

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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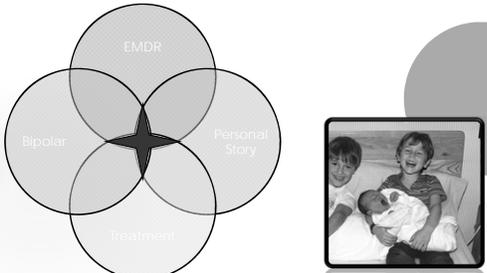
## EMDR & BIPOLAR: GETTING BEYOND BELIEFS

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### THE ROLE OF BELIEFS



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### MANIC DEPRESSION

- ▶ 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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1980

DSM-III

- unipolar
- bipolar

'87



1990



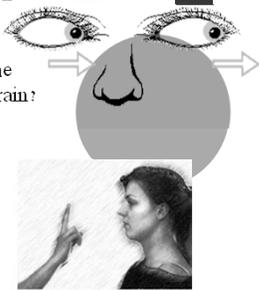
Zyprexa, Abilify, Seroquel, Risperdal

▶ EMDR

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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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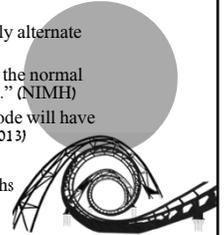


## WHAT IS BIPOLAR DISORDER?

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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

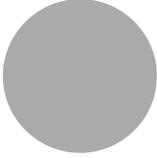
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- ▶ Characterized by increased energy or irritable mood, unrealistically inflated self-esteem or grandiosity, a decreased need for sleep, pressured speech, racing thoughts, distractibility, flight of ideas, an increase in unrealistic goal-directed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

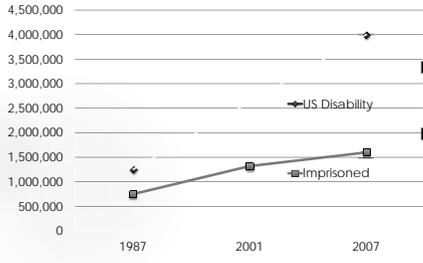


### WHO HAS IT? 13

- ▶ .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? 14



▶ 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? 15

- ▶ 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)



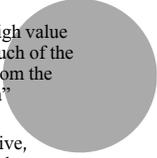
### GRANDIOSE BELIEFS 16

- ▶ 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”

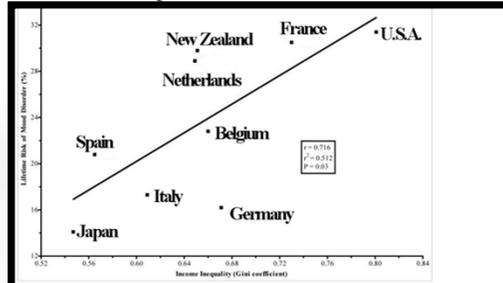


### MADE IN AMERICA 17

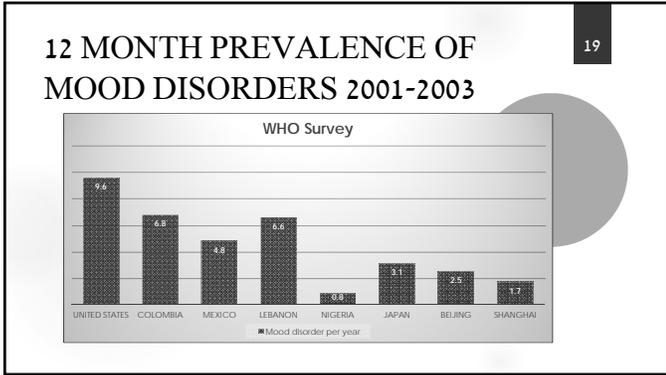
- ▶ “Our Western conception of adulthood places a high value on individual identity and self-sufficiency, and much of the storm and stress of Western adolescence comes from the push and pull of this movement toward separation” (Watters, 2010)
- ▶ “the modern social environment is more competitive, inequitable,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



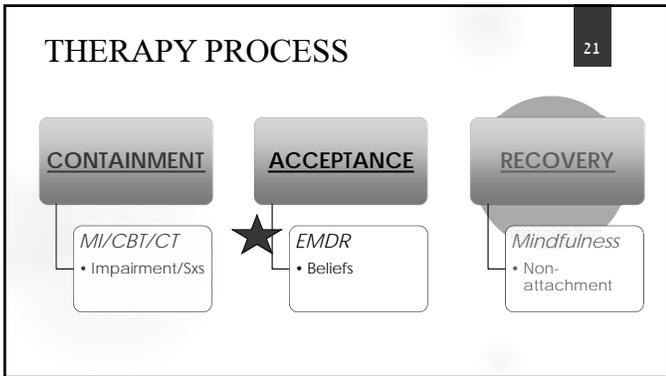
### MOOD INEQUALITY 18



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



- ### LIFETIME PREVALENCE
- 20
- 
- ▶ 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)



