

INTERPERSONAL COUNSELING

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This adaptation derives from Weissman MM, Markowitz JC, Klerman GL (2007) *The Clinician's Quick Guide to Interpersonal Psychotherapy* New York: Oxford university press, New York, and is fully protected by copyright. This version can be used in Colombia for the project requiring this adaptation and can be modified to be culturally suitable for the population.

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I.OVERVIEW

Interpersonal Counseling for Colombia (IPC-Col) is an adaptation of Interpersonal Counseling initially developed for use by primary health professionals (such as nurses) to treat adults in primary care with non-psychotic major depression. It has been adapted for different disorders and ages (from adolescents to the elderly) and efficacy and effectiveness have been demonstrated in numerous clinical trials. This manual uses a simplified format to facilitate training of health workers who may not have mental health training. It also incorporates the experience of using this format for treating depression in displaced population in Colombia.

This manual will be used as part of a mental health stepped care model in women who have been displaced victims of armed conflict and currently live in some localities of Bogotá.

Facts about Depression

Depression is common.

Depression runs in families.

Depression can occur at any age.

Depression may occur when there are major life changes, serious disagreements with others, death of a loved one or when someone is lonely.

Depression makes usual work and family life difficult.

Depression is treatable.

IPC focuses on:

“Here and Now”

People who are important in a person’s life

The link between the person’s depression and current problems

Finding new ways to deal with these problems

Breaking the social isolation

Facts about IPC

IPC is a time limited treatment for Depression.
IPC makes explicit the diagnosis of depression and the treatment plan.
IPC emphasizes that depression is not anyone's fault.
IPC looks at what was happening in person's life when the current depression began.
IPC focuses on one but not more than two of four problem areas associated with the onset of depression:

Grief- resulting from death of a loved one
Disputes – unsolvable disagreements with someone important
Transitions – any life change, bad or good
Loneliness and Social Isolation – feeling lonely, bored and/or isolated from others.

Interpersonal Problems Associated with Depression

DEATH OF A LOVED ONE-GRIEF

Depressive symptoms started around the time of death of a loved one or in the following months.
The person feels that she cannot stop thinking about the dead person.
In normal grief depressive symptoms go away in a few months. The person does not feel suicidal. With unresolved grief, symptoms are prolonged and associated with impairment.

Goals of therapy are to help person mourn the loss of the loved one; include the memories of the deceased into the person's current life; and find other activities and people who will help to make the person's life better.

DISAGREEMENT-DISPUTES

Depressive symptoms are connected to an ongoing disagreement with someone important in the person's life.
The disagreement usually has to do with a different expectation between two people close to each other about how to handle situations or about what each person wants from the other.
The person does not believe that the disagreement can be solved.
The stages of the disagreement are:

Renegotiation – The person is still trying to resolve the disagreement. The therapist helps the person find different ways of talking to the other person in order to manage the problem. A person in this stage still wants to work things out, but needs help with how to do this.

Impasse – The person feels like nothing will work. The person feels stuck. Talking

has stopped and there is a lot of anger in the air. The person thinks that nothing can be done to make things better. The therapist tries to get the person to try one more time and to find new ways of handling the problem.

Dissolution –This usually marks the end of the relationship and disagreement, but the therapist might assess to see if there is a chance to save the relationship. She might ask the person to delay the break up until they work together to see if any changes are possible. If it is too late for anything to get better, then the therapist helps the person end the relationship and move on.

Goals are to help person decide what he wants in the relationship, to figure out the stage of the disagreement, and to help the person develop new skills for talking to the other person in the disagreement about what he wants.

LIFE CHANGES-TRANSITIONS

Depressive symptoms began around the time of a life change.

The person is having difficulty managing the new situation and does not feel prepared for it. Examples of life changes include a spouse having an affair, a new daughter –in-law moving into a husband’s home with his parents, a person learning that she has a medical illness, a person caring for someone who is dying, moving away from the family, not finding a job, a loved one moving away, poverty after the death of a breadwinner, and separation or rejection by a lover.

Not all life changes are negative. For example, a wanted marriage or the birth of child can lead to depression. The person needs help adjusting to life changes by understanding the losses and gains that the new situation presents.

Goals are to help person recognize that she has feelings such as sadness and anger, confusion, or powerlessness about the change; to learn the skills necessary for handling the change, including finding advocates and supporters who can help; and to see what is positive about the change.

LONELINESS AND SOCIAL ISOLATION

Depressive symptoms are related to the person’s loneliness and isolation.

The person has a history of problems making friends and/or keeping them.

The person talks about feeling lonely and feeling separated from others.

The feelings are not connected to anything that has happened recently but have been felt for a long time.

Goals are to help the person make friends by learning how to start and keep friendships and identify and overcome obstacles to forming friendships.

