



INDIGENOUS WHOLOSTIC HEALING SERVICES

SUICIDE PREVENTION & TRAUMA RECOVERY SEMINAR

SUICIDE PREVENTION

Q: What is Suicide?

A: Experts in the field suggest that a suicidal person is feeling so much pain that they can see no other option. They feel that they are a burden to others, and in desperation see death as a way to escape their overwhelming pain and anguish. The suicidal state of mind has been described as constricted, filled with a sense of self – hatred, rejection and hopelessness.

SUICIDE. We would rather not talk about it. We hope it will never happen to anyone we know. But suicide is a reality, and it is more common than you might think. The possibility that suicide could claim the life of someone you love cannot be ignored. By paying attention to warning signs and talking about the “UNTHINKABLE”, you may be able to prevent a death.

Q: Who is at risk?

People likely to commit suicide include those who:

1. People that are having a serious physical or mental illness;
2. People that are abusing alcohol or drugs;
3. People that are experiencing a major loss, such as the death of a loved one, unemployment or divorce;
4. People that are experiencing major changes in their life, such as teenagers and seniors;
5. People that have made previous suicide threats.

Q: Why do people commit suicide?

A: There are many circumstances which can contribute to someone's decision to end his/her life, But a persons' feelings about those circumstances are more important than the circumstances themselves. All people who consider suicide feel that life is unbearable. They have an extreme sense of hopelessness, helplessness, and desperation. With some types of mental illness, People may hear voices or have delusions which prompt them to kill themselves.

I FEEL HURT --- OWN IT --- NOBODY GETS TO ARGUE THAT.

We need to start feelings' meetings where people learn to express their Feelings on a regular basis. Our community needs to have something to put people in the community on alert.

- ⇒ People who talk about committing suicide or make an attempt, do not necessarily want to die. Often, they are reaching out for help. Sometimes, a suicide attempt becomes the turning point in a person's life if there is enough support to help him/ her make necessary changes.
- ⇒ If someone you know is feeling desperate enough to commit suicide, you may be able to help him/her find a better way to cope. If you, yourself are so distressed that you cannot think of any way out except by "ENDING IT ALL", remember, help for your problem is available.

Q: What are the danger signs?

Some warning signs that a person may be suicidal include:

- | |
|---|
| 1. Repeated expressions of hopelessness, helplessness, or desperation; |
| 2. Behaviour that is out of character, such as recklessness in someone who is normally careful; |
| 3. Signs of depression – sleeplessness, social withdrawal, loss of appetite, loss of interest in usual activities; |
| 4. A sudden and unexpected change to a cheerful attitude; |
| 5. Giving away prized possessions to friends and family; |
| 6. Making a will, taking out insurance, or other preparations for death, such as telling final wishes to someone close. |

Making remarks related to death and dying, or an expressed intent to commit suicide. An expressed intent to commit suicide should always be taken very seriously.

Q: What can you do to help a friend?

<p>1. KNOW THE WARNING SIGNS! Read over the list above and keep it in a safe place.</p>
<p>2. DO NOT BE AFRAID TO TALK TO YOUR FRIENDS! Listen to the feelings. Make sure they know how important they are to you, but don't believe you can keep them from hurting themselves on your own. Preventing suicide will require adult help.</p>
<p>3. MAKE NO DEALS! Never keep secret a friend's suicidal plans or thoughts. You cannot promise that you will not tell – you have to tell to save your friend.</p>
<p>4. TELL AN ADULT! Talk to your parent, your friend's parent, your school's psychologist or counselor – a trusted adult. AND DON'T WAIT! Don't be afraid that the adults will not believe you or take you seriously – keep talking until they listen! Even if you are not sure if your friend is suicidal, Talk to someone. It's OK if you "jump the gun" – this is definitely the time to be safe and not sorry!</p>
<p>5. ASK IF YOUR SCHOOL HAS A CRISIS TEAM! Many schools (Elementary, middle, and high schools) have organized crisis teams, which include teachers, counselors, social workers, psychologists and principals. These teams help train all staff to recognize warning signs of suicide as well as how to help in a crisis situation. These teams can also help students understand warning signs of violence and suicide. If your school does not have a crisis team, ask your student council or faculty advisor to look into starting a team.</p>

