Case Report Article

Case Report of Treatment of a Patient with Bipolar II Disorder through Cognitive Behavioral Therapy Based on the Emotion-Goal Detachment

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Abstract

Background & Objective: Bipolar disorder (BD) is a severe mood disorder. In this study adjunctive psychotherapy of cognitive-behavioral therapy based on emotion-goal detachment was developed and used to treat a patient with bipolar II disorder.

Case Report: A 24-year-old girl, who was diagnosed with bipolar II disorder participated in this study. When she was receiving pharmacotherapy, she went to a psychotherapy clinic and complained about depression symptoms. Her depression symptoms, matched the major depressive disorder (MDD) in accordance with DSM-IV-TR. She also complained about anxiety about her presence at the university.

Results: She participated in 18 weekly sessions of The Emotion-Goal- detachment -Based CBT along with pharmacotherapy. She regulated and pursued her goals during the therapy. At the end, she showed no symptoms of MDD in accordance with DSM-IV-TR criteria.

Conclusion: The proposed CBT model was meant to mitigate the effects of emotions on goal pursuit so that it will not be affected by emotional dysregulation.

Keywords: Bipolar disorder, Cognitive Behavioral Therapy, Emotion, Goal

Introduction

Bipolar disorder (BD) is a severe mood disorder. Lifetime (and 12-month) prevalence estimates are 1.0% (0.6%) for BP-I, 1.1% (0.8%) for BP-II, and 2.4% (1.4%) for subthreshold BPD (1). Most studies, but not all, report an almost equal gender gender ratio in the prevalence of bipolar disorder but the majority of studies do report an increased risk in women of bipolar II/hypomania, rapid cycling and mixed episodes(2). Bipolar patients experience lower functioning and well-being even in the stable phase of the disorder (3). Quality of life is lower in euthymic bipolar patients than in healthy controls (4). Those with a type II BD report greater impairment in all domains compared

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with type I (5). When studies of psychosocial outcome in bipolar disorder are examined in aggregate, it appears that 30–60% of individuals with this disorder fail to regain full functioning in occupational and social domains (6). Also, bipolar disorder is associated with persistent poor socioeconomic outcomes across the entire work-life course (7). Iranian patients with bipolar disorder are characterized by higher unemployment, higher celibacy, health insurance, lower divorce rates, and lower education than other clinical samples in Western studies (8) and behavioral problems are more common in their children (9). For centuries, experts have tried to get a grasp on how patients with this disorder can be treated. Currently, the first treatment of the bipolar disorder is pharmacotherapy. In addition to pharmacotherapy, various adjunctive psychotherapies have been used to treat bipolar disorder, each of which has used a particular method to treat the patients with this disorder including Cognitive-behavioral therapy (10), interpersonal therapy and social rhythm (11), Schema therapy (12), mindfulness-based cognitive therapy (13), Recovery-focused cognitive–behavioral therapy (14), Life Goals Program (15), and Psychoeducation (16). One of the adjunctive psychotherapies is Johnson and Fulford's (2009) GOALS program in preventing mania in which the attachment of emotion and goal in the positive emotion can increase positive self-confidence and regulate goal in positive mood (e.g. increased activity to achieve a goal or considering a higher goal instead of the current goal) and lead to mania. Therefore, to prevent mania, it is essential to reduce the attachment of emotion and goal (17), but this treatment does not address the attachment of emotion and purpose in negative emotions. In a new adjunctive psychotherapy, the present study aimed to reduce the attachment of emotion and goal in other emotions and develop the emotion-goal detachment to other emotions namely sadness, anger, and anxiety. This treatment is rare because in treating a patient with bipolar disorder, it focuses on managing different positive and negative emotions while pursuing the goal in a single treatment.

In so doing, using a combination of different therapies and treatment techniques, including 1. Beck's cognitive therapy (1976) (18), 2. Ellard et al. transdiagnostic treatment (2010) (19), 3. Hayes, Strosahl, and Wilson's cognitive-behavioral therapy (CBT) based on acceptance and commitment (2011) (20), 4. Johnson and Fulford's Protocol (2009) (17), and 5. Leahy, Tirch, and Napolitano's emotion regulation in psychotherapy (2010) (21), adjunctive psychotherapy of cognitive-behavioral therapy based on emotion-goal detachment was developed and used to treat a patient with bipolar II disorder, whose stages are as follows:

The treatment includes the following categories:

1) Psychoeducation
2) Goal regulation
3) Emotional training
4) Emotion-goal attachment / detachment
5) Relationships between thoughts, emotions, and the goal pursuit behavior
6) The method of regulating every emotion for goal pursuit

Case Report

Sara is a 24-year-old university student, who was diagnosed with bipolar II disorder (BP-II). When she was receiving pharmacotherapy, she went to a psychotherapy clinic and complained about depression symptoms. She also complained about having no incentives to do daily routines and attending university classes. She often sleeps during the day and is not in the mood to do anything. She also eats a lot.

