

12

Bipolar Triggers: What Adds Pressure—and What Protects You

Build one personal map row linking a candidate pressure, its earliest observable effect, your real influence, one protection, that protection's function and availability, and one small strengthening step.

LESSON 12 OF TWENTY-FOUR



Watch this lesson
bipolarclarity.com/program/l12

This is one lesson of twenty-four

The **Bipolar Stability Program** is twenty-four free lessons for people who already have a bipolar diagnosis. Each lesson is a video; each chapter is the paper that goes with it. Fifteen languages, no email, no account, no paid version.

Before you start

Nothing here will ever tell you to start, stop, taper, restart, select or change a medication. Blank is allowed, «not sure yet» is an answer, and there is no version of this you can fail. If a chapter sends you to another lesson, the lesson number is in brackets. The crisis numbers for your country are at the back of this chapter.

Why this exists

I was diagnosed with bipolar disorder in 2018. The first episode was in 1993 — twenty-five years of living with something that had a name I hadn't been given.

Then I got lucky. A hospital near me ran a psychoeducation group: a psychiatrist, a psychologist, about ten of us around a table, once a week, for fourteen months. Nobody there told me what to do. They taught me what the thing was. What stayed with me wasn't any single fact — it was that somebody had put the facts *in an order*. I had spent twenty-five years collecting pieces; in that room, for the first time, they were a sequence.

Almost nobody gets that room. Mine needed two clinicians, a group, a waiting list, and all of it close enough to my home to attend every week for a year. It also cost me thousands of dollars.

So I rebuilt it as something you can start tonight, wherever you are, in fifteen languages, free — now and later. Not a trial, not a sample, nothing held back for a paid version.

— René, Bipolar Clarity

What twenty-four chapters build that one cannot

Every chapter writes a piece of the same document. Lesson 1 starts your safety page, lesson 4 names your first warning signs, lesson 19 turns them into a ladder with an action and a contact on each rung, and lesson 24 assembles all of it into your **Stability Plan**: one thing you can hand to somebody on a bad day, or take into an appointment when you cannot find the words.

A single chapter gives you a page. The twenty-four give you the plan.

The twenty-four

You can do this chapter on its own — it was written that way. The numbers are the order we recommend, not a lock.

01	Newly Diagnosed With Bipolar? Write This Page First	
02	What Is Bipolar Disorder? (And What It Isn't)	
03	Bipolar Sleep: 3 Short Nights That Mean Different Things	
04	Bipolar Early Warning Signs: Pick 4 That Are Yours	
05	What Is My Bipolar Medication Actually For?	
06	Bipolar Life Chart: How to Map Your Mood History	
07	Bipolar 1 vs Bipolar 2: What the Number Really Means	
08	Hypomania Signs Others Often Notice Before You Do	
09	Manic and Depressed at the Same Time? Mixed Features	
10	Bipolar Disorder or Something Else? Thyroid, Trauma, ADHD	
11	Alcohol, Cannabis, and Bipolar Disorder: What to Notice	
12	Bipolar Triggers: What Adds Pressure—and What Protects You	YOU ARE HERE
13	Bipolar Psychiatry Appointment: Make the Short Visit Count	
14	I Feel Fine. Why Am I Still on Bipolar Medication?	
15	Bipolar Side Effects: What to Track and When to Call	
16	Thinking About Stopping Bipolar Medication? Start Here	
17	Bipolar Disorder and Pregnancy: Questions to Ask Early	
18	Does Therapy Help Bipolar Disorder? What the Evidence Says	
19	Bipolar Warning Signs: Subtle, Clear, and Urgent	
20	How to Draft a Bipolar Crisis Plan—Before You Need It	
21	I Think a Bipolar Episode Is Starting—What Should I Do?	
22	How to Build a Routine That Helps With Bipolar Disorder	
23	Life After a Bipolar Episode: Work, Money, and Relationships	
24	Grieving the Person You Were: Bipolar and Identity	



Start at lesson 1
bipolarclarity.com/program/I01



All 24 in one book
bipolarclarity.com/workbook

Purpose

Build one personal map row linking a candidate pressure, its earliest observable effect, your real influence, one protection, that protection's function and availability, and one small strengthening step.

You leave with one complete row — a candidate pressure, its earliest observable effect, one protection and one small step to strengthen it.

This is a planning map. It is not a prediction, causal verdict or relapse score.

What this chapter is about

This chapter goes with video lesson 12. It is the working half. The video does the teaching; this map is where you do the work.

A trigger is a candidate pressure, not a switch. Nothing on this page flips anything. What the map does is link a pressure you can name to its earliest observable effect, to how much influence you actually have over it, and to one protection that helps — so that the plan exists before the pressure arrives.

Welcome events count. A new job, a wedding, a birth, a move you chose and wanted. They change load and rhythm exactly like difficult ones do, and they are the ones nobody plans for, because planning for them feels ungrateful.

Structural pressure belongs on the map. Housing, money, insecure work, discrimination, caring responsibilities. These are not personal failures and they are not off-topic — they change sleep, rhythm and load as reliably as anything else, and leaving them off makes the map lie.

A protection helps by function, and guarantees nothing. What matters is what it *does*: protects sleep, adds a person, reduces a demand, buys time. Naming the function is what lets you swap one protection for another when the first stops being available.

Availability is its own question. A protection you have thought of is not the same as one that exists. If it needs setting up, that is the small step this page asks for — one, not five.

And one honest row is a complete route. The map is not scored on how full it is.

Key ideas

1. **A trigger is a candidate pressure, not a switch.**
2. **Welcome events change load and rhythm too,** not only difficult ones.

3. **Structural pressure belongs on the map.** Housing, money and discrimination are not personal failure.
4. **A protection helps by function; it never guarantees prevention.**
5. **Availability matters.** A protection you have planned may still need setting up before it exists.
6. **One honest row is a complete route.**

Watch the video first

The video adds two things the map cannot hold.

