

# Interpersonal Psychotherapy Acute Crisis in the context of Covid 19

## IPT-AC-CV19



### A Practitioner's Manual

This especially adapted version of IPT for acute crisis (IPT-AC-CV19) in the context of Covid 19 has been directly derived from: Weissman, M. M., Markowitz, J. C., and Klerman, G. L (2000). *Comprehensive Guide to Interpersonal Psychotherapy*. New York: Basic Books.

# Interpersonal Psychotherapy Acute Crisis in the context of Covid 19

## IPT-AC-CV19

An adaptation of Interpersonal Psychotherapy for individuals in acute crisis (IPT-AC) with suicidality and self-harm.

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# Introduction

This manual describes how Klerman, Weissman, Rousaville and Chevron's (1984) and Weissman, Markowitz and Klerman (2007) original models of *Interpersonal Psychotherapy (IPT)* and *Interpersonal Counselling (IPC)* have been adapted for working with individuals in crisis who present to Edinburgh's Department of Psychological Medicine with suicidality and self-harm.

We have adapted it further in light of the world pandemic, Covid 19 and made it as relevant as possible for those who are presenting in acute crisis to our crisis services. The crisis is considered within the context of social restrictions however the actual model of IPT-AC remains unchanged. We consider that disputes, transitions and grief are all important and relevant focus areas to consider. The consideration will be how the focus areas are manifested within the context of social restrictions, isolation and a world pandemic. A key consideration is in the use of technology to mobilise social support networks.

This brief and focused intervention has been developed as a response to the world pandemic, in order to offer those presenting to the Emergency Department a short and intensive course of *Interpersonal Psychotherapy (IPT)*. This adaptation of the model describes a treatment approach based on four sessions of therapy.

Treatment is offered to individuals as soon as possible following presentation to the ED/crisis service. Treatment goals are primarily the reduction of symptoms of acute distress and the improvement of the client's interpersonal functioning.

# Outline of Sessions

## **Session 1 – Initiating IPT-AC-CV19**

- Questionnaires
- Discussion of the distress and comprehensive risk assessment
- Story of the self-harm/distress episode
- Relate distress to interpersonal context following the distress
- Interpersonal Inventory and/or Role Relationships Grid with a particular focus on electronic/remote relationships
- Formulate (make sense of) major problem using the focus area as a guide.
  - Grief (acute)
  - Interpersonal role disputes
  - Interpersonal role transitions
- Identify main goal plus one or two sub goals
- Explain the IPT-AC-CV19 concepts and contract.

## **Session 2 – The problem (focus) area**

- Questionnaires
- Review symptoms interpersonally and continued risk assessment
- Assess progress with goals
- Application and discussion of techniques and strategies in line with the focus area
- Homework tasks to work on goals
- Help to identify how goals can be maintained after therapy
- Flag up ending.

## Outline of Sessions continued

### **Session 3 – The problem (focus) area**

- Questionnaires
- Review symptoms interpersonally and continued risk assessment
- Assess progress with goals
- Application and discussion of techniques and strategies in line with the focus area
- Homework tasks to work on goals
- Help to identify how goals can be maintained after therapy
- Flag up ending.

### **Session 4 – Termination of treatment**

- Acknowledge ending
- Review symptoms interpersonally and continued risk assessment
- Re-drawing Interpersonal Inventory and/or Role Relationships Grid
- Review course of treatment and progress with individual
- Prepare for independent progress with outstanding goals. Identify who might help
- Assess early warning signs and discussion of relapse prevention
- Management plan
- Questionnaires.

# Session 1 – Initiating IPT AC

## 1. Questionnaires

Before the patient is seen, symptom identification is accomplished by asking the patient to complete the self administered, evidence-based symptom scales PHQ-9, CORE- OM 10, WHOQOL-BREF.

## 2. Discussion of the distress and comprehensive risk assessment

Review any presenting symptoms using the completed questionnaires as a guide. An array of symptoms may be present so we recommend that you focus on negative ones such as anhedonia, avoidance and social withdrawal.

Openly explain and discuss acute distress and its treatment. Query a diagnosis of depression using the DSM-5 criteria. The acute crisis is labelled and the sick role is given to the patient with a positive emphasis on recovery.

The risk assessment for harm to self and others should be conducted. Key factual information should be volunteered by the client during the first session however if it is not, the risk assessment should include the following:

- Presenting suicidal behaviour and self-harm
- Recent suicidal ideation and behaviour
- Past suicidal ideation and behaviour
- Presence of psychiatric illness
- Current social support and living circumstances
- Current medication
- Substance misuse
- Threats or thoughts of harming others.

## 3. Story of the self-harm episode

The individual should provide a detailed account of the episode of self-harm and the circumstances leading up to it with a focus on feelings, moods and relationships experienced at the time.

## 4. Relate distress to interpersonal context

Find out what was going on in the patient's life at the time the symptoms last began (i.e. current episode), what may have been the triggers of the symptoms, what seems to maintain them and who the important people in the patient's life are and how are they connecting to them in the context of Covid 19?

*"When did the symptoms first begin?"*

*"Is this the first time in your life that you have felt in crisis?"*

*"If not, how many times have there been altogether?"*

*"Think about what was going on in your life when you started to feel like this. What else has happened since then that keeps you feeling this way?"*

### Questions to find the problem(s) triggering the current symptoms:

#### Grief (acute)

- Has someone who was important to you died? If yes, when did this happen?
- Have you been able to talk about the dead person(s) with anyone?
- Has this loss changed your other relationships? How?
- Do you have trouble sleeping?
- Have you been able to do your normal work since your loved one died?
- Do you cry often?
- Did you feel guilty about the death?
- Did you go to the funeral?
- Are you afraid of having the same illness as the person who died?  
Do you have adequate information about Covid 19?
- What did you do with the dead person's possessions?
- Were there people you could count on to help you when the person died?

#### Interpersonal role dispute

- Are you and someone else having a disagreement? If yes, tell me about it.
- Are you trying to make something different in this relationship?
- Are you and the other person still talking or have you given up talking?
- Is the disagreement between you and the other person so serious that you feel it can't be solved?
- Have you tried to get someone to help you solve this problem?
- Are you thinking about ending the relationship?
- What do you see as your problem with X?
- What do you want in the relationship?
- What does X want?
- How have you disappointed each other?
- What have you done to try to solve this disagreement?
- What are your remaining options? What can you do to make things better?
- Are there alternatives for you?
- Are there alternatives for X?
- Have you considered these options or discussed them with X? If so, how have these discussions gone?
- How would these changes make you and X feel?
- How do you usually resolve your differences?
- What resources do you have to bring about the change?
- Have you told the person directly how you feel?

**Interpersonal role transition all specifically within the context of social isolation during the pandemic or in the aftermath.**

- Has anyone moved in or out of your home? If yes, tell me about it.
- Have you moved?
- Has a friend/relative moved away recently?
- Was there a change in your relationship with your husband? Children? Relatives? Friends?
- Did you get a new job?
- Did you lose your job?
- Have you become ill?
- Are you having problems with the authorities?
- Have you had any other change that I haven't asked you about?

## 5. Interpersonal Inventory

Relate the patient's distress to their interpersonal context through a review of current and past interpersonal relationships as they relate to their distress symptoms using the *Interpersonal Inventory* and/or *Role Relationship Grid*.

### Find out about current supports:

- Who are the important people in your life?
- Let me write their names down. I would like to find out more about each one of them and how they make you feel.
- Has this person been able to help you or have they made the problem worse.
- Shall we start with....X?"

