

The Edinburgh Early Intervention Model:

Psychological First Aid & Abbreviated
Interpersonal Psychotherapy (IPT)
Adapted for Covid 19

E-EIM-CV19



The Edinburgh Early Intervention Model:

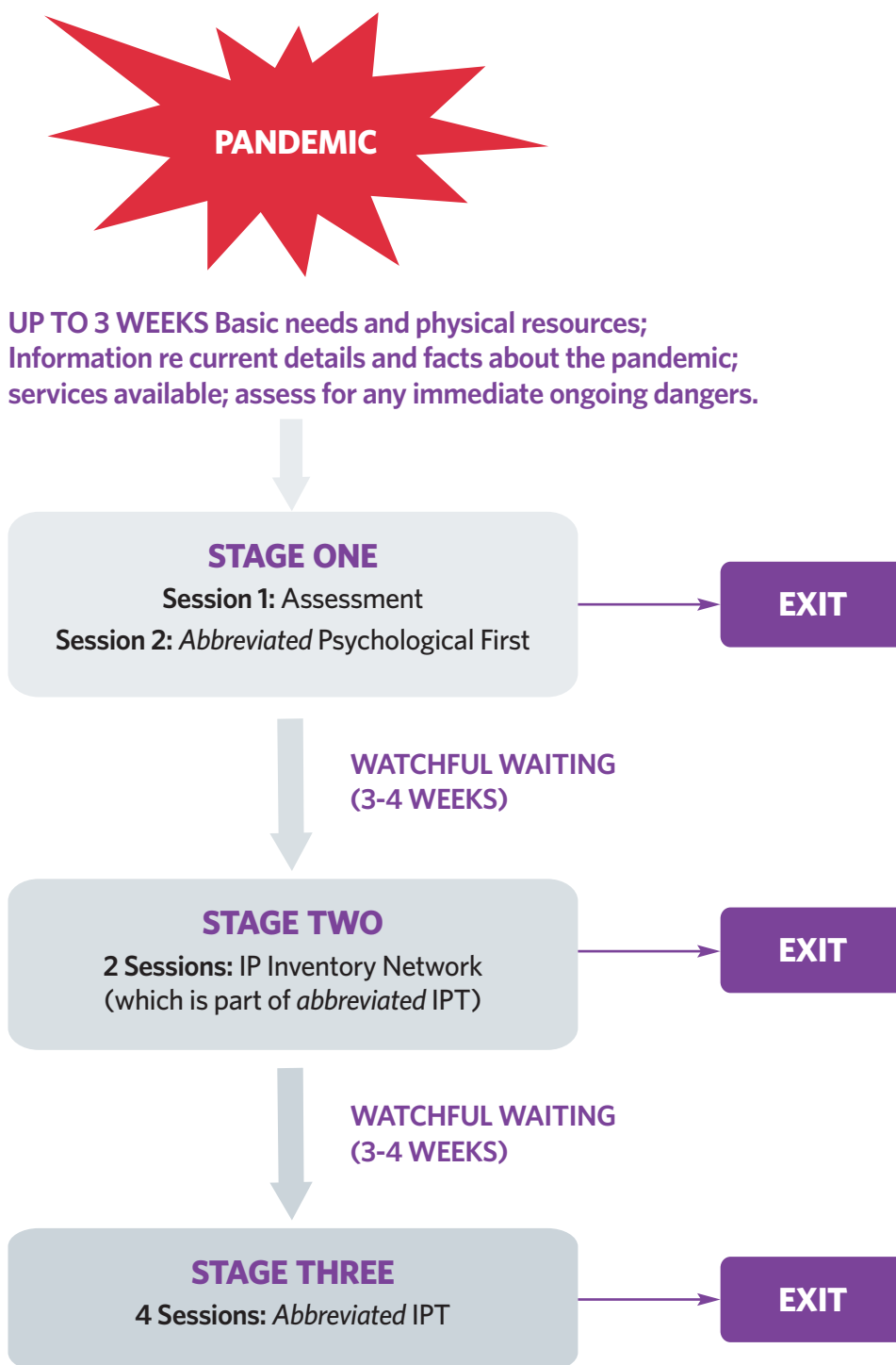
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Adapted for Covid 19

E-EIM-CV19

¹Adaptation from original model in: Freeman, C.P. & Graham, P. (2012). *The Role and Nature of Early Intervention: The Edinburgh Psychological First Aid and Early Intervention Programs. International Handbook of Workplace Trauma Support*. Ed R Hughes, A Kinder & C Cooper: Wiley and Sons, Ltd.

The Prospect Model (Graham and Irvine Fitzpatrick 2016) is a matched care model for the provision of the evidence-based 'Interpersonal Psychotherapy'.

Overview of E-EIM-CV19



E-EIM-CV19 provides step by step guidance as to HOW to instigate practical, flexible, individually tailored psychosocial support in a staged model with clear and detailed guidelines and clearly defined exit points, guided by robust clinical outcome measures to aid decision making.

The overarching principles for all stages of E-EIM-CV19

- Don't do harm
- Offer warmth, comfort, support and advice to those who need it
- Don't intrude unless asked by the individual
- Make it clear that refusing help now doesn't jeopardise receiving help in the future
- If you can't facilitate help in the future, don't offer it now (do not begin what you cannot finish, and do not dip in and then opt out)
- Validate the individual's experience and his or her reaction to it (nothing is too much, too little, right, or wrong at this stage)

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The Edinburgh Early Intervention Model: E-EIM-CV19 Adapted for Covid 19

The Edinburgh Early Intervention Model CV19 (E-EIM-CV19) is a three-staged tiered model for early response during and after the Covid 19 pandemic. The model is adapted from the *Edinburgh Early Intervention Model (E-EIM, Freeman & Graham, 2012)*, which was developed as an early response following a traumatic event. The overarching aim of E-EIM is to help individuals to adapt, following a traumatic event, with a focus on psychological wellbeing.

E-EIM-CV19 is a **pragmatic response to fast changing system**; the intervention provides a tiered approach to supporting distress using **Psychological First Aid** and early psychosocial interventions. The model can be used over teleconference or video conference.

The overarching objectives of E-EIM-CV19

The overarching **aim** of E-EIM-CV19 is to optimise **successful adaptation** to the pandemic and to alleviate the effects of social restrictions:

- To decrease the stress attributable to the pandemic.
- To provide assistance with any practical concerns in the social restrictions period and immediately after thereby prevent further discomfort and distress.
- To optimise the potential **remote** emotional and practical support available from within the individual's interpersonal network.

STAGE 1 is an abbreviated version of *Edinburgh Psychological First Aid (E-PFA)*.

STAGES 2 & 3 are based on the especially adapted version of *Interpersonal Psychotherapy (IPT) for depression*. We have adapted the original model of *interpersonal psychotherapy for depression (Klerman et al., 1984)*, which was developed to treat a diagnosable major depressive disorder. Our model has been developed specifically for individuals who are in distress and have symptoms due to recent events; social support, a post-exposure protective factor (*Brunet et al, 2013*) is a focus here. How we operationalise social support during social restrictions is a focus here and how we adapt to the role transition (pre/during and post social restrictions). We also focus our attention for those who have sadly lost a loved one during the Covid 19 crisis, in our specific focus on grief, if that is relevant.

The rationale for the development of our early intervention model is based on our acceptance that the most common 'normal' psychological response to the current pandemic is recovery; and our model is focused toward supporting that recovery rather than pathologising it.

