

IPT for Eating Disorders (IPT-ED)

This section describes the knowledge and skills required to carry out the application of IPT to different client groups/problems. It is not a 'stand-alone' description of technique, and should be read as part of the IPT competence framework.

Effective delivery of these applications depends on the integration of this competence list with the knowledge and skills set out in the other domains of the IPT competence framework.

Sources:

Fairburn, C.G. (1997). Interpersonal psychotherapy for bulimia nervosa. In D.M. Garner and P. E. Garfinkel (Eds.), *Handbook of Treatment for Eating Disorders*. (pp. 278-294). New York: Guilford Press.

Murphy, R., Straebl, S., Cooper, Z., Fairburn, C. (2009). Interpersonal Psychotherapy (IPT) for Eating Disorders. In: Dancyger IF, Fornari VM. *Evidence Based Treatments for Eating Disorders* (pp257-274), New York: Nova Science Publishers.

Knowledge

Knowledge of eating disorders

An ability to draw on knowledge of eating disorders, including:
their key features, co-morbidities and prognosis:
an ability to draw on knowledge that significant reductions in eating disorder features may not occur until later in treatment and during the follow-up
their impact on interpersonal functioning
their physical effects (e.g. risks to physical health as a result of under-eating or weight loss, frequent self-induced vomiting/laxative or diuretic misuse)

Knowledge of basic principles and strategies of IPT-ED

An ability to draw on knowledge that the indications for IPT-ED are for bulimia nervosa and binge eating disorder
An ability to draw on knowledge that the primary focus of IPT-ED is on current interpersonal problems, not on the eating problem:
an ability to draw on knowledge that at the start of treatment clients are often preoccupied with their eating, weight and shape and may be less aware of interpersonal difficulties:
knowledge that changes in eating commonly occur in an interpersonal context and they may serve as "markers" of current interpersonal problems
An ability to draw on knowledge that in the initial phase the aim is not to provide initial symptom relief, but to identify an interpersonal problem area that will provide the focus for therapy
An ability to share the diagnosis with the client and inform them of the associated

psychological and physical effects and health risks

An ability to draw on knowledge that eating disorder symptoms are not reviewed in every session

An ability to draw on knowledge that in IPT-ED only very sparing use is made of directive techniques, including during the initial phase

Application

Ability to focus on the interpersonal context of eating disorder symptoms

An ability, in the initial phase of IPT-ED, to develop a shared understanding of the relationship between the eating problem and the client's interpersonal life

An ability, in the middle phase of treatment, to ensure that sessions largely focus on interpersonal problems and not on eating disorder features:

an ability to recognize when it is necessary to monitor eating disorder features on an ongoing basis in order to manage physical risk (e.g. if there is medical concern)

Ability to engage the client in preparing for ending

An ability to review eating disorder features at the end of treatment and to consider these in light of interpersonal changes that have been made

An ability to review the rationale of treatment with the client and to remind them of the need to continue to address interpersonal difficulties in order to make further progress with regards to their eating problem

An ability to consider any risks to physical health which may be present and how best to manage these once treatment has ended

IPT for Depressed Adults

Because IPT was developed for depressed adults no additional competence list is presented here: the IPT competence framework itself sets out the techniques of IPT for this client group.

Sources:

Weissman, M., Markowitz, J. Klerman, G., (2000) *Comprehensive Guide to Interpersonal Psychotherapy*. New York: Basic Books

Weissman, M., Markowitz, J. Klerman, G., (2007) *Clinician's Quick Guide to Interpersonal Psychotherapy* New York: OUP

Brief IPT for depression (IPT-B)

This section describes the knowledge and skills required to carry out the application of IPT to different client groups/problems. It is not a 'stand-alone' description of technique, and should be read as part of the IPT competence framework.

Effective delivery of these applications depends on the integration of this competence list with the knowledge and skills set out in the other domains of the IPT competence framework.

Source: Swartz, H., Grote, N., Frank, E., Bledsoe, M., Fleming, M., Shear, M. Brief Interpersonal psychotherapy treatment Manual. Unpublished manual

Knowledge

An ability to draw on knowledge that IPT-B is offered over 8 sessions:	
	knowledge that this represents the major adaptation of the core model and has implications for the number of sessions that can be allocated to the three phases of standard IPT for depression
	knowledge that only one focal area can be worked on
	knowledge that the focal reap of interpersonal deficits/sensitivity is omitted

