

Interpersonal Psychotherapy for Adolescents: An Introduction

JOSEPH R. COHEN, PH.D.

UNIVERSITY OF ILLINOIS, URBANA-CHAMPAIGN

PRESENTATION FOR INDIANA UNIVERSITY SCHOOL OF MEDICINE ECHO PROGRAM

Foundations of Interpersonal Psychotherapy

Brief, time-limited psychotherapy developed for adult depression in the 1960's

An outgrowth of interpersonal and attachment theory

Depression exists in an interpersonal context

- Reciprocal relationship between depression and poor interpersonal communication

Goals: (1) Change communication style and (2) Solve current interpersonal problems to reduce distress

Manualized treatment approach with over 30 years of empirical support

Uses of Interpersonal Psychotherapy

Adaptations within mood disorders

- Maintenance IPT for Recurrent Major Depression (IPT-M)
- IPT for Dysthymic Disorder (IPT-D)

Adaptations with non-mood disorders

- Substance Use
- Anxiety
- Eating Disorders

Adaptations across relevant demographics

- International Adaptations
- Interpersonal Psychotherapy for Adolescents (IPT-A)

Interpersonal Psychotherapy for Adolescents

Mufson, Dorta, Moreau, and Weissman (1993, 2004)

- Extended to bipolar and group-based interventions

Selected to use with adolescents based on developmental relevance

Differences between IPT-A and IPT

- Focus on developmental transitions as “role transitions”
- Development of materials for involving caregivers in session
- Tailoring of techniques to a younger age

IPT-A Skills Training (IPT-AST) for adolescents with subthreshold depression

Similarities with Cognitive Behavioral Therapy

Structurally similar

- Weekly 60 minute sessions
- Structured
- Homework
- Parental Involvement
- Routine Assessment
- Focus on current environment

The role of the therapist

- Emphasis on technique
- Empathize, Educate, and Encourage (Affect)
- Non-Directive Exploration and Direct Elicitation (i.e., Hypothesis Testing)

Differences with Cognitive Behavioral Therapy

Does not make any assumptions concerning the etiology of depression

- Focused on maintenance versus risk factors

Focused on changing relationships as opposed to distorted cognitions

Case Conceptualization

Techniques

- Communication Analysis
- Decision Analysis
- Role Playing

IPT-A: Initial Phase (Sessions 1-4)

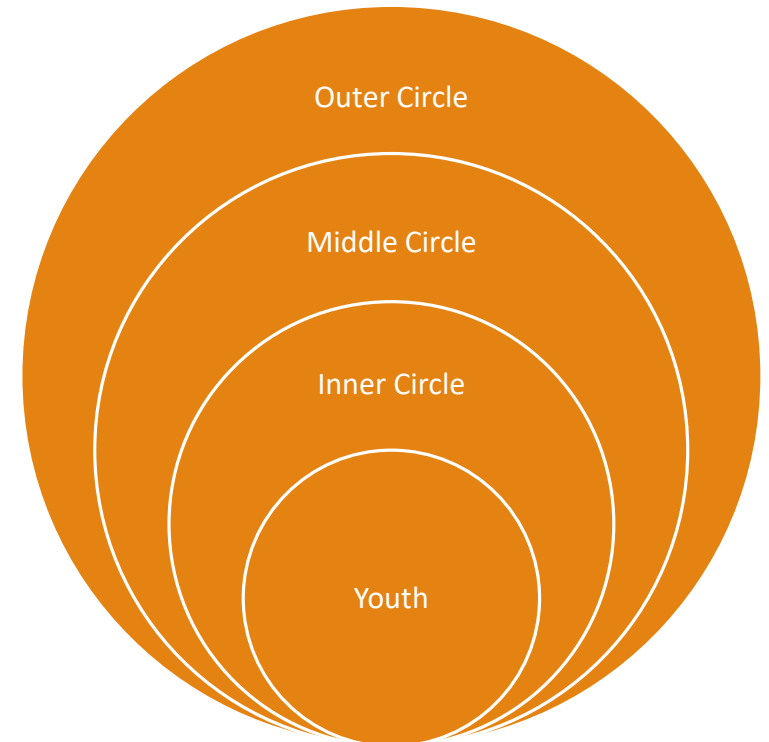
Feedback after Diagnostic Interview

- Diagnostic Summary and Psychoeducation
- Introduction of “Limited Sick Role”
- Engaging Caregiver

Interpersonal Inventory

Case Conceptualization

- Grief
- Interpersonal Role Disputes
- Interpersonal Role Transitions
- Interpersonal Deficits



IPT-A: Middle Phase (Sessions 5-8)

Further clarification of the problem area

Identification of skills, strengths, and strategies to address the problem area

Implementation of intervention to target the problem area

Reliance on IPT Therapeutic Techniques

- Exploratory Techniques (similar to Socratic Method)
- Encouragement of Affect
- Communication Analysis
- Decision Analysis (similar to Cost-Benefit Analysis)
- Role Plays
- Problem-Area Specific Goals

IPT-A: Termination Phase (Sessions 9-12)

Elicit feelings about ending treatment

Preventive Focus

- Review warning signs
- Preview potential interpersonal stressors in the future

Review

- Personal strengths realized
- Competencies gained and strategies learned

Need for future treatment or booster sessions

When do I use IPT-A

Assessment closely aligns with one of the four IPT areas

- Issues are closely related to family conflict

When interpersonal relationships are a priority for adolescent

Following CBT protocol where interpersonal deficits are clear

Often integrate IPT-A techniques into CBT Protocol

- Use Interpersonal Inventory during assessment in non-traditional families
- Use communication skills from IPT-AST for psychoeducation
- Use decision analysis framework for cost benefit analyses

Questions?