E-EIM-CV19 will stand as the individually tailored, practical intervention prior to any formal psychological intervention, for those who may go onto develop symptoms of **Acute Stress Disorder** (308.3 DSM 5) and aims to optimise successful adaptation to the pandemic.

A summary of some of the key themes that informed the development of E-EIM-CV19 is as follows:

- It is the early days which may offer a window of opportunity to ensure adequate use is made of both emotional and practical social support; these findings underpin our rationale for the adaptation.
- Within the E-EIM-CV19, there is an acceptance that to intervene too early with formal psychological treatment may be counterproductive to the adaptation process.
- During the immediate aftermath of social restrictions, there will be a handling of this situation rather than treating a specific condition (*Shalev & Ursano, 2003*) and this is the very essence of E-EIM-CV19.

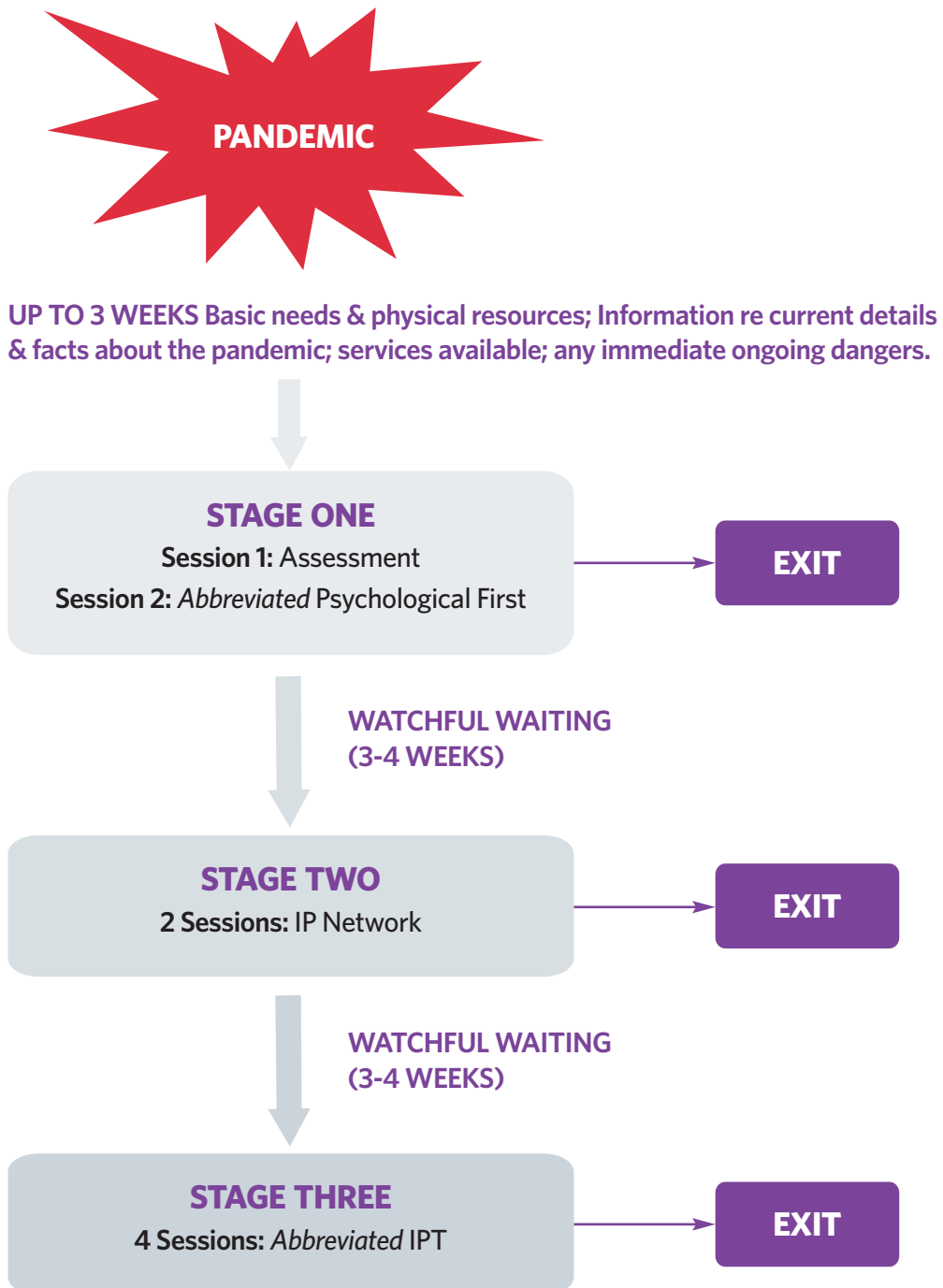
E-EIM-CV19 is a psychosocial intervention focusing on the recovery environment, rather than an appraisal-focused intervention. The early practical support advocated within E-EIM-CV19 is not designed to be a replacement for the potential support offered by the individual's interpersonal world of friendships, family, or work colleagues, but it is designed to optimise that support. E-EIM-CV19 is a series of individually tailored, practical, collaborative suggestions designed to supplement and enhance the potential support available from within the existing social support network and thereby optimise successful adaptation to the current circumstances.

One of the most distressing elements of the immediate post-impact period can be facing losses, the recovery of which will involve re-adaptation. In the later stages of E-EIM-CV19, we use an adapted version of IPT, specifically designed to help in those processes. The original model of IPT (*Klerman et al., 1984*) described role transition as a focus area in relation to the loss experienced – we have used this and grief as the only **2 focus areas** in this brief specifically adapted version for COVID 19 response.

The routine use of E-EIM-CV19: Key Points

- We clearly accept that the most common response to the current situation is one of recovery, and our model is focused toward supporting that recovery rather than pathologising it.
- Not all individuals who develop reactions to the current situation will demonstrate this in the early days.
- Not all individuals will react in the same way; there can be a myriad of responses, and therefore it is extremely important not to generalise an approach.
- E-EIM-CV19 should not be regarded as a psychological treatment programme.
- Early and urgent needs of all individuals affected should be addressed.
- Intervention should be provided in the context of continuity of care and should be individually tailored to suit specific needs, which is the premise of E-EIM-CV19.
- E-EIM-CV19 provides guidance as to how to instigate practical, flexible, individually tailored social support in a staged model with clear and detailed guidelines and clearly defined exit points, guided by robust clinical outcome measures to aid decision making.

Overview of E-EIM-CV19



<p>Stage 1:</p>	<p>Session 1: Assessment session</p> <p>Session 2: <i>Abbreviated Psychological First Aid</i></p>
<p>Stage 2:</p>	<p>Mapping out the Interpersonal Network</p> <p>Session 1: Pre social restrictions Interpersonal Network</p> <p>Session 2: Post social restrictions Interpersonal Network</p>
<p>Stage 3:</p>	<p>4 Sessions of <i>Abbreviated IPT</i></p> <p>Session 1: Initiating <i>abbreviated IPT</i></p> <p>Session 2 & 3: The problem area (focus) – role transition focused or grief focus</p> <p>Session 4: Termination of treatment</p>

STAGE 1

Session 1: Assessment Session

Session 2: *Abbreviated* Psychological First Aid

Stage 1 (Two sessions 1+1)

Session 1

- Conduct an assessment of the most distressing symptoms
- Before the session starts, the patient should be asked to complete the *Patient Health Questionnaire (PHQ-9)* and it should be scored before commencing the session, paying specific interest to question 9 regarding suicidal ideation.

