

CBT for Bipolar Disorder (BD)

This section describes the knowledge and skills required to carry out CBT for people with Bipolar Disorder

Effective delivery of CBT for Bipolar Disorder depends on the integration of this competence list with the knowledge and skills set out in the CBT competence framework (accessed at: www.ucl.ac.uk/CORE/).

Knowledge of the basic assumptions and structure of a CBT intervention for Bipolar Disorder

An ability to draw on knowledge of vulnerability stress models of BD, including factors such as :

circadian rhythm instabilities (such as disturbances in an individual's sleep/wake cycle or activity levels) that are evident across and between mood episodes and which can lead to mania or depression

an appraisal style (perfectionistic beliefs about the link between effort and success and tendency to explain positive outcomes as reflecting enduring characteristics of the self) that focuses attention on gaining rewards, resulting in the individual:

being driven to work harder and harder to achieve ever more demanding goals

finding it hard to make accurate appraisals of their achievements (under-estimation leading to little sense of pleasure or reward, over-estimation leading to an unrealistic sense of achievement)

responding to the experience of success or failure with marked shifts of mood:

the experience of success leading to marked elevation in mood (and hence greater striving for success)

the experience of failure being attributed to failings in the self, leading to a diminution in mood and potentially inducing dysphoria or depression

An ability to draw on knowledge that a CBT intervention aims to help individuals to develop coping strategies that allow the individual to gain benefit from their appraisal styles, but also reduce their vulnerability

An ability to draw on knowledge that CBT interventions for bipolar disorder usually include:

discussing evidence-based information on the nature of bipolar disorder with the client, including vulnerability-stress models and their implications for a psychological intervention

developing cognitive behavioural skills to help the client cope with prodromes of mood episodes

helping the client understand the importance of maintaining regular patterns of sleep and routine, and the ways in which these patterns are socially regulated and dysregulated

helping the client understand the ways in which sleep/wake instability can be regulated without overly restricting activity patterns

dealing with long term vulnerabilities (such as extreme achievement driven behaviour, perfectionism and impulsivity, disputes in interpersonal relationships)

ENGAGEMENT

An ability, throughout the intervention, to use and maintain a recovery oriented stance so as to maintain a consistent focus on the client's goals, motivations and strengths

An ability to draw on knowledge that clients with BD will vary widely in relation their capacity to engage, and that:

this will be influenced by the complexity of their presentation and the level and pattern of their disability

significant instability in mood may impact on a client's capacity to maintain engagement

session planning throughout an intervention will need to be responsive to changes in the capacity for engagement, as they arise

Ability to engage the client

An ability to engage the client in discussion of bipolar disorder e.g.:

factors relevant to the development and maintenance of bipolar disorder (including biological, social and psychological factors)

common co-morbid (co-existing) features of bipolar disorder (such as anxiety problems and use of drugs and alcohol) and how they can influence the course of bipolar disorder

consideration of the extent to which comorbid problems themselves might be a target for intervention

the impact of substance use on mood and mood regulation

An ability to normalise the client's experience of mood fluctuations and instil hope that mood management is feasible by:

discussing the continuum model of mood fluctuations with the client (which assumes that mood experiences in people with bipolar disorder are not qualitatively different from those experienced in non-diagnosed groups)

discussing strategies (based on psycho-social models) that can help individuals to manage fluctuations in mood and activity levels (e.g. learning to cope better with early signs of depression or mania to reduce their impact)

An ability to draw on knowledge of the importance of adopting a flexible approach to engagement, particularly where the client has had prior negative experiences of services, has residual psychotic symptoms or shows marked fluctuations in mood during the engagement process, for example being flexible about:

session location (e.g. home or clinical setting, as preferred by the client)

session timing (e.g. seeing client's later in the day when sleep disturbance is prominent)

session duration (e.g. when extreme mood states compromise attention and concentration)

attendance requirements (i.e. not setting rigid requirements that might lose clients who could otherwise benefit)

An ability to draw on knowledge that the client's level of engagement and motivation is likely to vary with changes in mood state

An ability to work collaboratively with the client to help them identify the therapy goals that they personally value and that are relevant to their current concerns

Ability to engage family members and professional carers (where appropriate)

An ability to engage family members or other carers in therapy sessions, where this is relevant and has been agreed by the client

An ability to engage family members or other carers by providing assessment information where this is relevant and agreed by the client

Ability to maintain a collaborative and flexible approach

An ability to maintain a collaborative approach throughout the intervention, recognising that:

each client's experience of their BD symptoms is different and this will influence the issues they wish to address (and hence the agenda for intervention)

each client's experience of diagnosis and mental health services may be different

An ability to recognise if and when a client's pattern of alliance and level of motivation is fluctuating in tandem with their mood state and to adapt session focus and duration accordingly

An ability to draw on knowledge that, because the client's preferences and goals may vary over time according to their mood state, therapy content and focus needs to be flexible in order to maintain engagement

An ability to draw on knowledge that the therapist and client need to work towards a collaborative rationale for intervention, without which change is unlikely, for example by:

adopting a flexible pacing that enables the client to reach their own judgment about the match between their goals and the specific procedures or aims of the intervention (such as changes in self- management and stabilisation of routines)

revisiting and discussing connections between the therapeutic rationale and the goals that the client has in mind

