IPT-Acute Crisis: Bringing the Edinburgh Model to Belfast

Philip McGarry DL FRCPsych Trainer in Interpersonal Psychotherapy

Conflicts of Interest

The Belfast Trust has asked me to provide training and supervision in IPT-AC



Bringing IPT-AC to Belfast

1) Self-harm; a major challenge

2) A little about IPT

3) Some more about IPT-AC

4) The next steps

Self-Harm in Northern Ireland

25,620 cases in ED's 2012 – 2015 Public Health Agency

50,000 + cases in ED's 2013-2018

Fol from the five Trusts

Audit in Belfast October 2019

37 self-harm cases over two weeks

59% female

40% 31-40 years old

59% overdose

62% alcohol/drugs at time of self-harm

Interventions Post Self-Harm

Cochrane Review and meta-analysis concluded that CBT based therapy, comprising CB and problem solving therapy reduced repetition of self-harm at six and twelve months. Improvements in depressive symptoms. Maximum ten sessions, typically three to five.

DBT reduces frequency of self harm in BPD patients

Hawton 2016



PROFESSOR MYRNA WEISSMAN

COLUMBIA UNIVERSITY NEW YORK

Interpersonal Psychotherapy (IPT)

IPT was developed in the late 1960's by Klerman and Weismann as a placebo arm for drug trials. However it was found to work! It has been extensively researched over four decades and is in Guidelines globally for the treatment of depression (including NICE since 2004)

AJP June 2011 (Cuipers) Meta – analysis of IPT

Good efficacy in controlled trials (NNT 2.91) As effective as other psychotherapies

"There is no doubt IPT efficaciously treats depression, both as an independent treatment and in combination with pharmacotherapy. IPT deserves its place in treatment guidelines as one of the most empirically validated treatments for depression"

"The basic aim is to help the patient to learn to track the links between their symptoms of depression and what is happening in their relationships with other people, whether distant or close, fleeting or permanent. By tackling problems in relationships, the depression eases and relationships with other people improve".

Roslyn Law Defeating Depression 2013

TRAJECTORY

PROCESS

Initial sessions 1-4

Middle sessions 5-12

Grief Interpersonal Disputes Role Transitions Interpersonal Sensitivity/Deficits

Conclusion of acute treatment 13-16

Maintenance

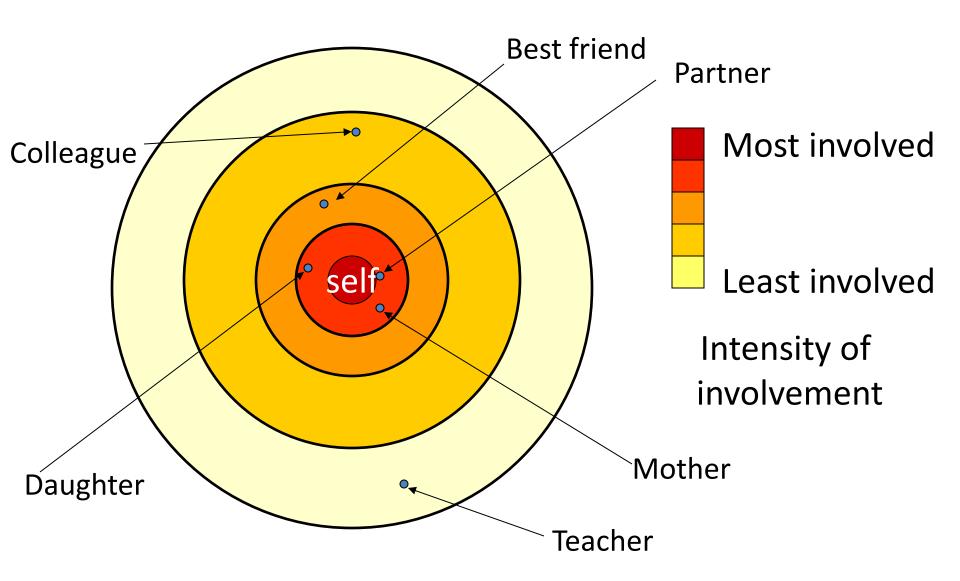
Diagnosis Interpersonal Inventory Interpersonal formulation Contract

