



Interpersonal and Social Rhythm Therapy

Interpersonal and Social Rhythm Therapy for Bipolar Disorder: Strategies and Techniques

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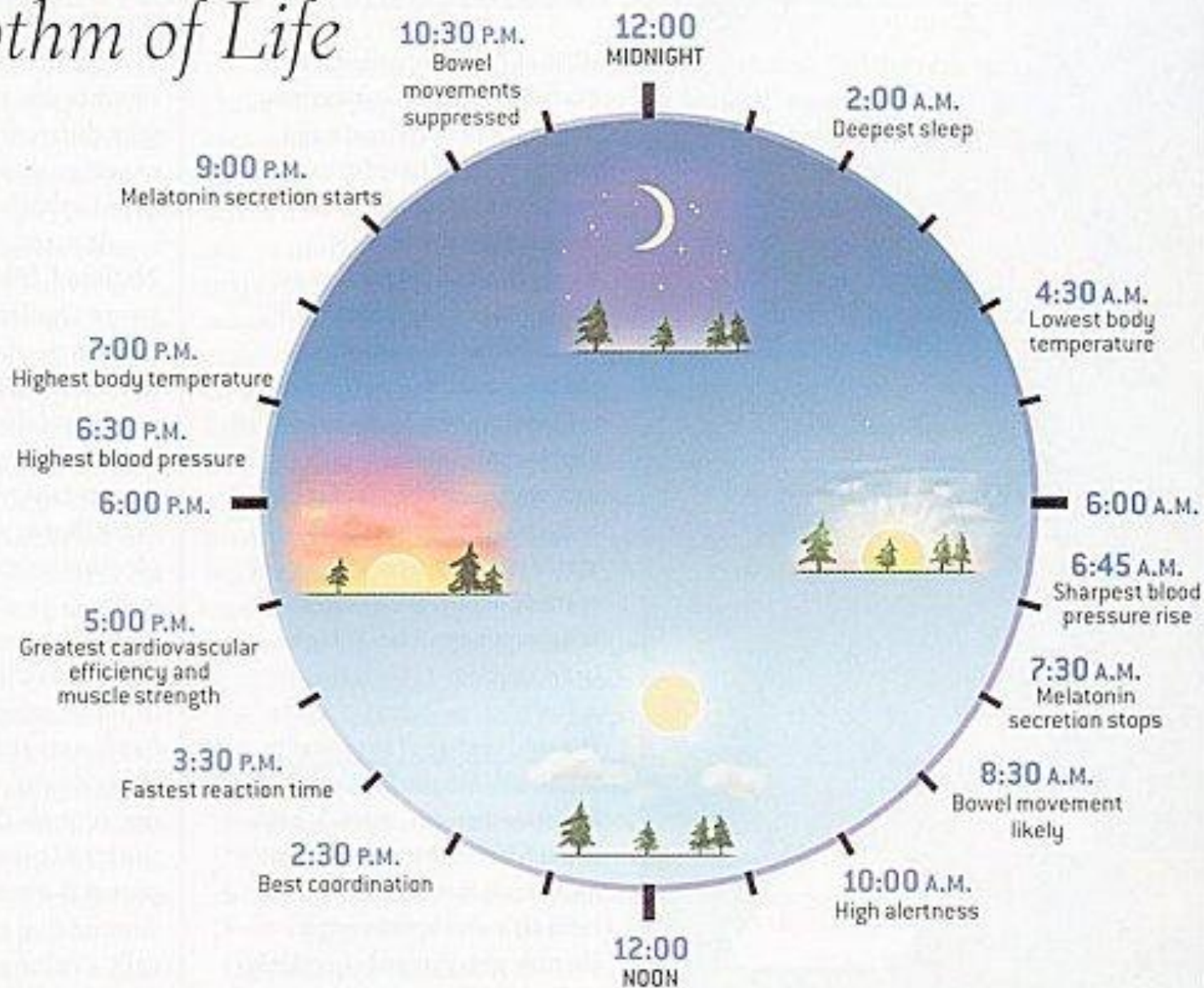
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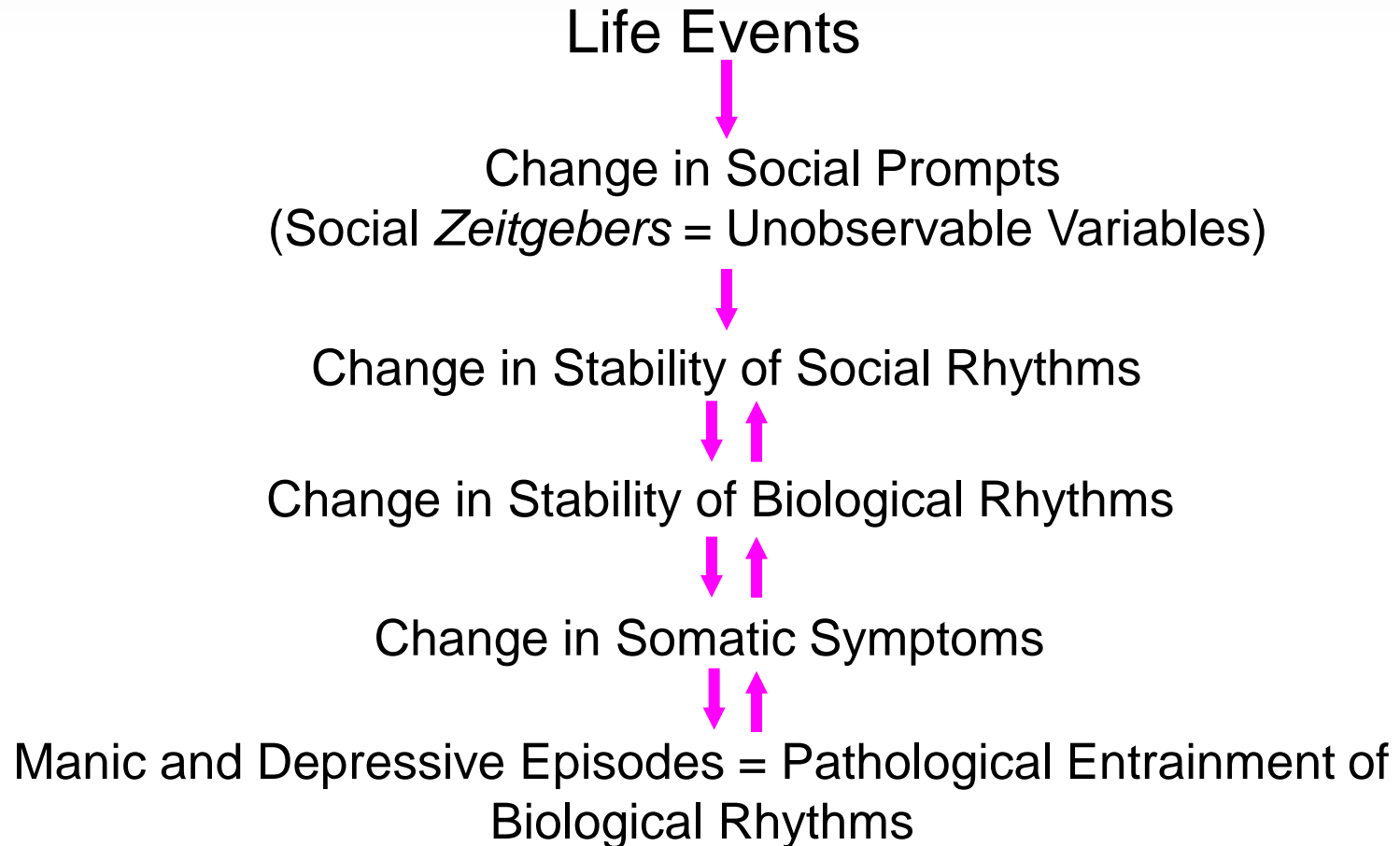
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The Rhythm of Life

