

# **INTERPERSONAL PSYCHOTHERAPY FOR DEPRESSED ADOLESCENTS**

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# Conflict of Interest

- Laura Mufson, Ph.D. receives royalties from book: *Interpersonal Psychotherapy for Depressed Adolescents*, second edition, 2004. Guilford Publications.

# Interpersonal Psychotherapy

- ❑ Developed by Gerald Klerman, M.D. and Myrna Weissman, Ph.D.
- ❑ Originally developed for adult outpatients:
  - ❑ Depressed
  - ❑ Nonbipolar
  - ❑ Nonpsychotic
- ❑ Time-limited treatment (16-20 sessions for adults)

# Theoretical Underpinnings

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- **Attachment theory** – People experience distress when disruptions in attachment occur (Bowlby, 1978)
- **Interpersonal theory** – Poor attachment leads to inadequate or maladaptive interpersonal communication patterns that may lead to difficulties in current relationships (Sullivan, 1953; Kiesler, 1979)
- **Social Theory** – Poor social support can contribute to the development of depression by influencing the ability to cope with interpersonal stress (Meyer, 1957; Coyne, 1976)

# BASIC PRINCIPLES

# Basic Premise of IPT

- ❑ Depression occurs in an interpersonal context
- ❑ Depression affects relationships and problems in relationships affect mood



# Goals of IPT

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Educate about link between symptoms and events in relationships

Decrease depressive symptoms

Improve skills in addressing interpersonal problems that may be contributing to or exacerbating the depression

# Strategies of IPT

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Identify problem area(s)

Focus on current relationships

Focus on interpersonal nature of the problem

Help patient master interpersonal context of the depression



# Depression Conceptualized in IPT

1. Symptom Formation\*

2. Social Functioning\*

3. Personality

\*role for IPT

# Distinguishing Features of IPT-A

- ❑ Limited sick role
- ❑ 12 week duration
- ❑ Involvement of parents
- ❑ Use of the telephone
- ❑ Liaison role between schools and families
- ❑ Use of grief problem area for normal grief reactions

# Primary Components of IPT

## Education

- Psychoeducation
- Limited Sick Role
- Interpersonal Inventory
- Treatment Contract

## Affect Identification

- Labeling Emotions
- Clarification of Emotions
- Facilitating Expression of Emotions
- Monitoring of Emotions

## Interpersonal Skills Building

- Modeling
- Use of Therapeutic Relationship as Model
- Communication Analysis
- Perspective Taking
- Interpersonal Problem-Solving
- Role Playing

# Parent Involvement

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In all 3 phases of treatment:

- Initial – Diagnosis, psychoeducation and treatment explained
- Middle –to improve communication and problem-solving with adolescent as needed
- Termination - Discuss adolescent's experience in treatment, effect on family, and need for further treatment

# Three Phases of Treatment

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- Initial – Sessions 1-4
- Middle – Sessions 5-9
- Termination – Sessions 10-12



# Initial Phase

# Goals of Initial Phase

Identify and diagnose symptoms

Educate about depression

Assign limited sick role

Explain theory of IPT-A

Conduct interpersonal inventory

Identify the problem area

Set treatment contract

# Initial Parent Session

- ❑ Held either contiguous to first session with teen or in between session 1 and 2
- ❑ Tasks:
  - ❑ Psychoeducation about depression
  - ❑ Correct misperceptions about the teen's illness
  - ❑ Discuss issue of confidentiality
  - ❑ Discuss their role in the treatment as needed
  - ❑ Encourage them to work with therapist as the expert on their teen
  - ❑ Discuss the philosophy and goals of the therapy



# Review of Depressive Symptoms

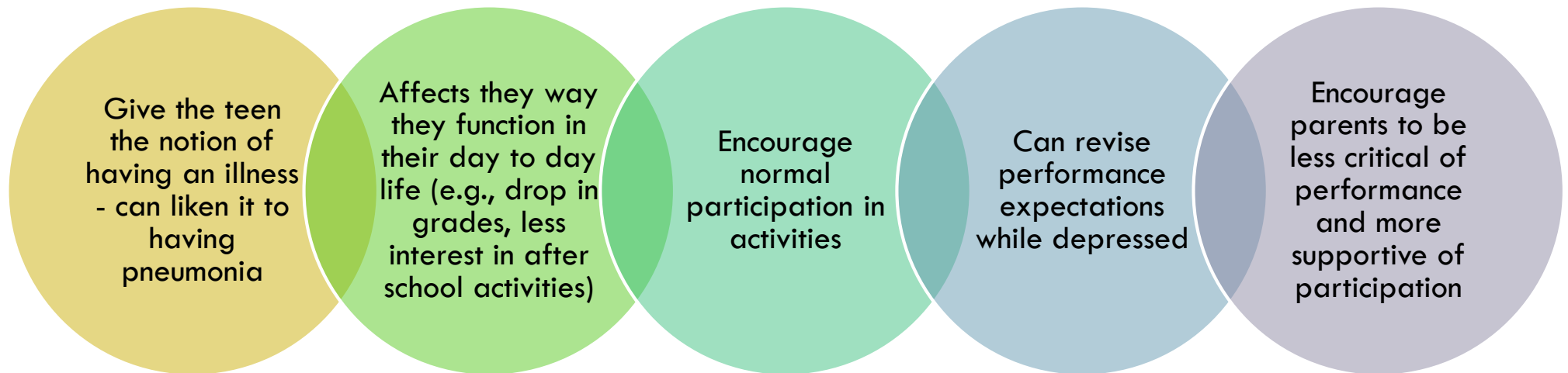
- ❑ Use the Hamilton Rating Scale or Children's Depression Rating Scale as a guide
- ❑ Occurs at the beginning of every session throughout treatment
- ❑ Initial session involves complete review
- ❑ Later sessions:
  - ❑ Review previously endorsed items
  - ❑ Always monitor suicidal ideation and/or behavior



# Mood Rating

- Teach the adolescents to rate their mood on a scale of 1 to 10 (1 = best they could feel, happiest and 10 = worst they could feel or saddest)
- At beginning of each session the adolescents give:
  - ▣ Average mood rating for the week
  - ▣ Best mood rating for the week
  - ▣ Worst mood rating for the week
- Assess what has occurred to be the worst and best mood rating and begin link between interpersonal events and changes in mood.

