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978-0-521-68368-5 - Psychoeducation Manual for Bipolar Disorder
Francesc Colom and Eduard Vieta
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Psychoeducation Manual for Bipolar Disorder

Although the mainstay of bipolar therapy is drug treatment, psychoeducation is a technique that has proven to be very effective as an add-on to medication, helping to reduce the number of all types of bipolar recurrences and hospitalization. The object is to improve patients' understanding of the disorder and therefore their adherence to pharmacotherapy. Based on the highly successful, evidence-based Barcelona Program, this book is a pragmatic, therapist's guide for how to implement psychoeducation for bipolar patients. It gives practical guidance for how to conduct a psychoeducation group, using sessions and cases drawn from the Barcelona Psychoeducation Program. Moreover, it provides the reader with a great amount of practical tips and tricks, and specific techniques to maximize the benefits of bipolar psychoeducation.

The authors formed the first group to show the efficacy of psychoeducation as a maintenance treatment and have a long history of performing bipolar psychoeducation.

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For Rosario and Gloria

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Foreword

More than perhaps for virtually any other mental illness, there is a need for a comprehensive and integrated approach to the management of bipolar disorders. The limited view that treatment of bipolar disorders consists only of finding the “right” pharmacotherapy has largely been dispelled. The availability of an array of medications proven to be beneficial in research trials has not changed the course of bipolar disorders as we encounter them in contemporary practice. Evidence suggests that this efficacy–effectiveness gap is a product, on the one hand, of the difficulty in getting bipolar patients to adhere to their medication treatment as prescribed and, on the other, a consequence of the greater prevalence of adverse psychological and social factors influencing the course of bipolar disorder in the heterogeneous populations treated in non-research clinical settings.

There is an increasing acceptance of the importance of the stress-vulnerability hypothesis as a model for understanding individual risk of relapse or poor prognosis in bipolar disorders. It is also accepted that patients’ attitudes and beliefs about their disorder and its treatment influence how or whether they adjust to their predicament, and that this adjustment or lack of it will ultimately affect their outcome. Furthermore, helping the individual to recognize and change potentially harmful behaviors (such as drug or alcohol use), or encouraging the adoption of more stable and regular patterns of social activity (which may in turn stabilize circadian rhythms) are hypothesized as additional ways of reducing the risk of relapse. All of these research findings clearly indicated a role for an intervention that targets the psychosocial stressors that adversely affect outcome, and that help patients make informed choices about how to act or cope when faced with a long-term mental health problem. However, the dilemma confronting researchers in the field was what type of psychological intervention would meet all these

requirements and would offer a complementary as opposed to a competing model of treatment. It is important that potential gains from a psychological therapy were not undermined because they reduced the patient's acceptance of the crucial role of mood stabilizers and other medications.

In the last decade, four main models of psychological interventions have evolved for bipolar disorders. Three (namely cognitive behavior therapy, interpersonal social rhythms therapy, and family-focused therapy) represent adaptations of evidence-based models previously applied successfully to the treatment of depression and/or schizophrenia. The fourth model was developed *de novo* by the Barcelona group. They adopted three key principles in devising their approach: (1) the intervention had to emphasize a psychobio-social model of bipolar disorders so that all treatment interventions, whether pharmacological or psychological, made sense (i.e. appeared rational) to the patient; (2) the program had to target the core psychosocial issues, and the interventions used must be evidence based (hence in common with the other approaches the core elements target adjustment, treatment adherence and reduction of substance misuse, regularization of social rhythms, and relapse prevention strategies); and (3) the program should give individuals specific and selected information about their disorder in a user-friendly format and also teach and allow practice of effective coping skills.

The unique aspects of the Barcelona approach are that it is based on the philosophy of psychoeducation, but uses an adult-learning model to achieve its goals, and it provides patients with a group approach which not only offers them peer support but also allows them to learn from each other. These elements are important. It is well known that information alone is a necessary but not sufficient method of changing behavior. Indeed many clinicians are cynical about psychoeducation because everyone claims to offer it to patients but few clinicians apply a systematic and comprehensive multifaceted model that helps individuals actually modify their actions or learn new coping or problem-solving skills. The psychoeducation program outlined in this manual clearly involves a carefully selected combination of information giving, guided self-learning and opportunities to develop and practice self-management skills under supervision. The sessions have a clear format that models to group members how to approach issues related to their mental health problems. The structure and containment provided by the mental health professionals ensures that the advantages of group learning and peer

support are maximized. It is also clear that whilst the topics covered in this program are treated seriously, engagement and interaction with group members do not require the therapists to avoid humor, indeed there is a sub-text in this program that learning can also be an enjoyable process.

