

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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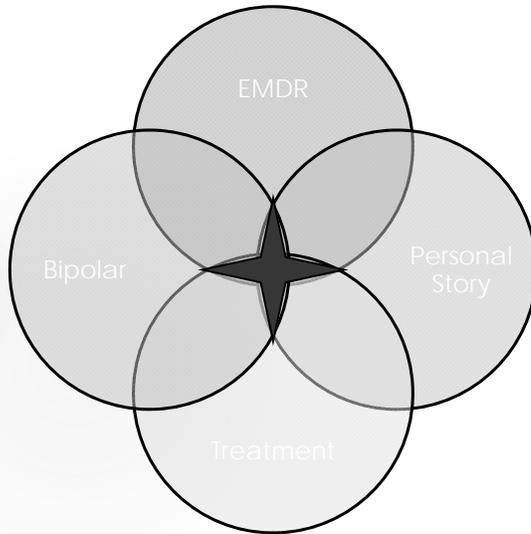
EMDR & BIPOLAR: GETTING BEYOND BELIEFS

ANDREW JAMES ARCHER, MSW, LCSW



THE ROLE OF BELIEFS

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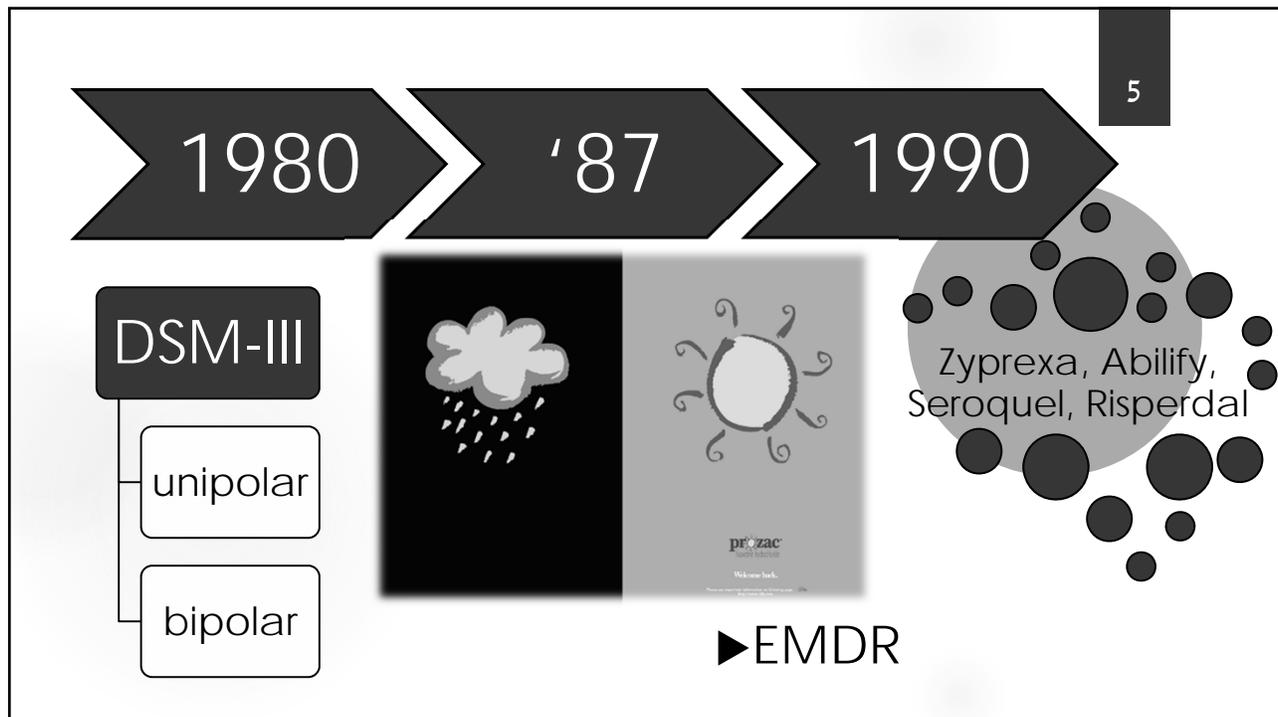
MANIC DEPRESSION

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- ▶ **Bipolar I Disorder:**
 - ▶ 60% stop medication in their lifetime
 - ▶ Between 40 and 60% within first year after acute hospitalization

(Barlow, 2014)





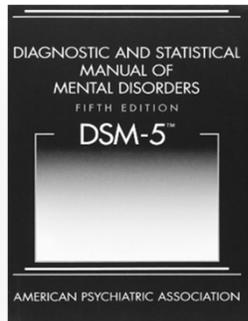
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RAPID EYE MOVEMENT

