

## Chapter 11

# Healing at Your Own Pace

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### *In This Chapter*

- ▶ Being selfish for the good of everyone
  - ▶ Adhering to your treatment plan . . . when it works
  - ▶ Hopping back on the saddle . . . when you're ready
  - ▶ Managing the financial and legal fallout
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**B**attling bipolar disorder is like going 12 rounds against a world-class prizefighter. Everyone in your corner cheers you on as your pugilistic opponent pounds your puss. The cut man in the corner patches you up after each round, and your trainer offers a few words of encouragement just before sending you in for another three-minute bashing. You feel like throwing in the towel, but you're no quitter, so you hang in there and keep taking it on the chin.

All too often, people respond to a mood disorder this way. The doctor patches you up with medication; your therapist and support network offer some encouragement; and you step back into the ring, still reeling from the mental thumping you took during your previous mood episode. Not only are you weaker and more vulnerable than before, but you've also fallen behind at work and probably have a host of additional problems to deal with — the perfect setting for a relapse.

During your recovery, keep in mind that this is no prize fight and you're no Rocky Balboa. Push other people's expectations to one side, focus on your recovery, and retain your focus until you feel ready to return. Of course, this sounds easier than it is. You may have a job, a family, a home, bills — the list goes on. Without a full recovery, however, all these important elements in your life remain in jeopardy.

In this chapter, we encourage you to make a full recovery your number-one priority. We help you come to terms with the aftermath of a major mood episode and deal with the fallout. We also reveal the importance of focusing on your health and well-being first and show you how to retreat to a place that's more conducive to convalescence. And when you're ready, we provide instructions on how to smoothly transition back to your family and job.

## ***Making Recovery Your Number-One Priority***

Long-term recovery requires long-term solutions, including medication management; individual therapy; relationship therapy; and, in many cases, family therapy. You may be tempted to try solving it all at once, especially if you're coming down from a manic high. In most cases, however, you have a better chance of moving forward by taking smaller steps and initially focusing on your own health and well-being, a process we discuss in this section.

### ***Coming to terms with what just happened***

After your doctor quells the most severe symptoms, you may feel as though you've just woken up from a bad dream. You look back at the episode and wonder what just happened. Well, what just happened is that your brain seriously malfunctioned for some reason, driving your mood up or down to an intolerable level.

That's what happened to your brain, but what happened as a result of your brain's mutiny may encompass much more than your personal anatomy and inner thoughts and feelings. The fallout, especially from a manic episode, may strain your relationships, career, finances, and social status. And if you performed any illegal acts during the mood episode, you may need to contend with court dates, fines, parole officers, and even jail time.

Although these issues may cry out for your immediate attention, avoidance is often the most prudent maneuver for now. After you fully recover, you can begin to focus on any fallout (see the section "Reclaiming Your Life When the Time Is Right," later in this chapter, to begin picking up the pieces).



## Bernard's Vegas nightmare

Bernard had lived a driven, energized life as a young man. He played college football and went on to become a successful investment banker. He had an episode of depression right after college, but he experienced no other symptoms from that point on. He married his college sweetheart, and they had four sons together. Life was good.

Around the time of his 15th wedding anniversary, Bernard began to believe that he didn't need to work anymore because he was going to write a best-selling novel. He didn't start writing or taking courses; he just knew in his heart that he was a great writer and would be famous and wealthy very soon. He began skipping work and taking trips to Las Vegas, almost every week, "for research." He slept little, gambled and drank a lot, and started a relationship with a casino waitress. He regaled his comrades at the high rollers' tables with tales of his novel writing and sexual prowess.

With each trip, Bernard stayed longer and longer, and his family became increasingly frightened, panicked, and angry about his absences and their rapidly dwindling bank accounts and investments. His colleagues at work were fed up with covering for him, so they

divided up his accounts among themselves, leaving Bernard jobless. The next week, he brought his girlfriend from Vegas home to New York and took her out to dinner with his sons.

