

Rebecca Bartlett

Counseling Psychology

Schizophrenia and Bipolar Disorder

Counseling Psychology Introduction:

1. **Importance:** Alongside the necessary drug therapy, counselors play a significant role in supporting and helping clients to function properly as they continue to live their daily lives through the use of:
 - a. **Therapy and Holistic methodologies**
 - b. **Empathetic and team-like relationship**
 - i. Collaborative psychotherapeutic relationship
 - ii. This relationship sets the tone for future success
 - c. **Subjective view of clients' personal experiences**
 - i. Validates experiences
 - ii. Relating to and normalizing experiences of schizophrenia
 - d. **Creative and phenomenological methods to understand human experience**
 - i. Educated integration of multiple evidence based approaches and interventions
 - e. **Non-pathologizing and label using**
 - i. Understanding clients without labels
 1. Yet still trying to integrate the diagnostic value
 - f. **Different use of language and understanding clients' behavior**
 - i. Combating social discrimination using empowering and anti-discriminatory therapeutic approaches
2. **Stigma:** It is suggested that stigma surrounding a psychotic disorder is very detrimental to the self-esteem of those suffering who exhibit high stereotype awareness. This impacts the resilience, coping, and recovery of said individuals. It is therefore important to try to eliminate stigma prone environments and help enhance patients' self-esteem, self-efficacy, and empowerment through therapy, education, and positive social settings. It is also important to inform the public about stigma regarding mental illness and try to promote steps to eliminate stigma in our society.

Key Terms:

Pathologizing: Treating as psychologically abnormal

Holistic Approach: Healing in terms of the whole person: body, mind, spirit, and emotions

Metacognitive Therapy: Thinking about one's thinking

Phenomenological: related to the development of human consciousness and awareness

Biopsychosocial: The significance of biological, psychological, and social factors in human functioning in the context of illness

Circadian: a naturally recurring biological process on a 24-hour cycle

1. **Schizophrenia:** A mental disorder described as an inability to experience reality.
 - a. **Positive Symptoms:** delusions (a firm belief about something that is not represented in reality), disintegrated thinking and speech, hallucinations (experiencing something with the proper stimuli being present), and irrelevant reactions.
 - b. **Negative Symptoms:** speechlessness, slow and superficial responses, losing free will, and withdrawal from society.
2. **Cognitive Behavioral Therapy for psychosis**
 - a. **Environment and Context**
 - b. Methodological Rules for person-based cognitive therapy
 - i. Interventions should target clients' distress
 - ii. **Cognitive mediation model of distress** used for formulation
 1. Situation (pleasant or unpleasant)
 2. Meaning (using mindfulness and metacognition)
 3. Emotional experience or bodily behavior
 - iii. Assumed continuity between psychotic and non-psychotic experiences
 - iv. Relationship between personal beliefs and delusions understood
 - v. Individually constructed realities should be elicited
 - vi. Therapeutic interventions should be collaborative in essence
 - vii. Therapy should be conceptual as opposed to manualized
 - viii. Cognitive behavioral models and intervention should be culturally sensitive:
 1. Age specific
 2. Cognitive ability specific
2. **Societal Participation (important treatment goal for those with Schizophrenia)**
 - a. Increasing patient's involvement in social settings
 - i. Work, education, leisure, friends and family
 - b. Setting goals
 - i. Societal participation
 - ii. Management of drug addiction
 - c. Rehabilitation Counseling
 - i. Nurses and social workers
 1. Assist and help patients as they participate in society
 - ii. Highly individualized
 1. For developing:
 - a. Specific goals set on societal participation
 - b. skills
 - c. Higher levers of education and occupational functioning
 - d. It improves patient's self-care maintenance, social functioning, and decrease apathy due to experiencing a lack of pleasure

