# INTERPERSONAL PSYCHOTHERAPY (IPT) FOR TRAUMA, ANXIETY AND DEPRESSION: A BRIEF RELATIONAL APPROACH TO HEALING AND PERSONAL GROWTH

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This webinar was independently developed and organized by this presenter based on research from a variety of sources (please see references for details).

# CONFLICT OF INTEREST STATEMENT

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# ABOUT THE PRESENTER

- PhD in Clinical Psychology
  - MS in Rehabilitation Counseling
  - BS in Rehabilitation Services, Minor in Psychology
- Post Doc in Geropsychology
- Outpatient Mental Health Clinics
- Primary Care Mental Health Integration
- Passion to empower other clinicians
- Willingness to listen

Website
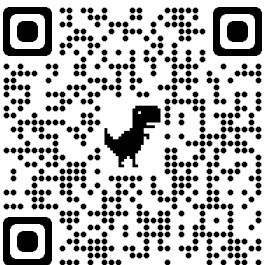


## DR. GIBSON
**Psychologist**
Speaker | Consultant | Author

### PRESENTATION TOPICS
- Emotional Wellness
- Mental Health
- Vocational Resiliency
- Imposter Syndrome
- Racial Trauma
- Post Traumatic Growth
- Nightmare Treatments

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# INTERPERSONAL PSYCHOTHERAPY (IPT)

IPT is a time-limited psychotherapy that focuses on relieving metal health symptoms by improving interpersonal functioning. It was developed in the 1970's at Yale University by Gerald Klerman, Myrna Weissman, and Eugene Paykel.

It addresses current problems and relationships rather than childhood or developmental issues.

Therapists are active, supportive, and gently assist with exploring options for change to in turn alleviate distress. This requires clients to have a high level of openness, flexibility and willingness to engage in treatment.

The treatment is endorsed by both the American Psychiatric Association, and the American Psychological Association.

# IPT PRE-TEST: I POINT PER TERM/DEFINITION

- Interpersonal Inventory
- Clarification
- Interpersonal Formulation
- Work at home
- Role transition
- Working

- Interpersonal Problem Areas
- Present Focus
- Decision Analysis
- Interpersonal incident
- Interpersonal deficits
- Use of Content and Process Affect

**At the end of this webinar participants will be able to**

1. Analyze the role of early attachment experiences and family dynamics in shaping interpersonal functioning and how these factors can be addressed in IPT.

2. Identify the four main problem areas targeted in IPT treatment.

3. Identify the challenges and limitations of IPT treatment, including potential treatment risks.

4. Demonstrate the ability to conduct an effective clinical interview and use the interpersonal inventory to assess for interpersonal difficulties and relevant problem areas.

5. Demonstrate skills in implementing IPT techniques, such as communication analysis, decision analysis, role-playing exercises, and interpersonal skills building, to address specific problem areas targeted in IPT.

6. Utilize IPT interventions to address trauma-related interpersonal issues, such as coping with triggers and managing interpersonal problems.

7. Use decision analysis to help clients clarify values, priorities, and options in interpersonal situations that contribute to their anxiety and depression.

8. Analyze cultural and diversity considerations when implementing IPT, including adapting to different populations and cultural norms, and identifying potential biases or barriers to effective therapy.

# WHAT TO EXPECT TODAY

- Outline
  - 3 hours of content (short break)
  - 70 minute lunch
  - 3 hours of content (short break)
- Clinician Scripts, Prompts, and Tips

# OUTLINE

- **IPT: Reducing Symptomology by Improving Clients' Relationship Skills**

- The interpersonal context of clients' mental health

- The impact of early attachment experiences and family dynamics on interpersonal functioning

- Overview of IPT's history, development, and theoretical underpinnings

- Key features of IPT and evidence base

- Problem areas targeted: role disputes, role transitions, interpersonal deficits and grief

- Treatment limitations and risks

- Inclusion/Exclusion criteria for discerning when to use IPT techniques in groups or individual work

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# OUTLINE

- **Assessment and Treatment Planning**

- Clinical IPT interview outline

- Assessing interpersonal functioning and identifying relevant problem areas

- Steps for conducting the interpersonal inventory with clients

- Communication styles, attachment patterns, and role expectations

- Review of helpful self-report measures

- Treatment considerations when comorbid issues are present

- Cultural and diversity considerations and adapting to specific populations

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# OUTLINE

- **Getting Started with IPT: How to Conduct the Initial Phase**

- Psychoeducation on social support, interpersonal relationships, and mental health

- Completing the interpersonal inventory

- Formulating a treatment strategy with clients

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# OUTLINE

- **Intermediate Phase of Treatment: IPT Techniques and Strategies to Jumpstart Interpersonal Change**

- Communication analysis to identify problematic communication patterns

- Using decisions analysis to clarify values, priorities, and options

- Role play exercises for practicing confident effective communication

- Interpersonal skills building

- How to use IPT to address grief, role disputes, role transitions, and interpersonal deficits

- Develop and reinforce new interpersonal skills and patterns

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# OUTLINE

- **Phase Three: Termination and Maintenance**

- Identifying past treatment trends

- Summarizing progress and reviewing treatment goals

- Consolidating gains and preparing for termination

- Strategies for maintaining new interpersonal patterns

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# OUTLINE

- **IPT as an Adjunctive Treatment for Trauma**

- Addressing trauma in the context of interpersonal relationships

- Conducting an interpersonal assessment in clients with trauma histories

- Coping strategies to manage triggers in the context of interpersonal relationships

- Targeting interpersonal problems that have arisen as a result of the trauma or loss

- Research limitations of IPT for trauma

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# OUTLINE

- **IPT for Anxiety and Depression**

- Interpersonal factors in the development of anxiety and depression

- The role of social support, attachment, and communication patterns

- Specific interventions for fears related to change and loss, resolving conflicts and misunderstandings, and enhancing social support networks

- IPT as an adjunctive treatment for anxiety

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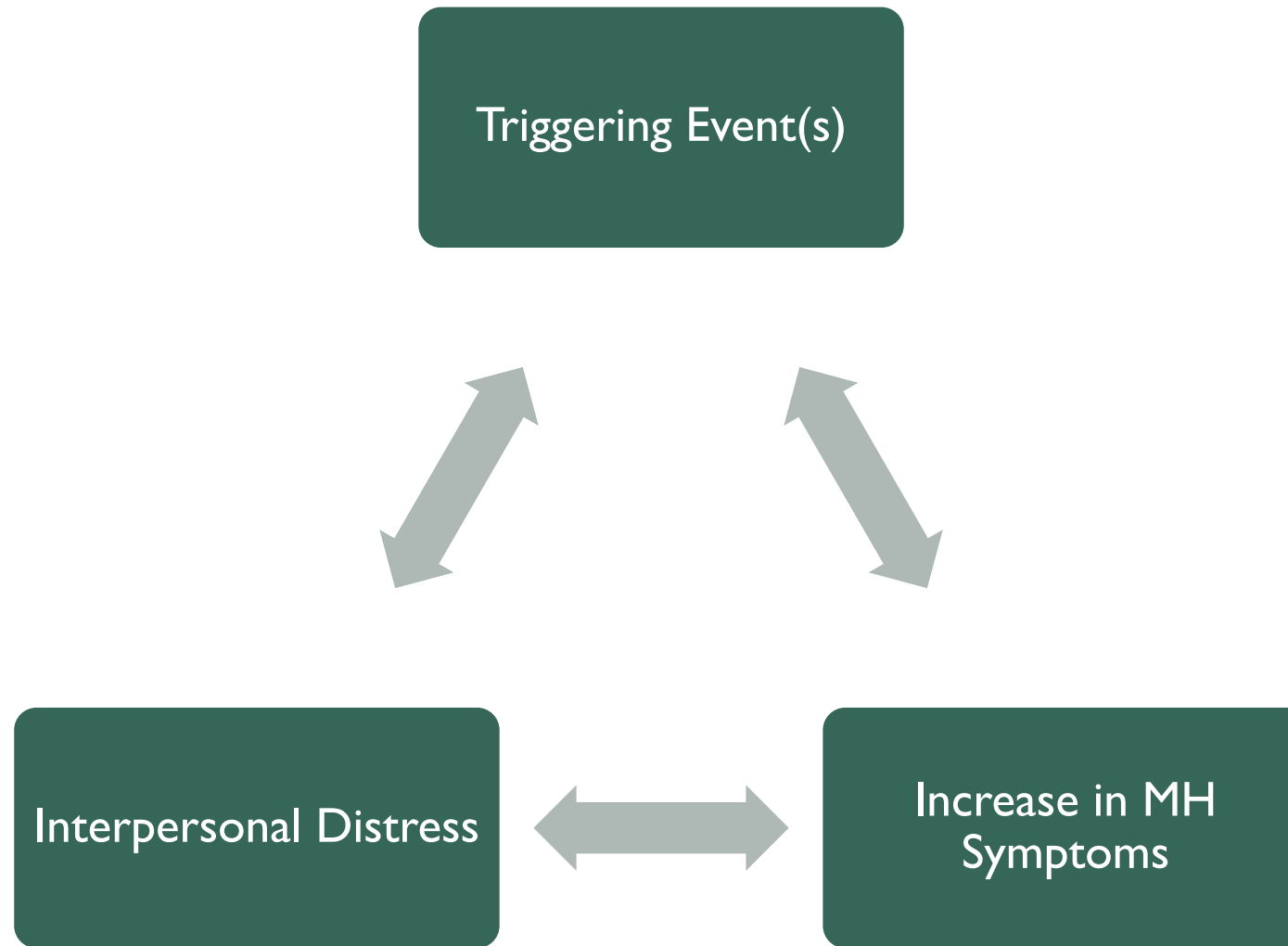
# IPT BENEFITS FOR BOTH CLINICIAN AND CLIENT

# RESPONDING IS NORMAL, HANGING ON TO THINGS IS A PROBLEM

- Worry keeps you on edge all the time, even when nothing bad is happening in the present moment.

- Worry draws your attention to a matter that needs to be addressed or that is upcoming.

- Worry is a thinking habit, not an emotion, and it can be difficult to control.

- Worry and stress cause anxiety. Anxiety reduces your ability to effectively problem-solve.

# ANXIETY

# WHAT IS ANXIETY

- Anxiety consists of patterns of physiological, emotional, and behavioral responses, all of which tend to become activated together when you approach things you get anxious about.

- Symptoms: Nervousness, trembling, poor concentration, sleep problems, memory problems, change in heart rate, and hard to shut the brain off.

- Over 2 million people impacted.

- Anxiety effects everything
  - Mind
  - Body
  - Spirit

Mind
Body
Spirit
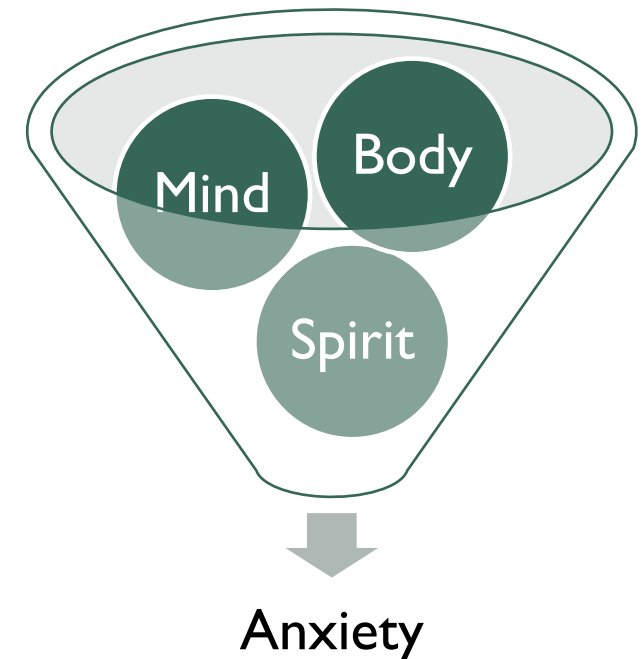
Anxiety

# ANXIETY IS DANGEROUS

| Area of Body | Emergency Response System (Sympathetic Nervous System) | Recovery System (Parasympathetic Nervous System) |
|:---:|:---:|:---:|
| Heart | beats faster & stronger | beats slower & normally |
| Lungs | breathe faster & more shallow | breathe slower & deeper |
| Muscles | tighter, more tense | more loose & relaxed |
| Stomach | decreases digestion | increases digestion |
| Sweat Glands | increase perspiration | decrease perspiration |
| Adrenal Gland | increase adrenaline | decrease adrenaline |
| Immune System | becomes suppressed | functions normally |

# PTSD: CRITERION A
# TRAUMATIC LIFE EVENTS

- Combat or other military experience

- Sexual or physical assault

- Learning of the violent or accidental death of a loved one

- Child sexual or physical abuse

- Serious accidents (e.g., car wreck)

- Natural disasters (e.g., fire, tornado, hurricane, flood, earthquake)

- Terrorist attacks

# PTSD: DSM-5
# 4 TYPES OF SYMPTOMS

1. Reliving/Re-experiencing the event (one)

   - intrusive memories, dreams, flashbacks, mental and/or physical reactivity

2. Avoiding reminders and memories/thoughts/feelings of event (one)

   - People, places, conversations, activities, objects, situations (triggers)

3. Having increased negative thoughts and feelings (two)

   - Changes in view of self, others, world (maladaptive)

   - Guilt/shame, sadness, anxiety/fear, anger, emotional numbness

4. Hyperarousal (two)

   - irritable, reckless, on guard, jumpy, paranoid, can't sleep or concentrate

# PTSD: DSM-5

- Duration (1 month)

- Functional Impairment

  - Distress

  - Disruption

- Exclusion

  - Non-secondary to other factors

    - Medication

    - Substance use

    - Other Illness

# TRAUMA

**Fight**
- Anger
- Irritability

**Flight**
- Fear
- Worry

**Freeze**
- Feeling stuck
- Low self efficacy

# TRAUMA TREATMENT CLINICAL DECISION MAKING

■ It's helpful to have a great understanding/grouping of systems to develop a laser focused treatment plan.