THE CIRCADIAN CLOCK affects the daily rhythms of many physiological processes. The diagram at the right depicts the circadian patterns typical of someone who rises early in the morning, eats lunch around noon and sleeps at night. Although circadian rhythms tend to be synchronized with cycles of light and dark, other factors—such as ambient temperature, meal times, stress and exercise—can influence the timing as well. —K.W.



Schema for Social *Zeitgeber* Theory of Mood Episodes



Adapted from: Ehlers CL, et al. *Arch Gen Psychiatry* 1988;45:948-952

CHANGE IN SOCIAL PROMPTS

Consider, for example:

- the loss of a beloved spouse
- the loss of a not-so-beloved dog
- a change in one's office location with no change in one's job
- a change in one's office location along with a major promotion

CHANGE IN STABILITY OF SOCIAL RHYTHMS

- Death of a beloved spouse leads to psychological loss AND a loss of regular daily routines (e.g. wake time, meal times, other daily routines, bedtime)
- Death of a not-so-beloved dog still involves a loss of regular daily routines



CHANGE IN STABILITY OF SOCIAL RHYTHMS

- A move to a new office location without a change in responsibilities may still involve a major change in daily routines
- A move to a new office location AND a change in responsibilities may involve psychological loss or disequilibrium AND a major change in daily routines



CHANGE IN STABILITY OF BIOLOGICAL RHYTHMS

- Changes in wake time, the time at which one first becomes physically active, the time at which one first goes outside, meal times, bedtime, etc. lead to changes in internal biological rhythms including:
 - sleep
 - appetite
 - alertness
 - core body temperature
 - hormones including melatonin, cortisol

ESSENTIAL ELEMENTS OF INTERPERSONAL AND SOCIAL RHYTHM THERAPY

- Social rhythm therapy (SRT)¹
 - Regulate daily routines
 - Emphasizes the link between regular routines and moods
 - Uses Social Rhythm Metric to monitor routines
- Interpersonal psychotherapy (IPT)²
 - Emphasizes link between mood and life events
 - Focus on interpersonal problem area (grief, role transition, role disputes, interpersonal deficits)
- Psychoeducation to promote medication adherence

1. Frank E, et al. *Biol Psychiatry* 2000;48:593-604; Frank E, et al, *Arch Gen Psychiatry* 62:996-1004, 2005.

2. Klerman GL, et al. *Interpersonal Psychotherapy of Depression*, Basic Books, New York, 1984.

Interpersonal and Social Rhythm Therapy (IPSRT): Goals

- Stabilize daily routines and sleep/wake cycles
- Gain insight into the bi-directional relationship between moods and interpersonal events
- Use IPT techniques to ameliorate interpersonal problems related to grief, role transitions, role disputes, interpersonal deficits
- Thereby, reduce the frequency of episode recurrence

