"You Pulled Me out of a Dark Well": A Case Study of a Colombian Displaced Woman Empowered Through Interpersonal Counseling (IPC)

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Interpersonal counseling (IPC), a briefer and simplified adaptation of interpersonal psychotherapy (IPT), was used with internally displaced women (IDW) in Bogotá, Colombia, an implementation study of a mental health care pathway funded by Grand Challenges Canada. Preliminary evidence suggests that IPC led to positive outcomes for IDW and may be a feasible first line treatment for displaced women with elevated symptoms of common mental disorders. The case study demonstrates the use of IPC as an intervention to treat depression, anxiety, and posttraumatic stress symptoms in one participant across 11 sessions, from the case formulation through the termination phase. © 2016 Wiley Periodicals, Inc. J. Clin. Psychol. 00:1–8, 2016.

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Interpersonal counseling (IPC) is an adaptation of interpersonal psychotherapy (IPT) intended for providers with nonmental health backgrounds, such as primary care personnel or community health workers (Weissman & Verdeli, 2013). It is therefore briefer (usually 6–10 weeks) and simplified. Similarly to IPT, IPC is based on the premise that depression is triggered by life events that involve grief, disputes, role transitions, and/or social isolation which overburden the ability to cope. Assisting the person in finding ways to manage these events can lead to improvement of symptoms and functioning (Markowitz & Weissman, 2004). Efficacy of IPC has been tested in nine randomized controlled trials (Weissman & Verdeli, 2013).

During the past 3 years, professionals and lay counselors in Bogotá delivered individual IPC to internally displaced women (IDW), survivors of the 50-year-old Colombian armed conflict. This insurgency, one of the most brutal ones in recent times, has created a checkerboard of power with control of territory shifting among government, rival guerrilla, and paramilitary forces. Although the conflict has somewhat subsided since the beginning of the recent peace talks, the number of displaced persons has not been reduced substantially. The United Nations High Commissioner of Refugees (UNHCR) estimated that 5.7 million people are still displaced in Colombia. In Bogota, 70% of the displaced are women and children, who have been exposed to horrific experiences, including life threats, kidnapping, sexual assault, torture, murder, and mass massacres.

Having suffered cascades of losses, displaced women and their children are often forced to relocate to the outskirts of urban areas, where they have historically faced stigma and immense hardship. Displacement, combined with these numerous pre- and postdisplacement adversities, elevates risk for common mental disorders, such as anxiety, depression, and posttraumatic stress

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disorder (PTSD; Andrade, 2011; Shultz et al., 2014). The World Health Organization estimates that half of displaced persons exhibit mental health problems, yet mental health needs are largely unmet and only rarely addressed with evidence-based interventions (Porter & Haslam, 2005). IDW are especially vulnerable because they must balance severe livelihood concerns and single-parenting responsibilities.

To address the mental health needs of IDW, a project was designed with a systematic monitoring and evaluation component. The project, Outreach, Screening and Intervention for Trauma (OSITA), was funded by Grand Challenges Canada's Global Mental Health Program and implemented by Universidad de los Andes and the project's International Collaborators (one of the authors, HV, among them). It focused on women because improvement in women's mental health has been shown to affect the mental and physical health and functioning of the household (Foster et al., 2008). The IPC providers (counselors) were mostly women, and included medical and graduate students in health-related fields, social workers, and two IDW–a mother–daughter team that was not college educated. According to the IPC trainer (HV), the two IDW were as competent as mental health specialists.

OSITA aimed to test the feasibility, acceptability, and preliminary effectiveness of a mental health care pathway that will eventually be included in the Colombian Ministry of Health's National Mental Health Strategy for the victims of the armed conflict. The mental health pathway in OSITA involved several specific steps: (a) initially the counselor assessed symptoms of major depression using the Patient Health Questionnaire (PHQ-9; Martin, Rief, Klaiberg & Braehler, 2005); (b) generalized anxiety using the Generalized Anxiety Disorder Questionnaire (GAD-7; Spitzer, Kroenke, Williams & Löwe, 2006); and (c) posttraumatic stress disorder using the PTSD Checklist-Civilian Version (PCL-C; Miles, Marshall & Schell, 2008). Patients with moderate symptom elevations and low-suicide risk were offered IPC, while severe cases were referred to a psychiatrist. The backbone of OSITA was IPC conducted over 6 to 10 sessions (number of sessions determined by the person's needs) in three phases: the beginning phase (one to two sessions), the middle phase (three to six sessions), and termination phase (seven to eight sessions).

