



Manual signaling plan for people with bipolar mood disorder

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Project group signaling plan KenBiS

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Why a signaling plan?

You have been diagnosed with bipolar mood disorder. That means you have a vulnerability that can cause your mood and behavior to fluctuate greatly. Looking back, you can see that there are different phases: periods when you just had lots of energy and you may have seemed to need little sleep and (in most people with bipolar disorder) also periods when you have been gloomy and inactive. Those periods can become more intense if you do nothing. This can eventually lead to problems in many areas.

After the initial shock of the diagnosis, your clinician will suggest that you and your loved ones create a signaling plan. With this plan you can start to see what the different stages look like for you and what you and your loved ones can do themselves or better not do. The goal is to recognize signs earlier so you can prevent or shorten the next mood episode. Research has shown that learning skills to recognize early signals leads to fewer relapses into manic episodes and improved social functioning, including at work.

A patient who has been working with a signaling plan for a year says the following,

“First of all, it is for myself to become aware of how I act and how I feel when I am manic or depressed and what I can do to counteract it. ... To recognize and also do something with it.”

What is a signaling plan?

A signaling plan is a short and concise, schematic and very personal overview of the signals you may receive and the actions you and possibly your loved ones and practitioner(s) can take to prevent (further) dysregulation.

What your mood looks like in different phases is described in concrete terms. In the signaling plan you describe how to recognize the stable episodes, early signs, mildly/moderately dysregulated and severely dysregulated manic and depressive phases. In each phase, you describe “what am I thinking, what am I feeling, what am I doing?”

Influence through self-management and counter behavior

During a stable phase, it is important to know what to do to stay stable. Being able to balance your bearing load and bearing strength contributes to a stable mood. This is called self-management. Based on the signals and agreements in the signaling plan, you and your loved ones can take proper action in case of (threatening) (hypo)mania or depression. These actions are called counter behavior. Counter behavior means that you start behaving in the opposite way to your mood, with the goal of returning to a stable mood. So if you're in danger of becoming manic you're going to seek rest, and if you're in danger of depression you're becoming more active. By understanding the early signs and responding to them with proper counter behavior, you gain more control over your mood and your functioning. Examples of counter behavior can be found in the signaling plan format.

Risky events/triggers

In addition to signals and actions, your alert plan describes possible triggers or triggers prior to a dysregulation, your pitfalls or those of your loved ones, as well as protective factors. Common triggers of a dysregulation are, for example: disturbed sleep/jetlag, changed day and night rhythm, discontinuation of medication, a physical illness, stress in yourself or your environment, birth of a child, death of a loved one, drug or alcohol use. Positive events can also trigger a change in mood, such as falling in love, wedding, moving house, new job/promotion or vacation. We also often see mania followed by depression or vice versa.

Protective factors

It is also important to name what in your environment contributes to maintaining your stability. These are called protective factors. Here you can think of your network, medication or balanced days with enough rest.

Four phases of signaling:

You can distinguish the phases in for example 1, 2, 3 and 4 or GREEN, YELLOW, ORANGE and RED to indicate both the stable phase and the phases of dysregulation.

- **Phase 1/STABLE/GREEN:** Describing this phase precisely and concretely is important, as it is the starting point from which changes are noticed by you or those around you. It also describes what you, your loved ones and/or your caregivers can do, or better not do, to maintain stability in this phase.
- **Phase 2/EARLY SIGNALS/YELLOW:** What are the first signs that may indicate that you are going out of balance? These may be signals that are not yet affecting mood. The earlier you intervene, the more likely you are to regain balance. For example: after a night of short/bad sleep, make sure you sleep well a second night. The goal is to return to phase 1.
- **Phase 3/MILD SIGNALS/ORANGE:** Things are not going as well, you recognize signs of depression or (hypo)mania. It is important to take action to prevent the mood from decreasing or increasing further. In this phase, engaging in counter behavior is very important and often helpful. The goal is to return to phase 1.
- **Phase 4/SERIOUS/RED:** The symptoms have clearly increased to the level of depression or mania. You and/or those around you are suffering greatly. There is a psychiatric crisis. In this episode, it is important to take safety measures to prevent unwanted consequences for yourself or others. The goal is to avert danger and return to phase 1.

Tips for creating and using a signaling plan

The signaling plan is created by you, a loved one who knows you well, and your clinician. Preparing a good signaling plan often takes several conversations.

Sometimes you discover signals or helpful things later, you can always add them. The signaling plan is a dynamic document that can be evaluated and adjusted annually and after each disruption.

Prepare the alert plan in the format you find comfortable. Try to make it as complete, but also as short as possible so that it is clear and concise.

- Use the questions in the format attached.
- Make the signaling plan concrete. For example, if you put on it “listen to music,” write down the genre or songs you want to hear, and if you put on it “call someone,” write down the name and phone number (in your phone, for example).
- Don't let the plan depend too much on others or things that can only be done at a certain time of day.
- Include people in your plan you can turn to, practically and emotionally. Be willing to accept help.
- Involve people you trust and who know you well. They can help you create and complete your plan.
- Place the plan somewhere you can find it easily, but not visible to everyone.
- Make sure you can find everything you need. You can put certain things such as a relaxation CD, a valuable memento, stuffed animal, stress ball or favorite photos in a “crisis box. Or make a playlist of music and/or videos that are helpful.
- Discuss your plan with significant others (e.g., your family physician)
- Write down important phone numbers:
 - Telephone number of the bipolar disorder team
 - Telephone number care giver
 - Telephone number family doctor's office or crisis center for out-of-office situations.
 - In contact, clearly indicate the institution and location at which you are receiving treatment.

Get started!

We wish you much success in creating the signaling plan and wish you that at some point you too can say the same thing as this person with bipolar vulnerability and 6 years of experience with the signaling plan said:

“I have the plan in my head, I know what to do or avoid in order to maintain stable functioning”.