Those who know Francesc Colom and Eduard Vieta will be aware of the enormous international respect for their contributions to research on all aspects of bipolar disorders. This manual provides a detailed description of the approach used in their published studies of psychoeducation allowing replication of their program in research studies elsewhere and the translation of research into clinical practice. Clinicians practicing at other centers can now apply the group program developed in Barcelona. The information provided in the manual and the clarity of the session structure will also allow clinicians to institute any modifications required to meet the needs of local patient groups within the framework outlined, for example it is possible to accommodate variations in session content because of cultural differences or to integrate data on other treatments.

The needs of individuals with bipolar disorders are many and various. The program developed by the Catalan group is highly acceptable and readily understood by patients. It empowers them to engage in self-monitoring and self-management without ever undermining the importance of medication as a core component of the overall treatment package. Approaches that seamlessly integrate pharmacological and psychological approaches to bipolar disorders are few and far between, yet it is exactly these types of strategies that are urgently needed if we are to achieve better outcomes for our patients. The Barcelona group have made a critical contribution to clinical science and practice, and it is to their credit that they are also keen to share their program with colleagues who are also committed to improve the quality of life of individuals with bipolar disorders and their significant others.

Jan Scott

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Preface

In the days of the Roman Empire, after a military victory the Emperor would process in triumph before the excited and grateful crowds. The sun honored him from on high with the brightest of its rays, laurels wreathed his head, the centurions saluted him as a great leader, the plebeians venerated him, life smiled upon him, and the greatest glory was no more than a first step in his triumphal ascension to Deity. Behind him, part of his mighty retinue, walked the man. The man's job was to repeat systematically to the Emperor: "Remember you are not divine, remember you are human, remember you have to die."

This figure, real and fully documented by historians, perfectly illustrates the work of psychoeducation therapists: giving patients the information they need so they know where they are and can decide where to go.

When we started organizing psychoeducation groups for bipolar patients, very little information was available about this approach and there were no randomized trials with any degree of methodological rigor and no specific manual – so we had to draw on our knowledge of bipolar disorder and our own common sense. After some time had passed, a number of reviews and manuals started coming out, and we began to contact the pioneering researchers in this field. We were happy to see that almost all the teams, whether in the USA, Great Britain, The Netherlands, or Italy, were working toward the same goal, using similar techniques and looking at the same themes. In fact we came to similar conclusions. This was not surprising because the researchers had – and, we believe, still have – common sense and a certain clinical knowledge of bipolar disorders and, above all, because psychoeducation is an intervention whose need is obvious in the case of bipolar patients. But being obvious or commonsensical does not necessarily mean that it has to be efficacious. One of the functions of the scientific

method is precisely to prove the obvious, and happily psychoeducation has abundantly demonstrated its efficacy in prevention of relapses in bipolar disorders – something we are proud to say because our group has played a significant role.

This book is a manual for teaching your patients to manage their disorder better, live with it, progress with it, take their medication more effectively, and understand why the medication needs to be taken. But above all, it is a teaching manual for a technique that will help your bipolar patients suffer fewer relapses.

This book will give you the tools you need to run a psychoeducation program which is not only absolutely essential from the standpoint of evidence-based medicine but is also a right of the patient – the right to know more about his disorder – and a vital backup for the medication.

We designed this book to be practical and easy to use. We begin with a general introduction on the clinical presentation of bipolar disorders and a brief review of psychological interventions tried to date; we then look at why the use of psychoeducation in bipolar disorder is important and what its action mechanisms are, then talk about the formal aspects of our intervention – duration, frequency, format, etc. After these theoretical and practical introductory topics, we go on to describe in each of the five units our intervention which consists of 21 sessions, with a specific chapter for each session. Each chapter in turn is appropriately broken down into five sections:

- *Goal of session:* The concrete goal of a given session is described.
- *Procedure:* The steps to be taken in each session are described in detail.
- *Useful tips:* This section will give the clinician useful tips to help run the session – all based on our direct experience in psychoeducation work.
- *Patient materials:* These are the updated materials distributed to patients at the end of the session so that the reader can use them in his or her clinical practice. We recommend that the psychologist or psychiatrist who is thinking about running a psychoeducation program will keep these kinds of materials constantly updated.
- *Assignments:* After the materials, we have included the assignments we give to the patients for the forthcoming week. Since the assignments are meant to be prepared for the next session in some way, each assignment refers to the content of the following week's session.

We believe this structure will make it easier to use the book and apply our program.

Now back to the man who talked to the Emperor. What must still be said is that his future in those days would involve not only the separation between the body and the mind – a common mistake in the psychology of yesteryear – but rather between the body and the head, an intervention that usually caused the death of the individual. We hope our future will be a brighter one, without forgetting that we shall one day die.

Francesc Colom
Eduard Vieta