

Chapter 1 : Interpersonal Therapy for Major Depression

Interpersonal therapy, or IPT, is a short-term, focused treatment for depression. Studies have shown that IPT, which addresses interpersonal issues, may be at least as effective as short-term.

Similar to CBT, Interpersonal Therapy, or IPT, is an empirically validated, time-limited form of psychotherapy lasting between 12 and 16 sessions duration designed to treat depression and depressive symptoms. Unlike CBT, Interpersonal Therapy is not a behavior therapy, coming instead from more psychodynamic and social-learning traditions. Instead of focusing on correcting dysfunctional thoughts, IPT focuses on understanding how personal relationships can cause someone to become depressed or make worse already existing depressive symptoms. Interpersonal therapy has three phases. Grief over a recent death or loss. Grief feelings can be caused by losing a person or something else important e. Role transition such as getting married or divorced, being promoted or demoted, being ill, moving to a new city, or becoming a parent. Interpersonal disputes such as a struggle with a significant other e. Interpersonal deficits not caused by life changes that promote social withdrawal and impairments in social and communication skills e. IPT also includes a psycho-educational component in which the therapist educates the patient concerning the causes of depression, various treatment options, and the potential for improvements to occur. The middle phase focuses on one or at most, two of the four interpersonal problem areas. Each problem area requires a particular set of strategies to overcome. The grief problem area requires catharsis a release of pent-up emotion over the loss, and establishing new or resuming old activities to fill the void of that loss. The interpersonal disputes problem area requires resolving the disagreement or, if resolution is not possible, ending the relationship and mourning its loss. The role transition problem area involves mourning the loss of an old role while recognizing the positive aspects of and gaining mastery over a new one. The interpersonal deficits problem area requires teaching depressed people new social skills in order to build new relationships. Each IPT session begins with the question, "How have things been since we last met? If the patient has handled things well recently and is feeling better, the therapist highlights the connection between coping skills and mood and offers congratulations. On the other hand, if the patient remains depressed, the therapist and individual together explore interpersonal difficulties that have arisen e. Role-playing alternative approaches helps the patient to strengthen social skills for future situations. If a client has not improved, the therapist notes that the therapy has failed rather than the patient! People with recurrent depression who have responded to IPT may be offered continuation treatment in a new treatment contract. As with CBT, patients who are unable or unwilling to practice skills taught in therapy are not likely to gain significant symptom relief. Most therapists recommend that clients remain in ongoing, maintenance therapy if that is possible. Recent research suggests that IPT-M may prevent future episodes of depression, particularly in women. There is no certain way to know up front without actually trying them whether one form of therapy will be a better fit for patients than the other. The available studies are too small and specific to recommend a specific type of person who would benefit best from one or another type of therapy. Just as patients may need to try different types of antidepressant medication, they may also need to try different types of therapy, or even different therapists within a particular therapeutic approach to gain maximum relief.

Chapter 2 : Interpersonal psychotherapy - Wikipedia

Interpersonal psychotherapy (IPT) is a brief, attachment-focused psychotherapy that centers on resolving interpersonal problems and symptomatic recovery. It is an empirically supported treatment (EST) that follows a highly structured and time-limited approach and is intended to be completed within weeks.

Interpersonal therapy Interpersonal therapy IPT is a method of treating depression. IPT is a form of psychotherapy that focuses on you and your relationships with other people. However, depression affects relationships and can create problems with interpersonal connections. The goals of IPT are to help you communicate better with others and address problems that contribute to your depression. Several studies found that IPT may be as effective as antidepressant medication for treating depression. Psychiatrists will sometimes use IPT together with medication. How interpersonal therapy works Treatment usually begins with your therapist conducting an interview. Based on the problems you describe, they can identify goals and create a treatment outline. A typical program involves up to 20 weekly hour-long therapy sessions. IPT is not about finding an unconscious origin of your current feelings and behavior. In this way, it is unlike other forms of psychotherapy. IPT instead focuses on the current reality of your depression. It looks at how more immediate difficulties are contributing to symptoms. Depression symptoms can complicate personal relationships. This often causes people with depression to turn inward or act out. Feelings of depression often follow a major change in your life. These changes fall into one of four categories: They will try to equip you with the skills you need to direct difficult emotions in positive ways. You may be encouraged to take part in social activities that you found stressful or painful in the past. This can be a way of practicing new coping techniques.