## 6. Make sense of the presenting problem

Linking distress to events using the focus areas as a guide, identify the most significant focus area.

Problem Area	Life Situation
<b>Grief (acute)</b>	Grief following the death of a significant other or a close relative in the context of Covid 19.
<b>Role dispute</b>	Struggle, disagreement with spouse, child, other family member, friend or co-worker
<b>Role transition</b>	Any significant life change all within the context of Covid 19: ending a relationship, leaving home, leaving one's family, separation, divorce, a move, a new home, retirement, medical illness, a change at work, a new job, losing job, loss of home.

The following are simply ideas of how you might proceed to introduce the next phase of the treatment and then make sense of the presenting problem around one of the three focus areas.

Feel free to use your own judgement and expertise to adapt this to suit your own clinical style.

### EXAMPLE OF GENERAL SUMMARY OF IPT APPROACH

*"Problems in relating to others may bring on symptoms of distress in some people whilst for others the distress may prevent them from dealing with others as successfully as they usually do. In this treatment we will try to discover what you want and need from others and help you learn how to get it. We aim to focus on what is most important for you right now and to help you to learn how to deal your problems more effectively. We will focus on how the pandemic has affected you and how you have responded to it at whatever stage we are at."*

*"It seems to me that your distress began or was made worse by... [insert your formulation here around one of the three focus areas GRIEF, DISPUTES, TRANSITIONS] and this all occurred within the context of Covid 19."*

#### Introducing the **Grief Focus by the loss of [X]**.

*"A loss like this can markedly change the way you view yourself, your life, your future and your relationships and that for some people this change is very long lasting."*

**State any clear goal you can identify at this early stage and check it makes sense to the patient.**

#### Introducing **Role Disputes focus**

*"The dispute you had/have with... [significant other]. You have told me about... This dispute seems to be a key factor in what lead to your distress and a problem like this can markedly change how you feel and change the way you view yourself, your life, your future and your relationships in general."*

**State any clear goal you can identify at this early stage and check it makes sense to the patient.**

#### Introducing **Role Transitions focus**

*"The [insert here a description of the Transition event, which will be in the context of Covid 19, such as the transition from before Covid 19 to now... define it as a transition or change that has involved loss try to explain what has been lost]. A change like this can markedly change the way you feel and change the way you view yourself, your life, your future and your relationships in general."*

**State any clear goal you can identify at this early stage and check it makes sense to the patient.**

**Explain how you understand the link between the event (s) Covid 19 and the distress.**

*"In IPT-AC-CV19 we are going to work hard to help you to feel better as quickly as possible by focusing on what is most likely to help you right now. Therefore it is very important that we spell out exactly what we are going to try to do in our sessions."*

*"If we are agreed I'd like to tell you how we will proceed. Your task will be to talk about things that concern you, particularly things that affect you emotionally when you come to each session. We will be discussing your life, as it is right now, reviewing your relationships with important people in your life. It is important that you try to tell me about how you have been feeling and how things that happen day to day have affected you."*

**7. Explain the IPT-AC-CV19 concepts and contract**

- Make sure patient has accepted and understood formulation, agreed focus and any goals
- Confirm procedures of IPT-AC-CV19. Emphasise 4 sessions only and not extendable
- Focus on "*here and now*"
- Need for individual to talk openly and honestly about what is troubling them and work towards trying to change
- Discussion of practical aspects of treatment
- Length: 60 minute sessions (+5 minutes to complete questionnaires)
- Frequency of sessions: once or twice a week
- Agree all dates for all 4 appointments if possible
- Explain policy for missed appointments including therapist cancellations
- Explain how to contact therapist
- Establish how patient can be contacted
- Complete contract and both therapist and patient sign it
- Plan for what will happen if the patient is in acute crisis.

# Sessions 2 and 3 – The Problem (focus area)

## 1. Questionnaires

Before the patient is seen, ask to complete the PHQ-9 / CORE-10.

## 2. Review symptoms interpersonally and continued risk assessment

Review any continuing symptoms interpersonally e.g. how have the symptoms influenced current relationships? e.g. *"How have you been feeling since we last met? How have things been going?"*

Carry out a [abbreviated] risk assessment as per session one and ask the suicide question: *"Since we last met, have you had thoughts that you would be better off dead or thoughts of hurting yourself in some way?"*

## 3. The Focus Area- Stay focused on the agreed problem (focus area, confirm and assess working on agreed goals.

Ask the patient how things are regarding the focus area and what has been happening and how they have felt since last session. Try to link events, particularly interpersonal events, to emotions or any symptoms of distress they describe.

- Accept negative affect
- Empathise
- Note and encourage any positives in the narrative.
- Ensure you have understood what is being communicated.
- Model clear direct communication.
- Normalise reaction where appropriate.
- Encourage
- Support
- Instil hope
- Who can help? Use the interpersonal Inventory as your guide here.
- Stay focused but be prepared to review goals and ensure patient collaborating with the process, if not reflect and review.

## Grief within the context of Covid 19

When the interpersonal problem is grief, help the patient to mourn the loss of the deceased, try to assess how much this has been achieved already to assess appropriateness of moving on with life. One of the most difficult aspects of grief within the context of Covid 19 is that the patient may not have been allowed to be with their loved one as they died. Acknowledging and working through this will be extremely important. It is likely that there will be very strong feelings of guilt - perhaps survivor guilt, to work through.

- First, the patient is encouraged to describe the circumstances of the loved one's death, how he/she learned about it, what she witnessed and who was around to support him/her. This may include how the patient took care of the person while he/she was ill, how the person died and the funeral details. Throughout the discussion the patient is gently encouraged to talk about feelings and reactions.
- Next, the patient needs to tell the story of their relationship with the deceased. This includes how they met, how their relationship evolved, the positive aspects of the relationship and if relevant and the person seems willing, the disappointing aspects of that relationship. Recent and past memories are discussed.
- If there little or no mourning has taken place this needs to be considered. Visiting grave (maybe with support from someone close or planning for this after social restrictions are lifted), looking at pictures, talking to close others about the person if this has not been done, While the patient is discussing the mourning process, they are also encouraged to get on with their life; interact more with caring friends and family; find ways to fill their time and distract themselves if the mourning is excessive, e.g. "Put aside time during the day to mourn".
- Additional strategies could include relating their current symptoms to the death of significant other, reconstructing the individual's relationships with the deceased if it is idealised or completely negative, describing the sequence and consequences of events just prior to, during and immediately after the death. Explore associated feelings (both negative as well as positive) with the death of the loved one and consider possible ways of becoming involved with others. Helping the patient to understand how the death may have impacted on others in their immediate close network and accepting or working with this constructively may also be helpful. Consider capacity to mentalise here and if this can be addressed and improved.

## Interpersonal Role Dispute

When the interpersonal problem is a dispute, the therapist helps the patient to clearly define what the problem is between the two people; identify the patient's expectations and the other person's expectations; identify the phase of the disagreement:

- **Renegotiation** - the two parties are arguing but still negotiating the dispute
- **Impasse** - the two parties have stopped talking about the issue, they want to be together but feel 'stuck'

- **Dissolution** – one or both has decided to leave the relationship but has trouble making the final decision which may be even more difficult if the patient has to remain in the same household during social restriction.
- Explore options about a plan of action to enable progress in resolving the dispute, or accept that an impasse has been reached and dissolution is likely to be the only way distress will be reduced. This often means that the therapist will help the patient change the way they communicate and/or change their expectations of what outcomes are possible
- The patient describes in detail their view of the problem and what they would like to change
- Next the patient needs to describe the problem from the other person's point of view and the other person's reactions and feelings (mentalise)
- Next the patient describes how they have tried to change the problem
- Throughout this, the patient is encouraged to give specific example of recent exchange/ fights with the other person
- This is a time when you use communication analysis and role play of the disagreement to clarify each person's position and help the patient come up with new ways on interacting with the other person. Effective communication may be either direct or indirect.

