

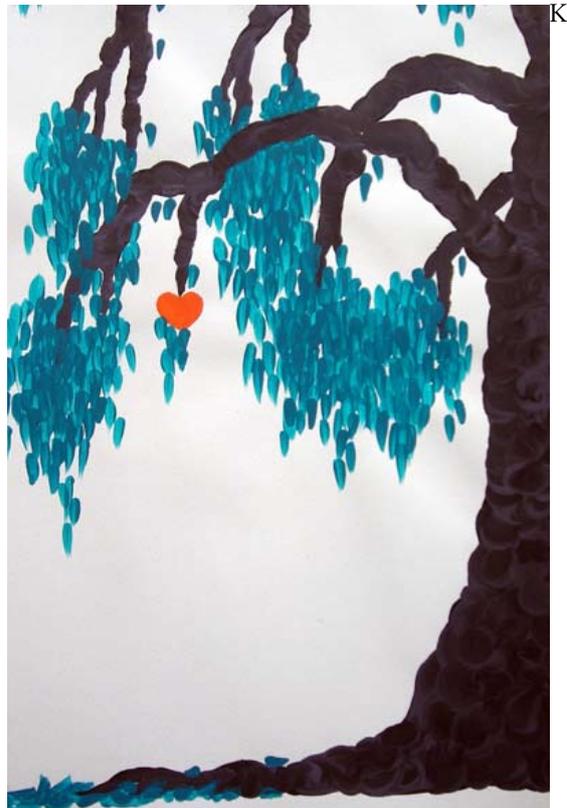
- **Acknowledge your natural reactions:** Bipolar symptoms and their consequences can evoke a range of intense emotions (e.g. anger, sadness, guilt, shame, feeling rejected or like you want to withdraw from the person or to leave). Acknowledging these natural reactions and deciding how to deal with them can reduce stress. For example, if you are frequently angry, find a constructive release for your anger (e.g. go for a walk, play sport, paint, write in a journal, or talk things through with someone you trust). If something the person you care for has done has made you angry, wait until you have calmed down before discussing this behavior with them. If possible, the best time to discuss this is when the person is relatively well. For more about dealing with your natural emotions see bipolarcaregivers.org.
- **Maintain or rebuild your relationship with the person:** Relationships are sometimes affected by the person's bipolar disorder and the caregiving situation. There might be times when the person is too ill to respond to you in the way you would like them to (emotionally, or where partners are concerned, sexually). See box 9 for information about maintaining relationships.
- **Recognize the positives:** Some caregivers find positive things about caregiving that make it a bit easier to cope with the person's extreme bipolar moods. For example, they realize that through caregiving they have become more tolerant, empathic and gained more confidence, or they notice positive things about the person such as their creativity or courage in trying to manage their bipolar disorder.
- **Acknowledge the support you provide:** The tremendous support caregivers provide sometimes goes unrecognized. Acknowledge the effort you make and the care you provide.

BOX 1 Coming to terms with the person's bipolar disorder

Caregivers often experience a range of understandable reactions when trying to come to terms with the person's illness (e.g. ranging from initial shock, disbelief and emotional turmoil, to gradual understanding, acceptance, and hope that there are ways to deal with bipolar disorder and live well).² This grief often subsides. However, emotional turmoil may return, for example when the person relapses.

If you experience emotions linked to this natural grief process:

- Allow yourself to grieve.
- Reassure yourself that while the changes and losses connected to the illness are real. Despite the illness, people with bipolar disorder and caregivers often find new meaning and ways to enjoy life.
- You might find it helpful to make contact with others in similar situations who can relate to what you are going through.
- Consider setting small goals to do things that you enjoy.



Finding hope - Sarah K Reece

BOX 2 A problem solving approach

There are 4 problem solving steps when sorting out difficulties:

Step 1: Clearly define the problem

Without blaming yourself or others, consider how the problem developed, when it occurs and why it is a problem.

