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Accredited Counsellors, Coaches,
Psychotherapists and Hypnotherapists

ACCPH Interpersonal Therapy

Interpersonal Therapy (IPT)

With a focus on interpersonal relationships, this therapy examines the way we relate and how this impacts our mental well-being.

Introduction

Interpersonal therapy began in 1969 at Yale University, where Dr. Gerald Klerman was joined by Dr. Eugene Paykel from London to design a study to test the relative efficacy of an antidepressant alone and both with and without psychotherapy as maintenance treatment of ambulatory non-bipolar depression.

IPT takes structure from contemporary Cognitive Behavioural Therapy (CBT) approaches in that it is time-limited and employs homework, structured interviews, and assessment tools. Yet the content of therapy was inspired by Harry Stack Sullivan's psychodynamic Interpersonal Theory (Sullivan, 1953, *Interpersonal Theory of Psychiatry*).

IPT focuses on a specific vulnerability to social stressors, such as differing role expectations in a dyadic relationship (Weissman, et al, 2007), but does not include a personality theory or attempt to conceptualize or treat personality (Prochaska, 1984, *Systems of Psychotherapy: A Transtheoretical Analysis*). This makes IPT quite distinct from its psychodynamic influence, which is fundamentally a personality theory.

Over the past 20 or so years, IPT has been carefully studied in many research protocols, has been demonstrated to successfully treat patients with depression, and has been modified to treat other psychiatric disorders (substance abuse, dysthymia, bulimia) and patient populations (adolescents, late-life, primary medical care). It has primarily been utilised as a short-term (approximately 16 week) therapy, but has also been modified for use as a maintenance therapy for patients with recurrent depression.

From the beginning, IPT has been tested in various clinical trials and found to be effective in treating acute episodes of depression and preventing or delaying the onset of subsequent episodes. A large multicenter collaborative study was conducted by the National Institute of Mental Health (NIMH), comparing IPT, CBT, Imipramine and placebo. Results of the Collaborative Study were published in 1989, demonstrating that IPT was quite effective in treating acute symptoms of depression during the first 6–8 weeks, with improvement in psychosocial function continuing after 16 weeks. Frank and her colleagues in Pittsburgh have demonstrated the efficacy of IPT as a maintenance treatment and have delineated some contributing factors.

We all have relationships - family, platonic or romantic, etc. It is a major part of what makes us human. They should enrich our lives and offer vital social interaction, but relationships are somewhat complex and so is the way we deal with them. How well or poorly we do this can have a significant effect on our mental well-being.

A good example would be:

Someone is depressed and withdraws from those close to them and refuses their help. (Let us say they feel a failure in life).

Family and friends feel rejected or hurt and cannot understand why their offers of help are refused. So they in turn pull away from the depressed person.

The depressed person takes this as confirmation that they are a failure, and they become more depressed and withdrawn. A vicious circle is in motion.

IPT focuses on difficulties in relating to others and helping the person to identify how they are feeling and behaving in their relationships. When a person is able to interact more effectively, their psychological symptoms often improve.

IPT typically focuses on the following relationship areas:

- **Conflict with another person:** No relationship is perfect, but sometimes a significant relationship at home or at work can become very stuck in disagreements or arguments, and is a source of tension and distress.
- **Life changes that affect how you feel about yourself and others:** Life changes all the time. As it does it throws up new challenges, such as when we have a child or lose a job. These changes, whether wished for or not, can leave us feeling unable to cope with the demands of the new situation and what is expected of us.
- **Grief and loss:** It is natural to feel sad following the loss of a significant person in our life. Sometimes, however, it can be very difficult to adjust to life without that person and we may then put our life on hold, unable to carry on with our normal activities and with our relationships.
- **Difficulty in starting or keeping relationships going:** Sometimes relationships are difficult because of what is missing, for example not having enough people around us or not feeling as close to others as we would like. Not having someone to turn to for company or support can be very stressful and can leave us feeling alone and overwhelmed by the demands of life.

