

Interpersonal Psychotherapy
Depression



“Improving Interpersonal functioning among Veterans with Depression”
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Objectives

- Discuss what IPT is and its theoretical foundations.
- Discuss IPT's Strategies, Interventions, and Techniques.
- Describe the three phases of IPT.
- Compare IPT to other Psychotherapies.
- Explore the effectiveness of IPT.
- DNP Evidence-Based Project involving IPT-G

What is Interpersonal Therapy (IPT):

- It is a time-limited psychotherapy developed for the treatment of nonbipolar depression by Dr. Gerald L. Klerman and Dr. Eugene Paykel in 1969.
- Dr. Klerman and Dr. Myrna M. Weissman published the first IPT manual in 1984.

IPT aims:

- To alleviate the patient's suffering while improving interpersonal functioning.
- To help people improve their interpersonal relationships, social support, and relationship expectations.
- To treat a depressive episode rather than just increasing insight.
- IPT understands that the external environment can negatively affect symptoms of depression.



Theoretical Foundations

- Attachment Theory-Disruption in attachment to others can be the basis of depression.
- Social Theory-Social factors are critical in the development of depression.
- Interpersonal Theory-Interactions with others matters more than intrapsychic processes.
- Communication Theory-Inappropriate communication can prevent attachment needs from being met.

Which Model is IPT based on?

- IPT is based on a **Biopsychosocial Model** of psychological functioning.
- Biological, Psychological, and Social Factors collectively affect an individual's response to stress.
- IPT states patients' functioning is based on:
 - Biological Factors such as genetics, substance use, medical illnesses, and medical treatments.
 - Psychological Factors such as attachment style, temperament, cognitive style, and coping mechanisms.
 - Social Factors such as intimate relationships and social support.

Goals of IPT

- 1) To reduce the symptoms of depression.
- 2) To help the patient better handle people and life situations associated with the onset of depressive symptoms by teaching new set of skills.
- 3) To improve here-and-now interpersonal relationships and build a more effective social support network.
- 4) Improve patient's ability to communicate attachment needs.

IPT Strategies

- IPT Structure: (Acute Time-Limited and Maintenance Therapy)
- Interpersonal Inventory
- Four Interpersonal Problem Areas
- Interpersonal Formulation
- Nontransferential Focus of Interventions
- Present Focus
- Collaboration and Goal Consensus
- Supportive and Directive Therapeutic Stance

IPT Techniques

- Communication Analysis
- Interpersonal Incidents
- Use of Content and Process Affect
- Role Playing
- “Common” Techniques
- Clarification
- Use of Affect
- Problem Solving
- Use of the Therapeutic Relationship
- Homework



Four Interpersonal Focus Areas

- Grief
- Interpersonal role disputes
- Role transitions
- Interpersonal deficits

Grief

- Unresolved grief with depressed individuals can be 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 non-emotional symptoms, often physical.
- Goals of IPT: to help patients assess the significance of the loss realistically and emancipate themselves from a crippling attachment to the dead person, thus becoming free to cultivate new interests and form satisfying new relationships.

Interpersonal Role Disputes

- Occurs when the client and at least one other significant person have differing expectations of their relationship.
- Disputes that have stalled, repetitious, or offer little hope of improvement.
- Goals of IPT: to help the patient first identify the dispute, then make choices about a plan of action, and finally modify maladaptive communication patterns or reassess expectations, or both.

Role Transitions

- Depression associated with role transitions occurs when a person has difficulty coping with life changes that require new roles.
- Role changes are viewed as losses rather than opportunities.
- Goals of IPT: to help the patient give up the old role; expressing guilt, anger, and/or loss; acquiring new skills and developing new attachments and supports; and identifying positive aspects of the new role.

Interpersonal Deficits

- A client has the 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.
- Extreme social isolation.
- Goals of IPT: to help the client learn how to form new relationships by focusing on past relationships and the relationship with the therapist.