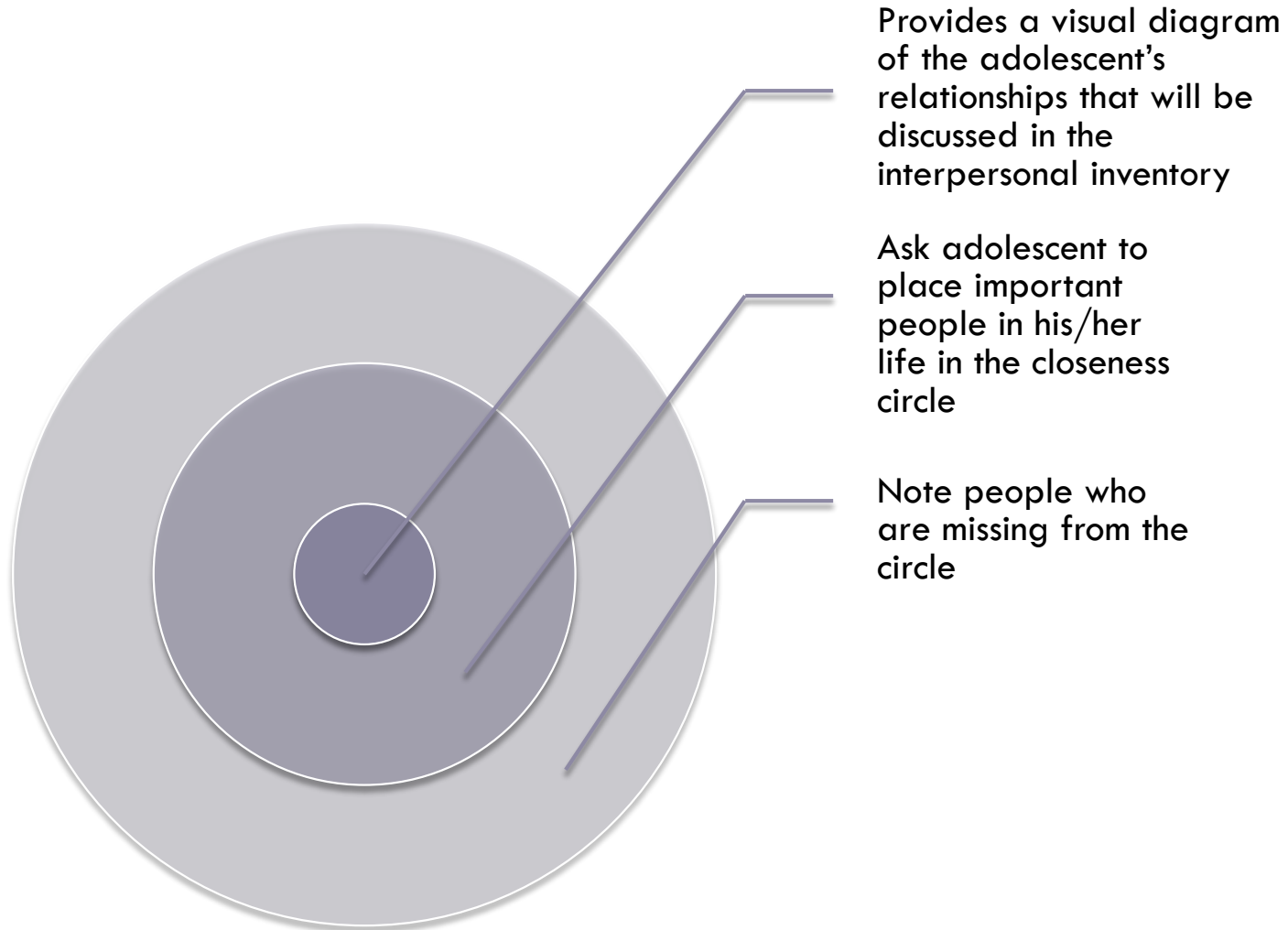
# Limited Sick Role



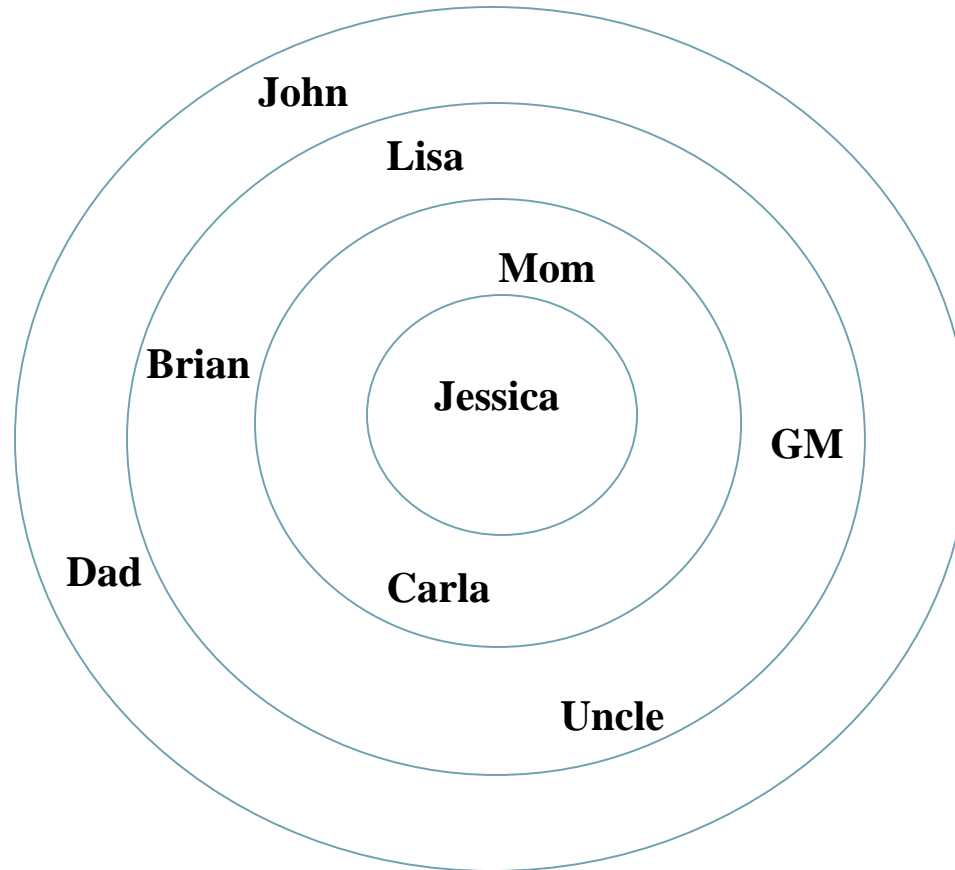
# Interpersonal Diagnostic Assessment

- ❑ In-depth assessment of patient's most significant relationships - interpersonal inventory
- ❑ Identify those issues most closely related to onset and/or persistence of depression
- ❑ Primary informant is adolescent

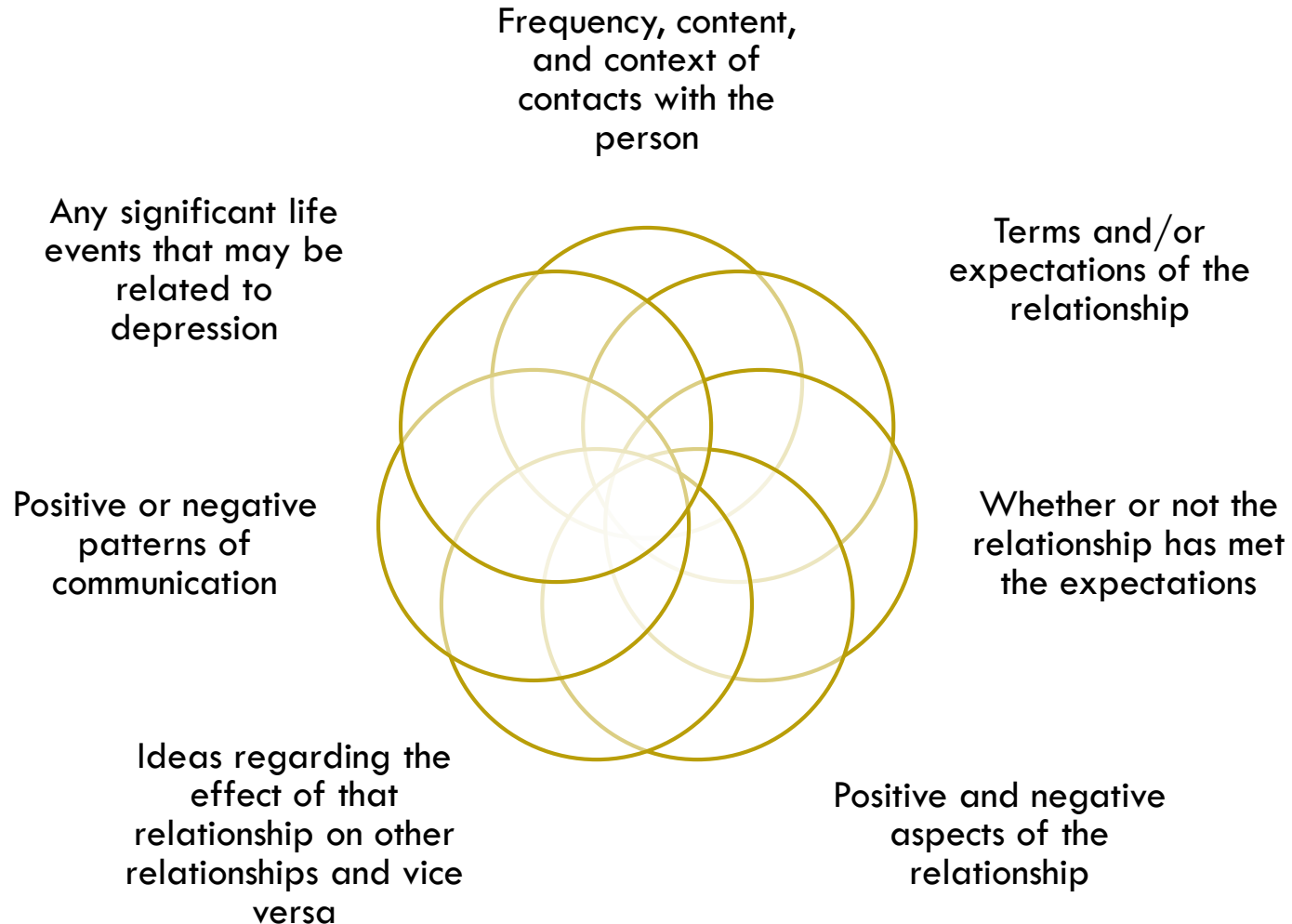
# Closeness Circle



# Example of a Closeness Circle



# Interpersonal Inventory



# Questions About Specific People

- ❑ What types of things can you talk to \_\_\_\_\_ about?
- ❑ What do you like about your relationship with \_\_\_\_\_?
- ❑ What don't you like about your relationship with \_\_\_\_\_?
- ❑ Do you get into arguments often with \_\_\_\_\_?
- ❑ How do you feel when you are around \_\_\_\_\_?
- ❑ Has your relationship with \_\_\_\_\_ changed since you've been depressed? How?
- ❑ What would you like to change about your relationship with \_\_\_\_\_?



