

The Bipolar Toolkit



Taking Charge of Your Own Recovery

Sarah Freeman

The Bipolar Toolkit

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ALSO BY SARAH FREEMAN:



[The Bipolar Diet: Managing Mood, Food and Weight](#)

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Introducing the Bipolar Toolkit

What role will you play in your own recovery?

Bipolar disorder is treatable but not curable. For those of us who live with bipolar disorder, this means accepting that mood-swings and episodes of mania or depression will always be a potential challenge for us.

Fortunately, medication can go a long way towards stabilizing moods. Also, research has established that using “talk therapy” in combination with medication to treat bipolar disorder further reduces both the number of relapses people experience, and the severity of those relapses.

One of the most important outcomes of therapy is self-awareness. For a person with bipolar disorder, self-awareness may mean things like becoming aware of the different events that are likely to trigger a relapse, and recognizing the signs and symptoms of the onset of depression or mania.

For each of us, our stressors and triggers will be different. The signals of an impending mood episode will be different as well. Sometimes, digging up this self-knowledge through talk therapy, while incredibly valuable, can be slow and expensive. And there is no getting around it – no matter how skilled your therapist, you will need to do all of the real work yourself!

This Bipolar Toolkit contains 3 of the most effective tools for developing self-awareness. These are practical, hands-on aids you can use each and every day, either through sharing with your therapist, or on your own. They are proven self-management tools that:

- Build self-awareness
- Send an early warning you are becoming manic or depressed
- Provide a safety net so that any episodes are less destructive.

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Chapter 1: Mood Charting

What is a bipolar mood chart?

A mood chart is a simple, patient driven tool that requires only a few minutes a day to complete. However, mood charts are extremely powerful and effective. This is because mood charts **provide a visual image** of how important pieces of information such as mood, medication, and life events all fit together.

Usually the mood chart contains space for at least the following information:

1. Date: there should be space for recording information for each day.
2. Mood scale: the scale would typically include a baseline which indicates feeling normal (no depression or mania) and then a range of points above the baseline for elevated mood, and below the baseline for depressed mood. A scale of -3 to +3 is common, but some charts have scales of -5 to +5 or even -10 to +10. I like to use -3 to +3.
3. How much sleep you got.
4. What medication was taken and the dosage.
5. Notes: this can be a record of life events considered relevant, such as stressors, therapy sessions, family gatherings, or notes about the workplace.

Other items that many people like to record include weight and any alcohol or drug use. Women often also include their menstrual cycle.

Someone who is experimenting with making diet and exercise changes may like to include that information.

(Feedback from folks following [The Bipolar Diet](#) shows that this is extremely helpful with managing medication related weight gain.)

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I particularly like versions of mood charts that include columns for recording anxiety and irritability levels as both of these are issues for me.

The wonderful thing about mood charting is the exact contents can be customized for each person!

The example below is provided by NIMH (National Institute of Mental Health.) Don't worry if you can't read it all clearly – there is a link to full page versions of the chart you can download, along with the NIMH instructions: [NIMH Daily Mood Chart](#)

Daily Mood Chart

How to use the Mood Chart

- At the end of each day rate your mood – the “Highest” or “Lowest” that you felt that day
- Place a dot in the box that best describes your mood
- If you have had High and low moods on the same day place two dots
- List the number of hours you slept each day
- Weigh yourself on the 14th & 28th day of each month and record
- Rate any anxiety or irritability that you may have on a scale from 0-3 (3=high) and record daily
- List your medications and place a check mark daily if you took your medicine
- Place an “A” if you drank Alcohol or a “D” if you used any drug that was not prescribed by a doctor

Mood	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
HIGH MOOD																																
NORMAL																																
LOW MOOD																																
DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
HOURS SLEPT																																
WEIGH ON DAY 14 & 28																																
ANXIETY																																
IRRITABILITY																																
MEDICATION (name/dose)	Place a checkmark if medication was taken each day																															
ALCOHOL/DRUGS																																
Name																Month/Year																

Why keep a mood chart?