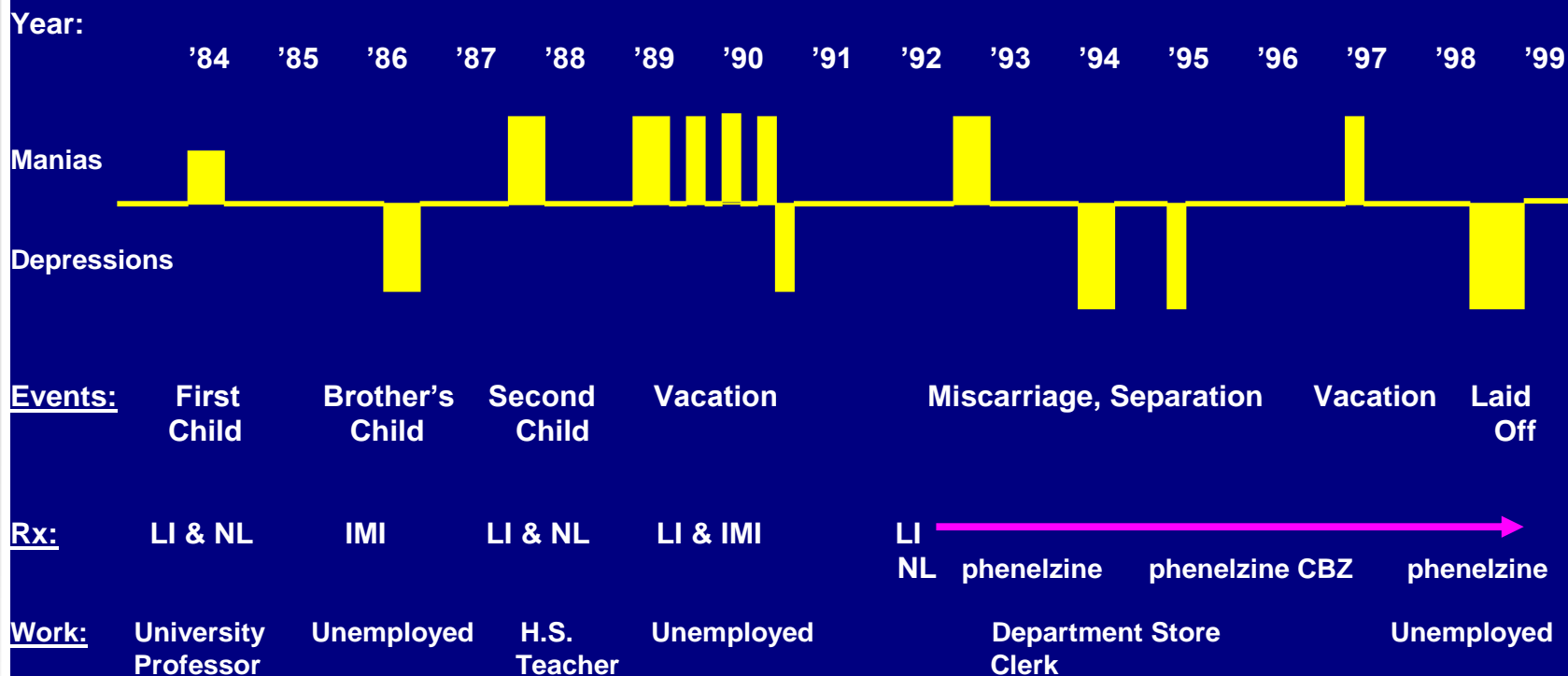
Frank E. *Treating Bipolar Disorder: A Clinician's Guide to Interpersonal and Social Rhythm Therapy*, Guilford Press: 2005.

IPSRT

INTRODUCTORY PHASE OF TREATMENT

- Giving the rationale for IPSRT
- Taking the history of the illness
- Educating the patient about bipolar disorder
- Identifying interpersonal problem areas (1 or 2)
- Initiating the Social Rhythm Metric

Example of a History of Illness Time-Line



INTERPERSONAL PROBLEM AREAS IN IPSRT

Grief

Role transitions

Role disputes

Interpersonal deficits

Grief for the “lost healthy self”

UNRESOLVED GRIEF

- Also referred to as “Complicated Bereavement”
- Addresses unresolved feelings around death of an important person in the patient’s life
- NOT used for psychological “losses”

ROLE TRANSITION I

Social Role Transitions

- **Life-Cycle Transitions**
 - Adolescence, Childbirth, Menopause, Decline of Physical Capacity
- **Social Transition**
 - Marriage, Divorce, Moving, Employment, Unemployment, Promotion, Demotion, Retirement, College

ROLE TRANSITION II

Difficult Transition to New Role

- **Grief at Loss of Old Role**
 - Job Loss, Retirement, Moving
- **Poor Adaptation to New Role**
 - Promotion at work or in School, Parenting
- **Rejection of New Role**
 - Unemployment, Homemaking, Parenting, Leaving Home

INTERPERSONAL ROLE DISPUTE

- **Non-reciprocal role expectations** between patient and another important person in his/her life
 - Romantic partners
 - Parent-child
 - Employer-employee
 - Close friends
- Disputes can be overt or covert

INTERPERSONAL DEFICITS OR DISAPPOINTMENTS/SENSITIVITY

- Chronic history of
 - Impoverished relationships
 - Contentious relationships
- Problem area of last resort
 - Many individual have deficits, but it's not chosen as the focus of treatment
 - Predicts worse outcomes

GRIEF FOR THE LOST 'HEALTHY SELF'

- Anger or sadness about lost dreams or hopes
- Loss or interruption of an anticipated vocational/interpersonal/educational trajectory because of the illness
- Implications of having a chronic illness (interactions with medical profession, expectations for the future, stigma, etc)

INTERVENTION IN GRIEF FOR THE LOST “HEALTHY SELF”

“If it weren’t for this stupid disorder, I could be the kind of mother I want to be.”