- **Amina's row, built out loud**, including the moment she picks the wrong protection and changes it.
- **Why pressure is not blame** — the distinction the whole map depends on, and the easiest one to lose on a bad day.

Watch it before you build yours. The video lesson is *Bipolar Triggers: What Adds Pressure—and What Protects You* — lesson 12 of the Bipolar Stability Program.

Before you begin

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Scope

This map cannot predict an episode, prove what caused one or guarantee prevention.

A pressure is not blame, and a protection is not a guarantee.

Use **known**, **possible** or **uncertain**; an episode without a remembered pressure remains valid.

Do not use this page to test a suspected pressure, diagnose yourself, score relapse risk or make a major treatment or life decision.

Safety interruption

Current severe activation, psychosis, inability to meet basic needs, thoughts of harm or immediate danger interrupt the exercise and require appropriate urgent local help.

Stop the workbook.

If you may be in immediate danger, contact your local emergency services now. For crisis resources in your country, visit bipolarclarity.com/gethelp, or see the country-by-country crisis annex at the back of this workbook.

You do not need a completed map or a proven explanation before seeking help.

Medication and major-change boundary

The Program will never tell you to start, stop, taper, restart, select, or change a medication.

And it does not authorize a major life change either.

The map can prepare a conversation with an appropriate professional. It cannot authorize a treatment change, leaving a job, ending a relationship, cancelling care or recreating a suspected pressure.

Privacy and consent

Your workbook answers are not submitted, uploaded, collected, or monitored by Bipolar Clarity.

Trauma, conflict and private events are optional; no detail is required.

Do not include third-party identifying details, a trauma narrative, self-harm method details or anything unsafe to keep.

Use **private relationship pressure**, **private event** or **prefer not to answer** when that is enough.

Involving another person requires consent and an agreed role; support is not surveillance.

Answers you can always use:

- **Not known yet**
- **Prefer not to answer**
- **Nothing to record here**
- **Private — not recorded here**
- **I prefer to bring this to a professional conversation**

Where this chapter's claims come from. The clinical statements in this lesson are sourced, and the sources are public: bipolarclarity.com/program/sources, under lesson 12. A source shows what published guidance says. It does not show what applies to you, and it never overrules the clinician who knows your case.

Safe reference — the five-part map

PART	QUESTION	EXAMPLE	BOUNDARY
PRESSURE	What condition, event or change may matter?	three late deadlines in one week	narrow candidate, not a cause
EARLIEST EFFECT	What could I observe first?	working after midnight	observation, not diagnosis
INFLUENCE ZONE	What kind of influence is realistic?	I can prepare for some of it	no blame for limited control
PROTECTION	What function supports stability here?	protected decompression period	support, not guarantee
AVAILABILITY + STEP	Does it exist today, and what strengthens it?	partly available; ask to trade one task	gap is information, not failure

Candidate pressure families

- sleep or rhythm disruption;
- demands, deadlines or too many simultaneous goals;
- transitions, travel or schedule changes;
- welcome events, celebration or goal acceleration;
- conflict, isolation, caregiving or social overload;
- pain, illness, recovery or another body change;
- treatment confusion, appointment, pharmacy, cost or transport barrier;
- substance-related context already observed in the Substance-and-Mood Honest Note (lesson 11);
- housing, finances, work conditions, discrimination or basic-needs pressure;
- another narrow pressure;
- no pressure identified;
- prefer not to answer.

Earliest-effect lanes

- sleep timing or sleep need;
- daily rhythm or meals;
- energy, speed or number of goals;

- mood, irritability or emotional intensity;
- thinking, attention or decisions;
- connection, conflict or isolation;
- body or physical functioning;
- work, study, care tasks or daily functioning;
- uncertain or not noticed.

Protection functions

Core route — one map row

Complete one row. Optional rows appear later.

Candidate pressure

Choose one narrow condition, event or change. Describe the load or disruption rather than labeling an entire person, job, relationship or life period.

Examples:

- **wake time shifts after travel;**
- **several exciting projects begin together;**
- **private conflict continues late at night;**
- **pharmacy access becomes uncertain;**
- **caregiving removes my recovery period.**

You may write **no pressure identified** or **prefer not to answer**.

Confidence status

Choose one:

- **known** — repeatedly observed or carefully reviewed;
- **possible** — worth watching or discussing;
- **uncertain** — connection remains open;
- **no pressure identified;**
- **prefer not to answer.**

Do not promote a pressure to **known** only because it occurred before one episode.

Earliest observable effect

Write the first specific change you might realistically notice. Include the lane and observation, not an interpretation.

Examples:

- **Sleep:** I begin preparing for work after midnight.
- **Goals:** I add commitments before finishing existing ones.
- **Connection:** I stop replying for several days.
- **Functioning:** one ordinary admin task fills most of the day.
- **Uncertain** — I have not identified an early effect.

This field can later inform the Full Early-Warning Ladder (lesson 19). It does not diagnose a state here.

Influence zone

Choose the best current fit:

- I can change some of it;
- I can prepare for it;
- it needs support or system change;
- it is outside my control;
- prefer not to answer.

Structural pressures and conditions outside your control are not personal failures.

If more than one fits, select the one that shapes your next step today.

Protection

Name one condition, resource, relationship, routine or access route that may help with this pressure or its earliest effect.

Examples:

- **weekday wake anchor;**
- **one protected recovery period;**
- **brief private sleep-and-energy note;**
- **saved care contact and transport route;**
- **one consent-based check-in;**

- **benefits, housing or workplace advocate.**

You may record **no usable protection identified yet.**

Protection function

Choose the function that matters most in this row, even when the protection does more than one thing.

