

Developing Interpersonal Psychotherapy (IPT) in Gloucestershire

Introduction

This paper describes IPT; its evidence base and uses. It also explains how IPT has been developed in Gloucestershire so far and sets out a vision for the future.

What is IPT?

IPT is a short to medium term, manualised psychological therapy that was originally devised for the treatment of depression within randomised controlled trials of anti-depressants versus psychotherapy¹. It focuses on changing *current* interpersonal relationship problems. The therapy consists of 3 phases conducted weekly over 12-16 sessions.

Phase 1

Phase 1 is essentially a period of assessment and formulation, but IPT for depression permits education of the patient regarding depression and its effects, as well as initial advice about management of symptoms and anti-depressant medication. The patient is orientated to the treatment, given the “sick role” and then a thorough inventory of their relationships is undertaken. Interpersonal problems are related to periods of depression and the therapist negotiates that a small number of difficulties become the focus of the remaining therapy.

IPT conceptualises interpersonal problems in one of four ways:

Grief – unresolved grief following the loss of an important person.

Interpersonal Disputes – conflicts between individuals regarding differing expectations, either overt or covert.

Role Transition – difficulties experienced adapting to changes in role throughout the stages of life. This could include divorce, change of job, home etc.

Social Deficit – the absence of any socially supportive relationships.

Phase 2

During phase 1, the therapist asks a series of questions to elicit information. In phase 2, the emphasis is on the patient to take the lead discussing the agreed problem areas. The therapist is active in encouraging the patient to explore issues in detail and to consider alternative ways to bring about change. The therapist style is non-directive, but actively maintains the focus on the agreed topics.

Phase 3

Consists of the final 3 sessions, which are spaced at fortnightly intervals. Progress is reviewed, and relapse prevention discussed.

Has IPT been adapted for other conditions?

IPT has been adapted for several other conditions including bulimia nervosa, binge eating disorder, anorexia nervosa, social phobia, anxiety disorders, borderline personality disorder and substance abuse^{2, 3}. Although IPT was originally intended for the treatment of acute depression, it has also been developed with specific populations i.e. depressed adolescents, depressed older people, bi-polar disorder and as a maintenance treatment for people with chronic relapsing depression^{2, 3}.

What evidence is there for its effectiveness?

Depression – IPT has been shown to be an effective treatment for major depressive disorder, equalling the effects of CBT⁴.

Bulimia nervosa – IPT is an effective treatment for bulimia nervosa. It acts less rapidly than CBT, but achieves similar effects at one-year outcome⁵.

Binge eating disorder – IPT achieves similar results to CBT⁵.

Why is IPT relevant to Gloucestershire mental health services?

A report on psychological services within the NHS supported the use of IPT for depression and bulimia nervosa⁶. NICE are currently looking at eating disorders and will be considering depression later this year^{7, 8}. Given the evidence base for IPT for these two disorders, it is highly likely that NICE will recommend that IPT should be available within mental health services.

What would be the advantages of supporting the development of IPT?

IPT is an effective therapy for interpersonal problems and as such has the capacity to be used for a range of psychiatric disorders. Unlike CBT, the adaptations are minor and once trained, therapists could treat a range of disorders without needing further training.

IPT has been successfully used with adolescent, working age adult and elderly populations. It offers the opportunity to clinicians from these care groups to share clinical supervision utilising the same therapeutic model.

The training is relatively short as the skills base required to practise IPT incorporates usual good clinical practice. The discipline involved in learning to follow a manualised approach can have positive beneficial effects on clinicians' wider practise.

IPT has already been proposed as a sensible choice for psychotherapy training for trainee psychiatrists⁹.

What impact would there be on current service delivery?

Patients who require some form of psychological therapy as well as medication and review are already being treated using other eclectic therapeutic approaches or therapies with little or no evidence base (excluding CBT). IPT is flexible enough to be practised by both psychological therapy teams and CMHTs. The number of sessions can be tailored to the needs of the patient, as there is no set programme to deliver once phase 2 has begun.

Clinicians would need time to attend the initial training and supervision course and would then need to be able to attend regular group supervision in Gloucestershire for a couple of hours each month.

What IPT training and therapy is already available in Gloucestershire?

Professor Christopher Fairburn (University of Oxford) has provided a 2-day IPT introductory course in Gloucestershire on 3 occasions. 2 cohorts of staff have subsequently attended the group supervision in Oxford. The supervision consists of 6 half days during which attendees share case discussions, with Professor Fairburn providing clinical supervision regarding adherence to the model. Each attendee also submits 3 audiotapes of clinical sessions to Professor Fairburn, who listens to them and provides written feedback. Successful completion of the supervision course leads to the provision of a certificate of competence from Professor Fairburn.

This training meets the requirement of IPT UK for the first level of IPT training.

An IPT supervision group has met monthly for over one year in Gloucester. Members consist of clinicians that have completed the supervision in Oxford. This group also meets with Professor Fairburn quarterly for supervision and development purposes.

How could IPT be developed further?

It would make sense to continue to train at least one cohort of six staff per year, to ensure that the number of staff fully trained continues to slowly grow (bearing in mind there will be some wastage of staff over time). This would require an adequate number of staff to have undertaken the 2-day introduction course and funding for the supervision course. The Regional Workforce Development Confederation has provided funding on two previous occasions.

A provisional aim would be that IPT could become available within each care group, followed by each PCT area and finally each local mental health team. This programme of development would take some years to achieve.

Within the next 2-3 years, it would be likely that local clinicians would have sufficient clinical expertise and experience of supervision within the model to provide training locally "in-house", and even offer training to other areas to generate income and develop the Trust as a centre of excellence in IPT. Professor Fairburn has already encouraged the current IPT group members to consider taking this on.

This option would require support for a few key individuals to continue to develop skills via supervisor training courses and attendance at IPT conferences.

How much would it cost?

2003 prices:

2-Day introduction course:

£2000 plus cost of refreshments. Previous courses have had about 60 attendees and have generated income by selling places to other areas.

Supervision course in Oxford:

£7500 plus cost of travel for 6 attendees.

Occasional supervision with Professor Fairburn

£500 per half day session.

Conclusion

IPT is an adaptable, easily learned evidence based treatment for depression and bulimia nervosa. It is currently being tested for several other disorders. Local development of IPT offers the opportunity to enhance the quality of service delivery and invest relatively cheaply in multi-disciplinary staff training.

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Further reading, downloaded from

<http://www.interpersonalpsychotherapy.org.uk/books.php>

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