**Unit 7 D1**

**CASE EXAMPLE**

This summary refers to the case of Paul, whose treatment was used to illustrate aspects of IPT in the “Process of Psychotherapy” section. As noted, 22-year-old Paul presented to his university's student health services complaining of a number of symptoms he had been experiencing over the past couple of months: feeling sad and empty, difficulty concentrating, poor sleep, loss of appetite, and fatigue.

   Paul's clinical interview confirmed a diagnosis of major depression, and his score of 18 on the Hamilton Rating Scale for Depression (HAM-D) confirmed that he was suffering from a severe depressive episode. Based on his low scores on measures of suicidality and neurovegetative symptoms, the therapist decided not to recommend medication at this time.

   While taking a psychiatric history, the IPT therapist learned that Paul was the second of two children. His father was a partner in a big law firm; his mother had stayed at home to raise Paul and his sister, Sarah. Paul had been an anxious child, and although he had always had two or three close friends, he struggled to meet new people. He had always been close to Sarah, who was very protective of her younger brother. On the one hand, his relationship with his sister gave him a sense of security, but on the other it occasionally left him feeling deficient. Whereas Paul was shy, an average student, and lacked confidence, by contrast Sarah was outgoing and academically gifted. Paul felt close to his mother but had a difficult relationship with his father, who seemed to identify much more with his sister. He was quick to praise Sarah and celebrate her academic excellence, but he was often dismissive and sarcastic toward Paul, whose lack of direction seemed to puzzle and frustrate him.

   Paul had always gotten by at college with mediocre grades, despite having suspected attention deficit hyperactivity disorder (ADHD), although a formal assessment was inconclusive. He was not passionate about any particular subject area and had chosen to major in sociology because it “seemed easy and kind of general.” However, now that he was in the spring semester of his final year, this choice of major had left Paul unsure what he wanted after he graduated in the summer. He felt like he might do better with a career that was concrete and action oriented: “less academic and, you know, more practical.”

   Paul's depressive episode started after the winter break. He was finding it hard to concentrate and struggling with his courses; in particular, his anxiety that he might fail stats had led Paul to think that maybe he should “just drop out.” Being given the “sick role” at this point in treatment seemed to reduce somewhat Paul's anxiety and persuade him to hold off making drastic decisions about his college and professional future. It also helped him start considering practical solutions to his most pressing current problems, in particular how to handle his failing grade in his stats class.

   Having conducted the interpersonal inventory, the IPT therapist hypothesized that Paul's depressive episode had been triggered by his uncertainty about what to do after college (a role transition) and exacerbated by the pressure and high expectations resulting from his tense relationship with his father (an interpersonal dispute). The fact that his sister had recently gotten engaged and been accepted into law school had left Paul feeling even more inadequate and lost. This interpersonal formulation made sense to Paul, and he and the therapist agreed to focus their work together in therapy on his upcoming postcollege role transition and his interpersonal dispute with his father.

   In the middle phase of treatment, the therapist worked with Paul to help him clarify his role transition by separating his feelings and views from other people's, coming up with options about his next career step, and identifying individuals who could help him in this transition by providing information or support. The therapist also helped Paul become more aware of how his father's derogatory remarks affected his depression and assisted Paul in learning to set limits with him.

   Over the next few weeks, Paul's depressive symptoms began to improve, and increasingly he took an active role in therapy. Paul explained his situation to his stats professor and, based on her advice, decided to take an incomplete grade for the course. He also made an effort to spend more time with his friend Lisa, and in doing so became friends with her roommates. These accomplishments gave Paul a sense of interpersonal mastery and a new sense of confidence. Paul also became more proactive about planning what to do after college. Reflecting on how much he had enjoyed taking an introductory EMT course, he did some Internet research and talked with a career counselor about next steps in exploring this as a potential career. Paul also worked hard at setting limits in his interactions with his father. Although he felt they “weren't any closer,” he became better at establishing limits and over the course of therapy their phone conversations began to affect Paul's mood less.

   Having declined steadily, four sessions before treatment termination, Paul's HAM-D depression score briefly increased by several points. Reflecting that this was quite normal for a patient nearing the end of treatment, the therapist assuaged Paul's anxiety about ending therapy, reminding him of the considerable progress he had made over the previous few months. In the final phase of treatment, Paul and his therapist took stock of the progress he had made: the improvements in his depression, his increased interpersonal mastery, and the progress he had made in his postcollege role transition and interpersonal dispute with his father. This discussion became a springboard to discuss Paul's ongoing progress after therapy, the problems that might trigger a future depressive episode, and the resources available to Paul to deal with them. Paul reflected that he felt proud of his gains during therapy and pleased about his decision to take a second EMT course after graduating. He was realistic about his relationship with his father, noting that although he was now giving him more space, when it came to his career plans, his father still did not really “get it.” He felt good about his relationship with his mother, who had been very supportive of his treatment and encouraging with regard to his plans for the future. Now that Paul felt more secure in himself and his future, he was also able to enjoy his sister's success more. When, in the last session, Paul and the therapist discussed treatment termination, Paul reflected that although things “weren't perfect,” he felt he would “do all right.”

   Before the termination of treatment, the therapist made sure to keep the door open by letting Paul know that if ever he needed more help he could recontact her. Eighteen months later, Paul did call. He reported that in general things were going well. He had not had any more depressive episodes, had become a full-time EMT, and was enjoying the work. He had made a few new friends, and although mostly he was focusing on his career, had been dating casually. However, although he was getting on well with his mother and sister, his relationship with his father remained distant. Paul still felt that in his father's eyes he was “just an EMT” and resented feeling “like I somehow disappointed him, or something.” Recently, Paul's father had suffered a heart attack, which had left Paul feeling anxious and as though he should try to “patch things up between us.” The therapist congratulated Paul on the gains he had made and reminded him of the importance of separating his own feelings and views from those of others. She helped him accept that his current relationship with his father might be “as good as it gets” and gave him an opportunity to mourn the fact that he might not ever get to be as close to his father as he would have liked. This realization, while sad for Paul, made him feel “less bad, less … responsible for how things are between Dad and me” and appeared to reduce his anxiety about their relationship.

(Wedding 367-369)

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