

Interpersonal Psychotherapy: Techniques, supervision

Christopher Gale
Advanced Trainees
24th May 2007

Outline

- What is interpersonal therapy?
- Why use interpersonal therapy?

- Supervision of practice.
- Working with trainees.

What is IPT

- Interpersonal Psychotherapy (IPT) is a brief and highly structured manual based psychotherapy
- that addresses interpersonal issues in depression, to the exclusion of all other foci of clinical attention.
- This approach has allowed ready modification of the original treatment manual for depression to a variety of illnesses.

– isIPT web page.

IPT is a partial model of depression

- IPT emphasizes these depressive symptoms occur within an interpersonal context that is often interdependent with the illness process.
- Depression is conceptualized by IPT as having three components
 - **Symptom Formation**
 - **Social Functioning**
 - **Personality**

The four areas of social dysfunction

- Patient's social functioning problems are conceptualized as one or more of four areas:-
 - **Interpersonal Disputes**
 - **Role Transitions**
 - **Grief**
 - **Interpersonal Deficits**

Interpersonal Disputes

- These tend to occur in marital, family, social or work settings.
- A situation in which the patient and other parties have diverging expectations of a situation and that this conflict is excessive enough to lead to significant distress.
 - One example may be a marital dispute in which a wife's attempts to use initiative leads to conflict with her spouse.
 - would aim to define how intractable the dispute was,
 - identify sources of misunderstanding via faulty communication and invalid or unreasonable expectations and the aim to intervene by communication training, problem solving or other techniques that aim to facilitate change in the situation.

Role Transitions

- Role transitions are situations in which the patient has to adapt to a change in life circumstances.
- These may be developmental crises, adjustments in work or social settings or adaptations following life events or relationship dissolutions.
- In those who develop depression, these transitions are experienced as losses and hence contribute to the development of psychopathology.
- IPT aims to help the patient to reappraise the old and new roles, to identify sources of difficulty in the new role and fashion solutions for these.
- In many cases clarification of inconsistencies or clear errors in the patient's cognitions as well as problem solving and encouragement of affect within the therapeutic frame are suitable interventions.

Grief

- Grief is simply defined in IPT as "loss through death". In IPT the term is reserved specifically for bereavement.
- If grief is formulated as an issue of relevance the assumption is that the grieving process has been complicated by delay or in many cases excess.
- The therapist will help to reconstruct the patient's relationship with the deceased and by encouraging affect as well as clarification and empathic listening help facilitate the mourning process with the aim of helping the patient to establish new relationships.

Interpersonal Deficits

- A patient reports impoverished interpersonal relationships in terms of both number and quality of the relationships described.
- In many cases the interpersonal inventory will be sparse and the patient and therapist will need to focus upon both old relationships as well as the relationship with the therapist.
- In the former common themes should be identified and linked to current circumstances.
- The therapist aims to identify problematic processes occurring such as excess dependency or hostility and aim to modify these within the therapeutic frame.
- In this way the therapeutic relationship can serve as a template for further relationships which the therapist will aim to help the patient create. This group of problems is common in the more chronic affective disorders such as dysthymia in which significant degrees of social impoverishment have occurred either before or after the illness.

When to offer interpersonal therapy.

- When one has the infrastructure to support this therapy.
 - Ability to offer weekly sessions.
 - Peer supervision or tele-supervision.
- When there are clear role conflicts, transitions and/or grief experiences with the patient.
- [If interpersonal deficits alone, consider a cognitive or interpersonal approach].

Physical Treatment

E.g. Drugs, ECT

Generic Therapist Factors

E.g. Empathy
Support
Continuing availability

Generic Therapy Factors

E.g. Counselling or
Psychotherapy
Rationale and logic
Credibility
Expectancy of benefit

Education

1. About the disorder
2. Secondary consequences and collateral damage
3. Stay well plans
4. Learn to control disorder rather than be controlled by it

Specific Counselling or Psychotherapy

Titrated to the aetiological driver for the particular individual
E.g. Anxiety, cognitive schema, psychosocial perturbation, personality

Structure and Duration of Sessions

- 12 to 16 one hour sessions that usually occur weekly.
- The initial sessions are devoted to information gathering and clarifying the nature of the patient's illness and interpersonal experience.
- The patient's illness is then formulated and explained in interpersonal terms and the nature and structure of the IPT sessions are explained.
- This phase of treatment concludes with the composition of the "interpersonal inventory" which is essentially a register of all the key relationships in the individual's life.
- Sessions 3 - 14 are devoted to addressing the problematic relationship areas and there is little focus upon the specific illness process apart from enquiries as to symptom severity and response to treatment modalities.
- The final sessions 15 - 16 focus upon termination, which is usually formulated as a loss experience.

Assessment.

- Should IPT be used.
- Attachment style
- Communication style
- Specific qualities useful for IPT

Attachment and communication

- Relationship style.
 - all persons in life
 - quality of relationships between persons.
 - When ill, When distressed
 - Attachment
 - Past relationships.
 - Loss, grief
- Patient's perception of communication.

Should IPT be used?

- Does the therapist want to work with patient?
 - Patient open-ness to discuss painful events.
 - Beginning therapeutic alliance.
- Quality of patient's narrative.
 - compelling, meaningful, coherent.
 - non-compelling, little meaning, poor coherence
- Quality of attachment to others.
 - Secure, anxious-ambivalent, anxious-avoidant.