Chapter 3 : Interpersonal therapy | IPT Therapy - Counselling Directory

Interpersonal therapy focuses on the interpersonal relationships of the depressed person. The idea of interpersonal therapy is that depression can be treated by improving the communication.

Purpose Interpersonal therapy was initially developed to treat adult depression. It has since been applied to the treatment of depression in adolescents, the elderly, and people with Human Immunodeficiency Virus HIV infection. There is an IPT conjoint couple therapy for people whose marital disputes contribute to depressive episodes. IPT has also been modified for the treatment of a number of disorders, including substance abuse; bulimia and anorexia nervosa ; bipolar disorder ; and dysthymia. Research is underway to determine the efficacy of IPT in the treatment of patients with panic disorder or borderline personality disorder ; depressed caregivers of patients with traumatic brain injuries; depressed pregnant women; and people suffering from protracted bereavement. Interpersonal therapy is a descendant of psychodynamic therapy, itself derived from psychoanalysis , with its emphasis on the unconscious and childhood experiences. Symptoms and personal difficulties are regarded as arising from deep, unresolved personality or character problems. There are seven types of interventions that are commonly used in IPT, many of which reflect the influence of psychodynamic psychotherapy: IPT is, however, distinctive for its brevity and its treatment focus. Its goals are rapid symptom reduction and improved social adjustment. A frequent byproduct of IPT treatment is more satisfying relationships in the present. IPT has the following goals in the treatment of depression: The remaining sessions are then organized toward resolving these agreed-upon problem areas. This time-limited framework distinguishes IPT from therapies that are open-ended in their exploration. The targeted approach of IPT has demonstrated rapid improvement for patients with problems ranging from mild situational depression to severe depression with a recent history of suicide attempts. Interpersonal therapy has been outlined in a manual by Klerman and Weissman, which ensures some standardization in the training of interpersonal therapists and their practice. Because of this standardized training format, IPT is not usually combined with other talk therapies. Treatment with IPT, however, is often combined with drug therapy, particularly when the client suffers from such mood disorders as depression, dysthymia, or bipolar disorder. Precautions Training programs in interpersonal therapy are still not widely available, so that many practicing therapists base their work on the manual alone without additional supervision. It is unclear whether reading the manual alone is sufficient to provide an acceptable standard of care. While interpersonal therapy has been adapted for use with substance abusers, it has not demonstrated its effectiveness with this group of patients. Researchers studying patients addicted to opiates or cocaine found little benefit to incorporating IPT into the standard recovery programs. These findings suggest that another treatment method that offers greater structure and direction would be more successful with these patients. Interpersonal therapists focus on the functional role of depression rather than on its etiology or cause, and they look at the ways in which problematic interactions develop when a person becomes depressed. The IPT framework considers clinical depression as having three components: Subtypes of IPT Interpersonal therapy offers two possible treatment plans for persons with depressive disorders. The first plan treats the acute episode of depression by eliminating the current depressive symptoms. This approach requires intervening while the person is in the midst of a depression. The acute phase of treatment typically lasts two to four months with weekly sessions. Many clients terminate treatment at that point, after their symptoms have subsided. Maintenance treatment IPT-M is the second treatment plan and is much less commonly utilized than acute treatment. IPT-M is a longer-term therapy based on the principles of interpersonal therapy but with the aim of preventing or reducing the frequency of further depressive episodes. Some clients choose IPT-M after the acute treatment phase. IPT-M can extend over a period of two to three years, with therapy sessions once a month. Psychoeducation in IPT Treatment with IPT is based on the premise that depression occurs in a social and interpersonal context that must be understood for improvement to occur. Changes in relationships prior to the onset of symptoms are clarified, such as the death of a loved one, a child leaving home, or worsening marital conflict. IPT is psychoeducational in nature to some degree. It involves teaching the client about the nature of depression and the ways that it manifests in his

