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GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Psychosocial Interventions for Bipolar Disorder

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Goals of Psychosocial Interventions for Bipolar Disorder

- To prevent recurrence of major depressive and manic episodes
- To improve current depressive and mania symptoms and improve functioning

Psychosocial Interventions are Adjunctive Treatments for BD

- Psychosocial interventions are adjunctive to medication, **NOT** a replacement for medications for Bipolar Disorder.

Skills-Based Psychosocial Interventions

- Patients participate in guided skills training and active tasks to enhance coping skills rather than being passive recipients of didactic education.

Psychoeducation for BD

- Illness awareness
- Treatment adherence
- Early detection of prodromal symptoms
- Lifestyle regularity
- Modalities: Group, individual, or family/couples therapy

Mood Charting

Daily Mood Chart

		Mood Rating																								
High	+3																									
	+2																									
	+1																									
Normal																										
Low	-1																									
	-2																									
	-3																									
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
Hours Slept																										
Weight (lbs) (day 14 & 28)																										
Anxiety																										
Irritability																										
Medication (name/dose)	Place a checkmark (✓) if medication was taken each day Place a "x" if medication was not taken and list why on separate sheet																									
Alcohol/Drugs																										



Social Metric Charting

Please fill this out at the end of the day

Day of week:

ACTIVITY	Check if did not do	TIME			Check if alone	PEOPLE			
		Clock time	A.M.	P.M.		Spouse/partner	Children	Other family members	Other person(s)
Sample activity (for reference only)		6:20	✓		2			1	
Out of bed									
First contact (in person or by phone) with another person									
Have morning beverage									
Have breakfast									
Go outside for the first time									
Start work, school, housework, volunteer activities, child or family care									
Have lunch									
Take an afternoon nap									
Have dinner									
Physical exercise									
Have an evening snack/drink									
Watch evening TV news program									
Watch another TV program									
Activity A									
Activity B									
Return home (last time)									
Go to bed									



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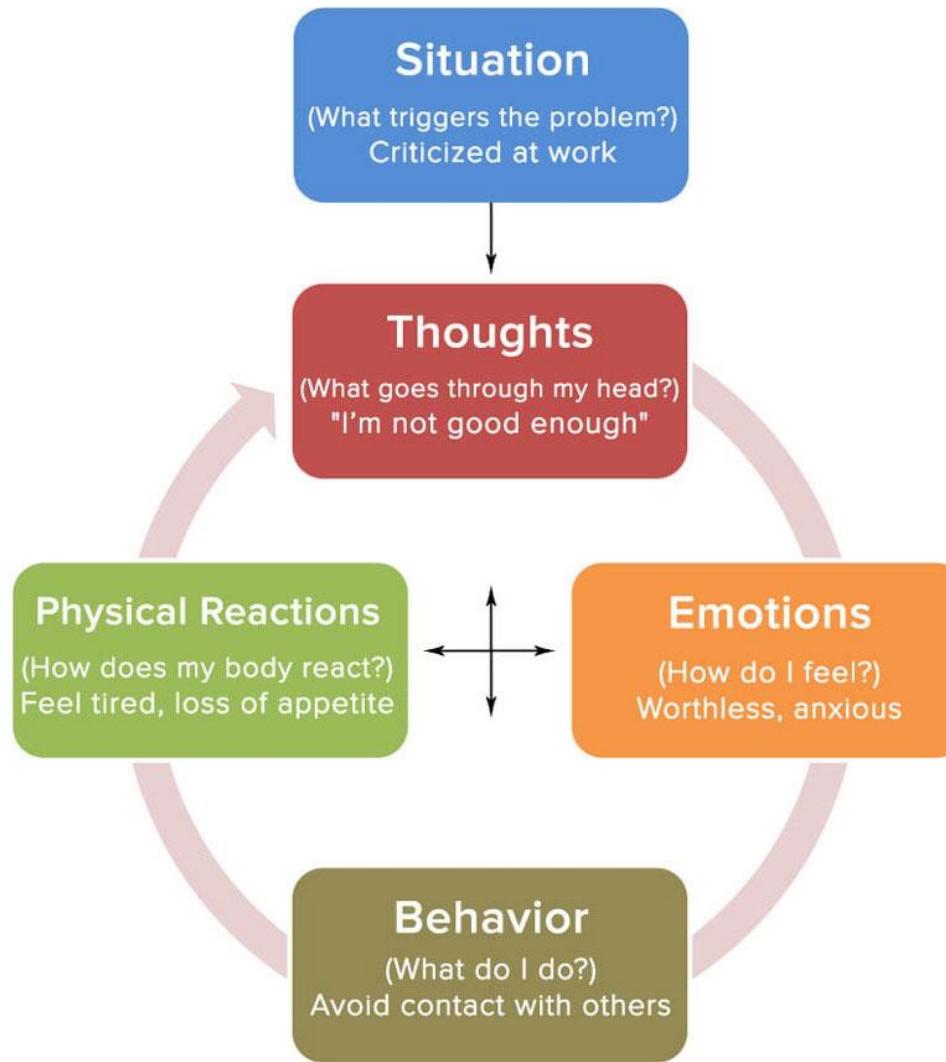
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Effectiveness of Psychoeducation for BD