# Questions Related to Problem Areas

- ❑ Is it difficult for you to make friends? How so?
- ❑ Do you have difficulties making transitions, such as from junior to senior high?
- ❑ Have you lost anyone significant in your life recently?
- ❑ Have there been any recent changes in your life?
- ❑ What do you think is most closely linked with your depression?

# Problem Areas

# Interpersonal Problem Areas

Based on interpersonal inventory, identify interpersonal problem area(s) to focus on in treatment:

- ❑ Grief
- ❑ Role Transition
- ❑ Role Disputes
- ❑ Interpersonal Deficits

# Grief

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The identified problem area  
when the teen has lost  
someone close to him or her

Teen describes the onset of  
symptoms as being associated  
with this death

- The death does not need to immediately precede the depression
- Depression can be a delayed reaction to this loss

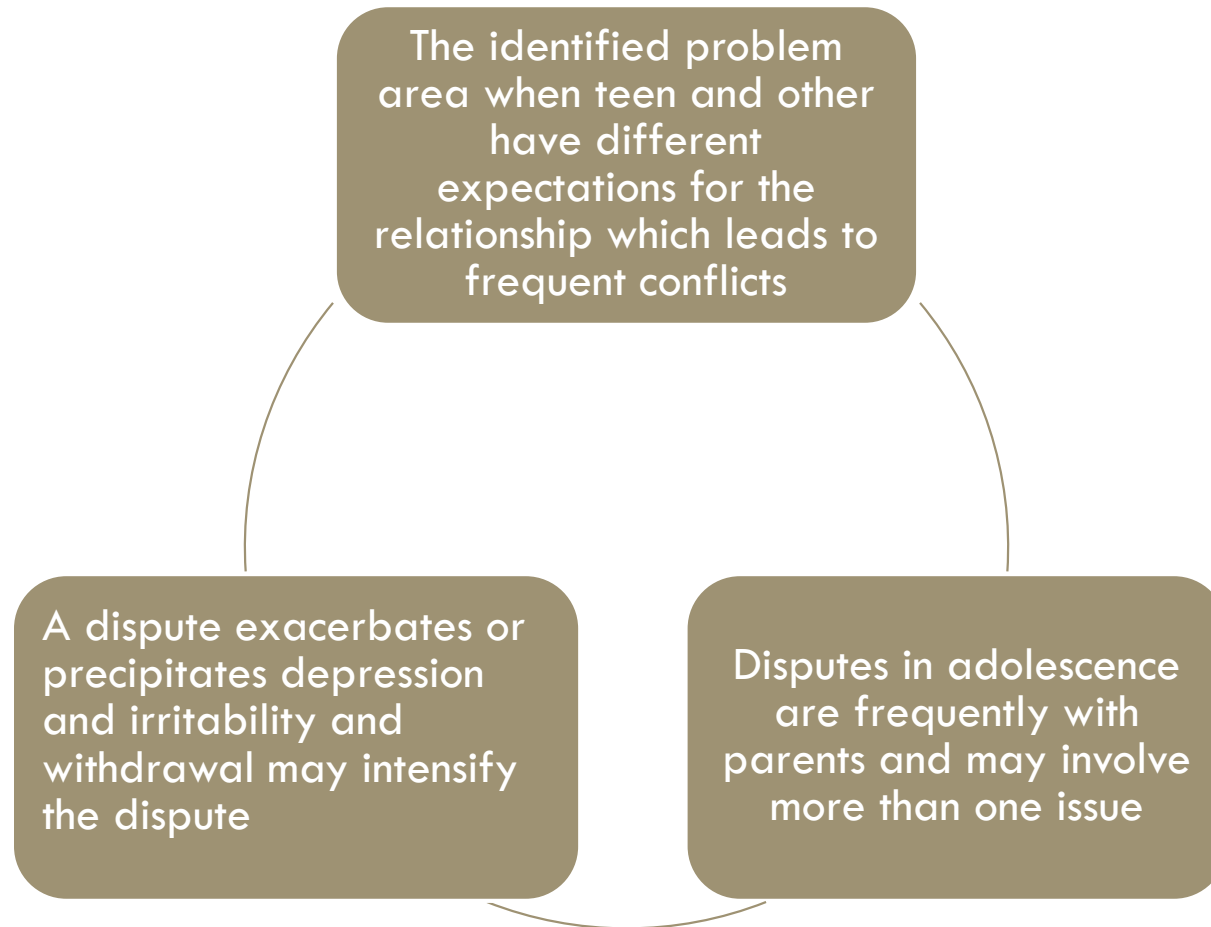
# Interpersonal Role Transition

The identified problem area when teen or family is having a difficult time adjusting to a life change that requires a new role