Counselor Training and Supervision

OSITA counselors were trained in IPC over multiple sessions via the Internet by a U.S-based IPC expert and OSITA International Collaborator (HV). In addition, an IPC-certified psychologist with Spanish language proficiency (ACA) worked onsite in Bogotá to supervise the counselors for the first 2 months. Throughout the entire implementation period, weekly case supervision was provided for the counselors by both the U.S.-based IPC expert and the onsite supervisor, who were in close contact with each other.

Per IPC protocol, the counselors employed strategies specific to the problem area(s) selected as the treatment focus. Given the time limits, IPC targets one or at most two problem areas. In the case of bereavement, the counselor helps the patient mourn and adjust to the life without the deceased loved one. In interpersonal disputes, the counselor clarifies the nature and stage of the dispute, explores potential mismatched expectations and/or problematic communication of the parties involved in the dispute, and assists with relevant communication skills building. In a role transition, the counselor helps the patient mourn the loss of the old role, explore positive and negative aspects of the old and the new role, and build skills essential to adjustment to the new role. Finally, in interpersonal deficits, the counselor focuses on finding ways to break the patient's social isolation (Weissman & Markowitz, 2007).

Case illustration

Presenting Problem and Client Description

The following is a case of IPC in the context of OSITA in Bogotá, Colombia. The counselor (AGC), a graduate student in public health with mental health background, was receiving weekly supervision by an onsite supervisor (ACA) and a U.S.-based trainer over the phone (HV).

Consuelo (pseudonym), a 25-year-old woman living with her husband, three kids, and her sister-in-law, contacted the coordinator of OSITA to "seek counseling." She lived much of her life in another Colombian province, but continuous and severe threats forced her family to leave their small town to start a new life in Bogotá, where her brother resided. Although Consuelo had a large family, she was not close to any of her family members other than her father, who died 9 months before her first meeting with the counselor.

When she began treatment, Consuelo had been living in the suburbs of Bogotá for more than a year, but was not yet familiar with the city's neighborhoods, transportation system, and services available to displaced persons. She was financially dependent on her husband, who worked in low paying jobs and gambled frequently. Her sister-in-law stayed with them occasionally and contributed to some expenses; however, she eventually became an additional source of aggravation for Consuelo because she never supported Consuelo during her marital disputes—mostly about the husband's gambling. In her hometown, Consuelo used to work in a small restaurant, but had not worked since her arrival in Bogotá. She heard about the OSITA project through her child's teacher, who suspected Consuelo was depressed and informed her of the benefits of counseling.

Case Formulation

A year before she sought treatment, Consuelo exhibited some depression and anxiety symptoms around the time of displacement, which is fairly normative among person who undergo severe adversity. The symptoms, however, became more intense and persistent six months before counseling began, after the sudden death of her father, whom she considered her only source of support. She reported not feeling close to her husband, who was frequently away from the city for work. She did not have friends in Bogotá and stayed mostly at home since she was not working. While the counselor identified grief as a problem area given the worsening of her existing depression symptoms after the loss of her father, she also recognized the contribution of cascading material and interpersonal losses (such as her home, job, relatives, and friends) to Consuelo's depression after her displacement and subsequent social isolation. Therefore, the additional problem area of role transition was considered relevant.

