

**LA PSICOTERAPIA INTERPERSONALE E DEI RITMI
SOCIALI PER IL DISTURBO BIPOLARE :
APPLICABILITÀ AI SERVIZI PUBBLICI**

O

**IL RUOLO DELLE PSICOTERAPIE A BREVE TERMINE NEL
TRATTAMENTO DELLA DEPRESSIONE: IL CASO DELLA
PSICOTERAPIA INTERPERSONALE E DEI RITMI SOCIALI**

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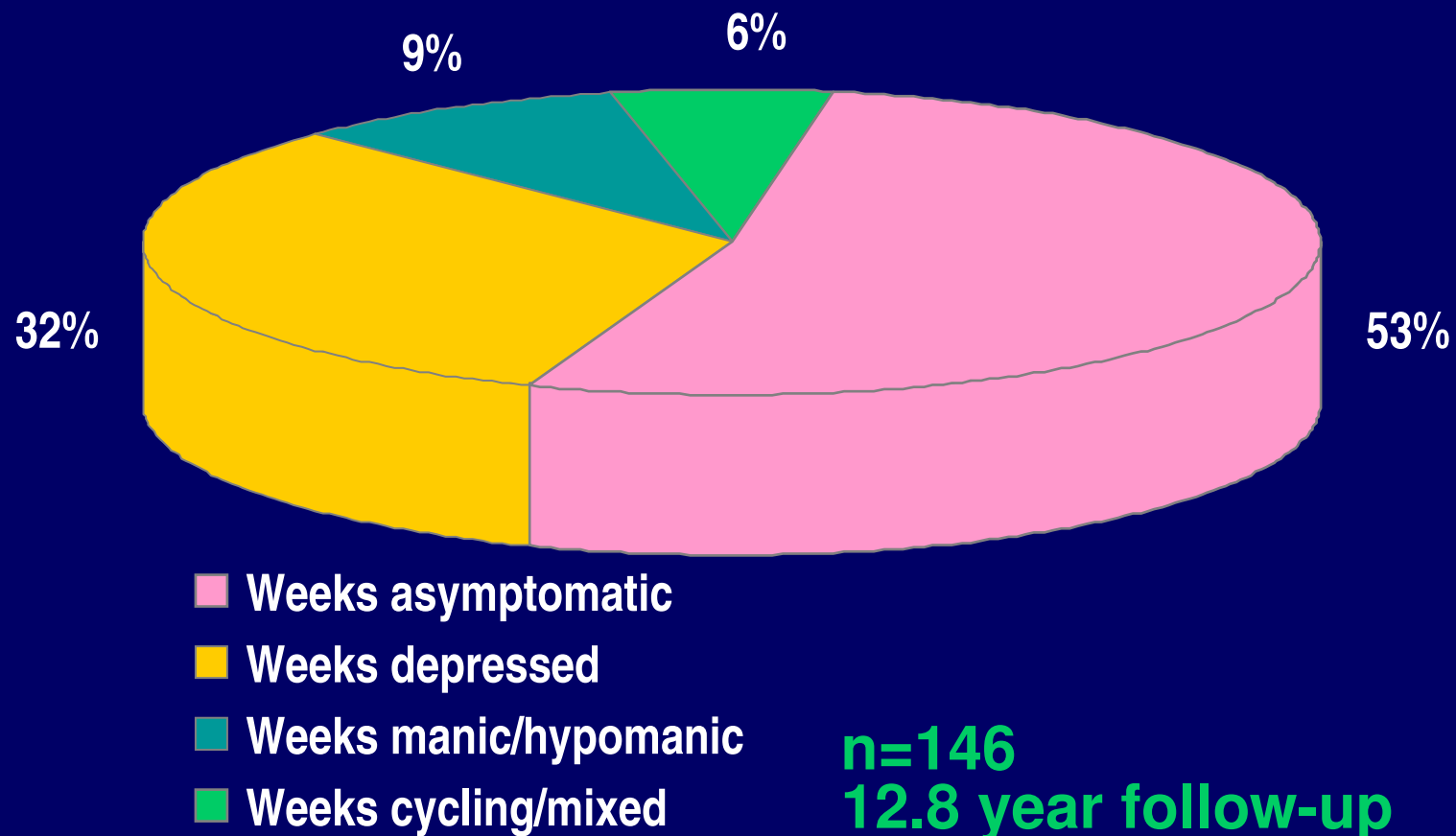
Nathan Buck, B.S

Bipolar Disorder Is A Chronic Illness

- Risk of recurrence approaches 70% over 5 years despite pharmacotherapy
- Cumulative affective morbidity (average symptoms over time, including subsyndromal symptoms)
 - Highly correlated with psychosocial functioning over 5 years
- Poor psychosocial function predicts shorter time to recurrence

- Gitlin MJ, et al. *Am J Psychiatry* 1995;152:1635-1640.
- Bauwens F, et al. *Depress Anxiety* 1998;8:50-57.