- ▶ Shapiro (1989): does trauma disrupt the excitatory/inhibitory balance in the brain?
 - ▶ Dual attention stimulus
 - ▶ Taxes working memory
 - ▶ REM sleep or orientation response

WESTERN PERSPECTIVE

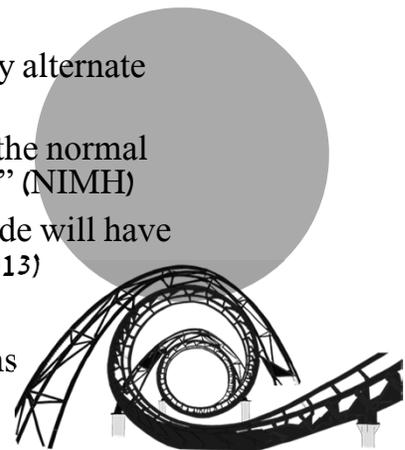
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WHAT IS BIPOLAR DISORDER?

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- ▶ **Episodic:** one or more manic episodes that usually alternate with episodes of Major Depression
 - “.. dramatic shifts in mood [...] more severe than the normal ups and downs that are experienced by everyone.” (NIMH)
 - ▶ **Recurrent:** 90% of persons who have manic episode will have future mood episodes (Perlis et al., 2006; APA, 2013)
 - ▶ **Infrequent:** new episode every 1-2 years
 - ▶ untreated major depressive episode: ~ 6 months
 - ▶ untreated manic episode: ~3 months
- ▶ (Goodwin et al., 2011)



CO-MORBIDITIES

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- ▶ Anxiety disorder: 44%
- ▶ Substance use disorder: 65-70%
- ▶ Personality disorder: 29%
 - ▶ (Barlow, 2014)



SUICIDE

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- ▶ ~1/4 of all suicides
- ▶ 15 times that of general population
 - ▶ (APA, 2013)
- ▶ “60 times higher than the international population rate of 0.015% annually.”
 - ▶ Ratio of attempts: ~3 to 1
 - ▶ General population: 30 to 1
 - ▶ (Baldessarini et al., 2006)



MANIA

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- ▶ Mania is a “distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary).”
- ▶ Develops rapidly and persists for a few days or up to several months. (APA, 2013)

BIO-PSYCHO-PHYSIO-SOCIAL

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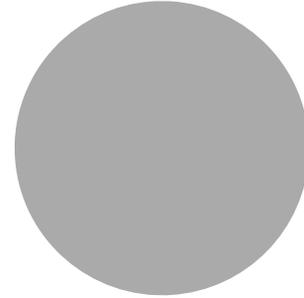
- ▶ Characterized by increased energy or irritable mood, unrealistically inflated self-esteem or grandiosity, a decreased need for sleep, pressured speech, racing thoughts, distractibility, flight of ideas, an increase in unrealistic goal-directed activity, and involvement in activities with a high potential for painful consequences. (APA, 2013)



WHO HAS IT?

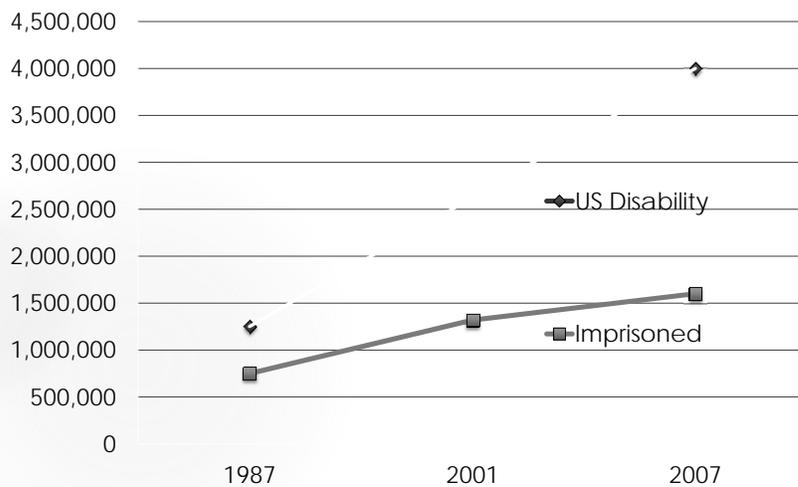
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- ▶ .5 to 1.5% prevalence overall (APA, 2013)
 - ▶ Varies by culture
- ▶ ~29 million people diagnosed worldwide
 - ▶ (Daff & Thomas, 2014; Dawson et al., 2014)
- ▶ Monozygotic co-twin: 40-70%
- ▶ First degree relative 5-10%
- ▶ Lifetime prevalence of 0.5-1.5% (M=F)
- ▶ Mean age of onset: ~18 years



WHERE ARE THEY?