Given these therapeutic targets and the urgency of Consuelo's livelihood problems, the counselor prioritized helping Consuelo break her social isolation and adapt to her new role as a displaced woman. Consuelo was certain that the key to this transition involved finding a job; the counselor also encouraged this because a job not only would allow Consuelo to gain financial independence, but also could serve as a source of social support and information about available resources. IPC work on role transitions involves mourning what was lost, which could open the door for work on grief surrounding the loss of her father. The counselor further incorporated communication skills building into treatment to improve Consuelo's capacity to effectively relate to her family members and mitigate conflicts.

Course of Treatment

Initial phase (one to two sessions). In the first meeting with the counselor, Consuelo appeared fatigued, unkempt, and sad. After she listened to the purpose of the project, she responded by saying that no one could help her and that she was tired of this life and broke into tears. The counselor let Consuelo cry and offered her tissues, allowing her time to recover and prepare for the screening questions. She screened above the clinical cutoff in depression, moderate in anxiety, and mild in PTSD. She also mentioned suicidal ideation ("sometimes I wish I could be dead"); however, further assessment established that there was minimal suicide risk. She mentioned that because of her symptoms, she did not want to leave the house and seek work and had trouble doing daily chores. Although irritable toward her children, she reported being able to care for them adequately.

The counselor explained to Consuelo that she met criteria for moderate depression and anxiety, which were common after displacement. Consuelo commented with a sigh, "I knew I was depressed." The counselor mentioned that depression and anxiety symptoms are frequently

triggered by adversities such as the ones she experienced, and that they are common but impairing and can get in the way of carrying out daily tasks and taking care of herself and her family. Consuelo started crying and said that family members call her lazy. The counselor emphasized that depression and anxiety are not her fault–they are treatable and there are a number of good treatments, such as counseling, that can help her.

The counselor also communicated that until she recovers, she may need more help than usual to deal with her everyday work at home. When discussing the support available to her during the recovery process, Consuelo mentioned that her brother could perhaps take care of the kids after school, but that she would still need to carry out chores like cooking and cleaning the house. The counselor taught her breathing techniques that were part of the OSITA protocol, which Consuelo could practice at home to help her deal with her anxiety and nervousness. Consuelo was able to follow the instructions and reported feeling "a bit calmer." The counselor closed the session by inviting Consuelo to continue with weekly 1-hour-long IPC sessions to discuss in detail her problems, to which Consuelo agreed. The patient looked relieved and hopeful at the end of the session and appeared motivated to return for the second session. The counselor provided her the address of the nearest benefits center for displaced people, and recommended that she apply for the benefits, to which she was entitled, and practice the relaxation techniques once a day.

The counselor began the second session by asking Consuelo how she was doing since the last session. Consuelo reported that she was feeling better, although her problems remained the same. As is customary in IPT/IPC, the patient's symptoms are monitored throughout the treatment process with the relevant distress scales, in this case the PHQ-9 and GAD-7, administered at the beginning of every session. Consuelo's symptoms had improved significantly since the week before: She was asymptomatic in depression, had mild anxiety, and no suicidal thoughts. She attributed this progress to the time she spent with her brother over the weekend and to "the conversation that we had last week." The counselor pointed to the fact that engaging in social activities and conversations with people she trusted are great sources of support and recovery, and encouraged the patient to keep visiting her brother, spend less time alone at home, and keep up with IPC sessions.

The counselor continued the exploration of Consuelo's interpersonal context by administering the interpersonal inventory. When asked about close relationships besides her brother, Consuelo replied that she did not have any other relatives in Bogotá. She had lost trust in her husband a long time ago because he was "a lying rascal, he gambles, and has other women." She had sisters and friends back in her hometown, but had difficulty communicating with them because she could not afford high payments on her cell phone. She said, "I am all alone now."

When the counselor asked Consuelo what had been happening in her life around the onset of her current symptoms, Consuelo tearfully answered that she had been feeling desperate since her father's death. "He left me alone, he abandoned me," she added. The counselor explored with her the circumstances of her father's death (sudden heart attack) and the patient's reactions around this: "When was the last time you saw him alive?"; "What do you wish you had told him?"; "How did you find out about the death?"; and "Who supported you around that time?"