## Reliving

Flashbacks

Nightmares

Haunting memories

## Hyperarousal

Sleeping difficulties

Easily scared

Concentration difficulties

Sweating, pain, trembling

## Mood and function

Memory problems

Feeling detached

Emotionally numb

Guilty

Suspicious

Sad

Irritable

Anxious

## Avoidance

Avoiding reminders of trauma

Avoiding emotions

Avoiding thoughts

# MAJOR DEPRESSIVE DISORDER

Here are the symptoms of major depressive disorder in the DSM-5:

- Depressed mood or a loss of interest or pleasure in daily activities for more than two weeks.

- This mood represents a change from the person's baseline.

- Impaired function: social, occupational, educational.

- Specific symptoms, at least 5 of these 9, present nearly every day:

  - Depressed mood or irritable most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).

  - Decreased interest or pleasure in most activities, most of each day

  - Significant weight change (5%) or change in appetite

  - Change in sleep: Insomnia or hypersomnia

  - Change in activity: Psychomotor agitation or retardation

  - Fatigue or loss of energy

  - Guilt/worthlessness: Feelings of worthlessness or excessive or inappropriate guilt

  - Concentration: diminished ability to think or concentrate, or more indecisiveness

  - Suicidality: Thoughts of death or suicide, or has suicide plan

# ASSESS FOR SUICIDALITY

- Plan to harm self

- Intent to harm self

- Frequency and intensity of thoughts to harm self

  - Circling the airport

  - Coming in for a landing

- Past history of attempts includes of past few months


- Safety Planning and Steps (at the onset of treatment and throughout given informed consent processes)

  - Limitations of confidentiality

  - Emergency contacts
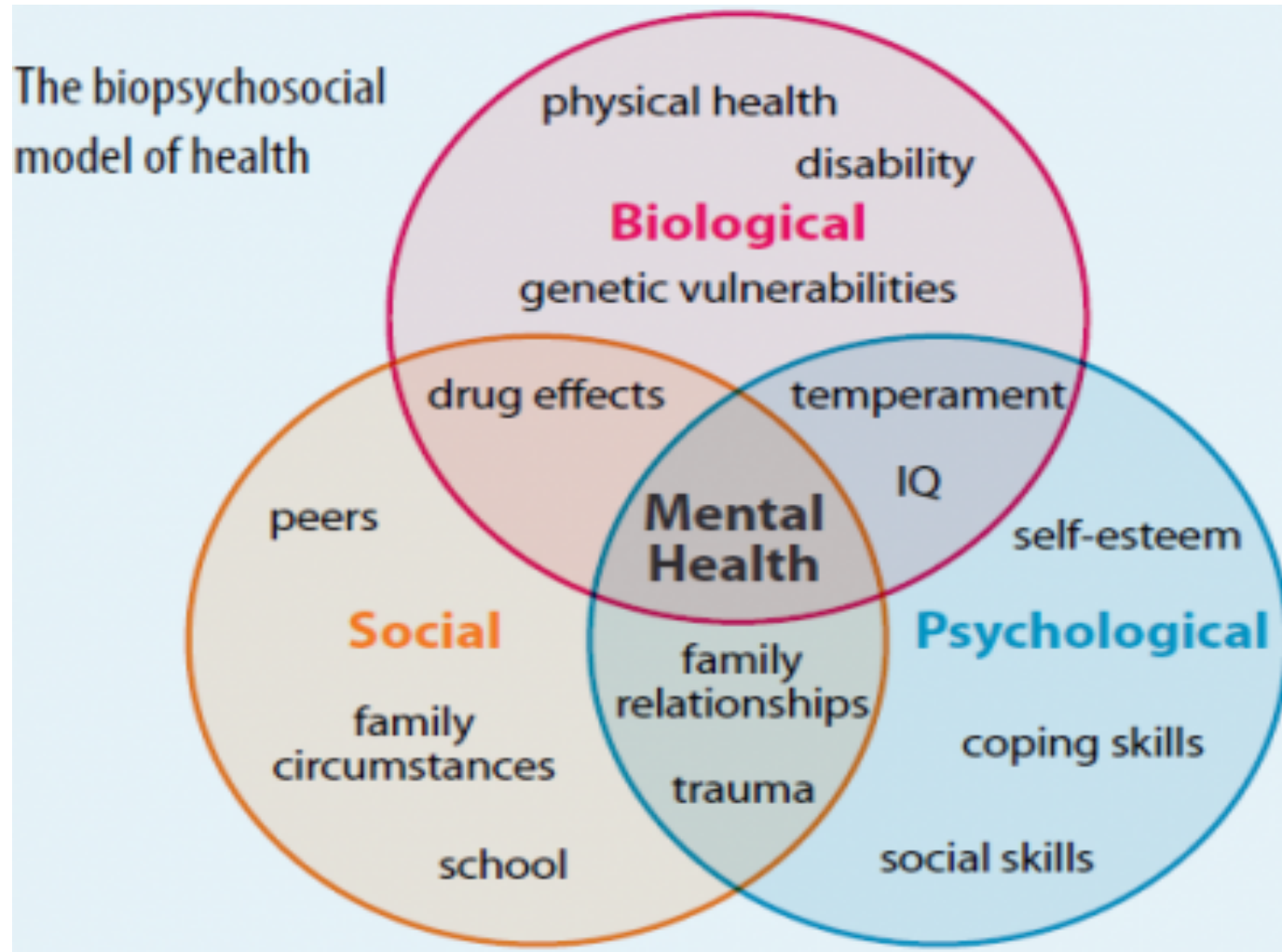
  - Options for emergency care

# DEPRESSION

- Increased activity of the sympathetic nervous system

  - Typically "ramps up" with distress

- Worsening of memory

  - Decreased attention and retention abilities

- Fatigue/Exhaustion

  - Too much effort is used to push away from unpleasant thoughts, feelings, and memories

- Muscle Memory

  - Same actions result in same outcomes

- Pulls one out of his/her/their life

  - Decreased quality of life when in constant distress

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# DEPRESSION

- Attempts to escape pain will never work

  - Acceptance is key

- Attempts to practice control (past or future) are not effective

  - Contact with the present moment (mindfulness)

- Attempts to view self as one's thoughts as his/her thoughts are problematic

  - Self as context

- Engaging in a cycle of distress is maladaptive

  - Cognitive defusion

- Non-action is problematic

  - Committed actions/action planning

The biopsychosocial model of health

**Biological**
physical health
disability
genetic vulnerabilities

drug effects    temperament

IQ

peers    **Mental Health**

self-esteem

**Social**    **Psychological**

family circumstances    family relationships

coping skills

trauma

school    social skills

- The goal of IPT is to improve interpersonal functioning, and understand and recognize triggers that elicit an emotional response
  - This also allows room to assess and address intrapersonal awareness

# MH CONDITIONS AND RELATIONSHIP DISTRESS

- Anger & anxiety
- Defensive
- Low ownership of behaviors
- Self critical
- Afraid
- Guarded

- Walking on egg shells
- Feeling in adequate
- Feelings of resentment or regret
- Overcompensation
- Fear
- Alienated

Unhealthy patterns, no resolutions, and minimal skills to reach positive outcomes.
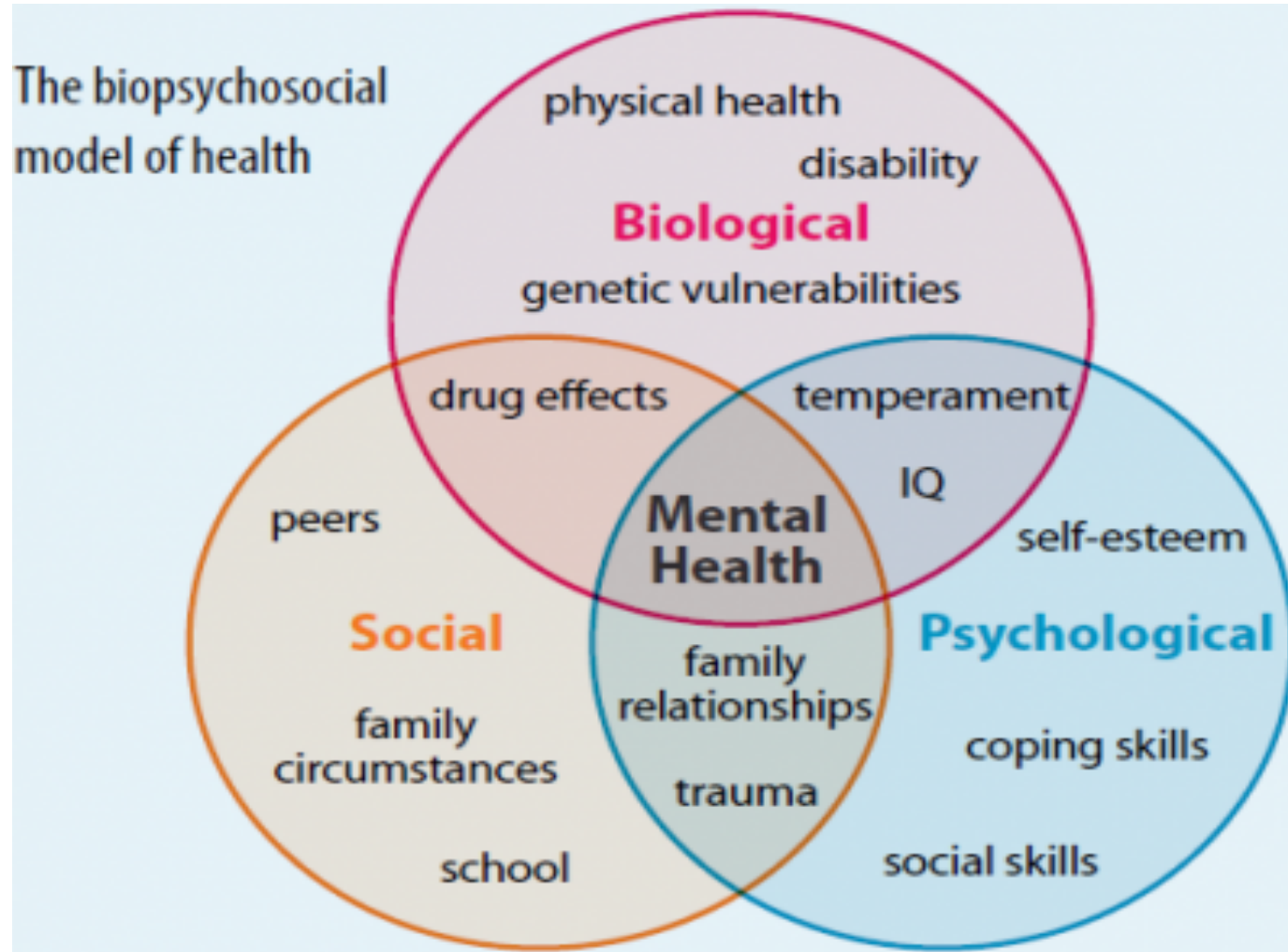
- The goal of IPT is to improve interpersonal functioning, and understand and recognize triggers that elicit an emotional response
  - This also allows room to assess and address intrapersonal awareness

# CLINICAL TREATMENT DECISION MAKING

Medical Conditions:
Trauma
Anxiety
Depression

Treatment Goal:
Decrease
Interpersonal
Conflict;
Increase Healthier
Relationships

The biopsychosocial model of health

**Biological**
physical health
disability
genetic vulnerabilities

drug effects

temperament

IQ

**Mental Health**

**Social**
peers
family circumstances
school

family relationships
trauma

**Psychological**
self-esteem
coping skills
social skills

# CASE CONCEPTUALIZATION BASICS

- Presenting problem
- History of problem
- Past treatments
- Family history
- Medical history
- Treatment plan options
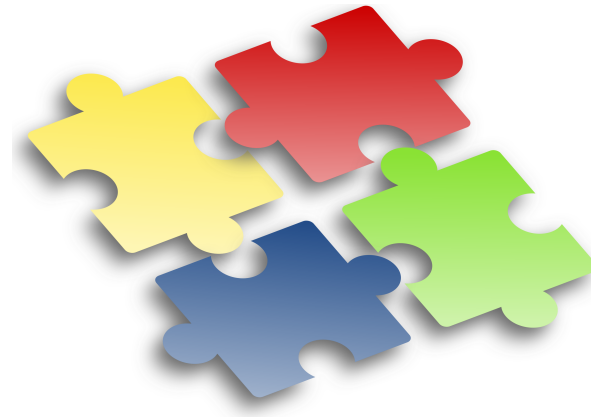
- The 8 Ps

- presentation, predisposition (including culture), precipitants, protective factors and strengths, pattern, perpetuants, (treatment) plan, and prognosis.