**Additional strategies could include:**

- Helping the patient to identify his/her communication patterns to understand how they can either increase or decrease distress
- Also address the role of expectations and faulty communication in maintaining the dispute
- Explore resources that can be called on or developed to manage or reduce the impact of conflict
- Encourage improved communication opportunities and work on any potential motivations to attempt change
- Help to develop skills to encourage more effective communication.
- Consider how to use other support from the inventory to assist, provide respite or fill unmet need in conflicted relationship.

### **Interpersonal Role Transition**

When the interpersonal problem area is transitions, the therapist helps the patient to first understand the meaning of the transition and its impact as this is not always obvious. The role transition may be formulated as moving from living BEFORE Covid 19 to life DURING/AFTER Covid 19.

Making sense of what has happened and normalising distress around the event is often helpful. Transitions always involve loss and it is important to acknowledge and mourn what has been lost as well as identify the negative aspect of the old role before the transition occurred.

So both positive and negative aspects of the old role need to be discussed. The change itself and feelings about it need to be addressed and then, most important for recovery, is identifying any positive potential in the new role. Negative aspects of the new role need to be considered and accepted with empathy from the therapist but instilling hope about positive potential in the new role is vital.

- The patient is encouraged by the therapist to describe in detail the change that is occurring
- The patient needs to explore the positive and negative aspects of the old role
- The patient also needs to explore the positive and negative aspects of the new role. If there are no positive aspects to the new role e.g. illness, then the patient needs to work on trying to find options to manage the new role better
- The patient is encouraged to identify skills and people in their life that will make the new role easier by offering support, help and encouragement that will continue after the therapy ends. Additional strategies could include exploring feelings about and realistically evaluate what is lost from the old role and explore opportunities in the new role. Moreover, encourage the appropriate **release of affect** and encourage the development of social support system and develop new skills called for in the new role.

## General Guidance

**Using the network, staying with the interpersonal especially in the context of social distancing or in the aftermath of the social distancing.**

### **STAY FOCUSED - FOUR SESSIONS IS BRIEF**

#### **Setting realistic practice goals**

It is helpful if the client thinks of small achievable goals that he/she can attempt and report back upon each session. These should be linked to the main goal and sub goals agreed with the therapist at the beginning. Finding a key goal and sticking with it is a key to effective application of this brief intervention.

All goals should be linked to improving interpersonal functioning. They will usually involve members of the patient's network. The network should always be linked to goals whenever possible. Who can help? How can they help? Sometimes this may involve reducing or ending contact with a network member who is not helpful.

#### **Help to identify how goals can be maintained after therapy**

The therapist should begin to encourage the client to think about how these achievable goals can be maintained after the therapy has ended. Also who in the network can help to support the patient when therapy ends. Alternatively if there is no one, how can the patient be guided to make better contacts or work on getting the support they need?

#### **Flag up ending**

It is important that the therapist structures the whole therapy with an awareness of the ending of the contact and the brevity of 4 sessions. This issue needs to be addressed in each session. It is, therefore, vital to remind the patient that the therapy will be ending in X weeks, e.g. *"This is session two of four."*

# Session 4 – Termination of Treatment

## 1. Questionnaires

Before the patient is seen, ask to complete the agreed questionnaire, e.g. PHQ-9, CORE- OM 10, WHOQOL-BREF.

## 2. Acknowledge ending

Explicit discussion regarding the end of the therapeutic contract, e.g. *"This is our last session together"* and/or *"This is session four of four."*

## 3. Review symptoms interpersonally and continued risk assessment

Review any continuing symptoms interpersonally (including positive changes). Carry out a [abbreviated] risk assessment as per session one.

## 4. Re-draw the Interpersonal Inventory

Helps to move towards a recognition of independent competence. Discuss the opportunity to see changes in the interpersonal world of the individual 8-12 months post therapy.

## 5. Review course of treatment and progress with the individual

Consider work that can be continued. Consider how changes that have been made can be sustained. The intention of this kind of therapy is not to solve all the client's problems but to help the client understand why she/he develops symptoms so that she/he can begin to make changes.

Discuss possible return of symptoms.

Further psychological therapy may be relevant and referral to appropriate other services should be discussed with the client.

## 6. Assess early warning signs and discussion of relapse prevention

Discuss ways to identify early warning signs and strategies/ techniques to encourage relapse prevention. Discuss procedures for re-entry into treatment if necessary.

## 7. Management plan

There must be a clear management plan written in the patient's notes, at the end of therapy. This should also be communicated to the GP and the client should receive a copy.

### **The plan should include:**

- An up-to-date comprehensive risk assessment
- Brief formulation
- Diagnosis
- Summary of what has been achieved in the four sessions
- Key goals that the patient plans to continue to work on.
- Proposed additional treatment/ or other services that might be helpful to the patient now or in the near future.
- Referral on: IPT AC can be a useful assessment for suitability for further psychological therapy i.e. if they have made good use of the four sessions but still unable to cope they are likely to benefit from further input.
- IPT AC can be used to prepare patients to accept that they need further help to which they may have been previously resistant e.g. drug/alcohol service, medical intervention, community support etc.
- Summary of social support available to the patient
- Any proposed contingency plans or indication of prognosis that has emerged through the course of the intervention. The strategies used in IPT AC are not distinctive. The techniques used to carry out these strategies are common to many psychological therapies. The techniques will be used to gather information, provide clarification or support, help the patient discover or try out new ways of behaving or communicating and to make a planning decision.

# Techniques for IPT-AC-CV19

## Non-directive Exploration

Open ended questions to facilitate the patient talking – *“Please explain? Go on? Can you give some examples? Can you tell me more about your ...? How have you been since we last met?”*

## Directive Elicitation

Directive questions to obtain specific information or affect – *“How did you feel when your husband said he wanted a divorce? What did you say?”*

## Clarification

Clarifying on a statement to help the patient become more aware of what is being said – *“You just described your daughter running away without showing any feeling about it. How do you feel about it? You were smiling when you told me you and your husband were screaming at each other?”*

## Communication Analysis

This technique is used to identify problems in communication and to help the patient deal more effectively with the other party – *“Then what did you say?”*

*Then how did you feel? How did you explain what you want to your spouse? What did he say back to you?”*

## Decision Analysis

This technique helps the patient consider alternative courses of action and their consequences – *“What would you want to happen? What are the choices? What solution would you like? What are the positives if you do X? What are the likely negatives if you do that?”*

## Role Play

This technique is used to help a patient practice how to initiate or alter a relationship or solve a dispute. It is a rehearsal between patient and therapist.

## Advice

Advice is used primarily to help the patient consider options and not to direct a decision or course of action.

## Mentalisation

It is helpful if the patient can learn to improve their ability to mentalise: their ability to consider in an imaginative, multidimensional way what is going on in their own minds and the minds of others, especially when considering the interpersonal experience that precipitates the distress. ‘Imaginative’ mental states and good mentalising will consider feelings, thoughts, intentions, wishes, desires, beliefs and false beliefs occurring in the self and others and will be held as inferences only, open to discovery and correction. ‘Distress’ of any kind inhibits imaginative mentalising temporarily, and many of the orthodox techniques from IPT are useful to restore mentalising in IPT-AC-CV19 as well as some specific techniques from mentalisation based therapy itself.