Sarah, Bernard's wife — like many people in similar situations — didn't make the connection between her husband's behavior and bipolar disorder. She was enraged at first, but gradually she began to recognize the manic symptoms because her father had suffered from bipolar disorder. She rallied their families and friends and began coaxing, cajoling, and bribing Bernard into treatment. The journey was long and difficult for everyone. When the dust finally settled, and he returned to his old self, he was devastated. He had lost his job and almost lost his family, and his son was applying to colleges, but he had no way to pay for them. Bernard, with the help of his doctor and family, worked on putting the pieces back together, including a change of careers that allowed for more down time and a slower pace. The family adjusted — not always easily — to a change in financial status. Bernard struggled with feelings of guilt about what he did to his family, but he and his family gradually came to understand that it was the illness that had hurt them and not Bernard.

## *Knowing what to expect*

How fast and fully you recover from depression or mania depends primarily on the severity of the mood episode and how well you respond to treatment. You may be one of the lucky few who respond within days of treatment, or you and your doctor may spend weeks or longer trying to find the right mix of medicines and therapy.

As your body adjusts to the medications and your mood begins to stabilize, you may experience one or more of the following effects:

- ✔ **Memory difficulties:** You may not recall periods of time during the mood episode, especially during a manic episode. Some medications or treatments, such as ECT (see Chapter 9), can also cause memory loss, making it difficult to function at 100 percent.
- ✔ **Increased/decreased energy:** Antidepressants and other medications may pep you up, and antimanic medications and sedatives may drag you down. Don't be surprised if you need significantly more sleep after a manic episode — your body and brain need time to recuperate.
- ✔ **Anxiety:** Some medications can increase anxiety, so be sure to report any increase in anxiety levels to your doctor. In addition, people frequently and understandably become anxious after a mood episode due to worries about family, work, relationships, bills, and other facets of their lives that may be in upheaval.
- ✔ **Confusion:** A major mood episode and the medications used to treat it can muddle your thinking. You may wonder who you really are and how the medications will affect you. Until you know more about bipolar disorder, you may realize that something's not right, but you don't know exactly what's wrong.

Many of these symptoms are most prevalent when you begin taking a medication, but they diminish over time. If the symptoms are intolerable or persist for more than a week, contact your doctor.



Antidepressants often take as long as three to six weeks to become fully effective. Don't stop taking them just because they don't have an immediate effect. Also, don't stop taking any medication just because you begin to feel better. Always consult your doctor before making any medication changes.

## *Mastering the art of selfishness*

People who suffer from mania and depression are often the movers and shakers of the world. They're working nights and weekends, taking care of the kids, and volunteering for neighborhood service. They focus on meeting the needs of others. But when you ask these Type-A personalities what they need, they can't give you a straight answer, because most of them don't know. They don't pause long enough from their busy schedules to take a personal inventory of their needs, and even if they did, they probably wouldn't ask for help.

If this sounds like you, a mood episode may signal the time for a change — a time for you to become more aware of your needs and more assertive in

meeting them, a time to begin working on developing the fine art of selfishness. During your recovery, you need to look out for number one.

### ***Assessing your needs***

The first step in mastering selfishness is to figure out what *you* need and how to ensure that *your* needs are met (either by you or someone else). To assess your needs, try the following exercise:

**1. Write down five to ten needs, starting with your most immediate need.**

For example, “I need help getting the kids ready for school in the morning.”

**2. Brainstorm ways to have each need met, including the names of people who can help, such as friends or family members.**

You may be able to meet some needs on your own, such as taking an hour at the end of the work day to wind down.

**3. Take the best idea for meeting each need, and draw up a plan for executing it.**

**4. If you need assistance, write a detailed description of the type of help you need and the amount of time required.**

Contact the people who can help, and request their assistance.