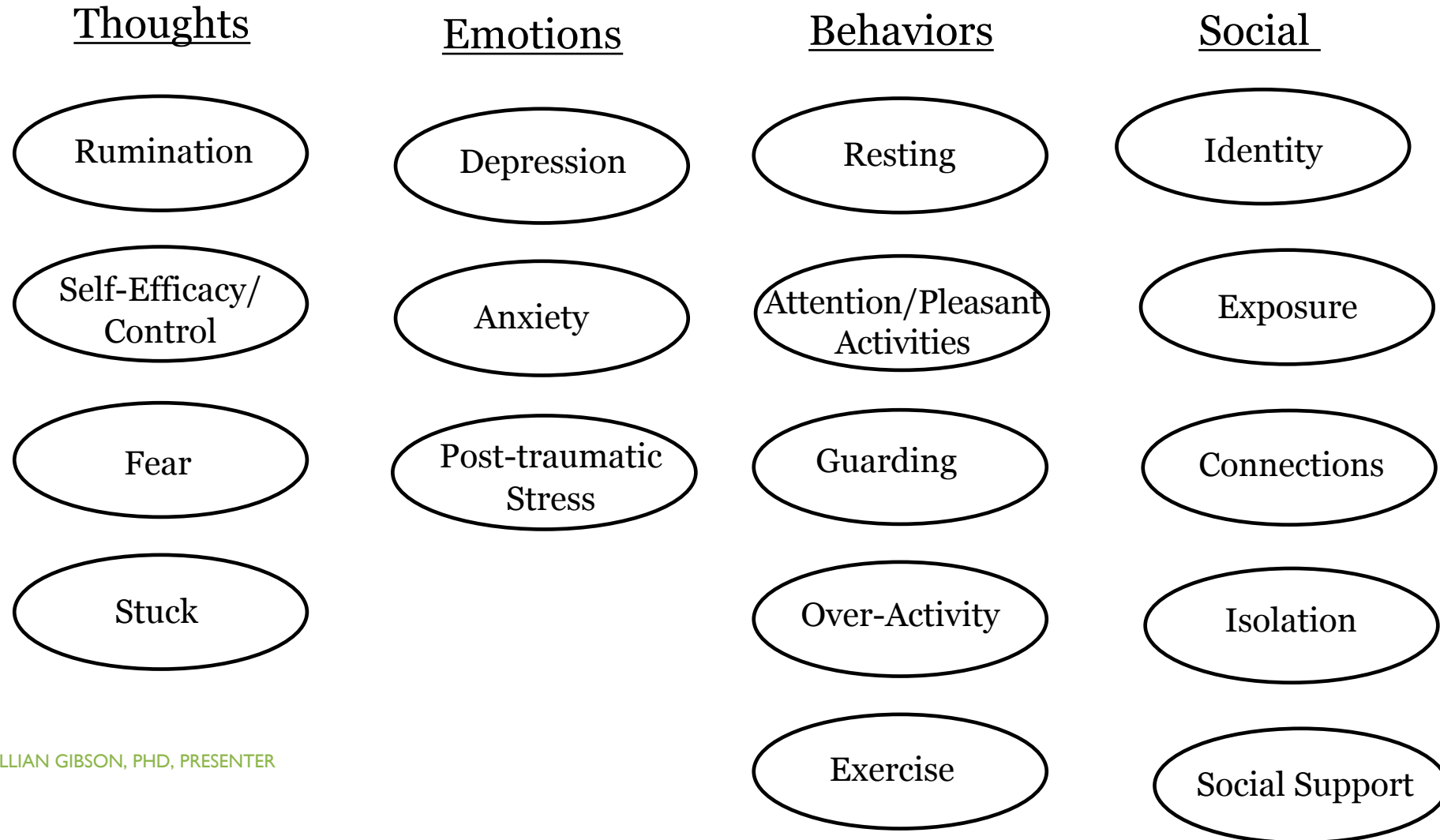# CASE CONCEPTUALIZATION: KEY TO HIGHLY EFFECTIVE COUNSELING SPERRY & SPERRY 2020

- **Presentation:** the nature and severity of one's clinical presentation.

- **Predisposition:** bio-psycho-social-cultural variables linked to the likelihood of a condition presenting.

- **Precipitant(s):** psycho-social stressors linked to the onset of a condition.

- **Protective factors:** variables that reduce risk and onset of a condition.

# CASE CONCEPTUALIZATION: KEY TO HIGHLY EFFECTIVE COUNSELING SPERRY & SPERRY 2020

- **Pattern:** standard set of behaviors, thoughts, and feelings that circumstantially present.

- **Perpetuants:** recurring internal and/or external outcomes that contribute to the condition.

- **Plan:** intervention goals and proposed approach to reduce intensity and severity of symptoms.

- **Prognosis:** estimation of effectiveness

# Psychosocial Factors Functional Assessment and Their Impact on Relationships

## Thoughts

- Rumination
- Self-Efficacy/ Control
- Fear
- Stuck

## Emotions

- Depression
- Anxiety
- Post-traumatic Stress

## Behaviors

- Resting
- Attention/Pleasant Activities
- Guarding
- Over-Activity
- Exercise

## Social

- Identity
- Exposure
- Connections
- Isolation
- Social Support

Utilize Assessments:

Depression measure

Anxiety measure

Trauma measure

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Trusts others fairly well, good communication skills, and shows emotionally flexibility

Overwhelmed easily, unstructured communication approach, anxious, & fearful of abandonment.

**POSITIVE MODEL OF OTHERS**
LOW AVOIDANCE

**SECURE**

**ANXIOUS**

**POSITIVE MODEL OF SELF**
LOW ANXIETY

**ATTACHMENT STYLES**

**NEGATIVE MODEL OF SELF**
HIGH ANXIETY

**AVOIDANT**

**FEARFUL**

**NEGATIVE MODEL OF OTHERS**
HIGH AVOIDANCE

May appear withdrawn, and display minimal engagement.

Negative view of self and others; fearful of intimacy; socially avoidant

Attachment styles: patterns of bonding that people learn as children and carry into their adult relationships.
They're typically thought to originate from the type of care one received in their earliest years.
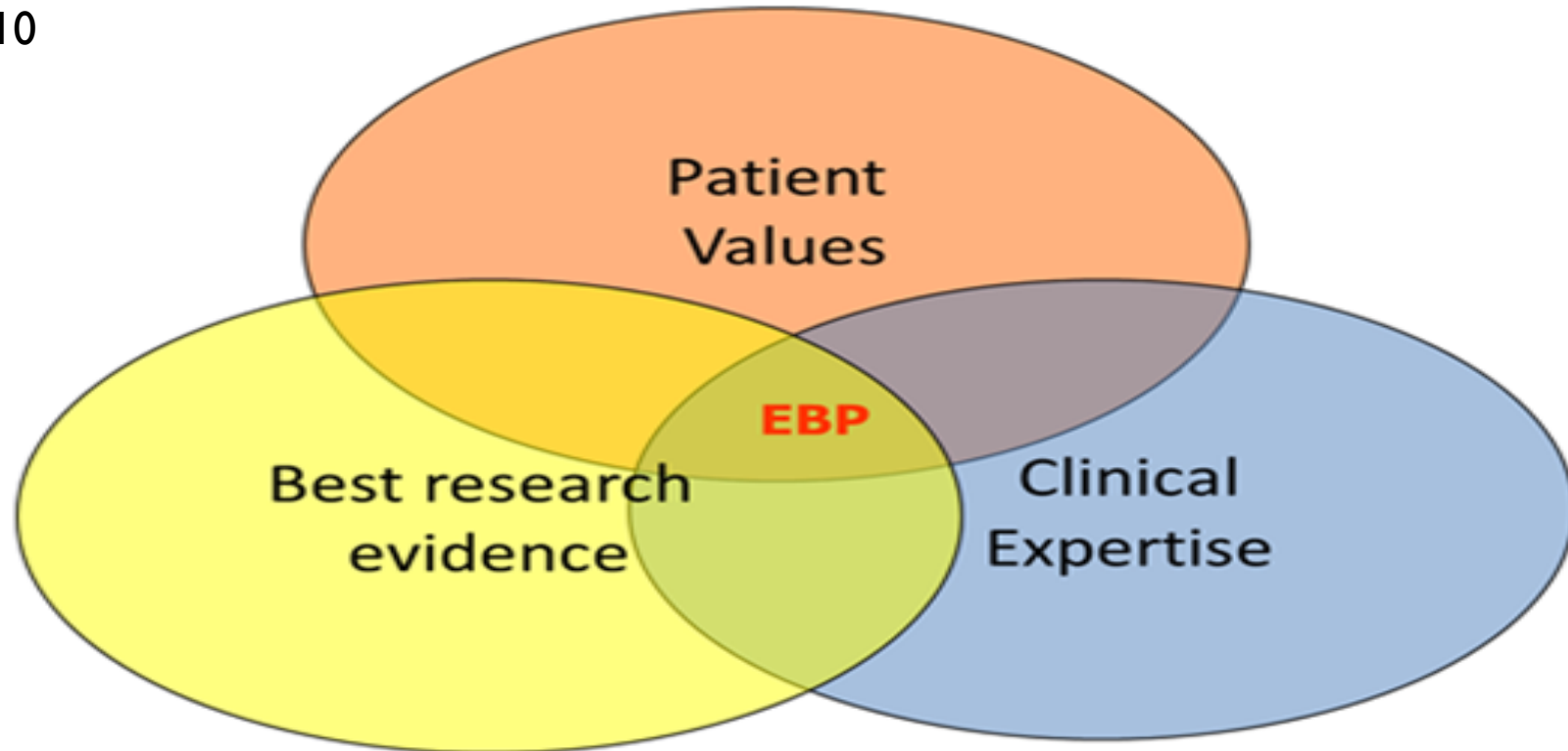
# THREE PILLARS OF EBPS: EVIDENCE BASED APPROACHES

Patient Characteristics, Culture, Preferences

Morales & Norcross, 2010



Sackett D et al (2000): Evidence-Based Medicine. Churchill Livingstone

# TREATMENT AND CULTURAL RESPONSIVENESS

- EBPs should be framed within the values and traditions of the client's culture

  - Example: honoring the deceased

- Conceptualization should be within the realms of the clients culture, values and traditions

  - Example: avoid microaggressions

- Appropriate language and context is important

  - Example: how does the patient self identify

- Client's preference is paramount

  - Example: medication management could be a faux pas

# IPT Formulation

**Biological Factors**
Age
Genetics
Gender
Substance Use
Medical Illnesses
Medical Treatments
Sexual Orientation
Diet, Exercise

**Social Factors**
Intimate Relationships
Social Support
Employment
Education
Health Care System
Primary Language
Means of Communication

