

Research Paper

Interpersonal psychotherapy (IPT)

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IPT is a World Health Organization-recommended treatment that has been translated into many languages and has undergone more than 100 clinical trials in a variety of disorders, ages, and cultures, including studies in the United States, Europe, Canada, the Middle East, and Africa. Studies have proven efficacy in Anxiety, Disordered Eating, Dysthymia, Substance abuse issues, Bipolar, Postpartum depression, Social phobia, and Posttraumatic stress. However, its efficacy for dysthymia, persistent depression, and substance-related addictive disorders is negative or ambiguous. Currently, IPT is used for adolescents, young children, depression, late life depression, eating disorders, bipolar disorder, perinatal depression, and PTSD. I would like to introduce depression with John Markowitz, which has been intensively studied.

History

IPT was influenced by Harry Stack Sullivan and Adolf Meyer, extending Sullivan's assertion that psychopathology arose in the context of conflict between the individual and major social units, Meyer's psychoanalytic focus on intrapsychic conflict and its emphasis on interpersonal relationships. between was derived. This draws on the work of attachment theorists such as Frieda Fromm-Reichmann, Jerome Frank, and John Bowlby, who in turn emphasized the social roots of depression. Interpersonal psychotherapy, one of the treatments to help resolve interpersonal crises, was named "high contact" therapy and was first proposed in 1969 by Gerald Klerman, Myrna Weissman and colleagues at Yale University as a maintenance treatment for depression, using antidepressants with or without psychotherapy. It was first developed as part of a study designed to test the efficacy of the first IPT trial published in 1974 and at a 1-year follow-up, IPT helped patients build social skills, but the drug did not. (ISIPT, 2023 International Society of Interpersonal Psychotherapy)

Medical Model

Diagnose a current episode of major depression according to DSM 5 criteria, and compare the depressive episode to other medical conditions to explain that the patient has an innate biological vulnerability to depression. For example, by explaining that it is no different than asthma, diabetes, or pneumonia, it is more important that developing depression is not someone's "fault" than developing depression.

Key IPT Strategies

It is a time-limited treatment of 12-16 sessions per week, 45-50 minutes. Sessions can be tailored to the patient, but it is important to start by defining your sessions from the beginning. An Interpersonal Inventory is conducted to review the quality of important people and relationships in the patient's life. Interpersonal communication styles and relationship difficulties that may be a cause or consequence of a depressive episode, the nature of confident relationships, sources of social support, romantic attachments, and other difficulties, and use this information to select a treatment topic.

Interpersonal Problem Areas select one of the four problem areas as the focus of treatment as shown below.

- Grief or Complicated Bereavement
- Role Dispute
- Role Transition
- Interpersonal Deficits

IPT has 3 Phases such as beginning, Middle and End. The Initial Phase can Obtain a psychiatric history & Interpersonal Inventory. Middle Phase is Focused resolving during the

interpersonal problem area with improve mood symptoms. The Final Phases Focuses on termination as “Good Goodbye”

Communication Analysis is The therapist requests a "movie screenplay" of a conversation between the patient and a significant person, complete with the scene, dialogue, nonverbal cues, and emotional experience that goes along with it. The patient is asked by the therapist what she believes was really communicated as well as what was meant to be. The patient's communication skills may then be improved by the therapist through coaching or role playing.

Also , Exploration of Options and Decision Analysis : It is important to ask what the patient wants in any given situation. Depression patients typically overlook their own needs and aspirations because they lack energy, drive, or interest, or believe doing so is “selfish.” Hence, when a client has a social difficulty, the therapist will ask the client how she would want to handle it. Patients with depression may first struggle to come up with ideas. Hence, therapists may have to be rather active at first, helping patients build a list of viable answers. Following the generation of possibilities, the patient and therapist review the alternatives to determine their viability.

Adaptations of IPT for Depression

First, IPT can divide depression into three types, which are divided into symptoms, social interpersonal relationships, and personality.

1. Symptoms : The emotional, cognitive, and physical signs include suicidal thoughts and behaviors, as well as low moods, anxiety, trouble focusing, impulsivity, a gloomy attitude, guilt, problems with sleeping and eating.

2. Social and Interpersonal Life: intimate connections and connections.

3. Personality: Recurring patterns of behavior for managing anger, self-worth, assertiveness, etc.

The important point here is to point out that IPT does not treat personality, and many behaviors that seem to last may reflect depression itself.

Second, you can ask questions according to the elements of IPT.

1. Medical Model: You are a person with an illness, distress, symptoms, etc. It's not your fault.

2. Sick Role : Take care of yourself. Who can help you?

3. Interpersonal Inventory: Who is in your life now?

- Link symptoms to onset of problems. (Grief, Disputes, Transitions, Loneliness)
- Target symptom reduction and improved social functioning, not personality
- Set time limits
- Focus on current life and not the past

Interpersonal VS. Cognitive-Behavioral

In contrast to CBT, IPT does not aim to systematically uncover distorted thinking and produce more reasonable thought patterns. Instead, it focuses on the patient's erroneous thinking about themselves and others, difficult interpersonal situations, and how they feel and act in such

settings. Instead of concentrating on and assessing cognitions, give homework or require recommended practices between sessions. IPT focuses on validating feelings in the context of social settings and assisting the patient in comprehending and utilizing those sentiments to alter social interactions. There is no clear agenda established or assignment given, unlike CBT. In contrast to the accompanying depressed cognitions, which are recognized as depressive symptoms, the IPT purpose is to modify the connection pattern.

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