TREATMENT OF BIPOLAR DISORDER

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HARMONY PLACE MONTEREY
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- Partial Hospitalization 6 hours, 5 Days a Week
- Intensive Outpatient Therapy 2 hours, 2 Days a Week
- Four Individual Therapy Sessions/WIC
- Offer Transitional Living House and Therapeutic Community
- Somatic based and Expressive Therapies
- Highly Specialized Therapists

Specializing in Psychiatric Disorders, Eating Disorders, Additive Disorders, and Sexual/Relational Difficulties

PRINCIPLES IN THE TREATMENT OF BIPOLAR DISORDERS

- Maintain dual treatment focus: 1) acute short term and (2) prophylaxis. Chart illness retrospectively and prospectively. Mania as medical emergency: Treat first, chemistries later.
- Load valproate and lithium (Eskalith); titrate lamotrigine (Lamictal) slowly.
- Careful combination treatment can decrease adverse effects.
- Augment rather than substitute in treatment-resistant patient.
- Retain lithium in regimen for its antisuicide and neuroprotective effects.
- Taper lithium slowly, if at all.
- Educate patient and family about illness and risk to benefit ratios of acute and prophylactic treatments.
- Give statistics (i.e., 50 percent relapse in first 5 months off lithium).
- Assess compliance and suicidality regularly.
- Develop an early warning system for identification and treatment of emergent symptoms.
- Contract with patient as needed for suicide and substance use avoidance.
- Use regular visits; monitor course and adverse effects.
- Arrange for interval phone contact when needed.
- Develop fire drill for mania reemergence.
- Inquire about and address comorbid alcohol and substance abuse.
- Targeted psychotherapy; use medicalization of illness.
- Treat patient as a coinvestigator in the development of effective clinical approaches to the illness.
- If treatment is successful, be conservative in making changes, maintain the course, and continue full-dose pharmacoprophylaxis in absence of side effects.
- If treatment response is inadequate, be aggressive in searching for more effective alternatives.

Mood Disorder Questionnaire (MDQ)

Name: _____ Date: _____

Instructions: Check (✓) the answer that best applies to you.
Please answer each question as best you can.

	Yes	No
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	◯	◯
...you were so irritable that you shouted at people or started fights or arguments?	◯	◯
...you felt much more self-confident than usual?	◯	◯
...you got much less sleep than usual and found you didn't really miss it?	◯	◯
...you were much more talkative or spoke faster than usual?	◯	◯
...thoughts raced through your head or you couldn't slow your mind down?	◯	◯
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	◯	◯
...you had much more energy than usual?	◯	◯
...you were much more active or did many more things than usual?	◯	◯
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	◯	◯
...you were much more interested in sex than usual?	◯	◯
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	◯	◯
...spending money got you or your family in trouble?	◯	◯
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? *Please check 1 response only.*	◯	◯
3. How much of a problem did any of these cause you — like being able to work; having family, money, or legal troubles; getting into arguments or fights? *Please check 1 response only.* ◯ No problem ◯ Minor problem ◯ Moderate problem ◯ Serious problem		
4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	◯	◯
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	◯	◯

This questionnaire should be used as a starting point. It is not a substitute for a full medical evaluation. Bipolar disorder is a complex illness, and **an accurate, thorough diagnosis can only be made through a personal evaluation by your doctor.**

Adapted from Hirschfeld R, Williams J, Spitzer RL, et al. Development and validation of a screening instrument for bipolar spectrum disorder: the Mood Disorder Questionnaire. *Am J Psychiatry.* 2000;157:1873-1875.

This instrument is designed for screening purposes only and is not to be used as a diagnostic tool.

How to Use

The questionnaire takes less than 5 minutes to complete. Patients simply check the yes or no boxes in response to the questions. The last question pertains to the patient's level of functional impairment. The physician, nurse, or medical staff assistant then scores the completed questionnaire.

How to Score

Further medical assessment for bipolar disorder is clearly warranted if patient:

- Answers *Yes* to 7 or more of the events in question #1

AND

- Answers *Yes* to question #2

AND

- Answers *Moderate problem* or *Serious problem* to question #3

The Bipolar Spectrum Diagnostic Scale (BSDS)

Instructions:

Please read through the entire passage below before filling in any blanks.

Some individuals notice that their mood and/or energy levels shift drastically from time to time_____.

These individuals notice that, at times, their mood and/or energy level is very low, and at other times, very high_____.

During their "low" phases, these individuals often feel a lack of energy; a need to stay in bed or get extra sleep; and little or no motivation to do things they need to do_____.

They often put on weight during these periods_____.

During their low phases, these individuals often feel "blue", sad all the time, or depressed_____.

Sometimes, during these low phases, they feel hopeless or even suicidal_____.

Their ability to function at work or socially is impaired_____.

Typically, these low phases last for a few weeks, but sometimes they last only a few days_____.

Individuals with this type of pattern may experience a period of "normal" mood in between mood swings, during which their mood and energy level feels "right" and their ability to function is not disturbed_____.

They may then notice a marked shift or "switch" in the way they feel_____.

Their energy increases above what is normal for them, and they often get many things done they would not ordinarily be able to do_____.

Sometimes, during these "high" periods, these individuals feel as if they have too much energy or feel "hyper"_____.

Some individuals, during these high periods, may feel irritable, "on edge", or aggressive_____.

Some individuals, during these high periods, take on too many activities at once_____.

During these high periods, some individuals may spend money in ways that cause them trouble_____.

They may be more talkative, outgoing, or sexual during these periods_____.

Sometimes, their behavior during these high periods seems strange or annoying to others_____.

Sometimes, these individuals get into difficulty with co-workers or the police, during these high periods_____.

Sometimes, they increase their alcohol or non-prescription drug use during these high periods_____.

Now that you have read this passage, please check one of the following four boxes:

( ) This story fits me very well, or almost perfectly
( ) This story fits me fairly well
( ) This story fits me to some degree, but not in most respects
( ) This story does not really describe me at all

Now please go back and put a check after each sentence that definitely describes you.

