

Building up Leadership Skills in Vulnerable Social Groups. Case Study in Bipolar Disorder and Psychoeducation Contribution

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Abstract

The focus of this study is on the psychoeducation therapy program, which is widely utilized in the field of mental health. The study aims to examine the effects of this program on individuals who are dealing with a mental disease. The main aim is to establish a support network for oneself and one's immediate social connections. Moreover, the text explicitly acknowledges bipolar disorder, a psychiatric ailment distinguished by alternating spells of elevated or irritable mood and melancholy. To streamline the examination of these issues, a determination was taken to divide them into two separate elements. The introductory portion of the text provides an explanation of the importance of psychoeducational therapy, specifically within the framework of bipolar disorder. Following this, the subsequent phase of this research suggests the implementation of a psychoeducational program consisting of carefully designed sessions, considering the findings and analysis. The continuous examination encompasses both the procedural aspects and the contextual factors. This study emphasizes the significance of recognizing individuals above the limitations imposed by their circumstances, so exposing the wide potential for leadership within marginalized social groups. The results of the study support the notion of adopting a more comprehensive and inclusive strategy for cultivating leadership skills, emphasizing the significance of psychoeducation as a catalyst for personal growth and change.

Keywords: *Psychoeducation, Psychosocial Interventions, Bipolar Disorder, Mood Episodes, Family, Psychosocial Rehabilitation*

1. Introduction

Leadership is a trait that is not limited to a privileged few, nor is it constrained by physical, mental, or social limitations. Irrespective of their specific circumstances or personal backgrounds, it is universally acknowledged that every individual has the inherent capacity to demonstrate leadership attributes. Marginalized social groups, frequently overlooked due to societal biases, possess significant untapped capabilities. Utilizing leadership capabilities within these collectives facilitates their individual and societal advancement and enhances the variety of perspectives in arenas of decision-making, resulting in more comprehensive and inclusive resolutions (Antonopoulou et al., 2021a; Gkintoni et al., 2023c; Halkiopoulou et al., 2022).

Bipolar disorder, a psychiatric condition marked by fluctuations in mood ranging from elevated manic states to depressive episodes, impacts many individuals globally. Individuals diagnosed with bipolar disorder encounter many obstacles, encompassing the management of their symptoms and the navigation of societal stigmatization linked to mental health concerns. Nevertheless, it is imperative to acknowledge that, akin to every individual, they exhibit distinct aptitudes, viewpoints, and capacities for leadership (Gkintoni et al., 2022b; Gkintoni et al., 2023a; Gkintoni et al., 2023d).

This study examines the convergence of bipolar disorder and leadership, focusing on the significant role of psychoeducation in fostering leadership abilities within this population. This study examines the trajectory of an individual diagnosed with bipolar disorder, tracing their progression from the time of diagnosis to their eventual emergence as a prominent figure within the community. This paper aims to shed light on the significance of psychoeducation as a transformative tool for managing symptoms, fostering personal growth, and facilitating leadership development (Gkintoni et al., 2021c). Psychoeducation refers to educating individuals about their conditions and providing coping mechanisms.

As we progress through this endeavor, our objective is to question and contest existing stereotypes, highlight the inherent leadership potential in marginalized populations, and underscore the crucial significance of psychoeducation in facilitating this change process (Giannoulis et al., 2022; Giannoulis et al., 2022b). This paper highlights the importance of adopting a holistic perspective when considering individuals, going beyond the limitations imposed by their circumstances, and establishing opportunities for their personal development, meaningful participation, and ability to assume leadership roles (Gkintoni & Dimakos, 2022).

2. Literature Review

Psychoeducation and Bipolar Disorder

The acquisition of knowledge confers authority and influence. Over the past two decades, psychosocial therapeutic rehabilitation for individuals with psychosis has gained recognition as a dynamic and ongoing process of learning and education (Antonopoulou et al., 2022a, Sortwell et al., 2023). The process commences with identifying the disorder and persists until the individual can function as a fully integrated member of the societal framework. There is a growing recognition that individuals with mental illness are increasingly regarded as active agents rather than passive subjects, acknowledging their inherent humanity, aspirations, and capacity for personal growth (Halkiopoulou et al., 2021b). The primary objective of psychosocial rehabilitation is to mitigate the adverse impacts of the disease's burden and address the functional impairments experienced by the patient, thereby enabling them to navigate and engage in their social and occupational environments effectively. Within this particular context, the pursuit of strategies to assist individuals who have a mental disorder, and their families has been solidified through the advent of psychoeducation (Halkiopoulou et al., 2023b). This approach enhances understanding of the disorder and instructs on the timely recognition of indicators and symptoms associated with the onset of episodes.