Availability today

Choose one:

- **READY NOW;**
- **PARTLY AVAILABLE;**
- **NEEDS SETUP;**
- **DEPENDS ON SOMEBODY ELSE OR A SERVICE;**
- **UNAVAILABLE / UNCERTAIN.**

A planned protection is not the same as one available in real life; a gap is information, not failure.

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If another person appears in the protection, confirm that the role is a request they can accept or decline.

Smallest strengthening step

Write one action that strengthens availability without redesigning your life or changing treatment.

Useful forms:

- **save...**
- **ask whether...**
- **write the first sentence of...**
- **place... where I will see it;**
- **request...**
- **preserve...**
- **name this gap for...**

Examples:

- **Save the clinic number and opening hours.**
- **Ask whether we can trade one evening task for two weeks.**

- Preserve my ready wake anchor during the first work week.
- Write: “I want help planning around this access barrier.”

Keep the step small, observable and reversible.

Your core row, in one place

CANDIDATE PRESSURE:

CONFIDENCE:

- ☐ known
- ☐ possible
- ☐ uncertain
- ☐ no pressure identified
- ☐ prefer not to answer

EARLIEST EFFECT:

INFLUENCE ZONE:

- ☐ I can change some of it
- ☐ I can prepare for it
- ☐ it needs support or system change
- ☐ it is outside my control
- ☐ uncertain
- ☐ prefer not to answer

PROTECTION:

PRIMARY FUNCTION:

- ☐ stabilizes rhythm
- ☐ reduces load
- ☐ helps me notice
- ☐ helps me act
- ☐ maintains connection
- ☐ maintains access to care or basic needs
- ☐ uncertain

AVAILABILITY:☐

READY NOW

☐

PARTLY AVAILABLE

☐

NEEDS SETUP

☐

DEPENDS ON SOMEBODY ELSE OR A SERVICE

☐

UNAVAILABLE / UNCERTAIN

SMALLEST STRENGTHENING STEP:

Read the row once. Check only:

- Is the pressure narrow enough to observe?
- Is the confidence label honest?
- Is the protection genuinely available at the state you selected?
- Is the next step small and safe?

Low-energy route

Complete only:

1. one possible pressure;
2. one protection that is ready now;
3. one smallest strengthening step.

The low-energy route is complete: one possible pressure, one ready protection and one smallest strengthening step.

If no protection is ready now, write **no ready protection identified** and use **name the gap for support** as your step. That is a valid result.

Optional depth

Optional map row 2

Repeat the eight fields only if a second row adds a meaningfully different pressure or protection.

Do not use it to prove the first row.

CANDIDATE PRESSURE – ROW 2

CONFIDENCE STATUS – ROW 2

- ☐ known
 ☐ possible
 ☐ uncertain
 ☐ no pressure identified
- ☐ prefer not to answer

EARLIEST OBSERVABLE EFFECT – ROW 2

INFLUENCE ZONE – ROW 2

- ☐ I can change some of it
 ☐ I can prepare for it
- ☐ it needs support or system change
 ☐ it is outside my control
- ☐ uncertain
 ☐ prefer not to answer

PROTECTION – ROW 2

PROTECTION FUNCTION – ROW 2

- ☐ stabilizes rhythm
 ☐ reduces load
- ☐ helps me notice
 ☐ helps me act
- ☐ maintains connection
 ☐ maintains access to care or basic needs
- ☐ uncertain

AVAILABILITY TODAY – ROW 2☐

READY NOW

☐

PARTLY AVAILABLE

☐

NEEDS SETUP

☐

DEPENDS ON SOMEBODY ELSE OR A SERVICE

☐

UNAVAILABLE / UNCERTAIN

SMALLEST STRENGTHENING STEP – ROW 2**Optional map row 3**

Use only when it improves planning. An empty row is not missing work.

CANDIDATE PRESSURE – ROW 3**CONFIDENCE STATUS – ROW 3**☐

known

☐

possible

☐

uncertain

☐

no pressure identified

☐

prefer not to answer

EARLIEST OBSERVABLE EFFECT – ROW 3**INFLUENCE ZONE – ROW 3**☐

I can change some of it

☐

I can prepare for it

☐

it needs support or system change

☐

it is outside my control

☐

uncertain

☐

prefer not to answer

PROTECTION – ROW 3

PROTECTION FUNCTION – ROW 3

- | | |
|---|--|
| ☐ stabilizes rhythm | ☐ reduces load |
| ☐ helps me notice | ☐ helps me act |
| ☐ maintains connection | ☐ maintains access to care or basic needs |
| ☐ uncertain | |

AVAILABILITY TODAY – ROW 3

- | | |
|--|--|
| ☐ READY NOW | ☐ PARTLY AVAILABLE |
| ☐ NEEDS SETUP | ☐ DEPENDS ON SOMEBODY ELSE OR A SERVICE |
| ☐ UNAVAILABLE / UNCERTAIN | |

SMALLEST STRENGTHENING STEP – ROW 3

Optional supporting observation

Write one brief reason for your confidence label:

- noticed more than once;
- one occasion only;
- discussed in care;
- supported by my earlier workbook pages;
- relationship uncertain;
- prefer not to answer.

Optional consent-based support note

Complete only when another person may be involved:

WHAT I MIGHT REQUEST:

WHAT I WILL NOT ASK THEM TO DO:

HOW THEY CAN ACCEPT, CHANGE OR DECLINE THE ROLE:

Do not create monitoring access, password sharing, location tracking or an open-ended duty.

Optional care question

This page does not require a professional question. If one would help, write it here

Could we review whether this is a useful candidate pressure, how to interpret the earliest effect, and which protection is realistic in my care context?

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Where this page goes

Transfer only three concise lines:

Top candidate pressure

Use neutral wording plus its confidence label.