An ability to amend session times flexibly in relation to the client's mood and activity level and their capacity to focus on therapeutic work (e.g. offering shorter sessions when the client is experiencing significant mood elevation or depression)

An ability to provide psychoeducational information in a non-didactic, discursive and collegial manner that explicitly fosters challenge and debate, and encourages clients to seek out more information),

An ability to discuss patterns of medication use with the client in an open, collaborative and non-judgemental way in order:

to consider the relative merits of medication/adherence (e.g. by considering information from the client's mood history)

to help the client consider how best to discuss medication-related issues with their clinical team

to help clients whose preference is for a "no medication" option to consider how this might be negotiated and managed with relevant parties (e.g. including a safety plan that details how indicators of relapse would be responded to)

Ability to deal with emotional content of session

An ability to maintain a flexible approach in response to emotions that are expressed and communicated in sessions, such as :

a sense of rejection, hopelessness, anger or irritability

disinhibition (e.g. being highly critical of therapist)

withdrawal/lack of motivation

euphoria/ excitement (potentially accompanied by dysphoria, paranoia and grandiosity)

fear/anxiety/arousal

mixed emotional states (combining the examples above)

An ability to cope with extreme emotional states within sessions by adapting session content, duration and timing to accommodate the client's emotional needs
An ability to find alternative ways of managing interactions if emerging mania threatens to create ruptures in the therapeutic relationship (e.g. by "stepping back" from a confrontation)
An ability to acknowledge and to help the client to manage mood states or changes in activity level that are:
too high (e.g. euphoria, overactivity or irritability), for example using collaborative problem solving approaches to consider how to cope more effectively with events that trigger initial mood changes
too low (e.g. apathy or low motivation), for example by working collaboratively to implement activation strategies
An ability to engage with emotional issues that may make it harder for the client to work towards achieving their goals (e.g. high levels of hostility, anxiety, anger or avoidance of strong affect) through discussion and through the appropriate application of relevant CBT techniques
An ability to collaboratively help the client access, differentiate and experience their emotions in a way that both facilitates change and is congruent with their goals

ASSESSMENT

An ability to draw on knowledge that assessment is best seen as an iterative and flexible process that is revisited throughout the intervention
An ability to draw on knowledge that collaboratively eliciting information during assessment can have therapeutic role by helping the client to make links between mood, relationships, experiences and behaviour
An ability to take a normalising approach to symptom onset, introducing the idea that the client has reacted understandably to abnormal stressors/life events

An ability to work collaboratively with the client in order to:
elicit a detailed history of their mood experiences, including those predating diagnosis, and any associations with life events (including any experience of trauma)
develop a shared account of their mood experiences to date, with the aim of using these as a basis for collaboratively informing formulation and therapy targets
develop a detailed timeline of milestones, achievements and life events in relation to the experience of the disorder and specific bipolar episodes
elicit their understanding of any family history of mood problems and how this informs their beliefs about their own mood experiences
evaluate the impact of bipolar disorder on the client's life and life goals and to help them discuss their sense of the positive and negative aspects of the disorder
An ability to relate the experience of bipolar disorder to the client's wider societal values and goals
An ability to engage the client's clinician/professional carer in providing assessment information, where this is relevant and agreed by the client

An ability to discuss the meaning of the diagnosis/ label with the client e.g.:
the extent to which they see the label of bipolar disorder as personally relevant or appropriate, and the significance of this for them
when the client construes their mental health issues differently from the therapist, whether it is possible to reach a shared understanding of the likely reasons for the presence of mood related problems

An ability to discuss the client's pathway to a diagnosis of bipolar disorder e.g.
whether they have had a range of previous diagnostic labels (e.g. depression, psychosis, or personality disorder)
whether previous experiences make them (understandably) wary about the accuracy of their current diagnosis
An ability to consider the client's sense of the relevance of therapy, and whether this is influenced by the length of time since their diagnosis e.g.:
recently diagnosed clients may construe mood experiences as a "one off" and may need more time to decide whether they wish to pursue therapy
clients who have experienced recurrent episodes may be more motivated to seek help with mood issues
An ability to draw on knowledge of, and to identify, common co-existing problems in bipolar disorder, (especially symptoms of anxiety and substance use (alcohol, cannabis))

An ability to discuss issues related to medication with the client, including:
the impact of medication, including any side effects
their relationship to medication (including any ambivalence about taking medication)
the "message" they have received from other professionals about the role of medication in the treatment of bipolar disorder

An ability to explore the client's positive beliefs about BD e.g.:
positive aspects of BD / mania that they may value (e.g. giving them a sense of greater creativity or self-confidence)
ambivalence about interventions if there are concerns that this might reduce access to, or limit, aspects of BD that they experience positively (such as hypomania)

An ability to explore the psychological effects / consequences of past episodes / behaviour, e.g.:
the impact of more extreme behaviour during past mood episodes (e.g. financial risk taking that has led to debt, or sexual behaviour which has led to relationship breakdown)
disruptions to relationships, educational progress and work
the impact on the client's sense of self-worth / self-efficacy / self-esteem

An ability to discuss the impact of stigma and self-stigmatisation on clients and to explore this in relation to messages the client has received from family / friends and from wider society
An ability to explore the type and scale of social network and support the client has access to both in terms of informal and family support and in terms of their care team