It is important to:

- Gather a description of the most distressing presenting symptoms
- Review the recent history of distress including a review of particular interpersonal precipitants and/or consequences of the social restrictions
- Review any of the presenting symptoms using the *PHQ-9* as a basis.

Session 2

Provision of basic psycho-education and normalisation of the pandemic response, using our abbreviated Edinburgh psychological first aid model.

Our abbreviated model consists of 7 stages:

1. Provide **practical help**, which may be simple and will vary according to the **individuals** needs.
2. Comfort and console distress.
3. Educate others on normal responses to pandemic which involves two essential elements: **recognising the range of reactions** (*acute stress response, elation/euphoria, survivor guilt, survivor shame, no reaction, numbing, suspicion, irreverence/black humour, amnesia/missing memories, quest for meaning, normal positive response- survivor competence*).
 - a. **and respecting and validating the normality of the reaction.**
4. Protect from **further threat and distress**.
5. Furnish immediate care for **physical needs**.
6. Provide support for real-world-based tasks.
7. Facilitate **reunion with loved ones** during social restrictions this will be focussing in **virtual support** and the means to enable that.

Practical support

The main aim to this stage of treatment is to offer practical support. Examples may be simple and will vary according to the individual's needs; individuals may feel overwhelmed, disorganised or unsafe. It is often the simplest things that need to be organised. It will be important to gather information about who can help in a practical sense given social restrictions.

End of Stage 1

Repeat the *PHQ-9* to measure severity of current difficulties.

Following this:

- a) Immediately move to **Stage 2/3**
 - If your client is deemed to be vulnerable and requires immediate response on the basis of clinical judgement and/or;
 - The interpersonal network has been so disrupted that immediate work is required to prevent further disruption **OR**
- b) Have a 3-4 week gap prior to initiating Stage 2 (watchful waiting) **OR**
- c) No further intervention → **EXIT POINT 1**

STAGE 2

Mapping out the Interpersonal Network (IPT)

Session 1:
Pre social restrictions
Interpersonal Network

Session 2:
Post social restrictions
Interpersonal Network

This adaptation of IPT is based on the premise that psychological distress that occurs within the pandemic situation, regardless of biological vulnerability or personality, does so within a **psychosocial and interpersonal context**. The structure for the adapted abbreviated IPT has been directly derived from *Interpersonal Psychotherapy for Depression (Klerman et al., 1984)*. Just like full IPT, this adaptation has three phases consisting of an assessment, middle and termination.

In full IPT, the psychiatric history includes the Interpersonal Inventory, a unique element to IPT, which involves a review of the patient's current social functioning and close relationships. The inventory provides a rich picture of the interpersonal world of the patient, including the relationship patterns, mutual expectations and reciprocal nature of each relationship. The review provides a social framework for understanding the social and interpersonal context of the onset and maintenance of the depressive symptoms and defines the focus of the treatment and interestingly, answers the call for routine assessment of patients' support networks (*Harris, 2001*). In the current abbreviated IPT, we have used 2 interpersonal networks to be filled in for pre and during/post pandemic.

Stage 2 has 2 sessions, both designed to map out and review the interpersonal network:

1. Pre-pandemic network (based on **months** and **years** of interaction)
2. During/post-pandemic network (based on **days** or **weeks** of interaction)

MAPPING OUT THE INTERPERSONAL NETWORK	
<p>Session 1 (60 minutes)</p>	<p>Mapping out the interpersonal network prior to the pandemic:</p> <p>Examples of questions asked include:</p> <ol style="list-style-type: none"> 1. How many changes in the interpersonal world are inevitable changes as a result of the pandemic? 2. What did the pandemic actually do to the interpersonal network? 3. What has the individual's reaction done to the way he or she now reacts to others in the interpersonal network?
<p>Session 2 (60-90 minutes)</p>	<p>Mapping out the interpersonal network during and post pandemic:</p> <p>The systematic review of relationships following the pandemic/social isolation involves an exploration of the individual's important relationships with others.</p> <ul style="list-style-type: none"> ▪ Information should be gathered about each person who is important in the individual's life now. <p>We are looking for any major disruptions to close personal relationships as a result of the pandemic /social isolation.</p>

The important relationships in the individual's life are explored whilst gaining a thorough understanding of how the interpersonal world has changed as a result of the pandemic events.

Mapping out the Interpersonal Network

Key points to consider:

- The systematic recording of relationships prior to the pandemic involves an exploration of the individual's important relationships with others- information should be gathered about each person who is important in the individual's life.
- When drawing out this network, try to get a thorough understanding of exactly what the interpersonal world looked like prior to the pandemic.
- Really try to gain an understanding of the interactions in the person's life.
- Try to work out who are the 'key players' by using the following questions:

"If you needed to ask advice from someone at 4am (before the pandemic), who would you have phoned?"

"Before the pandemic, if you had broken your leg and needed help for practical aspects of your life, who would you have asked?"

"Before the pandemic, who would you have turned to in an emergency and say you needed to borrow £2000 - and it couldn't be a member of your family?"

- Also try to gain insight into how the different groups or individuals interact - i.e. are there links or is each group/ individual separate
- Is there a balance between emotional and practical support? What is the balance like?
- If very few individuals prior to the pandemic- are there any pets?

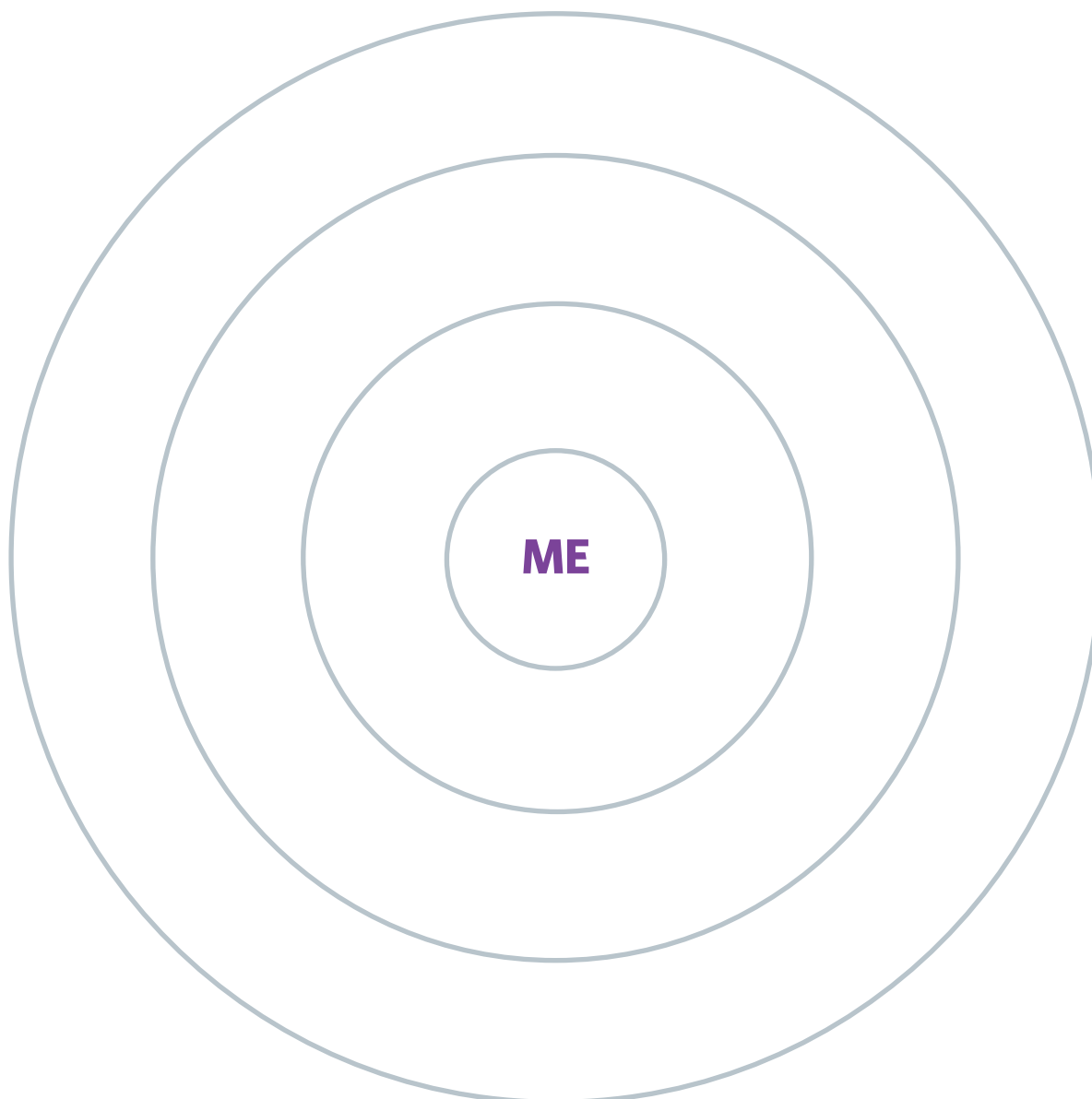
A NOTE OF CAUTION:

