Recovery Road

Join the journey! Fall 2018

Resiliency: Bouncing Back from Relapse

Recovery is not about never getting sick again—it's about bouncing back when you do.

I often feel as if I've stepped back in time when I get really sick. I think, "How could this happen again? I've worked so hard to get where I am!" Just a few weeks ago, I made this comment to my therapist after I had trouble at work and went into a depression. She replied, "Julie, you always tell me to remind you that it's an illness. You have bipolar disorder, so getting depressed after a stressful event is what happens. You do get sick, but it's not like it used to be. What's different is your resilience—you're able to bounce back a lot more quickly."

She's right. In the past, if I got depressed it would last for a year. Progressively, I got it down to six months, a few months, and finally just a few weeks.

In fact, relationship problems that used to send me into a depressed, sometimes psychotic, tailspin may now only take a weekend to resolve. Indeed, I can bounce back instead of breaking apart like I used to. I kept working on my bipolar management skills until I turned myself into a rubber band that stretches in and out of any situation. **That is how I describe resilience: When we are resilient we can handle any of the problems that come with bipolar. This is because we can "stretch" ourselves to meet any circumstance, even when we are really ill.**

What about triggers?

I've tried to remove the triggers in my life that I know will make me ill, and have written about this effort before. But I can't control everything. In the past, I wasn't very smart about bipolar. I would get myself into situations that were clear triggers in the past, get sick in the same way, and then wonder why. In other words, I believed I could walk into fire and not get burned by bipolar disorder.

I now realize that resilience doesn't mean you make the same mistakes, hoping you can deal with them more effectively. Rather, resilience comes from stopping certain behaviors that make one sick, then using the resulting energy to manage daily life instead of being in a constant crisis mode.

The resilience pendulum

Bipolar disorder mimics a pendulum that swings way out to each side before it returns to the middle. The swings on the edges are about suicidal thoughts, humiliation, dangerous manic choices, letting the wrong people into your life, and not accepting the limitations of bipolar. Luckily, as you change your behavior—even just a little bit—the pendulum stays closer to the middle. Eventually, it will only swing out to the edges when something occurs that's beyond your control. This is true resilience and it feels good!

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Watch out for behaviors and situations that affect sleep. People who have bipolar disorder are notorious for sleep problems. For us, hormones such as serotonin and melatonin can be completely messed up by many things, including weather, worry, or the illness itself. Resiliency requires restful sleep—this fact can't be stressed enough. So even if you're sick and worried and feel you can't go on, you need to regulate your sleep. This means staying out of bed during the day and getting to bed at the same time each night. Sure, it's hard and sometimes it's impossible, but you still must try. This is one of my biggest difficulties—sometimes I can't sleep at all when I'm hypomanic. Yet I realize that I must find a way to sleep, if I am to deal with life's pressures.

Teach the people in your life how to help you when you have a setback. Tell them exactly what they can do. "Mom, when I have a terrible day at work and feel completely paranoid, please point it out. You can say, 'Julie, you talk like this when work is stressful. You asked that I remind you that it's the bipolar and not really you. You asked for my help and told me you don't want to ruin things like you did at your last job.'" I kept working…until I turned myself into a rubber band that stretches in and out of any situation.

Adhering to this strategy can help one bounce back from a potentially dangerous situation. This way, too, you can go to work the next day and get on with your job. That is resilience!

These are just a few examples of how making some healthy changes can help you remain strong and supple like a branch that bends without breaking. Sorry for all the metaphors, but they really are appropriate here. Think of yourself as a wave, or a child who falls down and gets back up. Resiliency really is all about flexibility. If you think about it, bipolar disorder is black or white: it's mania and depression—elation and desperation.

And it makes us view the situations themselves as black-and-white. This was terrible. I'm going to die. I won't make it through this. It doesn't have to be this way, however.

A new you

What would it be like if you were as flexible as the strong rubber band I've been describing? What would it feel like to know you will be okay? I find it comforting to know that I can—and will—handle things. I now can be strong when I'm showing symptoms. Even if someone I love dies, I know I have the tools to survive. I may have to be in the hospital to do this; I may be suicidal or go into a manic episode. Yet each day I have gradually increased my ability to handle a crisis since my diagnosis 23 years ago.