Monitoring symptoms Interpersonal work Specific Techniques

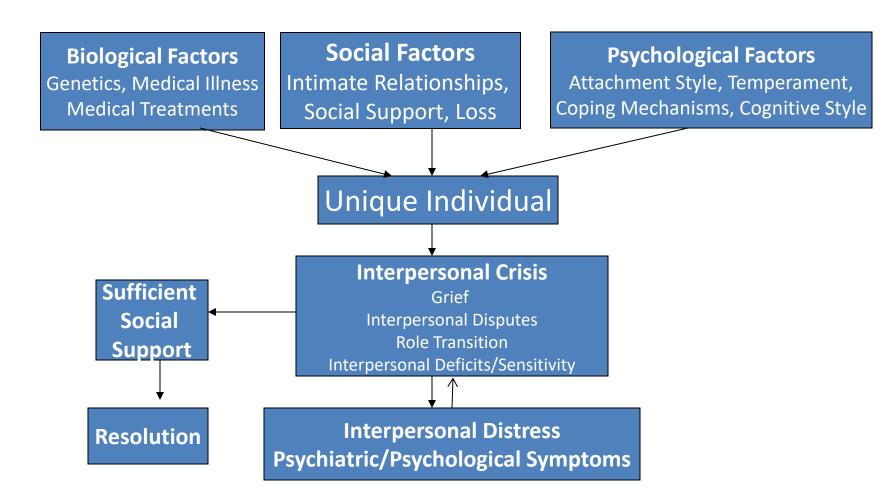
Separation responses Review of progress Contingency planning

Maintenance contract Prevention of relapse

Interpersonal Inventory



Framework for IPT formulation



Interpersonal Role Transition

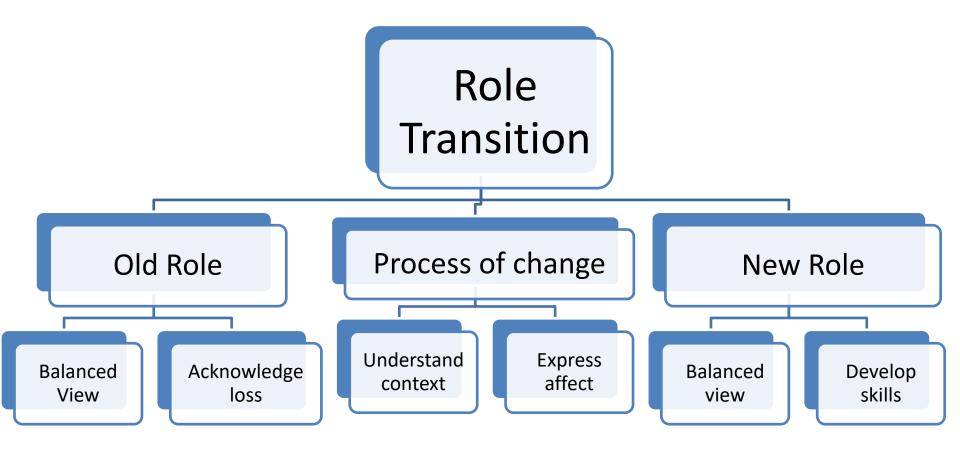
Depression occurs when a person has difficulty coping with life changes that require role change.

Individuals who are depressed are more likely to experience the role change as a *loss*.

Indicators of Role Transitions

- Age: life stage, illness related
- Gender: life stage, family role
- Relationship: change of status
- Employment: change of context, role
- Ethnicity: migration, discrimination
- Illness

Interpersonal Role Transition

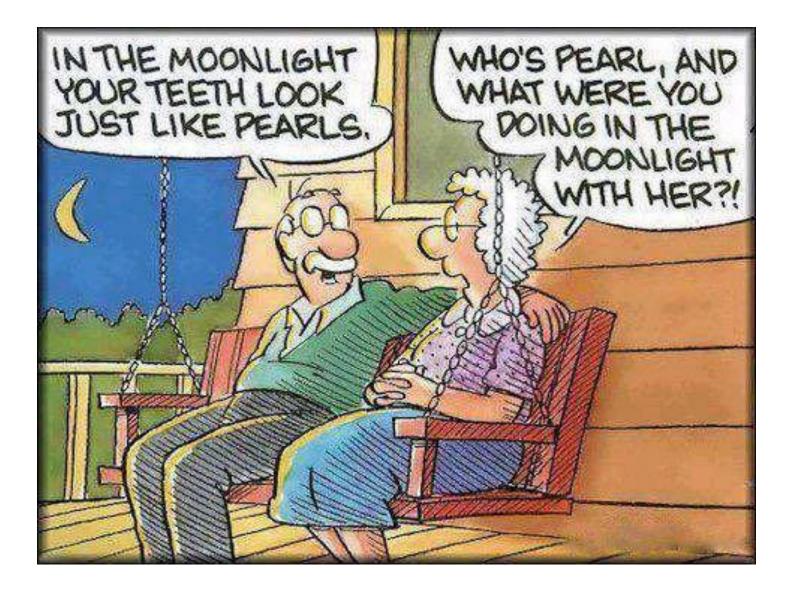


The Pope has finally lifted the ban on Condoms.... but more training is needed.

