



**FIGURE 7.1.** Handout on symptoms of mania.

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### Medication Adherence Rating Scale (Self-Administered)

For the following questions, please circle Y (“Yes”) or N (“No”) based on the last week.

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|---|---|---|
| 1. Do you ever forget to take your medication?                                      | Y | N |
| 2. Are you careless at times about taking your medication?                          | Y | N |
| 3. When you feel better, do you sometimes stop taking your medication?              | Y | N |
| 4. Sometimes if you feel worse when you take the medication, do you stop taking it? | Y | N |
| 5. I take my medication only when I am sick.  | Y | N |
| 6. It is unnatural for my mind and body to be controlled by medication.             | Y | N |
| 7. My thoughts are clearer on medication.   | Y | N |
| 8. By staying on medication, I can prevent getting sick.                            | Y | N |
| 9. I feel weird, like a “zombie” on medication.                                     | Y | N |
| 10. Medication makes me feel tired and sluggish.                                    | Y | N |

### Brief Adherence Rating Scale (Clinician-Administered)

Pose the following three questions to patients about their knowledge of the medication regimen.

1. What is the number of doses of each medication you’re supposed to take each day?
2. How many days in the past month did you not take the prescribed doses?
3. How many days in the past month did you take less than the prescribed dose?

If patients have trouble recalling the number of days, ask them to give you an estimate of the percentage of days in the last month, where 0 = *none of the days* and 100% = *all of the days*.

**FIGURE 8.1.** Self-report instruments for identifying nonadherence. The Medication Adherence Rating Scale is from K. Thompson et al.<sup>11</sup> *Schizophrenia Research*. 2000;42(3):241–247. Copyright 2000 by Elsevier. Reprinted by permission. The Brief Adherence Rating Scale is from M. J. Byerly et al.<sup>12</sup> *Schizophrenia Research*. 2008; 100(1–3): 60–69. Copyright 2008 by Elsevier. Reprinted by permission.

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- “Do you have very morbid thoughts about dying or, more specifically about ending your life?”
- “Do you ever feel that the world or your family would be better off without you?”
- “When you get really depressed, do you ever think about killing yourself or hurting yourself?”
- “Some people, especially when they get depressed, think about suicide, even though they might not think about this in other moods. How has it been for you—are you thinking about killing yourself now?”
- “How would you do it? Prompts: do you own a gun? Overdose? Hanging, jumping?”
- “Have you ever tried to kill yourself before? How about intentionally harming yourself, even if you didn’t really want to die? Ever cut/burn yourself because you were feeling so bad?”
- “Have you made any specific plans? Can you tell me about them?” (If a family member is present, offer the patient the chance to talk with you without the relative present.)
- “Why would you want to do this? What motivates these thoughts?”
- To family members: “Are you worried that she’ll hurt or kill herself? Why now?”

**FIGURE 10.1.** Questions to clarify a patient’s suicide risk.

1. List the patient's *early warning signs* of a recent suicidal episode (e.g., sleep disturbance, anxiety, panic, lethargy, mood cycling, anhedonia, insomnia, psychotic thinking, hopelessness cognitions).

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2. List *risk factors* in the patient's illness history and any recent psychosocial factors or life events that may be contributing to the current state: history of suicide attempts, availability of lethal means of self-harm, specific suicide plans that involve precautions against discovery, history of impulsive or aggressive behaviors, substance/ alcohol abuse, social isolation, recent loss or change events.

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3. List *current protective factors* that may mitigate the likelihood of a suicide attempt (e.g., patient expresses hopefulness; acknowledges responsibility to spouse, children, parents, or pets; describes strong and protective social or familial network; fears social disapproval for suicide attempts; fears the suicide act itself; has religious or spiritual beliefs; expresses a commitment to follow a crisis intervention plan).

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4. *Chain analysis*. Using the most recent suicidal act or period of ideation as an example, list the chain of events, thoughts, and feelings that led up to, and that followed this act or period.

Antecedent events:

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Behaviors (i.e., What did the patient do when the antecedents occurred? When and under what circumstances did the suicidal act/impulse occur?):

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Consequences (i.e., What happened after the patient made the attempt or had suicidal impulses? How did others react?):

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**FIGURE 10.2.** Suicide prevention plan: Assessment phase. From M. M. Linehan et al.<sup>25</sup> *Cognitive and Behavioral Practice*, 2012;19:218–232. Copyright 2012 by Elsevier. Adapted by permission.

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Describe the feeling state that often accompanies feeling suicidal (depression? anxiety? irritability or anger?). \_\_\_\_\_

Place a checkmark next to those strategies you can use when you have depression, anxiety, or suicidal thoughts or impulses.

Meditation exercises that involve attention to the body and breathing

Progressive muscle relaxation (may involve self-instructional tapes)

Prayer (or attending church/temple)

Exercise (specify type: \_\_\_\_\_)

Challenging negative thinking, writing down adaptive thoughts

Review my reasons for wanting to stay alive

Contact my therapist (phone numbers: \_\_\_\_\_)

Contact my psychiatrist (phone numbers: \_\_\_\_\_)

Call or text a friend (potential names and contact information: \_\_\_\_\_  
\_\_\_\_\_)

Call a family member (names and contact information: \_\_\_\_\_  
\_\_\_\_\_)

Spend time with pets

Spend time with children

Computer/Internet (video games, Facebook, etc.)

Take shower, bath, sauna

Other strategies

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FIGURE 10.3.** Strategies for improving the moment.

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Check the statements below that indicate why you would *not* commit suicide if the thought were to occur to you or if someone were to suggest it to you.

- I have a responsibility and commitment to my family.
- I believe I can learn to adjust to, or cope with, my problems.
- I believe I have control over my life and destiny.
- I believe only God has the right to end a life.
- I am afraid of death.
- I want to watch my children as they grow.
- I have future plans I am looking forward to carrying out.
- No matter how bad I feel, I know that it will not last.
- It would not be fair to leave the children for others to take care of.
- My religious beliefs forbid it.
- It would hurt my family too much and I would not want them to suffer.
- I am concerned about what others would think of me.
- I consider it morally wrong.
- I am afraid of the actual act of killing myself (the pain, blood, violence).
- I still have many things left to do.
- I would not want my family to feel guilty afterward.

List other reasons for living:

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**FIGURE 10.4.** Reasons for Living Inventory. From M. M. Linehan et al.<sup>50</sup> *Journal of Consulting and Clinical Psychology*. 1983;51:276–286. Copyright 1983 by the American Psychological Association. Adapted by permission.

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