

Interpersonal Therapy for Adolescents with Depression (IPT-A)

Assessment and diagnosis of depression

Assessment provided an opportunity to take a history from the young person and explore symptoms of depression. To proceed with IPT-A depression score (PHQ-9) of 15 or higher needed to be met. There needs to be evidence of relationship difficulties being linked to the depression and the young person agreeing to work using an Interpersonal model. Focal areas for IPT-A are dispute with a significant other, transition (role change or life event), sensitivities (relationship patterns and problems in general), and complicated grief. A focal area is chosen during the assessment phase with the young person in agreement. For IPT-A for depression there are 12 once weekly sessions (50 minutes in duration) and a contract is agreed and negotiated at the end of the assessment phase. The assessment phase lasts for 4 sessions, the middle phase for 6 sessions and the ending phase for 2 sessions. There are specific strategies adopted for the three phases and an Interpersonal Therapeutic stance is adopted throughout.

Timeline

Exploring the onset, triggers and maintenance of depression with the young person using the timeline was useful. I learnt how it is important to take time to understand the young person's account and experience of their life events and linking this to the depression symptoms. The IPT-A model was useful in terms of assessment: using the symptom cards for diagnostic assessment, checking in with the young person's understanding of their depression and then discussion about IPT-A for depression.

Interpersonal Inventory

The interpersonal inventory included friends, family, extended relatives and contacts from activities attended and school teachers. It was interesting to see who the young person included on their inventory and the closeness of the individual on their inventory circle. This provided me with an opportunity to inquire more about the relationships in the young person's life and who the young person wanted to include in the therapeutic treatment plan. There was the opportunity to explore relationship quality in terms of emotional availability, practical support, reciprocity, enjoyment and meaning for the young person.

Formulation

At the end of the assessment phase a summary of the young person's story is provided to the young person in the format of a written letter. The formulation includes symptoms of depression, the young person's current episode of depression, significant changes in social life e.g. losses or transitions where social life adversely affected or symptomatic distress increased. It includes vulnerability and protective factors in the person's history and current circumstances. It outlines the nature of IPT-A over the course of therapy and what focal area has been chosen. This was a meaningful exercise to carry out with the young person and one that was well received.

Focal area

At first it was a novel approach to link specific relationship difficulties the young person was having during the week to how they were making the depression worse. An area of development was to

link how the depression was making the young person want to spend less time with people, and the vicious cycle this created in depression and relationship problems.

IPT-A goals were set during the middle phase and these were worked on during sessions to produce Interpersonal change.

Involving carers if the young person agrees, is an important part of IPT-A. Involving carer/s in joint sessions with the young person allowed shifts to happen. It was positive to see changes happen in the relationship because of talking about feelings and areas the young person and their carer wanted to explore.

Endings

It was important to give adequate time to explore and discuss the therapy coming to an end. Time was given to the young person to discuss their feelings about therapy ending. The ending phase was a meaningful experience to review successes across the course of therapy and areas of further development and need.

Supervision

Discussing cases in supervision highlighted how I could link the sadness the young person was feeling to the relationship difficulties and vice-a-versa. Supervision was very helpful in guiding me in the right direction in terms of interpersonal strategies. Receiving feedback on sessions and IPT-A strategies allowed me to improve and develop these skills further.

Future considerations

I will continue to engage the young person in future IPT-A work, listening to their account of events and coaching them gently in a direction to improve depression and interpersonal areas as appropriate.