



## **The Guide to Interpersonal Psychotherapy: Updated and Expanded Edition**

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Publisher: Oxford University Press

Print Publication Date: Aug 2017

Print ISBN-13: 9780190662592

Published online: Sep 2017

DOI: 10.1093/med-psych/

9780190662592.001.0001

### **An Outline of IPT**

**Chapter:** (p. 13) An Outline of IPT

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**DOI:** 10.1093/med-psych/9780190662592.003.0002

As an acute treatment, IPT has three phases: a beginning, a middle, and an end. Each phase lasts a few sessions and has specific tasks. A fourth phase may follow acute treatment: namely, continuation or maintenance treatment, for which therapist and patient contract separately (see Chapter 7). Table 2.1 (located at the end of this chapter) outlines the phases and strategies of IPT for major depression presented in Chapters 2 through 9. Most of the adaptations of IPT for other disorders or treatment populations follow a similar outline, with specific adaptations indicated in each chapter.

# An Outline of IPT

Table 2.1 IPT Outline				
<b>Therapist's Role</b>				
<p>Be the patient's advocate (not neutral).            Be active, not passive.            Therapeutic relationship is not interpreted as transference.            Therapeutic relationship is not a friendship.</p>				
<b>Initial Sessions</b>				
<ol style="list-style-type: none"> <li>1. Diagnose the depression and its interpersonal context.</li> <li>2. Explain depression as a medical illness and present the various treatment options.</li> <li>3. Evaluate need for medication.</li> <li>4. Elicit interpersonal inventory to assess potential social support and problem areas.</li> <li>5. Formulation: Relate depression to interpersonal context (derived from interpersonal inventory).</li> <li>6. Explain IPT concepts, contract.</li> <li>7. Define the framework and structure of treatment and set a time limit.</li> <li>8. Give the patient the sick role.</li> </ol>				
<b>Intermediate Sessions</b>				
	Grief/Complicated Bereavement	Role Disputes	Role Transitions	Interpersonal Deficits
Goals	<ol style="list-style-type: none"> <li>1. Facilitate the mourning process.</li> <li>2. Help the patient re-establish</li> </ol>	<ol style="list-style-type: none"> <li>1. Identify the dispute.</li> </ol>	<ol style="list-style-type: none"> <li>1. Facilitate mourning and acceptance of the loss of the old role.</li> </ol>	<ol style="list-style-type: none"> <li>1. Reduce the patient's social isolation.</li> </ol>

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	interests and relationships.	<ol style="list-style-type: none"> <li>2. Explore options, and choose a plan of action.</li> <li>3. Modify expectations or faulty communications to bring about a satisfactory resolution.</li> </ol>	<ol style="list-style-type: none"> <li>2. Help the patient to regard the new role in a more positive light.</li> <li>3. Help the patient restore self-esteem.</li> </ol>	<ol style="list-style-type: none"> <li>2. Encourage the patient to form new relationships.</li> </ol>
Strategies	<p>Review depressive symptoms/syndrome. Relate symptom onset to the death of the significant other. Reconstruct the patient's relationship with the deceased.</p>	<p>Review depressive symptoms/syndrome. Relate the symptom onset to an overt or covert dispute with significant other with whom the patient is currently involved.</p>	<p>Review depressive symptoms/syndrome. Relate depressive symptoms to difficulty in coping with a recent life change. Review positive and negative aspects of old and new roles.</p>	<p>Review depressive symptoms/syndrome. Relate depressive symptoms to problems of social isolation or lack of fulfillment.</p>
Strategies	<p>Describe the sequence and consequences of events just prior to, during, and after the death. Explore associated feelings (negative as well as positive).</p>	<p>Determine the stage of dispute:</p> <ol style="list-style-type: none"> <li>1. Renegotiation (calm the participants to facilitate resolution)</li> </ol>	<p>Explore the patient's feelings about what is lost. Explore the patient's feelings about the change itself. Explore opportunities in the new role. Realistically evaluate what is lost.</p>	<p>Review past significant relationships, including their negative and positive aspects. Explore repetitive patterns in relationships.</p>

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	<p>Once affect emerges, tolerate it in the room.</p>	<p><b>2.</b> Impasse (increase disharmony in order to reopen negotiation)  <b>3.</b> Dissolution (assist mourning)</p> <p>Understand how nonreciprocal role expectations relate to the dispute:  <i>What are the issues in the dispute?</i>  <i>What are the differences in expectations and values?</i>  <i>What are the options?</i>  <i>What is the likelihood of finding alternatives?</i>  <i>What resources are available to bring about change in the relationship?</i>  <i>Are there parallels in other relationships?</i></p>	<p>Encourage appropriate release of affect.  Encourage development of social support system and of new skills called for in new role.</p>	<p>Discuss the patient's positive and negative feelings about the therapist, and encourage the patient to seek parallels in other relationships.</p>
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## **Termination Phase**

1. Explicitly discuss termination.
2. Acknowledge that termination is a time of (healthy) sadness—a role transition.
3. Move toward the patient's recognition of independent competence.
4. Deal with nonresponse:
  - Minimize the patient's self-blame by blaming the treatment.
  - Emphasize alternative treatment options.
5. Assess the need for continuation/maintenance treatment.
  - Renegotiate the treatment contract.