
Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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Interpersonal
and
Social Rhythm Therapy
(IPSRT)

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Case Example 1

- 70 year old woman with diagnosis of bipolar disorder unexpectedly separates from her second husband of 30 years after his infidelity with her close friend; understandably finds it very challenging to live on her own both logistically and emotionally after having a relationship and routine with her spouse for 30+ years; finds herself starting to be up during the night and awake during the day, missing appointments as well as activities with friends, which presents consequences of some providers and friends being upset; also, mood becoming more and more unstable; withdraws more to home where she finds the pattern of being asleep during the day and awake at night to get harder and harder to break; other routines like meal and medication times also become dysregulated

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Learning Objectives

Introduce the essential elements of Social Rhythm Therapy (SRT)

- Present a brief history of IPSRT
- Summarize evidence on efficacy of IPSRT
- Overview of the underlying theory and essential elements of SRT
- Goals of SRT – Initial, Intermediate, and Later Sessions

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Interpersonal and Social Rhythms Therapy (IPSRT)

Relationships Matter!
Regular Routines Matter!

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Psychotherapy Defined

“Psychotherapy may be thought of as consisting of a
technical part and a relationship part.”

(Gelso & Hayes, 1998, p. 3)

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Psychotherapy and Bipolar Disorder

“I cannot imagine leading a normal life without both taking lithium and having had the benefits of psychotherapy...

ineffably, psychotherapy heals.

It makes some sense of the confusion, reigns in the terrifying thoughts and feelings, returns some control and hope and possibility of learning from it all...

It is where I have believed – or have learned to believe – that I might someday be able to contend with all of this.”

Kay Jamison, Ph.D. , An Unquiet Mind, 1995

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IPSRT: Brief History

➤ Ellen Frank, Ph.D - a “committed cognitive therapist” learns IPT combined with research interest on “social zeitgebers and depression”

➤ July 14, 1990 –National Depressive and Manic-Depressive Association (NDMDA; now Depression and Bipolar Support Alliance) talk on family involvement in treatment

➤ Manual: Frank (2005)

➤ Key publication on efficacy: Frank et al., Arch Gen Psychiatry, 2005

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IPSRT: Efficacy

Frank et al. (2005)

Acute Treatment Effects

- longer time to recurrence
- increased regularity of social rhythms

Maintenance Treatment Effects

- reduced likelihood of recurrence

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IPSRT: Efficacy

Frank et al. (2008)

Acute Treatment Effects

- more rapid improvement in occupational functioning

Maintenance Effects

- no differences at end of two years, however, gains are maintained

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IPSRT Modalities and Populations

- Individual
- Group (closed)
- Inpatient
- Bipolar II

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IPSRT Efficacy

IPSRT works!

Adaptations/modifications underway
(e.g., group, inpatient, Bipolar II monotherapy)

Dissemination efforts are in early stages and essential!

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Key IPSRT Concepts

Social Rhythm Therapy (SRT)

Interpersonal Psychotherapy (IPT)

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Social Rhythm Therapy

- Underscore link between regular routines & moods
- Foster regular daily routines
- Use Social Rhythm Metric to monitor routines

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Interpersonal Psychotherapy

- Emphasizes link between mood and life events
- Focuses on interpersonal problem areas –
grief², disputes, role transitions

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IPSRT: Goals

- Accept: moods, routines, & interpersonal events linked
- Stabilize routines and sleep/wake cycles
- Problem solve using IPT concepts and tactics

- **REDUCE SYMPTOMS AND MOOD EPISODES**

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Social Rhythm Therapy

Theoretical Rationale

“Social Zeitgebers”

- Zeitgebers are “time keepers”
- Environmental factors set circadian clock
e.g., rising and setting of the sun
- “Social Zeitgebers” involve social cues
that set the circadian clock

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Social Rhythm Therapy

Theoretical Rationale

Social Zeitgeber Theory of Mood Episodes

Life Events -->

Change in Social Prompts -->

Change in Stability of Social Rhythms -->

Change in Stability of Biological Rhythms -->

Change in Somatic Symptoms

Mood Episode = Pathological entrainment of biological rhythms

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Social Rhythm Therapy

Theoretical Rationale

Life Events and mood changes

- Psychological impact (life stress)
- Disruption of routines
(social rhythm disruption)

