I. DEFINITION

A. IPT is a specific and integrated form of psychotherapy that consists of standardized (manual driven) interventions. Specialized training is required to develop the skills necessary to practice standardized individual and group IPT. Techniques that form components of this psychotherapy are essential for treatment of the mood disorders. These techniques may be usefully employed even when used outside of standardized IPT.

B. IPT techniques include:

1. Clarification of interpersonal relationships and their impact upon client mood;
2. Clarification of transitions, role disputes, loss, and skill deficits in relationships;
3. Demonstration of non-judgmental acceptance;
4. Facilitation of emotional expression and affect management;
5. Engagement of client in problem solving and communication skills; and
6. Provision of guidance through restatement and rephrasing, role playing, and use of client-therapist relationship.
II. PARAMETERS FOR USE OF ITP

Selection and use of IPT techniques should be informed by knowledge of the individual’s diagnosis, symptoms, functional level, environmental support, and linguistic and cultural background.

1. Selected IPT techniques should be a part of all psychotherapeutic intervention for treatment of individuals with mood disorders in whom sufficient motivation and insight are present.

2. Selected IPT techniques, principally, social skills training, role playing, and social modeling (combined with reinforcement), individually or in small groups, should be used as an adjunct to medication to improve post-inpatient adjustment where family psychosocial intervention is precluded.

B. Optional Use

Selected IPT techniques may be a part of psychotherapeutic interventions for treatment of all individuals with recurrent or chronic psychiatric diagnoses whose symptoms are precipitated or aggravated by identifiable interpersonal situations.

C. Assessments for Selection of IPT Techniques

Specific assessments of selection of IPT Techniques should include, but is not limited to, the following:

1. Effectiveness of medication and supportive psychotherapy only in maintaining stability in individuals with chronic and severe mental illnesses;

2. Motivation for improvement and for this form of intervention;

3. Ability to engage in self-reflection and self-monitoring; and


IPT techniques should occur at sufficient frequency and for sufficient duration to ensure clinical results. IPT may be effectively administered concurrent with pharmacological therapies.

E. Necessary Resources

IPT related instruction manuals should be available. Space should
also be available for group therapy (where indicated).

**F. Therapist Training**

All therapists should have a working knowledge of IPT techniques, and manual trained therapists should be available for consultation.

**G. Contraindications**

Active psychosis, personality disorders without motivation for change, moderate to severe cognitive impairment due to ongoing significant substance abuse or general medical conditions.