LiveWell: User Design Application Training Study ID:______ Training Date: _____ Trainer: _____

Design Introduction

- Introduce self
- Here to take part in designing a phone application to help people manage BPD
- Application called LiveWell
- Still working on it and need to do testing to see if people like it
- As a volunteer, participation anonymous
- Take about 1 ½ hours
- If uncomfortable, you may end the interview at any time

Description of Design Evaluation

- Go over what we will do today
- Have you practice learning how to use the phone as if take home and use for next 4 months
- Application not ready yet still building it
- Goal to get your input about what you like and don't like about the current ideas for LiveWell
- Feedback critical in helping us design an application that will be useful to you and others
- What you will see today are early designs
- Easy to change, make recommendation for changes you would like to see
- During session, next to you and recording your responses, questions, and feedback
- Use video to record responses for later review by the study team
- Only study team will view video
- Interview is to evaluate the LiveWell phone design
- I am not measuring your skills or abilities.
- Please remember: we are here to investigate the application, we are not testing you.

Design Instructions

- Interview consist of teaching you how to use LiveWell
- think out loud while we are doing this training
- Say out loud any thoughts or ideas that come to mind about application and training session

| Do you have any questions right now? | | |
|--------------------------------------|--|--|
| | | |
| | | |

| Study I | D: | _ Training Date: | Trainer: | |
|-----------|--|--|--------------------------|------------------------------|
| Introdu | <u>uction</u> | | | |
| Welcor | ne. Thanks for co | ming to participate in th | e <i>LiveWell</i> study. | |
| | I a e LiveWell team fo | | t with training in psyc | hology and have been working |
| l will be | e working as your | coach during your partic | ipation in the LiveWel | l program. |
| • | Not provide therap | g the <i>LiveWell</i> phone ap by, but available to help e skills for reducing and | with the application. | • |
| | As talk today, take Only study team v | e some notes, video reco | ord for review study te | am |
| | | ve how teach to use ap | plication | |
| • | _ | | | er 4 months. |
| Do you | ı have any quest | ions right now? | | |
| | | | | |

| sign Application Training | | |
|--|--|---|
| Training Date: | Trainer: | _ |
| | | |
| e more of a conversation. over <i>LiveWell</i> application | | |
| onses to emphasize how app will b | e useful to them. Build rapport. Su | upport self-efficacy. |
| e to participate in this progra | ım? | |
| | | |
| | | |
| | | |
| ce to be different at the end o | f this program? | |
| | | |
| | | |
| | | |
| | ded us lot of information during e more of a conversation. over LiveWell application hat you hope to get out of programses to emphasize how app will be to participate in this programs. | Training Date: Trainer: ded us lot of information during enrollment. e more of a conversation. |

| Study ID: | Training Date: | Trainer: |
|-----------------------------------|---|--|
| _iveWell Program | ! | |
| <u>Overview</u> | | |
| | out ideas behind <i>LiveWell</i> phorer how to use application more | • • |
| Goal LiveW | ell program help decrease moo | d episodes |
| What do you do to | o avoid having mood episode | es right now? |
| Support participant | 's efforts to stay well.] | |
| | | |
| | | |
| | | |
| Keep this overview | brief.] | |
| • LiveWell foo | cuses medications and self-mar | nagement as important ways of staying well |
| | clearly shown reduce risk sym | • |
| | know about the need for medi | • |
| | t know about self-management | |
| • Seir-manage | ement can cut down symptoms | additional 50% compared with medications alone |
| Program po | rtable, easy to use | |
| Teach self-r | nanagement strategies and hel | p you take medications regularly |
| Self-help pro | ogram | |
| • | p knowledge and skills | |
| Take work c | on your part, but get easier over | r time |
| Have you had any | experience with self-manage | ement strategies for bipolar disorder? |
| Make links to how L | iveWell may be useful if possible. |] |
| | | |