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▶ 100,000 in prison
(Baethge 2013; Fazel et al., 2013)

▶ Top 10 for years lost due to disability

(Dawson et al., 2014; Fovet et al., 2015)

(Putnam, 2015; Whitaker, 2010)

WHAT CAUSES IT?

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- ▶ What do you call your illness/disorder?
- ▶ Why and when did it begin?
- ▶ What do you believe to be its cause?
- ▶ What do you expect to be the course/outcome?
- ▶ What do you fear most about this condition?
- ▶ What do you fear most about the treatment?

▶ (DSM-IV, 1994)



GRANDIOSE BELIEFS

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- ▶ Magnification of the “Self”
- ▶ Depression: fixation on the past self
- ▶ Mania: obsessive grandiosity about a future self
- ▶ Control
 - ▶ Depression: “I am powerless”, “I am a failure”, “I am abnormal”
 - ▶ “I’m not good enough”
 - ▶ Mania: “I am productive”, “I am successful”, “I am invincible”



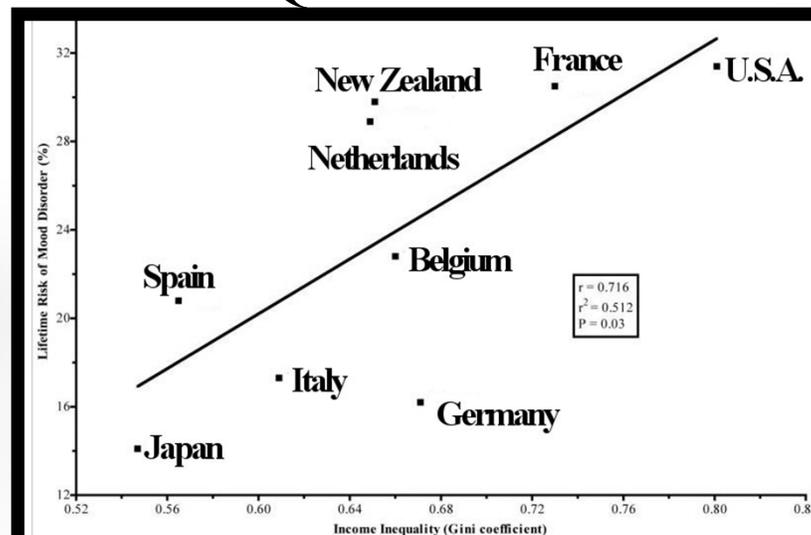
MADE IN AMERICA

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- ▶ “Our Western conception of adulthood places a high value on individual identity and self-sufficiency, and much of the storm and stress of Western adolescence comes from the push and pull of this movement toward separation” (Watters, 2010)
- ▶ “the modern social environment is more competitive, inequitable, and lonely. This deterioration of social cohesion among modern-industrialized populations may be a central component to rising rates of depression” (Hidaka, 2012)

MOOD INEQUALITY

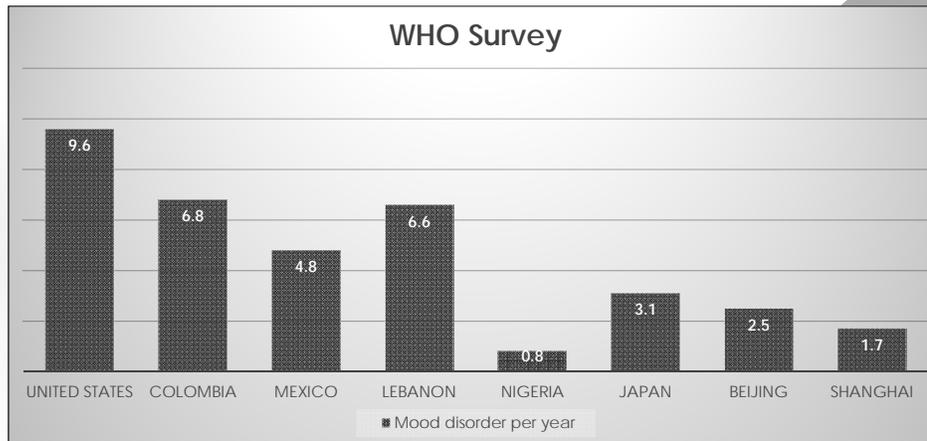
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A population's lifetime risk of a mood disorder is correlated with income inequality in developed countries (Davies et al., 2008; Kessler et al., 2007).

