

# Bipolar Disorder



# What is bipolar disorder?

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- Bipolar disorder is a serious mental illness
- People with bipolar disorder go through unusual mood changes
- Sometimes they feel very happy and “up” and are much more energetic and active than usual. This is called a manic episode.
- Sometimes they feel very sad and “down” and have low energy, and are much less active. This is called depression or a depressive episode.



# What is bipolar disorder?

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- The mood swings are more extreme and are accompanied by changes in sleep, energy level, and the ability to think clearly
- Bipolar symptoms are so strong that they can damage relationships and make it hard to go to school or keep a job
- They can also be dangerous
- Some people with bipolar disorder try to hurt themselves or attempt suicide



# What is a mood disorder?

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It's a condition where emotions are derailed for an extended period of time. The main types are:

- Bipolar I: Alternating manic and depressive episodes
- Bipolar II: Alternating hypomanic and depressive episodes
- Cyclothymia: Alternating hypomanic and mild depressive episodes
- Unipolar Depression: Single or recurrent episodes with no mania
- Dysthymia: Chronic, low-grade depression



# Mood States

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- Mania: irritability, high energy, racing thoughts and speech, and overactivity
- Hypo-mania: inflated self-esteem or grandiosity, extra talkative, distractable
- Mixed states: feeling emotions felt in both depression and mania
- Rapid cycling: 4 or more episodes within 12 months
- Euthymia: stable mood state, you are neither depressed or manic
- Dysthymia: continuous, long-term depression
- Mild depression: chronically low, less severe than major depression
- Depression: persistent sad, anxious or empty mood, hopelessness, decreased energy



# Who develops bipolar disorder?

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- Anyone can develop bipolar disorder
- It often starts in a person's late teen or early adult years
- Children and older adults can have bipolar disorder too
- The illness usually lasts a lifetime



# Why do bipolar disorders develop?

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While doctors do not know the cause of bipolar disorder, several factors may contribute to the illness:

- Family genes may be a factor as it sometimes runs in families. However, it is important to know that someone in a family who has bipolar disorder does not mean other members will have it.
- Brain structure or brain function of the person may lead to bipolar disorder.

Scientists are finding out more about the disorder by studying it. This research may help doctors do a better job of treating people.



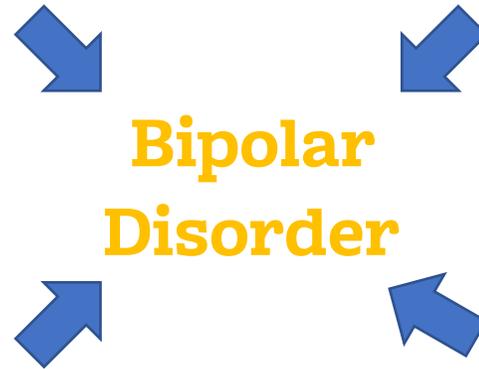
# Symptom Domains of Bipolar Disorder

## Manic Mood & Behavior

- Euphoria
- Grandiosity
- Pressured speech
- Impulsivity
- Excessive libido
- Recklessness
- Social intrusiveness
- Diminished need for sleep

## Dysphoria or Negative Mood & Behavior

- Depression
- Anxiety
- Irritability
- Hostility
- Violence or suicide



## Bipolar Disorder

## Psychotic Symptoms

- Delusions
- Hallucinations
- Formal thought disorder

## Cognitive Symptoms

- Racing thoughts
- Distractibility
- Disorganization
- Inattentiveness

# Manic Episodes

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People having a manic episode may:

- Feel very “up” or “high”
- Feel “jumpy” or “wired”
- Have trouble sleeping
- Become more active than usual
- Talk really fast about a lot of different things
- Be agitated, irritable, or “touchy”
- Feel like their thoughts are going very fast
- Think they can do a lot of things at once
- Do risky things, like spend a lot of money or have reckless sex



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# Depressive Episode

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People having a depressive episode may:

- Feel very “down” or sad
- Sleep too much or too little
- Feel like they can’t enjoy anything
- Feel worried and empty
- Have trouble concentrating
- Forget things a lot
- Eat too much or too little
- Feel tired or “slowed down”
- Have trouble sleeping
- Think about death or suicide