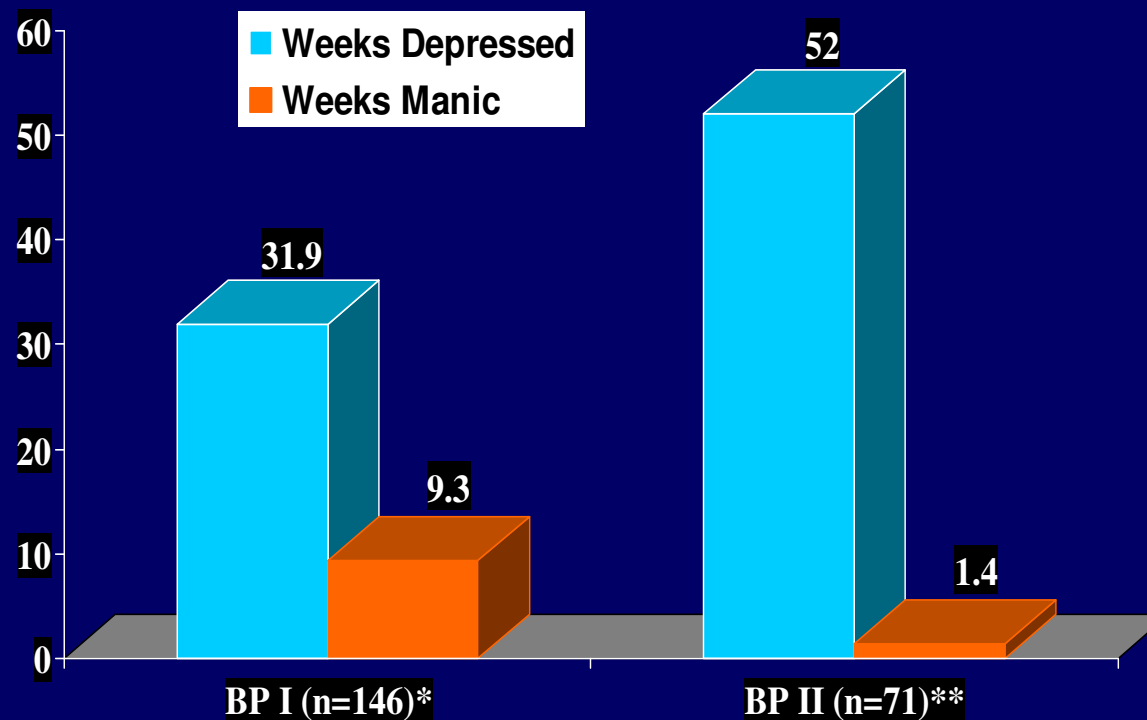
Bipolar Patients are Symptomatic Almost Half Their Lives



Judd LL, et al. *Arch Gen Psychiatry*. 2002;50(6):530-537.

Depression Is the Unmet Need

- NIMH Collaborative Depression Study
- 10 years follow-up; BP II-greater chronicity and comorbidity



Judd LL et al, 2002 and 2003. * 3:1 ratio ; ** 37:1 ratio

1994 NIMH Workshop on Bipolar Disorder

- It is clear that pharmacotherapy alone does not meet the needs of many bipolar patients
- Even with adequate medication treatment, many patients fail to show full recovery from acute episodes and display symptomatic and functional deficits during the inter-episode period

Interpersonal and Social Rhythm Therapy:

Rationale

Social Zeitgeber Hypothesis of Mood Episode Provocation

Life Events Affecting Interpersonal Relationships and Social Roles



Change in Social Prompts (Social Zeitgebers)



