The 10 Deadly Mistakes People Make Helping and Supporting Someone with Bipolar Disorder
My name is David Oliver. Like you, I'm all too aware of the devastation that bipolar disorder can cause in a family. How do I know? Because my mother has been suffering from bipolar disorder for much of her life. My family made many mistakes in the way that we handled my mother’s problem until I decided to do something about it and find a way to help my mother and the millions of other individuals and families who live with bipolar disorder.

To understand what I've done and what I’m still trying to accomplish, I need to provide you with some background information about my family and me. As I stated earlier, my mother has had bipolar disorder for most of her life. As I was growing up, I remember witnessing some of her depressive and manic episodes. My family didn’t talk about them or the disorder. Instead, we pretended nothing was wrong and left my mother with the responsibility of finding help on her own. That was one of the biggest mistakes my family made.

Now let’s fast-forward to May of 2003. I began noticing that my mother seemed to be angry a lot. She also stopped sleeping normally and started spending more time by herself. When I talked to her, I realized she was also becoming increasingly paranoid. For example, I asked her, “How’s the lawn doing?” and she immediately assumed that I was saying the lawn looked horrible and needed to be completely redone. These, of course, are all signs of a bipolar episode, but none of my family members did anything about them. We expected things to get better on their own. But they didn’t.

By November, she was worse. She’d been visiting my brother at his house, and they’d gotten into a heated conflict. Her symptoms were becoming worse, but we still just assumed everything would work itself out.

A month later, my mother wasn’t sleeping or eating. She refused to leave her room, and we began to realize something needed to be done. The problem was we had no clue about what to do. She was already in a full-blown bipolar episode, but not even my father understood what steps to take in order to help my mother.

In January of 2004, things escalated even further. She was yelling at me three times a day and saying hurtful things like, “I don’t even want you to be my son anymore.” I decided she needed to go to the hospital, but she refused. She claimed her support network didn’t think she needed to go to the hospital, but I found out that wasn’t true. I reasoned and argued with her, but nothing worked! Finally, I stumbled on an approach that did work, and I convinced her to go to the hospital after two hours of trying.

After I’d gotten her to agree to go to the hospital, my father and I realized that we didn’t even know which hospital she needed to go to or even who her doctor was! We searched through the house and finally found the doctor’s business card. My dad called him, then he and my mother went to the hospital.
I didn’t go with them. I was too emotionally and physically exhausted at that point from trying to help my mother deal with a disorder that I didn’t even understand. That’s when I realized that we should have understood it, especially since my brother and I had been dealing with the problem for our entire lives.

At that moment, I decided to find out as much as I could about bipolar disorder, so that I could educate myself and so that I could more effectively help my mother. I stopped first at the library and asked the librarian for books on manic depression, which is what my father had always called my mother’s problem. The librarian informed me that the problem was now called “bipolar disorder.” That showed me just how out of the loop my family was. We’d been dealing with the problem for years and didn’t even realize that the terminology had changed!

Anyway, to make a long story short, I made learning about bipolar disorder a top priority. I took off from work for nine months so that I could devote myself entirely to my research. I talked to dozens of medical professionals, attended support groups, read almost every book available, and did everything possible to find out more about bipolar disorder.

After those nine months were over, I was able to use that information to help get my mother on the right track and to start putting a plan together that would make it easier for us to deal with future episodes when they occurred. All my hard work paid off. Look at the differences in my mom’s life before I did my research and after...

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<th>Mom <strong>Before System</strong></th>
<th>Mom <strong>Today</strong> with System in Place</th>
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<td>• Bad doctor</td>
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While I was glad to have helped my mother, I had also realized during my research that there simply were no books available to help the supporters of people with bipolar disorder. I’d also learned from firsthand experience that a book like that was desperately needed.

To fill that need, I put together all of my research and developed a “course” just for bipolar supporters, which would give supporters the tools we needed to effectively help the people we love. As I talked to more and more people who had bipolar disorder or who were supporting someone who did, I learned about other information needed both
by survivors of bipolar disorder and their supporters. For example, they needed to learn how to restore their credit, reduce their debt, buy a car, buy a house, and find a good doctor or therapist. In response to those questions, I began to build this website, so that it included more and more of the information people needed to cope with bipolar disorder themselves or support a loved one with bipolar disorder.

As you can see, my site has grown to include a lot of helpful information. Today my organization is not only the biggest site online related to bipolar disorder, but also the fastest growing. If you type the word **bipolar** into your Google.com search engine, my site is returned as one of the top sites. And there’s a good reason for that: My materials include more than 2000 pages of information based on reality and real-life experiences—not just theory. With some 11 people on staff who have a mental illness and are successful in life, my organization is well equipped to provide you with the quality information you need to cope with bipolar disorder yourself or to support a loved one who has it.

My sincere hope is that my programs and website will continue to help people learn about bipolar disorder quickly, so that they don’t spend decades in the dark like my family did. I want them to be able to use what I’ve learned to make their own lives better for themselves and their loved ones with bipolar disorder, just as I was able to do with my family. I want other people to use my research to get the same positive results with their loved ones as I achieved with my mom.
Bipolar disorder affects up to 22,500,000 (twenty-two million, five hundred thousand) people in the United States alone. That’s almost 10 percent of the U.S. population. Help educate people by spreading this special report. Find 7 or more people you know who can benefit and forward it to them. Please do so right now.
Why This Report?

Did you know that 4.4 percent of American adults has a form of bipolar disorder?\(^1\) At this time, the U.S. census reports the adult population at 210 million,\(^2\) so that means that over 9 million adults have bipolar disorder right now. That’s why most of the information published is directed toward people who have the disorder.

What about the supporters of these people, though? If we were to assume that there are two, or even three, supporters (family, friends, co-workers, etc.) for every individual with bipolar disorder, we could be talking about over 22.5 million people! That’s more than 10% of the adult population! And there is very little information published for them—especially information telling them what they are doing wrong.

That’s why this Special Report is so crucial. There are ten deadly mistakes that people who are supporting a loved one with bipolar disorder are making, and they are not even aware of these mistakes!

The bad news is that, without knowledge of these mistakes, their loved one can become hurt because of it, and possibly even die. The good news is that, with the knowledge contained in this Special Report, the supporter can at least make a positive start toward correcting the problems.

