

# HANDOUTS

Cognitive Behavioral Interventions for Adults and Children with

# Bipolar Disorder

Presented By

**Monica Ramirez Basco, Ph.D.**

## Thursday

### 9:00 Overview of Cognitive Behavioral Theory for Bipolar Disorder

- Research & rationale for treatment approach
- Goals for treatment
- Types and subtypes

### The Phenomenology of Bipolar Disorder

- Symptoms of depression & mania
- Opportunities for improvement
- Child and adult differences

### 10:20 *Break*

### 10:35 Cognitive Behavior Therapy

- Theoretical model
- Treatment targets

### 12:00 p.m. *Lunch*

### 1:15 Stages of Intervention

- Interventions for those newly diagnosed
- Readiness for treatment
- How to address denial

### 2:35 *Break*

### 2:50 Symptom Recognition

### 4:15 Adjournment

## Friday

### 8:30 Experienced & Symptomatic Stages

- Symptom monitoring
- Lifestyle management
- Behavioral interventions

### 9:50 *Break*

### 10:05 Correcting Cognitive Distortions

- Three stage approach: Catch, control, correct
- Faulty information processing
- Cognitive intervention strategies

### 11:30 *Lunch*

### 12:45 p.m. Mental Meltdown

- Slow racing thoughts
- Find a focus
- Structure to enhance reasoning

### 2:05 *Break*

### 2:20 Improving Treatment Adherence

- Cognitive Behavioral model to adherence
- Behavioral contracting

### 3:45 Adjournment (Pick up certificates)

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## Cognitive Behavioral Therapy for Bipolar Disorder

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## What is Bipolar Disorder?

- Mood disorder
- Characterized by recurring episodes of mania and depression
- 1% of the population
- Suicide rate 15 times the general population
- Chronic, recurrent, debilitating, genetic
- Early onset may be more severe
- It is usually lifelong once it begins

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## Why Therapy for Bipolar Disorder?

- People do not understand their illness
- Adherence is poor
- Breakthroughs are common
- Psychosocial sequelae
- Stress

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### Why is relapse a problem?

- 95% of people with bipolar disorder suffer from recurrent episodes of depression and mania (Goodwin & Jamison, 1990)
- The time between episodes decreases during the course of the illness. (Post et al., 1985)
- The probability of recurrence increases with each new episode (Gelenberg et al., 1989)

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### Relapse is a problem

- 40% of people with this illness are not treated.
- Up to 70% of those who are treated do not take their medication regularly
- Up to 50% of people with the illness attempt suicide (Chen & Dilsaver, 1996)

(Goodwin & Jamison, 1990)

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### Treatment Adherence

- Adherence to treatment is poor
  - Probability .53 - .63
  - 33% irregularly fill prescriptions (Svarstad et al. 2001)
  - 64% of manic patients were noncompliant prior to rehospitalization (Keck et al. 1996)
- Symptoms breakthroughs are common
- Psychosocial problems occur

(Basco & Rush, 1996, 2005)

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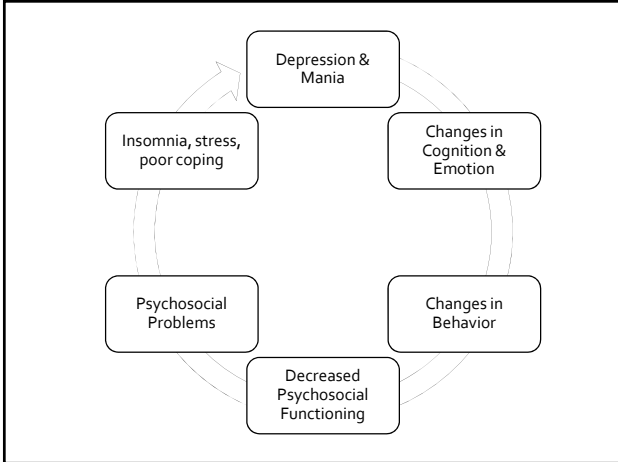
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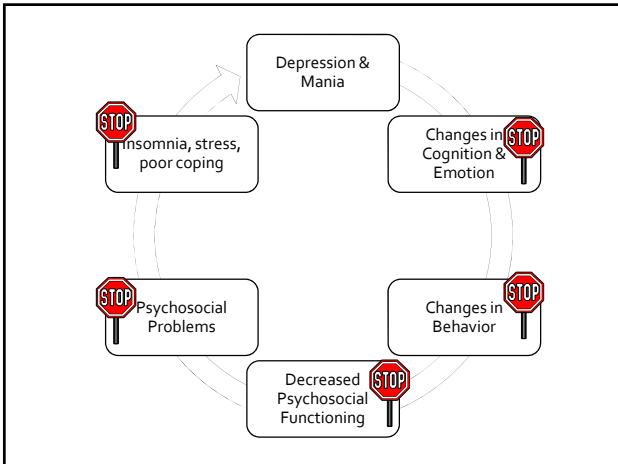
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Primary Goal of CBT is

