

TREATMENT CONTRACT

Page 1

INSTRUCTIONS:

1. First decide whom you would like to include in the contract. You should consider including your psychiatrist, psychotherapist, spouse or significant other, or any other people that you feel are important members of your support system. Sometimes people choose to include their family doctor, a close friend, or an ally at work.
2. Write these people's relationship to you (e.g. "wife," "boss," etc.), their names, and phone numbers in the spaces provided. You do not need to fill in all the spaces if you would only like to include one or two people.

I recognize that I have a cyclical mood disorder. This is a plan to help me identify symptoms early and take steps that will be helpful. The people who can help me with this treatment plan are:

my psychiatrist (name): _____ (phone number): _____
my _____ (name): _____ (phone number): _____

WHEN I AM WELL

INSTRUCTIONS:

3. Next, check off any behaviors that describe how you behave when you are feeling your usual self, that is when you are neither depressed nor elevated.

4. Extra lines are provided so that you can add any other behaviors which reflect how you are when you are feeling well.

When I am well and my mood is stable, I can do all of the following (Check off the ones that apply. Use the blank spaces to add in symptoms which are not on the list.):

- Take care of my appearance and shower regularly
 Attend work regularly
 Attend school regularly
 Keep up with household chores
 Keep up with school work
 Keep up with paying bills
 Get together with friends or do social activities _____ times per week
 Exercise regularly
 Socialize with people without being unduly irritable or starting arguments
-
-
-

When I am well, I can do the following thing to help myself:

INSTRUCTIONS

5. Use the spaces provided to add any other coping behaviors you have found helpful when you are feeling well.

1. Take my medications as prescribed.
 2. Be sure to keep regular sleeping hours (go to bed and get up the same time every day).
 3. Work on solving the following problems or pursuing the following life goals:
-
-

TREATMENT CONTRACT
Page 2

Instructions

1. On pages 2-3, we list many common symptoms of depression, including thoughts, feelings, and behaviors. Read carefully over these symptoms, and check off any that apply to you when you are depressed.
2. Mark an "E" next to any symptoms which are early warning signs, that is symptoms which generally signal the begining of your new episodes.
3. Use the blank lines to add any symptoms which you get which do not already appear on the form.

DEPRESSION

Thoughts

- Difficulty concentrating
 - Memory problems
 - Difficulty making decisions
 - Frequent thoughts about dying or suicide
 - Thoughts that others do not care when they really might
 - Concerns that I am worthless or evil
 - Paranoia: unreal concerns that people are plotting against me
 - Hallucinations: unreal voices or visions
-

Feelings

- Feelings of worthlessness
 - Feeling guilty or without cause
 - Feeling sad without cause
 - Easy irritability
 - Not feeling good even when good things happen
 - No energy
 - No appetite
 - Lower sexual interest
-

Behaviors

- Restlessness and pacing
 - Trouble sleeping or too much sleep
 - Trouble starting or finishing projects
 - Keeping away from people
 - Stopping work or usual activities
 - Easy fighting without good reason
 - Stop eating or eating too much
-
-
-

PERSONAL TRIGGERS OF DEPRESSION

Instructions:

Check off the events which have led up to your becoming depressed in the past. Understanding what kinds of events trigger depression for you can help you identify times when you might be vulnerable to becoming depressed. You can then both be alert for symptoms and work to reduce or minimize symptoms.

Sometimes my depressions come on out of the blue. Other times they are triggered by certain events or situations. The kinds of situations that sometimes trigger depression for me are (Check off the ones that apply. Use the blank spaces to add triggering situations that are not on the list):

- The break-up of relationships
- Losing a job
- Bad life events: _____
- Good life events: _____
- Physical illness: _____
- Drug or alcohol use
- Changes in smoking habits
- Changes in seasons
- Changes in medications

COPING WITH DEPRESSION

Instructions for Page 4:

1. You will find suggestions for ways to cope with depression. Please read over the suggestions and fill in the blanks. This page will be yours to refer to when you start to get depressed. Under #1, fill in your doctor's name and phone number so that your family will have it for easy reference.