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Social Rhythm Therapy

Theoretical Rationale

Change in Social Prompts

- The loss of beloved spouse
- The loss of not-so-beloved dog
- Change in office, no change in job
- Change in office AND promotion

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Social Rhythm Therapy

Theoretical Rationale

Change in *Stability* of Social Rhythms

- Death of beloved spouse leads to psychological loss AND a loss of regular daily routines
e.g., wake time, meal times, other daily activities, bed time
- Death of not-so-beloved dog involves a loss of regular daily routines
e.g., letting out in AM, walking, feeding, walking

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Social Rhythm Therapy

Theoretical Rationale

Change in *Stability* of Social Rhythms

- Change in office, no change in job yet routines disrupted
e.g., wake, commute route and travelers, coffee stop
- Change in office AND job promotion – psychological disequilibrium or loss as well as routine changes
e.g., former relations, new relations, travel, meetings

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Social Rhythm Therapy

Theoretical Rationale

Change in *Stability* of Biological Rhythms

Changes in wake time, first physical activity, first exposure to daylight, meal times, bed time...lead to changes in biological rhythms including

- Sleep
- Appetite
- Alertness
- Core body temperature
- Hormones such as melatonin and cortisol

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Social Rhythm Therapy

Theoretical Rationale

Change in Somatic Symptoms

Disruption of biological rhythms experienced as somatic symptoms
Consider Jet lag and Daylight Savings Time transitions as models

- Difficulty fall asleep at “correct” time
- Lack of appetite, nausea
- Lack of mental acuity, alertness
- Headache
- Irritability

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Social Rhythm Therapy

Theoretical Rationale

Mood Episodes = Pathological Entrainment of Biological Rhythms

Individuals vulnerable to mood disorders become “stuck” and experience the array of symptoms we refer to as mood episodes (manic and depressive).

Treatments that re-entrain biological rhythms can foster recovery and prevent relapse.

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IPSRT: Initial Sessions

- Assessment and history
- Education about bipolar disorder
- Rationale for IPSRT
- Interpersonal Inventory
- Identify interpersonal problem area and formulation
- Initiate Social Rhythm Metric

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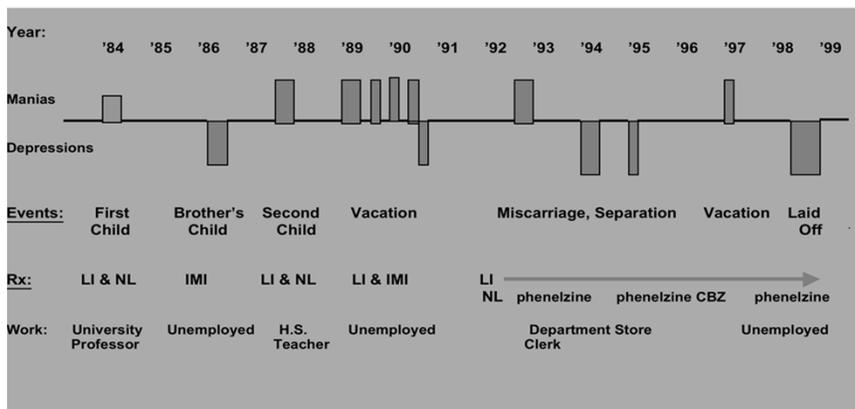
Relationships Matter! Cultivate the therapy relationship!



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Illness History Timeline

Handout 12
EXAMPLE OF A HISTORY OF ILLNESS TIME-LINE



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Social Rhythm Metric (SRM)

5-Item SRM

- Out of bed
- First contact with another person
- Start work/school/housework/volunteer/family care
- Dinner
- To bed

Social Rhythm Metric (SRM)

SRM II – 5-BPII

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															
Rate ENERGY LEVEL each day -5 = very slowed, fatigued +5 = very energetic, active															

IPSRT: Intermediate Phase

- Stabilizing social rhythms
- Intervening in the interpersonal problem areas

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Stabilizing Social Rhythms

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

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Stabilizing Social Rhythms

- Finding Balance: Rest, Activity, Stimulation
What is ideal for you? What works for you?
- Maintaining the balance
- Adapting to changes in routine
Expected
Unexpected – develop emergency plan
- Aspire to “supranormal” social rhythms

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Sleep and IPSRT

- Sleep is always a focus of IPSRT!
- Evaluate sleep patterns in the context of social rhythms
- Provide education: biology of sleep and helpful sleep practices

