

Accounting For Time

The way we use time to our advantage is a major difference between Bipolar IN Order and any other paradigm. While we all accept the importance of recognizing behaviors, our states, and having tools to lower the intensity, only Bipolar IN Order accounts for time as the most critical component. Our sophisticated approach to time is where we deviate from the old paradigm that basically sees time as a negative influence.

You need to look no further than the DSM or the goals of treatment to understand the old approach to time. While the DSM uses an arbitrary number of days before giving the diagnosis of depression or mania, the goal of treatment is to marginally shorten the length of time one is manic or depressed and to marginally lengthen the time in remission. All of the systems and tools in place before Bipolar IN Order were designed for those twin goals.

Bipolar IN Order takes a completely different approach. Since the scientific consensus is that permanent remission is not possible, we seek to extend the time that we can stay in order during mania and depression. We also strive to stay IN Order in the full range that we are likely to experience. It takes a completely different approach to time to accomplish those goals, but the outcome is far superior; we no longer experience bipolar as a disorder in our lives.

One of the amazing things is that we can accomplish our superior results using mostly the same tools. The difference is when we use them. While the old systems use the tools both before and immediately upon entering depression or mania, we time our usage in a very sophisticated way.



The above illustration is commonly used to show the relation between time and intensity. The most intense manias are at the top of the chart and the deepest depressions are at the bottom. As we move through time, bipolar cycles from mania to depression and back to mania again at a certain frequency. Many people run

through a single cycle one time per year. Cycles faster than that are considered rapid cycling, and that can be as fast as multiple times per day.

Not everyone cycles to the highest mania in the deepest depression of course. Some people only have hypomanic cycles along with their deep depressions, while others have hypo depression and extreme manias. If we mapped out a lifetime of cycles for every individual they would be like snowflakes; no two would be alike.



If we look at time a little more deeply, we see that it's not a pure sine wave when we look at the cycles. As a matter of fact, it's not even considered mania or depression unless you stay in that elevated state for a certain length of time. This is especially true during the period between cycles that we generally call remission. It is very common for people to spend more time in remission than both mania and depression combined.

The ultimate goal of the old paradigm of treatment is to get to a permanent state of remission. But the National Institute Of Mental Health has already proven in their Step BD study that remission is generally not possible for the vast majority of people. The more realistic goal is to try to extend the length of time one is in remission and shorten the length of time one is in mania or depression. For the most part, the changes are pretty marginal in both areas. They also hope to lower the intensity of mania or depression when either occurs, but that too is only marginally effective.

Considering the tremendous pain involved in bipolar disorder, it is a worthy goal to try to accomplish the time and intensity changes and a tremendous accomplishment for those that do. The problem is the person is disabled or worse every time a cycle returns even if they can point out how much better they are at handling it each time. Those that achieve such results are certainly not talking about Bipolar being an advantage nor exhibiting the outcomes we are creating with Bipolar IN Order.

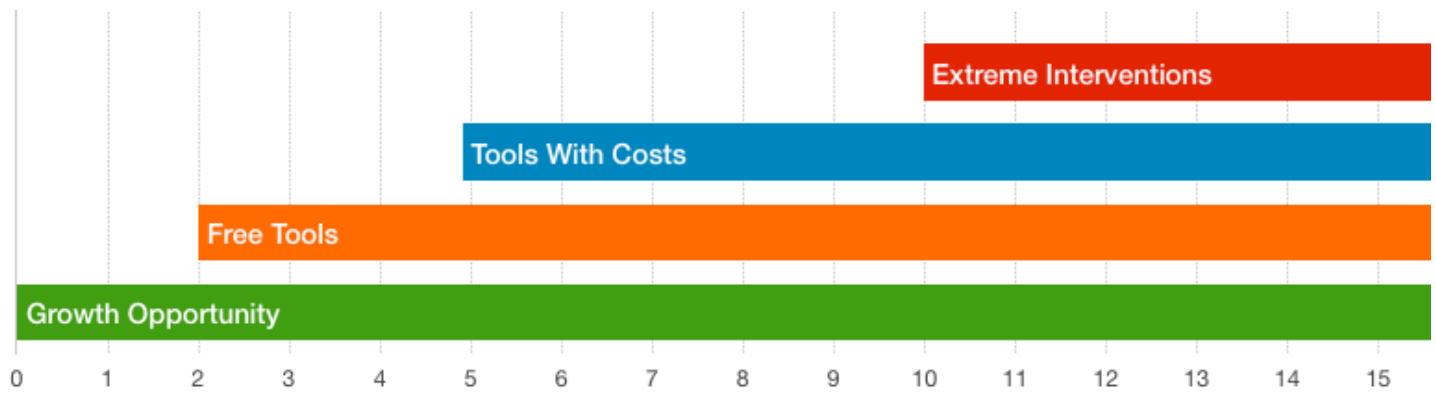
We need a far more sophisticated and nuanced view of the relationship between time, intensity, and functionality if we are to accomplish Bipolar IN Order. Such a view does not negate the above understanding, but builds upon it.

