

# Interpersonal Psychotherapy (IPT)

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# **IPT Introduction**

**“...the last three years have been like one endless workday without rest for me. Now it’s over...my poor mother doesn’t need me...nor the boys either.”**

**“How free you must feel!”**

**“No, only unspeakably empty. Nothing to live for now.”**

**Henrik Ibsen  
*A Doll’s House***

# IPT Introduction

## Interpersonal Relations and Mood

- Attachment theory: proposed by J. Bowlby, suggests that humans have an innate tendency to seek attachments, that these attachments contribute to the survival of the species, and to individual satisfaction.
- Attachments lead to reciprocal, personal, social bonds with significant others, and to experiences of warmth, nurturance and protection. They also decrease vigilance and muscle tone.
- These attachments  intense human emotions.

# IPT Introduction

- Humans are vulnerable to depression if attachments do not develop early
- They are also vulnerable to depression if attachment bonds are disrupted
- Humans of all ages are most happy, effective and competent when they are confident that one or more trusted persons are available for help in time of trouble
- So therapy should combine caring with non-possessive warmth, and should provide, as part of the IPT relationship, a **cognitive explanation of distortions in past relationships.**

# IPT Introduction

## Adult Experiences and Depression

- **Stressful life events: within six months of a stressful life event, the onset of depression risk increases**
- **Exits of persons from the individual's life in the preceding six months occurs more frequently in depressed than non-depressed patients**

# IPT Introduction

## Social Support

- Care eliciting behavior is essential in attachment bonding.
- This is a pattern of activity from one person that elicits from another responses which give comfort, both physical [touch, hugs] and verbal [encouragement].
- Repertoire is small and focused in childhood, but matures and expands with age
- This is a means to maintain strong social bonds among members of a group

# IPT Introduction

## Intimacy

- This is an important component of care-eliciting and supportive emotional relations
- The presence of an intimate and confiding relationship with a significant other can exert a protection against the development of depression in the face of life stress
- Actual or threatened disruption of this attachment through disputes, separation or divorce is one of the most common and serious disruptions of attachment in adulthood, often related to the occurrence of depression

# IPT Introduction

## Intimacy

- Marital arguments are the single most frequently reported stressors in the lives of women during the six months preceding treatment for depression
- We must of course consider the reciprocal effect of depression and marital strain
- Women with ongoing partner disputes are at higher risk to relapse after the successful treatment of depression

# IPT Introduction

## Intimacy

- If the disputes are resolved, they have the same success rate as women with no marital problems
- The tendency for depressed women with marital disputes to continue living in discord with the same partner for years underscores the importance of dealing with marital problems in treating depression

# Interpersonal Therapy (IPT)

Long standing interest in shortening psychotherapy by:

- **Increasing the activity of the therapist**
- **Narrowing the focus to specific themes**
- **Short term therapy is usually considered from one to 20 sessions**
- **Most change occurs in the early sessions**

# IPT

**In 1984 NIMH consensus development sessions reflected the state of the field, and identified three techniques proven to work:**

- **Behavior Therapy**
- **Cognitive Therapy**
- **IPT**
- ***Cognitive and behavior are now CBT***

# IPT

- What sets IPT apart is that it is brief, proactive, and its single focus is *interpersonal roles and relationships*
- It was developed in the 1970s by Gerald Klerman, who asked social workers what techniques they used to treat depression, especially how depressive sx were categorized

# IPT

IPT is based on the theory of Swiss psychiatrist **Adolph Meyer**, who was an international graduate, and had to study under Johns Hopkins psychiatrist **Harry Stack Sullivan**.

IPT is founded on the hypothesis that the crucial factor in depression is the social network of the patient

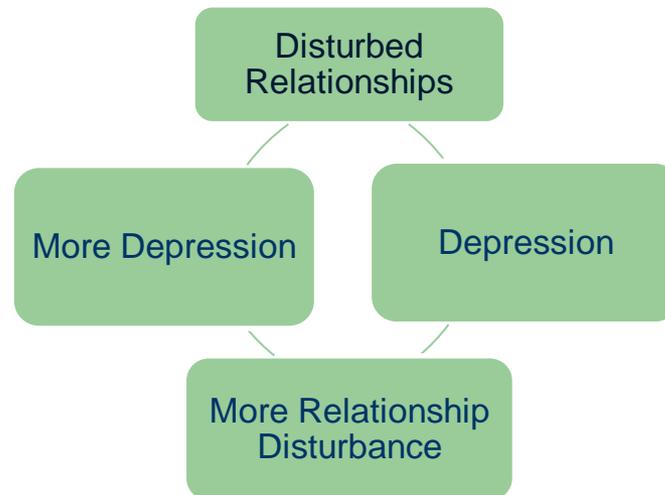
# IPT

**Specifically, it holds that depression is caused by:**

- a. disturbed social roles
- b. unsatisfactory interpersonal relationships
- c. and they have an interaction effect.

