



Being in Charge of My Life: 1. Psychotherapy for Bipolar Disorder

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Overview

- 1. What do I need to deal with a diagnosis of bipolar?
- 2. What are my challenges?
- 3. How can psychotherapy help?
- 4. What kinds of therapy are there and what do they offer.
- 5. Introduction to Interpersonal and Social Rhythm Therapy

Why Psychotherapy?

- 1. Diagnosis hard to believe, hard to accept
- 2. Grief at loss of “normality”
- 3. I don't want to change
- 4. Talk out rather than act out
- 5. How do I maintain independence and control in my life?
- 6. Medication necessary but not sufficient

Key issues in psychotherapy

- 1. Grief
 - A. Loss of “normality.”
 - B. No longer can do “whatever I want.”
 - C. Others try to control me, tell me what to do.
 - D. Others don’t understand my experience
 - E. Sometimes I feel super-competent, but others imply I am incompetent

Medications are necessary but not sufficient

- 1. Relapse is common even with “optimal” medication therapy
- 2. Therapy helps you take control of your illness and your life
- 3. Psychotherapy improves illness course
- 4. New coping skills help
- 5. Knowledge about therapy helps you pick the right therapist

Kay Jamison, from *An Unquiet Mind*

- At this point in my existence I cannot imagine leading a normal life without both taking lithium and had the benefit of psychotherapy.
- Lithium. . . Keeps me from ruining my career and relationships, keeps me out of the hospital, alive, and makes psychotherapy possible.
- But, ineffably, psychotherapy heals.

Goals of treatment

- 1. Want to establish when start therapy
- 2. Evaluate over time
- 3. Goals
 - A. Treat mood episodes
 - B. Prevent relapse
 - C. Restore function
 - D. Achieve recovery—as you define it

Review of evidence-based therapies

- Psychoeducation
 - A. Part of every other therapy
 - B. Information about illness and treatment
 - C. Data about what works and how often
 - D. Recognition of early warning signs to prevent relapse
 - E. Key for family and friends as well as identified patient

Family-Focused Therapy

- 1. Psychoeducation
- 2. Communication Skills
- 3. Problem-solving skills

Cognitive Behavioral Therapy

- 1. Psychoeducation
- 2. Skills to challenge negative thoughts and beliefs
- 3. Skills to change ineffective behaviors

Interpersonal and Social Rhythm Therapy

- 1. Psychoeducation
- 2. Relationship skills
- 3. Regulation of sleep and social routines
- 4. Addresses grief, identity, changes in role, interpersonal effectiveness

Shared goals of psychotherapy

- 1. Understanding bipolar disorder as **lifelong** and **recurring**
- 2. Medication understanding and adherence
- 3. Mood charting
- 4. Recognizing early warning signs
- 5. Preventing relapse
- 6. Achieving recovery

Research Shows Psychotherapy Decreases Relapse

- 1. Colom et al (2003) Psychoeducation vs. unstructured groups: 67% vs. 92%
- 2. Miklowitz et al (2003) Family focused therapy vs. crisis management: 36% vs. 54%
- 3. Lam et al (2003) CBT vs. no therapy: 44% vs. 75%
- 4. Frank et al (2005) Interpersonal & Social Rhythm vs. Intensive clinical management: Initial IPRST delayed new affective episode irrespective of maintenance treatment

More of IPSRT

- 1. “Zeitgeibers” time-givers, both physical (rising and setting of sun), and social (sleep, work, meals)
- 2. Disruptive events
 - A. Disrupt social zeitgeibers, which then
 - B. Disrupt social rhythms, which then
 - C. Disrupt biological rhythms, which then
 - D. Lead to symptoms, and finally mania or depression

IPSRT

- 1. Does not discount roles of
 - A. Social support
 - B. Coping style
 - C. Biological vulnerability
- 2. Asserts that folks with bipolar disorder
 - A. Have “inflexible biological clocks,”
 - B. Which are disrupted by life events

Relapse follows

- 1. Nonadherence to meds
- 2. Stressful life events
- 3. Disruptions in social rhythms
- 4. Substance abuse can disturb any of these

2 Pronged Approach

- 1. Management of symptoms through
 - A. Medication
 - B. Stabilization of Social Rhythms
- 2. Resolution of Interpersonal Problems
 - A. Focus on one of 4 key areas
 - B. Unresolved grief experience
 - C. Major life role transition
 - D. Role dispute with others
 - E. Interpersonal Deficits

Dr. Frank adds a 5th area

- 1. Grief for the healthy self
- 2. Struggling to accept the bipolar illness

In sum

- We need help dealing with a serious diagnosis
- We can't do it alone
- Medications alone don't work as well
- Psychotherapy helps
- Other ways of coping do too