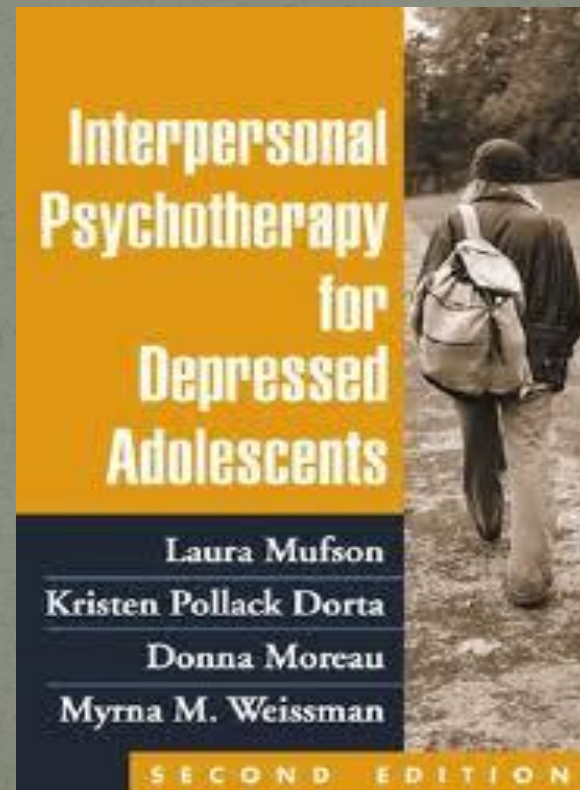


Interpersonal Psychotherapy for Adolescents (IPT-A)

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Presentation Outline

Introduction to Interpersonal Psychotherapy (IPT)