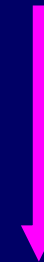
Change in Stability of Social Rhythms



Change in Stability of Biological Rhythms

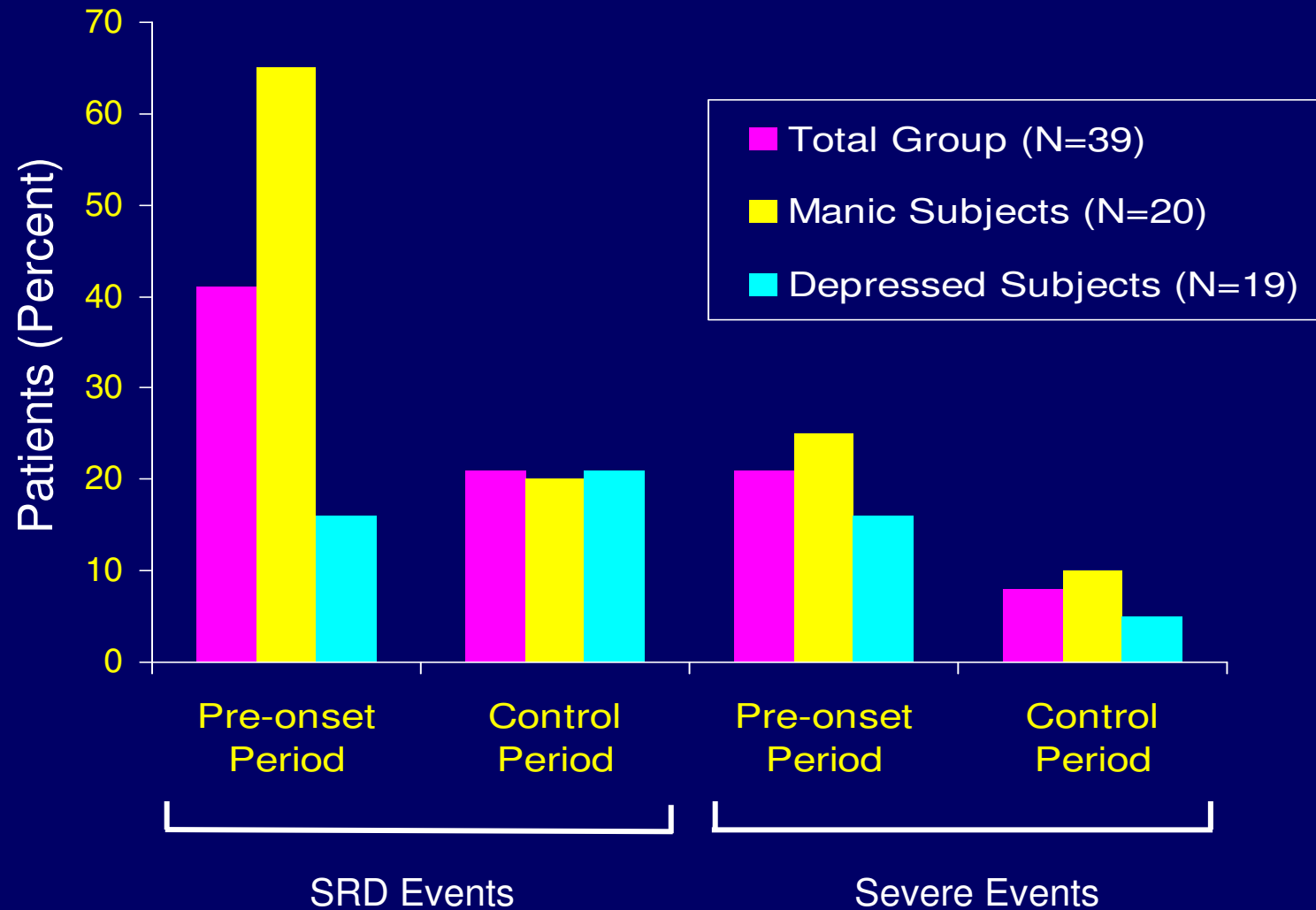


Change in Somatic Symptoms



Mania or Depression =
Pathological Entrainment of Biological Rhythms

Social Rhythm Disruption and Psychosocial Stress in Relation to Bipolar Episode Onset



Overview of Individual IPSRT

Individual 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

Individual IPSRT

Introductory Phase of Treatment

- Taking the history of the illness
- Taking the “interpersonal inventory”
- Educating the patient about bipolar disorder
- Identifying an interpersonal problem area
- Initiating the Social Rhythm Metric

