INTERPERSONAL PSYCHOTHERAPY

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OVERVIEW OF INTERPERSONAL PSYCHOTHERAPY

Interpersonal psychotherapy (IPT) is based on the premise that depression occurs in an interpersonal context (Weissman, Markowitz, & Klerman, 2000). Regardless of the etiology, depression affects our relationships and our relationships affect our mood. Numerous studies have established the efficacy of IPT for the treatment of depression in adults (DiMascio et al., 1979; Weissman et al., 1979; Elkin et al., 1989). Based on the success of IPT with adults and the similarities between adolescent and adult presentations of depression (Ryan et al., 1987), IPT has been adapted to treat adolescent depression.

The work of interpersonal psychotherapy for depressed adolescents (IPT-A) targets interpersonal problems that may be causing or contributing to the adolescent’s depression. Both the diagnosis and treatment are focused on the individual’s interpersonal interactions and how these interactions are affecting the adolescent’s depressive symptoms. The goal of treatment is to improve the interpersonal problems and thereby improve the depressive symptoms. Interpersonal problems encountered in adolescent depression generally fall into one of four categories: grief, interpersonal disputes, role transitions, and interpersonal deficits. In the sections that follow, we briefly discuss each problem area. A more detailed discussion of each problem area can be found in the IPT-A manual (Mufson, Dorta, Moreau, & Weissman, 2004).

Grief. The grief problem area is applicable for adolescents with prolonged or delayed grief that results in significant depression symptoms and impairment. In addition, it may also be used for those adolescents experiencing a severe depression during the normal bereavement period. IPT-A is particularly useful for those adolescents who, as a result of the death, have experienced a significant disruption in their support network or who had a conflictual relationship with the deceased. These situations have been identified as risk factors for more complicated bereavement (Clark, Pynoos, & Goebel, 1994). IPT-A helps the adolescent mourn the loss of a loved one, while encouraging the adolescent to develop other relationships that can help fill some of the voids left by the death.
**Interpersonal disputes.** An interpersonal dispute exists when two people have non-reciprocal expectations about the relationship (Weissman, Markowitz, & Klerman, 2000). Adolescents frequently have disputes with their parents or guardians around issues such as autonomy, money, curfew, and sexuality. In addition to disputes with parents, adolescents may present with disputes within their romantic and peer relationships. The goal of treatment is to help resolve the dispute if possible, and if not, to help the adolescent end the relationship when appropriate or to develop strategies to cope better with the relationship.

**Role transitions.** Role transitions are changes that occur when progressing from one social role to another. Many role transitions occur as a result of normal developmental shifts in adolescence. Others occur more unexpectedly following a life stressor such as moving to a new town. When an adolescent feels unable to meet the increased responsibilities associated with a role transition, it may result in depression and impairment in interpersonal functioning. Family structural change, following the departure of a parent from the home for various reasons including the separation or divorce of parents, is a subtype of role transitions that may precipitate symptoms of depression. Regardless of the type of role transition, treatment is focused on helping the adolescent develop the skills needed to manage the new role more successfully.

**Interpersonal deficits.** Interpersonal deficits is the identified problem area when an adolescent does not have adequate social skills to develop and maintain positive relationships with others. Adolescents with this problem area often experience loneliness and decreased self-confidence, which can lead to or exacerbate symptoms of depression. The depression often results in further social withdrawal and isolation, leading to further interpersonal deficits. The goal of treatment is to help the adolescent develop the skills needed to have more satisfying interpersonal relationships and to increase their social support network.

**EMPIRICAL SUPPORT FOR IPT-A ADOLESCENTS**

IPT-A was first tested in an open clinical trial. Fourteen 12-to-18 year olds who were referred to a hospital outpatient clinic for depression were treated with IPT-A. Following treatment, adolescents experienced a significant decrease in depressive symptoms and psychological distress, and none of the adolescents met criteria for a DSM-III-R depression diagnosis. Adolescents also demonstrated significant improvement in their general functioning at home and at school (Mufson et al., 1994). These improvements were maintained at 1-year follow-up (Mufson & Fairbanks, 1996).

The next study was a randomized controlled trial comparing IPT-A to clinical monitoring in a sample of clinic-referred depressed adolescents (Mufson, Weissman, Moreau, & Garfinkel, 1999). Forty-eight adolescents diagnosed with major depression were randomized to IPT-A or clinical monitoring. At the end of treatment, IPT-A adolescents reported significantly fewer depressive symptoms than adolescents who received clinical monitoring. Using standards for recovery set forth by the National Collaborative Study for the Treatment of Depression (Elkin et al., 1989), significantly more IPT-A adolescents met recovery criteria as compared to control adolescents. IPT-A also resulted in improved overall social functioning and functioning in the domains of peer and dating relationships, improvements that were significantly greater than in the clinical monitoring condition.