II. COUNSELING SKILLS FOR MENTAL HEALTH OUTREACH WORKERS

1. ***Conduct sessions in a place that promotes confidentiality and gives the patient a feeling of safety.*** Provide a calm, private setting in which patients feel safe to open up. This is an important part of establishing trust between the patient and Community Health Care Worker (CHW).
2. ***Show your sensitivity and respect to patients' emotional vulnerability.*** Patients are often struggling with traumatic experiences and painful feelings. Providing a patient a gentle approach will help them to trust you (e.g., even if you are trying to be comforting, be careful about touching a patient who has suffered physical or sexual abuse).
3. ***Show empathy.*** Empathy means to let yourself experience what the patient is feeling and let them know that you understand what he or she is going through. Showing empathy is a powerful healing tool: it helps the patient feel more supported, understood, and less alone. It also lets patients express often uncomfortable feelings such as anger, envy, sadness, and guilt). Empathy is **NOT** about giving advice, or telling patients what you think is the right solution for them.
 - a. Try to understand the type and intensity of the patient's feelings (Is the client sad or angry? A little angry or very angry?)
 - b. Acknowledge the patient's feelings ("I can hear in your voice how angry you are feeling right now.")
4. ***Use active listening.*** This means listening to patients, and showing through your posture and your attentive expression that you are interested in what they say. In addition to empathy, paying attention through active listening is another powerful healing tool.
5. ***Ask patients questions that will help you understand the problems they are having in their lives.*** The information patients give depends on the way in which questions are asked;
Open-ended questions encourage patients to open up and answer from their own perspective:
 - a. "Tell me about your depression and when you think it began."
 - b. "What is the reason you felt so sad this week?"Direct questions can be used to obtain specific details:
 - a. "Who are the important people in your life?"
 - b. "Who did you see this week?"
6. ***Follow the patient's lead about religion.*** If patients bring up religion, explore how it relates to their depression (e.g., Does the individual feel comforted by their beliefs? Forsaken?). If a patient's faith offers a valued source of personal strength and social support, this can be used to support the treatment (e.g., engaging with the church community can help the patient feel more peaceful and less isolated).

III. STRUCTURE OF INTERPERSONAL PSYCHOTHERAPY IN COLOMBIA

Step 1 (1 session): The therapist gets to know the depressive symptoms (use of the PHQ-9), explains what depression is and maybe begins to learn about the problems associated with the onset of the symptoms.

Step 2 (2 sessions): The therapist and patient discuss the interpersonal problems that triggered the depressive episode and discuss general strategies to improve the symptoms and functioning such as BA, mobilize social support and relaxation. At the end of the 3rd session the therapist screen the patient again, summarizes the changes in the patient's symptoms and problems. The therapist and patient decide whether to close the intervention with follow up, continue to step 3 or to refer to a specialist. If the patient is ready to leave the process then the therapist and patient discuss potential future problems that might bring about a return of depression; they also clarify what are the person's warning depression symptoms and what the person needs to do when they start appearing again; The patient expresses feelings about finishing treatment.

Step 3 (4-5 sessions): The therapist and patient discuss in deeply the major problem areas associated with depressive episode and discuss specific strategies to improve the symptoms and functioning. At the end of the 5th the therapist screen the patient again, summarizes the changes in the patient's symptoms and problems. The therapist and patient decide whether to close the intervention with follow up or to refer to a specialist. If the patient is ready to leave the process then the therapist and patient discuss potential future problems that might bring about a return of depression; they also clarify what are the person's warning depression symptoms and what the person needs to do when they start appearing again; The patient expresses feelings about finishing treatment.

Step 4 (To discuss): Referral to mental health care specialist from the public mental health pathway, if needed.

IV.STEP 1– GETTING TO KNOW THE PERSON AND THE INTERPERSONAL CONTEXT OF THEIR DEPRESSION (1 SESSION)

Overview of Initial Phase Session

Session 1

- 1 Welcome the patient.
- 2 Introduce yourself.
- 3 Introduce the informed consent
- 4 Apply the screening test (PHQ-9, GAD 7 and PCL-C)
- 5 **psycho-education:**
Name the problem. Review depression symptoms from the PHQ-9 and discuss with the patient her or his depression status. Say explicitly that the patient has

depression, using local terms.

Give hope. Remind the patient that the depression that she has is treatable and that with treatment the patient may feel better.

Give the patient the sick role. Let the patient know that she may not be able to do all of the things that she wants and needs to do while she is depressed. She may need help now, but will get better. Give an example from physical health: *“If you had broken your leg would you and others around you expect you to do everything as well as you used to?”*.

Make the links between client’s thoughts, feelings and what is going on in her life. Using role playing, the therapist tell the patient “What would you think if you are standing up on the bus and somebody push you” The patient asnwrs--- “Then what would you feel?” ..“and would you do”. Then therapist explains that there is a relation between what she thinks, feels and does, so part of healing with the problem depends on her.

- 6. If the client needs and wants to continue with step 2, explain the principles and rules of IPC:** confidentiality; length and frequency of treatment; policy for missed appointments; ways to contact therapist during the week if there is a crisis. About dropping out (“if you feel that you would like to stop coming, it’s important to come and discuss this, maybe we can find what the problem is and deal with it”), the need for safety (suicidality/safety planning), and the policy about cell phone usage during sessions.

- 7. Summarize session and plan the next appointment.**

STEP 1 TASKS AND EXAMPLES

The initial phase has specific tasks and these are outlined below with scripts to illustrate how to carry out the tasks.

Diagnose Depression

- The important tasks of the initial phase of IPC involves making the diagnosis of depression; informing the patient about his symptoms and what to expect in treatment; and learning what problems were associated with the onset of depression.

THERAPIST: Hello, my name is (----). I am here to support you in clarifying how much the symptoms that you have affect your life. If we find out that they do still affect your life, you and I will discuss the problems that lead to these symptoms and new ways for you to manage these problems so you don’t feel sad and overwhelmed. Now I’d like to ask you some questions.

- This is the time to ask about the depression or stress symptoms based on the PHQ-9 and check the answers against the cut-off points given by the study

directors.

THERAPIST: Based on your answers to the questions I've asked about how you are feeling I believe that you have depression symptoms. Feeling badly, not sleeping, not eating, not getting out of bed, and not laughing anymore or wanting to see friends are part of depression. These symptoms also have affected your work and relationships.

