

Case-based perception and decision training

Learning from the story: curtailing and recovering from a manic episode

Developed by psychcrisis.org

Today we will step into the shoes of someone experiencing a real manic episode.

The person this story is about has given me permission to share it, and I asked to share it because I think it's very special—he was able to end the episode himself, with very little medication and without being hospitalised.

We'll read through the story together, and at key points, ask ourselves **'what would I be paying attention to here?' 'What would I do here?'**.

This lets us compare what we notice and what we imagine we would do with what he noticed and what he did in the actual situation.¹

Real life mental health crises are messy and complicated, and don't fit neatly into categories like DSM labels or checklists. Learning from real-life stories helps us imagine how we would respond in a messy situation and discuss the differences between what the expert did and what we would do.

Instead of assuming the expert in this story is right and we are wrong, we'll try to understand the reasons for his actions and our decisions so it helps us respond better in the future. There are probably several different good ways to respond at each point.

(If you get overwhelmed, it's ok to pause and look after yourself. You can [click here to jump to a guided box breathing exercise to relax](#) if you need it at any point during the session.)

First, [click here to open the notes and reflections document](#). Write your name in bold—the space under your name is now yours to take notes and respond to the questions we will ask during the story.

[If you leave early, consider telling me what your experience was like with our [session survey](#)]

[\[Click here at any time to jump to the start of the story\]](#)

¹ To learn more about the philosophy behind this training method, read [this blog post](#) on training to accelerate the development of expertise.

Part 1

In this scenario you will play as a person with a history of manic episodes. You are a 36-year-old American man with German, Dutch and Israeli background, who works from home fulltime as a civil engineer. You have a wife, and a young son, who you love dearly and who is a big priority for you. You have had about six manic episodes, five of which led to you being taken to a psych hospital, and you don't want to go back. You enjoy the experience of mania, but you are also committed to looking after your son, and you want to make sure that your mental state doesn't hurt him or interfere with your ability to care for him in any way.

You're taking a very small dose of lithium everyday—half of the smallest dose available of extended release, so you have 0.1mm/L in your blood.

Every Friday night, you do a private ritual to induce a hypomanic-like state (pseudo hypomania)--you've been doing this every Friday for the past year and a half. The hypomanic state normally lasts a day or two and you return to a baseline state to return to work on Monday. During this ritual, you reduce your food intake during the day, drink a lot of caffeine, then later that night smoke some pot and stay up late, reducing your sleep.

This Friday night, you do some writing to help you clarify your thoughts. You've been working on understanding and expressing what mania is online and this writing is helping you do that.

As you complete a piece of writing, you realise that there's someone out there who understands what you're saying and wants to hear it. This makes you feel excited, vulnerable, exposed—feeling like someone actually understands you for the first time in your entire life. It's the biggest dose of excitement you ever remember having. You start having a panic attack.

What are you paying attention to?

What do you do?

(Take a moment to consider the reasons for your decision)

[\[Switch to the writing doc to write your answers\]](#)

Part 2

You can't sleep that night. You go into your son's room and snuggle for a few hours while trying to get to sleep. The next day, you call into work and take the day off. You start setting up 'Family Medical Leave Act' leave, which lets you take up to three months off work without being fired with a medical issue, and short-term disability insurance payments, which will pay you 60% of your salary for that time period.

You happen to have an appointment with your psychiatrist already scheduled for the Monday three days after the panic attack; you send him an email in advance saying 'hey, I'm manic, I need you to sign this FMLA stuff.'. He tried to get you to increase your lithium dose but you don't want to do it, so you don't. He also refreshes your Seroquel prescription, so you have some on hand in case you need it. He's chill, you like him a lot.

Then you just start 'living your manic life'. You aren't trying to stop the episode immediately, but you also aren't intending to 'experiment with your head' by taking stimulating substances or doing anything you know amplifies mania. You don't consume caffeine at all during this time.

You remove stress, stick to a regimented routine, exercise, stretch, meditate, and ensure that you eat—healthily. Your wife helps with this, and makes you delicious food, and reminds you to eat it. She isn't a huge fan of you being manic, but she understands it's important to you, and leaves you alone, but also gives you affection and support where it's needed.

If your wife were to start worrying, or you were to start worrying, you would take the Seroquel, but that doesn't happen.

You spend a lot of time with your son. You seem to be in a normal mood (euthymic) to other people. You spend about two weeks in this state, with intermittent bumps into mania.

What are you paying attention to?

What do you do?

(Take a moment to consider the reasons for your decision)

[\[Switch to the writing doc to write your answers\]](#)

Part 3

Then, you have a planned four-day trip away with your bros from college—six or so other guys, in a shitty little Airbnb away from everybody, just playing games and having fun. During the trip you're getting sleep deprived, using pot continuously, and doing caffeine on the final night. You have an old, familiar vision of your plan to save the world—and you catch a glimpse of what you need to for the next couple of steps, and just—general guidance. Then, the last night of the trip you're in psychosis.

You're super manic, super psychotic, but also presenting yourself as stable. One of the guys on the trip is a doctor, and these guys have known you your whole life (and seen your manic episodes before), and none of them notice anything until perhaps the final morning—but they aren't worried. You take a break from the trip at one point to drive back home and snuggle your kid down for a nap, spending half a day with him.

After the trip ends, while you're driving home, you're in a heightened manic state, definitely psychotic. You're experiencing continual connections between thoughts, as if you can see everything all at once.