- Explore patient’s sadness and frustration at not being able to ‘do it all.’
- Help patient to focus on her true objectives as a new mother and to see that she can accomplish most of them
- Problem-solve with patient about compromises that might enable her to meet most of her objectives while maintaining social rhythm stability

Social Rhythm Metric

SOCIAL RHYTHM METRIC-II- FIVE-ITEM VERSION (SRM II – 5)

Date (week of): _____

Directions:

Write the ideal target time you would like to do these daily activities.

Record the time you actually did the activity each day.

Record the people involved in the activity: 0 = Alone; 1 = Others present; 2 = Others actively involved; 3 = Others very stimulating

Activity	Target Time	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
		Time	People	Time	People	Time	People	Time	People	Time	People	Time	People	Time	People
Out of bed															
First contact with other person															
Start work/school/ Volunteer/family care															
Dinner															
To bed															
Rate MOOD each day from -5 to +5 - 5 = very depressed +5 = very elated															

When to introduce the SRM?

- Aim for the 4th session
 - Be flexible
 - Take more time to assess patients with a long history of cycling or complex interpersonal problems
 - Can introduce idea of regular schedules before the SRM itself
-

IPSRT

INTERMEDIATE PHASE

- Stabilizing social rhythms
- Intervening in the problem areas

STABILIZING SOCIAL RHYTHMS

- Finding the most unstable rhythms
- Setting *goals* for change
- Setting reasonable *expectations* for change
- Searching for triggers to rhythm disruption

STABILIZING SOCIAL RHYTHMS (CONTINUED)

- Finding the right balance: how much rest, activity, stimulation is ideal?
- Maintaining the balance
- Adapting to changes in routine
 - Planned
 - Unexpected
- Argument for developing “supranormal” social rhythms

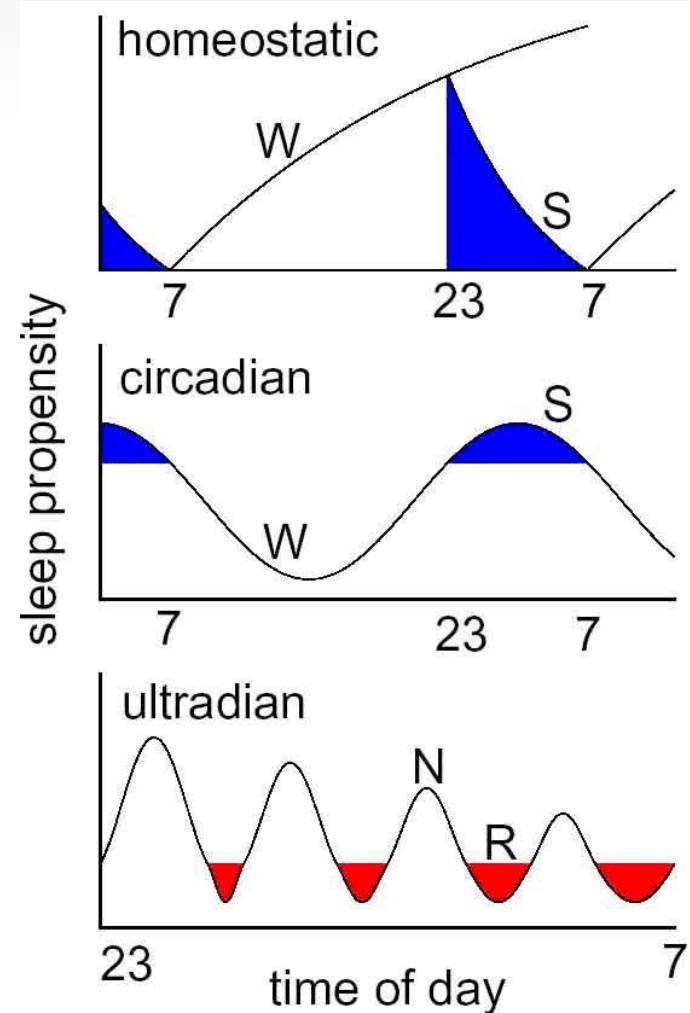
SLEEP AND IPSRT

SLEEP AND IPSRT

- Always a focus of treatment
- Evaluate sleep patterns in the context of SRMs
- Understand something about biology of sleep in order to provide psychoeducation about sleep hygiene

The Two-Process Model of Sleep Propensity:

How both internal and external clocks control sleep



Borbély et al, 1982



THE WORLD CAN BE DIVIDED INTO LARKS AND OWLS



- **The tendency to Lark-ness or Owl-ness is probably genetically determined**
- **Thus, some people are more extreme in their morningness or eveningness than others**
- **Regardless of how extreme one is, knowing one's type and organizing one's life to suit it can help improve mood, energy and productivity**