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# OUTCOME MEASURES, HANDOUTS AND WORKSHEETS

The following pages include suggested worksheets to use during IPT-AC-CV19.

## Documents that we suggest may help you and could be used during IPT-AC-CV19:

### Assessment / before first session:

- Participation information sheet
- Patient Consent form (needed for data collection.  
Essential if patient agrees to IPT-AC-CV19)
- Patient Demographics questionnaire (needed for data collection)
- Contract (completed by you & patient- optional but recommended)

### Questionnaires to use at the start of ALL 4 sessions:

- PHQ-9
- CORE 10 (recommended)

### End of sessions:

- Summary sheet to be completed by practitioner  
(needed for data collection)

### Optional additional handouts to use during sessions:

- Interpersonal Inventory (circles) or Role Relationship Grid
- Biopsychosocial Formulation worksheet
- Role Transitions worksheet
- Grief worksheet
- Role Disputes worksheet

# Therapist Summary Quick Sheet

## Interpersonal Psychotherapy Acute Crisis (IPT-AC-CV19)

IPT-AC-CV19 is a brief version of '*Interpersonal Psychotherapy*', an evidence based treatment derived from Attachment Theory. IPT-AC-CV19 is a time limited, brief, person-centred, 4 session model designed for the management of an acute crisis **promoting attention to relationship based issues in the context of Covid 19**. The main aim of this brief and focused intervention is to help identify the social and interpersonal context, which are associated with the onset of the acute crisis, reduce the symptoms of distress and improve interpersonal functioning during this unprecedented period of social restrictions and in the aftermath.

<b>Focal Area</b>	Onset of acute crisis all in the context of Covid 19, linked to:
<b>Grief</b>	Death of a loved one / significant other
<b>Transitions</b>	Significant life change / transition. e.g. birth of a child, new job, divorce, going to University, medical illness, leaving the army, marriage, immigration, retirement, a new home, graduation etc
<b>Disputes</b>	Struggles / disagreement with significant other e.g. spouse, child, other family member, friend, co-worker or others which will be happening as we socially isolate and adapt to completely different living circumstances.

### Aims of the 4 session IPT-AC-CV19 intervention are to:

- Give staff an appropriate 4 session model for clients presenting in their services.
- Reduce symptoms of distress – the person is in distress.
- Improve the quality of the person's social and interpersonal functioning which is likely to be mainly through remote means.
  - The client learns to link their distress with their interpersonal contacts and how they have changed through social distancing and perhaps isolation through Covid 19.
  - By increasing understanding of this link the client can improve interpersonal relationships and reduce distress /symptoms through electronic means.

### IPT-AC-CV19:

- Focuses on the '*Here and Now*' in the context of a world pandemic.
- Active therapist
- Facilitates positive therapeutic alliance but doesn't interpret it
- Links mood, distress and other symptoms to life events and relationships
- Concentrates on an affectively meaningful problem area

### Who is it for?

- Male / female aged 18+ in acute psychological distress with self-harm / poisoning.
- Episode precipitated by some interpersonal crisis: grief, conflict or transition specifically in the context of Covid 19.
- Patients WITHOUT formal / long-standing mental health diagnosis (other than depression).

### Who is it NOT for?

- Diagnosis Borderline Personality Disorder
- Multiple previous self-harm
- Involved with other mental health service
- Has anticipatory care plan
- Diagnosed learning disability
- Active psychosis
- Overdose unintentioned
- Functionally unable to engage in sessions alcohol / substance abuse
- Pathology is so severe IPT AC contraindicated
- English language difficulty

*This adaptation came from: Kierman GL, Weissman MM, Rounsville BJ, Chevron E. *Interpersonal psychotherapy of depression*. Basic Books; New York: 1984.*

This especially adapted version of IPT for acute crisis (IPT-AC-CV19) in the context of Covid 19 has been directly derived from: Weissman, M. M., Markowitz, J. C., and Klerman, G. L (2000). *Comprehensive Guide to Interpersonal Psychotherapy*. New York: Basic Books.

## Interpersonal Psychotherapy Acute Crisis (IPT-AC-CV19)

IPT-AC-CV19 is a '*stand alone*' individual intervention focusing on 'here and now' problems in the realm of the interpersonal life of the individuals leading to acute crisis.

### Format of IPT-AC-CV19

4 sessions (60 mins)

Once or twice a week

Tight, explicit contract

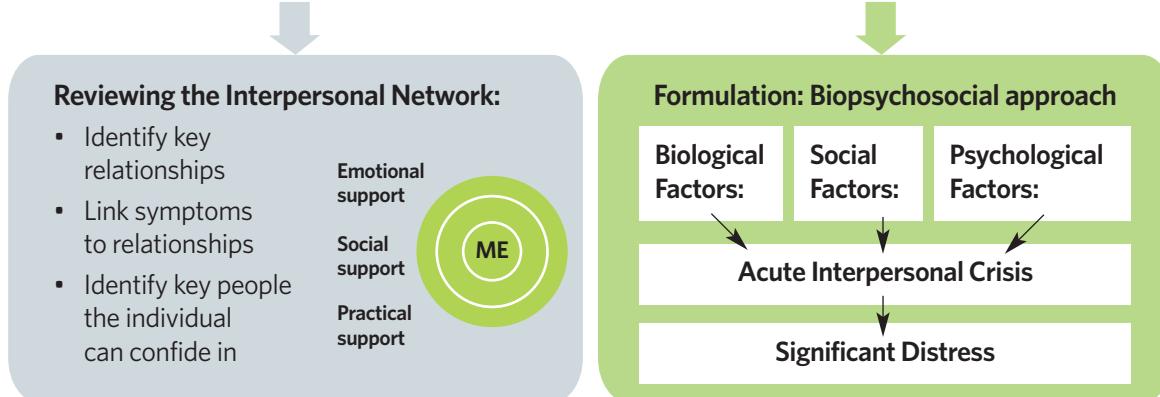
Questionnaires (PHQ-9 and CORE10)

### Assessment

Following an incident of self-harm/poisoning (or suicidal ideation resulting in a crisis assessment), using inclusion/exclusion assess appropriateness for IPT-AC-CV19. Provide Patient Information, consent form and demographics questionnaire. Complete contract.

### 1st Session

**Questionnaires Risk Assessment.** Identify symptoms of distress in an interpersonal context, introduce the "sick role" and Interpersonal Inventory, give psycho-education on IPT-AC-CV19 and symptoms of distress within the context of Covid 19. Formulate problem using the focus areas a guide. Identify goals.



### 2nd and 3rd Session

**Questionnaires.** Review symptoms interpersonally and continued risk assessment. Assess progress with goals. Application and discussion of techniques and strategies in line with the focus area. Homework tasks to work on goals and how to maintain goals after therapy.

### Frequently used IPT-AC-CV19 Techniques:

- Communication analysis: which is especially important if communication is through social media or other electronic means.
- Decision analysis
- Role play
- Communication skills building
- Processing affect

### 4th Session

- Acknowledge ending.**
- Reviewing goals and changes interpersonally** – what has been helpful and what hasn't. (Redraw Interpersonal Inventory)
- Prepare for independent progress with outstanding goals. Identify who might help and how they might help given social restrictions or if after lock-down, how the patient may operationalise their support system.
- Early warning signs** and plans for action should relapse occur.
- Onward referral / signposting** if required.
- Questionnaires.