**5. Put your plan into action.**

### ***Getting used to saying “no”***

Mastering the art of selfishness requires you to become sensitive to your needs and to avoid overcommitting your time and energy. In short, learn how to say “no.” If you have trouble saying no, try the following lines:

- ✓ “I would love to help, but I really have too much on my plate right now.”
- ✓ “I’m sorry, but I really want to spend more time with my family.”
- ✓ “I haven’t been feeling quite like myself lately. Can you call me back next year?”
- ✓ “I’ll have to check my schedule and get back to you on this. What’s your number again?”
- ✓ “I’m sorry, but we’ve donated all we can this year.”
- ✓ “We have a policy of donating only to educational institutions.”
- ✓ “Excuse me, I think someone is calling in on the other line.”
- ✓ “Oh, dear, my cat just tipped over the trash.”



Caller ID costs a little extra, but it can help you screen out the most annoying callers. Or you can let your answering machine pick up and then return the call later. If telemarketers are infringing on your peace and tranquility, consider having your name added to the National Do Not Call Registry. You can do this online at [www.donotcall.gov](http://www.donotcall.gov).

## *Retreating to a safe, quiet place*

The most obvious place to recuperate from a major mood episode — your home — isn't always the best. If you live alone, the solitude may aggravate your symptoms, and without the watchful eyes of a support person and some human interaction, you may slip back into depression or mania. If your home is tense or you live with unsupportive family members, the environment can be downright toxic. You want a safe and quiet place, a structured environment with the right combination of the following elements:

- ✓ **Tranquility:** Peace and quiet are essential in relieving anxiety, especially after a manic episode.
- ✓ **Activity:** Although rest is important, too much rest can lead to depression.
- ✓ **Interactivity:** Remaining connected to friends, family members, and colleagues provides additional social support.
- ✓ **Support:** Somebody should be available to help you follow your treatment plan and to remain on call if you need assistance.
- ✓ **Routine:** A structured routine with regular wake times, bed times, meals, and activities can help the recovery from both depression and mania.

Living arrangements that meet these criteria may include staying with a friend or family member or, if necessary, going into a hospital, halfway house, or other temporary residence. Having a friend stay with you can sometimes provide support and companionship if you live alone or supply an ally and advocate if you live with family members who don't get it. Remember not to stray too far from your medical and personal support networks when looking for places to stay.



If your family situation has deteriorated, avoid the impulse to move out on your own. Solitude can often deepen depression and unleash your manic impulses. Some degree of personal support almost always improves the treatment outcome.

If you decide to return home with family members, we strongly encourage your family members to learn more about bipolar disorder and make any necessary adjustments to ease your transition. Family therapy can play a critical

role in your successful recovery, as we explain in Chapter 8. At the very least, you and your family should plan on making the following adjustments:

- ✓ **Regulate schedules.** Set times for waking up, eating meals, and going to bed.
- ✓ **Ease your workload.** Your family must pick up the slack during your recovery.
- ✓ **Crank down the volume.** Total silence isn't required, but if you have to shout over the stereo and television, lower the overall decibel level.
- ✓ **Create a retreat for yourself.** Designate a quiet place where you can escape during times of stress.
- ✓ **Outlaw criticism, demand, and judgment.** These patterns are the most common sources of conflict and stress, and families frequently don't even realize how much conflict goes on.
- ✓ **Avoid conflict.** Eventually, all families must address problems that arise, but during the recovery period, everyone must avoid serious conflict as much as possible.



You don't necessarily need to move out in order to cultivate a safe, quiet place. With the support of friends and family, you can usually create such a place right at home.

## *Following your doctor's orders*

Your doctor will give you an earful about the importance of taking your medications as directed and sticking with your treatment plan, so we won't bore you with another lecture. What your doctor may omit, however, are instructions about what to do if your medications don't work or if they produce undesirable side effects. Here are four simple rules for sticking with your treatment plan and making adjustments if the plan doesn't produce the desired results:

- ✓ **Give it time.** Some medications take several days or several weeks to become fully effective. During the adjustment period, most negative side effects taper off.
- ✓ **Keep a record.** Take notes whenever you start a new medicine or change your dosage so you can provide your doctor with detailed feedback on how the medicine affected your feelings and behavior. Chapter 12 provides a mood chart and sleep log with note-keeping areas for logging medication changes.