PRINCIPLES OF SLEEP HYGIENE - I

- Increase sleep efficiency
 - Sleep efficiency is a ratio of the number of hours actually sleeping divided by the total number of hours spent in bed
 - Normal sleep efficiency is about 85%
 - May initially need to RESTRICT time in bed
 - Don't go to bed unless you are sleepy
 - Don't stay in bed unless you are asleep
 - Use bed for sleeping/sexually activity only
 - Caveat: spend a MINIMUM of 7 hours in bed

PRINCIPLES OF SLEEP HYGIENE - II

- Develop a bedtime routine
- Get up at the same time every day
 - First item on SRM is good place to focus
 - Wake time will “set” your falling asleep time
 - Get sunlight exposure upon awaking to reset your circadian clock
 - Can’ t force yourself to fall asleep but can force yourself to get up
- Avoid naps

Strategies in IPT

- **Chose 1 or 2 problem areas**
- **Grief for lost healthy self involves work similar to grief and role transition**

Grief

■ Goals

Facilitate the mourning process.

Help the patient re-establish interest and develop new relationships to help to manage the loss.

Grief

- **Strategies**
 - Review depressive symptoms.
 - Relate symptom onset to death of significant other.
 - Describe the events just prior to, during, and after the death. Go to death scene and the rituals.
 - Reconstruct patient's relationship with deceased (listen to stories, ask patient to bring pictures, etc).
 - Explore patient's positive and negative feeling about the deceased.
 - Encourage contact and friendship with other people, and interest in activities.

Interpersonal Disputes

■ Goals

Identify dispute

Choose plan of action

Modify expectations or problematic communication to bring about a satisfactory resolution

Interpersonal Disputes

■ Strategies

Review depressive symptoms.

Relate symptom onset to the overt or covert dispute.

Establish stage of dispute

- a. Renegotiation (clarify situation to facilitate resolution)**
- b. Impasse (mutual desire to continue communication but both parties feel stuck)**
- c. Dissolution (assist mourning)**

Interpersonal Disputes

- **Strategies (continued)**
 - **Understand how mismatched expectations relate to dispute**
 - **Understand patient's point of view (make patient feel well understood)**
 - **Help patient see (not necessarily accept) the other person's point of view**
 - **Help patient built communication skills to improve dispute or end relationship.**

Role Transitions

■ Goals

Mourn the loss of the old role.

See the positive aspects of the new role.

Develop any new skills necessary to gain mastery of new role.

Role Transitions

■ Strategies

Review depressive symptoms.

Relate depressive symptoms to difficulty in coping with new life situation.

Look at positive and negative aspects of old and new roles.

Mourn the loss of the old role.

Explore opportunities in new role.

Support development of new skills that will facilitate movements into new role.

Interpersonal Deficits

- **Goals**
 - **Reduce patient's social isolation.**
 - **Encourage patient to form new relationships.**

Interpersonal Deficits

■ Strategies

Review depressive symptoms.

Relate depressive symptoms to isolation.

Look at present and past significant relationships. Pay attention to positive and negative aspects of the relationships.

Look at patterns in relationships.

Use extensive role-play and feedback.

IPSRT Tips

When do I use each IPSRT strategy?

- “Art” of IPSRT rests in deciding when to use which interventions
 - Relative emphasis of SRT and IPT components will vary session to session and patient to patient
 - Provide psychoeducation – even for (especially for) individuals who are more educated; “educated” patients often have a lot of misinformation
 - “Grief for the Lost Healthy Self” is important for everyone
-

SRT v. IPT Techniques in IPSRT

SRT

- High level of acuity/low functioning
- Very disrupted rhythms
- Very poor interpersonal functioning
- IPT work resistance



IPT

- Depression > mania
- Clear interpersonal issue(s)
- Relatively stable SRMs
- SRM work resistance

Can I be flexible about this?

- Yes, yes, and yes
 - Some individuals need very little SRM work; others need a lot
 - Some individuals have excellent interpersonal skills; others are quite impaired
 - Beware of mood swings: they will force you to be flexible, even if you are rigid by nature
 - May need to focus on SRMs during the initial weeks/months of treatment and then move to more IPT work when symptoms have remitted
-

