Interpersonal and Social Rhythm Therapy for Bipolar Disorder – On July 9, 2009, Ellen Frank, Ph.D., and Holly Swartz, M.D., presented information regarding Interpersonal and Social Rhythm Therapy (IPSRT), a psychosocial treatment designed to augment pharmacotherapy for persons with bipolar disorder. The purpose of the meeting was to identify ways in which IPSRT might be implemented within New York State’s psychiatric centers. Several representatives from the psychiatric centers expressed potential interest in the intervention, some noting the possibility of implementing within inpatient treatment malls. Invited experts included: Ellen Frank, Ph.D., and Holly Swartz, M.D. To see a summary of the meeting, please see below.
Interpersonal and Social Rhythm Therapy
For Bipolar Disorder
Summary Meeting Report
July 9, 2009
Multipurpose Room, 6th Floor, Room 6602
New York State Psychiatric Institute, New York, NY

Attendees:

University of Pittsburgh Medical Center and the Western Psychiatric Institute & Clinic:
Ellen Frank, Ph.D.
Holly Swartz, M.D.

University of NC at Chapel Hill:
Scott Stroup, M.D., M.P.H.

OMH:
Susan Essock, Ph.D.
Laura Kent, M.D.
Gregory Miller, M.D.
Robert Myers, Ph.D.
Lloyd Sederer, M.D.

Columbia:
Melissa Arbuckle, M.D., Ph.D.
Allie Baker, M.D.
Carlos Blanco, M.D.
Cathryn Galanter, M.D.
James Gangwisch, Ph.D., M.P.A.
David Kimhy, Ph.D.
Carlos Jackson, Ph.D.
Jeff Lieberman, M.D.
Christiana Mangurian, M.D.

Bronx Psychiatric Center:
John Markowitz, M.D.
Steven Roose, M.D.
Helena Verdeli, Ph.D.
Myrna Weissman, Ph.D.

Creekmoor Psychiatric Center:
Joseph Bataglia, M.D.
Pamela Turner, L.M.S.W.

Manhattan Psychiatric Center:
Kathy Iverson, M.B.A.
William Fisher, M.D.

Rockland Psychiatric Center:
Sammy Khalife, M.D.
Jean-Pierre Lindenmayer, M.D.
Steve Rubinowitz, L.C.S.W.

South Beach Psychiatric Center:
Roseanne Gaylor, M.D.
William Henri, M.P.A.

A mission of the New York State Psychiatric Institute (NYSPI) is to translate effective treatments into services and practices more quickly than typically occurs. The New York State Office of Mental Health (OMH) also wants to find out if these promising interventions can be incorporated into real-world practice. Robert Myers said that OMH is always looking for best practices to improve care.
Lloyd Sederer noted that the psychiatric field traditionally has had a tremendous reliance on medications. OMH, in partnership with NYSPI and the Evidence-Based Practices Technical Assistance Center, needs to identify other psychosocial practices that can augment pharmacotherapy and better understand how these psychosocial treatments can be implemented in routine practice settings.

Ellen Frank and Holly Swartz presented information about Interpersonal and Social Rhythm Therapy (IPSRT), a psychosocial treatment they and their colleagues at UPMC developed. IPSRT is designed to augment pharmacotherapy for persons with bipolar disorder. IPSRT treatment helps individuals to organize their daily routines to prevent future mood episodes. UPMC has implemented the treatment as both an individual and group treatment provided across three levels of care, with many nonprofessionals delivering the intervention. UPMC formed a learning collaborative of researchers and frontline clinicians to make IPSRT accessible and to determine how to adapt it to each level of care.

Susan Essock asked leaders present from OMH facilities if they were interested in implementing such an intervention within their facilities. Many directors suggested that IPSRT could fit well within the inpatient treatment malls. Others saw IPSRT as a potential tool for transitioning from inpatient care to outpatient routines.

Gregory Miller extended an invitation to the psychiatric centers to try IPSRT in pilot form and implement it in a treatment mall. Susan Essock noted that the Wellness Self-Management (WSM) groups have been implemented quickly and well, and WSM might be an appropriate route to get IPSRT into the system.

Robert Myers summarized three possibilities for implementing IPSRT that emerged from this discussion:

1. Inpatient (treatment mall)
2. Outpatient clinics (perhaps via WSM)
3. Within residential settings; where numbers of bipolar patients are limited, facilities may want to consolidate patients

Next Steps:

1. Susan Essock will ask Tony Salerno about a possible WSM adaptation.
2. Interested facilities and/or researchers should e-mail Susan Essock.