12 MONTH PREVALENCE OF MOOD DISORDERS 2001-2003

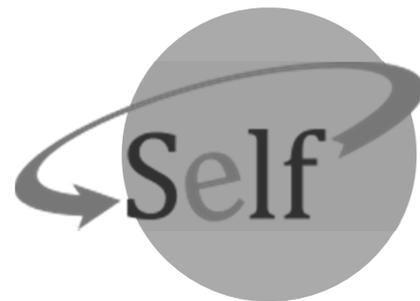
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LIFETIME PREVALENCE

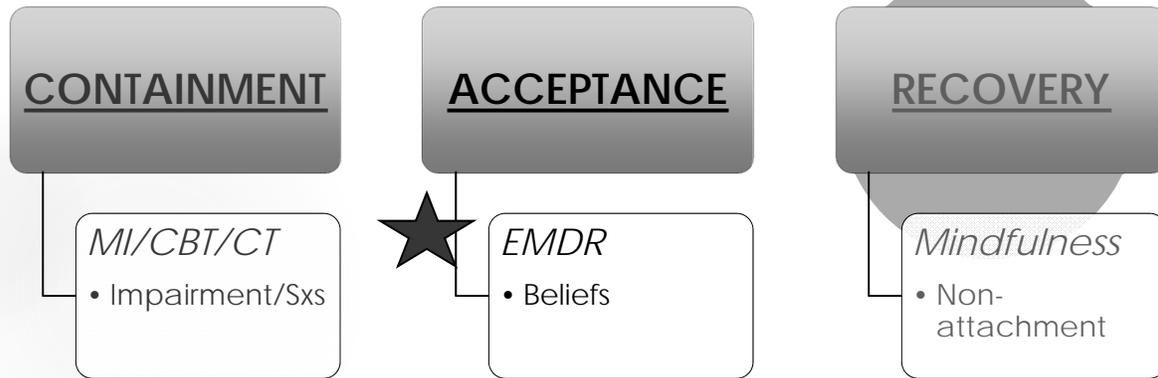
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- ▶ Bipolar Spectrum Disorder
 - ▶ United States 4.4%
 - ▶ India 0.1%
 - ▶ Japan 0.7%
 - ▶ Colombia: 2.6%
- ▶ Bipolar I and II disorders: lifetime prevalence estimate of 1.2%, ranging from 0.1% in Nigeria to 3.3% in the U.S
 - ▶ (Merikangas et al., 2011)



THERAPY PROCESS

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EYE MOVEMENT DESENSITIZATION & REPROCESSING (EMDR)

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Includes redefining the event, finding meaning in it, and alleviating self-blame while integrating new skills (Shapiro, 2001).

WORLD HEALTH ORGANIZATION (2013)

Guidelines for the Management of Conditions Specifically Related to Stress. Geneva, Switzerland: Author.

Trauma-focused CBT and EMDR are the only psychotherapies recommended for children, adolescents and adults with PTSD.

AMERICAN PSYCHIATRIC ASSOCIATION (2004)

Practice Guideline for the Treatment of Patients with Acute Stress Disorder and Post-traumatic Stress Disorder. Arlington, VA: American Psychiatric Association Practice Guidelines.

EMDR therapy was determined to be an effective treatment of trauma.

DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE (2004, 2010)

VA/DoD Clinical Practice Guideline for the Management of Post-Traumatic Stress. Washington, DC.

EMDR therapy was placed in the "A" category as "strongly recommended" for the treatment of trauma.

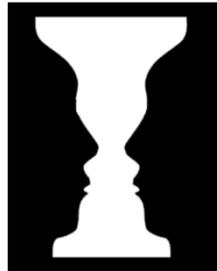
RANDOMIZED CONTROLLED STUDIES

24 randomized controlled (and 12 nonrandomized) studies have been conducted on EMDR in the treatment of trauma.

EMDR

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- ▶ Transform disturbing input (process/decondition) into adaptive resolution and a psychologically healthy integration (past vs. present state)