- Increased time to recurrence
- Fewer recurrences over time
- Reduced hospital readmissions
- Reduced mania symptoms
- Reduced depression symptoms
- Increased medication adherence

Cognitive Behavioral Therapy for BD



Cognitive Distortions

- All-or-Nothing/Black-and-White thinking
- Mind Reading
- Emotional Reasoning



Cognitive Restructuring

CBT Thought Record

Situation	Emotion or feeling	Negative automatic thought	Evidence that supports the thought	Evidence that does not support the thought	Alternative thought	Emotion or feeling
I yelled at my 3 year old, woke up the baby who then wouldn't stop crying	(1) 90% ANGRY At self, At kids At my Husband (2) 90% SAD (3) 70% Guilty/ashamed	I must be a very bad person not to be happy to have these healthy kids Certainty: 90%	(1) Any decent mother loves her kids (2) A good person would feel happy about having a new baby	(1) I have always cared for my family and friends (2) I usually try to do good for others (e.g. I volunteer at the soup kitchen) (3) People that know me never think I am a bad person	I am an ok person that is overwhelmed and having a bad reaction to motherhood right now Certainty: 75%	(1) 30% ANGRY (2) 10% SAD (3) 10% Guilty/ashamed

Describe what was happening:
Who, what, when where?

Emotions can be described with one word:
e.g. angry, sad, scared
Rate 0-100%

Identify one thought to work on:
What thoughts were going through your mind?
What memories or images were in my mind?

What facts support the truthfulness of this thought or image?

What experiences indicate that this thought is not completely true all of the time?
If my best friend had this thought what would I tell them?
Are there any small experiences which contradict this thought?

Write a new thought which takes into account the evidence for and against the original thought

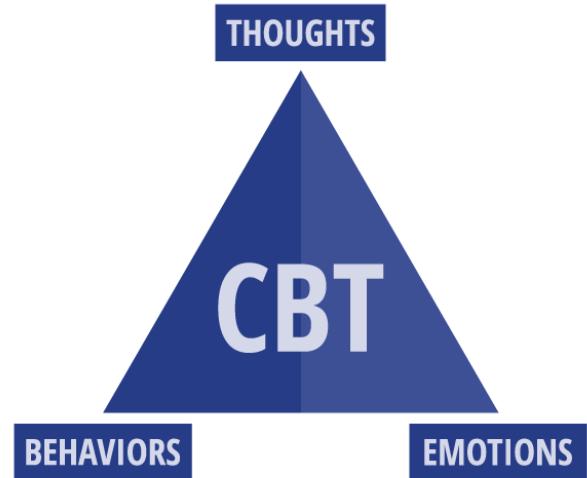
How do you feel about the situation now?
Rate 0 - 100%

