Interpersonal Psychotherapy (IPT) for Depressed Adolescents (IPT-A)

This section describes the knowledge and skills required to carry out IPT-A for depression in adolescence.

It is not a ‘stand-alone’ description of technique and should be read as part of the IPT competency framework (at www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm).

Effective delivery of this approach depends on the integration of this competence list with the knowledge and skills set out in the other domains of the CAMHS competence framework and the psychoanalytic/psychodynamic competence framework.

Source

Knowledge

An ability to draw on knowledge of the developmental tasks of adolescence and of the capacities of adolescents

An ability to draw on knowledge of the psychological and interpersonal difficulties experienced by adolescents with a diagnosis of depression:

An ability to draw on knowledge of the particular way depression can manifest in adolescents

An ability to draw on knowledge of how parental mental health problems may impact on the adolescent’s depression:

knowledge of adult mental health problems and of services that can respond to these problems

An ability to draw on knowledge that IPT-A normally involves 12 sessions on a weekly basis:

knowledge that in the first four weeks the therapist facilitates engagement by having between session telephone contact with the client

An ability to draw on knowledge that a primary focus is on problematic relationships within the family, and hence that family members are actively encouraged to become involved in the treatment:

knowledge that this involvement may take different forms (jointly with the adolescent, separately or both) depending on the specifics of the case
An ability to draw on knowledge that an additional, adolescent specific, focal area is that of “transitions due to family structural change” (e.g. through divorce or separation):

- knowledge that this involves addressing two problem areas: role disputes as well as transitions, with a primary focus on the conflict that complicates the transition

An ability to draw on knowledge that the grief focal area is also used for normal bereavement in the presence of significant depression symptoms (i.e. not just for abnormal grief)

An ability to draw on knowledge that IPT-A has modified the goals and strategies of the core model to reflect the developmental tasks and capacities of an adolescent client:

<table>
<thead>
<tr>
<th>Knowledge that these adaptations include:</th>
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<tr>
<td>- the use of simple rating scales to monitor mood</td>
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<td>- the use of the ‘closeness circle’ to visually map the network</td>
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<tr>
<td>- use of the ‘depression circle’ to graphically illustrate the connection between relationships and feelings and to highlight repetitive patterns</td>
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<td>- ‘affect training’ to support the development of awareness of what the adolescent feels and how this impacts on relationships</td>
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<td>- basic social skills work, including work on perspective taking</td>
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<td>- helping the adolescent to learn how to negotiate tensions with parents</td>
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<tr>
<td>- assigning homework tasks</td>
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<td>- flexibility in the scheduling of sessions so as to maximize engagement</td>
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### Implementing the intervention

**General**

**Ability to adapt therapeutic style to meet the needs and capacities of an adolescent client**

| An ability to establish a collaborative, supportive stance that respects the adolescent’s need to feel in control and independent whilst also recognizing their need for some direction and structure: |
| An ability to adapt the explanation of the treatment and its rationale, and of the expectations of the therapist and client, so as to ensure that the adolescent can understand them and consent to the therapy |
| An ability to facilitate engagement through: |
| - adopting a more playful, humorous stance |
| - implementing the structure of the therapy in a flexible manner (e.g. using phone sessions, flexible scheduling) |
| - approaching cancellations or lateness to sessions in a flexible, non-judgmental manner, not interpreting this as a sign of resistance, but as potential signs of interpersonal or practical difficulties |

| An ability to empathically respond to pressure from the adolescent to turn the therapeutic relationship into a quasi-parental, or friendly, relationship and to clarify with them the limits of the therapeutic relationship: |
**An ability to monitor the need to intervene directly into the adolescent’s life and their choices so as to minimise unhelpful dependence on the therapist**

**An ability to help the adolescent to develop their own coping resources and supports outside of the therapy**

**An ability to monitor the therapist’s own emotional responses to ensure that the therapist maintains appropriate professional boundaries**

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### An ability to assess and respond to risk

