

Bipolar I disorder

Preparing a Bipolar I Care Conversation

Adults | 10 to 15 minutes

Bipolar I disorder includes manic episodes and requires professional assessment and ongoing care. This page does not determine whether a period was mania. It helps you bring a clear example and discuss how to recognize concerning changes with your care team.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Describe changes from baseline

Choose a period with unusual energy, activity, irritability, or reduced need for sleep. Note effects on judgment, relationships, work, or safety. Include information from a trusted person only with appropriate permission.

Agree on early contact

Ask which changes should prompt a call, who to contact outside office hours, and what support you want others to offer. Marked sleep loss, escalating activation, psychotic experiences, or unsafe behavior may need prompt professional evaluation.

1. What period seemed clearly different from your usual sleep, energy, activity, or judgment?**2. What consequences or concerns were noticed by you or an agreed support person?****3. What changes should trigger contact with your care team, according to your clinician?****4. What treatment, medication, or support question do you want answered before leaving the appointment?****Clinical use and adaptation**

Do not diagnose mania from productivity or a single sleep change. Assess acute risk, psychosis, substances, and medical causes. Avoid activation assignments during possible elevation and never suggest independent medication changes. Support collaborative follow-up and consent-based involvement.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: E02, E23. Full sources are in the online preview and collection appendix.

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October 2026 | TOP108-STARTER