

Interpersonal Psychotherapy For Depression

Document of Progress

Developed by

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Introduction: This document of progress is intended for use in summarizing the course of Interpersonal Psychotherapy for depression from start to finish (12-16 weekly sessions). As the principles of IPT are empirically derived and as IPT has accumulated a body of research that now defines it as an evidence-based treatment for depression, it is apparent that a user-friendly document for recording evidence-based progress is needed. The primary intent of the design of this document is for assisting the student IPT therapist by keeping all pertinent information in one place to chart progress and to review it with supervisors.

This document is divided into four sections.

Section I: records DSM IV-R diagnoses and the GAF score as well as providing space for the interpersonal inventory either in a descriptive format or in a graphic format as a drawing of the family tree with all other pertinent persons that are significantly impacting the patient's life. The depression timeline is another tool for creating a visual map of past and current depressive symptoms and their relationship to events in the patient's life.

Section II is simply a graphic plot of evidence-based measurements of progress, in this case the brief depression scale, the Patient Health Questionnaire (PHQ-9). This scale is derived from the PRIME-MD and is well validated and can be used as a quick but accurate assessment of mood. (J Gen Intern Medicine 2001;16:606-613)

Section III is comprised of one succinct data sheet for each of 16 potential sessions of IPT. Each sheet contains key information such as changes in psychotropic medications, IPT Foci, PHQ-9 items and total score for rating mood sequentially as well as space for writing a narrative account of what took place in the session. Notes can be handwritten on the paper version or typed on the electronic version of the DOP.

Section IV is the final or summary section with 10 subsections that will serve to delineate in great detail the current status of the patient as well as the course of the IPT and the changes that took place over time.

Getting Started

It is assumed that the patient has already undergone a thorough psychiatric evaluation and that the decision to offer the patient a course of IPT is appropriate according to the guidelines set forth in the IPT manual (A Comprehensive Guide to Interpersonal Psychotherapy by Weissman, Markowitz and Klerman 2000). This Document of Progress or DOP will begin with the initial session.

It is further assumed that the decision of whether to co-administer psychotropic medication has been made by appropriately trained personnel. The allotted space for psychotropic medication is for documenting the use of and any changes in psychotropic medications prescribed concurrently with the IPT. This will allow for some reasonable conclusions about the attribution of change over time to help the IPT therapist and the patient to understand the relative contributions of medications, IPT or their combination. On the graphic chart, the start or change in psychotropic drug usage can be indicated with annotated arrows to delineate change points (see sample graph). This simple procedure will only take a few seconds to fill out but will serve as a valuable visual guide for gauging progress (or the lack thereof).

The cover page is deliberately devoid of personal identifiers to protect the patient's confidentiality from casual glances. Initials or even patient numbers can be substituted for names for further protection. As this document contains sensitive information, it should be handled with discretion at all times to protect the patient's confidentiality according to HIPAA guidelines.

The DSM IV-R Axes need not be re-entered at each visit unless a change in diagnosis becomes evident when new information comes to light. Similarly the IPT Foci may, in some cases, change over time and space is allotted for this designation.

The PHQ-9 is printed on each session's documentation sheet to use as a quick but validated measure to quantify depressive symptoms for the benefit of the therapist and the patient to gauge progress over time. IPT, after all, focuses on reducing depressive symptoms and linking their improvement to changes the patient is making in their social functioning. The PHQ-9 was chosen for its simplicity but other validated scales could be substituted. The 16 session time-span can also be viewed as a simple graph of PHQ-9 scores that can be easily plotted with each new session's data point (PHQ-9 total score) to create a graphic representation of progress.

Using Validated Scales is not Research, although...

In that the PHQ-9 and other similar scales are now commonly used clinical scales that contain the same basic questions any good clinician would ask to assess progress, it is not considered to be research data collection. On the other hand, any use of the collected scores for other than charting a given patient's clinical course would be unethical without the patient consenting in writing to an approved research consent form by the local Institutional Review Board (IRB). The user must therefore take responsibility for issues of research integrity in appropriately handling any collected data on this form.

The allotted space for weekly notes can be expanded by using the reverse side.

The Summary Sheet

The summary sheet is designed to create a record of the progress of the IPT using the benefit of hindsight to delineate salient points of insight, changes accomplished over the course of the IPT or new events that impacted the course of treatment. This section contains 10 subsections such as a discussion of the way in which the termination phase was handled as well plans for handling any psychotropic medication prescribing after the course of IPT is terminated. This section is an opportunity for the student IPT therapist to document their learning experience.

For the beginning IPT therapist, the DOP represents a concise summary of all of their work with a given IPT patient. For IPT trainers, the quality of the information in the DOP will assist them in rating the student's performance as well as serve as a permanent record of the work that was carried out to allow for appropriate regulatory review of teaching to defined levels of competency.