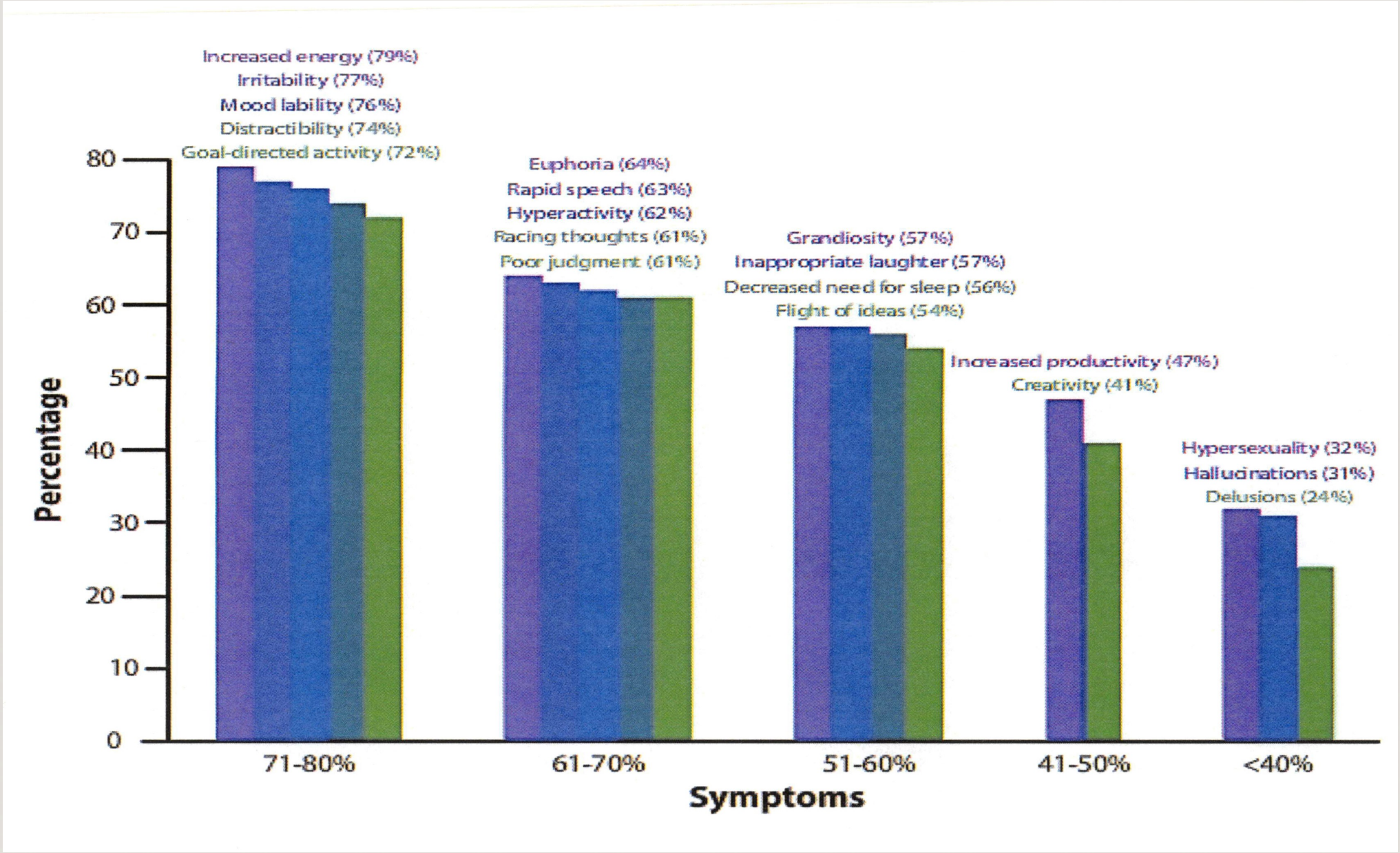
Scoring: each sentence checked is worth one point. Add 6 points for "fits me very well," 4 points for "fits me fairly well," and 2 points for "fits me to some degree."

Total Score = _____

Bipolar Spectrum Diagnostic Scale (BSDS)
Scoring Instructions

The BSDS scoring ranges from 0 to 25 points (see Table below). A total score from 20 to 25 points indicates that bipolar spectrum disorder is highly likely; a score from 13 to 19 indicates moderate probability; a score from 7 to 12 indicates low probability; and a score from 0 to 6 indicates that bipolar disorder is highly unlikely.

Total score	Range	Likelihood of bipolar disorder
	0 - 6	Highly unlikely
	7 - 12	Low probability
	13 - 19	Moderate probability
	20 - 25	High probability



CHILDREN WITH BIPOLAR

Often present with a chronic no cyclic course of symptoms of irritability and hyper aroused and frequent-mood shifts, many times per day. Depression and manic symptoms are not distinct like an adult

Frequently have psychomotor agitation, difficulties with sleep and difficulties with concentration

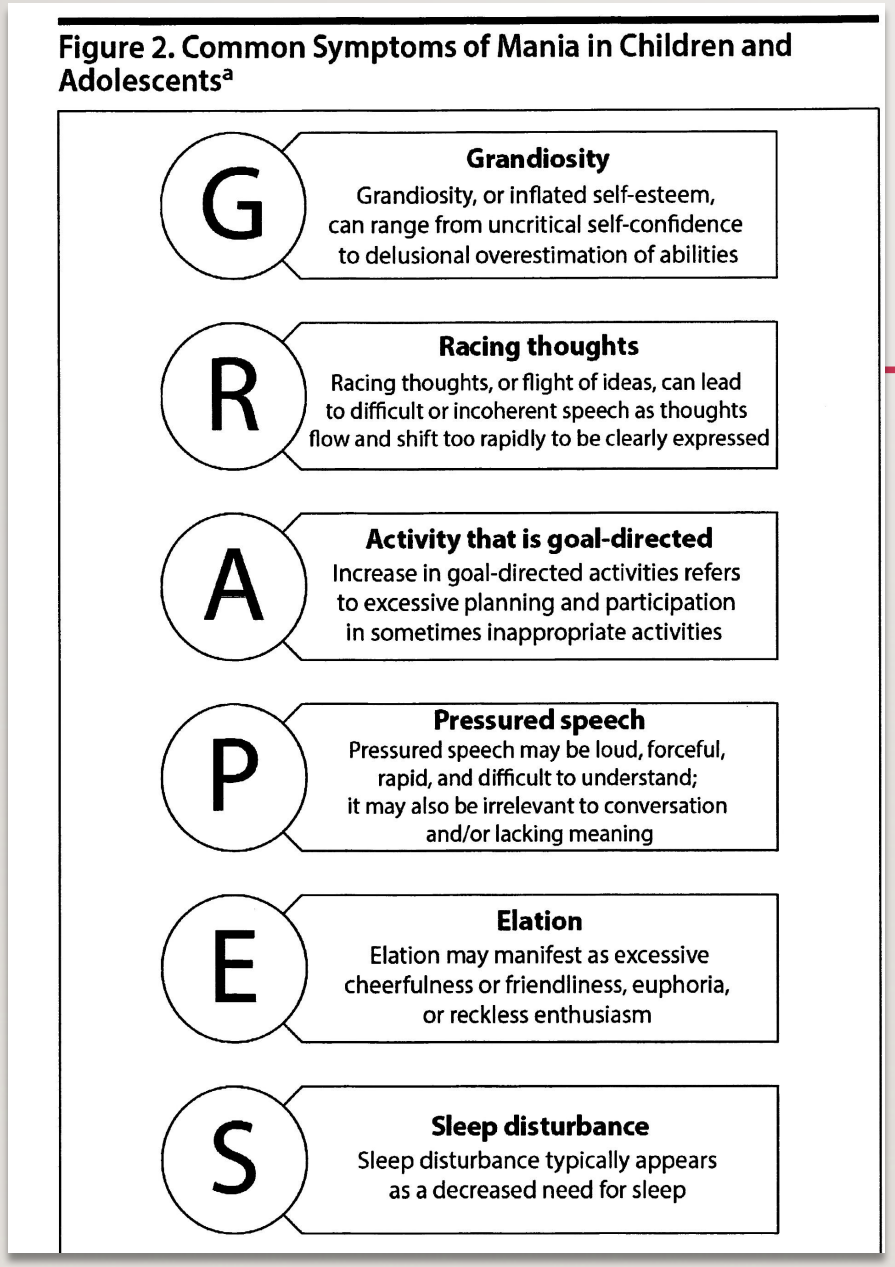
Children have poorer response to antidepressants as compared to unipolar depression