Medication Non-Adherence

- Normalize non-adherence (“we know that virtually everyone goes through this; just let us know about it”)
 - Ask about it at every psychotherapy visit; this is not just the psychiatrist’s problem
 - Don’t forget about the impact of weight gain, acne, sexual dysfunction, and tremor on interpersonal relationships
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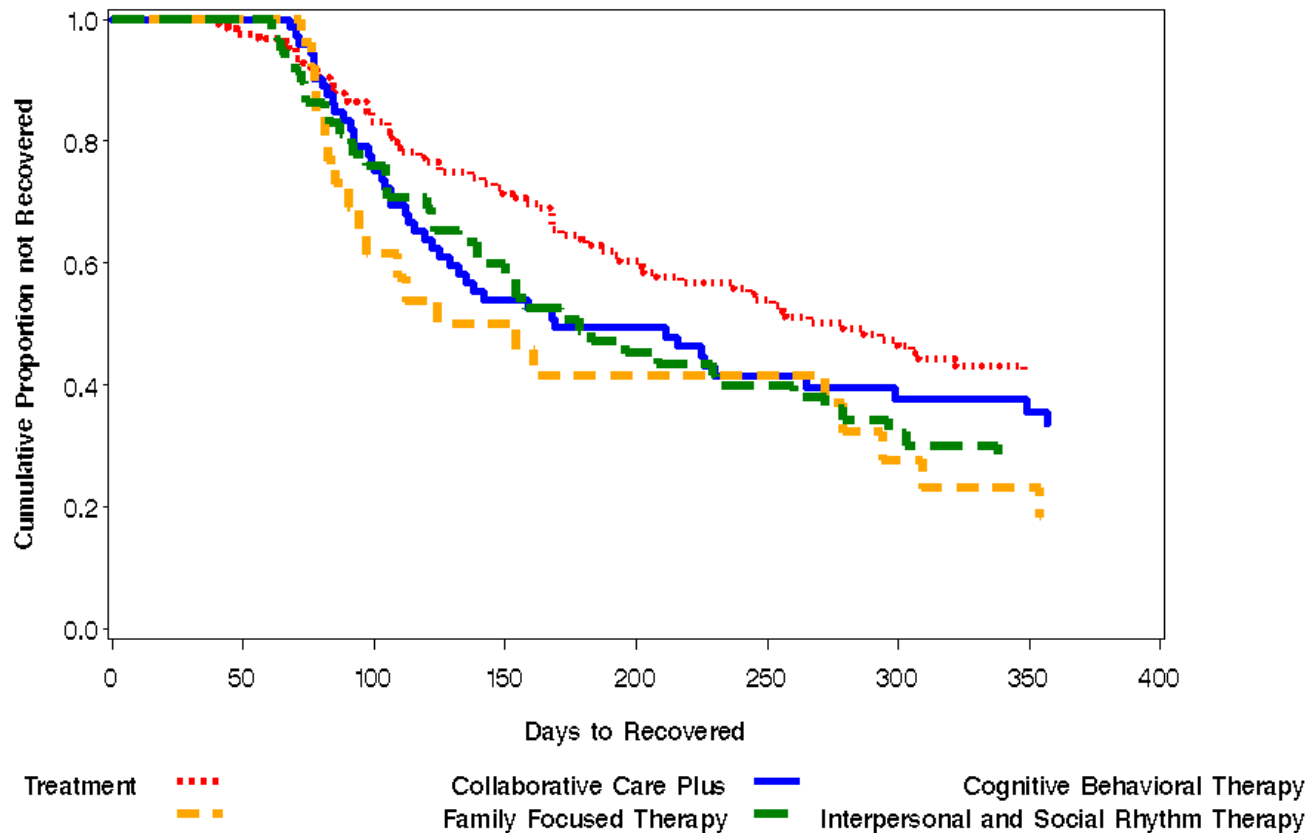
Seasonal variation

- Anticipate seasonal changes in mood
 - Discuss need to modify SRMs depending on the season
 - Consider changing medication regimen (e.g., higher versus lower lithium level)
 - Revisit seasonal risks to patient and discuss prophylaxis
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STEP-BD PSYCHOSOCIAL TREATMENT OF ACUTE DEPRESSION: STUDY DESIGN

- 293 acutely depressed patients with bipolar I or II disorder were randomly assigned to **intensive treatment** (up to 30 sessions of FFT, CBT, or IPSRT over 9 months) or a brief **control treatment** (CC).
- Each site provided two of the intensive treatments and CC
- Only patients with family members were eligible for assignment to FFT
- Primary outcome: time to “recovered” status (≤ 2 moderate symptoms for 8 weeks)