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Sleep and IPSRT

- Practices that help sleep
- Practices that hurt sleep
- What controls sleep?
- 4 steps to improving sleep

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Sleep and IPSRT

- Bedtime routine
- What to do if you have to get up in the night
- Strategies for getting out of bed

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Challenges in Implementing IPSRT

- No buy in to rationale/theory of IPSRT—i.e., client believes relationships and routines don't matter
- Lack of social support outside of therapy to help implement routines and work on relationships
- Missed appointments
- Immediate benefits of continuing dysregulation and avoidance of working on relationships outweigh the costs of making changes

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Challenges in Implementing IPSRT

Challenges in Initial Sessions: “The Drama of Mania”

- Focus drawn to medications and safety issues
- Key tasks deferred until symptoms decrease: think small
- Session intolerance: consider briefer, more frequent sessions
- Limited insight

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Challenges in Implementing IPSRT

Challenges in Initial Sessions: Therapist Feels Overwhelmed

- Exactly! There is a lot to do in first few sessions.
- Allow yourself to take an extra session or two to get tasks done.
- Allow for flexibility and be mindful of clinical intuition

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Challenges in Implementing IPSRT

Challenges in Initial Sessions: Implementing SRM?

- Aim for session 4
- Allow for flexibility
- Accept that takes more time for assessment when long history of mood cycling and/or complex interpersonal problems
- Introduce the idea of regular schedules well before the SRM –
“get your foot in the door”

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Challenges in Implementing IPSRT

Challenges in Initial Sessions: Completing SRM?

- Start small (e.g., wake times only)
- Complete together in session
- Remind of rationale
- Contract week by week

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Challenges in Implementing IPSRT

Challenges in Later Sessions: SRT vs. IPT

- Recognize that some people need very little SRM work and others need a lot
- And some people have effective interpersonal skills and others are quite impaired
- Flexibility is key! Emphasis varies session to session and patient to patient

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Challenges in Implementing IPSRT

Challenges in Later Sessions

- Seasonal variation in mood
- Medication non-adherence
- Crises
- Missed appointments

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Key IPT Concepts in IPSRT

IPT Problem Areas*

Interpersonal Triad

Relational Context

* Grief for lost healthy self

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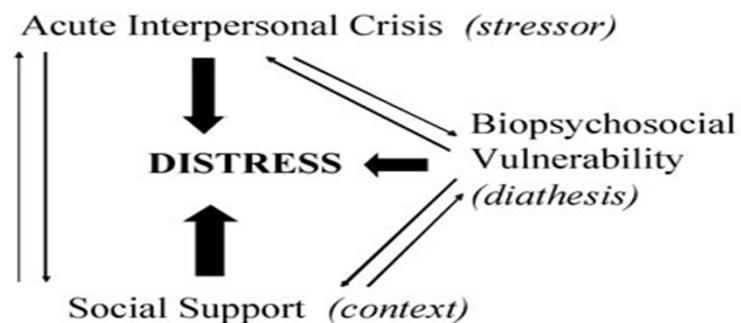
IPSRT Theory of Psychopathology: “The Problem Areas”

Acute Interpersonal Crisis (stressor)

- Grief for the lost healthy self
- Grief/Bereavement
- Role transitions
- Disputes
- Deficits, Sensitivities, Fearful Attachment*

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IPT Theory of Psychopathology: The “Interpersonal Triad”



Stuart (2006)

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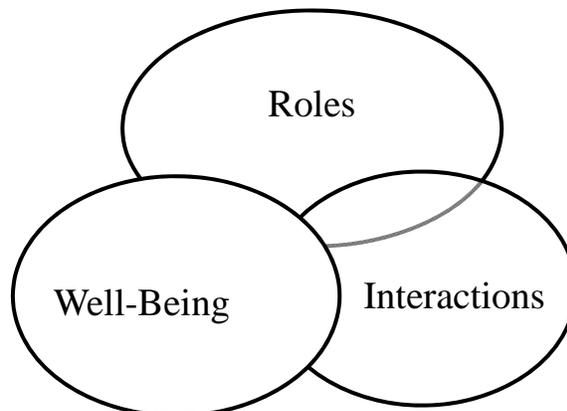
Interpersonal Problem areas and IPSRT

IPSRT promotes

- Development and use of social support
- Effective interpersonal problem solving
- Reduced vulnerability to mood instability via attention to regularizing social rhythms

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Relational Context



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Grief for the lost “Healthy Self”

Goals

Mourn

Foster mourning for what the patient might have been/accomplished without bipolar disorder

Compensation

Some original life goals are still attainable
Accept life-long nature of illness and adapt to management.