PATTERN RECOGNITION: The mood chart for bipolar disorder is a visual tool that makes it much easier to identify patterns before serious problems develop. It is this pattern recognition that is my favorite part of mood

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charting. This may sound simple, but because there are so many factors involved (sleep, medication, life events, exercise, PMS) I find that charting is far easier, more effective and clearer than keeping a diary or simply trying to remember everything in between visits to the doctor.

OBJECTIVE EVIDENCE: I may suspect my fish oil is doing me good, or that my new medication is not as helpful as good old fashioned lithium, but I prefer collecting empirical data over a period of time to base my decisions on.

PRE-EMPTIVE STRIKES: The chart provides an early warning system that shows when my mood is becoming unstable. This makes it possible to make changes before I am caught in the middle of a major mood episode.

SELF AWARENESS: For me it is helpful to be aware of how I am feeling and of any ups and downs. It gives me a sense of control and makes me more sensitive to how my condition may be affecting my loved ones.

How to use bipolar mood charts

Each of the 3 versions included here comes with instructions.

All you need to do is download a copy of the blank mood chart and then print it and make as many photocopies as you need.

1. [NIMH Daily Mood Chart](#) from the National Institute of Mental Health.
2. [Mood Chart from the Massachusetts General Hospital Bipolar Clinic](#) and Research Program.
3. [Black Dog Institute Mood Chart](#).

These particular bipolar mood charts have been chosen to include in your toolkit because they are the professional versions that have been tested and

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validated, and are used and recognized by leading clinicians and researchers. Just choose the one that you like best.

Sharing your bipolar mood chart

Sharing charts for bipolar disorder with significant others, family, friends, therapists or medical professionals, or anyone else you consider part of your support network may be extremely helpful.

I like to share my chart for the following reasons:

1. Sometimes others are able to pick up patterns that I miss.
2. I want my spouse to feel informed, involved and trusted.
3. Sometimes my symptoms show up as an inclination to be secretive, paranoid and controlling - sharing my chart is the most effective way for me to short circuit this.
4. Knowledge is power, and I like power to be shared!

Bottom line . . .

By its very nature, the course of bipolar disorder is bumpy and unpredictable.

The whole point is that both the disorder and responses to treatment are likely to follow an irregular pattern that can be very confusing for the bipolar person and their care-givers.

The charts are a very easy but powerful tool to help everyone involved understand the relationships between the highs and lows of the disorder, possible stressors and triggers, the impact of medication, and the effectiveness of other measures such as diet and exercise.

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Chapter 2: Your Wellness Plan

A Wellness Plan is exactly what it sounds like – a system to help you identify resources and implement strategies to help you stay well.

It is a highly individual and customized roadmap based on principles of

- self-reliance
- personal responsibility
- education about your condition, and
- support from people you trust.

An effective Wellness Plan requires self-awareness and self-direction.

If you begin by mood charting, as previously described in Chapter 1, you will be better equipped to prepare a truly powerful, personal Wellness Plan. This is a self-help technique that depends on you – your understanding of yourself and your condition.

Nobody else can do the job of creating the Plan for you!

Don't worry – it isn't all that tough! The insights you will gain from mood charting, and the templates and guides prepared by bipolar disorder experts make this a very "do-able" process.

The steps are as follows:

- monitor your state of mind and health
- identify symptoms as they begin to develop
- use the strategies you have mapped out in advance in your Wellness Plan to stop symptoms from escalating into a serious episode of mania or depression.

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PLEASE NOTE: Just like a Bipolar Mood Chart or a Treatment Contract, your Wellness Plan is a tool you can use to play a more active role in your own recovery. It is designed to be used in combination with medication and professional medical care – NOT as a replacement.

What is the difference between the Bipolar Mood Chart, the Wellness Plan and the Treatment Contract?

1. *The Mood Chart* is used every day in order to gain insight into how you are doing, the things that act as triggers and stressors for you, the things that help you stay well, and the results you are getting from your medication and diet and exercise program, or other strategies you may be using.
2. *The Wellness Plan* is used when you detect the first signs of symptoms in order to help you stay well and protect you from a full-blown episode of mania or depression.
3. *The Treatment Contract* is a safety net you put in place before an episode develops so that your loved ones, medical team and other supporters have a clear and shared understanding of what should happen to get you well again as soon as possible, and limit any damage that may result from serious mania or depression.