Example: **possible** — several exciting projects plus repeated late preparation.

Strongest ready protection

Choose a protection marked **READY NOW**. If none is ready, write **No ready protection identified yet**.

Protection gap or next step

Write the availability gap or smallest strengthening step.

Detailed context, names, trauma history and supporting observations stay on this lesson page — or remain unwritten.

Halfway — look at the plan you already have

Lessons 1–12 now form the first working edition of your Bipolar Stability Plan.

Twelve lessons is a working plan, not half a plan. The rest of the Program builds on what you have, and none of it takes any of it back.

First, the part that is yours

Before you check anything, go and look at what you actually wrote. Turn back to four of your own pages and copy one line from each — the line you would want somebody to read if they only had thirty seconds.

From your sleep and rhythm baseline (lesson 3), one line about what your usual looks like

From your early-change card (lesson 4) or your inventories (lesson 8), one change you would want to catch early

From your medication questions page (lesson 5), the question you still want answered

In your own words, today, one thing you understand now that you did not in lesson 1

Four lines, in your handwriting, on one page. That is the plan. Everything below is just checking you can still find the rest of it.

Then, the housekeeping

This review checks usability; it does not ask you to rewrite prior pages. **It is a find-it check, not a form.** If you can put a hand on your pages, you already know the answer and can leave it blank.

SECTION	WHAT YOU SHOULD BE ABLE TO FIND	STATUS
Safety Plan and Starting Point (lesson 1)	Safety access and program boundaries	

SECTION	WHAT YOU SHOULD BE ABLE TO FIND	STATUS
HALFWAY CHECK – L01 SECTION STATUS		
		☐ READY TO USE ☐ WAITING FOR INFORMATION ☐ KEEPING THIS PRIVATE ☐ REPLACED BY A LATER PAGE ☐ NOT WRITTEN YET
Meaning / Not-meaning Card (lesson 2)	What bipolar disorder means for your learning	HALFWAY CHECK – L02 SECTION STATUS
		☐ READY TO USE ☐ WAITING FOR INFORMATION ☐ KEEPING THIS PRIVATE ☐ REPLACED BY A LATER PAGE ☐ NOT WRITTEN YET
7-Day Sleep & Rhythm Baseline (lesson 3)	Sleep and rhythm baseline	HALFWAY CHECK – L03 SECTION STATUS
		☐ READY TO USE ☐ WAITING FOR INFORMATION ☐ KEEPING THIS PRIVATE ☐ REPLACED BY A LATER PAGE ☐ NOT WRITTEN YET
Starter Early-Change Card (lesson 4)	Candidate early changes	HALFWAY CHECK – L04 SECTION STATUS
		☐ READY TO USE ☐ WAITING FOR INFORMATION ☐ KEEPING THIS PRIVATE ☐ REPLACED BY A LATER PAGE ☐ NOT WRITTEN YET
Medication Questions Page (lesson 5)	Medication questions	

SECTION	WHAT YOU SHOULD BE ABLE TO FIND	STATUS
HALFWAY CHECK – L05 SECTION STATUS		
		☐ READY TO USE ☐ WAITING FOR INFORMATION ☐ KEEPING THIS PRIVATE ☐ REPLACED BY A LATER PAGE
		☐ NOT WRITTEN YET
Three-Period Life Chart (lesson 6)	Life-course context	HALFWAY CHECK – L06 SECTION STATUS
		☐ READY TO USE ☐ WAITING FOR INFORMATION ☐ KEEPING THIS PRIVATE ☐ REPLACED BY A LATER PAGE
		☐ NOT WRITTEN YET
Diagnostic Language Map (lesson 7)	Subtype language	HALFWAY CHECK – L07 SECTION STATUS
		☐ READY TO USE ☐ WAITING FOR INFORMATION ☐ KEEPING THIS PRIVATE ☐ REPLACED BY A LATER PAGE
		☐ NOT WRITTEN YET
Elevated-State Inventory (lesson 8)	Elevated-state observations	HALFWAY CHECK – L08 SECTION STATUS
		☐ READY TO USE ☐ WAITING FOR INFORMATION ☐ KEEPING THIS PRIVATE ☐ REPLACED BY A LATER PAGE
		☐ NOT WRITTEN YET
Low & Mixed-State Inventory (lesson 9)	Low and mixed-state observations	

SECTION	WHAT YOU SHOULD BE ABLE TO FIND	STATUS
HALFWAY CHECK – L09 SECTION STATUS		
		☐ READY TO USE ☐ WAITING FOR INFORMATION ☐ KEEPING THIS PRIVATE ☐ REPLACED BY A LATER PAGE
		☐ NOT WRITTEN YET
Alternatives & Coexisting Map (lesson 10)	Alternative and coexisting questions	HALFWAY CHECK – L10 SECTION STATUS
		☐ READY TO USE ☐ WAITING FOR INFORMATION ☐ KEEPING THIS PRIVATE ☐ REPLACED BY A LATER PAGE
		☐ NOT WRITTEN YET
Substance-and-Mood Honest Note (lesson 11)	Substance-and-mood context, if relevant	HALFWAY CHECK – L11 SECTION STATUS
		☐ READY TO USE ☐ WAITING FOR INFORMATION ☐ KEEPING THIS PRIVATE ☐ REPLACED BY A LATER PAGE
		☐ NOT WRITTEN YET
Vulnerability & Protection Map (this chapter)	Pressures, protections and availability	HALFWAY CHECK – L12 SECTION STATUS
		☐ READY TO USE ☐ WAITING FOR INFORMATION ☐ KEEPING THIS PRIVATE ☐ REPLACED BY A LATER PAGE
		☐ NOT WRITTEN YET

One small maintenance choice

- ☐ update one outdated line
- ☐ remove one detail that feels too private
- ☐ complete one missing low-energy route
- ☐ mark one section to discuss later
- ☐ make no change today

This is a working plan, not a test or a permanent record.