# Relapse Prevention

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### CBT vs. Standard Treatments

	Fewer Hospitalizations	Fewer Episodes	Better Compliance	Improved Functioning
<i>Cochran (1984)</i>	X		X	
<i>Perry et al. (1999)</i>	X	X		X
<i>Lam, Bright, Jones et al. (2001)</i>		X	X	
<i>Scott, Garland &amp; Moorhead (2001)</i>	X			X
<i>Colom et al. (2003)</i>	X			X
<i>Lam et al. (2005b)</i>			X	X
<i>Scott et al. (2006)</i>				
<i>Ball et al., 2006</i>				X

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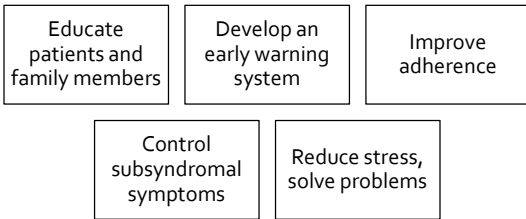
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### Methods for Preventing Relapse




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### Diagnosis of Bipolar I Disorder

- Single episode of mania
- Symptoms last 1 week or require hospitalization
- Rule out psychotic disorders
- Rule out substance abuse
- Rule out general medical conditions

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### Mania

- Irritable or euphoric mood
- Grandiosity
- Pressured speech
- Decreased need for sleep
- Racing Thoughts
- Increased involvement in high risk activities
- Psychomotor agitation

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### Grandiosity

- Inflated self-esteem
- Brilliant – intelligent, all knowing
- Insightful – sees what others can't

### Pressured Speech

- Very talkative
- Switches from topic to topic without obvious transitions
- Poor listening skills

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### Sleep

- Needs less than usual
- Still has sufficient energy
- Sleep loss escalates mania!!

### Distractibility

- Distractions interfere with thoughts
- Redirect activity
- Sensitivity to sound & light

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### Racing Thoughts in Mania

- Increased number/volume of thoughts
- Increased speed of thought
- Can be more creative, new ideas

### Racing Thoughts in Hypomania

- Thoughts are faster than can be spoken
- Loses train of thought
- Keep them awake at night
- Can't turn them off

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### Activity

- Increased amount
- Restless
- Everything is a priority

### Psychomotor Agitation

- Restless
- Seeks stimulation
- Seeks activity

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### Risky Behavior

- Judgment is impaired
- Impulsive, risk-taking
- Spending money excessively
- Increased sexual drive and behavior
- Speeding, stealing, trespassing

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### Major Depressive Episode

- Mood
- Cognitive dysfunction
- Physical symptoms
- Behavior

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### Mood Symptoms

- Dysphoric, dysthymic, sad, blue, hopeless
- Tearfulness
- Irritable, angry, frustrated
- Anxious, tense, fearful
- Guilt, regret

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### Cognitive Changes - Content

- Negative attitude toward self
  - Worthlessness
  - Guilt for past wrongdoings
  - Self-criticism
- Hopelessness about the future
  - Suicidal ideation
- Negative view of others
  - Mistrust of others

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### Cognitive Changes - Process

- Impaired concentration
- Difficulty making decisions
- Limited attention span
- Poor short-term memory

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### Behavior Changes

- Decreased social activity
- Decreased goal directed activity
- Avoidance of social activity
- Discontinues hobbies or leisure activities
- Higher functioning individual will still keep up with responsibilities

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### Mixed Episodes

- Full criteria met for major depression and mania at the same time
- Duration may be shorter
- Rapid changes within an episode from depression to mania
- Shifts can take place within hours

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### Mixed Episodes

- Worst of both worlds
- Speeded up on the inside
- Racing thoughts are negative, hopeless
- Agitation, anxiety, nervousness
- Can't sleep

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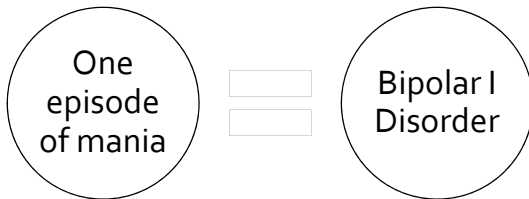
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### Bipolar I