NEURO DEGENERATION

- It is becoming clear that areas in the prefrontal cortex, as well as limbic areas, suffer neurodegeneration with prolonged bipolar illness.
- Thus, an intervention that decreases stress and improves cognitive control of mood could have a combined effect on preserving prefrontal function and neuronal integrity.

LITHIUM

- Alternates Myo-inositol levels
- Normalizes platelet Serotonergic/GABA
- Decreases Dopamine
- Increases Acetylcholine
- Reduces Norepinephrine



COMMON SYMPTOMS OF MANIA IN CHILDREN AND ADOLESCENTS

ADOLESCENT BIPOLAR

- Between 15 and 28% of adults with bipolar disorder experience illness onset before age of 13, and between 50 and 66% before the age of 19.

- Persons with onset of bipolar disorder in childhood or adolescence have a more severe, adverse, and continuously cycling course of illness than adults, often with a preponderance of mixed episodes, psychosis, and suicidal ideation or behaviors. They have high rates of comorbidity with attention deficit/hyperactivity disorder (ADHD), conduct disorder, alcoholism, drug abuse, and anxiety disorders. Because of these complicated presentations they are more treatment-refractory than adults.

ADOLESCENT MEDICATIONS

- Knowatch and colleagues (2000) took 42 children and adolescents with panic, hypomanic, or mixed episode associated with either BP 1 or BP 2. These youths were than randomized to a 6-week treatment protocol to receive lithium, depakote sodium, or tegretol. In this study, all three medications were found to have approximately equal effectiveness.
- Based on the findings that many youths with bipolar illness might not fully respond to drug monotherapy, Findling and colleagues (2003) treated 90 children and adolescents between the ages of 5 and 17 with combination lithium and depakote sodium. Substantial symptomatic improvement that was larger in magnitude than what had been described in previously published drug monotherapy studies was found.

EARLY WARNING SIGNS:

- Sleep Disturbance
- Decreased Anxiety
- Optimism
- Increased social outlet
- Increased Libido
- Increased drivenness
- Failure to finish tasks

HYPOMANIC

- Agitation
- Euphoria
- Impulsivity
- Irritability
- Depression
- Anhedonia

If alcohol/drugs: twice hospitalization

- ***15% suicide rate***
- ***Family Environment***
- ***Social Support***

MANIC

- Grandiosity
- Need little Sleep
- Pressured Spread
- Flight of Ideas
- Disorganization
- Excessive goal directed activity
- Pursuit of high stimulation

BIPOLAR 1
VERSUS
BIPOLAR 2

- Patients with bipolar disorder can spend up to half of their time with depressive symptoms. By definition, patients with bipolar 2 disorder compared with those with bipolar 1 disorder experience less severe mood elevation episodes (i.e., hypomania's rather than manias), which thus do not entail psychosis, psychiatric hospitalization, or severe consequences (such as financial or legal problems and divorce). However, bipolar 2 disorder ought not to be considered "bipolar light," as patients with bipolar 2 disorder compared with those with bipolar 1 disorder spend more time depressed and have comparable functional impairment and risk of suicide. Also, bipolar 2 disorder compared with bipolar 1 disorder is associated with more rapid cycling and comorbid anxiety disorders.

NATURAL HISTORY

MEN ARE MORE LIKELY TO BE MANIC

1ST EPISODE UNTREATED

10 OR MORE EPISODES,

4 YEARS BETWEEN 1ST AND SECOND

INTERPERSONAL AND OCCUPATIONAL DIFFICULTIES,

AGE ONSET 21, FIRST SYMPTOMS 15-19

ACUTE TX BIPOLAR

MANIC-LITHIUM PLUS ANTIPSYCHOTIC DEPAKOTE PLUS

DEPRESSION-LITHIUM, LAMICTAL, WELLBUTRIN

CLINICAL EFFECT BY 10-14TH DAY OF TREATMENT

BIPOLAR I

30 – 40% RESPOND WITH LITHIUM
MAJORITY DO NOT
MORE MANIC AND DEPRESSIVE EPISODES, POOR RESPONDERS

BIPOLAR DEPRESSION

PARNATE
NARDIL < MAO'S

PROBLEM OF CONTRAINDICATED FOOD

ANTI-DEPRESSANTS

- Another study examined treatment-emergent switch from depression to mania with antidepressants versus placebo. Those with bipolar 2 depression experienced more manic switches with TCAs (11.2%) than with SSRIs (3.7%) or placebo (4.2%). Manic switch rates with these antidepressants in patients with unipolar major depressive disorder were substantially lower at 0.5%, 0.7% and 0.2%, respectively. The APA guidelines warn that TCAs have a greater risk for causing a manic switch and do not recommend their use. Overall, clinicians need to be aware that antidepressants may not be as effective for bipolar depression as other agents are, but their somatic safety and tolerability profiles may make them appealing to patients particularly concerned about side effects.

STIMULANTS

- Create manic episodes in children with ADHD
- Predictive of earlier onset of bipolar adolescents and worsen course of illness
- May be effective in adults with depression

PATIENTS SPEND 47% OF THEIR LIVES IN SYMPTOM STATES, ESPECIALLY DEPRESSION.

ONLY 40% OF PATIENTS FULLY ADHERE WITH MEDICATION REGIMES.

