

18

Bipolar Disorder Clinical Practice Workbook

A clinically branded, function-preserving edition retaining the original exercises, psychoeducation, checklists, logs, planning tools, and response space.

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

1 · Self-Assessment

2 · Understanding Your Bipolar

3 · Identifying Your Symptoms

4 · Identifying Triggers

5 · Symptoms & Triggers Tracker

6 · Thought Record Worksheet

7 · Dealing with Intrusive Thoughts

8 · Opposite-to-Emotion Action

9 · Coping Skills Inventory

10 · Mindfulness Practice

11 · Managing Mania and Hypomania

12 · Managing Depression

13 · Setting Healthy Boundaries

14 · Medication Log

15 · Financial Management Plan

16 · Managing Impulsive Spending

17 · Radical Acceptance

18 · Emergency Coping Plan

How to use this workbook

- Use this workbook selectively and collaboratively; it is educational and does not replace individualized assessment, diagnosis, treatment, medical care, or crisis services.
- Skip, pause, or modify any activity that increases distress, danger, shame, or loss of functioning. Adapt language for culture, disability, neurodivergence, health, resources, and lived context.
- Ratings in this workbook are reflection tools unless a named, validated measure and interpretation are explicitly provided.
- Assess current safety, suicidal and homicidal thoughts, self-harm, intoxication or withdrawal, violence, exploitation, psychosis, mania, medical instability, and ability to meet basic needs when relevant. Use local emergency or crisis procedures for imminent risk.
- Activities involving exposure, trauma detail, urges, means, disclosure, or relationship repair require appropriate competence, informed consent, pacing, and safety planning; a worksheet is not a substitute for these safeguards.

Contents

Self-Assessment.....	4
Understanding Your Bipolar	5
Identifying Your Symptoms	8
Identifying Triggers	11
Symptoms & Triggers Tracker	14
Thought Record Worksheet	15
Dealing with Intrusive Thoughts.....	17
Opposite-to-Emotion Action	20
Coping Skills Inventory	23
Mindfulness Practice	27
Managing Mania and Hypomania	32
Managing Depression	34
Setting Healthy Boundaries	36
Medication Log.....	38
Financial Management Plan.....	40
Managing Impulsive Spending	42
Radical Acceptance	46
Emergency Coping Plan.....	49

Self-Assessment

The following are common signs you might be struggling with Bipolar Disorder. Rate each statement on a scale from 1-5 (1 being “strongly disagree” and 5 being “strongly agree”):

Statement	Rate (1-5)
1. “I experience extreme mood swings, ranging from feeling very high and energetic to feeling very low and depressed.”	1-2-3-4-5
2. “I sometimes feel an unusually high level of happiness and optimism that is not typical for me.”	1-2-3-4-5
3. “I often feel irritable or agitated, even in situations that usually wouldn't bother me.”	1-2-3-4-5
4. “I have periods where I feel an overwhelming amount of energy and need less sleep.”	1-2-3-4-5
5. “My thoughts sometimes race, jumping quickly from one idea to another.”	1-2-3-4-5
6. “I sometimes have an inflated sense of self-importance or feel unusually powerful or talented.”	1-2-3-4-5
7. “I engage in risky activities that are out of character for me, such as spending sprees, reckless driving, or unsafe sex.”	1-2-3-4-5
8. “I feel a sudden surge of motivation to start multiple projects or activities, but often have difficulty completing them.”	1-2-3-4-5
9. “I experience long periods of deep sadness or hopelessness, lasting for weeks or months.”	1-2-3-4-5

Score: ____/45

The score reflects the severity and impact of your Bipolar Disorder.

Understanding Your Bipolar

The DSM-5-TR (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision) outlines several types of bipolar and related disorders. Each type has specific diagnostic criteria related to the presence and duration of manic, hypomanic, and depressive episodes.

1. Bipolar I Disorder

Criteria:

- **Manic Episode:** At least one manic episode is required for diagnosis.

A manic episode is characterized by a distinct period of abnormally and persistently elevated, expansive, or irritable mood and increased activity or energy, lasting at least 1 week (or any duration if hospitalization is necessary). During the period of mood disturbance, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behavior:

- Inflated self-esteem or grandiosity
- Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
- More talkative than usual or pressure to keep talking
- Flight of ideas or subjective experience that thoughts are racing
- Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
- Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
- Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)

- **Major Depressive Episode:** Not required for diagnosis but commonly occurs.