Her depression symptoms, matching the major depressive disorder (MDD) in accordance with DSM-IV-TR, appeared as a result of hypomania triggered by the acquaintance with a classmate. Sara also complained about anxiety anxiety about her presence at the university. She was worried by any encounters with that classmate because she had expressed strong passions for him and showed him her body, something which she was bitterly ashamed of (Such an action was disapproved of in her culture). She was also

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very anxious about going to places like university where she might meet him. She was filled with anxiety when she thought that he might have told others about her. Therefore, she avoided going to university. In her hypomania, she dressed more freely. Her changed appearance drew much attention and raised many questions, all of which made her sad and ashamed and affected her interpersonal relationships. After the final period of hypomania, she had no interest in communicating with others. In her interpersonal relationships, she sometimes showed her anger in unusual ways.

Sara is the second child in her family and is single. She has an elder single sister, a younger married sister, and a younger single brother. Her parents are both employed. She enjoys a good financial status. Sometimes she has conflicts with her elder sister but has a good relationship with her younger siblings. She was diagnosed with bipolar disorder five years ago and has been receiving regular medication ever since. When she was referred to the clinic, she was undergoing medication and taking Lithium 1200 mg and Risperidone 1 mg. She had previously referred to two psychologists for mood disorders and had received a total of 4 sessions of treatment. She had left the treatment sessions unfurnished due to the gender of one of the therapists and the lack of conducting medical communication with the other therapist. Regarding her family history, Sara's uncle has a mood disorder, one of her aunts has an inconsistency in interpersonal relationships and mood swings, and one of her cousins has a history of mental disorder.

In what follows next, the treatment stages are briefly described in some occasions:

The First Area: Psychoeducation:

The first two therapy sessions included communicating with Sara and getting to know her current symptoms. She was also instructed in the bipolar disorder, relevant symptoms, the disorder duration, the biological basis, and therapeutic options.

The Second Area: Goal Regulation:

Sara's goals were analyzed in this step, including the next two therapy sessions, to exclude the goals which did not match her financial capacities, individual capabilities, and temporal conditions. Then weekly, monthly, and annual goals were aligned (if the weekly goals of spending long hours resting did not match the monthly goals of attending university classes, they would be coordinated). Finally, her goals were classified as pursuing university classes, attending the favorite art classes, improving family relationships, and eliminating unusual labels through her cooperation and the therapist's feasibility assessment. Furthermore, she was given certain assignments for each goal.

The Third Area: Emotional Education:

This step included teaching and describing emotions, emotional stimulants, maladaptive behaviors, and the outcomes of maladaptive behaviors pertaining to each emotion. In this step including the third two therapy sessions, Sara's emotions were described and named. Then the stimulants of each emotion were explained along with maladaptive behaviors in emotional situations and the outcomes of such behaviors.

The Fourth Area: Emotion-Goal attachment/ detachment:

In this step, the patient was instructed in the attachment between goals and emotions. She was also instructed in the interference of emotions with goal pursuits (emotion-goal attachment) through occasions reported by the patient herself. This step took two therapy sessions.

Occasion 1: Her sister's disagreement with her requests and subsequent outcomes resulted in a stimulant provoking anger. The maladaptive behavior of throwing a fork at her sister was the maladaptive behavior outcome of declined relationship with her sister and labeling the family. Therefore, her anger interfered with two of her goal of improving her relationship with the family and eliminating unusual labels.

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Occasion 2: University attendance was the stimulant of anxiety. The maladaptive behavior was university avoidance, and the maladaptive behavior outcome was withdrawal from the semester. Thus, her anxiety interfered with her goal of pursuing university classes.

Occasion 3: Changed living conditions acted as the stimulant of sorrow. The maladaptive behavior was the avoidance of daily routines. As a result, the maladaptive behavior outcome was the intensified fatigue. Therefore, sorrow interfered with the patient's goal of pursuing university classes and attending her favorite art class.

Occasion 4: Starting a new relationship at the university was the stimulant of happiness. Expressing strong passions and showing a classmate a part of the body acted as the maladaptive behavior. The maladaptive behavior outcome was her classmate's abuse of the situation. Therefore, happiness interfered with her goal of pursuing university classes through marginalization at the university campus.