SUICIDE PREVENTION PLAN

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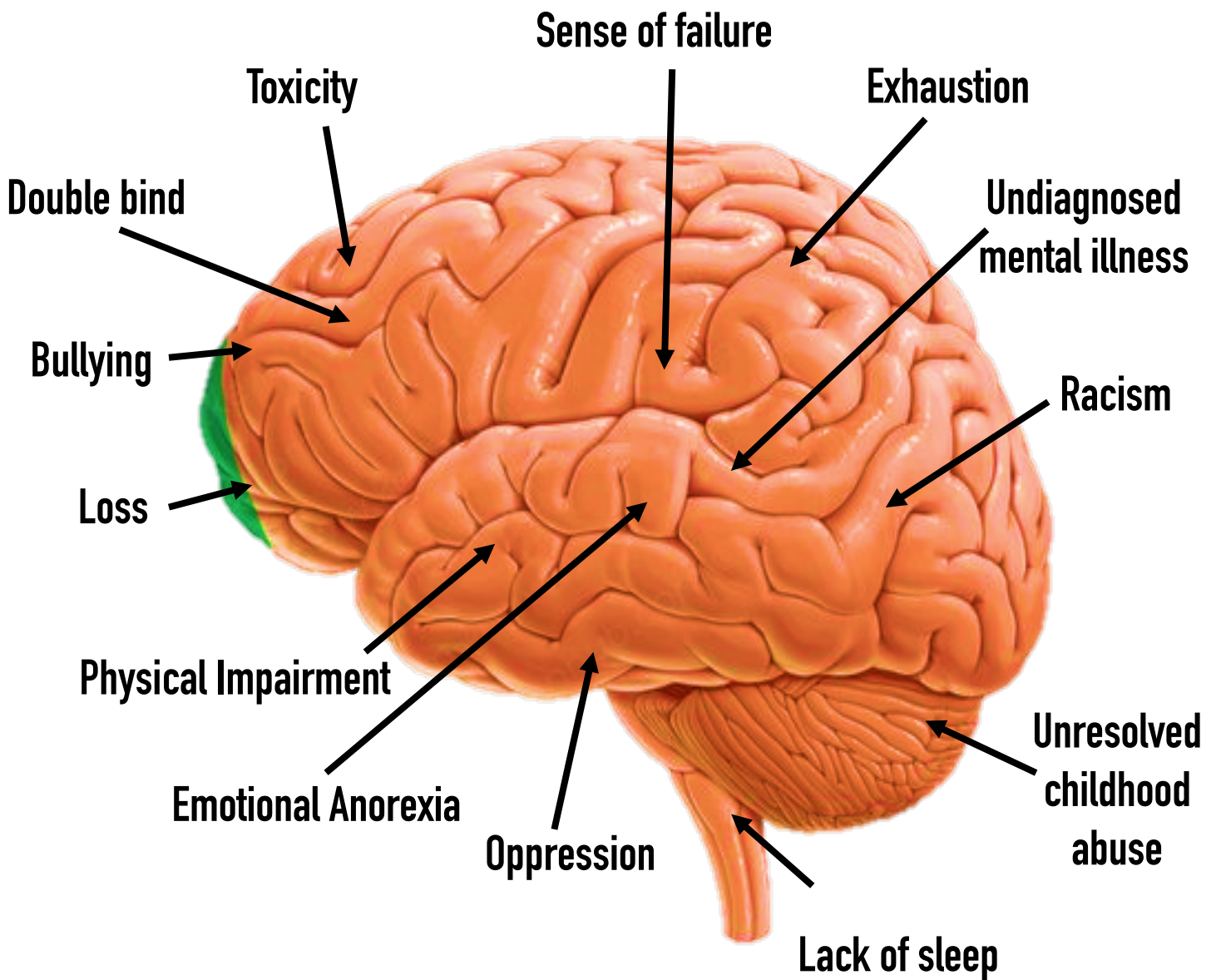
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SUPPORT NETWORK – “PEOPLE WHO CARE”

SUICIDE WARNING SIGNS

1. **SUICIDE NOTES.** These are a very real sign of danger and should be taken seriously.

