

## Treatment Contract

The purpose of this contract is to organize my care for bipolar disorder, with attention to both the prevention of mood episodes and the efficient treatment of these episodes should they occur. My first step in guiding my care is the selection of my support team. The team members should include people with whom I have regular contact, who can help me identify episodes should they occur and help me put into practice some of the tools discussed in earlier chapters of this workbook.

(Select members of your treatment team to be part of your crew; for example, you may select your psychiatrist, psychologist, social worker, or primary care physician. Other team members may be drawn from the support network identified in Chapter 9.)

| Treatment Contract—Support Team |       |                     |
|---------------------------------|-------|---------------------|
| Role/relationship               | Name  | Contact information |
| My Psychiatrist                 | _____ | Phone: _____        |
| My Therapist                    | _____ | Phone: _____        |
| My primary care physician (PCP) | _____ | Phone: _____        |
| _____                           | _____ | Phone: _____        |
| _____                           | _____ | Phone: _____        |
| _____                           | _____ | Phone: _____        |

My second step in developing this contract is to identify tools I will use to help control my bipolar disorder so that I can best pursue my life goals. Many of these tools have been identified in earlier chapters. My goal now is to identify some of the tools that I plan to use

*Check Intent to Use*

\_\_\_\_\_ **Monitor my mood for early intervention.**

Signs of depression and mania are listed in Chapter 1. In addition to these symptoms, I know from my own patterns that I should watch out for the following signs:

Depressed Thoughts \_\_\_\_\_  
\_\_\_\_\_

Depressed Symptoms \_\_\_\_\_  
\_\_\_\_\_

Depressed Behavior \_\_\_\_\_  
\_\_\_\_\_

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Hypomanic Thoughts \_\_\_\_\_

\_\_\_\_\_

Hypomanic Symptoms \_\_\_\_\_

\_\_\_\_\_

Hypomanic Behaviors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Take early action if I notice signs of depression or mania.**

\_\_\_\_\_ Contact my psychiatrist at phone # \_\_\_\_\_.

\_\_\_\_\_ Contact my therapist at phone # \_\_\_\_\_.

\_\_\_\_\_ Contact my support person at phone # \_\_\_\_\_.

\_\_\_\_\_ Maintain a regular schedule of sleep and activities.

\_\_\_\_\_ Maintain a regular schedule of pleasant events.

\_\_\_\_\_ Evaluate my thoughts for negative or hyperpositive thinking.

\_\_\_\_\_ Talk with my family about ways to cope.

\_\_\_\_\_ Limit my alcohol use and avoid all non-medication drugs.

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ **Take active steps to keep my mood in the desired range:**

\_\_\_\_\_ Take all medications as prescribed by my doctor

\_\_\_\_\_ Maintain regular appointments with my psychiatrist of -----/month.

\_\_\_\_\_ Maintain regular appointments with my therapist of -----/month.

\_\_\_\_\_ Keep a regular sleep schedule.

\_\_\_\_\_ Maintain a schedule including at least 3 valued activities each day as a buffer against stress.

\_\_\_\_\_ Avoid excessive use of alcohol.

\_\_\_\_\_ Avoid all use of illicit drugs.

\_\_\_\_\_ Use no alcohol for the next 30 days

\_\_\_\_\_ Use no recreational drugs for the next 30 days

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## Treatment Contract

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\_\_\_\_\_ Keep a perspective on my thoughts, and evaluate my thoughts for accuracy

\_\_\_\_\_ Share with my family information on communication styles that may reduced stress.

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ **Contact the following people should I ever have strong suicidal thoughts:**

\_\_\_\_\_ Contact my psychiatrist at phone # \_\_\_\_\_.

\_\_\_\_\_ Contact my therapist at phone # \_\_\_\_\_.

\_\_\_\_\_ Contact my support person at phone # \_\_\_\_\_.

\_\_\_\_\_ Other action \_\_\_\_\_.

\_\_\_\_\_ **Keep myself safe until I can be seen or go to a local emergency room if I ever fear I may act on suicidal thoughts.**

\_\_\_\_\_ **If I start to become depressed, I would like my support team to:**

\_\_\_\_\_ Talk to me about my symptoms (who \_\_\_\_\_ )

\_\_\_\_\_ Make plans for a pleasant event (who \_\_\_\_\_ )

\_\_\_\_\_ Discuss ways to reduce stress (who \_\_\_\_\_ )

\_\_\_\_\_ Make sure I am taking my medication (who \_\_\_\_\_ )

\_\_\_\_\_ Call my doctor if I am unable to (who \_\_\_\_\_ )

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ **If I start to become manic, I would like my support team to:**

\_\_\_\_\_ Talk to me about my symptoms (who \_\_\_\_\_ )

\_\_\_\_\_ Talk to me about reducing activities (who \_\_\_\_\_ )

\_\_\_\_\_ Allow me to be alone if I am irritable (who \_\_\_\_\_ )

\_\_\_\_\_ Take care of the kids/pets/other (who \_\_\_\_\_ )

\_\_\_\_\_ Take away my credit cards (who \_\_\_\_\_ )

\_\_\_\_\_ Take away my car keys (who \_\_\_\_\_ )

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\_\_\_\_\_ Take me to the hospital (preferred hospital \_\_\_\_\_ )  
\_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

I understand that this contract is designed by me so that I can take an active role in my treatment. My goal is to maximize my control by arranging for my treatment team to take care of me. So that any future decisions are well considered, I agree to change this contract only after giving two weeks written notice to all parties to this contract.

Signatures for contracting individuals

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**Signature**                      **Date**

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**Signature**                      **Date**

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**Signature**                      **Date**

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**Signature**                      **Date**