



# 10th CONFERENCE OF THE INTERNATIONAL SOCIETY OF INTERPERSONAL PSYCHOTHERAPY

13th to 15th March 2024 | Crowne Plaza, Newcastle upon Tyne, UK

**IPT in a Changing World**

**Book of Abstracts**



INTERNATIONAL  
SOCIETY OF  
INTERPERSONAL  
PSYCHOTHERAPY



Interpersonal Psychotherapy



Cumbria, Northumberland,  
Tyne and Wear  
NHS Foundation Trust

---

## Contents

---

---

Symposium	Title	Page
1	IPT for perinatal disorders - clinical innovations from around the globe	5
2	IPT and IPC Interventions for College and University Students	9
3	Telehealth-Delivered Group IPT-AST for Adolescents: Quantitative and Qualitative Findings	13
4	Interpersonal Counseling (IPC) as Delivered by Community Based Providers in Under-resourced Areas in Mozambique, New York City, and Pittsburgh, Pennsylvania	17
5	Cultural Adaptations in IPT-A	20
6	Transforming global mental health: Comparing the experiences of implementing IPC in South Africa, Brazil, and the United States	21
7	Advances in IPT for Posttraumatic Stress Disorder	24
8	Telepsychotherapy: What Do We Know About Remote Delivery of IPT and Related Evidence-Based Therapies?	27
9	Leveraging WHO mental health treatment gap action program (mhGAP) and system strengthening models for investment in scalable and integrated mental health treatments in Sub-Saharan Africa (SSA)	31
10	Innovative approaches to IPT-A informed prevention with adolescents	36
11	Interpersonal Counselling for Adolescents with Low Mood (ICALM) – Quantitative and Qualitative Results from a Feasibility Randomised Controlled Trial in the UK	37
12	Novel Approaches to Measuring Social Relationship Function and their Potential Utility in Prospective IPT Trials	38
13	Exploring mechanisms and the role of context in IPT-A	41

<b>Workshop</b>	<b>Title</b>	<b>Page</b>
1	Clinical Perspectives on using IPT versus Exposure Therapies when working with Perinatal Trauma	46
2	Considering the needs of significant others in the IPT treatment to improve treatment outcome	46
3	Shaping IPT for people with long term health conditions	47
4	Identifying Loneliness using the Interpersonal Inventory and Working Through Shame	47
5	Build on rather than refer on: Identifying and briefly intervening with system factors in IPT network sessions when therapeutic progress stalls	48
6	IPT-A and the Digital World: Exploring the role of digital technology in the interpersonal lives and therapy of young people	48
7	IPT for Ukrainian Youth and their Parents Displaced by the Russian War	49
8	Fostering Affective Attunement within IPT for Adolescents Affected by Post-Traumatic Stress: Considerations, Techniques and Strategies	49
9	Interpersonal Psychotherapy – Adolescent Skills Training: A Group-based Prevention Program for Mitigating Adolescent Depression Risk	50
10	The Learning Curve: Innovations in online, competency-based IPT teaching	51
11	Teaching Interpersonal Psychotherapy (IPT) to the next generation: Theoretical, Cultural, and Experiential Perspectives	51
12	IPT with Transgender Youth and Young Adults and their Families	52

Papers	Title	Page
<b>1</b>	<b>Group applications of IPT</b>	53
	Group Interpersonal Psychotherapy for Generalized Anxiety Disorder (IPT-G-GAD) in China: Development and Adaption	53
	Implementation of group Interpersonal Therapy to treat depression in People Living with HIV: A first evaluation of IPT dissemination in West Africa	54
	Development and Evaluation of an Interpersonal Psychotherapy Group Program for Patients with Cancer and Comorbid Depression: A Study Protocol	56
	Adaptation and Pilot Implementation of Group Interpersonal Therapy for Adolescents in Mozambican Primary Care Clinics	57
<b>2</b>	<b>Analysis of relationships in IPT, training opportunities and clinical reflections</b>	59
	Linking current mood and current life events together - A Qualitative Analysis of Therapeutic Co-Creation in Interpersonal Psychotherapy	59
	Using interpersonal psychotherapy to address heart-mind problems among adolescents in Nepal: clinical reflections on challenges and opportunities	60
	Use of competency-based training for lay helpers to deliver group interpersonal psychotherapy in Nepal	61
	Training Program Evidence-Based Psychotherapy Requirements: Findings from a Multidisciplinary United States Survey	62
<b>3</b>	<b>Adaptations of IPT</b>	63
	Adaptation of IPT for Indigenous Māori in New Zealand - a case example	63
	Interpersonal Psychotherapy for Prolonged Grief Disorder with Persistent Depressive Disorder in Japan: A Case Report	64
	Community-Informed Perceptions of Implementing Interpersonal Psychotherapy for Couples to Resolve Intimate Partner Violence and Improve Common Mental Disorders in Mozambique	66
	Can Suicidal Ideation be Treated with Interpersonal and Social Rhythm Therapy Alone for Adults with Bipolar II Depression?	67
	Dialectical Behavior and Social Rhythm Therapy for Co-occurring Bipolar Disorder and Borderline Personality Disorder	68

Poster	Title	Page
1	Adapting Interpersonal Therapy for Psycho-oncological Care: A Novel Approach to Addressing Distress and Depression in Cancer Patients within a Group Setting	69
2	Incorporating Culture Consideration in Practice of Interpersonal Psychotherapy in China: A Comparison of Two Cases and the Role of Chinese Funeral Ritual	70
3	A preliminary analysis of the effect of a 4-day IPT-A training	71
4	One 4-day IPT-A training: practical applicability of IPT-A techniques	72
5	Tipping Eating Disorders - A Protocol to Evaluate the Impact of Group Interpersonal Psychotherapy (IPT-G) for Eating Disorders in Adolescence	73
6	The effectiveness of IPT-B combined with mindfulness on patients with psychiatric sequelae of COVID-19	74
7	Interpersonal Psychotherapy for Adolescents with Post-Traumatic Stress Disorder: Single Arm Case Series	75
8	Brief Interpersonal Psychotherapy for Adolescents for Major Depressive Disorder Patients in China: A Pilot Randomized Controlled Trial	76
9	IPT Workshops in Japan - Toward better IPT in clinical practice	77

---

## Symposium 1

---

### **IPT for perinatal disorders - clinical innovations from around the globe**

Sharon Ben Rafael<sup>1</sup>, Angela Wood<sup>2</sup>, Sue Luty<sup>3</sup>, Vivian Polak<sup>4</sup>

<sup>1</sup>*Tel Aviv University, Israel*

<sup>2</sup>*Greater Manchester Mental Health NHS Trust, United Kingdom*

<sup>3</sup>*South Island Regional Perinatal Psychiatry Service, Christchurch, New Zealand*

<sup>4</sup>*McMaster University, Ontario, Canada*

Postnatal depression, anxiety, OCD and bipolar illness are common complications of childbirth that increase the risk of future mental health problems for mothers, partners and offsprings as well as social, emotional, developmental, behavioural and cognitive problems in infants. IPT has a sound reputation in supporting postnatal mothers and their newborns. This symposium will present clinical innovations from around the globe in treating postnatal disorders with presentations from Israel, Canada, England and New Zealand. Angela Wood will present a clinical account of a group for mothers and their babies integrating IPT with early attachment work. She will discuss ways to support the parent infant relationship using IPT and what can learn about clients' interpersonal strengths and vulnerabilities through watching them with their infant. Sue Luty will present a course of IPSRT in a woman with pre-existing bipolar disorder who had been well for 8 years than had a severe postpartum psychosis after the birth of her first baby. The IPSRT addressed residual depressive symptoms after the psychotic episode resolved. Sharon Ben Rafael will present a clinical formulation for integrating IPT with Behavioral Therapy for complex perinatal disorders. The suggested formulation will be illustrated by a case of a woman with an insecure attachment who developed OCD and depression following a traumatic loss of a child and a subsequent birth. Vivian Polak will present the results of a randomized controlled trial for mothers with PPD that compared online synchronous IPT-G with usual care to see if it could effectively reduce depressive and anxiety symptoms, enhance mother-infant attachment, improve the couple relationship, augment social support, improve overall functioning, and enhance the quality of life for women suffering from postnatal depression.

---

### **Abstract 1**

---

#### **Integrating Group IPT with Early Attachment work to support depressed mums and their infants: Practice experience of enhancing IPT-G to support the parent infant relationship**

Angela Wood

*Greater Manchester Mental Health NHS Trust, United Kingdom*

Interpersonal Therapists are inherently curious about how a client's emotional wellbeing links to their experience of relationships with others. On the whole this curiosity is reliant upon the narrative of the client. Working with a parent and their infant together provides a live stream into not just the parent infant relationship but likely repeated interpersonal patterns played out by the parent in their wider interpersonal world. This presentation will talk about a group developed for mothers and their new infants with 2 primary goals:

- To nurture the wellbeing of the mother;
- To support the mother to nurture the new relationship which she is developing with her infant.

The group uses IPT-G and Early Attachment Work to target the parental depression and also directly scaffold the development of a secure parent infant attachment. The group provides opportunity for the parent to work in any of the 4 focal areas whilst keeping the

infant in mind to consider how the parents interpersonal distress may impact upon the infant and how the parent can nurture this new relationship amidst whatever interpersonal crisis they face.

The presenter will share clinical experience of developing and co facilitating this group since 2014. A description of the group format will be shared along with the use of additional core strategies to promote reflective functioning in the parent. Ways to measure outcomes will be discussed.

---

## Abstract 2

---

### **IPSRT for depression following a postpartum psychosis**

Sue Luty

*South Island Regional Perinatal Psychiatry Service, Christchurch, New Zealand*

This presentation will discuss the process and content of IPSRT for a young first-time mother with bipolar disorder. Despite being well for over 7 years and on medication she had a very severe postpartum psychosis and was admitted as an inpatient under the mental health act. When her psychotic symptoms finally settled she was left with residual depressive symptoms and some difficulty adjusting to her new role as a mother, plus acknowledged a change in her relationship with her husband. It was decided that an IPSRT approach would be helpful for her adjust to these changes and target her symptoms. During the initial stages of therapy it was apparent that there were many non- reciprocated expectations in the relationship with her husband but also the extended family. How the process of IPSRT enabled assessment and her acknowledgement of these will be outlined in detail. The problem area disputes was the main focus of work and addressing this helped both she and her husband adjust to better communication and parenthood. In therapy we used role plays and communication analysis as well as stabilising her daily routines using the Social Rhythm Metric to enhance her functioning. The presentation will present examples of work in the stages of therapy and her progress to being well and functioning normally. The presentation includes a discussion of how she can anticipate and plan for wellness in further pregnancies using iIPSRT principles.

#### *Citations / References*

Frank E, Swartz HA, Boland E. Interpersonal and social rhythm therapy: an intervention addressing rhythm dysregulation in bipolar disorder. *Dialogues Clin Neurosci.* 2007;9(3):325-332. doi:10.31887/DCNS.2007.9.3/efrank Presnell, Aubrey, "Interpersonal and Social Rhythm Therapy for Perinatal Women at Risk for Bipolar Disorder" (2022). Yale School of Medicine Physician Associate Program Theses. 138. [https://elischolar.library.yale.edu/ysmpa\\_theses/138](https://elischolar.library.yale.edu/ysmpa_theses/138)

---

## Abstract 3

---

### **A clinical formulation for integrating IPT and Behavioral Therapy for complex perinatal disorders**

Sharon Ben Rafael

*Tel Aviv University, Israel*

IPT has long been established as the treatment of choice for perinatal mood disorders. It provides a framework and focus that is well suited to the needs of the new or soon to be parent. Unfortunately, for postpartum parents, mood disorders are frequently just part of the picture. With massive psychological, biological, behavioral and social changes (PBBS) the

postpartum period is frequently encumbered by anxiety and the emergence of new or existing Obsessive Compulsive Disorder (OCD). Rates of postpartum OCD can reach 16.9% (Miller et al., 2013, Uguz et al. 2007; Wenzel, Haugen, Jackson, & Brendle, 2005) and obsessive thoughts of infant harm present a great stressor on new parents and close supports. IPT provides tools to understand the changes the family is going through and intervene to improve mood and interpersonal relationships. However, it does not possess the exposure interventions deemed important for the treatment of OCD. Taking into account the perinatal period with all its challenges and difficulties; the correlation between relationship distress and OCD; the effect OCD has on relationships at a time when they are needed most; and the high comorbidity of depression and OCD; it seems fitting that an integration of IPT and exposure based treatment would be used for treating perinatal difficulties and obsessive compulsive spectrum disorders. The talk will propose a theoretical model (Interpersonal Behavior Psychotherapy IBPT) for integrating IPT and exposure-based behavior therapy (BT) for the treatment of complex perinatal disorders. It extends the theoretical framework of IPT to include the effect of maladaptive thoughts and behaviors on interpersonal functioning with the addition of a Comorbid Distress problem area, used when behavioral issues are interfering with the resolution of the current crisis. This proposed model is used in practice (first presented in an EABCT conference by Ben- Rafael, 2015) but has not been tested in research. A clinical case will be presented to illustrate the therapeutic formulation.

#### *Citations / References*

Miller, E. S., Chu, C., Gollan, J., & Gossett, D. R. (2013). Obsessive-compulsive symptoms during the postpartum period. A prospective cohort. *The Journal of reproductive medicine*, 58(3-4), 115–122. Ben- Rafael, S. (N.A.). Interpersonal Psychotherapy (IPT) and IBPT for perinatal mood, anxiety and OCD. Wenzel, A. *International Handbook of Perinatal Mental Health Disorders*. Routledge [Manuscript submitted under contract\*] \*There may be changes to this reference.

---

#### **Abstract 4**

---

#### **Effective, affordable, and accessible treatment for pregnancy's commonest complication: Online synchronous interpersonal psychotherapy for mothers with postpartum depression**

Vivian Polak

*McMaster University, Ontario, Canada*

Postnatal depression (PND) is a common complication of childbirth that increases the risk of future depressive episodes in women, postpartum depression in partners, as well as social, emotional, behavioural, language, and cognitive problems in offspring. Although psychotherapy, and in particular Group Interpersonal Psychotherapy (IPT-G), has been proven effective in treating PND, it remains largely inaccessible. However, research has indicated that online synchronous group therapy can be equally as effective as in-person therapy and is a more affordable and accessible modality of treatment. This study aimed to ascertain whether delivering IPT-G virtually, when compared to treatment as usual, could more effectively reduce depressive and anxiety symptoms, enhance mother-infant attachment, improve the couple relationship, augment social support, improve overall functioning, and enhance the quality of life for women in rural and northern Ontario who are suffering from PND. By bridging the gap in access to mental health services during the postpartum period, this study seeks to improve the well-being of mothers and their families in rural and northern Ontario, Canada. A randomized controlled trial was conducted to determine whether virtual IPT-G plus treatment as usual would be more effective than treatment as usual alone in treating women with PND in Ontario, Canada. Preliminary



results indicate that women who received virtual IPT-G had a clinically and statistically significant decrease in overall depressive symptoms compared to their counterparts who received only the treatment as usual. As such, providing online synchronous IPT-G in the perinatal period not only has the potential to improve women's outcomes in the present, but to also decrease future health costs, reduce burden on the educational and justice systems, and decrease the number of disability life years lost to postnatal depression.

*Citations / References*

Verdeli, L., Clougherty, K., & Weissman, M. (2016). Group Interpersonal Therapy (IPT) for Depression. WHO generic field-trial version 1.0. Retrieved from [http://www.who.int/mental\\_health/mhgap/interpersonal\\_therapy](http://www.who.int/mental_health/mhgap/interpersonal_therapy)

Dalfen, A., Wasserman, L., Benipal, P. K., Lawson, A., Young, B., de Oliveira, C., Hensel, J., Dennis, C. L., & Vigod, S. N. (2021). Virtual psychiatric care for perinatal depression (virtual-PND): A pilot randomized controlled trial. *Journal of Affective Disorders Reports*, 4, 100085. <https://doi.org/10.1016/j.jadr.2021.100085>.

---

## Symposium 2

---

### **IPT and IPC Interventions for College and University Students**

Leslie Miller<sup>1</sup>, Alexandra Klein Rafaeli<sup>2</sup>, Sarah Broner<sup>3</sup>, Helena Verdeli<sup>4</sup>, Paula Ravitz<sup>5</sup>

<sup>1</sup>*Johns Hopkins University School of Medicine, Baltimore, USA*

<sup>2</sup>*Ben Gurion University, Beer-Sheva, Israel*

<sup>3</sup>*Loyola University Chicago, Chicago, USA*

<sup>4</sup>*Columbia University, New York, USA*

<sup>5</sup>*University of Toronto, Toronto, Canada*

Record numbers of students are seeking services at university and college counseling centers. Students are presenting to counseling centers with both pre-existing psychiatric diagnoses and increasingly severe psychopathology. Rates of depression among college students have significantly increased over time. For this reason, utilizing Interpersonal Psychotherapy and Interpersonal Counseling warrant further exploration as treatment interventions for this population. The focus areas of transition, disputes, and social isolation/loneliness are quite relevant to college students as they transition from their established social supports to college life and navigating new interpersonal relationships while establishing new social supports networks. This transition can be stressful for many students and lead to depression and academic struggles. College counseling centers are uniquely situated to address this growing mental health crisis through the implementation of evidence-based psychotherapy. In this presentation we will present research data from Israel, United States, Canada, and Iraq on adaptations of IPT and IPC including both group and individual models.