SUICIDE NOTES



2. **THREATS.** Threats may be direct statements (“ I want to die, “ I am going to kill myself”) or, unfortunately, indirect comments (“ The world would be better without me”, “Nobody will miss me anyway”). Among teenagers, indirect clues could be offered through joking or through comments in school assignments, particularly creative writing or artwork. Younger children and those who may have some delays in their development may not be able to express their feelings in words but may provide indirect clues in the form of acting-out, violent behaviour, often with threatening or suicidal comments.
3. **PREVIOUS ATTEMPTS.** If a child or teenager has attempted suicide in the past, there is a greater likelihood that he or she will try again. Be very observant of any friends who have tried suicide before.
4. **DEPRESSION (HELPLESSNESS/HOPELESSNESS).** When symptoms of depression include strong thoughts of helplessness and hopelessness, a child or adolescent is possibly at greater risk for suicide. Watch out for behaviours or comments that indicate that your friend is feeling overwhelmed by sadness or pessimistic views of their future.
5. **“MASKED” DEPRESSION.** Sometimes risk-taking behaviours can include acts of aggression, gunplay, and alcohol/substance abuse. While your friend does not acted “depressed”, their behaviour suggests that they are not concerned about their own safety.
6. **FINAL ARRANGEMENTS.** This behaviour may take many forms. In adolescents, it might be giving away prized possessions such as jewelry, clothing, journals or pictures.
7. **EFFORTS TO HURT ONESELF.** Self – injury behaviours are signs for young children as well as teenagers. Common self – destructive behaviours include running into traffic, jumping from heights, and scratching/cutting/marking the body.
8. **INABILITY TO CONCENTRATE OR THINK CLEARLY.** Such problems may be reflected in classroom behaviour, homework habits, academic performance, household chores, even conversation. If your friend starts skipping classes, getting poor grades, acting up in class, forgetting or poorly performing chores around the house or talking in a way that suggests they are having trouble concentrating, these might be signs of stress and risk for suicide.

9. **CHANGING IN PHYSICAL HABITS AND APPEARANCE.** Changes include inability to sleep or sleeping all the time., sudden weight gain or loss, disinterest in appearance or hygiene.
10. **SUDDEN CHANGES IN PERSONALITY, FRIENDS, BEHAVIOURS.** Parents, teachers and friends are often the best observers of sudden changes in suicidal students. Changes can include withdrawing from friends and family, skipping school or classes, loss of involvement in activities that were once important, and avoiding friends.
11. **DEATH AND SUICIDAL THEMES.** These might appear in classroom drawing, work samples, journals or homework.
12. **PLAN/METHOD/ACCESS.** A suicidal child or adolescent may show an increased interest in guns and other weapons, may seem to have increased access to guns, pills, etc., and or may talk about or hint at a suicide plan. The greater the planning, the greater the potential for suicide.



1. There are no right or wrong things you can say if you are speaking out of love and concern. Just be yourself. Show that you care by talking to them, holding them while they cry, or whatever else is necessary.
2. A suicidal person usually is carrying around some burden that they feel they just can't handle anymore. Offer to listen as they vent their feelings of despair, anger and loneliness. Sometimes this is enough to lighten the load just enough for them to carry on.
3. Be sympathetic, non-judgmental, patient, calm, accepting. The person will pick up on your attitude and begin to mirror this.
4. Don't be afraid to ask, "Are you having thoughts of suicide?" You are not putting ideas in their head. This will give you some valuable information about how to proceed in helping him.
5. If the answer is yes, ask these three questions:

- | |
|--|
| <input type="radio"/> Have you thought about how you would do it? |
| <input type="radio"/> Do you have what you need to carry out your plan? |
| <input type="radio"/> Do you know when you will do it? |