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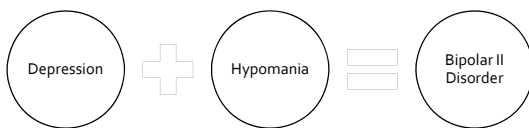
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### Bipolar II



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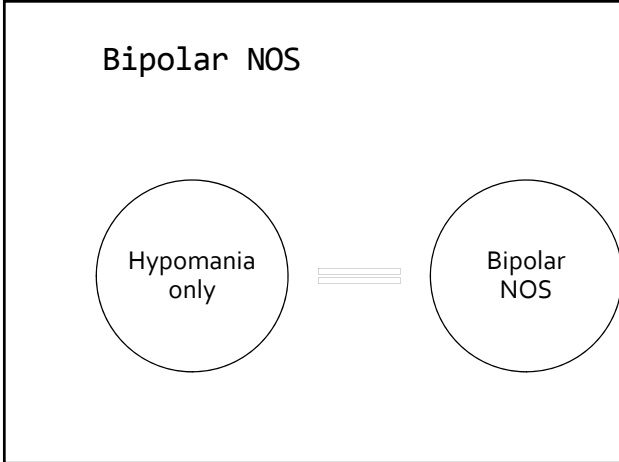
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- How does it differ in children?**
- Mood is not always sad or blue
  - May not be tearful
  - Irritability and Anger
  - Changes in school performance
  - Withdrawal from others

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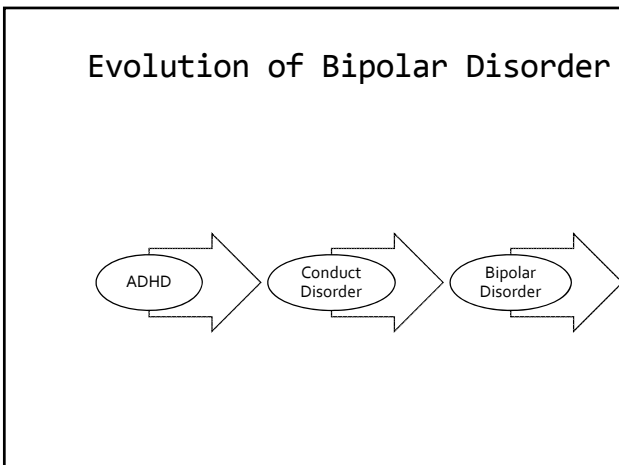
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What is Cognitive-therapy?

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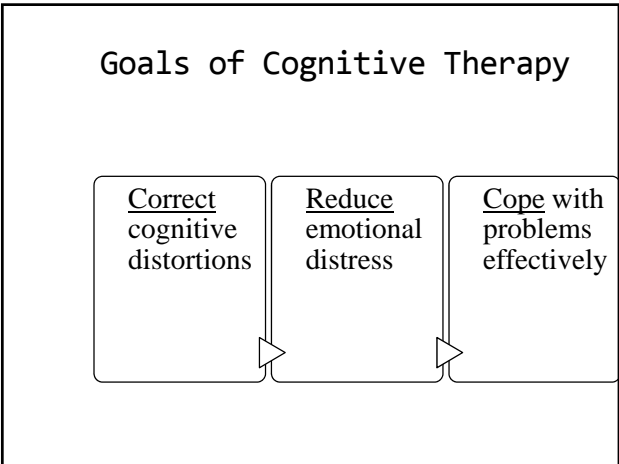
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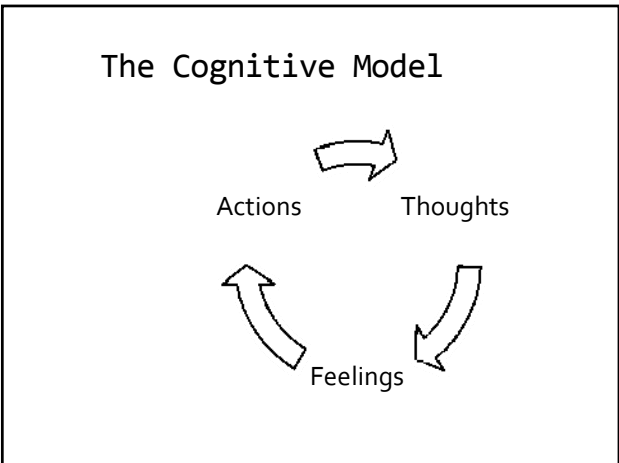
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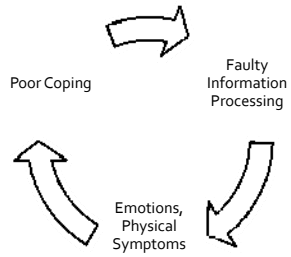
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### Targets of Intervention