- ✓ **Communicate your concerns.** Feeling just okay is unacceptable. If you experience negative side effects, contact your doctor for suggestions on how to minimize them. If your doctor seems insensitive to your concerns, find a doctor you can work with.
- ✓ **Consult with your doctor before making any changes.** Don't play doctor, and don't stop taking a medication without your doctor's approval.



Treatment for bipolar disorder is highly individual; what works for one patient won't necessarily work for another. Team up with your doctor to discover the most effective treatment plan for you. Your job is to clearly communicate the way you feel so your doctor has the information she needs to make well-informed decisions and adjustments.

Close, timely communication with your doctor is essential, especially when you're starting a medication or changing medications. If your doctor doesn't provide a timely response, you need to find another doctor who does.

## *Reclaiming Your Life When the Time Is Right*

You found the perfect place to recover — a private little beach in Bora Bora, two blocks down from your psychiatrist's grass hut. You're resting in your hammock and reading this book without a care in the world.

We hope you have a good vacation, but eventually, you need to sail back to reality — return to your family and friends; deal with your problems; and, unless you're independently wealthy, find some gainful employment that's not too stressful.

In this section, we help you determine when you're ready to board your cruise ship home, and we provide some tips to ease the transition.

### *Knowing when you're ready (the preflight checklist)*

When you dislocate your kneecap, your doctor doesn't pop it back in place and send you on your way. He probably recommends a couple weeks of anti-inflammatory medication, coupled with keeping your knee elevated, followed by several weeks of physical therapy. Only then can you make a slow transition back to your normal activities.



Recovering from a major mood episode requires a similar approach, in which you first stabilize your medications and moods and then slowly transition back to your normal activities. To prevent relapse and ensure a smooth transition, make sure you meet or exceed all criteria in the following checklist:

- ✓ Your medications are stable.
- ✓ Your moods are stable. (You may not be the best judge of your mood stability. Rely on your support group, doctor, and therapist for more objective feedback.)
- ✓ You're getting sufficient sleep.
- ✓ You're thinking clearly.
- ✓ Your support group is in place.
- ✓ Your doctor/therapist believes you're ready.



Don't divorce your spouse, quit your job, or make any other major life decisions while your moods are unstable. Mania, depression, and anxiety can often push you to make rash decisions you later regret.

## *Returning to friends and family*

A mood episode doesn't always physically remove you from your family and friends, but it does almost always drive a wedge between you and your loved ones in some way. Mania can dramatically damage relationships, especially if it contributes to acts of infidelity, physical or verbal abuse, overspending, or substance abuse. Depression harms a relationship in more subtle ways — by diminishing energy and the ability to show affection. If the depression leads to a suicide attempt, it can make other family members feel guilty, inadequate, or embittered.

The first step is to stop beating yourself up over whatever may have unfolded during the mood episode. Sure, you're ultimately responsible for your words and actions, but you're not responsible for the mood episode that enabled you to say and do the things you said and did. The next step is to encourage everyone to work together; this is the tough part, because it takes understanding, empathy, and the ability to forgive and forget.

To build understanding and empathy and to enable forgiveness, take the following steps:

### **1. Find out how you may have hurt each person in your family, and apologize.**

It's natural to be unaware that you hurt someone and how you hurt that person, especially during a mood episode.

**2. Encourage family members and friends to learn more about bipolar disorder.**

The more they know, the easier it is for them to understand that bipolar disorder isn't a product of your volition. Chapter 6 provides a list of informative sources.

**3. Involve family members in your therapy to a degree that you and they feel comfortable.**

Chapter 8 provides details of how family therapy can help.