A major depressive episode is characterized by a period of at least 2 weeks during which there is either depressed mood or loss of interest or pleasure in nearly all activities. In addition, four (or more) of the following symptoms must be present:

- Significant weight loss when not dieting, weight gain, or decrease or increase in appetite
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness or excessive or inappropriate guilt
- Diminished ability to think or concentrate, or indecisiveness
- Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan for committing suicide

2. Bipolar II Disorder

Criteria:

- **Hypomanic Episode:** At least one hypomanic episode is required.

A hypomanic episode is characterized by a distinct period of abnormally and persistently elevated, expansive, or irritable mood and increased activity or energy, lasting at least 4 consecutive days. During the period of mood disturbance, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behavior:

- Inflated self-esteem or grandiosity

- Decreased need for sleep
- More talkative than usual or pressure to keep talking
- Flight of ideas or subjective experience that thoughts are racing
- Distractibility
- Increase in goal-directed activity or psychomotor agitation
- Excessive involvement in activities that have a high potential for painful consequences

- **Major Depressive Episode:** At least one major depressive episode is required.

- Note: There has never been a manic episode in Bipolar II Disorder. If a manic episode occurs, the diagnosis changes to Bipolar I Disorder.

3. Cyclothymic Disorder

Criteria:

- For at least 2 years (at least 1 year in children and adolescents), there have been numerous periods with hypomanic symptoms that do not meet criteria for a hypomanic episode and numerous periods with depressive symptoms that do not meet criteria for a major depressive episode.
- During the above 2-year period, the hypomanic and depressive periods have been present for at least half the time, and the individual has not been without the symptoms for more than 2 months at a time.
- Criteria for a major depressive, manic, or hypomanic episode have never been met.

Identifying Your Symptoms

1. Go through the lists of symptoms categorized into manic, hypomanic, and depressive symptoms. Check off any symptoms you have experienced in each category. Note the frequency (e.g., daily, weekly, monthly) and severity (e.g., mild, moderate, severe) of each symptom.

Manic Symptoms

Symptom	Frequency	Severity
☐ Feeling unusually happy, overly confident, or irritable.		
☐ Feeling unusually energetic, restless, or active.		
☐ Having an exaggerated sense of self-confidence or abilities.		
☐ Feeling rested after only a few hours of sleep.		
☐ Talking excessively or feeling a need to keep talking.		
☐ Having rapid, uncontrollable thoughts.		
☐ Being easily distracted by unimportant or irrelevant stimuli.		
☐ Engaging excessively in work, social, or sexual activities.		
☐ Engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments.		

Hypomanic Symptoms

Symptom	Frequency	Severity
☐ Feeling unusually happy, overly confident, or irritable.		
☐ Feeling unusually energetic, restless, or active.		
☐ Having an exaggerated sense of self-confidence or abilities.		
☐ Feeling rested after only a few hours of sleep.		
☐ Talking excessively or feeling a need to keep talking.		
☐ Having rapid, uncontrollable thoughts.		
☐ Being easily distracted by unimportant or irrelevant stimuli.		
☐ Engaging excessively in work, social, or sexual activities.		
☐ Engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments.		

Depressive Symptoms

Symptom	Frequency	Severity
☐ Feeling sad, empty, or hopeless.		
☐ Losing interest in almost all activities.		
☐ Experiencing a significant change in weight without trying.		
☐ Having trouble sleeping or sleeping too much.		

☐ Feeling restless or slowed down.		
☐ Feeling tired and lacking energy.		
☐ Feeling worthless or excessively guilty.		
☐ Having trouble concentrating or making decisions.		
☐ Having thoughts of death or suicide.		

2. How do these symptoms affect your daily life, work, relationships, and activities?

3. What coping strategies have you used to manage these symptoms? How effective are they?

Identifying Triggers

1. Go through list of common triggers below. Check off any triggers that you have experienced.

Stress-Related Triggers

- ☐ **Work-Related Stress:** Deadlines, workload, conflicts with colleagues.
- ☐ **Family Conflict:** Arguments, disagreements, unresolved issues.
- ☐ **Financial Problems:** Debt, unexpected expenses, financial instability.
- ☐ **Major Life Changes:** Moving, changing jobs, getting married, or divorced.
- ☐ **Relationship Issues:** Breakups, conflicts, misunderstandings.

Environmental Triggers

- ☐ **Seasonal Changes:** Transition between seasons, especially spring and fall.
- ☐ **Weather Changes:** Extreme weather conditions, such as heatwaves or storms.
- ☐ **Noise Pollution:** Loud environments, constant background noise.
- ☐ **Changes in Routine:** Traveling, changes in daily schedule, holidays.

Physical Health Triggers

- ☐ **Lack of Sleep:** Insomnia, disrupted sleep patterns, poor sleep hygiene.
- ☐ **Poor Diet:** Skipping meals, consuming unhealthy foods, nutrient deficiencies.
- ☐ **Lack of Exercise:** Sedentary lifestyle, lack of physical activity.