---

### **Abstract 1**

---

### **Interpersonal Counseling for University Counseling Centers (IPC-C)**

Leslie Miller<sup>1</sup>, Alexandra Klein Rafaeli<sup>2</sup>, Sandra Yuen<sup>3</sup>, Janine Omran<sup>3</sup>, Lilach Halevi<sup>3</sup>, Paula Ravitz<sup>3</sup>

<sup>1</sup>*Johns Hopkins University School of Medicine, Baltimore, USA*

<sup>2</sup>*Ben Gurion University, Israel*

<sup>3</sup>*University of Toronto, Canada*

Interpersonal Counseling (IPC) is a brief, structured modification of Interpersonal Psychotherapy (IPT). College and university students are at the age where first episodes of depression may develop. Students distress maybe related to life changes, role transitions, disputes, or loneliness and social/cultural isolation, which are focuses of treatment in IPC. University counseling centers often focus resources on treatment of those with severe depression. For this reason, this adaptation targets students with mild to moderate depression. While there is considerable evidence for the efficacy of IPT and IPC, this adaptation for university students has not yet been well studied. We conducted a pilot study administering IPC-C at the University of Toronto, a large, urban university. Participants received 3-6 one-hour therapy sessions, and completed self-report measures of depression and anxiety. Forty-seven participants were referred to the study, 28 participants enrolled in the study, and 13 participants completed the study. We will discuss the results from the study, including feasibility issues.

*Citations / References*

Rafaeli AK, Bar-Kalifa E, Verdeli H, Miller L. Interpersonal Counseling for College Students: Pilot feasibility and acceptability study. *American Journal of Psychotherapy*. 2021. doi.org/10.1176/appi.psychotherapy.20200038 Yamamoto A, Tsujimoto E, Taketani R, Tsujii N, Shirakawa O, Ono H. The effect of interpersonal counseling for subthreshold depression in undergraduates: an exploratory randomized controlled trial. *Depression research and treatment*, 2018.

---

**Abstract 2**

---

**Interpersonal Psychotherapy for College Students (IPT-CS): Feasibility, Acceptability, and Effectiveness of Group Modality**

Sarah Broner, Colleen Conley<sup>1</sup>, Maya Hareli<sup>1</sup>, Leslie Miller<sup>2</sup>, Alexandra Klein Rafaeli<sup>3</sup>

<sup>1</sup>*Loyola University Chicago, USA*

<sup>2</sup>*Johns Hopkins University School of Medicine, USA*

<sup>3</sup>*Ben Gurion University, Israel*

Despite high and increasing rates of depression among college students, there remains a large treatment gap in which many students in need are not receiving evidence-based care (Lipson et al., 2022). College counseling centers increasingly recognize the need to shift from a reactive model, relying on students to present themselves for treatment when needed, to a proactive model, offering outreach and preventive services to meet students where they are (Golightly et al., 2017). The present randomized controlled trial implemented elements of both models, delivering a novel adaptation of Interpersonal Psychotherapy for College Students (IPT-CS) in group modality at a college counseling center, from recruitment both within and outside of the counseling center. 97 students expressed interest in the group, and 18 met criteria, including experiencing mild to moderate symptoms of depression. The 9 who were allocated to and initiated group IPT-CS remained in it for the 10-session duration, with an average 96.67% attendance rate. Participants rated the group to be satisfactory and promotive of supportive messages about mental health symptoms and services, relative to messages from other therapy experiences, and to messages from their families and cultures. Facilitators also rated IPT-CS as satisfactory and feasible, and faithful to the IPT model. Group-by-time analyses indicated that IPT-CS, compared to referral-to-usual-care (in which 5 of 9 participants received some form of psychological or psychiatric services during the trial), yielded a pattern of medium to large effects for depression, anxiety, quality of life, social adjustment, and social support, as well as for IPT-focal-area interpersonal functioning overall and for disconnection and loneliness specifically. As the pilot trial was powered to detect quite large effects, these analyses only reached statistical significance for depression and social support, as did within-group analyses for quality of life and interpersonal concerns overall, favoring IPT-CS. Importantly, reductions in depression and anxiety were clinically meaningful, dropping from moderate to just at the cutoff between mild and no signs of depression or anxiety. These findings have important implications for improving the accessibility, reach, and impact of effective mental health services for college students at campus health centers.

*Citations / References*

Golightly, T., Thorne, K., Iglesias, A., Huebner, E., Michaelson-Chmelir, T., Yang, J., & Greco, K. (2017). Outreach as intervention: The evolution of outreach and preventive programming on college campuses. *Psychological Services*, 14(4), 451–460. <https://doi.org/10.1037/ser0000198>

Lipson, S. K., Zhou, S., Abelson, S., Heinze, J., Jirsa, M., Morigney, J., Patterson, A., Singh, M., & Eisenberg, D. (2022). Trends in college student mental health and help-seeking by

race/ethnicity: Findings from the national healthy minds study, 2013–2021. *Journal of Affective Disorders*, 306, 138–147. <https://doi.org/10.1016/j.jad.2022.03.038>

---

### Abstract 3

---

#### **IPT Groups for Emerging Adults: Clinical Impressions**

Alexandra Klein Rafaeli<sup>1</sup>, Dan Hay<sup>2,1</sup>, Shahar Rosalis<sup>2</sup>, Uriel Krauss<sup>1</sup>

<sup>1</sup>*Ben Gurion University, Israel*

<sup>2</sup>*Bar Ilan University, Israel*

This section of the symposium will present clinical impressions gleaned from piloting Interpersonal Psychotherapy (IPT) therapy groups, with a specific emphasis on working with emerging adults. The presentation will provide an opportunity to explore the unique challenges and dynamics faced by young adults studying at university, as they navigate the complexities of interpersonal relationships during a transformative phase of their lives. As recent facilitators of such groups, we will present observations, case examples, and practical strategies that highlight the successful integration of IPT principles and techniques. Through an analysis of the pilot therapy groups, we will offer valuable insights into the efficacy and adaptability of the IPT approach in addressing the distinct needs of this population. Whether you're new to the approach, or a more seasoned IPTist, this presentation will provide fresh perspectives and actionable insights for effective IPT interventions with emerging adults.

#### *Citations / References*

Rafaeli, A. K., Bar-Kalifa, E., Verdeli, H., & Miller, L. (2021). Interpersonal counseling for college students: Pilot feasibility and acceptability study. *American journal of psychotherapy*, 74(4), 165-171. Arnett, J. J. (2010). Emerging adulthood (s). *Bridging cultural and developmental approaches to psychology: New syntheses in theory, research, and policy*, 255-275.

---

### Abstract 4

---

#### **IPT and IPC for college students in Iraq**

Parzeen Jabal<sup>1</sup>, Helena Verdeli<sup>2</sup>, Srishti Sardana<sup>3</sup>

<sup>1</sup>*Charmo University, Iraq*

<sup>2</sup>*Teachers College, Columbia University, USA*

<sup>3</sup>*Johns Hopkins University, USA*

**Objectives:** Iraq, a country that has been undergoing severe and ongoing adversities, has an enormous mental health treatment gap. Iraqi and Kurdish Iraqi college students frequently struggle with distress due to separation from home, conflict with parents, adverse living conditions, poverty, academic difficulties, and exposure to traumatic situations (such as violence, and accidents). Faculty representatives of Al Muthanna University in Iraq and Charmo University in the Iraqi Kurdistan and the GMH lab obtained a grant from IREX to build feasible and sustainable IPT capacity to address the mental health needs of the undergraduate students, focusing on depression because of its high prevalence.

**Method:** The program adopted a two-prong approach: the two psychologists from Charmo were trained to meet competency criteria in IPT whereas one non-mental health faculty member from Charmo and three non-mental health faculty members in Al Muthanna were trained in meeting IPC competencies. Depression client outcomes (with predetermined

response criteria) and competency (knowledge and skills) provider outcomes were collected.

**Results:** Cultural and contextual adaptations have been documented using the FRAME protocol. 100% of the IPT and IPC providers passed the predetermined competency benchmarks for the training workshop and supervision (high attendance, knowledge test, IPT/IPC fidelity and competency ratings). 83% of the depressed clients who received IPT met response criteria. In IPC clients the mean baseline PHQ score fell from 14.5 to 3.58, and referrals were provided for those who needed or wanted more services.

**Conclusions:** IPT and IPC were feasible and acceptable for Iraqi providers and college student clients.

#### *Citations / References*

Weissman, M., & Verdeli, H. (2012). Interpersonal Psychotherapy: Evaluation, Support, Triage. *Clinical psychology & psychotherapy*, 19(2), 106-112. Doi: 10.1002/cpp.1775.

Weissman, M. M., Hankerson, S. H., Scorza, P., Olfson, M., Verdeli, H., Shea, S., Lantigua, R., & Wainberg, M. (2014). Interpersonal Counseling (IPC) for Depression in Primary Care. *American Journal of Psychotherapy*, 68(4), 359-383.

---

## Symposium 3

---

### **Telehealth-Delivered Group IPT-AST for Adolescents: Quantitative and Qualitative Findings**

Jami Young<sup>1</sup>, Molly Davis<sup>1</sup>, Lauren Gulley<sup>2</sup>

<sup>1</sup>*Children's Hospital of Philadelphia, Philadelphia, USA*

<sup>2</sup>*Children's Hospital Colorado, Denver, USA*

This symposium will present quantitative and qualitative research findings from two studies examining group-based versions of Interpersonal Psychotherapy – Adolescent Skills Training (IPT-AST) delivered via telehealth. The first talk will provide an overview of outcomes (i.e., symptoms and functioning) from a randomized controlled trial testing the efficacy and acceptability of a telehealth version of IPT-AST, a depression prevention program, conducted with adolescents (N=242, ages 14-16 years) attending public high schools in the Northeastern United States. The second presentation will describe quantitative outcomes from a randomized controlled pilot and feasibility study (N=30) testing brief (i.e., 6 x 1 hour) group-based IPT-AST delivered via telehealth and adapted to address depression symptoms and disordered eating behavior for adolescents (ages 12-17 years) with polycystic ovary syndrome (PCOS) receiving interdisciplinary medical care in the Western United States. The final presentation will synthesize qualitative feedback from participants in both studies regarding feasibility and acceptability of participating in group-based IPT-AST via telehealth. Collectively, this set of presentations will provide important insights into clinical and implementation outcomes associated with telehealth-delivered, group-based IPT-AST models that can facilitate other research and clinical work in this space.

---

### **Abstract 1**

---

### **Telehealth Delivered IPT-AST: Short-Term Outcomes from the School Adolescent Mood Project**

Jami Young<sup>1,2</sup>, Jason Jones<sup>1,2</sup>, Molly Davis<sup>1,2</sup>, Karen Schwartz<sup>1</sup>, Amy So<sup>3</sup>, Gillian Dysart<sup>1</sup>, Rebecca Kanine<sup>4</sup>, Jane Gillham<sup>5</sup>, Bob Gallop<sup>6</sup>

<sup>1</sup>*Children's Hospital of Philadelphia, USA*

<sup>2</sup>*University of Pennsylvania Perelman School of Medicine, USA*

<sup>3</sup>*Montclair State University, USA*

<sup>4</sup>*Lurie Children's Hospital, USA*

<sup>5</sup>*Swarthmore College, USA*

<sup>6</sup>*West Chester University, USA*

Mental health care changed quickly because of COVID-19, with many services delivered virtually. This created an opportunity to apply lessons learned from recent innovations in digital health and to study the acceptability and efficacy of school-based mental health interventions, such as Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST), when delivered through telehealth. This paper will present initial findings from the School Adolescent Mood (SAM) project, a school-based randomized controlled trial comparing telehealth-delivered IPT-AST to services as usual (SAU). This indicated prevention trial was conducted in 17 middle and high schools in the United States. Across the study, 242 adolescents (mean age = 14.8 years; 64.9% female, 28.9% male, 6.2% transgender/non-binary; 66.7% White, 21.3% Black, 13.0% Hispanic/Latino) with elevated depression symptoms were randomized to telehealth-delivered IPT-AST or SAU. Across 3 years, we ran 21 IPT-AST groups on an online platform. IPT-AST consisted of 8 group sessions, as

well as individual pre-group and mid-group sessions, which parents were invited to attend. This paper will present data on primary short-term outcomes (depression and anxiety symptoms, self-reported impairment) from baseline through post-intervention. Additionally, we will present data on IPT-AST attendance rates and satisfaction. Analyses will include descriptive statistics and hierarchical linear modeling. Finally, we will compare these data with prior IPT-AST studies where this group prevention program was delivered in person. Taken together, these findings will contribute to an understanding of the feasibility, acceptability, and efficacy of telehealth-delivered IPT-AST, thereby helping guide clinicians and researchers in selecting IPT-AST delivery models in the future.

#### *Citations / References*

Young, J. F., Mufson, L., Schueler, C. M.: Preventing Adolescent Depression: Interpersonal Psychotherapy - Adolescent Skills Training. Book. New York: Oxford University Press, 2016.  
Young, J. F., Davis, M., Mufson, L.: Interpersonal risk factors. Treatment of Psychosocial Risk Factors in Depression. D. J. A Dozois & K. S. Dobson (eds.). American Psychological Association, Page: 81-104, January 2023.

---

## **Abstract 2**

---

### **Brief IPT-AST Delivered via Telehealth for Adolescents with Polycystic Ovary Syndrome**

Lauren Gulley<sup>1,2,3</sup>, Maggie Kaiser<sup>1</sup>, Lauren Shomaker<sup>1,2,3</sup>, Melanie Cree<sup>2,3</sup>, Eliza Buyers<sup>2</sup>

<sup>1</sup>Colorado State University, USA

<sup>2</sup>University of Colorado Anschutz, USA

<sup>3</sup>Children's Hospital Colorado, USA

**Objectives:** Polycystic ovary syndrome (PCOS) is a common endocrine disorder in adolescent females characterized by excess weight and cardiometabolic disease. Unfortunately, high rates of depression and disordered eating in PCOS may undermine engagement in health behaviors. Interpersonal and social processes are key mechanisms for successful health behavior change. Interpersonal psychotherapy (IPT) improves interpersonal functioning and decreases depression and disordered eating among youth at-risk for/with excess weight and thus is well-suited for adoption among adolescents with PCOS. We will describe findings from a pilot RCT of brief, group-based IPT-Adolescent Skills Training (AST) delivered via telehealth to adolescents with PCOS receiving multidisciplinary PCOS care in a pediatric hospital setting. This paper is part of the Symposium, "Telehealth-Delivered Group IPT-AST for Adolescents: Quantitative and Qualitative Findings".

**Methods:** Inclusion criteria were 12-17y females with PCOS, BMI  $\geq$ 75th %ile, and depression symptoms (CES-D score  $\geq$ 16). Participants were randomized to 6x1-hour sessions of group IPT-AST plus usual PCOS care, compared to usual PCOS care only. Descriptives of feasibility, acceptability, baseline characteristics, and post-intervention change in depression symptoms and disordered eating behaviors, BMI, and metabolic complications will be reported.

**Results:** Recruitment occurred from August 2021 to December 2022. Of 200 families contacted, N=33 (16.5%) were eligible and N=30 (90% of 33) were enrolled and randomized. Participants were predominately adolescents of color (67% Hispanic/Latinx, 7% Non-Hispanic Black) with moderate-to-severe depression symptoms (83% CES-D score  $\geq$ 24) and disordered eating (70% endorsed loss-of-control eating). Of the n=18 adolescents randomized to IPT, most (n=16 or 89%) attended 5–6 sessions (80-100% dosage). IPT participants rated the group as feasible, acceptable, and appropriate (i.e., average  $>$ 4 out of 5 with "5=Strongly Agree"). At post-intervention, 44% of IPT participants

(n=8 of 18) reported no-to-low depression symptoms (CESD score=0-15), compared to 25% of usual care only participants (n=3 of 12).

**Conclusions:** Taken together, adolescents with PCOS come from minoritized backgrounds and are at-risk for mental and physical health concerns. Preliminary data from this pilot RCT suggest group-based IPT delivered via telehealth may be feasible, acceptable, and effective.

#### *Citations / References*

1. Benson J, Severn C, Hudnut-Beumler J, et al. Depression in girls with obesity and polycystic ovary syndrome and/or type 2 diabetes. *Can J Diabetes*. 2020;44(6):507-513.
2. Cooney LG, Lee I, Sammel MD, Dokras A. High prevalence of moderate and severe depressive and anxiety symptoms in polycystic ovary syndrome: a systematic review and meta-analysis. *Hum Reprod*. 2017;32(5):1075-1091.
3. Hetrick SE, Cox GR, Witt KG, Bir JJ, Merry SN. Cognitive behavioural therapy (CBT), third-wave CBT and interpersonal therapy (IPT) based interventions for preventing depression in children and adolescents. *Cochrane Database Syst Rev*. 2016(8):CD003380.
4. Mufson L, Yanes-Lukin P, Anderson G. A pilot study of brief IPT-A delivered in primary care. *Gen Hosp Psychiatry*. 2015;37(5):481-484.
5. Radloff L. The CES-D scale: a self report depression scale for research in the general population. *Appl Psychol Meas*. 1977;1(3):385-401.