Individual IPSRT Intermediate and Long-Term Maintenance Phases

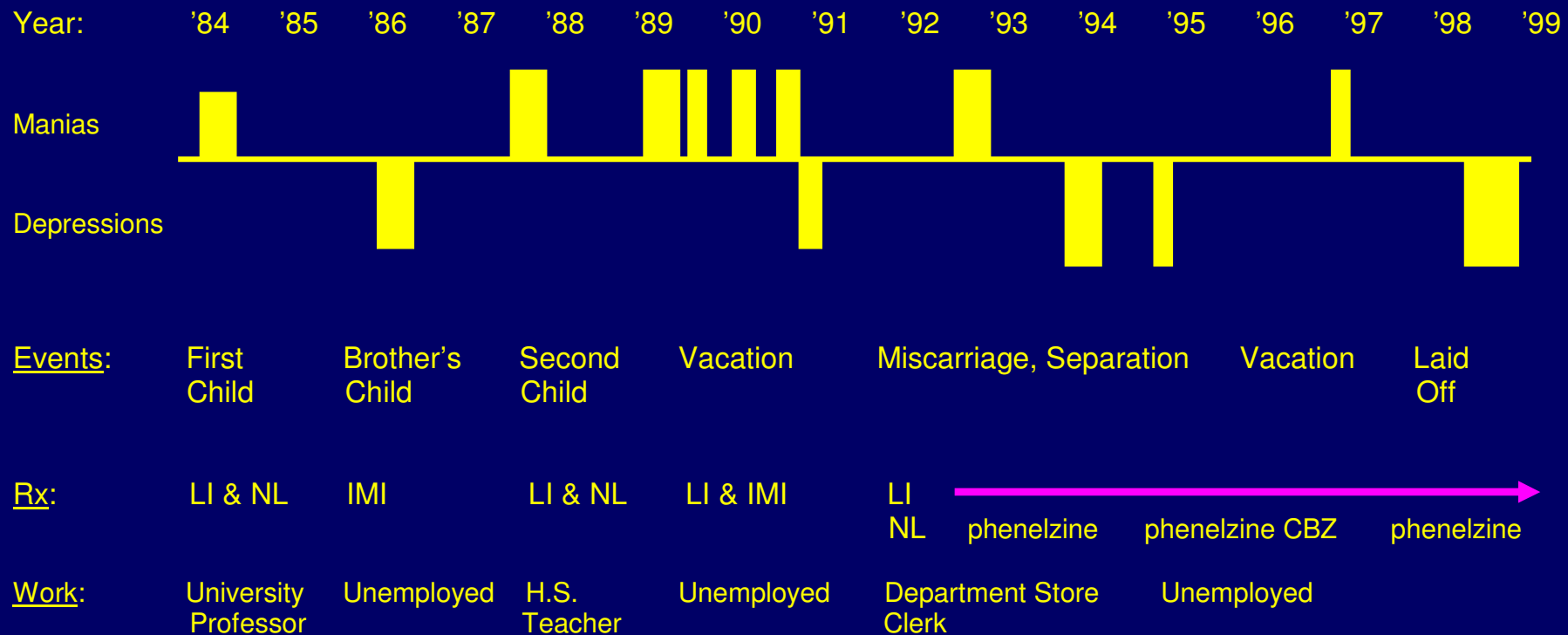
Symptom management and episode prevention plan:

- Encourage stable social rhythms
- Continue to monitor social rhythms and mood
- Examine and resolve specific interpersonal problems
- Explore ways to prevent re-emergence of these problems

The Illness Timeline

- Taking an illness history with an “attitude”
- Beginning to build the case for a link between mood episodes and disruption of social rhythms
- Start with either the **most recent** episode or **most severe** episode

Example of a History of Illness Time-Line



5-Item Social Rhythm Metric (SRM) STEP-BD Version

- Out of bed
- First contact (in person or by phone) with another
- Start work, school, housework, volunteer activities, child or family care
- Have dinner
- Go to bed

IPSRT Intermediate Phase

- Stabilizing social rhythms
- Intervening in the problem area

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

Grief for the Lost Healthy Self

- Additional IPT problem area
- Subtype of “grief” or “role transition”
- Mourning “old role”
 - Person who pt could/would have been
 - Interpersonal losses associated with illness
 - Vocational losses associated with illness
 - Treatment-associated losses (e.g. mourning loss of hypomania)

Grief For The Lost Healthy Self Continued

- Adjusting to “new role”
 - “Silver lining” of bipolar disorder
 - Making accommodations in life to allow for illness
 - Accepting need for on-going medical care and medications
 - Recognizing that IPSRT returns some degree of control to patient
 - Managing disclosure and illness acceptance with societal stigma

Other Interpersonal Problem Areas in Individual IPSRT

- Grief for a significant other
 - Graveside mania occurs occasionally
- Role transitions
 - Transitions that involve rhythm disruption may trigger episodes
- Role disputes
 - Irritability and narcissism can precipitate disputes that, in turn, disrupt household routines
- Interpersonal deficits
 - Chronically contentious relationships not uncommon

Interpersonal and Social Rhythm Therapy: Efficacy of the Individual Treatment - I

- Maintenance Therapies in Bipolar Disorder (MTBD) – acute intervention associated with significantly longer time to relapse of mania or depression over next 2 years¹
- Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD) – acute intervention associated with significantly more rapid remission of bipolar I or II depression²

1. Frank, et al, *Arch Gen Psychiatry* 62:996-1004, 2005.
2. Miklowitz et al, *Arch Gen Psychiatry* 64:419-427, 2007

Interpersonal and Social Rhythm Therapy: Efficacy of The Individual Treatment - II

- A small open treatment study indicates clinical benefits and high acceptability of IPSRT in adolescents with bipolar depression¹
- A small open treatment study indicates that about 40% of adults with bipolar II depression may remit with IPSRT monotherapy²

1. Hlastala & Frank (2006) *Dev Psychopathology*, 18, 1267-1288
2. Swartz et al, *Bipolar Disorders* 11:89-94, 2009

Adapting IPSRT Across a Continuum of Community Care

- Formation of a learning collaborative
- Basic instruction of front-line clinicians on essentials of the individual treatment
- Front-line clinicians pilot and adapt group intervention for outpatient services
- Lead clinicians pilot and adapt group intervention on inpatient unit
- Intensive outpatient clinicians initiate intervention in Intensive Outpatient Program

