



Advanced Dialectical Behavior Therapy for Bipolar Disorder

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DESCRIPTION

Bipolar Disorder (BD) is defined by a pattern of relapsing and remitting manic, hypomanic, depressed or mixed episodes, with lingering symptoms and mood changes between episodes. The cyclical changes in mood episodes generate severe interpersonal strain and contribute to increased morbidity and patients with bipolar disorder generally get medication to help them manage their disease. Notwithstanding these breakthroughs in pharmacotherapies, remission and recovery rates remain low. Despite excellent treatment approximately half of patients in certain long-term studies developed recurrences. It was developed to treat Borderline Personality Disorder (BPD), but it has now been adapted to address a variety of other mental health issues. It can benefit persons who struggle with emotional regulation or engage in self-destructive behaviors. This form of therapy is also utilized to treat Post-Traumatic Stress Disorder (PTSD) in some cases. Because of the limitations of pharmacotherapy, there is a growing interest in the creation and application of particular psychotherapies. Numerous well-known psychotherapy protocols, including Family Focused Therapy (FFT), Cognitive Behavior Therapy (CBT), psychoeducation and interpersonal and social rhythm treatment, have been investigated in bipolar disorder. When paired with medicine all three psychotherapies produced equal response rates in the large-scale randomized Systematic Therapy Enhancement Program for Bipolar Disorder (STEP-BD) research.

Psychoeducation has also been demonstrated to minimize recurrence of episodes, length of hospitalization, and treatment adherence. Despite the data supporting their efficacy in BD, these psychotherapies remain second- and third-line options in regional and international treatment guidelines, and they are underutilized. The development of mindfulness abilities is a key benefit of DBT. Dialectical Behavior Therapy (DBT) is a

modular and hierarchical cognitive therapy that is part of the 'third wave' of cognitive therapies. It was created to treat the difficult-to-treat borderline personality disorder, but it has since been used to treat a variety of mental diseases. Individual psychotherapy, group skills training, on-call telephone coaching, and sessions are all part of the programme. The purpose is to build skills that increase mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance through the use of a combination of cognitive and behavioral methods. DBT's flexibility allows for the adoption of individual components for specific therapeutic populations.

While DBT was developed to treat Borderline Personality Disorder (BPD), several symptoms of BPD and bipolar disorder overlap, such as mood instability, impulsive behaviors, and suicidality, which can be mood state dependent. It may be used to help people with bipolar disorder become more aware of their mood fluctuations, improve symptom awareness, and potentially encourage earlier support-seeking prior to the onset of a mood episode.

The following stages are involved:

- **Stage 1:** At the start of treatment, the most problematic and self-destructive behaviors are addressed first. Self-injury and suicidal behavior are examples of such difficulties.
- **Stage 2:** Following that, treatment focuses on factors that affect a person's quality of life, such as interpersonal effectiveness, emotional regulation abilities, and ability to tolerate distress.
- **Stage 3:** The following phase is to concentrate on concerns of self-esteem and interpersonal connections.
- **Stage 4:** At this point, treatment focuses on assisting patients in making the most of their lives, such as finding ways to feel greater enjoyment, develop relationships, and achieve life goals.

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