| Study | ID: | Training Date: | Trainer: | |
|-------------|--|--|--|-------------|
| <u>Home</u> | <u>Page</u> | | | |
| • | Let know | oing over application, see how he going too fast/slow tions any time | lp you | |
| [Give p | articipant t | the phone. Show where to go on the | phone for application icon.] | |
| [For de | sign, expla | in mock up for general sense of how w | vould work. Back button. Use <u>pink buttons to navigate</u> | <u>2</u> .] |
| Let's lo | ook at the | home page for the LiveWell applic | cation. | |
| You wi | ill see this | home page when you open the a | oplication. | |
| There | are five bu | uttons on the home page: | | |
| • | Foundation Check In Daily Rev Wellness Instruction | s view | | |
| Push a | a button to | see content. | | |
| Go ah | ead and e | explore the application for a bit. | | |
| Any th | noughts o | or questions before we look at th | ne different parts of the application? | |
| | | | | - |

| Study ID: | Training Date: | Trainer: |
|---|---|------------------------------------|
| Foundations | | |
| [Have participant nav | vigate to the Foundations and go | over the modules listed with them. |
| Contains base8 modules | sic information help learn abou | t managing bipolar disorder. |
| Push button for mo | dule to start reading. | |
| Read all the | e take you about <u>5-10 minutes</u> modules during the 1 st month on modules a week 1 st month | |
| What do you think | about this schedule? | |
| | | |
| | | |
| [Elicit commitment. F | Find out about potential obstacles | 5.] |
| To help get t | the most out of modules: | |
| • Brief 5-10 m | in phone call each week 1 st mo | onth go over modules you read |
| • In 4 th week, | longer call about 20-30 minutes | s wrap up last modules |
| Any questions abo | out these coaching calls? | |
| | | |
| | | |

[Worked toward mutual expectations for use of application and completion of lessons.]

| Study ID: | Training Date: | Trainer: |
|---------------------------------|--|---|
| Check Ins | | |
| [Have user navigate | to the Daily Check Ins page from t | he Home Page.] |
| More detail | ily, weekly check ins later about them first | |
| Check Ins: Daily | | |
| Take meds | rack medication use, sleep, rou, regular sleep and routines, mo how doing to help psychiatrist p | nitor for symptoms important self-management |
| Any thoughts or | questions about the daily che | ck ins? |
| | | |
| | | |
| | | |
| | | |
| Have user navigate | to the Weekly Check Ins page from | n the Home Page.] |
| Check Ins: Weekly | <u>/</u> | |
| Good way t | complete 2 questionnaires mea o keep track how doing over timers as standard measures depr | |
| These questionna | ires will come up once a week o | n Sundays after you complete the daily check. |
| | | |
| Any thoughts or | questions about the weekly c | heck ins? |

| Study ID: | Training Date: | Trainer: |
|------------------------------------|----------------------------------|-------------------------------|
| Olddy ID | Training Date. | |
| Check Ins: Prompt | <u>s</u> | |
| Recommen | d complete check ins same tim | e each morning |
| Sometimes | hard to remember to check in | |
| Every day a | pplication displays a reminder | to check in |
| Reminder c | omes up on phone screen | |
| Ask if like to | check in | |
| | ne, say yes and complete | |
| • | d time, hit no | |
| - Applicati | on remind you to check in agai | n later |
| Check Ins: Setting | <u>S</u> | |
| [Have patient naviga | te to the home button and show | how can choose check in time] |
| Set when like | te to receive first reminder day | in settings and instructions |
| Any questions ab | out the basics of check-ins o | or reminders? |
| | | |
| | | |
| | | |
| | | |

- Now go over each part of daily check in more detail
- Start with medications

| LiveWell: User De | esign Application Training | |
|------------------------|---|--|
| Study ID: | Training Date: | Trainer: |
| Check Ins: Daily – | Medications | |
| [Have participant na | vigate to the Daily Check In page] | |
| J | ications helps decrease sympto cult for people to take medicatio | |
| Right now how do | o keep track of whether you to | ook your medications? |
| [Support efforts. Elic | cit and highlight how application m | ay be useful.] |
| | | |
| | | |
| [Go over how track I | medication use in application] | |
| | cations in daily check in, 3 butto | |
| | | atric medications day before by push button use prn medications only routine meds count] |
| Do you think usin | ng this might help you keep tra | ack of and take your medications daily? |
| | | |
| | | |
| [Explore if think che | ck in track took meds useful] | |
| [Check if think they | can remember took meds day befo | ore or not] |
| [Have list of current | medications and briefly review co | rect. Ask call in if meds change.] |

| | Jser Design Application Training Training Date: Trainer: |
|----------------|--|
| Olddy 12 | Training Date: Trainer: |
| Check Ins: | Daily – Sleep |
| • Havi | ing sleep important reduce symptoms, episodes ng regular bedtime/wakeup time important reduce symptoms, episodes eeping track of your sleep very useful. |
| [Go over ho | w track medication use in application] |
| | n button to record when to bed the night before with the intention of going to sleep ct time, does not have to be when you went to sleep but when you tried to get to sleep |
| | n button to record when you got up planning to start your day ct time you got up |
| Do you thi | nk this might help you keep track of and maintain regular sleep patterns? |
| | |
| | |
| | |
| [Explore if th | nink check in track sleep useful] |
| Summary o | of Pittsburgh Sleep Quality Questionnaire |
| | |
| | |
| | |
| | |

| L iveWell: User Design A Study ID: | | Trainer: | |
|--|-------------------------|-------------|--|
| Before go over earGo over symptomsGo over what early | | | |
| Check Ins: Daily – Psycho | | | |
| _et's talk a bit about what Can you tell me some o | · | • | |
| | | | |
| | | | |
| Look at this hand out that Give out and look over han What do you think abou | dout 1: Symptoms of Man | | |
| | | | |
| | | | |
| Summary of Affective Dis | orders Evaluation (Mani | c episodes) | |
| | | | |
| | | | |
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| LiveWell: User De | esign Application Training | |
|----------------------|--|---|
| Study ID: | Training Date: | Trainer: |
| Check Ins: Daily - | Psychoeducation: Early Warni | ng Signs of Mania |
| These kinds | mania, many people notice low s of changes are early warning tice take action avoid episodes | |
| Can you tell me a | bout any early warning signs | s that you have noticed before getting manic? |
| | | |
| | | |
| Lotio voviou the lie | | in that are pretty common |
| | et of early warning signs of man over handout 2: Early warning sign | |
| What do you thin | k about these? | |
| | | |
| | | |
| Lwill load 3.5 oarly | warning signs of mania onto t | ho phono for you |
| _ | warning signs of mania onto t k 3-5 early warning signs from | list on the list or write down personal signs |
| [Have participant co | omplete the early warning signs o | f mania handout.] |

| LiveWell: User Des | sign Application Training | | |
|-----------------------------|----------------------------------|--------------------------------------|--|
| Study ID: | Training Date: | Trainer: | |
| <u>Check Ins: Daily – F</u> | Psychoeducation: Depression | | |
| Ok. Now let's talk a | bout what episodes of depress | sion have been like for you. | |
| Can you tell me so | ome of your symptoms of de | pression? | |
| | | | |
| | | | |
| | | | |
| | | | |
| Ok. Now let's take a | a look at this hand out that cov | ers the main symptoms of depression. | |
| [Give out and look ov | er handout 3: Symptoms of Depr | ession.] | |
| | | | |
| What do you think | about this? | | |
| | | | |
| | | | |
| | | | |
| Company of Affordin | va Diagradaya Evalvatian /Dany | | |
| Summary of Affective | ve Disorders Evaluation (Depr | essive episodes) | |
| | | | |
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| LiveWell: User De | sign Application Training | |
|----------------------------------|------------------------------------|---|
| Study ID: | Training Date: | Trainer: |
| Check Ins: Daily – | Psychoeducation: Early Warnir | g Signs of Depression |
| Many notice | low level symptoms or other si | gns well before entering a depressive episode |
| - | s of changes are early warning s | |
| Learn to not | ice take action avoid episodes | |
| Can you tell me a depressed? | bout any early warning signs | that you have noticed before getting |
| | | |
| | | |
| | | |
| | | |
| Here is a list of ear | ly warning signs of depression | that are pretty common. |
| [Give out and look o | ver handout 4: Early warning signs | of depression] |
| What do you thin | k about these? | |
| | | |
| | | |
| | | |
| | | |
| I will load 3 or 5 ea | rly warning signs of depression | onto the phone for you. |

• Either check 3-5 from list or write down ones that make sense for you.

[Have participant complete the early warning signs of depression handout.]

| Study | ID: | _ Training Date: | Tr | ainer: | |
|-----------|----------------------|--|-----------------|--------------------|--------------------------|
| Chec | κ Ins: Daily – Early | warning signs | | | |
| • | Each day check in | n, think about whether or | not noticed | any your early wa | arning signs in last day |
| Unde • | | gns, press Down button sadial button next to it we them blank | see list your e | early warning sigi | ns of <u>depression</u> |
| Unde • | | gns, press Up button see adial button next to it ve them blank | list your ear | ly warning signs | of <u>mania</u> |
| | | Down buttons and look not noticing any early wa | | | |
| Do yo | ou have any quest | ions about checking fo | or early warr | ning signs each | day? |
| | | | | | |
| | | | | | |

| LiveWell: User Des | sign Application Training | |
|------------------------|--|---|
| Study ID: | Training Date: | Trainer: |
| | Vellness scale your wellness, determine rating tem personalized to own exper | |
| personal well | | mania and depression as well handouts to create |
| | • | ness scale. We will use a scale that goes from -4 |
| [Give out and look ov | er handout 5-6: Wellness Rating S | Scale Instructions and Fillable] |
| Let's look at the rati | ng scale. | |
| [Go over the 9 ratings |] | |
| Any thoughts abou | ut the wellness scale? | |
| | | |
| | | |
| | | |

Check Ins: Daily - Wellness scale

- Go through and review each of 9 wellness ratings
- Ask you to write down 3-5 brief statements for each rating on the scale.
- Words can describe your moods and emotions, the kind of thoughts you have, whether your thinking is fast or slow, your behaviors, sleep, or energy levels for each rating

Have some reminders each rating meaningful to you well, depressed, or manic.

Will load anchoring words on phone, so keep each line short.

[Use information already provided to adjust prompting and cues for each rating]

| LiveWell: User Design A | Application Training | | | |
|---------------------------|------------------------|----------------------|----------------------------|--------|
| Study ID: | _ Training Date: | | Trainer: | |
| Check Ins: Daily – Wellne | ess scale | | | |
| Let's start with when you | are doing well and fe | eling balan d | ced (0). | |
| Tell me what that's like | - | | | |
| | | | | |
| | | | | |
| | | | | |
| Now write down a few wo | ords that describe you | when you a | re doing well. This will b | e a 0. |
| | | | | |
| | | | | |
| | | | | |

| LiveWell: User De | esign Application Training | | |
|---|---|--|--|
| Study ID: | Training Date: | Trainer: | |
| Check Ins: Daily – | Wellness scale you felt your lowest or most de | proceed (4) | |
| now, a time when | you lest your lowest of most de | presseu (-4). | |
| [If never suicidal, ho | ospitalized or very severe depression | n, consider what lead them call 911 or go hospital] | |
| May have: | | | |
| Been unablEngaged inThought abExperienceNeeded to l | e maintain your regular activities e to sleep, eat, or bath regularly behaviors with serious conseque out suicide including making or a d psychotic symptoms such as doe hospitalized. Ery severe depression is like for | ences (risky, dangerous) acting on plans to kill yourself elusions or hallucinations | |
| | | | |
| | | | |
| | | | |
| Now write down a | few words that describe you at the | nese times. This will be a -4 . | |
| | | | |
| | | | |
| Summary of Affec | tive Disorders Evaluation (Depre | ssive episodes) | |
| | | | |
| | | | |

Check Ins: Daily - Wellness scale

| LiveWell: User Design | Application Training | | |
|---------------------------------------|---------------------------------|-------------------------------|---|
| Study ID: | _ Training Date: | Trainer: | |
| | | | |
| | | | |
| Time when you felt sligh | ntly down (-1). This type of de | own is | |
| Typical response | to routine negative event in d | daily life | |
| Usually normal va | ariation in mood. | | |
| | | | |
| Tell me what that's like | e for you. | | |
| | • | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Now write down a few w | ords that describe you at thes | se times. This will he a -1 | |
| Now wine down a low w | ords that describe you at the | so times. This will be define | |
| | | | |
| | | | |
| | | | - |

| LiveWe | ell: User Desig | n Application Training | | | |
|--------------|----------------------------------|---|-----------------|----------------------|------------|
| Study I | D: | Training Date: | Tr | rainer: | |
| <u>Check</u> | Ins: Daily – We | llness scale | | | |
| Time w | hen you felt m i | Idly down (-2). With this | s type of down: | | |
| • ; | Some symptom Full blown episo | igns may be present as may be present ode may be coming our usual activities and re | outines. | | |
| Tell me | e what that's li | ke for you. | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Now w | ite down a few | words that describe you | at these times | s. This will be a -2 | 2 . |
| | | | | | |
| | | | | | |

| LiveWell: User De | esign Application Training | | |
|----------------------------------|---|---------------------------------|--|
| Study ID: | Training Date: | Trainer: | |
| Check Ins: Daily – | Wellness scale | | |
| Time when you fel | t moderately down (-3) . With th | nis type of down: | |
| Multiple syr | nptoms | | |
| | likely continue day to day | | |
| | episode probably happening | Longitus | |
| Difficult to n | naintain your usual activities and | a routines. | |
| Tell me what that | • | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Now write down a | few words that describe you at t | these times. This will be a -3. | |
| | | | |
| | | | |
| | | | |
| Summary of Affect | tive Disorders Evaluation (Depre | essive episodes) | |
| | | | |
| | | | |

| LiveWell: User D | esign Application Training | |
|--|--|--|
| Study ID: | Training Date: | Trainer: |
| Check Ins: Daily – Time when you fel | Wellness scale t your highest or most manic | (+4) . |
| [If never hospitalize | d or very severe mania, consider w | hat would lead them to call 911 or go to the hospital] |
| May have: | | |
| Been unable Engaged in Brought vere Had very position Experience Needed to lead | e engage in your daily activities e to sleep, eat or bath regularly behaviors with serious consequence expensive things you didn't not por judgment, made very bad de depsychotic symptoms such as the hospitalized. | uences (risky, dangerous, fighting, promiscuous) eed ecisions delusions or hallucinations |
| | | |
| | | |
| | | |
| Now write down a | few words that describe you at | these times. This will be a +4 . |
| | | |
| | | |
| | | |
| Summary of Affec | tive Disorders Evaluation (Mani | episodes) |
| | | |
| | | |

| LiveWell: User Desig | gn Application Training | | |
|------------------------|---|--------------------------------|------------|
| Study ID: | Training Date: | Trainer: | |
| Check Ins: Daily – We | ellness scale | | |
| Now think of a time wh | hen you felt slightly up (+1 | I). This type of up is | |
| | se to routine positive event variation in mood. | in daily life | |
| Tell me what that's li | ike for you. | | |
| | | | |
| | | | |
| | | | |
| Now write down a few | words that describe you a | t these times. This wil | I be a +1. |
| | | | |
| | | | |
| | | | |

| LiveWe | II: User Design | Application Training |] | | | |
|----------------|------------------------------------|--|----------------|-----------------------|----------|--|
| Study II | D: | _ Training Date: | | Trainer: | | |
| <u>Check I</u> | ns: Daily – Welln | ess scale | | | | |
| Time wh | nen you felt mild | ly up (+2). With this | type of up: | | | |
| • S | Some symptoms Full blown episod | ns may be present may be present e may be coming r usual activities and r | outines. | | | |
| Tell me | what that's like | • | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Now wri | ite down a few w | ords that describe you | u at these tin | nes. This will | be a +2. | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| LiveWell: User Design Application Training |
|---|
| Study ID: Training Date: Trainer: |
| Check Ins: Daily – Wellness scale |
| Time when you were moderately up (+3) . With this type of up: |
| Have multiple symptoms Symptoms likely continue day to day Full blown episode probably happening Difficult to maintain your usual activities and routines. |
| Tell me what that's like for you. |
| |
| |
| |
| Now write down a few words that describe you at these times. This will be a +3 . |
| |
| |
| |
| Summary of Affective Disorders Evaluation (Manic episodes) |
| |

| LiveWell: User Design | Application Training | | | |
|--|---|---------------|--------------------|---------------------|
| Study ID: | Training Date: | | Trainer: | |
| Check Ins: Daily – Wellr | ness scale | | | |
| How to complete wellne | ess rating: | | | |
| General descriptiShow you where | ions of wellness rating s in a little while | scale, person | nal anchoring word | ds available review |
| • | wellness rating by pres number, turns white, kno | Ü | , | in |
| Do you have any ques | tions about the daily v | wellness rat | ings? | |
| | | | | |
| | | | | |
| | | | | |
| Before we move on, d | o you have any questi | ions about c | heck ins? | |
| | | | | |
| | | | | |

| LiveWell: User Desiç | n Application Training | |
|---|--|-------------------------------|
| Study ID: | Training Date: | Trainer: |
| Daily Review | | |
| | te to the daily review page on | the phone.] |
| Taken to afterGet feedback a | k ins ook at every day completing daily check in after completing check in whenever you want | |
| The daily review has | 5 buttons: | |
| MedicationsSleepRoutinesWellnessEWS for early | warning signs | |
| How it works: | | |
| If appears all is | nmary of how you are doing well, button <u>green</u> for concern, the button <u>yellov</u> | |
| If push yellow, | questions about how doing, | suggestions things you can do |
| If push green, iCan push Lear | receive brief feedback n More button | |
| How might you find | the daily review useful? | |
| | | |
| | | |

| LiveWell: User Design A | pplication Training | | |
|--|------------------------|-----------------------|-----------------------------|
| Study ID: | Training Date: | Trainer: | |
| <u>Charts</u> [Have participant navigate to | Daily Review and shov | v s/he where the Char | rts button is.] |
| Button at bottom of | daily review | | |
| More detailed look a | at patterns that occur | over time | |
| Green for day if goi Yellow for day if soi Also be able to accord | ng well | ormation | or a <u>week or a month</u> |
| Any thoughts about how | the charts might be | e useful to you? | |
| | | | |
| | | | |

| LiveWell: User Design A | pplication Training | |
|------------------------------|-----------------------------------|---|
| Study ID: | Training Date: | _ Trainer: |
| Provider Info | | |
| Your psychiatrist will be ab | le to review a report that gives | a weekly overview of how you are doing. |
| [Give out handout 7 Provider | Report. Review with participant.] | |
| [Elict any information would | or would not want sent to provide | er. Address secure.] |
| Psychiatrist may also rece | ive an email alert. | |
| Any time psychiatrist recei | ves email alert, application reco | mmend that you call your psychiatrist. |
| | | |
| Do you have any question | ns about the information that | LiveWell will send to your provider? |
| | | |
| | | |
| | | |

| LiveWell: User Des | ign Application Training | |
|---|---------------------------------|--------------------------------------|
| Study ID: | Training Date: | Trainer: |
| Wellness Plan | | |
| [Have participant navi | gate to the Wellness Plan.] | |
| You will learn about | developing a wellness plan in | module 8 of the Foundations section. |
| You and I will talk or | the phone and personalize th | ne wellness plan for you. |
| The wellness plan h | | ely managing bipolar disorder. |
| My ResourceReduce RiskAwareness/A | S | |
| To view each section | n of the wellness plan, you jus | t press the tab on the phone screen. |
| Go ahead and explo | re this standard wellness plar | l. |

| Study ID: | Training Date: | Trainer: |
|---|--|--|
| Wellness plan – My R | <u>esources</u> | |
| [Have participant navig | ate to My Resources] | |
| In My Resources, but | tons for: | |
| MedicationsSkillsTeam | | |
| [Have participant press | the Medications button] | |
| Medications: | | |
| Always update | ake to list of medication curre list by calling me with chang into application | ently taking for bipolar disorder ges to medications |
| [Have participant press | the Skills button] | |
| Skills: | | |
| Learn more about | ton, list of skills for managing out skills by reading the Fou list anytime, use when seem | ndations modules |
| [Have participant press | the Team button] | |
| Team: | | |
| Press Team, list | st of people who can support | fective management requires good team in place t you in doing well bist, friends or family members who support you |
| Do you have any tho | oughts or questions about | the resources section of the wellness plan? |
| | | |

| LiveWell: User Design | Application Training | |
|-----------------------------|---------------------------------|---|
| Study ID: | _ Training Date: | Trainer: |
| | | |
| Wellness plan - Reduce | <u>Risk</u> | |
| [Have participant navigate | to Reduce Risk] | |
| Triggers can increase yo | ur risk of experiencing sympto | ms. |
| Reduce risk of triggers ar | nd symptoms by maintaining a | healthy lifestyle. |
| You will learn more abou | t this in the Foundations modu | ile 4. |
| | | |
| [Give participant handout 8 | 3: Reduce Risk Recommendations | s. Review] |
| You can see right now so | ome common recommendation | ns for maintaining a healthy lifestyle. |
| During week 4, talk on ph | none and I will load your perso | nal plan for maintaining a healthy lifestyle. |
| | | |
| Any thoughts or guesti | ons about the reducing risks | s section of the wellness plan? |
| Any thoughts of questi | ons about the readoning risk. | s scotion of the weiliess plan. |
| | | |
| | | |
| | | |
| | | |
| | | |

[Review sections of the BASICs as needed]

The BASICs for maintaining a healthy lifestyle are broken down into 5 areas here:

- Blueprint your day to maintain regular routines of activities and sleep
- Abstain or moderate your use of alcohol and other substances
- **Sleep** enough
- Interact with others in enriching ways
- Calm is the aim, manage stressors

| LiveW | ell: User Desi | ign Application Training | |
|------------|---------------------------------------|--|--|
| Study | ID: | Training Date: | Trainer: |
| | | ng aware and taking action e wellness plan has two part | s. |
| - : | | | |
| | Being aware | tressors, early warning signs | , and keeping track of how you are doing |
| Secon | d Part: | | |
| | Taking actior Plan for what | | aving slight, moderate, or severe symptoms |
| [Reviev | v standard reco | mmendations. Handout 9] | |
| | • | Iness plan standard suggesti I will update this with your o | |
| Do yo | u have any th | oughts or questions about | awareness/action section of the wellness plan? |
| | | | |

| LiveWell: User Desi | gn Application Training | | |
|---|---|--|---------------------|
| Study ID: | Training Date: | Trainer: | |
| <u>Instructions</u> | | Cattings & Instructions these hu | uttono ovolloblo] |
| Covered a lot | today | Settings & Instructions these but alked about today for each se | · |
| For any plannPlace where y | hedule, give list of times receed phone calls, I will load danger ou can find out about appoi | commend complete different rates and times into schedule intments and timing of programments and timing of programments are calendar or schedule as well as the calendar or schedule as the calendar or schedule as well as the calendar or schedule a | m |
| Do you have any qu | estions about the setting | s and instructions section o | of the application? |
| | | | |
| | | | |

| LiveWell: User Design Application Training | | | |
|--|------------------|----------|--|
| Study ID: | _ Training Date: | Trainer: | |
| <u>Summarize</u> | | | |

What it's designed to do:

- Help you learn better manage bipolar disorder
- Less likely have symptoms, better manage symptoms when they occur

Important clarifications:

- Not a replacement for working with your psychiatrist and other mental health providers
- Not an emergency service
- Urgent psychiatric problem, contact your psychiatrist immediately
- Although provides summary information, not a replacement for talking with your psychiatrist about severe symptoms or even moderate symptoms that don't go away in a day or two

Also, if you are feeling suicidal, you should call 911 or go to the nearest emergency room.

| ign Application Training | |
|--|---|
| Training Date: | Trainer: |
| | |
| calls to see how things are gor you to ask questions about | oing |
| Ils once a week in 1 st month v 10 minutes | with application while complete Foundations modules and develop personalized wellness plan |
| ⟨ ? | |
| | |
| | |
| | |
| | |
| | Training Date: w to use the application so m calls to see how things are g or you to ask questions about act me by email ifficulties you've been having lls once a week in 1 st month v 10 minutes |

| LiveWell: | User Desig | n Application | Training | | |
|--------------|---------------|---|----------------------|-----------|--|
| Study ID:_ | | Training [| Date: | | Trainer: |
| Program | Participation | on Barriers and | d Problem S | Solving | |
| Beyond c | oncerns ta | Iked about [na | me them], w l | hat mig | ht make hard participate <i>LiveWell</i> ? |
| | | | | | |
| | | | | | |
| | | | | | |
| Commitm | ent and Go | <u>pals</u> | | | |
| [Summarize | e participant | 's story, dilemma | as/strengths, | barriers/ | /solutions] |
| [Highlight " | change talk" | and perceived p | ositives of Liv | veWell pı | rogram. Link to hopes.] |
| Request: | | | | | |
| • Use | e daily chec | es a week durin k in and daily re ss Plan routine | eview every | day for r | next 3 months tyle and coping skills |
| As coach, | I track your | use of the app | lication and | support | you in getting the most out of it. |
| When do | you think y | ou will start u | sing the <i>Li</i> v | veWell a | application? |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| How ofter | n do you th | ink you can us | se the <i>Liv</i> el | Well app | olication each week? |
| | | | | | |
| | | | | | |
| | | | | | |

| LiveWell: User D | esign Application Training | |
|---------------------|--------------------------------------|--|
| Study ID: | Training Date: | Trainer: |
| <u>Finish Up</u> | | |
| | novt wook | |
| Ok, so we will talk | | |
| | aking such an active part in lear | |
| | vill find this program useful in hel | |
| Remember somet | imes things come up and people | e aren't able to use the program as planned. |
| We can always tal | lk about any problems and I'm ha | appy to help. |
| Questions and T | hank You | |
| Do you have any | questions for me? | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Thank you for con | ning in today. | |
| | | |
| Summary: | | |
| | | |
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| | | |
| | | |
| | | |

Wellness Rating Scale

| Wellness | Definition | Anchors |
|------------------------|--|---------|
| +4 Severe Up | Poor judgement. Dangerous behaviors Not sleeping. Hallucinations/delusions. | |
| +3 Moderate Up | Many symptoms day to day. Manic episode probably happening. Difficult to maintain activities/routine. | |
| +2 Mild Up | Some symptoms, early warning signs. Manic episode may be coming. Can still maintain activities/routine. | |
| +1 Slight Up | Response to recent/upcoming good event. Likely normal variation in wellness. Understandable and manageable. | |
| 0 Balanced | Neither up nor down. Doing well. | |
| -1 Slight Down | Response to recent/upcoming bad event. Likely normal variation in wellness. Understandable and manageable. | |
| -2 Mild Down | Some symptoms, early warning signs. Depressive episode may be coming. Can still maintain activities/routine. | |
| -3 Moderate Down | Many symptoms day to day. Depressive episode probably happening. Difficult to maintain activities/routine. | |
| -4 Severe Down | Serious ideas about suicide. Immobilized. Dangerous behaviors. Disrupted sleep. Hallucinations/delusions. | |

Symptoms of Depression

The hallmark of depression is **low** mood or diminished interest and pleasure in life. Other symptoms include:



- ✓ Weight loss or weight gain
- ✓ Sleeping too much or too little
- ✓ Physical agitation or slowing down
- ✓ Fatigue or loss of energy
- ✓ Feeling worthless or guilty
- ✓ Difficulty concentrating
- ✓ Thoughts of death or suicide

Low mood or diminished interest/pleasure plus 4 or more other symptoms on **most days for 2 weeks** is considered a full-blown depressive episode.

Early Warning Signs of Depression Many people notice low level symptoms or other signs well before entering a depressive episode. These are called early warning signs. Common early warning signs include:

- ✓ Sad or anxious mood
- ✓ Less energy than usual
- ✓ Problems concentrating
- ✓ Less interest than usual
- ✓ Negative thinking
- ✓ Withdrawn
- ✓ Sleep disturbance
- ✓ Guilt

How can you tell if an episode of depression is coming? What changes do you recognize in yourself that lead up to a depressive episode? Are there any signs that you notice <u>first</u>?

Symptoms of Mania

The hallmark of mania is a **euphoric or irritable mood**. Other symptoms include:

- ✓ Inflated self-esteem/grandiosity
- ✓ Decreased need for sleep
- ✓ More talkative than usual
- ✓ Racing thoughts
- ✓ Difficulties concentrating
- ✓ Increased activity level
- ✓ Risky activities

Elevated or irritable mood plus 3 or more other symptoms **for a week** is considered a full-blown manic <u>episode</u>.

Early Warning Signs of Mania

Many people notice low level symptoms or other signs well before entering a manic episode. These are called early warning signs. Common early warning signs include:

- ✓ Sleep disturbance
- ✓ More active than usual
- ✓ More talkative than usual
- ✓ More social than usual
- ✓ More irritable/agitated than usual
- ✓ Increased energy
- ✓ Increased self-esteem
- ✓ Racing thoughts

How can you tell if an episode of mania is coming? What changes do you recognize in yourself that lead up to a manic episode? Are there any signs that you notice **first**?