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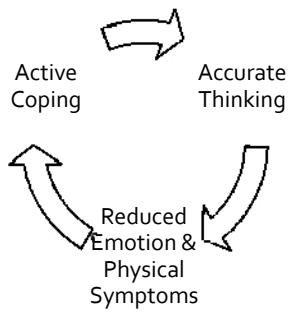
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### Goals of Treatment



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### Correct Disorted Cognitions

- In depression
  - Excessive negativity
- In mania
  - Grandiosity
- Suicidal Thoughts
  - Hopelessness

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### Regulation of Emotions

- Ameliorate dysphoria
- Reduce anxiety
- Anger management
- Manage irritability

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### Improving Coping

- In depression
  - Increase activity
  - Mastery and Pleasure
  - Improve social interaction
- In mania
  - Improve medication adherence
  - Reduce risk taking
  - Contain activity

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### Cognitive-Behavior Therapy for Bipolar Disorder

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### The Newly Diagnosed Patient

- Address Readiness for Treatment
- Symptom recognition
- Instructions for lifestyle management

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### Address Readiness for Treatment

- Acceptance of the diagnosis
- Denial
- Acceptance of Treatment
- Substance abuse as a coping behavior

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### Acceptance of the Diagnosis

- Assess understanding of the diagnosis
- Correct misconceptions
- Assess understanding of treatment
- Correct misconceptions
- Discuss alternative explanations for symptoms
- Resolve dissonance between views

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Video Sample of addressing readiness for treatment

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**Coping with Denial**

- Use Kübler-Ross model of loss and acceptance
- Normalize denial
- Explain how people cope with loss
- Facilitate discuss of loss
  - Of "normalcy" and "stability"
  - Of Life goals

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**Address healthy and unhealthy coping**

- Unhealthy coping
  - Ignoring the problem
  - Substance abuse
  - Inconsistent adherence to treatment
- Health Coping
  - Seek professional help
  - Become educated about the problem
  - Make lifestyle adjustments

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Develop an  
Early Warning System

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Symptom Summary Worksheet

Category	When Manic	When Depressed	When Feeling OK
Mood			
Sleep Habits			
Attitude toward Self			

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Video sample of symptom  
recognition using worksheet

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### Symptoms of Depression

Mild form of Symptom	Moderate Form of Symptom	Severe Form of Symptom
<i>Blue, down, or neutral mood</i>	<i>Cry more easily</i>	<i>Dysphoria, Severe Sadness</i>
<i>Not as hungry as usual; can skip meals and not feel hungry</i>	<i>Eating brings less pleasure, food doesn't taste as flavorful</i>	<i>Decreased Appetite</i>

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### Symptoms of Mania

Mild form of Symptom	Moderate Form of Symptom	Severe Form of Symptom
<i>Everything seems like a hassle; impatience or anxiety</i>	<i>More easily angered</i>	<i>Irritability</i>
<i>More thoughts than usual; quick sharp; difficulty focusing</i>	<i>Disorganized thinking; poor concentration</i>	<i>Racing Thoughts</i>

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Video sample of symptom recognition

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End of day 1

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**Experienced, but Unstable Patient**

- Mood Graphs
- Sleep enhancement
- Skills for controlling symptoms
- Adherence training

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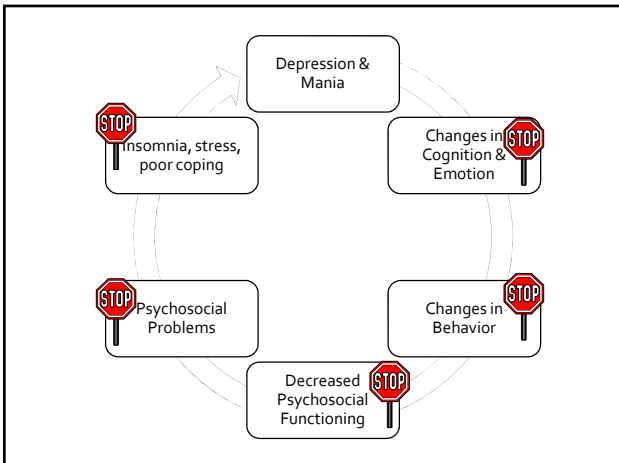
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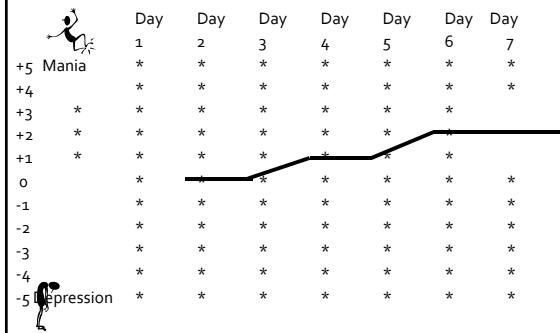
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### Mood Graph




