



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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INTERPERSONAL PSYCHOTHERAPY (IPT)

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Definition: A way of treating depression by improving interpersonal relationships associated with the onset or perpetuation of depression.

Elements: Interpersonal therapy (IPT) helps the patient evaluate how the depression might have been triggered and sustained by events in relationships, and develop skills to manage those. IPT uses an *interpersonal inventory* to review the patient's current social and family life. Focus is on the present, through time-limited treatment with an active therapist, without discussing transference. Treatment focuses on one of 4 problem areas associated with the current depressive episode.

1. *Grief* if the depression began with the death, or association with that, of a close loved person. Focus is on mourning and evaluating good and bad aspects of the lost relationship, rebuilding a supportive social network, and "moving on" with life.
2. *Role dispute* when the depression concerns an ongoing disagreement with someone important e.g. a young adult argues with parents about career choice, a couple quarrel about parenting roles. The therapist tries to help the patient problem-solve the dispute, process emotion around it, change expectations, and improve communication skills by role play and by eliciting and analysing a detailed account of a patient's conversation to understand its meaning and methods of communication, and analysing decisions by considering alternative actions and their consequences.
3. *Role transition* if the depression relates to a major life change e.g. relocation, divorce, or job change. The therapist and patient discuss good and bad aspects of the former and new roles, help the patient to process emotion about the lost role, and develop social skills to help master the new role.
4. *Interpersonal deficits* if the patient has long-standing difficulties in forming and keeping close relationships. The therapist helps the patient examine the good and bad aspects of past relationships, improve social skills, increase interpersonal contacts, and decrease interpersonal discomfort.

Related procedures: Communication analysis and training, grief therapy, problem-solving, role play, social skills training.

Application: For primary or comorbid depression, in 12-16 one-hour individual sessions, in adolescents, adults and the elderly. Has also been used for anxiety, eating disorders, and borderline personality disorder, and been adapted to a group format.

1st Use? Klerman et al (1984)

References:

1. Klerman GL, Weissman MM, Rounsaville B, Chevron E (1984). *Interpersonal psychotherapy of depression*. New York: Basic books.
2. Weissman MM, Markowitz JC, Klerman GL (2000). *Comprehensive guide to interpersonal psychotherapy*. New York: basic Books.
3. Mufson L, Weissman MM, Moreau D, Garfinkel R (1999). Efficacy of interpersonal psychotherapy for depressed adolescents. *Archives of General Psychiatry*, 56, 573-579.

4. Frank E, Spanier C (1995). Interpersonal psychotherapy for depression: Overview, clinical efficacy, and future directions. *Clinical Psychology: Science and Practice*, 2, 349-369.

Case illustration (Holly Swartz, unpublished)

Ann had children aged 3 and 1 and recently became depressed when her husband's work made him travel away often. She felt sad, lonely and angry during his absences. He thought she should appreciate his earning more for the family. Therapist: *"Your mood dropped a month after Jeff began his work travels. After optimism about his promotion the realities of his new responsibilities began to take their toll on you. It was hard to be alone with your children during the week, with no help when they got cranky in the evenings or woke up at night. Even harder was Jeff's not seeming to hear your concerns and anger with you for not appreciating his efforts to provide for the family. Your dispute with him seems a main issue to focus on. Your low energy, low mood, poor concentration, insomnia and anxiety made it still harder to care for the children on your own. Spending our 12 sessions focusing on this role dispute could resolve issues with Jeff, improve your depression, and make it easier to cope with challenges at home. Also, if you can help Jeff understand your difficulties at home you may both find ways to ease those. This may sound improbable to you now because depression makes you feel hopeless but we can help you feel better within weeks. How does that sound to you?"*

Sessions focused on improving Ann's communication with Jeff. The therapist encouraged her to identify her needs regarding Jeff. Her first goal was to tell him how she felt. A communications analysis of what exactly each party said with its tone, setting and body language - revealed that when Jeff returned from a trip she badgered him with a litany of complaints, so he felt attacked and shut down. The therapist roleplayed with Ann how to ask Jeff to set up regular phone calls during his travels so they could both review the day's events and he could support her emotionally, and to plan "date nights" when his schedule permitted so they had pre-set times to talk when they weren't exhausted. As Ann learned to make requests more constructively, Jeff responded favourably. He became more attentive, her mood improved, and she became able to handle the demands of caring for her children by herself. The therapist indicated the link between her mood and her relationship with Jeff.

As therapy neared its end, the therapist helped Ann anticipate potential stressors (*"What happens if Jeff is promoted again?"*), encouraging her to express her needs directly to Jeff in an acceptable way. They reviewed signs of any imminent relapse and how to seek treatment again if needed.