Adaptations from IPT to IPT-A

Theoretical framework

Description of treatment

Review of the manual and demonstration

Research review

Strengths and weaknesses

Conclusion



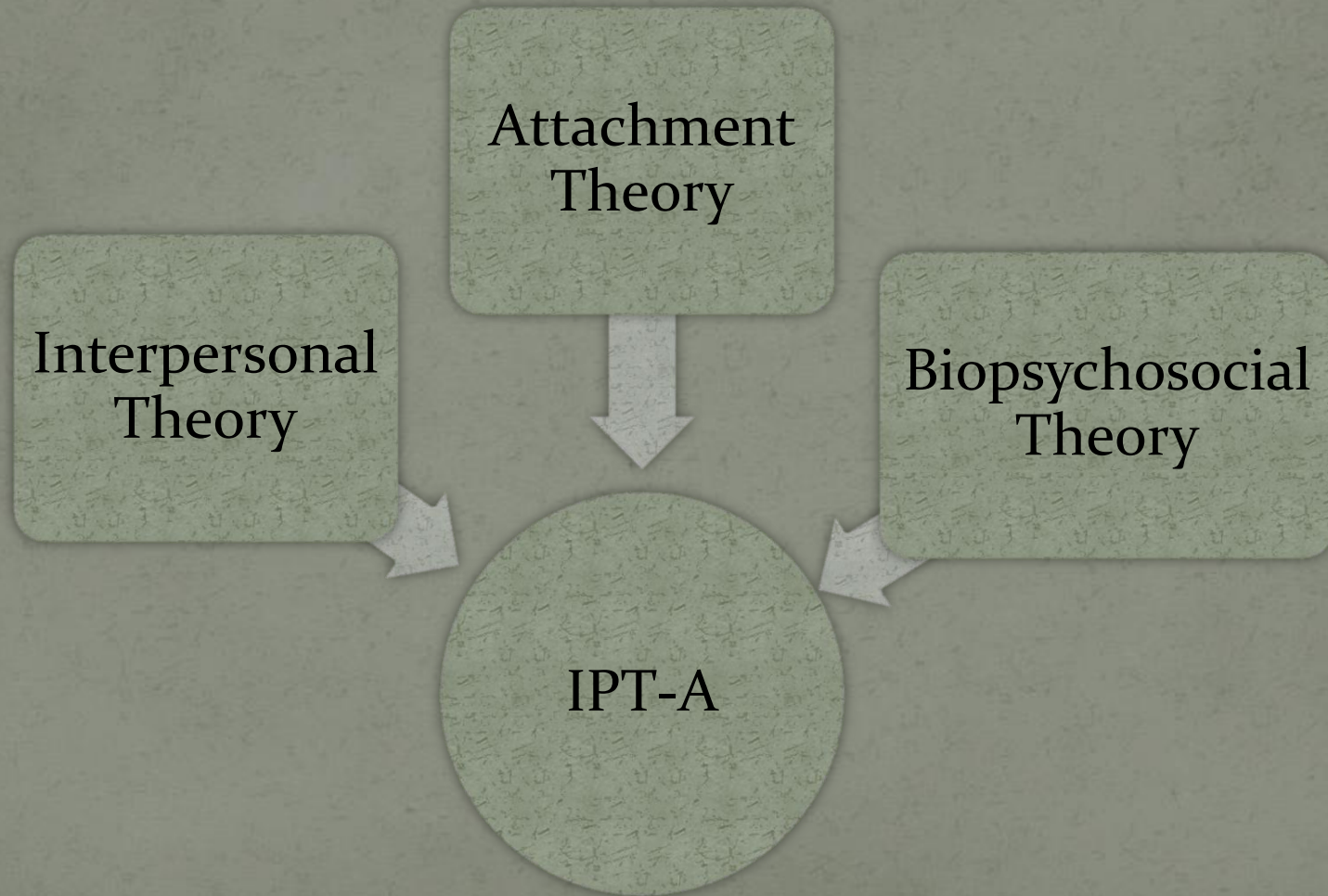
Introduction to IPT-A

- IPT was first developed in late 1960s
- Efficacy has been established for treatment of depression and psychological problems in adults
- The IPT-A manual was first published in 1993 and is currently in its second edition

Adaptations from IPT to IPT-A

- Fewer sessions
- Role for parents
- Reconceptualization of the “sick role” to “limited sick role”
- Role for therapist as liaison between youth and family and / or school