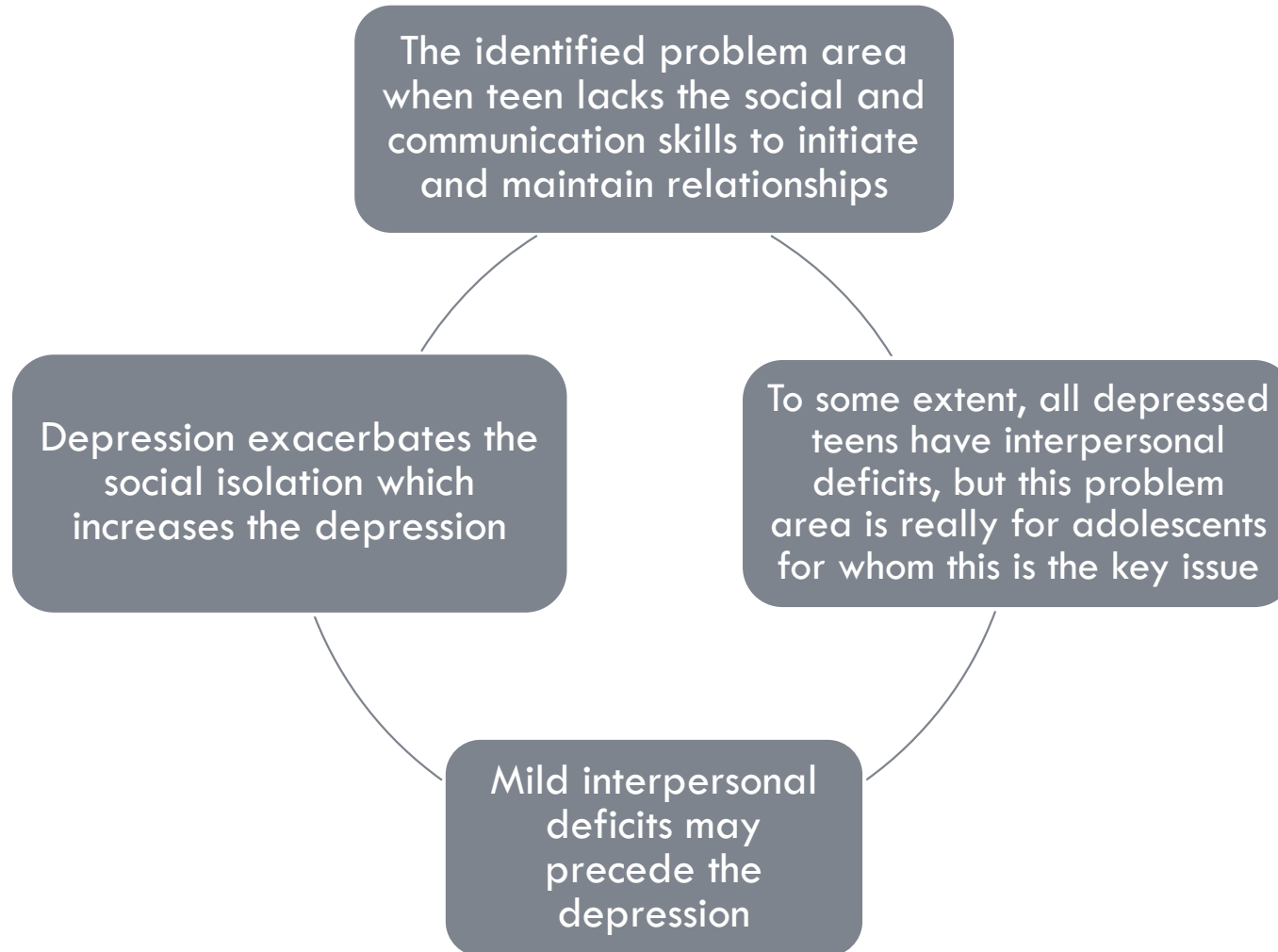
A role transition can lead to or exacerbate depression and depression may make teen less equipped to cope with the transition

Role transitions can occur because of developmental changes or other life changes, such as parents divorcing, moving, or someone in the family being ill

# Interpersonal Role Disputes



# Interpersonal Deficits



# Problem Area Formulation

- A hypothesis to address several questions:
  - How did the patient come to be the way he or she is?
  - What factors are maintaining the problem?
  - What can be done about it?
- Should validate the patient's experience and way of understanding the problem
- Results in a mutually determined focus for treatment
- Provides a plausible rationale for the use of IPT-A for the problem



# Conclusion of Initial Phase

- ❑ Outline adolescent's and parents' role in treatment
- ❑ Identify treatment goals
- ❑ Clarify expectations for treatment
- ❑ Establish practical aspects of treatment
- ❑ Set obtainable goals

# Middle Phase

# Middle Phase Sessions

Begin each session with review of depression symptoms

Work collaboratively with adolescent to clarify the problem

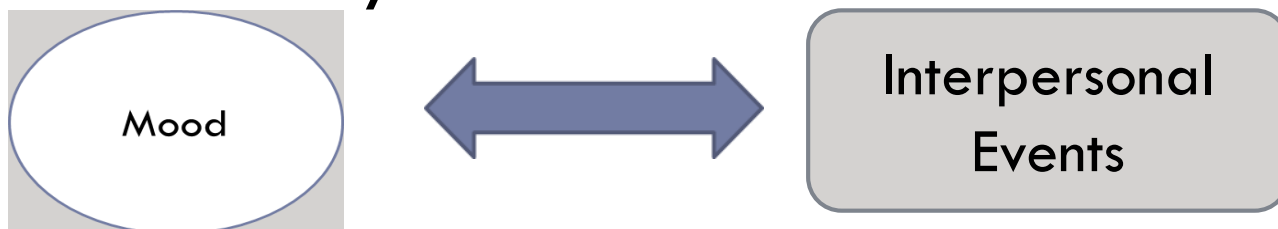
Work on interpersonal communication

Identify effective strategies

Assist in development of skills for negotiating relationships


# Identifying Interpersonal Events

- How have you been since we last met?