What are you paying attention to?

What do you do?

(Take a moment to consider the reasons for your decision)

[\[Switch to the writing doc to write your answers\]](#)

Part 4

You decide to initiate your 'episode termination protocol'--implementing healthy coping strategies to the maximum of your abilities.

What are you paying attention to?

What do you do?

(Take a moment to consider the reasons for your decision)

[\[Switch to the writing doc to write your answers\]](#)

Part 5

You start by stretching in your room. And then, once you're home, you do about an hour of stretching a day, split between using a foam roller on your muscles, and doing isometric stretching exercises. The night after you return you take 1mg Ativan to help you sleep.

You exercise twice a day (on the elliptical machine, or swimming for at least 40 mins each time), stretch every single day, write every day.

You reinstate your ritual (one you have practised a lot) for sleeping, to make sure you're falling asleep so you get eight hours of sleep every single night, going to sleep exactly at 1am. In this ritual you do the same things before bed every night, then you lay down in bed and start to dream a 'program dream'--a specific dream you are very familiar with. Outside of mania, you can do this and fall asleep in 5 mins--and now, when manic, you can still fall asleep in 15 mins.

You frame these as goals to accomplish--knowing that this is something you want.

What are you paying attention to?

What do you do?

(Take a moment to consider the reasons for your decision)

[\[Switch to the writing doc to write your answers\]](#)

Part 6

It takes about three days for you to get to 95% normal mood, and another three days to be sure back to 100% normal mood. You smoke pot on Fridays, and you started your shutdown protocol on a Sunday, so when you got to the next Friday, even having some pot on the Friday didn't affect you too much.

You end up spending a month and three days away from work. You see your psychiatrist one more time to get approval to get back to work (including two additional days for the psychiatrist to process the paperwork).

What are you paying attention to?

What do you do?

(Take a moment to consider the reasons for your decision)

[\[Switch to the writing doc to write your answers\]](#)

Part 7

Psychosis continues (possibly for a month or two, tapered off over a week or two). You notice the difference the most when writing. Psychosis, and the delusions of grandeur it involves, give you motivation for your writing. In this period you are still sleeping fine. You write constantly, in gaps in your work (your workload is a bit lower on your return), and feel freer to share it online than you would at other times. Your boss notices you're a little distracted on a work project, but that's the only noticeable effect on your work. Eventually the motivation and highly connective thought patterns of psychosis fade and you write less.

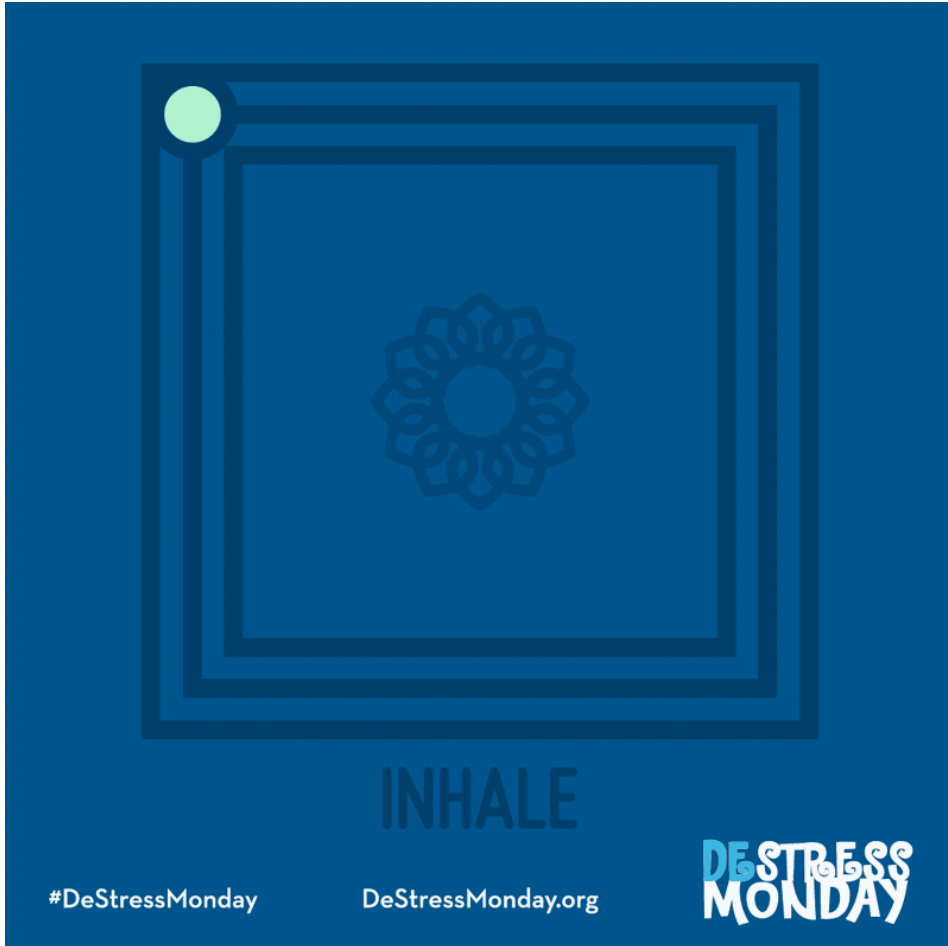
What are you paying attention to?

What do you do?

(Take a moment to consider the reasons for your decision)

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Box breathing guide



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