Behavioral Experiments

- Test old, negative and unhelpful existing beliefs
- Test new and more helpful beliefs
- Enable experiential learning - "*learning by doing*"

Effectiveness of CBT for BD

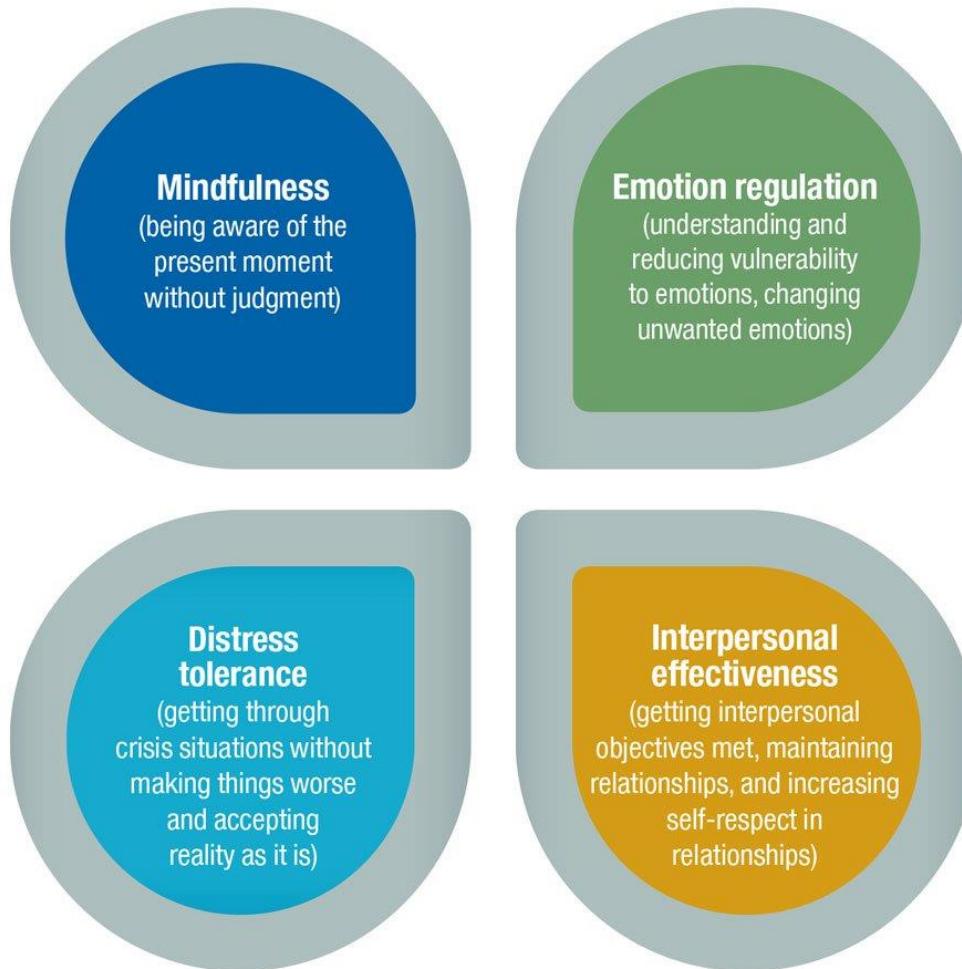
- Fewer relapses
- Reduced depressed mood
- Reduced mania symptoms
- Improved quality of life



Dialectical Behavioral Therapy (DBT)

- DBT was designed to help those who have developed patterns of intense emotional reactions, impulsive behaviors, self-harm and suicidal ideation
- Modalities: Individual and group therapy, phone-coaching, therapist consultation