3. Suicide Prevention

- a. Recognizing history of suicidal action and thought
 - i. Emotional state and psychological stressors
 - ii. **Stress-Diathesis model of suicidality**
 - 1. Helps to understand clients who may exhibit difficulty in coping with problems which leaves them more vulnerable to experience extreme negative emotional states due to psychological and environmental change.
- b. Emergency Safety plan
 - i. Quick and effective response to crisis situations
 - 1. Phone numbers of emergency care facilities
 - 2. Established relationship with psychiatrist
- c. Ongoing Assessment of Suicidality
 - i. Assessing biopsychosocial functioning of clients
 - ii. Training in assessment and evaluation
 - 1. **Key Knowledge for Assessment (What would we want to assess?)**
 - a. Identifying intent, plan, and means of completion of each client
 - b. Severity of problems, defining problems, insurance of client safety, support, establishing alternatives to crisis-induced behaviors, and generating specific plans of action for interventions with those who have schizophrenia
- d. Intervention
 - i. Based on severity of suicidality
 - ii. Noninvasive but safe and effective
 - iii. Increasing visits and accessing clients social support system
 - iv. High risk clients
 - v. Inpatient admission
 - 1. Immediate hospitalization
 - 2. Empathic and calm counseling in addition to medications may be necessary
 - 3. Referral for medication evaluation or changes
 - 4. Consideration of psychiatric evaluation
 - a. Severe psychotic behaviors
 - b. Suicidal ideas
 - c. Severe depression
 - d. History of suicide
 - vi. Necessary for client safety
- e. Personal coping for counselors should be also be considered

Bipolar Disorder:

4. Introduction

- a. Definition: Lifelong pattern of mood swings characterized by energized mania states and severe depression
- b. Mania: describes as euphoric feelings and hyperactivity
- c. Hypomania: a milder form of mania
- d. Deep depressive states that follow manic episodes (lasting longer than the manic episodes themselves)

5. University Counseling

- a. Limited resources
 - i. Refer students to off-campus resources
 - 1. Long-term care is necessary
- b. Four-Point Rationale for Treating BD students on campus
 - i. Individual Psychotherapy
 - ii. Psychiatric medication
 - iii. Bipolar student support group
 - 1. Emphasizes importance of belonging to a social group in college age students which can hinder treatment in those with BD when support groups aren't established
 - a. They are able to be themselves
 - b. They are able to be in an environment where they are readily understood and accepted and able to form social connections and a sense of belonging
 - 2. Groups must be of sufficient size (6-8), group members must have a strong sense of interpersonal support and cohesion, and there must be a mixture of age, stability in the disorder, and duration of time from diagnosis in members in order for the support group to work most effectively.
 - a. Heterogeneity in group members provides positive examples for newer and younger members of the group, the wisdoms shared from their peers are more believable
 - iv. Lifestyle modifications & Effective Stress Management
 - 1. Healthy sleep
 - 2. Stable life patterns
 - 3. Abstinence from psychoactive substances
- c. Diagnosis Acceptance in College Age Students
 - i. Dictates readiness for treatment
 - ii. Dictates treatment and therapy success
 - iii. May be difficult obtaining at this age
- d. University Counselors have strong relationships with Deans and therefore can establish effective interventions with students when academia is jeopardized due to behavioral disruption stemming from BD symptoms
 - i. University counselors are familiar with the dynamics of developing late adolescents and young adults
 - 1. This Provides for an optimal treatment resource for students with BD when the necessary precautions to create a safe place are taken
 - 2. Therefore if students are willing to accept their diagnosis then it is suggested that university counseling has the ability to sustain healthy treatment compliance in individuals with BD. (when effectively utilized)

6. Importance for Counseling Interventions

- a. 60% of Bipolar patients take less than %30 of their prescribed medication
 - i. This makes for ineffective results in BD patients
 - ii. Medication alone also doesn't effectively treat BD patients
- b. Evidence based therapies used for BD
 - i. **Psychoeducation**
 - 1. **Teaches patient how to use self-management tools**

- a. Self-care workbooks
 - b. Educational videos about diagnosis, course, treatment, and management of BD
 - c. Formulating individualized relapse prevention plans
- 2. Integration of patient's family in psychoeducation is also valuable to relapse prevention**
- 3. Increases compliance with meds**
- ii. Cognitive behavioral therapy**
 - 1. Focuses on the management of cognitive, behavioral, and affective changes in depression and mania to prevent progression of episodes
 - 2. Utilizes psychoeducation to:
 - a. Assist in lifestyle changes
 - i. Stress reduction
 - ii. Healthy sleep
 - iii. Management of cognitive and behavioral symptoms
 - iv. Resolve and prevent issues such as
 - 1. Relationship
 - 2. Financial
 - 3. Work-related

iii. Family-focused therapy (Why is inclusion of family in therapy important?)