Three Phases of IPT

- Initial (Early)
- Intermediate (Middle)
- Termination (End)
- 12-16 weekly sessions



IPT Interventions



- Early Phase...
 - Seeking information/Interpersonal inventory
 - Exploring parallels in other relationships
- Middle Phase...
 - Exploring relationship patterns
 - Exploring communication patterns
 - Signaling what is significant
 - Providing support
 - Exploring affect
 - Exploring options
 - Problem-solving
 - Drawing analogy
 - Challenging
- Termination Phase...
 - Discuss pts' response to treatment ending
 - Review progress and asses pts' future needs
 - Acknowledge pts' interpersonal growth
 - Encourage pts to continue implementing skills learned in their lives

Initial Sessions Include: Sessions 1-4

- Review of the depressive symptoms.
- Relating symptoms to the interpersonal context.
- Explaining the IPT process.
- Performing an Interpersonal Inventory.
- Identifying a major problem area.
- Treatment Formulation and Treatment Contract.

Intermediate Sessions Include: Sessions 5-13

- Focus is on the interpersonal focus area.
- Patient will discuss incidents, feelings, behaviors, and expectations from life situations/relationships.
- Make connections between events and depressive symptoms.
- Role-playing, Explore other options.
- Practicing techniques learned in real life.

Termination Sessions Include: Sessions 14-16

- Review what the patient has accomplished.
- Encouragement will be given for patient to discuss feelings about therapy ending.
- Discuss what to do when/if depressive symptoms resurface.
- Prepare patient to anticipate potential future situations that may be difficult.
- Continue to use/practice new skills to improve communication techniques and interpersonal relationships.



Example of Patient's response to IPT

- Struggling
- Deconstructing (Analysis of crisis/focal area)
- Connecting
- Practicing
- Reconstructing (Implement new behaviors/views in real life)

Is IPT effective??

- IPT is an evidence-based psychotherapy that has been analyzed in research studies and control trials for over 30 years.
- Many professionals, including the APA, recommend IPT to be part of the Practice Guidelines in the treatment of Unipolar Depressive Disorders.
- IPT has been found to be effective, Nationally and Internationally, psychotherapy compared to Standard or No Treatment, other Psychotherapies, Pharmacotherapy, Combination Treatment, and IPT as Maintenance Treatment.
- IPT was found to be an effective treatment for depression, both as an independent treatment and in combination with pharmacotherapy.
- Interpersonal psychotherapy delivered in school-based health clinics has been found to be an effective therapy for adolescent depression.

Review of the Literature...

- 1) Feijo de Mello et al. (2005). A systematic review of 13 studies involving RCTs from 1974 to 2002. 2199 patients with varying degrees of depression. Results-IPT was found to be superior in efficacy to placebo, similar to medication, and the efficacy did not increase when combined with a med. IPT was found to be more efficacious than CBT.
- 2) Cuijpers et al. (2011). A meta-analysis to compare IPT to standard or no tx, other psychotherapies, psychopharmacology, and combo tx (IPT and med) compared to med alone. 38 IPT studies including 4,356 patients. Results-IPT was found to be more effective when compared to standard or no tx in control conditions. IPT compared to other psychotherapies favored IPT. Combo tx (IPT and meds) compared to pharmacotherapy alone did not find the combo to be more effective than IPT alone. Combo maintenance tx with pharmacotherapy and IPT was more effective in preventing relapse than pharmacotherapy alone.
- 3) MacKenzie and Grabovac. (2000). Case Study of IPT-G involving 8 members who met for a 14 weekly/90 min sessions of IPT. All pts had extensive history depression. Results- 5 of the 8 members were able to achieve a marked reduction in their depressive symptoms (per BDI-II scores) in the course of the 14 week group and maintain that improvement for 4 months.
- 4) Bolton et al. (2003). To test the efficacy of group Interpersonal therapy in alleviating depression and dysfunction. As well as evaluate the feasibility of conducting controlled trials in Africa. Subjects were randomly selected from 15 male villages and 15 female villages. 8 of the 15 male villages and 7 of the 15 female villages were randomly assigned the IPT group vs the control. Sample size included 108 men and 116 women from 30 villages that met DSM-IV criteria for depression. 8-12 subjects were chosen from each village. Mean reduction in depression was 17.47 points for IPT vs 3.55 for control. Mean reduction in dysfunction was 8.08 and 3.76 points. After intervention, 6.5% and 54.7% from Intervention and control group met criteria for depression. Prior, 86% and 94% of the subjects met criteria. Highly significant decline in depression symptoms.