Stay well strategies

These are unique to each individual. Later we list examples. Discuss the ones you will include in your Plan with your doctor or spouse, family member or friend. Before including a strategy in your plan, consider these questions:

1. Is it safe?
2. Is it simple enough that I can use it even if I am becoming unwell?
3. Is it effective for ME?

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The following lists of common triggers, warning signs, and “stay well” strategies are not complete or universal. Some may apply, but others will not. Everyone is different and it is essential you develop your own personal lists!

Common depression triggers

- Alcohol or drug use
- Change in seasons
- Loss of relationship
- Loss of employment
- Conflict with others
- Discontinuing medication
- Any disappointment or negative life event
- Lack of exercise
- [Poor diet, especially if lacking in B vitamins or folic acid, or if excessive sugar is consumed](#)
- Social isolation
- Unhelpful thinking styles such as negative self-talk, self-blame, and self-recrimination
- Nightmares or other distressing dreams
- Any draining or debilitating physical illness. This could be as serious as prolonged, chronic pain or as “ordinary” as the common cold
- “Feeding” ordinary, normally transient feelings of sadness with sad or negative movies, books, music, and conversations with negative people
- Feelings of stigma about having a mental health condition.
- _____
- _____
- _____

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Common mania triggers

- Lack of sleep
- Change of seasons
- Drinking alcohol or using recreational drugs
- Taking inappropriate medication such as certain stimulant ADHD drugs or SSRI antidepressants which may trigger mania in people with bipolar disorder.
- Taking “natural” treatments such as SAMe or St John’s Wort which been shown in clinical studies to trigger mania.
- Stressful events at home, in the workplace or at school
- Financial stress
- Travel, especially if it involves jet lag
- Changes in routine such as moving house or changing jobs
- Stopping your bipolar disorder medication, even though it is working effectively as a mood stabilizer
- Changes in smoking habits
- Relationship break-ups or conflict in personal relationships
- Engaging in highly stimulating activities with an “addictive” component such as gambling, online gaming, Internet chat, day trading or Forex
- [Physical illness, especially thyroid malfunction or diabetes](#)
- Poor diet and exercise habits, especially consuming excess sugar or caffeine or being physically inactive.
- _____
- _____
- _____
- _____
- _____

If you really are not sure about your own triggers, start Mood Charting!

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Mania/hypomania early warning signs:

- Decreased need for sleep
- Begin to get lots of thoughts and ideas
- Feel “better than well”
- Increased energy
- Increased irritability
- Heightened senses – colors seem brighter, music more compelling
- Increased sex drive
- Different sexual thoughts and feelings, for example attractions to people who I have never noticed before or are “not my type”, or interest in sexual practices that are not usually appealing to me
- Feel more loving and expansive towards others – unless they disagree with me in which case I am disproportionately annoyed
- Compulsion to keep talking, “pressured speech”
- Jumping from thought to thought
- Jumping from project to project
- Aggressive or fast driving
- Impulse purchases
- Interest in speculative financial ventures or dubious “investments”
- Increased interest in risk-taking activities such as gambling
- Feeling impregnable, ‘bullet proof’, endowed with special powers or qualities
- Impatient, unable to wait in lines, frustrated by the “slowness” of others
- Unusually sociable, talking to strangers
- Paranoia, feeling people are talking about me behind my back, criticizing me, “ganging up” on me
- Argumentative, picking fights
- Taking on unusually large or ambitious projects that are impractical.

