

Cognitive-Behavioral Therapy to change cognitive distortions among adolescents with Bipolar II Disorder

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Abstract

Bipolar II disorder is a mood disorder characterized by extreme changes between the hypomanic period and depressive period. Hypomanic is a period that takes at least four days where a person experiences a high mood, excited, energetic, and impulsive conditions. However, hypomania does not reach the level of severe manic as in bipolar I. Meanwhile, the depressive period is characterized by feelings of sadness, hopelessness, loss of interest in activities involvement, and other depressive symptoms. Individuals with bipolar II experience significant mood swings between hypomania and depression. The purpose of this study is to see the effectiveness of cognitive behavioral therapy by reducing the symptoms of bipolar II disorder among adolescents. The subject of the study is a 16-year-old female. The assessment method used clinical interviews, observations, and psychological test tools. The intervention used cognitive-behavioral therapy. The results of the study have showed that there is a decrease in cognitive distortion and awareness in recognizing the mood changes to anticipate more extreme mood swings.

Keywords

Adolescents, bipolar II, mood, cognitive-behavioral therapy

Introduction

Bipolar II disorder or also known as hypomanic depression is one of the disorders related to mood condition. This mental health condition is a disorder which characterized by significant mood swings and often occurs in extreme ways. The changes involve two episodes with different poles, namely hypomania (energetic and passionate moods periods) and depressive episodes (deep sadness and despair periods) ([American Psychiatric Association, 2013](#)).

Bipolar II may occurs in various ages. In general, there are two onset periods of bipolar II disorder, namely: Early Onset, where the first onset occurs in childhood or adolescence; and Later Onset, where the first symptoms appear in late adolescence or early adulthood. Previous research has found that the average age of onset was at the age of 18 years who met the criteria for bipolar disorder with the score of 11.75 (SD = 2.96). The findings above are one of the earliest onsets in bipolar disorder when compared to the average age of teenagers with depressive disorder ([Lewinsohn et al., 1995](#); [Merikangas et al., 2007](#)).

Bipolar II disorder is characterized by episodes of major depression and hypomania. Hypomania is a form of mild mania and usually does not interfere with activities and daily life significantly. It is different from individual usual mood and can be recognized by surroundings ([American Psychiatric Association, 2013](#)). In Bipolar II, there are two moods that are extremely-inversely proportional, namely hypomanic and depression states. The main symptoms of hypomanic condition are increased energy or excessive activity which poorly affect the physical and mental health of the individual ([Grande et al., 2016](#); [McIntyre et al., 2020](#); [Miller, 2016](#); [Vieta et al., 2018](#)). Meanwhile, the main symptom of depression is

feeling sadness, emptiness, and worthless resistively. These conditions may affect individual mental and physical health activities ([Lam, 2018](#); [LeMoult & Gotlib, 2019](#)).

Bipolar II disorder like other mental conditions, it has risk factors from several combinations of factors such as genetic, biological, psychological, social, and developmental states. Several factors may increase the possibility of bipolar II disorder, such as: 1) Descent; 2) Stressed life; 3) Substance (drugs) abuse; 4) Neurological factors; 5) Medical records; and 6) Childhood difficulties or trauma ([Rowland & Marwaha, 2018](#)). The impact of bipolar is categorized into two aspects, internal and external impacts. The internal impact causes individuals with bipolar to experience extreme mood fluctuations, both hypomanic mood and depression. These extreme mood swings can have negative impacts, such as uncontrolled mood disorders, anxiety, fear, fear of stigma, sleep disorder, and decline on cognitive function ([Alloy et al., 2020](#); [Shapero et al., 2017](#); [Wong et al., 2017](#)). Meanwhile, the external impact may affect interpersonal, work, and social life relationships.

An individual with bipolar symptom will ruin her work and social life, specifically when she encounters financial problems, legal conflicts, and poor communication at work or education ([Eliason, 2023](#); [Fovet et al., 2015](#); [Gergel & Owen,](#)

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2015; Richardson et al., 2018). Based on the impacts above, the researcher considers important to conduct this study since an individual with bipolar must receive the best treatment in order to improve understanding and treatment for bipolar in general.