---

### **Abstract 3**

---

#### **Qualitative Feedback on Telehealth-Delivered Versions of Interpersonal Psychotherapy – Adolescent Skills Training**

Molly Davis<sup>1,2</sup>, Lauren Gulley<sup>3,4</sup>, Jami Young<sup>1,2</sup>, Amy So<sup>5</sup>, Talia Thompson<sup>4</sup>, Maggie Kaiser<sup>3</sup>, Courtney Benjamin Wolk<sup>2</sup>

<sup>1</sup>*Children's Hospital of Philadelphia, USA*

<sup>2</sup>*University of Pennsylvania, USA*

<sup>3</sup>*Colorado State University, USA*

<sup>4</sup>*University of Colorado School of Medicine, USA*

<sup>5</sup>*Montclair State University, USA*

In this talk, we will present qualitative results from two studies examining group-based versions of Interpersonal Psychotherapy – Adolescent Skills Training (IPT-AST; Young et al., 2016) delivered via telehealth. Commonalities in themes observed across studies, as well as findings unique to each study, will be reviewed. Study #1: The first study involves feedback from counselors (n = 14), administrators (n=14) and adolescents (n = 14) who participated in semi-structured qualitative interviews regarding the telehealth delivery of IPT-AST to adolescents attending public high schools in the Northeastern United States. Interviews were audio recorded and transcribed with analyses supported by NVivo. A structured codebook was developed combining codes derived inductively from interview transcripts and deductively from implementation science frameworks (Damschroder et al., 2009; Proctor et al., 2011). Three coders independently coded the transcripts and 20% were double coded for reliability. A modified content analysis approach was used. Study #2: The second study involved feedback from adolescent participants with polycystic ovary syndrome (PCOS) and elevated depression symptoms (n=15) who took part in individual semi-structured qualitative interviews following a brief (6 x 1 hour) group-based IPT-AST program delivered via telehealth in the Western United States. Interviews were audio recorded and transcribed. A rapid qualitative analysis approach was used to create summary tables and matrices based on the RE-AIM (Reach, Effectiveness, Adoption,



Implementation, and Maintenance; Glasgow et al., 1999) implementation science framework. One team member independently coded the transcripts and 20% were double coded by two additional team members. Preliminary results across both studies highlight perceived benefits of the telehealth delivery model, included accessibility and adolescent comfort, as well as challenges related to telehealth, such as technological issues and the possibility for the virtual format to lead to lower adolescent engagement during sessions. Participants appreciated social connections with other teens and suggested considering a hybrid delivery model that incorporates some in-person and some virtual sessions. Feedback can inform future delivery models for IPT-AST.

*Citations / References*

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science*, 4(1), 1-15. Glasgow, R. E., Vogt, T. M., & Boles, S. M. (1999). Evaluating the public health impact of health promotion interventions: the RE-AIM framework. *American Journal of Public Health*, 89(9), 1322-1327. Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., ... & Hensley, M. (2011). Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research*, 38, 65-76. Young, J. F., Mufson, L., & Schueler, C. M. (2016). *Preventing Adolescent Depression: Interpersonal Psychotherapy- Adolescent Skills Training*. New York: Oxford University Press.

---

## Symposium 4

---

### **Interpersonal Counseling (IPC) as Delivered by Community Based Providers in Under-resourced Areas in Mozambique, New York City, and Pittsburgh, Pennsylvania**

Laura Dietz<sup>1</sup>, Saida Kahn<sup>2</sup>, Sarah Chiao<sup>3</sup>, Quiana Golphin<sup>4</sup>, Jennifer Mootz<sup>5</sup>

<sup>1</sup>*University of Pittsburgh, USA*

<sup>2</sup>*Mozambique Ministry of Health, Maputo, Mozambique*

<sup>3</sup>*Columbia University/ New York State Psychiatric Institute, New York, USA*

<sup>4</sup>*University of Pittsburgh, Pittsburgh, USA*

<sup>5</sup>*Columbia University/ New York State Psychiatric Institute, New York, USA*

Global mental health models are based on transportable and effective interventions that can be delivered by community-based providers who often do not have any formal training as mental health professionals. However, they often have deep understandings of the cultural context and shared lived experiences that position them to be effective counselors.

Interpersonal Counseling (IPC) is an established model of intervention that has been successfully deployed and implemented in under-resourced areas around the world and with community-based providers. In this symposium, we will present results from three different projects of IPC as delivered by trained community providers around the world: Mozambique, New York City, and in black communities in Pittsburgh, Pennsylvania. Our presenters will describe IPC training outcomes for community-based providers in Mozambique and discuss the development of a digitized platform to provide additional guidance for community-based providers in NYC. We will discuss the rationale for each study, discuss training and implementation issues, and provide outcome data for IPC. The TRIBUTE Program in Pittsburgh examines community providers implementing IPC for bereavement through several black churches to increase access to culturally responsive care and to improve mental health outcomes for an under-served population. Threaded through the presentations, we will identify aspects of training and implementation that are related to IPC uptake and effectiveness, and discuss future directions for expanding the implementation of IPC with community based providers in under-resourced areas.

---

### Abstract 1

---

#### **Acceptability, Adherence, and Feasibility of Implementing Task-Shifted Delivery of Interpersonal Counseling in Mozambique**

Saida Khan<sup>1</sup>, Jennifer Mootz<sup>2</sup>, Milton Wainberg<sup>2</sup>, Marcelo Mello<sup>3</sup>

<sup>1</sup>*Mozambique Ministry of Health, Mozambique*

<sup>2</sup>*Columbia University, USA*

<sup>3</sup>*Albert Einstein Israelis Hospital, Brazil*

Mozambique is scaling up mental health care across the country using task-shifting – i.e., delivery of care by nonspecialized providers – integrated in primary care and community settings. Interpersonal Counseling (IPC) is the intervention used to address common mental disorders (depression, anxiety, PTSD). To understand training outcomes of IPC among the task-shifted workforce, we carried out a cross-sectional study (n=215) in the province of Nampula, Mozambique, to assess: pre- and post-training knowledge; intentions to use core components of IPC; and acceptability, adherence, and feasibility of delivering IPC. Psychiatric technicians and primary care providers performed better on the knowledge questions than community health workers. Around 82% of all providers became certified to deliver IPC. Most considered IPC to be a good (61.4%) or very good (6.5%) intervention and easy (45.6% or very easy (50.7%) to apply. Approximately 93% of providers thought

that IPC helped their clients. These results show high acceptability and feasibility of training and having nonspecialized providers deliver IPC in low- resource settings that have a significant treatment gap.

*Citations / References*

Weissman MM, Hankerson SH, Scorza P, Olsson M, Verdeli H, Shea S, Lantigua R, Wainberg M. Interpersonal Counseling (IPC) for Depression in Primary Care. *Am J Psychother.* 2014;68(4):359-83. doi: 10.1176/appi.psychotherapy.2014.68.4.359. PMID: 26453343; PMCID: PMC4603528. 1. Wainberg ML, Gouveia ML, Stockton MA, Feliciano P, Suleman A, Mootz JJ, et al. Technology and implementation science to forge the future of evidence-based psychotherapies: The PRIDE scale-up study. *Evid Based Ment Health.* 2020;1–7.

---

**Abstract 2**

---

**Interpersonal Counseling (IPC) as Delivered by Community Based Providers in Under-resourced Areas in Mozambique, New York City, and Pittsburgh, Pennsylvania: IPC in New York City**

Sarah Chiao<sup>1</sup>, Jennifer Mootz<sup>2,3</sup>, Sheetal Kirpekar<sup>3</sup>, Annika Sweetland<sup>2,3</sup>, Miriam Tepper<sup>2,3</sup>, Milton Wainberg<sup>2,3</sup>

<sup>1</sup>*New York State Psychiatric Institute, USA*

<sup>2</sup>*Columbia University, USA*

<sup>3</sup>*New York State Psychiatric Institute, USA*

Less than a fraction of individuals diagnosed with a mental illness in the U.S. are able to access high-quality and evidence-based treatments.<sup>1</sup> The treatment gap is especially striking for underserved communities, who have long faced disparities in treatment access, service use, and mental health outcomes.<sup>2</sup> Interpersonal Counseling (IPC), a brief evidence-based intervention that addresses common mental health disorders, has been implemented with ENGAGE in New York City community settings.<sup>3</sup> ENGAGE (Engaging CommuNities to Gain Mental WellbeinG and Equity) is a pilot initiative launched by the Mental Wellness Equity Center at Columbia University/New York State Psychiatric Institute that aims to address clinical need and behavioral health disparities by leveraging technology to train a lay workforce (“Community Wellness Workforce”). Through easy-to-follow prompts and pictures, the ENGAGE IPC Platform is a digital mobile tool that supports Community Wellness Workers step-by-step in screening, triaging, and delivering evidence-based care for common mental health disorders with enhanced fidelity and quality of care. This platform offers detailed guidance by allowing providers to click on information buttons on platform interfaces to access instructions, tips, and example scripts for delivering IPC. In addition, it tracks important outcome indicators, such as provider usage patterns and client symptom changes, over time to improve the delivery of mental health care. We will present the ENGAGE IPC Platform and discuss the Community Wellness Workforce’s perceptions of it.

*Citations / References*

1. Centers for Disease Control and Prevention. (2018). Mental Health: Data and Publications. [https://www.cdc.gov/mentalhealth/data\\_publications/index.htm](https://www.cdc.gov/mentalhealth/data_publications/index.htm). Accessed April 4th, 2023.

2. Cook BL, Trinh NH, Li Z, Hou SS, Progovac AM. Trends in Racial-Ethnic Disparities in Access to Mental Health Care, 2004-2012. *Psychiatr Serv.* Jan 1 2017;68(1):9-16. doi:10.1176/appi.ps.201500453.

3. Weissman MM, Hankerson SH, Scorza P, et al. Interpersonal Counseling (IPC) for Depression in Primary Care. *Am J Psychother.* 2014; 68(4):359-83. doi:10.1176/appi.psychotherapy.2014.68.4.359.

---

### Abstract 3

---

#### **TRIBUTE: IPC for Bereavement in Black Churches in Pittsburgh**

Quiana Golphin<sup>1</sup>, Laura Dietz<sup>1</sup>, Jonathon Counts<sup>2</sup>, Khavah Murray<sup>3</sup>

<sup>1</sup>University of Pittsburgh, USA

<sup>2</sup>Spottswood AME Zion Church, USA

<sup>3</sup>Primary Care Health Services, Inc., USA

Although comprising only 13% of the population, black Americans experience higher rates of chronic illness, lower rates of health utilization, and shorter life expectancy as compared to white Americans. There is a long-standing epidemic of grief in communities of color, a consequence of systemic racism and racial-ethnic disparities that has been intensified by the COVID-19 pandemic, which has disproportionately affected people of color in the United States. Effective psychological interventions could reduce risks for prolonged mental health problems related to bereavement, but the dearth of services and lack of culturally responsive providers often impede individuals in communities of color from accessing mental health care. The TRIBUTE Program --- Training Religious leaders in Bereavement Counseling to Upskill Treatment Experiences – aims to expand mental health services to reduce racial-ethnic health disparities by training non-licensed community providers to deliver a three-session psychosocial intervention, Interpersonal Counseling (IPC), for bereaved individuals through churches and community centers in communities of color. IPC is an evidence-based intervention that has demonstrated effectiveness in reducing depression and anxiety symptoms in global mental health initiatives. It has been successfully adapted across cultures and implemented by supervised health and aid workers who do not have specialized training in mental health. In this presentation, we will describe the process of partnering with faith-based organization in under-resourced areas in Pittsburgh and training community members in black churches to implement IPC with bereaved participants. We will also present preliminary data evaluating the feasibility and acceptability of this model of training and clinical outcomes of community participants who received a course of IPC from our trained community providers.

Future directions for working with local partners to sustain training new cohorts of faith-based community providers to deliver IPC for bereavement for under-resourced communities of color will be discussed.

#### *Citations / References*

Centers for Disease Control and Prevention. (2019). Summary Health Statistics: National Health Interview Survey: 2017. Table A-7. Retrieved from <https://www.cdc.gov/nchs/nhis/shs/tables.htm> Hankerson, S. H., Svob, C., & Jones, M. K. (2018). Partnering With Black Churches to Increase Access to Care. *Psychiatric services (Washington, D.C.)*, 69(2), 125. <https://doi.org/10.1176/appi.ps.69201> Hankerson, S.H., Crayton, L. S., & Duenas, S. C. (2021). Engaging African American Clergy and Community Members to Increase Access to Evidence-Based Practices for Depression. *Culture & Mental Health Services*, 1-4. <https://doi.org/10.1176/appi.ps.201900412> Ward, E. C., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. *Nursing Research* >, 62 >(3), 185-194. doi:10.1097/NNR.0b013e31827bf533.

---

## Symposium 5

---

### **Cultural Adaptations in IPT-A, Presented by the IPT-A SIG**

Laura Mufson<sup>1</sup>, Gabrielle Anderson<sup>2</sup>, Leslie Miller<sup>3</sup>, Christie Schueler<sup>4</sup>, Emily Taylor<sup>5</sup>, Janet TK Lam<sup>6</sup>, Joseph Chung<sup>7</sup>, Anat Brunstein Klomek<sup>8</sup>

<sup>1</sup>*Columbia University and New York State Psychiatric Institute, USA*

<sup>2</sup>*University of California, San Francisco, San Francisco, USA*

<sup>3</sup>*Johns Hopkins University School of Medicine, Baltimore, MD, USA*

<sup>4</sup>*Didi Hirsch Mental Health Services, Inglewood, CA, USA*

<sup>5</sup>*University of Edinburgh, Edinburgh, United Kingdom*

<sup>6</sup>*Castle Peak Hospital, Hong Kong, China*

<sup>7</sup>*University of Hong Kong, Hong Kong, China*

<sup>8</sup>*School of Psychology, Interdisciplinary Center (IDC), Reichman University, Herzliya, Israel*

This symposium will introduce participants to cultural adaptations of Interpersonal Psychotherapy for Adolescents (IPT-A). It will include case presentations from different cultural perspectives, including Israel, Hong Kong, and Chile. Each presenter will present a case and discuss cultural considerations and adaptations of the IPT-A model. Examples of cultural considerations may include differences in use of technology in the context of IPT-A, typical parent-child relationships, gender expression and sexuality, post-colonial considerations in cultural adaptations, and stigma associated with seeking mental health care across cultures. The workshop chair and developer of the IPT-A model, Laura Mufson, will facilitate discussion of cultural adaptations.

---

## Symposium 6

---

### **Transforming global mental health: Comparing the experiences of implementing IPC in South Africa, Brazil, and the United States**

Marcelo Mello<sup>1</sup>, Zibele Mhaleni<sup>2</sup>, Camila Matsuzaka<sup>1</sup>, Bernadine Waller<sup>3</sup>

<sup>1</sup>Federal University of Sao Paulo, Sao Paulo, Brazil

<sup>2</sup>Desmond Tutu Health Foundation, East London, South Africa

<sup>3</sup>Columbia University, Vagelos College of Physicians and Surgeons, New York, USA

This symposium will describe the experience of three current initiatives in South Africa, Brazil, and the United States in which lay counselors and nurses are being trained to deliver Interpersonal Counseling (IPC). We will describe the lessons learned through this active North-South-South exchange from the perspectives of a lay counselor from South Africa (Mr. Zibele Mhaleni), a psychiatrist from Brazil (Dr. Camila Matsuzaka), and a Post-Doctoral Research Fellow at Columbia University (Dr. Bernadine Waller). Mr. Mhaleni grew up as a cattle herder in a small village in South Africa and has risen to be an exceptional IPC counselor who works with individuals with TB and depression in the context of a large-scale NIH-funded clinical trial. Dr. Matsuzaka is a Brazilian psychiatrist and IPT expert who has conducted IPT/IPC training and supervision in several countries including South Africa, Brazil, Mozambique, and the Democratic Republic of Congo. In all sites, IPC has been highly acceptable and feasible, with a remarkable success rate. Common challenges include community-level barriers such as stigma, poverty, unemployment, and physical access, as well as institutional barriers such as limited space, technological issues, and provider turnover/attrition. Cultural nuances include resistance to Westernized interventions (South Africa) and managing client expectations about a brief time-limited intervention (United States). The session will be chaired by Dr. Marcelo Mello. To enhance relatability, three brief film shorts of 2-10 minutes will be shared prior to each presentation featuring the testimonies of IPC lay counselors and clients who have benefited from IPC.

---

### **Abstract 1**

---

#### **IPC in South Africa: Perspectives from a lay counselor**

Zibele Mhaleni

*Desmond Tutu Health Foundation, East London, South Africa*

Mr. Mhaleni is an IPC lay counselor from South Africa who is currently delivering IPC to individuals with TB and depression in the context of a large-scale NIH-funded clinical trial. He will share his personal experience learning how to deliver IPC via three case studies (grief, disputes, and life changes) to illustrate the unique cultural and contextual aspects related to applying IPC in this context.

## Abstract 2

---

### **Barriers and facilitators to training non-specialists to deliver IPC in Brazil**

Camila Matsuzaka

*Federal University of Sao Paulo, Sao Paulo, Brazil*

Brazil is a middle-income country with remarkable progress towards universal health coverage of its population, but only limited investments for the treatment of common mental disorders within primary care.