# IPT

- Disturbed relationships, especially absence or loss of significant others at all ages can be risk factors for depressive disorders
- The depression disturbs interpersonal relations, leading to more depression
- This is like **Social Darwinism**, one fails to adapt to one's surroundings



# IPT

- The goal is to reverse this process, and the “Washington School” decided to focus on interpersonal relations, rather than intrapsychic processes
- The unit of observation was not the larger culture or the person, but rather the primary social group, the immediate face to face interactions one has with others

# IPT

- So the unit of study became relations the patient has with significant others, family and love relationships, friendships, work and community.
- Based on early science such as mother-infant attachments, failure of which can lead to depression
- Also findings that close personal bonds can protect against depression in those who are biologically vulnerable, and reverse depression more easily in those already depressed.
- British research shows in depressed women there is often an “exit” from the social field in previous six months

# IPT

## Where IPT fits on the Continuum

*Analytic   CBT   Interpersonal   Social/Community*

- Some differences make a difference. One therapy is not right for all patients
- IPT is designed for outpatient, non-psychotic, unipolar depressed adolescents, adults and elderly, regardless of the non-medical etiology of the depression
- Designed to be used with medications

# IPT

- Goals:

1. Reduce symptoms of depression

2. Bring major changes in the patient's close interpersonal relations, and develop new strategies to deal with significant others. Sometimes run sessions for families of those who are depressed to educate them

3. Prevent recurrence of depression

# IPT

- Again, the fundamental concept is **roles**.
- For example, depression in boys girls is equal until early adolescence, when roles begin to be defined, and depression increases in females.
- Then add to the role menstruation, childbirth and menopause
- Note increased depression since WW II, perhaps due to failure to achieve the high standards we set for ourselves, and the role expectations that accompany them.
- Women: ***Sex Objects***    Men: ***Success Objects***

**IPT**

## ***Gender Role Strain***

- How should a man be and behave?
- How should a woman be and behave?
- How does gender role strain differ from men to women?

# IPT

## Development of Depression

1. Symptoms such as sleep and appetite changes
2. Change in interpersonal relations
3. Character structure may predispose to depression

IPT intervenes with 1 and 2, can't with 3

# IPT

## Treatment

### First Stage: Sessions 1,2,3

First session is reconnaissance, fly over the terrain to see what is there, then return to fill in the blanks. Important to cover medical causes, review past episodes, assess lethality.

Then shift to communication analysis: who said what, to whom, and what was the effect? Be specific.

The next two sessions hone in on what was found in the first.

# IPT

- Focus is on here and now
- Therapist is active, using directive and nondirective techniques, and offers:
- **information** {most are clueless about psychiatric conditions}
- **guidance** {sometimes it is okay to lead}
- **reassurance** {instill hope}
- **clarification** {what I think you said was.....}
- **communication skills education** {you said it how????}
- **behavioral techniques** {let's try this}
- **environmental management** {give the guns to your brother to keep}

# IPT

- First job is to educate the patient about depression, have them accept it, and legitimize the sick role for awhile, while not fostering dependency
- Suggest that patient still work and socialize as much as possible
- “You are depressed, it is a real condition, not weakness or just a bad day. But while we work on it, you need to stay active and not cave in or withdraw.”

# IPT

## Middle Stage: Sessions 4-13

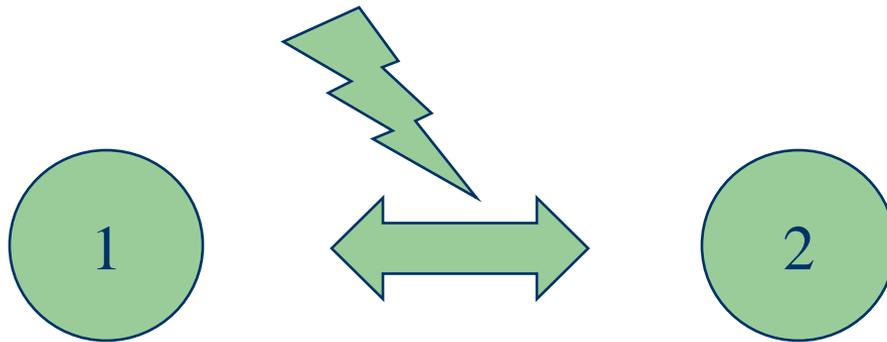
Focus on four interpersonal problems areas as suggested by Klerman, take one and work it through, with one area as a possible back up:

1. Interpersonal Role Disputes
2. Role Transitions
3. Grief
4. Role deficits

This is the “meat” of IPT

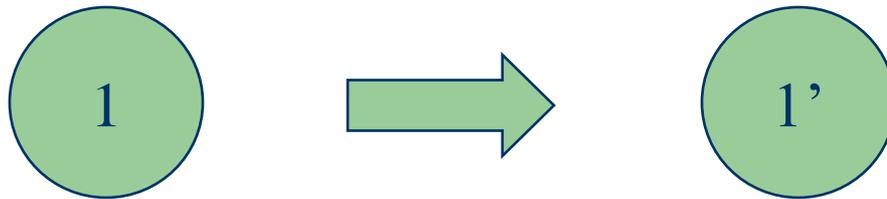
# IPT

## Role Disputes:



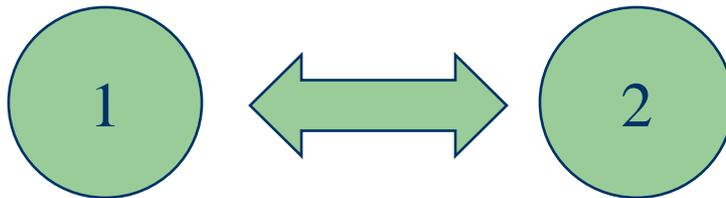
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## Role Transition:



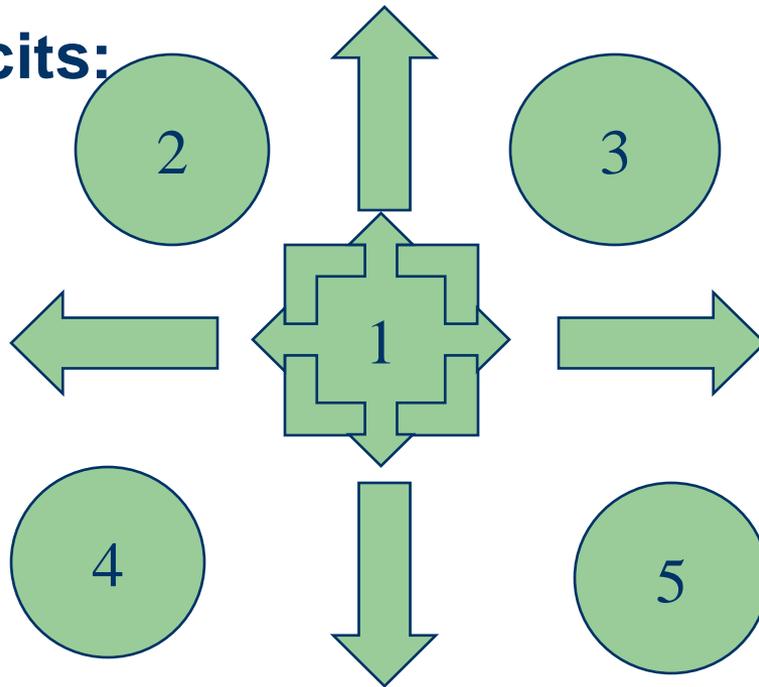
# IPT

## Grief and bereavement:



# IPT

Role deficits:



# IPT

## Final Stage: Sessions 14-16

- Pulling together what was learned, preparing for termination
- Understanding that upsurge of symptoms is normal and does not mean that the depression is necessarily recurring.
- Reassurance.