Remember in your assessment of the interpersonal networks that the pre pandemic network is based on **months** and **years** of interaction and the post pandemic network is based on **days** or **weeks**.

Interpersonal Network: Pre-Pandemic

For each person identified, answer the following questions (consider family, social, work relationships separately). Please write each person's name on the circles according to how close that person feels in terms of emotional closeness/connectedness (not physical proximity):

- Frequency of contact
- Reciprocal nature of relationships
- Activities shared
- Expectations
- Satisfactory and unsatisfactory aspects of the relationship
- Ways you would like the relationship to change



Interpersonal Network: During/Post Pandemic

The same rules apply when creating the *Interpersonal Network Post Pandemic* diagram. This will help gain a thorough understanding of exactly what the interpersonal world looks like now and after the pandemic.

Really try to gain an understanding of the interactions in this person's life.

- The systematic review of relationships following the pandemic involves an exploration of the individual's important relationships with others.
- Information should be gathered about each person who is important in the individual's life **NOW**.

REMEMBER:

We are looking for any major disruptions to close personal relationships as a result of the social restrictions and the pandemic.

The most important aspect of the During/Post Pandemic Network is to gain an insight into exactly **how** the interpersonal network has **changed** following the social restrictions and the pandemic.

Questions following the During/Post Pandemic Interpersonal Network:

Really try to gain an understanding of how the network has changed following the pandemic and what this means to the individual.

- How does he/she conceptualise these changes, if any?
- Does he/she blame the pandemic for the changes?

'Are there people now missing from the network - if so why?'

'How else has the network changed?'

'How have your expectations of groups changed? Have any expectations of individuals or groups changed?'

'How have your needs from the network changed?'

'How does the person feel about these changes?'

'Which changes are inevitable changes as a result of the pandemic event?'

'What did the pandemic actually do to the interpersonal network?'

'What has the individual's pandemic reaction done to the way he/she now reacts to others in the interpersonal network?'

'What needs do you have now? Did you have those needs before the pandemic and if so who met them?'

Overall Assessment following 2 inventories

As a result of the pandemic, the interpersonal world:

- Remains unchanged
- Somewhat improved
- Somewhat damaged
- Severely damaged

End of Stage 2

At the end of stage 2, you should use the *PHQ-9* as a guide to determine how to proceed.

Following this:

- a) Immediately move to **Stage 3**;
 - If your client is deemed to be vulnerable and requires immediate response on the basis of judgement and/or;
 - The interpersonal network has been so disrupted by the pandemic that immediate work is required to prevent further disruption **OR**
- b) Have a **3-4 week** gap prior to initiating Stage 3 (watchful waiting) **OR**
- c) No further intervention → **EXIT POINT 2**

STAGE 3

Session 1:
Initiating *abbreviated IPT*

Session 2 & 3:
The focus area
(1) Role Transition
(2) Grief

Session 4:
Termination of
treatment

Stage 3 (Abbreviated Interpersonal Psychotherapy in the context of Covid 19)

Stage 3 consists of **4** sessions of IPT, the focus area (***grief or role transition***) and the ending session.

<p>Session 1 (60 minutes)</p>	<p>Initiating IPT-PT:</p> <ol style="list-style-type: none"> 1. Dealing with the distress 2. Relate distress to interpersonal context following the lockdown or post pandemic. 3. Identify whether this is a transition or grief focus (related to the pandemic event) 4. Monitor symptoms described through the <i>Patient Health Questionnaire (PHQ-9)</i> and to keep a record of such as an inter treatment task.
<p>Sessions 2 & 3 (60 minutes)</p>	<p>Focus area:</p> <ol style="list-style-type: none"> 1. Grief 2. Role transitions in the context of the pandemic <p>Each problem area has a set of goals and strategies as outlined by Klerman et al., (1984).</p>
<p>Session 4 (60 minutes)</p>	<p>Termination of treatment:</p> <p>Explicit discussion of the ending of contract and its implications for the individual and their interpersonal world and the Interpersonal Network are drawn out.</p> <p>Help the individual move toward recognition of his or her independent competence through redrawing the Interpersonal Network.</p> <p>Review the course of treatment and progress with an opportunity to evaluate future needs.</p> <p>Early warning signs are reviewed.</p>

Session 1: Initiating IPT

1. Dealing with the distress

- Review of any presenting symptoms using the *PHQ-9*.
- All sorts of symptoms can occur, therefore, we suggest that you do not just look for positive symptoms, look for negative ones as well (e.g. social withdrawal, avoidance, look in detail at the avoidance, for example emotional, cognitive and behavioural avoidance).
- Try and assess which symptoms are adaptive and which are not (e.g. both hypervigilance and avoidance may be adaptive but only in certain circumstances).

2. Relate distress to Interpersonal context following the social restrictions

- Find out what was going on in the patient's life at the time the symptoms last began (i.e. current episode), what may have been the triggers of the symptoms, what seems to maintain them and who the important people in the patient's life are.
- *"When did the symptoms first begin?"*
- *"Is this the first time in your life that you have felt this way?"*
- *"If not, how many times have there been altogether?"*
- *"Think about what was going on in your life when you started to feel like this. What else has happened since then that keeps you feeling this way?"*

3. Identification of FOCUS area

Identify whether this is a **transition** or **grief** focus (related to pandemic).

MAJOR FOCUS AREA:

Interpersonal Role Transition in context of the pandemic

- Has anyone moved in or out of your home? If yes, tell me about it.
- Has a friend/relative moved away recently?
- Was there a change in your relationship with your husband? Children? Relatives? Friends?
- Did you get a new job?
- Did you lose your job?
- Have you become ill?
- Are you having problems with the authorities?
- Have you had any other change that I haven't asked you about?
- How has life changed since the pandemic for you?

