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**Twelve Things** to do if your loved one has depression, bipolar disorder, or some other mood disorder

(from <http://www.bipolarsurvivor.com>)

* Don't regard this as a family disgrace or a subject of shame. Mood disorders are biochemical in nature, just like diabetes, and are just as treatable.
* Don't nag, preach or lecture to the person. Chances are he/she has already told him or herself everything you can tell them. He/she will take just so much and shut out the rest. You may only increase their feeling of isolation or force one to make promises that cannot possibly be kept. (*"I promise I'll feel better tomorrow honey". "I'll do it then, okay?"*)
* Guard against the "holier-than-thou" or martyr-like attitude. It is possible to create this impression without saying a word. A person suffering from a mood disorder has an emotional sensitivity such that he/she judges other people's attitudes toward him/her more by actions, even small ones, than by spoken words.
* Don't use the "if you loved me" approach. Since persons with mood disorders are not in control of their affliction, this approach only increases guilt. It is like saying, "If you loved me, you would not have diabetes!"
* Avoid any threats unless you think it through carefully and definitely intend to carry them out. There may be times, of course, when a specific action is necessary to protect children. Idle threats only make the person feel you don't mean what you say.
* If the person uses drugs and/or alcohol, don't take it away from them or try to hide it. Usually this only pushes the person into a state of desperation and/or depression. In the end, he/she will simply find new ways of getting more drugs or alcohol if he/she wants them badly enough. This is not the time or place for a power struggle.
* On the other hand, if excessive use of drugs and/or alcohol is really a problem, don't let the person persuade you to use drugs or drink with him/her on the grounds that it will make him/her use less. It rarely does. Besides, when you condone the use of drugs or alcohol, it is likely to cause the person to put off seeking necessary help.
* Don't be jealous of the method of recovery the person chooses. The tendency is to think that love of home and family is enough incentive to get well, and that outside therapy should not be needed. Frequently the motivation of regaining self-respect is more compelling for the person than resumption of family responsibilities. You may feel left out when the person turns to other people for mutual support. You wouldn't be jealous of their doctor for treating them, would you?
* Don't expect an immediate 100% recovery. In any illness, there is a period of convalescence. There may be relapses and times of tension and resentment.
* Don't try to protect the person from situations, which you believe they might find stressful or depressing. One of the quickest ways to push someone with a mood disorder away from you is to make them feel like you want them to be dependent on you. Each person must learn for themselves what works best for them, especially in social situations. If, for example, you try to shush people who ask questions about the disorder, treatment, medications, etc., you will most likely stir up old feelings of resentment and inadequacy. Let the person decide for themselves whether to answer questions, or to gracefully say, "I'd prefer to discuss something else, and I really hope that doesn't offend you".
* Don't do for the person that which he/she can do for him/herself. You cannot take the [medications](file:///C%3A%5CUsers%5Cjeff%5CDropbox%5Cjeff%5Cclient%20handouts%5Crecovery%5Cmedications.html) for him/her; you cannot feel his/her feelings for him/her; and you can't solve his/her problems for him/her. So don't try. Don't remove problems before the person can face them, solve them, or suffer the consequences.
* Do offer love, [support](file:///C%3A%5CUsers%5Cjeff%5CDropbox%5Cjeff%5Cclient%20handouts%5Crecovery%5Csupport.html) and understanding in the recovery, regardless of the method chosen. For example, some people choose to take medications, some choose not to. Each has advantages and disadvantages (more side-effect versus higher instances of relapse, for example). Expressing disapproval of the method chosen will only deepen the person's feeling that anything they do will be wrong.

www.changeispossible.org