There are several psychotherapies that can be used by individuals who experience bipolar II disorder, such as Interpersonal Therapy (IPT), Psychoeducational Therapy, Interpersonal and Social Rhythm Therapy (IPSRT), Group Therapy, and Cognitive-Behavior Therapy (CBT) (Miziou et al., 2015; Nezu et al., 2015; Novick & Swartz, 2019; Oud et al., 2016; Vieta et al., 2018). One of the psychotherapies that can be given to bipolar II individuals is Cognitive-Behavior Therapy (CBT) (Novick & Swartz, 2019). Previous studies have shown that CBT can be more effective in treating or delaying relapses in individuals with bipolar disorder than other treatments. It appears to be effective in individuals who have up to 12 episodes but less effective in individuals who have more than 12 episodes (Scott et al., 2006).

The purpose of this study is to see the effectiveness of CBT therapy in changing the cognitive distortions experienced by the subjects or individuals and to evaluate the effect of CBT on Bipolar II symptoms. The evaluation of the effect is to investigate whether CBT has a positive impact on bipolar II symptoms in general or whether there are any challenges that exist from CBT during the implementation in patients with bipolar II.

Method

Assessment

The assessment methods used are 1) Clinical interview aims to obtain in-depth information on complaints, behavioral conditions, symptoms related to the problems experienced by the subject or client. Clinical interviews can also be used to provide a diagnosis that is appropriate to the subject's condition and can be a determinant factor of the intervention; 2) Observation aims to obtain specific data related to the behavior of subjects during the assessment; 3) Psychological test tools include the Wechsler Adult Intelligence Scale (WAIS) test, graphic tests in the form of BAUM, Draw a Person (DAP), House Tree Person (HTP), Sack Sentence Completion Test (SSCT), and Children's Depression Intervention (CDI) aiming to obtain psychological conditions such as cognitive, personality, and affective conditions before, during, and after experiencing the problems.

Case Presentation

The client is the first child of two siblings, female, aged 16 years old. The client lived with her grandmother since she was six years old while her parents worked out of town. During spending time together at home, the client frequently witnessed her father and mother were in arguments. The worse thing happened was the mother often threaten to commit suicide or injure herself while fighting with her father. When she turned seven, her parents divorced. At this moment, she experienced deep sadness and lost the figure of mother and father at a very young age. After her parents divorced, she lived with her grandmother in Malang City.

In elementary school and junior high school, the client admitted to being bullied by her friend because of her cold attitude and broken home issue. She often felt loneliness and nobody wanted to be her friends. When she was in second year of senior high school, she frequently injured herself by peeling lips skin. This condition happened because her father married again without telling her before.

In July 2022, the client participated as a portmanteau of Flag Hoisting Troop (PASKIBRA) in Malang City. Due to heavy activities, however, the client experienced typhoid and gastric infections which resulted in the client being dismissed from PASKIBRA Malang City. The PASKIBRA committee gave a letter of dismissal to the client's grandmother. Since her sick condition, the grandmother did not inform dismissal issue and worry about her condition getting worse. When the client was about to practice PASKIBRA, the client was finally escorted back home and said that she had been dismissed by the committee due to her physical condition. As a result, she felt sad and locked herself in the room. After that, the client did not want to go to the school for a week.

The sadness felt by the client is also added negative thoughts. The client almost got a student exchange scholarship to the United States, but the client preferred to take PASKIBRA due to its prestige achievement. After returned to the school, the client was bullied, shunned and scolded as a person who embarrassed the school. This happened because the client was expelled from PASKIBRA. The bullying also occurred by using a phone where a senior client at PASKIBRA school said that she embarrassed the school's name. This made the client feel even more sad and end up often skipping school. The client also finally asked the grandmother to transfer the client to another school because she could no longer stand it. However, since the client was an outstanding student with high achievement, the school party defended her. Finally, the counseling guidance teacher (BK) and the deputy principal recommended the client to meet professionals.

