

# Using the therapeutic relationship in Interpersonal Psychotherapy

Introduction: Louise Deacon, Director, University of Surrey  
IPT Centre.

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## Topics covered:

- Therapist skills associated with a strong alliance
- Theoretical factors/techniques
- Reflecting on our practice with regard to the above

# Using the therapeutic relationship in Interpersonal Psychotherapy

## Plan of session:


- Introduction – reflecting on our skills re the therapeutic alliance
- Presentation on theory/techniques
- Reflection on our practice in pairs/large group

# Reflecting on our skills in the therapeutic alliance

- Go to [kahoot.it](https://kahoot.it) on your phone
- (if no connectivity, go to Settings, then WiFi and click on The Cloud)

# Five ways to promote a strong alliance (from Ravitz and Maunder 2015)

- Be 'present' – availability, empathy, responsiveness and interest.
- Agreement about the goals and tasks of therapy
- Avoid shame/blame/judgement/coercive control of the client
- Be vigilant to signs of rupture
- Repair ruptures in the alliance



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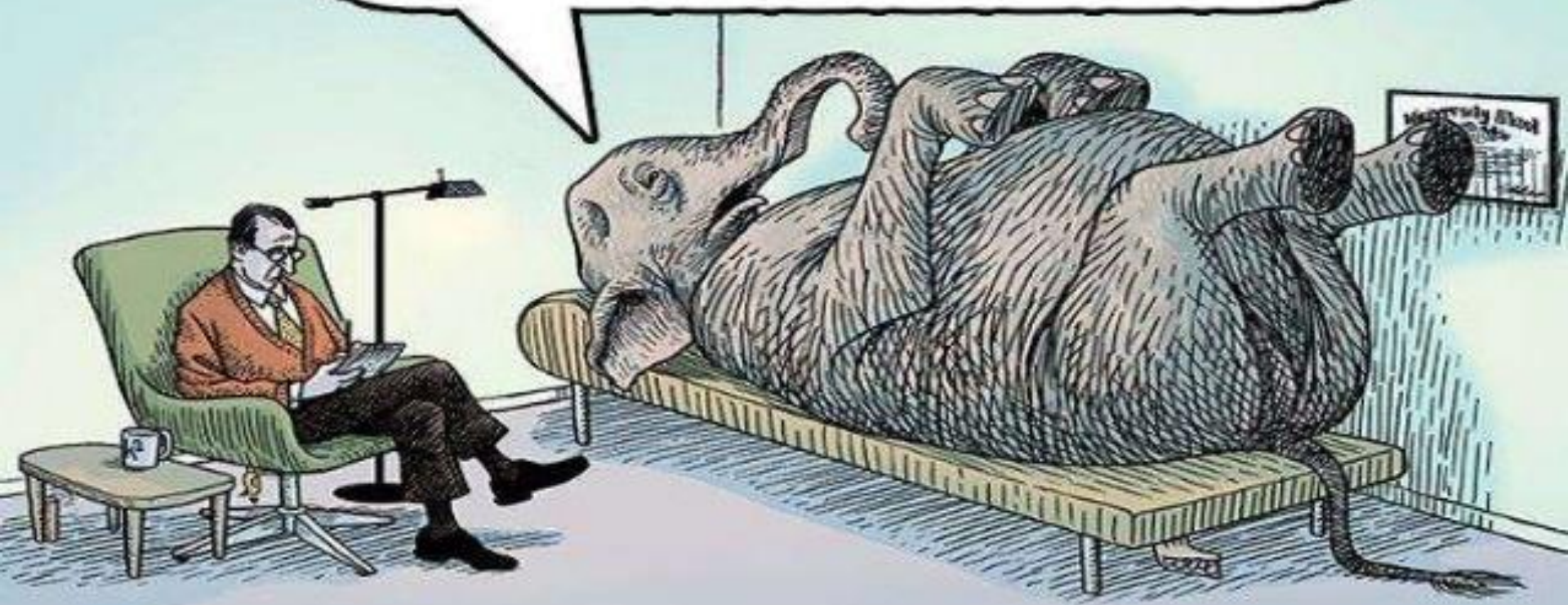
IPT-UK Supervisor and Trainer, University of Surrey



# The Therapeutic Alliance

...the elephant in the room.....

Sometimes, even if I stand in the middle of the room, no one acknowledges me.





# Where did interest in the therapeutic relationship start ?

- Freud in working with his patients in the late 19<sup>th</sup> and early 20<sup>th</sup>C actively creates a positive alliance with the patient and notices that the alliance is most helpful for the success of the treatment eg 'Rat Man'

# Where did interest in the therapeutic relationship start ?

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- Freud is open, curious, active and follows his patient's narrative

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- 'Dora' angrily dropped out of her analysis with him
- What went wrong?
- Freud's reflections led him to his discovery of the transference (and countertransference)

# What next?

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- Interpersonal models of Stack Sullivan were developed during 1920's to 1940's.
- Bowlby and attachment theory developed from the late 1950's onwards.
- Developments in psychological treatments followed these theoretical discoveries. IPT being developed as a result in the 1980's.