- ☐ **Medical Conditions:** Chronic illnesses, acute health issues.
- ☐ **Substance Use:** Alcohol, drugs, caffeine, and nicotine.

Emotional Triggers

- ☐ **Grief and Loss:** Death of a loved one, loss of a pet, end of a significant relationship.
- ☐ **Feelings of Loneliness:** Isolation, lack of social support, feeling misunderstood.
- ☐ **Unresolved Trauma:** Past traumatic experiences, PTSD.
- ☐ **High Expectations:** Perfectionism, unrealistic personal goals.

Psychological Triggers

- ☐ **Negative Thinking Patterns:** Catastrophizing, self-criticism, pessimism.
- ☐ **Anxiety:** Generalized anxiety, panic attacks, social anxiety.
- ☐ **Depression:** Persistent sadness, hopelessness, low self-esteem.
- ☐ **Overstimulation:** Excessive media consumption, too many social interactions.

Medication and Treatment Triggers

- ☐ **Medication Changes:** Starting, stopping, or changing medications.
- ☐ **Noncompliance with Treatment:** Skipping doses, not following the treatment plan.
- ☐ **Side Effects of Medications:** Adverse reactions to prescribed drugs.

Other Triggers

2. What events or situations seem to trigger mood changes most for you?

3. How do you emotionally react to these triggering events?

4. What specific behaviors follow these triggering events?

5. What goals can you set for yourself to manage your triggers in the upcoming week/month?

Symptoms & Triggers Tracker

1. List any symptoms you are experiencing. Rate the intensity of each symptom on a scale of 1-10, with 1 being very mild and 10 being extremely severe. Identify any potential triggers or events that seem to precede the onset of each symptom.

[illegible]

Thought Record Worksheet

1. What was the situation or event that triggered your thoughts and emotions?

Example: Had a disagreement with a colleague at work.

2. What automatic thoughts came to mind during the situation?

Example: "I'm a failure," "Everyone thinks I'm incompetent."

3. What emotions did you feel in response to these automatic thoughts?

Example: Anxiety, sadness, frustration

4. What evidence supports your automatic thoughts?

Example: I made a mistake in the project last month.

5. What evidence contradicts your automatic thoughts?

Example: I successfully completed many projects in the past, received positive feedback from my boss.

6. What more balanced and realistic thoughts can you develop based on the evidence?

Example: "One mistake doesn't define my competence," "I have done well in other projects."

Dealing with Intrusive Thoughts

Intrusive thoughts are unwanted and distressing thoughts that can appear suddenly and repeatedly. They are common and do not reflect your true desires or intentions. Acceptance helps to reduce the impact of these thoughts on your mental well-being.

Acceptance Exercise 1: Observing Thoughts

- Sit comfortably in a quiet place where you won't be disturbed.
- Set a timer for 5-10 minutes.
- Close your eyes and take a few deep breaths.
- Allow your thoughts to flow freely without trying to change or judge them.
- Simply observe each thought as it arises, like watching clouds pass in the sky.
- If you find yourself getting caught up in a thought, gently bring your focus back to your breathing.

How did observing your thoughts without judgment affect your perception of them?

Did this exercise help you feel more at ease with your thoughts?

Acceptance Exercise 2: Thought Defusion

- Identify an intrusive thought that frequently bothers you.
- Say the thought out loud, starting with “I am having the thought that...”
- Repeat the thought in a silly or exaggerated voice, or sing it to the tune of a song.
- Notice how the thought loses its power and becomes less distressing.

How did changing the tone of the thought affect its impact on you?

Acceptance Metaphor 1: The Beach Ball

- Imagine trying to hold a beach ball underwater.
- The harder you push, the more it resists and eventually pops up.
- Intrusive thoughts are like the beach ball. The more you try to suppress them, the stronger they become.
- Instead of pushing them away, allow them to float freely on the surface.
- When an intrusive thought arises, visualize it as a beach ball floating on water.
- Acknowledge its presence without trying to push it away.
- Let it float and observe it calmly until it naturally drifts away.

How did visualizing the intrusive thought as a beach ball change your reaction to it?

Acceptance Metaphor 2: Passengers on a Bus

- Imagine you are the driver of a bus.
- Passengers (your thoughts) board the bus, some are noisy and disruptive.
- Intrusive thoughts are like passengers on a bus. You cannot control who gets on, but you can choose how to drive the bus.
- You don't need to engage with every passenger; just acknowledge their presence.
- When an intrusive thought arises, picture it as a passenger boarding your bus.
- Acknowledge the thought without engaging or arguing with it.
- Continue to focus on driving your bus (living your life) despite the passenger's presence.