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Grief/Bereavement

Goals

Mourn

Foster mourning (recognize, describe, communicate)

Compensation

Identify sources of well-being in interactions and roles assumed with deceased.
Engage in social activation to recognize, discover and develop new social resources.

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Role Transition

Goals

Mourn

Foster mourning loss of role
(recognize, describe, communicate)

Encourage acceptance of change that has altered
interactions, roles, and sources of well-being

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Role Transition

Goals

Compensation

Revise expectations for roles, interactions, well-being

Engage in social activation to recognize, discover and
develop new social resources.

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Disputes

Goals

Increase awareness of “nonreciprocal expectations”

Identify stage of dispute: renegotiation, impasse, or irreconcilable differences

Clarify relationship needs: “currencies”

Negotiate differences in expectations and needs

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IPSRT Theory of Intervention

IPSRT focuses on remediation of relational disruptions via interpersonal problem solving

Goals and objectives for reparation of relational disruptions

Grief resolution and compensation

Dispute reduction and increased security

Role transition adaptation and compensation

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IPSRT Techniques/Tactics

IPSRT Goals and Objectives are what make it unique

IPSRT is “technically eclectic” and “integrative”

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Common IPT Techniques/Tactics

- Interpersonal Incidents (i.e., Clarification)
- Communication Analysis
- Problem Solving
- Role Playing
- Use of Affect
- Homework

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The Interpersonal Inventory and Case Formulation in IPSRT

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The Interpersonal Inventory and Case Formulation in IPSRT

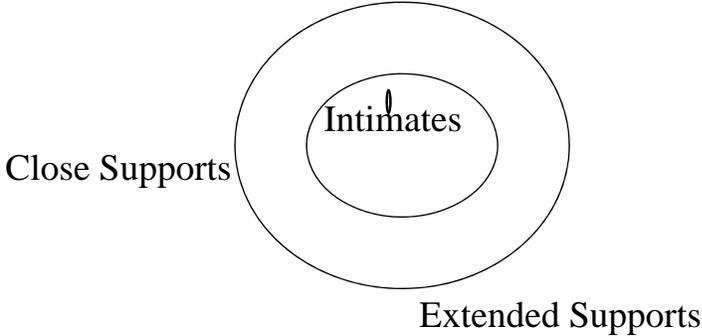
Who are the important people in your life?

WHAT WOULD AN “ADEQUATE”
RELATIONSHIP NETWORK LOOK LIKE?

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Interpersonal Inventory

Circle of Relationships

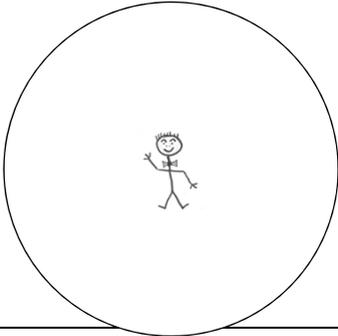


The diagram consists of three concentric circles. The innermost circle is labeled "Intimates". The middle ring is labeled "Close Supports". The outermost ring is labeled "Extended Supports".

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Interpersonal Inventory

Interpersonal Circle Technique



A large circle with a small stick figure standing in the center. The stick figure has a round head with a tuft of hair, a simple body, and two arms raised slightly.

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Interpersonal Inventory

Some Key General Questions

- Who are the important people in your life?
- How would you describe your social support system?
- Whom do you go to for support?
- To whom do you provide support?
- “Community” involvement?

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Interpersonal Inventory

Some Key Specific Questions

- How often do you see this person?
- What do you like/dislike about this relationship?
- Has anything changed in this relationship?
- How would you like the relationship to be different?
- What roles do you assume in this relationship?
- What kind of support do you get?
- What kind of support do you provide?
- What are your disagreements or arguments like?