or her life and relationships. In the initial sessions, depressive symptoms are reviewed in detail, and the accurate naming of the problem is essential. The therapist then explains depression and its treatment and may explain to the client that he or she has adopted the "sick role. Over time, the client comes to see that the sick role has increasingly come to govern his or her social interactions. Identification of problem areas The techniques of IPT were developed to manage four basic interpersonal problem areas: In the early sessions, the interpersonal therapist and the client attempt to determine which of these four problems is most closely associated with the onset of the current depressive episode. Therapy is then organized to help the client deal with the interpersonal difficulties in the primary problem area. The coping strategies that the client is encouraged to discover and employ in daily life are tailored to his or her individual situation. In normal bereavement, a person experiences symptoms such as sadness, disturbed sleep, and difficulty functioning but these usually resolve in two to four months. Unresolved grief in depressed people is usually either delayed grief, which has been postponed and then experienced long after the loss; or distorted grief, in which there is no felt emotion of sadness but there may be nonemotional symptoms, often physical. If unresolved grief is identified as the primary issue, the goals of treatment are to facilitate the mourning process. Successful therapy will help the client re-establish interests and relationships that can begin to fill the void of what has been lost. Interpersonal role disputes occur when the client and at least one other significant person have differing expectations of their relationship. The IPT therapist focuses on these disputes if they seem stalled or repetitious, or offer little hope of improvement. The treatment goals include helping the client identify the nature of the dispute; decide on a plan of action; and begin to modify unsatisfying patterns, reassess expectations of the relationship, or both. The therapist does not direct the client to one particular resolution of difficulties and should not attempt to preserve unworkable relationships. Depression associated with role transitions occurs when a person has difficulty coping with life changes that require new roles. These may be such transitions as retirement, a career change, moving, or leaving home. People who are clinically depressed are most likely to experience role changes as losses rather than opportunities. The loss may be obvious, as when a marriage ends, or more subtle, as the loss of freedom people experience after the birth of a child. Therapy is terminated when a client has given up the old role; expressed the accompanying feelings of guilt, anger, and loss; acquired new skills; and developed a new social network around the new role. Interpersonal deficits are the focus of treatment when the client has a history of inadequate or unsupportive interpersonal relationships. The client may never have established lasting or intimate relationships as an adult, and may experience a sense of inadequacy, lack of self-assertion, and guilt about expressing anger. Generally, clients with a history of extreme social isolation come to therapy with more severe emotional disturbances. In translating the IPT model of depression to work with different populations, the core principles and problem areas remain essentially the same, with some modifications. In working with the elderly, IPT sessions may be shorter to allow for decreased energy levels, and dependency issues may be more prominent. In addition, the therapist may work with an elderly client toward tolerating rather than eliminating long-standing role disputes. Adolescents are seen weekly for 12 weeks with once-weekly additional phone contact between therapist and client for the first four weeks of treatment. The therapist refrains from giving advice when working with adolescents, and will primarily use supportive listening, while assessing the client for evidence of suicidal thoughts or problems with school attendance. So far, research does not support the efficacy of antidepressant medication in treating adolescents, though most clinicians will give some younger clients a trial of medication if it appears to offer relief. While IPT has not yet demonstrated its efficacy in the field of substance abuse recovery, a version of IPT has been developed for use with substance abusers. The two goals are to help the client stop or cut down on drug use; and to help the client develop better strategies for dealing with the social and interpersonal consequences of drug use. To meet these goals, the client must accept the need to stop; take steps to manage impulsiveness; and recognize the social contexts of drug purchase and use. Relapse is viewed as the rule rather than the exception in treating substance abuse disorders, and the therapist avoids treating the client in a punitive or disapproving manner when it occurs. IPT has been extended to the treatment of eating disorders. The IPT therapist does not focus directly on the symptoms of the disorder, but rather, allows for identification of problem areas that have contributed to the emergence of the disorder over time. IPT appears