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Depression early warning signs:

- Avoiding or withdrawing from others, refusing invitations or accepting invitations but not showing up
- Abandoning activities you usually complete and consider worthwhile, for example going to the gym, walking the dog, going to Church, reading books, "date night" with your spouse, playing with the kids
- Don't go out, even if it is something you would usually consider "necessary" such as a trip to the bank, post office or grocery store
- Don't answer your phone or reply to emails
- Find it harder to get up in the morning
- Changes to sleep pattern such as difficulty sleeping, getting up later or earlier than usual, sleeping more than usual, taking more naps
- Harder to get going
- Stop eating, or eat too much, especially "junk" or "comfort" food
- Pay less attention to personal appearance, hygiene and grooming feel slowed and sluggish
- Feel hopeless
- Feel down and sad
- Feelings of guilt
- Having little interest in sex
- Feeling tired
- Feelings of agitation
- Feel irritable
- Feel numb
- Feel just can't be bothered or motivated
- Not interested in things
- Not able to enjoy things as much
- Thinking is slowed and more difficult

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- Hard to concentrate
- Self talk is critical and blaming
- Difficult to think things through and make decisions
- Lots of worrying thoughts
- Ruminating thoughts - thoughts that go round and round
- Thoughts of self harm
- Thoughts are negative about self, others or future.

Common wellness strategies

- Regular sufficient sleep
- Medication compliance
- Using “talk therapy” in conjunction with medication
- Regular consultations with psychiatrist
- Promptly scheduling additional appointments if early warning signs appear and following suggestions for medication or dosage changes
- Abstain from alcohol and recreational drugs
- Avoid over-committing to too many work-related or other activities
- Avoid known stress triggers, especially if they have triggered episodes in the past
- Maintain a consistent daily schedule
- Eat regular meals, including plenty of protein, minimal simple/refined carbohydrates and saturated fat, and plenty of omega-3s/fish oil, vitamin B12 and folic acid
- Daily exercise that you find enjoyable
- Avoiding overly stimulating environments
- Getting regular physical checkups and treating any common co-morbid conditions such as thyroid imbalances and diabetes
- Learning self-talk techniques and reality checking your thinking, especially if it is very “all or nothing”, “catastrophic” or unusual.

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Sample Wellness Plan:

This is a condensed version of my own Wellness Plan.

Trigger	Early Warning Sign	Stay Well Strategy
Jet lag	N/A	Travel with sleep aid meds such as Ambien and extra mood stabilizers. Schedule down time for immediately after travel.
Disrupted sleep	Difficulty getting to sleep or staying asleep.	Use sleep aid medication short term until stable again. Increase exercise.
Stress about work, money or family issues	Irritable, paranoid, argumentative.	Increase exercise. Follow The Bipolar Diet rigorously. Get "thought checks" and "reality checks" from spouse.
Stress about work, money or family issues	Impulse spending and financial extravagance.	Share with spouse. Avoid Internet banking. Stop carrying credit cards and avoid stores.

More information

Black Dog Institute: ["Staying well with a stay well plan" presentation](#)

Black Dog Institute: ["Staying well with a stay well plan" print version](#)

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Chapter 3: Treatment Contracts

On the [Bipolar-Lives website](#), one of our main concerns is making sure spouses, family members and other trusted supporters are kept informed and involved.

In 12 Step programs, it is often explained that folks are “only as sick as the secrets they keep”. Sometimes the symptoms of bipolar disorder also lead us to keep secrets and hold back important information from our loved ones.

However, as I myself have discovered the hard way, once an episode of mania or depression fully develops, it becomes almost impossible to make good choices. Instead, we are likely to behave in ways that are destructive to ourselves and the people around us.

This is where a Treatment Contract comes in. Your Treatment Contract is an agreement you make ahead of time, when you are well and able to make good decisions.

When we are well, that is not experiencing an episode of mania or depression, we are able to help ourselves by making good choices and taking actions that promote stability and keep our lives running smoothly.

Examples range from ordinary, day-to-day activities like showering and taking care with our appearance, to more demanding tasks such as attending school or work regularly, and those things that sometimes require discipline, but are important to protecting our health and keeping our lives running smoothly, such as exercising every day, eating right, staying on top of mail, bill paying, and filing personal papers.

Sometimes we may get feedback from the people around us about other aspects of our behavior. One good friend of mine has talked to me about

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how I am more irritable and argumentative when I am becoming manic. My spouse has noticed that I get more anxious when I am becoming manic. Any major mood swing, either towards depression or mania, usually means I am less communicative and tend to withdraw from people exactly at the time when I most need their help.