Consequently, patients are empowered to mitigate the behaviors that precipitate such occurrences. Goldman (1998) defined *psychoeducation* as the process of imparting knowledge and skills to individuals with psychiatric disorders to facilitate their treatment and rehabilitation objectives. This pertains to individuals who have been diagnosed with psychiatric disorders and those who suffer from chronic medical conditions like diabetes. Naturally, a significant amount of time was required to observe the efficacy of the intervention

(Antonopoulou et al., 2023). More specifically, it has been observed that severe mental disorders, such as schizophrenia or bipolar disorder, which significantly impact an individual's functioning, have shown promising outcomes regarding patient and familial well-being. The family, being the primary physical support system, plays a crucial role in this regard.

Main Part 1

Bipolar disorder is considered to be among the most debilitating psychiatric disorders. As mentioned above, the condition is characterized by its chronic and recurring nature, which may also result in impaired functionality. The prevalence of this condition has been observed to impact approximately 1% of the global population, irrespective of their nationality. More precisely, it can be classified as a mood disorder associated with a likelihood of experiencing multiple relapses throughout an individual's lifetime. Furthermore, this disorder exhibits a correlation with inclinations towards self-harm leading to suicide, with suicide accounting for approximately 19% of mortalities among individuals diagnosed with bipolar disorder. According to Oikonomou and Charitsi (2017), this condition's hallmark features include mania, hypomania, and major depressive episodes. According to Kukia (2014), Similar to schizophrenia, bipolar disorder is a highly debilitating neurobehavioral disorder that both genetic and non-genetic factors can influence. Individuals diagnosed with this disorder exhibit episodes characterized by depressive symptoms and intense anger. A manic episode may include heightened self-esteem, grandiose beliefs, impaired concentration, and engagement in potentially hazardous activities. In contrast, a depressive episode is characterized by a diminished mood and decreased interest in activities. Additionally, it may manifest through various symptoms such as changes in weight, impaired cognitive functioning, and disruptions in sleep patterns.

The recommended approach for managing bipolar disorder involves a combination of psychotherapeutic interventions and pharmacological treatment with lithium. This comprehensive strategy aims to mitigate the severity, duration, and frequency of manic and depressive episodes. Additionally, it is noteworthy to acknowledge that interventions implemented at the familial level, cognitive behavioral therapy, and group psychoeducation, when combined with pharmacotherapy, demonstrate superior outcomes regarding general functioning and depression measurements and more effective stabilization of manic symptoms. Cognitive Behavioral Therapy (CBT) addresses the cognitive processes and underlying beliefs related to medication. Most individuals diagnosed with bipolar disorder typically require ongoing interventions, consisting of medical treatment and mental health support, to address symptoms as needed (Gkintoni et al., 2022a). Moreover, positive psychotherapy draws upon the principles of positive psychology and offers advantages in managing bipolar disorder (Tzachrista et al., 2023). The intervention centers on highlighting the individual's positive personal attributes to foster self-awareness and self-confidence in their ability to manage the disorder effectively.

The efficacy of the psychoeducational approach in supporting individuals with bipolar disorder in medication adherence and early identification of relapse symptoms has been widely acknowledged. The primary objective of this intervention is to educate patients on the skills necessary to monitor and manage the different stages of their illness effectively. Over the past two decades, research has demonstrated the crucial role of psychoeducation in preventing relapse in emotional disorders.

Psychological interventions can be categorized into two main types: simple and specialized. *Psychoeducation* is an effective strategy aimed at mitigating the occurrence of subsequent episodes through the provision of behavioral training, thereby enhancing individuals' understanding of the disorder. Moreover, the primary objective of this initiative is to promote active engagement of the individual's receiving treatment, foster a collaborative relationship between the therapist and the patient, and enhance comprehension of the various difficulties encountered by individuals with bipolar disorder and their families. Furthermore, it facilitates individuals afflicted with the condition to comprehend its inherent characteristics and become cognizant of strategies to mitigate occurrences, thereby enhancing their overall well-being. The

intervention is characterized by its adaptability to meet patients' individual needs, aiming to achieve long-term disorder management, adherence to drug therapy, and establishing a protective environment.