Review of the Literature continued..

- 5) Mufson et al. (2004). 16-week RCT with 63 adolescents were chosen who met DSM-IV criteria for depression NOS, MDD, Adjustment disorder with depressed mood, and dysthymia. Adolescents had a greater reduction in depression symptoms and improvement of functioning with IPT vs TAU (treatment as usual).
- 6) Jakobsen et al. (2011) Cochrane systematic review comparing the benefits and harm of cognitive therapy versus interpersonal therapy for pts with MDD seven trials randomizing 741 participants. IPT was found to be just as effective as Cognitive therapy.
- 7) Luty et al. (2007). Randomized controlled trial, not blind. CBT or IPT for up to 16 weeks. Both therapies were given in 50 min weekly sessions. To assess which therapy, CBT or IPT, is more effective. 177 adults (aged over 18 years) with DSM-IV non- psychotic major depression. Both CBT and IPT improved depressive symptoms, with no significant difference between both therapies.
- 8) van Schaik et al. (2007). To compare IPT given by mental health workers compared to the usual care by general practitioners (GP) in Primary care. Conducted in 12 general practices in Amsterdam and surrounding areas. Out of 143 patients over the age of 55, 69 patients were chosen to receive IPT, 47 patients actually completed all 10 sessions of IPT. Remaining pts were in the control group. IPT was found to be superior to the usual care given with mod to severe depression, not mild. In the IPT group, 51% had no dx of depression post 6 months f/u compared to the control group 34%. Positive satisfaction.

How is IPT different than CBT?

- CBT focuses on how the patient's internal cognitions, which affect their feelings and behaviors, not external factors such as, people, situations, and events.
- CBT states thoughts can negatively or positively affect the patient's mood.
- IPT focuses on the patient's interpersonal communications with others.
- IPT states interpersonal relationships and external factors can negatively or positively affect the patient's mood.

How is IPT different than Psychoanalysis?

- Psychoanalysis rests on two fundamental principles: Psychic Determinism, and the proposition that unconscious mental processes are a primary drive for conscious thoughts and behaviors.
- The fundamental basis of IPT is that current interpersonal stressors lead to psychopathology — there is no need to involve either unconscious processes or psychic determinism as causal factors in psychological dysfunction.

DNP Project: IPT group for Veterans with Depression

- **Problem Statement:**

The clinical problem is that veterans with depression face many interpersonal difficulties.