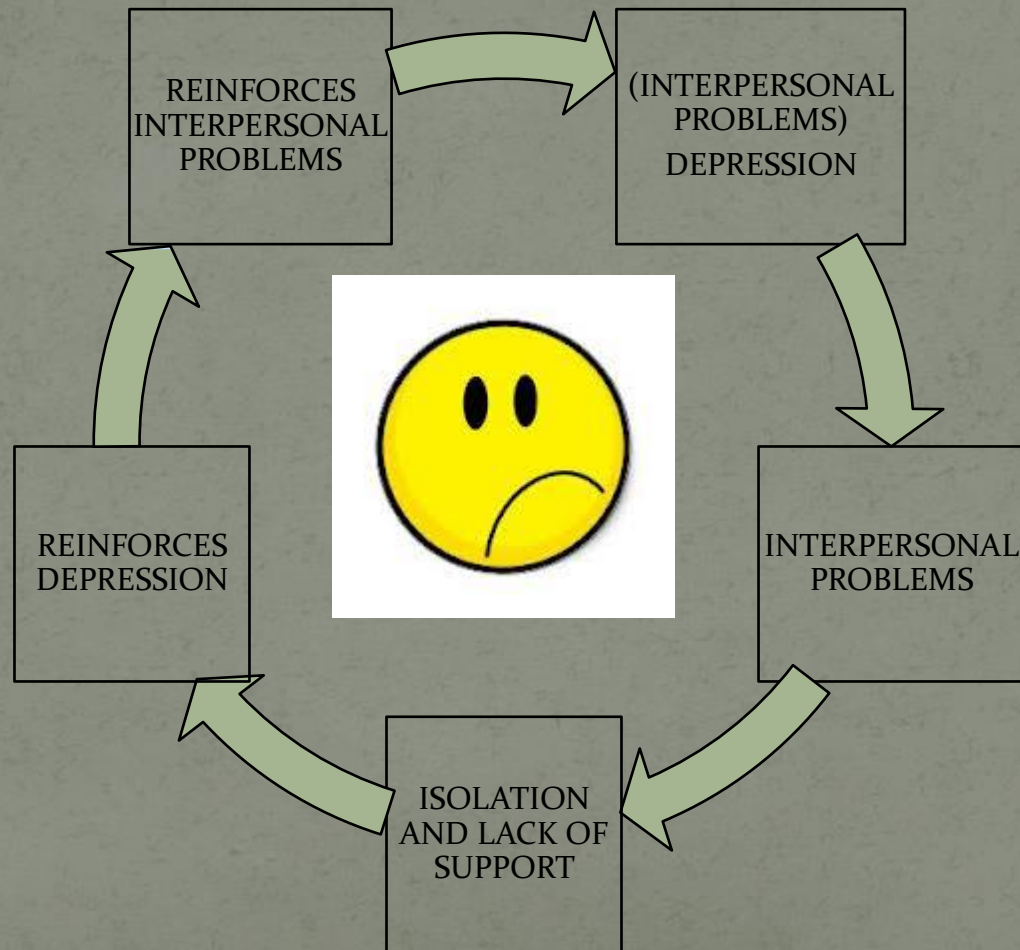
Theoretical Framework



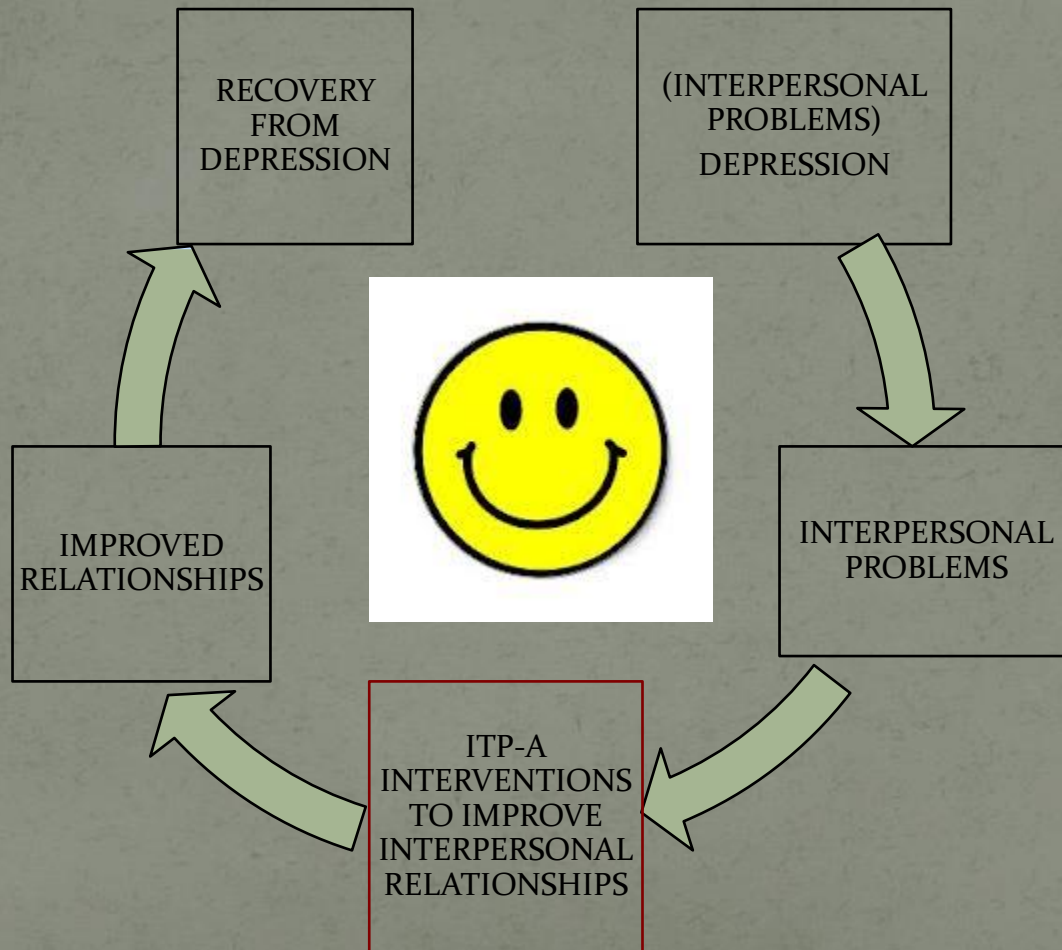
Theoretical Conceptualization of Depression

- Depression is viewed within the interpersonal context
- Depressed youth have more interpersonal problems than non-depressed youth - interpersonal problems may be a cause or consequence of depression
- Depression is treated with interpersonal skill development and psychoeducation

Theory: Operational Conceptualization of Depression



Theory: Operational Conceptualization of Recovery



Description: Core Problem Areas

<p><u>Grief</u></p> <p>Definition: Grief is abnormal when it is prolonged, delayed or chronic</p> <p>Goal: Facilitate appropriate mourning and establish realistic view of lost relationship</p>	<p><u>Interpersonal Disputes</u></p> <p>Definition: Problems in relationships or differences in expectations about relationships causing conflict</p> <p>Goal: Identify dispute, link dispute to affect, make plan to modify communication or expectations</p>
<p><u>Interpersonal Role Transitions</u></p> <p>Definition: The teen or significant others have problems adjusting to the teen's (or other person's) role transition</p> <p>Goal: Mourn and accept the loss of the role, create a positive view of the new role, foster sense of competence in new role</p>	<p><u>Interpersonal Deficits</u></p> <p>Definition: Deficits in social and communication skills are inhibiting the teen from making or keeping peer relationships</p> <p>Goal: Reduce social isolation and form new relationships</p>

Description: Core Components of Therapy

Introduction of the Medical Model and Limited Sick Role:

Teen and parents educated on medical model of depression to help so that any blame for changes in the teen is directed at the illness, not the teen. Introduce “limited sick role: teen is encouraged to maintain normal level of activity but to lower expectations on performance.