An ability to identify issues relating to pregnancy and parenthood e.g.:
the relationship between medication and pregnancy (including toxicity issues)
concern about passing on bipolar disorder to children (understanding the strengths and limitations of the genetic evidence)
messages professionals have given about risks of pregnancy and parenthood

Ability to assess resilience and risk factors relevant to therapy

An ability to identify (and discuss with the client) periods when they have coped well in life (including with problematic swings in mood) and how this was achieved
An ability to identify protective factors in the client's social network
An ability to identify with the client ways in which aspects of bipolar experience have been associated with the client achieving important life goals
An ability to identify the client's characteristic responses to mood change, for example:
rumination or risk-taking in response to positive or negative mood
risk taking (with the aim of avoiding current mood state)
adaptive approaches to mood change

An ability to detect personality styles which may influence the client's responses to therapy tasks and setting of therapy goals including:

perfectionism (e.g. a belief that they have to be the 'perfect' client) rendering them unable to share concerns about progress, or finding it harder to engage in therapy because of a belief that only complete and swift recovery is acceptable,

a strong need for autonomy, leading the client to feel the need for total control over what they do and how they do it

impulsivity, leading the client to prioritise short term outcomes and to ignore possible long-term consequences

An ability to identify and explore any areas of risk in relation both to depressed and elevated mood e.g.:

in relation to depression, exploring and assessing risk of suicide / self-harm

in relation to mania assessing the extent of impulsivity / disinhibition and risk taking behaviours (e.g. drug use, financial risk taking, sexual behaviour)

Ability to assess the client's current mood state

An ability to draw on knowledge that clients can present with a range of mood states (e.g. elated, irritable, low, depressed, suicidal), and that because the pattern of shifts between mood states differs from person to person this needs to be assessed for each client

An ability to assess mood states using observational measures, self-report and third-party information (including clinical information (e.g. from notes) and information from family and friends)

An ability to reach a collaborative understanding of the mood experiences of the client and the impact of such experiences on other aspects of their life

Ability to use measures and self-monitoring to guide therapy and to monitor outcome

An ability to draw on knowledge of validated measures for individuals with Bipolar Disorder, and to collaboratively select measures relevant to the client's presentation e.g.:

measures that assess current mood and symptoms

measures assessing specific features of BD (e.g. daily rhythm/behavioural patterns or cognitive appraisals)

measures that assess social functioning, or quality of life

measures relevant to indicators of relapse (e.g. early warning signs, or coping in relation to mood relapse)

An ability to draw on knowledge of measures that are not specific to BD, but are relevant to it (e.g. assessing hopelessness, suicidal ideation or medication compliance)

An ability to help the client self-monitor and (over the course of the intervention) to build on this skill as part of self-management

Ability to discuss the CBT model

An ability to discuss the CBT model with the client including the assumption that clinical episodes derive from an interaction between:

stressors (proximal factors, such as life events, disruption of social routines or sleep deprivation)

vulnerabilities (distal factors, such as pre-existing personality experiences (e.g. experiences of loss or deprivation)

explanatory styles (such as interpreting mood changes as being independent of events happening in the client's life)

circadian vulnerability (a tendency to experience extreme mood reactions to disturbances or sleep and/or activity patterns

an ability to help the client consider the role these interactions play in their own experience of bipolar disorder

An ability to draw on knowledge that acceptance of bipolar disorder as a diagnosis is not required for the client to engage with CBT	
An ability to work with the client to identify whether CBT is not appropriate for their needs e.g.:	
	the client has a purely biological view of their bipolar disorder which they do not wish to change
	where the client is currently in an acute episode of mania
	where (following assessment and basic psychoeducation) the client does not identify any issues which they would like to work on psychologically
An ability to discuss with the client the key themes of CBT for bipolar disorder (as distinct from CBT for depression or anxiety), in particular:	
	provision of evidence-based information on the nature of bipolar disorder, including vulnerability-stress models
	development of cognitive behavioural skills to cope with mood symptoms or prodromes of mood episodes
	understanding the role of sleep and routine and how to address sleep/wake instability without overly restricting activity patterns
	dealing with long term vulnerabilities such as extreme achievement driven behaviour, perfectionism and impulsivity
An ability to employ guided discovery to explore the client's current coping strategies	
An ability to engage clients with the process of understanding of their own different mood states (particularly in relation to instability of mood)	

FORMULATION

Ability to construct a formulation that reflects client strengths and challenges

An ability to work with the client to develop a collaborative formulation that is personally meaningful to them and is presented in a way which is comprehensible, normalising and instilling of hope	
An ability to recognise in the formulation that some 'problem behaviours' may also be associated with real achievements and therefore changing these behaviours may be associated with understandable ambivalence	
An ability to provide a formulation that:	
	reflects the client's success in dealing with presenting problems as well as an account of their difficulties
	includes a formulation of the way that each presenting problem is maintained
	makes an explicit link between the formulation and the personal goals identified by the client
An ability to match discussion of the formulation to the client's current level of engagement and understanding	
An ability, at any phase of therapy, to discuss with the client what level of formulation is most helpful to them (e.g. a comprehensive formulation versus the formulation of a maintenance cycle)	
An ability to construct a detailed timeline that links key life events to mood variation prior to and following onset, identification and treatment of bipolar disorder	

Ability to identify goals for the intervention

An ability to work with the client to set goals that they personally value, and that incorporate concepts of recovery that are consistent with the collaborative formulation	
An ability to regularly review goals with the client, to reflect shifting priorities as therapy progresses	