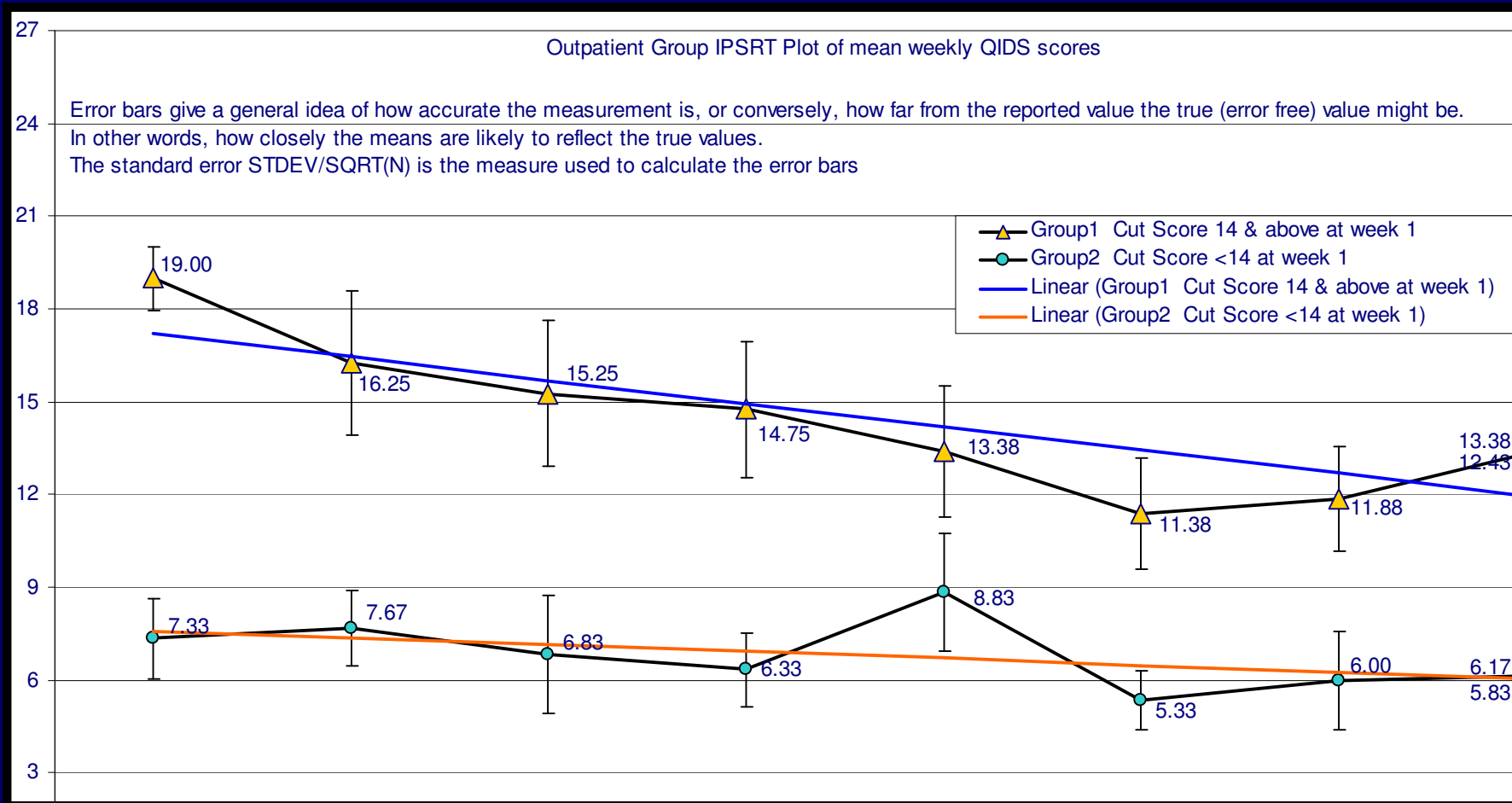
Adapting IPSRT Across a Continuum of Community Care: What We Set Out to Do

- To make IPSRT accessible to a *broad range of community patients* by implementing *cost-efficient group models* of IPSRT for individuals receiving treatment in both inpatient and outpatient settings within a single hospital system.
- To adapt IPSRT for delivery in:
 - 1) weekly outpatient groups
 - 2) thrice-weekly intensive outpatient program groups
 - 3) daily inpatient groups

The Outpatient Group Intervention

- 12 – 16 weekly 90-minute sessions
- 8 to 10 attendees and, initially, 2 group leaders
- Emphasis is on social rhythm regulation and psychoeducation
- Relationship of social rhythm disruption to most recent episode only completed as homework and explored in the group
- Patients complete 5-item Social Rhythm Metric between sessions
- ‘Loss of the healthy self’ explored as a group theme