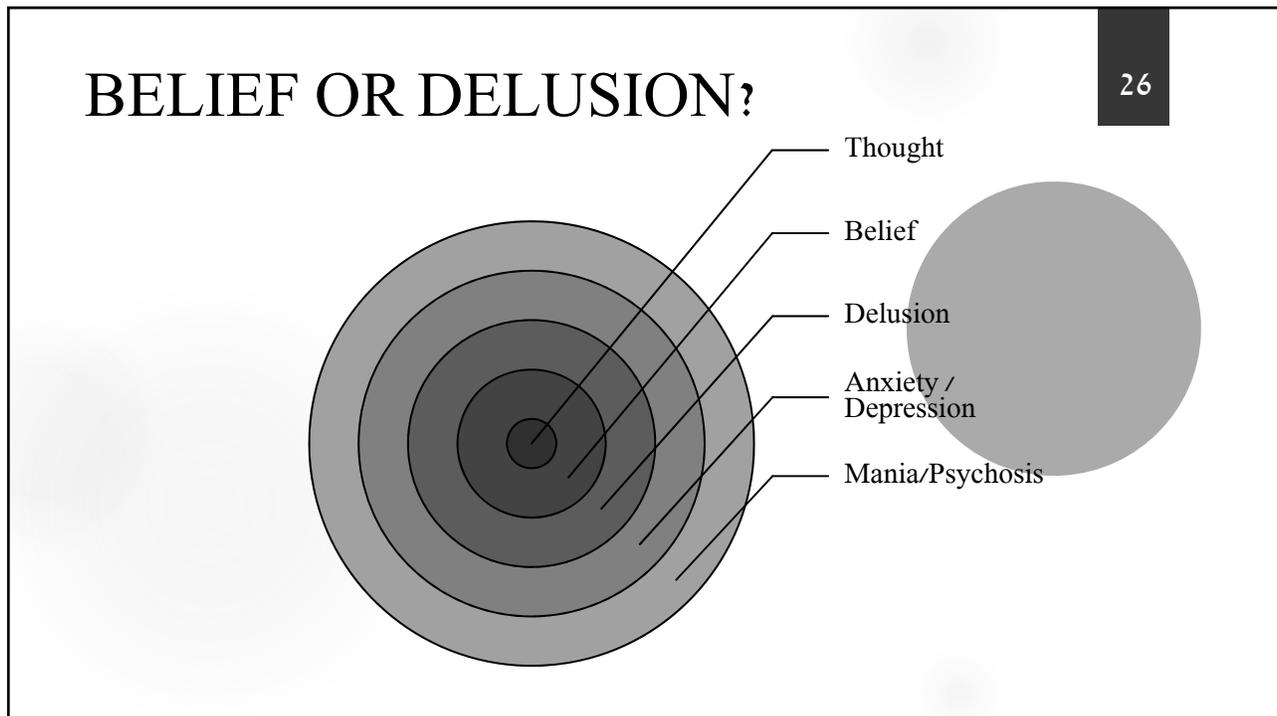
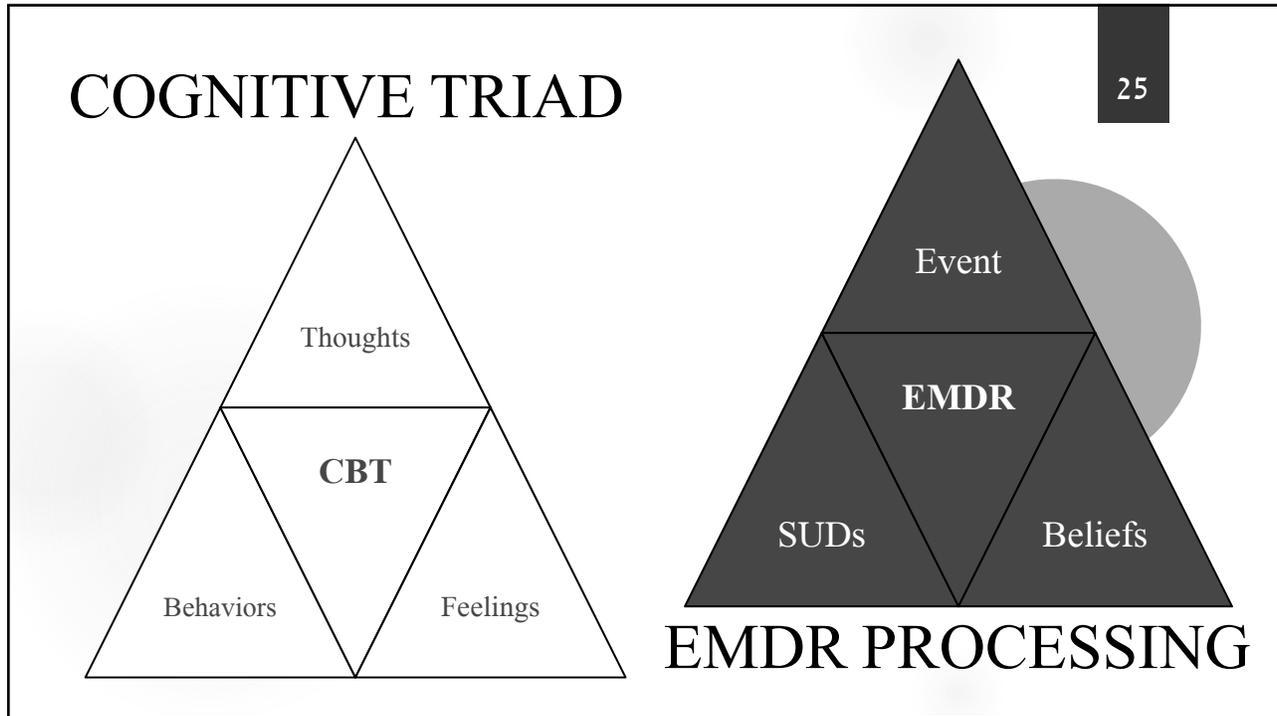
CORE COGNITIONS