- Explain that depression is common, that we have good ways of treating it, and that the person will feel better. Also explain that the person may need more help than usual to do his every day work, and should let relatives and friends know that.

THERAPIST: Depression is common and you will get better. We have very good treatments for depression, through discussion and, if needed, medication. Depression is not madness. It occurs everywhere in the world, in the United States, Europe, and Africa, as well as in Jordan. So you are not alone. It's important for you to take care of yourself so that you get better. To get your everyday work done you may need a little extra help from family and friends. For the time being you may not even be able to do all of what you need and want to do.

As we go along we'll begin to understand when your depression started, what triggered it, and what options you have for improving your situation. Gradually you'll feel like you can do as much as you had before you were depressed. Feeling better is going to take a little time. In the meantime, who can step in to help you with the baby and the house chores? You mentioned before that your oldest sister has always been close to you, how about asking her to come by more frequently during these next few weeks? Do you think she will?

- Set the treatment contract, which includes stating the estimated number of sessions (2 or more if needed), length of sessions (1 hour), and the importance of continuing IPC care.

THERAPIST: We'll meet once a week for the next few weeks, to try to help you feeling better. Everyone is a little different, but these sessions will probably be enough to see a real change in your mood. Every session will be about 1 hour long. Sometimes you may have to change our meeting time if there is some important issue for you, and in those cases we will find a different time to meet that week. It's important that you come on time. Everything that happens in our sessions is private between you and me. All of this is OK with you?

V.STEP 2– (Session 2 and 3) DISCUSS THE INTERPERSONAL PROBLEMS WHICH TRIGGERED THE DEPRESSIVE EPISODE AND USE GENERAL STRATEGIES TO IMPROVE SYMPTOMS AND FUNCTIONING. POSSIBLE CLOSURE/GO TO STEP 3/ REFERRAL

Overview of step 2

Session 2

- 1. Problem-solve with patient** about reducing the impact of depression on her current daily routine. Find out who can help her now that she is trying to heal, for example, which relatives or friends can help with cooking, take care of children, etc.
- 2. Find out what happened around the time when the patient became depressed.** Was there grief, a dispute, a life change or transition, or an interpersonal deficit resulting in loneliness and isolation? It is possible that there was a combination of more than one problem area.
- 3. Identify the major problem area(s).** Outline your understanding of the patient's interpersonal problem. Based on the information gathered, determine the problem area(s) related to the current depression and choose one or two of the following (Review task and examples):
 1. Grief
 2. Interpersonal Disputes
 3. Role Transitions
 4. Interpersonal Deficits
- 4. . Get agreement from patient that this is the problem area(s) that she believes is causing depression and that she would like to change.** Do not choose more than two problem areas. Start slowly. If the patient disagrees with the chosen problem area (if the patient does not think that this is the important issue), focus on the one he chooses and then, during the step 3, try to link his chosen focus to the one you have in mind.
- 5. Find out how the patient would like the situation to be different.**
- 6. Summarize session and plan the next appointment.**

STEP 2 (session 2) TASKS AND EXAMPLES

- Find out what is going on in the person's current life e.g., family, work, friends. The therapist should pay attention to what was happening in important relationships when the depression started. Below is a list of some of the questions that the therapist might ask to find out about what has been going on in the person's life. These questions cover all four problem areas and depending on the client's

answers ask about specific area using questions for each area.

THERAPIST: Now I'd like to know what's been happening in your life. How are things going? (Allow the person to tell his story.)
When did you begin feeling sad, depressed, blue?
What was going on in your life when you started to get depressed?
What people are important to you?
How are you getting along with your husband or wife? With your children?
How are you getting along with other family members?
Do you argue a lot with people? With whom?
Have there been any changes in your life lately? A change in job, home, family?
How is your health? How is the health of people in your family?
Can you do as much as you could in the past?
Has anyone important to you died?
Do you feel lonely a lot of the time?

- If the situation is not clear, ask more questions in order to determine what problem may be related to the person's depression (grief, disagreement, life changes, or loneliness). If the person answers "yes" to any question above, ask for details.

SPECIFIC QUESTIONS FOR EACH PROBLEM AREA

Is the problem death of a loved one?

1. Has someone who was important to you died? If yes, when did this happen?
Continue with some or all of the questions below.
2. "Do you think your depression is connected to the death?"
3. Have you been able to talk about the dead person(s) with anyone?
4. Do you have trouble sleeping?
5. Can you do your normal work since your loved one died?
6. Do you cry often?
7. How do you feel about the death?
8. "How did you learn about the death? Add the follow-up, "Were you with the person when she died?" "When was the last time you saw her alive?" "what happened during that time?"
9. Did you go to the funeral? What was the funeral like?
10. Are you afraid of having the same illness as the person who died?
11. What did you do with the dead person's possessions?
12. Were there people you could count on to help you when the person died?
13. What kinds of support do you have?

Is the problem a disagreement?

1. Are you and someone else having a disagreement? (Include here problems with community members or local authorities). If yes, tell me about it.
2. "Do you think your depression is connected to this disagreement?"
3. Are you trying to change something or make something different in this relationship?
4. Are you and the other person still talking or have you given up talking?
5. How serious is the disagreement? Is the disagreement between you and the other person so serious that you feel cannot be solved?
6. Have you tried to get someone to help you solve this problem? (This is especially important if this is a woman. Has she gotten family members to speak on her behalf?)
7. What would you like to do about that relationship? Do you know what the other person wants to do? Have you discussed this?