How did seeing the intrusive thought as a passenger on a bus affect your ability to manage it?

Opposite-to-Emotion Action

Opposite-to-Emotion Action involves identifying the emotion you are feeling and then choosing to engage in behaviors that are opposite to the urges that the emotion prompts. This helps to break the cycle of negative emotions and promotes emotional balance.

Common Emotions and Opposite Actions:

Common Emotions	Urge	Opposite Actions
Anger	Yelling, confronting, or withdrawing.	Calmly talking, relaxing, or engaging in a compassionate activity.
Sadness	Withdrawing, isolating, or not engaging in activities.	Engaging in social activities, exercising, or doing something enjoyable.
Fear	Avoiding, escaping, or seeking reassurance.	Approaching, facing the fear, or taking constructive risks.
Guilt/Shame	Hiding, self-punishing, or avoiding people.	Making amends, being open, or engaging in self-compassion.
Frustration	Giving up, complaining, or venting.	Persisting, problem-solving, or practicing patience.
Anxiety	Overthinking, pacing, or procrastinating	Practicing mindfulness, deep breathing, or taking small steps
Jealousy	Comparing, criticizing, or sabotaging	Celebrating others' successes, focusing on self-improvement

1. Reflect on a recent situation where you experienced a strong emotion.
Write down the emotion you felt. Review the list of emotions below.

Happiness	Joy - Contentment - Amusement – Gratitude – Love - Enthusiasm - Pride
Excitement	Eagerness - Anticipation - Thrill – Amazement
Calm	Peacefulness - Relaxation - Serenity - Comfort - Satisfaction
Affection	Warmth - Fondness - Adoration – Compassion
Sadness	Grief - Loneliness - Disappointment - Unhappiness – Despair
Anger	Frustration - Annoyance - Resentment - Fury – Hostility
Fear	Anxiety - Worry - Terror - Panic - Insecurity
Guilt	Shame – Regret - Remorse – Embarrassment
Surprise	Shock - Astonishment – Bewilderment
Confusion	Uncertainty - Perplexity - Bewilderment
Curiosity	Interest - Intrigue – Wonder
Relief	Reassurance - Alleviation - Comfort

2. What behaviors or actions does this emotion prompt you to do?

3. What opposite action can you take?

4. How will you implement this opposite action?

5. How did the opposite action affect your emotion and the situation?

Coping Skills Inventory

1. Identify and list all the coping skills you currently use to manage your bipolar disorder symptoms. Rate the effectiveness of each coping skill on a scale of 1-10. Note specific situations or triggers where each coping skill is most helpful.

Current Coping Skills	Specific Situations Or Triggers	Effectiveness (1-10)

2. Identify new coping skills you would like to try and outline a plan to incorporate them into your routine. The following are some suggestions. Highlight the ones that may be helpful or add more to the list:

Deep Breathing

- Find a comfortable, quiet place to sit or lie down.
- Close your eyes and take a slow, deep breath in through your nose, counting to four.
- Hold your breath for a count of four.
- Exhale slowly through your mouth, counting to four.
- Repeat this process for 5-10 minutes.

Progressive Muscle Relaxation

- Sit or lie down in a comfortable position.
- Starting with your toes, tense the muscles for 5 seconds.
- Slowly release the tension and focus on the feeling of relaxation.
- Move up your body, tensing and relaxing each muscle group (legs, abdomen, arms, shoulders, face).
- Repeat if necessary until you feel completely relaxed.

Mindfulness Meditation

- Find a quiet place to sit comfortably.
- Close your eyes and focus on your breathing.
- Notice the sensation of your breath entering and leaving your body.
- When your mind wanders, gently bring your focus back to your breath.
- Continue for 10-20 minutes.

Guided Imagery

- Sit or lie down in a comfortable, quiet place.
- Close your eyes and take a few deep breaths.
- Imagine a peaceful scene, such as a beach or a forest.
- Use all your senses to make the scene as vivid as possible (sights, sounds, smells, textures).
- Spend 10-15 minutes in this mental visualization.

5-4-3-2-1 Grounding Technique:

- Name 5 things you can see.
- Name 4 things you can touch.
- Name 3 things you can hear.
- Name 2 things you can smell.
- Name 1 thing you can taste.

Physical Grounding:

- Sit down and place your feet flat on the ground.
- Press your feet firmly into the ground.
- Feel the solid surface supporting your body.
- Focus on the sensations in your feet and legs.