It became clear that Consuelo had trouble accepting the loss of her father: "I just cannot deal with the fact that he is not here anymore." Her father was her protector, while her mother, always moody and harsh, was rarely tender with her and could become emotional and physically abusive at times. The counselor asked Consuelo if she had participated in the customary mourning rituals. Consuelo had participated until the body was taken to the church for the mass but had not attended the burial. Based on this conversation and the rest of the information gathered from the interpersonal inventory, the counselor summarized her situation and problem areas as follows:

> You had a number of losses in the last year, one after another. You lost your beloved father and had to leave your home, friends, relatives, and belongings. You have been unhappy living in the city, and difficulties with your husband became worse since the move. Because of the displacement, you now have difficulty getting by which makes you feel overwhelmed and resigned. Your sadness and anxiety became worse after you lost your father, the person closest to you. During the next weeks of

> counseling, we will focus on your mourning for your father. Together, we'll also find ways to help you manage the displacement.

Consuelo agreed to work on these interpersonal foci. The counselor asked Consuelo to bring some photos of her father to the next session, practiced with her the breathing exercises, and advised her to continue practicing until the next session.

Middle phase (three to six sessions). During the next two sessions, Consuelo made progress. Her responses to the PHQ-9 and GAD-7 placed her at nonsymptomatic in depression and mildly symptomatic in anxiety. She was mobilized enough to apply for and receive her displacement certification, which allowed her and her family to access health care. She also called a close friend from her hometown; to her surprise, the friend was living in Bogotá, and so they arranged to meet over a weekend. The visit left her feeling stronger and happier. In the fourth session, Consuelo announced that she found a job in a hairdressing salon, where she earned a small income and made new acquaintances. The counselor pointed out all these positive developments and noted how the rediscovery of Consuelo's sense of agency and the increased social support helped her mood and to adjust to her current life. Consuelo credited her progress to the therapy and the "tissues" given to her by the counselor.

During this time, the counselor also addressed her grief around the loss of her father. In the third and fourth sessions, Consuelo brought some pictures of her father and, with the encouragement of her counselor, she shared memories of him over the years. She expressed profound despair and anger for the loss, but also happiness and gratitude for having had him as a father. The counselor noticed that Consuelo did not have anything negative to say about her father or their relationship. Usually, in IPT/ IPC practiced in the United States and other Western cultures, the therapist encourages a more balanced, less idealized view of the deceased loved one; however, in a number of other regions in the world, there are strong taboos against negative words and feelings about the dead (Verdeli et al., 2003). Instead, the therapist focuses on assisting the person with breaking the isolation and slowly getting reattached to other people and interests to help the client adjust to the present and future without the deceased loved one. The counselor in this case focused on assisting Consuelo to deal with the void in her life, find other sources of support, and reignite the motivation to work.

By that point in the treatment, the counselor was aware of Consuelo's attachment to her and was concerned about potential difficulties in the termination process. Given the grave need for mental health care for displaced persons and the dearth of available counselors, the local and international project investigators decided on a short (6–10 sessions) treatment duration followed by a referral to a specialist if the patient was not improving. To make the termination process smoother, the supervisor suggested spaced or telephone sessions, instead of regular in-person sessions, to let the patient gain more independence. She agreed that this patient was very attached to the counselor—as was the counselor to the patient–and that the patient still had a number of remaining issues to work on. However, Consuelo appeared to be moving toward remission.

The counselor checked in briefly by telephone over the course of the next 3 weeks until the fifth session. Over the phone, the patient was seemingly doing better. The counselor and the supervisor discussed the counselor's concerns that she was abandoning the patient (like the patient's father did) and reminded her that in IPT and other short-term treatments, patients may become temporarily worse when they face termination but subsequently continue improving.

During their fifth session, which took place in person, Consuelo's symptoms had worsened as expected. She scored in the mild range in depression, with suicidal thoughts (but no intent or plan), and in the moderate range in anxiety. She had lost her job because she "was not working fast enough" (mainly due to her inexperience), was having conflicts with her sister-in-law and husband, and was feeling completely overwhelmed with city life. "My life ended when we came to Bogotá," she said in tears. The counselor validated Consuelo's feelings:

> I can understand how difficult life could be in this city—it is hard even for the people who were born here. I cannot imagine how hard it must be for those who

are from other regions. You are trying to adjust without your father's help, and you may be also scared because I will not be in your life anymore.