Impulso, a Brazilian non-governmental organization that leverages the use of smart data and technology to enhance the public health system, is investing in Interpersonal Counseling (IPC) to improve access to mental healthcare. In September 2023, sixteen providers will be trained to deliver IPC in Brazil (11 nurses, 4 psychologists and 1 nurse technician), followed by weekly clinical supervision. Dr. Matsuzaka will present case examples to illustrate barriers and facilitators to the training, supervision and scale up effort. Methods and material will be compared with parallel ongoing IPC training efforts in the USA and South Africa.

#### *Citations / References*

Matsuzaka CT, Wainberg M, Norcini Pala A, Hoffmann EV, Coimbra BM, Braga RF, Sweetland AC, Mello MF. Task shifting interpersonal counseling for depression: a pragmatic randomized controlled trial in primary care. *BMC Psychiatry*. 2017 Jun 21;17(1):225. doi: 10.1186/s12888-017-1379-y. PMID: 28637449; PMCID: PMC5480168. Sweetland AC, Gruber Mann C, Fernandes MJ, Silva FVSM, Matsuzaka C, Cavalcanti M, Fortes S, Kritski A, Su AY, Ambrosio JC, Kann B, Wainberg ML. Barriers and Facilitators to Integrating Depression Treatment Within a TB Program and Primary Care in Brazil. *Health Promot Pract*. 2023 Jul 21:15248399231183400. doi: 10.1177/15248399231183400. Epub ahead of print. PMID: 37477124.

---

## Abstract 3

---

### **Training and supervising lay providers to deliver IPC in three countries: Brazil, USA, and South Africa**

Bernadine Waller

*Columbia University, Irving Medical Center, New York, USA*

*New York State Psychiatric Institute, USA*

**Objective:** To compare the process of training laypeople to deliver Interpersonal Counseling (IPC) in three countries.

**Methods:** We analyzed supervision notes (US, Brazil, South Africa) and qualitative interviews (USA, Brazil) from three initiatives in which lay counselors were trained to deliver Interpersonal Counseling (IPC) for depression in under-resourced settings. Our data analysis was informed by Jenkins et al.'s guide to multisite comparative analysis (1) and Chaudoir et al.'s multilevel framework for characterizing factors that affect implementation outcomes (2).

**Results:** At all three sites, poverty, mental health stigma, insufficient space, and technological challenges served as prominent implementation barriers. Community violence, physical access barriers, and resource and staffing shortages were more prominent barriers in South Africa and Brazil, while patient no-shows, incongruous expectations based on prior experience with mental health treatment, and integration into existing health systems were challenges specific to the US. Each site faced unique patient-

level cultural factors that could be difficult for counselors to navigate. For example, in South Africa, clients attributed mental illness to witchcraft, and counselors integrated client spirituality into grief-work during IPC. IPC itself was acceptable and feasible for trainees at all sites, but provider attrition and problem area selection were common challenges. Innovations that facilitated IPC implementation, including staff conducting IPC supervision in multiple countries via teleconferencing software and adaptations for standardized assessments, were shared across multiple sites.

**Conclusions:** Similarities between sites included societal and clinic-level access barriers and acceptability/feasibility of IPC, with differences in specific patient-level challenges and healthcare system structures.

*Citations / References*

Sweetland AC, Gruber Mann C, Fernandes MJ, Silva FVSM, Matsuzaka C, Cavalcanti M, Fortes S, Kritski A, Su AY, Ambrosio JC, Kann B, Wainberg ML. Barriers and Facilitators to Integrating Depression Treatment Within a TB Program and Primary Care in Brazil. *Health Promot Pract.* 2023 Jul 21:15248399231183400. doi: 10.1177/15248399231183400. Epub ahead of print. PMID: 37477124.



---

## Symposium 7

---

### **Advances in IPT for Posttraumatic Stress Disorder**

John Markowitz<sup>1</sup>, Marcelo Feijo de Mello<sup>2</sup>, Barbara Milrod<sup>3</sup>, Jack Keefe<sup>3</sup>

<sup>1</sup>*Columbia University/NY State Psychiatric Institute, USA*

<sup>2</sup>*Faculdade Israelita de Ciências da Saúde do Hospital Albert Einstein, Sao Paolo, Brazil*

<sup>3</sup>*Albert Einstein College of Medicine, New York, USA*

Posttraumatic stress disorder (PTSD), an increasingly prevalent and debilitating syndrome, is challenging to treat. Effective options include serotonin reuptake inhibitor pharmacotherapy and psychotherapies. For decades, exposure therapies have dominated PTSD treatment. Exposure is effective but grueling for both patient and therapist, with high refusal and dropout rates. This limited tolerance is unsurprising, as exposure requires patients to relive and face frightening reminders of the past traumas they most fear.

In recent years we have studied affect-focused treatments as alternatives to exposure. These presumably work by helping numbed, emotionally detached patients to tolerate and understand their emotions, by improving reflective functioning and emotional dysregulation, and possibly by repairing dysregulated attachment. Less structured than exposure therapies, they assign no homework and enhance patient autonomy. IPT has led the way and is now included in PTSD treatment guidelines.

This symposium presents cutting edge advances validating the use of IPT for PTSD in varied treatment populations. The symposium begins with an overview by Dr. John Markowitz of affect-focused interpersonal psychotherapy (IPT), followed by research supporting its efficacy for PTSD. Dr. Marcelo Feijo de Mello will present findings from a randomized controlled trial comparing IPT to sertraline as treatment for Brazilian women with PTSD associated with recent sexual assault. This is the first comparison of IPT with pharmacotherapy for PTSD. Drs. Barbara Milrod and Jack Keefe will then present a study of changes in comorbid separation anxiety and reflective functioning in an open trial of IPT for veterans and their family members.

Findings suggest that repairing affect dysregulation and attachment may be a mechanism for IPT. A brief panel discussion interspersed with questions from attendee participants will follow.

---

### **Abstract 1**

---

#### **IPT for PTSD: The Evidence Base**

John Markowitz

*Columbia University Vagelos College of Physicians & Surgeons, USA*

*New York State Psychiatric Institute, USA*

**Background:** Interpersonal psychotherapy (IPT), a time-limited treatment first developed to treat major depressive disorder, has in the past two decades undergone repeated testing for treating posttraumatic stress disorder (PTSD). Unlike most established PTSD treatments, IPT is a non-exposure psychotherapy focusing on affect toleration and the interpersonal consequences of trauma rather than on reconstructing the trauma narrative and exposure to traumatic cues and reminders.

**Methods:** This review assembles and critiques the 12 published clinical studies of IPT targeting PTSD in individual and group formats for 570 civilians (n=7, 5 randomized controlled trials) and 187 military veterans (n=5, 1 randomized controlled trial).

**Results:** The randomized trials demonstrate the efficacy of IPT for PTSD and allow preliminary exploration of mediators and moderators of outcome and differential

therapeutics. IPT outcome has been non-inferior to evidence-based treatments including Prolonged Exposure (n=2) and sertraline (n=1).

Conclusion: Research, while still limited, supports the efficacy of IPT as a non-trauma-focused PTSD treatment comparable to “gold standard” treatment and justifies its inclusion in PTSD treatment guidelines. More research is necessary to determine whether IPT has advantages relative to exposure-focused treatments in patient preference, lower attrition, and superior response for PTSD comorbid with major depression or due to sexual trauma.

#### *Citations / References*

Krupnick JL, Green BL, Stockton P, Miranda J, Krause E, Mete M: Group interpersonal psychotherapy for low-income women with posttraumatic stress disorder. *Psychother Res* 2008;18:497–507  
Markowitz JC, Petkova E, Neria Y, Van Meter P, Zhao Y, Hembree E, Lovell K, Biyanova T, Marshall RD: Is exposure necessary? A randomized clinical trial of interpersonal psychotherapy for PTSD. *Am J Psychiatry* 2015;172:430- 440  
Markowitz JC, Neria Y, Lovell K, Van Meter PE, Petkova E: History of sexual trauma moderates psychotherapy outcome for posttraumatic stress disorder. *Depress Anxiety* 2017;34:692-700.

---

## **Abstract 2**

---

### **Non-exposure based Psychotherapy of Posttraumatic Stress Disorder in Women after Sexual Assault**

Marcelo Feijo de Mello<sup>1</sup>, Cecilia Proença<sup>2</sup>, John Markowitz<sup>3</sup>, Bruno Coimbra<sup>2</sup>, Hugo Cogo<sup>4</sup>, Mariana Maciel<sup>2</sup>, Andrea Mello<sup>2</sup>

<sup>1</sup>*Faculdade Israelita de Ciências da Saúde do Hospital Albert Einstein, Sao Paulo, Brazil*

<sup>2</sup>*UNIFESP, Brazil*

<sup>3</sup>*Columbia University, USA*

<sup>4</sup>*Ostfold University College, Norway*

Sexual Assault is one of the traumatic events with the highest probability of developing PTSD. Sexual assault survivors often do not receive adequate treatment for PTSD. Treatment guidelines recommend exposure-based, trauma-focused psychotherapies as first-line treatment for PTSD. Some patients refuse exposure to the memories and reminders of traumatic events because of anxious avoidance. Recognizing the importance of interpersonal features in developing and recovering from PTSD, interpersonal psychotherapy (IPT) is an alternative, non-exposure approach that addresses and repairs interpersonal mistrust. We conducted a randomized clinical trial comparing IPT-PTSD with sertraline. Seventy-four patients were enrolled; 35 were randomized to sertraline and 39 to IPT. Patients were evaluated at baseline, after four weeks, eight weeks, and at the end of the trial. The CAPS, BDI, BAI, and CGI scores showed a marked reduction over time. Showing that both IPT and Sertraline were effective in treating these patients, and there is no difference between them. Attrition rates were surprisingly and distressingly high in both arms, with significant clinical implications. Our findings support other research indicating that non-exposure-based psychotherapies may benefit patients with PTSD.

#### *Citations / References*

Proença, C.R., et al., Attrition in Interpersonal Psychotherapy Among Women With Post-traumatic Stress Disorder Following Sexual Assault. *Front Psychol*, 2019. 10: p. 2120.  
Proença, C.R., et al., Interpersonal psychotherapy versus sertraline for women with posttraumatic stress disorder following recent sexual assault: a randomized clinical trial. *Eur J Psychotraumatol*, 2022. 13(2): p. 2127474.

---

**Abstract 3**

---

**Separation anxiety in PTSD: A pilot study of mechanisms in patients undergoing IPT**

Barbara Milrod<sup>1</sup>, John Keefe<sup>1</sup>

*Albert Einstein College of Medicine, USA*

**Introduction:** Separation anxiety disorder (SAD) comprises one aspect of attachment dysregulation or insecurity. Although SAD aggravates posttraumatic stress disorder (PTSD) risk, no clinical research has tracked how many patients with PTSD have SAD, its clinical associations, or its response to PTSD treatment. Our open trial of interpersonal psychotherapy (IPT) for veterans with PTSD assessed these SAD domains. **Methods:** Twenty-nine veterans diagnosed with chronic PTSD on the Clinician- Administered PTSD Scale were assessed for SAD using the Structured Clinical Interview for Separation Anxiety Symptoms (SCI-SAS), and for Symptom-Specific Reflective Function (SSRF), another dysregulated-attachment marker capturing patients' emotional understanding of their symptoms. Patients received 14 IPT sessions for PTSD with assessments at baseline, Week 4 (SCI-SAS and SSRF), and termination for SAD, PTSD, and depression. **Results:** At baseline, 69% of patients met SAD criteria. Separation anxiety did not correlate with baseline PTSD severity, depressive severity, or age when traumatized; patients with and without SAD had comparable PTSD and depression severity. Patients with baseline comorbid SAD who completed IPT (N = 17) reported significantly improved adult separation anxiety (p = .009). Adult SAD improvements predicted depressive improvement (p = .049). Patients with SAD showed a stronger relationship between early SSRF gains and subsequent adult SAD improvement (p = .021) compared with patients without SAD. **Discussion:** This first exploration of dysregulated/insecure attachment features among patients with PTSD found high SAD comorbidity and adult SAD improvement among patients with SAD following IPT. Highly impaired attachment patients normalized attachment posttreatment: 14-session IPT improved attachment dysregulation. This small study requires replication but begins to broaden clinical understanding of separation anxiety, attachment dysregulation, and PTSD.

*Citations / References*

1. Milrod B, Keefe JR, Choo TH, Arnon S, Such S, Lowell, A, Neria, Y, Markowitz, JC: Separation Anxiety in PTSD: A Pilot Study of Mechanisms in Patients Undergoing IPT. *Depression & Anxiety* 2020;1–10. <https://doi.org/10.1002/da.23003>
2. Barber JP, Milrod B, Gallop R, Solomonov N, Rudden, MG, McCarthy KS, Chambless DL: Processes of therapeutic change: results from the Cornell-Penn study of psychotherapies for panic disorder. *Journal of Counseling Psychology* 2020, Vol. 67, No. 2, 222–231 ISSN: 0022-0167 <http://dx.doi.org/10.1037/cou0000417>

---

## Symposium 8

---

### **Telepsychotherapy: What Do We Know About Remote Delivery of IPT and Related Evidence-Based Therapies?**

Holly Swartz<sup>1</sup>, Lauren Bylsma<sup>1</sup>, Mirai So<sup>2</sup>, Keith Valone<sup>3</sup>, Morgen Kelly<sup>4</sup>

<sup>1</sup>*University of Pittsburgh School of Medicine, USA*

<sup>2</sup>*Tokyo Dental College Ichikawa General Hospital, Tokyo, Japan*

<sup>3</sup>*Private Practice, Los Angeles, USA*

<sup>4</sup>*VA Hospital VISN 4, Pittsburgh, USA*

Prior to 2020, remote delivery of psychotherapy was practiced only rarely; today, remote delivery of psychotherapy is ubiquitous. Given the rapid and extensive adoption of telepsychotherapy motivated by the COVID-19 disruption, much remains unknown about the efficacy of these approaches and practical challenges related to their implementation. The goal of this symposium is to examine recent evidence supporting the feasibility and acceptability of remote delivery of IPT and related evidence-based psychotherapies. The first presentation (Bylsma et al.) focuses on a randomized trial of brief IPT versus CBT for major depressive disorder (n=77) that switched mid-study from in-person delivery to telehealth sessions because of COVID-19. Investigators found comparable outcomes with the two psychotherapies and the two delivery methods. The second presentation (Soso et al.) describes the results of a randomized study evaluating a hybrid CBT/IPT group therapy for subthreshold depression (n=86) conducted in the Metaverse and utilizing de-identified patient avatars. Investigators found that Metaverse-delivered therapy was superior to the control condition (online reading materials) on measures of depression. The final presentation (Valone) examines an assessment system that can be used to determine high-risk patients' appropriateness for telehealth, including administration of Interpersonal and Social Rhythm Therapy (IPSRT) to patients with bipolar disorder in a private practice setting. Collectively, these studies provide reassuring evidence of feasibility and acceptability for remote delivery of IPT and related evidence-based psychotherapies for mood disorders. Our discussant, Morgen Kelly Ph.D., will explore clinical and research implications of the three presentations and provide recommendations for future studies.

---

### **Abstract 1**

---

#### **Does remote psychotherapy delivery affect acceptability, working alliance, and treatment outcomes?: A pilot RCT of brief IPT and CBT for depression delivered via in-person and telehealth**

Lauren Bylsma<sup>1</sup>, Jay Fournier<sup>2</sup>, Jeffrey Girard<sup>3</sup>, Crystal Spotts<sup>1</sup>, Jeff Cohn<sup>1</sup>, Louis-Phillippe Morency<sup>4</sup>, Holly Swartz<sup>1</sup>

<sup>1</sup>*University of Pittsburgh School of Medicine, USA*

<sup>2</sup>*The Ohio State University, USA*

<sup>3</sup>*The University of Kansas, USA*

<sup>4</sup>*Carnegie Mellon University, USA*

**Objectives:** Interpersonal Psychotherapy (IPT) and Cognitive Behavioral Therapy (CBT) are established first-line psychotherapy treatments for Major Depressive Disorder (MDD) that were historically delivered face-to-face. Although telehealth services following the COVID-19 pandemic have become widespread, there is still very limited systematic research on differential outcomes of IPT or CBT delivered in-person (IP) in comparison to via telehealth (TH). Further, little is also known regarding whether working alliance is affected by delivery format.

**Methods:** Adult participants meeting DSM-5 criteria for current MDD were randomly assigned a brief 8-session version of either IPT or CBT. About halfway through data collection, the COVID-19 pandemic forced a change of therapy delivery from IP to TH. This allowed us to compare group differences in outcomes and working alliance by both therapy modality (group, IPT vs. CBT) and phase (IP vs. TH). Specifically, we examined changes in the Hamilton Rating Scale for Depression (HRSD-17) as our primary outcome measure and Working Alliance Inventory (WAI) scores for individuals by group and phase: CBT-IP (n=24), CBT-TH (n=11), IPT-IP (n=25) and IPT-TH (n=17).

**Results:** HRSD-17 scores declined significantly from pre to post treatment (pre: M=17.7, SD=4.4 vs. post: M=11.7, SD=5.9;  $p<.001$ ;  $d=1.45$ ) without significant group or phase effects. WAI scores did not differ by group or phase. The total number of completed therapy sessions was greater for TH (M=7.8, SD=1.2) relative to IP (M=7.2, SD=1.6) (Mann-Whitney  $U=387.50$ ,  $z=-2.24$ ,  $p=.025$ ).

