

INTERPERSONAL PSYCHOTHERAPY

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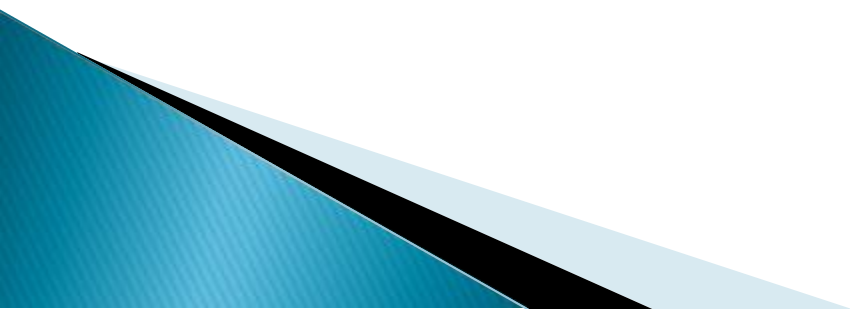
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Interpersonal psychotherapy

Interpersonal psychotherapy is a time limited, dynamically informed psychotherapy that aims to alleviate patients suffering and improve their interpersonal functioning. IPT focuses specifically on interpersonal relationship to bring about change, by helping patients to either modify their interpersonal relationships or change their expectations about them. IPT also assists patients in improving their social support network so that they can better manage their current interpersonal distress.

characteristics

Interpersonal therapy is characterized by three primary elements:

- ▶ 1) IPT focuses specially on **interpersonal relationships** as a point of intervention.
 - ▶ 2) IPT is **time limited** when used as an acute treatment.
 - ▶ 3) The intervention used in IPT do not directly address the **transference** relationship as it develops in therapy.
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Interpersonal relationships

IPT is based on the premise that interpersonal distress is intimately connected with psychological symptoms. Thus, the focus treatment are twofold. One focus is the difficulties and changes in relationships that patient are experiencing, with the aim of helping patients either to improve communication within those relationships or to change their expectations about those relationships. The second focus is helping patients to built or better able to muster interpersonal support needed to help them deal with the crises that precipitated their distress.

For example :- this approach is extremely well suited for the treatment of women who may be experiencing an episode of postpartum depression. Many perinatal women state that their distress is linked to difficulties in their relationships with their partners or in making the transition from working women to mother. A therapist using IPT would help the patient to resolve conflicts with her partner over issues such as division of child care labor and also would assist the women to garner more support from her social network. Resolution of the particular interpersonal conflicts, along with improved interpersonal support while the role transition is being negotiated, would then lead to symptomatic improvement.

IPT therefore stands in contrast to treatment such as cognitive therapy and psychoanalytically oriented therapy. In contrast to cognitive therapy, in which the focus of treatment is the patient's internally based cognition. IPT focuses on the patient's interpersonal communications with others in his/ her social sphere. In contrast to analytically oriented treatment in which the focus of treatment is on understanding the contribution of early life experiences, although clearly influencing current functioning are not a major focus of intervention. This latter point leads to corollary of the IPT approach by virtue of its time limit and its focus on here and now interpersonal functioning. IPT seeks to resolve psychiatric symptoms rather than to change underlying dynamic structure. Although ego strength, defense mechanism and personality characteristic are all important in assessing suitability for treatment, change in these construct is not presumed to occur in IPT. The questions that drive the therapist intervention is "given this particular patient's personality style, ego strength, defense mechanism and early life experiences and how can he/she be helped to improve here and now interpersonal relationships and build a more effective social support system".

Time Limit

The second characteristic of IPT is that it is time limited in the acute phase of treatment. In general, for the acute phase of depression and other major psychiatric illness, a course of 12–20 sessions tapered over time is effective. Such that weekly sessions may be used for 6–10 weeks, followed by a gradual increase in the time between sessions as the patient improves.

A contract should be established with the patient to end acute treatment after a specified number of sessions. Having a definitive end point often pushes patient to make changes in their relationships more quickly and also influences both patient and therapist to maintain their focus primarily on here and now interpersonal problems rather than working on issues from the patient's past. Finally the time frame is helpful in preventing the therapy from moving from a symptom focused treatment to one that is based on the development of the transference relationship.

Transference

Transference is an extremely important part of IPT but is not addressed directly in therapy. To do so detracts from the focus on symptoms reduction and rapid improvement in interpersonal functioning, the basis of IPT, and typically lengthens the course of treatment. The goal in IPT is literally to work with the patient quickly to solve his or her interpersonal problems before problematic transference develops and becomes an additional focus of treatment.