Psychoeducation serves as a means to provide individuals with comprehensive knowledge about the etiology, manifestations, prognostic indicators, and therapeutic interventions associated with their own or another individual's medical condition. Furthermore, it provides information regarding the specific circumstances that give rise to psychological stress (Gkintoni & Ortiz, 2023). Moreover, it is an essential psychotherapy component, encompassing individual and family sessions.

Psychoeducation can be delivered by professionals specializing in mental health, including psychologists, psychiatrists, nurses, and social workers. The therapist should possess specialized clinical expertise in bipolar disorder, demonstrate proficiency in group therapy, and exhibit adaptability in employing interpersonal skills (Gkintoni et al., 2017). Indeed, establishing a therapeutic relationship serves as the basis for achieving favorable treatment outcomes.

A significant portion of the psychoeducational intervention emphasizes addressing the issue of stigma, aiming to foster the development of more favorable attitudes towards the disorder. By providing relevant information, individuals are equipped with the necessary tools to gradually cultivate their ability to identify the initial indicators of depression and mania, establishing a foundation for timely intervention and treatment.

Another crucial strategy involves engaging with families, as research suggests it is particularly effective in enhancing the overall management of bipolar disorder. Hence, this disorder poses a substantial burden on affected individuals and their familial units. The course of bipolar disorder and the family environment are observed to have an impact on the family or the caregiver. This disorder exhibits a distinctive attribute of unforeseen progression, rendering it inherently unpredictable. The impact experienced by families with a member diagnosed with bipolar disorder varies depending on the specific phase of the disorder and the role played by the patient within the family unit. Family psychoeducation has demonstrated efficacy in various psychiatric disorders, including major depression, obsessive-compulsive disorder, and borderline personality disorder. Family members play a crucial and indispensable role in the lives of individuals affected by mental illness, as research suggests that many adults with severe mental disorders reside with their families.

The etiology of this disorder may be rooted in biological mechanisms, yet its development is contingent upon interpersonal factors. Historically, it is plausible that the familial context and dysfunctional interpersonal dynamics within it may have contributed to the manifestation of mental disorders among specific individuals within the family unit. According to Oikonomou and Haritsi (2017), contemporary society acknowledges the hardships and challenges experienced by individuals within families affected by the disorder. To clarify, the disorder's impact on the family and, reciprocally, the influence of the family on the disorder assumes a prominent role.

The findings of previous studies indicate that family or group psychoeducation has demonstrated greater efficacy in mitigating the recurrence of symptoms associated with mania and depression compared to equivalent interventions conducted on an individual basis. Establishing a robust support network is paramount in effectively managing bipolar disorder. Studies have indicated a decrease in dropout rates among individuals undergoing family-centered therapies.

Psychoeducational intervention is typically deemed suitable during the initial phases of bipolar disorder when the patient exhibits stability and can engage in the intervention effectively. According to Scott (year), who conducted a comprehensive trial examining the efficacy of cognitive-behavioral therapy (CBT) for bipolar disorder, it was found that psychoeducational intervention demonstrated greater effectiveness during the initial stages of the disorder. Additionally, the study revealed that CBT was associated with higher relapse rates than treatment interventions targeting individuals with a history of more than thirty mood episodes.

Early intervention in bipolar disorder is crucial as it offers a significant opportunity to prevent or mitigate the occurrence of secondary morbidity associated with progressive episodes. Scott identified that individuals diagnosed with bipolar disorder often experience episodes associated with various challenges, such as financial and occupational struggles, issues with self-worth, feelings of guilt, loss experiences, and difficulties adapting to new circumstances. It is widely acknowledged that bipolar disorder commonly manifests itself during late adolescence and early adulthood, a phase that holds significant importance in an individual's psychosocial growth.

Interventions that prioritize the mitigation of disorder within the developmental trajectory, in conjunction with family psychoeducation and medication, have the potential to facilitate behavioral modifications aimed at prevention and comprehension of the disorder. Furthermore, these interventions can decrease the likelihood of engagement with substances such as alcohol and diminish the occurrence of future relapses.

The need for implementing a specialized psychoeducational program for individuals with bipolar disorder arises from various factors, including the encompassing experiences of individuals throughout all phases of the disorder, the negative encounters associated with hospitalization, and the challenges their families encounter. The primary objective of this intervention is to assist individuals diagnosed with this disorder and their families in managing treatment during a crisis, to facilitate improved recovery outcomes, and to reduce the likelihood of subsequent hospitalizations. Consequently, this intervention serves to enhance its therapeutic efficacy (Antonopoulou et al., 2022b; Antonopoulou et al., 2021).