Is the problem a life change or a role transition?

1. Has anyone moved in or out of your home? If yes, tell me about it.
 2. Has a friend or relative moved away recently?
 3. Was there a change in your relationship with your husband? Children? Relatives? Friends?
 4. Did you get a new job?
 5. Did you lose your job?
 6. Have you become ill?
 7. Are you having problems with the local authorities?
 8. Have you had any other change that I haven't asked about?
 9. "Do you think your depression is connected to this life change?"
- At the end of the questions, you should have some idea of what was happening in the person's life and when the depression began. Now ask about important people and problems in the person's life. These questions can be useful finding out more about the problems associated with depression (the person's problem in this example is disagreement).

THERAPIST: I'd like to learn about you and the people in your life. Let's start with you telling me about the important people in your life.

JEANNA: Well, there's my husband, my children, my mother, and my two friends.

- If the person isn't sure where to begin the therapist can make a suggestion such as:

THERAPIST: Why don't we start with your husband? Tell me about your life with him around the time when you started to feel depressed.

- As the person begins talking about people in her life, ask questions that will give as much detail as possible.

JEANNA: My husband has taken up with another woman. He comes home every now and then, but basically he has moved out. I don't want this. We are poor and don't have enough money; I need him here to help support our five children.

THERAPIST: When did this happen?

JEANNA: About 7 months ago.

THERAPIST: When did you start getting depressed?

JEANNA: Around that time.

THERAPIST: Have you tried telling him how you feel about this?

JEANNA: Yes, but nothing has changed.

THERAPIST: What did you tell him and how did you say it?

JEANNA: When I tried to talk to him he told me not to talk to him and then he left. I am not permitted to talk to him about this.

THERAPIST: Is there anyone else who can help you with this?

JEANNA: No.

THERAPIST: Tell me what it's like at home now.

JEANNA: My children are hungry. And I'm afraid that my husband will not come back. I love my husband and I miss him.

THERAPIST: You have a lot going on. How do you feel about all this, Jeanna?

JEANNA: I feel sad. I don't want to do anything. I don't want to cook or take care of my children.

THERAPIST: I'd like to know what else is going on in your life and about the other important people in your life.

- Continue probing until you have a good idea of who the important people are in the person's life and whether each person helps her manage her problems or makes her problems worse.
- After talking with the person about what has been happening and who the important people are in the person's life you can explain the connection between the person's depression and things going on in their life. For example:

THERAPIST: As I told you earlier you have depression. Your depression seems to be connected to the conflicts you are having with your husband.

[Replace disagreements with any of the other problem areas that seem to fit.] You've been feeling sad, having trouble sleeping, not doing your work at home ever since your husband took up with this other woman.

Though you've tried telling him how you feel, things don't seem to be getting better. So now you and he argue a lot and don't have good times with each other and with the children.

- Identify with the person one or two goals that will help the person to solve the interpersonal problem. Make a list of depression symptoms, the problem area(s), and specific goals for each person. Bring this list to each session to remind the person, if necessary, of her or his problems and specific goals. For example:

THERAPIST: It is clear that you've been depressed since your husband moved out and that he doesn't give you enough money to feed the family. Can we create some goals that will help you manage the problem? Do you have any ideas that would help you change this? How can you make him understand you better?

JEANNA: I want him to understand that I want him to stay home. And I want him to support his children.

THERAPIST: So one goal is to let him know that you want him at home. The second goal is to let him know that you need more money to manage your home. I'm going to write these important things down and together we'll figure out how you could let him know these things. What else could help you to solve the disagreements with him?

Session 3

1. **Start the session by asking the person "how have you been since we last saw each other"?**
2. **Link depression to events from previous week and events from previous week to depression.** For example, if the patient says, "I felt really down over the weekend," find out what happened in the interpersonal events linked to the person's problem area. If the patient says, "I had a lot of fights with my husband" find out how this affected his depression symptoms before exploring what happened (vicious circle).
3. **Present general IPT-EST strategies (BA, Social Support, Relaxation):**
4. **Encourage the patient to practice outside the sessions the strategies that have been learned in session.**
5. **Screen the patient with the 3 instruments**
6. **Close the intervention-follow up/ Continue to step 3 or refer to a specialist.**

STEP 2 (session 3) TASKS AND EXAMPLES

- Present general strategies (BA):

THERAPIST: Who can help you until you start feeling better again? What activities bring you peace and help you feel happier?

- (Encourage patient to start with a simple activity that he/she enjoys doing and start with 15 minutes a day. The 15 minutes could be increased gradually. Ask patient to notice changes in mood and physical symptoms after activity.)

THERAPIST: Remind that everything you do also is related to your mood and the way you think, so if you keep doing pleasurable things this will have an impact in the way you feel. It will be helpful to you to continue doing things/seeing people that lift your mood. You can maybe try increasing the time you spend doing pleasurable activities, or the time you spend with people that make you feel more at peace and happier.

- Present general strategies (Social Support), continue to help patients to identify potential sources of social support and people who can advocate on their behalf. Role play can be used to rehearse seeking support from others.

THERAPIST: You told me last time we met that your brother-in-law might be able to help with your disagreement with your neighbor. He sounds like a good choice: not only is he a wise and generous person, he is also very respected in the community. But sometimes it can be hard to ask other people for help. Let's practice that now. I'll play being you "say the name of the client" and you will play your brother-in-law, then we will switch the roles and you can practice how you would ask him to intervene in your dispute.