We Want your Feedback

In an effort to continually improve this document, we welcome comments or other ideas of how it was used in various settings. Please email comments to: millermd@upmc.edu

Section I

DSM-IVR Axes:

I _____

II _____

III _____

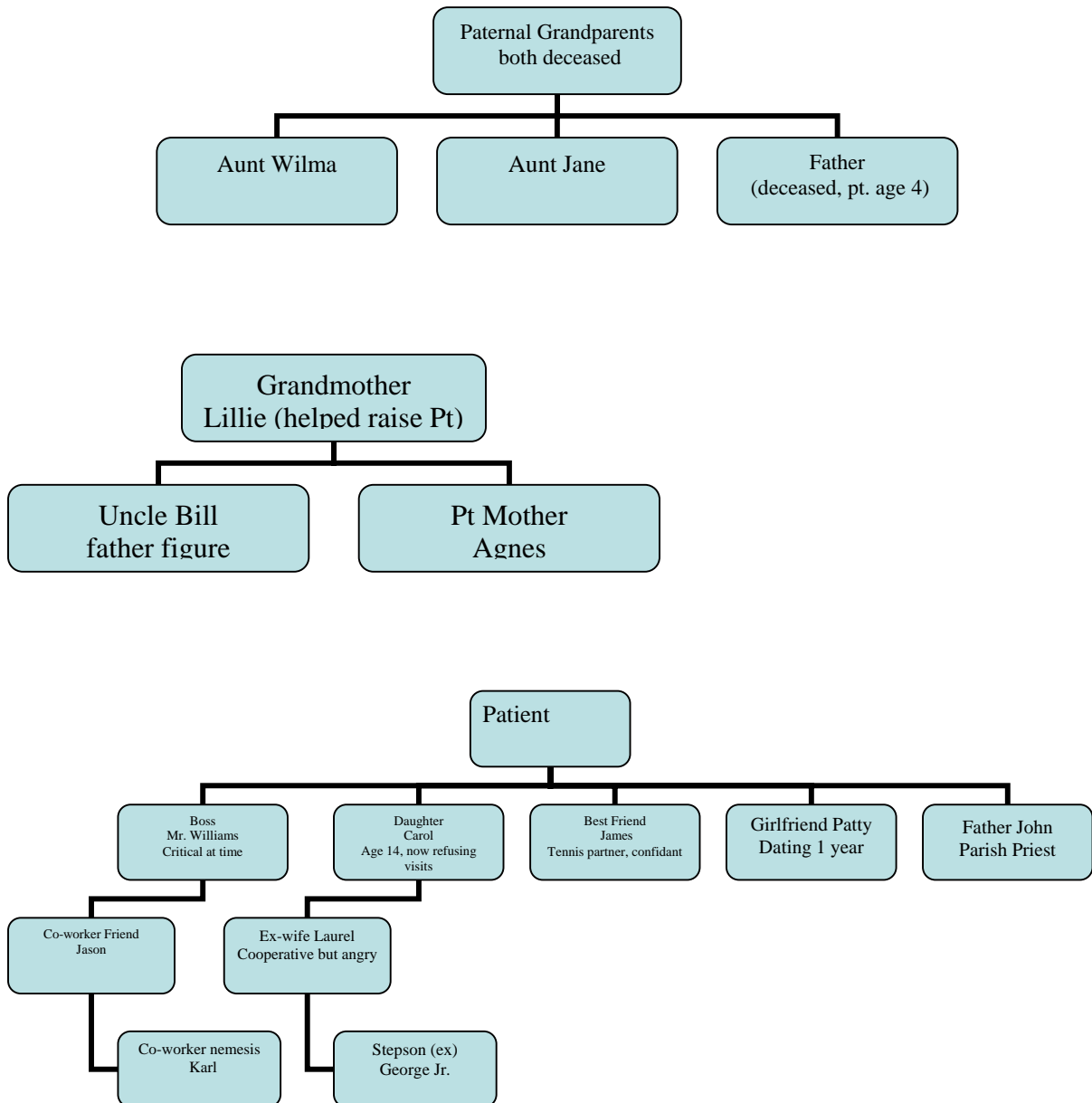
IV _____

GAF _____

Interpersonal Inventory:

This page is for writing or drawing pertinent details about the patient's interpersonal inventory for reference throughout the course of IPT. Describe the patient's family of origin, current significant others/ sexual relationships, current household composition, current confidants, and current psychosocial context such as jobs, recent moves, financial strains etc.

