

Living **SUCCESSFULLY**

WITH A MOOD DISORDER

My Living Successfully Plan



Depression and Bipolar
Support Alliance

We've been there.
We can help.

Building a plan to stay healthy and continually move toward wellness is a very worthy endeavor. A plan puts you in control of your wellness, and gives you a clear picture of what you're working for everyday. A wellness plan can also prepare you and your supporters for dealing with the more difficult moments that your condition may bring on.

By taking the time to complete this plan, and to regularly review and revise your plan as needed, you are making an important step toward taking control of your life and your wellness.

This **Living Successfully with a Mood Disorder Plan** is *your* plan. You are in control of its completion, and it is entirely up to you to do so. It is very important to know that you have the power to decide if you want to build a plan, how much time you want to spend on it, who you want to share it with, and how you want to use it. You should feel free to add other parts to your plan, and to change it as you see fit. It is *your* plan.

You *might* want to consider doing the following things with your plan. Others have found these ideas to be valuable for them:

- Make regular appointments with yourself to review your plan.
- Discuss your plan with your loved ones, and agree on everyone's roles within the plan.
- Take your plan to your health care providers, and share it with them.
- Post key statements from your plan around your house or place of work to remind you to follow the plan that you've created.
- Regularly revise your plan to meet your current needs and desires.

ME WHEN I'M HEALTHY

Defining My Wellness

What am I like when I am feeling/doing well?

The Top 10 Ways to know that I am feeling/doing well:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

SYMPTOM AWARENESS

Building a plan for "Living Successfully" requires that you are aware of your symptoms, and regularly check your wellness. Being aware of your symptoms is a very important part of moving toward wellness.

Symptom	How Much Does This Affect My Life? (1= Not at all, 10=A Lot)
Depression	
Sad, empty, irritable or tearful mood most of the day, nearly every day	
No interest in or pleasure from activities once enjoyed	
Major changes in appetite or body weight	
Insomnia or sleeping too much	
Feelings of restlessness	
Fatigue, exhaustion, lack of energy	
Feelings of worthlessness or excessive guilt	
Inability to concentrate or make decisions	
Thoughts of death or suicide	
Mania	
Feeling overly energetic, "high," "better than good," or unusually irritable for at least one week	
Very high self-esteem, feeling like you can do anything	
Decreased need for sleep without feeling tired	
Talking more than usual, feeling pressure to keep talking	
Racing thoughts, many ideas coming all at once	
Distracted easily, thoughts or statements jumping topic-to-topic	
Increase in goal-directed activity, restlessness	
Excessive pursuit of pleasure (e.g., financial or sexual) without thoughts of consequences	
Other Symptoms	
Drinking/using substances	
Overeating	
Obsessions	
Anxiety	
Panic Attack	
Delusions (strange or bizarre thoughts)	
Hallucinations (seeing or hearing things)	

EARLY WARNING SIGNS AND TRIGGERS

Make a list of your *early warning signs* (feelings, thoughts, sensations, behaviors) you or others have noticed and what you may do if you notice them occurring:

Examples: Not hungry for regular meals. (Eat at least one well-rounded meal and evaluate if I feel better afterwards.)

Make a list of your events and/or circumstances that might trigger an increase in your symptoms:

Examples: Visiting with Aunt Carol. Staying out/partying on the weekends. Overnight travel.

WELLNESS GOALS

Remember to state as clearly as possible, in a positive way, what it is that you want to create in your life.

Wellness Goal A

Within the next (time frame) _____, I choose to: _____

Steps to Achieving Goal A:

1. _____

2. _____

3. _____

Wellness Goal B

Within the next (time frame) _____, I choose to: _____

Steps to Achieving Goal B:

1. _____

2. _____

3. _____

Wellness Goal C

Within the next (time frame) _____, I choose to: _____

Steps to Achieving Goal C:

1. _____

2. _____

3. _____

MY SUPPORTERS

Family or Friend Contact

Name

Phone(s)

Address

Name

Phone(s)

Address

Health Care Provider

Name

Phone(s)

Address

Name

Phone(s)

Address

SUICIDE LIFELINE: (800) 273-TALK (8255)

Support Group Contact:

Local Crisis Help Line:

Peer Support Contact:

Phone:		Phone:		Name:	
Email:				Phone:	

CRISIS PLAN MANAGEMENT

1. What are the signs that I am in crisis? _____

2. What are the signs that I need to go to the hospital? _____

3. Which person or people would I prefer to help me in crisis? _____

4. Which medications or treatments are most helpful if a crisis occurs? Which should be avoided?

5. Where would I prefer to be treated or hospitalized if that is necessary? Which facilities would I like to avoid if possible? _____

6. What can others do for me that would help reduce my symptoms or make me more comfortable?

7. How will I know when I have recovered from a crisis? (*you may want to refer to the section, "Me When I'm Feeling Well."*) _____

8. Things that I need to do for myself every day while I am recovering from a crisis: _____

9. Things that can wait until I feel better: _____

HANDLING SETBACKS

What my negative self-talk says:

The truth:

My daily accomplishments

Make a list of activities you do every day. When you're experiencing a setback, check off what you have accomplished that day. Give yourself credit for every step you take – dealing with a depressive or manic episode is extremely hard – that makes every little thing you do just that much more amazing!

- Got out of bed
- Took a shower
- Ate a meal
- Went outside in the sunshine
- Talked to a friend
- _____

Who or what has helped when I have had past setbacks?

MESSAGES OF HOPE

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