- The therapist teaches patients relaxation techniques as tools to combat their depression symptoms. Conducts relaxation training by modeling.

THERAPIST: Here are some simple exercises to help you feel more peaceful (to complete)

- Instructing patient to use these techniques in her daily routine (15 minutes/day)
- After teaching the previous techniques the therapist indicates the patient the need to screen again to review the progress and give advice for the next step.

THERAPIST: I'm going to ask you again some questions to review how your depression is going on. I will use the same questionnaires that were used in the 1st session. Based on your answers we will decide whether to continue with more sessions or to close this process or if you may need to see a mental health specialist.

VI.STEP 3– (Session 4 to 7)

DISCUSS MAJOR PROBLEM AREAS IN DEEP AND USE SPECIFIC STRATEGIES TO IMPROVE SYMPTOMS AND FUNCTIONING

Overview of step 3

Sessions 4, 5 and 6 use the same structure

1. Start the session by asking the person “how have you been since we last saw each other”?
2. Explain the objectives of each session
3. Focus on the identified problem area(s).
4. Teach specific techniques for problem areas
5. Encourage the patient to practice the techniques learnt
6. Schedule the next appointment

Tasks for each problem area

Grief—loss of an important person in the patient’s life

Strategies for Grief:

1. Review depression symptoms
2. Relate the beginning of symptoms to the death of a person important to the patient (worsening of symptoms at anniversaries).
3. Encourage the patient to talk and express his sadness about the loss.
4. Encourage the patient to describe the events just prior to, during, and after the death. Talk about the death scene.
5. Discuss the patient’s relationship with the deceased (reconstruct the relationship).
6. Discuss the patient’s positive and negative feelings about the deceased (“Every relationship has rough times. What was your rough time”?)
7. Discuss how the patient feels about the future without the deceased, including the unrealized plans and changes in the patient’s social or family status after the death).
8. Encourage relationships old and new and encourage the development of interests.

Techniques for Grief:

1. Encourage the patient to describe the circumstances of the loved one’s death, how he learned about it, what he witnessed, and who was around to support him. This may

include how the patient took care of the person while he was ill, how the person died, and how the patient and the community participated in the burial rituals. Throughout these discussions, gently encourage the patient to talk about his feelings and reactions. If the person is religious, discuss how faith helps the healing. Also, discuss if and how rituals took place. If there was no burial, discuss the option of having a memorial service.

2. The patient needs to tell the story of his relationship with the deceased. This includes how they met, how their relationship evolved, the positive aspects of the relationship, and if relevant and if the person seems willing, the difficult aspects of the relationship. Encourage the patient to discuss recent and past memories.

3. While the patient is going through the mourning process, encourage him to get on with his life; interact more with caring friends and family; find ways to fill his time; and distract himself if he is mourning excessively. Sometimes, people find it helpful to set aside a specific time during the day to mourn the deceased, and postpone the mourning until then.

Here is an example of how a therapist might approach a patient in an early and then a middle session when the problem is death of a loved one:

THERAPIST: Leila, you told me in our first meeting that you were devastated ever since your husband and daughter died. Do you think you could tell us today about your husband?

LEILA: I don't know where to start. There is so much running in my head. [This is a common response. Help by giving some guidance.]

THERAPIST: Well, could you tell me how he died? And maybe you could tell me about his illness.

LEILA: This is so hard. I get sad whenever I think about it.

THERAPIST: I think you'll begin feeling better after you've talked about your deceased family members. Talking about them and understanding your feelings about the deaths of your husband and daughter will help to make you feel better. Can you try now to tell me about them?

LEILA: I'll try. My husband died first. He had AIDS and was sick for about a year. I didn't know what was wrong with him until just before his death. I'm afraid that I'm sick also, but so far I seem to be fine.

- At this point, the therapist tries to encourage Leila to talk more about her husband rather than about her fears of her own illness. In later sessions she'll have chances to talk about her current worries. The therapist might direct her by asking a focusing question perhaps about the time of her husband's death.)

THERAPIST: How long has it been since your husband died?

LEILA: He died last November. He was so sick for the whole year. He couldn't even farm. So we didn't have enough money last year. I took care of him. He saw the doctor, but nothing helped. He was so

weak. (She is crying as she describes the last year of her husband's life.)

- THERAPIST: I'm so sorry Leila. You look so sad as you talk about him.
- LEILA: I cry every day. Nothing makes me happy. I always think about him. He treated me well. He worked so hard for the family.
- THERAPIST: Sounds like he was a good husband and that you miss him a lot.
- LEILA: Yes.
- THERAPIST: How are you feeling right now?
- LEILA: Terrible. I don't know what to do.
- THERAPIST: It's normal to feel the way you do. And I know talking about your husband is difficult, but talking about him and understanding how you feel about his death will help you to feel better later on.

This is an example of a later session in which Leila is further along in her mourning.

- THERAPIST: Leila, I noticed that when you were describing your depression symptoms, you had fewer than last week. Why do you think that is?
- LEILA: Yes, I am feeling better. I'm not crying so much and I'm taking care of my home. I'm just not as sad. I'm not sure why.
- THERAPIST: I think part of the reason you're feeling better is that you've been mourning the deaths of your husband and daughter and that you've been doing things with others in your village.
- LEILA: Yes, some of the young women in the village have been coming to me for advice. I like helping the young women. I want to keep doing this.
- THERAPIST: I'm so happy to hear this.