The Outpatient Group Intervention: Evidence for Effectiveness



F(1,7)
=14.84
p=.006

The Inpatient Intervention: Getting Started

- Two-day training course
- Attended by outpatient, inpatient and IOP therapists, as well as nursing staff and psychiatrists
- Taught by research investigators, research clinicians and outpatient clinicians with group IPSRT implementation experience

The Inpatient Intervention: First Groups

- Outpatient clinician-manager and expert trainer led groups with milieu therapists observing
- Groups meet Mon-Fri for 60 minutes; topics recur on a 14-session cycle
- Attended by patients with mood disorders and other diagnoses

The Inpatient Intervention: Current Status

- Therapist manual has been developed by the researchers and front-line clinicians
- Complementary patient workbook has been developed and is given to patients on admission
- Meetings with milieu therapists held bi-weekly for several months
- Milieu therapists now lead groups on their own

Inpatient Social Rhythm Metric (SRM)

Inpatient Social Rhythm Metric (SRM)

	Day 1		Day 2		Day 3		Day 4		Day 5	
	Date:		Date:		Date:		Date:		Date:	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Wake (time)										
1 st Group attended (time)										
Breakfast (time)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Lunch (time)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Dinner (time)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Groups attended (total #)										
Naps (total time spent napping)										
Self-Initiated Activities (total #, brief description)										
To Bed (time)										
Daily Events (i.e. phone call, med change, etc.) (brief description)										
Mood (1-10)										
Daily Goal: (brief description, ✓ if met)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Weekly Goal: (brief description, ✓ if met)										<input type="checkbox"/>

*For meals, ✓ box if you initiate socialization during mealtime

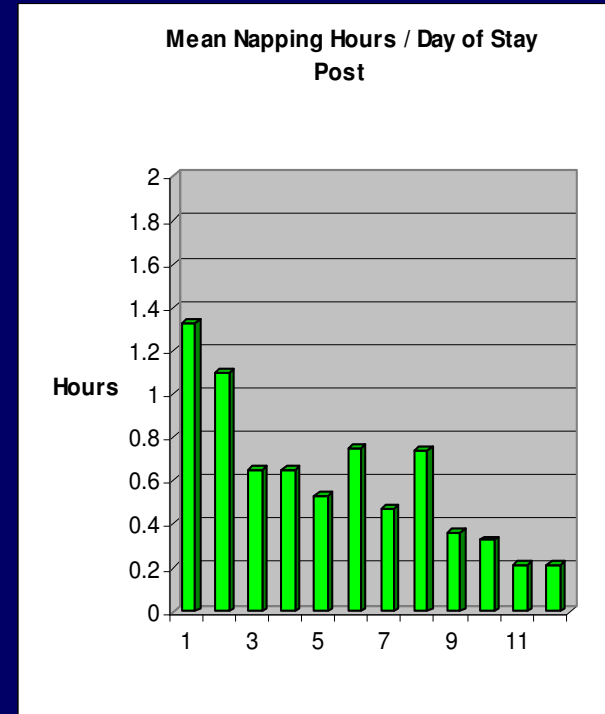
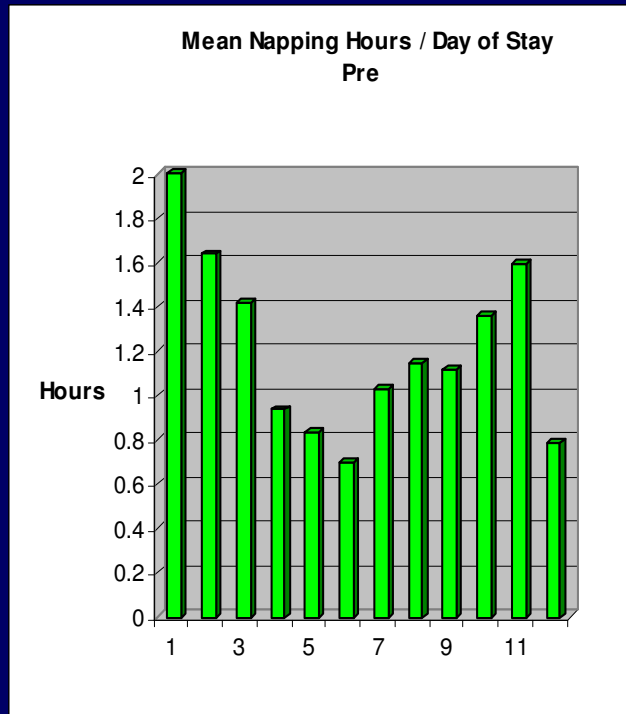
The Inpatient Intervention: Session Topics

- Introductory
- Walking
- Sleep
- Disrupted Routines
- Discharge Planning
- Goal Setting
- Setting Manageable Goals
- IPSRT Emergency Card
- IPSRT Collage
- IPSRT Pictures
- IPSRT Bingo
- IPSRT Cards
- SRM
- Resources