Following are the ten deadly mistakes that people make helping and supporting someone with bipolar disorder.

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\(^2\) [http://www.census.gov/](http://www.census.gov/)
MISTAKE #1

They fail to acknowledge that bipolar disorder is a serious disorder, and that they need to stand up to it.

Bipolar disorder has been a recognized mental illness since the second century. A researcher at the time in modern-day Turkey wrote about many of the symptoms of both depressive and manic episodes and about the link between the two.

During the 1970s, the disorder was recognized as a legitimate illness, and laws were passed to help those who were diagnosed with the problem. Then, in 1980, the illness became known as bipolar disorder instead of manic depression.

Bipolar disorder is a real illness, one that affects approximately 13 million American adults in a given year.

Unfortunately, many supporters don’t recognize the potential severity of bipolar disorder. The National Institute of Mental Health (NIMH) states that as many as one in five patients with bipolar disorder completes suicide. In other words, bipolar disorder can lead to suicide in approximately 20 percent of cases.

So, to crunch our numbers again, as we did in the first paragraph of this special report, that is 2 out of every 10 people who have the disorder yet are improperly treated (i.e., go off their medication)—or over 2.6 million people who will die by their own hand.

Being a real illness, bipolar disorder needs to be treated as such. Proper treatment (medication, therapy, etc.) is mandatory, as the disorder is absolutely fatal to an unstable person.

Bipolar supporters need to stand up to the disorder and take control over it.

A bipolar supporter once said, “Bipolar is not contagious. But it does affect everyone who surrounds the person, everyone who comes in contact with them.” No, you can’t “catch” bipolar disorder like the common cold, but if you are not careful, the disorder can take over your life and become the center of your attention.

No matter how hard it is to accept the truth, bipolar disorder is a recognized mental illness that is notoriously difficult to control, even with the right medications, and it does cause inappropriate behavior in the sufferer. The psychiatric community classifies it as a mood disorder, meaning that it expresses itself as an inability to control moods and emotions in a rational, orderly fashion.

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3 http://www.dbsalliance.org/site/PageServer?pagename=about_statistics_bipolar
4 http://www.postgradmed.com/issues/2005/02_05/comm_citrome.htm

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http://www.bipolarfreereport.com
Many people don’t realize it, but bipolar disorder is also a physical disorder. It’s caused by a chemical imbalance in the brain. Recognizing that it’s a physical, chemical imbalance outside of the control of the sufferer can serve as a comfort to those who are supporting a loved one with bipolar disorder, as well as the one suffering from it.

Think of it this way: If your loved one had a physical condition like diabetes, would you resent them or withhold support from them? No. You would help them get the medical treatment that they needed. The same principle should apply to treating bipolar disorder, since it is just as much a physical illness.

One of the ways to stand up to bipolar disorder is in your attitude towards it. Either you master it, or it will master you. For example, you can either think, “My loved one is bipolar,” or, “My loved one has bipolar disorder.” In the first instance, you are equating your loved one with the disorder, thus allowing the disorder to master them. In the second case, you put some distance between the disorder and your loved one, and you can help them to master the disorder.

You’ve heard the expression, “A whole is more than the sum of its parts,” haven’t you? Your loved one is more than the disorder that they have. In fact, they are made up of many more parts than just the bipolar disorder. Standing up to the disorder means that when you look at your loved one, you see past the disorder to all the wonderful parts that make up your loved one, to all the reasons why you love them in the first place.

Another way to stand up to bipolar disorder is to have a not-give-up attitude. To continually say to yourself that you are not going to give up on your loved one, no matter what the outside circumstances look like. That you will remain supportive. That you will stand by their side even while they are on the medication merry-go-round. That you will always believe that they will get better, even though right now they may be struggling through episodes. In other words, you have to be stronger than the disorder is—your loved one’s life depends on it.
MISTAKE #2
They fail to recognize how crucial MEDICATION is as a part of their loved one’s treatment plan.

It’s very simple. Without medication, your loved one may very well die. Up to 20 percent of those people with bipolar disorder who don’t get the proper treatment will kill themselves.\(^5\) Not may, not might—but will. Do you want your loved one to be one of those 1 in 5 people? Or that up to half of people with bipolar disorder make at least one suicide attempt?\(^6\)

It is absolutely crucial that your loved one find the right medication (or combination of medications) to control their bipolar disorder. This takes time, and too many give up before finding success.

Too many supporters fall into one of these traps:

- get tired of fighting with their loved one over taking their medication
- get tired of playing “policeman”
- trust their loved one to take their own medication
- fail to oversee them taking their medication
- fail to notice signs of their loved one not taking their medication
- find it easier not to confront their loved one about their medication

When the supporter falls into one of the above traps, they stop seeing to it that their loved one takes their medication—so their loved one stops taking their medication and goes into an episode, which can lead to depression and possible suicide, or mania and possible self-harm or harm to others.

Others fail to recognize their role in their loved one’s treatment.

Your Role in Your Loved One’s Treatment

As your loved one’s supporter, you have a few responsibilities when it comes to treatment, and I believe it is vital for you to understand your specific role in this process:

1. You need to determine whether the current treatments seem to be working.
2. You need to make sure that your loved one continues the treatment plan.
3. You need to understand the purpose for each method of treatment.

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\(^5\) [http://www.neurotransmitter.net/bipolarsuicide.html](http://www.neurotransmitter.net/bipolarsuicide.html)

1. You need to determine whether the current treatments seem to be working.

Many people don’t know how they can tell if a treatment is working, but the truth is, it’s quite simple. When treatment is effective, your loved one should be more like their old self. They should be eating normally, doing the things they normally enjoy, exhibiting normal sleeping behaviors, interacting with friends and other family members again, and showing fewer bipolar symptoms.

You can’t expect immediate results, even with medication. It does take some time. However, if you haven’t begun to see these types of changes in your loved one within two to three weeks, then the treatment plan is **not working**.

You may want to consider keeping a simple diary or journal concerning your loved one’s behavior during the initial phase of treatment, so you won’t have to rely on your memory.

