

In order to provide comprehensive and individualized care the following services are provided within each treatment setting:

Treatments

- Interpersonal and Social Rhythm Therapy (IPSRT)
- Cognitive-Behavioral Therapy for Bipolar Disorder (CBT-BP)
- Supportive Psychodynamic Therapy for Bipolar Disorder (SPT-BP)
- Family-Focused Therapy (FFT)
- Cognitive Retraining
- Anger Management
- Medical Psychology treatment for psychological complications of co-occurring medical conditions such as diabetes and migraine headaches

Assessments

- Structured Clinical Interview for the DSM-IV-TR (SCID)
- Personality Assessment
- Neuropsychological and Cognitive Assessment
- Forensic/Psycholegal Evaluations
- Career Testing

Services

- 360 Concierge Care (Inpatient, Residential, Outpatient Comprehensive Care)
- Emergency Psychological Services (Suicide, Homicide, Psychosis)
- Alternative Sentencing
- Expert Witness Testifying
- Disability Evaluations

Concierge care encompasses highly individualized treatment specifically designed for each patient. Patients receive thorough assessments, diagnostic evaluations, and personalized treatment plans. The lead Clinical Associate assembles and manages a team of psychologists and other professionals with specialties in medicine, health care, law, and other skill sets so as to provide specific services to optimize each patient's particular needs.

TAPA Clinical Associates provide a wide range of specialty services spanning inpatient, residential treatment center (RTC), and outpatient settings.

Inpatient Services

Clinical Associates are on call 24 hours a day, 7 days a week, 365 days a year to handle psychiatric crises and emergencies. We will assist in managing emergent situations over the telephone and arrange to admit patients to the hospital from anywhere in the United States and throughout the world. TAPA Clinical Associates have co-attending privileges at two distinguished hospitals in the Los Angeles area. Once the patient is admitted, the TAPA Clinical Associate will coordinate the patient's care and act as the case manager throughout their stay. The patient's course of treatment, type of treatment, and the patient's discharge will be integrated by the TAPA Clinical Associate. Upon discharge from the hospital the patient may transition to an RTC or outpatient care.

Residential Treatment Services

TAPA Clinical Associates have established collaborative relationships with many RTCs in the Los Angeles metropolitan area. When a patient is appropriate for RTC level care, the TAPA Clinical Associate will admit the patient to the RTC, coordinate with the RTC regarding the patient's care, and continue to provide psychological services throughout the patient's stay at the RTC. Upon the patient's discharge, the Clinical Associate continues to provide ongoing outpatient care and manage the patient's treatment at our outpatient offices, or refer the patient to his or her home community for further treatment as is appropriate.

Outpatient Services

Clinical Associates provide comprehensive outpatient treatment for patients who will never need treatment in a hospital or residential treatment center. While each TAPA Clinical Associate has a core competency in treating dual diagnosis patients, Clinical Associates also treat patients who have no history of chemical dependency. Each Clinical Associate also has unique specialty skills. As such, TAPA offers an extremely wide array of treatment modalities for virtually all psychological and psychiatric conditions.

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THE ARROYOS™



PSYCHOLOGICAL ASSOCIATES, INC.

A Concierge Psychological Practice Specializing in Dual Diagnosis



BIPOLAR DISORDER

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The Arroyos™ Psychological Associates

The Arroyos™ Psychological Associates (TAPA) is a concierge group of clinical psychologists with a core competence in treating dual diagnosis patients and their families. Each TAPA Clinical Associate also has additional clinical specialty skills. TAPA offers an unparalleled professional team approach that provides an integrated, collaborative, and comprehensive treatment plan for each patient.

Bipolar Disorder

Bipolar Disorder is a condition in which the individual has at least one lifetime manic episode. A manic episode is a distinct period of elevated, expansive, or irritable mood lasting several days during which several of the following symptoms also occur:

- Inflated self-esteem or grandiosity
- Decreased need for sleep
- Racing thoughts (rapid thoughts going through the person's mind)
- Pressured speech (rapid speech)
- Distractibility (mind jumping from topic to topic)
- Increased goal directed activities (work, school, housework, new projects) or agitated behavior (restlessness, pacing about)
- Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g. drugs, sex, spending, gambling)

Bipolar patients also frequently have episodes of major depression lasting two weeks or longer during which several of the following symptoms occur nearly every day:

- Feeling sad, blue, depressed, “down in the dumps”
- Loss of pleasure or enjoyment in usual activities
- Insomnia or excessive sleeping
- Weight loss or gain, decreased or increased appetite
- Problems with attention, concentration, or decision making
- Feeling tired and worn out during the day, most of the day
- Physically dragging about most of the day, or excessive restlessness or agitation
- Feeling worthlessness, or excessively guilty
- Preoccupation with death, suicide plans, or a suicide attempt

Most Bipolar patients have many more depressive episodes than manic episodes, making it easy to confuse the diagnosis of Bipolar Disorder with Depression. In fact, patients with Bipolar Disorder may have been in the health care system for 10 or more years before being correctly diagnosed. Two-thirds of Bipolar patients have at least one other co-occurring psychiatric disorder such as an Anxiety Disorder, ADHD, an Eating Disorder, or a Substance Use Disorder. Correct diagnosis is essential for proper treatment.

