

Chapter Nine

Stabilizing Daily Rhythms

Source of Intervention

The social rhythm intervention is from Interpersonal Social Rhythm Therapy (IPSRT) based on work of Ellen Frank, Timothy Monk and others.¹⁻⁴ At its foundation is the concept that Bipolar disorder derives from genetic vulnerabilities and biological mechanisms interacting with the regularity of daily rhythms, life events and interpersonal variables. IPSRT uses interventions that focus on the client's daily rhythms as a means to manage triggers of increased symptomatology.

Elements of daily rhythms include the wake-sleep cycle and times of eating, working, socializing and other daily activities that are unique to each individual. Biological rhythms are affected by disruptions in social rhythms. In the individual who is vulnerable to extremes of moods, the interplay between biological and social rhythms can serve to either stabilize or destabilize mood. A balance is sought between over-stimulation and under-stimulation.

Goals and Treatment Strategies

The goals of social rhythm therapy are to both establish stable social rhythms and to learn to anticipate and manage disruptions in social rhythms.

The Social Rhythm Metric (SRM), found in the assessment section of this manual and the Toolbox, is described in Chapter Four:

In-depth Assessment. The SRM is used to find the least stable daily rhythms, to set goals for establishing regularity of activities and to set reasonable expectations for change. Triggers of daily rhythm disruption are identified. For example, how much interaction, activity, exercise, sleep or work is enough? How much creates overload? During this process, it is important to stress the connection between symptoms and disruptions in daily lifestyle regularity, so that the client is able to identify triggers and disruptions and to apply management skills to deal with them.

This process involves monitoring and managing the timing of daily activities such as sleeping, waking, eating and exercising. Careful identification and management of the amount of stimulation caused by life activities contributes to a stable social rhythm. For example, a client who experiences an increase in symptoms of mania when exposed to crowds during episodes of mania. The over-stimulation of crowds is identified as a trigger of mania. The response of environmental regulation (avoiding crowds during episodes of mania) serves to stabilize social rhythms.

Life events, both positive and negative, can disrupt daily routines. Thus, a second focus is on helping the client learn to monitor the extent to which daily routines are disrupted by life events. An example is the disruption that can be caused by the interruption of daily social rhythms around special events such as holidays. Maintaining a stable pattern of sleep and exercise during these times is a helpful strategy. However, it requires anticipation of potential interruptions and management plans to deal with those interruptions when they do occur.

Children and Adolescents

The Chronobiological Model of Bipolar Disorder developed by Frederick Goodwin and Kay R. Jamison⁵ suggests that stabilizing routines has the protective effect of helping stabilize mood. Evidence specific to stabilizing daily rhythms to reduce relapse and symptomatology in children and adolescents with Bipolar disorder is as yet unavailable. However, as mentioned previously, the STEP BD program is evaluating the combined therapy IPSRT for the treatment of Bipolar disorder in subjects as young as 15 years.

Child and adolescent research is rich in measuring amount, quality and regularity of sleep in school performance and other functional areas for children and adolescents.

For instance one 1998 study of 3,120 high school students demonstrated that students who described themselves as struggling or failing school (C's, D's/F's) reported that on school nights they obtain about 25 minutes less sleep and go to bed an average of 40 minutes later than A and B students.⁶

Another 2002 study of junior high school students saw significant relationships between sleep "health" and feeling bad in the morning, having breakfast, regular exercise, number of illnesses and general health. Results suggest that sleep health is closely related to both physical and mental health, and those habits such as exercise, and regular sleeping and eating, are important for maintaining and improving students' sleep health.⁷

A 1996 study of adults with rapid cycling Bipolar disorder found that decreased sleep duration was the best predictor of mania or hypomania the next day, followed by wake onset time, suggesting that monitoring, and perhaps controlling, sleep duration and wake

onset time in at least some patients with rapid-cycling Bipolar disorder.⁸

Modifications to the Social Rhythm metric for children or adolescents have not yet appeared in the literature, nor is it clear that modifications are needed. A 1990 evaluation of the utility of the Social Rhythm Metric with young adolescents determined that the SRM appears to be useful in adolescents as young as 11, but the younger adolescents had more difficulty completing the form than the older teens and both required frequent reminders to do so.

Implications for Parents

Parents will need education and support to identify and stabilize daily rhythms for their children with Bipolar disorder. This will involve education regarding the chronobiological model and the use of the social rhythm metric in assessing the stability of daily rhythms and implications for change in the family lifestyle to accommodate the needs of the bipolar child.

Parents will need to understand the genetic and biochemical predispositions underlying their children's disorder and that these organic factors are exacerbated or attenuated by social and environmental factors.

The family will also need help identifying major life changes or stressors that can disrupt social routines. If the therapist can help the family anticipate and prepare for these changes and develop strategies to preserve some routines and quickly establish others, the risk can be minimized.

By paying careful attention to the regularity of daily routines (both the timing of events and the amount of stimulation they produce) and the extent to which both positive and negative life events may influence these daily routines (i.e., social rhythms), the regularity of the fam-

ily life can be increased along with their vigilance with respect to maintaining that stability.

Parents must be vigilant about impending life changes that have potential to disrupt daily rhythms in their child's life—changes such as birth of another child, school graduation, or change of job or residence.

It is important here to note that many families do not have regular routines or schedules. Each day may look different depending on work schedules/child care, etc. Irregularity is the family lifestyle! For these families it is important to work within their framework, Help them identify what factors (eating/sleeping/activity) are most important to stabilize. Help them to identify any potential problems that may occur (problems that are a part of everyday living for them, not just major life events or changes) that may disrupt these basic routines for the child. Help parents problem solve around these potential disruptions.

References

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