For example, if they seemed very sleepy after they took their new medication, you could write this down and take it with you to the next doctor’s visit. The doctor may use this information to adjust your loved one’s medication and dosage.

Taking notes in this way is also extremely helpful if you share caregiver duties with any other family members or friends, so that you can get together and compare notes to get a complete picture of your loved one’s condition.

2. You need to make sure that your loved one continues with the treatment plan.

One of the most common questions people ask me about helping someone who has bipolar disorder is how do you get them to take their medicine when they don’t want to. Education will help in most cases. Evidence suggests that patients with bipolar who are told exactly why they need to take their medications, what different treatment options are available, and what may occur if they don’t continue their current treatment will follow their doctor’s orders.

Unfortunately, education alone doesn’t always do the trick, and the bad news is that you can’t force your loved one to do anything he or she doesn’t want to do—unless you have them committed involuntarily, and that’s a drastic measure which generally isn’t necessary.

Even though you can’t force them, you can coerce them into doing what you want if you know how to sell them on it. You see, my background is in sales and marketing, so I understand that the key to selling someone (which is basically getting them to do something they don’t want to do) is telling them the benefits. You can’t tell them, “Take your medicine and it will make you feel better,” because they may already feel fine if they’re in a manic episode, so you need to be clever.
With my mom, I know she cares a great deal about her job, and when she’s in an episode, she puts her job in jeopardy. So I told her, “Mom, if you take your medicine, you’ll be able to go back to work soon,” and it worked, because I know what motivates her. Your loved one’s motivation may not be their job; it may be their spouse, their children, or their favorite hobby. Your job is to identify that motivation and use it to get them to do what they need to do.

Also, if your loved one doesn’t want to take their medication, you should ask them why. Many of these medications have tremendous side effects that are almost unbearable for some patients, and I know I wouldn’t want to take a prescription every day that made me feel worse, would you?

If you do find out that’s the case with your loved one, then talk to their doctor and he will work with your loved one to find the right medicine and dosage for them. They shouldn’t have to suffer because of their medication.

Finally, and I won’t be able to stress this enough, don’t ever give in to your loved one. They will try and say anything sometimes to avoid continuing their treatment, and the temptation will be great for you to just let them slide once or twice. Don’t do it! If you give in once, you’ll give in again, and the next thing you know, your loved one will be in the middle of an episode that could have been prevented. So, I repeat: NEVER GIVE IN TO YOUR LOVED ONE!

3. You need to understand the purpose behind each method of treatment.

A big part of your job with your loved one’s treatment is to understand how each element of the plan will help them. Not only will this come in handy if you ever have to try to persuade your loved one to take their medication or go to their support group, but it will also help you to determine which part of the treatment is not working.

Sometimes it may be the entire plan that needs to be reworked, but in other cases it may just be that changes to the medication or in the dosage may be needed or that a different therapist should be used. Because you will spend more time with your loved one than anyone else, your input can be a tremendous asset to the medical professionals if you understand how the treatment is designed to affect your loved one.

Trust me, I realize that taking on this responsibility sounds like a huge task and one that may require more of you than you think you can give. But you can do it. If you don’t, think of the consequences. As stated earlier, without medication and the proper administration of it, your loved one may very well die.

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http://www.bipolarfreereport.com
**MISTAKE #3**  
**They fail to protect their finances.**

Nothing will ruin a family faster than the complete depletion of the family money. Don’t think it can’t happen to you. You need to put systems in place that can be activated if/when your loved one goes into an episode.

In a family where neither person has bipolar disorder, both parties may handle finances, control the money, and carry around credit cards and checkbooks. Unfortunately, in a family where one of the parties has bipolar disorder, money can be a real issue. One of the biggest symptoms of bipolar disorder is that, when in an episode (usually manic), the person will overspend, spend recklessly, and with no concept of the consequences, sometimes leave the family in financial ruin—even bankruptcy.

Since you have a loved one with bipolar disorder, you know that it can be financially crippling to deal with the many expenses of treating the disorder and, in many instances, dealing with the fallout of depressive or manic episodes. However, it becomes infinitely more challenging if they begin sabotaging the situation by being irresponsible or untrustworthy with your own family money matters, as is often the case when people who have bipolar disorder are in the midst of an episode.

While I don’t mean this is in a demeaning sense at all, I want you to face a very important fact right now: The reality is that many people with bipolar disorder don’t handle money well and will not face the realities of money management without strict guidelines. In addition, episodes often lead to spending sprees that can completely destroy financial progress. Many people with bipolar disorder have committed suicide when they find themselves facing bankruptcy.

Some of the problems that can occur when someone is in the grips of an episode and afterward that could impact you financially include:

- spending to feel better when depressed
- spending to “buy” affection and approval because they feel guilty
- making excessive purchases during a manic episode to impress others
- buying unneeded items because of a skewed sense of reality during mania
- signing up for classes and investing in unrealistic business opportunities when they feel invincible
- fueling addictive habits such as gambling, alcoholism, and drug and/or sexual addictions
- experiencing job loss
- hiding the results of their mistakes after the fact because they fear the disappointment or anger of others, thereby compounding the problem
Consider this question: What would happen if your loved one suddenly had a severe bipolar disorder episode, had to be hospitalized, and then was unable to work for a period of time after being released? How long could you go without working and live on only your checking or savings account? Could you realistically support yourself and your family without an income for any length of time?

You need to work at eliminating any debt you may have, and then you need to learn to live on a budget and start a savings account. How do you do this? If you don’t already have savings set aside for a rainy day (or week or month…or three months), begin setting aside some money every paycheck, before paying any bills, so that you don’t have it to spend on other things. If you or your loved one have a direct deposit option at work, use it. Start trimming your budget, too, so that you can put aside a bit more money each month.

Once you start saving up a bit of a nest egg so that there’s a cushion to catch you if you fall, you can begin making long-term plans and mapping out strategies for how to handle all sorts of present and future financial situations, so that you are protected financially, both now and in the future.

Planning to protect your finances is essential when bipolar disorder has the potential to impact your life at any time. The simple truth is that you have to shield yourself against potential self-inflicted problems as much as possible—not because you can’t trust your loved one, but because you can’t trust the disorder!

Checking and Savings Accounts

These are the accounts that you use most frequently, and if you currently have joint accounts with a loved one, you should set up a separate individual account at another bank branch.

