IPT Quick Sheet

Initial IPT sessions (~1-3)

Open-ended questions: Empathic statements throughout!

1. Psychiatric Assessment

- What brings you to treatment?

- Careful review of current depressive symptoms
  1. Evaluate presence and severity of depressive symptoms
  2. Evaluate co morbid disorders
  3. ? Structured depression assessment e.g. BDI, HDRS
  4. Describe and rate symptoms

- Onset and course of current depressive episode

  “Let’s go back to when you first started feeling depressed”

- Develop TIMELINE of illness including course of symptoms form onset to now – use holidays/seasons as markers.

- Link depressive symptoms to interpersonal context: “what was happening around the time you started to get symptoms?”. Or for chronic symptoms “were there events associated with your recent worsening of symptoms?”.

- Previous history of depression

- Ask re previous episodes and treatment
  “Were there interpersonal events associated with previous episodes?”

- Family psychiatric history

2. Psychoeducation

- Give symptoms a name
- Utilise the medical model of depression
- Depression is treatable
- Offer hope
- Give sick role
3. Interpersonal Inventory

- Discussion of all important individuals in persona life – family, relatives, friends, job, school, sport, social, church.

  1. Frequency and content of interactions.
  2. Expectations of both parties and if fulfilled.
  3. Satisfying and supportive aspects.
  4. Unsatisfying and stressful aspects.
  5. Are there things person wants to change in relationship?
  6. How has depression affected relationship and does the individual know about the depression?

- Recent change or conflict in relationship that may relate to onset or exacerbation of depression.
- Provide information regarding social supports and those that person may utilise.

4. IPT Case Formulation

- Identify specific problem area and NAME it.
- Relate depression to the problem area.

5. IPT treatment contract

- Goal is to reduce symptoms.
- Goal is to Improve problem area.
- Collaborative stance.
- ACTIVE patient role.
- Confidentiality.
- Duration and frequency.
IPT GRIEF QUICK SHEET

Goal is to help patients work through the phases of grief to resolution which involves patient developing insight into their loss, sharing their experience of the loss and reestablishing social contacts.

1. Relate onset of symptoms to loss

2. Facilitate delayed mourning (in no particular order)
   - Nonjudgmental elicitation of the story of illness death etc.
   - Reassurance that emotions are normal.
   - Reconstruct relationship - movement from fixation on loss to realistic view of deceased including positive and negatives.
   - Development of realistic picture of loved one.
   - Facilitating expression of affect and acceptance.
     - May involve looking through pictures, expanding social contacts
     - May need to facilitate going to grave, reconnecting with friends and family, writing a letter, forgiveness work

3. Help patient reestablish interests and relationships and/or initiate new attachments
IPT ROLE DISPUTE QUICK SHEET

Goal is to help person understand how depression relates to the dispute and how the dispute relates to non reciprocal role expectations, then to move from impasse to either resolution or dissolution.

1. Determine the stage of the dispute

   - **Impasse** - may increase apparent disharmony as negotiations opened.

   - **Renegotiation** – may involve claming patient and facilitating conflict resolution.

   - **Dissolution** - may lead to grief or remorse about relationship, still need to learn new ways of communicating and self assertion in order to resolve.

2. Techniques

   - **Expression of affect** – common as patient relates the history of the dispute. Important that therapist helps patient connect affect with story.

   - **Relationship appraisal** – identify non reciprocal expectations.

   - **Communication analysis** – disputes often rise out of poor communication and lead to poor communication.

   - **Problem solving** – identify old and new strategies for dealing with the dispute.

   - **Role playing** – develop communication and/or assertiveness skills in vivo.
IPT ROLE TRANSITION QUICK SHEET

Relate depressive symptoms to difficulty coping with recent or pending life change.

- **Review positive and negative of old social role**
  
  Transitions carry the risk of loss of familiar friends or attachments. Explore feelings around this.

- **Review positive and negative of new role**
  
  Explore feelings about change itself.
  
  Not all transitions are negative.
  
  Explore opportunities in new role.
  
  Transitions often need new skill acquisition.

- **Help patient make realistic assessment of what is and is not lost**

- **Encourage release of affect**
  
  Ambivalence is normal experience encourage guilt, fear, sadness and review past times with old friends/partner.

- **Encourage development of social support system and new skills called for in new role**
  
  Role play new skills such as parenting, assertiveness, job interviews, set small steps to try out in new role.
Reminders

From early IPT sessions, the therapist reminds the patient of the limited time treatment frame. Towards mid point remind how many sessions left each session.

Termination

Handled like a ‘graduation’ - focus on accomplishments, feelings about ending therapy, future needs.

Thus important to call attention to the patient’s successes and emerging skills. Review treatment gains.

Relate reduction in symptoms to what patient DID during treatment.

Don’t underestimate the attachment formed between patient and therapist encourage patient to express feelings about loss of this.

If a patient’s depressive symptoms do not fully remit emphasise not that this is failure of treatment but may need to look at alternative options or add-ons or longer course.

Even when remitted identify unaddressed problems and explore future treatment options.

Relapse prevention

Discuss relapse plan if symptoms return.

How to monitor mood.

Coping plan that includes interpersonal skills.

High risk situations.
IPT MIDDLE SESSIONS QUICK SHEET

1. “How have you been since we last met?”
   - link mood to events and vice versa. Don’t forget biological components of mood.
   - Get precise details.

2. Abbreviated mood review and checklist of symptoms
   - mood rating (0-10).
   - If improved – what made better.
   - If not improved – reassure that time lag between change and symptom change.

3. Linking between session work and mood – help patient make links
   - Help patient discover link between action and mood improvement.

4. Maintain focus on problem area – always bring back to focus
   - Detailed review of past week helps.
   - Always bring focus back to problem area: may need to remind that this is short-term treatment.

5. Encourage giving up sick role

6. Utilise strategies and techniques – see quick sheet

7. Summarise session
   - highlight even small steps and changes.
IPT STRATEGIES AND TECHNIQUES QUICK SHEET
FOR FACILITATING CHANGE IN MIDDLE SESSIONS

- **Pull for affect in the session especially negative emotions**
  
  - Factual questions dampen down the affect. Use open ended questions and empathic reflective questions.

- **Look for hidden anger and validate it when reasonable**
  
  - Often depressed patients are irritable but can’t recognise their own anger and direct it constructively. Acknowledge and help distinguish it from assertion.

- **ASK what do you want (in this situation) now and in the future**
  
  - Help the patient identify their needs and communication style. Has patient assertively communicated needs? can person listen to their own voice and legitimize wants and needs?

- **Communication analysis**
  
  - Specific details on important conversation. Try to find out exactly what was said by both parties and how it was said. Is patient expressing needs assertively? (i.e. not passively or aggressively). Encourage new style.

- **Role Play**
Help patient practice asking for what they want and need. Model first and then reverse roles. Instead of asking patient to role play just say ‘lets practice’ and go into role play.

- **Adjust expectations**

  - In the event that assertive communication does not get results you may need to lower the patient’s expectations.

- **Decision analysis (problem solving)**

  - Help patient think of options and solutions and evaluate positive and negative of these.

- **Turn stumbling blocks into stepping stones**

  - Difficulties are seen as opportunities for practicing new skills. Break goals into small steps.

- **Positive reinforcement**

  - Offer encouragement and praise. Affirm small steps towards change when mood or problem area improves and make sure person takes credit for this. Point out how new skills can generalize.

- **Offer psychoeducation about depression**

  - Reassure that as depression improves patient will be able to see more and more options.