## Inclusion and Exclusion Criteria for IPT-AC-CV19

### Inclusion

- Male/ female aged 18+ in acute psychological distress with self-harm/poisoning
- Episode precipitated by some interpersonal crisis: grief, conflict, or transition
- Patients WITHOUT formal/long-standing mental health diagnoses (other than depression)
- If episode due to alcohol/recreational drugs, it is precipitated by an interpersonal crisis

### Exclusion

- Diagnosis *Borderline Personality Disorder*
- Multiple previous self-harm
- Involved with other mental health service
- Has anticipatory care plan
- Diagnosed learning disability
- Active psychosis
- Overdose unintentional
- Functionally unable to engage in sessions due to alcohol/substance abuse
- Pathology is so severe IPT AC contraindicated.
- English language difficulty

## Information suggested for use if you would like to use as a service development within your area of service.

### Interpersonal Psychotherapy Acute Crisis (IPT-AC-CV19)

You are being invited to participate in a therapeutic intervention that is being offered to patients presenting in distress as part of a service development. Before you decide whether or not to take part, it is important for you to understand why we are offering this therapy and what it will involve. Please take time to read the following information carefully and to decide whether or not you wish to take part. Contact us if there is anything that is not clear or if you would like more information.

We are inviting you to take part in a service development. We are looking at whether a brief therapy, called *Interpersonal Psychotherapy Acute Crisis (IPT-AC-CV19)*, is helpful to patients who have presented to our services in acute psychological distress.

#### What is the Purpose of this Service Development?

We would like to know whether this therapy can help to reduce patient distress and risk of self-harm.

#### Why have I been asked to take part in this service development?

You have been asked to take part in this service development because you have presented to the service following an episode of self harm. The mental health team would like to see if the therapy would be of benefit to you in helping you to feel less distressed.

#### Do I have to take part?

It is up to you whether you take part or not. You will be given this information sheet to keep and asked to think about whether you would like to take part. If you do decide to take part, you will sign a consent form at your first therapy session. If you change your mind later about taking part, you can withdraw without giving a reason at any time.

#### What will happen if I take part and what do I have to do?

If you decide to take part, you will be asked to meet with a therapist. You will be asked questions about your mental health, and you will also complete some questionnaires with them. You will then receive 4 sessions of *Interpersonal Psychotherapy AC* with your therapist.

#### What is Interpersonal Psychotherapy- Acute Crisis (IPT-AC-CV19)?

*Interpersonal Psychotherapy (IPT-AC-CV19)* focuses mainly on relationship issues. IPT-AC-CV19 looks at the ways in which a person's current difficulties in relationships contribute to their psychological stress. IPT-AC-CV19 aims to help someone feel better and less distressed.

When a person can deal with relationship problems more effectively, they often feel better. IPT-AC-CV19 aims to help people recognise the problems they face with other people and to make changes in their relationships. Scientific studies have demonstrated the benefit of IPT in treating depression. We are aiming to find out if this brief version of IPT, called IPT-AC-CV19 is helpful to patients who present to our services in acute distress, often with deliberate self-harm and all within the context of Covid 19.

#### What can I expect to happen during IPT-AC-CV19?

In the first session of IPT-AC-CV19, you and your therapist will spend time talking about the important relationships in your life and their connection to your difficulties. You will then spend the rest of the sessions working on how to help things get better. You will also complete a number of questionnaires during the sessions, so that we can get an idea of how you are feeling. The purpose of this is to see if the therapy has been of benefit to you.

Please turn over

## Participant Information (continued)

### What happens when I finish IPT-AC-CV19?

You may also be asked if you would like to take part in an optional extra interview to talk about your experience of receiving IPT-AC-CV19.

### What are the potential benefits and disadvantages of taking part?

We hope that this therapy will help individuals to feel less distressed and that it will improve their relationships with other people. It is possible that some patients may find it difficult to talk about their feelings, and this might be upsetting. There may be no direct benefits to you personally from taking part in this service development, but the results from it may inform on the future healthcare of other people in situations similar to yours.

### What will happen if I don't want to carry on with the therapy?

If some of the questions make you feel uncomfortable or upset, you are free to decline to answer any questions, or to discontinue your participation at any time. If you do not want to continue with the therapy part way through, we may still use the information that you have given us. However, you are free to withdraw altogether and we can remove all your data if you ask us to. If you choose to do this you do not have to give us a reason.

### What happens when my involvement is finished?

The results of this service development will be published in journals and professional publications and presentations will be made at relevant conferences. The results will be reported in such a way that protects individual's identity.

### Will my taking part in the service development be kept confidential?

All the information we collect during the course of the service development will be kept confidential. There are strict laws which safeguard your privacy at every stage. Anonymised client information will be kept for 10 years, adhering to data protection guidelines. We will need access to your mental and physical health records with your consent. Data and questionnaires will be anonymised; and computer files will be password protected. Paper files will be kept in a locked filing cabinet in a locked office.

All the information that is collected about you will be kept confidential within the Service.

If we think your safety or the safety of those around you is at risk, we may need to speak to other professionals during your involvement in the service development. We have in place a system of reporting to the GP, if we think that a patient is at risk of harm (to self or others) or there are child protection issues.

### What if there is a problem?

If you have a concern about any aspect of this service development please contact **XXX**.

*If you would like further information about this service development, please contact XXX*

Patient ID:

D.O.B.:

Practitioner:

	Please INITIAL boxes
1. I confirm that I have read and understand the Intervention Information Leaflet and have had the opportunity to ask questions.	
2. I <b>do not</b> wish to receive the intervention	
3. I <b>wish to</b> receive the intervention	
4. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my care or legal rights being affected.	
5. I agree that the written information I provide can be stored with my name removed from all records and used in the presentation of findings from the service development. My data will not be used to identify me.	
6. I would like to be informed of the results of the service development	

Name

Date

Signature

Name of person taking consent

Date

Signature

# IPT-AC-CV19 Demographics Questionnaire

Thank you for consenting to IPT-AC-CV19 intervention.  
Please can you complete the following questionnaire:

**D.O.B.:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Location of intervention** (e.g. name of hospital): \_\_\_\_\_

## Gender:

<input type="checkbox"/> Female	<input type="checkbox"/> Male
<input type="checkbox"/> Transgender Female	<input type="checkbox"/> Transgender Male
<input type="checkbox"/> Prefer not to say	

## What is your highest level of education:

<input type="checkbox"/> No formal education	<input type="checkbox"/> Apprenticeship/Vocational Training
<input type="checkbox"/> High School (age 16)	<input type="checkbox"/> University
<input type="checkbox"/> Scottish Highers (or equivalent e.g. ALevel's to age 18)	<input type="checkbox"/> Masters
<input type="checkbox"/> College	<input type="checkbox"/> Doctorate/ PhD
<input type="checkbox"/> Other, please specify.....	

## Current Employment Status:

<input type="checkbox"/> Employed full time (37.5 or more hours per week)	<input type="checkbox"/> Student
<input type="checkbox"/> Employed part time (up to 37.5 hours per week)	<input type="checkbox"/> Retired
<input type="checkbox"/> Unemployed and currently looking for work	<input type="checkbox"/> Homemakers
<input type="checkbox"/> Unemployed and not currently looking for work	<input type="checkbox"/> Self-employed
<input type="checkbox"/> Unable to work	

## Ethnicity:

### European

<input type="checkbox"/> Scottish	<input type="checkbox"/> Northern Irish
<input type="checkbox"/> English	<input type="checkbox"/> British
<input type="checkbox"/> Welsh	<input type="checkbox"/> Irish
<input type="checkbox"/> Other (please specify).....	