I know this will seem drastic, and your loved one may resent the suggestion at first, but this isn’t meant as a way to hide money from them. It is a way to ensure that there is money for both of you in the long term by allowing you to have sole control over some of your finances at all times. It is a safety net.

I have seen people lose anywhere from a few thousand dollars to over one million dollars from bipolar episodes. I have had people contact me that had lost it all because either they or a loved one went into a major bipolar episode.

I remember talking to one person who contacted me, and he had just become engaged to a woman he loved. She had bipolar disorder, and he asked how he could help her. This man was a millionaire. I told him that he needed to set up systems immediately to protect his money. He laughed and said that she wouldn’t do anything to his money. About eight months later, he was in bankruptcy. She had taken all his money out of his business accounts and also used his social security number to apply for lots of credit.
I want you to learn from these examples and protect your finances by opening up new individual accounts.

When these new individual accounts are opened, keep several things in place that will keep this money safe. Otherwise, you are defeating the purpose of them from the beginning:

- Don’t ask for your loved one to have access to these accounts.
- Don’t ask for an ATM card or PIN for your loved one for these accounts—ever.
- Have the account statements sent to your office or other address so that you don’t get any information at home that may tempt your loved one with access to the account.

If you feel uncomfortable having only individual accounts and would like to keep some joint accounts, have some stipulations put on your joint accounts. For instance, open a joint savings account for the bulk of your savings that requires two signatures, so that your loved one can’t withdraw any money without your knowledge and consent. This is an equitable option that is fair to both parties while protecting your money effectively. This account should have no checks and no ATM cards associated with it.

If you have found in the past that your loved one simply doesn’t do well with paying bills or keeping track of the finances, you both may want to consider turning over all of the finances to someone you trust, such as yourself or a close family member.

The worst thing that can happen if you don’t take charge of your finances is that you will go broke and lack the funds to do anything, even pay your bills. Most importantly, you will not be able to afford the medication that your loved one needs to stay stable, and, as pointed out previously, without medication, your loved one may die. Taking charge of your finances isn’t just an option for you; it is something that must be done, for both your sakes.
**MISTAKE #4**  
*They take it personally.*

I will be the first to tell you that dealing with bipolar manic episodes is a huge nightmare. The screaming. The yelling. The profanity. The threats. The slight or even severe violence. Not knowing when the person will explode. Not knowing for how long.

I’ve personally been screamed right into the ground. One time, my mom screamed and yelled at me all throughout the house. Everywhere I went she followed, saying all kinds of things. Saying them really loudly. It was so loud that I started to lose my hearing.

It was so jarring to me that, after my mom got better, a doctor actually told me that I had a mild form of posttraumatic stress disorder (PTSD) because I lacked the ability to balance myself well after that trauma.

I vowed to never let that happen again and did a TREMENDOUS amount of research about it. From that I developed the following techniques to help you cope and deal with your loved one’s episodes and the anger they direct toward you.

But before we look at those, I want to stress the importance of one single statement: DON’T TAKE IT PERSONALLY! Much of the time a person in a bipolar episode will not even remember what they have said or done after the episode is over anyway, so it is pointless for you to hold on to your anger, resentment, and hurt feelings. They may not have control over their anger, but you do have control over yours.

I also want to add that the main goal when dealing with any episode is to get your loved one the treatment they need. If your loved one is under a doctor’s care and still experiencing out-of-control episodes, they need to make another appointment.

With proper medical care and medication, wild mood swings and angry episodes should diminish or lessen in severity. If this is not the case with your loved one, they need to have their condition reevaluated. Call your loved one’s doctor or therapist right away to let them know what is going on. Then schedule an appointment as soon as possible to get them the help they need.

First and foremost, I will stress again, **DO NOT** take anything they say or do personally. Although this is probably the hardest aspect to deal with, it is the most important. Remember, whatever your loved one is saying or doing is a direct result of the disorder. They do not really hate you or wish you would just get out of their lives. They love you and need you, right now more than ever.

And, although mastering this step is hard, it is the most important step to protecting your own health. If you take what your loved one says to heart, it can make you feel guilty; harm your self-esteem; cause feelings of anger, hurt, and resentment; and even lead to your own depression.
Worse yet, if you allow your loved one’s harsh words to get to you, you may begin to suffer physically from it, in ways you can’t begin to imagine—in fact, ways that may be deadly to you.

If you continue to take things personally, your anxiety may lead to insomnia, high blood pressure, stomach problems, or even stroke or heart attack. You absolutely must learn to deal with your loved one’s verbal attacks, or very possibly lose your health and possibly your own life.

So, how do you keep from taking your loved one’s words and actions personally?

- **Remind yourself that it’s the disorder talking.**
  Talk to your loved one’s doctor; ask him/her for more information about the disorder’s characteristics. Read books and magazines that focus on the disorder. Research bipolar disorder to learn about it and what you should expect to deal with.

- **Talk to someone about your feelings.**
  Do not assume that you should have to deal with all of your feelings by yourself. It helps to talk out your feelings with someone you trust in order to put your thoughts into perspective and be reminded that your loved one’s cruel words are not really true. Make an appointment with a therapist, join a support group for caregivers, or just schedule time to talk with a good friend.

- **Do something that you are good at or learn something new.**
  By engaging in activities that build your self-esteem, you will feel stronger about your self-image when your loved one is putting you down. Plus, dealing with a loved one’s bipolar episodes can be trying. The pressure can get overwhelming if you do not find a way to let off some steam. Search for activities that relax you and improve your feelings of self-worth. Things like taking a class, joining a book club, or even exercising can be great activities.

- **Work on your own mental health.**
  Using techniques such as positive self-talk and affirmations can help you keep a positive mental attitude. By practicing a few simple steps, you can easily learn how to turn your negative thoughts into positive ones. Then, the next time your loved one is crushing your self-image; you can actually do something about it!