When the client feels sad and empty, the client performs an impulsive action in the form of self-harm by cutting the wrist using a cutter. It makes the client feeling calm down and relieve the pain. The depressive mood swings can last up to 2 weeks. After the client's grandmother found out that the client had cut her wrist, the client was finally taken to the hospital to be given a tetanus injection. In addition, the client also showed behaviors, such as being excessively tired even though she has rested so that the client spent a lot of time in her rooms or sleeping in class. This has a bad influence on client activities both at home and in the classroom.

Afterwards, the passionate mood and energy experienced by the client are significantly and exaggerated. When an excited mood arises, the client can do activities such as exercising again. The client who was previously lazy and reluctant to talk to their friends become more talkative and want to make small talk. The client can also carry out tasks well and understand the lessons well. The need for sleep has also become less, the client went to bed at 1 or 2 a.m. and wake up again at 5 a.m. However, the client did not feel tired except for the feeling of tiredness from their activities at school.

The client also become more confident and expressive at the time of presentations at school. The client also become interested in registering as a volunteer. The client also become more active in shopping on one of the online shopping

platforms. The client usually bought necessities and told her grandmothers about it. However, when the excited mood appeared, the client can buy things that are not actually needed. The mood swings full of energy and enthusiasm experienced over the week in the client do look positive, but on the other hand she also become impulsive due to excessive activity and lack of rest time which can be a risk to the client's health.

A few days before October 26, 2022, the client again felt sad and made herself discouraged. This is because the client remembered the words of her father who said that it was possible that she would not be able to continue her education at the college level. This is because of uncertain financial condition and he tells her to work later in the Jakarta City. The client's father also said that her grandmother would not be by his side forever. This became the basis for his father to tell her to be independent and work later. Until now the client is funded by her uncle by providing monthly money. She always felt very lonely if she thought that her grandmother would die. She also thought that her grandmother is the one who always accompanied her until now. In the early November, the client again carried out impulsive behavior by cutting her wrist. The trigger was that the client quarreled with her close friend while she was working in a group class discussion. As a result, the client did not go to school and commit self-harm behavior.

Diagnosis

Based on the description of the case and the results of the assessment, the diagnosis is established on the client based on the DSM-V with the diagnostic criteria 296.89 (F31.81) Bipolar II. The client shows symptoms characterized by (a) Depressive periods that last for a week or more such as feeling very depressed, sad, irritable, hypersomnia, and self-injury by cutting the wrists, (b) Hypomanic periods that last for a week or more which are characterized by an extreme increase in energy so that they can participate in more than one activity without quality rest, lack of sleep (2-3 hours/day) without feeling tired, talking more than usual to unknown person, self-confident, interacting excessively, the emergence of flight of insight such as making video content inviting volunteers to areas outside Malang, making English content on social media, (c) Depressive or hypomanic episodes experienced by the client do not appear due to the physiological effects of substance use or other medical conditions, (d) The absence of manic episodes, (e) The episode that does not relate to schizoaffective, schizophrenia, schizophreniform, delusional, or spectrum of specific or non-specific schizophrenia, and other psychotic disorders; and depressive or uncertain symptoms due to the alternation between depression and hypomania periods affecting clinically significant impairment in the area of social functioning and school.

Prognosis

The prediction of successful intervention is considered good. This can be seen from the client's seriousness during expressing her desire and participation in the implementation of the assessment solve the problems. The client is disturbed by the mood swings experienced and has a fear of returning to self-harming behavior or there is a fear of suicidal thoughts.

In addition, the client has an awareness of good support system from the client's grandmother who is cooperative in conducting assessments and interventions to be carried out. The support system plays an important role such as providing support to the client in therapy that is carried out financially and emotionally so as to affect the success of the intervention implemented.

Intervention

The target of the intervention given to the client is to reduce bipolar symptoms in a depressive mood in the form of self-harm, life motivation, and solving the problems by changing the cognitive distortions and practicing clear or positive thinking towards the cognitive distortions possessed by the client. In certain situation, the client has problems and she does self-harm by injuring herself. She is overthinking all the time. Self-management therapy will be given as a behavioral assignment to strengthen previous cognitive therapy so that the client can be more aware and sensitive to the mood of the client. Cognitive-behavioral therapy itself is an intervention based on cognitive and behavioral theory that targets changes in individual behavior (Clark & Beck, 2012).