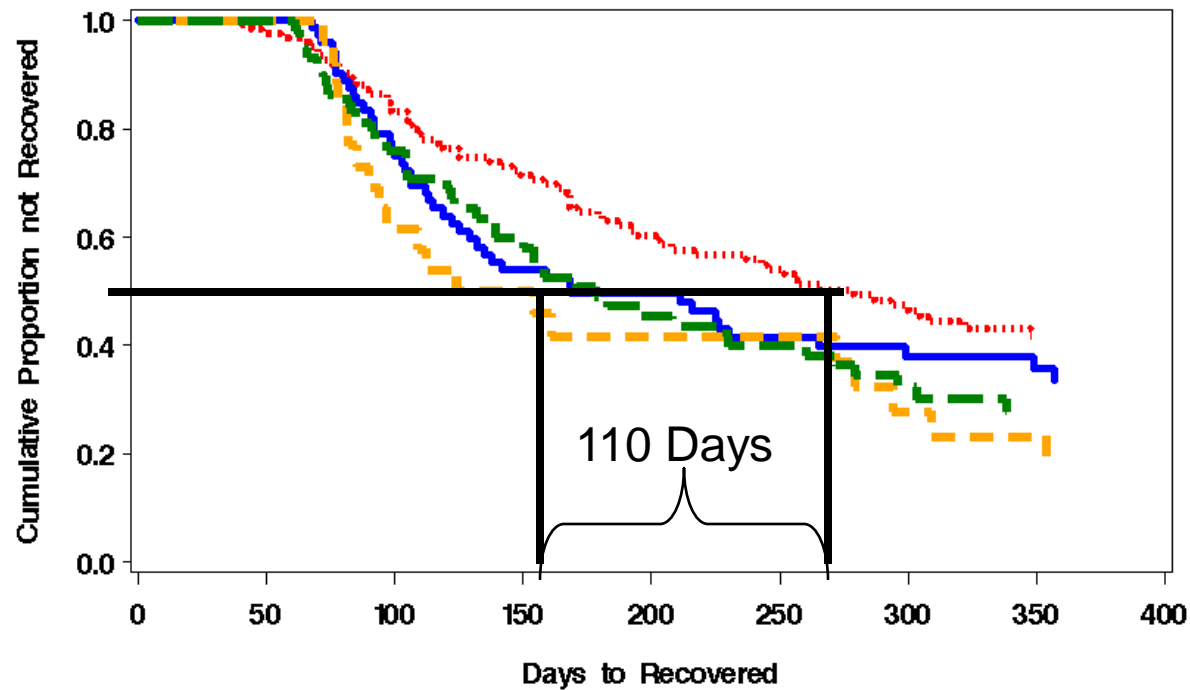
STEP-BD TIME TO RECOVERED STATUS: INDIVIDUAL TREATMENTS VS. CONTROL



LogRank Chi-Square = 8.0227, P = 0.0455

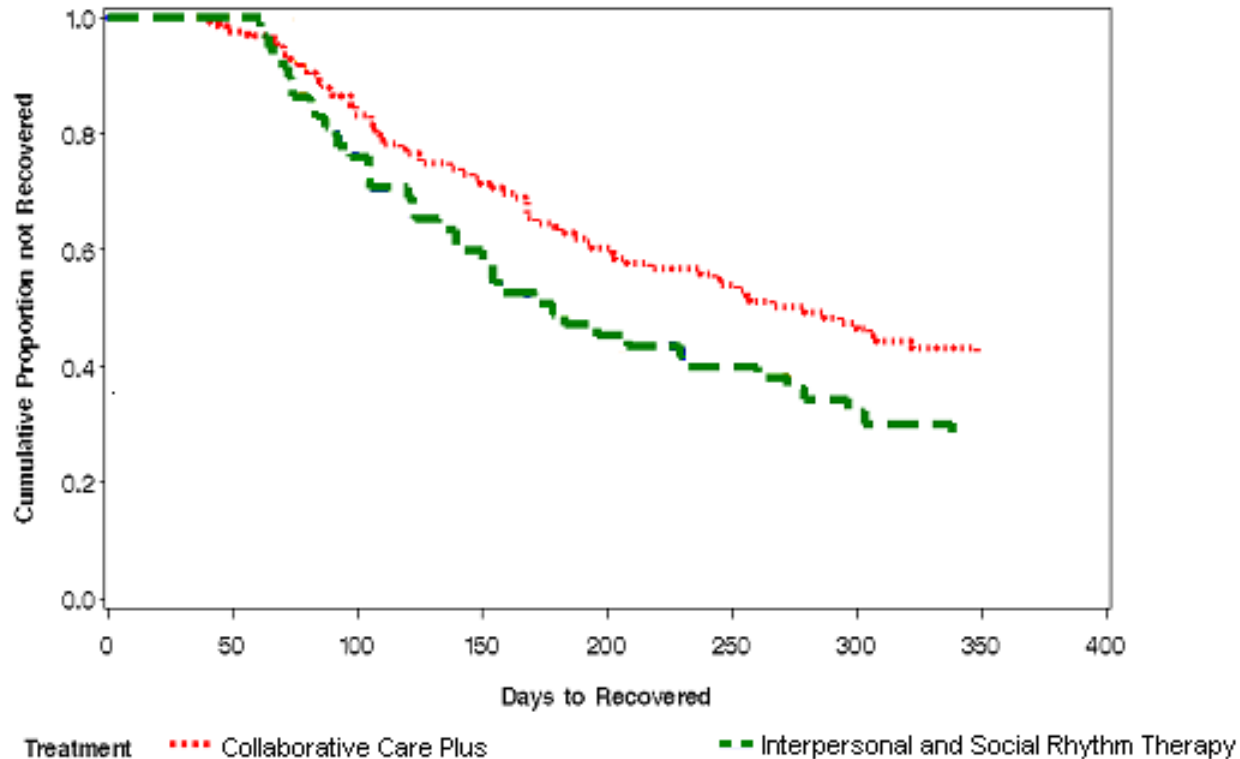
Miklowitz DJ et al, *Archives of General Psychiatry*, 2007.

Remission 110 days earlier with intensive psychotherapy



- Treatment
- Collaborative Care
 - Cognitive Behavioral Therapy
 - Family Focused Therapy
 - Interpersonal and Social Rhythm Therapy

