

# Psychosocial and Recovery Oriented Therapy for Bipolar Disorder



The Clinical Practice Guideline (CPG) acknowledges that although pharmacological treatment for bipolar disorder is in general necessary, and that other somatic treatments might be effective at times, medications and somatic treatments alone are often insufficient.<sup>1</sup> Accordingly, the CPG focuses on psychotherapy and other psychosocial treatments and on recovery as well as biomedical treatments.<sup>1</sup>

## Psychotherapy

For individuals with bipolar 1 disorder or bipolar 2 disorder who are not acutely manic, we suggest offering psychotherapy as an adjunct to pharmacotherapy, including cognitive behavioral therapy (CBT), family or conjoint therapy, interpersonal and social rhythm therapy (IPSRT), and non-brief psychoeducation (not ranked).<sup>1</sup> For individuals with fully or partially remitted bipolar disorder and with residual anxiety symptoms, we suggest CBT.<sup>1</sup>



### CBT

CBT primarily aims at the modification of maladaptive thoughts through cognitive restructuring. Often the patient uses a “thought record” to track thoughts and their effect on mood. CBT usually has behavioral components such as behavioral activation and includes: interpersonal skills training, problem solving, and at times mindfulness, acceptance, and commitment.<sup>2</sup>

### Family Therapy

Family therapy (conjoint therapy) involves combined sessions with patients and their family members. It almost always includes psychoeducation in single family or multifamily groups. Some family therapies contain communication training and problem-solving training (identifying, defining, and evaluating solutions to current problems in the family’s life).<sup>2</sup>

### IPSRT

IPSRT is an individual therapy with two components: interpersonal problem solving and social rhythm regularization (maintaining regular sleep/wake and other daily routines). Clinicians work with patients to clarify the link between moods and interpersonal problem areas (role transitions, interpersonal disputes, grief, and skill deficits), regularize routines, and develop strategies for solving and preventing interpersonal problems.<sup>2</sup>

### Psychoeducation

Non-brief psychoeducation involves a mix of at least six sessions of didactic information, skills training, and discussion.<sup>1</sup> Patients (and sometimes, family members) are provided with information on illness features, importance of treatment compliance, early detection of prodromal signs of recurrence, management of mood symptoms or comorbid conditions, and lifestyle regularity.<sup>2</sup>

## Resources



**Military OneSource** provides 24/7 support and information on housing, financial, legal, medical, and psychological services.

- State-side: 800-342-9647
- Overseas: 800-342-9647
- Collect: 484-530-5908

<https://www.militaryonesource.mil>



**988 Suicide and Crisis Lifeline** and the associated **Military/Veterans Crisis Line** provide free and confidential support for individuals in crisis. If you or someone you know is struggling or in crisis, call or text 988 or <https://988lifeline.org>; you can also press 1 or text 838255 to chat live with a counselor focused on military and veteran callers (<https://www.veteranscrisisline.net>).



**inTransition** offers specialized coaching and assistance for active duty service members, National Guard members, reservists, veterans, and retirees to help callers with their mental health care as they transition between systems of care.

- State-side: 800-424-7877
- Overseas: 800-748-81111 (in Australia, Germany, Italy, Japan, and South Korea only)

<https://www.health.mil/inTransition>

## References

- 1 Veterans Affairs and Department of Defense. (2023). *VA/DOD clinical practice guideline for the management of bipolar disorder*. (Version 2.0). <https://www.healthquality.va.gov/guidelines/MH/bd/index.asp>
- 2 Miklowitz, D.J., Efthimiou, O., Furukawa T.A., Scott, J., McLaren, R., & Geddes, J.R. (2020). Adjunctive psychotherapy for bipolar disorder: a systematic review and component network meta-analysis. *JAMA Psychiatry*, 78(2):141–50. <https://doi.org/10.1001/jamapsychiatry.2020.2993>



Note: This content is derived from the 2023 VA/DOD clinical practice guideline for management of bipolar disorder.



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