C4090 - Interpersonal Psychotherapy (IPT)
Course Director: John Markowitz, M.D.
Sunday, May 15, 2015
Marriott Marquis - International 4
INTERPERSONAL PSYCHOTHERAPY

John C. Markowitz, M.D.
jcm42@cumc.columbia.edu

APA Annual Meeting | Atlanta 2016

DISCLOSURES

Grant support from National Institute of Mental Health, National Cancer Institute, and the Mack Foundation

Salary support from New York State Psychiatric Institute


Editorial stipend from Elsevier Press

What is IPT?

• What is IPT?
  – Versus interpersonally-oriented psychotherapy generally
• How does it work?
• When is it indicated?
What is IPT?
• Interpersonal psychotherapy dates from the 1970's
  – Developed by Gerald L. Klerman, M.D., Myrna M. Weissman, Ph.D., and colleagues
• Validated in randomized controlled trials
• Spread from mood to other disorders
• Included in treatment guidelines
• Until fairly recently, largely a research intervention

Major Depressive Disorder
(296.xx)
≥5 of 9 symptoms pervasively x ≥2 weeks
• Depressed mood (most of day x ≥2 weeks)
• Markedly ↓ interest or pleasure
• Weight loss or gain
• Insomnia or hypersomnia
• Fatigue or loss of energy
• Agitation or retardation
• Feelings of worthless or inappropriate guilt
• ↓ concentration or indecisiveness
• Thoughts of death or suicidal ideation

How to Think About Depression
• Plausible theory for therapists and patients
• Is depression due to:
  – Personal defectiveness?
  – Genes?
  – Biochemical deficiency?
  – Early childhood experience?
  – Unconscious conflicts?
  – Negative thoughts and schemas?
  – Negative interactions with the environment?
Principles of IPT

- **Medical model**
  - Targets a treatable, medical illness
  - Not the patient’s fault
  - Gives the “sick role”

- **Interpersonal focus**
  - Focus on environment and relationships
  - Not intrapsychic
  - Not etiologic
  - Pragmatic, practical, plausible

---

Mood and Events Interact

![Mood and Event Interaction Diagram]

---

Interpersonal Psychotherapy

- Time-limited
- Diagnosis-targeted
- Forward-looking
- Addresses current problems
- Empirically grounded
Characteristics of IPT

• “Here and now” (“there and now”?) focus
• Non-neutral, active, encouraging therapist
• Affective engagement on 1 of 4 problem areas:
  – Grief (Complicated bereavement)
  – Role Dispute
  – Role Transition
  – Interpersonal Deficits
• What does patient want?
• Exploration of options
• Socialization and activity

“Common Factors” in Psychotherapy

• Affective arousal (Response)
• Feeling understood by therapist (Relationship)
• Framework for understanding (Rationale)
• Expertise (Reassurance)
• Therapeutic procedure (Ritual)
• Optimism for improvement (Realistic)
• Success experiences (Remoralization)

Importance of Tolerating Affect

• Depressed patients see strong and especially negative affects as “bad”
  – Evidence of their defectiveness
  – Tend to avoid, try to ignore them
• Versus natural, useful social signals
  – Validate, normalize all but depressive affects
• Need to model for patients:
• Feelings are powerful, but not dangerous
Dealing with Affect

• Catharsis
• Acknowledge that feelings are
  – Complex
  – Can be mixed
• Normalize affects when possible
  – “Of course you feel that way!”
  – “It’s possible to love and hate someone at the
    same time.”

Interpersonal Psychotherapy

• Manual keeps therapists hopeful, helpful
• Medical model of depressive illness
  – Not personality flaw or inherent badness
• Time limit
• “Here and now” focus
• Plausible connection of life and events

Tasks of the IPT Initial Phase
(sessions 1-3)

• Diagnosis
  – Of mood disorder
  – Of interpersonal context of the illness
• Formulation
• Setting framework for treatment
  – Time limit
  – Sick role
• Therapeutic effect – symptom relief
IPT Initial Phase

- Diagnosis of Major Depression as Medical Illness
- Interpersonal Inventory
- Establishing the Problem Area
- Formulation
- Sick Role
- Psychoeducation
- Instilling Hope

IPT Case Formulation

- Distills and organizes history for often confused patients
  - Links illness to life events
- Provides a treatment focus
  - Need to agree on this
- Pragmatic, plausible fiction
- Keep it simple!
- Customize with patient's own words

IPT Middle Phase (sessions 4-9)

- Grief (complicated bereavement)
- Role Dispute
- Role Transition
- Interpersonal Deficits
Treatment Techniques

- “How have you been since we last met?”
  - Mood or Event ➔ Affectively charged event
- Explore specifics to elicit affect
- Link affect to environment or role
- “What did you want in that situation?”
- “What options do have to achieve it?”
Communication analysis, clarification, role play

Psychotherapy of HIV-Positive Patients

- Live out your fantasies!
People are always blaming their circumstances for what they are. I don’t believe in circumstances. The people who get on in this world are the people who get up and look for the circumstances they want, and, if they can’t find them, make them.

-- George Bernard Shaw
Mrs. Warren’s Profession, II (1893)

“You make your own breaks,” Jeter said. “You have to worry about the things you can control, but I think you go out and make your own breaks.”

