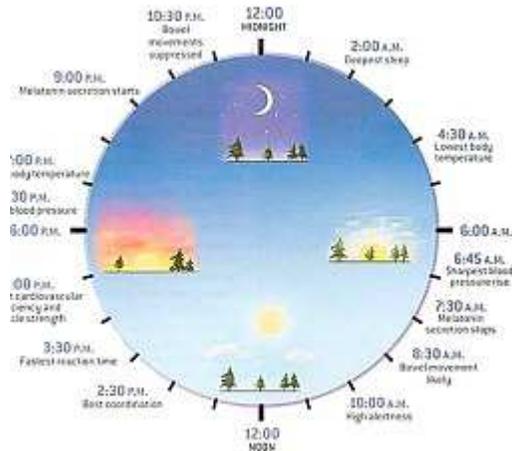


SOCIAL RHYTHM PSYCHOTHERAPY FOR BIPOLAR II

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While most mental health professionals and doctors turn to medications first to treat bipolar disorder, they miss an opportunity to treat it naturally, through the use of psychotherapy. And while medication may be an appropriate first-line treatment for bipolar I disorder, where the mood states are more well-defined and severe, it's less clear that it is as beneficial in bipolar II disorder.

It's probably most accurate to describe bipolar II as a condition of complex mixed mood states. Sadly, because bipolar II isn't as easily recognized as bipolar I, it is often misdiagnosed and goes untreated. People present most often with clinical depression while suffering from bipolar II, leaving the hypomanic episodes undiscovered unless a person is specifically asked about them.

Psychotherapy can be a beneficial, effective treatment method for bipolar II, with or without the use of adjunct medication. Here's how it works.

In bipolar II disorder, mixed moods are "typically experienced as dysphoric, uncomfortable, energized states that one patient aptly described as "tired-wired." Mixed mood states make it more difficult to track mood changes, evaluate outcomes in clinical trials, and recognize onsets

of new episodes,” according to the researchers of a recent review article that examined psychotherapy’s effectiveness in the treatment of bipolar II (Swartz et al., 2012).

The review found “preliminary evidence for cognitive therapy, cognitive–behavioral therapy, psych education, family focused therapy, case management, and IPSRT as treatments for [bipolar II] disorder.”

IPSRT is a form of psychotherapy called Interpersonal and Social Rhythm Therapy. At the time of this review, it was the “only psychotherapy to demonstrate feasibility of treating individuals with BP II with psychotherapy alone.” Which is quite an achievement, given that many professionals and most laypeople have probably never heard of it.

What is Interpersonal and Social Rhythm Therapy (IPSRT)?

Interpersonal and Social Rhythm Therapy has three components: psychoeducation, social rhythm therapy (SRT), and interpersonal psychotherapy (IPT). Here’s how the researchers describe these three components:

- **Psychoeducation** focuses on the illness and its consequences, pharmacotherapeutic options and potential side effects, and detection of prodromal symptoms and early episode warning signs.
- **Social rhythm therapy (SRT)** focuses on developing strategies to promote regular, rhythm entraining social cues and to reduce the impact of events that disrupt rhythms. This is accomplished by reviewing the patient’s social routines using the Social Rhythm Metric (SRM), an instrument used to measure rhythm regularity, by identifying behaviors that negatively influence rhythm stability and areas where rhythms could be regularized, and by working toward rhythm stability through graded, sequential lifestyle changes. Patients are encouraged to have as regular a schedule as possible.
- **Interpersonal psychotherapy (IPT)** interventions are used to help patients recognize the reciprocal relationship between interpersonal problems and mood dysregulation. Patients focus on one of five IPT problem areas in their efforts to ameliorate interpersonal and social role problems. Four of these come from the original IPT manual (grief, role transitions, role disputes, interpersonal deficits), and one has been added specifically for

IPSRT, grief for the lost healthy self, in which patients have an opportunity to mourn the person they might have become if not for BP disorder.

Please visit the following site in order to attain more information:

<http://psychcentral.com/blog/archives/2014/01/27/social-rhythm-psychotherapy-for-bipolar-ii/>.