### 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: American Psychiatric Association Practice Guidelines.  
 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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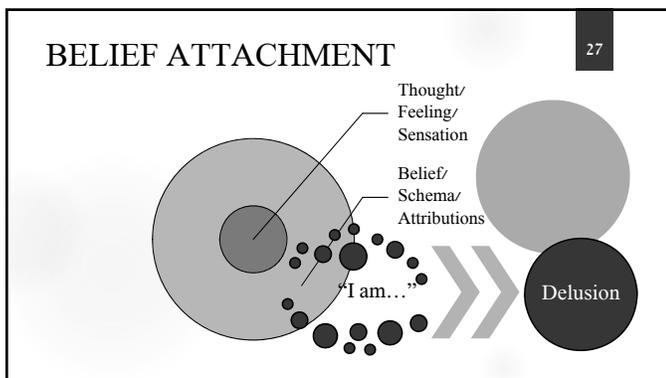
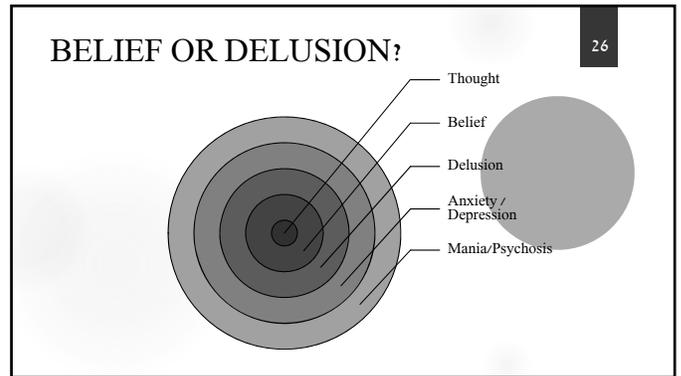
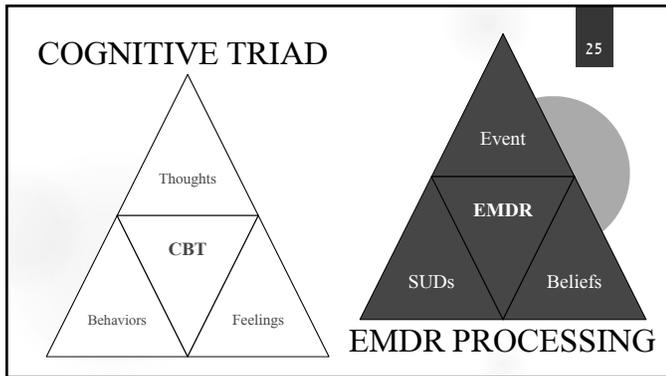
- ▶ Transform disturbing input (process/decondition) into adaptive resolution and a psychologically healthy integration (past vs. present state)

### CORE COGNITIONS

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I am in control

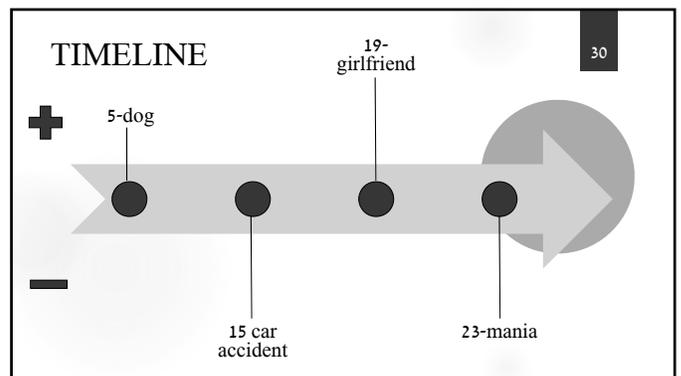
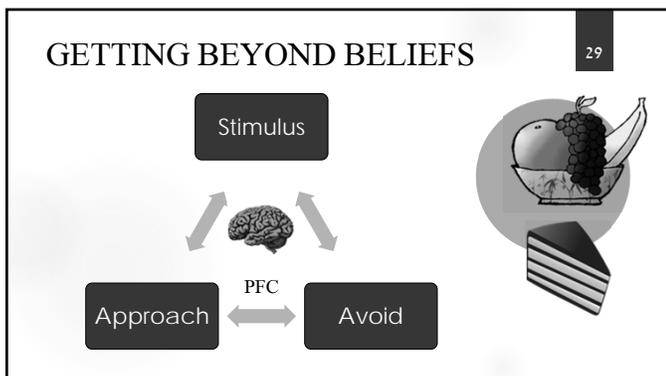
- I am helpless
- I cannot trust anyone
- I am in danger
- I should be punished
- I am irresponsible



### MOOD STABILIZER

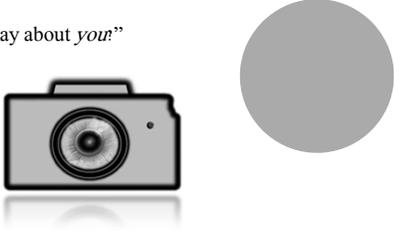
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- ▶ The amygdala screens objects and constantly updates their value, while the PFC stores and retrieves the assigned value, therefore allowing decision making based on it.
- ▶ “Assigning value to objects and activities is an important aspect of mood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



**TARGETING BELIEFS** 31

▶ “What does that say about *you*?”



**“I’M ABNORMAL”** 32

▶ Control/Choice



**“I AM OKAY”** 33

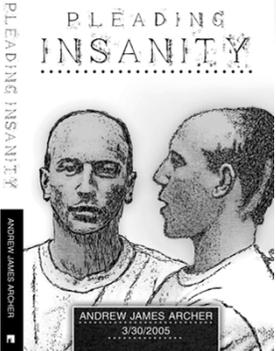
▶ “This therapeutic technique has allowed me to look down as an observer over the experiences of being incarcerated rather than being emotionally overwhelmed while thinking about the situations.”  
-*Pleading Insanity (2013)*



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**PLEADING INSANITY** 35



**QUESTIONS?** 36

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Thank you.