Interpersonal Disputes—ongoing disagreements

Strategies for Interpersonal Disputes:

1. Review depression symptoms.
2. Relate symptom onset to the overt or covert dispute.
3. Identify the stage of dispute:
 - a. Renegotiation (clarify the situation to facilitate resolution)
 - b. Impasse (discussions have stopped about the disputed issue, both parties want to continue the relationship but feel hopeless and stuck)
 - c. Dissolution (one or both parties want to end the relationship; assist mourning and help person to move on. Make sure that this is not really an impasse: ask the

person if she is willing to try one last time).
4. Encourage the patient to talk about her or his feelings.
5. Help the patient to understand the dispute as a difference in expectations of the people involved: focus on a specific example of a fight and conduct Communication Analysis (see below).
6. Help the patient to understand her or his expectations.
7. Help the patient to understand, but not necessarily accept, the other's expectations using Communication Analysis.
8. Find out what the patient wants and choose a plan of action using the Decision Analysis technique.
9. Help the patient to change communication patterns to improve the situation using the Role Play technique.
10. Help the patient develop improved communication We need to find out which of these are relevant to the Colombian context: <ol style="list-style-type: none"> a. Find a good time to talk when the other person will be receptive to the conversation (strike while the iron is cold!!!). b. Focus on the current dispute (don't talk about all the mistakes the other person made in the past). c. Make specific statements about the person's behavior, not about the person as a whole (for example, "you hurt my feelings" leads to more constructive discussion than "you are horrible and disrespectful"). d. Acknowledge the other person's expectations ("I know you feel like I am not paying attention to you"). e. Use "I" statements about how you feel and what you want. f. Avoid using words such as "always" and "never." g. Find advocates to help if you cannot directly communicate with the other party.

Techniques for Interpersonal Disputes:
1. The patient describes in detail his view of the problem, his expectations about the situation, and what he would like to change.
2. The patient then describes the problem from the other person's point of view and the other person's reactions and feelings.
3. The patient describes how he has tried to change the problem.
4. Throughout this process, encourage the patient to give specific examples of recent exchanges with the other person and conduct Communication Analysis, for example: how did the fight start? What did you say? What did he say? How did you feel when he said that? how did you respond? Role play of the disagreement might be used to clarify each person's position. Role play can also be used to help the client come up with new ways of interacting with the

other person. Keep in mind that the communication changes need to be in keeping with the local culture. Effective communication may be either direct or indirect.

Here is an example of how a therapist might approach a patient in an early middle and then a late middle session when the problem is a disagreement:

THERAPIST: Christine, during our first session you told us that you are very unhappy with your husband and that you have been arguing with him for almost a year.

CHRISTINE: Yes.

- If the client doesn't add more detail, you may encourage more detail by asking the following:

THERAPIST: Could you tell me about the disagreements that you've been having?

CHRISTINE: I need to go to the next village to stay with my mother who is sick. Whenever I do, I come home to find out that my husband has had another woman in our home. I tell him he has no right to do this. I tell him that I am a good wife and that he should not do this. I don't know what to do. Maybe I'll leave him.

THERAPIST: Is that what you really want to do?

CHRISTINE: I don't know... I love him. But he's not being a good provider for me and my children.

THERAPIST: Before you take such a big step, perhaps you have some options that you haven't thought about. Maybe we could spend time talking about what else you might try with your husband so that you could stay in your marriage and also get him to stop bringing other women into your home.

CHRISTINE: Well, we could try, but I don't feel hopeful.

- This is a good opportunity to educate the patient about the symptoms of depression, in this case, feelings of hopelessness.

THERAPIST: Christine, I'm glad to hear that you'll try to think of other options. I think you may get some ideas that you might try with your husband that might work. I also want to point out that feeling hopeless is one of the symptoms of depression.

- This is an example of a later session in which Christine talks about her progress with her husband.

THERAPIST: So, it looks like your symptoms have improved again this week.

CHRISTINE: Yes, and things are a bit better at home. I tried one of the problem solving options we discussed a couple of weeks ago. I decided to tell my husband that because of all the other women that he was bringing into the house was making me so depressed that I wasn't taking good enough care of our children and our home. This made sense to him. And while he doesn't like not having other women, he loves his children and his home. So I'm much happier, and now we just fight about everyday things. I've also stopped going to my sick mother's as often as I did. I have asked my sisters to go more often. I feel better.

THERAPIST: Thank you, Christine for working so hard. It's good to see that you are feeling better.

Role Transitions—life changes

Strategies for Role Transitions:

1. Review depression symptoms
2. Relate depression symptoms to difficulty in coping with the new life situation.
3. Discuss positive and negative aspects of the old role.
4. Mourn the loss of the old role.
5. Discuss the positive and negative aspects of the new role.
6. Explore opportunities in the new role.
7. If no positive aspects exist help the patient determine what is within her or his control.
8. Help the patient to develop new skills that she or he will need in the new role.
9. Help the person to find advocates and supportive people to help him manage the new role (for example, encourage patients to talk to people with power in the community or non-governmental organization to help them with material assistance. Work with the patient on how to identify these people and rehearse with the patient how to talk to them.

Techniques for Role Transitions:

1. Encourage the patient to describe in detail the change that is occurring.
2. Help the patient to explore the positive and negative aspects of the old role.
3. Help the patient to explore the positive and negative aspects of the new role. If there are no positive aspects to the new role, for example a serious illness, then the patient needs to work on technique #4.
4. Encourage the patient to identify skills and people in his life that will make the new

role easier.