- Fortunately, the majority of people will either say that they have no definite plans or that they don't have the nerve to do it themselves. Although this is still a serious situation, you know that they are probably not in imminent danger of hurting themselves. Take their words as a plea for help and proceed with helping them to get the assistance that they need. Urge them to seek professional help as soon as possible.
 - If the answers they give you lead you to believe they are in immediate danger, do not hesitate to contact the authorities. They may tell you that you are betraying them or making them angry. You may feel like you will lose their friendship if you take action. Just remember that you may permanently lose their friendship if you don't. When they're well again, they will thank you.
6. Keep them talking. This will allow them to reduce the emotional burden they are carrying, and give them time to calm down. The longer you keep them talking, the more you can take the edge off their desperation. As their momentum winds down, it's harder for them to act on their feelings.
 7. Avoid trying to offer quick solutions or belittling the person's feelings. How big he perceives the problem to be and how much he is hurting over it is what counts.

Rational arguments do little good to persuade a person when they are in this state of mind. Instead offer your empathy and compassion for what he is feeling without making any judgments about whether he should feel that way.

8. If the person has already started a suicide attempt, call for help immediately. If they are still conscious, get what information you can about what substances they have ingested, how long ago did they ingest them, how much did they take, are they also consuming alcohol, when did they last eat, what is the general state of their health. Call 911, Poison Control, or an appropriate emergency contact number in your area and explain the situation. Keep calm and follow any steps they may give you to assist your friend.
 9. If you are in a situation--such as an online friendship--where you know very little about the person, encourage them to call 911 on their own or to call a suicide hotline in their area. This is your best option, because a local agency such as 911 or a hotline may be able to trace the call and get assistance to them.
- If they refuse to call, do your best to learn whatever personal information you can about the person. Don't hesitate to ask them for their address, phone number, and other information to help dispatch an emergency crew to their home.
10. Dealing with a suicide threat is very stressful. Seek assistance to decompress afterwards. Talk to a trusted friend, your pastor, etc. about what you've been through and how you feel about it.
 11. If all your attempts fail, don't blame yourself. You did all that you could. This person ultimately made their own choices, for good or bad. If you were very close to the person, it may be wise to seek out grief counseling and suicide survivor support groups.

SUICIDE RISK FACTORS

PARTIAL LIST OF RISK FACTORS:

◆ Previous suicide attempt
◆ Easy access to lethal means
◆ Mental disorders
◆ History of trauma or abuse
◆ Job or financial loss
◆ Hopelessness
◆ Alcohol and other substance abuse disorders
◆ Lack of social support / isolation

SUICIDE IN TEENS

Teenage suicide is a serious and growing problem. The teenage years can be emotionally turbulent and stressful. Teenagers face pressures to succeed and fit in. They may struggle with self-esteem issues, self-doubt, and feelings of alienation. For some, this leads to suicide. Depression is also a major risk factor for teen suicide.

OTHER RISK FACTORS FOR TEENAGE SUICIDE INCLUDE:

☼ Childhood abuse	☼ Availability of a gun
☼ Recent traumatic event	☼ Hostile social or school environment
☼ Lack of a support network	☼ Exposure to other teen suicides


SUICIDE IN THE ELDERLY

The highest suicide rates of any age group occur among persons aged 65 years and older. One contributing factor is depression in the elderly that is undiagnosed and untreated.

OTHER RISK FACTORS FOR SUICIDE IN THE ELDERLY INCLUDE:

☼ Recent death of a loved one	☼ Loss of sense of purpose
☼ Physical illness, disability, or pain	☼ Major life changes, such as retirement
☼ Isolation and loneliness	☼ Loss of independence


SUICIDE PREVENTION RESTRUCTURING




DEVELOPING A WORK BASED COMMITMENT.
UNDERSTANDING THAT IN LIFE'S CIRCLE WE ARE ALL HELPERS, AND AS A HELPER OUR HOURS ARE CONTINUAL MEANING **24 HOURS A DAY**. THIS IS A COMMITMENT WE MAKE TO OURSELVES, TO OUR CREATOR AND TO OTHERS.