Psychoeducation:

Teach about the nature of depression, basic goals of IPT-A, and the main problem area identified.

Interpersonal Inventory:

Use “closeness circle” technique to conduct a detailed review of the teen’s current significant relationships. Identify how key relationships are connected to teen’s affect.

Modify Communication Patterns:

Identify ineffective communication patterns. Focus on indirect / ambiguous communication, holding incorrect assumptions, using unnecessary communication, closing off communication, and hostile communication

Interpersonal Problem Solving:

Focus on negotiation, perspective taking, clarifying expectations, and clear expression of feelings and opinions.

Active Parental Involvement:

Parents will ideally have involvement during each phase of therapy. They should be educated about depression, and they may be asked to participate in sessions to support improved communication in the teen-parent relationship. At termination, discuss how treatment has affected the family and discuss further treatment and how to respond to relapse.

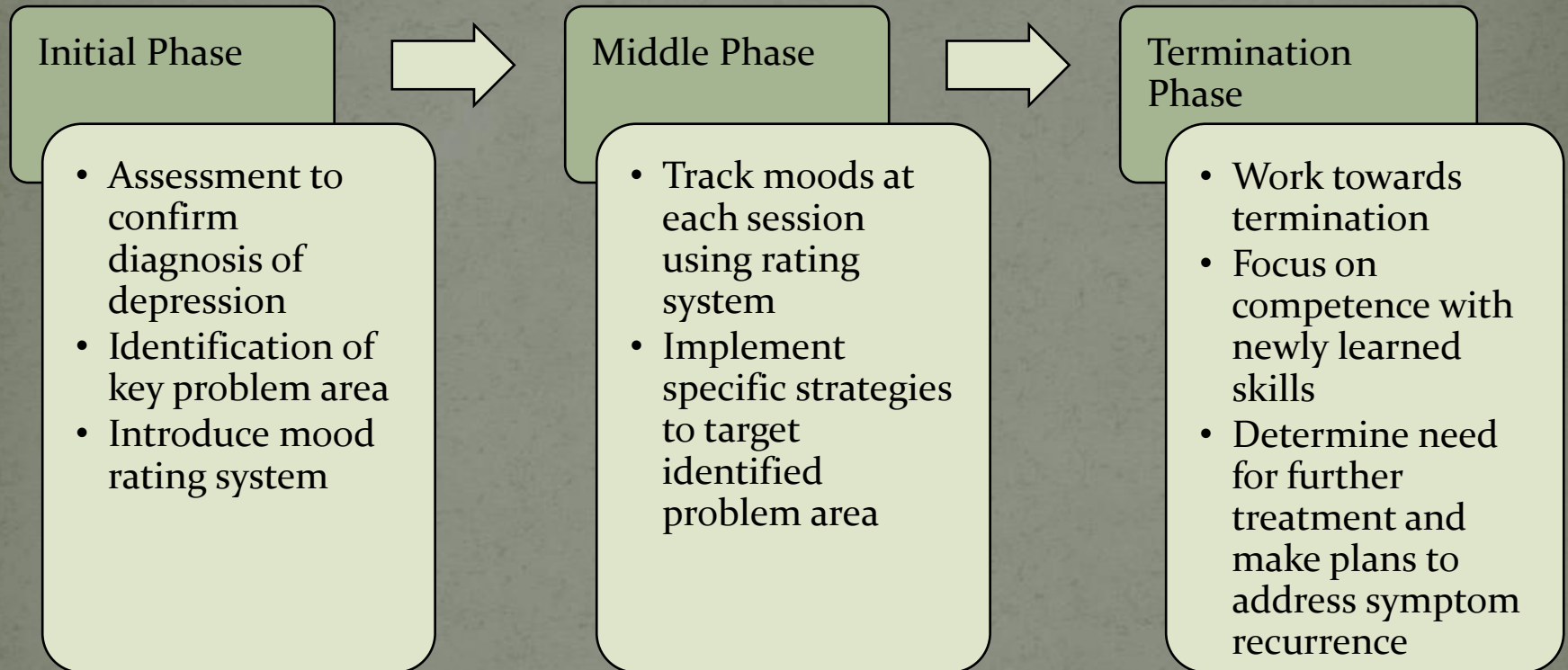
Description: Treatment Indications

- IPT-A is indicated for use with adolescents with mild or moderate depression
- It is not indicated for use with adolescents with mental retardation, psychotic or bipolar symptoms, substance use or addiction problems, or significant expressive or receptive language disorders
- It is not indicated for youth who are actively suicidal.
- IPT-As efficacy has not been established with youth under 12 years of age