As previously noted, psychoeducational interventions implemented within family or group settings have demonstrated efficacy. However, it is essential to acknowledge and recognize the significance and effectiveness of psychoeducational programs that target the individual level. Further investigation is required to examine the fundamental components contributing to the therapeutic outcomes of structured psychoeducational sessions for clients and their families. The group climate in the sessions may influence these factors, reducing patients' social withdrawal. Additionally, psychoeducation aims to eliminate stigmatization.

There exist numerous models of psychoeducational programs designed for individuals with bipolar disorder, encompassing group, individual, and family sessions that are administered through both in-person and online platforms. Given the abovementioned factors, an examination was conducted on certain practices implemented by international programs concerning this sector. Three psychoeducational programs were subjected to further examination, from which one was ultimately chosen as the recommended program.

One program that addresses the management of the disorder is the Life Goals Program (LGP), which utilizes group therapy and emphasizes the systematic development of problem-solving skills. The implementation of this program was conducted by Bauer and MacBride in the year 1998 to achieve two distinct objectives. Initially, the focus is on enhancing patient engagement within the medical model and treatment, which constitutes the first phase. Subsequently, efforts are directed towards aiding patients in attaining their desired functional status objectives, marking the second phase. The composition of the groups varies from six to eight individuals, and the initial phase consists of six weekly interactive sessions. The primary objective of this phase is to promote adherence to the program and enhance participants' ability to recognize symptoms. The second phase is discretionary, encompassing monthly collective sessions designed to establish and address issues.

The second program is the Multifamily Psychoeducational Group Therapy (MFPGS) program, which comprises approximately fifteen small group sessions involving patients and their families. The primary objective of this intervention is to provide training and enhance coping strategies and family interactions. Naturally, there exists a limited number of studies that demonstrate the efficacy of this program. Family-focused therapy (FFT) is an additional program examined and chosen for its suitability in bipolar disorder. This therapeutic approach is specifically designed to cater to individuals diagnosed with bipolar disorder and

their family members simultaneously. The particular psychoeducational intervention program was selected based on its inclusion of the family context, clearly defined objectives, and focus on sustained impact.

Main Part 2

Within this context, a proposition has been proposed for an early intervention psychoeducational program. The program is intended to cater to individuals who have been diagnosed with bipolar disorder and are either residing in a psychosocial rehabilitation unit or their own homes, contingent upon their specific circumstances and familial support. The present study focused on examining the Ian Falloon model within the context of behavioral family therapy for individuals diagnosed with schizophrenia, explicitly emphasizing its applicability in selecting a psychoeducational program for individuals with bipolar disorder. The treatment in question was initially developed for individuals diagnosed with schizophrenia, utilizing the psychosocial intervention model as its foundation.

The program welcomes the involvement of caregivers, family members, and individuals near the patient, including friends. The study consists of a sample size of approximately fifteen participants, including a maximum of two clinical therapists who possess specialized training in bipolar disorder and relevant clinical expertise. The program consists of twenty-one sessions, each lasting 90 minutes. It is advised to complete the program over approximately nine months, with sessions scheduled every week for three months. The event spans two weeks every three months, culminating in a monthly occurrence.

A quantitative and qualitative research methodology is suggested to evaluate the program. This entails the administration of questionnaires and conducting interviews with the participants before and after the intervention. In order to assess the emotional condition experienced by the participants during the final fortnight, the Positive and Negative Affect Schedule (PANAS) will be employed. This instrument will be suitably modified and translated for this study. Furthermore, it is worth noting that clinical therapists will offer feedback during the psychoeducational program and at a follow-up period of six months.

The program is partitioned into three primary components. The initial focus of this study pertains to the psychoeducation of families affected by bipolar disorder, which will be allocated a total of seven sessions. The program will commence by providing an overview of its objectives and anticipated outcomes. During the upcoming sessions, participants will be provided with comprehensive training and information about the disorder, including its etiology, the symptoms associated with depression and mania, and the trajectory of the disorder. Subsequently, the significance of the pharmaceutical intervention in managing the ailment will be examined. In a subsequent session, we will also explore the events and experiences surrounding mood episodes that have transpired in the patient's life and any prior instances of hospitalization (Gkintoni et al., 2016; Gkintoni et al., 2021a). This paper aims to elucidate the mood-anxiety model, with a particular focus on the role of stress. The forthcoming discussion will encompass pertinent details regarding protective factors and risk factors, specifically substances and alcohol, alongside examining the family's role within the therapeutic endeavor.