Table 5. Responses of Respondents Currently Taking Medications Versus Respondents Not Currently Taking Medications

Response	Not Currently Taking Medications (n = 168), %	Currently Taking Medications (n = 659), %	Comparison Using χ^2 Test (*P* value)[a]
Perceived effectiveness of current treatment of depression			
Not effective	41.1	22.8	< .0001*
Partially effective	42.9	46.7	
Completely effective	16.1	30.5	
Factors impacting starting a new treatment			
Side effects	74.6	69.2	.197
Doctor recommendation	25.4	60.1	< .0001
Cost	52.8	40.6	.008
Impact on physical health	50.7	47.6	.500
How quickly it will begin to work	39.4	34.7	.292
How easily it can be integrated into my daily life	28.9	27.9	.820
Ongoing availability	21.1	24.2	.439
Frequency of doses	7.7	10.9	.269
Family or peer's thoughts about the treatment	9.2	8.6	.834
Way medication is administered	4.9	7.0	.375
Impact on pregnancy/nursing	5.6	2.4	.045

[a]All respondents included (ie, both bipolar and unipolar depression) for cross-tabulation.

**P* value based on linear-by-linear χ^2 test.

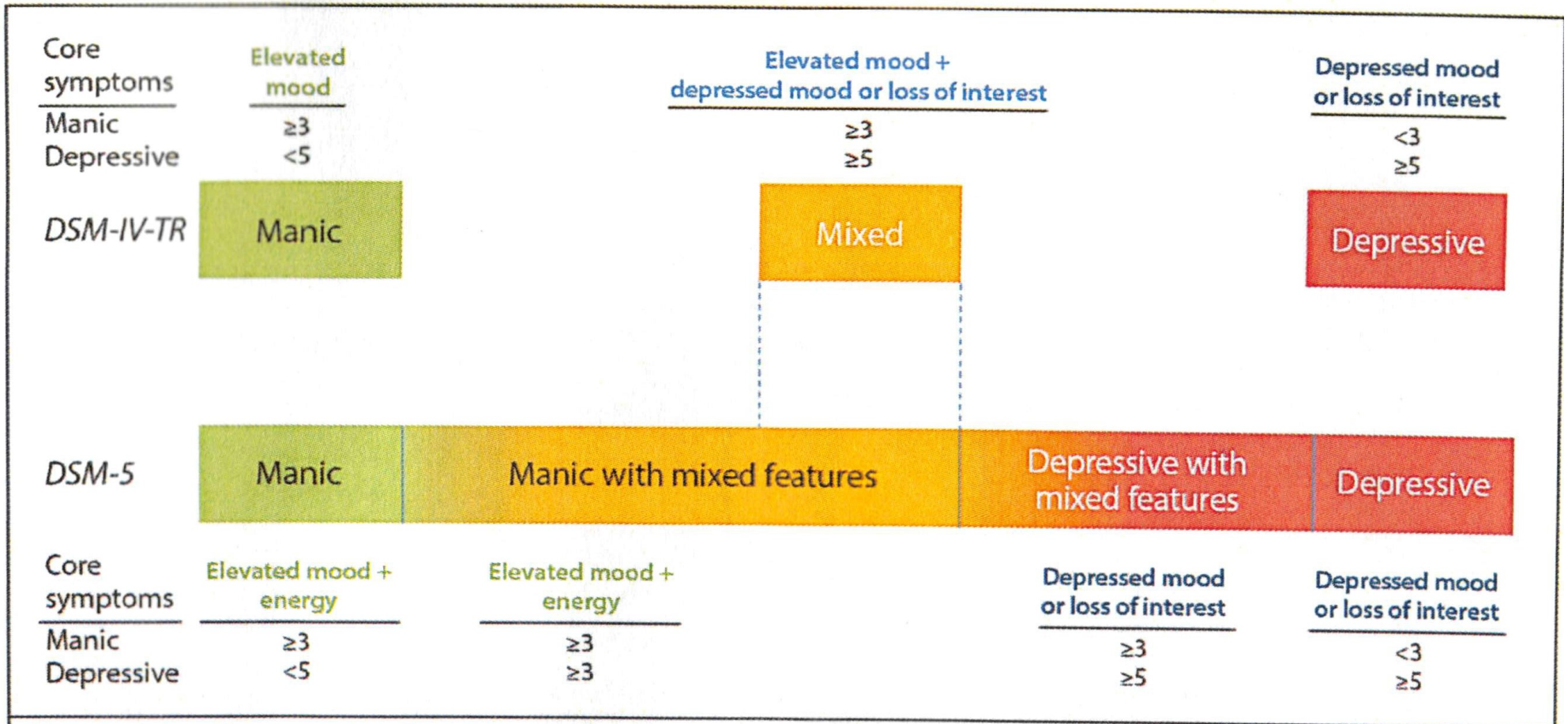
COMPLIANCE

Weiss et al, 1998
21% of patients adhered to Tx
13% took 1/3 of the time
Also 65% have Axis 1 comorbid diagnosis
43% have two or more

PATIENTS WITH MIXED FEATURES (SPECTRUM)

- Unipolar depression with hypomanic, irritability hyperactive (flight of ideas, euphoria)
- May be at increased risk of developing bipolar disorder (delayed sleep, psychosis, suicidal)
- In a group of 76 patients with MDD, Benazel found an average of 2.8 hypomanic symptoms per patient. They had worse clinical course, higher comorbidly and poorer response to treatment.

Figure 1. Conceptualization of Bipolar Mixed States in *DSM-IV-TR*[5] Versus *DSM-5*[8] Editions[a]



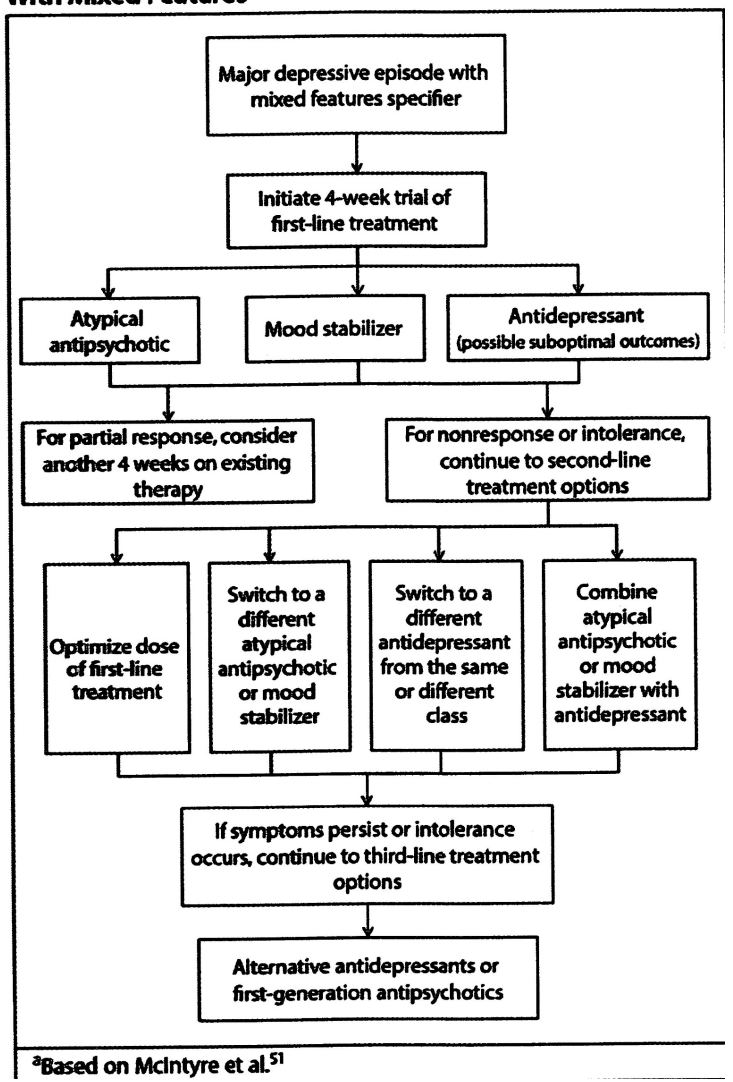
[a]Reprinted with permission from Hu et al.[9]
Abbreviations: *DSM-IV-TR* = *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision; *DSM-5* = *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition.