Consuelo started crying, holding the tissues that the counselor offered. Then she started reminiscing nostalgically about the comforts of her old home, commenting that she had "everything there and nothing here." She expressed a deep desire to go back and talked about her plans to do so, despite an inheritance problem concerning her house in the village that first needed to be resolved. The counselor responded that it was common for people to feel anxious before the end of the counseling, because they are scared that all the progress they had made would be lost without the help of the counselor, but that they bounce back readily, realizing that although the counselor supported them greatly, it was they who had made all the progress. Slowly, Consuelo started acknowledging that the city was safer for her family and offered better education opportunities for her children. She then brought up her need to find a center for health insurance and employment training for displaced people.

One week later, for session six, Consuelo was again nonsymptomatic. By that time, she had enrolled in a conditional cash transfer program (a microfinance program offered in a number of low-resource regions), and she had spoken to her husband about his sister's behavior and asked him to spend more time with her and the kids. She reported that while his behavior did not change much, he seemed more supportive of her. During the session, the counselor assessed Consuelo's progress, emphasizing the goals that she had accomplished by herself.

Since they were on track to complete the termination phase, the counselor explained that Consuelo was ready for a final follow-up session in one month's time. At this, Consuelo began crying and asked the counselor for more time together. "Please do not leave me alone," she pleaded while sobbing, and said that parting would bring back the suicidal thoughts and helplessness that she had felt in the past. She also said that although she was feeling better now, her situation was complicated because she had conflicts with her sister-in-law who liked to intervene and made life at home unbearable. She also noted that she wanted to work more on managing her emotions around her children, whom she did not know how to discipline without being rough.

The counselor felt torn and became worried that she was giving in to the patient's despair. She decided to tell the patient that the protocol called for up to 10 sessions, and that they should use the final three sessions to discuss these remaining issues. The patient readily agreed. They started working on the disputes that she had brought up, using communication analysis (analyzing a interpersonal transaction frame by frame to understand how the communication derailed), interpersonal skills building (finding culturally appropriate ways to get a communication across), and problem solving (identifying options for a problem).

During supervision, the counselor expressed doubt that three sessions were enough and her feelings of abandoning the patient were brought up. The counselor experienced Consuelo as very fragile and felt guilty for terminating the treatment. Discussions with the supervisor focused on the IPT goal of letting the person move to independence and trusting the person's ability and strength to get on with her life, empowered by the emotional connection the patient and counselor formed together. The counselor acknowledged that she understood why she needed to stick to the termination date.

Termination phase (7 to 10 sessions). In the termination phase, the counselor began preparing the patient for closure of treatment. The counselor reviewed the treatment course and discussed Consuelo's progress, the new skills she had developed, and the prevention plan. From session seven to eight, Consuelo remained stable. The counselor encouraged Consuelo to continue taking part in pleasant social activities, including meeting her friend, taking swimming lessons with her kids, and visiting her brother. Consuelo started mentioning her children much more and described feelings of joy and closeness around them. Together, the counselor and Consuelo also explored additional sources of support that could help break her isolation and her dependence on the counselor.

Finally, the counselor helped Consuelo to understand the stressors that were under her own control and those that were not: Getting rid of the guerillas so she could return to her hometown

was outside of her control, but finding a job was within her control and necessary for her adjustment. Consuelo mentioned that she wanted to find a new job, despite her husband's disapproval, which stemmed from his concern that a new job would give her an excuse to find a new partner.