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### Lifestyle Management

Importance of consistency with medication

Good sleep hygiene

Avoidance of alcohol and drugs of abuse

Consistent daily schedule or routine

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### Sleep Enhancement

- Reduce stimulation early in the evening
- Reduce caffeine intake
- Deal with worries before bedtime
- Make an action plan for tomorrow
- Relaxation exercises

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Don't Make it worse

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Things to Avoid



Overstimulation  
Arguments  
Confrontations with others  
Sleep loss  
Overextending oneself  
Risk taking

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Video sample of symptom control

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### Graded Task Assignment

- Identify a large task
- Break into smaller subtasks
- Assign one step at a time
- Add positive reinforcement for completion

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### A list and B list

- Limits activities
- A list: 1-2 items that are urgent
- B list: 1-2 items that would like to get to
- Finish A list items before starting B
- Plan ahead
- Carry over to the next day

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### Correcting Cognitive Distortions

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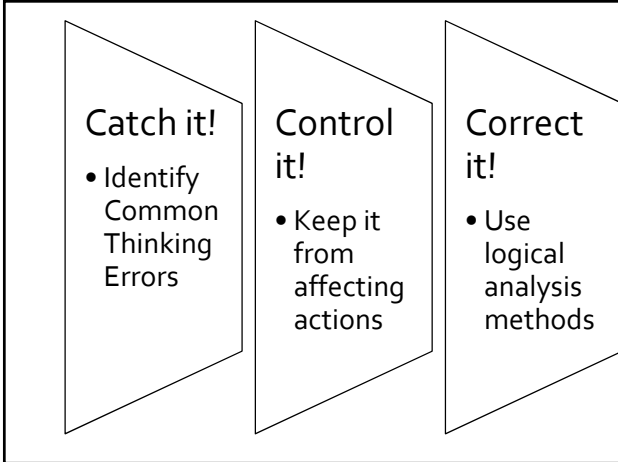
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**Faulty Information Processing**

- Distortion of available information
- Guessing at missing information
- Ignoring available information
- Categorical or black and white thinking

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**Distortion of available information**

Cognitive Error	Magnification <ul style="list-style-type: none"> <li>■ Consequences seem dire</li> <li>■ Problem appears insurmountable</li> </ul>
Emotion	Overwhelmed
Action	Avoidance <ul style="list-style-type: none"> <li>■ procrastination,</li> <li>■ giving up, giving in, quitting too soon</li> </ul>

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How to fix distortions	
Magnification <ul style="list-style-type: none"> <li>■Consequences seem dire</li> <li>■Problem appears insurmountable</li> </ul>	Reduce the distortion, put into perspective
Overwhelmed	Calm the anxiety
Avoidance <ul style="list-style-type: none"> <li>■procrastination,</li> <li>■giving up, giving in, quitting too soon</li> </ul>	Make the task less daunting, more manageable

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Guessing at missing information	
Cognitive Error	Making assumptions <ul style="list-style-type: none"> <li>■Mind-reading</li> <li>■Jumping to conclusions</li> </ul>
Emotion	Anxiety, Distress
Action	Avoidance or Counter-attack

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How to fix assumptions	
Making assumptions <ul style="list-style-type: none"> <li>■Mind-reading</li> <li>■Jumping to conclusions</li> </ul>	Test out assumptions Consider alternatives
Anxiety, Distress	Reduce anxiety
Avoidance or Counter-attack	Get information Get feedback from others

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### Logical Analysis of Automatic Thoughts

- Generate supporting evidence
- Generate contrary evidence
- Review the evidence
- Draw a conclusion

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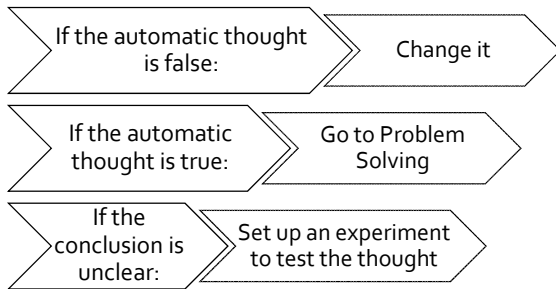
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### Conclusions



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### Coping Cards

- Reminders of conclusions
- Reminder of procedure
- Affirming statements
- Troubleshooting

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**Generating Alternative Explanations**

- What else could explain the person's experience?
- If you were not so depressed, what might you say about the situation?
- What would you say to a friend who was in this same situation?