**4. Give family members specific instructions on how they can help support you.**

By becoming involved, family members often feel empowered rather than victimized.

You may meet some resistance from family members or friends who feel as though *you* have somehow victimized *them*. What they need to realize is that bipolar disorder has victimized your entire circle, and *you* most of all. You're doing your part by seeking treatment, managing your medications, and attending therapy sessions. Now it's their turn to step up and contribute.



When you apologize for something you said or did, accepting the apology is entirely up to the other person. By taking responsibility and offering your apology, you've done all you can do. If the person doesn't accept your attempts, you may need to let it go.

## *Dusting off your briefcase and returning to work*

Is your job making you sick? Do you break out in hives just thinking about returning to the daily grind? Is your boss a self-serving control freak? If so, returning to your old job may not be conducive to your mental health. But if you hacked away at your old job for 20 years, you may be reluctant to change careers at this stage in your life. What do you do?

### *Weighing your options*

You must first look at and evaluate your options. They basically boil down to the following three:

- ✓ **Return to work.** Return to your job just as if you had never left. If you have a low-stress job, this may be the perfect solution, but if your job is a major stressor, this option carries significant risk.
- ✓ **Work the system.** Return to work on your terms, taking full advantage of your rights as an employee. Under the Americans with Disabilities Act

(ADA), your employer is legally obligated to provide you with reasonable accommodations. *Reasonable* means that the accommodations don't cost the company too much or require excessive adjustments. In other words, you may be pushing your luck by requesting a new supervisor, but time off for doctor's appointments, a more structured work schedule, additional training, fewer hours, and additional time to complete tasks are all reasonable requests.

Under the Family and Medical Leave Act (FMLA), you can take up to 12 weeks' unpaid leave with health coverage each year (you still have to pay your portion of the health insurance premiums). For details about your rights, turn to Chapter 13.

- ✔ **Cut and run.** Quit your job, and find a new one. If you choose this option, be fully aware of what you risk losing: a stable income, the personal satisfaction that comes with being productive, a portion of your retirement, built-up sick days or vacation time, and so on. Also, if you quit, you may not be eligible for unemployment or disability benefits. If you're considering jumping ship, refer to Chapter 13 for information on restructuring your life and finding rewarding work.



Consult your doctor and therapist before quitting a job to make sure you're not making your decision when your moods are cycling. Also, before you make a final decision, list all the benefits and drawbacks of your current job so you can accurately assess the cost-to-benefit ratio of quitting.

### ***Returning to work with (the greatest of possible) ease***

Assuming you decide to return to the job you had at the time of your most recent mood episode, here are a few suggestions to help ease the transition back to work:

- ✔ **Meet with your doctor before your return.** You may need a doctor's release to return to work. In addition, your doctor may offer some helpful suggestions concerning how to handle your medications in the workplace.
- ✔ **Set up a doctor's appointment for the end of your first work week.** By setting up an appointment in advance, you can return to work knowing that if anything goes wrong, you can get in to see your doctor soon.
- ✔ **Discuss your return with your supervisor.** You're not required by law to disclose your diagnosis or treatment, but if you feel comfortable disclosing this information, it may make your supervisor a little more understanding and flexible. If you request reasonable accommodations under the ADA, you must disclose the reasons why you need special accommodations. Your employer can't fire you for having bipolar disorder.



You can often predict how your supervisor may react to your diagnosis by thinking back to actions he performed or words he uttered in the past. How accommodating has your supervisor been regarding other illnesses

and absences from work? Has he ever made unkind remarks about people who were “nutjobs” or “headcases” on the job? Look for clues from the past.

- ✓ **Discuss your return with one or more coworkers you trust.** Again, you have no obligation to disclose your diagnosis or treatment. In fact, a disclosure may not always be the best idea. But if you have coworkers you trust, a support person on the job can help you watch for early warning signs and avoid potential conflicts.