In session nine, Consuelo reported feeling sad due to an argument with her sister-in-law, who now lived apart from them because Consuelo had asked her to leave the house. The counselor asked Consuelo to describe how she was feeling after the argument. She replied that even though she felt afraid of her husband's reaction, she had decided to stand up for herself. She also felt stung by how her sister-in-law had told her that nobody in the world liked her. Through communication analysis, the counselor and Consuelo reviewed the full argument, showing that Consuelo had handled the venomous attacks firmly and without retreating or losing control like before. The counselor invited Consuelo to attend a session with a displaced women's group that met weekly to talk about livelihood issues and ways to manage them. Consuelo liked this idea and responded that she would try to go. She was scheduled for a phone call session for the following week. The counselor was worried that Consuelo's condition would worsen.

At the 10th session, however, Consuelo reported doing well. She was nonsymptomatic despite ongoing problems with her husband, who had begun to fight more with her since her dispute with his sister. Consuelo said that she was seriously considering going back to her hometown with the kids, finding a job there, and separating from her husband. Although she sounded much more grounded and determined, the counselor advised her to evaluate the risks of going back because armed groups could still be in the region. Consuelo replied that there were more possibilities for her there since security had improved, and that she felt she was ready to live independently from her husband, which she had wanted to do for many years. The counselor and patient evaluated the pros and cons of moving. The counselor felt that Consuelo was at last ready for a follow-up session. Consuelo voiced that she felt comfortable with taking this next step, and she agreed to schedule their final follow-up session.

After 3 weeks, Consuelo came for the follow-up session. She did not report any depressive or anxiety symptoms. She shared that she had told her husband her intentions of going back to their hometown and he had decided to go with her. Despite her eagerness to separate from her husband, Consuelo reasoned she would feel better having his company than she would traveling with the kids alone; however, she still planned to get a divorce once they relocated. She shared that her kids were very happy and eager to go back in the next month. The inheritance issue seemed to have been resolved.

The counselor was happy for Consuelo, expressing her own feelings of appreciation for Consuelo's will to fight for herself and her children's well-being. The counselor asked Consuelo to call her if she felt depressed again. At the end of the session, Consuelo said that the counselor had been more than a counselor to her. She was feeling hopeless and helpless when they first met, but by the end of the treatment, she knew "how to breathe," how to handle her emotions, and how to survive despite her difficult situation. "You pulled me out of a dark tunnel," she told the counselor in tears.

Outcome and Prognosis

From early on in the treatment, Consuelo responded well to interpersonal counseling. She was able to talk about her feelings and work toward the resolution of her treatment foci. She progressed as she mourned the loss of her father and her former life, and began acknowledging the opportunities that her new role would bring. The fact that she started applying for job opportunities, enrolled in a conditional cash transfer program, and requested access to health care for her and her family indicated that she successfully adapted to very adverse circumstances. She gradually made progress in reducing her isolation: She contacted old friends and, as she engaged in social activities and avoided being alone, she was able to make new contacts. Although the termination phase was problematic, Consuelo became increasingly willing to talk openly about her future plans as an independent person, which indicated an improvement in her perception of self-efficacy.

At the first session, Consuelo's scores on the PHQ-9 and GAD-7 were 10 and 12, respectively. By session 11, Consuelo's scores had decreased to 2 on the PHQ-9 and 4 on the GAD-7. Even more importantly, her ability to function was restored. Given the great progress and stable mood that Consuelo achieved during the course of treatment, including at the follow-up session, it is probable that Consuelo will continue to remain stable, with normative ups and downs due to normal life circumstances. Consuelo called the counselor 3 months after they ended counseling to share that she and her children were doing well. She had moved back to her hometown, found a job, had separated from her husband, and was feeling happy.

Clinical Practices and Summary

Evidence suggests that IPC can lead to positive outcomes for displaced populations and may serve as a feasible treatment option in low- and middle-income countries that lack mental healthcare specialists (Patel, Chowdhary, Rahman, & Verdeli, 2011; Verdeli et al., 2003). In the present case study, IPC proved to be an effective treatment over a short time period for a forcibly displaced woman. Specifically, through restoring the patient's sense of agency and attachment with others (including her children and the counselor) and teaching her coping skills to empower her to make critical decisions, IPC helped the patient to improve functioning, reconstruct her social relationships, and strengthen her self-efficacy.

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