- **Release your negativity.**
  It is very natural for negative feelings to build up while you are trying to deal with a loved one’s turbulent moods. Feelings such as anger and resentment are normal, but they do have to be dealt with. If left unattended, these feelings can harm your self-esteem. Try writing your feelings in a journal to help you sort through them and see them in a realistic light. You can also try releasing these feelings in a physical way by punching a pillow or screaming in the shower.
• **Forgive yourself and your loved one.**
When feelings are hurt and things seem out of control, forgiveness seems impossible. However, the act of forgiveness can release a tangible weight from your shoulders and make you feel like a better person. Plus, forgiveness allows you to release feelings of guilt and also feelings of resentment against your loved one. Remind yourself that it’s the disorder doing the damage, and forgive yourself for any normal feelings you may be dealing with.

• **Hear, but do not listen.**
This may seem sort of mean at first glance, but it is an important coping technique. Since you know, on a logical level, that the hurtful words your loved one is saying are not really coming from them or even based on truth, you need to block out the meaning of the words.

Remember: **Don’t take it personally!** If you do, you may end up abandoning your loved one for your own sake, as many supporters have, or end up with total self-destruction (physically and mentally), as many other supporters have.
MISTAKE #5
They don’t take care of themselves.

There are some supporters who spend so much of their time and energy on their loved one that there just isn’t enough left over for themselves, and they will literally self-destruct. These supporters suffer from what I call “supporter paralysis.”

What can you do when you experience bipolar supporter paralysis? I think there are two steps:

1. **You need to get away and clear your head.**

   Too many times when you are trying to help a loved one with bipolar disorder, you are so close and so caught up in it that you simply can’t think of anything that will help or work. Where can you go? The movies, the park, to a friend’s, for a walk, for a drive, to a hotel for the night, or somewhere that’s fun and gets your mind off things for awhile.

2. **You make a list of potential options.**

   After you have “cleared your head,” you make a list of potential options to deal with the most pressing problem at hand. After you have listed your most pressing bipolar disorder problem, start to make a list of potential solutions. You get a blank sheet or sheets of paper, and you start to list potential solutions to your most pressing problem with bipolar disorder.

   Here’s an important key: Your list of solutions has to be immediate and free-flowing. Free-flowing means there are no restrictions on what you write. You just write really fast, not worrying about grammar, spelling, what you are saying, or even if it makes any sense.

   Now, after you have your list, read the list, and then go to sleep. First thing in the morning, do the exercise again. Then read your old and new list together before bedtime, and then do the exercise again one last time. If you do this, you will find solutions to even your greatest problems with bipolar disorder.

   This technique helps to overcome bipolar supporter paralysis, because what happens is that the information is stored in your head, and using this process, you wind up having solutions to problems with bipolar disorder that previously seemed impossible.

   In summary, remember that if you don’t take care of yourself, you will be no good at taking care of someone else. Make sure that you eat right, exercise, get plenty of rest, schedule time for something you enjoy, and live a healthy lifestyle for yourself. Also make sure that you have a life outside the home that gives you a healthy balance to your life, so that your loved one and their bipolar disorder do not dominate your life completely.

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MISTAKE #6  
They don’t take charge.

Some supporters give up, letting their loved one do whatever they want, just because they’ve worn the supporter down. This can definitely be deadly, because then the loved one can run rampant, doing self-destructive things such as self-mutilation/cutting, substance abuse, and risk-taking behaviors like driving recklessly and sexual promiscuity (which can lead to AIDS)—all of which can cost them their lives.

You just cannot let your loved one do whatever they want, no matter how angry this makes them and no matter how much they resent you for trying to help them. In the beginning, it will be very difficult for you to do what you need to do; however, as time goes on and they begin to accept their diagnosis, take their medication as directed, follow their treatment plan as necessary, and become more stable, you will be able to step back more, and their resentment will lessen.

One very important thing you must do to protect your loved one’s life is to remove all guns and knives and keep them out of reach of your loved one. Right now that may seem unnecessary, but in an episode, it may be the crucial element to whether they commit suicide or not, so it is better to have it done beforehand.

Part of taking charge means having your loved one sign three very important forms, giving you control in case they go into an episode: a Medical Information Release Form, a HIPAA Form, and a Power of Attorney Form.

You are part of your loved one’s treatment for bipolar disorder and can be an integral part of whether they get better sooner rather than later. You must be involved in your loved one’s treatment. This may include interaction with their regular doctor, psychiatrist, therapist, and any other medical or psychiatric professional with whom they are involved.

Medical Information Release Form

You must stay in the loop, and this means making sure they have a Medical Information Release Form signed with every single one of their medical/psychiatric professionals, so that you have access to these professionals when your loved one goes into an episode. This is very important; otherwise, you will be denied access and will not be able to even speak to them on the phone on behalf of your loved one.

This can be deadly for your loved one. For example, if your loved one is out of medication and is refusing to contact their psychiatrist for more (which is more common than you might think), you need to contact their psychiatrist on their behalf, and without a signed Medical Information Release Form in their chart, you will be unable to do so and unable to get your loved one any medication.

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It would be advisable to have one of these signed forms on file at the pharmacist as well, so that you can pick up your loved one’s prescriptions for him/her with no problem.

Getting a signed Medical Information Release Form must be done in advance, in between episodes, and must be in every medical chart, for every medical professional that your loved one sees (as well as their pharmacist, as suggested above). This gives you permission to get medical care for your loved one when they are in an episode.

**HIPAA Form**

This form, when signed by your loved one, authorizes their healthcare professional to speak with you “about anything related to my health including but not limited to my medical condition, medications I’m currently taking and any and all other information that will be helpful pertaining to me, or to help me remain stable while in your care.” This is another way in which you can take control of your loved one’s bipolar disorder when they are in an episode.

**Power of Attorney**

A Power of Attorney (POA) is a legal document that authorizes your loved one to have someone they trust (you) take action on their behalf. That means that you can sign checks for them, help get disability benefits started for them, make medical and financial decisions for them, and more. The most important thing you need to know about having a POA is that it needs to be filled out and signed when your loved one is NOT in an episode and is stable, so that it can be executed during a crisis—for example, when your loved one is in an episode and unable to take care of their own needs.

Many people don’t have a POA simply because they believe they have to have a lawyer draw one up, but that’s not the case. You can find examples at your local library. With the template, you just need to fill in some pieces of information and it will be ready. Then, both your loved one and you would just need to sign it and get it notarized.