When I get depressed, I will do the following things to help myself:

Instructions:

1. Items #2,3, and 4 guide you in trying to identify what may have triggered the depressed symptoms. Under #4, add in any typical personal triggers of depression to remember to think about (these may include triggering events that you have checked off on page 3).

1. Contact my doctor early: _____

Phone number _____

2. Review whether I have had any recent medication changes for medical illnesses. _____

3. Get early medical attention for any physical illness. _____

4. Identify any triggering events. _____

Physical: _____

Emotional: _____

5. Avoid alcohol and drugs (Even increasing tobacco can undo the effects of prescribed medication). _____

6. Maintain my regular daily activities. _____

7. Minimize sleep loss. _____

8. Contact support persons: _____

Instructions:

Fill in the names of one or two people that you could call for support (or just to talk) if you were going through a hard time.

(name) _____ (phone #) _____

(name) _____ (phone #) _____

(name) _____ (phone #) _____

9. Coping skills _____

Instructions:

Fill in any coping strategies that you have found helpful during the past times you have been depressed. For example, some people benefit from taking short daily walks. Others find it rewarding to write down their thoughts or feelings in a journal. Still others find it beneficial to distract themselves from their thoughts and feelings by listening to music or the radio. If you cannot think of any strategies that work for you, you may want to talk this item over with your therapist or psychiatrist.

(To do) _____

10. Coping skills _____

Instructions:

Under item #10, fill in any coping strategies that you know ARE NOT helpful during periods of depression. For example, some people desire alcohol more when they are depressed, but this can make them feel even worse once the alcohol wears off. Other people want to stay in bed all day when they start to get depressed. This can also lead to more severe depression by making their sleep schedule even more disturbed, lowering the energy further, and making them miss out on activities that could give them more enjoyment or sense of accomplishment

(Not to do) _____

When I am depressed, other people can help me by:

Instructions:

Read the suggestions and add any of your own on the lines provided.

1. Trusting me to be the best judge of when I am getting depressed and not contradicting me when I tell them that I am depressed (e.g. not telling me to just "snap out of it.")

2. Calling my doctor and/or taking me to the hospital if my symptoms are serious

enough (e.g. if I am suicidal) and I am not aware of what is happening to take care of myself.

3. _____

Page 5

MOOD ELEVATION

Instructions:

1. On pages 5-6, we list many common symptoms of elevated mood, including thoughts, feelings, and behaviors. Read carefully over these symptoms, and check off any that apply to you when your mood is elevated.
2. Mark an "E" next to any symptoms which are early warning signs, that is symptoms that commonly signal the beginning of your mood episodes.
3. Use the blank lines to add any symptoms that you get which do not already appear on the form.

Sometimes my mood gets elevated (too high). This mood state is called "mania" or "hypomania." I can tell my mood is getting elevated when I experience the following symptoms. Sometimes these symptoms are noticed by other people (like my family, friends or doctor) before I notice them myself. (Check off the ones that apply, and mark an "E" next to those which are Early Warning Signs. Use blank spaces to add in symptoms which are not on the list.)

Thoughts

- _____ Difficulty concentrating
 - _____ Thoughts about having special powers
 - _____ Racing or speeded-up thoughts, like the rest of the world is in slow motion
 - _____ Thoughts that jump quickly from one idea to another
 - _____ Paranoia: unreal concerns that people are plotting against me
 - _____ Hallucinations: unreal voices or visions
- _____

Feelings

- _____ Feeling "high", completely optimistic, euphoric
 - _____ More energy
 - _____ Feeling impatient, irritable
 - _____ Unusually cheerful and happy
 - _____ Feeling unusually self-confident
 - _____ Feeling that nothing bad can possibly happen to me
 - _____ More sex drive
- _____

Behaviors

- _____ More talkative
 - _____ Speech loud and rapid
 - _____ Less sleep
 - _____ Overly sociable
 - _____ Doing more projects, sometimes more than are practical
 - _____ Easily fighting without a good reason
 - _____ Spending more money impulsively, shopping sprees
 - _____ Driving recklessly or fast
 - _____ Involvement in dangerous activities
- _____

Page 6

PERSONAL TRIGGERS OF MOOD ELEVATION

Instructions:

Check off the kinds of events which have led up to your becoming hypomanic or manic in the past. Understanding what kinds of events trigger mania can help you identify periods of time when you might be vulnerable to developing new episodes of mania. You can then both be alert for symptoms and work to reduce or minimize symptoms.