Table 1. Risk Factors for Progression From Unipolar Depression to Bipolar Disorder[a]

Mixed features (subthreshold manic/hypomanic symptoms)
Family history of bipolar disorder
Earlier age at onset
Onset of depressive illness in autumn
Psychosis
Suicidality
Delayed sleep phase
Past or current anxiety or substance use disorder
History of child abuse or other stressors
Poor response to antidepressant treatment/ antidepressant-induced mania

[a]Data from Bader and Dunner,[36] Gilman et al,[35] Robillard et al,[37] Ratheesh et al,[31] and Stahl et al.[15]

Figure 5. Florida Medicaid Consensus Guidelines for Pharmacologic Treatment of Major Depressive Disorder With Mixed Features[a]



[a]Based on McIntyre et al.[51]

STAGE 1	Optimize Mood Stabilizer	Check Compliance	Rule Out Drug/Alcohol Abuse
STAGE 2	Add Second Mood Stabilizer with Anti Depressant efficacy: (1) Quetiapine, Lurasidone, Lamotrigine (2)Lithium, Valproate	Add or Intensify Psychotherapy	
STAGE 3	Add Antidepressant: (1) SSRI or Bupropion (2) Second-line dual-action agents (Venlafaxine, Duloxetine, Desmethylvenlafaxine)		
STAGE 4	Add: (3) MAO Inhibitors (4) Tricyclic Antidepressants		

Figure 5.1 Stages in the Treatment of patients with Bipolar Depression
Clinicians Guide To Bipolar Disorder: David J. Miklowitz, Michael J. Gitlin; The Guilford Press

TABLE 5.3. ANTIDEPRESSANTS FOR BIPOLAR DEPRESSION: COMPETING ARGUMENTS

AGAINST ANTIDEPRESSANTS

- There is no consistent evidence of efficacy.
- They may cause manic/ hypomanic switches.
- They may cause mood instability
- There is little evidence of suicide prevention

FOR ANTIDEPRESSANTS

- Efficacy is seen at trend level; still insufficiently studied.
- There is little evidence of switch with modern anti depressants, especially when added to mood stabilizers
- Most data are derived from old tricyclic studies; little evidence with modern anti depressants.
- The only evidence for suicide prevention is lithium, not all mood stabilizers; successfully treating the primary cause of suicide (depression) will inevitably decrease suicide.

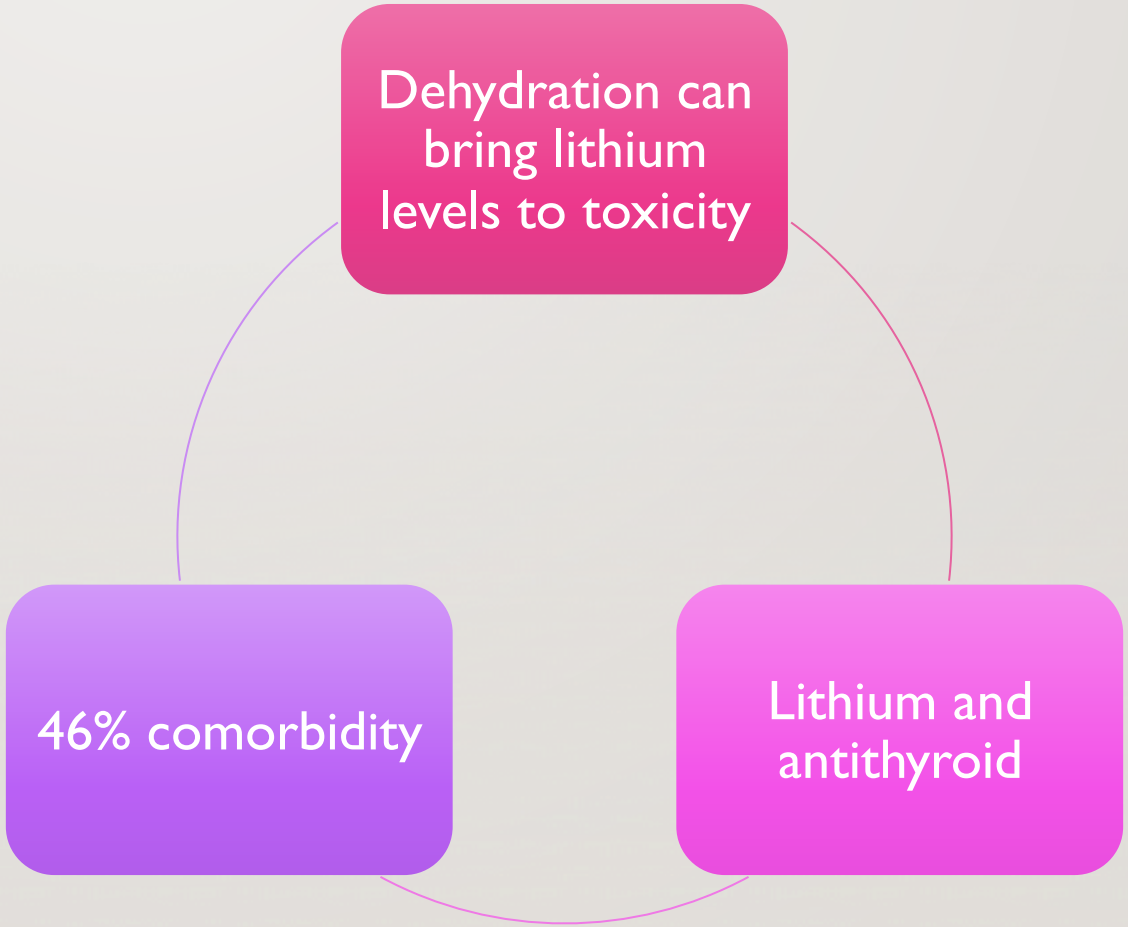
CLINICIANS GUIDE TO BIPOLAR DISORDER: DAVID J. MIKLOWITZ, MICHAEL J. GITLIN; THE GUILFORD PRESS

Table 2. Self-Reported Reasons for Changing Treatments in the Past in Response to the Following Question: "When You Have Changed Treatments in the Past, What Were the Main Factors That Prompted You to Switch?"