How this page stands

Choose exactly one: **Ready to use**, **Waiting for information**, or **Keeping this private**.

Mark **Ready to use** only when **at least one pressure and one protection are written in your own words** — neither depends on anybody else. A map waiting for a protection you have not been able to arrange yet is a valid state, not an unfinished page.

☐ Ready to use ☐ Waiting for information ☐ Keeping this private

Before you close this page

Optional and private.

The idea I want to keep — pressure is a candidate, not a cause

☐ clear ☐ partly clear ☐ unclear ☐ prefer not to answer

THE PART I NEARLY SKIPPED

☐ availability ☐ influence zone ☐ earliest effect ☐ none of them
☐ prefer not to answer

ROUTE USED

☐ core ☐ low energy ☐ paused for safety ☐ prefer not to answer

ONE PHRASE I WANT FOR CARE — OPTIONAL

Privacy and safety

- Your workbook answers are not submitted, uploaded, collected, or monitored by Bipolar Clarity.
- Your answers remain in your own copy.
- Blank, **uncertain**, **private relationship pressure**, **private event** and **prefer not to answer** are valid, complete answers.
- Do not record third-party identifying details, a trauma narrative or self-harm method details.
- Do not complete this page during severe activation, psychosis, overwhelming depression or immediate danger. Safety interrupts the workbook; see the safety interruption above.
- A protection that involves another person needs their consent and an agreed role. Support is not surveillance.

- Dispose of printed drafts securely if they contain sensitive personal information.
- Workbook completion never takes priority over professional, urgent or emergency help.

Closing summary

Your map separates:

- candidate pressure from proven cause;
- earliest observation from diagnosis;
- realistic influence from blame;
- protection function from prevention guarantee;
- a written idea from a protection available today.

If you stop here, you stop at a real point — and your how this page stands says whether the page is finished or still waiting on something outside you.

If you continue, bring only the parts you choose into the treatment-conversation module. You never need to share the complete private workbook.

Worked fictional example

Amina is a fictional composite, and she is in the middle of it: day nine of a job she wanted for two years, with earlier mornings, a long commute and a steep learning curve. It is going well, which is part of the problem.

- **Candidate pressure:** “New-job weeks with early starts, evening preparation and several exciting new ideas.”
- **Confidence status:** **possible** — she has seen parts of the pattern before, though the job itself is new.
- **Earliest observable effect:** “I prepare after midnight, wake early without feeling tired and add new commitments.”
- **Influence zone:** **I can change some of it** for the evening preparation; the commute and the start time need planning rather than control.
- **Protection:** a weekday wake anchor plus one thirty-minute decompression period after the commute.
- **Protection function:** stabilizes rhythm — with reducing load as the second effect she chose not to record as primary.
- **Availability today:** the wake anchor is **READY NOW**; decompression is **PARTLY AVAILABLE**, because family responsibilities begin as soon as she gets home.

- **Smallest strengthening step:** “Ask my partner whether trading one task on Monday through Thursday for the first two weeks works, then review.” A request, not an assumption.

Amina transfers three lines to her Bipolar Stability Plan: the possible pressure, the strongest ready protection, and the protection gap she wants to address.

Amina is fictional. The example demonstrates the fields; it is not a prediction, a causal verdict or a recommended answer.

Help where you live

Crisis numbers for your country are at the end of this chapter.

Words used in this chapter

Only the ones this chapter actually uses. The full glossary is in the complete workbook.

Anchor (lesson 22) — one routine that holds a day together, designed in three versions: normal, minimum, and what you do when the day falls apart. Its job is to keep working when its shape has to change.

Answers you can always use (*the Program's escapes*) — the five answers that are always available on any page: **Not known yet**, **Prefer not to answer**, **Nothing to record here**, **Private — not recorded here**, **I prefer to bring this to a professional conversation**. They are real answers, not blanks. A page filled with three lines that are true is worth more than a page filled in to look complete.

Baseline (*lessons 2 and 3*) — what is usual **for you**, described in enough detail that a change from it is visible. Not a flat or emotionless state, and not anybody else's normal. Most of this Program compares against your baseline rather than against an average.

Candidate pressure (lesson 12) — what this Program calls a “trigger”. The change of word is the point: a pressure is something worth watching, not a switch that causes an episode. Naming one is not assigning blame, and structural pressures like money, housing or discrimination belong on the map as much as anything else.

Core route — the full version of a chapter. It is the one to use on an ordinary day.

How this page stands — the line at the end of a chapter where you say where the page has got to. There are three: **Ready to use** (there is something written that does not depend on anybody else), **Waiting for information** (the next useful step needs a record, a date or a phone number you do not have yet, so the page is pending rather than suspended) and **Keeping this private** (you decided not to write it down, and that is a finished decision, not a gap).

Low-energy route — the short version of the same chapter. It exists because the shorter route, finished on a hard week, is worth more than a chapter skipped waiting for a good one. What it produces is not a lesser answer; it is a smaller one.

Protection (lesson 12) — something that supports stability by doing a specific job: steadying rhythm, reducing load, helping you notice, helping you act, keeping you connected, keeping care reachable. A protection helps. It never guarantees.

Route — a way of getting help, written down before you need it. The Program keeps three of them separate on purpose: help early, urgent professional help, and immediate danger. They are different destinations with different phone numbers, and mixing them is what makes a plan unusable at the moment it matters.

Stability Plan — the document you are building across the twenty-four chapters, assembled in lesson 24. It is organized by what you need to find, not by lesson order, because you will be looking something up rather than revising a course.

Transfer — the moment at the end of a chapter when what you have written moves into your Stability Plan. The chapter is the workshop; the Plan is where the finished thing lives.

