**CAT 209 Media Directive Profile Worksheet**

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| **Directive Title:** Drawing Inside an Empty Head On and Off Meds for Bipolar I Disorder and Bipolar II Disorder | |
| **Approximate Finished Size:** 2 (8 ½” x 11”) pieces of white paper | |
| **Materials:** |  |
| **Drawing Surface:** 30 pieces of 8 ½” x 11” white cardstock paper (from pack of Neenah Bright White Cardstock, 8.5”x11”, 65lb/176 gsm, Bright White, 75 Sheets). On each paper, a black, 4 point outline is drawn of a head. Empty in the middle (see examples attached). | **Tools:** 3 packs of Pentel Arts Oil Pastels, 50 Color Set; 2 sets of Art Markers Dual Tips Watercolor Marker Pens - Brush Markers Set, 24 Colors Drawing Markers (24 Colors); 3 packs of Prismacolor NuPastel Sets of 24 (hard pastels) |
| **Relaxing music**- light trance or -house, minimal words, ethereal | **Disposable Gloves** (for oil pastels and ) and Kleenhanz Hypoallergenic Towelettes |
| **Purpose/Goal:**  To explore feelings and conversation around what it feels like to be on and off medication. Often clients on medication for Bipolar disorder experience side effects such as lethargy, changes in thinking, drowsiness, muscle spasms. Clients report a “cap on their emotions” or an inability to “think like they used to”. The medication is treating the mania, which, in some cases, is a welcome (or familiar) state for the client. The purpose of this directive is to talk about what it feels like to be on and off the medication, to share in the universality of struggle, to discover positives and benefits to taking the medication (such as increased relationship stability, ability to tolerate work and social situations more, reduced mania resulting in more safety). The clients will be asked to choose two head outlines, filling in on demonstrating what it feels like to be off medication; and filling in one to show what it feels like to be on medication. The ensuing conversation with give clients an option to explain how they feel, what their experience is, as well as an opportunity to relate with others, and potentially glean benefits (from their own work) and others. | |
| **Procedure:**  • This is a 50-minute group for 12-15 men and women, age 18+, in an outpatient, group setting (total of 50 minutes including setup and cleanup, this is a typical time for outpatient psych groups).  **• Time Marker 00:00 minutes (beginning):** Welcome everyone and do a verbal check-in. Remind them about confidentiality. Say, “Today, we will be drawing what it feels like to be on and off medication. Often times with Bipolar disorder, the side effects of the medication can be difficult to deal with. We want to explore images of what it felt like during a time that you weren’t on medication, and maybe your symptoms were present, and what it feels like now, to be on medication. I’m going to pass out paper that has a head outline, take two sheets. Using the drawing materials that I pass out, you can first draw inside one head what it feels like during a time you weren’t on medication. When you are done, you will color in another one what it looks like to be on medication.” Explain the benefits of drawing, “You’ve heard of the saying, ‘a picture is worth a thousand words?’ Well that’s what we are doing here today. We will be using markers, oil and hard pastels. Is everyone familiar with oil pastels?” *Hold up oil pastels…* “Oil pastels feel soft and can be used to cover a lot of space, or to color an area in. They are vibrant and have texture. Hard pastels [*hold up hard pastels*] are more chalky and can do the same. You can use the wipes to smudge the pastels, or use your fingers. Up to you. Also, I will pass out gloves if you want to protect your hands.” Ask group members if there are any questions and answer them accordingly.  **• Time Marker 8:00 minutes:** Hand out basic head outline stack to the first person, and ask him/her to pass around the table, reminding each person to take two. Sharing is implied with the material placement. Ask that everyone wait until all the materials have been handed out before starting.   * Place one box of oil pastels and one box of hard pastels at the far end of the table. * Place one set of markers between the far end of the table and the middle. * Place one box of oil pastels and one box of hard pastels at middle of the table. * Place one set of markers between the middle of the table and the end near you. * Place one box of oil pastels and one box of hard pastels at the end near you.   **• Time Marker 10:00 minutes:** Put on vocal trance music. Clients will then choose from the oil pastels, pencils and markers. Tell clients that they have 25 minutes to work.  • Encourage sharing between the participants. If anyone experiences trouble getting started, prompt the participant with questions such as, "What color best represents what being off medication feels like?" and "Are there shapes or images that remind you of what being on medication feels like? Can you draw that?"  • Walk around the room and observe to see if anyone is getting stuck. If everyone is working well, place yourself in a far corner (so you are not standing directly behind someone and making them uncomfortable). If they are getting stuck, gently ask her or him some of the questions about what they have created so far. If needed, go back to the example to illustrate the layering process. More probing questions can be asked such as: “How do ideas and pace of thoughts change? How do the connections made change?” Offer gloves to anyone you notice is having issues with the oil pastels (who do not want it on her hands).  **• Time Marker 30:00 minutes:** Say, “Start thinking about the final touches that you want to add to your drawings. We have five minutes to go before we are going to put down the pens and pastels and talk about our work.”  **• Time Marker 35:00 minutes:** “It looks as if everyone is about done, if you aren’t, we’re going to stop for now so we can talk about the work. Does anyone want to share with the group what they did?” Ask about the images they created, the colors they used, and if they experienced any feelings as they went from one head to the other. Was anyone surprised by what they created? Talk about the struggles and feelings that come up with staying on medication, particularly the strong desire to get off of it and the adverse side effects from being on it. As you go from one person to the next, say, “I noticed that Abby also used oil pastels (or markers, or specific colors)” to create a cohesive flow between sharing. If a client is having trouble finding any positives to being on medication, and is feeling particularly down about it, either say, “thank you for sharing” if it is appropriate, or ask the group for feedback about any positive changes they have noticed in their own life since taking medication, so that person isn’t left open-ended. Try to prompt a discussion in the group about how they are not alone in their conflicting feelings about taking meds.  **• Time Marker 48:00 minutes:** Close the group by reminding the members about confidentiality, reminding them about the next meeting (date and time), the importance of their attendance, and thank them for their participation. Ask for their help passing the materials to the front of the room. | |