Other Coping Skills:

- ☐ **Journaling:** Writing down thoughts and feelings to process emotions.
- ☐ **Physical Exercise:** Engaging in physical activity to release stress and improve mood.
- ☐ **Social Support:** Talking to friends, family, or support groups for emotional support.
- ☐ **Art Therapy:** Expressing emotions through creative art activities.
- ☐ **Music Therapy:** Using music to enhance mood and reduce stress.
- ☐ **Positive Affirmations:** Repeating positive statements to counteract negative thoughts.
- ☐ **Setting Boundaries:** Establishing limits to protect personal well-being.
- ☐ **Time Management:** Organizing time effectively to reduce stress.
- ☐ **Humor and Laughter:** Using humor to improve mood and reduce stress.
- ☐ **Walking in Nature:** Spending time outdoors to enhance well-being.
- ☐ **Hobbies and Crafts:** Engaging in enjoyable activities to relax and focus.
- ☐ **Reading:** Immersing in books to distract from stress and stimulate the mind.

- ☐ **Pet Therapy:** Spending time with animals to boost mood and reduce anxiety.
- ☐ **Aromatherapy:** Using essential oils to promote relaxation and well-being.
- ☐ **Taking a Warm Bath:** Soaking in warm water to soothe muscles and calm the mind.
- ☐ **Watching a Favorite Movie or Show:** Distracting the mind with enjoyable entertainment.
- ☐ **Cooking or Baking:** Preparing food as a creative and calming activity.
- ☐ **Gardening:** Tending plants to connect with nature and reduce stress.
- ☐ **Joining a Support Group:** Sharing experiences with others for mutual support.
- ☐ **Spending Time with Loved Ones:** Connecting with family and friends to feel supported.
- ☐ **Decluttering and Organizing:** Creating a tidy space to reduce stress.
- ☐ **Engaging in Religious or Spiritual Activities:** Finding comfort in spiritual practices.
- ☐ **Attending a Workshop or Class:** Learning and socializing to distract from stress.
- ☐ **Using Relaxation Apps or Tools:** Utilizing technology to guide relaxation practices.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Mindfulness Practice

Practicing mindfulness can help manage mood swings and reduce stress.

Exercise 1: Mindful Breathing

- Sit or lie down in a comfortable position with your back straight and your hands resting in your lap or by your sides.
- Bring your attention to your breathing. Notice the sensation of the air entering and leaving your nostrils.
- Take a slow, deep breath in through your nose, count to four.
- Hold your breath for a count of four.
- Exhale slowly through your mouth, count to four.
- Continue this pattern for 5-10 minutes, bringing your attention back to your breath whenever your mind wanders.

Reflection:

- How did you feel before the exercise?

- How do you feel after the exercise?

- Any observations or thoughts during the exercise?

Exercise 2: Mindful Eating

- Select a small piece of food, such as a raisin, piece of chocolate, or a slice of fruit.
- Look at the food carefully. Notice its color, shape, and texture.
- Bring the food to your nose and take a moment to smell it. Notice any scents.
- Hold the food in your hand and feel its texture.
- Slowly take a small bite, but do not chew it right away. Notice how it feels in your mouth.
- Chew the food slowly, paying attention to the flavors and textures. Notice how it changes as you chew.
- Swallow the food, and notice the sensation of it going down your throat.

Reflection:

- How did you feel before the exercise?

- How do you feel after the exercise?

- Any observations or thoughts during the exercise?

Exercise 3: Mindful Walking

- Find a quiet place where you can walk without distractions.
- Begin walking slowly, paying attention to each step.
- Notice the sensation of your feet touching the ground. Feel the contact and the pressure.
- Observe your surroundings without getting distracted. Notice the colors, shapes, and textures around you.
- Keep your breathing natural and regular. Notice the rhythm of your breath as you walk.
- Whenever your mind wanders, gently bring your focus back to the sensation of walking.

Reflection:

- How did you feel before the exercise?

- How do you feel after the exercise?

- Any observations or thoughts during the exercise?

Exercise 4: Mindful Listening

- Find a quiet place and choose a sound to focus on, such as soft music, nature sounds, or a guided meditation.
- Sit comfortably and close your eyes.
- Bring your attention to the chosen sound. Notice its qualities and nuances.
- Listen without judging or analyzing the sound. Just observe it.
- If your mind wanders, gently bring your focus back to the sound.

Reflection:

- How did you feel before the exercise?

- How do you feel after the exercise?

- Any observations or thoughts during the exercise?