An ability to include goals that relate to
symptom reduction
medication use and adherence
valued activities (work, social or voluntary)
self-management of cognitive behavioural and/or emotional instability
appropriate and planned use of services to optimise self-management
concepts of recovery and well-being
An ability to work with the client to strike a balance between immediate and longer-term goals
An ability to work with the client to identify and operationalise achievable steps towards agreed goals
An ability to work collaboratively with the client to problem-solve where impediments to achievement of goals are identified

COGNITIVE INTERVENTIONS

Ability to engage the client in self-monitoring

Ability to engage the client in self-monitoring:
of mood and medication use throughout therapy
of mood and activity patterns throughout therapy
of thought and belief patterns where appropriate in therapy

Monitoring links between variations in mood and patterns of daily activity levels

An ability to draw on knowledge that mood monitoring can be an effective way to help clients understand their mood experiences (by identifying their own pattern of normal and abnormal mood variation) and consequently to aid self-management.
An ability to help the client use mood and activity diaries to rate mood, working with the client to identify the anchor points of the rating scale (e.g. using a scale that extends from -10 to +10 with -5 to +5 designated as the normal mood range)
an ability to adapt and individualise mood rating scales collaboratively with the client (e.g. when the usual -10 to +10 scale does not work for the client)
An ability to use the mood diary to help the client discriminate normal mood states from those that may require attention by reflecting on patterns of mood and behaviour (usually across weeks)
an ability to help the client identify patterns that may potentially contribute to dysregulation of mood

An ability to help the client gain an understanding that many mood fluctuations are normal (especially in the absence of abnormal sleep or activation levels), and do not necessarily signify the onset of a manic or depressive episode
An ability to help the client explore whether they are unhelpfully restricting activities due to fluctuations in mood and worry about relapse
An ability to help the client work towards as much or as little mood fluctuation as they wish, bearing in mind that the costs and benefits of mood fluctuations will be different for each client
Where mood monitoring results in the client becoming anxious (because they are more conscious of their mood fluctuations), an ability to discuss and address this (e.g. by using their mood record to illustrate the self-correcting nature of the majority of mood fluctuations)
An ability to help the client to learn to apply appropriate coping skills in response to stressors to reduce to likelihood of episode recurrence where this is a client goal*

* detailed in the section below focused on Early Warning Signs and Coping

Identifying cognitive changes associated with different mood states

An ability to draw on knowledge of cognitions commonly associated with extreme mood states e.g.:

over optimistic predictions of success and reduced awareness of risk coupled with a strong focus on oneself and one's own needs when 'high'

self-blame and hopelessness when low

An ability to draw on knowledge that positive and negative automatic thoughts occurring in the context of elevated and/or depressed mood can be inaccurate and biased, and have a significant influence on the client's feelings and actions, and on subsequent mood changes

An ability to work with the client to identify specific changes in cognition that are associated with high or low mood states, and that have a tendency to exacerbate mood changes e.g. by:

eliciting global thoughts and images, particularly where the client finds it difficult to identify specific automatic thoughts

using structured questioning to refine global thoughts and images into more specific thoughts

using thought records and thought challenge records (once the client is comfortable with the identification and monitoring of thoughts across situations)

An ability to detect common thinking biases apparent in positive and negative thoughts

An ability to use Socratic questioning to help the client consider evidence that supports or that challenges problematic thoughts, based on review of thought records and consideration of other relevant information (e.g. collected through diary recording)

An ability to help the client consider alternative explanations and perspectives on their thoughts through in-session reflection and generation of alternatives, and through homework tasks including seeking alternative explanation from trusted others

An ability to help client gain external feedback on their problematic thoughts through "polling exercises" either directly (e.g. with trusted others) or indirectly (e.g. through anonymous surveys supported by the therapist)

An ability to help the client view their thoughts as being on a continuum (rather than being absolute) by helping them rate their thoughts on continuous scales, and discussing the implications of even small deviations from an absolute rating

An ability to help the client to identify especially positive automatic thoughts (e.g. by reflection on recent hypomanic episodes), and to:

assess how much they believe particular positive automatic thoughts when in a mood episode and when out of a mood episode

to identify positive thoughts that are problematic and those that are not

An ability to work with the client to challenge problematic positive automatic thoughts (e.g., starting with beliefs that are not strongly held when euthymic and progressing to beliefs that are strongly held when hypomanic or depressed (and which, if unchallenged, may increase the risk of future mood episodes)

An ability to help the client to detect suicidal thoughts and (at such points) to institute problem solving approaches to help them identify alternatives to suicidality as a way of addressing the challenges they face:

an ability openly to discuss suicidality as a problem solving approach in its own right, along with a cost-benefit analyses in relation to more constructive alternatives

Ability to identify key cognitive factors and attributional styles

An ability to identify cognitive vulnerability factors associated with bipolar disorder in order to inform treatment goals and specific areas of vulnerability, including:
perfectionism (a tendency to be self-critical, to have less stable self-esteem and a greater reliance on external factors, along with high intrinsic incentive motivation)
problem solving deficits (a relative inability to create a reflective distance from problems in order to effectively problem solve a situation)
elevations in sociotropy (a high need for social acceptance and tendency to be overly nurturant towards others)
elevations in autonomy (valuing a high level of independence, with a strong desire to be in control and exhibiting a disregard for social feedback)
decision-making biases (a strong bias to engage in high risk and impulsive decision making strategies), such as differentially attending to more proximal experiences (and forgetting past experiences), or a tendency to focus on potential gains while discounting potential losses