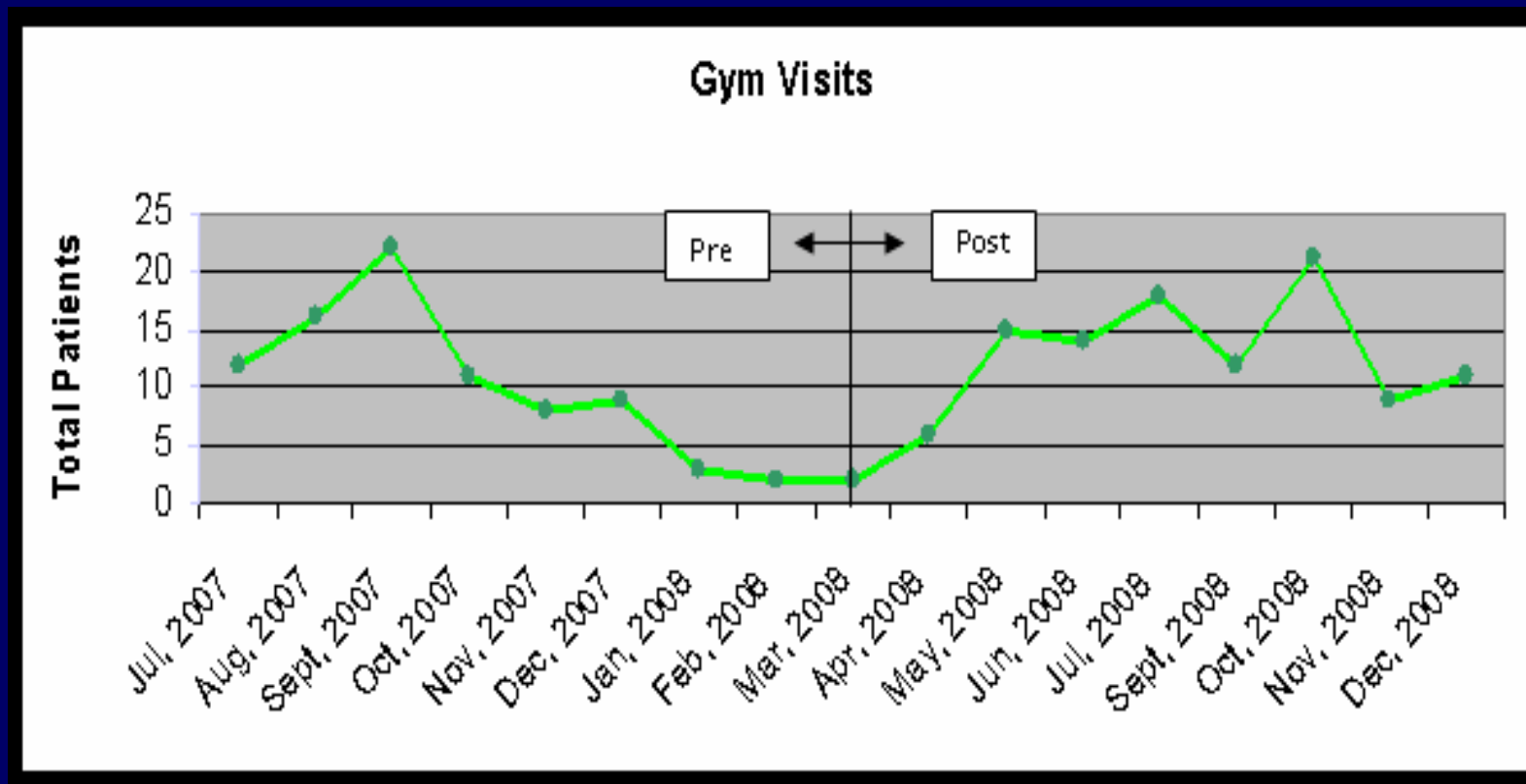
Milieu Interventions

- Evaluation of unit schedule
 - Consistency, activity level,...etc.
- Goal-setting groups
 - Measurable & attainable goals
- IPSRT-related goals
- Wake-up calls
 - Communication of wake times
- Night-shift interventions
 - Interventions for non-nocturnal sleepers