Patient qualities.

- Less severe illness.
- Good motivation.
- Ready ability to form therapeutic alliance.
- Good ego strength
- Psychological mindedness.

Treatment contract (in IPT, always written).

- Number, frequency, duration therapy.
- Agreed clinical foci.
- Expectations patient, therapist.
- Contingency planning
 - Missed sessions.
 - Illness, holidays.
- Treatment boundaries.

Interpersonal inventory

- Bill (Husband)
 - Married 6 years
 - Wanted a baby, talked about it before she got pregnant
 - Used to communicate well, seemed committed
- Problems
 - Won't talk
 - Gets angry when confronted (NB she reports v. hostile interactions)
 - Won't contribute
 - Seems to hide @ work.
- Expectations
 - Wants him to keep his word (be a father)
 - “Equal time”
 - Less hostile
- Communication style
 - Seems not to communicate the point clearly
- Problem solving
 - Previously present.

Formulation

- Biological
 - Familial
 - Substance misuse
 - Illnesses
 - Effect medications.
- Psychological
 - Attachment style
 - Temperament
 - Cognitive style
 - Coping mechanisms
- Social
 - Intimate relationships
 - Social support

Techniques

- Clarification.
- Communication analysis
- Interpersonal incidents
- Use of affect
- Role playing
- Problem solving
- Homework
- Use of therapeutic relationship.

Clarification

- *Asking good* questions so the therapist can understand the patient's experience
- *Asking very good questions* so that the patient can understand their own experiences better
- *Asking extraordinary good questions* so that the patient is motivated to change their behaviour.

Communication analysis.

- Help patient
 - identify their communication pattern
 - see the contribution they make to difficulties in communication.
- Motivate patient to communicate more effectively.

Focus of therapy

- Interpersonal disputes.
- Role transitions
- Grief

Interpersonal disputes.

- A dispute will end:
 - Resolution of conflict
 - Acceptance and use external support.
 - Ending relationship
- Typical techniques.
 - Clarification.
 - Communication analysis.
 - Interpersonal incidents.
 - Role playing & problem solving.

Role transitions

- Old role
 - Develop balanced view of old role
 - Acknowledge losses.
- New role
 - Develop balanced view of new role
 - Develop skills for new role

Grief

- Acknowledgement
 - Insight into experience
 - Communication of loss to others.
- Moving on
 - Utilization of new and existing social supports
 - Development of new attachments.

In depression

- One meta analysis IPT used when medication not feasible as first line treatment (Weissman, 2007). Four papers.

Group included	Sample size	IPT	Control	Time period (wk)	Therapist	Reference
Depressed pregnant women	50	Individual	Parent education	16	Psychiatrists and social workers	Spinelli and Endicott (2003)
Postpartum depression	120	Individual	Waiting list	12	Psychologists	O'Hara et al. (2000)
Depressed adolescents	63	Individual	TAU	16	Psychologists and social workers	Mufson et al. (2004)
Depressed patients in Uganda	224	Group	TAU	16	Non-mental health workers	Bolton et al. (2003)

IPT, Interpersonal psychotherapy; TAU, treatment as usual.

Results papers.

- Pregnancy
 - Recovery criteria were met in 60% of the women treated with IPT according to a Clinical Global Impression Scale (CGI).
- Postnatal depression.
 - The HRSD scores of women receiving IPT declined from 19.4 to 8.3, a significantly greater decrease than occurred in the WLC group (19.8 to 16.8).
 - The BDI scores of women who received IPT declined from 23.6 to 10.6 over 12 wk, a significantly greater decrease than occurred in the WLC group (23.0 to 19.2).
 - A significantly greater proportion of women who received IPT recovered from their depressive episode based on HRSD scores of <6 (37.5%) compared with women in the WLC group (13.7%).

Review of meta-analyses (Parker, 2007)

'Old' vs. 'new' antidepressants (150 studies, 16 000 subjects)

Response rates = 54% vs. 54% (Williams et al., 2000)

TCA vs. SSRI (102 trials)

No difference in efficacy rates (Anderson, 2000)

Psychotherapy vs. psychotherapy

Response rates: 50% for CBT, 52% for IPT, 55%
for BT (DHHS, 1993)

Psychotherapy vs. pharmacotherapy (8 trials)

Superiority to pharmacotherapy – but no difference when
'allegiance' of researcher taken into account (Robinson
et al., 1990).

TCA, Tricyclic antidepressant; SSRI, selective serotonin
reuptake inhibitor; CBT, cognitive behaviour therapy;
IPT, interpersonal psychotherapy; BT, behaviour therapy.

- IPT about as effective as CBT.
- Little difference between medications.
- Medications (may be) more effective than psychotherapies.

Resources

- isIPT: International Society for Interpersonal Psychotherapy. Web page <http://www.interpersonalpsychotherapy.org/>
- Weissman MM. Recent non-medication trials of interpersonal psychotherapy for depression. Int J Neuropsychopharmacol. 2007 Feb;10(1):117-22.
- Parker G. What is the place of psychological treatments in mood disorders? Int J Neuropsychopharmacol. 2007 Feb;10(1):137-45.
- Stuart S Robinson M. Interpersonal Psychotherapy: A clinicians Guide. 2003 Arnold, London.
-