Application

Ability to implement the core IPT strategies in a compressed time frame

An ability to arrive at a provisional interpersonal case formulation and to negotiate this with the client by the end of the first session	
An ability to maintain a clear, near-exclusive focus on the client's current relationships	
An ability to help the client to identify realistic goals given the limited time frame:	
	an ability to assess areas of existing strength and competence that can be built on
An ability to sensitively but consistently encourage the client to try out new behaviours using the limited time frame to maximize the emphasis on change:	
	an ability to work collaboratively with the client to identify appropriate homework tasks to support change:
	an ability to identify tasks that will increase the client's perceived self-efficacy
	an ability to act as 'coach' and offer encouragement and praise
	an ability to engage the client in reviewing the outcome of the task the following session and explore any obstacles encountered
	an ability to assess when the emphasis on change may undermine the therapeutic alliance and /or lead the client to fail
An ability to use of behavioural activation in the early sessions to encourage the client	

to actively re-engage with activities and relationships they have withdrawn from

IPT for Depressed Older Adults

This section describes the knowledge and skills required to carry out the application of IPT to different client groups/problems. It is not a 'stand-alone' description of technique, and should be read as part of the IPT competence framework.

Effective delivery of these applications depends on the integration of this competence list with the knowledge and skills set out in the other domains of the IPT competence framework.

Source: G. Hinrichsen and K. Clougherty (2006) IPT for Depressed Older Adults. Washington: APA

Knowledge

An ability to draw on knowledge of gerontology and of the particular way that depression may manifest in an older client

An ability to draw on knowledge of the medical and cognitive problems that may co-exist with depression in an older adult

Application

An ability to adapt the core IPT strategies to the cognitive level of the client (e.g. through use of therapeutic memory aides such as written summaries of sessions)

An ability to liaise with other relevant professional networks to attend to the medical and/or cognitive problems that an older adult is more likely to present with (e.g. refer for cognitive screening)

An ability to monitor the therapists' own prejudices about what can be achieved with an older client

IPT for Depressed Adolescents (IPT-A)

This section describes the knowledge and skills required to carry out the application of IPT to different client groups/problems. It is not a 'stand-alone' description of technique, and should be read as part of the IPT competence framework.

Effective delivery of these applications depends on the integration of this competence list with the knowledge and skills set out in the other domains of the IPT competence framework.

Source: Mufson, A., Pollack Dorta, K, Moreau, D, Weissman, M. (2004)
Interpersonal psychotherapy for depressed Adolescents. New York: Guildford Press

Knowledge

An ability to draw on knowledge of the developmental tasks of adolescence and of the capacities of adolescents

An ability to draw on knowledge of the psychological and interpersonal difficulties experienced by adolescents with a diagnosis of depression:

an ability to draw on knowledge of the particular way depression can manifest in adolescents

An ability to draw on knowledge of how parental mental health problems may impact on the adolescent's depression:

knowledge of adult mental health problems and of services that can respond to these problems

An ability to draw on knowledge that IPT-A normally involves 12 sessions on a weekly basis:

knowledge that in the first four weeks the therapist also has in-between session telephone contact with the client to facilitate engagement

An ability to draw on knowledge that a primary focus is on problematic relationships within the family, and hence that family members are actively encouraged to become involved in the treatment:

knowledge that this involvement may take different forms (jointly with the adolescent, separately or both) depending on the specifics of the case

An ability to draw on knowledge that an additional, adolescent specific, focal area is that of *transitions due to family structural change* (e.g. through divorce or separation):

knowledge that this involves addressing two problem areas: role disputes as well as transitions, with a primary focus on the conflict that complicates the transition

An ability to draw on knowledge that the grief focal area is also used for normal bereavement in the presence of significant depression symptoms (i.e. not just for abnormal grief)

An ability to draw on knowledge that IPT-A has modified the goals and strategies of the core model to reflect the developmental tasks and capacities of an adolescent client:

knowledge that these adaptations include:

the use of simple rating scales to monitor mood

the use of the 'closeness circle' to visually map the network

use of the 'depression circle' to graphically illustrate the connection between relationships and feelings and to highlight repetitive patterns

'affect training' to support the development of awareness of what the adolescent feels and how this impacts on relationships

basic social skills work, including work on perspective taking

helping the adolescent to learn how to negotiate tensions with parents

assigning homework tasks

flexibility in the scheduling of sessions so as to maximize engagement

Application

Ability to adapt therapeutic style to meet the needs and capacities of an adolescent client

An ability to establish a collaborative, supportive stance that respects the adolescent's need to feel in control and independent whilst also recognizing their need for some direction and structure:

An ability to adapt the explanation of the treatment and its rationale, and of the expectations of the therapist and client, so as to ensure that the adolescent can understand them and consent to the therapy