Grief

- Has someone who was important to you died? If yes, when did this happen?
- Have you been able to talk about the dead person(s) with anyone?
- Has this loss changed your other relationships? How?
- Do you have trouble sleeping?
- Have you been able to do your normal work since your loved one died?
- Do you cry often?
- Did you feel guilty about the death?
- Did you go to the funeral?
- Are you afraid of having the same illness as the person who died?
- What did you do with the dead person's possessions?

4. Monitor symptoms

The Individual will be taught how to monitor their symptoms (described through the PHQ) and to keep a record of such as an inter-treatment task (between the therapist and the individual, a method of recording symptoms should be devised that suits the individual – i.e. writing down moods in a descriptive way, rating moods on a 1-10 scale).

5. Making a story

A story will be described with regards to what has happened since the pandemic event (i.e. pandemic to now and linked with mood changes and any potential symptoms).

6. Explain the IPT concepts and contract

- *“Here and now”* focus
- Need for individual to discuss important concerns
- Review of current interpersonal relations (to be carried out by individual at home)
- Discussion of practical aspects of treatment
 - **Length:** 1 hour sessions (10 minutes at beginning to complete PHQ)
 - **Frequency:** Once a week for 4 weeks
 - **Times:**
 - **Policy for missed appointments:** Every week will be counted as a session but sessions may be taken over 6 weeks.

At the end of the first treatment session, the individuals should know:

- How to measure their symptoms
- About the waxing and waning of interpersonal events with the pandemic
- Have some idea of causation.

AIMS OF SESSION 1:

- 1. Ensure that you have outlined your understanding of the problem, both verbally and in writing.**
- 2. Agree on treatment goals (which problem area will be focused on - grief or transitions)**

Sessions 2 & 3: Role Transitions or Grief focus area

In **full IPT**, there are 4 'Focus Areas' described: 1) role transitions, 2) grief, 3) interpersonal disputes and 4) interpersonal sensitivities/deficits. In **IPT**, the major goals are achieved by ascertaining with the patient which of the four types of problems described was associated with the onset of the presenting episode of depression and by working collaboratively with the patient to renegotiate interpersonal difficulties associated with the primary problem area.

In this specific adaptation in the context of Covid 19, we have taken two of these areas: **Role Transitions** and **Grief**.

Before the individual is seen, ask them to complete the PHQ-9.

1. Review symptoms

- The symptoms over the past week are reviewed using the PHQ-9 and reviewing interpersonal interactions (how have symptoms influenced relationships?)

2. Explanation of IPT-PT basic assumptions

- Relationships are central to the experience the individual is having.

3. Use of either role transition strategies or grief focus strategies

- Strategies are used specifically related to transition or grief and homework tasks are given to the client.

Role Transition Strategies

Role transitions involve changes in the patient's role – often accompanied by changes in social supports. These include life-phase transitions, such as adolescence, childbirth and aging and social changes such as leaving home, getting married – all of which may have been happening just prior to the pandemic. The pandemic itself has created a major transition for all of us. We have had to socially isolate and make significant transitions in terms of how we work. We will most likely have had to make a rapid transition to using technologies we may not have used before.

IPT defines role transitions into 2 components:

1. The loss of the old role over which the patient felt a sense of mastery.
2. The gain of a new role – patient may feel alienated and unable to cope and might experience having new demands placed on his or her repertoire of skills. This may be especially true in the context of the pandemic whereby we are being called upon to use technologies to communicate with each others at work and within personal relationships. This new role has been imposed on us - to maintain safety.

When the interpersonal problem area is transitions, the therapist helps the patient to first understand the meaning of the transition and its impact as this is not always obvious.

Making sense of what has happened and normalising distress around the event is often helpful. Transitions always involve loss and it is important to acknowledge and mourn what has been lost as well as identify the negative aspect of the old role before the transition occurred.

So both positive and negative aspects of the old role need to be discussed. The change itself and feelings about it need to be addressed and then, most important for recovery, is identifying any positive potential in the new role. Negative aspects of the new role need to be considered and accepted with empathy from the therapist but instilling hope about positive potential in the new role is vital.

The overall aim is to facilitate mourning of the old role and acceptance and mastery of the new role.

RATIONALE behind this is that an individual would experience a loss which is then followed by a period of transition: **loss → transition**.

In the role transition focus, loss can be associated with all sorts of things, for example loss of a limb or loss of health. In the context of social isolation in Covid 19, loss may be a loss of contact with friends and family; work environment; attendance at the gym or church; routine; everyday activities; planned holidays etc. We need to come to terms with loss before we can come to terms with transition and therefore we can only do one in three sessions.

Not all strategies to be attempted at each session - only those that are appropriate.

- Review distress symptoms
- Relate symptoms to difficulty in coping with recent life change following on from the pandemic
- Review positive and negative aspects of old and new roles
- Explore feeling about what is lost
- Explore feelings about the change itself
- Explore opportunities in new role
- Realistically evaluate what is lost
- Encourage appropriate release of affect
- Encourage development of social support system and of new skills called for in new role.

Grief Strategies

In IPT, the problem of Grief and Loss is usually understood as entailing a loss through death. The primary assumption in this model is that through COVID 19, the grieving process is traumatic.

Aim is to facilitate acceptance of painful affects associated with the loss as well as to facilitate the establishment of new attachments to replace the lost relationship.

IPT techniques can help sufferers identify attachment needs by clarifying ways in which their needs may be met by others in their remaining social network. This approach seeks to avoid in-depth discussions of the existential meaning of an individual's survival and loss but rather helps the patient identify the manner in which current and future attachment needs may be met.

Not all strategies to be attempted at each session - only those that are appropriate.

- Review distress symptoms
- Relate symptoms to death of significant other
- Reconstruct the individual's relationship with the deceased
- Describe the sequence and consequences of events just prior to, during, and after the death.
- Explore associated feelings (negative as well as positive)
- Consider possible ways of becoming involved with others.

First, the patient is **encouraged to describe the circumstances of the loved one's death, how he/she learned about it, what she witnessed and who was around to support him/her.** This may include how the patient took care of the person while he/she was ill, how the person died and the funeral details. Throughout the discussion the patient is gently encouraged to talk about feelings and reactions.

Next, the patient **needs to tell the story of their relationship with the deceased.** This includes how they met, how their relationship evolved, the positive aspects of the relationship and if relevant and the person seems willing, the disappointing aspects of that relationship. Recent and past memories are discussed.

If there has been little or no mourning this needs to be considered. Visiting the grave (maybe with support from someone close) looking at pictures, talking to close others about the person if this has not been done. While the patient is discussing the mourning process, they are also **encouraged to carry on with their life;** interact more with caring friends and family; find ways to fill their time and distract themselves if the mourning is excessive, e.g. *"Put aside time during the day to mourn"*.

Additional strategies could include **relating their current symptoms to the death of significant other, reconstructing the individual's relationships with the deceased** if it is idealised or completely negative, **describing the sequence and consequences of events just prior to, during and immediately after the death.** **Explore associated feelings** (both negative as well as positive) with the death of the loved one and consider possible ways of becoming involved with others. Helping the patient to understand how the death may have impacted on others in their immediate close network and accepting or working with this constructively may also be helpful. **Consider capacity to mentalise** here and if this can be addressed and improved.

Session 4: Termination of Treatment

The therapist instigates an explicit discussion of the ending of the contract and its implications for the individual and their interpersonal world.

- The Interpersonal Network is drawn out again
- Before individual is seen, ask to complete PHQ.