You may need to submit medical forms and other paperwork to receive sick pay or other benefits, but keeping up on all the paperwork can be quite stressful and difficult when you're feeling depressed or overwhelmed. Get help from a family member or friend, a union representative, or your employer's human resource department. Union representatives and HR workers are typically very knowledgeable about your rights and dedicated to making sure that your employer follows the proper legal procedures.

## *Facing your financial frets*

Money can't buy happiness, but excessive debt can purchase a warehouse full of misery that visits almost everyone who suffers from bipolar disorder. Expenses stemming from missed work, medical costs, and therapy quickly add up. Roll in the cost of that Lamborghini you purchased during your last manic episode, and you have all the makings of a financial Molotov cocktail.

### *Taking control of your money and your debt*

Facing your financial problems and solving them require determination, discipline, and at least a few of the following techniques and tips:

- ✓ **Budgeting:** List your sources of income and your expenses so you know how much money is coming in, how much is going out, and where it's going. When you get organized, start cutting expenses. Chapter 13 offers some tips on trimming expenses and simplifying your life.
- ✓ **Limiting credit card use:** Cut up your credit cards, or at least most of them. Call your credit card companies, and lower your credit limit. Allow a friend or relative to take your credit cards, debit card, and checkbook when you begin to cycle.
- ✓ **Consolidating debt:** You may be able to roll all your personal debt into a single account so you have only one payment to make per month. However, depending on your situation and the debt consolidation company you use, this may cost you more in the long run.

Before you choose a debt consolidation company or credit counselor, ask your bank, credit union, family, and friends for referrals. Many companies, even those that advertise as not-for-profit, charge exorbitant fees. For more information about finding legitimate organizations, check out the Federal Trade Commission's Web site at [www.ftc.gov/bcp/conline/pubs/credit/fiscal.htm](http://www.ftc.gov/bcp/conline/pubs/credit/fiscal.htm).

- ✓ **Finding affordable healthcare:** Chapter 20 provides a list of 10 ways to save money on treatment and find affordable health insurance for you and your family.
- ✓ **Filing Chapter 7 bankruptcy:** With Chapter 7 bankruptcy, the government takes most of your belongings, except for exempt property (such as your pension), which varies from state to state. It sells your stuff, divides the money up among the people you owe, and then forgives you any remaining debt. You can file Chapter 7 bankruptcy only once every six years.
- ✓ **Filing Chapter 13 bankruptcy:** Chapter 13 bankruptcy generally lets you keep your home and car, assuming you can make the monthly payments. The state requires you to pay monthly installments to pay off a reasonable portion of your debt over a three- to five-year period, after which any remaining debt is forgiven.



Bankruptcy remains on your record for up to 10 years, fouling up your credit rating and making it difficult to secure loans.

### *Handing control of your finances to someone else*

In extreme cases, you can relinquish control of your finances and other important matters to a trusting friend or relative through the courts:

- ✓ **Power of attorney** allows a friend or relative to make legal and financial decisions for you when you're physically or mentally incapacitated.
- ✓ **Legal guardianship** enables a relative to act as your guardian, making that person responsible for your health and well-being.
- ✓ **Financial guardianship:** If you've had many manic episodes and are left with limited resources that must last the rest of your life, you may be able to seek financial guardianship. Some financial institutions will create guardianships for people with illnesses even if they don't meet the institution's usual minimum for such services.



Giving a trusted relative power of attorney or legal guardianship strips you of much of your freedom and legal rights and can often lead to bitter feelings. Make the decision only when your moods are stable, and choose a person whom you completely trust to do what's best for you.

## *Locking up your legal issues*

People rarely break the law during spells of depression. They may do some uncharacteristic things, like leaving a stack of dirty dishes in the sink or frowning at Disneyland, but nothing that calls for jail time. Mania is depression's evil twin, the insidious instigator who tugs on your puppet strings and encourages you to perform all manner of lewd and immoral acts. It handcuffs and gags your conscience, so you act without inhibitions. Sure, a manic state can make you more spontaneous and creative, but it can also push you past the boundaries of what's socially acceptable and legal.