“Add Catch to Jeter’s Catalog of Heroics,” The New York Times
10/16/04, page 53
IPT Termination Phase  
(sessions 10-12)

- Explicit discussion of termination  
- Build independence: consolidation of gains  
- "Graduation" into competence  
  - Bittersweet role transition  
- Dealing with non-response  
- Continuation/maintenance treatment

Grief (Complicated Bereavement)

Complicated Bereavement: 
Goals
- Facilitation of mourning (catharsis)  
- Development of new relationships and activities to substitute for the loss
Complicated Bereavement: Strategies

- Review depressive symptoms/syndrome
- Relate symptom onset to death of significant other
- Reconstruct patient’s relationship with deceased
- Describe sequence of events just before, during, and after the death
- Explore associated feelings (negative and positive)
- Consider ways of becoming involved with others

Role Disputes

Role Disputes: Goals

- Identify dispute
- Choose plan of action
- Modify faulty communication or expectations to negotiate satisfactory resolution
Role Disputes: Strategies

- Review depressive symptoms/syndrome
- Relate symptoms to (c)overt dispute with current significant other
- Determine stage of dispute:
  - Renegotiation
  - Impasse
  - Dissolution
- Review non-reciprocal expectations related to dispute

Role Disputes: Strategies 2

- Are there parallels in other relationships?
- How is the dispute perpetuated?

- Emphasis on negotiation
- Transgressions

Role Transitions
Role Transition

"Life was okay" \[\uparrow\] "It's been terrible!"
"I got sick"

Role Transitions: Goals

- Mourning and acceptance of loss of old role
- Help patient regard new role as more positive
- Restore self-esteem through developing a sense of mastery over the new role

Role Transitions: Strategies

- Review depressive symptoms/syndrome
- Relate symptoms to difficulty in coping with recent life change
- Review positive and negative aspects of old and new roles
Role Transitions: Strategies 2

- Explore feelings about
  - What has been lost
  - The change itself
- Explore opportunities in new role
- Realistically evaluate what has been lost
- Encourage appropriate release of affect
- Encourage development of social supports and new skills demanded by new role

“Interpersonal Deficits”

Interpersonal Deficits

- Poorly named, least developed focal area
- Means: Absence of other life events
- Therefore: Non-life-event focus in life-event-based therapy
- Poorer prognosis patients
- Isolated, with few social supports
- Many may have dysthymic disorder
Interpersonal Deficits: Goals

- Reduce patient’s social isolation
- Encourage formation of new relationships and social skills

Interpersonal Deficits: Strategies

- Review depressive symptoms/syndrome
- Relate depressive symptoms to problems of social isolation or unfulfillment
- Review positive and negative aspects of past significant relationships
- Explore repetitive patterns in relationships
- Discuss patient’s + and – feelings about therapist and seek parallels in other relationships

Technical Issues in IPT

- Taping sessions
- Enforcing the time limit
- Serial assessment
Therapeutic Issues in IPT

- Formulating a focus
- Eliciting and tolerating affect
- Balancing listening and intervention
  - Validate patient’s feeling, then use it!
- Encouraging change

Indications for IPT

- Not intended for all psychiatric patients
- Doesn’t work for everyone
- Indications derive from empirical research

Research in IPT: Mood Disorders

- Major depressive disorder
- Bipolar disorder
- Dysthymic disorder
- Geriatric and adolescent depression
- Peripartum and other depressive subtypes
- Medically ill depressed patients
- Minor depression
Research in IPT: Eating Disorders

- Bulimia nervosa
  – #2 treatment, after CBT
- Non-purging bulimia
- Anorexia nervosa

- Individual and group formats

Research in IPT: Anxiety Disorders

- Panic disorder
- Social phobia
- PTSD

Research in IPT: Other Disorders

- Body dysmorphic disorder
- Somatization disorder
- Insomnia
- Borderline personality disorder
- Substance abuse: 5 negative studies
Neuroimaging and IPT

- Brody et al., Arch Gen Psychiatry 2001
- IPT vs. paroxetine in MDD; PET scan
- Normalization of prefrontal cortex and L anterior cingulate gyrus; increased L temporal lobe metabolism
- Martin et al., Arch Gen Psychiatry 2001
- IPT vs. venlafaxine in MDD; SPECT scan
- Venlafaxine: R posterior temporal and R basal ganglia activation
- IPT: limbic R posterior cingulate and R basal ganglia activation

IPT Formats

- Acute
- Maintenance IPT
- Preventive IPT
- Group IPT
- Conjoint IPT
- Interpersonal Counseling
- Telephone-administered
- For chronic syndromes

Process Measures

- Far less researched
- Differential therapeutics
- Therapists agree on focal areas
- Patients and therapists see gains in focal problem areas through IPT
IPT in Different Cultures

- Europe
- Brazil
- Uganda
- International Society for Interpersonal Psychotherapy
  (http://www.interpersonalpsychotherapy.org)

Summary of Research

- Mostly positive studies
- Life events are ubiquitous, but not always a helpful focus

Clinical Advances

- Research success → clinical interest
- Inclusion in treatment guidelines
- Training in numerous residencies
  - Not an ACGME requirement
- What should clinical training standards be?
Training in IPT

- Manual
  - Others for adolescents, dysthymia, bipolar disorder, etc.

Training in IPT

- Workshop
- Treating patients:
  - Taping sessions
  - Serial assessment
  - Supervision of taped sessions
    - Expert vs. peer supervision

Questions?