IPC-3 for Assessment, Triage, and Engagement With Forced Migrants

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Objectives

After attending this webinar, participants will:

• Attain a basic understanding of the principles of the Interpersonal Counseling 3-Session protocol (IPC-3).
• Be able to identify how IPC-3 can be used for assessment, triage, and engagement, and consider potential use within the work of serving SOT clients.
• Be able to recognize ways in which IPC-3 has been and can be adapted for different cultural and humanitarian contexts.
Presenters

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Mission of the GMH Lab

To reduce the burden of mental illness and increase wellbeing in low-resource, high-need settings globally

- **Research** (NIMH, NIHR, US Bureau of Population, Refugees, and Migration; Welcome Trust; Grand Challenges Canada; National Institute of Health and Research, UK; International Food Policy research Institute; UNHCR; International Rescue Committee; International Medical Corps, etc)

- **Training and capacity building** in evidence-based strategies for ecologically valid and locally acceptable prevention and treatment of mental illness

- **Services/consultation** (WHO, UNHCR, MoPH Lebanon, academic institutions, etc)
Domains of GMH Lab

- Culturally-adapted therapy for depressed adults and adolescents in LMICs (extreme poverty, violence, etc)
- Task-shifting of psychotherapy (delivered by non-specialists, including peers)
- Implementation in primary care
- Forcibly displaced populations
- Maternal mental health
- Climate change
- Student veterans
GMH Lab: Where We Work
Global Dissemination of Interpersonal Psychotherapy (IPT)

2016:
- Group IPT Manual launched by the WHO, Geneva, October 11th, World Mental Health Day
  *Verdeli, Clougherty and Weissman.

2017:
- Interpersonal Counseling (IPC) for Primary Care, WHO MENA Region
  *Weissman, Verdeli and Khalid Saeed.
WHAT IS INTERPERSONAL COUNSELING-3 SESSIONS (IPC-3)

• It is an abbreviated and structured 3 session intervention based on IPC, an evidence-based intervention (6–10 sessions) used mainly in primary care and community settings

• IPC aims to reduce distress, depression, and anxiety symptoms (GHQ, K-6, PHQ-9, GAD-7, etc)

• Traditionally, IPC providers have been non-mental health professionals (nurses, midwives, community health workers, etc.)

• A review of 13 RCTs and non-RCTs studies using IPC showed significant reduction in distress symptoms*

WHY 3 SESSIONS?

• Mean number of sessions attended in 6–10 session IPC trials in primary care: 3

• Used initially by the GMH team in India and Haiti as a psychoeducation, support, and triage tool to bridge the gap between case identification (screening, etc) and referral to the mh specialist*

• To our surprise: a significant number of persons improved after 3 sessions

WHAT IS IPC-3

• Similarly to IPC, it focuses on understanding and managing **triggers of distress**
  
  - **Grief** - Death of someone significant to the person
  - **Disagreements** (overt or covert)
  - **Life Changes** (negative and positive)
  - **Social Isolation/Loneliness** - Difficulty in starting or maintaining relationships
WHAT NEEDS DOES IPC-3 ADDRESS IN FORCED MIGRANTS?

• Higher mental health needs of forced migrants

• Host countries have already burdened national mental healthcare systems

• Barriers, low access, and reluctance in engaging with the formal mental health system
IPC-3: A CONTEXTUALLY FEASIBLE OPTION FOR MENTAL HEALTH SUPPORT FOR FORCED MIGRANTS

• Taps on potential of peer counselors who are forced migrants themselves and have access and credibility

• It aims to provide structure and language to support, clarify current problems, and mobilize the person’s social networks and problem-solving: “what is happening in your life right now that is contributing to your distress?”

• Its interpersonal areas of focus (grief, disagreements, life changes, loneliness) are relevant to the lives of the displaced persons

• It is a “filter” that differentiates those who just need clarification and support from those who need more treatment (and referral)
FORMAT OF INTERPERSONAL COUNSELING – 3

- 90-minute Intake Session (by the same counselor or another staff member)

- Interpersonal Counseling – 3
  - Session 1 – 90 Minutes
  - Session 2 – 90 Minutes
  - Session 3 – 90 Minutes

- 90-minute Follow-Up Session
  - Conducted one month after Session 3
OVERVIEW OF IPC-3 STRUCTURE

- 3-Level Hierarchy
  - Persons experiencing distress
  - Lay persons
  - Supervisors
  - IPC-3 Consultant (also referred to as a master trainer)
Training Goals/Milestones for Trainees