- **PICO Question:**

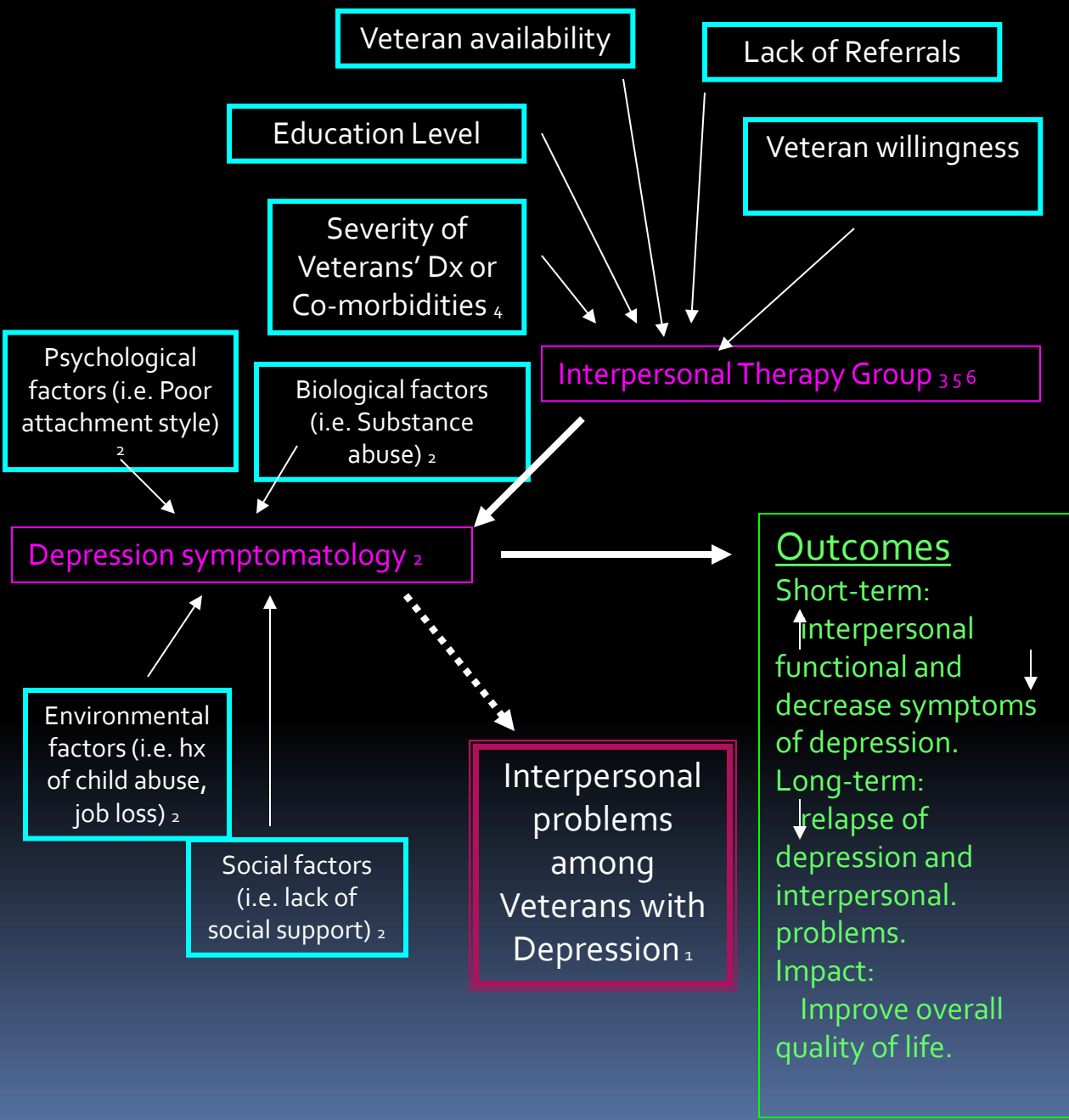
Will the implementation of an Interpersonal Therapy Group (IPT) improve interpersonal functioning thereby reducing depression symptoms among veterans with depression?

P- Veterans with interpersonal problems suffering from Depression.

I - Using the time-limited Interpersonal Therapy modality in Group Format.

C - Compared to usual care

O -Improve Interpersonal functioning resulting in a decrease of Depression symptoms.



1. Veterans' interpersonal lives are negatively affected by their depression. (a)
2. Symptoms of depression are caused by many factors that include: social, environmental, psychological, and biological. (b)
3. There are "...over 250 empirical studies supporting the efficacy and effectiveness" of IPT as a therapy modality for depression and many other mental illnesses. (c)
4. IPT will not be effective for patients who are actively suicidal, have personality disorders, or psychotic. (d)
5. IPT has shown to not only decrease depression symptoms, but also improve interpersonal functioning. (e)
6. IPT has been shown to be an effective maintenance treatment for preventing depression relapses. (f)

DNP Project: IPT group for Veterans with Depression

- 12 weekly sessions, each lasting 1 hour.
- Sessions 1-4 Initial Phase:
 - Session 1: Introduction, Define IPT and Depression. BDI-II and QOLS.
 - Session 2: Review patient's symptoms, current interpersonal situations (problems/stressors). Select an interpersonal focus for treatment. Patient will create two personal goals, describe important people in their lives, and their depressive symptoms.
 - Sessions 3 and 4: Explore patient's focal Interpersonal Problem. Four IPT focal problems will be defined. Make connection between symptoms and life stressors/problems. Either depressive symptoms resulted from stressors or caused stressors. Treatment Formulation and Treatment Contract will be created.

