

Offensive Not Defensive.

Developed by Mara Briere, MA, Certified Family Life Educator, Based on the work of Nancy Pizzo Boucher

- I. When our loved ones are stable:
 - A. Start with each of you agreeing that it is in your mutual best interests to defuse episodes before they become unmanageable.
 - B. Find out which strategies, if any, they are aware of that might be helpful.
 - C. Approach with an attitude of curiosity and respect.
 - D. Agree on what symptoms may look like from each of your perspectives without judgment or criticism. *If your loved one perceives your observations as an attack, refrain from sharing them however document them in some form so that YOU remember when you see what you see.*
 - E. Emergency plans.

II. Leading Tools/Communication

- A. LEAP: Listen- Empathize- Agree-Partner. Communication strategies developed by Dr. Xander Amador and featured in the book, *I am not sick, I don't need help.*



This approach enables partners and family members to learn how to listen in such a way that conveys respect for the other's point of view, without judgment. The result is an immediate lowering of tension, anger, and defensiveness. As you convey genuine understanding, empathy and respect for someone's point of view, even when you disagree with it, you are free to find common ground on which you can partner. And suddenly, your opinions and advice start to matter a great deal.

- B. Centre for Clinical Interventions Worksheets: A useful tool for engaging in a basic discussion about "Self-Management"

1. What are the signs that tell me that I am becoming unwell (depressed or manic) and need to do something about myself?
2. What can I do to prevent myself from becoming unwell?
3. What situations are potential problems for me?
4. What are some things my friends/family may say to me if I am becoming unwell?
5. How can I respond to what they say?
6. What strategies/techniques have I found most helpful & would continue to practice?

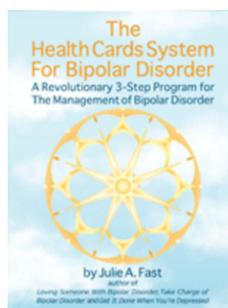
- III. Introduce one of the following systems for symptom management (whichever is most comfortable for YOU since YOU will be the one implementing it!).



A. WRAP: Wellness Recovery Action Plan (Copeland, 2011). ...is a self-designed prevention and wellness process that anyone can use to get well, stay well and make their life the way they want it to be. It was developed in 1997...and is now used extensively by people in all kinds of circumstances, and by health care and mental health systems all over the world to address all kinds of physical, mental health, and life issues.

WRAP has been studied extensively in rigorous research projects and is listed in the National Registry of Evidence-based Programs and Practices.

- B. Health Cards System (Fast, 2011). This is a phenomenal resource: As is noted on the website:



It is 129 pages of the best investment... for a clear understanding of the management of bipolar disorder. Used by hundreds of thousands of people around the world, the system is clearly explained, easy to implement and guarantees ... bipolar disorder symptoms will be cut by 50% or more.

The *Health Cards System for Bipolar Disorder* also teaches partners and family members how to improve communication with their loved one and assist them in maintaining stability. The system works for adults, teenagers and young children with the illness, though children need parental assistance.

- C. Feedback Loop (67-70)

1. Use few words.
2. When stable, review options together and scale level of helpfulness.
3. Use close-ended format of questions. Example: "Are you feeling crappy, okay, or good today?" vs. "How are you feeling?"
4. Ask permission before offering your opinion.
5. Create a routine in a neutral location around feedback, for example, weekly at a coffee place.
6. Reassurance and encouragement notes and messages go a long way.

7. If overstimulated, reduce stimulation by asking your loved one to close eyes and just listen to the sound of your voice.
8. Sometimes writing feedback is better.

D. Interrupting Delusions (73)

1. It is *state dependent*. In other words, one cannot be drunk and sober at the same time. One cannot be clear and delusional at the same time.
2. Separate from loved one. Ask for using management tools, and call when clear-headed again.
3. Respond to delusional queries with one-word answers. “Are you Hitler?” “No.” Reduce discussion to basic, one-word responses.
4. Preventatively, Boucher recommends reinforcing with their son, if he’s having trouble with distinguishing what is going on inside or outside brain, trust family/loved ones to give a reality check.
5. When following up, it helps to integrate humor.

E. Defensive Not Offensive Worksheet

F. Safety Plans: <https://growstrongfamily.org/safety/>

G. Crisis Intervention:

1. In MA: <https://growstrongfamily.org/emergency-psychiatric-services/>
2. Mental Illness Triangle by Nancy Pizzo Bucher MUST HAVE!

H. Tips for when even the best laid plans fail:

- A. Stick to your “normal” routines as much as you can
1. Eat and drink in moderation
 2. Plan on exercise; build in “nature” time.
 3. Make sure you have a Plan B and a Plan C in place for the unexpected
 4. Keep music that you love on hand and listen to it when needing to
 5. Prioritize your time, activities, and commitments (do what you want to and can)
 6. Take good, loving care of yourself!

Resources are on our webpages:

<https://growstrongfamily.org/self-care/defensive-not-offensive/>

<https://growstrongfamily.org/safety-4-behavioral-health/>

<https://growstrongfamily.org/coping-when-symptomatic/>