



February 18, 2011

Volume 2, Issue 6

Please share the Recovery to Practice (RTP) Weekly Highlights with your colleagues, clients, friends, and family! If you are having trouble printing or viewing the RTP Weekly Highlight in its entirety, please refer to the attached PDF. To access the RTP Weekly Highlights and other RTP materials, please visit <http://www.dsqonline.com/rtp/resources.html>.

Recovery From Bipolar

I do not believe it is possible to fully recover from mental illness. I do think that one can halt its progression, and I do believe that one can unlearn the associated learned behaviors. I believe that one can manage the illness to significantly improve functionality. Through this definition, I have recovered from bipolar disorder.

History: I was clinically diagnosed with depression around age 16. I was clinically diagnosed with bipolar disorder when I was 30. I recall signs of bipolar disorder in myself from as early as 14. Bipolar disorder does run in my family: mother, grandfather, uncle, on my maternal side.

There are four ways in which I have recovered from bipolar disorder: therapy, support system, education, and medication.

THERAPY

Individual Therapy

I was open to therapy, and I have seen countless counselors, psychologists, and psychiatrists—regularly—from the time I was 14.

Just talking to someone who had more objective insight was useful. I was not close to my family, so it was nice to have an adult whom I trusted to talk to.

From individual therapy I learned different techniques for managing my issues. For example, both before and after medication, my therapists helped me recognize that some of what I was experiencing was learned behavior, especially since I had grown up with a bipolar mother. This helped motivate me to stay on medication, because I knew it would take awhile for the effects of the learned behavior to subside.

Marriage Counseling

Once I was married, my mental illness wreaked havoc on our marriage. As a result, my husband and I wound up in marriage counseling.

Trusting what others are telling you about your behavior is so difficult when you are mentally ill, but it is VERY important. My counselor helped me trust that what my husband was saying was closer to reality than my own perceptions were.

Having an objective third person made it safe for my husband to tell me how he really felt about my behavior and to voice his concern with someone there to mediate my reaction.

I knew “something” was wrong. What I had not seen—until marriage counseling—was the SEVERITY of the problem. When you have behaved one way your whole life, you believe (to some extent) that this way is “normal.” You are desensitized to your own behavior. You have never known any differently. It is not until you have to be around another person on a regular basis that you start getting feedback to the contrary. But getting what you see as negative feedback from those closest to you immediately makes you defensive. Our counselor helped temper this knee-jerk reaction.

My husband provided a visual example for me in one of our counseling sessions that was very useful in understanding the severity of my behavior. He drew a “baseline” on a whiteboard, representing a healthy person’s behavior. He then drew a line above it representing my perception of the severity of my behavior. Then he drew a line above that representing his perception of the severity of my behavior. That visual representation really brought home to me what he was trying to get across.

Support Groups

I was hospitalized when I was 16 for depression; I spent a week in a mental ward. After that stay ended, it was suggested that I join a support group with peers who faced issues similar to my own. I did so, and learning that I was not alone in my struggles decreased my anxiety.

After I had been diagnosed, as an adult, with bipolar disorder, I joined a couple of online support groups. As an adult, the support groups were much more useful. This was because the online group was less of a venting session and more of a problem-solving, advice-giving, information-sharing environment. However, after I was on medication, I no longer found the support groups so useful. This was because it upset me to see people struggling unnecessarily. I would advise them to get on medication and they resisted (just as I had), and it made

me feel really upset—and also guilty—for having put my husband through so much grief.

Journaling

I had always enjoyed journaling, and it was very useful for venting feelings and working through issues that could be expressed and mulled over only through writing. I kept writing throughout my struggles with bipolar disorder—and wrote about it regularly. More important, I regularly read back in my journals. This allowed me to see several important things about my behavior. I noticed that I had severe mood swings. I noticed that there usually was not an apparent reason for them. I noticed that they followed a pattern. In a way, journaling was like tracking my own behavior, but not as boring.

Success Stories

Reading about how other people “successfully” managed their bipolar disorder, by whatever means—as well as then relating my own success story—was also highly therapeutic.

SUPPORT SYSTEM

Husband

He is an incredibly supportive person.

Friends

While growing up, I had very close and long-lasting friendships, and during those hopeless, depressive days, these friends—particularly my best friend—stuck by me. I talked to my friends often—very often—and at great length. My friends were always very supportive. I had good “quality” friends. Having good “quality” friendships is especially important with a disease that is so hereditary. The possibility of being able to derive that kind of support from family members—especially from parents and siblings—is scant when, chances are, they suffer from it too.

EDUCATION

Education is information; information is power; and power is choice. I educated myself on my disease and so did my husband, primarily through reading books and articles and keeping up on the latest medical findings.

I also learned strategies for managing my behavior: using medication, avoiding triggers, getting good sleep, sticking to a routine, exercising regularly, meditating, doing creative things.

MEDICATION

I had a nurse practitioner explain to me that mental illness will continue to wreak havoc on the actual physicality of the brain UP UNTIL the time medication is started. In that way, mental illness IS progressive unless chemically treated.