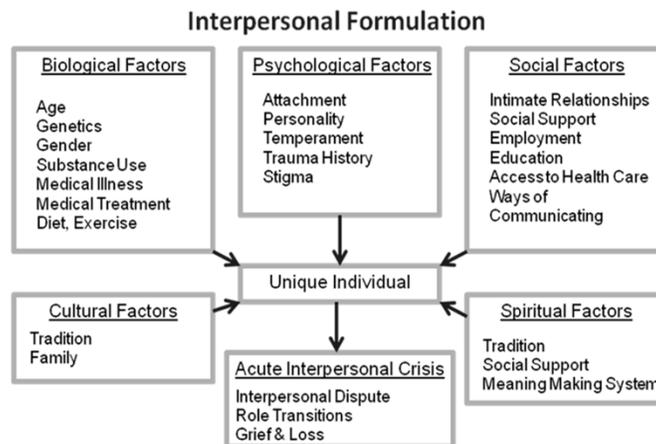
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The Interpersonal Inventory and Case Formulation in IPSRT

- Purpose: Assessment and hypothesis generation
- Think IPT problem areas and relational context
- Identify changes that patient would like to make in relationships

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IPSRT Case Formulation



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Intervening: Other useful interventions

See Frank (2005) Chp. 10

- Establishing a rescue protocol (e.g., small amount of antipsychotic medication for sleep)
- Medication monitoring
- Side effect monitoring and management
- Ongoing review of use of other medications, alcohol and drugs
- Exercise and nutrition consultation
- Manipulation of light

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Intervening: Other useful interventions

See Frank (2005) Chp. 10

- Involving family members
- Support groups
- Nonspecific support: Treatment relationships matter!

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Case Example 2

55 year old male with a diagnosis of Major Depressive Disorder who stopped working about 15 years ago due to depression and difficulty with chronic fatigue to focus more on raising his children; while raising children, was able to wake up and help them off to school and then returned to bed for additional sleep; also, was able to be awake when they returned home from school; however, his youngest child just recently left for college and without his routine of caring for his children, he finds that his sleep-wake patterns are becoming more dysregulated; although he had recently started an afternoon part-time job, he is concerned he will get fired due to frequent lateness; he notes that he feels more comfortable when in bed so that he is in bed much of the day and night when home whether he is sleeping or not; his mood had been stable, but is now destabilizing; he is now regularly making choices about routine based on how he feels

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Recommended Reading

Bleiberg, K.L., & Markowitz, J.C. (2008). Interpersonal Psychotherapy for depression. In D.H. Barlow (Ed.), Clinical handbook of psychological disorders: A step-by-step treatment manual 4th Ed. (pp. 306-327). New York: Guilford.

Frank, E. (2005). Treating bipolar disorder: A clinician's guide to interpersonal and social rhythm therapy. New York: Guilford.

Frank, E. (2007). Interpersonal and social rhythm therapy: A means of improving depression and preventing relapse in bipolar disorder. Journal of Clinical Psychology: In Session, 63(5), 463-473.

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Recommended Reading

Frank, E., Swartz, H., & Boland, E. (2007). Interpersonal and social rhythm therapy: An intervention addressing rhythm dysregulation in bipolar disorder. Dialogues in Clinical Neuroscience, 9(3), 325-332.

Jamison, K.R. (1995). An unquiet mind: A memoir of moods and madness. New York: Knopf.

Klerman, G.L., Weissman, M.M., Rounsaville, B.J., & Chevron, E.S. (1984). Interpersonal Psychotherapy of depression. New York: Basic Books.

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Recommended Reading

Miklowitz, D.J. (2008). Bipolar disorder. In D.H. Barlow (Ed.), Clinical handbook of psychological disorders, 4th. Ed.: A step-by-step treatment manual. New York: Guilford.

Miklowitz, D.J., Otto, M.W., Frank, E., Reilly-Harrington, N.A. et al. (2007). Psychosocial treatments for bipolar depression: A 1-year randomized trial from the Systematic Treatment Enhancement Program. Archives of General Psychiatry, 64, 419-427.

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Recommended Reading

Miklowitz, D.J., Price, J., Holmes, E.A., Rendell, J. et al. (2012).
Facilitated integrated mood management for adults with bipolar
disorder. Bipolar Disorder, 14/2, 185-197.

Stuart, S. & Robertson, M. (2012). Interpersonal Psychotherapy: A
clinician's guide, 2nd Edition. London: Arnold.

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IPSRT Web Resources

- International Society for Interpersonal Psychotherapists
www.interpersonalpsychotherapy.org

- Interpersonal Psychotherapy Institute
www.iptinstitute.com

- International Society for Bipolar Disorders
www.isbd.org

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