Exercise 5: Body Scan Meditation

- Lie down on your back with your legs extended and arms by your sides.
- Close your eyes and take a few deep breaths.
- Bring your attention to your feet. Notice any sensations, such as tingling or warmth.
- Slowly move your focus up through your body, paying attention to each part (legs, hips, abdomen, chest, arms, hands, neck, face).
- Notice any sensations, tensions, or areas of relaxation without judgment.
- Finish the scan at the top of your head. Take a few deep breaths and open your eyes when ready.

Reflection:

- How did you feel before the exercise?

- How do you feel after the exercise?

- Any observations or thoughts during the exercise?

Managing Mania and Hypomania

1. What are the early signs that you are entering a state of mania or hypomania?

Example: Increased energy, reduced need for sleep, racing thoughts, excessive spending.

2. What plan can you develop to manage these early signs effectively?

Example: Limit caffeine intake, stick to a regular sleep schedule, monitor spending.

3. What specific coping strategies can you use to deal with mania or hypomania?

Example: Deep breathing exercises, journaling, reducing workload, taking breaks.

4. Who are the key people in your support system, and how can they help you during a manic or hypomanic episode?

Example: Spouse, Best Friend, Therapist, Support Group.

5. How can you ensure you are taking your medication as prescribed?

Example: Use a medication tracker app, set alarms for medication times, have a medication buddy.

6. What healthy lifestyle habits can you maintain to help manage your symptoms?

Example: Regular exercise, balanced diet, avoid alcohol, maintain social connections.

7. What is your emergency plan of action for severe episodes of mania or hypomania?

Example: Contact therapist immediately, inform a family member, go to a safe place, seek medical help if needed.

Managing Depression

1. What are the early signs that you are entering a state of depression?

Example: Persistent sadness, loss of interest in activities, fatigue, changes in appetite.

2. What plan can you develop to manage these early signs effectively?

Example: Increase social activities, set small daily goals, maintain a regular sleep schedule.

3. What specific coping strategies can you use to deal with depression?

Example: Practice mindfulness, engage in hobbies, exercise regularly, seek professional help.

4. Who are the key people in your support system, and how can they help you during a depressive episode?

Example: Partner, Friend, Therapist, Support Group.

5. How can you ensure you are taking your medication as prescribed?

Example: Use a medication tracker app, set reminders for medication times, have a medication buddy.

6. What healthy lifestyle habits can you maintain to help manage your symptoms?

Example: Regular exercise, balanced diet, maintain social connections, avoid alcohol and drugs.

7. What is your emergency plan of action for severe episodes of depression?

Example: Contact therapist immediately, inform a trusted person, seek medical help if necessary.

Setting Healthy Boundaries

Boundaries are guidelines, rules, or limits that a person creates to identify reasonable, safe, and permissible ways for other people to behave towards them and how they will respond when someone passes those limits.

1. Reflect on your needs and limits. The following is a list of boundaries examples to set with yourself and others. Check off the ones that apply or add more to the list:

Boundaries with Self

- ☐ Take breaks when feeling overwhelmed.
- ☐ Dedicate 30 minutes daily to self-care.
- ☐ Avoid negative self-talk, use positive affirmations.
- ☐ Maintain a consistent sleep schedule.
- ☐ Follow a balanced diet, avoid excessive junk food.
- ☐ Take medications as prescribed.
- ☐ Avoid alcohol and substance use.
- ☐ Stick to a budget to avoid impulsive spending.
- ☐ Restrict social media use.
- ☐ Incorporate regular physical activity.
- ☐ Set limits on work hours.
- ☐ Write in a journal regularly.
- ☐ Engage in daily mindfulness or meditation.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Boundaries with Others

- ☐ Limit time spent with others to avoid feeling drained.
- ☐ Offer emotional support only when capable.
- ☐ Define acceptable physical touch and personal space.
- ☐ Set limits on sharing personal information.
- ☐ Expect respect, leave situations if disrespected.
- ☐ Distance from toxic relationships.
- ☐ Limit social commitments to avoid overwhelm.
- ☐ Say no to requests that overextend capabilities.
- ☐ Avoid heated arguments or debates.
- ☐ Do not lend money without clear agreement.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Specific Boundaries You Need to Set:

Medication Log

1. List all medications you are taking for bipolar disorder, including dosage and frequency. Record any side effects experienced after taking the medication. Rate the effectiveness of the medication in managing your symptoms on a scale of 1-10.

Date/Time	Medication/Dosage	Side Effects	Effectiveness
e.g., June 1/8:00 AM	Lithium (300 mg)	Nausea	7/10

2. Have you noticed any patterns in the side effects or effectiveness of the medication over the past week?

3. Were there any missed doses, and what were the reasons?

4. What adjustments can you make to improve medication adherence?

5. Are there any patterns or trends in the side effects or effectiveness of the medication that you have noticed over time?