If you get caught breaking the law, the legal system can complicate your life and increase your stress level by subjecting you to court dates, legal fees, fines, parole officers, and possibly even jail time. You rarely have the option of whether or not to deal with these inconveniences, but you may be able to diminish the negative effects they have on your life. Here are a few suggestions:

- ✓ **Keep quiet.** When you're manic, keeping your mouth shut may not be a realistic option, but it's always good advice to defer to your lawyer when questioned. Remember, you do have the right to remain silent.
- ✓ **Obtain legal representation.** You have the right to a court-appointed attorney if you can't afford a private attorney. You can also seek help from advocacy groups. NAMI (National Alliance for the Mentally Ill) has a legal center you can contact by calling 703-524-7600 or e-mailing [legal@nami.org](mailto:legal@nami.org).
- ✓ **Inform the court of your bipolar diagnosis.** Lawyers, judges, social workers, and correctional officers should be well aware of the effects mania has on behavior, and they may be more flexible knowing that you've been diagnosed and are receiving treatment.
- ✓ **Add your parole officer to your treatment team.** If the court assigns you a parole officer, encourage communication between the parole officer and your doctor and therapist. In addition to fostering understanding and empathy, the team effort can assist in your recovery.
- ✓ **Seek assistance with any substance-abuse problems.** Alcohol and illicit drugs can often exacerbate mood symptoms and lead to illicit behavior. If you have a substance-abuse problem, make sure your doctor and therapist know about it. Alcoholics Anonymous and other support groups can help you stay clean and sober.



If you need to call the police to deal with a friend or relative who's currently suffering a major manic attack, inform the dispatcher that the person has bipolar disorder. Most officers are trained to confront an alleged perpetrator directly, which is the worst approach for dealing with someone experiencing full-blown mania. NAMI and other organizations are working hard to train police on how to defuse tense situations and get mentally ill people to treatment

rather than to jail. If your friend or relative is arrested and jailed, officers won't allow the person to take medication, so you need to call the doctor and perhaps a lawyer in order to convince the justice system to pass along the medications to your friend or relative.

## *Dealing with Setbacks*

The best strategy for maintaining your health is to follow your doctor's orders, reduce stress, and avoid any surprises that could throw off your rhythm. If you adhere to this strategy, you're likely to proceed for a much longer time without experiencing symptoms than if you don't make the adjustments. However, being a "good little patient" doesn't provide you with a money-back guarantee that you'll remain symptom free. In the real world, variables, such as the following, can have a tremendous influence over the course of the illness:

- ✔ Medicines can lose their effectiveness over time.
- ✔ Job changes can increase stress.
- ✔ Family events and crises can trigger mood fluctuations.
- ✔ Other health problems can cause mood swings.

Knowing that setbacks are normal helps keep them in perspective so you don't feel as though your treatment has failed when something goes wrong. The key is to remain vigilant, identify problems as early as possible, and address those problems quickly and aggressively:

- ✔ **Monitor your moods.** Keep track of your moods, and note any significant changes, as we explain in Chapter 12. As soon as you notice a change, meet with your doctor or therapist.
- ✔ **Meet regularly with your doctor.** Review your medications with your doctor every few months — more frequently if you're just recovering from a mood episode or your doctor has recently adjusted your medications.
- ✔ **Meet regularly with your therapist.** Even when you're stable, you should visit regularly with your therapist. She's your ally in monitoring your moods and recognizing early warning signs. She can offer support and strategies for all the issues in life that can trigger a mood cycle.
- ✔ **Check in with your caregivers when you experience a major life event.** Meet with your doctor or therapist as soon as any stressful event occurs — a job change, divorce, child moving away or back home, death of a loved one — even if you think you can handle it just fine.

