A Values-Based Approach to Managing Bipolar Disorder

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Declaration of Involvements

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Workshop Outline

- Background on Life Goals Collaborative Care
- LGCC Principles & Techniques
- Some Exercises on Spirit & Technique
Workshop Outline

♦ Background on Life Goals Collaborative Care

♦ LGCC Principles & Techniques

♦ Some Exercises on Spirit & Technique
Bipolar LGCC Development

1992: Expert/patient consults & program development

1996: Single site population-based open trial (n=103)

- Publication of first treatment manual

1997-2004: 11-site, 3-year VA RCT

1998-2003: 4-site, 2-year NIMH R-01 HMO RCT (Simon)

2006: Med-psych pilot VA RCT (Kilbourne)

- Publication of revised treatment manual

2006-2011: Adaptation pilot RCTs for metabolic risk, broader group of mood disorders & SMI (Kilbourne)

- Implementation RCT (Colorado, Michigan)

2009: Publication of patient workbook

- Development of therapist manual for individual work

2011: VA TeleHealth LGCC roll-out
LGCC for Bipolar Disorder: The “Bipolar Disorders Program”

Provider Support

Patient Education

Access/Continuity

Simplified Practice Guidelines

Life Goals Program

Health Specialist
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LGCC for Bipolar Disorder: The “Bipolar Disorders Program”

- Provider Support
- Access/Continuity
- Patient Education
- Life Goals Program

Diagram:
- Provider Support
- Access/Continuity
- Patient Education
- Life Goals Program
Why a *Psychosocial* Component for Bipolar Disorder?

To supplement (not replace) medical-model treatment:

- Compliance is low—about 50% adequate
- Address independent determinants of disease outcome (stressors, comorbidities)
- Poor social role function and quality of life
  - Only 1/3 return to pre-morbid function & 1/3 rated poor
  - Depression ⇔ Functional status
  - No change with the Modern (Psychopharm) Era
The Traditional View of Treatment
The Traditional View of Treatment
The Traditional View of Treatment

♦ The patient comes to buy a product or service.

♦ We are willing purveyors of the product or service.

♦ They get what they came for.

♦ We each profit in tangible/intangible ways.
What’s Wrong with this Picture?

- “Compliance”: The extent to which a person’s behavior co-incides with medical advice (Haynes, 1979)

- “Adherence”: The new Politically Correct term

- But either way: “Authority of medical professionals” is the focus (Troestle, 2000)

Well, what’s wrong with that?
Bipolar Disorder Outcome: Over-Simplified
Bipolar Disorder Outcome: The Real World

Host Factors

Illness Management Skills*

Disease Process

Outcome

* “…the ability of a person to:
  • cope with his or her illness and
  • participate actively in treatment.”

A Model for Treatment Participation
(expanded from Riolo & Weston 2008)

- Family & caregiver attitudes
- Beliefs & attitudes
- Perceived stigma
- Personal cost-benefit analysis

Relationship with clinician

Illness Management

Patient clinical characteristics, e.g.: Sx, Cognition, Volition/Subst Dep

- Clinician skills
- Clinician attitudes
- Regimen complexity

Pragmatics, e.g.: $ Distance Time Home support
PATERNALISTIC MEDICINE

"Thus I say..."

MATERNALISTIC MEDICINE

"Load 'em on."

COLLABORATIVE PRACTICE

Technical Expert

[ COACH/ATHLETE ]

Values Expert

"Fix my problems!"

"Yes I shall!"

"Thus I say..."

MATERNALISTIC MEDICINE

"Load 'em on."

"Fix my problems!"

"Yes I shall!"
Roots of Life Goals

- Expert consultation with patients, providers & academic experts
- Lorig Chronic Disease Self-Mgt. Groups
- Motivational Interviewing
  - Spirit
  - Techniques (e.g., decisional balance)
- Psychoeducation
- CBT (CBT)
Life Goals Format Issues

- Individual-focused (lack of family support)
- Public sector population (effectiveness)
- Public sector system constraints (reach, spread, sustainability)
- Group-based (initially)
Life Goals Outline

 Formats:
 - Group-Based, Weekly, 6-8 members
 - Individual, Weekly (in-person or tele)

 Life Goals “Classic”: Illness Management Skills
 - Session 1: Values & Goals
 - Sessions 2-3: Mania
 - Sessions 4-5: Depression
 - Session 6: Managing Your Care

 Modular Patient-Centered Follow-On
Values & Goals
Mania, Depression, Managing Your Care
(6 Sessions)

Life Goals Classic
(Phase 1)

Enhanced Life Goals Modules

Substance Use
Anxiety
Enhanced CBT
Psychosis
Physical Wellness
Anger & Irritability

Life Goals Classic
(Phase 2)

Functional Goal Attainment
(ongoing, iterative)
Life Goals Individual Session Outline

Check-In

Focus Point(s)

Exercise Instructions

Exercise

Exercise Review

Session Close (& optional homework)
The Life Goals Phase 1 Tasks: Beyond Traditional Psychoeducation

- General Information
- Personal Symptom Profile(s)
- Early Warning Signs
- Triggers
- Coping Responses: Evaluation & Revision
  - Personal Cost Benefit Analysis
- Action Plan / Personal Care Plan

Psychoeducation as laboratory course, not lecture
Health Beliefs Model
(Becker & Jantz 1984)

- Patients make rational decisions about treatment based on their own analysis of potential costs and potential benefits.
Critical Life Goals Concept: 
*Personal Cost-Benefit Analysis*

- “*Individuals always act in their own perceived best interest.*”
- Elucidate *all* costs & *all* benefits.
- Always from the *individual’s* perspective
  - Not yours, not the family’s, not the ideal
  - Make the pre-conscious conscious:
    - “*Elucidate, evaluate.*”
- Exercise:
  - Alcohol to treat depression
  - Keeping Wednesday’s appointment with your psychiatrist.
### Life Goals Component Example: Personal Cost-Benefit Analysis: for Mania

<table>
<thead>
<tr>
<th>Response: <strong>Get Drunk</strong></th>
<th>Good Effects: (Pro health, good for you)</th>
<th>Bad Effects: (More problems caused)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Calms down</td>
<td>Aggressiveness</td>
</tr>
<tr>
<td></td>
<td>Lets sleep</td>
<td>Health (Liver)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poor judgement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response: <strong>Let it take its course</strong></th>
<th>Good Effects:</th>
<th>Bad Effects:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Great feeling (powerful)</td>
<td>Spend money</td>
</tr>
<tr>
<td></td>
<td>Jump on airplane</td>
<td>More relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>More relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Center of attention</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poor judgement</td>
</tr>
</tbody>
</table>

- Get run down
- Girlfriend's gone
- May not have any friends
- Money's all gone
- Scared of yourself
- Depressed
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