6. What additional support or resources do you need to help manage your medication effectively?

Financial Management Plan

Financial stability can reduce stress and help prevent impulsive spending, which can be a symptom of manic or hypomanic episodes.

Understanding Your Financial Situation

1. Income: List all sources of income (e.g., salary, freelance work, benefits).

2. Expenses: List all regular expenses (e.g., rent/mortgage, utilities, groceries, transportation).

3. Debts: List any debts (e.g., credit cards, loans, medical bills).

4. Savings: Note your current savings and any savings goals.

Monthly Budget

Income	
Fixed Expenses: - Rent/Mortgage - Utilities - Groceries - Transportation	
Variable Expenses: - Entertainment - Dining Out - Shopping - Miscellaneous	
Debt Payments	
Savings	
Difference (Income - Expenses)	

Managing Impulsive Spending

1. List any recent purchases you made impulsively.

2. What emotions were you feeling before making these purchases?

3. Identify any triggers that led to your impulsive spending (e.g., stress, boredom, social media ads).

4. How do you feel after making impulsive purchases? (e.g., regret, guilt, satisfaction)

5. Calculate the total amount spent impulsively over the past month.

6. How has impulsive spending affected your budget and financial goals?

Implementing Spending Strategies

Strategy 1: Create a Budget

- Set a limit for non-essential spending each month.

Strategy 2: Implement a Waiting Period

24-Hour Rule: Before making any non-essential purchase, wait 24 hours.

- Write down the item and the date you first considered buying it.

Reflect on the Need:

- After 24 hours, consider if the item is still necessary or if the desire to purchase has decreased.

Strategy 3: Identify and Use Alternative Activities

- Identify activities that can distract you from the urge to spend. The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ **Go for a Walk:** Enjoy nature and get some exercise to clear your mind.
- ☐ **Read a Book:** Immerse yourself in a good book to distract yourself from spending thoughts.
- ☐ **Call a Friend:** Connect with a friend and have a chat to shift your focus.
- ☐ **Exercise:** Engage in physical activity like running, yoga, or a workout session.
- ☐ **Cook or Bake:** Try a new recipe or bake something you enjoy.
- ☐ **Write in a Journal:** Reflect on your thoughts and feelings by writing them down.
- ☐ **Work on a Hobby:** Engage in a hobby like painting, knitting, or crafting.
- ☐ **Clean or Organize:** Tidy up a room or organize your belongings.
- ☐ **Watch a Movie or TV Show:** Get absorbed in a movie or series.
- ☐ **Do a Puzzle:** Work on a jigsaw puzzle, crossword, or Sudoku.
- ☐ **Garden:** Spend time tending to your plants or starting a new gardening project.
- ☐ **Take a Bath:** Relax with a warm bath and some soothing music.

- Which alternative activities were most effective in reducing your spending urges?

Strategy 4: Use Accountability and Support

- Identify trusted friends or family members to share your spending plan with.

- Schedule regular check-ins with these individuals to discuss your progress and challenges.

Radical Acceptance

Radical acceptance is about acknowledging and accepting reality without trying to change it. It doesn't mean you approve of or like the situation, but you accept it as it is.

1. Identify specific situations related to your bipolar disorder that are difficult for you to accept. These could include mood swings, side effects of medication, or challenges in relationships.
2. For each situation, write down your feelings and thoughts about it.

Situation	Feelings	Thoughts

3. Notice the situation and your feelings about it without labeling them as good or bad.

- Example: *"I notice that I feel anxious about my mood swings."*

4. Accept that the situation exists and is real.

- Example: *"My mood swings are a part of my bipolar disorder."*

5. Allow yourself to feel your emotions without trying to suppress or change them.

- Example: *"It's okay to feel frustrated and sad about this."*

6. Identify what aspects of the situation you can control and what you cannot.

- Example: *"I cannot control the fact that I have bipolar disorder, but I can control how I respond to my mood swings."*

What I can control	What I cannot control

7. Create and repeat statements that help you accept the situation.

- Example: *"This is a part of my reality, and I can cope with it."*

Reflection:

What was the most challenging part of practicing radical acceptance?

How did you feel after practicing radical acceptance?

How can you apply radical acceptance in other areas of your life?

Emergency Coping Plan

Complete each section of the worksheet thoughtfully. Keep this plan in an easily accessible location. Share your plan with trusted individuals who can support you in an emergency.

1. Emergency Contact(s):

2. Warning Signs:

- What signs indicate that you are heading toward a crisis? (e.g., extreme mood swings, thoughts of self-harm, inability to sleep, reckless behavior)

3. Triggers:

- Identify specific triggers that can lead to a crisis (e.g., stressful events, lack of sleep, substance use).

