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Preface

Bipolar disorder can have a significant effect on adolescent development and has traditionally been associated with poor outcomes, both symptomatically and in terms of psychosocial functioning.

There is growing evidence for the effectiveness of psychological interventions for bipolar disorder, particularly individual and family-based cognitive behavioral therapy (CBT). Furthermore, there is emerging evidence that both psychological and pharmacological interventions may be more effective early in the course of the disorder. However, there is currently very little literature describing the unique challenges and opportunities relating to psychological work with a young bipolar population, and there are currently no published clinician manuals relating to this population.

This is the first book to describe a manualized psychological intervention for people in adolescence and early adulthood who are experiencing bipolar disorder. It was developed by clinicians working in a specialist bipolar team at the Early Psychosis Prevention and Intervention Centre (EPPIC) in Melbourne, Australia, in collaboration with Professor Jan Scott, an eminent researcher in the field of bipolar disorder. EPPIC is a leading clinical and research center for young people experiencing mental health difficulties, and this manual was developed from clinical experience and research evidence gathered by the bipolar team over the past five years.

The manual describes specific issues affecting a young bipolar population and offers clinicians advice on how to manage challenges such as difficulties in engagement, comorbidity, family issues, and developmental factors which impact on the person's adaptation to the disorder. In addition to providing a review of the relevant current literature, it has a strong focus on practical interventions that have proven effective when working with this population. This is illustrated through numerous “real world” case studies, and text boxes describing tips and techniques for the clinician.

This manual describes eight modules addressing key areas commonly experienced when working with this population (assessment and engagement, psychoeducation and adaptation, medication adherence, targeted cognitive behavioral interventions, social rhythm regulation, family work, comorbid issues, and relapse prevention). These can be drawn from separately, or combined as part of formulation-based intervention. As some aspects of the intervention are likely to be important whether a cognitive behavioral or other therapeutic model is followed, we have not “labeled” all the introductory chapters as specifically “cognitive therapy.” However, we do provide a chapter that highlights specific cognitive behavioral techniques that we have found to be particularly useful in working with adolescents and young adults.

As with any psychological intervention, previous training and experience are highly advisable, and good clinical supervision is strongly recommended. Specifically, experience of working with young people, experience of providing cognitive behavioral and family interventions, in addition to experience of working with people with bipolar disorder, will allow a clinician to obtain the best outcomes from this manual. The range and depth of necessary skills cross disciplinary boundaries, so this book represents a collaboration between individuals who use a multi-faceted psychobiosocial approach to helping young people confronted by the challenge of coping with bipolar disorder.

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Special thanks to the dedicated and dynamic staff at EPPIC in Melbourne, and to the young people attending the service who gave us permission to use their stories or their artwork, particularly E. B., S. M., M. K., J. F., S. F., V. N., S. V., D. R., A. F., Y. H., and N. R. We also want to thank these young people for teaching us about bipolar disorder.

This manual is dedicated to our partners and families.

Introduction

Background to the manual

In recent years there has been growing recognition of the importance of psychological therapies for people with bipolar disorder (Scott & Colom, 2005). While biological and genetic factors appear to play a significant part in the etiology of the disorder (Pekkarinen et al., 1995; Hyman, 1999; Berrettini, 2000), and medication, particularly mood stabilizers, remains the first line of treatment for many clinicians, pharmacological interventions are not universally effective. Numerous reviews have found that even lithium – considered by many to be the “gold standard” of mood stabilizers – is effective in preventing relapse of symptoms for only 32–6% of people with bipolar disorder at 2-year follow-up (Prien et al., 1984; Gelenberg et al., 1989; Silverstone et al., 1998), with up to 87% of people relapsing at 5 years despite good medication adherence (Keller et al., 1993).

The heterogeneity of people with bipolar disorder, its psychosocial impact, and the complexity of the disorder itself led the US National Institute of Mental Health to conclude: “It is clear that pharmacotherapy alone does not meet the needs of many bipolar patients” (Prien & Potter, 1990, p. 419). This view has been echoed by a number of other organizations including the American Psychiatric Association (2002), the British Association for Psychopharmacology, the World Federation of Societies of Biological Psychiatry (Jones et al., 2005a), the Royal Australian and New Zealand College of Psychiatrists (2004), and the United Kingdom's National Institute for Health and Clinical Excellence (2006).

Goodwin and Jamison (1990) illustrated this point on an individual level with a quote from a person with bipolar disorder, who stated:

Lithium prevents my seductive but disastrous highs, diminishes my depressions, clears out the wool and webbing from my disordered thinking, slows me down . . . keeps me out of a hospital, alive and makes psychotherapy possible. But ineffably, psychotherapy *heals*. It makes some sense of the confusion, reins in the terrifying thoughts and feelings, returns some control and hope and opens the possibility of learning from it all. Pills cannot, do not *ease* one back into reality; they only bring one back headlong, careening, and faster than can be endured at times . . . No pills can help me deal with the problem of not wanting to take pills; likewise, no amount of analysis alone can prevent my manias and depressions. I need both (p. 725).