# Treatment for Bipolar Disorder

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Bipolar disorder is treated and managed in several ways:

- Psychotherapy: Group psychoeducation, cognitive behavioral treatment (CBT), family focused therapy (FFT) and Interpersonal and Social Rhythm Therapy (IPSRT)
- Medications: Such as mood stabilizers, antipsychotic medications and, to a lesser extent, antidepressants
- Self-management strategies: Education and recognition of an episode's early symptoms
- Complementary health approaches: Aerobic exercise, meditation, faith, and prayer can support, but not replace, treatment.



# How to Support Someone with Bipolar Disorder

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Watch for warning signs of relapse:

## Mania warning signs

& symptoms:

- Sleeping less
- Elevated mood
- Restlessness
- Speaking rapidly
- Increase in activity level
- Irritability or aggression

## Depression warning signs

& symptoms:

- Fatigue and lethargy
- Sleeping more
- Trouble concentrating
- Loss of interest in activities
- Withdrawing from others
- Change in appetite



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# How to Support Someone with Bipolar Disorder

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Don't take bipolar symptoms personally.

When in the midst of a bipolar episode:

- They often say or do things that are hurtful or embarrassing
- When manic, they may be reckless, cruel, critical, or aggressive
- When depressed, they may be rejecting, irritable, hostile, and moody

It's hard not to take these personally, but remember these are symptoms of their mental illness, not the result of selfishness or immaturity.



# How to Support Someone with Bipolar Disorder

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## Be prepared for destructive behaviors

- During manic or depressive episodes, they may behave in destructive or irresponsible ways.
- Plan ahead for how to handle such behavior
- They may need or want space to calm down like you and I
- They may want more interaction.
- Get to know each person with bipolar individually

Debriefing with staff after is necessary for your own mental health.  
Remember each day is a new day and a new chance.



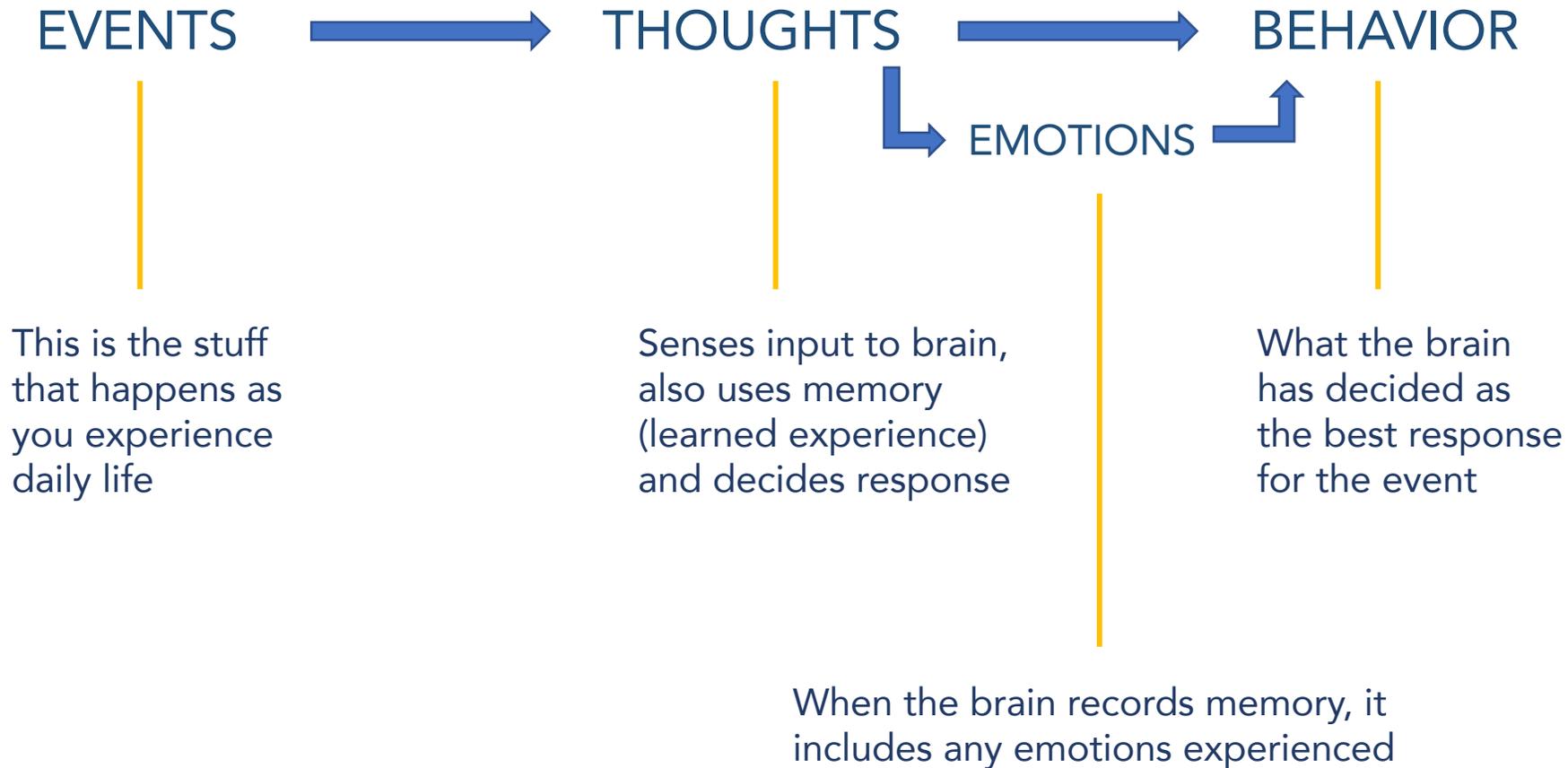
# Cognitive Behavior Therapy (CBT)