Example of a genogram for of an interpersonal inventory:



Section II
Graphic Representation of Progress in IPT over time

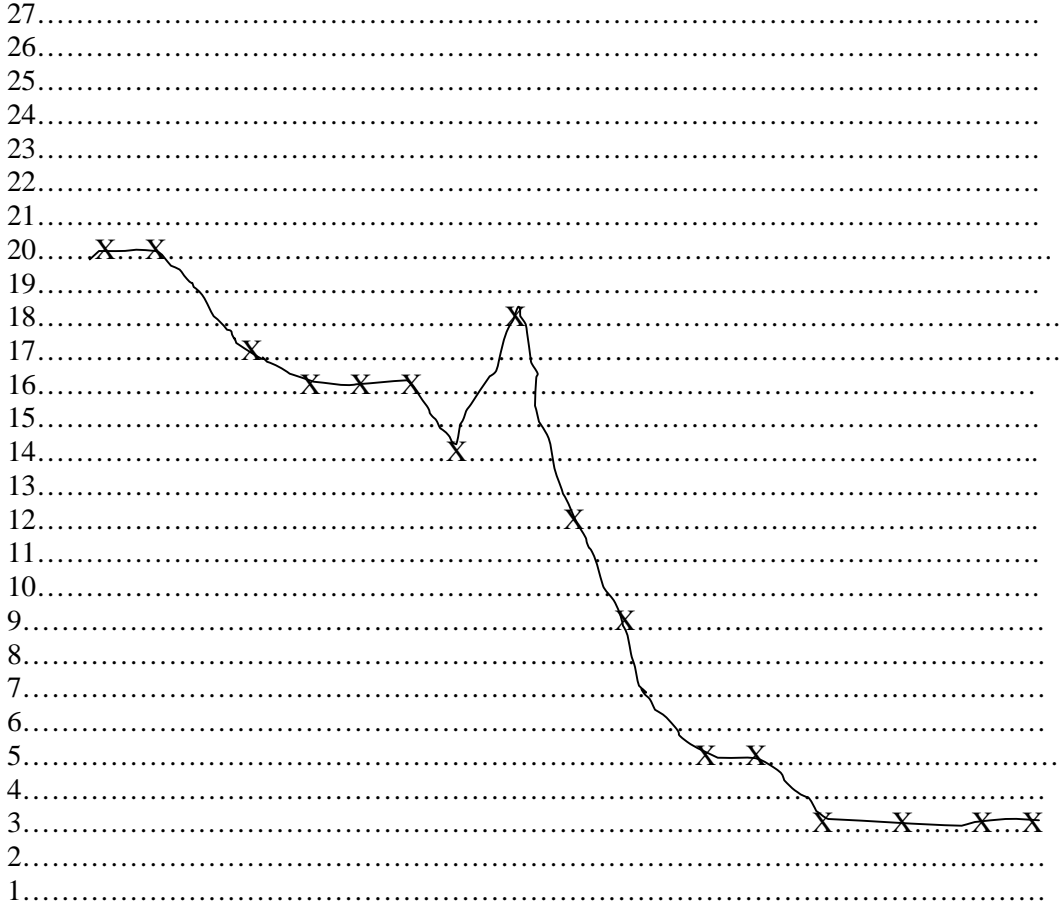
PHQ-9

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Week 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