We will learn that when to use the tool is far more important than which tool to use.

Behaviors	IN Order	Dis-Ordered	Out-Of-Control
States	Inside Comfort Zone	Slightly Outside Comfort Zone	Way Outside Comfort Zone
Tools	Free	With Costs	Extreme Interventions

Please recall that there are three types of behaviors we are concerned with: in order, dis-ordered, and out-of-control. In an untrained person these three behaviors match closely to inside the comfort zone, slightly outside of the comfort zone, and way outside of the comfort zone. Remember also that the goal is not only to expand our comfort zone, but to have IN-Ordered behaviors no matter where we are on the spectrum of intensity. We have also developed three levels of tools: free tools, tools with costs, and extreme interventions.

Remember also that many of the free tools, and even some of the paid tools, have dual roles. They can be used prophylactically or to maintain general health, but they can also be used specifically to lower the intensity of states at certain times. Please be sure to keep that distinction in mind when developing your accounting for time plan.



Regardless of the passage of time, our behavior is a clear trigger that it's time to escalate the level of tools we are using. If we are to succeed at achieving Bipolar IN Order we must be very strict in this regard. Any indication of even minor disordered behavior needs to be an immediate trigger to using the next level of tools. This rule must supersede any consideration of time that we talk about from now on.

People still stuck in the old paradigm would say that you should use the free and even the paid tools the moment they get slightly outside of their comfort zone. Because they are uncomfortable and recognize the danger inherent in the state, they think the best course of action is to lower the intensity right away. While that is certainly true when one is way outside of the comfort zone (and perhaps even escalate to extreme interventions), one will never get to Bipolar IN Order without allowing at least some time to practice actually functioning in the state without lowering intensity.

The Bipolar IN Order paradigm is to have a clear understanding of the cyclical nature and the time it usually takes before slightly outside the comfort zone usually escalates in intensity or disordered behaviors intrude. Let's say for illustration purposes that that time is usually three days. Even if that time was only three minutes the exact same concept still applies. However long that time is, there is a clear window of opportunity to practice being in the state before using tools to lower the intensity.

In our three day example, the prudent approach would be to give yourself one full day before even using the free tools to lower the intensity. If we start using the free tools at the beginning of the second day we still have two days to get those tools to work before being in any danger. During that first day we will be extra vigilant that our behavior remains in order because if there's any moment of disorder we will immediately start using the free tools. If the behavior is extreme enough to warrant a greater intervention we may even escalate to the paid tools or even the extreme interventions.

Assuming our behavior is in order and we are using the free tools we still want to be cognizant of the passage of time and the danger inherent in it. If the free tools have not lowered the intensity by the third day we want to begin taking the paid tools as they will have a more powerful effect on lowering the intensity.

We also need to building a failsafe mechanism. Even though our behavior is still IN Order, the danger of allowing too much time to pass is too great to ignore it. We need to set a hard limit on how long were going to allow a particular intensity to remain. If three days is the normal time of escalation we should say that if we make it to 10 days we should immediately start using the more extreme interventions and guarantee both our safety and the lowering of intensity.

Someone who cycles from mania to depression within 24 hours will probably not need the extreme intervention, and perhaps not even the paid tools, but will still follow a similar routine. The advantage is he/she is pretty sure of the ability to hang on long enough for the state to change. The practice during rapid escalation of intensity is to see how far one can remain in order in an attempt to expand the range while it's happening.

Once one can successfully go full day and then use the free tools to lower the intensity it is time to lengthen the amount of time for the next cycle. One might decide to go two days before starting the free tools, four days before the paid tools and two weeks before the extreme intervention. As one becomes comfortable with that timeframe it is time to move the goalposts further out.

When you can go for two or three weeks while remaining in order and not needing to lower the intensity, you will find that your comfort zone now includes that state. Slightly outside of your comfort zone now becomes something that previously may have been way outside of the comfort zone. You may decide to expand the comfort zone even further by repeating the process or you may decide that you have the tools to lower the intensity and it's just not worth allowing intensities beyond that to happen. In either case you're beginning to understand what Bipolar IN Order means.

Once you build the framework for the plan it is best to share it with your doctor, your therapist, your family and friends, and any other team members that you have. They may have valuable input that helps you to refine the plan and ensure not only its effectiveness but it's safety. That is also a great way to get their continued support and their tolerance for the times where you may slip up a little bit.

The most important element of this plan is very strict guidelines and a strong commitment to stay with them. It is too easy for us to fool ourselves into thinking that

we have it all under control and allow it to prolong to the point that we put ourselves in danger. If we carefully construct a plan and are very strict in following it we will soon enough find ourselves functioning in the states that were once considered impossible.