**An ability to identify current stressors and/or more chronic stressors (e.g. parental mental health problems) that may place the adolescent at risk of harm to self and/or others**

**An ability to respond promptly to an assessment of risk to minimise potential harm:**

**An ability to initiate appropriate referrals to other services to support the adolescent’s family/carer(s) and/or for additional supports for the adolescent**

**An ability to identify when IPT is not indicated due to risk factors (e.g. suicide; co-morbid substance abuse)**

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### Phase specific interventions

#### Initial phase

**Ability to engage the adolescent, their family and the wider network in the initial phase of IPT-A**

**An ability to engage both the adolescent and their family prior to starting the initial assessment phase through the provision of psycho-education about the treatment strategy, including a clear explanation of how and when the family will be included:**

**An ability to negotiate clear boundaries around the therapy with the adolescent and the limits to confidentiality**

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**An ability to actively engage the adolescent in considering and negotiating the option of IPT-A through fostering a sense of working as a ‘team’**

**An ability to engage the parent(s)/carer(s) during the initial phase to obtain their perspective on the adolescent’s current difficulties and to support the therapy:**

**An ability to respond sensitively and flexibly to refusal or ambivalence to being involved in the therapy**

**An ability to identify the need for psychological and/or types of interventions to support the family/carer(s) in their role with the adolescent**

**An ability to engage other relevant networks (e.g. the school) as appropriate in supporting the therapy**

**An ability to provide education about depression and appropriate reassurance at the end of the initial phase so as to mobilize confidence that the depression can be treated and to encourage a supportive response to the adolescent’s current needs**
Middle phase

**Ability to involve the adolescent’s family in the therapy, as appropriate**

An ability to assess the appropriateness of joint family sessions with the adolescent:

An ability to openly negotiate with the adolescent what they feel comfortable discussing with the family/carer(s) so as to protect confidentiality

An ability to intervene in the joint sessions to facilitate constructive exchanges between the adolescent and their family and to help the family to manage the expression of strong emotions

An ability to maintain the focus on the agreed problem area when the sessions include other people besides the adolescent

**Ability to identify homework tasks that will support the identified goals and generalization of the therapeutic gains**

An ability to identify ‘homework’ tasks that are:

consonant with the identified goals of the focal area being worked on

appropriate to the adolescent’s current emotional state and interpersonal skills so as to ensure they can manage the task and succeed

An ability to actively involve the adolescent in jointly identifying a relevant task

An ability to engage the adolescent in thinking about any obstacles or anxieties in relation to the identified task

An ability to enlist the parent(s)/care(s) as a ‘coach’ to support the acquisition of new skills, where appropriate

An ability to engage the adolescent in reviewing the experience and outcome of the set task in the following session

**Ability to implement the strategies for a focus on ‘transitions due to family structural change’**

An ability to keep in mind the dual focus on role disputes and transitions and to implement the strategies pertinent to both

An ability to use psycho-education to help the adolescent and the adults in their life (i.e. parents and step-parents or other carers) to understand the link between depression and changes in family structure

Ability to help the adolescent to identify and explore how they have been affected by the changes in their family (e.g. the ways they may feel responsible for parental conflict):

Where there are multiple parental figures involved, an ability to:

help the adolescent to explore the respective expectations of the adolescent and of the adults

help the adolescent to explore and resolve their feelings about separations/losses and other changes to relationships resulting from the changed family circumstances

help the adolescent to develop communication and negotiation skills to support them in managing their changed circumstances

evaluate the adults’ capacity to work together and facilitate, where appropriate, consensus over expectations of the adolescent
**Ending phase**

An ability to include the family/carer(s) in a joint session with the adolescent when terminating the therapy:

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<tr>
<td>review progress</td>
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<tr>
<td>emphasise the adolescent’s accomplishments and help the family/carer(s) to express praise</td>
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<tr>
<td>discuss what has changed in the family’s interaction</td>
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<td>identify future problems/chronic stressors</td>
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An ability to identify when a joint session would be counterproductive if the family/carer(s) are unlikely to be supportive of the adolescent