

Education

New Approaches to IPT: The Use of Teleconferencing and Supervision of a Multidisciplinary Group

Leslie Flynn, MMus, MD, CCFP, FRCPC¹, Bethmarie Michalska, MA, Dip. Clin. Psych.², Eleanor Rosenzweig, MSW, RSW, MTS³, Sangeeta Gupta, BSc., OT, OT Reg. (ON)⁴, Laurie Gillies, PhD, CPsych.⁵

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Interpersonal psychotherapy (IPT) is a focused, time-limited, manual-based psychotherapy that was developed to treat depression. It emphasizes the link between mood and the current interpersonal relations of the depression patient while recognizing the roles of genetic, biochemical, developmental and personality factors in the cause of and vulnerability to depression. IPT was developed by Myrna M. Weissman and the late Gerald L. Klerman M, together with their colleagues at Harvard and Yale Universities (1). This short-term psychotherapy was created specifically to treat depression in adults, and randomized controlled clinical trials have repeatedly demonstrated its efficacy. Increasingly, IPT has been seen as an effective management strategy for additional clinical presentations, such as depression in adolescents and the elderly, dysthymic disorder, eating disorders and anxiety disorders.

Strong demand exists for such a short-term, empirically validated psychotherapy treatment, given that current political and economic pressures limit access to longer-term therapies. Psychotherapy is a knowledge- and skill-based activity. It therefore requires supervision to obtain the appropriate skill set. Traditionally, this involves two individuals: an experienced clinician and a supervisee. This required one-on-one relationship restricts the

dissemination of skills, because the number of experienced supervisors is limited. Further, geographical separation—particularly in a country as vast as Canada—may prevent training from occurring. In this paper, we describe the successful use of widely available teleconferencing technology to train both individuals geographically separated from their supervisor and a team of diverse clinicians.

The Training Program

In setting up the program, a skilled and qualified IPT supervisor (located in Toronto, Ontario) was first identified. The trainees (located in Kingston, Ontario) were experienced mental health-care clinicians from four different disciplines: psychiatry, psychology, social work and occupational therapy. All trainees obtained core knowledge from the IPT manual, *Interpersonal Psychotherapy of Depression* (1), and participated in a three-day workshop conducted by the IPT supervisor. Educational Services at Hotel Dieu Hospital, Queen's University, Kingston, Ontario, provided teleconferencing facilities and patient videotaping. Suitable depression patients were selected for IPT treatment. Their informed consent for videotaping of the therapy sessions and for viewing of these tapes by both supervisor and trainees was obtained. Each trainee provided one-hour IPT sessions to a patient for a 16-week period. The videotape of each session was duplicated, and one copy was sent to the IPT supervisor for review in its entirety before each supervisory session. Two-hour supervision sessions were held weekly in Kingston. For these sessions, therapists identified key segments of their weekly sessions for review by the trainee group during the initial hour. In the second hour, teleconferenced supervision was conducted by the Toronto-based supervisor. During this hour, the supervisor led an in-depth discussion of each case and highlighted the effective application of IPT technique. Each trainee completed one case and participated fully in the viewing and supervision of all cases. One trainee with less formal training in psychotherapy completed a second case. The supervisor determined certification of competency.

Distance Learning

Psychotherapy training has traditionally been a face-to-face enterprise; however, distance learning has expanded

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¹Assistant Professor, Dept of Psychiatry, Queen's University, Kingston, Ontario; Lecturer, Dept of Family Medicine, Queen's University, Kingston, Ontario.

²Psychological Associate, Hotel Dieu Hospital, Kingston, Ontario; Adjunct Lecturer, Dept of Psychiatry, Queen's University, Kingston, Ontario.

³Social Worker, Hotel Dieu Hospital, Kingston, Ontario; Adjunct Lecturer, Dept of Psychiatry, Queen's University, Kingston, Ontario.

⁴Occupational Therapist, Adult Psychiatry, Hotel Dieu Hospital, Kingston, Ontario; Adjunct 1 Clinical Supervisor, OT Program, School of Rehabilitation Medicine, Queen's University, Kingston, Ontario.