What to expect from Interpersonal Therapy

The first few sessions of interpersonal therapy are typically used as a means of assessment - allowing the therapist to gain a better understanding of what is concerning you and what you hope to gain from the therapy. At the start of therapy the IPT therapist will often ask the client to complete some questionnaires. These will give them a better idea of the sorts of problems they have, as well as how badly these affect the client. Together with the therapist the client will then have the opportunity to identify any interpersonal issues they want to address and rank them in order of importance. It will then be a case of working through the key issues raised.

The client will complete the questionnaires again during therapy on a weekly basis because this helps the client and therapist see what progress is being made. Not everyone makes progress at the same rate. These questionnaires help to monitor how the client's symptoms are affected by what is happening in their relationships with others and how their symptoms affect these.

The IPT therapist will help the client to address these concerns in order to understand them better, learn how to make adjustments and apply these adjustments outside of your therapy sessions.

The IPT therapist will also ask their client to think about the people in their life who may be able to provide support to help you overcome their current difficulties. Where appropriate they will help a client to develop new relationships that can provide the support they need.

Once a clearer picture of the relationships that are connected with the client's symptoms is gained, they become the main areas that therapy will focus on. As IPT is time-limited, the client and therapist work out goals that are realistic.

E.g. someone who fears that they will be rejected if they speak their mind set a goal to take the risk of trying out different ways of communicating more directly.

In contrast to other more open-ended, introspective therapies, that can meander off track and waste time, IPT therapy looks to focus entirely at the identified issues. This ensures optimum results in minimal time.

Towards the end of your therapy sessions, the client and therapist may choose to discuss termination issues brought up by the impending termination of their therapy. This is also an ideal time to hone and apply the skills they have learnt to ensure they can cope efficiently once the therapy is over.

Six months after therapy has finished the therapist usually contacts the client to see how they are getting on.

How does Interpersonal Therapy work?

Therapy sessions will vary according to the individual's situation. However; there are certain things that can be especially useful with interpersonal therapy.

These include:

- **Identification of emotions** - For some of us, accurately identifying the emotion can be difficult. Interpersonal therapy will look to help a client to identify emotions from an unbiased perspective.
- **Expression of emotion** - This involves helping someone to express their emotions in a more healthy way.
- **Dealing with issues from the past** - Sometimes past relationships can affect the way a person interacts in the present. Part of the therapy may involve looking into a client's past to see if any negative patterns are operating.

Who is IPT for?

IPT is particularly accessible to patients who find Freudian based and dynamic approaches mystifying or the 'homework' demands of Cognitive Behavioural Therapy (CBT) daunting. IPT has been specially modified for adolescents who may find CBT too much like school work, whereas IPT addresses relationships and other primary concerns.

IPT uses little technical jargon. This is a massive bonus for those clients who distrust '*psychobabble*'. C.G. Fairburn, in a 1997 study, reported that both patients and therapists in his bulimia studies expressed a preference for IPT over CBT. This may have implications for compliance and therapist morale.

As with any face-to-face therapy, it is demanding of the individual in that effort must be made to attend pre-arranged dates for the therapy sessions. Whereas substantive effort may not be needed for 'homework' tasks, the therapy involves the re-enactment of past negative feelings which, as well as creating a danger of emotional harm, often requires more effort than that required in CBT sessions.

IPT can help with the following:

Interpersonal disputes - Usually due to differing expectations of a certain situation. If these types of conflicts cause significant distress, they are worth addressing within therapy.

Role transitions - Change in circumstances; at work, relationship status or a life event. These changes can be experienced as losses, leading to depression or anxiety.

Grief - Feelings of grief and loss are entirely natural when someone or something we cherish is gone. However; if it is still happening beyond the norm for bereavement, it is something to discuss during therapy.

Interpersonal deficits – Occasionally in some relationships a client may feel weakened in some way. This could be a lack of friends or family they feel they can trust. IPT can help find ways of resolving them.