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This simple idea is that our unique patterns of thinking, feeling, and behaving are significant factors in our experiences, both good and bad. Since these patterns have such a significant impact on our experiences, it follows that altering these patterns can change our experiences (Martin, 2016).



# The Cognitive Behavioral Sequence



# 9 Essential CBT Techniques & Tools

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DCW can encourage:

- Journaling
- Progressive muscle relaxation (PMR)
- Relaxed breathing

Taught in therapy:

- Unraveling cognitive distortions
- Cognitive restructuring
- Exposure and response prevention
- Interoceptive exposure
- Play the script until the end
- Nightmare exposure and rescripting



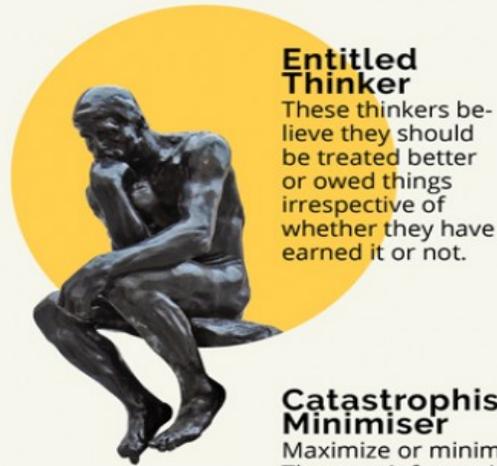
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# The Board of Directors that live in your head

How we perceive data, situations and people has a profound affect on how we make decisions and build relationships. Our mind is very powerful, and it can convince us of something that isn't necessarily true.

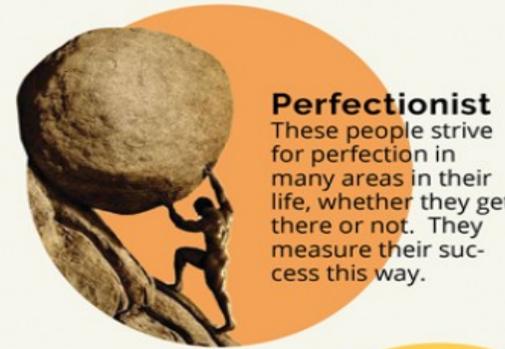
We all have filters on how we see things. When these filters become clouded and take us away from the seeing the facts they are called 'cognitive distortions'. Georgia Murch calls them the 'Board of Directors'. And they live in our head.

