

The CAE Intervention.

CAE is a manualized psychosocial intervention delivered as a series of up to four treatment modules: Psychoeducation on bipolar disorder with a special emphasis on Medication Treatments, Modified Motivational Enhancement Therapy (MET), Communication with Providers, and Medication Routines.

1. Psychoeducation: This module has been modified by from the Life Goals Program developed by Bauer and colleagues,³ that emphasizes improving illness management skills. The module consists of 3 individual units including 1) basic information about bipolar disorder, its neurobiological underpinnings and general information on symptoms, 2) a focus on medication management as the cornerstone of treatment, reviewing good and bad effects of medication, and prioritizing items related to side effects for discussion with clinicians and 3) following discussion of symptoms, and impact on symptoms on life course, the therapist and individual with bipolar disorder collaboratively develop a personal symptom profile for the individual's own episodes of depression and mania as well as their early warning signs of impending relapse.

2. Substance Abuse Intervention/ Modified Motivational Enhancement Therapy (MET): This module focuses on the identification of substance abuse in individuals with bipolar disorder, discussion of the interactions of substances (alcohol/drugs) and medications to treat bipolar symptoms. The module is based upon Motivational Enhancement Therapy (MET), a directive patient-focused approach for initiating behaviour change that has been demonstrated to be well-tolerated and effective in a variety of patient populations. Modified Motivational Enhancement Therapy (MET) was specifically identified as an evidence-based psychosocial intervention for individuals with dual diagnosis, which together with appropriate pharmacotherapies, received consensus recommendation as an appropriate/preferred practice. The module consists of 2 units of modified MET that address adherence specifically within the context of substance abuse.

3. Improved Communication/Rapport with Provider: This module focuses on facilitation of communication with providers from a patient-focused, patient-directed approach. Individuals with bipolar disorder are supported in examining and exploring key components of treatment planning with their provider including expectations for medication response and potential medication side effects. This module also identifies potential adverse effects of medications, and focuses on those that an individual either experiences or fears experiencing. This 2- unit module also utilizes patient education information for commonly utilized psychotropic agents.

4. Medication Routines Management: It has been suggested that complex medication regimens may create a barrier for individuals whose drug frequency and sequencing are overwhelming, interfere with daily activities, and/or are difficult to organize. This 2 unit module addresses treatment regimen complexity and considers an individual's lifestyle. A key activity in this module is a review of medication-taking patterns included examination of when, where, and how medications are taken. This module also emphasizes the use of prompts (such as cell phone alarms) as reminders to take medications.