**Conclusions:** Results suggest that delivery via TH may improve therapy adherence. These findings also provide reassuring, preliminary evidence supporting the efficacy of both brief IPT and CBT, delivered by TH or IP, for depression. Study limitations include that participants were not randomly assigned to a therapy delivery format, and our sample size was modest. Future research would benefit from additional prospective, randomized controlled trials to definitively test efficacy of brief IPT and CBT delivered via TH versus IP.

#### *Citations / References*

1. Giovanetti, A.K., Punt, S.E.W., Nelson, E.L., Ilardi, S.S., 2022. Teletherapy Versus In-Person Psychotherapy for Depression: A Meta-Analysis of Randomized Controlled Trials. *Telemed J E Health* 28, 1077-1089.
2. Guaiana, G., Mastrangelo, J., Hendriks, S., Barbui, C., 2020. A Systematic Review of the Use of Telepsychiatry in Depression. *Community Ment Health J*.
3. Markowitz, J.C., Milrod, B., Heckman, T.G., Bergman, M., Amsalem, D., Zalman, H., Ballas, T., Neria, Y., 2021. Psychotherapy at a Distance. *Am J Psychiatry* 178, 240-246.
4. Swartz, H.A., 2021. Telepsychotherapy: The New Normal. *Am J Psychother* 74, 2-3.
5. Swartz, H.A., Bylsma, L.M., Fournier, J. C., Girard, J. M., Spotts, C., Cohn, J. F., & Morency, L. P. (2023). Randomized trial of brief interpersonal psychotherapy and cognitive behavioral therapy for depression delivered both in-person and by telehealth. *Journal of Affective Disorders*, 333, 543-552.

---

## **Abstract 2**

---

### **Delivering Group Therapy to Patient- Avatars in the Metaverse: A Novel Approach to Treating Sub-Threshold Depression (Randomized Controlled Trial)**

Mirai So

*Department of Psychiatry, Tokyo Dental College Ichikawa General Hospital, Japan*

**Objectives:** 80% of depressive episodes are not severe<sup>1</sup>, and subthreshold depression is estimated to be about 10 times as common as major depressive episodes<sup>2</sup>. However, such mild depression is not typically considered a public health priority, despite risks of developing a more severe depression<sup>3</sup>, causing presentism<sup>4</sup> or impairment of QOL<sup>5</sup>. Although psychological interventions, rather than medication, are recommended for mild depression<sup>6</sup>, they are not widely available. Online psychotherapy became common during the Covid-19 epidemic, but it is not still easily accessible, especially for those with subthreshold depression. To address this unmet need, we developed a group psychoeducation program (PED@Meta) based on both CBT and IPT principles. PED@Meta is a completely virtual intervention that takes place in the Metaverse, with all participants, including the therapist, appearing as de-identified avatars. The first half-hour

of the group consisted of the therapist verbally delivering psychoeducation. The second half-hour consisted of text-based discussion with all group members.

**Methods:** Adult participants (n=86), with the Patient Health Questionnaire-9 scores  $\geq 10$ ; were randomly assigned either to six 60 minute sessions of weekly PED@Meta group or a control group (assignment of general articles about health). The primary outcome was the Beck Depression Inventory (BDI-2). Data analysis was conducted using repeated measures two-way ANOVA at three time points: pre- and post-intervention and 3-month follow-up.

**Results:** Those completing PED@Meta (n=27: 65.9%) and the control group (n=29: 64.4%) were included in the analyses. Improvement in BDI-2 scores was significantly superior (Hedge's  $g=0.54$ ) at 3 months ( $p<0.01$ ) in the PED@Meta group. GAD-7 scores were also significantly superior at 3 months ( $p<0.05$ ).

**Conclusions:** To our knowledge, this is the first report of a psychological intervention conducted in the Metaverse. Participants reported that assuming the identity of an avatar made them think or behave differently (Proteus effect<sup>7</sup>). They also reported feeling activated and energized as if they were in the real world (Virtual behavioral activation). Although very promising, further research is required to definitively evaluate the efficacy of this approach.

#### *Citations / References*

1. Boffin, N., et al., Incidence, patient characteristics and treatment initiated for GP-diagnosed depression in general practice: results of a 1- year nationwide surveillance study. *Fam Pract*, 2012. 29(6): p. 678-87.
2. Cuijpers, P. and F. Smit, Subthreshold depression as a risk indicator for major depressive disorder: a systematic review of prospective studies. *Acta Psychiatr Scand*, 2004. 109(5): p. 325-31.
3. Bertha, E.A. and J. Balázs, Subthreshold depression in adolescence: a systematic review. *European child & adolescent psychiatry*, 2013. 22: p. 589-603.
4. Stewart, W.F., et al., Cost of lost productive work time among US workers with depression. *Jama*, 2003. 289(23): p. 3135-44.
5. Bertha, E.A. and J. Balázs, Subthreshold depression in adolescence: a systematic review. *European Child & Adolescent Psychiatry*, 2013. 22(10): p. 589-603.
6. NICE, Depression in adults: recognition and management. National Institute for Health and Clinical Excellence. 2009.
7. Dill-Shackleford, K., *How Fantasy Becomes Reality: Information and Entertainment Media in Everyday Life*. 2016: Oxford University Press.

---

#### **Abstract 3**

---

#### **Telepsychotherapy for Patients with Bipolar Disorder and Major Depression in a Private Practice Setting**

Keith Valone

*The Arroyos Treatment Centers, Los Angeles, USA*

**Objectives:** This presentation describes an assessment system that may be used to evaluate patients with major depression and bipolar spectrum disorder to determine eligibility to safely participate in telehealthcare This system is based on work by Peter Shore and colleagues at the Portland VA Medical Center and Department of Veterans Affairs in Portland, Oregon as well as evolving advances in standards for the provision of telehealth.

**Methods:** Because not all patients with severe mood disorders are good candidates for teletherapy, we developed a best-practices screening system that can assist in the determination of who is a good candidate for safe and effective delivery of telepsychotherapy. Patients complete online questionnaires that assess factors known to predict the quality of telehealth outcomes and the patient's competency using and access

to secure video platforms, as well as standard psychological screening tests based on their presenting symptoms. Clinicians trained in the assessment of severe mental disorders with at least a master's level of training complete assessment forms that rate risk, symptomatic stability, capacity, motivation, and support. The assessing clinician reviews these as well as standard intake information to make a final determination of whether patients are appropriate for telehealth. Accepted patients are provided a telehealth informed consent document and asked to identify a personal support person in their local community who may be contacted if the treatment team cannot reach them and local support is needed. The patient also completes a telehealth emergency plan that documents local medical, urgent care, hospital care, and paramedic care resources. Psychotherapy may be modified for patients who are accepted into telehealth, including more active engagement of patients during sessions, screen sharing of forms and exercises, using PowerPoint and whiteboard drawings spontaneously for psychoeducation, and sharing homework assignments via chat during sessions.

**Results:** In a U.S.-based private practice, we have successfully provided individual, group, and family therapy for remote patients using this comprehensive assessment and screening system without adverse outcomes.

**Conclusions:** Evidence-based telepsychotherapy, such as IPT and ISPRT, can be effectively and safely administered to high-acuity patients who are carefully screened and determined to be promising candidates for telehealth services.

#### *Citations / References*

Davis, T., Shore, P., & Lu, M. (2016). Peer technical consultant: veteran-centric technical support model for VA home-based telehealth programs. *Federal Practitioner*, 33(3), 31.

Lin, T., Heckman, T. G., & Anderson, T. (2022). The efficacy of synchronous teletherapy versus in-person therapy: A meta-analysis of randomized clinical trials. *Clinical Psychology: Science and Practice*.

McCord, C. E., Tarlow, K. R., & Terrebonne, T. M. (2022). In teletherapy we trust—Now what? Three questions for mental health care stakeholders. SAMHSA. (2021). Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders. In S. A. a. M. H. S. A. National Mental Health and Substance Use Policy Laboratory, Substance Abuse and Mental Health Services (Ed.), [https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/PEP21-06-02-001.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-06-02-001.pdf) (Vol. Publication No. PEP21-06-02-001). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Severe, J., Pfeiffer, P. N., Palm-Cruz, K., Hoeft, T., Sripada, R., Hawrilenko, M., Chen, S., & Fortney, J. (2022). Clinical Predictors of Engagement in Teleintegrated Care and Telereferral Care for Complex Psychiatric Disorders in Primary Care: a Randomized Trial. *Journal of general internal medicine*. <https://doi.org/10.1007/s11606-021-07343-x>

Shore, P., & Lu, M. (2015). Patient safety planning and emergency management. In *Clinical videoconferencing in telehealth* (pp. 167-201), Springer.

---

## Symposium 9

---

### **Leveraging WHO mental health treatment gap action program (mhGAP) and system strengthening models for investment in scalable and integrated mental health treatments in Sub-Saharan Africa (SSA)**

Manasi Kumar<sup>1</sup>, Helena Verdelli<sup>2</sup>, Obadia Yator<sup>3</sup>, Beatrice Madeghe<sup>1</sup>, Shillah Mwavua<sup>4</sup>, Joseph Kathono<sup>4</sup>, Carol Ngunu<sup>4</sup>, Keng Yen Huang<sup>5</sup>

<sup>1</sup>*University of Nairobi, Kenya*

<sup>2</sup>*Columbia University Teachers College, New York, USA*

<sup>3</sup>*Kenyatta National Hospital, Nairobi, Kenya*

<sup>4</sup>*Nairobi County Health Services, Nairobi, Kenya*

<sup>5</sup>*New York University, New York, USA*

The symposium reflects efforts of the Sub-Saharan Africa (SSA) Chapter of IPT that has immersed itself in a series of small scale studies and capacity building efforts focusing on Group IPT testing and its dissemination in SSA. The focus of this symposium is to present preliminary findings of Group IPT delivered in public primary care settings and to present feasibility and sustainment of integrated programming recommended by the WHO mhGAP framework. The framework proposes whole-of-health, whole-of-person and whole-of-society in management of mental disorders that are the emerging epidemic in LMICs especially in geographies of SSA. Our group has been building capacity at grassroots level, engaging policy makers, health planners at subnational, national and international levels infusing cross-cutting strategies from health, child, social protection and education programming.

Work presented here originated from: a recently completed feasibility trial in integrating mental health interventions for pregnant adolescents in primary care in LMIC settings (Fogarty funded); Pilot testing of IPT in adolescent mothers living with HIV; Efficacy of nutritional counseling combined with WHO Thinking Healthy Program; effectiveness of mini IPT in Malawi and Kenya; an ongoing RCT testing effectiveness of Group IPT for postnatal depression in Lebanon and Kenya; and recent initiatives undertaken by the Kenyan Ministry of health to offer maternal and child health services integrated with mental health.

---

### Abstract 1

---

#### **Development of a training of the trainer model within group Interpersonal Psychotherapy (G-IPT)**

Obadia Yator

*Kenyatta National Hospital, Nairobi, Kenya*

**Objective:** We focus on task-shifting model of Group Interpersonal Psychotherapy (G-IPT) and the strategies adopted to align it to Government of Kenya and WHO mhGAP recommendations(1). We target to train lay Community Health Workers (CHWs) on IPT to be competent enough to deliver G-IPT among key populations under the supervision of a Clinical Psychologist.

**Methods:** The CHWs were recruited through purposive sampling at their respective PHC and taken through a five (5) day training on G-IPT and then allowed to observe a group of IPT sessions. Thereafter, another refresher training of five (5) days before being administered IPT knowledge test to assess their levels of competency (2,3). Those who attain a score above 70% are allowed to deliver IPT under supervision and those who fail are given time to observe more sessions before being subjected to a re-test. A few of the trained medical personnel were also invited to attend IPT trainings to help them understand



and own the process within their respective health centers. One (1) clinical psychologist who reports to IPT master supervisor supports the trained CHWs throughout the 8 sessions. The group sessions are being delivered by two (2) CHWs where one is the lead facilitator and the other is a co-facilitator. The lead facilitator guides the IPT session while the co-facilitator supports by overseeing the documentation process, observing behaviors of participants and attending to emerging activities during the session. Those few CHWs who excel as competent IPT therapist overtime of practice are expected to progress to be IPT supervisors and later with enough experience to be considered as IPT Trainers with due adherence to the set criteria in ISIPT certification protocol.

**Results:** Overall, this model of IPT delivery process developed in Kenya highlights our resolve towards health systems strengthening approach that has to be adopted to integrate payment for the lay workforce and ways to build their capacity. Trained CHWs were competent enough to deliver G-IPT with reduction in depressive symptoms and improved social functioning. The government of Kenya appreciated gains accrued from the work of CHWs within PHC including interventions like G-IPT delivered by them and approved their monthly payment.

**Conclusion:** The progress made in utilizing CHWs to deliver G-IPT under continuous supervision is a great milestone towards addressing the “treatment gaps” arising from shortage of mental health personnel.

#### *Citations / References*

1. World Health Organization. mhGAP Intervention Guide Mental Health Gap Action Programme Version 2.0 for mental, neurological and substance use disorders in non-specialized health settings. World Heal Organ. 2016;1–173.

2. Yator O, Kagoya M, Khasakhala L, John-Stewart G, Kumar M. Task-sharing and piloting WHO group interpersonal psychotherapy (IPT-G) for adolescent mothers living with HIV in Nairobi primary health care centers: a process paper. *AIDS Care* [Internet]. 2020 Aug 11;1–6.

Available from:

<https://www.tandfonline.com/doi/full/10.1080/09540121.2020.1801981>

3. Kumar M, Yator O, Nyongesa V, Kagoya M, Mwaniga S, Kathono J, et al. Interpersonal Psychotherapy’s problem areas as an organizing framework to understand depression and sexual and reproductive health needs of Kenyan pregnant and parenting adolescents: a qualitative study. *BMC Pregnancy Childbirth* [Internet]. 2022 Dec 15;22(1):940.

Available from:

<https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-022-05193-x>

---

## **Abstract 2**

---

### **Presenting experience of testing WHO’s Thinking Healthy Program and WHO’s Group IPT with Kenyan mothers living with depression**

Beatrice Madeghe<sup>1</sup>, Manasi Kumar<sup>1</sup>, Wambui Kogi-Makau<sup>1</sup>, Sophia Ngala<sup>1</sup>

<sup>1</sup>*University of Nairobi, Kenya*

**Background:** Perinatal depression is common during pregnancy and after childbirth. Likewise, nutritional deficiencies are commonly seen in the peripartum phases, suggesting associations between the two. This study aimed to examine the efficacy of WHO’s Thinking Healthy Program (THP) and an evidence-informed dietary intervention for depression care among pregnant women in the urban low-income settlement in Nairobi, Kenya.

**Methods:** This two-arm longitudinal cohort study recruited a hundred pregnant women with depressive symptoms. A cross-sectional design - mixed method used to collect baseline exposure data to understand the situational context. The treatment arm received WHO’s THP combined with dietary intervention; the comparison arm received dietary intervention

alone. Both arms received 12 group intervention sessions and were followed up for six months. The primary outcome was depression remission; secondary outcomes were improved nutritional status of mothers and newborns.

**Findings:** Poverty/Low Income/ Food Insecurity, lack of social support, Marital disharmony - domestic violence, and all of its forms were the major contributors to perinatal depression. Food insecurity Poor nutrition status was associated with Perinatal depression. There was statistically significant depression remission in the treatment arm as well as in the comparison arm. The follow-up time with intervention and dietary education, addressing food security, was statistically significantly associated with depression remission.

**IPT:** Another study combined nutritional counseling with group IPT. The problem areas women present as contributing factors to depression include Financial limitations due to unemployment and Food insecurity. Generally, families experiencing poverty experience a lot of conflicts. As the intervention rolled, we witnessed depression scores dropping as women practiced good hygiene, improved child/mother attachment, and practiced good nutrition for themselves and their children.

**Conclusion:** These findings inform that simple interventions involving talking therapy or group support for perinatal women can be helpful to ease their life pressure and help them function better. Interventions such as IPT or CBT combined with Nutritional counseling yield better results and can improve multiple maternal and neonatal health.

#### *Citations / References*

Madeghe BA, Kimani VN, Vander Stoep A, Nicodimos S, Kumar M. Postpartum depression and infant feeding practices in a low income urban settlement in Nairobi-Kenya. *BMC Res Notes*. 2016 Dec 8;9(1):506. doi: 10.1186/s13104-016-2307-9. PMID: 27931248; PMCID: PMC5146885. Madeghe BA, Kogi-Makau W, Ngala S, Kumar M. Risk factors and experiences of prepartum depression in urban- low-income settlement Nairobi Kenya: a mixed-method study. *F1000Res*. 2021 Jun 10;9:1495. doi: 10.12688/f1000research.27434.3. PMCID: PMC8207804.

---

### **Abstract 3**

---

#### **What potential do health programmers and policy makers see in integrated programing targeting depression and other common mental disorders in Kenya?**

Carol Ngunu

*Nairobi County Health Services, Nairobi, Kenya*

Post-natal depression (PND) is a serious and disabling mental health condition. It is the most common mental health issue affecting women of childbearing age.

Around 20%-25% of women in low- and middle-income countries (LMICs) including Kenya, experience depression during the perinatal period. This can be very distressing and affects not only the mother, but also her child. Women with depression often struggle to respond to their children's needs. Hence affect children's development negatively.

Currently timely screening and treatment for these maternal mental health disorders is rarely available in many LMICs including Kenya.

