D.I.T.

Dynamic Interpersonal Therapy

Treatment for depressive and anxiety disorders

A.Lemma; M.Target; P.Fonagy (2011)

D.I.T.

- Short – Term: 16 sessions
- Object relational
- Mentalisation Based
- Attachment Theory
- Dynamic:
  - Focusing on the interplay between the external and internal reality
  - Related to problematic relational patterns
  - Focusing upon the nonconscious
- Interpersonal Psychoanalysis:
  - Focusing upon patients relationships: internal and external

DIT: principles

1. The impact of childhood experiences on adult functioning, attachment and internalization of early relationships
2. Internal and external forces that shape the mind.They form the perception of ourselves in relationships with others
3. The existence of an unconscious realm of experience that is a motivating force
4. The functioning of unconscious projective and introjective processes that underpin the subjective experience of relationships
5. The ubiquity of the transference, by which patients responds to others, including the therapist, according to developmental models that have not been updated or challenged

D.I.T.

- Symptoms of anxiety or depression are seen as a reaction on interpersonal problems or threats in the attachment relations of the patient.
  - Losses
  - Separations

- DIT is focusing on the influences upon:
  - Self esteem
  - Guilt feelings
  - The conviction of being a failure

Development

- **Blatt** (2008): depression

- Development is not lineair but it is a dialectical or circulair process in which different lines are exploring and influencing each other
  - Autonomy or selfdefinition
  - Relatedness
  - Self and Object Differentiation

- Self esteem and the perception of the other are interrelated
- It is about identity and reciprocal interpersonal relationships

Depression

- Depressive patients are developing interpersonal scripts which are provoking rejection by others in case of conflicts
- Patients with interpersonal conflicts can profit from short term treatment focusing upon interpersonal issues
- **Introjective depression:** maximising autonomy
- **Anaclytical depression:** maximising relatedness

Building blocks of D.I.T.

1 attachment theory

- The importance of security and the availability of a secure attachment object
- The importance of the internalization of interpersonal relationships → the formation of Inner Working Models
- IWM's are developing upon the expectations built through experiences
- Safe attachment behavior
- Organized Unsafe attachment behavior
  - Avoidant
  - Preoccupied
- Disorganized attachment behavior

Building blocks of D.I.T.

Attachment theory 2

- There is a connection between a vulnerability for depression and unsafe attachment
- Unsafe attachment is inhibiting the mentalising ability
- Experiences of stress in the child are not adequate (marked) mirrored → the level of stress stays high
- Experiences of stress have less impact upon safe attached persons → their ability to mentalize or think is better developed
- So it is about strengtening the mentalizing ability by intervening in the internal working model and the attachment style

Building blocks of D.I.T.

2. Mentalization

- Feelings of anxiety and depression can be related to a deficit in mentalizing.At the same time they are inhibiting the mentalizing ability.
- They experience their complaints as somatic sensations → so the somatic self takes the place of the psychological selfThere is hardly any difference between psychological and fysical pain. → **Psychic equivalency**
- Creating a mentalizing ability is not a goal in itself. It is a first step to realize that there is a relation between his complaints and interpersonal problems → non conscious core conflict

Building blocks of D.I.T.

3. Object relations

- There is a shift in psychoanalysis from inner conflicts, drives, oedipal compromisses to the emphasis of the individual's experiences of being with others and with the therapist in the transference.
- Primary relations in early childhood are important forerunners for mental representations
- Cognitive-affective schema's or representations about oneself and others
- These schema's/ representations are regulating and guiding and interpreting our behavior
- It is about the iteraction between external and internal/psychic reality

Building blocks of D.I.T.

Object relations 2

- Severe pathology has pre-oedipal origins
- Pattrns of relationships becomes more complex with development
- The stages of development follow a special sequence which can be distorted by personal trauma
- Early patterns of object-relations tend to be repeated through life
- Disturbances in these relationships developmentally map onto pathology
- Transferene provides a window on early patterns of relationships

Building blocks of D.I.T.

4. Sullivan: Interpersonal psychoanalysis

- People are trying to minimalise their feelings of unsafety. So the therapist should realise himself that interpersonal behavior is an attempt to avoid anxiety or to restore self esteem
- At the interpersonal level the therapist should offer safety by his committment and an active attitude
- The therapist should investigate the interpersonal world of the patient
- In therapy it is about the interpersonal experience in **the here and now**
- Therapy is about corrective emotional experiences
- Complaints are seen as an inadequate solution for relational problems.Pts. express themselves in relational terms

D.I.T.

The Frame

- Individual form of treatment
- 16 sessions

- Three phases
  - At the start: session 1 - 4: formulating the focus: IPAF: the interpersonal affective focus
  - In the middle:session 5 – 12: exploring the IPAF
  - At the end session 13 - 16: working through the termination/separation

D.I.T.