Use the following strategies for Session 4:

1. Review of distress symptoms over the past week.

- Review any contributing symptoms interpersonally (including positive changes).

2. Explicit discussion of the end of treatment.

- Explicit discussions regarding the end of therapeutic contact are required e.g. *'This is our last session together'* and/or *'This is session four of four'*.

3. Help individual move toward a recognition of his/her independent competence through re-drawing the interpersonal network.

4. Review of course of treatment and progress with the individual.

- Consider work that can be continued. Consider how changes that have been made can be sustained. The intention of this kind of intervention is not to solve all the client's problems but to help the client understand why she/he develops symptoms so that she/he can begin to make changes. Discuss possible return of symptoms. Further psychological therapy may be relevant and referral to appropriate other services should be discussed with the client.

5. Individual given the opportunity to evaluate future needs.

6. Assess with individual early warning signals, and discuss procedures for re-entry into treatment if necessary.

End of Stage 3

Use the questionnaire to review symptoms of current distress and perceived quality of life (PHQ-9).

After the questionnaire:

a) Early referral to GP for greater therapeutic input **OR**

b) No further intervention → **EXIT POINT 3**

Abbreviated IPT in the context of CV19 techniques

Non-directive Exploration

Open ended questions to facilitate the patient talking – *“Please explain? Go on? Can you give some examples? Can you tell me more about your ...? How have you been since we last met?”*

Directive Elicitation

Directive questions to obtain specific information or affect – *“How did you feel when you found out you had to socially isolate? What did you say?”*

Clarification

Clarifying on a statement to help the patient become more aware of what is being said – *“You just described your daughter running away without showing any feeling about it. How do you feel about it? You were smiling when you told me you and your husband were screaming at each other?”*

Communication Analysis

This technique is used to identify problems in communication and to help the patient deal more effectively with the other party – *“Then what did you say? Then how did you feel? How did you explain what you want to your spouse? What did he say back to you?”*

Decision Analysis

This technique helps the patient consider alternative courses of action and their consequences – *“What would you want to happen? What are the choices? What solution would you like? What are the positives if you do X? What are the likely negatives if you do that?”*

Role Play

This technique is used to help a patient practice how to initiate or alter a relationship or solve a dispute. It is a rehearsal between patient and therapist.

Advice

Advice is used primarily to help the patient consider options and not to direct a decision or course of action.

Mentalisation

It is helpful if the patient can learn to improve their ability to mentalise or ‘understand the mind of the other’ more effectively.

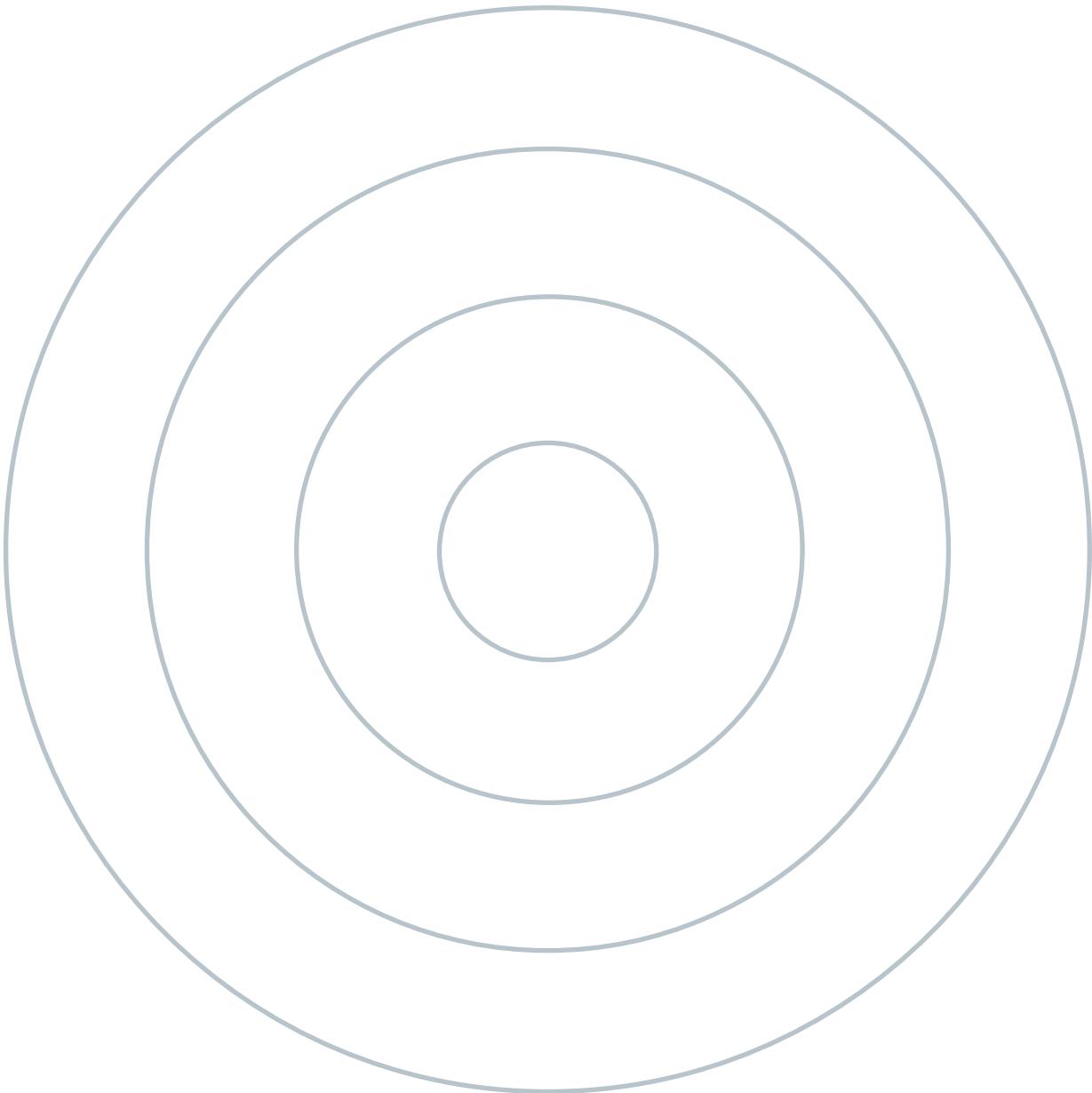
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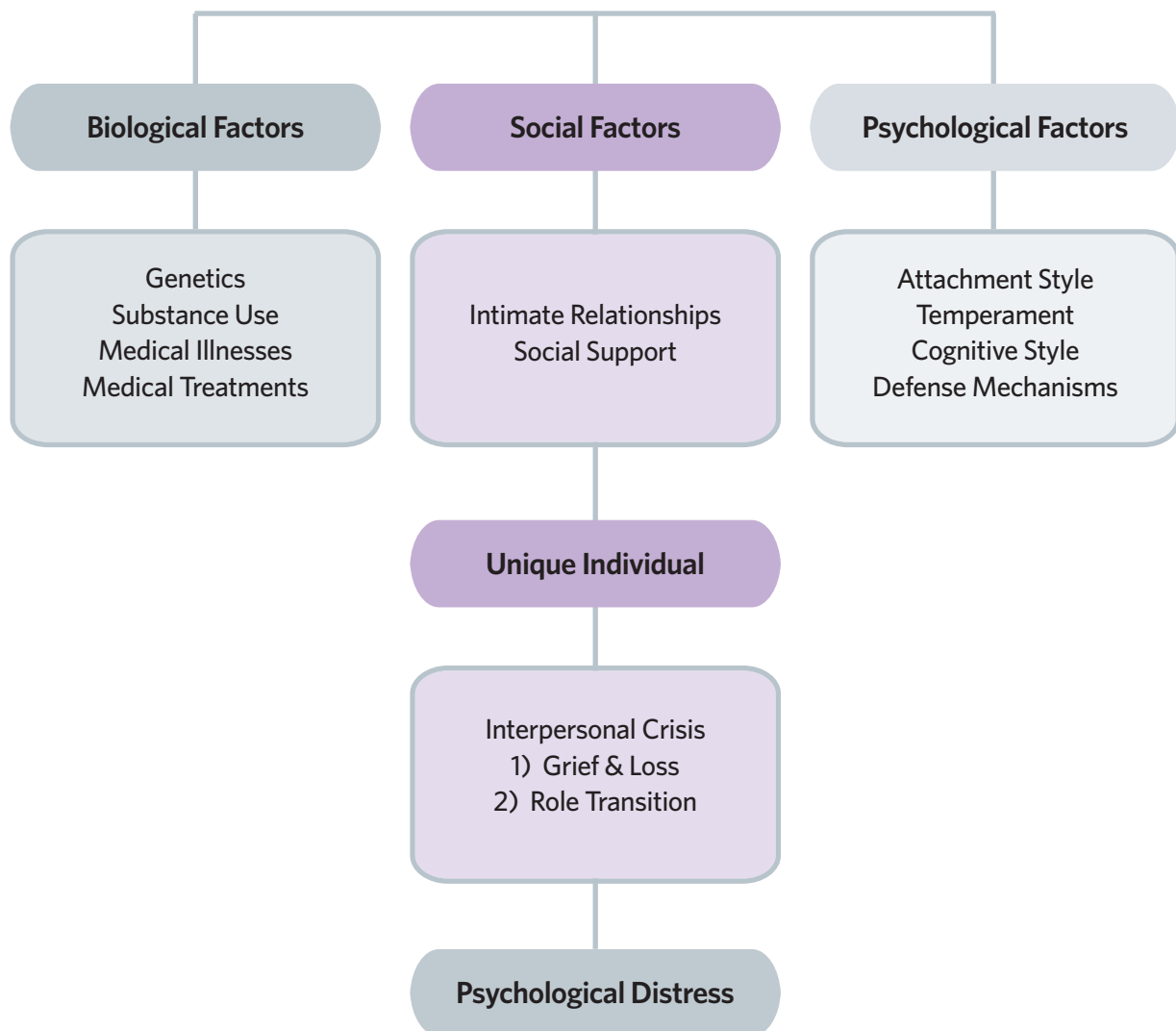