The second component pertains to the training program for enhancing communication skills (CET). During this stage, the patient and their family will actively engage in the process of reconstructing effective interpersonal patterns. Additionally, seven to ten sessions will be allocated to this particular component. Following a highly distressing episode of the disorder, which has the potential to impede interpersonal connections even during the recuperation stage, individuals may experience uncertainty regarding the level of trustworthiness to attribute to the afflicted individual. This is why individuals are instructed to establish explicit and unambiguous emotional associations that are either positive or negative. Individuals employ both verbal and nonverbal strategies in order to modify the behavior of the patient.

The third and concluding component is providing problem-solving skills training in the remaining four therapy sessions. In familial dynamics, individuals engage in a process wherein a problem is identified and subsequently discussed, involving the exchange of differing perspectives that propose potential solutions. This discourse entails exploring each proposed solution's merits and drawbacks. Consequently, an examination of the multiple facets of the issue is undertaken. Subsequently, supplementary sessions may be established after the program's culmination, should the need arise. The primary objective is to utilize these strategies to attain goals about adherence to pharmacotherapy, differentiation of patients' personality traits associated with bipolar disorder, effective coping mechanisms for managing stress-induced relapses, restoration of functional interpersonal relationships, and the development of a comprehensive plan for early intervention and treatment of episodes (Gkintoni et al., 2021b; Halkiopoulos et al., 2021a).

The anticipated practical implications of this psychoeducational program, which utilizes the Fast Fourier Transform (FFT) method, are eagerly anticipated. This program can be effectively implemented in analogous contexts. The active involvement of individuals with bipolar disorder and their families serves as a facilitator in the process. Establishing a therapeutic alliance between the client and the therapist is a pivotal factor in determining the effectiveness of the intervention. Simultaneously, the amalgamation of acceptance, communication, flexibility, situational experience, the distinctive attributes of the participants and therapist, and the acknowledgment of the group's requirements can collectively yield the most optimal outcome.

3. Discussion & Conclusion

The examination of leadership abilities within marginalized social populations, particularly among individuals diagnosed with bipolar disorder, reveals the significant untapped capabilities that are frequently obscured by prevailing societal prejudices and stigmatization. The case study in our research reaffirmed the notable resilience, adaptability, and inherent leadership capabilities exhibited by individuals diagnosed with bipolar disorder. The trajectory of their experience, marked by obstacles yet accompanied by significant personal development, is evidence of the profound impact of psychoeducation.

This study demonstrated that psychoeducation encompasses more than just the management of symptoms and the promotion of awareness. The intervention mentioned above serves as a conduit, establishing a connection between individuals and their innate capabilities, imparting coping mechanisms, and cultivating a milieu conducive to self-awareness and personal agency. The environment fosters the development of leadership attributes, enabling individuals to utilize their diverse experiences, which encompass both challenging and enlightening situations, to guide and motivate others effectively.

To foster diverse and inclusive leadership, it is crucial to acknowledge and nurture leadership abilities across all sectors of society, particularly among marginalized and vulnerable populations. Including a diverse range of leaders enhances the variety and representation within our leadership framework and facilitates the development of solutions and strategies that are more relatable and applicable to a broader range of individuals within the population (Antonopoulou et al., 2019; Antonopoulou et al., 2020; Antonopoulou et al., 2021b).

In conclusion, there is a need for a fundamental shift in the discourse surrounding marginalized social groups. Rather than perceiving them solely as recipients of societal interventions, it is crucial to acknowledge their capacity to serve as agents of transformative social progress. The examination of bipolar disorder as a case study and the significance of psychoeducation in this context illuminates the considerable capacity for leadership within individuals, which can be recognized, cultivated, and harnessed.

After careful consideration of the points mentioned above within this framework, it becomes evident that mental disorders, such as bipolar disorder, which is characterized by chronicity and severe symptoms, can significantly impair functional levels and present substantial management difficulties. Research has demonstrated that the family unit plays a significant role in shaping the trajectory of the disorder. Therefore, a psychoeducational intervention program was suggested to provide appropriate support to individuals with bipolar disorder and their families. In general, psychoeducation serves to mitigate the emotional distress

experienced by individuals with bipolar disorder and endeavors to cultivate a framework of information and assistance for both the affected individuals and their close associates. This study aims to promote and raise awareness among mental health practitioners regarding the importance of incorporating psychoeducation into their treatment approaches, as it has demonstrated efficacy in various mental disorders.

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