- 'Sample' Graphic Representation of Progress in 16 IPT Sessions

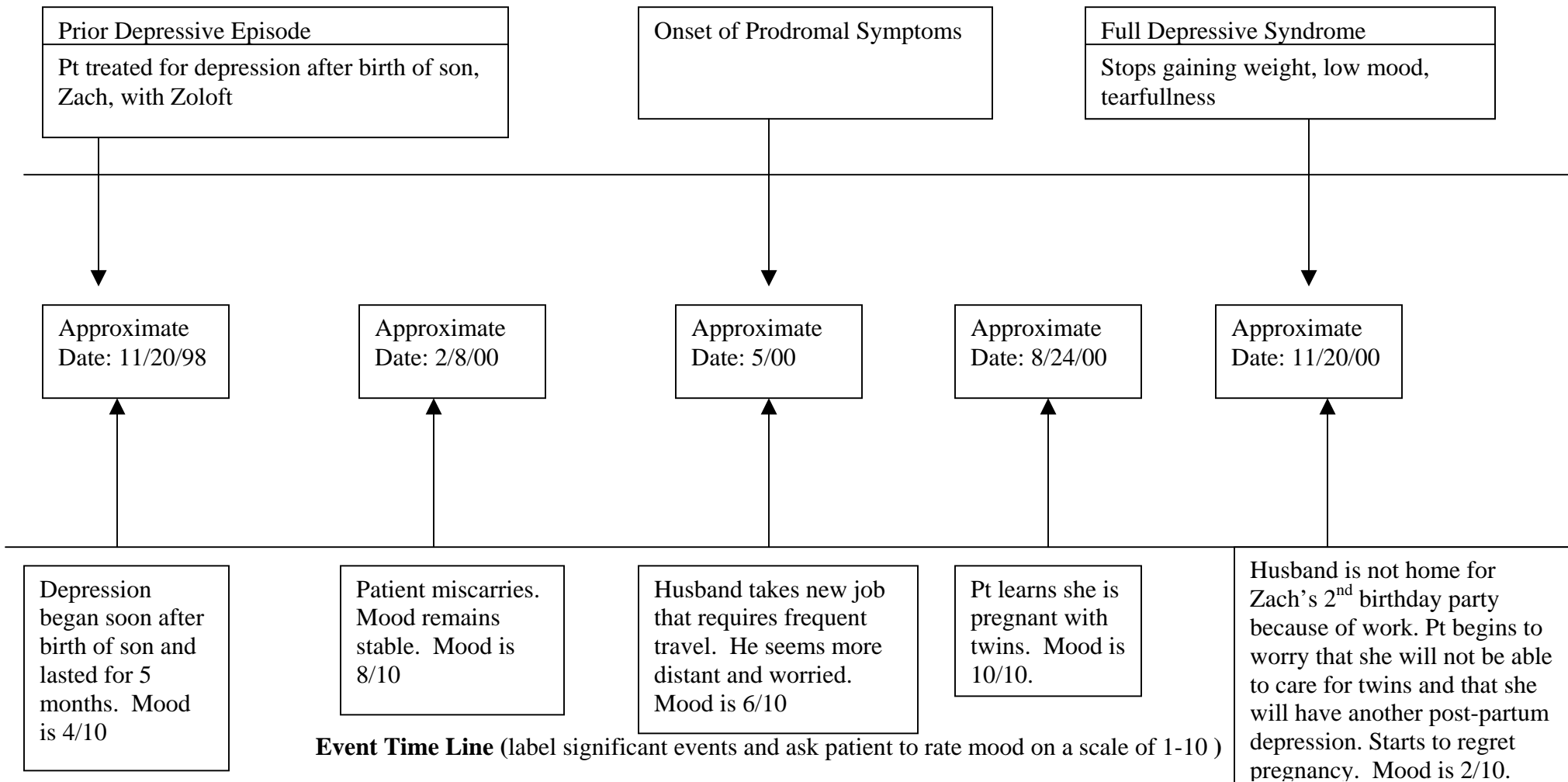
PHQ-9



Week 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

(began Sertraline 50mg/d) (increased Sertaline to 100mg/d)

Depression Time Line (list symptoms in boxes)



Event Time Line (label significant events and ask patient to rate mood on a scale of 1-10)

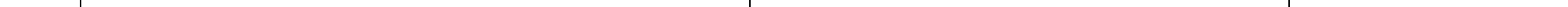
COMMENT: Based on the timeline, the therapist suggests that although pt is anxious about the possibility of another post-partum depression, she is not unhappy about the pregnancy per se. Rather, it seems that her mood worsened in May in the context of her husband's emotional withdrawal and increased absences from the house. In fact, pt was initially quite happy about pregnancy. But, as husband's absences (physical and emotional) continued, her mood worsened. These feelings were magnified when husband was not home for son's 2nd birthday. Although pt. attributes low mood to worries about pregnancy, it seems that she is experiencing a covert role dispute with husband around his job travel and emotional withdrawal. Rather than focusing on role transition (from parent of 1 child to pregnant with twins), the therapist suggests they focus on a role dispute with husband. This decision is based on temporal sequence of mood changes and concurrent life events.

Depression Time Line (list symptoms in boxes)

Prior Depressive Episode

Onset of Prodromal Symptoms

Full Depressive Syndrome



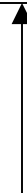
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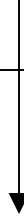
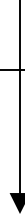
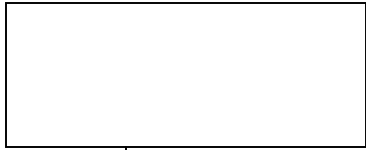
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Event Time Line (label significant events and ask patient to rate mood on a scale of 1-10 at time of event)

Depression Time Line



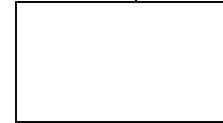
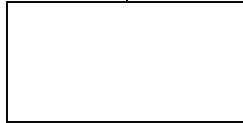
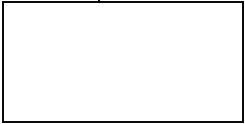
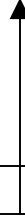
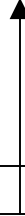
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Event Time Line