Dual Diagnosis

It is estimated that as many as 60% of Bipolar patients have a co-occurring substance abuse problem at some point in their lives. Bipolar patients can abuse or be addicted to several classes of substances at the same time, such as alcohol, cocaine, marijuana, benzodiazepines, amphetamines or methamphetamines (Ecstasy), and opiates such as Oxycontin and Vicodan. Bipolar patients are often self-medicating the highs, lows, agitation, and mental confusion that characterize this condition. Some Bipolar patients also have psychotic symptoms, particular paranoid symptoms, which they often self-medicate with drugs. Bipolar patients are also often self-medicating other co-occurring psychiatric disorders such as Anxiety Disorders and ADHD. Once a Bipolar patient develops a pattern of abuse or an addiction to one or more substances, the patient has developed a separate chemical dependency diagnosis that requires an individualized focus of treatment.



As dual diagnosis specialists, TAPA Clinical Associates are exceptionally qualified to treat the comprehensive needs of dual diagnosis Bipolar patients. The following is a brief description of treatments, assessments, and services provided for Bipolar patients by our staff. When Bipolar patients have co-occurring chemical dependency diagnoses, these treatments, assessments, and services have been modified to address addiction issues as well as Bipolar Disorder.

■ **Interpersonal and Social Rhythm Therapy (IPSRT)**

Dr. Valone and Dr. Janetzke are trained in IPSRT, a form of individual psychotherapy in which the patient is helped to stabilize circadian rhythms; that is, 24 hour sleep/wake cycles and daily routines. Current interpersonal problem areas are also identified that are a source of acute stress. The therapist helps the patient develop active strategies to cope with interpersonal stress (marriage, job, loss of loved one, adjustment to their diagnosis, role transition), so as to minimize the chance of bipolar relapse. Psychoeducation about Bipolar Disorder is a key aspect of IPSRT, including known causes, factors predicting course of treatment, discussing medications and medication compliance, and family factors.

■ **Cognitive Behavioral Therapy for Bipolar Disorder (CBT-BP)**

All Clinical Associates provide CBT-BP, a form of individual psychotherapy in which standard CBT principles have been specifically adapted to Bipolar Disorder. Psychoeducation is a key component of CBT-BP. Examples of CBT-BP techniques include using behavioral experiments, relaxation techniques, activity and mood charting, changing cognitive distortions including hyperpositive thinking and suicidal thoughts, addressing communication skills, and anger management.

■ **Cognitive Retraining**

Neuropsychological impairment is a common complication of Bipolar Disorder. Dr. Annette Ermshar is an expert in Cognitive Retraining, a form of neuropsychological treatment used to treat neuropsychological deficits as often seen in Bipolar Disorder. Cognitive Retraining is a structured set of therapeutic activities designed to retrain and improve a patient's ability to think, focus attention, make decisions, and use judgments.

■ **Family-Focused Therapy (FFT)**

Dr. Valone and Dr. Janetzke are also trained in FFT, a form of family psychotherapy specifically adapted for Bipolar Disorder. The objectives of FFT are to assist the patient and family to cope with the experience of a recent Bipolar episode, accept the possibility of future episodes, understand the probable need for lifetime medications, assist the family to distinguish between the patient's personality and their illness, identify stressful life events that trigger relapses, including problematic family interaction patterns, and reestablish healthy family relationships. Psychoeducation, Communication Enhancement Training, Problem Solving, and Crisis Management are key components of FFT.

■ **Supportive Psychodynamic Therapy for Bipolar Disorder (SPT-BP)**

Dr. Valone and Dr. Janetzke provide SPT-BP, a form of individual psychotherapy in which psychodynamic therapy has been tailored for the special needs of Bipolar patients. SPT-BP is helpful as part of a longer-term treatment approach as patients move out of an acute phase of illness. A focus on here-and-now issues in the early stage of treatment rather than emphasizing past and unconscious issues, regulating emotions, understanding and assimilating the context of the patient's Bipolar illness within the totality of the patient's sense of self, crisis management, and encouraging a sense of hope, confidence, and integrated well-being are key components. Ongoing psychoeducation is a critical aspect of SPT-BP.

■ **Psycholegal Services**

Legal problems are a common complication of Bipolar Disorder. Bipolar patients sometimes commit crimes or develop other legal problems as a result of their illness. Dr. Ermshar is a Board Certified Forensic Psychologist (ABPP) and an expert in psycholegal consultations and evaluations. Dr. Valone and Dr. Ermshar also specialize in alternative sentencing, where they work with criminal defense attorneys when they conclude that a Bipolar patient's criminal actions were significantly influenced by that patient's illness. In such circumstances Dr. Ermshar and Dr. Valone will work together with the defense team, patient, and court system to create a comprehensive psycholegal defense and to suggest that sentencing consist of a treatment plan under our care as an alternative to incarceration.