

PSYCHODYNAMIC INTERPERSONAL THERAPY

PATIENT INFORMATION LEAFLET

This leaflet has been written as an accessible introduction to PIT for people who know little about psychological therapy. It may be particularly useful for people who have been offered PIT as a treatment for a mental health problem like depression, or those who know someone in this position. It may also be of use to clinicians without a psychotherapy background, people who are looking to commission evidence-based psychological treatments, and members of the general public who have a wider interest in the topic.

What happens in PIT?

PIT is a type of psychological treatment designed to help people with a range of different problems. The therapy takes the form of an in-depth conversation between two people (client and therapist), in which the client's difficulties are explored and hopefully resolved. In this sense, PIT sessions bear some resemblance to the kind of "heart to heart" conversation that we might have with a trusted confidante about a personal problem. PIT is more than this, however, because the therapist is trained to help focus the conversation on the most important issues for the client, and support them with any difficult feelings that this brings up.

PIT stems from the fact that people with psychological problems such as depression often report problems with managing their feelings, as well as difficulties in their relationships with other people. The PIT conversation therefore focuses on:

- (a) the client's emotional life (which is what the term "psychodynamic" refers to);
- (b) the client's relationships with other people (which is what the term "interpersonal" refers to); and
- (c) how problems with managing feelings and relationships might link with difficult experiences in the client's past, particularly with their parents or other important people;

The goal of the conversation is for the client to get a better understanding of their difficulties with feelings and relationships, so that they can manage their personal problems more effectively. The expectation is that this will lead to an improvement in their psychological symptoms as well. To do this, the therapist will often encourage the client to focus on and "stay with" difficult feelings that they experience during therapy sessions, including their feelings about the therapist. This can be difficult at first, but many people find that it becomes easier over time.

How long does PIT take?

There is no such thing as a "typical" PIT contract but most therapies range from 6-20 sessions. Most sessions are 50-60 minutes long and tend to take place once a week, but may

be less frequent than that; there may also be longer gaps (e.g., 3-6 months) between blocks of sessions. Therapy length varies according to a number of factors, including the nature of the client's problems, their preferences and what is available in a particular therapy service. Different lengths of PIT contract have been used in research studies, ranging from very few (two or three) sessions to two years of twice-weekly therapy for the most severe problems. There is some evidence that 16 sessions of PIT is more effective than 8 sessions for depression, although this depends on the person. Whatever the length of therapy, the therapist and client normally agree on how long the therapy is going to be at the outset and clients are encouraged to complete the entire course.

Does PIT work?

There has been a lot of research on PIT, including several randomised controlled trials. The available evidence indicates that it is an effective treatment for depression, some functional somatic disorders (e.g., chronic unexplained pain or bowel disturbance), deliberate self-harm, borderline personality disorder and people with multiple physical and mental health problems. There is some evidence that PIT is as effective as cognitive behaviour therapy (CBT) as a treatment for depression, although these therapies have not been compared for other psychological problems. PIT has not been tested as a treatment for other mental health problems and is therefore not normally offered as a "frontline" therapy in these cases; it may, however, be offered where other treatments (such as CBT) have not worked or are not suitable, where the presenting problems seem particularly amenable to PIT, or where the client expresses a particular preference for PIT. To find out more about PIT research, [click here](#).

Is PIT suitable for everyone?

PIT is designed for people who have problems with their feelings and/or relationships, often (but not necessarily) resulting from difficult experiences when they were growing up. It is the therapist's job to work with the client to establish whether problems in these areas are contributing to their symptoms. If this is not the case, the therapist may recommend a different type of psychological therapy. There are sometimes other reasons why a person might not be suitable for PIT, including an inability or unwillingness to talk about feelings or develop relationships, and evidence that talking about feelings and relationships is having a serious adverse affect on the client. PIT can be used for people who self-harm, although the possibility of an imminent suicide attempt may mean that alternative treatment approaches are necessary. Similarly, PIT can be used with people who abuse alcohol or other substances, but is unsuitable for people who are dependent on substances or who are unable to stay sober when attending therapy sessions. Most therapists regard PIT as unsuitable for people with active psychosis.

Are there any risks to PIT?

Talking about and staying with difficult feelings can be quite challenging and distressing at times. Indeed, some people find that they become more distressed early in the therapy as they focus on painful experiences or feelings, although this usually lessens over time. As with all psychological therapies, there is the possibility that PIT won't work and may even make some people (about 5-10%) feel worse. It is the therapist's job to determine whether there are any obvious reasons to believe that PIT is likely to make someone worse, and to monitor the situation so that the risk of harm is kept to a minimum. If the therapist believes that the therapy is causing more harm than good then it is their responsibility to raise this with the client and terminate the therapy where necessary.