An impressive evidence base is emerging for psychological interventions for bipolar disorder, and while still at an early phase of development, recent research has indicated that CBT specifically, in combination with medication, can impact positively on symptoms, medication adherence, social functioning, and risk of relapse. Key elements of the underlying theoretical model will be described in Chapter 1.

As a result of the growing interest and research into psychological treatments, there are a number of excellent manuals and self-help books describing interventions for adults with bipolar disorder (Lam et al., 1999; Scott, 2001; Jones et al., 2002; Miklowitz, 2002; Newman et al., 2002; Bauer & McBride, 2003; Johnson & Leahy, 2004; Colom, 2006; Frank, 2007; Ramirez-Basco & Rush, 2007). However, none of these are designed specifically for use with a young population that is early in the course of the disorder. This is an important issue, given that onset of the disorder most commonly occurs during adolescence or early adulthood, and this is arguably the phase that offers the best opportunity for effective intervention.

Introduction

This manual represents the work of the mania team at EPPIC in Melbourne, Australia, in conjunction with Professor Jan Scott, a leading researcher in the field of psychological therapies for bipolar disorder. It marks the development of a specialized psychosocial intervention for use with people in the early phase of the disorder.

EPPIC is a state-government-funded, public health unit, which treats people who are aged between 15 and 25 years and are experiencing a first-episode psychotic disorder. The mania team emerged within the unit to specialize in providing interventions for young people in the early phase of bipolar disorder with psychotic symptoms.

When we first began looking at providing psychosocial intervention for this population, we noted two main shortcomings in much of the existing literature, and it is primarily in response to these that we designed the intervention described in this manual. Firstly, there are no current manuals that address the unique challenges and opportunities presented by the young, first-episode population. Secondly, there often appears to be a marked discrepancy between the efficacy of interventions for bipolar disorder as reported in research trials, and the effectiveness of the same interventions in clinical settings with naturalistic clinical populations.

It is notable that many studies examining the effectiveness of psychological interventions in bipolar disorder tend to exclude people under the age of 18. Individuals with rapid cycling subtype, psychotic symptoms, current manic symptoms, comorbid Axis II diagnoses (including borderline or antisocial personality disorder), suicidal ideation or intent, illicit substance or excessive alcohol use, inability to read or write, or poor medication adherence are also typically excluded (Scott et al., 2001; Ball et al., 2003; Lam et al., 2005; Feeny et al., 2006; Scott et al., 2006). These criteria would exclude most of the population with whom we – and the majority of other clinical services throughout the world – work.

Such exclusion criteria are not limited to psychotherapy outcome literature, with Scott (2008) reporting that trials looking at the long-term efficacy of medications for relapse prevention are usually representative of no more than 10–15% of “real world” clients. Similarly, trials of acute treatments also use highly selected samples, with Zimmerman et al. (2005) reporting that 79% of a population of 599 depressed patients presenting at an outpatient clinic would be excluded from most antidepressant efficacy trials. Zimmerman and colleagues found specifically that while a number of these patients would be excluded due to their symptoms being rated as too mild, a significant subgroup would be excluded due to severity markers, including current suicidal ideation or intent, comorbid anxiety disorders, or substance use. The excluded participants with comorbidity were also found to be “a more chronically ill group, with more previous episodes, greater social and occupational impairment, and more personality pathology” (p. 1372).

Guscott and Taylor (1994) have named this difference between outcomes in a selected research population and typical cases seen in clinical practice, the “efficacy-effectiveness gap.” In everyday practice, clinicians have to consider how they apply the findings of research studies to their clients and take this “gap” into account. Having had the opportunity to use cognitive behavioral approaches with a representative population of individuals with bipolar disorder across the age spectrum, we have selected the chapters for this book on the basis of the most commonly encountered problems in adolescents and young adults when they present or are diagnosed with bipolar disorder. As the field is continually developing, we realize that the core sections may be revised at a later date. However, we have chosen the issues that are most relevant to young people whilst trying to avoid replicating all the components covered in the standard CBT manuals for older adults (e.g. Newman et al., 2002).

Introduction

A significant aim of this manual is to describe an intervention that was developed through our experience of working with a naturalistic, “real world” population of young people who were experiencing their first episode of mania and who had previously had little, if any, contact with mental health services. The majority of our young people presented with comorbid conditions and complex difficulties. Furthermore, “psychological mindedness,” motivation, or even engagement with health services was neither presupposed nor common.

In conclusion, the aim of this manual is to describe a psychological intervention that is effective for working with young people with bipolar disorder, and which addresses the specific developmental issues relating to this population. While recognizing there is currently a sparse research literature on psychological interventions for young people with bipolar disorder, we have drawn from research on interventions for adults with bipolar disorder, the adolescent depression literature, literature describing key concepts in early intervention, and literature describing interventions for young people with psychotic disorders. As we are aware of the risks of extrapolating from other areas of research, we have been careful to include only interventions that we have found to be clinically effective.

Our intervention broadly utilizes a CBT orientation, but the complexity and heterogeneity of this population requires a flexible model. Therefore our intervention also draws from solution-focused, narrative, client-centered, cognitive analytic, social rhythm, and family therapies.