It definitely takes the help of everyone I know, including my doctors and my therapist. I have also taught people how to help me be resilient. All of us, whether or not we have bipolar, must spend a lifetime improving our ability to bounce back from anything life throws at us. The more we do this, the more resilient we can become.

Julie A. Fast is the author of Loving Someone with Bipolar Disorder, Take Charge of Bipolar Disorder, Get it Done When You're Depressed and The Health Cards Treatment System for Bipolar Disorder. She is a columnist and blogger for BP Magazine and won the Mental Health America journalism award for the best mental health column in the US.

Opportunity Knocking

DBSA is always looking for men and women to host or co-host our Support Group Meetings. The 3 hour training session is on a Saturday and will train you to host a group. You will be given a small training manual for your use.

Here's how it works. We train you and hopefully someone who wants to help you. You locate a place to have the meeting and a time that works for you. Many times churches will allow us to use their facilities. We will design flyers for you to use to advertise your meetings. You start meeting with your group.

We will always be there to help you in any way that we can.

So, if you or someone you know is interested in more information just call the office at 405-254-3994.

Here is your chance to make a difference. You are amazing, remember that.

If you need help . . .

National Suicide Prevention
800-273-TALK (8255)

Emergency
911 Ask for a CIT Officer

OCARTA for Crisis
405-812-4580

OCARTA for Friendship
405-436-4082

Oklahoma County Crisis Intervention Center
405-522-1800

Heartline
211 Ask for help with emotional distress

Remember: Suicidal thoughts are temporary. Suicide is permanent. Don't give in to suicidal thoughts – you can overcome them.

Depression and Bipolar Support Alliance
Oklahoma

3000 United Founders Blvd, Ste 104
Oklahoma City, OK 73112
405-254.3994
office@dbsaok.org
dbsaok.org

Find us on Facebook @dbsaok

Our Mission

To provide hope, help, education, and support to improve the lives of people with mental health disorders.

We've been there. We can help.

George Crooks– Executive Director
Jeannie Huey - Office Manager

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The Role of Psychotherapy and Cognitive Therapy In Recovering From Depression
Ed Beckham, Ph.D.

Cognitive therapy not only aims at getting a person out of their depression but also aims at helping them to avoid unnecessary, illogical negative thoughts in their life in general.

Cognitive therapy also aims to reduce relapse back into depression. By working on a basic, underlying problem persons are less likely to go back into depression when there is a stressful event in their life.

Cognitive therapy is also likely to open up new possibilities for happiness and self-actualization. Cognitive therapy does not produce happiness, but it can help to eliminate certain negative, oppressive mental processes, which suppress and impede happiness.
Using cognitive therapy does not mean that we avoid using medication. Often medication is used with it, particularly if the depression is moderately severe or severe. Sometimes, I will wait to see if a person is responding to cognitive therapy before referring for medication. However, when there is a diagnosis of Bipolar Disorder, I almost always immediately refer for pharmacotherapy. Medication can make cognitive therapy work more effectively by reducing the numbers of automatic negative thoughts that a person is having.

Doing cognitive therapy also does not rule out the possibility of working on interpersonal relationships, which is another form of psychotherapy. I find it almost impossible to do cognitive therapy without doing some interpersonal therapy as well. I find that using cognitive behavioral therapy provides an excellent jumping off point into a variety of therapy issues beyond just negative thinking.

In cognitive therapy, we work on reducing negative thoughts about self, world, and future. We work on reducing feelings of self-blame and feelings of low self-worth. Depressed persons often seem themselves as "bad, worthless, different, inferior," and so on. These excessive negative thoughts are often part of a core of their depression. Sometimes, we also work on negative thoughts which blame other people. A tendency to blame one's self and put one's self down is sometimes mirrored in an equal tendency to blame others and put them down. They can be flip sides of the same coin of negative thinking.

Oftentimes, a certain amount of anxiety is also present in the person's depression. Anxious negative thoughts tend to deal with the future and with worry. Oftentimes, these are referred to as "fortune-telling thoughts" or "catastrophizing thoughts."

Early in the process of cognitive therapy, it is important to help the person understand they are not bad or weak for being depressed. Such self- blame only increases the degree of their problems and depression. As long as the person is depressed about being depressed, i.e., feels guilty or inferior for being depressed, it is very difficult to make progress.