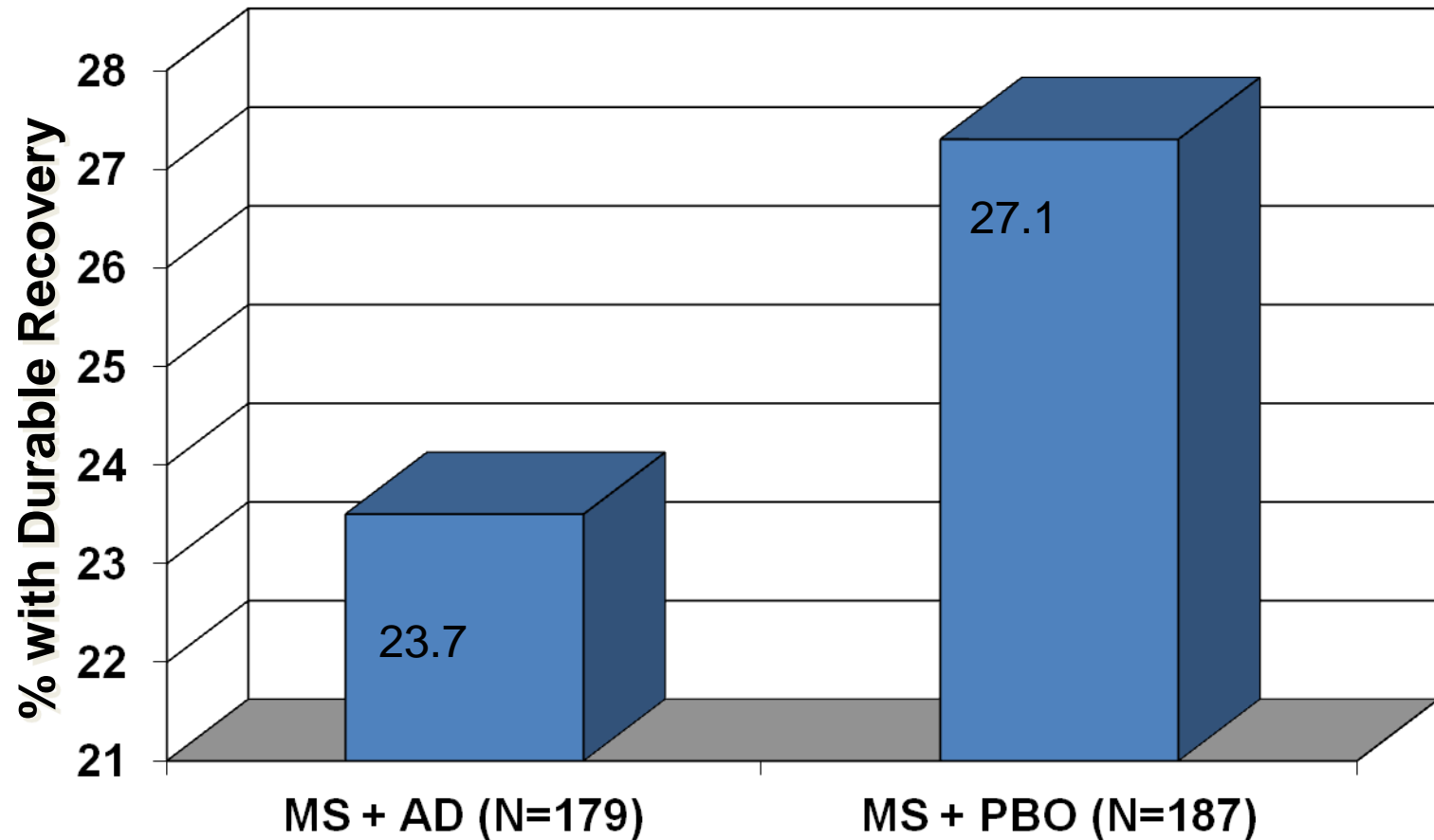
STEP-BD TIME TO RECOVERED STATUS: IPSRT VS. CONTROL



LogRank Chi-Square = 8.0227, P = 0.0455

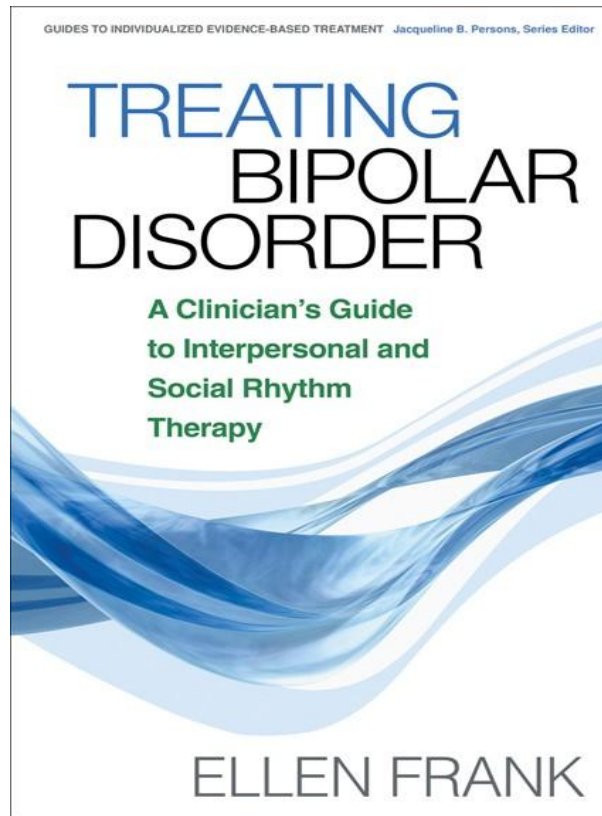
Miklowitz et al, *Archives of General Psychiatry*, 2007

No Advantage for Antidepressant + Mood Stabilizer vs. Mood Stabilizer + Placebo for Bipolar Depression: STEP-BD



AD=Paroxetine up to 30 mg/day or bupropion up to 300 mg/day

MANUAL FOR INTERPERSONAL AND SOCIAL RHYTHM THERAPY



guilford.com

amazon.com

barnesandnoble.com

QUESTIONS?

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