Step 2: Decide what solution or solutions to try

First make a list of the possible solutions. It doesn't matter how unrealistic the solutions are at this stage. Next, work out how practical or realistic each solution is in your situation. What are the possible risks and negative consequences that may occur if you choose this solution? Are there ways to prevent or deal with these consequences if they occur? What are the possible benefits if you choose this solution? Finally select a solution or a few solutions to try.

Step 3: Develop a plan of action and follow the plan

Decide what you need to do first to put the solution(s) into practice and work out a step-by-step plan. Put your plan into action.

Step 4: Review how the solution worked

Acknowledge the effort you have put into trying to manage the problem. Give yourself credit if it worked. However, some problems are more difficult to solve than others. If the solution was not helpful or there are still parts of the problem that need to be solved, return to Step 2 to try other solutions. Difficult situations can take time to change or may not even be able to be changed. If this is the case, look for ways to make things a little easier and enjoyable for yourself, despite the situation.

BOX 3 Reducing stress when the person is ill

- If there are many demands on your time, prioritize what is essential to do, delegate, postpone or cancel other tasks.
- Share some of the caregiving and other tasks. Different people may be able to help in different ways.
- Arrange even a little time to do things that you find relaxing, or enjoyable as this may help to restore your energy. If the person is very ill or cannot be left alone, arrange for someone else to be with them for a while or for respite care.
- Although you have little time, keep up some of your healthy lifestyle habits or you may become burnt out and ill yourself.
- If the person you care for has bipolar symptoms a lot of the time, don't give up hope. Finding what works to get well and prevent relapse can take time and patterns of illness can change. If you can't change the situation, focus on doing things that you can control.

BOX 4 Maintaining healthy boundaries

- Acknowledge that you have needs too.
- Keep in mind that although you can help, the person needs to find ways to deal with their own illness.
- Set realistic limits on what you can do to help by considering the severity of the person's symptoms, your own wellbeing and other commitments and who else can help (e.g. family, friends, clinicians and community organizations).
- Learn to say "no" to demands that are unreasonable or unmanageable (both caregiving and other demands).
- Devote some time to outside interests and goals; doing something that you enjoy.
- Encourage the person's efforts to maintain their own identity and interests.
- Use the time when the person is well to focus on things that are important to you, besides the illness.
- Where to set limits with risky, dangerous or inappropriate illness behavior is a personal choice (see 'Dealing with risky or inappropriate manic or hypomanic behavior' on bipolarcaregivers.org).
- You may also need to consider how to respond if the person refuses to get their bipolar disorder treated or to take any responsibility for managing their illness (see 'Difficulties in working with the person to deal with the illness' on bipolarcaregivers.org).

BOX 6 Signs of stress

- Being more irritable, short-tempered tense or anxious than usual
- Overeating or loss of appetite
- Difficulty falling asleep
- Having frequent minor illnesses or aches and pains or feeling run down
- Using alcohol or other drugs to cope.



Spring Hills - Leigh Kibby

BOX 5 Maintaining a healthy lifestyle

To improve your lifestyle, rather than trying to do everything at once, set a goal to include something from the following list and gradually change your lifestyle:

- A little regular exercise
- Eating healthy balanced meals
- A bit of regular time off to relax or pursue a hobby
- Time off to keep in contact with selective friends, family or a peer support group
- Regular sleep
- Treatment if you have a health condition.
- Reduce ways of coping that are destructive to your health (e.g. drinking too much alcohol, smoking, overeating when stressed, neglecting your hygiene to save time, isolating yourself from others as they may not understand your situation).

BOX 7 Signs of depression

Signs of depression include persistent flat or sad mood or loss of interest in things and symptoms such as:

- A lack of energy and feeling very tired
- Being noticeably slowed down or more agitated and unable to settle
- Noticeable changes in appetite and weight
- Sleep problems (e.g. you sleep too much or can't fall asleep)
- Feelings of worthlessness and excessive guilt
- Difficulty in concentrating, thinking or making decisions
- Recurrent thoughts about suicide or death

People who are depressed find it much harder to function at home, work or socially. Depressive symptoms that persist for at least two weeks may be part of a depressive episode.