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I am in control

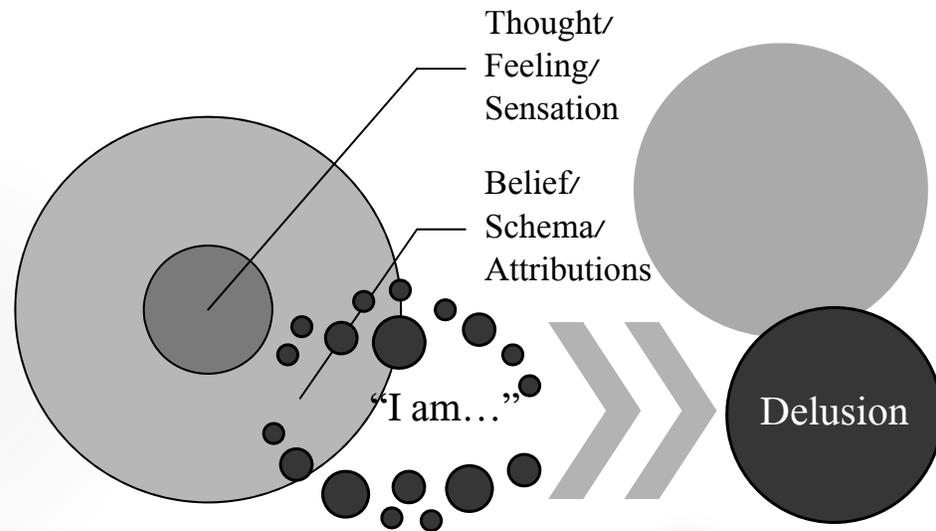


- I am helpless
- I cannot trust anyone
- I am in danger
- I should be punished
- I am irresponsible