⁵Assistant Professor, Department of Psychiatry, University of Toronto, Toronto, Ontario; Adjunct Faculty, York University and OISE-University of Toronto, Toronto, Ontario.

training opportunities. "Distance learning" refers to the use of technology (for example, telephones, teleconferencing or videoconferencing) to mediate educational and training experiences. There are several key aspects that increase the success of distance learning.

First, in a review of the e-mail supervision literature, Kanz noted that any form of technologically mediated supervision is more successful when there is a pre-existing relationship (2). In the present context, several factors converged to strengthen the quality of this pre-existing relationship. All four trainees practise psychotherapy at the same institution. In addition, the three-day workshop established a working relationship with the supervisor. Further, during this intensive workshop, trainee interaction generated motivation for more intense training and a closer relationship.

Second, as Scaturio notes, manualized treatments allow for increased common procedures, which are further promoted when adequate supervision has occurred (3). All trainees studied the same manuals: *Interpersonal Psychotherapy of Depression* (1) and the *Comprehensive Guide to Interpersonal Psychotherapy* (4). This gave them a common language, shared with the supervisor, which enhanced the IPT supervisor-trainee relationship.

Third, others have observed that a videotaped session not only gives the supervisor a fuller perception of the patient but also "fosters a greater sense of alliance between the therapist and the supervisor" (5). In this context, the fact that trainees had their sessions observed by the supervisor and also presented sections of their videotapes to their colleagues fostered a group training alliance and enhanced the supervisory experience.

Finally, the IPT supervisor in this program encouraged a heightened sense of collegiality by instilling an on-model (IPT) feedback discussion at each weekly supervision session, wherein trainees discussed each other's therapy work. The supervisor emphasized group problem solving with respect to IPT strategies. This last element addressed a typical criticism of teleconferencing. As Wetchler and others (6) point out, what teleconferencing gains in "long-distance learning" is lost in terms of perceptual cues available in face-to-face communications; that is, the subtle nuances of posture or facial expression may be lost. Because the trainees could physically observe each other in the room where group teleconferencing and supervision occurred, this concern was significantly diminished.

Multidisciplinary Group-Integrated Supervision

Very little has been published on psychotherapy training wherein trainees learning to conduct therapy with individual patients are supervised in a group. In their review of psychotherapist training, Halgin and Murphy point out that the dyad is by far the most common structure within which supervision takes place (7). Notions of "group supervision" include supervising a single therapist conducting group therapy or setting up several "learner opportunities" for a single trainee, wherein the trainee receives the viewpoint of several experienced clinicians.

We therefore call our program "integrated supervision," because the individual trainees coming from psychiatry, psychology, social work and occupational therapy maintained their individual disciplinary orientation and also contributed to a cohesive unit supervised by and participating with the IPT supervisor.

A central tenet of IPT is that the therapist promotes the concept of an enhanced interpersonal network and encourages patients in their development of such a network. Another tenet is that the therapist assists the individual to comprehend and create a specific framework to facilitate lasting and meaningful change in relationships. Integrated group supervision sessions gave our diverse group the opportunity to encourage, nurture and develop enhanced interpersonal networks within our workplace. The meetings allowed us to reflect on and renew our professional commitment. We created an effective team that identified, understood and agreed on the primary task of becoming skilled IPT therapists. We developed open communication with mutual trust and support. We learned to manage our differences and learned from each other's skills. Thus, integrated group supervision paralleled the IPT process.

Conclusions

Teleconferencing and videotaping can be used successfully for IPT training. These widely available, inexpensive and relatively simple technologies can potentially greatly expand the opportunities for disseminating the knowledge and skills of this effective short-term psychotherapy. Our program successfully trained a multidisciplinary group. Moreover, we believe that the group's multidisciplinary nature enhanced the training of individual members. Supervision of an integrated group exemplifies a primary tenet of IPT, which is to promote an interpersonal network. In our experience, the result was a strong and productive team that continues to function and enhances our work environment.

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