I eventually realized that, to function at a reasonable level in all areas of my life, I needed to take medication for my illness.

I did so. Though I fought with side effects just as everyone else does, I eventually found medications that had tolerable side effects. Medication is EXTREMELY important to me.

—Jennifer DeLeon
Contact: dpdjld@yahoo.com

SAVE THE DATE

**Thursday, March 31, 2011
3:00–4:30 pm E.T.**

The RTP Resource Center is pleased to announce our first 2011 Webinar and the second in a four-step series:

Step 2 in the Recovery-Oriented Care Continuum: Person-Centered Care Planning

When

Thursday, March 31, 2011

Time

3:00–4:30 pm E.T.

Description

This Webinar will describe the approach of person-centered care planning as it is being developed for people with serious mental illnesses (and as informing the SAMSHA workbooks that are coming out of clearance). This includes identifying and setting goals, identifying and building on personal and familial strengths, identifying and addressing barriers and obstacles to recovery, and convening and assigning relevant tasks to members of the person’s “team,” including family and other natural supports. One speaker will describe the overall process and introduce participants to existing tools, a second speaker will address the role of culture and how person-centered care planning needs to at least be informed by culture but may also need to be adapted to a different cultural framework (e.g., familial-centered care for some Asian Americans), and a third speaker will describe his or her experience of participating in person-centered care planning as the focal person and contrast this to earlier experiences of traditional treatment planning.

More information on how to register will be forthcoming!

New Suicide Prevention Training Video for Substance Abuse Treatment Providers

Suicide is the leading cause of death among people who abuse alcohol and drugs, making suicide risk a problem that every frontline substance abuse counselor must be able to address. In collaboration with SAMHSA, the [U.S. Department of Veterans Affairs \(VA\)](#) has developed a training video as a companion piece for [SAMHSA's Treatment Improvement Protocol \(TIP\) 50: Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment](#).

A moderator and three panel members discuss ways to manage and address suicidal thoughts and behaviors among individuals with substance abuse issues. Actors portray case scenarios that the panelists discuss. Although the video is designed for VA settings, the content is applicable to all treatment settings.

This 75-minute video depicts and explains appropriate counseling methods, administrative support, and clinical supervision for substance abuse providers treating clients with suicidal thoughts and behaviors. Special attention is given to risk factors, warning signs, and follow-up care. The counseling sessions portrayed in the video employ the specific counseling techniques and the four-step process recommended by TIP 50. SAMHSA recommends that the video be used in conjunction with [TIP 50](#).

Free Webcast

Using CAHPS Item Sets That Address Cultural Competence and Health Literacy

WHEN

Tuesday, April 5, 2011
1:00–2:30 pm E.T.

For information about this Webcast and to register, visit

<http://event.on24.com/r.htm?e=284726&s=1&k=D39139A7BBAD10290257D51C2B4ADC9A&partnerref=gvde1>.

WHY

To better understand what you can gain from incorporating supplemental items on health literacy and cultural competence into the CAHPS (for Consumer Assessment of Healthcare Providers and Systems) Clinician & Group Survey. During this 90-minute live event, you can learn

- Why health literacy and cultural competence in delivering quality health care are important and how they support achieving objectives related to prevention, chronic care management, and reducing health care disparities
- How you can use the CAHPS Cultural Competence Item Set to assess how well providers bridge barriers to communication and understanding that stem from racial, ethnic, cultural, and linguistic differences
- How you can use the CAHPS Item Set for Addressing Health Literacy to assess providers' activities to foster and improve the health literacy of patients

You also can ask the speakers to respond to the issues that most concern you.

WHO SHOULD ATTEND?

- Organizations interested in improving patients' health literacy and the cultural competence of health care providers.
- Organizations interested in measuring and reporting quality at the level of medical groups and individual clinicians, including medical groups, health plans, health systems, and survey vendors.

LEARN MORE

- Read about the [CAHPS Item Set for Addressing Health Literacy](#).
- Read about the [CAHPS Cultural Competence Item Set](#).

If you have problems accessing the Web site or cannot register online, please contact the CAHPS User Network at 1.800.492.9261 or send an email to cahps1@ahrq.gov.

The RTP Resource Center Wants to Hear From Recovery-Oriented Practitioners!

We invite practitioners to submit personal stories that describe how they became involved in recovery-oriented work and how it has changed the way they currently practice.

The RTP Resource Center Wants to Hear From You, Too!

We invite you to submit personal stories that describe recovery experiences. To submit personal stories or other recovery resources, please contact Stephanie Bernstein, MSW, at 1.877.584.8535 or email

recoverytopractice@dsgonline.com.

We welcome your views, comments, suggestions, and inquiries.
For more information on this topic or any other recovery topics,
please contact the RTP Resource Center at
1.877.584.8535 or email recoverytopractice@dsgonline.com.

The views, opinions, and content of this Weekly Highlight are those of the authors and do not necessarily reflect the views, opinions, or policies of SAMHSA or the U.S. Department of Health and Human Services.