to be useful in treating clients with bulimia whose symptoms are maintained by interpersonal issues, including social anxiety; sensitivity to conflict and rejection; and difficulty managing negative emotions. IPT is helpful in bringing the problems underlying the bingeing and purging to the surface, such as conflict avoidance; difficulties with role expectations; confusion regarding needs for closeness and distance; and deficiencies in solving social problems. IPT also helps people with bulimia to regulate the emotional states that maintain the bulimic behavior. Anorexia nervosa also appears to be responsive to treatment with IPT. Research indicates that there is a connection between interpersonal and family dysfunction and the development of anorexia nervosa. Therapists disagree as to whether interpersonal dysfunction causes or is caused by anorexia. Social phobia is another disorder that responds well to IPT therapy. Aftercare Interpersonal therapy as a maintenance approach IPT-M could be viewed as aftercare for clients suffering from depression. It is designed as a preventive measure by focusing on the period after the acute depression has passed. Typically, once the client is in remission and is symptom-free, he or she takes on more responsibilities and has increased social contact. These changes can lead to increased stress and greater vulnerability to another episode of depression. IPT-M enables clients to reduce the stresses associated with remission and thereby lower the risk of recurrence. The goal of maintenance therapy is to keep the client at his or her current level of functioning. Research has shown that for clients with a history of recurrent depression, total prevention is unlikely, but that maintenance therapy may delay a recurrence. In general, long-term maintenance psychotherapy by itself is not recommended unless there are such reasons as pregnancy or severe side effects that prevent the client from being treated with medication. IPT-M does, however, seem to be particularly helpful with certain groups of patients, either alone or in combination with medication. Women appear to benefit, due to the importance of social environment and social relations in female gender roles; the effects of the menstrual cycle on symptoms; and complications related to victimization by rape, incest, or battering. Normal results The expected outcomes of interpersonal therapy are a reduction or the elimination of symptoms and improved interpersonal functioning. There will also be a greater understanding of the presenting symptoms and ways to prevent their recurrence. For example, in the case of depression, a person will have been educated about the nature of depression; what it looks like for him or her; and the interpersonal triggers of a depressive episode. A person will also leave therapy with strategies for minimizing triggers and for resolving future depressive episodes more effectively. If clients are resistant to an educational approach, the results of IPT are generally poor. IPT clients appear to do better in therapy if they have confidence in their therapist; therefore, if the initial fit between therapist and client is not good, therapy will often be unsuccessful. A client should listen to his or her instincts early in treatment, and either seek out another interpersonal therapist or find a therapist who uses a different approach—such as cognitive-behavioral therapy, which was also developed specifically for the treatment of depression. Diagnostic and Statistical Manual of Mental Disorders. American Psychiatric Association,

Chapter 4 : What is Interpersonal Therapy | CRC Health Group | CRC Health Group

IPT was developed as a research intervention, and until recently essentially all practitioners of IPT were researchers. Research training requires reading the manual (4, 39), attending an orientation workshop, and completing cases supervised by review of audio- or videotapes of each session.