DBT Treatment Modules

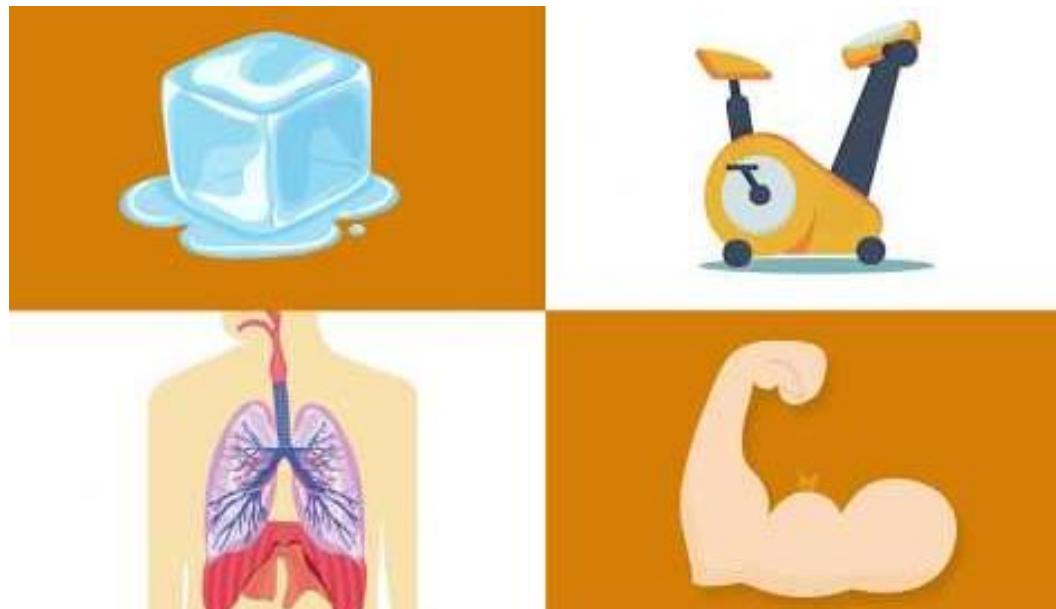


Mindfulness Skills

- Mindfulness is a foundational skill in DBT, because it helps individuals **accept** and **tolerate** their powerful emotions instead of relying on **destructive behaviors** to manage painful feelings

Distress Tolerance Skills

Distress Tolerance Skills are used to help people survive “**emotional emergencies**” without engaging in dysfunctional behaviors



Interpersonal Effectiveness Skills

- Resolve conflicts
- Advocate for one's own needs, while balancing the needs of others.
- Build a sense of mastery and self-respect

Emotion Regulation Skills

- Learning how to understand and name emotions
- Changing unwanted emotions
- Reducing Vulnerability
- Managing extreme/crisis conditions

Effectiveness of DBT for BD

- Reduced depression symptoms
- Reduced mania symptoms
- Reduced emotional dysregulation
- Reduced suicidal thinking

Mindfulness-Based Cognitive Therapy (MBCT)

- The goal of MBCT is to interrupt the automatic cognitive and behavioral processes that can trigger mood episodes.
- MBCT teaches “Decentering,” the ability to perceive thoughts and feelings as impermanent events in the mind, and NOT as facts that carry personal meaning about the self.

Effectiveness of MBCT for BD

- Reduced depression symptoms
- Reduced anxiety
- Improved emotion regulation

Family-Focused Therapy (FFT)

- Family-Focused Therapy (FFT): People with BD and their family members learn together about BD and its management.
- FFT also teaches family communication and problem-solving strategies.

Interpersonal and Social-Rhythm Therapy (IPSRT)

- Facilitates understanding of how BD affects and is affected by relationships, work and/or school
- Monitor behaviors that impact BD symptoms, such as sleep-wake rhythms, patterns of daily activity, and levels of daily social stimulation

Conclusions

- Psychosocial Interventions that teach patients active coping skills have demonstrated effectiveness for BD symptoms, overall functioning, and quality of life
- Psychosocial Interventions are NOT a replacement for mood stabilizing medications
- Even if you are unable to find a therapist who is qualified to deliver these interventions, there is much patients can do to manage BD through consistent mood and social metric charting, along with close collaboration with a psychiatrist