**Psychological Factors**
Attachment
Personality
Temperament
Defense Mechanisms
Trauma History
Gender Identity
Stigma

**Cultural Factors**
Tradition
Family
Acculturation
Assimilation
Generational Status

**Distressed Individual**
**Acute Interpersonal Crises**
*Interpersonal Dispute*
*Role Transition*
*Grief and Loss*

**Spiritual Factors**
Tradition
Social Support
Meaning

**Diagnoses and Treatment Plan**
**IPT Targets**
*Interpersonal Functioning*
*Social Support*
*Distress*
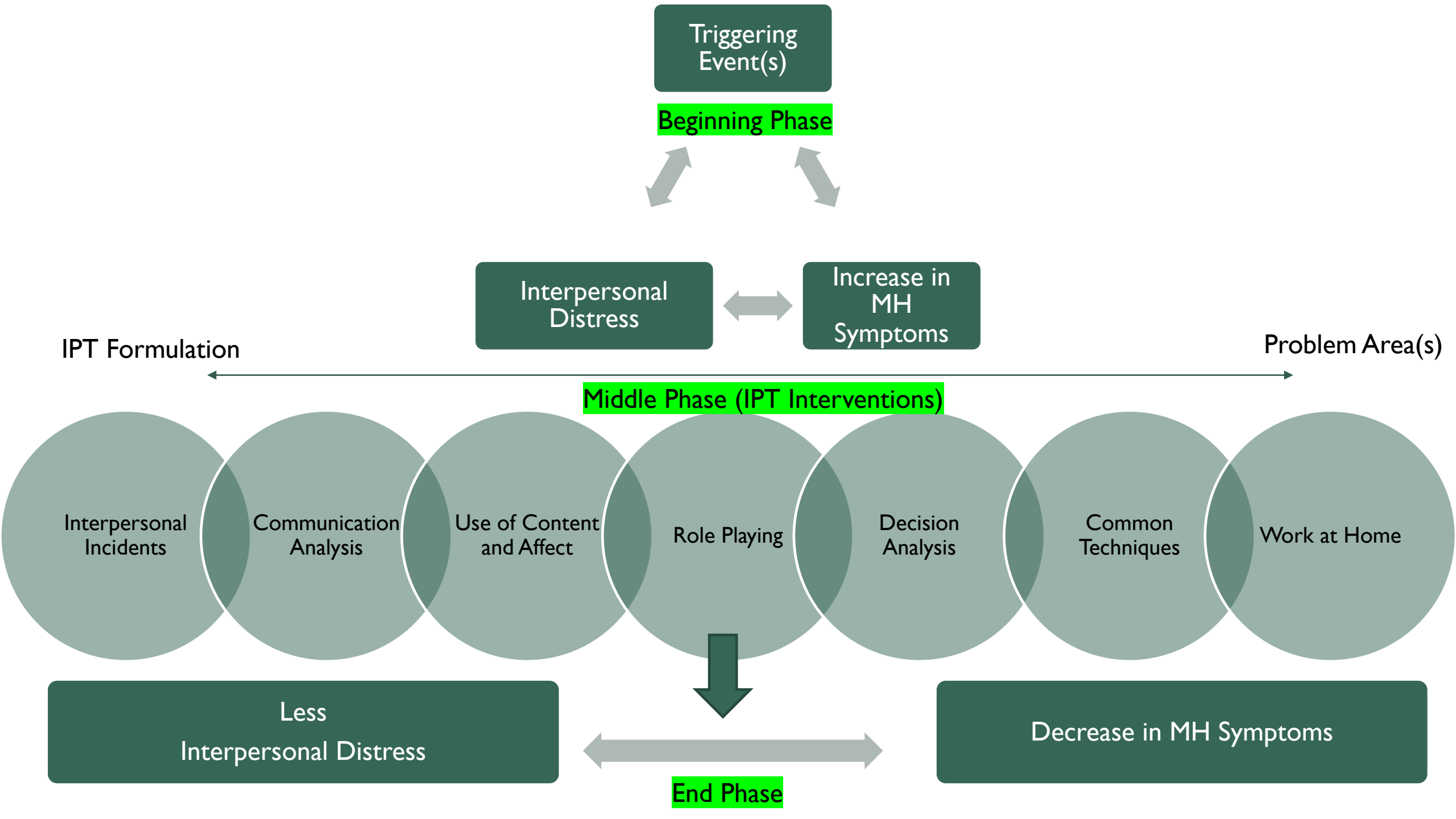
# POSSIBLE GROWTH OUTCOMES SECONDARY TO MOOD MANAGEMENT

- Improved focus

- Increased feelings of satisfaction

- Enhanced self care

- Less stressed

- Increased confidence

- Improved coping skills

- Less distressed relationships

- Capable of pacing communication

- Increased insight opportunities

# IPT TREATMENT READINESS

- Assesses patient's internal motivation to change to decrease care barriers

  - Patients may not be ready to engage in treatment

  - Patients may not understand their symptoms

  - Patient may not understand the therapeutic process

  - Patient may not be committed to the process

  - Patient may not understand the nuances of psychotherapy

# IPT TREATMENT READINESS

- Identify reasonable short-term goals

  - What are the treatment expectations over the next 30-45 days?

  - How would you like feel (emotionally) and function?

  - Let's look at where you would like to be in your life and see how that compares to where you are now?

    - Knowledge

    - Understanding

    - Social support

    - Utilization of coping skills

# IPT MOTIVATIONAL ENHANCEMENT SCRIPTS

- Identify the consequences or impact of the patient's symptoms

  - What problems have been caused by symptomology (anxiety, trauma, and depression)?

  - What effect does anxiety, trauma and/or depression have on your life?

  - How does anxiety, trauma and/or depression impact your work? Your relationships? Your satisfaction in life? Your comfort with self?

    - Work

    - Relationships

    - Thoughts

    - Judgements

    - Communication

    - Decision making about engaging with others

    - Future planning

    - Activity engagement with others

# IPT OUTLINE

- I. Interpersonal Psychotherapy (IPT): Background, Concepts, and Group Adaptation

  - A. Empirical and Theoretical Framework

  - B. Concepts and Methods of IPT

  - C. Interpersonal Conceptualization/Formulation


  - II. Interpersonal Psychotherapy (IPT): Background, Concepts, and Group Adaptation

    - A. Comparisons between IPT and other psychotherapies

    - B. Phases of IPT

    - C. Therapeutic Stance of IPT

    - D. IPT Techniques

# IPT OUTLINE

- III. Interpersonal Psychotherapy (IPT): Background, Concepts, and Group Adaptation

  - A. IPT Adaptation to a Group Format

  - B. Maintaining Focus on Patients' Identified Problem Areas

- IV. Group Observations, Guidelines, and Termination

  - A. Non-Functional Group Behavior

  - B. Group Member Roles

  - C. Group Therapy Termination

# INTERPERSONAL PSYCHOTHERAPY (IPT): BACKGROUND, CONCEPTS, AND GROUP ADAPTATION

- Empirical and Theoretical Framework

-       IPT is a brief, time-limited and evidence-based psychotherapy that focuses on interpersonally-relevant issues that maybe the precipitant and/or consequence of psychopathology

-       IPT was initially developed for the treatment of individuals with non-bipolar, nonpsychotic and depressed conditions

-       IPT has demonstrated efficacy for the treatment of several disorders: major depression without psychotic features, recurrent depression, bulimia nervosa, bipolar disorder, and binge eating disorder

-       IPT's application has also been researched and studied with other populations: elderly, adolescents, couples, PTSD, anxiety disorders, social phobia, co-morbid medical conditions, dysthymia, body dysmorphic disorder, borderline personality disorder, somatization disorders, and anorexia nervosa

# INTERPERSONAL PSYCHOTHERAPY (IPT): BACKGROUND, CONCEPTS, AND GROUP ADAPTATION

- Empirical and Theoretical Framework

- The founders of the interpersonal school were Adolf Meyer of John Hopkins University and his associate Harry Stack Sullivan

- Adolf Meyer took a psychobiological approach to understanding psychiatric disorders: current psychosocial and interpersonal experiences, rather than a psychoanalytic focus on the past and the intrapsychic

- Harry Stack Sullivan combined clinical psychiatry to anthropology, sociology, and social psychology

- In the interpersonal approach, "the unit of observation and therapeutic intervention is the primary social group, the immediate face-to-face involvement of the patient with one or more significant others"

# INTERPERSONAL PSYCHOTHERAPY (IPT): BACKGROUND, CONCEPTS, AND GROUP ADAPTATION

- Empirical and Theoretical Framework

- Gerald L. Klerman, M.D., Myrna Weissman, Ph.D., and colleagues developed IPT as a treatment for non-psychotic depression in the 1970s

  - Theoretical contributions from the following:

    - Interpersonal Relationships

    - Attachment Theories

    - Social role of impairment secondary to depression

- IPT can be used in time-limited group or individual therapy formats

    - Very brief (3 sessions)

    - Brief (8 to 12 sessions)

    - "Standard" (16 sessions)

# INTERPERSONAL PSYCHOTHERAPY (IPT): BACKGROUND, CONCEPTS, AND GROUP ADAPTATION

- Concepts and Methods of IPT

- IPT assumes the development of clinical behavioral health conditions occur in a social and interpersonal context

- The onset, response to treatment, and outcomes are influenced by the interpersonal relations that exist between the client and person(s) of focus discussed in treatment (relationship focus typically remains the same in terms of targeted interventions)

- The goal of IPT is to reduce emotional distress (anxiety, trauma, or depression symptoms) and improve a client's capacity to handle identified problems. Therapeutic stance and techniques are distinct based on the IPT problem area.

  - Four IPT problem areas for treatment (one or two areas); adolescent focus area discussed later:

    - Role Transitions
    - Interpersonal Role Disputes
    - Grief
    - Interpersonal Deficits

# IPT PROBLEM AREAS

- **Role transitions** - distress may occur during life transitions when a person's role changes and she/he/they don't know how to cope, accept, and/or process the change

  - New job

  - Relocation

  - Change in family dynamics (divorce, marriage, dating, etc.)

  - Empty nester

  - Medical condition

- **Interpersonal role disputes** - Role disputes occur when the client and significant people in his/her/their life have different expectations about their relationship

  - Needs assessment/evaluation

    - Communication

    - Action/non-action

    - Goals

    - Values

    - Impacts of early life experiences (family or origin dynamics)

# IPT PROBLEM AREAS

- **Grief** – surviving individuals begin to return to improved functioning post loss within a few months. Unresolved grief is generally grief which is either delayed and experienced long after the loss; survivors may explore other dynamics in treatment following loss

  - Feeling disconnected from self and/or community that was once the source of connection

  - Shattered life dreams/goals

  - Exploration of identity

  - Loneliness

- **Interpersonal deficits** - This may be an area of focus if the patient has had problems with forming and maintaining good quality relationships

  - Current relationship distress impacted by poor previous relationships, upbringing, and/or trauma

  - Self-esteem concerns (worthiness)

  - Often misunderstood

  - Feels attacked/targeted

# IPT FOR DEPRESSED ADOLESCENTS (5<sup>TH</sup> PROBLEM AREA)

- Grief: loss of a parent/change in household dynamics

- Role Disputes: discovery of self and conflict with one's social networks

- Role Transitions: puberty, increased independence, new schools, relocation, etc.

- Interpersonal Deficits: learning how to engage with others, and/or feeling disconnected from peer groups

- Single-Parent Families: change in household dynamics, abandonment, and imbalanced relationships

# IPT FOR ADOLESCENTS

- Depression symptoms seen among adolescent populations
  - Substance use
  - Suicide attempts
  - Truancy concerns
- IPT-A focuses on addressing disputes at home, school, or with peers

- Problem area 5: The single parent family
  - Parents are involved in treatment
  - Collateral information is obtained from the client's educational institution

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# IPT OUTCOMES FOR ADOLESCENTS



- Increases problem solving skills

- Focuses on resolving here and now concerns

- Improves social functioning

- Enhances interpersonal engagement and awareness

# IPT FOR DEPRESSED ADOLESCENTS

- Requires a team approach

  - Parental/caregiver involvement

  - School staff support

  - Influential social supports

- Not the best for

  - Actively psychotic clients

  - Severe suicidal ideations

  - Serious risk for homicidal behavior

  - Current engagement with drugs

  - Unwilling to engage in an educational program

# INTERPERSONAL PSYCHOTHERAPY (IPT): BACKGROUND, CONCEPTS, AND GROUP ADAPTATION

- Interpersonal Conceptualization Basics

- Treatment conceptualization components:

1) *Symptom function:* the development of affect changes, and the neurovegetative signs and symptoms (sleep and appetite disturbance, low energy, mood variation, etc.) are presumed to have both biological and psychological precipitants

2) *Social and interpersonal relations:* social role interactions with other individuals derived from learning based on childhood experiences, concurrent social reinforcement, and personal mastery and competence

3) *Personality and characterological problems:* enduring traits (e.g., inhibited anger and guilt, poor communication with significant others, problems with self-esteem); these traits determine a person's reactions to interpersonal experiences - personality patterns form part of the individual's predisposition to interpersonal and intrapersonal experiences

# INTERPERSONAL PSYCHOTHERAPY (IPT): BACKGROUND, CONCEPTS, AND GROUP ADAPTATION

- Comparisons between IPT and other psychotherapies

- Both cognitive and behavioral approaches are similar to IPT in that they both were developed specifically for mood management, have been tested, and have been shown to be efficacious throughout the literature

- A major difference between the therapies is the conceptualization of the manifestation of client's problems as lying in the remote past, the immediate past, or the present

- IPT addresses *current* interpersonal relationships

- Like CBT, IPT is concerned with patients' distorted thinking about situations, themselves and others, and about the options open to them to resolve distress

- IPT focuses directly on affects, or feelings, whereas CBT focuses on "hot" cognitions – thoughts with strong associated affects. As evidence arises during the course of therapy, the therapist calls attention to distorted thinking in relation to significant others

# INTERPERSONAL PSYCHOTHERAPY (IPT): BACKGROUND, CONCEPTS, AND GROUP ADAPTATION

- Comparisons between IPT and other psychotherapies (continued)

- IPT has the following core elements:

    1) IPT is time-limited, not long term

    2) IPT is focused, not open ended

    3) IPT heavily addresses current interpersonal relationships, not past ones (although an understanding of past relationships are insightful for treatment)

    4) Personality is recognized and treatment is designed to focus on immediate changes to reduce distress

# INTERPERSONAL PSYCHOTHERAPY (IPT): BACKGROUND, CONCEPTS, AND GROUP ADAPTATION

■ Phases of IPT

\- Initial Phase (Sessions 1- 3)

• Review mental health history and current concerns

– This process increases therapist's understanding of the problem

• Begin to link life events with emotional distress and interpersonal challenges

• Diagnose MH conditions according to the DSM-5 and utilize tracking measures

– IPT therapists take a collaborative approach for time limited treatment and contract to engage

– Provide psychoeducation about MH (conditions) and treatment goals to decrease symptoms

• Normalize experiences

• Identify the "sick role" (reasonable expectation that life events would be negatively impacted by mental health conditions)

• Review effective medical model of treatment outcomes

– Therapy and/or medication management outcomes

# INTERPERSONAL PSYCHOTHERAPY (IPT): BACKGROUND, CONCEPTS, AND GROUP ADAPTATION

- **Phases of IPT (continued)**
- Initial Phase (Sessions 1- 3)
  - Utilize measures for mood monitoring
    - Depression (Beck Depression Inventory, Patient Health Questionnaire, Hamilton Rating Scale)
    - Anxiety (Beck Anxiety Inventory, General Anxiety Disorder 7)
    - Trauma (PTSD Checklist 5)
  - Assess SI and plan appropriately
  - Subjective mood rating (Scale of 1 to 10; 10 more severe symptomology)
- Interpersonal Inventory
  - A brief review of important persons in the patient's life (living or deceased), which includes positive and negative aspects of the relationship
    - Spending 10 to 15 minutes on each person
    - Inventory may take multiple sessions
  - Inventory allows the therapist to
    - Identify interpersonal issues to focus IPT work (1 to 2 problem areas)
    - Identify potential supports
    - Identify the patient's interpersonal strengths or challenges

# INTERPERSONAL INVENTORY: CLINICIAN PROMPTS/SCRIPTS



- Who are the important people in your life?

