



# Interpersonal Psychotherapy for Depression Fact Sheet for Clinicians

The Department of Veterans Affairs (VA) offers Interpersonal Psychotherapy for Depression (IPT-D). This effective treatment, with a protocol tailored to the needs of Veterans, is available throughout the VA.

## Discussing IPT-D with Veterans

- IPT-D is a highly effective treatment for depressed Veterans. Findings from forty years of research support its effectiveness.
- IPT-D is brief and helps the Veteran develop new skills to deal with everyday problems that contribute to depression.
- In addition to a reduction in symptoms of depression, most Veterans treated with IPT report improved quality of life.

## What is Interpersonal Psychotherapy for Depression?

IPT-D is time-limited, evidence-based treatment for depression. The goal of IPT-D is reduction in depressive symptoms and improvement in the problems that precipitated or have maintained the depressive episode. IPT-D can be conducted concurrently with psychotropic medications and/or with participation in support groups. The focus of IPT-D is on one or two interpersonally relevant problem areas commonly related to the depression: Interpersonal Role Disputes, Role Transitions, Grief, and Interpersonal Deficits.

## What Depressive Disorders Can Be Treated with IPT?

Depressive symptoms are prominent in a variety of DSM-V defined disorders. The disorders most commonly treated with IPT-D include: Major Depressive Disorder (acute and recurrent), Persistent Depressive Disorder (Dysthymia), and Adjustment Disorder (with depressed mood). If a Veteran has a depressive disorder concurrent with another mental disorder (e.g., PTSD), it is recommended that the clinician assess and treat the most prominent disorder prior to treating the co-occurring disorder.

## What is the Structure of IPT-D?

IPT-D consists of 12-16 individual weekly sessions with a mental health provider. IPT-D is conducted in three phases: The Initial Sessions, the Intermediate Sessions, and Termination. In the Initial Sessions, the clinician diagnoses the depression, educates the Veteran about depression and its treatments, clarifies which interpersonally relevant life circumstances appeared to precipitate or maintain the depression, and proposes a plan of treatment. In the Intermediate Sessions, treatment focuses on one or two of four problem areas: Role Transitions (a major life change), Interpersonal Role Disputes (ongoing conflict with an important other), Grief (complicated bereavement), and Interpersonal Deficits (individuals who have problems initiating or sustaining relationships). Goals and strategies exist for each of the problem areas. The focus of IPT-D is chiefly on current issues of concern related to the Veteran's depression. During the course of treatment, the clinician works with the Veteran to generate options to address problems and encourages the Veteran to make active efforts to improve those problems. Throughout IPT-D, depressive symptoms are monitored weekly and the Veteran is educated about the connection between what did or did not happen in the prior week and changes in those symptoms.



## How Effective is IPT-D?

Forty years of clinical research supports the efficacy and effectiveness of IPT-D in the treatment of depression in varied clinical populations as well as with disorders other than depression. Research has found that IPT-D can be effectively conducted alone or in combination with psychotropic

medication. IPT is recommended as a treatment for major depression in treatment guidelines developed by the American Psychiatric Association and by the VA/DoD. VA program evaluation has found that IPT-D is highly effective in the treatment of depression in Veterans.



## References

- American Psychiatric Association. (2010). *Practice guideline for the treatment of patients with major depressive disorder* (3rd ed.). Arlington, VA: Author.
- Cuijpers, P., Geraedts, A. S., van Oppen, P., Andersson, G., Markowitz, J. C., & van Straten, A. (2011). Interpersonal psychotherapy for depression: A meta-analysis. *The American Journal of Psychiatry*, 168, 581–592.
- Elkin, I., Shea, M.T., Watkins, J.T., Imber, S.D., Sotsky, S.M., Collins, J.F., ... Parloff, M.B. (1989). National Institute of Mental Health treatment of depression collaborative research program: General effectiveness of treatments. *Archives of General Psychiatry*, 46, 971-982.
- Frank, E., Kupfer, D.J., Perel, J.M., Cornes, C., Jarrett, D.B., Mallinger, A.G., ... Grochocinski, V.J. (1990). Three-year outcomes for maintenance therapies in recurrent depression. *Archives of General Psychiatry*, 47, 1093-1099.
- Markowitz, J.C., & Weissman, M.M. (2012). Interpersonal psychotherapy: Past, present, and future. *Clinical Psychology and Psychotherapy*, 19, 99-105.
- Stewart, M.O., Raffa, S.D., Steele, J.L., Miller, S.A., Clougherty, K.F., Hinrichsen, G.A., & Karlin, B.E. (2014). National dissemination of Interpersonal Psychotherapy for depression in veterans: Therapist and patient-level outcomes. *Journal of Consulting and Clinical Psychology*, 82, 1201-1206.
- U.S. Department of Veterans Affairs & Department of Defense. (2009). *VA/DoD clinical practice guideline for management of major depressive disorder*. Washington, DC: Authors.
- Weissman, M. M., Markowitz, J. C., & Klerman, G. L. (2000). *Comprehensive guide to interpersonal psychotherapy*. New York, NY: Basic Books.