*'We do not see things as they are. We see things as we are.'* Anais Nin



## Entitled Thinker

These thinkers believe they should be treated better or owed things irrespective of whether they have earned it or not.



## Perfectionist

These people strive for perfection in many areas in their life, whether they get there or not. They measure their success this way.

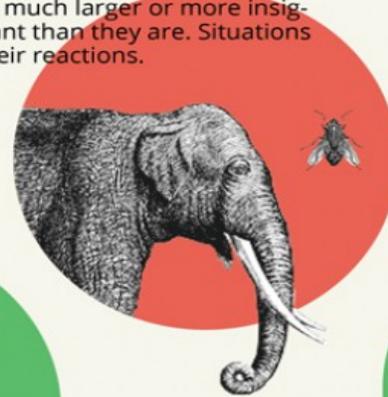


## Negative Thinker

This thinking looks at information and circumstances and sees only the negative. They tend to be half glass empty thinkers.

## Catastrophiser/Minimiser

Maximize or minimize issues. They see information and situations much larger or more insignificant than they are. Situations or their reactions.



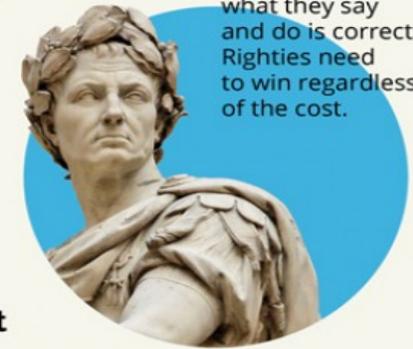
## Black & White Thinker

This is where people polarize their thinking: It's great or terrible. There is no room for grey.



## Labellers

Make judgments about people and situations quickly based on one or two pieces of information.



## Always Right

Righties need to prove that what they say and do is correct. Righties need to win regardless of the cost.



## All About Me's

Think that most things are a direct result of something they have done or said.



## Blamers

Are quick to fault others and slow to take ownership for situations or their reactions.



## Powerless

These thinkers are also known as victims. They can have a 'poor me' mentality and can feel like circumstances are out of their control.



# What is Dialectical Behavior Therapy?

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- Linehan modified traditional CBT to include the integration of validation *and* change
- She called this approach “dialectical,” because in philosophy dialectics refers to examining opposing or contradictory ideas with the goal of resolving them and finding the truth
- She recognized that dialectics are beneficial in many aspects of life and can help people who tend to get stuck in black-and-white thinking
- Working with dialectics involves tolerating tension and contradiction rather than holding an extreme or one-sided point of view
- It involves a more holistic way of seeing the world
- Dialectics underlies the DBT process and both therapist and client are required to become more dialectical in their thinking.



# The Quick Guide to DBT

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Listen without judging or trying to fix the problem:

Non-Judgmental Stance: When you take a non-judgmental stance, you separate the facts of a situation — the who, what, when, where and how — from an evaluation of it as good, bad, stupid, boring, etc.

- When you're on the road and somebody cuts you off: "What a crazy idiot!"
- When you're at work: "My boss is such a jerk!" or "This meeting is going to be so boring."
- When you watch the news: "That's horrible! Things like that shouldn't be happening these days."
- When you make a mistake: "Why did I do that? I'm so stupid"



# Validation: “Being Non-Judgmental Out Loud”

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Validation means you honor the person’s emotional experience and acknowledge their point of view:

- Listen with mindfulness and show interest
- Notice their body language, facial expressions and tone of voice
- Try to understand their perspective
- Reflect back what you’ve heard and make sure you got it right
- Refrain from evaluating or criticizing; debating or arguing; or advising or lecturing

Examples someone can say to validate another person’s experience:

- “I really hear how difficult this is for you.”
- “I understand how you feel.”
- “I see your point of view.”
- “I get what you are saying.”
- “It makes sense that you feel that way.”