- What do you like about the relationship?

- What has changed in the relationship?

- What is the effect of this relationship on your life/mood?

- Is there something you would like to tell me about this relationship that we haven't talked about yet?

Assess inventory within the context of trauma, anxiety, and/or depression symptomology along with culture.

# IPT: INTERPERSONAL FORMULATION

History and nature of distress

**+**

Interpersonal Inventory

**=**

**Interpersonal Formulation**
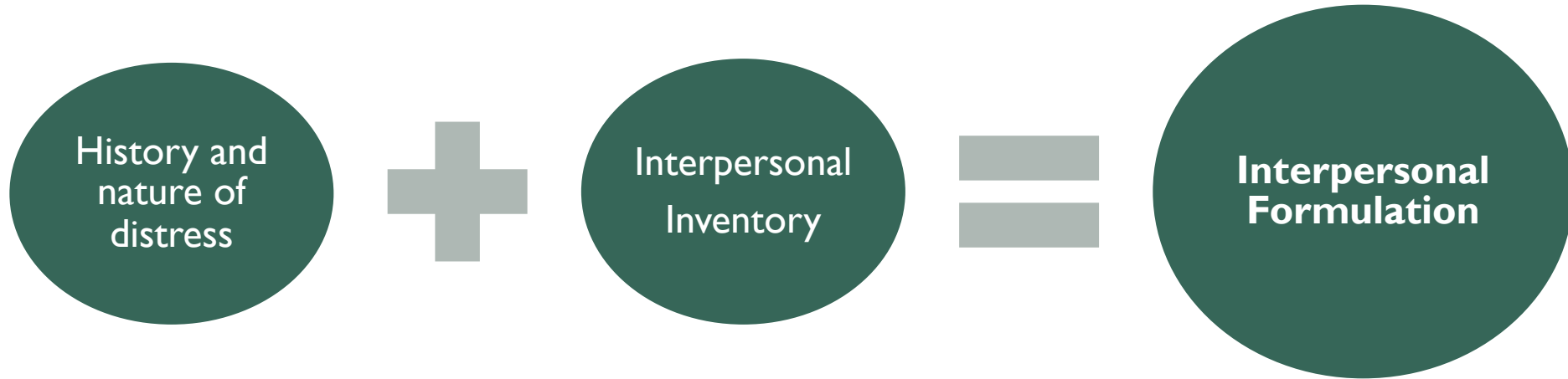
– Problem areas for treatment (one or two areas)
- Role Transitions
- Interpersonal Role Disputes
- Grief
- Interpersonal Deficits

# IPT PROBLEM AREAS IN RELATION TO EMOTIONAL FUNCTIONING

Emotional Distress: Anxiety, Depression, or Trauma ⟷ IPT Problem Area(s)

- **Role transitions** – MH symptoms may occur during life transitions when a person's role changes and she/he/they doesn't know how to cope with the change.

- **Interpersonal role disputes** - Role disputes occur when the patient and significant people in his/her/their life have different expectations about their relationship.

- **Grief** - In normal bereavement the person usually begins to return to normal functioning within a few months. Unresolved grief is generally grief which is either delayed and experienced long after the loss or distorted grief, in which the person may not feel emotions, but instead experiences other symptoms.

- **Interpersonal deficits** - This may be an area of focus if the patient has had problems with forming and maintaining good quality relationships.

# INTERPERSONAL FORMULATION DIALOGUE: CLINICIAN PROMPTS/SCRIPTS

- You have what we would call clinical depression, anxiety, or trauma

- The symptoms you've described are…

- Your symptoms seem to have started when or worsen when…

- Do you agree?

- Let's work together to improve your situation and to help you feel better.

# INTERPERSONAL PSYCHOTHERAPY (IPT): BACKGROUND, CONCEPTS, AND GROUP ADAPTATION

- Phases of IPT (continued)

- Intermediate Sessions (Sessions 4-13) : moving the client forward on their healing journey with IPT interventions

- The problem areas revisited:

- Complicated grief

- Interpersonal role disputes

- Role transitions

- Interpersonal deficits

*Every session starts with a review of symptoms and relative interpersonal relationships since last session and connection to mood (utilize a rating tool and subjective mood rating on a scale of 1 to 10; 10 being in high distress)

# IPT CLINICAL SKILLS

- **Techniques to Use:**
  - Interpersonal Incidents
  - Communication Analysis
  - Use of Content and Process Affect
  - Role Playing
  - Decision Analysis
  - "Common" Techniques
  - Work at home

Vignettes will be used to help support understanding of clinical skills.

# INTERPERSONAL PSYCHOTHERAPY (IPT): KEY CONCEPTS

- **IPT Techniques**

- **Interpersonal Incidents**
  - Exploring the details of what happened during interpersonal interactions that trigger emotional outcomes
    - What exactly happened
    - Where were you
    - How were comments expressed

- **Communication Analysis**
  - Assessing feelings prior to, during, and after interpersonal interactions
    - Detail comments and context
    - Identify feelings associated with the communication
      - Familiarity of feelings from other situations/life experiences
    - Was something not said

# INTERPERSONAL PSYCHOTHERAPY (IPT): KEY CONCEPTS

- **Use of Content and Process Affect**

    - Exploratory techniques (e.g., supportive acknowledgement, receptive silence)

    - Encouragement of affect (group formats may incorporate an initial "mood check" to facilitate this process) – more intense affect may require inquiry to a patient's thoughts

    - Clarification (e.g., repeat or rephrase, calling attention to contrasts or contradictions)

# INTERPERSONAL PSYCHOTHERAPY (IPT): KEY CONCEPTS

- **Decision Analysis**
  - Assess various sides of an outcome based on a decision
  - Explore the emotional consequence of a decision
  - Openness to put an action plan in place for comparative purposes (SMART Goals)
    - **Specific**
    - **Measurable**
    - **Achievable**
    - **Relevant**
    - **Time bound**

- **Role Playing**
  - Engaging in scenarios to assess skills/concerns
  - Engage in scenarios to build skills
    - Helps patient to understand interpersonal dynamics and the context in which feelings (unpleasant/pleasant) are associated with person to person interactions
    - Helps patient to understand the behavior and feelings of others
    - Presents an opportunity to review interactions (past, and present)

# INTERPERSONAL PSYCHOTHERAPY (IPT): KEY CONCEPTS

- **Common Techniques**

  - Use of the therapeutic relationship – technique mostly used in role disputes, grief and loss, interpersonal deficits – timing is critical

  - Behavior change techniques (e.g., decision analysis, role playing, work at home)

  - Adjunctive techniques (e.g., contract setting, administrative details (e.g., appt. times)

# INTERPERSONAL PSYCHOTHERAPY (IPT): KEY CONCEPTS

**Work at home**

- Encourage the client to experiment with new skills outside of therapy that have emerged from communication analysis, decision analysis, and role play

- Tailor work at home specific to patient

- Prepare patient to expect a variety of outcomes

# INTERPERSONAL PSYCHOTHERAPY (IPT): KEY CONCEPTS

- Therapeutic Stance of IPT

- 1) Therapist is an advocate, not neutral (helps with developing an alliance stance; also assist with trust building)

    - Very important based on the client's relationship history

- 2) Therapeutic relationship is not interpreted as transference

- 3) Therapeutic relationship is not a friendship

- 4) The therapist is active, not passive

- 5) The therapist maintains an intensive interpersonal focus

# THERAPIST IPT IMPLEMENTATION ISSUES/CONCERNS

- Initial Sessions
  - Too much to cover in 3 sessions
  - Many issues
    - Where do I focus
  - Which IPT problem is best to target
  - Formulation of client problems is sometimes difficult
  - A belief that substantive work can't be done in 16 weeks or less

# IPT IN ACTION: ROLE TRANSITIONS

- **Goals**
  - Mourn and accept loss of the old role
  - See positive aspects of new role
  - Relate behavioral health symptoms to difficulty coping
  - Develop skill set for new role
    - Mastery
    - Restoration of Self-Esteem

# ROLE TRANSITIONS

- **Strategies**
  - Explore positive and negative aspects of old role and new role
  - Encourage the expression of emotions surrounding loss of the old role and why
  - Explore short-term and/or long-term opportunities in the new role
  - Support the development of new skills that will facilitate growth in the new role
    - Identify opportunities for such support

Helpful IPT Techniques to Consider

Role Playing

Decision Analysis

Work at Home
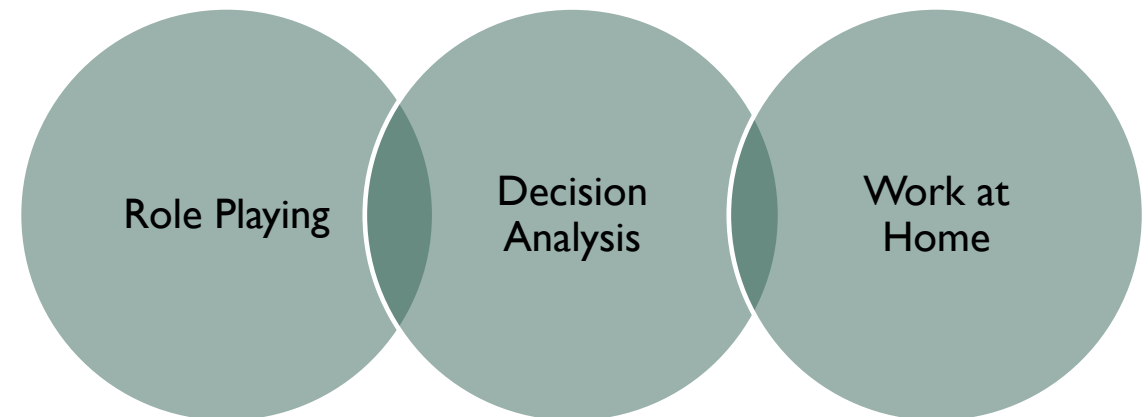
# INTERPERSONAL ROLE DISPUTES

- **Goals**
  - Identify longstanding disputes with spouse/partner/person of concern
  - Identify the core of disputes with employers or coworkers
  - Identify the conflict that exist among family members

# INTERPERSONAL ROLE DISPUTES: GOALS

- **Goals**

  - Identify dispute

  - Assess what the client would ultimately like in terms of an outcome

  - Determine if the client's expectations are realistic based on the presented information and context

  - Modify expectations and improve communication skills to work toward desired goals

Helpful IPT Techniques to Consider

Communication Analysis

Role Playing

Decision Analysis

Work at Home

Interpersonal Incidents
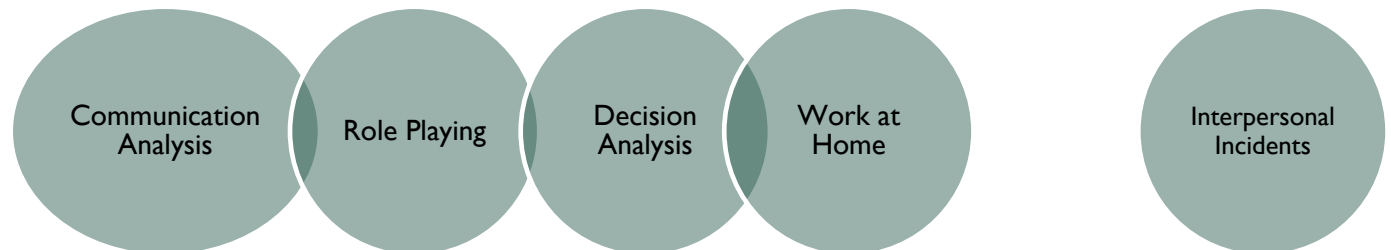
# INTERPERSONAL ROLE DISPUTES: GOALS

- **Establish stage of the dispute:**

  - Renegotiation: On-going heated disputes with important person in which *both* parties are emotionally engaged

  - Impasse: Emotional disengagement in which one or both parties are resigned to unsatisfactory relationships

  - Dissolution: Conclusion by one or both parties that the relationship cannot be improved and should likely end

# INTERPERSONAL ROLE DISPUTES: STRATEGIES

- Assess expectations
  - Fair versus not fair
  - Too high versus too low
  - Frequent changes versus clearly outlined expectations
- Possible parallels in other relationships:
  - Same issue with different people