Ability to identify positive and negative self-appraisals of internal states

An ability to explore the extent to which the client explains changes in mood, behaviour, drive and arousal as being driven by factors that are internal (self/personality) vs external (day to day events and relationships).
an ability to draw on knowledge that a tendency towards an internal explanatory style is associated with a high risk of mania and depression (e.g. seeing increasing energy levels as a sign of superhuman powers, rather than as an indicator of relapse)
An ability to help the client recognise and evaluate the self-appraisal of their internal state (e.g. using and discussing self-assessment tools, and evaluating appraisals associated with recent mood and behaviour experiences)
An ability to work with the client to identify self-appraisals that may be problematic
An ability to help the client recognise both positive and negative bias in their appraisals of their internal state
An ability to help the client identify and strengthen their awareness of connections between external events and changes in their mood state/activation levels, as an alternative to internal self-appraisal (e.g. using mood and activity records),
an ability to draw on knowledge that repeated identification of these connections is required to change patterns of self-appraisal
An ability to help the client learn to modify cognitive biases that occur during extreme mood states and to attribute these to external events e.g.:
using mood and activity records
working with the client to identify behavioural experiments in which the client acts against their problematic internal appraisals (both in the session and as homework)

Ability to identify and modify assumptions and beliefs that drive impaired functioning and relapse

Identifying assumptions

An ability to work with the client to identify assumptions, attitudes and rules that drive impaired functioning and relapse
An ability to ensure that the process of identifying assumptions is led by the client (rather than the therapist)
An ability to take a "naïve", "unknowing" stance regarding the assumptions which shape the client's specific cognitions (i.e. an ability to avoid "jumping to conclusions")
An ability to use the 'downward arrow' technique to help the client identify possible assumptions and to help them elaborate their meaning

Modifying assumptions

An ability to identify those assumptions which are central and those which are more peripheral, and to focus on the most important
An ability to challenge assumptions using Socratic questions and by offering alternative suggestions, taking care not to make these challenges didactically (i.e. by 'lecturing' the client)
An ability to modify assumptions by contrasting what clients feel they 'should' do with what they are able to do (e.g. behavioural tests of assumptions such as challenging perfectionism by consciously making a small mistake in a minor task and confirming that the consequences of this are not significant)
An ability to help the client consider how assumptions can become self-fulfilling
An ability to help client consider changing/discarding self-defeating assumptions by identifying the advantages and disadvantages of holding on to these assumptions
An ability to help the client act against their assumptions, usually through behavioural experiments
An ability to help the client examine the long-term effectiveness of assumptions, especially when assumptions currently appear to be working in the client's favour

Identifying beliefs

An ability to begin developing hypotheses about likely core beliefs on the basis of emerging clinical material
An ability to identify core beliefs using downward arrow techniques, by looking for central themes in the client's automatic thoughts and by direct elicitation
An ability to present core beliefs to the client as a hypothesis, in an appropriately tentative manner
An ability to present core beliefs to the client at a time in therapy when the client is likely to be able to be receptive to their discussion
An ability to help the client understand the concept of core beliefs, their origins in childhood events and the factors which tend to maintain them

Modifying beliefs

An ability to help the client reconstrue beliefs as ideas whose validity can be tested
An ability to use standard cognitive techniques to help the client modify core beliefs and strengthen new beliefs (e.g. Socratic questioning, behavioural experiments, role play)
An ability to use additional cognitive techniques to help the client modify core beliefs (e.g. core belief worksheet, consideration of historical origins of core beliefs, restructuring of early memories using role playing/re-enactment)

Ability to employ cognitive and behavioural strategies for hypomania/ mania

An ability to help clients to evaluate "unrealistically positive ideas" (based on a strongly positive bias in the interpretation of available evidence) by using "reframing", so that the client can consider an alternative view more strongly grounded in the available evidence:
helping the client reframe unrealistically positive ideas as a possible indicator of an elevation in mood, and a possibly impending mood episode
acknowledging that reframing is difficult when the client is manic or hypomanic), and attempting this when their mood is relatively stable
An ability to help the client to recall their most recent experience of mania or hypomania and using detailed questioning to:
identify unrealistically positive ideas, any mood changes prior to these ideas and the consequences of the ideas
explore links between these ideas and mood elevation
review these ideas in the light of the outcomes of the manic episode and (if appropriate) reframe these as symptom indicators

An ability to help the client consider how best to respond to thoughts which they themselves agree are early warning signs
An ability to introduce daily thought records identifying hyperpositive thinking
An ability to help the client appraise mania-related behaviours and elevated risk taking using “risk ratings” of their productive or destructive consequences
An ability to challenge overvalued ideas in manic and hypomanic clients through role playing, foreseeing negative consequences through imagery , and anticipatory problem solving
Ability to target scattered and unfocused thinking associated with manic mood states through repetition, intensive structuring of session, and modelling of measured speech and response patterns