Sometimes my elevated periods come on out of the blue. Other times they are triggered by certain events or situations. The kinds of situations that sometimes trigger elevated moods for me are (Check off the ones that apply. Use the blank spaces to add triggering situations that are not on the list):

- The break-up of relationships
 Losing a job
 Bad life events: _____
 Good life events: _____
 Physical illness: _____
 Drug or alcohol use
 Changes in smoking habits
 Changes in seasons
 Changes in medications
-
-
-
-

COPING WITH MOOD ELEVATION

Instructions:

You will find suggestions for ways to cope with mania or hypomania. Please read over the suggestions and fill in the blanks. This page will be yours to refer to when you start to become manic or hypomanic. Under #1, fill in your doctor's name and phone number so that you and your family members will have it available for easy reference.

When my mood gets elevated, I sometimes need the help of my doctor and other support sources (friends or family) to recognize what is happening. Just as I am usually the best judge of when I am getting depressed, others are usually the best judges of when I am getting manic.

When someone in my support system points out to me that I am getting manic, I will do the following things to help myself:

Instructions:

Items #2, 3, and 4 guide you in attempting to identify what may have triggered past manic symptoms. Under #4, add in any typical personal triggers of mania to remember to think about (these may include triggering events that you checked off on p. 6).

1. Contact my doctor early: _____

Phone number _____

2. Go over medication changes for medical illnesses.

3. Get early medical attention for any physical illness.

4. Identify any triggering events.

Physical: _____

Emotional: _____

5. Avoid alcohol and drugs (Even increasing tobacco can undo the effects of prescribed medication).

6. Maintain my regular daily activities.

7. Minimize sleep loss.

8. Contact support persons:

Instructions:

Fill in the names of one or two people that you could call for support (or just to talk) if you were going through a hard time.

(name) _____ (phone #) _____

(name) _____ (phone #) _____

(name) _____ (phone #) _____

9. Coping skills

Instructions:

Fill in any coping strategies that you have found helpful during past times you have been manic or hypomanic. For example, some people prefer to stay in a darkened room without much stimulation when they are feeling overwhelmed or overstimulated.
(To do) _____

10. Coping skills

Instructions:

Fill in any coping strategies that you know ARE NOT helpful during periods of mania or hypomania. For example, some people desire alcohol more when they are manic, but this can make them even more impulsive and likely to do risky things.

(Not to do) _____

When I am manic, other people can help me by:

Read the suggestions and add any of your own.

1. Letting me stay alone in a room with minimal stimulation when I am feeling agitated.

2. Preventing my driving (as by holding my car keys) when a consensus of two or more of my doctors or support people judge that it is unsafe for me to do so.

3. Preventing my shopping (as by holding my credit cards or bank card) when a consensus of two or more of my doctors or support staff judge that I am too impulsive to do so.
4. Avoiding arguing with me, especially when I am feeling irritable.
5. Calling my doctor and/or taking me to the hospital if my symptoms are serious enough, and I am not aware enough of what is happening to take care of myself.

Page 8

AGREEMENT

I hope that by signing this treatment contracts and going over it with my doctors and members of my support system when I am well, I can be better prepared for and exercise more control over any further depressed or manic episodes that may arise.

I understand that I (or any other party) can request a meeting to change or cancel this contract at any point, as long as I give three weeks prior written notice to all parties to the contract.

Signature _____
Date _____

Other signatures

Signature _____
Date _____

Signature _____
Date _____

Signature _____
Date _____

Signature _____
Date _____

Signature _____
Date _____