Compromise

Balance
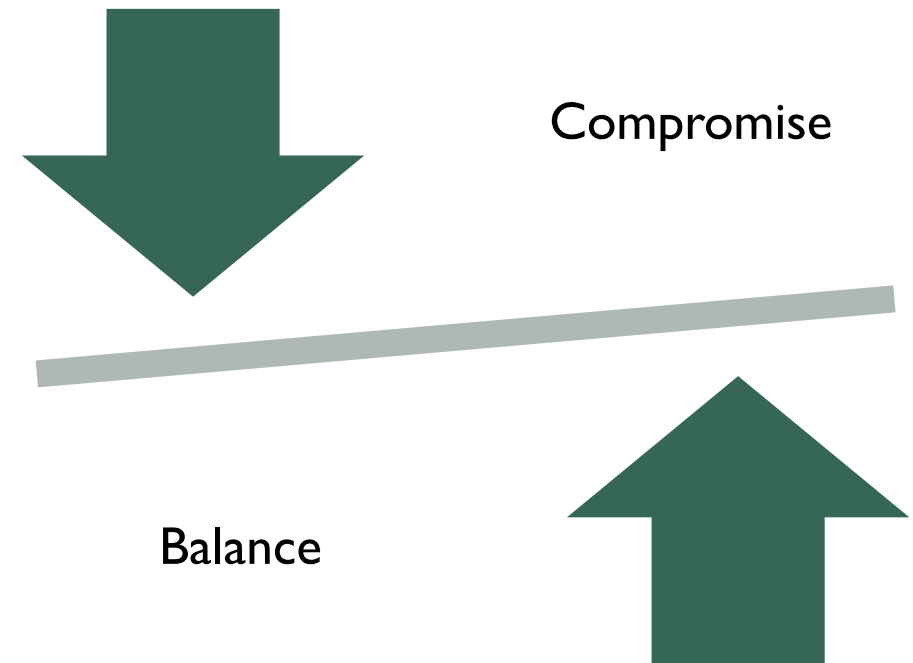
# INTERPERSONAL ROLE DISPUTES: INTERVENTION

- Helps client understand

  - Verbal and nonverbal communication

  - The impact of his/her/their communication style on others

  - The impact of others' communication style on him/her/them and mood

  - The ability to know that interactions can positively change relationships and help alleviate MH symptoms

# SUGGESTIONS FOR COMMUNICATION (INTERPERSONAL INCIDENT EXPLORATION)

- Ask the following type of questions:

  - What did you say

  - What did she/he/they say

  - How did it make you feel

  - Is that the verbal message you wanted to communicate

  - What else could you have said

  - How did you feel when _____ said that back to you?

**What other questions could be posed?**

# INTERPERSONAL ROLE DISPUTES: GOALS

- Communication Analysis: who said what and how did that make you feel

- Decision Analysis: what are you (the patient going to do)

- Work at home: specific tasks to accomplish

# GRIEF

- Death of spouse/partner

- Death of a child

- Death of friends

- Facilitate the mourning process

- Help the patient re-establish interest and develop new relationships to help substitute for the loss

    - Reduce social isolation

    - Explore ways to form new relationships

- Explore personal and cultural aspects of loss and meaning

Helpful IPT Techniques to Consider

Use of Content and Affect

Decision Analysis

Work at Home
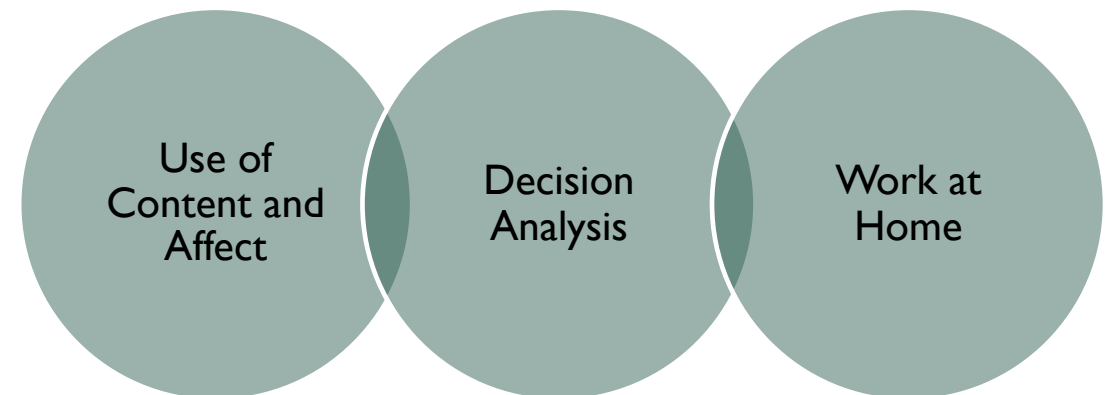
# GRIEF: STRATEGIES

- Review mood symptoms associated with loss

- Relate symptom onset to death of important person

- Explore relationship with the deceased

  - Encourage discussion

    - Stories

    - Memories

    - Events surrounding death

  - Encourage affect

    - Positive and negative emotions while honoring the client's cultures and values
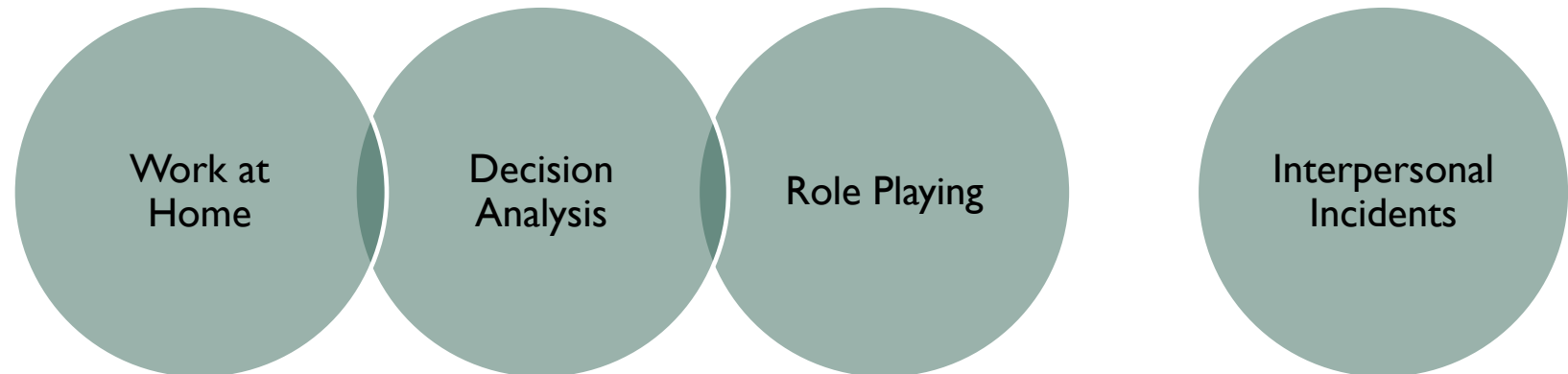
# INTERPERSONAL DEFICITS

- **Goals**
    - Improve interpersonal interactions
    - Explore how to develop healthy relationships

# INTERPERSONAL DEFICITS

- **Strategies**
  - Review emotional symptoms in connection with stressors/triggers
  - Look at past and present significant relationships
    - Reflect on positive and negative aspects
    - Identify successful relationships
    - Identify problematic relationships
  - Assess repetitive patterns
  - Encourage ways to manage socialization efforts and/or requirements in the here and now

Helpful IPT Techniques to Consider

- Work at Home
- Decision Analysis
- Role Playing
- Interpersonal Incidents

# INTERPERSONAL PSYCHOTHERAPY (IPT): BACKGROUND, CONCEPTS, AND GROUP ADAPTATION

- **Termination (Sessions 14/15-16 or earlier)**

- Termination is explicitly discussed

    - Remind patient that therapy is coming to its planned end

- Explore patient's feelings about termination

    - Contribute improvements to the client's work and ability to gain insight for future utilization

    - Encourage patient to talk about thoughts and feelings about planned end of therapy

- Changes in symptoms and interpersonal problem area are reviewed

    - Review changes in patient's mood symptoms over course of therapy; also review the changes in problem area and skills that patient may have gained

# TERMINATION

- Assess if alternative treatment may be needed

- Discuss treatment maintenance

  - Research indicates that monthly maintenance IPT reduces the likelihood of another episode/extends duration between episodes

# THERAPIST IPT PROBLEMATIC ISSUES

- Intermediate Sessions

  - Focus lost of core issue and how to connect patient to desired goal (continue to discuss goals)

    - Check ins are specific to successes and failures

    - Homework highlights the goal of sessions

    - Helps with short term and long term treatment planning

  - Too quick to provide advice (don't jump in)

    - Silence is powerful

    - Patient problem solving is helpful

  - Grief: avoids painful discussions (it's ok to discuss painful issues)

  - Disputes: include other party in session (it depends)

# THERAPIST IPT PROBLEMATIC ISSUES

- Termination
  - Assumes therapy will continue
  - Presumes clients cannot handle termination
    - Perceives abandonment issues will present for the client
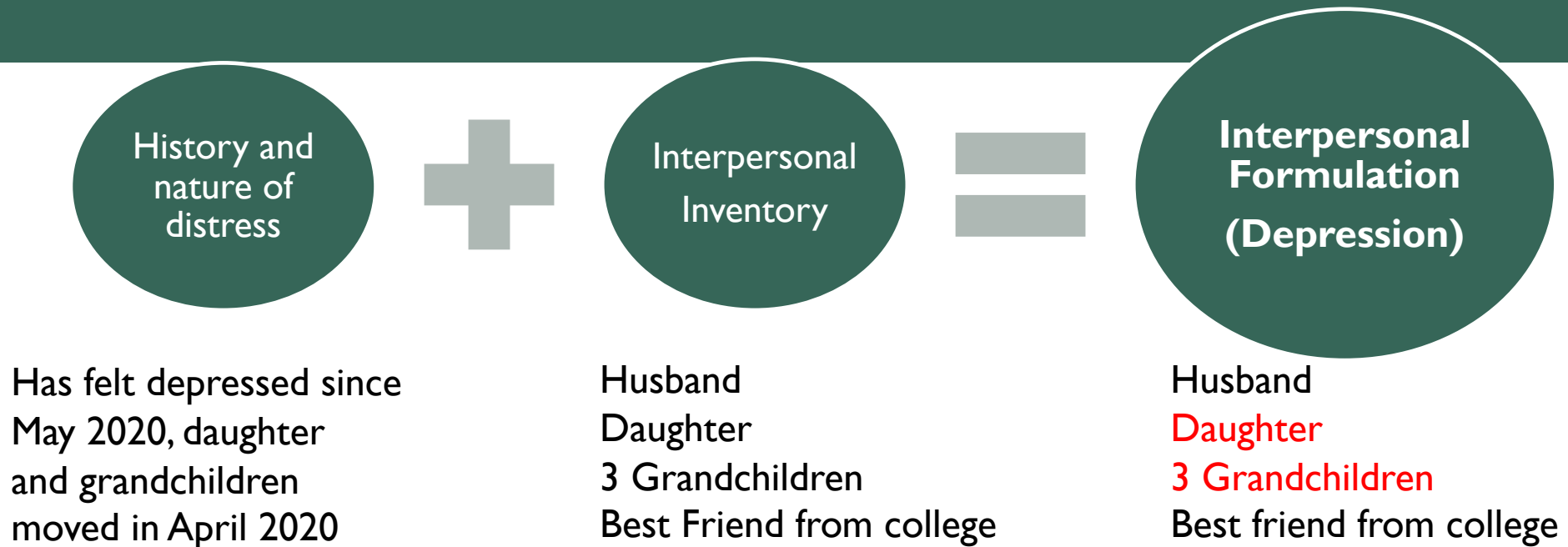  - Make a clear distinction between treatment and maintenance sessions

# IPT CASE VIGNETTE

Jane (she/her/hers) is a 53-year-old married woman who was referred to you due to challenges associated with feeling numb for the past few years. Her BDI score suggests a moderate level of depression, but her subjective rating is a 3 on a scale of 1 to 10 (10 indicating a higher degree of depression). She reportedly is able to do most daily life activities without a problem, but feels her motivation and desire to "get things done" is not there.

Jane and her husband of 28 years have a 25-year-old daughter who moved into their home along with Jane's 3 grandchildren a few years ago due to struggles during the pandemic (at that time).

Through the use of Socratic Questioning it was revealed that although Jane loves her family, she finds it difficult to communicate with her adult daughter given they have differing parenting styles. Jane exclaims that she often "just tries to help and offer advice" to her daughter. Jane finds herself feeling blue and can't quite figure out why her mood has changed. She is seeking therapy to focus on how she can become a better grandparent.

