

Bipolar I Disorder



When Extreme Mood Swings
Drive the Urge to Self-Medicate

What is Bipolar I Disorder?

Bipolar I Disorder is a mental health condition marked by extreme mood episodes that shift between manic highs and depressive lows. During manic episodes, a person may feel invincible, make reckless decisions, and go days without sleep. Depressive episodes bring crushing hopelessness that makes even basic functioning feel like a monumental task.

What Does it Look Like?

- > **Manic Episodes**
Periods of intense energy, little need for sleep, and impulsive decisions with serious consequences.
- > **Severe Depression**
Weeks of hopelessness, withdrawal, and inability to function in daily life.
- > **Unpredictable Mood Shifts**
One week they're unstoppable; the next, they can barely get out of bed.
- > **Impaired Judgment**
Reckless spending, risky behavior, or grandiose plans that seem completely rational to them.

How Does it Contribute to Relapse?

For someone with Bipolar I, mood swings feel unbearable, and substances become a way to control what feels uncontrollable.

- 1) **Self-Medication Gives Easy Relief**
Substances are used in a desperate attempt to regulate the highs and lows of extreme mood shifts.
- 2) **Short-Term Programs Can't Stabilize Mood Cycles**
It takes months—not weeks—to properly stabilize bipolar symptoms with medication and therapy.
- 3) **Without Treating Bipolar I, the Mood Swings Continue**
They leave treatment still cycling through extremes, with no lasting skills to manage what comes next.

Prevalence:

1% of U.S. adults¹

Co-Occurrence:

Up to 60% develop a substance use disorder in their lifetime²

Relapse Risk:

6x higher rates of addiction than the general population³

Sources: ¹ NIMH, *National Comorbidity Survey Replication*. ² NESARC: *Substance Abuse Treatment, Prevention, and Policy*. ³ *Frontiers in Psychiatry: Comorbid Bipolar and Alcohol Use Disorder*

Long-Term Treatment for Bipolar I and Addiction


Bipolar I requires time that short-term programs cannot provide. Mood stabilization alone can take months of careful medication management. Someone cycling between mania and depression cannot build recovery skills when their brain chemistry keeps shifting.

Our **long-term, progress-based model** allows for proper psychiatric stabilization alongside intensive therapeutic work. Clients advance when they demonstrate **consistent mood management and sustainable recovery behaviors**, not when a calendar says they're ready.



“Finding the right medication regimen for Bipolar I often takes months of careful adjustment. Short-term programs discharge patients before we can even confirm the treatment is working.”



 **Dr. Leslie Secrest, MD**
Medical Director, Burning Tree Ranch

Dual Diagnosis Treatment for Bipolar I

When Bipolar I and addiction occur together, treating only one leads to relapse. Unstable moods drive substance use, and substance use destabilizes mood further, fueling the cycle of relapse.

- **Treating Both Conditions Together**
Without mood stabilization, the urge to self-medicate remains.
- **Stabilizing Before Building Skills**
Recovery skills require a stable foundation. Someone in a manic or depressive episode cannot learn what they need to stay sober.
- **Building Sustainable Coping Skills**
It takes months to find the right medication balance and build the coping strategies that work through mood cycles.

Dual Diagnosis:

The presence of **both a substance use disorder and a mental health condition** occurring together. Effective treatment for dual-diagnosis addictions must address both aspects simultaneously.



Have Other Treatment Programs Missed the Deeper Issues?

Burning Tree Ranch is the Nation's only authentic long-term treatment program for chronic relapse. Call us at (866) 287-2877 or visit us online at www.BurningTree.com.

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