Cognitive-behavioral therapy is a psychotherapy with fairly high evidence-based, this is because many studies have proven that cognitive-behavioral therapy can be used in overcoming various psychological problems, one of which is mood disorders such as depression and bipolar which results in individuals behaving maladaptive such as self-harm. In the research conducted by Paramitayani (2022) suggested that CBT can reduce negative thoughts in individuals who have mood and emotional disorders that tend to be unstable and reduce self-injurious behaviors.

At the cognitive therapy stage, the client will be given cognitive restructuring therapy to change the cognitive distortions that the client has to be more adaptive. In cognitive restructuring, the client will learn to be able to (1) identify negative thoughts that occur in the client, (2) identify the relationship among behavior, emotions, and thoughts so that the client has an understanding related to the problems, (3) practice to produce more positive and rational thoughts (Clark, 2013). Cognitive restructuring method in the research of Indayani (2016) showed positive results to reduce the level of cognitive distortion on the individual with depression. Cognitive behavior therapy is more likely effective to diminish the frequency of self-harm among adolescents and early adolescents (Kaess et al., 2019).

CBT integrates between cognitive and behavioral therapies. The behavioral therapy that will be used is a self-management technique. Self-management is a technique based on learning theory designed to help clients control and change their own behavior towards more effective behavior with one strategy or a combination of therapeutic strategies (Cormier & Cormier, 1985). Self-management includes self-monitoring, positive reinforcement or also called self-reward, self-contracting, and stimulus control (Singgih, 2011).

Intervention stage with cognitive-behavioral therapy in clients with Bipolar II disorder:

Session I: Explaining the problems and interventions to be carried out. In this session, the practitioner explained what

problems the client is currently facing and explained what causes are factors for the client to behave and feel afterwards.

Session II: Relaxation exercises. This session aims to teach a technique to the client, namely progressive muscle relaxation techniques. The relaxation technique is the beginning of the next therapy in order the client can feel relaxed, calm, and comfortable. This technique can be done by the client herself when dealing with a condition that makes the client feel sad, worthless, or angry.

Session III: Identifying negative thoughts. This session began by inviting the client to carry out advanced-progressive muscle relaxation exercises. Then, the session continued by inviting the client to identify the negative thoughts possessed by the client leading to the problems experienced, namely extreme mood swings. Then the client is also informed of the understanding and benefits of identifying the negative thoughts. The purpose of this session is to identify her negative thoughts.

Session IV: Explaining the dynamics among behavioral, emotional, and cognitive problems. The target will be achieved in this session if the client can realize that negative thoughts will arise when the client feels sad, empty or excessively angry. The client initially said that the events that made her sad and angry caused committing self-harm. After discussion session, the client finally realized that the reasons behind committing self-harm, absent in the class, and locking herself in the room as well as emotions such as anger, sadness, emptiness. These conditions are the result of cognitive distortions that are possessed and have a causal relationship among behaviors, emotions, and cognitive states.

Session V: Training to turn negative thoughts into more positive thoughts. The client is asked to think positively. In this session, the client responds by mentioning positive thoughts such as "people are in a bad mood", "I have a future that I have to work on", and "sharing thoughts with friends and exercise can be an outlet for my negative emotions". By thinking positively, the client may reduce negative behaviors and emotions.

Session VI: Evaluation of positive thinking tasks in daily life. Regarding tasks given in the previous session, the client is able to do the cognitive restructuring task so that she gets positive results of being quite during three days. In this session, the client is asked to convey related to the development of the tasks and obstacles while facing negative thoughts.

Session VII: Self-management. In this session, the client is given an understanding and planning related to the tasks that will be carried out later, such as self-contracting, self-monitoring, and stimulus control. In this behavioral task, the client is also required to fill out a daily mood chart. Thus, the client can be more sensitive to the mood and prevent extreme mood swings.

Session VIII: Evaluation of self-management task. This session begins with asking questions related to the progress of the tasks carried out by the client and asking the client to share challenges or difficulties while performing the tasks. Then, the client is given the opportunity to share her experiences and feelings during the intervention session.