Human Resources for Health are inadequate in most primary health care facilities in Kenya with associated high work load and increased burn out among the lean teams of health care workers (HCWs) at these facilities.

Lessons learnt from the SUMMIT study (A study on gIPT for women with postnatal depression), highlights the importance of training and using the community health promoters (CHPs) to support these lean teams of health care workers in primary care facilities to screen for depression and other mental health illnesses using standardized screening tools.

This has led to timely identification and referral for further screening and treatment of those

found to screen positive for these mental health conditions, which will lead to improved patient outcomes.

Patient follow ups using the community strategy through the CHPs has been a sustainable way of supporting the patients and reducing drop out from treatment.

This will inform a task shifting approach to empower CHPs to support HCWs for better mental health services at the primary care level.

#### *Citations / References*

Hahn-Holbrook, J., Cornwell-Hinrichs, T., & Anaya, I. (2018). Economic and Health Predictors of National Postpartum Depression Prevalence: A Systematic Review, Meta-analysis, and Meta-Regression of 291 Studies from 56 Countries. *Frontiers in psychiatry*, 8, 248. doi:10.3389/fpsy.2017.00248

Mugisha, J., Abdulmalik, J., Hanlon, C., Petersen, I., Lund, C., Upadhaya, N., ... Kigozi, F. (2017). Health systems context(s) for integrating mental health into primary health care in six Emerald countries: a situation analysis. *International journal of mental health systems*, 11, 7. doi:10.1186/s13033-016-0114-2.

---

#### **Abstract 4**

---

#### **Case presentation: Complex trauma**

Shillah Mwavua<sup>1</sup>, Manasi Kumar<sup>1</sup>

<sup>1</sup>*University of Nairobi, Kenya*

Therapy IPT -G

AGE; 18 Female, single with 3 month baby

Parents divorced, raised by single struggling mum, who passed on when she was 9 years, separated from her 3 siblings, raised in different relative homes, rebellious, suspended from school twice, no role model. Cannot sustain relationships does not trust people. Believes all her family members' are crazy, sister burned her children in the house.

Inventory summary

Client lost mother, conflicts with elder sister treats her like her child, baby daddy who refused to accept her pregnancy, no support during and after delivery, never visited baby. She was working before she unexpectedly got into a relationship in which she was seeking love affirmation and belonging which was elusive therefore wanted out of her relationship to try and make the guy jealousy but ended up losing everything.

She had to stop working as her contract ended and prepare for motherhood which was a sudden change in her life. She lost all her friends, who despised and bad mouthed her in the estate, this forced her to stay indoors all the time and eventually move in to stay with the elder sister after delivery.

Has minimal support just from the sister, her 3 month daughter is the most important person in her life, sees her as her strength but at times worries a lot she might turn out to be a bad mother for her.

She wishes she could change her situation, have peace with the baby daddy for her daughter to gain a father and also mend her bad ways.

Problem areas

- Interpersonal conflicts with family members
- Role transition
- Loss and grief

Through the 8 session the girl assumed the role of a facilitator rather than a client, She questioned why she was placed in the group as she did not have a problem. In session 4 we changed the group engagement by using non directive exploration, encouragement of affect, clarification of beliefs and communication analysis to draw her out which did work.

She opened up about her childhood trauma, the defensive mechanisms she has been using, and her fears and admitted to feeling like a failure. She recognized the strength the women exhibited and agreed she needed help.

Results

Pre group 18, session 1-15 session 2-3 session 3-3 session 4-0, session 5- 6, session 6-6 session 7-9 session 8-0

Conclusion

Facilitators need to be cautious of clients who may have past untreated trauma when conducting IPT-G as they can be easily missed out during the sessions.

*Citations / References*

Bleiberg, K. L., & Markowitz, J. C. (2019). Interpersonal Psychotherapy for PTSD: Treating Trauma without Exposure. *Journal of psychotherapy integration*, 29(1), 15–22. <https://doi.org/10.1037/int0000113> Duberstein, P. R., Ward, E. A., Chaudron, L. H., He, H., Toth, S. L., Wang, W., Van Orden, K. A., Gamble, S. A., & Talbot, N. L. (2018). Effectiveness of interpersonal psychotherapy-trauma for depressed women with childhood abuse histories. *Journal of consulting and clinical psychology*, 86(10), 868–878. <https://doi.org/10.1037/ccp0000335>

---

## Symposium 10

---

### **Innovative approaches to IPT-A informed prevention with adolescents**

Roslyn Law<sup>1</sup>, Klaus Ranta<sup>2</sup>, Emily Taylor<sup>3</sup>, Alexander Lloyd<sup>4</sup>

<sup>1</sup>*Anna Freud Centre, London, United Kingdom*

<sup>2</sup>*University of Tamere, Tampere, Finland*

<sup>3</sup>*University of Edinburgh, Edinburgh, United Kingdom*

<sup>4</sup>*UCL, London, United Kingdom*

Adolescence is a period of heightened vulnerability for developing mental health problems, with rates increasing in the last decade. Preventing mental health problems before they become entrenched in adolescence is an important research and clinical target. The benefits of IPT informed approaches to promoting better mental health and limiting the progression of existing risk indicators have been demonstrated through individual, diagnosis specific interventions such as IPC-A (Wilkinson et al, 2018) and schools-based group interventions, such as IPT-A (Young et al., 2006; 2010; 2012; 2016; 2019).

This symposium will present details of three current studies examining the impact of IPT-A informed prevention interventions when used in innovative ways with adolescents.

Klaus Ranta will present on a national implementation programme to bring IPC-A into Finnish secondary schools for the first time (Linnaranta et al, 2022). Qualitative and quantitative data on key dissemination/implementation variables, i.e., process, organisational, professional, and training factors will be presented.

Roslyn Law and Alex Lloyd will present on a cluster randomised study of a novel, hybrid and transdiagnostic preventative group. Building resilience through Socioemotional Training (ReSET) combines individual app based cognitive-emotional training techniques and group-based social and communication skills training. Intervention development and feasibility data will be presented on this active study.

Emily Taylor will describe the development of a novel and manualised group based IPT intervention for Chilean adolescents affected by interpersonal violence, compared with Trauma focused CBT and art therapy in a randomized control trial. Phase-based approaches are recommended for people with complex PTSD, recognizing the common need to achieve stability and safety before commencing exposure-based therapy for PTSD. Psychopathology scores improved across all conditions with those in the IPT condition showing unique benefits.

---

## Symposium 11

---

### **Interpersonal Counselling for Adolescents with Low Mood (ICALM) – Quantitative and Qualitative Results from a Feasibility Randomised Controlled Trial in the UK**

Laura Mufson<sup>1</sup>, Paul Wilkinson<sup>2</sup>, Viktoria Cestaro<sup>3</sup>, Thando Katangwe-Chigamba<sup>4</sup>, Carys Seeley<sup>5</sup>

<sup>1</sup>*Columbia University, NY, USA*

<sup>2</sup>*University of Cambridge, Cambridge, United Kingdom*

<sup>3</sup>*Cambridgeshire and Peterborough NHS Foundation Trust, Cambridge, United Kingdom*

<sup>4</sup>*University of East Anglia, Norwich, United Kingdom*

Our previous single-arm trial demonstrated that interpersonal counselling delivered by youth workers led to significant reductions in depressive symptoms in adolescents with low mood; and had high therapist and client acceptability. We therefore conducted a feasibility randomised controlled trial to test if it would be feasible to conduct an RCT of IPC-A in this setting, and to inform design of such a trial. This symposium will explain the development of IPC-A, background to the trial and quantitative results. It will then present the qualitative process evaluation, to try to explain trial results and guide other groups considering a similar study.

16 adolescents (out of a target of 60) were recruited for the trial, despite great efforts to engage local services, recruit new sites and multiple therapist training courses. While the Covid pandemic coinciding with the start of the trial contributed to recruitment difficulties, we identified multiple other factors which future researchers should consider.

We shall present findings from the embedded ethnographic process evaluation of the ICALM feasibility trial, which will provide insight into contextual barriers of conducting RCTs in non-specialist mental health and community services including: 1) enormous demand and lack of capacity; 2) variation of service models and specifications; and 3) a lack of oversight of service co-ordination. The findings have important recommendations for researchers planning to conduct future evaluations in this setting.

We shall present findings from the process evaluation of implementation and theoretical fidelity of delivered IPC-A interventions: these were assessed and key mechanisms of IPC-A intervention delivery explored. Observations of IPC-A sessions highlighted how interactional styles between dyads of IPC-A therapists and young people emerge and change. Insight is provided into how contextual features and tools of IPC-A can be used to encourage active participation from young people. Recommendations for wider implementation of IPC-A are considered.

---

## Symposium 12

---

### **Novel Approaches to Measuring Social Relationship Function and their Potential Utility in Prospective IPT Trials**

Jill Cyranowski<sup>1</sup>, Laura Dietz<sup>1</sup>, Srishti Sardana<sup>2</sup>, Holly Swartz<sup>3</sup>

<sup>1</sup>*University of Pittsburgh, Pittsburgh, USA*

<sup>2</sup>*Johns Hopkins University, Baltimore, USA*

<sup>3</sup>*University of Pittsburgh Medical Center, Pittsburgh, USA*

Mechanisms purported to drive mood changes observed with IPT include reductions in interpersonal conflict and improvements in social connection or support. While the precise nature of interpersonal issues may vary across cultures and change over the life course, these global targets remain – yet are often overlooked in psychotherapy trials. The relative dearth of pragmatic measures to prospectively track social relationship function across the developmental spectrum particularly hampers mechanistic studies of IPT. This symposium will present novel approaches to measuring social relationship function that could be integrated into IPT process trials. The first talk will review development of the NIH Toolbox Social Relationship Scales, which include brief (5-8 item) self-report measures of emotional and instrumental support, friendship, loneliness, and perceptions of interpersonal rejection and hostility. Psychometric data from an internet panel of US adults (N=692) will be reviewed, as will pilot data comparing changes in these scales over a 12-week period in samples of never-depressed and anxious-depressed adults. The second talk will review corresponding NIH Toolbox Pediatric Social Relationship scales, developed in parallel with the adult scales using a US internet panel sample (N=1038) of youth including middle childhood (ages 8-11) and adolescent (ages 12-18) cohorts. Finally, the third talk will present an innovative approach to using real-time longitudinal (pre- and post-IPT treatment) social network methods to examine changes in the interpersonal dynamics of conflict, cohesion and connection among a pilot sample (N=9; 54 network variables) of Lebanese citizens and Syrian refugees treated for depression and post-traumatic stress in Lebanon. Finally, the discussant will review opportunities and challenges related to integrating novel prospective assessments of social function within future IPT treatment trials.

---

### **Abstract 1**

---

#### **Utilizing the NIH Toolbox Adult Social Relationship Scales to Evaluate Change in Social Relationship Function with IPT Treatment**

Jill Cyranowski

*University of Pittsburgh, Pittsburgh, USA*

Key mechanisms purported to drive mood changes with IPT include reductions in interpersonal distress and improvements in social support (Lipsitz & Markowitz, 2016). Yet IPT process research has been hampered by a dearth of brief self-report scales that can capture positive and negative aspects of social relationship function over time. This talk will review the development of the US National Institute of Health (NIH) Toolbox Social Relationship scales. Utilizing traditional and item response theory psychometric approaches, short (5-8 item), unidimensional self-report scales were developed to measure: Emotional Support, Instrumental Support, Friendship, Loneliness, Perceived Rejection and Perceived Hostility. This talk will review psychometrics of the NIH Toolbox Social Relationship (SR) scales as evaluated in a community panel of US adults (N=692; Cyranowski et al, 2013). Next, pilot data comparing Toolbox SR scale scores between never-depressed (N=34) and depressed (N=28) adults will be presented, showing expected

contrast group differences with the largest differences observed for Loneliness ( $\eta^2=.35$ ), moderate differences for Perceived Rejection, Emotional Support and Friendship ( $\eta^2=.26$ ,  $.25$ ,  $.23$ ) and significant yet smaller differences for Instrumental Support and Perceived Hostility ( $\eta^2=.13$ ,  $.12$ ). Among subjects with available prospective data ( $N$ 's=34 controls, 15 depressed), mixed linear models indicated Group x Time interaction effects for Loneliness, Friendship and Emotional Support, such that depressed adults displayed improvements in these aspects of social function over a 12-week course of acute IPT or BSP treatment, whereas never-depressed controls displayed stable (and more positive) social function in these areas over time. Ongoing challenges associated with evaluating social mechanisms of change in prospective IPT trials will be discussed.

#### *Citations / References*

Cyranowski, J. M., Zill, N., Bode, R., Butt, Z., Kelly, M. A. R., Pilkonis, P. A., Salsman, J. M. & Cella, D. (2013). Assessing Social Support, Companionship, and Distress: NIH Toolbox Social Relationship Scales. *Health Psychology*, 32, 293-301. Lipsitz, J. D. & Markowitz, J. C. (2016). Interpersonal Theory. In J.C. Norcross, G.R. VandenBos & D.K. Gredheim (Eds.), *APA Handbook of Clinical Psychology: Vol 2. Theory and Research* (pp. 183-212). American Psychological Association.

---

## **Abstract 2**

---

### **Measuring Aspects of Social Relationship Function in Preadolescents and Adolescents: An Introduction to the NIH Toolbox Pediatric Social Relationship Scales**

Laura Dietz

*University of Pittsburgh, Pittsburgh, USA*

Social relationships are important aspects of children's socioemotional development, and their quality is closely linked with present and future emotional wellbeing. However, brief self-report measures of social relationship quality that translate across middle childhood and adolescence are lacking, limiting the ability to assess the impact of social relationships on mental health outcomes over time. The National Institutes of Health (NIH) Toolbox Pediatric Social Relationship Scales were developed and tested to address this issue and provide valid measures for indexing different aspects of children's social relationships across developmental periods. This presentation will describe the item selection strategies and methods used to identify five unique scales of social relationships (Emotional Support, Friendship, Loneliness, Perceived Rejection and Perceived Hostility) in a community sample of 1038 youth across preadolescent (ages 8-11) and adolescent (ages 12-18) periods of development. In addition to presenting support for internal and concurrent validity for these scales, we will outline how the NIH Toolbox Pediatric Social Relationship Scales may provide an opportunity for prospective assessment of social relationships across developmental periods and may be important tools for quantifying treatment mediators in courses of Interpersonal Psychotherapy (IPT) used with preadolescents and adolescents.

#### *Citations / References*

Salsman JM, Butt Z, Pilkonis PA, Cyranowski JM, Zill N, Hendrie HC, Kupst MJ, Kelly MA, Bode RK, Choi SW, Lai JS, Griffith JW, Stoney CM, Brouwers P, Knox SS, Cella D. Emotion assessment using the NIH Toolbox. *Neurology*. 2013 Mar 12;80(11 Suppl 3):S76-86. doi: 10.1212/WNL.0b013e3182872e11. PMID: 23479549; PMCID: PMC3662334 Dietz LJ, Cyranowski JM, Fladeboe KM, Kelly MAR, Pilkonis PA, Butt Z, Salsman JM, Cella D. Assessing Aspects of Social Relationships in Youth Across Middle Childhood and Adolescence: The NIH Toolbox Pediatric Social Relationship Scales. *J Pediatr Psychol*. 2022 Sep 15;47(9):991-1002. doi: 10.1093/jpepsy/jsac037. PMID: 35543247; PMCID: PMC9801708.



### Abstract 3

---

#### **Coping with Depression: A Dynamic Networks Approach to the Study of Social Network Constellation, Cohesion and Conflict in a Humanitarian Setting**

Srishti Sardana

*Johns Hopkins University, Baltimore, USA*

**Objectives.** Humanity is now witnessing one of the highest rates of displacement since the beginning of its history, with an unprecedented 79.5 million people around the world being forced to leave their homes; among whom are 26 million refugees. Since 2011, the protracted Syrian war has threatened the stability and well-being of all persons affected by the war. In these complex emergencies, regular access to resources, pathways to building social ties, and utilization of existing service networks (such as education, healthcare, and protection) are disrupted.

**Method.** Nine Syrian refugees and Lebanese host currently living in Lebanon screened positive for clinical depression and receiving interpersonal psychotherapy (IPT) by Lebanese providers were recruited for the study (Verdeli & Clougherty, 2018). A novel social network assessment tool using a dynamic network framework was designed and preliminarily tested to explore social support and conflict in the sample during IPT. Changes in social support and conflict resolution were assessed pre-and post-IPT in the depressed selection.

**Results.** To our knowledge, this is the first-of-its-kind study to adopt a dynamic, multiplex, open-system approach to identifying, classifying, and exploring temporal changes in the social network roles in both refugees and host population(s) with specific goal orientation (Sardana, S., 2022). This is also the first to study these in the context of individuals with a mental health problem receiving IPT for depression treatment.

**Conclusion.** Amidst war, economic downturn, COVID-19 pandemic, and recent bomb blasts, communities have been fragmented and their social ties, severed in Lebanon. Increasing rates of common mental disorders have worsened peoples' capabilities for survival. This novel dynamic network approach to the study of social support and conflict resolution brings into focus pathways and social roles among depressed individuals crucial for social support, with implications for policymakers and mental health practitioners..

