EMDR & BIPOLAR: GETTING BEYOND BELIEFS
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THE ROLE OF BELIEFS

MANIC DEPRESSION

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

(Barlow, 2014)

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
WHAT IS BIPOLAR DISORDER?

- 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

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

SUICIDE

- ~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

- 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

- 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?
- .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?
- 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)

WHAT CAUSES IT?
- 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
- 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
- “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
12 MONTH PREVALENCE OF MOOD DISORDERS 2001-2003

WHO Survey

UNITED STATES COLOMBIA MEXICO LEBANON NIGERIA JAPAN BEIJING SHANGHAI

LIFETIME PREVALENCE

- 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

CONTAINMENT

- Emotion/CBT/CT
  - IMPAIRMENT/Sx

ACCEPTANCE

- EMDR
  - BELIEFS

RECOVERY

- Mindfulness
  - Non-attachment

EMDR

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

EYE MOVEMENT DESENSITIZATION & REPROCESSING (EMDR)

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

EMDR

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

CORE COGNITIONS

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

[Diagrams and text explaining therapy processes and eye movement desensitization & reprocessing (EMDR)]
COGNITIVE TRIAD

Thoughts

CBT

Feelings

Behaviors

EMDR PROCESSING

Event

SUDs

Beliefs

EMDR

BELIEF OR DELUSION?

Thought

Belief

Delusion

Anxiety / Depression

Mania/Psychosis

BELIEF ATTACHMENT

Thought/Feeling/Sensation

Belief/Schema/Attributions

I am...

Delusion

MOOD STABILIZER

- 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)

GETTING BEYOND BELIEFS

Stimulus

Approach

Avoid

PFC

TIMELINE

5-dog

15 car accident

19-girlfriend

23-mania

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TARGETING BELIEFS

▶ “What does that say about you?”

“I’M ABNORMAL”

▶ Control/Choice

“I AM OKAY”

▶ “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)

QUESTIONS?

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Thank you.