An ability to help clients to manage “unrealistically positive ideas” by discussing strategies for delaying acting on these ideas, and agreeing these strategies when the client is euthymic:
supporting attempts to delay acting on these ideas for an agreed period of time (often 2-3 days)
helping to set up ‘time delay rules’ that can be applied when experiencing problematic positive thoughts in the context of escalating mood
helping to identify cognitive strategies that enable them to step back and evaluate their ideas in more detail when in the delay period
helping to develop a set of pre-defined questions which the client can ask themselves (e.g. to assess why delaying acting may be a good idea, and to appraise the quality of the idea itself):
an ability to help the client develop pre-defined questions that are highly personalised, use their own words, and are linked to past experience (and making the questions more likely to resonate with clients when they are in an elevated mood)

Appraising positive and negative aspects of hypomania

An ability to draw on knowledge that many people enjoy and sometimes look forward to hypomania (e.g. because they feel more confident, attractive, creative and fun)
An ability to draw on knowledge that some clients may be reluctant to take steps to try and prevent themselves from becoming hypomanic or to take actions to contain or curtail their elevated mood.
An ability to explore with clients all aspects of their hypomania and agree how, when and if signs of an elevated mood may be managed
An ability to help the client weigh up the positive and negative consequences of hypomania using a costs/benefit analysis

Behavioural experiments

An ability to work with the client to construct behavioural experiments that directly challenge dysphoric or euphoric thoughts, expectations and assumptions
An ability to ensure that when the client is in a euphoric mood state consideration is given to risks associated with testing and challenging hypomanic assumptions and beliefs
An ability to involve trusted others in order to gain feedback on the experiment

BEHAVIOURAL INTERVENTIONS FOCUSED ON ENHANCING SELF-REGULATION

Ability to understand the relationship between mood and activity

An ability to draw on knowledge that because the circadian rhythms of people with bipolar disorder may be particularly sensitive to disruption, the risk of relapse may be reduced by maintaining a regular routine and sleep patterns relapse
An ability to draw on knowledge that self-regulation of mood and activity levels is essential for coping with bipolar disorder

An ability to offer normalising information about the ways in which different patterns of sleep and activity might affect people in general.
An ability to work with the client to identify the effect that their present sleep pattern, social routine and range of activities may be having on their mood states (using a mood and activity schedule)
An ability to work with the client to help them make informed choices about how to proceed with activity changes
An ability to help the client consider how best to a balance between structuring routines and maintaining spontaneity and flexibility in activity patterns

Activity monitoring and scheduling

An ability to help clients monitor their activities by completing an activity chart
An ability to help clients rate the degrees of pleasure and mastery associated with activities
An ability to adapt mood and activity recording sheets if this helps facilitate client engagement with recording e.g.
simplifying recording of activity
changing rating anchor points for mood ratings
using free-text where clients finds it hard to use structured chart recordings
An ability to review activity charts with the client:
identifying activities which are over- or under-represented
identifying activities which are associated with high or low levels of pleasure and mastery
working together to draw conclusions about these patterns of activity
An ability to work with the client to identify and plan specific changes to activities, identifying any thoughts (assumptions or beliefs) which might make it difficult for the client to implement these changes

Regulating activity levels

An ability to help the client develop an understanding that balancing and regulating task-focused activity and recreation is likely to be beneficial in helping maintain euthymic mood and reducing the risk of mania or depression by:
using mood and activity charts to map out current activities and assess the balance between constructive, task-orientated activity and pleasurable non-task activity
collaboratively evaluating this balance in context of the client's personal circumstances and therapy goals, and using this evaluation to discuss the introduction of new activities
An ability to use the activity chart to help clients schedule activities for the forthcoming week (e.g. pleasurable activities, previously avoided activities, therapy homework)
An ability to help clients record both predicted and actual levels of pleasure and mastery associated with scheduled activities and to reflect on these ratings for future planning
an ability to identify and discuss disparities between predicted and actual levels of pleasure and mastery, especially where this occurs in the context of the client being depressed
An ability to explore with the client the use of activity schedules::
agreeing targets that help to regulate the timing and duration of sleep
agreeing targets for timing and frequency of meals
planning a balanced range of activities that includes an adequate frequency of pleasurable non-work activities through each week
reviewing the balance of social contact and time alone (at work and home) and consider whether this matches the balance that they would find most helpful
identifying potential problems in achieving a balance of activities (e.g. overlong periods of work/task activity involving procrastination) and to problem solve with the client to resolve such issues

An ability to review activities with the client, and to discuss any automatic thoughts or beliefs that emerge prior to, or while carrying out activities (in particular, comparing automatic thoughts predicting the outcomes of activities with the actual outcomes in order to help amend automatic thoughts which are unhelpfully positive or negative)

Applied Relaxation

An ability to draw on knowledge that relaxation training may be helpful:
for clients who find it hard to wind down or switch off when their mood is escalating.
in reducing the anxiety associated with extreme mood fluctuations.