#### *Citations / References*

Sardana, S (2022). Coping with Depression: A Dynamic Networks Approach to the Study of Social Network Constellation, Cohesion and Conflict. Columbia University. Verdeli, H., & Clougherty, K. F. (2018). Interpersonal Psychotherapy (IPT) for persons affected by the Syrian crisis in Lebanon. An adaptation derived from The clinician's quick guide to interpersonal psychotherapy by MM Weissman, JC Markowitz, & GL Klerman (2007).

---

## Symposium 13

---

### Exploring mechanisms and the role of context in IPT-A

Fiona Duffy<sup>1</sup>, Kelly Rose-Clarke<sup>2</sup>, Cemile Ceren Sonmez<sup>2</sup>, Katie Atmore<sup>2</sup>

<sup>1</sup>*University of Edinburgh, United Kingdom*

<sup>2</sup>*King's College London, London, United Kingdom*

**Background:** Interpersonal psychotherapy for adolescents (IPT-A) has been used to treat adolescents with depression across multiple cultures and settings, but reported effect sizes are mixed. Moreover, research suggests that in some settings the benefits of IPT-A may be gender specific and historical and cultural factors may influence IPT-A's acceptability and efficacy. In order to replicate and optimise the benefits of IPT-A across contexts we need to know how IPT-A works, for whom, under what circumstances, and over what timeframe. These questions remain unanswered in high- and low-income countries.

**Aim:** In this symposium we will present empirical and conceptual papers that seek to explore key mechanisms of IPT. We aim to stimulate discussion (and ultimately research) about how local contextual factors interact with IPT mechanism of change.

**Content:** The first paper, presented by Dr Cemile Ceren Sonmez, is a systematic review of global literature on mediators and moderators of treatment outcomes for adolescent depression. Paper 2, presented by Katie Atmore, applies a realist evaluation framework to analyse qualitative data from an IPT-A feasibility study in Nepal. The research explored how local Nepali cultures and customs influenced the delivery of IPT-A in this setting. Dr Kelly Rose-Clarke will present Paper 3 – a transcultural theory of change of IPT-A, developed through seven international workshops with IPT-A practitioners working in 11 countries including Bangladesh, China, Kenya, Lebanon and Uganda. Dr Fiona Duffy will conclude with Paper 4 – the launch of a delphi study exploring clinicians' perspectives on the most effective elements of IPT-A.

**Conclusion:** Through a global lens, this symposium will synthesise existing knowledge on IPT-A's mechanisms and how context influences these. The symposium is a unique opportunity to discuss future research priorities in this field and the methods we need to address them.

---

### Abstract 1

---

### A systematic review of global literature on mediators and moderators of treatment outcomes for adolescent depression

Cemile Ceren Sonmez<sup>1</sup>, Fiona Duffy<sup>2</sup>, Helen Sharpe<sup>2</sup>, Kelly Rose-Clarke<sup>1</sup>

<sup>1</sup>*King's College London, London, United Kingdom*

<sup>2</sup>*University of Edinburgh, United Kingdom*

**Background:** Interpersonal Psychotherapy (IPT) has been found to be effective for depression among adolescents. Yet, a systematic and comprehensive review on variables associated with IPT effectiveness among adolescents is missing.

**Aim:** We investigated how and for whom IPT for adolescents (aged 12- 20) works. Specifically, what are the mechanisms through which IPT might be working for adolescents (i.e., mediators), which variables are linked with better outcomes in general (i.e., predictors), and for which groups of adolescents does IPT work better (i.e., moderators)?

**Methods:** Studies were identified through a systematic search of bibliographical databases and study references. Randomized controlled trials (RCTs) investigating the efficacy of IPT for adolescents with depression were included if they were testing the association of a predictor, moderator or mediator with a depression outcome. Variables were extracted and

coded with regards to their statistical significance and a narrative synthesis of the findings was conducted.

**Findings:** We identified 24 empirical papers from 11 RCTs. Majority of the trials (n=9) were conducted in the USA. Studies tested the effectiveness of IPT Adolescent Skills Training, individual IPT, and group IPT. Only one study out of three revealed gender effects where IPT-G worked better for girls but not for boys. Out of three studies examining age as a moderator, only one study found older (15-18) but not younger (12-14) adolescents significantly benefiting from IPT. Baseline depression severity predicted better outcomes in three out of four studies. History of trauma was linked with worse outcomes only in the intervention arm and only when IPT was delivered in group format. On the contrary, in one RCT testing individually delivered IPT, the intervention only worked for those with maltreatment. Findings were controversial on the moderating effects of gender and baseline levels of interpersonal conflict. In terms of mediation, two studies examined family, peer, and romantic functioning and both reported significant effect of at least one type of functioning.

**Conclusions:** Age, gender, baseline depression severity, trauma history and interpersonal conflict were the most frequently studied moderators. Yet, findings were not conclusive due to conflicting evidence and increased methodological heterogeneity across studies. More research is needed to replicate the findings around the mediating role of interpersonal functioning.

#### *Citations / References*

Courtney, D. B., Watson, P., Krause, K. R., Chan, B. W., Bennett, K., Gunlicks-Stoessel, M., ... & Szatmari, P. (2022). Predictors, moderators, and mediators associated with treatment outcome in randomized clinical trials among adolescents with depression: A scoping review. *JAMA Network Open*, 5(2), e2146331-e2146331. Duffy, F., Sharpe, H., & Schwannauer, M. (2019). The effectiveness of interpersonal psychotherapy for adolescents with depression—a systematic review and meta-analysis. *Child and adolescent mental health*, 24(4), 307-317.

---

## **Abstract 2**

---

### **Exploring context, mechanisms and outcomes of interpersonal therapy for adolescents with depression in Nepal: secondary analysis of qualitative data using a realist evaluation approach**

Katie Atmore<sup>1</sup>, Nagendra Prasad Luitel<sup>2</sup>, Indira Pradhan<sup>2</sup>, Pragya Shrestha<sup>2</sup>, Helena Verdelli<sup>3</sup>, Chris Bonell<sup>4</sup>, Kelly Rose-Clarke<sup>1</sup>

<sup>1</sup>*King's College London, United Kingdom*

<sup>2</sup>*Transcultural Psychosocial Organization Nepal, Nepal*

<sup>3</sup>*Columbia University, USA*

<sup>4</sup>*London School of Hygiene & Tropical Medicine, United Kingdom*

**Background:** Interpersonal psychotherapy (IPT) can be used to treat adolescents with depression in diverse settings. To optimise IPT's effects and inform adaptations across diverse settings, more research is needed to understand how it works, and where and for whom it works best.

Realist evaluation (RE) seeks to formulate and test theory in the form of context-mechanism-outcome configurations (CMOCs) which are statements about how outcomes result from mechanisms which are triggered in certain contexts. We aimed to explore how group IPT works to address depression among adolescents in Nepal using an RE approach to analyse qualitative data from a feasibility study and to generate CMOCs.

**Methods:** We analysed transcripts from 26 interviews with 16 adolescents who had received group IPT, six IPT therapists, two IPT supervisors and two IPT master trainers. We deductively coded data using a framework informed by the 'VICTORE' checklist which is used in RE to explore volitions (participant choices), implementation (resources needed), context, time (temporality), outcomes, rivalries (conflicting programmes) and emergence (longer term and negative effects).

**Findings:** Data suggest that building trust and a group alliance, normalising experiences of distress, sharing problems and problem-solving were mechanisms through which IPT might address adolescent depression. Data informed three CMOCs. First, when facilitators are well-trained and have good awareness of their role in IPT, they are able to create a space that is fun, governed by mutual respect and principles agreed by participants. This means participants feel safe and comfortable to participate in the IPT sessions. Second, when participants feel safe and comfortable in the IPT sessions, they begin to engage in mutual sharing of their problems. This leads to normalisation of problems, building of support networks and exchange and practising of solutions. Third, when participants are taught specific and relevant techniques and strategies to address their problems, they can use these to self-regulate their emotions. This leads to the retention of the skills after the IPT sessions are finished.

**Conclusion:** We identified potential mechanisms of group IPT acting at the individual and group level, and generated CMOCs related to participants feeling safe, comfortable and able to trust each other.

Future research should test these CMOCs and explore the relevance of our findings for other settings and psychotherapies.

#### *Citations / References*

Rose-Clarke K, Hassan E, et al (2021) A cross-cultural interpersonal model of adolescent depression: a qualitative study in rural Nepal. *Social Science and Medicine*, 270, 113623.  
Rose-Clarke K, et al. (2022) School-based group interpersonal therapy for adolescents with depression in rural Nepal: A mixed methods study exploring feasibility, acceptability, and cost. *Global Mental Health* 9, 416-428.  
Pawson R. A complexity checklist. *The Science of Evaluation: A Realist Manifesto*. London: Sage; 2013.

---

### **Abstract 3**

---

#### **Building a transcultural theory of change for group interpersonal psychotherapy for adolescent depression**

Katie Atmore<sup>1</sup>, Roslyn Law<sup>2</sup>, Alice Akidi<sup>3</sup>, A.N.M Mahmudul Alam<sup>4</sup>, Fiona Duffy<sup>5</sup>, Manli Huang<sup>6</sup>, Leslie Miller<sup>7</sup>, Lincoln Ndogoni<sup>8</sup>, Indira Pradhan<sup>9</sup>, Niloofar Rafiei Alhosaini<sup>10</sup>, Hasan Rezaei-Jamalouei<sup>10</sup>, Pragya Shrestha<sup>9</sup>, Cemile Ceren Sonmez<sup>1</sup>, Helena Verdelli<sup>11</sup>, Xiao-Yi Zhou<sup>6</sup>, Salaheddine Ziadeh<sup>11,12</sup>, Kelly Rose-Clarke<sup>1</sup>

<sup>1</sup>King's College London, United Kingdom

<sup>2</sup>Anna Freud National Centre for Children and Families, United Kingdom

<sup>3</sup>Food for the Hungry, Uganda

<sup>4</sup>UNHCR, Bangladesh

<sup>5</sup>University of Edinburgh, United Kingdom

<sup>6</sup>Zhejiang University School of Medicine, China

<sup>7</sup>Johns Hopkins University, USA

<sup>8</sup>Openspace, Uganda

<sup>9</sup>Transcultural Psychosocial Organization Nepal, Nepal

<sup>10</sup>Islamic Azad University, Islamic Republic of Iran

<sup>11</sup>Columbia University, USA

<sup>12</sup>Université Libanaise, Lebanon

**Background:** Research has found that interpersonal psychotherapy (IPT) improves depression in adolescents but offers less in elucidating how it works, in which subgroups and settings it works best, and its complex social and developmental effects. Moreover, research has largely focused on adolescents in high-income countries despite the relevance of IPT to low- and middle-income settings.

**Aim:** To guide research in this area, we sought to build a theory of change for group IPT for depressed adolescents based on consultation with IPT practitioners from around the globe.

**Methods:** Between January and April 2023, 25 practitioners working across 11 countries (two high-income countries, seven middle-income countries and one low-income country) participated in one of seven online workshops. In each workshop we asked practitioners questions on three themes: context (How does the environment affect how IPT works? What resources do adolescents have to have to benefit from IPT?), mechanisms (What are the key mechanisms and what do adolescents and therapists need to do to activate these mechanisms?) and outcomes (What are the outcomes of IPT at the individual, group, family, and community level? What are the negative effects of IPT?). Based on data from the workshops we iteratively built a theory of change and shared this with practitioners for feedback.

**Findings:** The final theory of change included roles for therapists (delivering therapy and managing groups), school staff and caregivers (supporting adolescents), and adolescents (attending and participating in group sessions). Key mechanisms related to conflict reduction, development of agency, situation reappraisal, building social support, emotion regulation and social modelling. These mechanisms led to intermediate impacts including relationship initiation and/or improvement, perception of hope, and agency, with longer term benefits for social networks, functioning and mental health. Context influenced the way in which adolescents perceived and engaged with IPT, for example practitioners described how attendance and participation may be higher within schools compared to informal community settings.

**Conclusions:** Practitioners reflections suggest group IPT for adolescents with depression has common mechanisms and outcomes which can be influenced and triggered by contextual factors. Research is needed to test the theory of change to help inform future adaptations and implementation.

#### *Citations / References*

Lipsitz JD, Markowitz JC. Mechanisms of change in interpersonal therapy (IPT). *Clin Psychol Rev.* 2013 Dec;33(8):1134-47. De Silva, M.J., Breuer, E., Lee, L. et al. Theory of Change: a theory-driven approach to enhance the Medical Research Council's framework for complex interventions. *Trials* 15, 267 (2014).

---

#### **Abstract 4**

---

#### **An expert consensus on the most effective components of Interpersonal Psychotherapy for Adolescents with Depression: A Delphi Study**

Fiona Duffy<sup>1,2</sup>, Helen Sharpe<sup>1</sup>, Gemma Brown<sup>1,2</sup>, Kelly Rose-Clarke<sup>3</sup>

<sup>1</sup>University of Edinburgh, United Kingdom

<sup>2</sup>NHS Lothian CAMHS, United Kingdom

<sup>3</sup>King's College London, United Kingdom

Depression is ranked by the World Health Organisation as the single largest contributor to global disability with over 300 million people affected (WHO, 2017). Interpersonal Psychotherapy for Adolescents (IPT-A) is an effective intervention for adolescent depression, has been shown to be consistently superior to less structured interventions,

and performs similarly to CBT (Duffy, et al., 2019). However, little is known about how and why IPT-A works, including the role of shared generic and specific therapeutic techniques. It is likely that some components of IPT-A are more effective than others, and our lack of understanding may be preventing refinement and optimisation of the delivery of IPT-A. Expert consensus is one approach to identifying promising targets for core components and associated mechanisms of change.

This presentation will provide an introduction, rationale, and opportunity for the initial shaping of a Delphi study designed to obtain expert consensus on the most effective components of IPT-A. The Delphi method will consist of a series of surveys across three stages as per guidelines by Langlands and colleagues (2008) to support reaching a shared consensus. The ISIPT conference will provide a unique and interactive opportunity to review and refine the list of components identified as being pertinent to IPT for adolescents. The audience will be presented with a list of components drawn from the Mufson (2011) IPT-A manual, the Department of Health competency framework guidance of Lemma, Roth and Pilling (2008) and the IPT-UK competency rating scale for IPT-A. The aim is to both stimulate discussion in the extracted components, produce any amendments to wording and take suggestions for additional items. This will also serve as a recruitment process for the Delphi study itself which will be open to ISIPT/IPT-UK accredited IPT-A practitioners, supervisors and trainers. The final Delphi study will consist of three rounds of the finalised questionnaire with each item rated on a Likert scale with additional free text options.

The online survey will be facilitated by Qualtrics with ethical approval from the University of Edinburgh and results statements refined using a prior determine protocol based on the guidelines by Langlands and colleagues (2008). Findings will be used to guide future empirical work, including dismantling studies, which may underpin more flexible and targeted applications of IPT-A.

#### *Citations / References*

Mufson, Dorta, Moreau and Weissman (2011). *Interpersonal Psychotherapy for Depressed Adolescents*. Guilford Press  
Lemma, Roth and Pilling (2008). *IPT competencies*. <https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-5>  
Duffy, F., Sharpe, H., & Schwannauer, M. (2019). The effectiveness of interpersonal psychotherapy for adolescents with depression—a systematic review and meta-analysis. *Child and adolescent mental health*, 24(4), 307-317.

---

## Workshop 1

---

### **Clinical Perspectives on using IPT versus Exposure Therapies when working with Perinatal Trauma**

Katherine Ferdenzi<sup>1</sup>, Hannah Lehrain<sup>2</sup>

<sup>1</sup>*Independent Practice, United Kingdom*

<sup>2</sup>*Avon and Wiltshire Mental Health Partnership NHS Trust, United Kingdom*

Interpersonal Psychotherapy is a recommended treatment for Postnatal Depression and is promoted across the UK Perinatal Guidelines. The treatment of Perinatal Trauma which may include birth trauma; baby loss through miscarriage, stillbirth, neonatal/infant death; infertility, NICU and postpartum psychosocial traumatic memories, are dominated by exposure therapies (EMDR/Trauma-Focused CBT) which are the approaches recommended in national guidelines (NICE/IAPT). Within the Perinatal context frequently the traumatic events are interpersonal in nature, and the interpersonal and social consequences of the trauma/loss experience are often very pronounced. Recent research and record rates of referral to Perinatal Mental Health Teams across the UK suggest that rates of Perinatal Trauma increased significantly during the Covid Restrictions (partners excluded from scans and labour, the NICU and maternity wards; health professionals use of masks; decreased staffing levels of midwives/health visitors). PND and PTSD presentations are often concurrent and it is often hard to differentiate symptoms. In clinical practice there is perhaps a growing tendency to treat the PTSD as the primary problem and assume the comorbid Depression or Anxiety symptoms will alleviate once the trauma is processed. Adult attachment style is a predictive factor in the development of PTSD following childbirth (Ayres et al, 2014), and this is not surprising given the importance of trust in receiving intimate care and in managing ruptures in care during the perinatal period. Finally, reliving memories of perinatal loss or pain and fear can feel overwhelming for patients and lead to dropouts in treatment.

This workshop will provide a brief overview of Perinatal Trauma, the current UK Guidelines for treatment, the use and value of EMDR as an exposure therapy and the validity of considering Interpersonal Therapy as an alternative treatment. We will discuss clinical indicators for the use of IPT rather than EMDR with some patients.

