

### Early-Warning Signs & Triggers Checklist

Use this quick checklist to spot patterns early and act before a full episode develops. Share it with your clinician if patterns repeat.

- Sleep loss or staying up later than usual
- Sudden increase in goal-directed activity or spending
- Irritability, agitation, or unusual risk-taking
- Racing thoughts, pressured speech, reduced appetite
- Withdrawing, hopelessness, fatigue, slowed movements
- Substance use or medication changes
- Major stressors (conflict, travel, shift work, exams)

### Language Swaps That Reduce Stigma

Small wording changes build trust and reduce defensiveness. Try these alternatives.

| Avoid saying               | Try instead                                                      | Why it helps                          |
|----------------------------|------------------------------------------------------------------|---------------------------------------|
| “Calm down.”               | “Let’s try a grounding exercise together.”                       | Invites collaboration and regulation. |
| “You were fine yesterday.” | “I know symptoms can change quickly. How can I support you now?” | Validates fluctuations without blame. |
| “Why are you like this?”   | “Today looks heavy. What would help right now?”                  | Shifts from judgment to support.      |
| “Just use willpower.”      | “Managing bipolar takes tools and support. I’m here to help.”    | Affirms it’s a medical condition.     |

### Gentle Check-In Scripts (Text / Call / In Person)

#### Text message:

- “Noticing you’re sleeping less. Want help protecting sleep tonight?”
- “If today feels intense, we can make a simple plan together.”
- “I’m around at 7 if you want a quick check-in.”

#### In person:

- “Would a quiet walk or a grounding exercise help right now?”
- “Do you want me to handle dinner so you can rest?”

### **Follow-up (next day):**

- “How did last night go? Anything we should adjust today?”

### **Bipolar Emergency Plan (Step-by-Step)**

Create a written plan you can use during high-stress moments. Review it when well.

1. **Contacts:** clinician, emergency services, trusted family/friends
2. **Medications:** current list, dosages, allergies
3. **Safety steps:** reduce stimulation, remove access to high-risk items, transport plan
4. **Care logistics:** work/school note, child/pet care backup, finances
5. **Consent & boundaries:** what information can be shared, with whom
6. **Hospital preferences:** nearby facilities, insurance details

### **During Mania: Safety-First Actions**

- Protect sleep: reduce stimulation, agree on a wind-down routine
- De-escalate: keep voice calm, avoid arguments or ultimatums
- Safety: delay major decisions (spending, travel), limit driving if impaired
- Escalate care if needed: contact clinician or crisis services

### **During Depression: Practical Supports**

- Basic care: meals, hydration, gentle movement, sunlight
- Structure: small tasks, low-pressure plans, compassionate pacing
- Safety: check for hopelessness; know when to escalate care

### **Daily Mood & Sleep Tracking**

Simple logs help spot patterns and guide treatment decisions. Share [summaries](#) with your clinician.

### **Boundaries & Consent for Caregivers**

- Agree on what support is welcome (and what is not)
- Set limits on finances, safety, and crisis steps
- Clarify privacy and information-sharing preferences
- Revisit boundaries after episodes to refine the plan