This is dangerous because if the depression or mania goes too far, a very self-defeating pattern develops where a person with bipolar disorder becomes increasingly unwell and increasingly likely to engage in destructive behaviors. For example, when manic this could mean spending sprees or rash financial "investments", and when acutely depressed this could mean suicide attempts or other forms of self-harm.

Substance abuse and "self-medication" is a common way of trying to cope with a mood swing in either direction.

What makes it all worse is that during a serious mood episode we become less connected with reality and with the people around us. This makes it harder to short-circuit negative behaviors, especially if we are being secretive or feel paranoid or in other ways deluded about the "rightness" of our actions. Instead of understanding intervention from loved ones and our medical team as well intentioned and necessary, we may resent it and feel convinced they are the ones who "do not understand".

The solution?

Create a Treatment Contract ahead of time that clearly identifies:

- signs of wellness
- signals of an impending episode
- symptoms of full blown mania or depression
- actions we will take to help ourselves

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- actions we empower members of our support team to take in order to help us get well and to protect us from doing things we may later regret.

The *Massachusetts General Hospital Bipolar Clinic & Research Program* defines a Treatment Contract like this:

"A treatment contract is a document that you write while you are feeling well to plan for the times when you do not feel as well. It is written so you, your family, friends, and doctors can recognize your symptoms of illness and can comply with your wishes for treatment."

Remember, a Treatment Contract is NOT something that is imposed on you. Instead, it is YOUR PLAN made ahead of time to ensure that you get prompt treatment based on your own choices and instructions if you become unwell.

Suggested contents

1. PURPOSE

Just like with a legal contract, begin with a brief statement of WHY the Treatment Contract is being created.

2. WHO

List the people who you would like to be involved in your care. This usually includes your spouse or other trusted family and/or friends, and your health professionals, for example your psychiatrist, doctor and therapist.

3. BASELINE/SIGNS OF WELLNESS

This describes the ways that you and others can tell that you are well and your mood is stable. "Stable" means you are not manic or depressed. Signs

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of wellness may include things like keeping a regular sleep schedule, sticking to your budget and managing finances responsibly, and regularly attending work or school. The examples later will make all this clearer – but remember, this works best when PERSONALIZED with YOUR details.

4. SIGNS OF DEPRESSION

Describe your symptoms of depression. Provide a checklist of the “red flags” that signal a depressive episode.

5. AGREED INTERVENTIONS FOR DEPRESSION

This will be different for everyone. It requires identifying tools that YOU find help keep depression at bay. For example, some things I have included in my contract with my spouse is that if I show signs of depression I will follow [The Bipolar Diet](#), exercise for at least 40 minutes every day, abstain totally from alcohol, and that we do something enjoyable together every day.

6. SIGNS OF MANIA

Describe your symptoms of mania or hypomania. Provide a checklist of the “red flags” that signal a manic episode or dangerously elevated mood.

7. AGREED INTERVENTIONS FOR MANIA

For me this includes things like keeping a regular sleep schedule, even if I have to take sleep aid medication, handing over my credit cards, and IMMEDIATELY discussing possible medication changes with my shrink.

8. IN AN EMERGENCY

If a mood swing escalates into full-blown mania or depression, your supporters need to have the power to act in your own best interests.

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However, by then you may be no longer able to use good judgment and may resent “interference” or resist getting help.

This is why a detailed Treatment Contract includes permission for selected family or friends to **communicate directly with your medical team**. It may even involve a **power of attorney**.

However, keep in mind that the purpose of your Mood Chart, Wellness Plan, and Treatment Plan is to identify EARLY WARNING SIGNS so that there can be EARLY INTERVENTION to prevent episodes from becoming serious.

If an acute bout of depression or mania does set in, then your supporters must be able to take the necessary steps to help you.

Hospitalization may be necessary if there is a risk of suicide, or a history of previous suicide attempts.

How about dealing with acute mania? Decisive action may be necessary, Restricting or monitoring Internet use, or cutting off access to finances may sound heavy handed. However, as someone who destroyed a wonderful marriage and my financial security when manic, I believe these actions can be necessary, constructive and loving.