In the second section of this step, the patient was instructed in the pursuit of goals in the presence of emotions (emotion-goal detachment). It was also emphasized that if Sara responded to an emotion in a stimulated situation to have the least impact on her goal pursuit, she could mitigate the impact of emotions on goal pursuit.

The Fifth Area: Connection between Thoughts, Emotions, and Goal Pursuit:

This step introduced emotional thinking to help Sara connect events, thoughts, emotions, behaviors, and vice versa and connect thoughts with the pursuit of goals. It also included instructing her in cognitive mistakes and correcting them. There were four therapy sessions in this step.

Occasion 1: The stimulant was her sister's disagreement with her requests and insults on her. The thought was, "She ignores me due to my sickness." The emotion was her anger. The maladaptive behavior was throwing a fork at her. The maladaptive behavior outcome included declined relationships with her sister, family labeling her, and avoidance of improving family relationships and eliminating unusual labels.

The cognitive mistake of Occasion 1: mind-reading (instructing her in the cognitive mistake and correcting it)

Occasion 2: The stimulant was presence at the university. The thought was, "If I encounter that boy and his friends, they may misunderstand my behavior. They may have talked to others about me to give me a bad reputation." The emotion was anxiety. The maladaptive behavior was the avoidance of presence at the university. The maladaptive behavior outcome was withdrawal from the semester and avoidance of pursuing university classes.

The cognitive mistake of Occasion 2: catastrophe creation (instructing her in the cognitive mistake and correcting it)

Occasion 3: The stimulant was changed living conditions. The thought was, "Life is boring, and efforts are in vain." The emotion was sorrow. The maladaptive behavior was avoidance of daily routines. The maladaptive behavior outcome was her intensified fatigue, avoidance of pursuing university classes, and withdrawal from her favorite art classes.

The cognitive mistake of Occasion 3: emotional reasoning/degradation (instructing her in the cognitive mistake and correcting it)

Occasion 4: The stimulant was a new relationship at the university. The thought was, "This boy is very fond of me and is going to pop the question." The emotion was happiness. The maladaptive behavior was expressing strong passions and showing a classmate a part of her body. The maladaptive behavior outcome was the classmate's abuse of her and her avoidance of pursuing classes due to marginalization at the campus.

The cognitive mistake of Occasion 4: emotional reasoning/mind-reading/exaggeration (instructing her in the cognitive mistake and correcting it)

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The Sixth Area: How to Regulate Each Emotion for Goal Pursuit:

This step focused on the education and classification of techniques for emotion regulation by analyzing Sara's current situations and her previous conditions. There were six therapy sessions in this step.

She was instructed in the classification of techniques for regulating anxiety by cognitive reappraisals and preventing avoidance and starting to pursue her goals (in Occasion of avoidance of pursuing her goals) through using to manage her anxiety.

She was also instructed in the classification of techniques for anger by cognitive reappraisals and making changes to the environment/situation through using to manage her anger and weighing the gravity of situation.

Then, she was instructed in the classification of techniques pertaining to sorrow by cognitive reappraisals and weighing the gravity of situation, not changing the previous goal, pursuing her goals as planned to manage her sorrow.

Finally, she was instructed in the classification of techniques pertaining to happiness by cognitive reappraisals and weighing the gravity of situation, not changing previous goals, pursuing her goals as planned, and learning the ways of managing the identified impulses to manage happiness.

Results

Sara participated in 18 weekly sessions of CBT based on the emotion-goal detachment along with pharmacotherapy. She regulated and pursued her goals during the therapy. Her activities improved toward her goals. At the end, she showed no symptoms of MDD in accordance with DSM-IV-TR criteria. Prior to the therapy, Sara was on a four-term leave. However, she took no leaves for two years of follow-up after she had started the therapy. She managed to get her bachelor's degree. She made no changes to her favorite art field. Her interpersonal relationships improved. Her behaviors had great impact on the elimination of familial labels.

The proposed CBT model were meant to mitigate the effects of emotions on goal pursuit so that it will not be affected by emotional dysregulation and the emotion-goal attachment in people with the bipolar disorder.

For diagnosis and assessment, this research used clinical diagnosis interview data and the patient and her family's self-declared reports, and considered such standards as changes in attending university classes, the cohesion of semesters and not dropping a semester, the cohesion of art courses, and doing daily activities. The limitation of the study was that standard quantitative measuring tools such as questionnaires were not used. It is recommended that future studies use questionnaires and other measuring tools to assess the effectiveness of treatment with a larger number of patients with bipolar disorder in experimental treatment plans.

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Conflict of Interest

Authors declare no conflicts of interests associated with the publication of this article.

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