PRIOR TO ENGAGING IN FRONT-LINE ACTIVITY; OUR OBJECTIVES, OUR PURPOSE, AND OUR COMMITMENT **SHOULD BE EVIDENT.**



UNDERSTANDING THE ROOTS OF SUICIDE AND BECOMING TOTALLY AWARE OF THE TRAUMAS OF FIRST NATIONS & INUIT PEOPLE.



HAVING A DEEP-ROOTED UNDERSTANDING OF SELF AND OUR IDENTITY. **COMPLETING OR ENGAGING IN SELF-HELP HEALING PRACTICES.** **ENTERING INTO A HEALTHY SPIRITUAL CONNECTION WITH CREATOR.** PRIOR TO WORKING WITH OTHERS, THIS SPIRITUAL CONNECTION SHOULD BE EXHIBITED ON A **CONTINUAL BASIS.**

PREVENT A SUICIDE ATTEMPT

If you are concerned that someone may be suicidal, take action. If possible, talk with the person directly. The single-most important thing you can do is listen attentively without judgment.

- Talking about suicide can only decrease the likelihood that someone will act on suicidal feelings. There is almost no risk that raising the topic with someone who is not considering suicide will prompt him/her to do it.

- Find a safe place to talk with the person and allow as much time as necessary. Assure him/her of your concern and your respect for his/her privacy. Ask the person about recent events and encourage him/her to express his/her feelings freely. Do not minimize the feelings involved.

- Ask whether the person feels desperate enough to consider suicide. If the answer is yes, ask, "Do you have a plan? How and where do you intend to kill yourself?"

- Admit your own concern and fear if the person tells you that he/she is thinking about suicide but do not react by saying, "You shouldn't be having these thoughts; things can't be that bad." Remember, you are being trusted with someone's deepest feelings. Although it may upset you, talking about those feelings will bring the person relief.

- Ask if there is anything you can do. Talk about resources that can be drawn on (family, friends, community agencies, crisis centers') to provide support, practical assistance, counseling or treatment.


- Make a plan with the person for the next few hours or days. Make contacts with him/her or on his/her behalf. If possible, go with the person to get help.


- Let the person know when you can be available, and then make sure you are available at those times. Also, make sure your limits are known, and try to arrange that there is always someone that he/she can call at any time of day.


- Ask who else knows about the suicidal feelings. Are there other people who should know? Is the person willing to tell them? Unfortunately, not everyone will treat this issue sensitively. Confidentiality is important, but do not keep the situation secret if a life is clearly in danger.

- Stay in touch to see how he/she is doing. Praise the person for having the courage to trust you and for continuing to live and struggle.


WHAT TO DO FOLLOWING A SUICIDE ATTEMPT


 A person may try to commit suicide without warning or despite efforts to help. If you are involved in giving first aid, make every effort to be calm and reassuring, and get medical help immediately.

 The time following an attempt is critical. The person should receive intensive care during this time. Maintain regular contact, and work with the person to organize support. It is vital that he/she does not feel cut off or shunned as a result of attempting suicide.

 Be aware that, if someone is intent on dying, you may not be able to stop it from happening. You cannot and should not carry the responsibility for someone else's choice.

WHAT CAN YOU DO IF YOU ARE FEELING SUICIDAL?

 The beginning of the way out is to let someone else in. This is very hard to do because, if you feel so desperate that suicide seems to be the only solution, you are likely very frightened and ashamed. There is no reason to be ashamed of feeling suicidal and no reason to feel ashamed for seeking help. You are not alone; many people have felt suicidal when facing difficult times and have survived, usually returning to quite normal lives.

 Take the risk of telling your feelings to someone you know and trust: a relative, friend, social service worker, or a member of the clergy for your religion. There are many ways to cope and get support. The sense of desperation and the wish to die will not go away at once, but it will pass. Regaining your will to live is more important than anything else at the moment.