Some forms of depression are milder and may not need medication. Other forms are more severe and may absolutely require medication before there can be any progress. When there is any evidence of a severe biological depression, I try to explain this to the patient to help them understand what their brain is going through and that it is not their fault. I often show the person a PET scan of depression on the internet to show them that this is a physical disorder.

Since there are different degrees of depression, it can be confusing just to use the term "depression." "Depression" can mean a feeling, but it can also refer to a full clinical syndrome. A full clinical syndrome would consist of changes in appetite, sleep, energy, feelings of guilt and worthlessness, loss of interest, difficulty concentrating, suicidal thoughts, moving slowly, and so on. Because of the terminology problem, family and friends may not understand the true nature of what the patient is going through. They may tell the person to snap out of it, which may make the person feel guilty and inadequate.

One of the issues that comes up is how psychotherapy can be helpful if depression is biological. One answer to this is that psychotherapy helps to take strain off of the person. Emotional stress and strain cause the body to produce stress chemicals, such as cortisol. These have a physical chemical effect on the brain. The brain needs to heal, and for the brain to heal properly, these chemical processes need to be reversed. Psychotherapy can help reduce stress, and this has a physically healing effect in the brain.

Another way of thinking about this is to imagine a car with a bad suspension system. When it hits bumps, it begins to rock up and down uncontrollably. Medication helps to improve the suspension system, so to speak, in the body. Psychotherapy helps a person to learn to drive around the bumps and not hit them in the first place.

The negative thoughts in depression tend to be caused by the syndrome, but also tend to cause depression. Thus, there is a circular process of negative thinking causing depression and depression causing negative thinking. There are probably a variety of circular processes that occur in depression. For example, poor sleep is likely to lead to depression in some persons, bur depression also tends to lead to insomnia. A lack of vigorous physical activity may make a person more prone to depression, but depression also tends to make us withdraw from physical activity. Poor nutrition may contribute to depression, but depression also tends to make us want to eat less. A lack of pleasant, positive events in our lives may lead to depression, but depression also tends to make us withdraw from positive, pleasant events. Being unassertive may lead to negative events that cause depression, but depression also tends to make us less assertive. Having a lack of healthy interpersonal interactions may lead to depression, but depression also tends to lead to a lack of interpersonal interactions. Thus, there are probably a variety of circular processes that need to have some type of intervention when a person is in psychotherapy.

Nelson Mandela

"Do not judge me by my success, judge me by how many times I fell down and got back up again."

My Own Recovery Story
By George Crooks

I am telling my relapse/recovery story in hopes it might help others. After 5 successful years of staying on top of my health, I suffered a relapse. I had been taking pain medication for back pain and I suspect this contributed to my mania. I spent about four weeks in the hospital, adjusting medications and getting on the road to recovery. I learned two very important things over the course of this treatment.

- Be very careful taking strong pain medications with strong psychotropic drugs. They can interact with each other.
- Never take for granted that you are cured, as you must always be mindful of the necessity of proper food, exercise, and medications.

It is important to work very closely with your doctors when you take new medications.

From the executive director

Several New Support Groups started:

- Tulsa Denver House
- Diversity Center LGBTQ+
- City Care Homeless Alliance

October 7-13 is Mental Illness Awareness week. Many area organizations have activities planned to celebrate.

DBSA Board meets October 16 at the office suite 104.

Facilitator's will meet October 17 at the office site 117. Lori Osborn (CIT) will be the speaker.

Next Facilitator Training is scheduled for October 17, 1-4 PM suite 104. Please RSVP if interested.

Pursuing the idea of starting monthly meetings at a senior living center with a piano player and other activities.

Annual Dinner/Silent Action may be planned for next May.

New support groups

DBSA strives to reach out to those populations that are unreached. We are pursuing the possibility of starting the following groups:

- Prisons
- Faith Based
- Senior Citizens
- LGBTQ+
- Homeless
- PTSD

If you have any interest in taking our free facilitator training and maybe starting a group please let us know. Either email office@dbdsaok.org or call 405-254-3994. We would love to hear from you.

What can I do?

