



**Masterclass**  
on  
**Couple Therapy**  
and  
**Interpersonal Psychotherapy**

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**Who are we?**

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**TCCR** is a specialist centre of excellence for advanced training and clinical practice. The Centre supplies therapeutic services to couples, parents and individuals experiencing difficulties in their relationships as well as clinical training for the next generation of couple counsellors and psychotherapists. It also undertakes research that contributes to the understanding of couple and family relationships and how best they might be improved

**The Relate Institute** is the training and research arm of Relate, the country's largest provider of relationship support, helping 150,000 people of all ages per year. Its services include relationship counselling for individuals, couples and families, counselling for children and young people and sex therapy

**IPTUK** was a small special interest group which evolved into a national network of IPT practitioners, trainers and supervisors offering governance and regulation of accreditation. Strong links are maintained with ISIPT

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**Inter-personal approaches**

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Move **from**

focus on individual and intra-psychic processes

**to**

inter-personal models of therapy which focus on the relationships and their impact on functioning and well-being

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### Interpersonal and Couple Therapy

- Focus on relationships and how to improve them in both these therapies
- Improved relationships have wide reaching benefits to both the individual, families, children and society as whole
- Link between couple functioning and children's outcomes now well established
- Link between poor relationships and economic and social disadvantage and mental and physical ill-health is well documented

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### Common psychiatric disorders and the couple relationship

- Couple Therapy is effective for many common clinical problems presented by individuals
- There is an established link between an individual's social relationships and her/his symptoms
- In other words, Couple Therapy moves beyond treating people's individual symptoms to treating their relationship

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### The need for couple support in a recession

- Previous recessions have shown impact on couple and family very concerning
- Extra government funding made available to support couples during economic downturn
- Increase in referral rate and pressure on voluntary sector

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**Couple Therapy as defined in NICE guidelines for depression**

Couple Therapy is defined as a time-limited, psychological intervention derived from a model of the interactional processes in relationships where:

- the intervention aims to help participants understand the effects of their interactions on each other as factors in the development and/or maintenance of symptoms and problems
- the aim is to change the nature of the interactions so that they may develop more supportive and less conflictual relationships

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**Couple Therapy in UK**

**Almost wholly**

- Psychodynamic and Systemic

**But also**

- Psychoanalytic
- Cognitive-behavioural
- Integrative

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**Systemic Couple Therapy**

- Individuals do not develop in isolation: they develop within a context or pattern of relationships. This highlights the importance of families and relational networks
- Focus on systems of interaction including inter-generational
- Systemic therapists assume that any behaviour has a role and a meaning in the system – that there is a *purpose* to a behaviour, no matter how *reactive* it appears
- Time limited and often brief intervention
- Active and assertive stance
- Circular questions such as "What does he/she do when you are angry?" emphasize the system at work between the couple
- Reframing behaviour in order to emphasize the positive attempts each are making to help the relationship

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## Psychodynamic Couple Therapy

- o Focus on *unconscious* processes operating between the couple
- o Unconscious processes have their roots in childhood
- o Early experiences are re-enacted in the current relationship
- o Couples thought in some way to have matching past experiences which lead them to "choose" each other as vehicles for these re-enactments
- o Some re-enactments promote growth; some are defensive
- o Therapy is often open-ended
- o The therapist uses transference/countertransference and interprets underlying patterns in order for the couple to gain insight into these unconscious processes
- o A further aim can be to help the couple mourn the loss of an idealised relationship in favour of something more realistic

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## Cognitive-Behavioural Couple Therapy

- o Cognitive-Behavioural Couple Therapy addresses the role of individual cognitions and attributions of meaning to behaviours
- o Patterns of interaction and response to relationship demands are ingrained from past experiences ("overlearned") and result in interpretations of the current relationship, that give rise to behaviours, thoughts and feelings that may be dysfunctional
- o Up to 20 sessions and highly structured with goals that aim to increase positive interactions and decrease negative ones
- o Exercises and homework tasks given
- o Therapist as coach

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## Couple Therapy – the evidence base

- o **Couple therapy works – A meta-analytic review** (Dunn, Ryan L., Schwebel, Andrew I., 1995)
- o **NICE Guidelines recommend Couple Therapy for depression** (Bodenmann, Guy et al, 2008; Jacobson, 1993)
- o **Couple Therapy more effective than anti-depressant drugs** (Leff, 2000)
- o **Couple therapy works on low-level aggression** (Simpson, Lorelei E., Atkins, David C., Gattis, Krista S., Christensen, Andrew, 2008)

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## Couple Therapy – the evidence base

- **Couple therapy reduces violence in couple relationships with a male alcoholic** (O'Farrell, Timothy J., Murphy, Christopher M., Stephan, Sharon H., Fals-Stewart, William, Murphy, Marie, 2004)
- **Insight orientated couple therapy better lasting over time** (Snyder, D., Wills, R.M., Grady-Fletcher, A., 1991; Lanman, M., Grier, F., 2003)
- **Couple therapy for men with drug and alcohol problems helps their children better than individual treatment** (Kelley, M.L., Fals-Stewart, W., 2002)
- **Successful treatment that is lasting is likely to require a longer engagement than is often offered** (Bray and Jouriles, 1995; TCCR outcome study 2000-2006)