### Asian

<input type="checkbox"/> Pakistani	<input type="checkbox"/> Chinese
<input type="checkbox"/> Indian	<input type="checkbox"/> Sikh
<input type="checkbox"/> Bangladeshi	
<input type="checkbox"/> Other (please specify).....	

### African or Caribbean

<input type="checkbox"/> North African	<input type="checkbox"/> East African
<input type="checkbox"/> Southern African	<input type="checkbox"/> West African
<input type="checkbox"/> Central African	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Other (please specify).....	

### Arab

<input type="checkbox"/> Middle East	<input type="checkbox"/> North African
<input type="checkbox"/> Other (please specify).....	

**Multiple or other** ethnic group (please specify).....

## IPT-AC-CV19 Contract and Appointment Sheet

**Patient ID:**

**Practitioner:**

We are keen to assess if this is helpful for our patients so your co operation in taking part and completing this treatment and the questionnaires to evaluate it is much appreciated.

**You have agreed to attend 4 sessions of counselling with me at the dates agreed below.**

**APPOINTMENT TIME IS PRECIOUS, PLEASE DON'T WASTE IT.**

If you cannot attend a session you need to let me know as soon as possible by calling / texting me please let me know why you cannot attend and if you can attend the next appointment we have agreed below. If you would like me to phone you to rearrange a time please let me know and give your contact number if different to that above. I will call you as soon as I can.

If you cannot let me know before a session you miss please get in touch as soon as you can and confirm you will attend the next session on the list.

If you can't phone please attend the next agreed session on the list.

**THIS TREATMENT CANNOT WORK IF YOU DON'T ATTEND THE SESSIONS  
SO PLEASE TRY AND ATTEND ALL FOUR SESSIONS.**

**Location of sessions .....**

Date	Time	Session number	Attended

Missed session agreement: If you miss a session another one will be offered up to two more sessions only. If I miss any sessions I will reschedule it as soon as I can.

I agree to comply with the above request and agree to the medical team accessing information held about me on the TRAK database (mental health and medical information):

**Signature:**

THANK YOU FOR YOUR CO OPERATION. YOU HAVE THE RIGHT TO WITHDRAW  
AT ANY TIME IF YOU CONSIDER THIS TREATMENT IS NOT HELPFUL FOR YOU.

## PHQ-9 Patient Health Questionnaire

Patient ID:

Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

(Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING:

0      +      +      +

= TOTAL SCORE:

If you checked off ANY problems, how DIFFICULT have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

## SUMMARY SHEET FOR IPT-AC-CV19

**PLEASE DO NOT INCLUDE PERSONAL IDENTIFYING DETAILS**

**Patient ID:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_

*Please circle where appropriate, write answer and add extra info on back or separate sheet using number to indicate section info applies to.*

**1. Living situation:**

Alone, with partner, with children and partner, single parent, with parents, with others.

**2. Marital status:**

Single, married, separated, divorced, widowed.

**3. Level of education:**

High school, technical trades, university, post grad/ professional.

**4. Occupation:**

Current / previous

**5. Medication:** Yes / No

Details:

**6. Duration of intervention in weeks** .....Weeks

Dates of sessions: 1. 2. 3. 4.

**7. Venue for treatment:**

OPD/hospital/home

**8. Brief outline of presenting problem + any diagnosis:**

**9. Key precipitating life events:**

**10. OD/Self Harm/Acute distress?**

**11. Previous history of mental health:**

Previous episodes, previous treatments, previous admissions

**Please Turn Over- Page 1 of 2**

## SUMMARY SHEET FOR IPT-AC-CV19 (continued)

### 12. Current social support:

Brief summary of interpersonal inventory / diagram. Emotional support?  
Who? Quality? Availability? Able to access? Main support also source of stress/ crisis?

---

### 13. Focus area(s) selected:

---

### 14. Outline formulation:

---

### 15. Main goals:

---

### 16. Summary of treatment:

---

### 17. Management of ending, referral on to whom if any?

(Were further sessions with IPT AC therapist requested and/ or needed?)

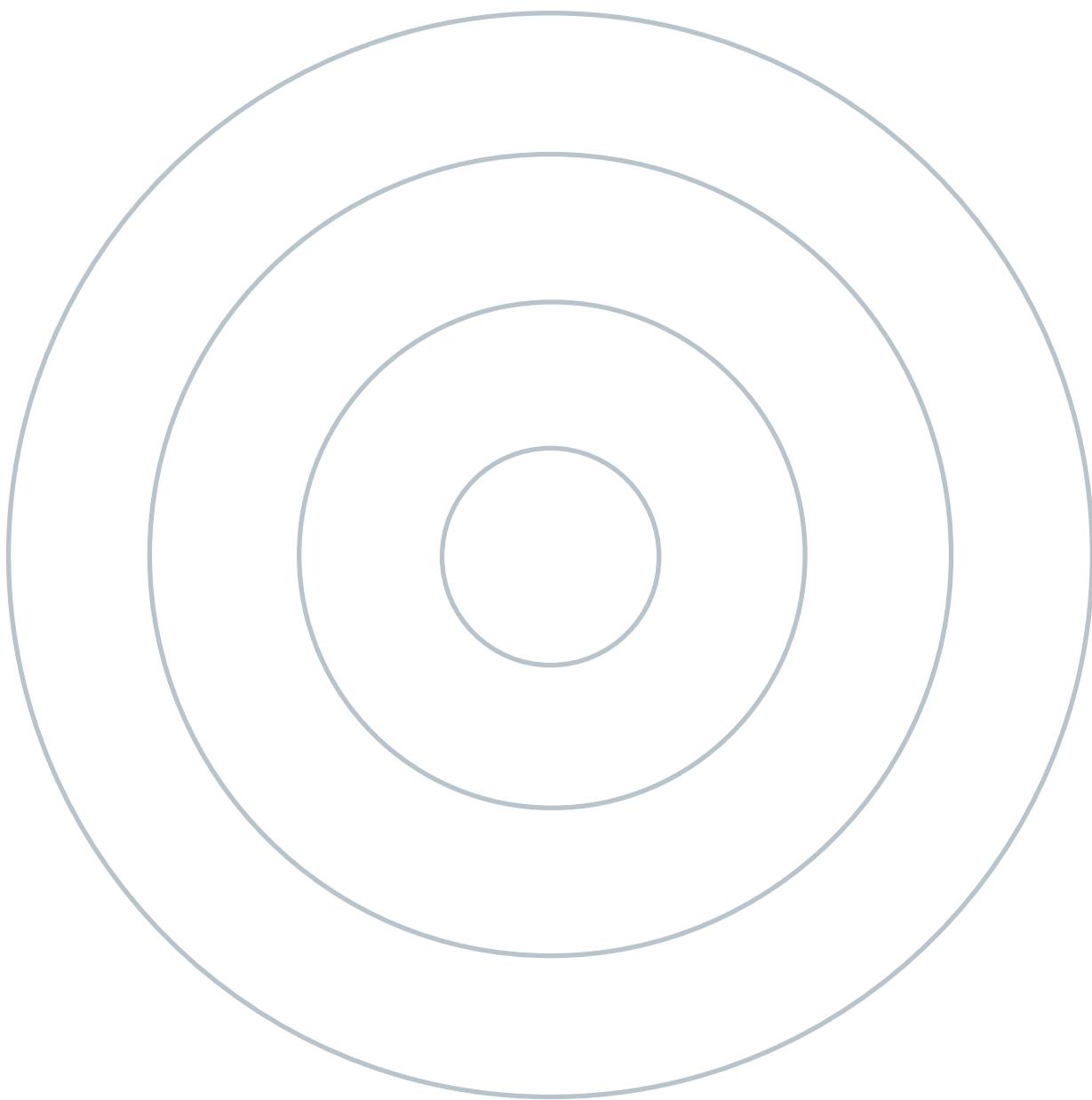
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### 18. Outcome:

Describe, please indicate if largely positive, negative or unclear for patient:

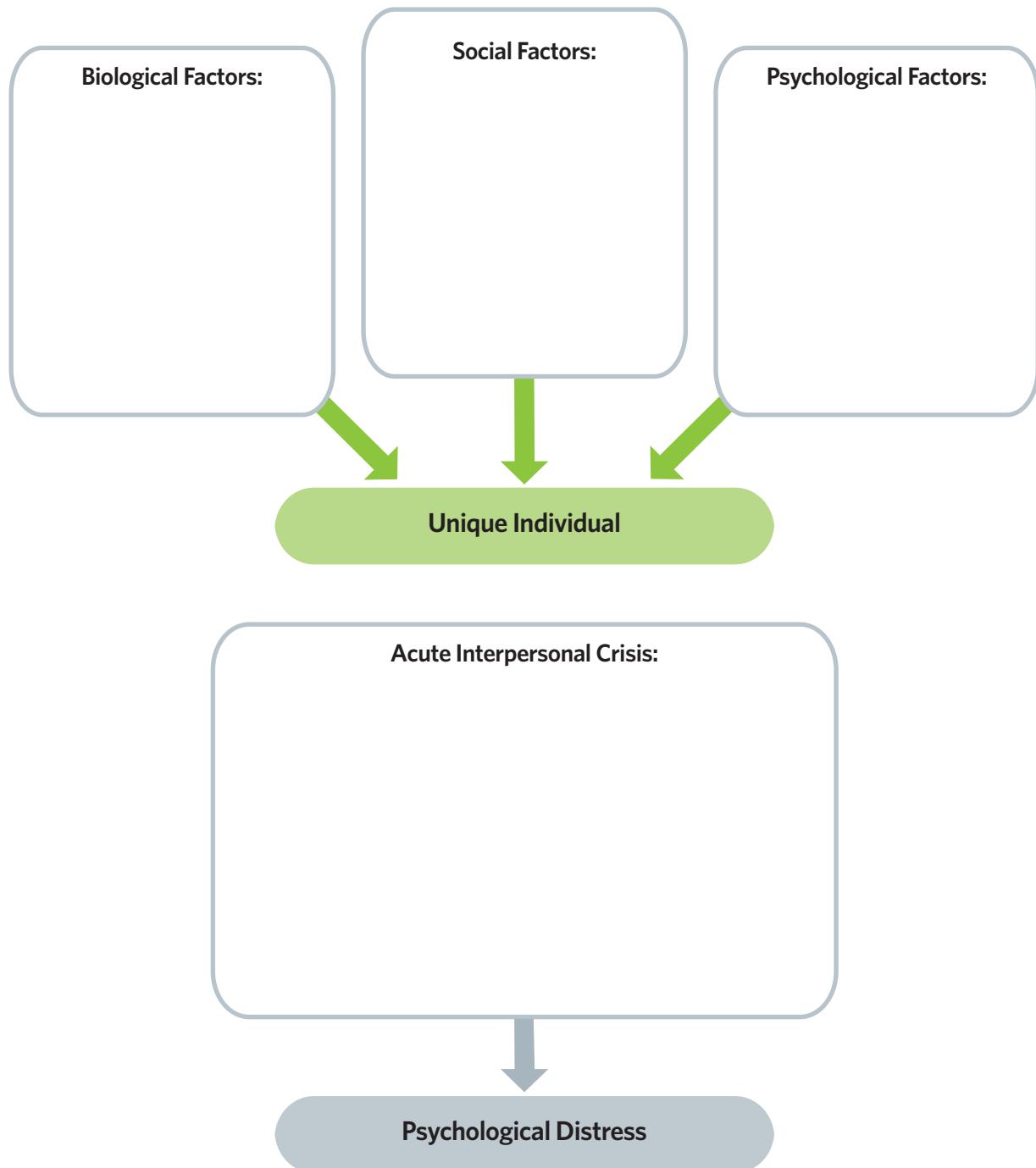
	Session	PHQ-9	CORE-10
Patient Scores	Session 1:		
	Session 2:		
	Session 3:		
	Session 4:		