E-EIM-CV19 Quick Sheet		
Check List		Tick when completed
STAGE TWO: Session 1: 60 minutes	Complete Interpersonal Network PRIOR to pandemic	<input type="checkbox"/>
Session 2: 60-90 minutes	<p>Mapping out the interpersonal network DURING/POST pandemic:</p> <p>Look for any major disruptions to close personal relationships as a result of the pandemic.</p> <p>Gain an insight into exactly how the interpersonal network has changed following the pandemic.</p>	<input type="checkbox"/> <input type="checkbox"/>
END OF STAGE TWO:	<p>Use questionnaire (PHQ-9) as a guide to determine how to proceed.</p> <p>Following this, the therapist can:</p> <p>d) Immediately move to Stage 3:</p> <ul style="list-style-type: none"> ▪ If your client is deemed to be vulnerable and requires immediate response on the basis of clinical judgement and/or; ▪ the interpersonal network has been so disrupted by the pandemic that immediate work is required to prevent further disruption OR <p>e) Have a 3-4 week gap prior to initiating Stage 3 (watchful waiting) OR</p> <p>f) No further intervention → EXIT POINT 2</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

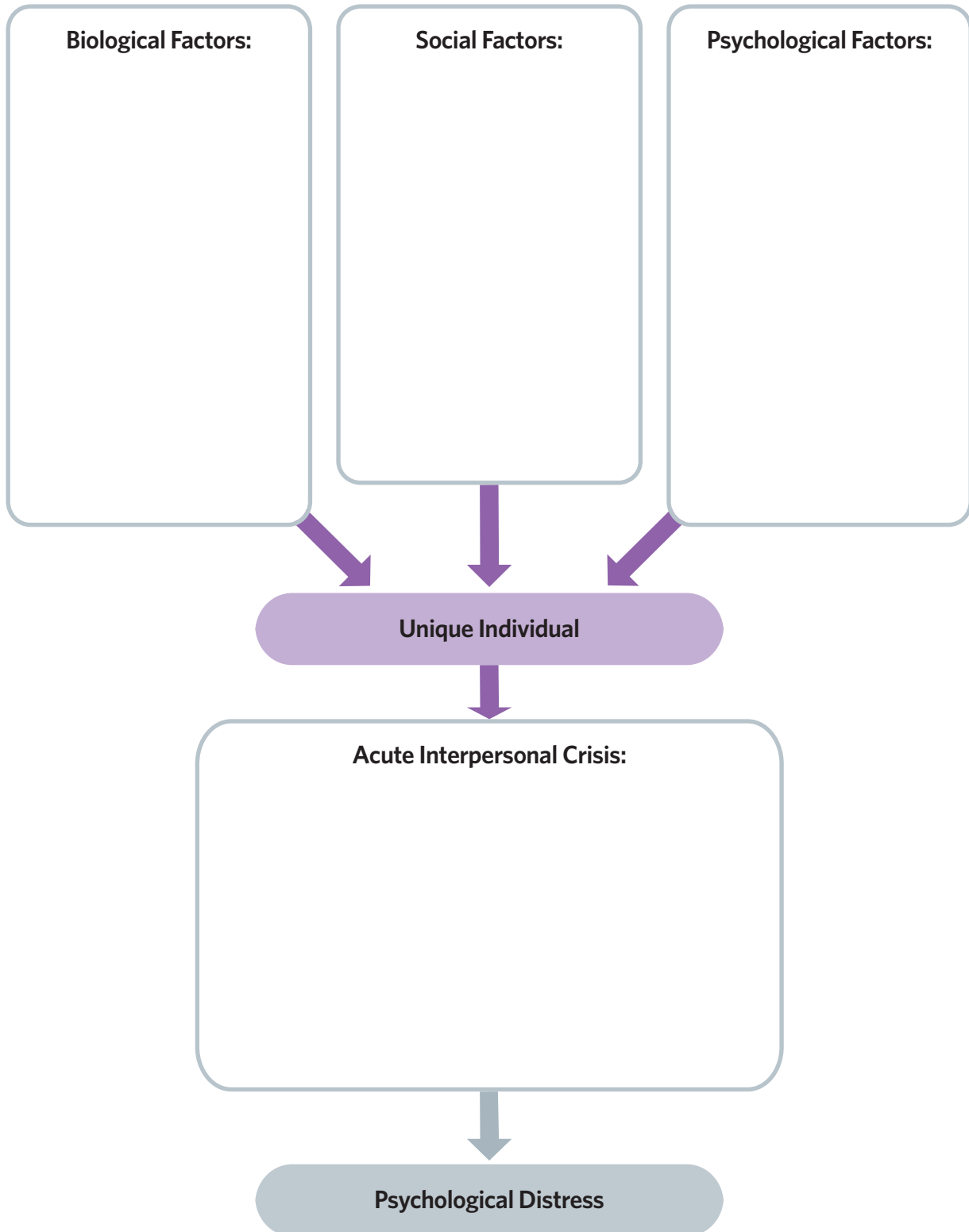
Interpersonal Network: Circle of Relationships




The Interpersonal Formulation Diagram



The Biopsychosocial Formulation Worksheet



Interpersonal Role Transition Worksheet



The diagram consists of three large, vertically-oriented ovals arranged horizontally. The left oval is labeled 'Old Role: +/-', the middle oval is labeled 'Process of change/ Pathway of progress', and the right oval is labeled 'New Role: +/-'. Each oval is empty, intended for handwritten notes.