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**Video Sample  
Examining the Evidence**

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**How to fix  
Mental Meltdown**

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### Signs of Mental Meltdown

- Can't make a decision
- Easily overwhelmed
- Can't concentrate
- Have trouble getting organized
- Thinking is slow
- Easily distracted

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Slow it



Focus it!



Structure it!

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### Slow it

- Decrease stimulation
  - Turn off electronics and lights
  - Turn off your thoughts
- Relaxation Exercises
  - Deep breathing
  - Imagery
  - Muscle relaxation

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### Focus it

- One thing at a time
  - Self talk
  - Set a goal
- Prioritize
  - Make a list
  - What is high priority?
- Make a plan

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### Structure it

- Weigh the pros and cons
- Use the 24 hour rule
  - Do not take action for 24 hours
- Get feedback from others
  - Ask others what they think about your plan before you take action

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### Structure it

- Use Problem-Solving
  - Define the Problem
  - List possible solutions
  - Eliminate impractical solutions
  - Choose best solution
  - Take Action

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CBT for Improving  
Treatment Adherence

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Improving Adherence

- Everyone is capable of adherence if the treatment is
  - Acceptable
  - Understandable
  - Manageable
- Identify obstacles for removal

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STEP 1: Conditions for Adherence

- Does the patient:
  - agree that he or she has bipolar disorder?
  - agree with medication?
  - understand that treatment is continuous?
- Is the patient organized enough to take medications regularly? Can anyone help?

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### Step 2: Identify Obstacles

- Has there been a problem in the past?
- What could prevent taking medication?

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### Common Obstacles

- Medication – Side effects, dosing schedules
- Competing advice – from family, friends, PDR, internet, other MDs
- Poor therapeutic alliance
- Practical issues – forgetfulness, money
- Personal adjustment – denial, negative attitudes about medication, anger

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### Step 3: Troubleshooting

- Can the regimen be adjusted to address potential obstacles?
- What can be done to avoid the most common obstacles?
- Do negative cognitions need to be addressed?
- If the patient runs into problems, what should he or she do?

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Video sample of addressing  
treatment adherence

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**The Stable Patient**

- Maintenance of treatment effects
- Achievement of life goals
- Interpersonal issues
- Planning for relapse prevention

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## Comparison of Bipolar Symptoms in Adults and Children

Symptom	Adult Presentation	Preadolescent Presentation
Grandiosity	Adult claims to be next “Don Juan;” adult announces about to write the world’s greatest novel; adult is overly solicitous and/or patronizing with waiter	Child tells school personnel that he’s President’s son; child insists that N Sync (rock group) is coming to birthday party; child indiscriminately engages strangers
Decreased sleep	Adult reports several nights in a row without sleep or with little sleep, usually without feelings of fatigue; adult reports little sleep is due to working on a project, etc.	Child has great difficulty settling down to sleep, wakes up frequently in the middle of the night, engages in activity in the middle of the night, child walks out of the house in the middle of the night
Pressured speech	Adult is hard to interrupt	Child “proselytizes,” is difficult to interrupt, perseverates on topic
Racing thoughts	Adult jumps from one thought to another without logical train of thinking	Child talks nonstop; child is very hard to redirect
Distractibility	Adult cannot stick to topic of conversation, comments on dress, extraneous events	Child unable to engage in usual activities; child moves from one activity to another
Increased goal-directed activity	Adult begins spontaneous house renovations (without previous plans); adult writes letters to congressmen; adult joins many new social clubs	Child wants to rearrange room at 10 p.m.; child sorts and resorts baseball cards
Excessive involvement in reckless activities/hypersexuality	Adult goes gambling, on drinking or drug binges, on spending sprees; adult acts on hypersexual feelings without taking precautions.	Child tries to jump off roof; child begins self-stimulating without feeling self-conscious; child “propositions” adult; child removes clothing in a public place
Irritability and/or tantrums	Adult gets in fight at bar; adult throws plate at wall because of noise	Child threatens parent with a knife; child tries to smother sibling with a pillow; child kicks holes in walls
Change in appetite	Adult loses appetite during depressive episode	Child shows wide variation in appetite from hardly eating to “gorging” or “stuffing” food
Feelings of worthlessness	Adult has feelings of being a failure; adult feels there is nothing to live for	Child insists parents never wished child’s birth; child expresses feelings of not