IPT Group Continued...

- Sessions 5-10 Intermediate Phase:

Patient will discuss incidents, feelings, behaviors, and expectations from life situations/relationships. Make connections between events and depressive symptoms. Explore other options, Role-play, and discuss past and future skills/efforts. Focus treatment on one of four IPT focal problems (questions, homework, efforts, and encouragement).

- Sessions 11-12 Termination Phase:

Review what the patient has accomplished and what still needs to be done to successfully deal with life stressors. Encouragement will be given for patient to discuss feelings about therapy ending. Patients' goals will be emphasized. Discuss what to do when/if depressive symptoms resurface.

IPT Group Continued...

- Homework for Initial Phase: Patient will pay attention to his/her relationships and changes in mood to help recognize a link between depression and interpersonal events.
- Homework for Intermediate Phase: Patient will clarify interpersonal problem and effective strategies to handle problem. Implementation of new interventions. Communication analysis, Decision analysis, and Role Playing to practice new communication skills. Practice new skills in real life.
- Homework for Termination Phase: Review of warning signs for the reoccurrence of depression symptoms. Review strategies for improving relationships and managing situations. Prepare patient to anticipate potential future situations that may be difficult. Discuss when patient should seek help. Continue to use/practice new skills. Continue to improve communication techniques and interpersonal relationships.



Improving Interpersonal Function among Veterans with Depression

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BACKGROUND

- Rates of depression are higher among the Veteran (16.7% to 31%) than the civilian (5% to 13%) population (Engel, Malta, Davies, & Baker, 2011).
- 25% of Veterans seek care at the VA for depression (Domenici, 2012).
- In 2011, 20% of the suicides in the United States occurred among prior service men and women (Harrell & Berglass, 2011).
- In a 2008 study conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), 99.2% of veterans with depression from the ages of 21 to 39 reported having at least one interpersonal impairment (SAMHSA, 2008).
- Veterans' interpersonal interactions are negatively affected by their depression (SAMHSA, 2008).

PICO Question

Will the implementation of an Interpersonal Therapy Group (IPT) improve interpersonal functioning, thereby reducing depression symptoms among veterans with depression?

PRACTICE INNOVATION

- IPT Group was implemented at a VA clinic in southern California for all Veterans suffering from depression (based on DSM-IV criteria) and interpersonal problems.
- Veterans were screened and selected for the therapy group by the following: LCSWs, CNSs, Psychologists, PMHNPs, and Psychiatrists.
- The group consist edof 12 weekly, 1-hour sessions.
- IPT was skills-based and time-limited.
- IPT model consisted of three phases: Initial (Session 1-4), Intermediate (sessions 5-9), and Termination (Sessions 10-12).
- Focus of this therapy group was based on current interpersonal problems with a glimpse at the past.
- IPT addressed four interpersonal focal areas : grief, role transitions, role disputes, and interpersonal deficits.

EVALUATION DESIGN

- Pre and post project design.

EVALUATION METHOD

- This evidenced-based project implemented a twelve session IPT group for Veterans with depression at a Veterans Administration clinic in Southern California.
- IPT was evaluated by comparing pre-treatment and post-treatment scores on the Beck Depression Inventory II (BDI-II) and the Quality of Life Scale (QOLS).

OUTCOME EVALUATION QUESTIONS

- Did the veteran's depression symptom scores decrease by 50% on the BDI-II?
- Did the veteran's interpersonal functioning scores increase by 60% on the QOLS?

RESULTS

- The Veterans' pre treatment BDI-II mean scores decreased by 23% post treatment.
- The Veterans' pre treatment QOLS mean scores increased of 14% post treatment.
- Veterans reported satisfaction with the interpersonal focus of the therapy, felt motivated to improve their interpersonal impairments, liked the goal setting, and felt the model increased their self-awareness in regards to their depression.