An ability to facilitate engagement through:

adopting a more playful, humorous stance

implementing the structure of the therapy in a flexible manner (e.g. using phone sessions, flexible scheduling)

approaching cancellations or lateness to sessions in a flexible, non-judgmental manner, not interpreting this as a sign of resistance, but as potential signs of interpersonal or practical difficulties

An ability to empathically respond to pressure from the adolescent to turn the therapeutic relationship into a quasi-parental, or friendly, relationship and to clarify with them the limits of the therapeutic relationship:

an ability to monitor the need to intervene directly into the adolescent's life and their choices so as to minimise unhelpful dependence on the therapist

an ability to help the adolescent to develop their own coping resources and supports outside of the therapy

an ability to monitor the therapist's own emotional responses to ensure that the therapist maintains appropriate professional boundaries

An ability to assess and respond to risk

An ability to identify current stressors and/or more chronic stressors (e.g. parental mental health problems) that may place the adolescent at risk of harm to self and/or others

An ability to respond promptly to an assessment of risk to minimise potential harm:

an ability to initiate appropriate referrals to other services to support the

adolescent's family/carer(s) and/or for additional supports for the adolescent
An ability to identify when IPT is not indicated due to risk factors (e.g. suicide; co-morbid substance abuse)

Phase specific competences

Initial phase

Ability to engage the adolescent, their family and the wider network in the initial phase of IPT-A

An ability to engage both the adolescent and their family <i>prior to starting the initial assessment phase</i> through the provision of psycho-education about the treatment strategy, including a clear explanation of how and when the family will be included:
--

an ability to negotiate clear boundaries around the therapy with the adolescent and the limits to confidentiality

An ability to actively engage the adolescent in considering and negotiating the option of IPT-A through fostering a sense of working as a 'team'
--

An ability to engage the parent(s)/carer(s) <i>during the initial phase</i> to obtain their perspective on the adolescent's current difficulties and to support the therapy:
--

an ability to respond sensitively and flexibly to refusal or ambivalence to being involved in the therapy

an ability to identify the need for psychological and/or types of interventions to support the family/carer(s) in their role with the adolescent
--

An ability to engage other relevant networks (eg. the school) as appropriate in supporting the therapy
--

An ability to provide education about depression and appropriate reassurance at the end of the initial phase so as to mobilize confidence that the depression can be treated and to encourage a supportive response to the adolescent's current needs

Middle phase

Ability to involve the adolescent's family in the therapy, as appropriate

An ability to assess the appropriateness of joint family sessions with the adolescent:
--

an ability to openly negotiate with the adolescent what they feel comfortable discussing with the family/carer(s) so as to protect confidentiality
--

an ability to intervene in the joint sessions to facilitate constructive exchanges between the adolescent and their family and to help the family to manage the expression of strong emotions

An ability to maintain the focus on the agreed problem area when the sessions include other people besides the adolescent

Ability to identify homework tasks that will support the identified goals and generalization of the therapeutic gains

An ability to identify 'homework' tasks that are:
consonant with the identified goals of the focal area being worked on
appropriate to the adolescent's current emotional state and interpersonal skills so as to ensure they can manage the task and succeed
An ability to actively involve the adolescent in jointly identifying a relevant task
An ability to engage the adolescent in thinking about any obstacles or anxieties in relation to the identified task
An ability to enlist the parent(s)/care(s) as a 'coach' to support the acquisition of new skills, where appropriate
An ability to engage the adolescent in reviewing the experience and outcome of the set task in the following session

Ability to implement the strategies for a focus on 'transitions due to family structural change'

An ability to keep in mind the dual focus on role disputes <i>and</i> transitions and to implement the strategies pertinent to both
An ability to use psycho-education to help the adolescent and the adults in their life (i.e. parents and step-parents or other carers) to understand the link between depression and changes in family structure
Ability to help the adolescent to identify and explore how they have been affected by the changes in their family (e.g. the ways they may feel responsible for parental conflict):
Where there are multiple parental figures involved, an ability to:
help the adolescent to explore the respective expectations of the adolescent and of the adults
help the adolescent to explore and resolve their feelings about separations/losses and other changes to relationships resulting from the changed family circumstances
help the adolescent to develop communication and negotiation skills to support them in managing their changed circumstances
evaluate the adults' capacity to work together and facilitate, where appropriate, consensus over expectations of the adolescent

Ending phase

An ability to include the family/carer(s) in a joint session with the adolescent when terminating the therapy:

An ability to use this final session to:
review progress
emphasise the adolescent's accomplishments and help the family/carer(s) to express praise
discuss what has changed in the family's interaction
identify future problems/chronic stressors
An ability to identify when a joint session would be counterproductive if the family/carer(s) are unlikely to be supportive of the adolescent