SOME THINGS THAT YOU CAN DO ARE:

• Call a crisis telephone support line;
• Draw on the support of family and friends;
• Talk to your family doctor; he/she can refer you to services in the community, including counselling and hospital services;
• Set up frequent appointments with a mental health professional, and request telephone support between appointments;
• Get involved in self-help groups
• Talk every day to at least one person you trust about how you are feeling,
• Think about seeking help from the emergency department of a local hospital,
• Talk to someone who has "been there" about what it was like and how he/she coped,
• Avoid making major decisions which you may later regret.

Do you need more help?

• If you or someone you know is feeling suicidal and you need more information about resources in your area, contact a community organization, such as the Canadian Mental Health Association, which can help you find additional support.

LIFE MAY NOT BE THE PARTY WE HOPED FOR, BUT WHILE WE ARE HERE, WE MIGHT AS WELL DANCE.

TRAUMA REDUCTION TRAINING

□ **Where does Trauma come from?**

Trauma is an emotional response to a terrible event like an accident, rape, or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships, and even physical symptoms like headaches or nausea.

How do I know I am living in trauma?

- As a result, we have built in mechanisms to deal with our experiences. Trauma might show up as anxiety, depression, isolation, fear, pain (emotional and physical), shame, embarrassment, disordered eating, or alcohol abuse.

What would we do if we could see every psychological wound ever inflicted as a physical bruise? **We would see a lot of black and blue people walking around!** We might also be more careful of each other, understanding the degree of suffering we each have endured.

One of the hardest things when you are in a relationship is that there is no trauma map to refer to and even as we get to know someone's history and the things that activate past trauma, we are often bewildered or downright indignant when trauma rears its head and our loved ones lash out, retreat, get emotional for no understandable reason, or unfairly blame us for all kinds of wrongdoing.

WHAT IS TRAUMA

Trauma is complicated. It can be obvious, with a clear cause, and symptoms that seem to make sense. Or, trauma can be buried beneath depression, anxiety, and anger, without any recognizable origin. The causal event may have occurred a week ago, or half a century in the past.

To help survivors of trauma make sense of what they're experiencing, psychoeducation is a natural place to begin. Psychoeducation can help by normalizing the experience of trauma, and by giving a name to the enemy. It can help your clients build the confidence they need to know they can get better.

HOW CAN TRAUMA AFFECT ME?

Trauma can make you more vulnerable to developing mental health problems. It can also directly cause post-traumatic stress disorder (PTSD). Some people misuse alcohol, drugs, or self-harm to cope with difficult memories and emotions. Depending on how you're affected, trauma may cause difficulties in your daily life.

HEALING FROM TRAUMA

The path toward recovery from trauma is not universal. People will need to find their directions through experimentation and guidance from trained professionals.

The best way to heal from trauma is to seek the treatment of mental health professionals. A therapist can offer sound interventions to minimize your symptoms and develop your support. But a person should also work to supplement the effects of professional treatment at home.

DIFFERENT TYPES OF TRAUMA

THE MAIN TYPES OF TRAUMA INCLUDE:

ACUTE TRAUMA COMES FROM A SINGLE, UNEXPECTED, AND STRESSFUL EVENT.

CHRONIC TRAUMA COMES FROM REPEATED TRAUMATIC EVENTS.

COMPLEX TRAUMA INVOLVES MULTIPLE DIFFERENT KINDS OF TRAUMATIC EVENTS THAT COMBINE TO CREATE UNIQUE TRAUMA SYMPTOMS.

TRAUMA RESPONSE

F - FIGHT

F - FLIGHT

F - FREEZE

F - FAWN



STAGES OF TRAUMA INTEGRATION

EXPRESSIVE TRAUMA INTEGRATION MODEL



TRAUMA TRACING – STEPS FOR IDENTIFYING TRAUMA

Step 1: Acknowledge What Hurts

Once you acknowledge the pain you feel, the unconscious mind often reveals other painful memories and buried hurts, which can be emotionally overwhelming.