## Interpersonal Inventory: Circle of Relationships

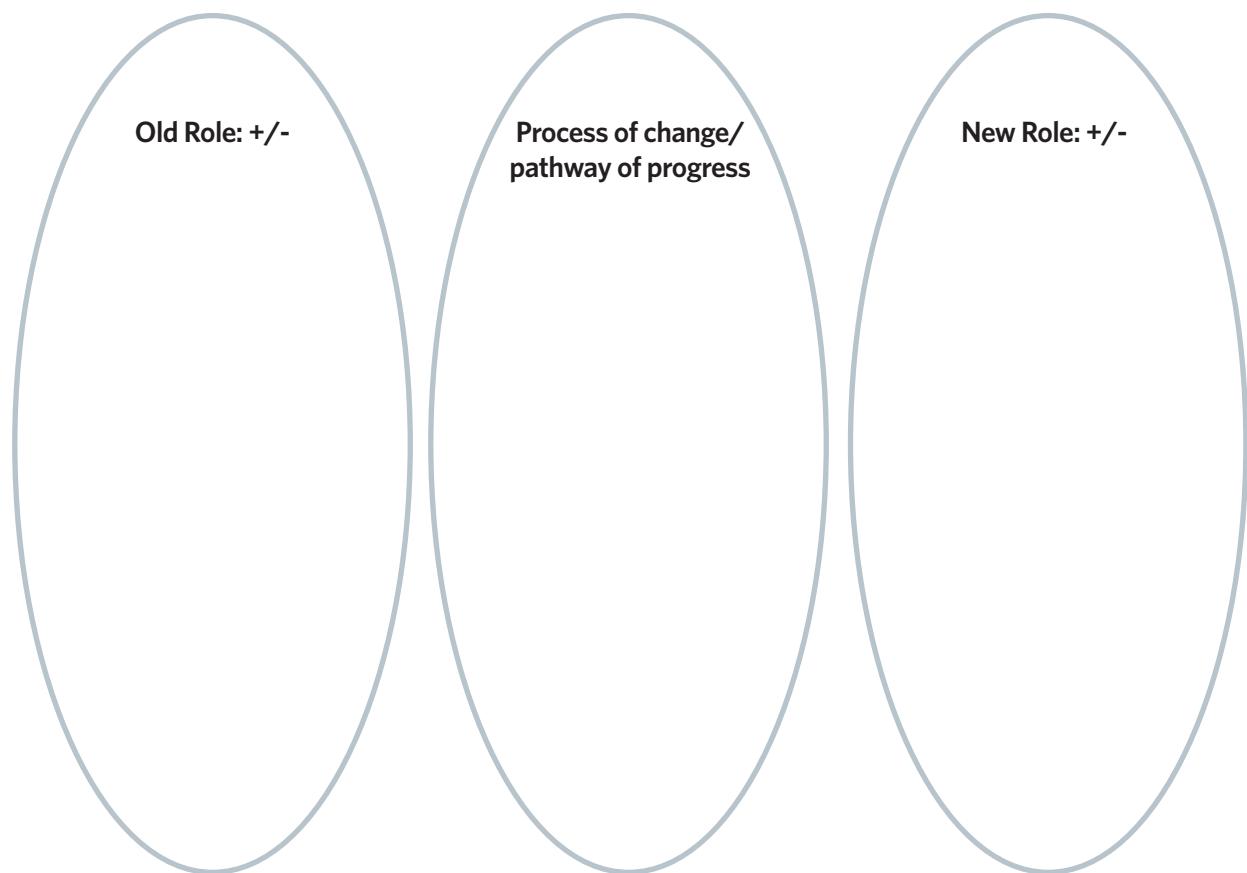


# The Role Relationship Grid

## The Biopsychosocial Formulation

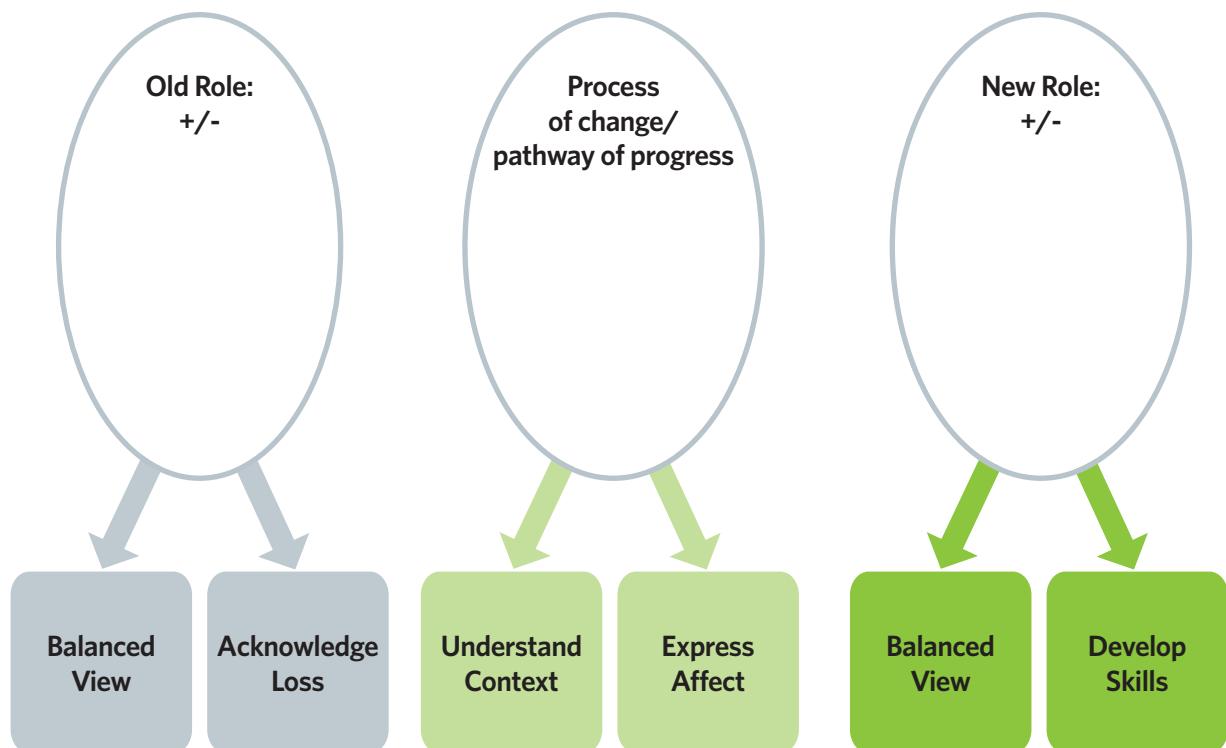


## Interpersonal Role Transition



# Interpersonal Role Transition

## Practitioner Prompt Sheet



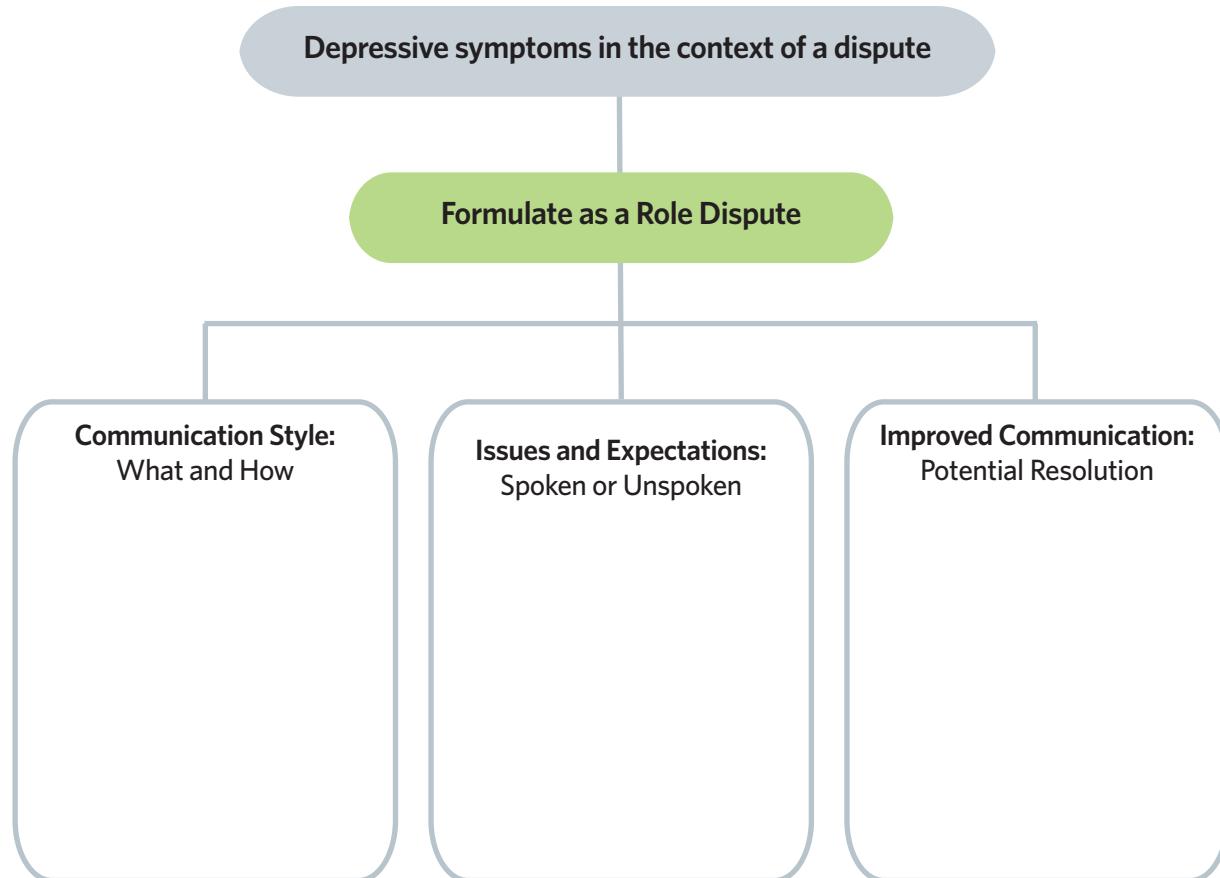
## Interpersonal Grief

**Remembering  
and Mourning what  
has been lost**  
(how you met, how your  
relationship evolved,  
memories together)

**Your feelings (-/+)**  
**How are your  
symptoms affecting  
you now?**

**Who is still  
with you and how  
are they used?**

# Interpersonal Disputes



## Notes

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