Activation — increases in energy, speed, drive or restlessness. Worth naming separately from mood, because activation can rise while mood falls.

Episode — a recognizable period in which several things change together and stay changed, rather than a single bad day or a strong feeling. Every framework sets its own thresholds for duration and severity, and **a professional decides whether a period counts as one**. This workbook describes periods; it never classifies them.

Functioning (lesson 23) — what you are able to do in daily life: work, study, care, relationships, admin. The Program treats functioning as something to describe and rebuild in one place at a time, never as a score of your worth as a person.

Psychosis (lesson 8) — losing contact with shared reality: for example believing things others do not believe, or hearing or seeing things others do not. It can occur in severe mania and in severe depression. It is a reason to seek help quickly, and it says nothing about whether a person is dangerous.

Taper — reducing a medicine gradually, on a schedule set by the person who prescribes it. It appears in this workbook only so you can recognize the word. **The Program will never tell you to start, stop, taper, restart, select, or change a medication.**

If this chapter was worth the time

You have just finished one of twenty-four. The rest are written the same way, they are free in the same way, and they build one thing: a plan you can hand to somebody on a bad day.

The complete workbook has all twenty-four chapters in one book, plus the map of how they fit together and the full glossary. **bipolarclarity.com/workbook**

No email address, no account, no paid version. If you would rather take it one chapter at a time, that works too — each lesson has its own.

How this stays free

You did not pay for this workbook, and nobody asked you for an email address to get it. There is no paid version and no premium tier. That is deliberate. I paid for my own psychoeducation, and the whole reason Bipolar Clarity exists is that your postcode and your salary should not decide whether you ever get taught your own illness.

It does mean the project runs on one thing: whether people find it.

If this was useful, three things help. All three are free.

Subscribe to the channel. For a small channel, subscribers and watch time are what decide whether YouTube shows a lesson to the next person searching at two in the morning. That person will not find this workbook first. They will find a video, or they will find nothing.

Give it to one person you have actually thought about. Someone with the diagnosis, someone who loves somebody who has it, someone who was handed a leaflet and nothing else. This travels the way a good doctor's name travels, one person telling one other person, and that beats a post everybody scrolls past.

Tell a professional that it exists. A clinic, a peer group, an association, the psychiatrist you see in three weeks. They can give away something free, in fifteen languages, that nobody has to sign up for. Most of them have nothing like it to hand out.

One thing I am not asking for: your answers. The pages you filled in are yours. Recommending the workbook and telling people about your own health are two different decisions, and you only have to make the first one.

Everything is at bipolarclarity.com/support.

Thank you for getting this far. It is not a small thing to work through twenty-four chapters about your own illness.

— René, Bipolar Clarity



Your plan already exists. Who else knows how to use it?

You're using this workbook to understand what happens to you, to see an episode coming, and to have a plan before you need it. But you don't live inside that plan alone. The people who love you notice things: that you're sleeping less, talking faster, going quiet. Almost nobody has shown them what to do with it. So they watch, they argue, or they say nothing.



In November 2026 we're launching **the Bipolar Support Roadmap**: the program for your family, your partner and your friends.

What can change at home

TODAY, OFTEN	WITH THE ROADMAP
"Have you taken your meds?", three times a day.	They help with treatment without taking over , and agree with you how.
One sleepless night and everyone's on alert... or nobody notices until it's late.	They can tell a warning sign from a bad day, and know what to do first.
In a crisis, everyone improvises.	They've made a crisis plan before it's needed , one that can sit next to the routes you write in this workbook.
An argument that escalates.	They know when to pause a conversation, and how to come back to it.

Built to sit next to this program

Warning signs, a plan made before a crisis, asking before stepping in: the Roadmap covers the same ground as your workbook, from their side of the table.

You decide

Passing on the next page is optional: to whom, when, and whether. It contains nothing you've written. And the Roadmap doesn't ask them to watch you. It teaches them to ask before stepping in, and to take "no" for an answer.

For fourteen months I sat in a room that taught me my own illness. The people I live with never had a room like that. This is the one I'd have wanted for them.

— René

Do I have to tell them what I write here?
No. The Roadmap doesn't need it.

Does it cost anything?
No. It's free, like this program. No paid version, no account.

→ **Tear off the next page, or forward it. It's for them.**



BIPOLAR SUPPORT ROADMAP · FOR FAMILY, PARTNERS AND FRIENDS

For you, supporting someone with bipolar disorder

Someone who cares about you is following a program to look after their stability, and they thought of you. You notice things. Nobody taught you what to do with them. That's what the Bipolar Support Roadmap is for.

WHAT YOU'LL LEARN

- **Understanding what you see**, without watching every move.
- **Helping without taking over**: with treatment, with sleep, with alcohol or cannabis.
- **Noticing when an episode may be starting**, and what to do first.
- **Talking during conflict**, and when to pause the argument.
- **A crisis plan made before you need it**, with two routes.
- **Limits, children and rebuilding trust**.
- **Looking after yourself**, so you can keep going.

Does learning this actually help?

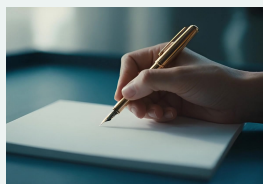
In a randomized trial in Barcelona, relatives of people with bipolar disorder attended twelve group sessions on their own; the patients didn't attend. Compared with families who received no extra sessions, fewer of those patients had a new episode during the study, mainly fewer manic and hypomanic episodes.¹ The Roadmap is not that trial. It is built on the same idea: what the people at home know matters.

¹ Reinares M, et al. *Bipolar Disorders* 2008;10(4): 511–519.

