Interpersonal Psychotherapy by Dr. John Markowitz

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According to Weissman et al. (2018), the central concept of Interpersonal Psychotherapy is to treat depression as an illness. The patient has a “sick role’, in which they cannot be blamed for being unable to do things because they were feeling depressed; it’s not their fault. They were ill. However, they have the responsibility to contribute to getting better. Despite the common elements across psychotherapies, such as establishing confidentiality, engaging the patient, warmth, empathy, nonjudgmental listening, trust, and encouragement of affect, the IPT has specific elements, including using the medical model (define onset symptoms and diagnosis), obtain an interpersonal inventory; the treatment is limited and specified, the interpersonal problem area is presented early in the treatment to the psychiatric diagnosis. Also, IPT diagnosis may be analyzed as the need for medication treatment combined with psychotherapy.

The IPT therapists see depression compost into three parts: symptoms (emotional, cognitive, and physical) including depression and anxious mood, difficulty concentrating, indecisiveness, pessimistic outlook, guilt, sleeping and eating disturbances, loss of interest and pleasure in life, fatigue, and suicidality. Also, its focuses on “here and now” problems in which the therapist acknowledges the interpersonal context that causes depressive symptoms to arise.

The Interpersonal Psychotherapy treatment has three phases which last a few sessions with specific tasks such as the beginning, middle, and end. Initially, the therapist's role involves being active and the patient’s advocate and the therapeutic relationship isn’t seen as transference and not a friendship. In the initial sessions, depression is diagnosed, followed by the criteria of symptoms of DSM-5, and define the interpersonal context related by four contexts:

grief/complicated bereavement, role disputes, role transitions, or interpersonal deficits. Also, a treatment is developed, and initial symptom relief is provided.

The goals of the middle sessions will be defined depending on the interpersonal context. For instance, the interpersonal deficits, the treatment plans' goals are to reduce the patient's social isolation and encourage the patient to form new relationships. The strategies are to review depressive symptoms or syndromes related to problems of social isolation or unfulfillment, examine past relationships (negative and positive aspects), and point out repetitive relationship patterns. Also, analyzes positive and negative feelings toward the therapist.

At the termination phase, the therapist discusses and acknowledges that termination is a time of healthy sadness - accepting transition, pointing out the patient's independent competence, coping with nonresponses such as minimizing the patient's self-blame by blaming the treatment and emphasizing alternative treatment options. Last, emphasize the need for continuation and maintenance treatment.

References

Weissman, M. M., Markowitz, J. C., & Klerman, G. L. (2018). *The Guide to Interpersonal Psychotherapy - Updated and Expanded Edition*. Oxford University Press.