BELIEF ATTACHMENT

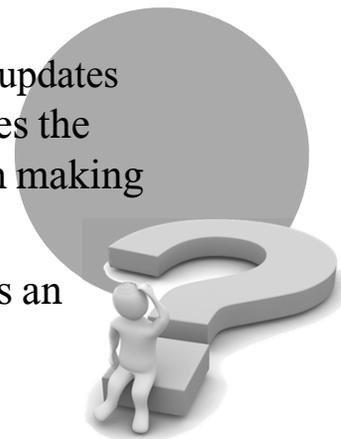
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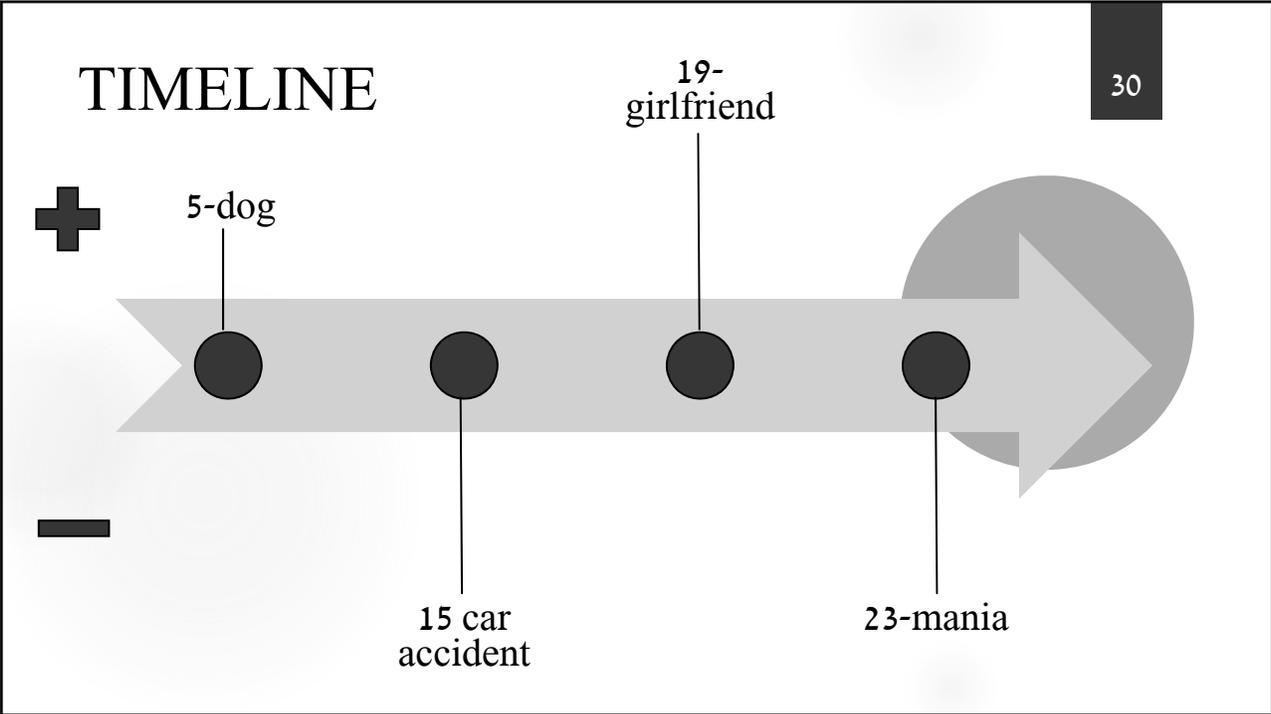
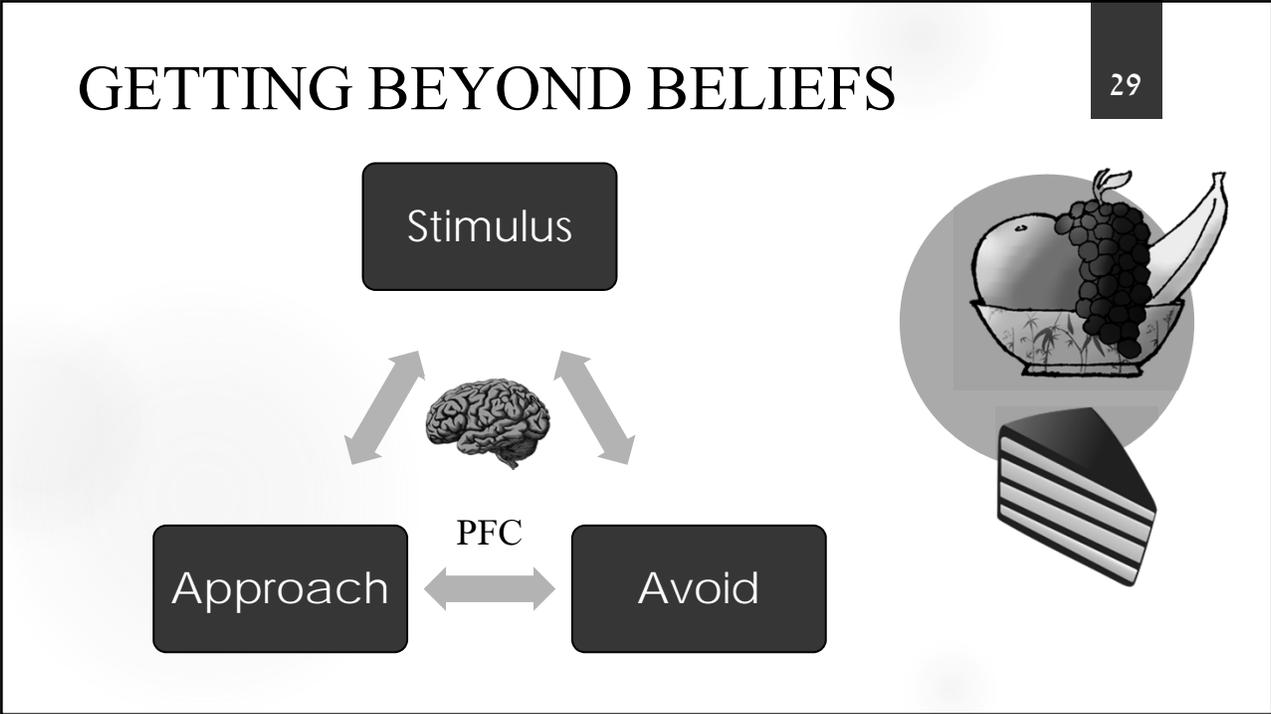


