Treating Bipolar Disorder: A Clinician's Guide to Interpersonal and Social Rhythm Therapy
Ellen Frank. New York: Guilford Press (www.guilford.com). 2005, 212 pp., $35.00 (hardcover).

This book contributes to a growing literature on psychosocial treatments for bipolar disorder. As practitioners have increasingly realized that psychopharmacological treatment alone is ineffective for bipolar illness there has been an explosion of writing on psychological treatment for this chronic and often debilitating illness. In *Treating Bipolar Disorder: A Clinician's Guide to Interpersonal and Social Rhythm Therapy*, Frank outlines the treatment of a new psychotherapy for bipolar disorder, Interpersonal and Social Rhythm Therapy (IPSRT). IPSRT combines Interpersonal Therapy (IPT), an established therapy for unipolar depression, and social rhythm therapy, a new form of behavior therapy that focuses on stabilization of social rhythms such as sleep and meal times.

The book begins with a chapter devoted to vignettes of patients with bipolar disorder in different stages of the illness and at diverse levels of functioning. Indeed, a strength of this book overall is how Frank weaves clinical vignettes into all chapters to illustrate how to apply IPSRT with different patients. She makes a convincing argument throughout the book that IPSRT can be implemented with any type of bipolar patient.

Next, Frank provides a brief review of empirically-supported theories and treatments for bipolar disorder, laying the groundwork and rationale for a focus on social rhythms. She introduces the idea of "zeitgebers" (time-givers), both physical (e.g., the rising and setting of the sun) and social (e.g., timing of sleep, work, and meals). According to Frank's social zeitgeber theory, life events that affect the interpersonal domain disrupt social zeitgebers, which then disrupts social rhythms, which then disrupts biological rhythms, which leads to somatic symptoms, and finally, to mania or depression for individuals with bipolar illness. Frank does not discount the role of social support, coping style, or biological vulnerability but argues that individuals with bipolar disorder have particularly "inflexible biological clocks" which are easily disrupted by particular life events. Theory and research from both physiological and psychological perspectives are presented to support the social zeitgeber theory.

In Chapter 4's overview of IPSRT Frank posits that relapse in bipolar patients who are on medication stems from 1) nonadherence to meds, 2) stressful life events, and 3) disruption in social rhythms. IPSRT emphasizes a two-pronged approach to treatment: 1) management of symptoms through medication and stabilization of social rhythms, and 2) resolution of interpersonal problems. As in IPT, in IPSRT, the clinician and patient decide together to work on one of four interpersonal areas: resolving an unresolved grief experience, negotiating a transition in a major life role, resolving a role dispute with a significant other, or generalized interpersonal deficits. Frank also adds a fifth area, grief for the healthy self, which she feels may be particularly relevant for some patients with bipolar disorder, especially those who are struggling to accept the illness.

In subsequent chapters Frank focuses on assessment, case formulation, and selection of an interpersonal problem area. However, the space devoted to describing the nuts-and-bolts of conducting the interpersonal aspect of IPSRT is small, so clinicians not familiar with IPT are advised to educate themselves in this area. In fact, Frank is explicit in recommending knowledge of IPT to successfully conduct IPSRT.

In Chapter 8, Frank outlines the implementation of social rhythm stabilization for symptom management. This is accomplished via the Social Rhythm Metric (SRM), a self-report form that can be used in either the longer 17-item version or shorter five-item version. She emphasizes that much of the clinician's work is to convince the patient of the necessity of stabilizing social rhythms to prevent relapse and to help the patient adapt to new routines. In fact, one of the strengths of IPSRT is its simplicity in approach and application, particularly with regard to the social rhythm stabilization component of treatment. This is particularly so if one uses the SRM as a way to monitor activities rather than scoring it which appears to be rather complex and is likely too timely for clinicians.

Like CBT, IPSRT emphasizes psychoeducation, self-monitoring of moods and symptoms, activity-scheduling, and a focus on present problems and relationships. A major difference between IPSRT and traditional CBT is that the clinician rarely gives specific assignments other than having the client monitor their social rhythms and overall mood (manic vs. depressed). Frank does state, however, that, "…the very nature of treatment …implies out-of-session activity on the patient's part."

This book will be valuable to clinicians with varied levels of expertise. Frank not only outlines IPSRT but provides information about bipolar disorder as well as suggestions for basic tasks in psychotherapy such as taking a history, differential diagnosis, and establishing a rescue protocol which will be helpful to beginning clinicians. In addition, this book will be useful for seasoned practitioners who wish to expand their repertoire of treatment skills for bipolar disorder to stabilization of social rhythms. However, as stated above, clinician's wishing to provide the interpersonal component of IPSRT will need to obtain this training from additional sources.

In her review of empirically-supported treatments for bipolar disorder, Frank describes the two studies of IPSRT that have been conducted thus far. She also points to the efficacy of IPT and behavioral activation for unipolar depression to support IPSRT. Nevertheless, further studies are needed to determine whether IPT applies to bipolar disorder as effectively as it does to unipolar depression. Certainly, it has been demonstrated that interpersonal, particularly family issues, are an important part of treatment for bipolar disorder (Miklowitz & Goldstein, 1997) but whether the approach advocated by IPT is the most effective approach requires further consideration. Although the research on IPSRT is limited, the results appear promising. However, future research will have to determine how IPSRT compares to CBT and other evidence-based psychosocial treatments for bipolar disorder.

Reference

Miklowitz, D. J., & Goldstein, M. J. (1997). Bipolar Disorder, A Family-Focused Treatment Approach. New York: Guilford Press.

Antonia M. Pieracci, Ph.D.
American Institute for Cognitive Therapy
New York, NY