Here is an example of how a therapist might approach a patient in an early middle and then a late middle session when the problem is a life change:

THERAPIST: Emmanuel, we know that you've been depressed ever since you lost your leg when the roof collapsed during the earthquake.

EMMANUEL: I've been feeling down ever since this accident. I don't see the point anymore. After losing my leg, I cannot work. I used to work in the field, farming, and now there is nothing I can do to make a living. I feel like I let my family and the whole community down. Now I don't care what happens to me. I am hopeless and don't see a future for myself.

THERAPIST: Your injury has been devastating for you, but some of the hopelessness that you feel is because you're depressed. People with depression usually feel hopeless.

EMMANUEL: The doctor tells me things to do but I don't listen.

THERAPIST: What does he say?

EMMANUEL: He tells me to do special exercises to help my mobility. But I don't care; I don't take pleasure in doing things for myself anymore.

THERAPIST: I can hear the despair in your voice as you say that...

EMMANUEL: I am ashamed and feel helpless. I have a family to support and I'm incapable of providing for them. It's humiliating! Why would God do this to me? I don't deserve this.

THERAPIST: I agree with you, Emmanuel, that you don't deserve this. Your physical loss is a great burden to deal with, and so is your depression. You have both. What was your life like before you were injured?

- This is a section of a later middle session with Emmanuel.

THERAPIST: Emmanuel, how have you been doing?

EMMANUEL: I've been okay, I guess. I have some better days and some more difficult days. I don't want my family to have to see me in this terrible pain so I am trying for them and myself. I still think what happened to me is unfair, but I am trying to find ways to help others that are suffering as well.

THERAPIST: That's so good to hear. What ways have you found to do this?

EMMANUEL: Well, I started going to the church more and realized I could help the priest by organizing some events for the orphaned children, especially around the Easter celebrations.

THERAPIST: That sounds very good. How do you feel?

EMMANUEL: I feel a bit better. I think being more involved in the church has

helped me; it gives me something to do with my time. I feel needed when I am there.

THERAPIST: I am glad that you are feeling better. It takes time to heal and helping others is definitely one way to move forward.

Interpersonal Deficits—loneliness and social isolation

Strategies for Interpersonal Deficits:

1. Review depression symptoms.
2. Relate depression symptoms to isolation.
3. Explore current and past social interactions.
4. Find out the problems in the social interactions. Does the patient have trouble starting and/or maintaining relationships?

Techniques for Interpersonal Deficits:

1. Rehearse social skills for creating new relationships and deepening existing ones.
2. Use extensive Role Play and feedback.
3. Encourage the patient to have social interaction outside the therapy, and have the patient talk during the sessions about how the experiments from the previous week went.

- The following tables described in detail the sub-strategies mentioned above to help the patient learnt interpersonal skills.

COMMUNICATION ANALYSIS

- | | |
|----------------------|---|
| WHY WE DO IT? | 1. Help the patient to understand the feelings she conveys with verbal and nonverbal communications. |
| | 2. Help the patient to understand the impact of these communications on others. |
| | 3. Help the patient to understand the impact of other communications on her or himself. |
| | 4. Help the patient to understand that she has the ability to change these interactions and that as a result, change the feelings associated with the relationship. |

	5. Help the patient to understand the feelings that she conveys with verbal and nonverbal communications.
GUIDELINES (HOW TO DO IT)	1. Identify an interpersonal communication to examine in detail (“Let’s talk about the worst fight of the week”, or “Tell me the visit to your sister’s house went,” etc.
	2. Encourage the patient to explain what was said in the communication. Ask questions such as, What did you say? What did she say? How did it make you feel? Is that the message you wanted to send? What else could you have said? How could you have said it differently? How did you feel when she said that to you? What do you think she meant?

Decision analysis (finding options)

- Following exploration of the situation through communication analysis, encourage action: “What are you going to do about the situation?”, the therapist should try the following:
 1. Select an interpersonal situation that is causing a problem.
 2. Encourage the patient to generate possible solutions to the conflict. Brainstorm, but don’t evaluate any of the ideas yet.
 3. Evaluate the pros and cons of each solution.
 4. Select one solution or a combination of them to try first.
 5. Rehearse the interaction for the first solution.
 6. Encourage the patient to try the solution during the week. Remember to reinforce that this is an experiment and that it may or not work, but that it is important for the patient to come back the next week to discuss the outcome. Start with smaller problems first to help patient build confidence.
 7. Review the interaction the following week, examining either its success or where it didn’t work and possible reasons why.

ROLE PLAY	
WHY WE DO IT?	1. To give the patient a safe place to practice what she or he would like to do in the situation before actually encountering it.
	2. To give the patient the opportunity to practice and to receive feedback on skills and strategies prior to trying to apply them outside of the therapy session.
	3. To improve the person’s social confidence.
GUIDELINES	1. Role-playing is an active technique (act it out).
	2. Be prepared initially to gently push some patients to do role playing. They may feel self-conscious and reluctant at first.

3. Do not make the role-play too easy (remember that in reality the other person may be rough or confrontational).
4. You have the option to play the patient role first so that the patient can give you a feeling for how the other person really is. You can also start by being the other person. It's up to you and the patient. You can switch roles as needed.
5. At the end of the role-play, ask the patient how she or he felt: Was she comfortable with any part of the role-play? Does she or he feel that this could be tried at home?
6. For anxious patients, lead them to it gently. Talk through the role-play first. Structure it for them.