Or specific childhood experiences, poverty, traumas, or poor parenting, or any combination of these experiences, are definitely considered possible depression triggers. This therapeutic school believes that these relationships directly affect mood. IPT acknowledges the influence of past factors, but also stresses that once individuals become depressed, the reverse also occurs: In other words, depression occurs within the context of social environments – not in isolation. IPT is not a several month treatment, but takes place for approximately 12 to 20 weeks. Time-limited therapy encourages the patient to immediately take corrective actions in their lives. It also reduces the probability that the patient will form a dependence on the therapist. However the therapist remains flexible throughout the course of therapy, changing directions if corrections or adjustments need to occur. Emphasize current not past relationships. IPT focuses on current social relationships, emphasizing the need to improve current situations. It recognizes how past significant relationships and episodes of depression have affected and formed the individual, but does not address the past. Concerned with interpersonal not intrapsychic. Instead, IPT acknowledges inner conflicts but moves past them, avoiding any in-depth interpretations. This therapy does not try to connect interpersonal problems to specific elements of personality or unconscious motivations. Concerned with interpersonal, not cognitive behavioral therapy CBT. However, IPT does not work with the patient to systematically analyze these thoughts, or aid in developing alternative thoughts. Rather, the therapy emphasizes unhealthy, distress interactions with others that directly cause mood changes in the patient. For more information, see cognitive behavioral therapy. Areas of Depression Related to Social Dysfunction Extreme grief and bereavement after the loss of a close friend or loved one; Conflict in major or significant relationships; Struggling to adapt to changing social relationships or major changes in life circumstances; Difficulties related to social isolation. Then the therapist addresses the behaviors that need to change in order to develop a healthier relationship, and helps build the skills to change these behaviors, skills that contribute to reducing depression. The therapist also helps the patient observe mood changes related to events and interactions that occur within relationships, and through role-playing and problem solving, to come up with healthier communication patterns and ways to resolve specific conflicts. Communication Analysis IPT therapists typically customize a therapeutic plan for each individual and his or her type of depression, severity, and the specific problems that the individual struggles with on a regular basis. Passive behavior is typically associated with depression, for example. A patient with passive behaviors and depression could be struggling in a romantic relationship with a significant other who seems to always take charge, or make all the decisions. Similarly, another patient with an elderly, ill parent and an overly aggressive sister struggles with depression because of always having to take orders from that sister. The therapist working with patients displaying passive behaviors will have patients detail conversations that left them feeling taken advantage of, unable or unwilling to express their wishes. A Communication Analysis Case Study In the case of the aggressive sister, the therapist analyzes the following encounter as retold by a female patient: The aggressive sister shouted or loudly demanded that the patient take the parent to the doctor, giving orders of what to tell the doctor, all the while standing in a hovering position, and pointing her finger at the patient. All the while the patient looked away from her sister, hunched, and simply said okay. Anger and resentment at the sister led to increased depression, and a self-defeating resignation that the patient had no choice or say in this situation. The therapist has the patient consider a number of alternative ways to handle this situation. The therapist might have the patient say or write out alternative responses, and role-play the alternatives. The therapist takes the place of the aggressive sister, coming up with detriments to the positive, assertive behavior the patient practices in order to help the patient think proactively. In teaching assertiveness, the therapist goes over the following important features of healthy, productive responses: Backing away from the aggressive sibling allowing an appropriate amount of

personal space. Positioning oneself with good posture. Keeping control of facial gestures or expression that might show angst, displeasure, or distress. Using a firm but pleasant voice. Through the discussion with the patient, the therapist will also address the issue of guilt, making statements such as: As with other evidence-based therapies, IPT draws on a body of research to develop its techniques and interventions that help patients better manage their depression. This type of therapy has shown significant positive results in a number of large and small case studies designed to measure its effectiveness. It is often combined with medication to achieve the best overall outcomes. If you desire to help depressed individuals or others with mental health disorders using therapies such as IPT, consider a career as a mental health counselor. Contact mental health counseling schools for more information on this career, and the mandatory educational requirements needed to become a counselor.

Chapter 5 : Interpersonal Psychotherapy - Effective Child Therapy

Interpersonal psychotherapy (IPT) was developed by Gerald Klerman and Myrna Weissman in the 1980s and based on the work of Harry Stack Sullivan, Adolf Meyer, and John Fogel. blog.quintoapp.com is a type of.