You can get any document notarized at your bank, usually for only a couple of dollars, or even free. Hospitals often provide this service for free as well. My suggestion is to make several copies of the POA and have all the copies notarized at the same time, then give a copy to anyone who might need one, such as your loved one’s doctor, psychiatrist, and therapist—in case you should have to hospitalize your loved one against their will, for example.
**Getting Help**

Part of taking charge is knowing when to get help. Even with all the techniques we just discussed in the “Don’t Take it Personally” section, sometimes your loved one’s anger may get out of control. You need to always be on the lookout for signs of violence. If, at any time, you feel that your life or safety is threatened, or that your children are in danger, you need to call the police.

If you need to do this, make sure that you explain to the police *ahead of time* that you are dealing with a person who has a mental illness. Be there to greet the police when they arrive. Have all of your loved one’s information ready, including doctor's phone numbers and hospital preferences. The goal here is not to have your loved one locked up but, rather, to help them get the help they need while keeping yourself and your children safe.

If you do need to hospitalize your loved one, make sure that you have the proper documents at hand, as discussed above.
MISTAKE #7
They fail to recognize that there is a Bipolar Stability Equation.

Failing to recognize that stability is an equation with several parts, or variables, can be a deadly mistake for your loved one, because if you don’t recognize it, you may not be able to keep your loved one’s bipolar disorder under control—which could cause them to go into major episodes. And if they do, how do you know which time will be the episode that causes them to be suicidal (or homicidal)?

While a good doctor and medication is the foundation of the equation, there are other variables. Everyone is different; for instance, my mom has about fourteen variables to her equation.

The Bipolar Stability Equation

Stability is like a mathematical equation. Here are some of the things that can make up the equation. NOTE: I am NOT a doctor and this is NOT legal advice. You need to run this past your loved one’s doctor, therapist, etc.

Here are some of the parts of the equation I found with my mom:

- Medication
- Therapy
- Sleep
- Eating right
- Exercise
- Reducing stress/low anxiety
- The right job (or Disability income)
- A good support system
- Hobbies
- Relaxation/meditation
- Watching for triggers

Everyone, with the help of their doctors, has to figure out what their own stability equation is, because everyone is different (so their own stability equation is going to be different). One person may be able to keep their job, while another person may have to go on Disability. One person may be a “morning person,” while another person may go to bed at midnight every night.

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The things listed above are only examples of what may be in your stability equation. Other examples are:

- Light therapy
- Reading
- Watching a video
- Sitting quietly/meditating
- Watching a sunrise/sunset
- Walking on the beach
- Taking long walks
- Aromatherapy
- Homeopathy
- Acupuncture
- Biofeedback

The point is, you and your loved one will have to make your own list, and work with your doctor and therapist. I have found that everyone’s equation is different.

One main thing about people with bipolar disorder is that they need structure and routine to maintain stability. With my mom, I have found that routine is just as important to her stability equation as medication.

Watching out for your loved one’s known episode triggers is also very important, so try to avoid these triggers. The thing is, you have to work hard to figure out the equation, and what to do if something goes wrong in the equation. It can mean the difference between your loved one becoming stable and them becoming a suicide statistic.
**MISTAKE #8**

*They assume their loved one will never have another episode.*

Assuming your loved one will never have another bipolar episode is just plain denial. It is not realistic. I know a woman who went twelve years between episodes. I have talked to a person who went twenty years without an episode, but then they had one. The point is, they still had one.

You can never let down your guard, no matter how many years your loved one has been episode-free. Be very glad that your loved one is stable; however, never forget that they will at some point have a mini-episode, and always remember to watch for symptoms of the disorder, keeping in mind that the sooner you recognize the symptoms and take action on them, the quicker you can stop your loved one from going into a full-blown episode. If not, as said repeatedly throughout this special report, your loved one could die from an episode, no matter how long they’ve been stable.

Some supporters have unrealistic expectations when they do get their loved one into treatment. They think there is going to be some magic word that will make their loved one better—and quickly. Remember that your loved one didn’t get this way overnight, and they aren’t going to get better overnight. Be realistic about their recovery. Recovery takes time.

Having unrealistic expectations of your loved one will mean that you will never be ready when they do have that inevitable episode. Sometimes you just have to “hope for the best, but expect the worst.” This is illustrated in something called the “Stockdale Paradox.”

**The Stockdale Paradox**

Strangely enough, I first encountered a discussion of the Stockdale Paradox in a book called *Good to Great: Why Some Companies Make the Leap...And Others Don’t* by Jim Collins. But I immediately saw how its idea could be applied to my mom’s situation.

The Stockdale Paradox was named after Admiral Jim Stockdale. He was a prisoner of war during the Vietnam War for eight years and was tortured more than twenty times by his captors. While he was held, he had no idea of what his future would hold. He didn’t know if he would be killed the next day or if he would ever see his family again.

One of the things that stand out about his story is that he never doubted that he would be set free one day. However, he never fell into the same trap as many of the other prisoners who were overly optimistic about their release and told themselves they would be free for Christmas or Easter or Thanksgiving.

Stockdale told Collins during his interview for the book, “You must never confuse faith that you will prevail in the end—which you can never afford to lose—with the discipline to confront the most brutal facts of your current reality, whatever they might be.”
Initially, it seems to be a contradiction, that you must be both negative and optimistic at the same time, but the reality is that it makes perfect sense.

People who are overly optimistic never stop to think about what will happen if they are wrong; the possibility never occurs to them. When they are wrong, then they are devastated. They don't know how to cope when things don't turn out the way they'd anticipated.

People who are only extremely negative usually just give up. They don't see any hope or reason in working toward a goal because they believe from the very beginning that their actions will result in failure. So they never do anything.

The Stockdale Paradox is a combination of the best elements of both approaches. You need hope to motivate you and to keep you strong, even in the face of adversity. However, you also have to realize that there will be challenges and obstacles that you will have to overcome.

Can you see how the Stockdale Paradox relates to bipolar disorder? You want to help your loved one, and you want to believe that, with your assistance, their life will be better. And you should never give up on that feeling, because it is true. I know from experience that it’s true.