WORK AT HOME	
WHY WE DO IT?	<ol style="list-style-type: none"> 1. To try out potential solutions to interpersonal problems discussed in sessions. 2. To practice interpersonal skills rehearsed with the therapist. 3. To maintain treatment momentum between sessions.
GUIDELINES	<ol style="list-style-type: none"> 1. Explain to the patient that he will be experimenting with new skills developed through communication analysis, decision analysis, and role-play. 2. Work at home is developed as a result of work within a particular problem area. 3. Work at home is tailored to the individual patient and is not strictly prescribed.

VII. TERMINATION OF THE INTERVENTION

Overview of Termination Session (7)

Termination is explicitly discussed throughout the therapy.

1. Welcome the patient and remind her that this is the last session
2. Check on the patient's mood and other symptoms of depression.
3. Encourage the client to talk about how she's feeling about ending treatment.
4. Make sure to talk about the specific changes both in mood and relationships that the client has made.
5. Ask what client is worried about in the future.
6. Discuss possible skills the patient might use to prevent depression.

7. Ask the patient to describe how she would know that the depression is coming back, i.e. what symptoms will she notice. Make an action plan (i.e. who and how to contact in case she needs)
8. Explain that it's normal to be frightened, sad, and even angry as treatment ends.
9. Explain that there will be follow up session and what would be its content

10. Screen again (to discuss)

- This session begins like all the others with the therapist asking about how the patient has been feeling and about their symptoms of depression. The important tasks of the therapist are to bring up the issues and feelings associated with ending the therapy. These include: recognizing the feelings the patient is likely to have as the sessions end – sadness, fear that depression will return, feelings that the therapist doesn't really care about what happens to the patient; recognizing the successes in relationships that the patient has had during these weeks; looking ahead to see what the patient needs to continue working on; recognizing what has not changed for the patient; saying good-bye to the therapist even though they may see each other in the follow up session.

THERAPIST: I want to remind you that we are in our last session. We're going to talk about the changes you've made since we've started that have made you feel better, what you still need to work on even after we stop meeting, and how you are feeling about not coming to the sessions anymore.

JEANNA: I am getting along better with my husband. We don't fight as much and I feel better, but I'm afraid that I won't know what to do next week when we aren't meeting. You have helped me a lot.

THERAPIST: Do you have any other worries?

JEANNA: Just that I was feeling very sad and worried this week when I began thinking about this.

- This is a chance for the therapist to tell the patient that her feelings are common when therapy ends. Many people feel this way towards the end of their therapy.
- Toward the end of the final session, the therapist talks about how much *she* has enjoyed working with the patient and that *she*, too, will miss the weekly meetings. She reminds the patient that she will be following up with her to see how she is doing in the next month.

VIII. APPENDIX

SUGGESTIONS FOR THE THERAPIST

- 1 You are not a friend. You are someone who listens without scolding and criticizing and supports what clients say.
- 2 You encourage clients to express their feelings about problems, even when those feelings are painful.
- 3 Gently bring the focus back to clients' mood and interpersonal problem area(s) when they talk about something that doesn't seem to be connected to their depression.
- 4 Get information from clients that will help them to understand the problems that they are having in their lives. Get the information by asking the following kinds of direct or open-ended questions:
 - o Ask direct questions to get information such as:
 - ? Could you tell me about your children?
 - ? Who are the important people in your life?
 - ? Who did you see this week?
 - o Ask open-ended questions such as:
 - ? Tell me about your depression and when do you think it began.
 - ? What is the reason you felt so sad this week?
- 5 Encourage clients to express feelings, including anger, sadness, and guilt. Empathy and active listening are powerful agents of healing.
- 6 Make links between clients' thoughts and feelings as well as between symptoms and what is going on in their lives.
- 7 Encourage clients to practice between sessions the new interpersonal skills that they are developing.

DEALING WITH SPECIAL PROBLEMS

The person is suicidal

- This is a very serious problem, and one that you must watch for when working with people who have depression.
- Listen for signs of suicidality. If a client describes feeling worse, ask detailed questions. Do not be afraid to ask about suicidality. It is a symptom of depression that, because of its seriousness, must be investigated. For example:

GEORGE: I had a terrible week. Nothing was good. I just stayed in bed and I couldn't eat.

THERAPIST: George, you seem to feel worse this week. Do you feel like you'd rather not be alive?

GEORGE: Yes. (If he doesn't say more, the therapist needs to ask more question.)

THERAPIST: Have you thought about hurting yourself? (If the answer is yes, continue by asking for more details.) Do you have a plan for how you would hurt yourself?

- If the client answers yes to all these questions, you must act to get whatever special help is available for the person so that he or she does not hurt or kill himself. Family members can often be helpful in making sure that the person is safe. The person needs to be watched carefully.

The person wants to stop coming to sessions

- This is a common problem, especially early in treatment. Try to get person to talk about why she wants to stop.

JEANNA: I am not sure that I can keep on coming to these sessions.

THERAPIST: Tell me more about that, Jeanna.

JEANNA: Well, last week when I was talking about how I feel, I wanted to quit. It was just too hard.

THERAPIST: And how did you feel after that, during the week?

JEANNA: Well, in a few days I felt better, and I decided to come back today. But it's hard talking about these things.

THERAPIST: I know it can be hard. But I'm happy that you came back today, and could tell me about your feelings. Sometimes when people talk about the problems in their lives they feel worse and don't want to keep doing talking about it. But the way to stop your depression is to keep talking about the problems

in your life that are making you feel that way, and to keep trying out new ways of dealing with your problems. I'm happy we can talk about your feelings about dropping out. This is the place to talk about all feelings.