1. Family members can act as caregivers
 - a. Assisting in treatment, rehab, and recovery
2. Attitudes of family members can affect patient's conditions
 - a. Because of how emotions tie in with family behavior and BD it is important that the family is well-educated
3. Therefore education and awareness in families of those with BD can be in assistance such as help with:
 - a. Establishing daily routines
 - b. Consistent caretaking
 - c. Compliance with meds
4. **Modules of Family-focused therapy consist of: (What is it?)**
 - a. Psychoeducation
 - b. Communication skills training
 - c. Problem-solving skills for illness management
5. **How It Helps:**
 - a. Creates a better understanding between clients and families, understanding the likelihood of future episodes, understand the necessity of medication for symptoms, differentiating between the client and the disorder, anticipate stressors that trigger recurrences and better cope with them, and improve relational stability after an acute episode

iv. Interpersonal and Social Rhythm therapy

1. **What is this?**
 - a. Is used to establish social stability by creating daily routines and rhythms for individuals vulnerable to circadian (daily) instability
 - b. Incorporates psychoeducation as well as cognitive behavioral therapy
 - c. Phases for Interpersonal and Social Rhythm Therapy include:
 - i. Recognizing the key interpersonal problem area
 - ii. Setting goals for regulation of meals, exercise and sleep
 - iii. Having a plan to main stability during stressful social disruptions
 - iv. Utilizing strategies to regulate the priority interpersonal problem area
2. **Success**
 - a. Long duration of time between episodes
 - b. Decreased likelihood of episodes due to increased stability
 - c. All three psychosocial interventions have been seen to improve the relationships and life fulfillment of those with BD

Narrative Therapy

c. Uses Positive Psychology

- i.** A theory that entails focusing more on client strengths rather than their downfalls
 - ii.** The therapy works as trying to separate the client from their problem
 - iii.** As oppose to seeing the client as having a deficit
 - iv.** It challenges the client's usual discourses and encourages them to live their lives according to their strengths
- d.** It takes on the idea that there is no single truth, and that patients have the ability to alter the meanings of their stories as they conceptualize them and overcome the ideas that are making them unhappy
- e.** Like most counseling relationships, the therapeutic environment is warm and accepting to encourage positive thinking and create a trusting environment
- i.** Establishing a safe environment allows for a dialogue between client and counselor as well as the ability for the client to reach his or her potential during the process
 - ii.** The process maintains that the clients are experts in their own lives
 - 1.** Thus they live according to what dominates their thinking, however this type of thinking not always reflects their true potential
 - 2.** Therefore events when the client does something out of the usual are emphasized and often praised in order for the client to recognize that they are capable of making positive lifestyle changes
 - iii.** The counselor also allows the client to further reflect on how their actions effect the problem by naming it and separating them from it
 - 1.** This entails:
 - a.** reducing conflicts regarding
 - i.** Who is to blame for the problem
 - ii.** Sense of failure due to inability to overcome the problem
 - b.** As well as increasing a collaborative effort with the counselor to combat the problem
 - c.** Allowing the client to see new ways of eliminating the influence of the problem in their life and relationships
 - d.** Establishing a more positive way of relating to problems
 - e.** Allowing the client to feel they can seek help for problems

- f. In summary:
 - i. Narrative therapy is a very respectful way of helping individuals with BD recognize their negative thought and behavior and encourage and reward newly adopted positive perspectives. After clients establish the ability to reshape their mindsets regarding negative experiences and develop new and positive behaviors it important for them to reinforce these changes with the idea that someone who knows them well would not be surprised by these new qualities. This further asserts the fact that they possessed these qualities all along which eliminates a lot of doubt and helps to maintain these in the future.
 - g. Successes
 - i. Research supports the idea that this therapy will help improve the quality of life of those with mood disorders. Effectiveness of the therapy can be due in part to the abilities of the therapist including their use of language, understanding of relation politics, dealing with personal dilemmas during work, and experience.
7. Counselors can utilize these evidence based interventions in a creative, person-based, and individually tailored way to achieve optimal results during therapy.

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