Reasons for Treatment Changes (answer options)	Depression Group (n = 354) Response, %	Bipolar Group (n = 383) Response, %
Didn't feel it was working sufficiently	63.6	69.5
Side effects[a]	49.4	71.8
Doctor recommended a switch	29.1	47.0
Cost	21.8	29.0
Impact on physical health	20.1	36.8
Availability/access	16.7	19.8
Was too hard to incorporate into my daily life	9.9	9.9
I have not changed treatments.	9.0	5.2
Have to remember to take medication several times a day	8.5	9.7
Other	8.5	10.2
Way medication is administered (liquid, tablet, injection)	2.5	2.6

[a]Side effects leading to treatment discontinuation are summarized in Supplementary Table 1.

ALCOHOL ABUSE/BIPOLAR



PSYCHOTHERAPY FOR BIPOLAR

UP TO 50% OF BIPOLAR I PATIENTS DO NOT RECOVER FROM ACUTE MANIC EPISODES WITHIN ONE YEAR, AND ONLY 25% ACHIEVE FULL RECOVERY FUNCTION.

STAGES OF GRIEF

ANGER

BARGAINING

DEPRESSED

ACCEPTANCE

GOOD SLEEP HYGIENE

- Avoid stimulants
- Exercise early in the day
- Changes in routine

Intervention

Sleep rhythms

- Regular pattern daily activities
- Family recognition of symptoms
- Markers of episodes, i.e.. Children's needs, agitation, irritability, impulsivity

FOSTERING COLLABORATIVES IN THE DISORGANIZED PATIENT

- Careful attention to collaborative treatment frame
- Fostering nonverbal collaboratives, not stonewalling or pervasive mismatch
- Fostering metacognitive awareness of verbal noncollaboration

ENHANCING METACOGNITION IN THE DISORGANIZED PATIENT

- Enhancing mentalizing and reflective capacity
- Importance of fostering metacognitive awareness of organization/disorganization of state-of-mind
- Fostering metacognitive mastery
- Metacognitive orientation to past/present, self/other, child/adult
- Taking a wider perspective on self to a larger unity than momentary shifting self-states

Paul Lysaker, PhD: Metacognition Assessment Scale

Scale M: Mastery (continued)

M6 – At this level the individual is able to manage mental health problems by thinking about them differently. The individual may use adaptive self-statements to replace maladaptive self-statements or may reframe problematic behavior in a more positive or realistic way. Regardless of the specific technique used, the individual is able to attain a different viewpoint of the situation that allows him/her to cope more effectively with the problem.

M7 – At this level, the individual is able to understand and modify the beliefs, perceptions, expectations, and thoughts that have contributed to problem development or maintenance and/or is able to manage the mental health concerns by understanding the relationship between cognitions, emotions, behaviors, and interpersonal interactions.

M8 – The individual is able to recognize that his/her mental health concerns impact interpersonal relationships and is able to cope effectively with the mental health concerns by understanding the relationship between cognitions, emotions, behaviors, and interpersonal interactions in other people.

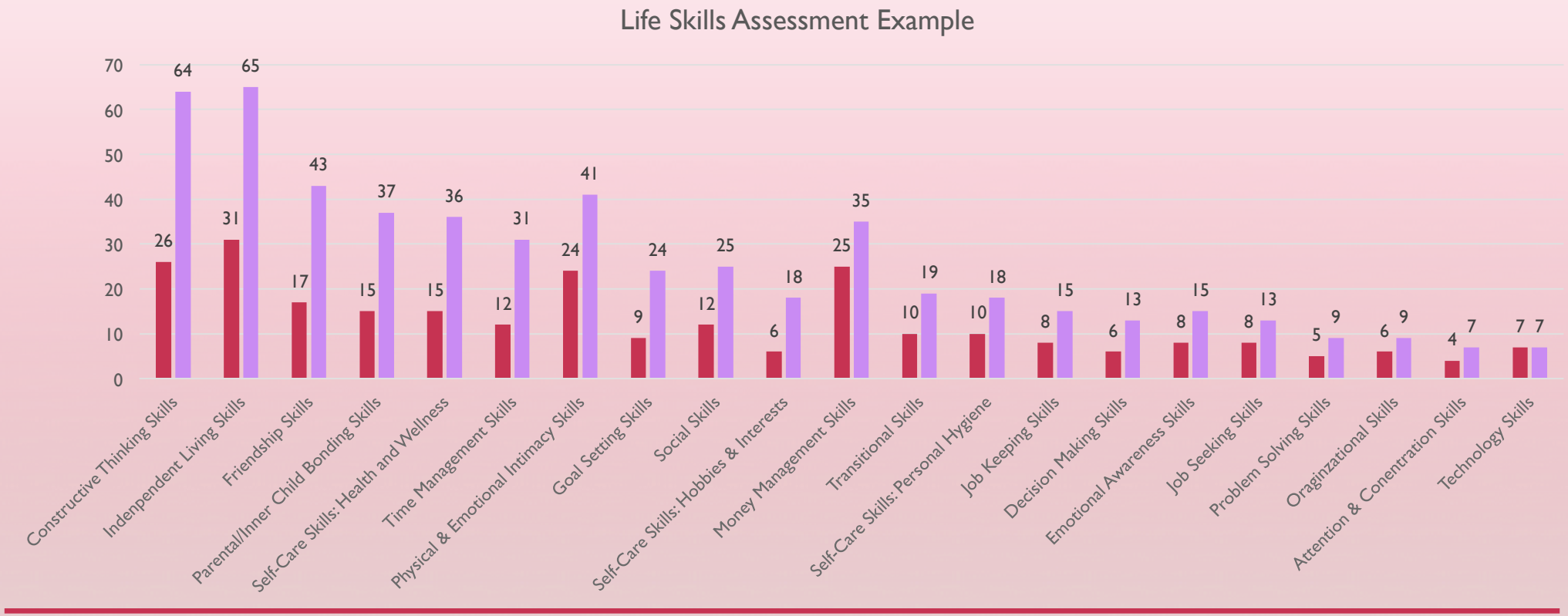
M9 – At this level, the individual is able to recognize and accept that coping strategies do not have to completely eliminate mental health concerns in order to be effective and that he/she cannot completely control the environment and the experience of self and others. There is recognition that all individual and relationships have their own difficulties and that coping strategies can enhance functioning and minimize distress/dysfunction to variable degrees.