What are some examples of “decisive action”?

1. Restrict or monitor Internet use. This is to avoid both online shopping and gambling, and sex related activities such as pornography or cybersex. It may also help prevent the bipolar person from isolating and retreating into themselves too much.
2. As much as you can, take cash, credit cards and ATM cards for safekeeping. If things seem like they could get really out of control, also consider taking the car keys.

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3. A dear friend of mine is married to a lovely bipolar guy. He is a musician who has a long history of substance abuse as well as his bipolar. My friend manages their money by giving him a monthly allowance. He has an ATM card to access this account at all times, but if he goes off his meds or seems to be getting hyper, she cuts off all other access to their finances. This way he always has some autonomy and dignity but can't get them into financial trouble.
4. Some experts suggest cutting up credit cards but this can be a problem. For example, a non-bipolar spouse will still need to pay bills and buy groceries. Finding a way to divide finances like my friend does with her musician husband is more practical.
5. Watch both email and conventional postal mail very carefully as credit card companies are still sending out credit card applications and those seductive little convenience checks.
6. If you are lucky enough to have any kind of portfolio, you may need to confide in your investment advisor or broker. Although financial professionals are bound to carry out the client's instructions, a heads-up can encourage them to insist on written instructions and a face to face meeting. Ideally agree that they will notify a spouse, doctor or other appropriate person if any unusual transactions are requested.

The process of creating your Treatment Contract is much easier if you have been Mood Charting and already have a Wellness Plan because you have a ready-made list of symptoms, triggers, and preventative strategies to draw on.

You can also use the [instructions, examples and template Contract](#) from the *Massachusetts General Hospital Bipolar Clinic & Research Program*.

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Conclusion

Have you noticed how each of these 3 tools builds on the one before it?

Use all 3 in the sequence they have been presented for maximum results.

For example:

1. Start mood charting immediately. If it seems like too much trouble, choose the simplest chart. Then start including more details as you become more familiar with the technique and the habit becomes ingrained as part of your daily routine.
2. Review your mood charts with your spouse, psychiatrist or other trusted supporter. Start identifying any patterns and developing insight into your own personal stressors, triggers and early warning signs.
3. Use this information as input into your Wellness Plan and document your unique, individual list of triggers, early warnings signs, and "stay well strategies", taking into account both mania and depression.
4. This same information about your stressors, triggers, and warning signs can be used as input for your Treatment Contract.
5. Your Treatment Contract requires additional information about your signs of wellness, more serious symptoms, and more extreme strategies that may need to be used if a serious episode of mania or depression develops. (Even with the best Wellness Plan, you still need to prepare for this possibility, even though your Wellness Plan can be so powerful in helping to prevent episodes from escalating.)
6. Gather this extra information through your mood charting and through open discussions with your medical team and loved ones.

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Resource Guide

Bipolar disorder books:

There are many excellent choices available so I will just list some faves. The first is highly technical, but is the most comprehensive and authoritative textbook available (read this and you will know more than your doctor), and the second is deliberately designed for “easy reading” but has terrific content:

1. Frederick K. Goodwin and Kay Redfield Jamison, [*Manic-Depressive Illness: Bipolar Disorders and Recurrent Depression*](#), 2nd ed, Oxford University Press, 2007.
2. Candida Fink, MD and Joe Kraynak, [*Bipolar Disorder for Dummies*](#), 2005

In February 2009, the medical journal *Psychiatric Services* published findings showing that bipolar disorder can DOUBLE your risk of early death from a range of medical conditions - including those that can be controlled through diet and exercise. This information resulted in my book, [*The Bipolar Diet*](#).

Recommended websites:

There are so many websites springing up about bipolar disorder that it is easy to waste time, and hard to know who to really trust. My fave sites are:

1. [NIMH \(National Institute of Mental health\): Bipolar Disorder](#)
2. [The Black Dog Institute](#): An Australian educational, research and clinical facility offering specialist expertise in mood disorders.
3. [bp Magazine](#) : an excellent quarterly magazine about bipolar disorder which also comes in an online version and has a great [online forum](#).
4. [About.com: Bipolar Disorder](#)