Assessing

- The patients response to an exploratory approach
- The patients interest in working with interpersonal and affective themes
- The capacity to reflect on the psychotherapeutic relationship
- The patients curiosity about his role in his difficulties
- The external resources that could support the patient during the treatment
- the therapists experience of the patient in the session

D.I.T.

Aims

- To help the patient to understand the connection between his symptoms and what is happening in his relationships, through identifying a core, unconscious, repetitive pattern of relating that will become the focus of the treatment.

- To encourage the patients capacity to reflect on his own states of mind and by that to enhance his ability to manage interpersonal difficulties

Initial phase

- Engagement
- Exploration of the symptoms (depression, anxiety), including the risc factors.
- Emphasis on the origins and psychological meaning of the symptoms
- Identification of strenghts/resources in the patient and in their wider interpersonal network

- Identifying the attachment style of the patient
- Formulation of focal area of work: IPAF

Formulating IPAF

- The common theme in the patients interpersonal relationships and in the treatment
- It is a representation of the self and the other connected with each other with a specific affect
- The following steps are necessary for formulating the IPAF
- Mapping the interpersonal relations of the patient. How they are related to the conflicts of the patient. What are the **interpersonal narratives** in the interpersonal functioning of the patient and what is there defensive function.
- What is the patients **attachment style**: safe, avoidant or preoccupied
- The interpersonal circumstances/ life events at the start of the complaints

IPAF

- Is related to the interpersonal functioning at the moment that the complaints were developing. Especially in relation to attachment figures
- It gives meaning to the patients life at the time of the start of the complaints
- Is emotional important: it is a central issue in his life, core conflict
- Is related to the interpersonal narrative. It is about a repetitive interactional pattern
- It is not only about cognitions but also about affects
- It is shared between the therapist and the patient
- The first phase ends with formulating/sharing the IPAF and the agreement about amount of sessions etc.

Attachment Style

- **Avoidant**
  - Overregulating affects
  - Steering on cognitions
  - Interpretations
  - Pretend mode
  - Maximising autonomy
  - Minimising relatedness
  - Related to failing sensitivity
- **Preoccupied**
  - Underregulating affects
  - Steering on emotions
  - Relation
  - Equivalent mode
  - Maximising relatedness
  - Minimising autonomy
  - Related to failing responsivity

Attachment Style

- **Safe**
  - Adequate affectregulation
  - Making use of both and cognitions and emotions
  - Interprettions/relation
  - Reflective mode
  - Able to be with themselves without loosing the other and being with the other without loosing themselves
  - Adequate balance between autonomy and relatedness
  - Adequate mirroring

Middle Phase

- Exploring and working through the agreed upon IPAF
- Talking through the questionaires and the changes within them
- Help the patient to discover what he is currently feeling and how this relates to current and past interpersonal experiences, including the reltion with the therapist
- Help the patient to to make connections between symptoms and interpersonal events
- Keep focus on the patients state of mind and not on his behavior, link interpersonal processes with the mental states of the patient
- Relating what is said in each session to the IPAF: stay focused
- Creating new interpersonal narratives related to what is happening within the sessions and to what is going on between the patient and the therapist

Middle Phase

- Making use (in a not knowing way) of strategies as:
  - Clarification
  - Confrontation
  - Exploration
  - Interpretation
- Analysis of the communication between significant others

Interpretation of the transference

1. When it is related to the IPAF
2. When there are unsaid feelings/fantasies which could develop into negative transferential feeling when not interpreted
3. When the interpersonal narrative is functioning as a way of creating distance in the treatment towards the IPAF
4. When it is difficult for the patient to talk about interpersonal narratives or when they are isolated in such a way that there is no interaction.
5. When the connection between an external event and the transference leads to more intimacy in the treatment.

- Next to that one should be reluctant towards transferential interpretations

Hierarchy of interventions

- **Supportive:**
  - Empathy
  - Encouragement
- **Expressive:**
  - Clarification, Elaboration of the interpersonal narratives to help the patient to discover affect and think in relational terms
  - Connecting the IPAF with interpersonal events and complaints: **Interpreting**
  - Looking for patterns
- **Directive interventions:**
  - Psycho education
  - Analysis of the communication
- **Interpretation of transference**

The End Phase

- The separation of the therapy and therapist. It is about loss, separation and independence.
- Fantasies (conscious and non conscious) and anxieties of the patient about termination are worked through systematically

- The return of the symptoms that were there at the beginning → regression
- Negative transference
- Manic defense against termination → neglect of the experience of loss
- Connecting the experiences in the phase of termination to the IPAF and working them through
- Writing a goodbye letter, summarizing and consolidating the work which is done.

Summary

D.I.T.

- Formulating an interpersonal affective focus.
- Mentalizing with the patient about the relational theme of the IPAF
- The not knowing stand
- Being interested in how the mind of the patient is working
- Intervening in an active way to keep the focus of the treatment in the centre
- Focusing upon internal and external relationships
- Focusing on the here and now

- It is about the affective connection between the self and the other, including the therapist