Description: Training Guidelines

Level A Introductory Training	Participation in a IPT-A 2-day introductory course
Level B Clinical Training	Completion of a Level A IPT-A course Familiarity with the IPT-A manual Professional clinical training in mental health treatment Supervision on at least two complete IPT-A treatments
Level C Advanced Clinical Training	Completion of Level B requirements Nomination by Level B supervisor Supervision on at least two additional complete IPT-A treatments
Level D IPT-A Supervisor	Completion of Level C requirements Nomination by Level C supervisor
Level E IPT-A Trainer	Completion of Level D requirements Evidence of ongoing IPT-A practice Completion of an IPT Trainer Workshop Satisfactory co-facilitation of an introductory course in IPT-A

Demonstration: How Does IPT-A Work?



Demonstration: Initial Phase

Session 1 Objectives

Review of Depression Symptoms

- Confirm depression diagnosis
- Explain that symptoms are part of a known syndrome
- Place symptoms in their interpersonal context
- Outline the active role of patient and therapist in the treatment

Confirm Suitability for Treatment

- Acknowledge the depression
- Discuss impact on relationships
- Verbally engage in treatment
- Benefit from treatment on a once-a-week basis

Education about the Nature of Depression

- Explain symptoms and impact on behaviour
- Provide reassurance
- Reinforce that psychological problems can be effectively treated

Explain Treatment Options

- Prognosis for recovery
- Discuss other treatment options
- Possibility of treating depression with medication

Demonstration: Initial Phase

Session 1 Objectives Continued...

Assign the “limited sick role”

- Review commonly reported symptoms of depression
- Assign the adolescent a limited “sick role”
- The limited “sick role” allows the teen relief **from pressure of usual behaviour**

Introduce basic principles of IPT-A

- Focus of treatment is to reduce the depression symptoms and improve important relationship problems that are most connected to depression

Obtain commitment to treatment and plan for next session

- Lay the groundwork for the “team” approach
- Therapy will involve work by adolescent as well as therapist
- Explain that session 2 will focus on reviewing significant relationships

Demonstration: Initial Phase

Session 2 Objectives

Review current depression symptoms for past week

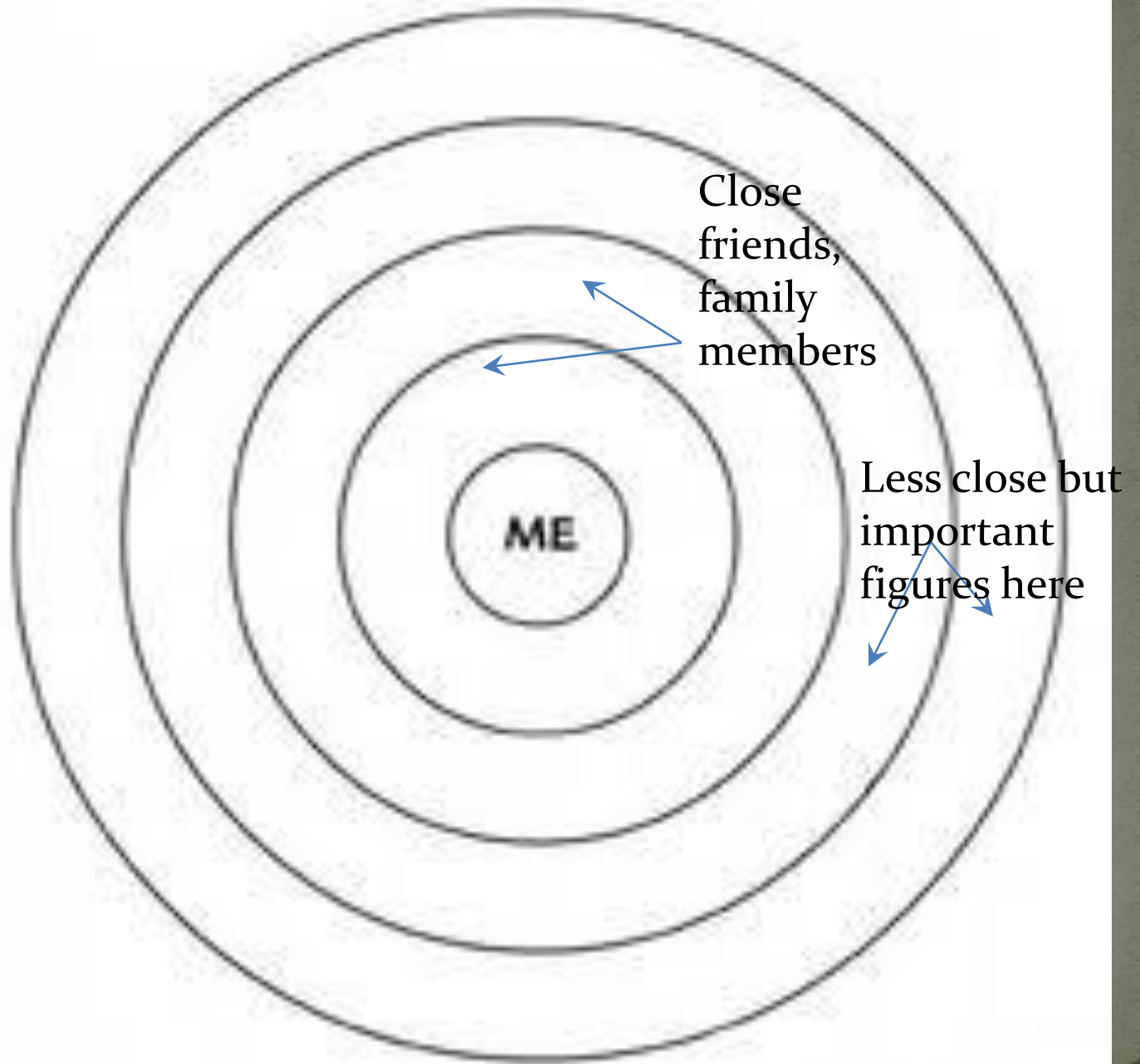
- Use mood rating scale
- Scale between 1-10, with 1 being the best you can feel and 10 being the saddest you can feel