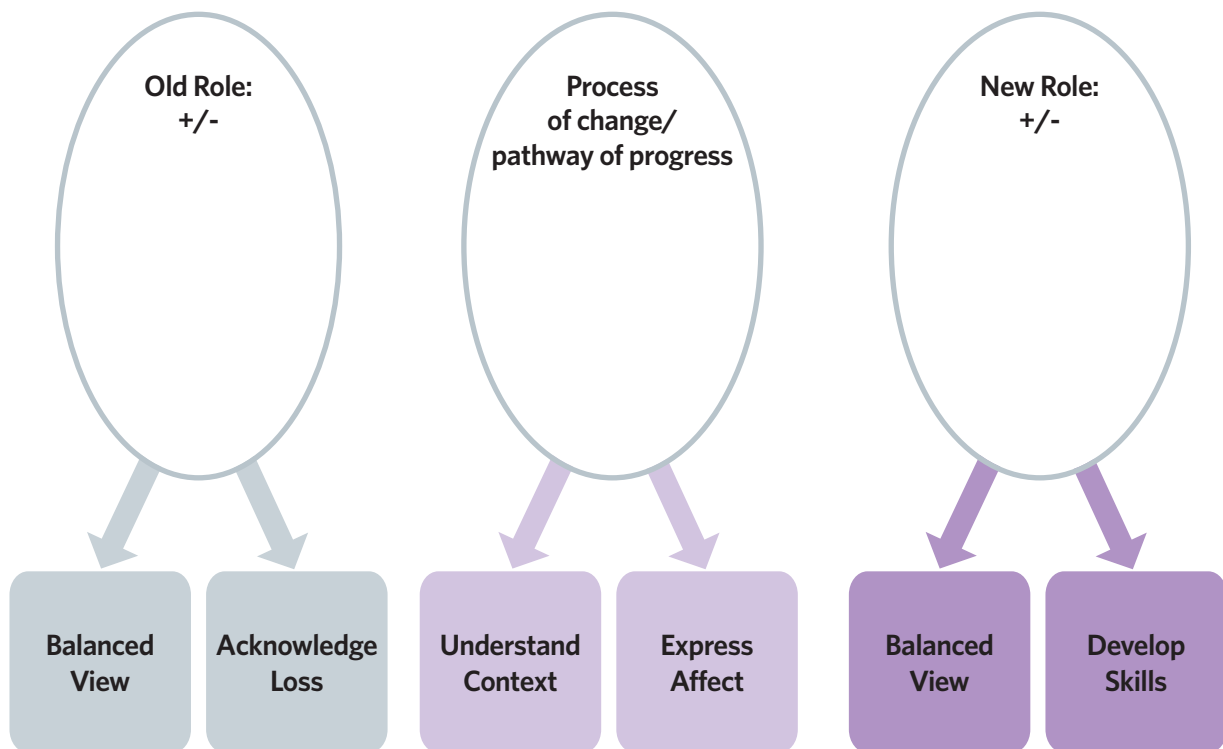
Old Role: +/-

Process of change/
Pathway of progress

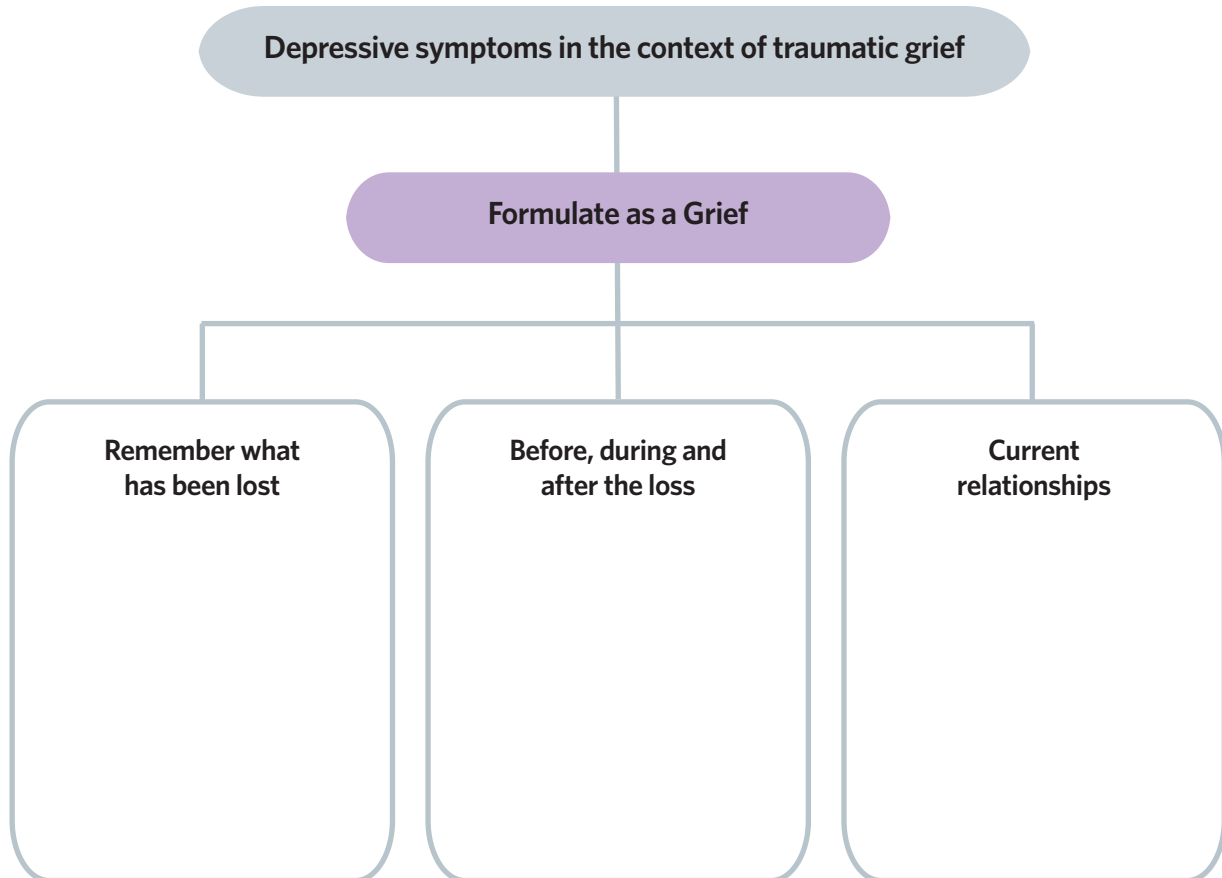
New Role: +/-

Interpersonal Role Transition

Practitioner Prompt Sheet



Interpersonal Grief Diagram



Interpersonal Grief Worksheet

**Remembering
and Mourning**

**The Loss
and Support**

**Who is still with
you and how are
they used?**