- Attend Training workshop
- Pass Knowledge Test (75%) 2 chances
- Weekly Supervision on 3 cases:
  - > 75% Attendance
  - > 70% Competency (3rd case)
TRAINING GOALS/MILESTONES FOR SITE SUPERVISORS

- Competent IPT/IPC Therapist
- Co-Supervise with IPC-3 Consultant
GOALS IN IPC-3

Identify
Identify the Problem Area(s) that triggered and sustains the Distress

Examine
Examine how the Problem Area(s) developed and contribute to the Distress

Use
Use tools to cope with the Problem Area(s) to reduce the present Distress and better manage future problems
STEPS OF INTAKE SESSION

Step 1. Introduce Yourself
Step 2. Review Confidentiality
Step 3. Discuss Feelings and Ability to Manage Daily Responsibilities
Step 4. Label the Distress and Offer Hope
Step 5. Give Slack
Step 6. Mobilize Support
Step 7. Introduce IPC-3 and Invite Participation
**STEPS OF IPC-3 SESSION 1**

1. **Welcome and Review IPC-3 Structure**
2. **Conduct Distress Rating**
3. **Review Events Related to the Start of the Distress**
4. **Conduct the Interpersonal Inventory**
5. **Identify the Problem Area(s) and Link it to the Distress**
6. **Summarize Session**
Gather information about important people by asking questions as:

- Who are the important people in your life?
- What do you like about this relationship?
- What don’t you like?
- What would you like to change?
- How does this relationship affect your distress?
Steps. of IPC-3 Session 2

Session Goal

• Examine how the Problem Area(s) developed and contributes to the Distress

Steps.

• Step 1. Welcome and Review Distress since Session 1
• Step 2. Examine Distress and Link to the Problem Area(s)
• Step 3. Use Tools to Explore the Problem Area(s)
• Step 4. Summarize Session
MOOD RATING

What do you show on the outside?

How do you really feel on the inside?
SESSION 2 – GRIEF

- Tell the person that you are not there to remove their grief. You can help them by helping them become stronger to carry the grief in their lives.

- Encourage the person to talk about how their life has changed since the death; their feelings and reactions around the death (rituals).

- Discuss the process of coming to terms with the loss.
  - “What are some options to move forward with life, including interacting more with caring friends and family?”
A HELPFUL TECHNIQUE FOR LIFE CHANGES (S. STUART)

• Before the (life change) I was …

• After the (life change), I have been ….

• In the future, I’d like to be ….
SESSION 2—LIFE CHANGES

Goal: Help the person mourn the old role and find opportunities in the new role

- Describe in detail the change that is happening
- Explore feelings of sadness, anger, or fear about the loss of the old life situation
- Explore the positive and negative aspects of the old and new life situation
- If no positive aspects to the new life situation, then try to find options to manage the new life situation
- Identify skills that will make the new life situation easier
- Identify people who will make the new situation easier
SESSION 2 | STEP 2 – SOCIAL ISOLATION/LONELINESS

Goal: help the person reduce social isolation & form new relationships

☐ Explore what stands in the way of building or maintaining relationships

☐ Identify and build new skills in dealing with people
  ☐ Ex: How to talk to a stranger or where to meet new people

☐ Work with them to build basic skills to have more satisfying connections
  ☐ “How do you invite and get invited in social events?”
  ☐ “How do you convey interest in what the person is talking about?”
  ☐ “Are you connected with any other organizations, support groups, do you have a mentor, friends in classes, or study groups?”
**Session Goal**

• Use tools to cope with the Problem Area(s) to reduce present Distress and better manage future problems

**Steps.**

• Step 1. Welcome and Review Distress since Session 2
• Step 2. Review Changes in Distress since Intake Session
• Step 3. Identify Options for Management of Problems in the Present and Future
• Step 4. Offer Resources and Referrals
• Step 5. Discuss Feelings about IPC-3 and Summarize Session
# STEPS OF IPC-3 FOLLOW-UP SESSION

**When**
- 1 month after Session 3

**Purpose**
- Explore how life events have affected their Distress since Session 3
- Inquire about how they were able to handle situations tied to their Distress and if they used the Tools
- Follow up to see if they utilized any of the referral resources that may have been offered

**Steps.**
- 1. Welcome and Review Distress since Session 3
- 2. Review Tools used in Sessions 1-3
- 3. Summarize Session and Conclude IPC-3
PRELIMINARY RESULTS OF IPC-3 IN PERU WITH VENEZUELAN REFUGEES
Questions?

Please use the Q&A button to submit questions or comments to the presenters.

You may also use the Raise Hand button if you would like to be unmuted to speak your question.
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More resources are available at www.healtorture.org.