An ability to explain the rationale for, and application of, applied relaxation to the client, e.g.:
that it can help disrupt vicious circles of physiological arousal
that by practising the technique they can learn to apply it in a range of contexts

An ability to help the client increase their awareness of early signs of anxiety reactions by completing a detailed record of previous anxiety episodes that includes antecedents

An ability to teach clients progressive relaxation techniques

An ability to help the client apply relaxation techniques in anxiety-provoking situations (i.e. to conduct exposure)

An ability to help the client maintain and apply their relaxation skills

Breathing and mindfulness exercises

An ability to help the client learn breathing exercises (such as breath counting) in order to help manage stress and anxiety

An ability to help the client learn a range of mindfulness exercises in order to assist with mood regulation e.g.:

mindful walking/ mindful eating: engaging in an activity in a focussed manner that enables the client to concentrate more on the immediate present rather than on elements of their past or future

de-stressing exercise: consciously taking an observer role in relation to thoughts, feeling and emotions in the present

breathing exercise: consciously focussing on gently inhaling and exhaling whilst allowing thoughts and emotions to happen without taking steps to control or explore them

Managing over-activity

An ability to draw on knowledge that in the prodromal stages of mania clients will tend to become increasingly active both behaviourally and cognitively (e.g. experiencing increasing numbers and frequency of ideas, or become increasingly restless) and to help them:

understand that resisting the impulse to over-activity at an early (prodromal) stage can help to reduce the escalation of over-activity and the fragmentation of social rhythms

identify strategies to resist over-activity (e.g. if beginning to experience motor over-activity, concentrating on what others are saying to them, and in this way distract themselves from engaging in over activity)

Stimulus control

An ability to draw on knowledge that significant mood shifts can be triggered by specific stimuli/events e.g.
work stress
changes to usual routine (e.g. holidays, travel across time zones, significant family events (e.g. weddings))
alcohol/ excessive caffeine/ Illegal drug use
financial problems
An ability to help the client develop their awareness of stimuli/ events which trigger a distinctive shift in mood, (e.g. using guided discovery to help make links between specific stimuli and mood shifts)
An ability to help the client develop and identify pre-defined strategies which they can use to control the impact of triggering stimuli/ events
An ability to work with the client to agreed targets for both exposure to and avoidance of trigger stimuli, and to problem solve issues that might make behavioural change challenging
An ability to work with the client to identify whether the experience of challenging or exciting activities is important to them, and where this is the case:
to plan activities that balance excitement against the risk that these might trigger a mood episode (e.g. by drawing on client's own history and records from current therapy to identify 'safe thrills')
to help the client monitor the impact of engaging in 'safe thrills' (in order to help them consider the costs and benefits of these activities in relation to mood)

Life chart mapping

An ability to draw on knowledge that life charts can potentially help clients gain insight into the relationships between cognitive/behavioural responses to events and to their mood experiences
An ability to alert the client to the fact that constructing a life chart can be emotionally challenging, and help them make an informed decision about proceeding
An ability to work with the client to decide which episodes to include, and what level of detail they feel it would be helpful to include
An ability to work with the client to consider whether any episodes of mood instability were precipitated by identifiable events (e.g. stressors in the environment or changes in medication)
An ability to use the life chart to identify whether the client may be vulnerable to specific types of stress
An ability to help the client consider any patterns that emerge from the life chart (e.g. weighing up the pros and cons of medication use, or the avoidance of particular stressors)
An ability to discuss whether material in the life chart should be shared with key relatives or clinicians if this seems relevant to the client's goals

Sleep Routines

An ability to work with the client to identify disturbances to sleep patterns associated with a decline or an elevation in mood, and:
where sleep is agreed to be excessive, to develop a sleep routine by identifying sleep restriction targets
where sleep is agreed to be too brief, to develop a sleep routine by identifying sleep extension targets
An ability, when mood changes make it difficult for the client to adopt behavioural sleep techniques, to discuss with them whether adjunctive time-limited sleep medication would be helpful

STIGMA, GUILT AND LOSS

An ability to work with the client to identify their experience of stigma, to consider its impact (e.g. on their capacity to meet the goals of therapy) and to problem solve ways to minimise its impact
An ability to work with the client to identify self-stigmatising thoughts and beliefs and to employ CBT techniques (such as behavioural experiment) to address these
An ability to reduce self-stigma by revisiting the vulnerability stress model with the client to help them:
consider how they can exercise both choice and control in relation to their mood experiences (reducing self-stigma by helping them see that their experiences are both explicable and potentially changeable).
hold in mind the notion that behaviour and mood experiences are on a continuum with functioning in the general population
An ability to reduce stigma by revisit the vulnerability stress model with the client
An ability to detect excessive guilt associated with behaviours that the client engaged in during manic episodes and:
sensitivity to explore the impact of these behaviours on the client and on others
explore individual and shared responsibilities for these behaviours (e.g. by using pie charts)
while moderating excessive guilt, also recognising an appropriate degree of personal responsibility if this is appropriate

An ability to explore the client's experience of losses directly associated with bipolar disorder (e.g. family and social relationships, or lack/loss of employment, or loss of higher status employment)
An ability to identify where losses can be mitigated and problem solving approaches are appropriately instituted (e.g. helping to plan return to work or trying to repair damaged relationships)
An ability to identify where losses cannot be mitigated (e.g. when a relationship has broken down. irretrievably) and where emotional processing approaches are appropriate to help the client come to terms with losses
An ability to manage high levels of hopelessness and suicidality in clients with bipolar disorder by:
targeted assessment of hopelessness and suicidal thoughts
in the context of suicidal thoughts, explicit contracting for safety and identification and challenge of suicidogenic beliefs
maximising social supports, enhancing the quality and availability of confiding relationships, and the formulation of crisis plans involving available supports