4. Immediate Coping Strategies

- List techniques that help calm you down immediately (e.g., deep breathing, listening to music, taking a warm bath).

5. Safe Places:

- Identify places where you feel safe and can go to during a crisis (e.g., a specific room at home, a friend's house).

6. Distraction Activities:

- List activities that can help distract you from distressing thoughts or feelings (e.g., watching a favorite movie, reading, engaging in a hobby).

6. Trusted Individuals:

- Who can you call or visit when in crisis? Include mental health professionals (therapist, psychiatrist) names and contact information.

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: Bipolar I disorder and bipolar II disorder, among related conditions · recognized; title is broad
- ICD-11 CDDR: 6A60 Bipolar type I disorder / 6A61 Bipolar type II disorder · recognized; title is broad
- A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 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, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- A symptom checklist or self-rating cannot establish diagnosis. Any diagnostic discussion must address clinically significant distress/impairment, required course or duration where applicable, developmental and cultural context, substance/medication and medical causes, comorbidity, exclusions, and reasonable differentials without reproducing copyrighted criteria.

Document-specific corrections

- Use the current formal classification identified for Bipolar Disorder; avoid treating the workbook title, a checklist, or a total score as sufficient to establish that diagnosis.
- Where Bipolar Disorder discusses symptoms, add the missing diagnostic frame: clinically meaningful distress/impairment, relevant course or duration, exclusions, developmental and cultural context, substance/medication or medical causes, and plausible differentials.
- Supersede diagnostic-sounding scoring on pages [1, 2, 3, 4, 5, 14, 23, 38]: disclose whether each tool is validated or author-created, remove unsupported thresholds, and separate symptom monitoring from diagnosis.
- Revise exposure content on pages [2] to require consent, an objectively safe graded hierarchy, condition-specific response guidance, progress review, and stop/reassessment criteria; never equate flooding with effective exposure.
- Revise trauma/protocol material on pages [33]: distinguish stabilization and reflection from trauma processing, state training/scope requirements, and add dissociation, acute-risk, and destabilization safeguards.
- Clinically review medical or treatment statements on pages [1, 2, 3, 12, 33, 35, 38, 39, 46, 50]: remove prescriptive medication advice, clarify coordination with licensed medical care, and update contraindications or urgent warning signs for the specific topic.
- Replace crisis wording on pages [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, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50] with the current U.S. 988 call/text/chat pathway, 911 or nearest emergency department for immediate danger/medical emergency, and a direction to use verified local services outside the United States.

Measures, scoring, and permissions

- Pages [1, 2, 3, 4, 5, 14, 23, 38] contain named, implied, or author-created screening/rating content; extracted candidate names include: Self-Assessment, Coping Skills Inventory, Skills Inventory . These scores are not diagnostic unless the exact instrument, version, validation population, administration, and interpretation are established. Identify provenance for every item set and scoring rule. Obtain publisher permission/license when required; otherwise remove cutoffs and label it as a nonvalidated reflection checklist, or replace it with a properly licensed measure without altering its wording/scoring.

Intervention scope and contraindications

- For Bipolar Disorder, exposure must be voluntary, graded, condition-specific, and conducted only in objectively safe and lawful situations. Do not prescribe flooding; screen medical limitations, trauma cues, dissociation, intoxication, and whether avoidance reflects real danger rather than phobic fear.

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

- Do not diagnose bipolar disorder from a questionnaire alone. Assess episodic course, collateral history when appropriate, substances/medications, medical causes, psychosis, risk, and relevant differentials.

Crisis and current resources

- For Bipolar Disorder, use: ·If there is immediate danger or a medical emergency, call 911 or go to the nearest emergency department. In the U.S., call or text 988 or use 988lifeline.org for 24/7 crisis support. Outside the U.S., use verified local emergency and crisis services.· Verify all topic-specific agencies and links at publication.

Authoritative references

- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
- <https://www.psychiatry.org/getmedia/b68a5776-f88c-45c7-9535-fd219d7aa5cb/APA-DSM5TR-Update-September-2025.pdf>
- <https://icd.who.int/browse/2026-01/mms/en>
- <https://www.who.int/publications/i/item/9789240077263>
- <https://www.samhsa.gov/mental-health/988>
- <https://www.samhsa.gov/mental-health/national-behavioral-health-crisis-care>
- <https://www.healthquality.va.gov/guidelines/MH/ptsd/>
- <https://www.nice.org.uk/guidance>
- <https://988lifeline.org/>
- <https://www.nice.org.uk/guidance/cg185/chapter/recommendations>