INTERVENTIONS 2

FAMILY FOCUSED
PSYCHO EDUCATION
COMMUNICATION ENHANCEMENT
PROBLEM SOLVING
30-40% REDUCTION IN RELAPSE RATIO

BECOME OBJECTIVE OBSERVERS OF OWN FUNCTIONING:

- Written by of automatic thoughts
- Sleep Patterns
- Environmental Triggers
- Relapse cycle



CASE HISTORY

8-10 YEARS BEFORE CORRECT DIAGNOSIS
CONTINUAL REASSESSMENT
PSYCHOEDUCATION
FAMILY INVOLVEMENT
COST-BENEFIT OF SIDE EFFECTS
HETEROGENEITY OF THE DISORDER(BIPOLAR SPECTRUM DISORDERS)
TIME BETWEEN EPISODES
3 TO 1 D/M(PROGRESSIVELY SHORTER BETWEEN EPISODES)
OUTCOME AFTER 3 WEEKS OF MEDS
50% RESPOND MANIA

SPOUSES OF BIPOLAR PARTNERS

Half would not have married

Concerns about having children

Issues with infidelity

Dealing with bipolar relatives

Need for education:

- Sleep
- Stress
- Isolation
- Dishonesty
- Financial Concerns

Inter-Psychic Intimacy
(between the couple)

vs.

Intra-Psychic Intimacy
(within the individual)

SELF-OTHER RELATIONSHIPS CHANGE WHEN THERE IS A COGNITIVE SHIFT IN RELATIONAL MEMORY AS THE CLIENT BECOMES MORE EMPATHICALLY ATTUNED TO SELF AND OTHERS.

Identifying Assumptions

Listed below are beliefs that some people hold. Please circle the number next to the beliefs that are true for you.

A. Acceptance

1. I have to be cared for by someone who loves me.
2. I need to be understood.
3. I can't be left alone.
4. I'm nothing unless I'm loved.
5. To be rejected is the worst thing in the world.
6. I can't get others mad at me.
7. I have to please others.
8. I can't stand being separated from others.
9. Criticism means personal rejection.
10. I can't be alone.

B. Competence

1. I am what I accomplish.
2. I have to be somebody.
3. Success is everything.
4. There are winners and losers in life.
5. If I'm not on top, I'm a flop.
6. If I let up, I'll fail.
7. I have to be the best at whatever I do.
8. Others' successes take away from mine.
9. If I make a mistake, I'll fail.
10. Failure is the end of the world.

C. Control

1. I have to be my own boss.
2. I'm the only one who can solve my problems.
3. I can't tolerate others telling me what to do.
4. I can't ask for help.
5. Others are always trying to control me.
6. I have to be perfect to have control.
7. I'm either completely in control or completely out of control.
8. I can't tolerate being out of control.
9. Rules and regulations imprison me.
10. If I let someone get too close, that person will control me.

Identifying Treatment-Interfering Behavior (TIB)

Patient Name: _____ Date: _____

Form Completed By: _____

What is TIB? *A TIB is any behavior that is incompatible or directly interferes with a person's ability to participate in treatment successfully. This behavior is important to address because it can prevent people from overcoming problems. A TIB is not defined by a person's intention, but by the outcome of the behavior. For example, a man who misses therapy sessions to take care of an ill family member is not necessarily trying to disrupt his treatment, but the outcome of his behavior interferes with treatment- in other words, he does not receive the care he needs. For this reason, his pattern of missing sessions would be considered a TIB, no matter why he does it. Also, a TIB is not an isolated event. Typically, it is an ongoing pattern of behavior. Missing one session is probably not a problem but missing several sessions would be considered a TIB.*

Instructions: *Please check each TIB listed below that is exhibited by this patient. If there is more than one TIB, circle the number of the one you feel should be addressed first.*

_____1. Does not acknowledge having a problem.
_____2. Does not Adequately or consistently acknowledge the problem's severity or its impact on others.
_____3. Does not identify clear goals for treatment.
_____4. Attempts to change the focus of sessions to issues not on the treatment plan.
_____ 5. Has difficulty explaining the treatment plan or the rationale behind it.
_____6. Has difficulty answering questions in a timely fashion (e.g., provides information not relevant to the question, provides too much detail, does not respond).
_____7. Is frequently late.
_____8. Has difficulty following the treatment plan (e.g., does not complete therapy assignments, doesn't take medication as prescribed) when: _____accompanied by staff____not accompanied by staff.
_____9. Provides information to the treatment team is either inaccurate, misleading, or inconsistent (e.g., does not adequately report difficulties, reports different things to different staff members, leaves out critical details)?
_____10. Engages in, threatens to engage in, or hints at engaging in self-destructive acts.
_____11. Has difficulty doing homework consistently.
_____ 12. Does not participate in identifying stuck points and or internal blocks.
_____13. Does not talk actively in groups.

BDEFS-LF: Self-Report

Name: _____ Date: _____

Sex: (Circle one) Male Female Age: _____

Instructions

How often do you experience each of these problems? Please circle the number next to each item that best describes your behavior **DURING THE PAST 6 MONTHS**. Please ignore the sections marked "Office Use Only."

Section 1 Items	Never or rarely	Some-times	Often	Very often
1. Procrastinate or put off doing things until the last minute	1	2	3	4
2. Poor sense of time	1	2	3	4
3. Waste or mismanage my time	1	2	3	4
4. Not prepared on time for work or assigned tasks	1	2	3	4
5. Fail to meet deadlines for assignments	1	2	3	4
6. Have trouble planning ahead or preparing for upcoming events	1	2	3	4
7. Forget to do things I am supposed to do	1	2	3	4
8. Can't seem to accomplish the goals I set for myself	1	2	3	4
9. Late for work or scheduled appointments	1	2	3	4
10. Can't seem to hold in mind things I need to remember to do	1	2	3	4
11. Can't seem to get things done unless there is an immediate deadline	1	2	3	4
12. Have difficulty judging how much time it will take to do something or get somewhere	1	2	3	4
13. Have trouble motivating myself to start work	1	2	3	4
14. Have difficulty motivating myself to stick with my work and get it done	1	2	3	4
15. Not motivated to prepare in advance for things I know I am supposed to do	1	2	3	4
16. Have trouble completing one activity before starting into a new one	1	2	3	4
17. Have trouble doing what I tell myself to do	1	2	3	4
18. Difficulties following through on promises or commitments I may make to others	1	2	3	4
19. Lack self-discipline	1	2	3	4
20. Have difficulty arranging or doing my work by its priority or importance; can't "prioritize" well	1	2	3	4
21. Find it hard to get started or get going on things I need to get done	1	2	3	4
Office Use Only—**Section 1 Total Score** _____				