# IPT

## How Does the IPT Therapist Act?

- Not neutral, advocates for the patient
- Assumes moderate position between highly active or prescriptive, and highly reactive or exploratory
- Realistic, to keep patient from becoming too dependent or regressed
- Can use the relationship in each of the four target domains

# IPT

## Mechanisms of Change

- Assess maladaptive relationships
- Reconstruct them
- Where possible, restore past losses
- Cope with immediate stressful interactions
- Form better or new relationships
- Master new problem solving and social skills to keep them
- Minimize dependency on others
- Increase self-esteem, ***reduce chance of future depression***

# IPT

## Specific Tools

### Encourage Affect:

- Help patient acknowledge painful but appropriate feelings, and accept them
- Identify emotional experiences associated with difficult interpersonal relationships, and learn to use these affects to guide improvement: patient learns to label
- Encourage the development of new emotions
- Generate suppressed affects, but gently, since this is a brief process, avoid until they can deal with it

# IPT

## Specific Tools

### Clarification:

- Feedback to patient through restatement: have them say it another way
- Call attention to logical implications of what they said
- Identify contradictions
- Point out extremes when moderate is more appropriate

# IPT

## Specific Tools

### Communication Analysis:

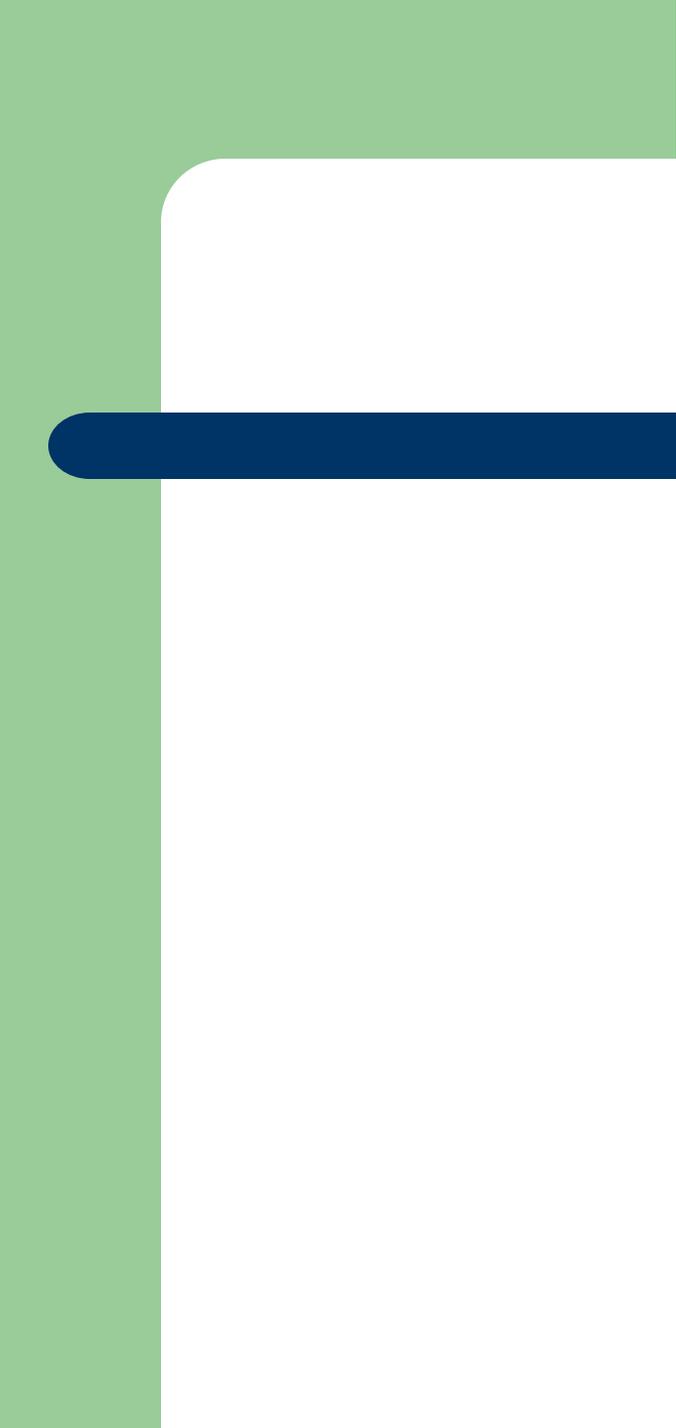
- Using ambiguous nonverbals rather than direct verbals?
- Assuming one has communicated when they have not?
- Assume it has been understood when it has not?
- Being purposely ambiguous verbally?
- Being silent when communication is needed?

# IPT

## Specific Tools

### Facilitating Behavior Change:

- Directive: educate and advise
- Model for the patient
- Decision analysis: “Here are your choices. Choose.”
- Role play



**IPT**

**FINI**