Relate depression to current problems in adolescent's life

Begin interpersonal inventory

- Use closeness circle
- The circles represent circles of closeness with the goal being to place significant relationships within the appropriate circles of closeness and to use the completed closeness circle as a framework for interpersonal relationship analysis

Closeness Circle



Demonstration: Initial Phase

Session 2 continued...

Evaluate the impact of each relationship

- Discuss the relationships in some depth
- Goal is to have adolescent tell the story of his current life as played out in significant relationships

Review session and plan for next session

Demonstration: Initial Phase

Session 3 Objectives

Review symptoms of depression for past week

- Use mood rating scale

Continue interpersonal inventory

- The adolescent provides information about their relationships with significant others
- Review positive and negative aspects of significant relationships

Review session and plan for next session

Demonstration: Initial Phase

Session 4 Objectives

Review symptoms of depression for past week

- Use mood rating scale

Describe and identify specific problem area

- Focus on one problem area (occasionally two problem areas are identified)

Make explicit patient-therapist contract

- Agree on identified problem area
- Specify adolescent's role in sessions
- Specify therapist's role in sessions
- State policy on missed or cancelled sessions or late attendance and frequency of sessions
- Specify role of parents or significant others in treatment

Review session and plan for next session

Demonstration: Middle Phase

Sessions 5-8

Review current depression symptoms

- Use mood rating

Focus is on identified problem area

- Role of patient shifts from providing historical information to actively searching for solutions to the problem

Review interpersonal problems in past week

- Patient is encouraged to select the topic of discussion as it relates to the problem area

Discuss in detail interpersonal events related to depression / irritable mood

*During the middle phase, other family members or significant others may be asked to participate in one or two sessions in order to assist with treatment

Demonstration: Middle Phase

Strategies for Problem Areas

Grief Communication Analysis Role Playing Explore / Encourage Affect Therapeutic Relationship	Interpersonal Disputes Communication Analysis Decision Analysis Modelling Identify Dispute Patterns
Interpersonal Role Transitions Review positive and negative aspects of relationships Educate About the Transition Develop Social Support Role Play	Interpersonal Deficits Communication Analysis Review current and past relationships Explore / Encourage Affect Role Play

Demonstration: Middle Phase Communication Analysis

Communication Analysis

- The goal of this techniques is to teach effective communication by increasing clarity and directness
- Involves a thorough investigation of a specific dialogue or argument
- Identifies ways in which the adolescent's communication is ineffective
- Therapist helps adolescent understand the impact of words on others

Application of Communication Analysis: Teaching alternative communication strategies

- Communicating feelings and opinions directly
- Using empathy – e.g., give to get
- Putting yourself in the other person's shoes to see their perspective

Demonstration: Termination Phase

Sessions 9-12 *adolescent should be reminded of termination date

Review symptoms of depression for past week

- Use mood rating scale

Review warning symptoms of depression relapse

- Review list of positive depression symptoms from initial interview and areas of interpersonal conflict described in the interpersonal inventory and during treatment

Review identified problem area

Review identified strategies used in treatment

- It is easier for the teen to hold on to strategies have they been highlighted

Discuss generalization of strategies to future situations

- Identify future situations where strategies may be used
- Help adolescent to feel empowered to handle future interpersonal problems

Review interpersonal successes and efforts to change

- Discuss accomplishments in treatment with the goal of helping the adolescent to recognize their competence

Demonstration: Termination Phase Continued...