		belonging
Recurrent thoughts of death/SI	Adult fears death, has thoughts about sudden death; adult expresses wish to die	Child talks about death; child makes explicit threats to harm self; child talks about wanting to be dead; child threatens to hang self with a belt
Psychotic symptoms	Adult sees spirit; adult sees image in the mirror change to other; adult hears voices of deceased relatives	Child believes classmates want to trick child; child sees snake coming out of the wall; child hears voices directing child to do "bad things"; child reports seeing wall turn red

Adapted with permission from Weckerly, J. (2002). Pediatric bipolar mood disorder. Developmental and Behavioral Pediatrics, 23, 42-56. Table 3, page 44.

## Symptom Summary Worksheet

Category	When Manic	When Depressed	When feeling OK
Mood			
Attitude toward self			
Self-confidence			
Usual activities			
Social activity			
Sleep habits			
Appetite/ eating habits			
Concentration			
Speed of thought			
Creativity			
Interest in having fun			
Restlessness			
Sense of humor			
Energy level			
How noise affects you			

Category	When Manic	When Depressed	When feeling OK
Outlook on the future			
Speech Patterns			
Decision-Making Ability			
Concern for			
Thoughts about death			
Ability to			
Other areas:			

From Basco & Rush (2005). CBT for Bipolar Disorder, 2<sup>nd</sup> Edition, New York: Guilford

### Common Symptoms of Mania

Mild Form of symptom	<i>Moderate Form of symptom</i>	<i>Severe Manic symptom</i>
Everything seems like a hassle; Impatience or anxiety	<i>More easily angered</i>	Irritability
Happier than usual, positive outlook	<i>Increased laughter and joking</i>	Euphoric mood, on top of the world
More talkative; better sense of humor	<i>In the mood to socialize and talk with others</i>	Pressured or Rapid Speech
More thoughts; mentally sharp, quick; lose focus	<i>Disorganized thinking; poor concentration</i>	Racing Thoughts
More self-confident than usual; less pessimistic	<i>Feeling smart; not afraid to try; overly optimistic</i>	Grandiosity – delusions of grandeur
Creative ideas; new interests; change sounds good.	<i>Plan to make changes; disorganized in actions; drinking or smoking more</i>	Disorganized activity; starting more things than finishing
Fidgety, nervous behaviors like nail biting	<i>Restless; preferring movement over sedentary activities</i>	Psychomotor agitation; cannot sit still
Not as effective at work; having trouble keeping my mind on tasks	<i>Not completing tasks; late for work; annoying others</i>	Cannot complete usual work or home activities
Uncomfortable with other people	<i>Suspicious</i>	Paranoia
More sexually interested	<i>Sexual dreams; seeking out or noticing sexual stimulation</i>	Increased sex drive – seeking out sexual activity; more promiscuous
Notice sounds and annoying people; lose train of thought	<i>Noises seem louder; colors seem brighter; mind wanders easily; need quieter environment to focus thoughts</i>	Distractibility – have to work hard to focus thoughts or cannot focus thoughts at all

## Common Symptoms of Depression

Mild Form of Symptom	<i>Moderate Form of Symptom</i>	Severe Symptom of Depression
Blue, down, or neutral mood	<i>Cry more easily</i>	Severe sadness
Not in the mood to socialize	<i>Less involved with others</i>	Lack of interest in usual activities
Usual activities are not as fun as expected	<i>Have fun until activity is over</i>	Decreased pleasure
Blame self more readily when things go wrong; see own faults	<i>Self-critical</i>	Excessive and inappropriate guilt
Not as hungry as usual; can skip meals occasionally and not feel hungry	<i>Eating brings less pleasure</i>	Decreased appetite
Clothes fit slightly looser, No big weight loss (e. g. 1-3 pounds)	<i>Noticeable weight loss</i>	Significant weight loss
Sleep seems less restful; ruminating at bed time; falling asleep takes a little longer	<i>Takes much longer to fall asleep; wake up briefly during the night</i>	Insomnia – cannot fall asleep easily, wake up during the night and stay awake
Lose interest in tasks such as reading; get frustrated with tasks that are lengthy	<i>Must reread text; thoughts cannot be focused well</i>	Impaired concentration
Feel as if you are moving slowly; not mentally sharp	<i>Slowness in movement is noticeable others; long pauses before answering questions</i>	Psychomotor retardation
Wish pain would go away; thoughts of running away; pessimistic	<i>Thoughts that life may not be worth living; hopeless; can't imagine feeling better</i>	Suicidal ideas or attempts; not caring if you died
Self-doubt; some self-criticism	<i>Low self-esteem, dislike appearance, feel like a loser</i>	Feelings of worthlessness