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## Accessibility

The provision is mostly outside of the NHS

**Currently...**

- Voluntary Sector – Relate, TCCR, Marriage Care

**The future...?**

- Children's Centres
- NHS: tiers 3 & 4

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## Future strategy and direction for the development of Couple Therapy in IAPT and other settings in UK

- Facilitate patient choice through inclusion of Couple Therapy in IAPT
- Develop Statement of Couple Therapy Competencies for band 7 Advanced Practitioner Role
- Map the current Couple Therapy workforce
- Develop a training curriculum for already accredited and trained Couple Therapists to enable them to adapt to the IAPT setting
- Promote the use of Couple Therapy as an intervention that integrates support for a wide range of psychopathology and concern in children, families and individuals
- Develop a UK evidence base for Couple Therapy

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## Interpersonal Psychotherapy

IPT is a **focused, time-limited** psychotherapy that emphasises the link between **mood and the current interpersonal relations** of the depressed patient, while recognising the role of genetics, biochemical, developmental and personality factors in the causation of and vulnerability to depression.

IPT is not a causal explanation for depression but a pragmatic treatment for it.

Klerman & Weissman, 1984

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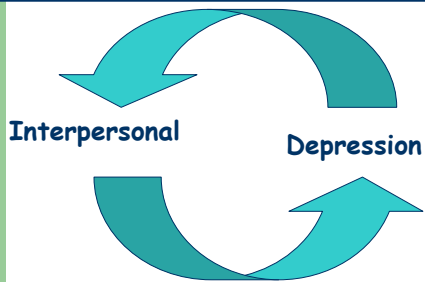
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## Symptoms and Relationships Interact



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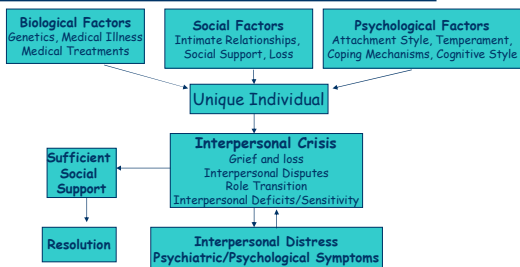
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## Framework for (Re)formulation



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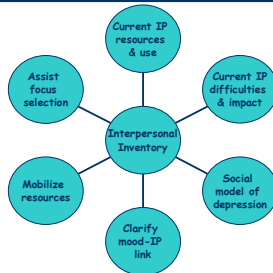
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## Interpersonal Inventory




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## Structure of Therapy

- **Initial Sessions: 1-4**  
 Diagnosis & patient role  
 Relate depression to interpersonal context  
 Identify major problem area  
 Explain IPT concepts and agree contract
- **Middle Sessions: 5-12**  
 Focus related intervention  
 Transition e.g. divorce, retirement  
 Disputes e.g. with partner, between siblings or friends  
 Grief i.e. following bereavement  
 Sensitivity e.g. establishing or maintaining relationships
- **Termination 13-16**  
 End of treatment, evaluation and review

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## Summary of Research Evidence

- **\*\*\*\*** (superior to control condition in at least 2 RCTs)
  - Major Depression (adult) (NICE CG24, 2004)
  - Maintenance treatment for Depression (adult) (NICE CG28, 2005)
  - Major Depression (child & adolescent)
  - Major Depression (older adult)
  - Major Depression (medical patients)
  - Bulimia Nervosa (adult) (NICE CG9, 2004)
- **\*\*\*** (1 RCT or equivalent to treatment of established efficacy)
  - IPT during pregnancy for depression
  - IPT for post-natal depression
  - IPT in medical patients
  - Bipolar Disorder
  - Anxiety Disorders (PTSD)
- **\*\*** (one or more open trial or pilot study)
  - IPT for depression following miscarriage
  - Dysthymic Disorder (combined with medication)
  - Anxiety Disorders (Social Anxiety, Panic Disorder)
- **\*** (Under testing)
  - Borderline Personality Disorder
- (negative finding)
  - Dysthymic Disorder (monotherapy)
  - Substance Misuse

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## Future Directions

- Develop Statement of IPT Competencies
- Develop a training curriculum for IPT practitioners and supervisors linked to competencies
- Facilitating patient choice through inclusion of IPT in IAPT
- [www.interpersonalpsychotherapy.org.uk](http://www.interpersonalpsychotherapy.org.uk)

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## Training issues – Couple Therapy

- Practitioners working with couples in conflicted relationships need specialist skills and supervision to practice effectively
- Couples often express very high levels of emotion when seeking help together
- Practitioners without specialist training often feel deskilled and overwhelmed when treating couples
- Unskilled practitioners can find it difficult to treat the relationship rather than two individuals

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## Training issues - IPT

- IPT trainee practitioners and supervisors will be selected from the population of qualified and experienced therapists
- All applicants will be subject to an aptitude assessment conducted by IPT trainers
- IPT supervisor training will be preferentially offered to existing IPT practitioners
- IPT practitioners and supervisors will be expected to provide a consultancy role within services as well as direct service provision

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