Discuss feelings about ending therapy

- Therapist addresses teen's concerns about ending the treatment relationship
- Explore potential grief related to termination of the therapeutic relationship – depressive feelings may occur
- Therapist helps patient use their new skills in the discussion of termination

Discuss possibilities of recurrence and / or need for future / further treatment

Practice / model positive ending to a relationship

Meet with parents to review progress of treatment and plans for the future

IPT-A Research: Initial Trials

Mufson et al. (1994)

Objective:

Determine acceptability and efficacy of IPT-A

Design:

Trial for developing IPT-A manual; treating individual cases of depressed adolescents

Participants:

Phase I: 5 depressed adolescents

Phase II: 14 depressed adolescents

DSM-III-R criteria for depressive disorder

Results:

Phase I: treatment was modified to meet needs of population and was standardized

Phase II: significant decrease in symptoms, improvement in functioning

IPT-A Research: Trial Follow-Up

Mufson and Fairbanks (1996)

Objective:

1-year naturalistic follow-up of IPT-A

Design:

Self-report and clinician battery
(K-SADS, BDI, SCL)

Participants:

10 participants from open trial

Results:

One participant met criteria for affective disorder; majority reported few depressive symptoms, maintained improvements

IPT-A Research: Efficacy

Mufson, Weissman, Moreau, and Garfinkle (1999)

Objective:

Efficacy of IPT-A

Design:

Hospital clinic setting; 12
45-min weekly sessions of
IPT-A or clinical
monitoring

Participants:

48 adolescents; primarily
female and Hispanic
DSM-III-R criteria for
Major Depression

Results:

IPT-A group had greater
treatment completion,
decrease in depression,
improvement in social
functioning and
interpersonal problem
solving than the control
group

IPT-A Research: Efficacy

Rossello and Bernal (1999)

Objective:

Efficacy of CBT, IPT-A, Wait list (WL)

Design:

Pre, post, follow-up for depression symptoms, self-esteem, social adjustment, family, behaviour

Participants:

71 Puerto Rican adolescents

DSM-III-R criteria for depression

Results:

IPT-A and CBT significantly reduced depressive symptoms. IPT-A > WL self esteem, social adaptation. Clinical Significance: 82% adolescents functional with IPT-A

IPT-A Research: Effectiveness

Mufson et al. (2004)

Objective:

Effectiveness of IPT-A vs. Treatment as Usual (TAU)

Design:

16 week randomized trial; 5 school-based mental health clinics in New York; depression ratings

Participants:

63 adolescents; mean age 15.1 years; predominantly female, Hispanic, low SES

DSM-IV criteria for major depressive disorder, dysthymia, depression NOS, adjustment disorder

Results:

IPT-A greater symptom reduction and improvement in overall functioning than TAU group

IPT-A Research: Comorbid Anxiety

Young, Mufson, and Davies (2006)

Objective:

Assess impact of comorbid anxiety on depression treatment

Design:

Randomized IPT-A or TAU; depression ratings

Participants:

63 depressed adolescents (aged 12-18) with and without comorbid anxiety

Results:

Comorbid anxiety: higher depression scores at baseline, poorer depression outcome post-treatment; IPT-A non-significant effect

IPT-A Research: Perceived Interpersonal Functioning

Gunlicks-Stoessel, Mufson, Jekal, and Turner (2010)

Objective:

Interpersonal functioning as moderators of response to treatment

Design:

IPT-A or TAU.
Assessment at baseline, weeks 4, 8, 12

Participants:

63 adolescents

Results:

Treatment condition interacted with baseline reports of conflict with mothers and social dysfunction with friends to predict trajectory of depressive symptoms

IPT-A: Adolescent Attitudes and Acceptance

Corporino and Karver (2012)

Objective:

Consumer adherence and treatment acceptability for depression

Design:

Rated a vignette for CBT, IPT-A, family therapy, and pharmacotherapy

Participants:

67 female high school students

Results:

Psychotherapy more acceptable; pharmacotherapy alone was not acceptable. Treatment acceptability for IPT-A and family therapy related to causes of depression