- For the “feeling” teen – need to review the day or week in great detail to identify the interpersonal event
- For the “event” teen – need to dissect the behavior following the event and discuss it as a symbol of feelings

# Tasks of Therapist

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- Monitor depressive symptoms
  - Help patient discuss problem area
  - Facilitate patient's self disclosure
  - Meetings with parents and school
  - Establish alliance with parents
  - Focus sessions on problem area

# General Strategies

# Techniques in the Middle Phase

- Psychoeducation
- Exploration and expression of feelings
- Clarification of expectations for relationship
- Development of communication skills
- Use of therapeutic relationship
- Role playing
- Work at home

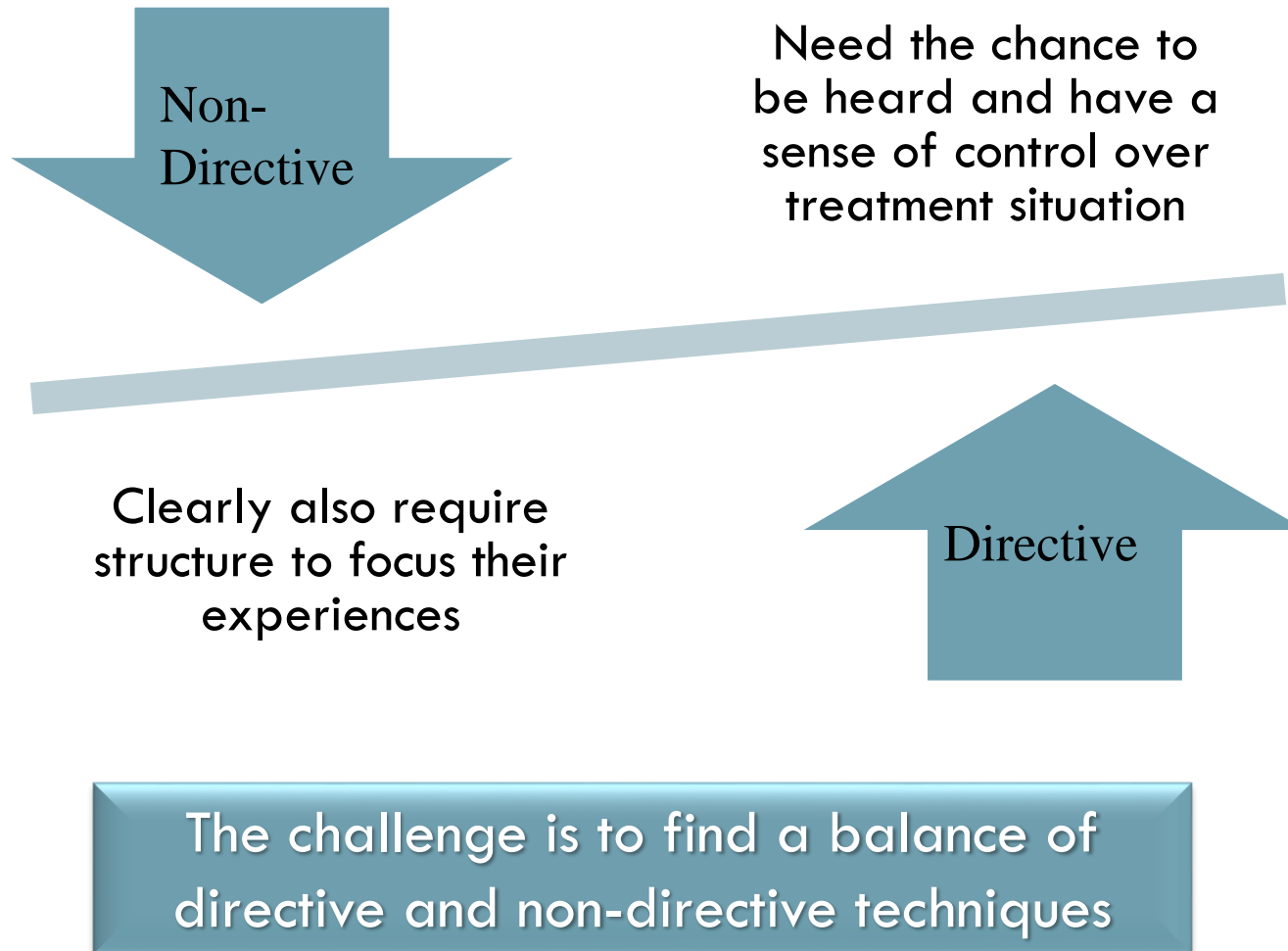
# Exploratory Techniques

- ❑ Open-ended questions
- ❑ Non-directive statements/supportive acknowledgement
- ❑ Targeted questioning





# Use with Adolescents



# Communication Analysis

Goals are to help the adolescent understand:

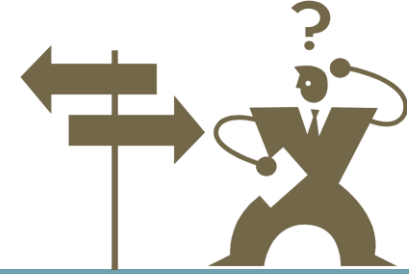
- ❑ The impact of his/her words on others
- ❑ The feelings he/she conveys with verbal and nonverbal communications
- ❑ The feelings that generated the verbal/nonverbal exchange
- ❑ The cyclical nature of communication
- ❑ The ability to modify these exchanges and then the affect associated with the relationship



# Specific Questions

- ❑ What did you say?
- ❑ What did s/he say?
- ❑ Then what happened?
- ❑ How did you feel?
- ❑ Was that the message you wanted to convey?
- ❑ How do you think it made \_\_\_\_\_ feel?
- ❑ How could you have said it differently?
- ❑ How do you think \_\_\_\_\_ would have felt?
- ❑ How would you have felt differently?