D	Donate	Encourage others to do the same.
B	Break the stigma	Educate; increase awareness. Tell your story.
S	Spread the word	DBSA is here, we can help.
A	Advocate	Ask legislators to support mental health issues.

Maya Angelou

"I can be changed by what happens to me. But I refuse to be reduced by it."

Calendar of events

Please mark these dates on your calendar

October

4, 11, 18, 25	Creative Expressions
7-13th	Mental Health Awareness Week
16	Board Meeting
17	Summit
26	Movie Night

November

1, 8, 15, 22, 29	Creative Expressions
12th	Veteran's Day
17	Facilitator Training
22-23rd	Thanksgiving

December

7,14,21,28	Creative Expressions
2	NAMI Walk
12	Board Meeting
24-25	Christmas
31st	New Year's Eve

Depression and Bipolar Support Alliance of Oklahoma
3000 United Founders Boulevard, Suite 104
Oklahoma City, OK 73112
405-254-3994
dbsaok.org

CONFIDENTIAL AND FREE PEER SUPPORT GROUPS
If you cannot reach the contact person please call 405-254-3994
To ensure you have the most up-to-date listing please visit dbsaok.org/support

Updated Sept 25, 2018

Ada
Compassion Outreach Center
1124 Cradduck Rd
Monday 7:00 PM
Contact JR
405-331-0700

Bethany
Bethany Church of Christ
3301 N. Rockwell
Thursday 7:00 PM
Contact Iva 405-373-0059
Contact2 Cynthia 405-639-9623

Edmond
Edmond Public Library
10 S. Boulevard
Saturday 3:00 PM
Contact Charlie 405-745-3270
Contact 2 Sarah 405-254-3994

Seventh Day Adventist Church
4701 E. Danforth Rd.
Wednesday 7:00 PM
Child care available
Contact Van 405-313-4378

Lawton – Southwest
Lawton Public Library
110 SW 4th St.
Monday 6:30
Contact Laura 580-536-1251
Contact 2 John 580-483-4942

Midwest City
Eastside Church of Christ
916 S. Douglas
Tuesday 6:30
Contact Dawn 405-464-5252
Contact 2 Diane 405-679-5214

Norman
McFarlin Methodist Church, Rm. 229
419 S. University Blvd.
Thursday 7:00 PM
Contact Diane 405-503-1948
Contact 2 Ricky 405-625-4066

Oklahoma City
City Care OKC Day Shelter
1729 NW 3rd Street
Monday 10:00 AM

Crossings Church
14600 N. Portland Ave.
Monday 6:30 PM
Contact Joe 405-254-3994

Diversity Center of Oklahoma
LGBTQ+ Support Group
2242 NW 39th St.
Wednesday 6:30 PM
Contact Lee 405-706-7305

Lottie House Drop In Center 1
1311 N. Lottie
Saturday 2:00 PM

Lottie House Drop In Center 2
1311 N. Lottie
Tuesday Noon
Contact Bianca 405-600-3074

OCARTA/OCCIC Drop In Center
2808 NW 31st St.
Tuesday 3:00 PM
Contact Tyler 405-436-4083
Contact 2 Brandi 405-848-7555

State Office
3000 United Founders Blvd., Ste. 104
Wednesday Noon
Contact Neil 405-368-5459

Shawnee
The Refuge
309 N. Pesotum
Thursday 5:30 PM
Contact Lori (405) 434-9425

Stillwater
First Presbyterian Church
524 Duncan
Tuesday 6:30 PM
Contact Karen 405-624-1518
Contact 2 Bob 405-285-1233

Tahlequah
First Christian Church
2111 Mahaney Ave.
Thursday 7:00 PM
Contact Johnny 918-207-8366

Tulsa
Denver House
252 W 17th Pl.
Saturday 12:30 PM
Contact Lynn 515-975-3957

Yukon
First Christian Church
601 Maple
Tuesday 7:00 PM
Contact Renee 405-209-7477
Contact2 Iva 405-373-0059

If there is not a group near you, please call us at 405-254-3994. We will work to create a support group in your community.

We've been there. We can help.

The phone numbers listed are personal numbers of DBSA volunteers.
Please be considerate of the time and day you call
These phone numbers are NOT crisis numbers. If you have an emergency call 911