IPT-A Research: Therapist Competencies

Sburlati, Lyneham, Mufson, and Schniering (2012)

Generic
Therapeutic
Competencies

- Practicing professionally
- Understanding relevant adolescent characteristics
- Conducting a thorough assessment

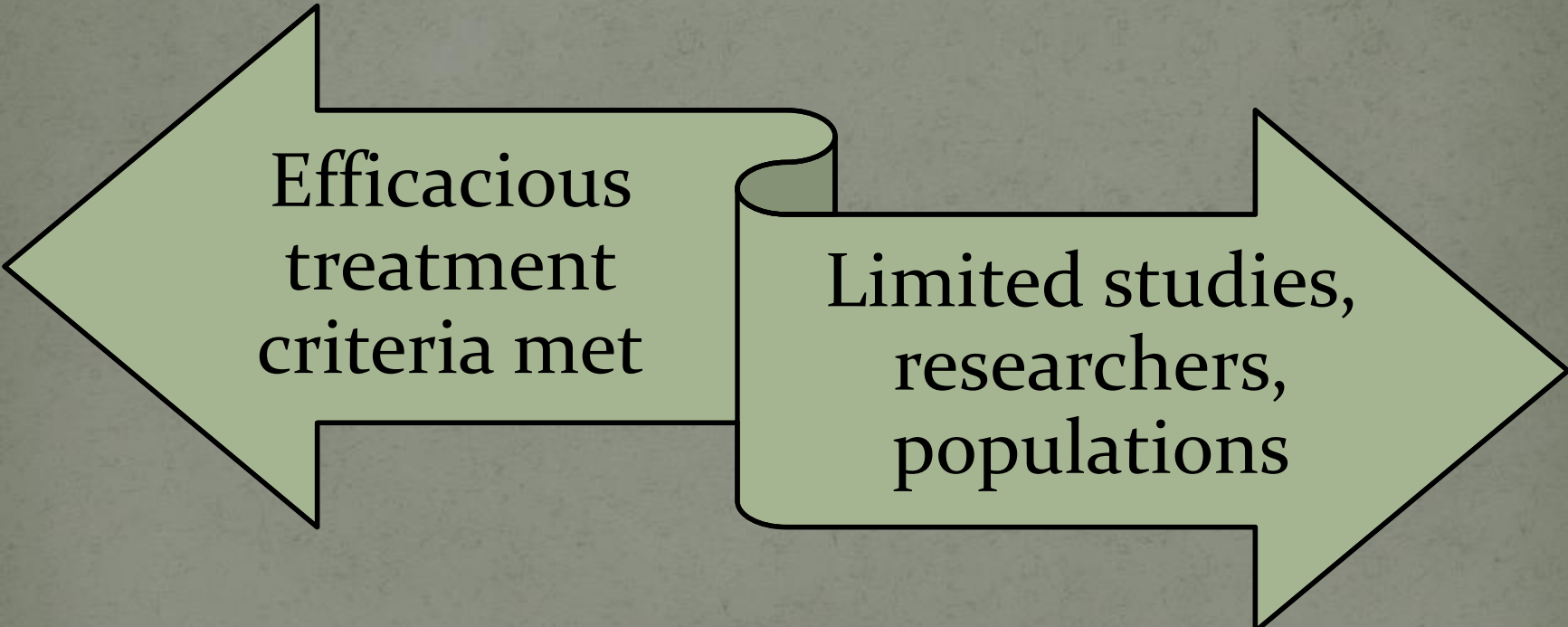
IPT-A
Competencies

- Understanding relevant theory and research
- Phase-specific criteria

Specific IPT-A
Techniques

- Linking affect to interpersonal relationships
- Interpersonal skills building

IPT-A Research Conclusions



Efficacious
treatment
criteria met

Limited studies,
researchers,
populations

Summary of Strengths

- Focuses on overall social and emotional well-being and skill building
- Short-term outpatient treatment
- Clear framework
- Training opportunities
- Well designed treatment manual
- Existing research is high quality



Summary of Weaknesses

- Narrow range of client applicability
- Potentially limited access to qualified practitioners
- Cost of therapist training
- Although the existing research is of good quality, more research is required



Suggestions for Improvement

- Greater breadth of research with larger and more diverse samples
- Further examination of methods of IPT-A delivery
 - group
 - preventative: skills training (IPT-AST)
 - family component
- More research on the long term benefits of IPT-A
- More research on combining IPT-A with medication
- More research on comorbidity

Questions for Discussion

Does anyone have experience with IPT-A that they could share?

Based on our presentation is this something you would pursue for training, why or why not?

As school psychologists, would you feel prepared to implement this type of intervention?

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