Session IX: Psychoeducation, evaluation, and termination. The session begins with providing an evaluation related to the achievements that the client has achieved during the intervention until this session. Furthermore, the client is also asked to share the challenges during intervention. After that, the client is asked share positive things after intervention session. Furthermore, the client is asked to continue the techniques that have been taught in her daily life. Then, psychoeducation was carried out in the café located in UMM Hospital on the 2nd floor to the client's grandmother as the guardian. It aims to provide knowledge and information related to the client's condition. The grandmother is expected to spend more time together with the client by giving moral supports. The school counseling guidance and homeroom teacher of the client also help to deal with her problems. In addition, if the grandmother feels her condition is getting worse, professional treatment in UMM hospital is advised.

Session X: Follow-up. This session aims to investigate the extent of the success of the intervention carried out on the client. This session was conducted 14 days after the previous session. The client responded that she has succeed from the intervention and were able to maintain positive thoughts better.

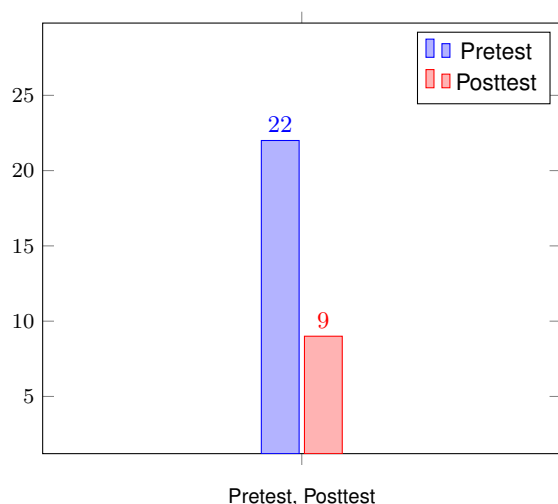
Results and Discussion

Results

The results of cognitive behavioral therapy interventions can effectively lower cognitive distortions in individuals with bipolar II disorder. The cognitive behavioral therapy procedures provided are with progressive muscle relaxation techniques, cognitive restructuring, and self-management. The results of this intervention allow the client to gradually reduce the negative thoughts that cause the client to re-enter the depressive episode. During encountering depressive episode, the client performs negative behaviors, such as cutting the wrist and skipping school. During the intervention session, the client is able to relax with progressive muscle techniques independently. This helps clients to lower anxiety and relieve anger in order to control her thoughts and emotions more positively. The changes are seen within a week when the client is in a depressive episode. The time starts from the assessment session to the end of the intervention. In the first week, the client commits self-harm 3 times a week. In the last week, the client does not commit any self-harm. This can happen since the client is in a hypomanic episode so self-harm behavior does not appear at all.

By giving self-management tasks in the form of filling out daily mood charts, the client seems to be able to better understand and be sensitive related to the mood she has, as well as the causes of these moods and how she overcome. This is seen from the assignment that has been given for 1 full week to the client which shows the client seems to be able to write down what she feels, why she feels it, and how she overcomes it.

The initial process that the client follows in this intervention is cognitive restructuring. The client is able to identify, map, and mention negative thoughts that often arise related to their problems. The client is able to identify the emotions and behaviors that arise immediately that are present in the



Gambar 1. Change in depression rate based on CDI Scale

client's mind. Then the client can provide a percentage level of confidence in the negative thoughts that arise. In the next session, the client is able to understand the dynamics between negative thoughts that can affect the emotions and behaviors that the client experienced. The client shows a change in understanding the dynamics of the problems experienced by the client. The client can understand and have insight that the problem experienced by the client is bipolar II disorder caused by cognitive distortions that ultimately affect the client's emotions and behaviors.

In the next session, the client is able to cultivate positive thoughts which will later be used to replace the negative thoughts that arise when the client is faced with a difficult situation and can make her sad or angry. In the first positive thought, the client can replace his negative thoughts by believing that maybe the other person's condition is not good. She stays away from herself. In the second positive thought, the client believes that she has his own destiny and path that she must strive for and achieve. In the third positive thought, the client believes that sharing and exercising can be an outlet for the negative emotions. In this session, the client can also measure the emotions and behaviors that will arise if she can think positively.