Dynamic interpersonal therapy What is interpersonal therapy? Also referred to as IPT therapy, interpersonal therapy is a structured, time-limited therapy that typically works intensely on established interpersonal issues. The underlying belief of interpersonal therapy is that psychological symptoms such as depression are often a response to difficulties we have interacting with others. The resulting symptoms can then also affect the quality of these interactions, causing a cycle. The thought process behind the therapy is that once a person is capable of interacting more effectively with those around them, the psychological symptoms can improve. For this reason, this therapy is best suited to those with identifiable problems. 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. Together with your therapist you will then have the opportunity to identify any interpersonal issues you want to address and rank them in order of importance. It will then be a case of working through the key issues raised. The next few sessions will look to address these concerns in order to understand them better, learn how to make adjustments and apply these adjustments outside of your therapy sessions. To help this process your therapist will offer support in a number of ways, including the following: In contrast to other more open-ended, introspective therapies, IPT therapy looks to focus entirely at the identified issues. This ensures optimum results in minimal time. Towards the end of your therapy sessions, you and your therapist may choose to discuss termination issues brought up by the impending termination of your therapy.

Interpersonal therapy techniques All therapy sessions will differ according to the individual circumstances, however there are certain techniques that can be especially useful with interpersonal therapy. An interpersonal therapist will look to help you identify emotions from an unbiased perspective. Expression of emotion - This involves helping you to express your emotions in a more healthy way. Dealing with issues from the past - Sometimes relationships you had in the past can affect the way you interact in the present. Part of your therapy may involve looking into your past to see if any patterns have formed. Areas IPT therapy can help with As we have discussed, interpersonal therapy deals primarily with the way we interact with others around us. The types of concerns normally addressed within IPT therapy fall into the following categories: Interpersonal disputes Such disputes can occur in a variety of settings, including family, social, marital, school or work place disputes. Normally they arise from differing expectations of a certain situation. If these types of conflicts cause significant distress, they are worth addressing within therapy. Role transitions This refers to a change in circumstance, whether this is due to job change at work, a change in relationship status or a life event that requires you to adapt. These changes can be experienced as losses, leading to depression or anxiety. Grief When someone close to you passes away, feelings of grief and loss are entirely natural. This could relate to a poor relationship with a sibling or a lack of friends you feel you can trust. IPT therapy can help you identify these deficits and offer ways of resolving them. 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 therapy.

Dynamic interpersonal therapy Dynamic interpersonal therapy or DIT for short is a type of interpersonal therapy. Similarly to interpersonal therapy, DIT is a time-limited, structured therapy with a focus on interpersonal relationships. The difference with DIT is that it looks at the connection between the difficulties you are facing now with events from your past. This therapy looks to reveal any core patterns that may have begun in childhood and are continuing to affect your relationships today. Find out more on our dynamic interpersonal therapy page. What our experts say.

Chapter 6 : What is Interpersonal Therapy (IPT)?

Interpersonal Psychotherapy (IPT) is an empirically validated treatment for a variety of psychiatric disorders. The evidence for IPT supports its use for a variety of affective disorders, anxiety disorders, and eating disorders, and for a wide range of patients from children and adolescents to the elderly.

Chapter 7 : What is IPT? Interpersonal Therapy “ Treatment “ TherapyTribe

and Better Access the profile of Interpersonal Psychotherapy (IPT) in teaching programs across Australia is low, and psychotherapists often know little about IPT other than it is evidence-based. This paper provides an overview of the structure and process of Interpersonal Psychotherapy.

Chapter 8 : About Interpersonal Therapy

Interpersonal Therapy What Is It? Interpersonal therapy focuses on social roles and relationships. The patient works with a therapist to evaluate specific problem areas in the patient's life, such as conflicts with family or friends or significant life changes.

Chapter 9 : Interpersonal Therapy (IPT) - Toronto Psychology Centre

Interpersonal Therapy is a brief (sessions) empirically supported treatment for depression that focuses on current events and relationships, though is informed by an understanding of individuals' past and current pattern of relating.