MOOD STABILIZER

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- ▶ The amygdala screens objects and constantly updates their value, while the PFC stores and retrieves the assigned value, therefore allowing decision making based on it.
- ▶ “Assigning value to objects and activities is an important aspect of mood regulation.”
 - ▶ (Langevin, 2012)





TARGETING BELIEFS

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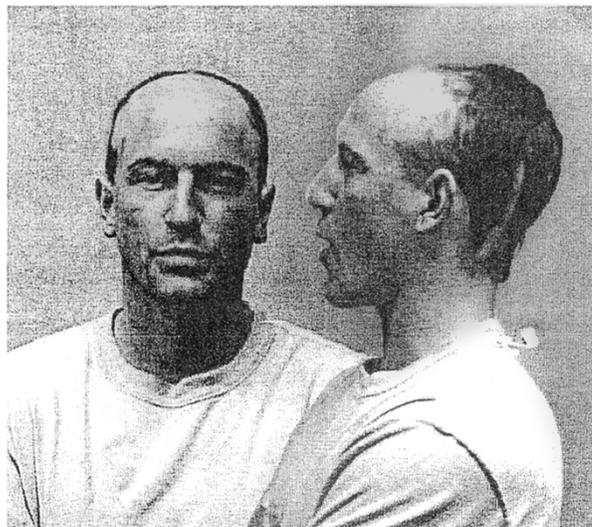
► “What does that say about *you*?”



“I’M ABNORMAL”

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► Control/Choice



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“I AM OKAY”

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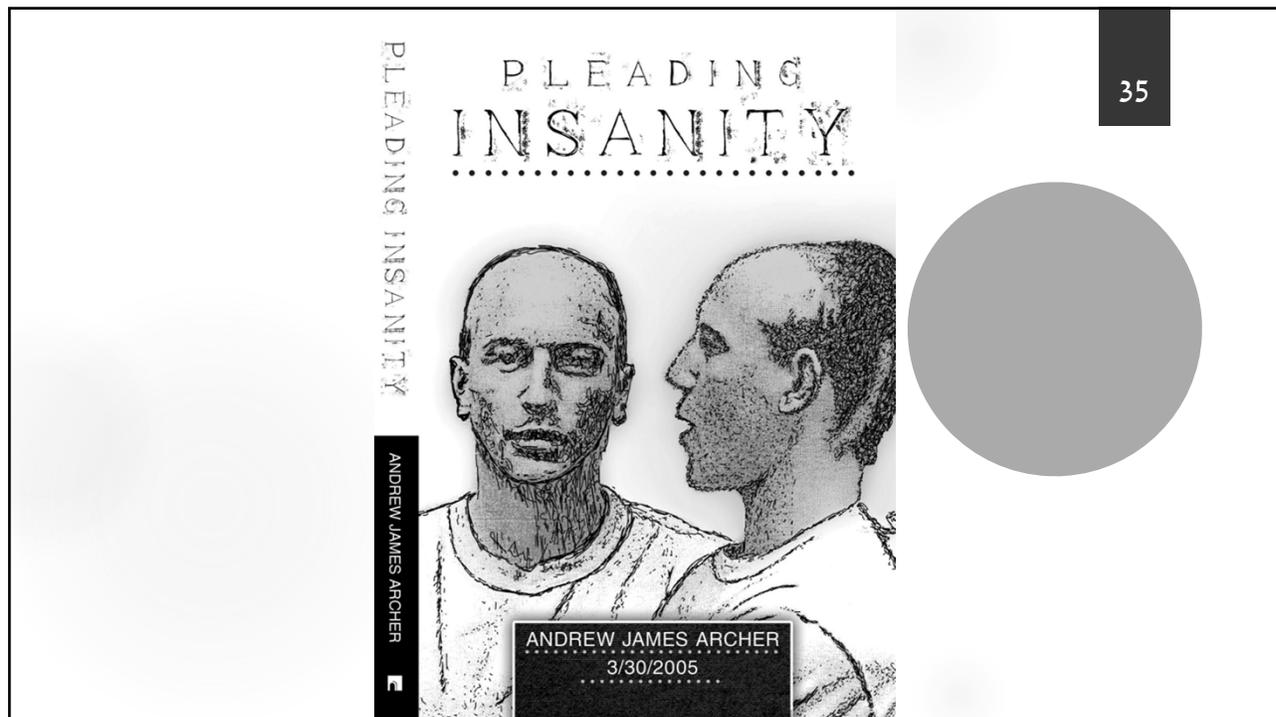
- ▶ “This therapeutic technique has allowed me to look down as an observer over the experiences of being incarcerated rather than being emotionally overwhelmed while thinking about the situations.”
-Pleading Insanity (2013)

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QUESTIONS?

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Thank you.

