chapters 8, 9, and 10 for recognizing his errors in logic and for dealing with the mental meltdowns he had been having off and on since he was a kid. He had given Chapter 4 only a little attention when he read through it the first time, but after working through the other chapters he went back to Chapter 4 to learn more about how to recognize his symptoms when they were mild and just beginning to return. Although he knew himself pretty well, he did not always recognize symptoms until they were severe and easily noticeable to others.

Paul found the idea that he could help manage his symptoms and even prevent

recurrences by changing his reactions very appealing. It felt like a personal challenge, and he was determined to do whatever he could to keep his mood stable. Examples of how Paul worked through each exercise are provided throughout the workbook.

Raquel is 45 years old and has found a medication regimen that works well for her. She rarely has severe symptoms, and when they do occur she makes adjustments in her medication and in her actions to control them. She does a very good job of holding off the emergence of mania, but she still can become overwhelmed by stress, which usually leads to depression. She has struggled with low self-esteem much of her life, and when things go wrong she has a tendency to blame herself, feel hopeless, and cope by overeating, retreating to her bed, or refusing to interact with others. She wanted to learn how to control what she thought were overreactions to stress. What appealed most to Raquel were the sections in the workbook that focused more on the symptoms of depression. Like Amanda, she had a problem with negative thinking not only when she was depressed, but also when her stress level was high. Raquel put more effort into the exercises in Chapters 5, 8, and 9 than into the others. She was amazed to find out in Chapter 5 how many things she had been doing that probably worsened her depression. She also learned how to add positive experiences to her life and how to climb out of the rut of lethargy and procrastination.

Raquel was also very interested in learning to recognize when her emotions colored her thinking and how to avoid it or at least work through it. She always had a sense that her attitude could become very dark when she was depressed, but before reading Chapter 8 she thought she was the only person who experienced that. She recognized the thinking errors she made most often and learned the methods presented in Chapters 8 and 9 for straightening them out. Her responses to the exercises are provided throughout to give you an idea of how Raquel learned to control her reactions to stress.

Can You Do This on Your Own?

Learning the methods presented in this workbook is only part of what you need to manage your illness. Another important goal is finding a doctor you trust to help you determine the right medication regimen for you. Your doctor needs to be someone that you can be honest with about your symptoms and your adherence to medication treatment and from whom you can take candid feedback.

The majority of effort to manage your illness has to come from you. You can receive advice, instructions, and medications from others, but you're the one who has to do the work. You have to live with yourself from day to day, watch for signs

that symptoms are returning, and take action to prevent it from happening. Others can support you, encourage you, and assist you if you're willing to let them, but **you have to take charge.**

What's Next?

Now that you have an idea of how you can learn to gain control over your illness, it's time to get to work. In the next chapter you will begin to learn to recognize symptoms by gaining knowledge about the specific characteristics of depression and mania that have led to your diagnosis of bipolar disorder. If you're pretty familiar with how depression and mania are diagnosed, you might want to skip ahead to Chapter 3 and begin to chart your personal history.