The results of the evaluation generally show that the negative thoughts decrease and affecting to be quite and relax. In addition, the client can finally understand and be more sensitive to the mood she has, how she can feel the mood, and how she deals with the mood.

Based on the results of the Children's Depression Inventory posttest scale, there was a decrease in the level of depression experienced by the client with a score of 9 categorized as normal condition. The normal category indicated that the client experiences some mild depressive symptoms, but the symptoms are generally not severe or sufficiently diffuse. This showed a significant change when viewed from the results of the CDI scale pretest which previously had a result of 22 which means that the client has the possibility of experiencing a depressed mood for the age of 20 years. This decrease suggested that the client after receiving CBT interventions may still occasionally experience feelings of sadness, dissatisfaction, or other depressive symptoms. However, these symptoms are relatively mild and do not meet

the criteria for diagnosing clinical depression. In accordance with the results of the pre-post obtained, it can be seen that the symptoms of depression experienced by the client can be said to be decreasing.

Discussion

Bipolar II disorder is a disorder characterized by mood swings and extreme changes in the energy levels of the individual (Nevid et al., 2018). The intervention used to treat the case of a client with bipolar II disorder is to use cognitive behavioral therapy (CBT). CBT therapy itself has been proven to be able to overcome the problems of individuals with bipolar disorder and obtained the result that the provision of a daily mood chart is able to make individuals more sensitive to their mood and can be an early detection in experiencing manic, hypomanic, and major depressive episodes (Yosioanto, 2013). This is in accordance with the results obtained in this intervention where the client is able to recognize and be more sensitive to the mood she has every day, know the cause, and how she should respond or cope with his mood at that time.

Cognitive restructuring interventions also provide a positive influence where the client can lower their negative thoughts by turning them into more positive thoughts. It is in accordance with Clark (2014), cognitive restructuring can lower negative thoughts about loss, failure, hopelessness, and self-worthlessness in individuals. In the case study, CBT was successfully used to reduce the negative thoughts that three clients had in their research so as to reduce the depression score at the time of the depressive episode of the three clients (Kimura et al., 2020).

Duggal (2019) in his research stated that self-management, which is an intervention stage in CBT, can help individuals to regulate, manage, solve, and find their own solutions to their behavior (Dobson & Dobson, 2018; Rudd et al., 2015). The effectiveness of self-management as a behavioral therapy technique in treating and reducing depressive symptoms is considered good. During periods, individuals can get used to regulating and controlling behaviors that appear when they are in a major depressive episode. This is in line with the results produced by the client where she becomes sensitive to his mood and finds his own solution to the mood experienced so that the client avoids depressive or hypomanic episodes.

However, this intervention could not be measured directly related to the client's change in self-harm behavior. It occurred due to the appearance of these behaviors in major depressive episodes experienced by the client. To measure self-harm behavior in clients with bipolar II disorder takes a relatively long time when the depressive episodes experienced are unpredictable. This makes limitations in terms of intervention measurement which can only provide changes in terms of cognitive distortion and give rise to the client's skills in understanding and identifying mood and how to cope so that the client can be more sensitive to mood which can be an initial identification before the client can experience hypomanic episodes or depression.

Conclusion

Cognitive behavioral therapy is effective in lowering cognitive distortion in individuals with bipolar II disorder. The results of the intervention can make the client able to control the

mind and provide the skills to know and be more sensitive to the mood of the client. Changes in the client themselves are achieved gradually, starting with relaxation exercises to help the client be more relaxed dealing with her problems. Followed by cognitive restructuring, it is used to train the clients to be able to think positively with situations and conditions that can cause clients to be too sad or angry. Then it is followed by behavioral therapy using self-management techniques to familiarize the clients with understanding and sensitivity to mood as a form of mood identification in order to prevent the clients from experiencing hypomanic episodes and depression again.

The client is recommended to professionals such as psychologists at UMM Hospital if the client's grandmother as the client's guardian feels that the client is experiencing the same problem again or even worse. This is due to the condition of the client who experienced Bipolar II and the relatively short therapy sessions given during the practicum process.

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