# IPT CASE VIGNETTE: APPLICATION OF SKILLS

**History and nature of distress**   **+**   **Interpersonal Inventory**   **=**   **Interpersonal Formulation (Depression)**

| History and nature of distress | Interpersonal Inventory | Interpersonal Formulation (Depression) |
|---|---|---|
| Has felt depressed since May 2020, daughter and grandchildren moved in April 2020 | Husband<br>Daughter<br>3 Grandchildren<br>Best Friend from college | Husband<br>Daughter<br>3 Grandchildren<br>Best friend from college |

- **Role transitions** - occurs during life transitions when a person's role changes
- **Interpersonal Role disputes -** Role disputes occur when the patient and significant people in his/her/their life have different expectations about their relationship. Jane's daughter feels she is smothered, and invalidated as a mother of 3.
- **Grief** – depression occurring after the loss or distorted grief, in which the person may not feel emotions, but instead experiences other symptoms.
- **Interpersonal deficits** - This may be an area of focus if the patient has had problems with forming and maintaining good quality relationships due to characterological traits.

# IPT Case Vignette: Application of Skills

The beginning phase of treatment focused on normalizing Jane's experiences and providing IPT psychoeducation related to her concerns along with treatment options that typically help with her condition (medication and/or psychotherapy). Jane was later prepped for treatment by you (informed consent, treatment planning, contract negotiation, and discussion of time limited treatment).

Jane found it useful to learn more about how her symptoms and stressors are related, which gave her an opportunity to explore interventions from multiple angles as well as articulate her symptoms (given the initial differences between her subjective and objective mood ratings). Moving into the middle phase of treatment, she voiced a commitment to explore her feelings more, face her discomforts head on, and understand the context of her feelings while being willing to try new ways to engage with her daughter and grandchildren.

Collect objective and subjective data at each session.

# IPT Case Vignette: Application of Skills

## DECISION ANALYSIS

- Pros/Cons of having her daughter move out or stay in the home:

  - Jane has an opportunity to spend time with her grandchildren each day

  - Jane has an opportunity to engage in knitting projects with her daughter

  - Jane's daughter can't save money to purchase a safe home for the kids

  - Jane will be concerned about the children's lack of stable housing

- Select an option: Jane decides to find ways to effectively communicate with her daughter

Collect objective and subjective data at each session.

# IPT Case Vignette: Application of Skills

## ROLE PLAY

- Helps Jane to understand interpersonal dynamics and feelings associated with interactions (often arguing, Jane's daughter feels she is too controlling and judgmental, and Jane rejecting support when she feels fatigued)

  - Jane is able to identify that she grew up in an environment where she never felt heard or seen, and the only way to be heard was "to make your actions present louder than words" and "be the boss" in all situations.

- Helps Jane to understand the behavior and feelings of others (Jane gains a better understanding of the nature of her comments while increasing her ability to listen more)

- Reviewed interactions between the two, and the children (past, and present) (washing clothes, and preparing lunch)

Collect objective and subjective data at each session.

# IPT Case Vignette: Application of Skills

## WORK AT HOME

- Encourage Jane to experiment with new skills that emerged from communication analysis, decision analysis, and role play

- Tailor work at home assignments specific to Jane and her daughter expressing their concerns without yelling or offering advice through a new interpersonal lens

- Prepare Jane to expect a variety of outcomes (acceptance or rejection of efforts) during the process

Collect objective and subjective data at each session.

# IPT CASE VIGNETTE (OUTCOME SUMMARY)

Following IPT treatment with the problem area of Interpersonal Role Disputes, Jane has identified that she loves her family and has found creative ways to share her thoughts with a pleasant tone, or sometimes "just says nothing" to increase the connection with her adult daughter. Jane finds it meaningful when her daughter asks for advice, which proves their improved bonding is worth the growing pains of relationships. Jane also recognized that she doesn't have to operate in the same manner she did as a child (due to the environment).

Therapy has taught her her skills to be a better parent and grandparent.

Jane also recognizes that she not feeling as blue as she once was and is finding her motivation and desire to engage in activities have increased.

Her BDI score is now in the mild range; her subjective mood rating is now a 4.

Agree on therapy termination and review collected objective and subjective data from each prior session.

# BIG PICTURE: IPT TREATMENT OUTCOME PROCESS

**Maladaptive**                                              **Adaptive**

**Interpersonal Struggles**

**Improved Functioning**

**Challenges:**
**Communication, Distress, Feeling Unheard**

**Positive Quality Life Factor**
**Improvements**

# IPT CASE VIGNETTE

Jordan is a 28 year old individual (they/them/their) who feels their romantic relationship is suffering. They were referred over for counseling to specifically unpack their trauma and anxiety symptoms due to the ratings listed in their medical file:
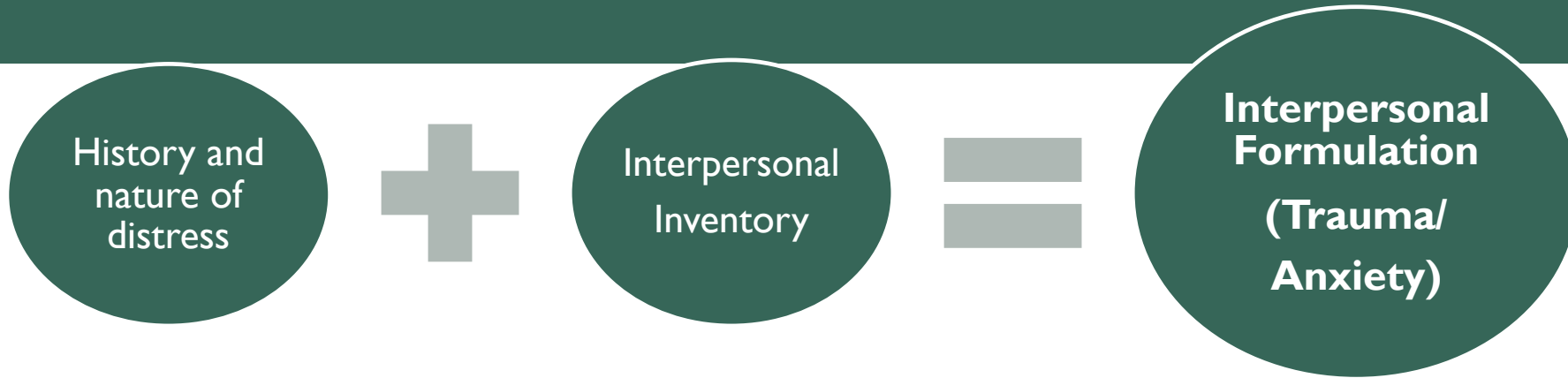
GAD-7 score: 15

PCL-5 score: 48

Subjective mood rating: 10

During the clinical interview when discussing trauma and anxiety symptoms, Jordan shared how their relationship is bearing the grunt of most of those symptoms. Jordan explained that their partner has complained about them being irritable, not listening, avoiding conversations, and not attending social events. They also shared that work is a drag as well due to "everyone being so annoying." Jordan understands that their PCP will offer a medication to knock the edge off, but they want to know how to show up in their relationship. They feel they were never really taught how to successfully engage in a healthy relationship due to surviving a "broken childhood", and the anxiety and trauma symptoms make it worse. Joran is in a masters program and needs less stress as possible.

# IPT CASE VIGNETTE: APPLICATION OF SKILLS

**History and nature of distress**

**+**

**Interpersonal Inventory**

**=**

**Interpersonal Formulation (Trauma/ Anxiety)**

Has never felt comfortable with relationships. Was neglected as a child and was in an abusive adult relationship for 1.5 years prior to the current relationship.

Partner
Adoptive mother
Boss
Sibling

Partner
Boss

- **Role transitions** - occurs during life transitions when a person's role changes

- **Interpersonal Role disputes -** Role disputes occur when the patient and significant people in his/her/their life have different expectations about their relationship.

- **Grief** – depression occurring after the loss or distorted grief, in which the person may not feel emotions, but instead experiences other symptoms.

- **Interpersonal deficits -** This may be an area of focus if the patient has had problems with forming and maintaining good quality relationships due to characterological traits.

# IPT Case Vignette: Application of Skills

At the onset of treatment Jordan found it useful to know that their PTSD symptoms typically can have inter and external impacts, and that stress can exacerbate anxiety and PTSD symptoms. This in-turn can result in one feeling irritable, overwhelmed, short-termed, and avoiding challenging situations (shutting down) to prevent conflict and "going off." Jordan recognizes that there are trauma treatments available, but would like to focus on making this current relationship work due to dating failures in the past. Jordan explains that they either talk too much with saying the wrong thing, or not talking enough.

Jordan's experiences were acknowledged and discussed within the context of the "sick role." They voiced a desire to focus on what's needed to be a better person while sharing their "whole life they had to fight." Fight at home, in the neighborhood, and at school. The near death automobile accident (trauma event) didn't help either is often shared by Jordan.

When discussing a treatment plan (interpersonal formulation), Jordan felt that thriving at home and work were top priorities.

Collect objective and subjective data at each session.

# IPT Case Vignette: Application of Skills

## DECISION ANALYSIS

- Pros/Cons of finding new ways to compromise with partner, particularly related to spending more time together:

  - Find a way to let their guard down

  - Allow one's partner to feel they (Jordan) are fully committed to the relationship

  - Actions may result in being emotionally taken advantage of

  - Actions may result in being perceived as weak

- Select an option: Jordan agrees to travel for the holidays, but has agreed on 3 days as opposed to 5 days "just to see how things go."

Collect objective and subjective data at each session.

# IPT Case Vignette: Application of Skills

## DECISION ANALYSIS

- Pros/Cons of finding a new job due to conflict with the supervisor:

  - Jordan discusses the importance of getting their point across no matter what

  - Jordan recognizes that the need to prove they are right is linked to trauma related to their accident and isn't always the case at work

  - Jordan identifies the benefit to not worry about things outside the scope of their job

  - Jordan commits to staying calm to not in-turn get worked up so they won't ruminate and have a nightmare due to daytime and nighttime distress

  - Jordan recognizes that taking 15 centering minutes once at work is helpful to recover from the morning drive


- Select an option: Jordan decides to focus on the current commitment due to work/life balance available while in a masters program by not arguing with their boss, and letting work situations unfold as they may as long as they have "been a team player" and documented their efforts to the best of their ability.

  Collect objective and subjective data at each session.

# IPT Case Vignette: Application of Skills

## ROLE PLAY

- Helps Jordan recognize there are different types of communication styles (verbal and non-verbal) and displaying a more open posture could be useful

- Helps Jordan realize that sometimes they are more "in their head" and afraid they will be accused of something as compared to person to person dynamics that are happening in the moment

- Helps Jordan recognize that sometimes adding a "beginning or ending" to their curt comments can help with the delivery of their verbal messages

Collect objective and subjective data at each session.

# IPT Case Vignette: Application of Skills

## WORK AT HOME

- Encourage Jordan to experiment with new skills that emerged from communication analysis, decision analysis, and role play

  - Problem solve what works and does not work when back in session

- Jordan is now practicing techniques to help engage partner, and communicate with supervisor

- Jordan is now recognizing that here and now relationships can be healthy

Collect objective and subjective data at each session.

# IPT CASE VIGNETTE (OUTCOME SUMMARY)

Jordan now feels like they have the ability to make decisions in the moment. They have actually enjoyed feeling open to conversations in order to find common ground through compromise without feeling as if they would be asked to ignore their feelings.

Therapy has taught Jordan that they don't have to feel defensive and overwhelmed all the time when discussions or perceived demands are present at home or at work. Jordan has also noticed their trauma symptoms and anxiety symptoms are down.
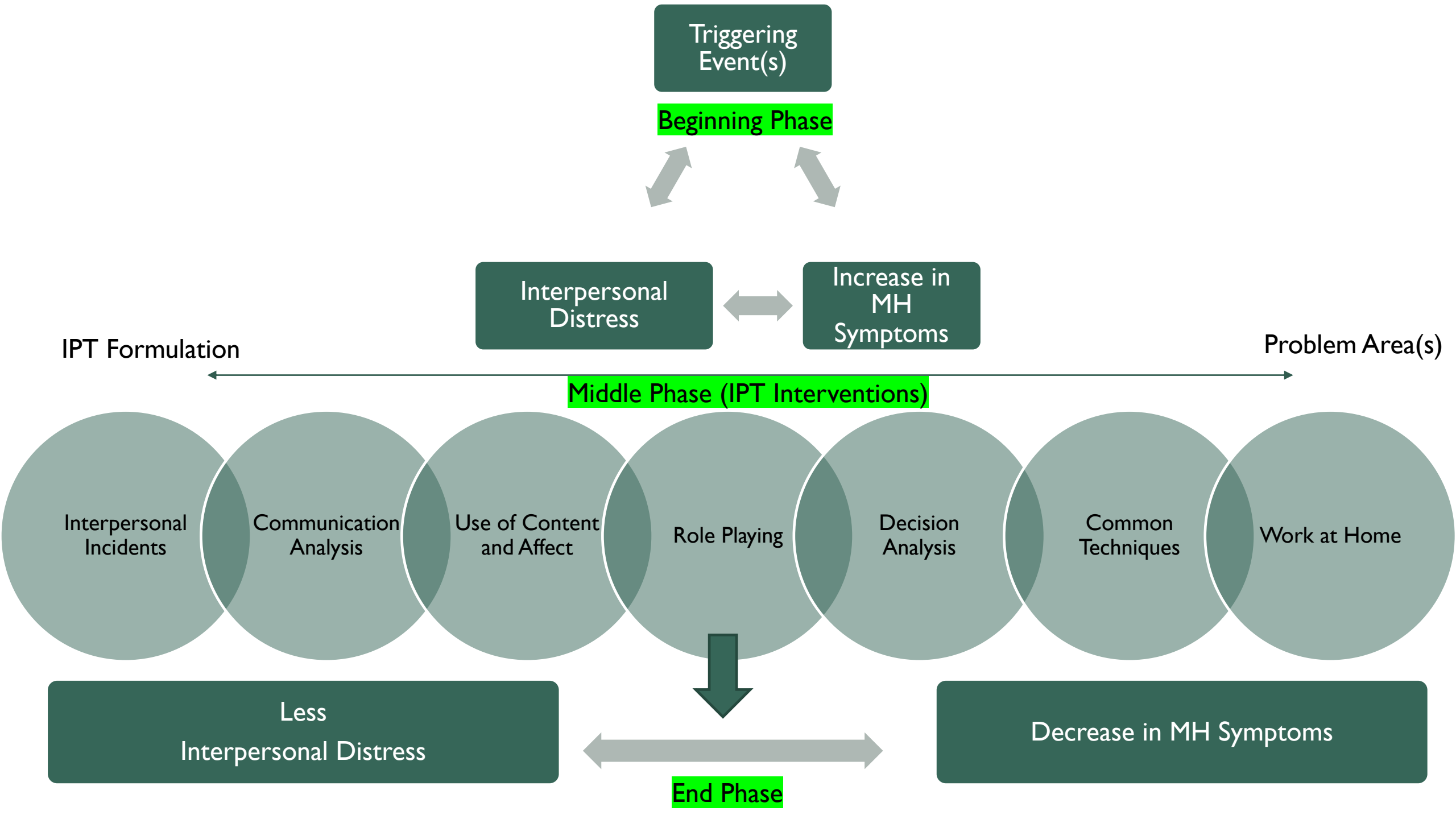
GAD-7 score: 6