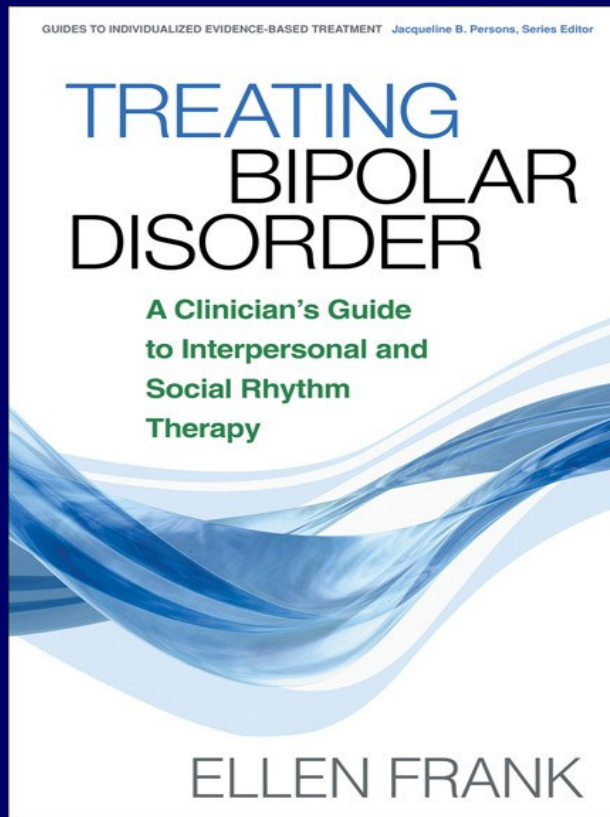
Effectiveness of the Inpatient Intervention: Reduction in Napping



Effectiveness of the Inpatient Intervention: Gym Attendance



Manual For Interpersonal and Social Rhythm Therapy



Disponibile in italiano in 2010

guilford.com

amazon.com

barnesandnoble.com

Frank, E. *TREATING BIPOLAR DISORDER: A CLINICIAN'S GUIDE TO INTERPERSONAL AND SOCIAL RHYTHM THERAPY*. The Guilford Press, New York, NY, 2005.

**Grazie della vostra
attenzione.**

The Outpatient Group Intervention: Content of Sessions 1 - 4

1. Introductions, 'step-up-to-the-line' exercise, goals of IPSRT
2. Social Zeitgeber hypothesis, Social Rhythm Metric, BP psychoeducation
3. SRM review, relation of social rhythms to symptoms. BP psychoeducation continues
4. SRM review and discussion, +5 to -5 Mood Rating Scale, BP psychoeducation continues

The Outpatient Group Intervention: Content of Sessions 5 - 8

5. What is BDP, distinguishing BP I from BP II, defining episodes
6. Medications for BPD, side effects and their management, pros and cons of medications, communicating with your psychiatrist
7. History of Illness Timeline: review of handout, how it relates to pts' own experience, role of interpersonal triggers
8. Continue work on Illness History Timeline, discussion of pts' most recent episodes, assignment to chart full illness history as homework

The Outpatient Group Intervention: Content of Sessions 9 - 12

9. Review of SRM's and mood ratings, work on grief for the 'lost healthy self'
10. Review of SRM's and mood ratings, discussion of other interpersonal themes: transitions and disputes
11. Review of SRM's and mood ratings, discussion of interpersonal themes, foreshadowing termination
12. Review of SRM's and mood ratings, discussion of termination and/or transition to the graduate group

Introduction to IPSRT Groups

The goal of this group is to present the rationale for Interpersonal social Rhythm Therapy discussing how regular schedules and routines can have a positive impact on mood.

Walking Group

Physical activity can have a positive impact on mood. It can also be an important part of daily schedules. In this group mood and energy are assessed before and after walking

Sleep Group

It is difficult to maintain a regular routine if sleep is not consistent thus this group discusses things that can help and hurt sleep

IPSRT Emergency Card

Sometimes even the best schedules change and you find yourself with unplanned time. This group looks at options to fill the time.

Senarios of Disrupted Routines

Real life situations that might interfere with the ability to maintain a routine are discussed and strategies for intervening are discussed

Discharge Planning Group

The transition from the inpatient unit is discussed and planning is done regarding a schedule for daily activities upon discharge

Goal Setting Group

Short term and long term goals are discussed and the group does an exercise involving discovering manageable steps towards the goal.

Setting Manageable Goals

Review of goal-setting with an emphasis on how to set manageable goals and how to break larger goals down into smaller steps

Collage Group

Group members find pictures related to IPSRT and work together to make a collage as they explain how the picture is related to IPSRT.

IPSRT Pictures

Pictures are given to group members and the group discusses how the pictures relate to IPSRT.

IPSRT Bingo

Bingo using IPSRT terms. Before a participant can place a card on a letter, however, he or she must explain what that card has to do with IPSRT.

IPSRT Cards

Each group member is asked to choose a card and discuss how the topic on the card relates to IPSRT

IPSRT Bingo

Bingo using IPSRT terms. Before a participant can place a card on a letter, however, he or she must explain what that card has to do with IPSRT.

IPSRT Cards

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SRM Group

The role of the Social Rhythm Metric is discussed and together the group learns how to complete their own SRM

Resource Group

Community Resources that may be helpful when trying to plan a daily routine are discussed.