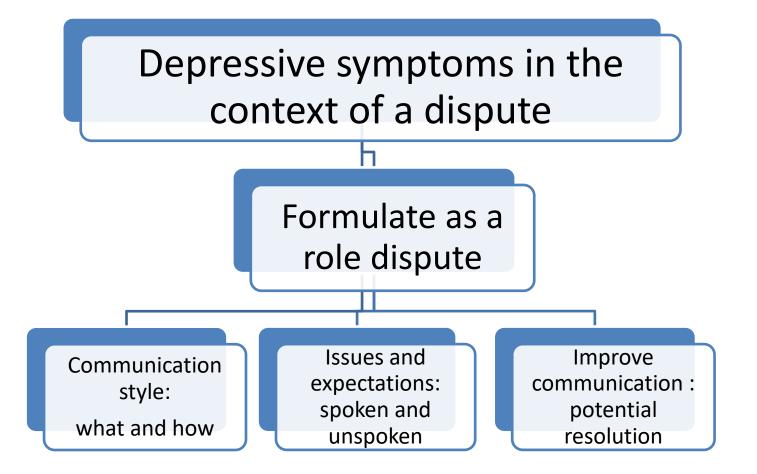


INTERPERSONAL ROLE DISPUTES

- Evidence of **current** overt and covert conflicts with a significant other. It is essential that there is current contact for disputes to be a useful focus.
- Listen as much to what is omitted as for what is said when eliciting the interpersonal inventory e.g. not mentioning partner.
- Insufficient or over-idealised descriptions of current or recent relationships that seem to be important may be clues to difficulties that the patient struggles to recognise or explore.



Interpersonal Role Dispute



The Key IPT Questions

"How well do you feel you were understood?"

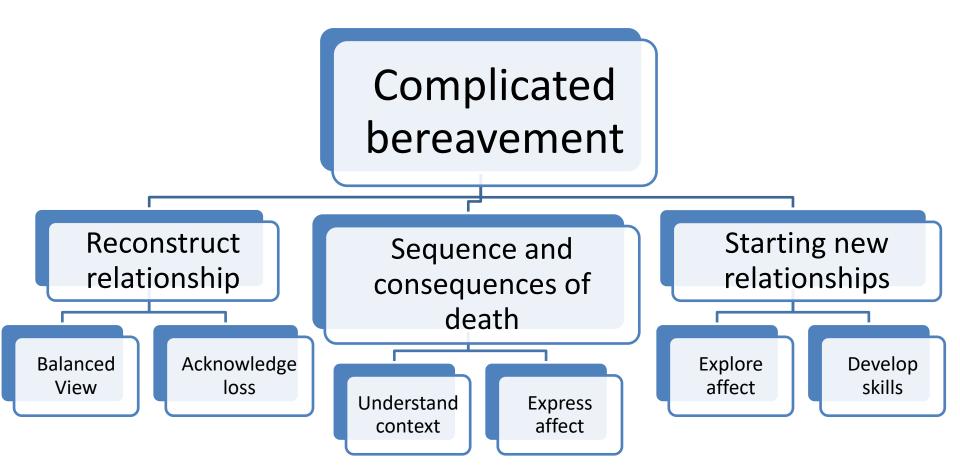
"How well do you feel you understood the other person?"

Scott Stuart 2009

Grief: goals

- 1. To facilitate the mourning process
- 2. Help the patient re-establish interest and relationships which can substitute for what has been lost.

Complicated bereavement



Goals of IPT-AC

- 1. Reduce symptoms of distress
- 2. Improve the quality of the person's social and interpersonal functioning

Rationale for an adaptation of IPT to IPT for acute crisis

Characteristics of IPT-AC

- Focuses on the "here and now"
- Active therapist
- Facilitates possible therapeutic alliance, it doesn't interpret it
- Links mood, distress and other symptoms to life events and relationships
- Concentrates on an affectively meaningful problem area

Format of IPT-AC

- Four sessions
- Sixty minutes, including questionnaires
- Once or twice a week
- Tight, explicit contract

Time Frame in IPT-AC

This places a structure and a pressure on the treatment

Patient and therapist should be aware of where they are up to regarding their progress through the specified number of sessions (1-4)

Encouragement of Affect

To help the patient stay with, validate and explore what they are currently feeling in order to:

- Recognise and accept their feelings
- Use affective experiences to guide interpersonal understanding and changes
- Differentiate feelings in action

Communication Analysis

- Involves engaging the patient in reporting and reflecting on a recent, difficult exchange/conflict with a significant other; as much detail as possible
- Requires a detailed reconstruction of the interpersonal exchange including accompanying feelings
- Understanding of the implicit and explicit intentions of both parties

Role Play

Role play is a useful technique to help the patient:

- Explore their feelings and interactions
- Try out new ways of communicating

Modelling: in IPT the therapist should aim to model clear and direct communication in the session

Pilot Study of IPT-AC in Edinburgh

- 74 patients completed four sessions
- PHQ-9 and CORE at each session
- 53 females and 21 males
- Overdose 85%
- Relationship difficulties precipitant in 67%

Evidence from Royal Infirmary Pilot so far

- Four sessions of IPT-AC is associated with a significant reduction in depressive symptoms and core distress when pre and post treatment scores compared (Core-10 and PHQ-9, p=<0.001)
- Role transition is the most commonly reported focus area (46.6%)

Plan for Belfast

- 2 day training for ED liaison nurses in January/February 2020
- Weekly group supervision
- PHQ-9 and CORE for each session
- Link in with Edinburgh for continuing support and data pooling (an RCT is planned)