# Decision Analysis



Select an interpersonal situation that is causing conflict

Encourage the teen to generate possible solutions to the conflict

Evaluate the pros and cons of each solution

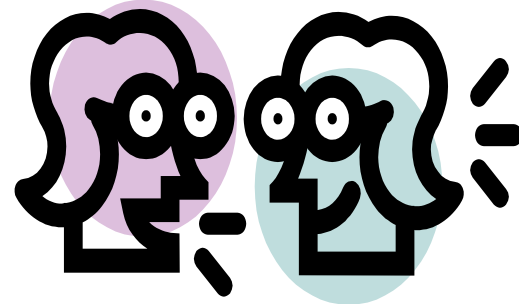
Select one solution to try first

Rehearse the interaction needed for the first solution

Review the interaction the following week examining either its success or where it didn't work and possible reasons why

# Specific Communication Strategies

- Aim for good timing
- Use “I” statements
- Give to get – start off with a positive statement that shows you understand how the other person feels
- Have several solutions in mind for negotiating
- Don’t give up



## TEEN TIPS

### AIM FOR GOOD TIMING

- ◆ Make "appointments" with people you need to talk to.
- ◆ Avoid times when those people are tired/upset/etc.  
*Example: "Mom, I know you are pretty tired from working so hard today. There's something I want to talk to you about. Can we talk on Saturday after we clean?"*
- ◆ Strike when the iron is COLD even if you have to suck it in a little when the iron is HOT.

### GIVE TO GET - START WITH A POSITIVE STATEMENT THAT SHOWS YOU UNDERSTAND HOW THEY FEEL

- ◆ "Dad, I know how much you love me and want nothing to ever happen to me, but ..."
- ◆ "Mom, I know you worked really hard today and you are probably pretty tired. You probably don't want me to ask you anything right now but...can I use the phone for 20 minutes?"

### USE "I" STATEMENTS

- ◆ Say how YOU feel about what they do.  
*Example: "I feel like you don't trust ME when you want me to be home by 7 pm on Saturday nights. Then I feel sad and angry. "*
- ◆ People cannot read your mind no matter how it seems. PUT IT IN WORDS!  
Start with "I"  
*Example: "Mom, I feel sad when you..." ; "Dad, I feel you don't trust me..."*

### HAVE A FEW SOLUTIONS IN MIND

- ◆ If you want to work something out, do a little prep work! Come up with 3 or 4 compromises to whatever you are arguing about.

*"Dad, I know you how much you worry about me when I go out after 7 pm on Saturday nights. But I feel really angry when you call me every five minutes on my cell phone. I love you, and I don't want to feel this way about you".*

- Solutions:
1. How about if I call you every hour (every two hours? Every half hour?) ?
  2. How about if I let you speak with my friend's parents when I go to her house, and that I call you if I leave there so you know where I am?
  3. How about if I call you when we get to the movies, and then again when we leave so you will know when to expect me. I promise I will call you immediately if we change plans.

### DON'T GIVE UP!

- ◆ Remember, it takes a LONG time to teach someone to do something differently. Your parents/guardians are used to handling things the way they have for YEARS. KEEP TRYING!

# Role Playing

## Goals

- ❑ To give the adolescent a SAFE place to practice new interpersonal skills (e.g., expression of affect)
- ❑ To give the adolescent the opportunity for rehearsal and to receive feedback on skills and strategies prior to trying to apply it outside of therapy
- ❑ To improve the teen's social confidence

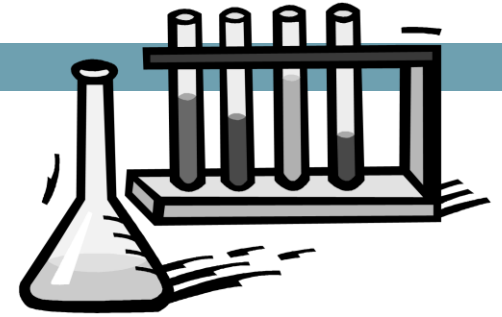


# Guidelines for Role Playing

- ❑ Role playing is an active technique – just don't talk about what it would be like to do it – act it out
- ❑ Be prepared to initially have to coax some adolescents to do it
- ❑ For anxious teens – lead them to it gradually
  - ❑ Talk through it first
  - ❑ Structure it for them
  - ❑ Allow them to play the role they are more comfortable with initially and then switch roles with them



# Homework



- ❑ Really “work at home”
- ❑ Explain to teens that they will be experimenting with new skills at home between sessions
- ❑ To be created as needed to support the therapeutic work
- ❑ Developed as an outgrowth of work on a particular problem
- ❑ Tailored to the individual patient and not necessarily strictly prescribed

# “Work at Home”

- ❑ Often comes out of a discussion or role play in session
- ❑ Or is assigned to address a particular symptom or issue that continues to be problematic (e.g., being socially withdrawn)
- ❑ Goals:
  - ❑ Help the teens own and internalize the new skills
  - ❑ Gain a sense of mastery independent of therapist
  - ❑ Improve important relationships

# Purpose of Teen-Parent Session

- ❑ The purpose of the middle phase dyadic session differs depending on the problem area
- ❑ If the problem area does not involve the parent, purpose can be to update parent on progress and to engage parent's support of middle phase work
- ❑ If the problem area involves the parent, purpose is to help the teen and parent communicate in a new way
  - ❑ Goal is not necessarily to resolve a problem or reach a solution but to improve the process of communication

# Problem Area Specific Strategies

# Grief

## Strategies

- ❑ Educate about and facilitate mourning process
- ❑ Review in detail the lost relationship
  - ❑ Describe the events just prior to, during and after the death
  - ❑ Discuss patient's relationship with the deceased
- ❑ Promote communication skills so can talk to others about feelings
- ❑ Help the adolescent to find ways to meet new people and develop new social supports to fill the loss

# Interpersonal Role Disputes

## 3 stages of dispute:

1. **Renegotiation** → Communication still going on although unsuccessful
2. **Impasse** → No discussion of conflict; communication has ceased
3. **Dissolution** → Dispute cannot be resolved; want relationship to end

# Role Disputes

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## Strategies

- ❑ Explore unrealistic or mismatched expectations and their contribution to the dispute
- ❑ Assess and modify maladaptive communication strategies
- ❑ Teach the art of negotiation