However, you owe it to yourself and to your loved one to appraise their situation realistically. You have to realize that their condition is going to cause problems, and that the best way to help them when those situations arise is by having a plan on how to deal with it. You should have a plan on how to deal with their episodes when they do occur.

What will you do if your loved one does go into an episode and starts talking about suicide? Did you know that half of all suicides can be attributed to people with bipolar disorder? Or that up to half of people with bipolar disorder make at least one suicide attempt? Or that one in five suicide attempts by people with bipolar disorder ends in death?

Too many supporters have no idea what to do when their loved one starts talking about suicide. You must take it seriously when they do. Every time. You must have a plan that you have worked out with your loved one between episodes. You need to know what to do in case this happens.

Above all, although you need to be ready to accept temporary setbacks, you must not personalize them as your own defeats. Too many supporters make this mistake. However, you can still be optimistic and still continue to believe in your loved one’s recovery, in spite of relapses/episodes.

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8 http://www.bipolar.com/living_with_bipolar_disorder/understanding_suicide.html
9 Ibid

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MISTAKE #9
They believe their loved one is always going to be dysfunctional.

It can be discouraging at times to be a supporter of a loved one who has bipolar disorder. However, if you believe that they are always going to be dysfunctional, you are setting them up for failure before they even start.

Getting discouraged and believing they will always be dysfunctional are two different things. The first is just a feeling, and it will subside as you see your loved one get better. However, the second is a state of mind—an attitude, if you will—one that can be deadly to your loved one.

Check yourself by examining the thoughts below. Do you have any of the following thoughts?
- My loved one is always sick.
- My loved one will never get better.
- We will never get through this.
- Things will always be like this.
- My loved one will never amount to anything.
- It will never get any better.
- I'll always be stuck taking care of my loved one.
- My loved one is always going to be dysfunctional.

If you do, you are staying in a negative frame of mind. You are perpetuating a negative pattern of thought. And this is bad for your loved one. You need to replace your negative thoughts with positive self-talk. Believe in your loved one, and believe that they will get better. It’s true that they will never get cured, but they will get better. With your help, they can live a fairly normal, productive, healthy, happy life.

However, if you continue believing that your loved one will always be dysfunctional, they will become a self-fulfilling prophecy.

The concept of the self-fulfilling prophecy can be summarized in these four key principles:

1. We form certain expectations of people or events.
2. We communicate those expectations with various cues.
3. People tend to respond to these cues by adjusting their behavior to match them.
4. The result is that the original expectation becomes true.

This creates a circle of self-fulfilling prophecies. If your loved one believes that you believe that they will stay dysfunctional, they will stay dysfunctional. Then what will happen? They will become self-destructive, and possibly even suicidal. Because what reason do they have to become high-functioning, successful, productive, or happy? If you don’t believe in them, why should they believe in themselves?

You must turn this around and become a more positive person, especially as it applies to your loved one. Their life depends on it.
MISTAKE #10
They have a lack of knowledge.

There is a saying that, “For lack of knowledge, the people perish.” What is the absolute most deadly thing you can do? Nothing. You can do absolutely nothing. And many supporters do exactly that: nothing. They avoid getting lots of information about the disorder—information that is helpful, informative, and, for their loved one, lifesaving.

Next to doing nothing, flying blind or getting invalid or inaccurate information is the worst, most deadly thing you can do for your loved one. Getting lots of accurate information is crucial to your loved one’s health. If you fail to take action, they will suffer.

You need to take action! You need to get more information! You can’t just wait around, hoping your loved one will get better. You need to be proactive and get more information on bipolar disorder.

In general, we fear what we don’t understand. Those with bipolar disorder, for example, often fear the illness because they don’t understand it. If they understood the disorder, however, and had enough knowledge about it, they would no longer be afraid.

I learned a lot of things when I devoted those nine months of my life to researching bipolar disorder. And I’m still learning a lot as I continue to research and stay up-to-date on the latest information available. Probably the biggest thing I learned, however, was the power of information.

You see, we need information. Without information, any attempts at dealing with bipolar disorder will be ineffective at best—dangerous, even deadly, at worst.

Unfortunately, I learned this the hard way. For most of my life, I did not have information, and neither did my family. Instead, we tried supporting someone with bipolar disorder with NO INFORMATION at all—and it showed. We were far from helpful, and I’m sure we probably made things worse a time or two.

I don’t want others to make the same mistakes I did. I want those who are supporting someone with bipolar disorder to have the information they need to be successful in dealing with this illness. That is the essence of my mission.

How do we get knowledge? We get it through information!
Here's how it works:

1. Knowledge is power.
2. When you learn, you gain knowledge—and therefore power.
3. When you gain that power, you gain control—not only over bipolar disorder, but over your entire life and over yourself.
4. When you have control over yourself, you will make better choices and decisions—and your life will automatically improve.
5. When you have knowledge and power, you have control over how bipolar disorder impacts your life.

So, the bottom line is this: You need more **information**!

So what's the catch? The catch is that you and your loved one have to want to do it. You have to be willing to make the necessary changes, and you have to do all the work (although you both should develop a support system to help you). And it will be work!

This is a very dangerous, deadly disorder, and it will take hard work on your end to manage it. You start with education. Read everything you can get your hands on about the disorder. That’s the beginning. Knowledge is power.

**Where to Get More Information**

The most important thing you can do for yourself when your loved one has bipolar disorder is to become educated. Even if you’ve been dealing with bipolar disorder for five years, there is still information out there that you probably don’t know, because doctors and medical researchers are finding out new things about the disorder every day. They are always doing research on bipolar disorder.

For instance, go to the website for the National Institute of Mental Health and look at their “clinical trials” section for bipolar disorder. It can be found online at [www.nimh.nih.gov/studies/studies_ct.cfm?id=4](http://www.nimh.nih.gov/studies/studies_ct.cfm?id=4). At the time I wrote this special report, there were eight clinical studies being conducted on bipolar disorder! When you check the website, there will probably be eight **new** studies!

There are so many resources out there that can give you valuable information. Take the time to learn more and stay up to date, because research and progress is being done every day.

One of the best online sources for practical advice on the Internet is Bipolar Central, at [www.bipolarcentral.org](http://www.bipolarcentral.org). This website is written and maintained by supporters and sufferers of bipolar disorder. This site offers advice from the trenches, rather than pure medical information—from tips on how to handle financial problems caused by bipolar disorder, to how to cope with personal relationships, to advice for working through the holidays and the stresses they cause.

