

# Psychotherapy: How it Works and How it Can Help



Psychotherapy (also known as talk therapy) can be an important part of treatment for depression or bipolar disorder (manic depression). A good therapist can help you cope with feelings and symptoms, and change behavior patterns that may contribute to your illness.

Talk therapy is not just “talking about your problems”; it is also working toward solutions. Some therapy may involve homework, such as tracking your moods, writing about your thoughts, or participating in social activities that have caused anxiety in the past. You might be encouraged to look at things in a different way or learn new ways to react to events or people.

Most of today’s psychotherapy is brief and focused on your current thoughts, feelings and life issues. Focusing on the past can help explain things in your life, but focusing on the present can help you cope with the present and prepare for the future. You might see your therapist more often at the beginning of treatment, and later, as you learn to manage problems and avoid triggers, you might go to psychotherapy appointments less often.

Psychotherapy can help you:

- Understand your illness
- Define and reach wellness goals
- Overcome fears or insecurities
- Cope with stress
- Make sense of past traumatic experiences
- Separate your true personality from the mood swings caused by your illness
- Identify triggers that may worsen your symptoms
- Improve relationships with family and friends
- Establish a stable, dependable routine
- Develop a plan for coping with crises
- Understand why things bother you and what you can do about them
- End destructive habits such as drinking, using drugs, overspending or unhealthy sex.



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## Who provides talk therapy?

Your therapist may be a psychiatrist (MD), psychologist (PhD, PsyD, EdD, MS), social worker (DSW, MSW, LCSW, LICSW, CCSW), counselor (MA, MS, LMFT, LCPC), or psychiatric nurse (APRN, PMHN).

Your ability to talk honestly and openly with your therapist, set clear goals and make real progress is important. Think of your relationship with your therapist as a partnership. The two of you will work together to help you feel better. You do not need to feel ashamed or embarrassed about talking openly and honestly about your feelings and concerns.

## How do I get started?

Make a list of the things that are bothering you and the issues you would like help with. Bring it with you to your first appointment. You might include:

- Issues in your family or other relationships
- Symptoms like changes in eating or sleeping habits
- Anger, anxiety, irritability or troubling feelings
- Thoughts of hurting yourself

In your first few sessions, you will probably do most of the talking. You should tell the therapist why you are there and what you would like to get from therapy. Make a list of short- and long-term goals with your therapist at the beginning of treatment. After a few sessions, your therapist may be able to give you an idea of how long therapy will take and when you can expect to see changes in your moods.

## How will I know if I'm making progress?



After some time has passed, check the list and see if you're closer to reaching your goals. It may be helpful to track how you feel each day and how you cope with difficult situations.

Review your progress with your therapist. Improvement won't happen overnight, but you should see some change, even if it's just a better understanding of your own thoughts and feelings. It is also helpful to learn everything you can about depression and bipolar disorder and their treatments. Visit DBSA's website at [www.DBSAlliance.org](http://www.DBSAlliance.org), and check your local library for other books and reference materials.

## What if I'm not making progress?

If, after some time, you don't begin to feel some relief, you have a right to seek a second opinion (as you would with any illness) from another therapist or mental health professional. You have a right to have the best treatment possible, and you *can* feel better.

## What type of therapy is best for me?



There are many types of talk therapy and most therapists use a combination of approaches. Behavioral therapy concentrates on your actions; cognitive therapy focuses on your thoughts; and interpersonal therapy looks at your relationships with others. Your loved ones

may join you in sessions of family or couples therapy. Group therapy involves several, usually unrelated people working with the same therapist and each other. One approach is not necessarily better than another – the best choice is the one that works best for you.

## What are some therapies commonly used for depression or bipolar disorder?

**Interpersonal therapy (IPT)** was originally developed to treat depression. It has since been adapted for bipolar and other disorders. It is time-limited and goal-oriented, and addresses a person's symptoms, social relationships and roles. IPT focuses on what is happening "here and now" and attempts to help a person change, rather than just understand his or her actions and reactions. The patient and therapist examine current and past relationships. IPT does not focus on unconscious or subconscious motivations, wishes or dreams. It looks at conscious, outward action and social adjustment. It does not try to change the personality, but rather to teach new skills that can lessen symptoms.

An IPT therapist is an active supporter of the patient on the wellness journey. The therapist does not assign homework, but may encourage a patient to engage in social activities. The therapist helps the patient review his or her symptoms and relate these symptoms to one of four

things: grief over a loss, conflicts with others, changes in life status such as moving or changing jobs or isolation/ lack of social skills. The therapist and patient then work through specific situations, one by one, to relieve symptoms and stress.

**Cognitive-behavioral therapy (CBT)** combines cognitive therapy, which involves examining how thoughts affect emotions, and behavioral therapy, which involves changing a person's reactions to challenging situations. CBT is goal-oriented and works best when the patient takes an active role. One aspect of CBT helps a person recognize the automatic thoughts or core beliefs that contribute to negative emotions. The therapist helps the person see that some of these thoughts and beliefs are false or don't make sense and helps the person change them. Types of automatic thoughts may include focusing on one negative idea (an unkind person) and applying the negative quality to everything (the human race in general); viewing things as "all good" or "all bad"; or applying labels such as "loser," "no good," or "worthless." Types of core beliefs may include, "I have to succeed at everything"; "Everyone has to love me"; "It's a disaster if things don't go the way I plan or expect"; or "I can't change the miserable way I am."

The behavioral aspect of CBT takes place after a person has a more calm state of mind. The person can then take actions that help him or her move closer to planned goals. For example, if depression has caused someone to withdraw from life, that person may be encouraged to participate in hobbies or spend time with friends. Or a person may be gently coached, under supervision, to confront situations, things or people that cause fear or panic. Through practice, a person learns new, healthier behaviors.

With CBT, the therapist assigns homework. It may include journaling, reviewing notes or tapes of the therapy session, or trying a new approach to an old problem. There may also be exercises to make a person more aware of his or her own thoughts and actions without judging them.

The most important parts of any type of therapy are partnership, communication, goals, collaboration, trust, understanding and action. Successful therapy can help a person change thoughts, beliefs, perceptions, actions and moods for the better.

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## Short-term goals for therapy:

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## Long-term goals for therapy:

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## Questions to ask my therapist:

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## How will I know if I'm feeling better?

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## Can I involve my loved ones in treatment? If so, how?

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**Depression and Bipolar  
Support Alliance**

**We've been there.  
We can help.**

**The Depression and Bipolar Support Alliance (DBSA)** is the leading patient-directed national organization focusing on the most prevalent mental illnesses. The organization fosters an environment of understanding about the impact and management of these life-threatening illnesses by providing up-to-date, scientifically-based tools and information written in language the general public can understand. DBSA supports research to promote more timely diagnosis, develop more effective and tolerable treatments and discover a cure. The organization works to ensure that people living with mood disorders are treated equitably.

Assisted by a Scientific Advisory Board comprised of the leading researchers and clinicians in the field of mood disorders, DBSA has more than 1,000 peer-run support groups across the country. Over four million people request and receive information and assistance each year. DBSA's mission is to improve the lives of people living with mood disorders.

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### **Depression and Bipolar Support Alliance**

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This brochure was reviewed by Robert N. Golden, M.D., Vice Dean of University of North Carolina School of Medicine and Ken Heideman of DBSA Boston.

DBSA does not endorse or recommend the use of any specific treatments or medications for mood disorders. For advice about specific treatments or medications, individuals should consult their physicians and/or mental health professionals.