CONCLUSIONS/IMPLICATIONS FOR CLINICAL PRACTICE

- Overall, the Veteran population was shown to benefit from the IPT modality.
- Providing this therapy modality in a group format is a feasible way of meeting the needs of larger numbers of Veterans with mental health problems that disrupt interpersonal relationships.
- By offering the Veteran population this skills-based, time-limited psychotherapy, the Veterans' symptoms of depression decreased as evidence by decreased BDI-II psychometric scores and self-report.
- Interpersonal impairments were ameliorated because the Veterans practiced and learned effective interpersonal skills. Veterans had improved interpersonal functioning as evidenced by increased QOLS scores and self-report.
- Long-term implications include decreased depression relapse rates and continuation of improved interpersonal functioning.

AIM/PURPOSE

Improve interpersonal functioning and decrease depressive symptoms among Veterans with depression. IPT was specifically chosen because this psychotherapy focuses on the interpersonal factors that can negatively affect symptoms of depression.

EVIDENCE

- IPT is a well-known International evidenced-based psychotherapy (isIPT, 2012).
- 30 years of research shows that IPT is an effective psychotherapy, both for acute and maintenance treatment of depression as well as preventing depression relapses (Cuijpers et al., 2011; Dewan, Steenbarger, & Greenberg, 2012; Feijo de Mello et al., 2005; Jakobsen et al., 2011).
- IPT is found to be just as effective as Cognitive Behavior Therapy (CBT) and psychopharmacology (Cuijpers et al., 2011; Feijo de Mello et al., 2005; Jakobsen et al., 2011).
- IPT is efficacious in improving interpersonal functioning and decreasing depressive symptoms in an individual or group format (Bolton et al., 2003; Luty et al., 2007; MacKenzie & Grabovac, 2000; van Schaik et al., 2007).

TABLES/GRAPHS

Beck Depression Inventory-II Scores Pre and Post IPT Group



Quality of Life Scale-Scores Pre and Post IPT Group



REFERENCES

- See handout.

RESULTS OF DNP PROJECT

- Data were collected from April 2013 to March 2013.
- The 12 Veterans involved in the IPT group were both male and female, ranged in age from 30s to 60s, included multiple ethnicities, had co-occurring diagnosis, varied level of education, both heterosexual and homosexual orientations, and were single, divorced, or married.
- The Veterans' pre treatments BDI-II mean scores decreased by 23% post treatment.
- The Veterans' pre treatment QOLS mean scores increased by 14% post treatment.
- Verbal reports from IPT group participants were more positive than the actual psychometric scores.
- Veterans reported satisfaction with the interpersonal focus of the therapy and stated they liked the encouragement to apply the skills learned in the group to their real lives.
- Veterans liked the goal setting associated with IPT, and two other Veterans felt the model increased their self-awareness regarding their depression.

Factors Affecting the Results

- There were extraneous variables that affected the course of the EBP and its outcomes, such such:
 - This EBP only evaluated the Veterans' progress over a twelve-week period.
 - There were not enough Veterans that participated in the IPT group to demonstrate statistical significance.
 - Severity of depression and interpersonal impairments varied.
 - Participants had many co-morbid medical conditions as well as co-morbid mental illnesses, which greatly effects their depression.
 - The time frame involved was not sufficient to see marked changes in the outcome measures. Longitudinal follow-up might capture such changes.