Mood Graph

Name:

Week of:

Manic	<i>Plan</i>	Sun	Mon	Tues	Wed	Thur	Fri	Sat
+5 Not Sleeping, Psychotic	<i>Go to the hospital</i>	•	•	•	•	•	•	•
+4 Manic, High		•	•	•	•	•	•	•
+3 Hypomanic	<i>Call doctor</i>	•	•	•	•	•	•	•
+2 Energized	<i>Take action</i>	•	•	•	•	•	•	•
+1 Hyper, Happy	<i>Monitor closely</i>	•	•	•	•	•	•	•
0 normal		•	•	•	•	•	•	•
-1 Low, Down	<i>Monitor closely</i>	•	•	•	•	•	•	•
-2	<i>Take action</i>	•	•	•	•	•	•	•
-3 Depressed	<i>Call the doctor</i>	•	•	•	•	•	•	•
-4 Immobilized		•	•	•	•	•	•	•
-5 suicidal	<i>Go to the hospital</i>	•	•	•	•	•	•	•
Depressed								

What caused the mood shift?

## Thinking Errors

### **MISPERCEPTIONS: Seeing things as much greater or much smaller than they really are.**

- *Magnification*: Things seem larger or worse than they are in reality, *This is the worst thing that has ever happened to me*

Example: \_\_\_\_\_

- *Minimization*: Making less of accomplishments than deserved, *So what if I cleaned the house, I shouldn't let it get so bad*

Subtype - *Disqualifying the Positive*: Dismissing good news, brushing away compliments

Example: \_\_\_\_\_

### **MAKING GUESSES: Making guesses or jumping to conclusions that are overly negative**

- *Mindreading*: Guessing what others are thinking or feeling, *He's mad at me. He thinks it's my fault*

Example: \_\_\_\_\_

- *Fortune Telling*: making predictions about future events, *I'm never going to get a job*

*Catastrophizing*: Assuming the worse case scenario is likely to happen, *it's going to be horrible*

Example: \_\_\_\_\_

- *Personalization*: Assuming that events about you without confirming information, *taking things personally*

Example: \_\_\_\_\_

- *Overgeneralization*: Assuming a single event will become a life long pattern, *if it happened one time it will always happen*

Example: \_\_\_\_\_

- *Emotional reasoning*: Gut level feelings, instincts without any basis in fact, *I just know it's not going to work out*

Example: \_\_\_\_\_

**TUNNEL VISION: Seeing only the things that confirm your negative view while ignoring positive experiences**

- *Mental filtering*: Recalling failures and not successes, faults and not strengths, *Nothing ever goes right for me*

Example: \_\_\_\_\_

**ABSOLUTES: Overly harsh, perfectionistic, or strict ideas or statements about how things are or ought to be**

- *Black and White Thinking*: Seeing things in black and white terms such as *success* or *failure*, *smart* or *stupid*, *good* or *bad*

Example: \_\_\_\_\_

- *Labeling*: Critical labels for self or others such as *stupid* or *lazy*, *He's such a jerk*. *I'm worthless*. *She's such a loser*.

Example: \_\_\_\_\_

- *Shoulds and musts*: Rigid rules about how people should act or things should be, *I shouldn't have to rely on others for help*

Example: \_\_\_\_\_



### Thought Record

**When stressful or exciting events occur, they are accompanied by thoughts and feelings. Think of some events that have happened in the last week. Write down how the event made you feel and what was going through your mind.**

Event	Thoughts Rate how strongly you believe each thought from 0 to 100%	Feelings Rate the intensity of each feeling from 0 to 100%	Actions

### Evaluating your Thoughts

My thought is:			
<b>What evidence do I have that my thought is true?</b>	<b>What evidence do I have that my thought is not true?</b>	<b>What would someone else say in this situation? What is another explanation?</b>	<b>Relate the original thoughts and feelings.</b>  <b>My conclusions and my plan for what to do next.</b>

## Reasons to Live

**Make a list of reasons to continue living. When you begin to have dark thoughts about life, look over the list to remind yourself of reasons to hold on another day.**

Reasons why I shouldn't leave:

People to live for:

Things I would miss:

Experiences I have not yet had:

Things that matter to me: