Ten Questions to Ask a Psychiatrist or Therapist

To be a savvy consumer in the world of doctors and therapists, you have to assess your caregiver's credentials and qualifications, make informed treatment choices, determine how you can tell if treatment is working, and know what to do if you begin feeling worse. This article provides a list of questions to ask a psychiatrist or therapist to obtain the information you need. (If you have other questions, write them down so you remember to ask them.)

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Research shows that medical outcomes improve dramatically when patients are empowered to ask questions and actively participate in their care. Don't assume that the doctor has all the answers and will tell you everything you need to know. Be proactive. You have the right to ask for clarification, simplification, or more information at any point in your care.

- * How much experience do you have in treating bipolar disorder? Some psychiatrists and therapists are like general practitioners, whereas others specialize in particular areas, such as bipolar disorder, depression, anxiety disorders, or schizophrenia. Still others specialize in treating children and adolescents. Professionals who have more experience in treating bipolar disorder may be more attuned to the many ways people experience bipolar disorder and better equipped to sort through your history and ask pertinent questions to effectively identify patterns of your condition. They may also have a deeper range of experiences with different treatments and know how to apply their understanding of how people have responded to them over the years.
- * Is it tough to get an appointment? If you can't get in to see your doctor or therapist when your moods begin to cycle, he can't help you much. So before you choose a psychiatrist or therapist, make sure that you won't have to wait three months before your next appointment. (Getting in for an initial appointment with the doctor may take more time because those appointments are longer.) Ask the office how far in advance you usually need to call to make a follow-up appointment so you can get an idea of how hard it is to get in to see this particular doctor or therapist.
- * Can I contact you during a crisis? Nights, weekends, and holidays the three times you most need your doctor or therapist, she's at home, spending time with her friends and family. The nerve of these medical people! Everybody, even doctors and therapists, needs some time off, but as a person with bipolar disorder, you need some numbers to call in a crisis. Doctors and therapists have a variety of systems for after-hours emergencies. Ask for your doctor's policy and procedures, which should include the following information:

- * Office number: When you call the office after hours, a recorded message should provide instructions for emergency calls.
- * After-hours number: Does the doctor use an answering service that can reach her? Do you call her cellphone or home phone for emergencies? Make sure you're clear about this.
- * Name and number of the person who covers for the doctor or therapist when she's out: Doctors often take turns being on call.
- * Emergency number of the hospital or mental health center where you should go in a crisis: If you're in the middle of a mental health crisis and you can't get in touch with your doctor, where should you go?

<Tip>

Ask how long it typically takes your doctor or therapist to return calls if you need to leave a message.

* What's the diagnosis and how did you arrive at it? Sometimes a doctor prescribes medication without providing a final diagnosis, especially when some uncertainty exists. For example, if a patient is experiencing mania, the doctor may prescribe an antimanic medication without diagnosing bipolar disorder until he has the opportunity to rule out other possibilities.

However, your doctor will have some ideas (*working diagnoses*, as they're often called) that drive his treatment choices. If your doctor doesn't mention a diagnosis, ask him to explain his thinking and the possible diagnoses he's considering. You have a right to understand what he thinks may be going on and why he's choosing particular treatment plans.

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How your doctor arrived at your diagnosis may be just as important as the diagnosis itself. Make sure your doctor has considered your family history, any prior mood episodes, the possibility of medication- or substance-induced symptoms, other medical conditions that may be causing symptoms, and aspects of your life that may be causing stress or sleeplessness or is otherwise contributing to symptoms.

* What's the treatment plan? Your doctor may hand you one or more prescriptions for antidepressants, antimanics, antipsychotics, or sedatives, but your medication doesn't make up your complete treatment plan. In most cases, you should have a doctor and a therapist; ideally, they work together to develop a treatment plan specifically for you. The doctor typically handles the medications, and the therapist deals with everything else, although some doctors are more actively involved in the bigger treatment picture.

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Your treatment plan should include the following:

- * Medications
- * Individual therapy, self-help, and lifestyle changes
- * Family education and, possibly, family therapy

* Instructions on what to do if your moods begin to cycle

Whenever your doctor recommends a change in medication, be sure to ask what the goal of the change is and how you and your doctor will evaluate whether the change met its objective.

In the real world, having ready access to a psychiatrist and therapist isn't always possible. In such cases, you may find yourself relying on your primary-care physician, self-help, lifestyle changes, family and friends, and community resources.

* When can I expect to feel better? Your doctor and therapist are likely to tell you to remain patient, but you should know upfront what *patient* means. A week? A month? Two months? In most cases, you can expect to see some improvement in one to two weeks, but some medications may take four to six weeks or even longer to become fully effective. Ask your doctor and therapist to be sure.

Typically, your doctor will follow up with you two to four weeks after your initial appointment or after you start a new medication to assess the effectiveness of the treatment and monitor for side effects. If you're feeling very unstable, she may want to see you even sooner. If the doctor tells you to come back in more than one month after you start a new medicine, find out why she doesn't want to follow your situation more closely.

* How will I know I'm getting better? With bipolar disorder, feeling better may convince you that you *are* better even when you're not, particularly if you're cycling into mania. Ask your doctor for more objective signs that your mental health is improving.

When an episode of depression is lifting, you may experience these signs:

- * Sleeping more regularly and getting better-quality sleep
- * Doing more with less effort in other words, better energy
- * Socializing more
- * Crying less
- * Diminished thoughts of death or suicide

When recovering from an episode of mania, these signs may appear:

- * More sleep in general and less restless sleep overall
- * Sustained stability in thought patterns not racing or flying from topic to topic
- * Reduction in *pressured speech* (rapid, nonstop talking)
- * More typical energy and activity levels
- * Fewer and less intense confrontations with others
- * Improved ability to control impulses
- * Less irritability

- * What should I do if I feel worse? Getting just the right combination of medications requires communication between you and your doctor. Being able to get in touch with your doctor between visits is especially important when you're first starting medicine. Some medications may not work for you or may have an adverse effect on you. If your condition fails to improve or worsens or if you have a bad reaction to the medication (such as a rash or shortness of breath), contact your doctor, who may suggest one or more of the following steps:
 - * Stop taking the medication.
 - * Keep taking the medication to see whether the side effect settles down or the desired effects kick in and then call or come in to the office in a few days.
 - * Take a lower dose of the medication.
 - * Take a higher dose of the medication.
 - * Add something else to the medication.

Be sure to follow up all these actions with additional phone calls or office visits to further optimize your treatment plan.

- * How did you pick this medicine and what can happen when I take it? Most doctors hand you a prescription for the medications they think are going to be most effective and have the least chance of causing serious side effects. The doctor should always review with you how she chose this medicine over other ones (alternatives) and carefully review the potential effects and side effects of the medicine she has chosen to prescribe. Make sure your doctor has answered the following questions for you before she reaches for the prescription pad:
 - * How effective is the medication at treating the symptoms I have?
 - * Are there more effective medications?
 - * What are the potential risks and side effects of this medication, and what are the chances that I'll experience them?
 - * Are there any medications that may have fewer, less serious side effects?
 - * How will this medicine interact with other prescribed medications and overthe-counter products and with other substances including alcohol and caffeine?

Make sure you always know the possible side effects and interactions of a medication before you begin taking it so you know what to watch for. Armed with a list of the most common and most serious potential side effects, ask what you should do if you notice any signs that you may be experiencing one of them.

* Will you work with my other providers? Coordinated treatment, especially between your doctor and therapist, is an essential component of success. Ask your doctor and therapist if they're willing to exchange notes. Make sure they have each other's contact information and signed consent forms that enable them to share information.

If you want family members, friends, and other nonprofessionals to enter the treatment discussion, ask the doctors if they're willing to talk with the people in

your cond	support network. Your doctor and therapist can't legally discuss your ition or treatment with anyone unless you've signed consent forms for them.