Section 2 Items	Never or rarely	Some-times	Often	Very often
22. I do not seem to anticipate the future as much or as well as others	1	2	3	4
23. Can't seem to remember what I previously heard or read about	1	2	3	4
24. I have trouble organizing my thoughts	1	2	3	4
25. When I am shown something complicated to do, I cannot keep the information in mind so as to imitate or do it correctly	1	2	3	4
26. I have trouble considering various options for doing things and weighing their consequences	1	2	3	4
27. Have difficulties saying what I want to say	1	2	3	4
28. Unable to come up with or invent as many solutions to problems as others seem to do	1	2	3	4
29. Find myself at a loss for words when I want to explain something to others	1	2	3	4
30. Have trouble putting my thoughts down in writing as well or as quickly as others	1	2	3	4
31. Feel I am not as creative or inventive as others of my level of intelligence	1	2	3	4
32. In trying to accomplish goals or assignments, I find I am not able to think of as many ways of doing things as others	1	2	3	4
33. Have trouble learning new or complex activities as well as others	1	2	3	4
34. Have difficulty explaining things in their proper order or sequence	1	2	3	4
35. Can't seem to get to the point of my explanations as quickly as others	1	2	3	4
36. Have trouble doing things in their proper order or sequence	1	2	3	4
37. Unable to "think on my feet" or respond as effectively as others to unexpected events	1	2	3	4
38. I am slower than others at solving problems I encounter in my daily life	1	2	3	4
39. Easily distracted by irrelevant events or thoughts when I must concentrate on something	1	2	3	4
40. Not able to comprehend what I read as well as I should be able to do; have to reread material to get its meaning	1	2	3	4
41. Cannot focus my attention on tasks or work as well as others	1	2	3	4
42. Easily confused	1	2	3	4
43. Can't seem to sustain my concentration on reading, paperwork, lectures, or work	1	2	3	4
44. Find it hard to focus on what is important from what is not important when I do things	1	2	3	4
45. I don't seem to process information as quickly or as accurately as others	1	2	3	4
Office Use Only—**Section 2 Total Score**_____				

Section 3 Items	Never or rarely	Some-times	Often	Very often
46. Find it difficult to tolerate waiting; impatient	1	2	3	4
47. Make decisions impulsively	1	2	3	4
48. Unable to inhibit my reactions or responses to events or others	1	2	3	4
49. Have difficulty stopping my activities or behavior when I should do so	1	2	3	4
50. Have difficulty changing my behavior when I am given feedback about my mistakes	1	2	3	4
51. Make impulsive comments to others	1	2	3	4
52. Likely to do things without considering the consequences for doing them	1	2	3	4
53. Change my plans at the last minute on a whim or last minute impulse	1	2	3	4
54. Fail to consider past relevant events or past personal experiences before responding to situations (I act without thinking)	1	2	3	4
55. Not aware of things I say or do	1	2	3	4
56. Have difficulty being objective about things that affect me	1	2	3	4
57. Find it hard to take other people's perspectives about a problem or situation	1	2	3	4
58. Don't think about or talk things over with myself before doing something	1	2	3	4
59. Trouble following the rules in a situation	1	2	3	4
60. More likely to drive a motor vehicle much faster than others (Excessive speeding)	1	2	3	4
61. Have a low tolerance for frustrating situations	1	2	3	4
62. Cannot inhibit my emotions as well as others	1	2	3	4
63. I don't look ahead and think about what the future outcomes will be before I do something (I don't use my foresight)	1	2	3	4
64. I engage in risk taking activities more than others are likely to do	1	2	3	4
Office Use Only—**Section 3 Total Score**_____				

Section 4 Items	Never or rarely	Some-times	Often	Very often
65. Likely to take short cuts in my work and not do all that I am supposed to do	1	2	3	4
66. Likely to skip out on work early if my work is boring to do	1	2	3	4
67. Do not put as much effort into my work as I should or than others are able to do	1	2	3	4
68. Others tell me I am lazy or unmotivated	1	2	3	4
69. Have to depend on others to help me get my work done	1	2	3	4

70. Things must have an immediate payoff for me or I do not seem to get them done	1	2	3	4
71. Have difficulty resisting the urge to do something fun or more interesting when I am supposed to be working	1	2	3	4
72. Inconsistent in the quality or quantity of my work performance	1	2	3	4
73. Unable to work as well as others without supervision or frequent instruction	1	2	3	4
74. I do not have the willpower or determination that others seem to have	1	2	3	4
75. I am not able to work toward longer term or delayed rewards as well as others	1	2	3	4
76. I cannot resist doing things that produce immediate rewards even if they are not good for me in the long run	1	2	3	4
Office Use Only—**Section 4 Total Score**_____				

Section 5 Items	Never or rarely	Some-times	Often	Very often
77. Quick to get angry or become upset	1	2	3	4
78. Overreact emotionally	1	2	3	4
79. Easily excitable	1	2	3	4
80. Unable to inhibit showing strong negative or positive emotions	1	2	3	4
81. Have trouble calming myself down once I am emotionally upset	1	2	3	4
82. Cannot seem to regain emotional control and become more reasonable once I am emotional	1	2	3	4
83. Cannot seem to distract myself away from whatever is upsetting me emotionally to help calm me down. I can't refocus my mind to a more positive framework.	1	2	3	4
84. Unable to manage my emotions in order to accomplish my goals successfully or get along well with others	1	2	3	4
85. I remain emotional or upset longer than others	1	2	3	4
86. I find it difficult to walk away from emotionally upsetting encounters with others or leave situations in which I have become very emotional	1	2	3	4
87. I cannot rechannel or redirect my emotions into more positive ways or outlets when I get upset	1	2	3	4
88. I am not able to evaluate an emotionally upsetting event more objectively	1	2	3	4
89. I cannot redefine negative events into more positive viewpoints when I feel strong emotions	1	2	3	4
Office Use Only—**Section 5 Total Score**_____				

BDEFS-LF: Self-Report *(page 5 of 5)*

Office Use Only **Total of Sections 1–5: Total EF Summary Score** _____		
Office Use Only **Count number of items answered 3 or 4** **EF Symptom Count** _____		
Office Use Only **Add Items 1, 6, 14, 16, 24, 49, 50, 55, 60, 65, and 69** **ADHD-EF Index Score**		