

# Interpersonal and Social Rhythm Therapy: A Brief Overview

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Interpersonal and Social Rhythm Therapy (IPSRT) helps people improve their mood and overall mental health by building a regular routine and improving their interpersonal relationships. IPSRT meant from two words: The interpersonal and the social Rhythm. The 'interpersonal' part focuses on building safe, healthy relationships and the 'social rhythms' part focuses on building a consistent daily routine. How does it function? Social rhythm therapy include regulate daily routines, emphasizes the link between regular routines and moods, uses social rhythm metric to monitor routines ,Interpersonal psychotherapy (IPT) – Emphasizes link between mood and life events , focus on interpersonal problem area (grief, role transition, role disputes, interpersonal deficits) , Psycheducation to promote medication adherence (Frank E, et al,2005, Klerman GL, et al.1984) . The primary goal of IPSRT is to help individuals develop and maintain stable social rhythms. IPSRT is done by working with individual to identify and regulate their sleep, meals, and leisure activities, as well as any other daily routines that may be affecting their mood. The therapist works with the individual to create predictable and consistent patterns and helps the individual to maintain these routines even in times of stress. The origin of IPSRT is new in the area of mental health as well as behaviour sciences. It is originally developed as a form of psychotherapy for a single clinician and a single patient including inpatient and outpatient groups. This is a compelling adjunctive therapy for people with mood disorders, and it emphasizes techniques to improve medication adherence, manage stressful life events, and reduce disruptions in social rhythms. IPSRT teaches patients skills that let them protect themselves against the development of future episodes.

Ellen Frank developed IPSRT and she mentioned that relationship conflicts or disruptions in one's daily routine can trigger mood episodes in people with mental health conditions. It was initially developed to help with the mood episodes associated with bipolar disorder. Now, it is also used to help with other mental health conditions such as depression, anxiety, and schizophrenia.

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It is based on Social Zeitgeber Theory . The social zeitgeber theory focuses on how routine events or actions in a person's life are linked to their natural rhythm.. Life Events → Change in Social Prompts→ Change in Stability of Social Rhythms→←Change in Stability of Biological Rhythms→←Change in Somatic Symptoms→← Manic and Depressive Episodes = Pathological Entrainment of Biological Rhythms. (Ehlers et al,1988 ). **Change in social prompts:** 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 : Change in stability of social Rhythms:** Generally death of a beloved one, a move to a new office location without a change in responsibilities, a move to a new office location and a change in responsibilities or others stressful events leads to psychological loss as well as disturbance in daily routines (e.g. wake time, meal times, other daily routines, bedtime).**Change in Stability of Biological Rhythms:** This includes 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. There are certain stages of this IPSRT. It can be broadly categorized into three stages :(1) Initial Stage: The healthcare provider works with the patient to understand their current mood state, any previous mood episodes they have experienced, and how their behaviours and relationships have changed with each episode. (2)Intermediate Stage: In this stage, the patient maintains a chart on which they track all their daily rhythms, or social metrics, such as: the time they get out of bed, the time of their first in-person interaction with someone else, the time they eat their meals, the time they go to bed, the time they start their primary activity

schizophrenia spectrum disorders experience functional deficits in many areas, including social relationships, employment, ability to attend school, self-care, and health behaviors (Świtaj et al 2012) .As such, the structured approach of IPSRT (through use of the SRM) may provide some immediate benefit to people with these disorders in functional domains that may be tied to routine.Indeed, some clinical applications of IPSRT have already been suggested (Bello et al,2017) or undertaken in settings focused on affective psychosis, specifically for those early in the course of their illness. Early results (Harris et al 2010) have suggested the intervention is feasible and may reduce mood symptoms and improve functioning for such individuals. taper off to once every two weeks or once a month during the latter stages.(3) Final Stage: In the final stage, the patient and healthcare provider work toward terminating therapy IPSRT can be performed in different settings: Individual Basis [One patient working with one healthcare provider],Group setting [Multiple patients working with one or more healthcare providers], Remote setting [Over the phone or internet]. Daramus mentioned about some benefits of IPSRT:(a) Building confidence and improving relationship skills (b)Replacing toxic relationship with healthier, more supportive ones © Helping people remember basic life tasks that need to be done every day (d)Teaching people techniques for better sleep and daily living(e)Increasing adherence to medication and treatment(f)Improving mood and creating an overall sense of stability. Research shows that IPSRT can be helpful with mental health conditions such as (a)**Bipolar disorder:** A 2020 study found that IPSRT can help reduce depressive and manic symptoms in patients with bipolar disorder, improve their day-to-day functioning, increase adherence to medication, and improve their response to mood-stabilizing medication.<sup>6</sup> Another study found that it may also be helpful in preventing or delaying the onset of bipolar disorder in at-risk adolescents. IPSRT has been confirmed to be

effective in improving the clinical symptomology of BD patients and in improving the affective morbidity index (Luca et al 2020) (b)**Depression and anxiety:** A 2016 study notes that IPSRT and other social rhythm therapies (SRTs) can also be beneficial to people with mood disorders such as depression and anxiety, as they may be less likely to have consistent daily rhythms but simultaneously have heightened sensitivity to disruptions and irregularities.(c)**Schizophrenia:** A 2021 study notes that IPSRT can help with the depressive symptoms people with schizophrenia may experience.(d) It is most often used with another form of therapy, such as cognitive-behavioral therapy (CBT) or dialectical-behavior therapy (DBT), rather than by itself. People with It is based on Social Zeitgeber Theory . The social zeitgeber theory Frank et al mentioned about the following strategies may be used in IPSRT(Frank et al,2000) (a)*Grief* – This refers to symptoms resulting from incomplete mourning or unresolved feelings about the death of an important person. This can also refer to grief for the loss of a healthy self (i.e., the person before the illness or the person →one could have become, if not for BD). Strategies include encouraging expression of painful feelings about lost hopes, ruined relationships, interrupted careers, and passed opportunities. This is followed by encouragement to develop new relationships, establish new, more realistic goals, and focus on future opportunities.(b) *Interpersonal role disputes* – This refers to any close relationship in which there are nonreciprocal expectations, such as in marital conflict and arguments with parental figures. Strategies include learning how to be more patient, tolerant, and accepting of limitations in self and other (Frank,2005B) . This, in turn, can lead to fewer critical and argumentative instincts.(c)*Role transition* – This refers to any major life role change, such as new employment, graduation, retirement, marriage, divorce, and giving birth. This can also refer to the

can include noting the negative consequences of hypomania and encouraging the identification of rewarding life goals as suitable alternatives.(d) *Interpersonal deficits* – This refers to a long-standing history of impoverished or contentious social relationships, leading to an overall feeling of dissatisfaction. Strategies include identifying the common thread in the multiple disputes across one's life and possibly working to restore “burnt bridges” IPSRT rests on an instability model that defines three interconnected pathways to affective recurrences: social rhythm disruption, stressful life events, and medication nonadherence (Frank,2005A) **Conclusion:** IPSRT is a kind of interpersonal therapy working on relationship aspects of individual's life and works to identify an individual's routine, or lack of routines, and encouraging the individual to establish and maintain for consistent structure. There is importance on ranking activities necessary to basic health maintenance, such as meal times, exercise, and especially going to bed and waking up at regular times. Moreover, individuals are encouraged to add activities that help boost mood and improve social connectedness, such as regularly spending time with friends and family. In this therapy, the individual and therapist work together to identify disruptive triggers that interfere with routines, such as travel or shift work, and develop strategies to cope with them.

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