Step 2: Get Curious

Getting curious is how we crack open the door and let some light in. In other words, instead of rejecting your distressing feelings or experiences automatically, try to evaluate possible reasons for feeling that way other than whatever self-denigrating or self-effacing narratives that have been keeping you silent.

Step 3: Connect the Dots

Connecting the dots means acknowledging both your symptoms and behaviors. If you've identified at least 2 trauma indicators, and at least 3 processes from the list above, then you're probably a trauma survivor.

COGNITIVE RESTRUCTURING

Cognitive restructuring is at the heart of cognitive behavioral therapy, a well-studied talk therapy approach that can effectively treat many mental health conditions. These include:

- Depression
- Anxiety disorders
- Eating disorders
- Substance use disorders
- Personality disorders

CHILDHOOD TRAUMA AND ITS RELATION TO CHRONIC DEPRESSION IN ADULTHOOD

Undergoing traumatic experiences in childhood leaves a long-lasting impact on an individual's overall well-being.

PRIMARY WAYS THAT CHILDHOOD TRAUMATIC EVENTS CAN INFLUENCE A PERSON'S EXPERIENCES IN ADULTHOOD.

#1: Higher Risk of Mental Health Conditions

Adverse childhood experiences (ACES) are associated with a significantly higher risk of mental health conditions, including anxiety, depression, and borderline personality disorder.

Children who undergo traumatic experiences are 15 times more likely to be diagnosed with borderline personality disorder (BPD) later in life.

#2: Lack of Self-Worth

Children who are abused or neglected by primary caregivers internalize the message that they are not lovable. Even loving parents who fail to empathize with a child to the extent that their nature requires may unintentionally give them this message.

Traumatized children develop a core belief that they are *not good enough*. They may blame themselves for the way they are treated, believing that if they were somehow **“better,”** their parent would **“love them more.”**

#3: Struggles in Relationships

Chronic and relational traumatic experiences in the early years of life have an enormous influence on our ability to form authentic connections with others. A disrupted bond with our parent typically results in what is known as **INSECURE ATTACHMENT**. There are several types of insecure attachment, which express themselves in different ways within relationships.

People who experienced inconsistent nurturing from parents often have an “**insecure anxious**” attachment style: They are clingy and needy in relationships and require constant assurance that they are loved.

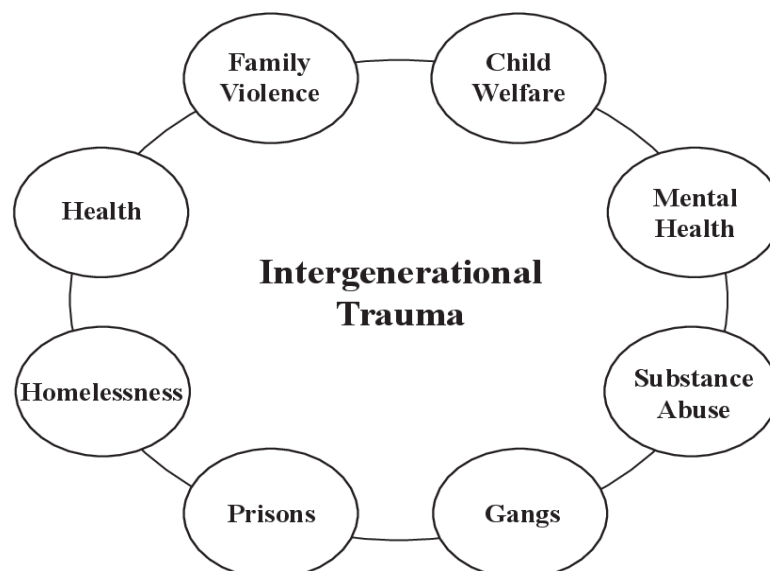
#4: Negative Health Repercussions

childhood trauma increases an individual’s risk of both mental health issues and **chronic disease**. Child trauma survivors were more likely to experience all of the following:

- ⇒ Asthma
- ⇒ Coronary heart disease
- ⇒ Depression
- ⇒ Suicide
- ⇒ Diabetes
- ⇒ Stroke
- ⇒ Risky behavior such as smoking
- ⇒ Cancer
- ⇒ Alcoholism
- ⇒ Heart, liver, lung, and autoimmune disease
- ⇒ Accelerated aging of the body and brain
- ⇒ Chronic headaches.