Major depressive disorder - (clinical depression, major depression, unipolar depression) is a mental disorder characterised by a pervasive and persistent low mood that is accompanied by low self-esteem and by a loss of interest or pleasure in normally enjoyable activities. The term "depression" is used in a number of different ways. It is often used to mean this syndrome but may refer to other mood disorders or simply to a low mood

IPT is recommended by the NHS and the National Institute for Health and Care Excellence (NICE) interpersonal therapy is considered especially useful for those with depression. Studies suggest that a course of interpersonal therapy can be at least as effective as short-term treatment with antidepressants.

Originally interpersonal therapy was developed to help adults with depression, but it has also been shown to be effective in treating depression in adolescents and children. As depression is typically a recurring condition, those affected are advised to supplement their interpersonal therapy with an ongoing form of maintenance. This means that alongside your interpersonal therapy sessions, you may be invited to ongoing monthly sessions to reinforce adjustments learnt in IPT.

Bipolar disorder – (bipolar affective disorder or manic depression), is a mental disorder characterized by periods of elevated mood and periods of depression. The elevated mood is significant and is known as mania or hypomania depending on the severity or whether there is psychosis. During mania an individual feels or acts abnormally happy, energetic, or irritable. They often make poorly thought out decisions with little regard to the consequences. The need for sleep is usually reduced. During periods of depression there may be crying, poor eye contact with others, and a negative outlook on life.

Bulimia nervosa - is an eating disorder characterised by binge eating followed by purging. Binge eating refers to eating a large amount of food in a short amount of time. Purging refers to attempts to rid oneself of the food consumed. This may be done by vomiting or taking a laxative. Other efforts to lose weight may include the use of diuretics, stimulants, fasting, or excessive exercise.

Postpartum depression - (postnatal depression), is a type of clinical depression which can affect both sexes after childbirth. Symptoms may include sadness, low energy, changes in sleeping and eating patterns, a reduced desire for sex, crying episodes, anxiety, and irritability. While many women experience self-limited, mild symptoms postpartum, postpartum depression should be suspected when symptoms are severe and have lasted over two weeks.

Family therapy – Please see the page of ACCPH website

Cyclothymia - This is a type of chronic mood disorder widely considered to be a more chronic but milder or sub-threshold form of bipolar disorder. Cyclothymia is characterised by numerous mood swings, with periods of hypomanic symptoms that do not meet criteria for a manic episode, alternating with periods of mild or moderate symptoms of depression that do not meet criteria for a major depressive episode.

IPT and Adolescents (IPT-A)

Although originally developed as an individual therapy for adults, IPT has been modified for use with adolescents and older adults.

IPT for children is based on the premise that depression occurs in the context of an individual's relationships regardless of its origins in biology or genetics. More specifically, depression affects people's relationships and these relationships further affect our mood. The IPT model identifies four general areas in which a person may be having relationship difficulties: 1) grief after the loss of a loved one; 2) conflict in significant relationships, including a client's relationship with his or her own self; 3) difficulties adapting to changes in relationships or life circumstances; and 4) difficulties stemming from social isolation. (See page 3 for more details)

The IPT therapist helps identify areas in need of skill-building to improve the client's relationships and decrease the depressive symptoms. Over time, the client learns to link changes in mood to events occurring in their relationships, communicate feelings and expectations for the relationships, and problem-solve solutions to difficulties in the relationships.

IPT has been adapted for the treatment of depressed adolescents (IPT-A) to address developmental issues most common to teenagers such as separation from parents, development of romantic relationships, and initial experience with death of a relative or friend IPT-A helps the adolescent identify and develop more adaptive methods for dealing with the interpersonal issues associated with the onset or maintenance of their depression. IPT-A is typically a 12-16 week treatment. Although the treatment involves primarily individual sessions with the teenager, parents are asked to participate in a few sessions to receive education about depression, to address any

relationship difficulties that may be occurring between the adolescent and his/her parents, and to help support the adolescent's treatment.

IPT with Older Clients

IPT has been used as psychotherapy for depressed elderly, with its emphasis on addressing interpersonally relevant problems. IPT appears especially well suited to the life changes that many people experience in their later years.