# Role Transitions

## Strategies

- ❑ To understand what the change means to the adolescent
- ❑ Find a way to accept and move into the new role with less difficulty
- ❑ To identify what is demanded by the new situation which is problematic
- ❑ To assess what will be gained and lost
- ❑ To master new interpersonal skills that will ease the transition
- ❑ Facilitate negotiation between adolescent and parent around transition





# Interpersonal Deficits

## Strategies

- ❑ Relate depressive symptoms to problem of social isolation
- ❑ Reduce social isolation by improving social skills
- ❑ Review in detail past and current relationships identifying recurrent patterns – negative and positive
- ❑ Rehearse new social skills for the formation of new relationships and deepening of existing relationships

# Termination Phase

# Termination Phase: Goals

Give up relationship with the therapist

Establish a sense of competence to deal with future problems

Determine need for further treatment

# Termination Phase: Strategies

- Discuss feelings around ending treatment
- Review strategies learned
- Review interpersonal successes and efforts to change
- Recognize competence
- Discuss generalization of strategies to future situations
- Discuss warning signs of depression
- Anticipate possible future episodes
- Meet with parents to review progress of treatment

# General Treatment Issues

# Indicators for IPT-A Treatment

Grief reactions

Family conflict between parent and child

Conflict with peers due to poor social problem solving skills and social deficits

Depression as reaction to life transitions

Identified social precipitant

Mild and moderate depression

# Contraindicators for IPT-A

Psychotic symptoms

Comorbid substance abuse - need to treat first

Active suicidality

Another primary disorder such as eating disorder, obsessive-compulsive disorder

Significant expressive or receptive language disorder

Under the age of 12 years – adaptation in process of being tested

# Which Comorbid Diagnoses are Okay

- ❑ Anxiety – usually okay
- ❑ ADHD – okay if on stable meds for disorder
- ❑ ODD – okay
- ❑ Conduct disorder – usually won't show up for treatment
- ❑ Substance Abuse – need to address drug problem first
- ❑ Eating Disorder – anorexia should be treated first; if bulimia seems related to depression can try – decide on case by case basis
- ❑ Cutting – if not with suicidal intent and not a high risk method, can decide on case by case basis



# **IPT-A Session Checklists**

# Initial Phase: Week 1



- ❑ Review depression symptoms and confirm diagnosis
- ❑ Review associated psychosocial history
- ❑ Psychoeducation about depression - explain syndrome and treatment options
- ❑ Assign limited sick role
- ❑ Educate about IPT-A
- ❑ Meet with parent(s) and provide psychoeducation about depression and treatment
- ❑ Review session and plan for next session

# Initial Phase: Week 2



- ❑ Review depression symptoms for past week
- ❑ Use mood rating
- ❑ Complete closeness circle
- ❑ Relate depression to current problems in adolescent's life
- ❑ Begin interpersonal inventory
- ❑ Evaluate impact of each relationship on mood and mood on relationship
- ❑ Review session and plan for next session

# Initial Phase: Week 3



- ❑ Review depression symptoms for past week
- ❑ Use mood rating
- ❑ Continue interpersonal inventory
- ❑ Review positive and negative aspects of significant relationships
- ❑ Review session and plan for next session

# Initial Phase: Week 4



- ❑ Review depression symptoms for past week and use mood rating
- ❑ Complete interpersonal inventory
- ❑ Describe and identify specific problem area
- ❑ Make explicit patient-therapist contract
  - ❑ Agree on identified problem area
  - ❑ Specify adolescent's and therapist's roles in sessions
  - ❑ State policy on attendance and frequency of sessions
  - ❑ Specify role of parents or other significant people in treatment
- ❑ Review session and plan for next session

# Middle Phase: Weeks 5 – 9



- ❑ Review current depression symptoms (use mood rating)
- ❑ Focus on identified problem area
- ❑ Ask about any interpersonal problems in past week
- ❑ Discuss in detail interpersonal events related to depression/irritable mood
- ❑ Review work at home from previous week if assigned

# Termination: Weeks 10 – 12



- ❑ Review depression symptoms for past week (use mood rating)
- ❑ Review warning symptoms of depression
- ❑ Review identified problem area
- ❑ Review strategies used in treatment
- ❑ Review interpersonal successes and efforts to change
- ❑ Discuss generalization of strategies to future situations

# Termination: Weeks 10 – 12



- ❑ Discuss feelings about ending therapy
- ❑ Discuss possibilities of recurrence and/or need for future/further treatment
- ❑ Model positive ending to a relationship
- ❑ Meet with parents to review progress of treatment and plans for the future



# **IPT-A Treatment Adaptations**

# Delivery of IPT-A in the Schools

- IPT-A delivered by school-based clinicians
- More flexible
- First 8 sessions weekly
- Last 4 sessions anytime in remaining 8 weeks
- Clinical trial showed that IPT-A was more effective than TAU in reducing depression symptoms and improving social functioning

# Interpersonal Psychotherapy – Adolescent Skills Training

- A school-based prevention group for adolescents with elevated depression symptoms
- 2 pre-group sessions
- 8 group sessions – 90 minutes each
- Focus is more on psychoeducation and interpersonal skill-building that can be applied to different relationships

# IPT Resources

- ❑ Weissman, M.M., Markowitz, J.C., Klerman, J.L. (2000). Comprehensive Guide to Interpersonal Psychotherapy. New York: Basic Books.
- ❑ Mufson, L., Dorta, K.P., Moreau, D., Weissman, M.M. (2004). Interpersonal Psychotherapy for Depressed Adolescents, second edition. New York: Guilford Publications, Inc.
- ❑ International Society of IPT Website:  
[www.interpersonalpsychotherapy.org](http://www.interpersonalpsychotherapy.org)