THE 19 LESSONS

- | | |
|--|--|
| <p>1 Someone You Love Was Diagnosed With Bipolar—What Now?</p> <p>2 Helping Someone With Bipolar: What's Actually Your Role?</p> <p>3 Understanding Bipolar Behavior: What Can You Really Know?</p> <p>4 Did You Cause Their Bipolar Episode?</p> <p>5 How to Help With Bipolar Treatment—Without Taking Over</p> <p>6 Bipolar and Sleep: How to Help Without Taking Over</p> <p>7 Bipolar Warning Sign or Just a Bad Day?</p> <p>8 Bipolar, Alcohol and Cannabis: How Can You Help?</p> <p>9 Early Signs of Mania and Hypomania Loved Ones May Notice</p> | <p>10 Bipolar Depression and Mixed States: What to Notice</p> <p>11 A Bipolar Episode May Be Starting—What Should You Do?</p> <p>12 How to Talk to Someone With Bipolar During Conflict</p> <p>13 How to Respond to Mania Without Adding to the Conflict</p> <p>14 How to Help Someone With Bipolar Depression</p> <p>15 Make a Bipolar Crisis Plan Before You Need It</p> <p>16 Bipolar, Boundaries and Children: Where to Draw the Line</p> <p>17 When Bipolar Strains the Family: Where Do You Start?</p> <p>18 How to Rebuild Trust After a Bipolar Episode</p> <p>19 Support Someone With Bipolar Without Losing Yourself</p> |
|--|--|

HOW IT WORKS One short video and one worksheet per lesson · a two-minute route for the weeks when that's all you have · built *with* the person you support, not around them · free, no account · not therapy and not a crisis service.



Out in November 2026. Sign up and we'll tell you on day one.

I'm passing this on because...



bipolarclarity.com/family

If you're worried about their safety right now: bipolarclarity.com/gethelp. The crisis lines for every country are also on the last pages of this document.

If you're in immediate danger

Call your local emergency number right now (for example, 911 in the US, 999 in the UK, 112 across the EU).

Crisis lines by country

COUNTRY OR REGION	LINE
Algeria	no national crisis line we could verify — in an emergency call 14 (ambulance) or 17 (police); to find a line, see findahelpline.com.
Argentina	call 135 (Buenos Aires) or 0800 345 1435 — Centro de Asistencia al Suicida.
Australia	call 13 11 14 — Lifeline (24/7).
Bahrain	no national crisis line we could verify — in an emergency call 999; to find a line, see findahelpline.com.
Belgium	call 1813 — Zelfmoordlijn 1813 (24/7).
Brazil	call 188 — CVV, Centro de Valorização da Vida (24/7).
Chile	call *4141 (24/7).
China (mainland)	call 12356 — 全国心理援助热线, National Psychological Assistance Hotline (daily, hours vary by province, at least 18h/day).
Denmark	call 70 201 201 — Livslinien.
Egypt	call 0800 888 0700 — Ministry of Health and Population mental health hotline (24/7).
Finland	call 09 2525 0111 — MIELI (24/7) · English 09 2525 0116.
France	call 3114 — Numéro national de prévention du suicide (24/7).
Germany	call 0800 111 0 111 — Telefonseelsorge (24/7). Austria 142 · Switzerland 143.
Hong Kong	call 2896 0000 — The Samaritan Befrienders Hong Kong (24/7, Cantonese); multilingual 2389 2222 — The Samaritans (24/7).
India	call 14416 or 1800-89-14416 — Tele-MANAS (24/7, 20 languages).
Iraq	no national crisis line we could verify — in an emergency call 122 (ambulance) or 104 (police); to find a line, see findahelpline.com.
Israel	call 1201 — ERAN, Emotional First Aid (24/7).
Italy	call 02 2327 2327 — Telefono Amico Italia; emergencies 112.
Japan	call 0120-279-338 — よりそいホットライン (24/7).
Jordan	call 079 544 0416 — JCPA Suicide & Crisis Line (24/7); emergencies 911.
Kuwait	no national crisis line we could verify — in an emergency call 112; to find a line, see findahelpline.com.
Lebanon	call 1564 — Embrace Lifeline, National Lifeline (24/7, Arabic/English/French).
Mexico	call 800 911 2000 — Línea de la Vida (24/7).
Morocco	no national crisis line we could verify — in an emergency call 15 (ambulance) or 19 (police); to find a line, see findahelpline.com.

COUNTRY OR REGION	LINE
Netherlands	call 0800-0113 – 113 Zelfmoordpreventie (24/7) • 113.
New Zealand	call or text 1737 (24/7) • Lifeline 0800 543 354.
Norway	call 116 123 – Mental Helse (24/7).
Oman	no national crisis line we could verify – in an emergency call 9999; to find a line, see findahelpline.com.
Poland	call 116 123 – Telefon Zaufania dla Osób Dorosłych w Kryzysie Emocjonalnym – hours: see 116sos.pl.
Portugal	call 808 24 24 24 – SNS 24.
Qatar	call 919 – AMAN Centre, Protection and Social Rehabilitation Centre (24/7).
Russia	no national crisis line we could verify – in an emergency call 112; to find a line, see findahelpline.com.
Saudi Arabia	call 920033360 – National Center for Mental Health Promotion, psychological support helpline (not 24/7; set daytime hours).
Singapore	call 1771 – national mindline (24/7) • SOS 1767.
South Africa	call 0800 567 567 – SADAG.
South Korea	call 109 – 자살예방 상담전화 (24/7).
Spain	call 024 – Línea de atención a la conducta suicida (24/7).
Sweden	call 90 101 – Självmordslinjen (Mind).
Taiwan	call 1925 – 安心專線, Anxin Hotline, Ministry of Health and Welfare (24/7).
Tunisia	call 8010 3666 – Association Tunisienne de Prévention du Suicide (ATPS).
United Arab Emirates	call 800-HOPE (800 4673) – National Mental Support Line, MOHAP (8am–8pm daily).
UK & Ireland	call 116 123 – Samaritans (24/7); in the UK you can also text SHOUT to 85258.
US & Canada	call or text 988 – Suicide & Crisis Lifeline (24/7).
Europe (any country)	call 112 for emergencies.

