

Outline of “Brain Storms: One Woman’s Triumph over Bipolar Disorder”
Norma Jean Wilkes MA

- I. Introduction
 - A. Speaker’s nightmare
 - B. Cognitive impairment

- II. Bipolar Disorder
 - A. Bipolar: brain disorder caused by a chemical imbalance
 - 1. Bipolar I versus bipolar II
 - 2. Euphoric mania and dysphoric mania
 - 3. Lifelong disorders but can be managed with medication and treatment
 - 4. 25% suicide rate among untreated sufferers

- III. Depression
 - A. The most debilitating symptom of the disease
 - 1. Wake up in state of dread & terror
 - 2. Inability to manage personal hygiene
 - 3. Toxic energy
 - 4. Working while depressed
 - 5. Home alone in a state of depression
 - 6. Powerlessness, self-loathing, shame, guilt and suicidal thinking

7. In search of relief/pleasure
8. Inability to function/ drive/ grocery store
9. Terrifying nights

IV. Treatment of depression

- A. Psychiatric medications (failure)
- B. Electric Shock Treatment (disaster)
 1. Hospitalization
 2. Day program

V. Mania

- A. High as a kite/ euphoric/ pressured speech/ excessive spending/ etc.
- B. Looked Different
- C. Felt connected to God (my real self)
- D. Denial that mania was a problem (failure to accurately report symptoms)
- E. Examples of manic episodes
 1. Family Reunion (bizarre, strange behavior)
 2. Fireplace (impulsive, dangerous behavior)
 3. Cafeteria (explosive behavior)

VI. First Stage of recovery (still deeply symptomatic)

- A. Conscious decision to function regardless of mood
- B. No suicide commitment (throw away pills)

- C. Keeping mood charts (anticipate & prepare for depressive episodes)
 - D. Learning to function 5 min. at a time
 - E. Use of affirmations to coax self into functioning
 - F. Daily phone check- in with best friend
 - G. Honest about symptoms during psych. visits
 - H. Started to see a therapist and attend support groups
 - I. Walking 30 min a day
 - J. When manic I tried to help my depressed self by reading about BP
 - K. Trying many alternative treatment approaches: light therapy, supplements, Chinese medicine, healing touch, relaxation methods, breath work, journaling, Dietary changes, massage etc.
- VII. Breakthrough
- A. Finally a medication cocktail that worked
 - B. Celebrating the life changing event when unthinkable happened
- VIII. Rape and aftermath
- IX. Phase II of my recovery journey (symptoms gone)
- A. Medication is the foundation of treatment but
 - B. Treatment involves so much more
 - A. Real work of rebuilding life begins
 - B. Work of learning to live as a stable person
 - C. Grieving the loss of mania
Learning how to laugh, create, read, socialize, clean my house etc.
Without the aid of manic energy

- D. Beginning to repair badly damaged relationships
And learning how socializes and enjoys grounded friendships
 - E. Learning how to manage anger without exploding
 - F. Volunteering and working
 - G. Fears and hopes
- X. Remarks and suggestions for psychiatrists
- A. Involve the family
 - 1. First to see symptoms emerging
 - 2. Ask them to keep mood chart
 - 3. Accompany very ill patients to appts.
 - 4. Supply missing information
 - 5. Take directly to pharmacist to fill prescription
 - 6. Help patient establish a habit of taking meds
 - C. Return phone calls (example of failure to do so)
 - D. Direct us to other support resources via handouts
 - 1. Mental Health Association, NAMI, DBSA
 - 2. Support groups
 - 3. Bibliography
 - E. Put yourself in our shoes (experimental rat, trial after trial)
 - 1. How would you feel if you had to endure the side effects of powerful psych. meds?

2. Little leery of the typical 15 min. psych. appt. treatment can seem random
3. Team treatment approach seems most sensible
4. Be sensitive to the cost of meds. you are prescribing
5. Ask me what I am doing with excess medication
6. Frustrating as it is some patients are going to go off their meds. especially patients with bipolar disorder
7. Encourage me to search for other methods to help me manage my symptoms
8. Encourage me to educate myself about my disease
9. Refer me to a good therapist and a Certified Peer Support Specialist

XI. Conclusion

A. Fears

B. Hopes

Questions from Norma Jean Wilkes' presentation on bipolar disorder

1. What information did the speaker suggest that psychiatrists make available to their patients?

Answer: a bibliography on brain disorders; list of community resources available to persons with brain disorders and their families and a list of local support groups

2. Give at least three reasons why psychiatric patients might not take their medications as prescribed.

Answer: inability to tolerate the drug's side effects, fear of side effects, high cost of some medications, difficulty establishing a habit of taking medication, thinking they are well and no longer need the medication, failure to fill prescription in the first place, medication is not working

3. Why did the speaker believe that the family should be involved in the treatment process?

Answer: The family is on the frontline observing first hand the symptoms and changes in their loved one's behavior. They can keep a mood chart on their family member thereby providing important information and insight about the illness and its progression to the psychiatrist. They can attend psychiatric sessions when their loved one is very ill and gather information and ask questions. They can oversee the patient's medicine taking regime when the patient is too ill to do it for themselves. Also families are often the best advocates for their loved ones who struggle with brain disorders.