MANAGING THE IMPACT OF BIPOLAR DISORDER ON CLOSE RELATIONSHIPS¹

An ability to identify and address anger and irritability arising in the context of bipolar mood episodes and their effect on existing relationships and coping resources e.g.:
identifying triggers to anger and irritability
identifying alternative responses and management strategies
An ability to recognise that the impact of bipolar disorder on wellbeing of carers and relatives can be significant, and will vary from family to family

¹ Competences for family interventions are detailed in the relevant section of the framework

An ability to recognise the potential benefits of involving carers in order to support a CBT approach

An ability to discuss with the client whether they consider that the involvement of one or more family members would (or would not) be beneficial

An ability to identify sources of support for family members where their distress is impacting negatively on the client's outcomes

An ability to identify and work with family communication patterns that have a negative impact on coping with bipolar mood states:

conducting a strength based assessment of the family and close others

enhancing communication skills and empathic problem solving

Couples Therapy

An ability to identify the impact of bipolar disorder on the client's relationship with their relatives or partner

An ability to offer joint couple sessions within the therapy, where agreed with the client and where this is likely to enhance therapeutic outcomes, e.g.:

where a partner would benefit from knowing more about bipolar disorder in order to understand the client's behaviour

where compromises between the needs of the client and carer are indicated in order to improve their relationship

where the carer could play a significant role in helping the client identify early warning signs and support them in applying coping skills

where a focus on communication skills may be especially important (e.g. in the early phases of mania) or dealing with the aftermath of in-episode behaviour

Child Care Issues

Where relevant, an ability to consider child care issues with the client, e.g.:

identifying possible risks associated with depressive or manic mood states, and agreeing action plans to address these

where contact with children is limited, considering constructive approaches to optimise relationships

where there is complete estrangement (e.g. following extreme episodes of mania or depression) working with the client on loss and helping them to make a realistic appraisals about the possibilities of (at least partial) relationship repair

EARLY WARNING SIGNS AND COPING

Identifying early warning signs and ways of coping

An ability to introduce a focus on early warning signs for mania, depression and mixed episodes as early in therapy as possible, but taking care to wait until there is sufficient information to inform early warning signs and coping lists

An ability to discuss with the client the rationale for detecting and coping with prodromal signs (i.e. its relevance in the self-management of bipolar disorder)

An ability to help the client develop an understanding that not all mood changes are harmful (many fluctuations are with the range of normal experience and are self-correcting)

An ability to ensure that clients do not become overly anxious about, or sensitive to, mood changes by highlighting the importance of choice, e.g.:	
	by detecting mood changes early the client can choose whether to continue towards an episode or move away from it
	even if mood changes are detected at a late stage the client can still retain more autonomy by late detection than by letting an episode run its course
An ability to help the client reflect on past experiences and identify any changes in their thoughts, behaviour or mood associated with moving into a manic or depressive phase	
An ability to review and elaborate personally relevant examples of prodromes so that changes are identified that represent a set sequence and that are apparent several days before an episode develops	
An ability to provide the client with appropriate examples of prodromes if they find it difficult to identify their own in the first instance	
An ability to help the client refine their descriptions of prodromes so that they are specific enough for them to identify when they occur	
An ability to work with the client to produce a list of prodromes both for mania and depression	
An ability to identify behavioural and cognitive coping strategies that may help to manage these prodromes (e.g. thought challenging, increase/reduction in activity, deferring important decisions, increasing support from family/friends or increased input from clinical care team)	
An ability to work with the client so that they can make informed choices about whether to engage in behaviours that may reduce the likelihood of the episode	
An ability to develop an agreed early warning signs plan for mania, depression and (where appropriate mixed episodes) which summarises the prodromes and the coping strategies that the client can employ	
An ability to work with the client to construct a personal mania profile, including personal triggers to mania	
	to identify both established and novel coping responses to manic and hypomanic experiences, and to evaluate their utility
	to contrast appraisals from cost benefit analyses to responses to mania conducted when in different mood states (i.e. when manic and when euthymic)
An ability to construct a personal depression profile including personal depression triggers	
	to identify both established and novel coping responses to experiences of depression, and to evaluate their utility
	to conduct a cost benefit analysis to responses to depression, consider appraisals of these responses in different settings (including safety behaviours and maladaptive coping styles)

Staying Well Plans

An ability to work with the client to agree a “staying well” plan based on key elements that have emerged from therapy, and have been identified as part of their prior experience	
An ability to identify and incorporate any changes that the client plans to make after therapy and that are relevant to the plan	
An ability to work with the client to make sure that the plan is written in their own words, has an appropriately constructive tone, and identifies the key elements they wish to keep in place after therapy	

RELAPSE PREVENTION

An ability to discuss with client how they might use the staying well and coping plans after completion of therapy, and to trouble shoot any potential challenges
An ability to consider with the client whether a small number (e.g. 2-4) of periodic booster sessions are likely to be beneficial in optimising clinical outcomes over the longer term
An ability to support clients in application of staying well and coping plans, to increase the use of health promotion strategies and to detect and address early warning signs of relapse

ENDING THERAPY

An ability to collaborate with the client in working towards a planned ending on therapy, based on completion of work on shared therapy goals
An ability to summarise progress in therapy through shared accounts of mood experiences, agreed therapy formulation and staying well and coping plans
An ability to collaborate with the client on whether sharing of staying well and coping plans with family members/clinical professionals is appropriate, and where this is agreed to negotiate with client on how this information should be shared and with whom