Using the therapeutic relationship in Interpersonal Psychotherapy

Introduction: Louise Deacon, Director, University of Surrey IPT Centre.
Using the therapeutic relationship in Interpersonal Psychotherapy

Topics covered:
• Therapist skills associated with a strong alliance
• Theoretical factors/techniques
• Reflecting on our practice with regard to the above
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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 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
Using the therapeutic relationship in Interpersonal Psychotherapy

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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 19th and early 20thC 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?

- Freud in working with his patients in the late 19th and early 20th 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’
- Freud is open, curious, active and follows his patient’s narrative
Freud’s mistakes

- Freud was unafraid to expose his therapeutic ‘failures’
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- What went wrong?
Freud’s mistakes

• Freud was unafraid to expose his therapeutic ‘failures’

• ‘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?

- Early 20th C to date large international literature on transference
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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

- These cannot be separated using modern Attachment theory
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- We all have Internal Working Models (IWM) we bring to the encounter with a patient
Transference, countertransference and the therapeutic alliance

- These cannot be separated using modern Attachment theory
- 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

- Therapeutic alliance huge area of research
Fast Forward

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

- Therapeutic alliance huge area of research
- 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

- **Transference**: transfer or repetition of a past key relationship on to one in the present—often parental
Transference/Countertransference and the Therapeutic Alliance

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- **Countertransference**: Therapists' feelings and fantasies or ideas in response to the patient. Their own or those projected from the patient.
Transference/Countertransference and the Therapeutic Alliance

- **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 Therapeutic Alliance

- **Real relationship** – you and me eg man and woman, black and white
Factors in the Therapeutic Alliance

- **Real relationship** – you and me e.g. man and woman, black and white
- **Attachment relationship** – IWM e.g. mother and child
Factors in the Therapeutic Alliance

• **Real relationship** – you and me eg man and woman, black and white
• **Attachment relationship** – IWM eg mother and child
• **Roles in the present** - therapist and patient
Components of the Therapeutic Relationship

External Therapeutic Framework

- Session time
Components of the Therapeutic Relationship

External Therapeutic Framework

- Session time
- Frequency
Components of the Therapeutic Relationship

External Therapeutic Framework

- Session time
- Frequency
- Place/Service
Components of the Therapeutic Relationship

External Therapeutic Framework
- Session time
- Frequency
- Place/Service
- Boundaries
Components of the Therapeutic Relationship

External Therapeutic Framework

- Session time
- Frequency
- Place/Service
- Boundaries
- Cancellations/breaks
Components of the Therapeutic Relationship

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
Attachment Styles

• Secure
• Avoidant
Attachment Styles

- Secure
- Avoidant
- Dismissive
Attachment Styles

- Secure
- Avoidant
- Dismissive
- Unresolved
Attachment Styles

• Secure
• Avoidant
• Dismissive
• Unresolved
• Pre-occupied
Secure Attachment Style

- 60-65% adult population
Secure Attachment Style

- 60-65% adult population
- Coherent narrative
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- Well developed capacity to express as well as regulate affect
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- Mature self soothing skills
Secure Attachment Style

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

- 5-10% of adult population
Avoidant Attachment Style

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- Narrative minimal or absent
Avoidant Attachment Style

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• Behavioural avoidance – stay away from activities of daily life
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• Avoidant of affect- avoid feeling states such as anxiety
Avoidant Attachment Style

- 5-10% of adult population
- Narrative minimal or absent
- 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
Dismissive Attachment Style

- 15-20% adult population
- Narrative brief, truncated
Dismissive Attachment Style

- 15-20% adult population
- Narrative brief, truncated
- Affect minimised
Dismissive Attachment Style

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

• 5% of adult population
Unresolved Attachment Style

• 5% of adult population
• Disorganised, chaotic narrative
Unresolved Attachment Style

• 5% of adult population
• Disorganised, chaotic narrative
• Affect muted
Unresolved Attachment Style

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

- 10-15% of the adult population
Preoccupied Attachment Style

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- Narrative dominated by past and others, incoherent about self
Preoccupied Attachment Style

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- Narrative dominated by past and others, incoherent about self
- Affect is heightened with hyperarousal
Preoccupied Attachment Style

• 10-15% of the adult population
• Narrative dominated by past and others, incoherent about self
• Affect is heightened with hyperarousal
• Interpersonal network is entangled, enmeshed
The Alliance in IPT

• Manual states we need a positive alliance to work in IPT
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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
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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

• Grow positive alliance and use it eg expert stance
Using the Alliance in IPT

- Grow positive alliance and use it eg expert stance
- Encourage open feedback about the experience of the therapy
Using the Alliance in IPT

- Grow positive alliance and use it eg expert stance
- Encourage open feedback about the experience of the therapy
- Repair ruptures in alliance
Using the Alliance in IPT

- Grow positive alliance and use it eg expert stance
- 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
The Alliance in IPT

How do we measure the alliance in the room?
The Alliance in IPT

How do we measure the alliance in the room?

- Affect
The Alliance in IPT

How do we measure the alliance in the room?

- Affect
- Behaviour
The Alliance in IPT

How do we measure the alliance in the room?

• Affect
• Behaviour
• Narrative as an indicator of attachment style
The Alliance in IPT

How do we measure the alliance in the room?

- Affect
- Behaviour
- Narrative as an indicator of attachment style
- ECR-R
Working with the Alliance in IPT

• Monitor for ruptures in the alliance and address these
Working with the Alliance in IPT

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- Modify IPT techniques eg work with affect
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- Open discussions of therapist and patient experience in the room to facilitate mentalising, including communication style
Working with the Alliance in IPT

- Monitor for ruptures in the alliance and address these
- Modify IPT techniques e.g., 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