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If you don't have Internet access, go to your local library and use the computer there. If you don't know how to use a computer, just ask the reference librarian for assistance. Make sure you call the library ahead of time to confirm that it has a computer and that someone will be there to help you when you plan on visiting.

At the library, you can also look for books in the psychology and psychiatry sections of the library for information on bipolar disorder. You can also check for magazine articles and professional journals on the topic. The larger the library, the more computers and books it will have—as well as people available to assist you.

Your local hospital’s psychiatric wing will also be able to direct you to local resources. Most counties have a mental health services office; if you can’t find it in your local phone book, your hospital can put you in touch with the appropriate office. These mental health services offices, as well as your local hospital, can provide you with brochures and information on bipolar disorder and put you in touch with counseling services and other resources that can help you and your family better understand bipolar disorder.

You might also be able to find a local support group for supporters of loved ones with bipolar disorder, and there you will get a great deal of sharing of information. If you can’t find one yourself, check with your local hospital or psychiatric facility, and they should be able to point you in the right direction.

Remember, you can never have too much knowledge. Even after you have done your initial study on bipolar disorder, keep learning about new research updates, current bipolar news, and new developments about bipolar disorder. This is easy to do if you just keep checking in at www.bipolarcentral.org.

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Conclusion

I know these ten deadly mistakes may seem really dark, and you may be feeling overwhelmed—maybe even hopeless in your own situation for your loved one. However, I can promise you that it’s not all bad. In fact, it will get better!

I know bipolar disorder. I am positive about people with bipolar disorder. I personally have an organization that is doing great and in which over 50 percent of the people who run it have bipolar disorder. I also have many friends with bipolar disorder, in addition to my mom, who has it.

Yes, there is reason to be concerned about the ten deadly mistakes. But, hopefully, now that you are aware of them, you can correct them! When these mistakes are corrected and your loved one’s bipolar disorder is under control, they can do unbelievable things—like the people who work for me!

When these ten deadly mistakes are corrected, you and your loved one have every reason to believe that they can go on to live a happy, healthy, and productive life. Some of the most gifted, smart, talented, and successful people in the world have bipolar disorder. Your loved one will be in good company!

Sincerely,

Dave

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Get Your FREE CUSTOMIZED Mini Course on Bipolar Disorder, FREE Breaking News, and Much More

I have a FREE Mini Course that reveals…

✓ How to recognize, cope, and deal with bipolar disorder
✓ **Truth about natural supplements and bipolar disorder**
✓ How to know for sure if you have bipolar disorder
✓ **How to quickly and easily handle your loved one’s anger, rage, and mood swings**
✓ How to get your loved one into treatment even if they won’t go and deny they have the disorder
✓ **Why people with bipolar disorder get WORSE after going to a psychiatrist or therapist**
✓ The shocking truth about bipolar disorder and medication that nobody ever talks about
✓ **How to talk to your loved one about their bipolar disorder WITHOUT them getting mad at you**
✓ WARNING: The #1 deadly mistake that people make trying to help someone with bipolar disorder

This course is for those with bipolar disorder, those supporting an adult, or even those supporting a child or teenager. When you visit this website, you can customize the mini course for free for your individual situation.

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This mini course has a $100 value, but it’s yours FREE!

**Here’s What People Are Saying About My FREE Mini Course**

I am bipolar myself, and your course has helped me in the sense that I know I’m not alone, and it has given me a few tips for how to deal with my everyday life. The most important lesson, however, is that you’re teaching us not to give up, but to come up with solutions. I appreciate that. Keep up your good work.

– Ina, Norway

It has given me a look into something I knew nothing about. The info in your course is wonderful and it is helping me ask all the right question when we go to the doctor… I have a child that came to live with me and didn’t know a thing about why her life was such a mess. I know that I just needed to help her. After reading your mini course it has given me hope and direction… Keep the letters coming..I think your great and…truly appreciate your letters. Thank You!

– Constance
I just wanted you to know that your e-mails have helped me as a supporter of a loved one in the way of showing my “wasted time” on figuring why something is being said or happening. This has reduced my stress level...Your e-mails are quick to read...and to be able to get the help quickly when something arises. I think that they are a great help. Keep up the good work. I would recommend the materials offered by David even if it is only the mini courses. It has helped me know the correct things to even ask the Dr’s at the appointments and what to look for. Every little bit of support helps!

   –Claire, AZ

...I found a lot of useful information in your emails...I started getting your course because I thought I could help her [my sister] and mom understand that she needed her and I was willing to help her...If you have someone you care about with bipolar disease, and is willing to recieve help, please subscribe to David’s course it will give you great insights into the world of a bipolar person. He has been there, done that. He knows of what he speaks. No one can cure them but you will be able to better understand what, why, and how.

   –Mabel, CA

I have gotten a new perspective on this illness from your emails...it has been really helpful to me. My eyes have been opened to a lot of things involving my daughter’s illness...your mini courses are extremely helpful. don’t stop the good work.

   –Lynell, LA

David, your e-mails have provided alot of information about some of the things I am going thru for my family. It’s hard to tell people about bipolar and the effects it has on every part of your life. Your e-mails have helped my family get some insight into what is giong on with me and how to recognise when I ‘m having an episode and I thank you for that. I look forward to getting your e-mails...I would recomend your course to anyone I knew who desired information no bipolar

   –Dawn, IL

Mr Oliver,
Your mini course is actuallly very helpfull and Informative. I firmly believe that it is due to the fact that it is comig from a personal point of view. You have gone through the hardships that we are just coming into. Keep up the good work, and dont let anyone make you think twice about what you are doing. here should be a lot more people doing what you are...Thank you SO much for themini course and for your time.

   –Buck, CA

Iam sure you’ve done a great job with your course. I am a bipolar suppoter... my sister, the person I need to support, lives far away from me. I live in Greece and she is in Ukraine. I don’t think I can really help her right now. I get a free course and I’ve learnt many things about bipolar disorder. At least I know now what my sister is suffering from...I would recommend [your course] to others.

   –Olga, Greece