# Transference, countertransference and the therapeutic alliance

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- We all have Internal Working Models(IWM) we bring to the encounter with a patient
- Patient has IWM that impacts on encounter with the therapist

# Fast Forward

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- Consistent finding of a clear moderate link between alliance and outcome in psychotherapy research

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- Consistent finding of a clear moderate link between alliance and outcome in psychotherapy research
- We need to be interested!



# Transference/Countertransference and the Therapeutic Alliance

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- Transference : transfer or repetition of a past key relationship on to one in the present-often parental
- Countertransference : Therapists feelings and fantasies or ideas in response to the patient. Their own or those projected from the patient
- Therapeutic Alliance : Here and now relationship that can be a complex blend of transference and other relationship eg. relationship involving the roles of therapist and patient

# Factors in the the Therapeutic Alliance

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# Components of the Therapeutic Relationship

## External Therapeutic Framework

- Session time

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## External Therapeutic Framework

- Session time
- Frequency
- Place/Service
- Boundaries
- Cancellations/breaks
- Therapeutic contract

# Internal Therapeutic Framework Components

- Authority – power dynamics.
- Responsibility – to fulfil role of therapist or patient.
- Empathy – feeling alongside.
- Trust – not a given, it grows.

# Internal Therapeutic Framework Components

- Autonomy – goal of IPT and a requirement for therapy to take place. People wanting to bring themselves.
- Initiative – trying things out.
- Freedom – Choice.

# Internal Therapeutic Framework Components

- Therapist Neutrality – capacity to observe and reflect.
- Abstinence – therapist position of holding back.
- Ethics – eg. confidentiality.

# Attachment and the Therapeutic Alliance

- Therapist factors- attachment style, race and cultural background, approach to difference etc.
- Patient Factors – attachment style, race and cultural background, approach to difference etc.
- Wider attachments –both parties have wider attachments eg.to the building, organisation etc.



# Attachment Styles

- Secure

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- Avoidant

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- Dismissive

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- Pre-occupied

# Secure Attachment Style

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- Well developed capacity to express as well as regulate affect
- Mature self soothing skills
- Interpersonal skills and network well developed, including intimacy

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- Behavioural avoidance – stay away from activities of daily life
- Avoidant of affect- avoid feeling states such as anxiety
- Interpersonal avoidance – stay away from contact with others. Little or no interpersonal network

# Dismissive Attachment Style

- 15-20% adult population



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- 15-20% adult population
- Narrative brief, truncated
- Affect minimised
- Dismiss others so minimal or distant network

# Unresolved Attachment Style

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- Disorganised, chaotic narrative

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- 5% of adult population
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# Unresolved Attachment Style

- 5% of adult population
- Disorganised, chaotic narrative
- Affect muted
- Interpersonal network rapidly changing, intermittently conflicted and chaotic

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- Interpersonal network is entangled, enmeshed

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- Therapeutic relationship not the primary focus of the therapy however any feedback about the experience of the therapy and therapist is encouraged
- For avoidant patients we may need to actively encourage discussion of therapeutic relationship and this may be a major area of the work of the therapy

# Using the Alliance in IPT

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- Encourage open feedback about the experience of the therapy
- Repair ruptures in alliance
- Use alliance in Sensitivities focal area and if little or no network



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# Working with the Alliance in IPT

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- Monitor for ruptures in the alliance and address these
- Modify IPT techniques eg work with affect
- Open discussions of therapist and patient experience in the room to facilitate mentalising, including communication style
- The encounter in the consulting room is used to link with the network and as a place to experiment thus facilitating interpersonal change

# Reflecting on our practice

- Discussion in pairs and in large group.

# References

- Freud, S (2001). Standard Edition 7, A case of hysteria, Three essays on Sexuality and other works. Vintage
- Freud S, (2001) Standard Edition 10, Two case histories: 'Little Hans' and the 'Rat man' Vintage
- Holmes J, (2010) Exploring in Security: Towards an attachment informed psychoanalytic psychotherapy' Routledge.
- Meissner, W. (2006) Finding and Refinding the Therapeutic Alliance: On Thinking and Thirds. *J of Am Academy of Psychoanalysis* 2006 **34** pp 651-678.

# References (continued)

- Quinodoz, J-M (2004) Reading Freud: a chronological exploration of Freud's writings. New Library of Psychoanalysis
- Ravitz, P and Maunder, R (Eds.) (2015) Achieving Psychotherapy Effectiveness Norton and Co
- Weissman M, J Markowitz, G Klerman (2000) Comprehensive Guide to Interpersonal Psychotherapy. Basic Books
- Weissman M, J Markowitz, G Klerman (2007) Clinician's Quick Guide to Interpersonal Psychotherapy. OUP