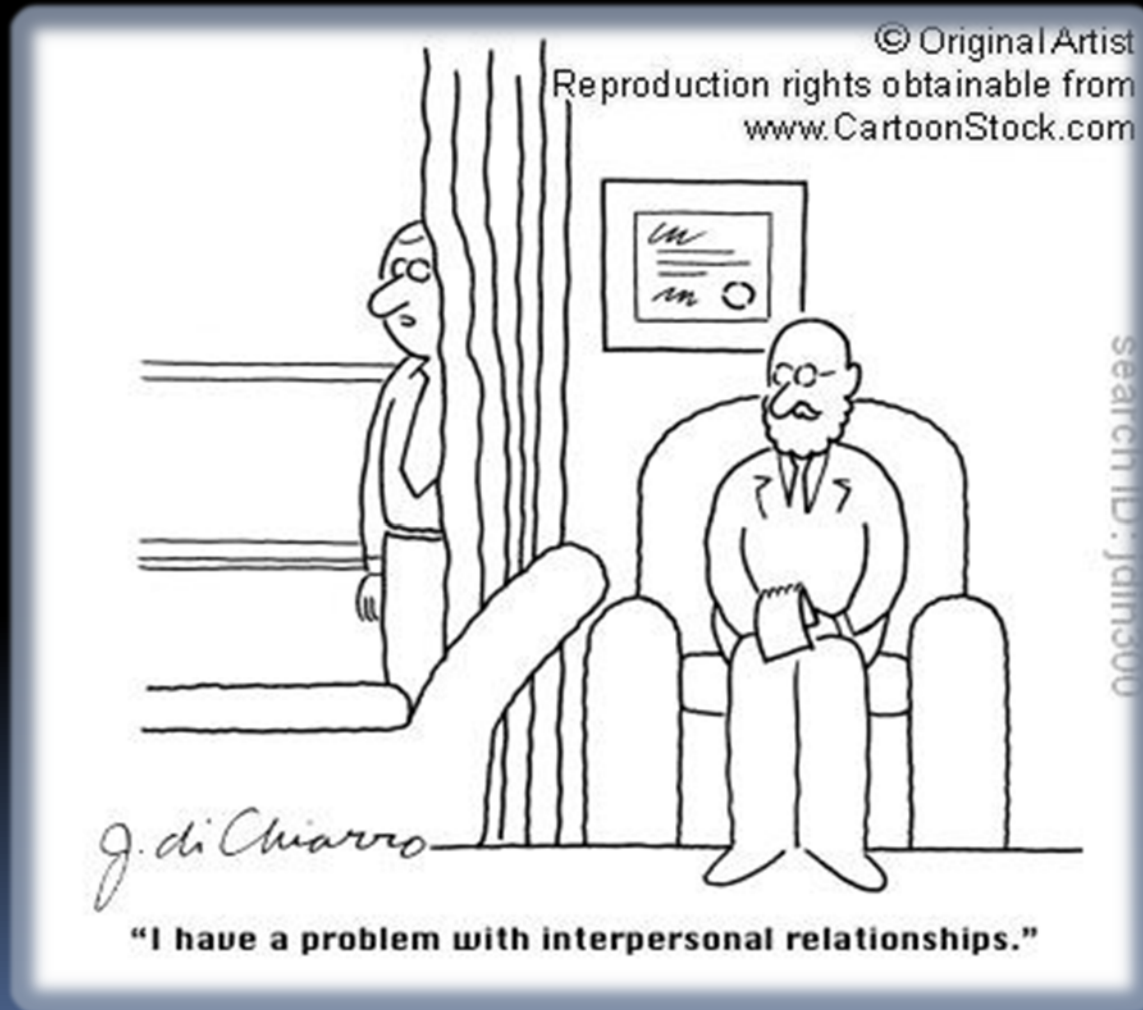
Implications for Clinical Practice

- Although measured gains were small in this project, the Veteran population could benefit from the IPT modality because they experience many interpersonal impairments caused by stresses associated with military life, past deployments, PTSD, and from transitioning back into the civilian world.
- IPT offers veterans an avenue for learning effective ways to improve interpersonal impairments, which can help decrease depressive symptoms and improve overall quality of their lives.
- Offering this therapy modality in a group format is a feasible way of meeting the VA's growing mental health needs.

Conclusion...

- IPT is an evidenced-based psychotherapy that has been validated for almost three decades in multiple research studies.
- Interpersonal problems arise from negative or non-supportive responses from others, which in turn leads to maladaptive attachment and interpersonal communication.
- IPT is designed to address these issues by helping patients improve their interpersonal communication styles and to utilize their social support systems to a fuller capacity.
- IPT offers patients a chance to make sense of their mood, assess its connection to the patterns of their relationships or environment, and then make the appropriate changes in their lives.
- IPT speaks to everyone's need to be connected, loved, and understood by others.

Questions??



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