INTERGENERATIONAL TRAUMA

If you have ancestors or older relatives who went through a very distressing or oppressive event, their emotional and behavioral reactions could ripple through the generations of your family and affect you. Intergenerational trauma could take a toll on your health in a number of ways.



POST TRAUMATIC STRESS DISORDER

Post-traumatic stress disorder, or PTSD, is a serious potentially debilitating condition that can occur in people who have experienced or witnessed a traumatic event, such as a natural disaster, serious accident, terrorist incident, sudden death of a loved one, war, violent personal assault such as rape, or other life-threatening events.

PTSD SYMPTOMS

- Spontaneous or cued recurrent, involuntary, and intrusive distressing memories of the traumatic events (Note: In children repetitive play may occur in which themes or aspects of the traumatic events are expressed.)
- Recurrent distressing dreams in which the content or affect (i.e., feeling) of the dream is related to the events (Note: In children there may be frightening dreams without recognizable content.)
- Flashbacks or other dissociative reactions in which the individual feels or acts as if the traumatic events are recurring (Note: In children trauma-specific re-enactment may occur in play.)
- Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic events
- Physiological reactions to reminders of the traumatic events
- Persistent avoidance of distressing memories, thoughts, or feelings about or closely associated with the traumatic events or of external reminders (i.e., people, places, conversations, activities, objects, situations)
- Inability to remember an important aspect of the traumatic events (not due to head injury, alcohol, or drugs)
- Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous").
- Persistent, distorted blame of self or others about the cause or consequences of the traumatic events
- Persistent fear, horror, anger, guilt, or shame
- Markedly diminished interest or participation in significant activities
- Feelings of detachment or estrangement from others
- Persistent inability to experience positive emotions.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

ADHD is one of the most common neurodevelopmental disorders of childhood. It is usually first diagnosed in childhood and often lasts into adulthood. Children with ADHD may have trouble paying attention, controlling impulsive behaviors (may act without thinking about what the result will be), or be overly active.

SIGNS AND SYMPTOMS

It is normal for children to have trouble focusing and behaving at one time or another. However, children with ADHD do not just grow out of these behaviors. The symptoms continue, can be severe, and can cause difficulty at school, at home, or with friends.

A child with ADHD might:

- Daydream a lot
- forget or lose things a lot
- Squirm or fidget
- Talk too much
- Make careless mistakes or take unnecessary risks
- Have a hard time resisting temptation
- Have trouble taking turns
- Have difficulty getting along with others

BIPOLAR DISORDER

Bipolar disorder is a serious mental illness that causes unusual shifts in mood, ranging from extreme highs (mania or “manic” episodes) to lows (depression or “depressive” episode).

A person who has bipolar disorder also experiences changes in their energy, thinking, behavior, and sleep. During bipolar mood episodes, it is difficult to carry out day-to-day tasks, go to work or school, and maintain relationships.

<p>A “Manic” episode may include:</p> <ul style="list-style-type: none">• Intense feeling of euphoria, excitement, or happiness.• Appearing abnormally jumpy or wired• Having excessive energy• Insomnia or restlessness (a decreased need for sleep)• Speaking fast or being unusually talkative• Having racing or jumbled thoughts• Distractibility• Inflated self – esteem• Doing impulsive, uncharacteristic, or risky things like having unsafe sex or spending a lot of money• Increased agitation & irritability• Hypomania	<p>A “Depressive” episode may include</p> <ul style="list-style-type: none">• Feeling down, sad, worried, worthless, anxious, guilty, empty, or hopeless.• Lack of interest, or no interest, in activities.• Feeling tired, low energy• Forgetfulness• Indecisiveness• Difficulty concentrating• Changes in sleep, either sleeping too much or too little.• Changes in appetite, either eating too much or too little.• Thoughts of death and/or suicide.
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