BOX 8 Examples of unrealistic expectations of yourself as a caregiver and realistic alternatives

Unrealistic expectation	Realistic expectation
<i>"I should cure the person's bipolar disorder" or "I should be able to fix everything".</i>	Bipolar disorder is a complex illness that needs ongoing management, rather than something that can be fixed forever. While you can be supportive, it is the person's illness and their responsibility to manage it. A more realistic alternative might be: <i>"There are things I can do to support the person to deal as best as they can with their bipolar disorder."</i>
<i>"I should always be perfectly supportive of the person and never feel stressed or angry as they are ill."</i>	A more realistic expectation might be: <i>"Although there are things I can do to be supportive, no one can be perfectly supportive all the time. It is understandable that I feel stressed or angry at times."</i>

BOX 9 Maintaining your relationship with the person

- When the person is ill, try to separate the bipolar disorder talk and behavior from the person. Try to detach from the situation. Don't take the sometimes hurtful things the person says when they are ill personally. However, set limits with verbal abuse. For example, if the person is verbally abusive, consider saying something like "I understand you're upset but I'm not going to tolerate being spoken to in this way" and walk away.
- When the person is less ill do things together that you both enjoy.
- Whenever possible, encourage 'give and take' in your relationship.
- Don't always make the person's bipolar disorder the focus of the conversation between you. When possible, relate to the person as the friend or family member they are.
- Suggest to the person that you make plans together about ways to deal with the bipolar disorder to reduce its impact on both of you.
- Problem solve around difficulties but also focus on sharing positive things (e.g. personal achievements or pleasurable experiences).
- There are ways of communicating with each other about grievances that are constructive and are less likely to come across as hostile or critical. For example, listening carefully to the person's point of view, making positive requests for change and calmly expressing your feelings about their behavior (see good communication skills on bipolarcaregivers.org).
- If there is a lot of conflict between you, consider consulting a relationship counselor with experience in working with bipolar disorder.

- **If the person is physically aggressive:** Physical aggression rarely occurs as part of bipolar disorder. It is more often connected with drug or alcohol problems, personality disorders and occasionally with psychosis. However, occasionally if a person who is manic or in a mixed episode is very angry, they may act out on their emotions. Never compromise your own or others' safety due to concerns about hurting the person's feelings, as later the person might feel very relieved that they were prevented from hurting their loved ones. Make sure you are safe first and contact the emergency services. See box 10 for more about protecting yourself if the person you care for has previously become aggressive.

BOX 10 Ways to protect yourself if the person has become aggressive before

- Learn to recognize the warning signs of impending aggression.
- Take even casual threats of violence seriously.
- Work out in advance how to ensure your safety and that of others (e.g. have locks on rooms, leave the house and get help when warning signs of aggression appear).
- Remove objects that could be used as weapons if the person is likely to become aggressive.
- Use the services available to assist you to put safeguards in place to prevent this abuse.
- It is common to feel very traumatized by physical abuse and professional counseling can be helpful.

References

1. Perlick D A, Rosenheck RA, Miklowitz DJ et al. Prevalence and correlates of burden among caregivers of patients with bipolar disorder enrolled in the Systematic Treatment Enhancement Program for Bipolar Disorder. *Bipolar Disord* 2007; 9: 262-273.
2. Tranvag O, Kristoffersen K. Experience of being the spouse/cohabitant of a person with bipolar affective disorder: a cumulative process over time. *Scand J Caring Sci* 2008; 22: 5-18.



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Lesley Berk, Anthony Jorm, Claire Kelly, Michael Berk, Seetal Dodd and the clinicians, caregivers and people with bipolar disorder who helped to develop this guide.