Numbers can change, and many countries aren't listed here. If yours is missing, find a verified local line in seconds at findahelpline.com.

If you're not safe at home

The lines below are for violence or abuse at home – from a partner, a family member, anyone you live with. An illness can explain a behaviour; it never excuses it. You don't have to have decided anything to call.

COUNTRY OR REGION	LINE
Algeria	call 0560 100 105 – Réseau Wassila-AVIFE (Sunday–Thursday, daytime hours).
Argentina	call 144 – Línea 144 (24/7).

COUNTRY OR REGION	LINE
Australia	call 1800 737 732 – 1800RESPECT (24/7); or text 0458 737 732.
Bahrain	call 80001488 – Aisha Yateem Family Counseling Centre (hours not confirmed).
Belgium	call 1712 – Hulplijn 1712 (Dutch, weekdays) · call 0800 30 030 – Écoute Violences Conjugales (French).
Brazil	call 180 – Ligue 180, Central de Atendimento à Mulher (24/7).
Chile	call 1455 – Fono Orientación, SernamEG (24/7).
China (mainland)	call 12338 (dial with your local area code) – All-China Women's Federation Rights Protection Hotline (24/7).
Denmark	call 1888 – Lev Uden Vold (24/7).
Egypt	call 15115 – National Council for Women, Complaints Office (24/7).
Finland	call 116 016 – Nollalinja (24/7); the old number 080 005 005 still works.
France	call 3919 – Violences Femmes Info (24/7); the call doesn't show on your phone bill.
Germany	call 116 016 – Hilfetelefon Gewalt gegen Frauen (24/7). Austria 0800 222 555 · Switzerland 142.
Hong Kong	call 2522 0434 – Harmony House 24-hour Woman Hotline (24/7).
India	call 181 – Women Helpline (24/7).
Iraq	no national domestic-violence line we could verify – in an emergency call 122 (ambulance) or 104 (police); to find a line, see findahelpline.com.
Israel	call 118 – national domestic violence hotline (24/7, Hebrew, Arabic, English, Russian, Amharic).
Italy	call 1522 – numero antiviolenza e stalking (24/7).
Japan	call 0120-279-889 – DV相談+ (24/7).
Jordan	call 110 – National Family Protection Hotline, Family Protection Department (24/7).
Kuwait	no national domestic-violence line we could verify – in an emergency call 112; to find a line, see findahelpline.com.
Lebanon	call 03-018019 – KAFA Helpline (24/7, Arabic/English).
Mexico	call 079, option 1 – Línea de las Mujeres (24/7).
Morocco	call 8350 – Union Nationale des Femmes Marocaines (UNFM), "Koulounamaak" green line (Arabic/French; hours not confirmed).
Netherlands	call 0800-2000 – Veilig Thuis (24/7).
New Zealand	call 0800 456 450 – Are You OK (24/7) · Women's Refuge 0800 733 843.
Norway	call 116 006 – VO-linjen (24/7).
Oman	no national domestic-violence line we could verify – in an emergency call 9999; to find a line, see findahelpline.com.
Poland	call 800 120 002 – Niebieska Linia, Blue Line (24/7); English Mondays 6–10pm, Russian Tuesdays 6–10pm.
Portugal	call 800 202 148 – Linha de Informação às Vítimas de Violência Doméstica (24/7); or text 3060.
Qatar	call 919 – AMAN Centre, Protection and Social Rehabilitation Centre (24/7).

COUNTRY OR REGION	LINE
Russia	call 8-800-7000-600 — ANNA Center, National Center for the Prevention of Violence (9am–9pm).
Saudi Arabia	call 1919 — Domestic Violence Reporting Center, Ministry of Human Resources and Social Development (24/7).
Singapore	call 1800-777-0000 — National Anti-Violence and Sexual Harassment Helpline (24/7).
South Africa	call 0800 428 428 — GBV Command Centre (24/7).
South Korea	call 1366 — 여성긴급전화 1366 (24/7).
Spain	call 016 (24/7) — the call doesn't show on your phone bill • WhatsApp 600 000 016.
Sweden	call 116 016 — Kvinnofridslinjen (24/7); the old number 020-50 50 50 still works.
Taiwan	call 113 — Protection Hotline 113, for domestic violence, sexual assault and abuse (24/7, multilingual).
Tunisia	call 1899 — Ligne Verte 1899, National Observatory to Combat Violence Against Women (24/7, Arabic/French).
United Arab Emirates	call 800111 — Dubai Foundation for Women and Children (DFWAC) (24/7).
UK & Ireland	UK 0808 2000 247 — National Domestic Abuse Helpline (24/7) • Ireland 1800 341 900 — Women's Aid (24/7).
US & Canada	US, call 1-800-799-7233 — National Domestic Violence Hotline (24/7), or text START to 88788. In Canada, find your nearest shelter at sheltersafe.ca.
Europe (any country)	call 112 for emergencies.

Numbers can change, and many countries aren't listed here. If yours is missing, the NO MORE Global Directory lists services in more than 190 countries. If you're in immediate danger, call your local emergency number first.

Anywhere in the world

Find a free helpline in your country here: findahelpline.com or befrienders.org. You can also tell someone you trust what you're feeling, and ask them to stay with you.

If it's not an emergency, but you're struggling

Call your clinician or care team, or book the soonest appointment you can. If you have a crisis plan or a safety contact, now is the moment to use it. Getting through the next hour is enough — you don't have to solve everything today.

Bipolar Clarity is educational content and cannot provide emergency help or personal medical advice. Please use the resources above for urgent support.