| **Therapeutic Properties of the Media:**  Colored pencils will not be used in case any of the patients are experiencing depressive symptoms. Use of the pencils require more effort than the other materials, which may deter someone with low energy. Therefore, oil and hard pastels and markers (with regular and brush tips) were chosen because of the ease of use, marking the paper and availability of a wide range of color choices for expression. According to Seiden, "color choices and means of relating symbolize feelings of hot, cold, stimulating, relaxing, clashing, flowing, deep or shallow expressions and will... be immensely important in defining the significance of the drawing." (Malchiodi, 2011, p. 37). | |
| **Appropriate Populations/DMS 5:** Bipolar I and Bipolar II Disorder  **Manic Episode:**   1. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary). 2. During the period of mood disturbance and increased energy or activity, three or more of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from unusual behavior:    1. Inflated self-esteem or grandiosity    2. Decreased need for sleep    3. More talkative than usual    4. Flight of ideas    5. Distractibility    6. Increase in goal-directed activity or psychomotor agitation    7. Excessive involvement in activities that have a high potential for painful consequences (spending, sex, foolish investments) 3. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self of others, or there are other psychotic features. 4. The episode is not attributable to the psychological effects of a substance (drug, medication) or another medical condition.   NOTE: Criteria A-D constitute a manic episode. At least one lifetime manic episode os required for the diagnosis of bipolar I disorder.  **Manic Episode:**   1. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary). 2. During the period of mood disturbance and increased energy or activity, three or more of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from unusual behavior:    1. Inflated self-esteem or grandiosity    2. Decreased need for sleep    3. More talkative than usual    4. Flight of ideas    5. Distractibility    6. Increase in goal-directed activity or psychomotor agitation    7. Excessive involvement in activities that have a high potential for painful consequences (spending, sex, foolish investments) 3. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic. 4. The disturbance in mood and the change in functioning are observable by others. 5. The episode is not severe enough to cause market impairment in social or occupational functioning or to necessitate hospitalization. If there are any psychotic episodes, the episode is by definition, manic. 6. The episode is not attributable to the psychological effects of a substance (drug, medication) or another medical condition.   NOTE: Criteria A-F constitute a hypomanic episode. Hypomanic episodes are common in bipolar I disorder, but are not required for the diagnosis of bipolar I disorder.  **Major Depressive Episode:**   1. Five or more of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.    1. Depressed mood most of the day, nearly every day, as indicated by either subjective report or observation made by others.    2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.    3. Significant weight loss when not dieting or weight gain (more than 5% a month) or decrease or increase in appetite nearly every day    4. Insomnia or hypersomnia nearly every day    5. Psychomotor agitation or retardation nearly every day    6. Fatigue or loss of energy nearly every day    7. Feelings of worthlessness or excessive or inappropriate guilt    8. Diminished ability to think or concentrate, indecisiveness, nearly every day    9. Recurrent thought of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide. 2. They symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. 3. The episode is not attributable to the psychological effects of a substance or another medical condition.   NOTE: Criteria A-C constitute a major depressive episode. Major depressive episodes are common in bipolar I disorder, but are not required for the diagnosis of bipolar I disorder.  **F31.(varies) [296…(varies)] Bipolar I Disorder**   * Criteria have been met for at least one manic episode. Criteria A-D under “Manic Episode” above * The occurrence of the manic and major depressive episode(s) is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.   **F31.81 [296.89] Bipolar II Disorder**   * Criteria have been met for at least one hypomanic episode. Criteria A-F under “Hypomanic Episode” and at least one depressive episode (Criteria A-C under “Major Depressive Episode” above). * There has never been a manic episode * The occurrence of the manic and major depressive episode(s) is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder. * The symptoms of depression or the unpredictability caused by frequent alternation between periods of depression and hypomania causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. | |
| **Adaptations:**  Heads can be printed using different cultural features (see attached). Suggestions include: a woman with a hijab, an African American male and female profile, a female outline. Outlines can also be printed on colored card stock (most common are blue, green or yellow). These will still run through most printers, are cost-effective, and the black ink will show up on the paper well. | |
| **Creative Options:**  Offer letter, number and shape stencils that the clients can draw into. Stenciled letters can also be used to stick onto the drawing to convey ideas or thoughts, in addition to the drawing (like adding thought bubbles to the heads for racing thoughts, clear or muddy thinking) | |

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| **Regular Head OFF MEDS** | **Regular Head ON MEDS** |
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| **Female Head OFF MEDS** | **Female Head ON MEDS** |
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| **OTHER OUTLINE EXAMPLES (WOMAN WITH HIJAB and ANOTHER MALE EXAMPLE)** | |
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