PCL-5 score: 33

Subjective mood rating: 5

Agree on therapy termination and review collected objective and subjective data from each prior session.

# CLINICIAN ACCOUNTABILITY/FIDELITY

- Therapeutic Alliance
  - Working Alliance Inventory – Short Revised (WAI-SR)
    - Total of 12 questions
    - Can be administered throughout treatment
      - Goal
      - Task
      - Bond

# INTERPERSONAL PSYCHOTHERAPY (IPT): GROUP ADAPTATION



- IPT Adaptation to a Group Format
  - normalizes feelings
  - problem solving engagement opportunities increase
  - observation of interpersonal skills are highlighted
  - allows for increased socialization

# INTERPERSONAL PSYCHOTHERAPY (IPT): GROUP ADAPTATION

- IPT Adaptation to a Group Format Blunders

- In-depth individual exploration may lose some of its potency in a group setting, or undermine the establishment of the group as a cohesive unit

- In making the transition from individual therapy to a group format, the therapist needs to consider how to maintain the integrity of the elements of the individual therapy process (e.g., effective change processes, the focus on each individual's work, patient and therapist roles, specific techniques) while adapting them to the group process

# INTERPERSONAL PSYCHOTHERAPY (IPT): GROUP ADAPTATION

- Maintaining Focus on Clients' Identified Problem Areas

- Pre-group individual meeting

  - Detailed examination of patient's interpersonal history (interpersonal formulation)

  - Formulation of problem areas and treatment goals

  - Nature of disorder and function of IPT in recovery

- Mid-treatment individual meeting

- Review of patient's progress

  - Refine interpersonal goals

  - Discuss the importance of in- and outside of group work

# INTERPERSONAL PSYCHOTHERAPY (IPT): GROUP ADAPTATION

- Maintaining Focus on Patients' Identified Problem Areas

- Posttreatment individual meeting

- Final individual meeting to develop an individualized plan for each patient's continued work on his/her/their personal goals

  - Review of group experiences and interpersonal changes during the group process

- Group summaries

  - Provide group theme summaries after each session, which allows for a reference and reflection

  - Helps clients focus on work at home needs

# GROUP OBSERVATIONS, GUIDELINES, AND TERMINATION

- **Group Dynamic Essentials**

  - There are two kinds of behavior which are needed in the group in order for it to work effectively

  1) *Task behavior:* behavior which helps the group make progress on the task or problem

  2) *Group maintenance behavior:* behavior which helps the group work more effectively as a group; improves communication; interpersonal relations; etc., the oil which keeps the machinery running more smoothly

# GROUP OBSERVATIONS, GUIDELINES, AND TERMINATION

- Group Dynamic Essentials

  1) Initiating

  2) Seeking information

  3) Giving information

  4) Seeking opinions

  5) Giving opinion

  6) Clarifying

  7) Elaborating

  8) Summarizing

- Group Dynamics Essentials

  1) Encouraging

  2) Expressing feelings

  3) Harmonizing

  4) Compromising

  5) Facilitating communication

  6) Setting standards or goals

# GROUP OBSERVATIONS, GUIDELINES, AND TERMINATION

- **Group Therapy Termination**

- Termination is explicitly discussed

  - Remind patients that group therapy is coming to its planned end

- Explore group's feelings about termination

  - Encourage group members to talk about thoughts and feelings about planned end

- Changes in symptoms and interpersonal problem area are reviewed

  - Review changes in patient's symptoms over course of therapy; also review the changes in problem areas and skills that patients may have gained over the course of therapy

# GROUP OBSERVATIONS, GUIDELINES, AND TERMINATION

- **Group Therapy Termination**

- Time limited groups are frequently organized around themes and there is a limited focus on screening for dysfunctional behavior

- During the ending process of a time-limited group, the facilitator(s) and individual members often become aware that continued therapy and/or evaluation of personal behavior is necessary

- Group facilitator(s) of time-limited groups can explore referral or on-going individual needs

# GROUP OBSERVATIONS, GUIDELINES, AND TERMINATION

- **Group Therapy Termination**

    1. The ending phase or termination is best viewed as its own unique stage with its own goals and processes

    2. The ending phase includes a review and reinforcement of change in the individual members

    3. The leader establishes a climate and encourages processes which help group members to resolve conflicted relationships with one another and the leader

    4. The leader guides group members to anticipate stress and practice coping skills which have been developed in group and will be applied in the future

    5. In a time limited group, the leader pays particular attention to the movement of time and the dissolution of the group as a whole

# GROUP OBSERVATIONS, GUIDELINES, AND TERMINATION

- **Group Therapy Termination**

  6.   Premature terminations are disruptive to the development of cohesion and trust in  the group. The leader helps the group to process the departure as a learning experience and to aid in the process of future new entries to the group

  7.   A successful departure from an open ended group becomes a therapeutic learning experience for all in the group

  8.   The departure of a co-leader requires thoughtful therapeutic management

  9.   Endings in groups are frequently accompanied by rituals, which aid the members in learning through the leave taking process

  10.   Therapists who stop leading groups through illness, retirement or change in practice pattern have a responsibility to help the members secure continued therapy and consultation

# IPT RESEARCH LIMITATIONS AND TREATMENT RISKS

- IPT has not been found to be effective for clients who are actively psychotic and/or experiencing manic symptoms

- When considering risks to treatment, clients engaging in IPT treatment may find discomfort in outcomes that reflect potentially severing relationships

- Given research sample demographics often included in evidence based clinical trials, significant considerations of treatment efficacy in the delivery of manualized treatment for ethnic minorities should be considered when tracking outcomes and delivery of services

- Safety planning for self and others in the event of mental health crisis is of utmost importance given the intensity of emotions that can be seen through treatment; steps to minimize harm should be coordinated and enforced through informed consent and during the duration of treatment

# SUMMARY: IPT TREATMENT

- Identified mood concern as the presenting problem, and its impact on interpersonally relevant events

- Developed an interpersonal formulation and collaboration with one or two problem areas

- Used relevant IPT strategies and techniques to achieve treatment goals with concurrent reduction in mood symptoms

- Discussed termination and considered other treatment or IPT maintenance

# BENEFITS OF IPT

- Increased awareness

- Unhook from negative interpersonal patterns

- Develop pathways to resolutions

- Adopt new skills

# IPT POST-TEST: 1 POINT PER TERM/DEFINITION

- Interpersonal Inventory

- Clarification

- Interpersonal Formulation

- Work at home

- Role transition

- Working

- Interpersonal Problem Areas

- Present Focus

- Decision Analysis

- Interpersonal incident

- Interpersonal deficits

- Use of Content and Process Affect

What we've learned; growth opportunities for clinicians and clients.

# ALL THINGS IPT

**The Guide to Interpersonal Psychotherapy: Updated and Expanded Edition**
Myrna M. Weissman, John C. Markowitz, and Gerald L. Klerman
Oxford University Press | Softcover | 2017 | 9780190662592
Interpersonal Psychotherapy (IPT)
price: $61.50 (in stock!)                                    ADD TO CART

**Interpersonal Psychotherapy for Posttraumatic Stress Disorder**
John C. Markowitz, M.D.
Oxford University Press | POD - firm sale | Softcover | 2016 | 9780190465599
Interpersonal Psychotherapy (IPT) | Post Traumatic Stress Disorder (PTSD)
reg price: $49.50 our price: 44.55 (in stock!)              ADD TO CART

**Psychotherapy Essentials To-Go: Interpersonal Therapy for Depression | Book & DVD with practice reminder card**
Paula Ravitz, Priya Watson and Sophie Grigoriadis | Paula Ravitz and Robert Maunder, Editors
Norton Professional Books | Softcover | 2013 | 9780393708295
Psychotherapy Essentials-to-Go Series | Interpersonal Psychotherapy (IPT)
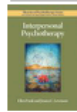price: $25.00 (in stock!)                                   ADD TO CART

**Interpersonal Psychotherapy for Depressed Adolescents, Second Edition**
Laura Mufson, Kristin Pollack Dorta, Donna Moreau, and Myrna M. Weissman
Guilford Press | Softcover | 2011 | 9781609182267
Infant, Child & Adolescent | Interpersonal Psychotherapy (IPT)
price: $48.95 (in stock!)                                   ADD TO CART

**Interpersonal Psychotherapy | Theories of Psychotherapy series**
Edited by Ellen Frank and Jessica Levenson
American Psychological Association | Softcover | 2010 | 9781433808517
Interpersonal Psychotherapy (IPT)
reg price: $35.95 our price: 32.36 (in stock!)              ADD TO CART

**Interpersonal Psychotherapy: A Global Reach**
Edited by Myrna M. Weissman and Jennifer J. Mootz
Oxford University Press | Softcover | 2024 | 9780197652084
Interpersonal Psychotherapy (IPT) | Forthcoming
price: $39.30 (not yet published)                           ADD TO CART

**In the Aftermath of the Pandemic: Interpersonal Psychotherapy for Anxiety, Depression, and PTSD**
John C. Markowitz, M.D.
Oxford University Press | Softcover | 2021 | 9780197554500
Interpersonal Psychotherapy (IPT) | Pandemics
price: $40.95 (not in stock)                                ADD TO CART

**Interpersonal Psychotherapy for Adolescents: A Clinician's Guide**
Robert McAlpine and Anthony Hillin
CRC Press | Hodder/Arnold | Softcover | 2021 | 9781482227178
Interpersonal Psychotherapy (IPT) | Infant, Child & Adolescent
reg price: $70.50 our price: 66.98 (not in stock)           ADD TO CART

**Feeling Better: Beat Depression and Improve Your Relationships with Interpersonal Psychotherapy**
Cindy Goodman Stulberg, DCDS, CPsych and Ronald J. Frey, PhD, CPsych
New World Library | Softcover | 2018 | 9781608685684
Mood Disorders | Cognitive Therapy Approaches in Self Help
price: $26.95 (not in stock)                                ADD TO CART

- IPT Publications: List of IPT books/guides

  - IPT Educational Video: YouTube

# OPTIONAL READINGS/REFERENCES

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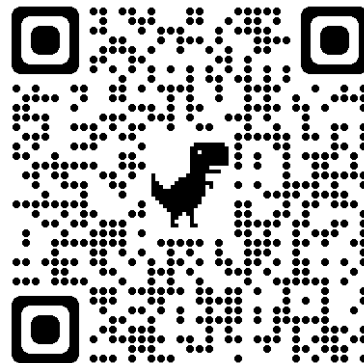
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# INTERPERSONAL PSYCHOTHERAPY (IPT) FOR TRAUMA, ANXIETY AND DEPRESSION: A BRIEF RELATIONAL APPROACH TO HEALING AND PERSONAL GROWTH

**LILLIAN GIBSON, PHD, PRESENTER**

- Clinical Interview and IPT Formulation
  - 8 P's
  - Cultural Competency
- Assessments
  - Quantitate and Qualitative Data
- Treatment Plan with Evidence Based Treatments
  - Progressive framework of changes to improve interpersonal and intrapersonal functioning
  - Stay within the scope of IPT treatment and therapist role
  - Problem solve barriers
    - Patient informed and culturally contextual
    - Identify how to address co-occurring treatment needs
- Identify successes
- Implement therapy termination plan

**QUESTIONS/COMMENTS**

Website