---

## Workshop 2

---

### **Considering the needs of significant others in the IPT treatment to improve treatment outcome**

Elisabeth Schramm<sup>1</sup>, Nadine Zehender<sup>1</sup>

<sup>1</sup>*Department of Psychiatry and Psychotherapy Medical Center - University of Freiburg, Faculty of Medicine University of Freiburg, Germany*

We developed and investigated an online program for relatives of depressed individuals including four interactive modules which were conceptualized according to IPT principles and using IPT strategies: 1) how to strengthen the relationship with the depressed person, 2) psychoeducation about depression and its treatment, 3) dealing with the depressive symptoms of the patient by giving the sick role and using helpful communication, and 4) finding the right balance between caring for the depressed person and self-care. The program includes individualized or automated email support and can be applied with or without direct involvement of the depressed patient. The goal of using the online program is to improve the interaction patterns and reduce the stress level among family members in order to positively influence the course of the patient's illness.

In the workshop, we demonstrate and practice IPT-strategies which address the main issues described by the 1640 studied relatives (e.g. how to get or keep the depressed patient in treatment) and show the most helpful interventions (e.g. how to communicate with the depressed patient avoiding over-involvement, criticism or hostility). The role transition of both the patient and the relative of having to deal with the depression will be discussed and addressed with IPT-strategies.

---

## Workshop 3

---

### **Shaping IPT for people with long term health conditions**

Catherine O'Leary<sup>1</sup>, Susanna Moss<sup>1</sup>

<sup>1</sup>*Cardiff and Vale University Health Board, Cardiff, United Kingdom*

Evidence regarding the efficacy of IPT in long term health conditions, most notably in chronic pain and cancer, suggests that IPT may benefit individuals with chronic illness and concurrent depression. As IPT therapists working in medical settings (renal, cystic fibrosis, spinal injury and paediatric endocrinology), we're aware there are factors relating to physical health that need to be taken into consideration when using IPT.

This workshop aims to (1) highlight the unique factors that IPT therapists could consider when treating depression in relation to a long-term health condition and (2) to hear from others working with people with physical health problems and the adaptations they make.

Discussion will include:

- assessment of depression and distress taking into consideration physical symptoms which reflect the disease and biological factors,
- experiences of adapting the IPT model,
- practical adaptations needed when working with people who may be inpatients, dealing with ongoing symptoms and/or a fluctuating health condition,
- issues relating to end of therapy in patients with progressive, long-term health conditions.
- consequences of untreated depression to the individual and the system

The workshop will consist of short presentations and group discussions and will draw on participants' expertise, as well as the presenters' clinical experience.

---

## Workshop 4

---

### **Identifying Loneliness using the Interpersonal Inventory and Working Through Shame**

Patricia Owens<sup>1</sup>, Debbie Woodward<sup>2</sup>

<sup>1</sup>*South Wales IPT Training Centre, United Kingdom*

<sup>2</sup>*SWIPTTC, Cardiff, United Kingdom*

This workshop will explore the psycho-biology of loneliness and its relevance to IPT. It will introduce tools to measure loneliness and consider the conditions that enable clients to identify and share their experience of loneliness. During the workshop participants will discuss ways to work compassionately with shame. The workshop will be interactive and allow participants to reflect on their clinical practice, sharing barriers and ways to overcome them.



---

## Workshop 5

---

### **Build on rather than refer on: Identifying and briefly intervening with system factors in IPT network sessions when therapeutic progress stalls**

Ben Newell<sup>1</sup>, Viktoria Cestaro<sup>2</sup>

<sup>1</sup>*CAMHS, Guernsey*

<sup>2</sup>*Anna Freud Centre, London, United Kingdom*

Emerging from supervision discussions and guided by feedback from clients and colleagues about cases with insufficient progress in interpersonal functioning and symptom improvement, we established a need to optimise some IPT-A network sessions with parents/carers, supplementing protocol with Systemic ideas and techniques.

'Stories' told in IPT network sessions offer clues about how participants make sense of their interactions and responses with one other, often through individual or collective 'shortcuts' in understandings: revealing potential relational struggles, as well as solutions.

This workshop offers a brief overview of the intersection between IPT and Systemic approaches. Relevant and clinically useful Systemic models and techniques are identified that can assist IPT practitioners in promoting curiosity amongst all network session members in a way that seeks to address power imbalances and inequalities and ultimately improves mentalisation for all participants. Models covered include the Coordinated Management of Meaning and the Social Graces.

Delegates will be offered some helpful techniques and question formats derived from an intersection of IPT and Systemic practice to enhance the preparation and delivery of IPT network sessions. Delegates will have an opportunity to develop and practice question formats with a view to taking away practical skills and examples relevant to their own practice.

---

## Workshop 6

---

### **IPT-A and the Digital World: Exploring the role of digital technology in the interpersonal lives and therapy of young people**

Gemma Brown<sup>1</sup>, Emily Taylor<sup>1</sup>, Fiona Duffy<sup>1</sup>

<sup>1</sup>*University of Edinburgh, Edinburgh, United Kingdom*

The digital world places significant interpersonal demands on adolescents. Concerns about excessive screen time, cyber-bullying, online sexual exploitation and negative influences of social media are matched by increasing use of digital resources in education and mental health intervention, increasing dependence on digital devices across the lifespan, and opportunities to connect with others facilitated through online platforms. The complete integration of digital technology in the lives of young people presents opportunities and challenges for the IPT-A therapist. In this symposium, we will delineate and synthesise the evidence for the costs and benefits of screen time, social media, and online tools to support mental health, consider the role of digital media in the therapeutic context and use real-life examples from IPT-A practice to explore how the focus on relationships in IPT can be exploited to help adolescents navigate the 21st century.

---

## Workshop 7

---

### **IPT for Ukrainian Youth and their Parents Displaced by the Russian War**

Laura Dietz<sup>1</sup>, Eva-Lotta Brakemeier<sup>2</sup>, Anna-Lena Zietlow<sup>3</sup>

<sup>1</sup>*University of Pittsburgh, USA*

<sup>2</sup>*Universität Greifswald, Greifswald, Germany*

<sup>3</sup>*Technische Universität Dresden, Dresden, Germany*

The Russian invasion of Ukraine in February 2022 and on-going war has resulted in the displacement of over 6 million Ukrainians. Women and children have often moved to different countries to establish lives for the unforeseeable future, leaving behind family members who are defending Ukraine or are elderly or infirm. The psychological consequences of this war, loss of home, and transitioning to life in a new country contribute to significant emotional distress for even the most resilient Ukrainian families. This workshop will describe the challenges and psychological adjustment issues faced by displaced Ukrainian mothers and their children living in Germany and a Save the Children Germany funded research program to provide individual and family based Interpersonal Psychotherapy (IPT) to youth. In addition to outlining the design and rationale for the study, we will utilize a case example to illustrate the types of interpersonal dynamics that are often present among Ukrainian youth and parents who are establishing themselves in a different country while hoping to return to Ukraine, in addition to highlighting the strategies and adaptations for IPT-A and family based IPT that have been helpful when providing psychological treatment to Ukrainian youth and parents. We will present preliminary data describing the feasibility, acceptability, and clinical outcomes of Ukrainian youth and parents who have received IPT and discuss future directions for expanding mental health services for Ukrainian youth and parents displaced by the war.

---

## Workshop 8

---

### **Fostering Affective Attunement within IPT for Adolescents Affected by Post-Traumatic Stress: Considerations, Techniques and Strategies**

Shayne Ragbeer<sup>1</sup>, Viktoria Cestaro<sup>2</sup>

<sup>1</sup>*Columbia University Irving Medical Center, USA*

<sup>2</sup>*Anna Freud Centre, London, United Kingdom*

The impact of trauma in youth is pervasive. Interpersonal trauma is associated with greater risk for developing post-traumatic stress disorder (PTSD) among both adults (e.g., Markowitz et al., 2009) and adolescents (McLaughlin et al., 2013), and supportive relationships are protective. Interpersonal Psychotherapy (IPT) has been implemented with adolescents with trauma histories (e.g., Toth et al., 2013) and studied as an alternative, non-exposure-based treatment for adults with PTSD (Markowitz et al., 2015). Markowitz et al. (2015) demonstrated that IPT for PTSD was comparable to the gold standard Prolonged Exposure in reducing PTSD symptoms, had a clinically meaningful higher response rate and lower attrition among adults with comorbid depression, and that participants preferred it to exposure therapy (Markowitz et al., 2017). Two different groups in the U.S. (Mufson, Ragbeer and colleagues) and UK (Cestaro and colleagues) have been investigating the feasibility, acceptability and preliminary effectiveness of utilizing IPT for adolescents affected by PTSD. Given core impairments of affective avoidance, feelings of detachment, and emotional “numbing” associated with trauma and PTSD, it is unsurprising that affective attunement was identified as critical to the adaptation of IPT for PTSD with adults (Markowitz

et al., 2015). Similarly, affective attunement appears to be clinically important in our preliminary work using IPT for adolescents with PTSD in both the US and the UK thus far. This workshop proposes to provide rationale, considerations and techniques for clinicians interested in conducting IPT with youth affected by PTSD and trauma. It seeks to build understanding of the role of affective attunement in addressing the impact of trauma, demonstrate techniques for facilitating affective attunement across phases of IPT, and support implementation of strategies to increase affective attunement among adolescents experiencing PTSD and trauma reactions. Discussion and activities will integrate considerations for different forms of trauma as well as diverse cultural backgrounds.

---

## Workshop 9

---

### **Interpersonal Psychotherapy – Adolescent Skills Training: A Group-based Prevention Program for Mitigating Adolescent Depression Risk**

Jami Young<sup>1</sup>, Molly Davis<sup>1</sup>, Christie Schueler<sup>2</sup>, Gabrielle Anderson<sup>3</sup>

<sup>1</sup>*Children's Hospital of Philadelphia, Philadelphia, USA*

<sup>2</sup>*Didi Hirsch Mental Health Services, Inglewood, USA*

<sup>3</sup>*University of California, San Francisco, San Francisco, USA*

This workshop will be delivered by Drs. Molly Davis, Jami Young, Christie Schueler, and Gabrielle Anderson and will provide an introduction to Interpersonal Psychotherapy – Adolescent Skills Training (IPT-AST), a group-based, depression prevention program for adolescents. IPT-AST is based on Interpersonal Psychotherapy for Depressed Adolescents (IPT-A; Mufson et al., 1993) and shares the key tenets of interpersonal psychotherapy in that it focuses on the interconnection between mood and interpersonal relationships. IPT-AST has been studied in several clinical trials, with positive effects on depression and anxiety symptoms, interpersonal and overall functioning, and the prevention of depression (e.g., Young et al., 2006, 2010, 2012, 2016). This group-based prevention program focuses on teaching communication skills and interpersonal problem-solving strategies to help adolescents navigate current and future relationships. IPT-AST includes psychoeducation and interpersonal skill building to address interpersonal difficulties and bolster positive relationships. Individual sessions occur prior to, and in the middle of, the prevention program, allowing for one-on-one rapport and skill building. The workshop will provide participants with an introduction to IPT-AST, training in key techniques that are unique to IPT-AST, and a brief discussion of research supporting the efficacy of IPT-AST.

The goal of this workshop is to provide an overview of basic IPT-AST principles and techniques to support clinicians and researchers in utilizing this program in their own settings. The workshop will include didactics, role-playing, and presentation of segments of training tapes.

---

## Workshop 10

---

### **The Learning Curve: Innovations in online, competency- based IPT teaching**

Paula Ravitz<sup>1</sup>, Malin Bäck<sup>2</sup>, Elizabeth Robinson<sup>3</sup>

<sup>1</sup>*University of Toronto & Sinai Health System, Canada*

<sup>2</sup>*Linköping University, Linköping, Sweden*

<sup>3</sup>*Cumbria, Northumberland, Tyne and Wear NHS Trust, Durham, United Kingdom*

Online teaching innovations for university-based education and continuing professional development have potential to improve training access and learner outcomes in evidence-supported psychosocial treatments such as Interpersonal Psychotherapy (IPT). This workshop focuses on pedagogic methods and tools that leverage online learning, teaching and competency evaluation of IPT through the use of:

1. a flipped classroom online course pedagogy with readings, reflective clinical assignments, discussion and feedback (Malin Bäck)
2. a self-directed, case-based, digital IPT curriculum that incorporates technology-enhanced 5HP programming of interactive content within clinical skills demonstrations (Paula Ravitz)
3. video-taped simulations that demonstrate IPT techniques and tasks (Elizabeth Robinson)
4. simulated “branching scenarios” to demonstrate poor, better and best IPT clinical skills with formative feedback

E-instructional, technology-enhanced design principles can be used in competency-based teaching of IPT. Online, case-based, interactive learning formats have potential to improve learners' engagement and outcomes, and to overcome training access barriers for the dissemination of IPT with opportunity to further scale through massive open-access course formats.

---

## Workshop 11

---

### **Teaching Interpersonal Psychotherapy (IPT) to the next generation: Theoretical, Cultural, and Experiential Perspectives**

Alexandra Klein Rafaeli<sup>1</sup>, Yael Latzer<sup>2</sup>

<sup>1</sup>*Ben Gurion University, Israel*

<sup>2</sup>*Haifa University, Haifa, Israel*

The aim of this workshop is to cultivate cultural humility within teaching practice by offering concrete examples and techniques to those who teach IPT courses to university students, and/or in professional training programs. Specifically, the workshop will focus on exploring intersectionality, challenging implicit biases, and integrating IPT techniques to enhance communication and empathy across cultures.

This workshop will be designed to engage instructors with the essential tools and insights needed to provide culturally sensitive and inclusive pedagogy. Cultural humility, an ongoing process of self-reflection and learning, lies at the core of this workshop, fostering an environment where IPT instructors can enhance their awareness, knowledge, and skills in working with diverse students and clinicians.

In this 90-minute workshop, participants will explore the multifaceted concept of cultural humility through interactive discussions, case studies, and real-world examples. Attendees will delve into the complexities of identity, bias, and power dynamics that influence pedagogical choices. Participants will be encouraged to review their syllabi and workshop

to encourage self-reflection, to examine their beliefs, and to expand their materials to include varied perspectives multicultural critique of IPT.

By the end of the workshop, participants will have gained a deeper appreciation for the value of cultural humility in fostering understanding, acceptance, and harmony in pedagogical approaches. Participants will learn how to address the unique experiences and challenges faced by clients at the intersection of various cultural factors and feel more equipped with practical tools and insights from the IPT case examples and existing literature. Consequently, they will be better prepared to contribute positively to teaching the next generation of IPT learners and practitioners.

---

## Workshop 12

---

### **IPT with Transgender Youth and Young Adults and their Families**

Laura Dietz<sup>1</sup>, Julien Davis<sup>2</sup>, Jeremy Kidd<sup>3</sup>, Bridget Bailey<sup>4</sup>

<sup>1</sup>*University of Pittsburgh, USA*

<sup>2</sup>*Nova Scotia Health, Nova Scotia, Canada*

<sup>3</sup>*Columbia University/ New York State Psychiatric Institute, New York, USA*

<sup>4</sup>*West Virginia University, Morgantown, USA*

Transgender youth and young adults experience high rates of distress related to victimization and violence, isolation, stigma, and discrimination. As many transgender and nonbinary youth seek mental health treatment and obtain gender-affirming medical care, evidence-based psychological treatments are necessary to address the challenges and transitions experienced by transgender youth. IPT provides a rich framework for addressing the role transitions and developmental issues that transgender youth and young adults face, as well as models for including parents and family members (including chosen family) in treatment. In this workshop, we will describe the challenges and protective factors related to resilient outcomes for transgender youth and young adults. Using a deidentified case example, we will highlight aspects of the IPT framework most germane for working with transgender youth and will demonstrate applying and adapting IPT techniques and interventions all three phases of treatment when working with transgender youth. We will also discuss the rationale for involving parents or family members in IPT with transgender youth and the unique issues parents of transgender youth often experience, as well as supporting transgender young adults to form and negotiate chosen families in the absence of parental support. Our workshop will also highlight strategies of the family-based IPT model for supporting parents in understanding and advocating for their transgender children, as well as improving communication and interpersonal support. This workshop will be experiential and provide the opportunity for discussion as IPT clinicians around the world can share insights and experiences providing IPT to transgender and non-binary youth and their families.

---

## Papers 1: Applications of Group IPT

---

---

### Group Interpersonal Psychotherapy for Generalized Anxiety Disorder (IPT-G-GAD) in China: Development and Adaption

Yan Li Luo<sup>1</sup>, Xia Sun<sup>1</sup>, Lujia Zhang<sup>2</sup>, Yan Pan<sup>1</sup>, Kaiji Ni<sup>1</sup>, Chenfeng Ji<sup>1</sup>, Qian Zhou<sup>1</sup>, Scott Stuart<sup>3</sup>

<sup>1</sup>Renji Hospital, Shanghai Jiao Tong University School of Medicine, China

<sup>2</sup>Shanghai Tongchuang Future Psychiatric Clinic Co. Ltd, Shanghai, China

<sup>3</sup>University of Southern California, Los Angeles, California, USA, USA IPT Institute, USA

---

**Introduction:** Generalized anxiety disorder (GAD) is a common and disabling psychiatric disorder which negatively impairs patients' quality of life. Studies suggest that inadequate consideration of interpersonal problems may contribute to the poor treatment response in psychotherapy for GAD. Interpersonal psychotherapy (IPT) is an evidence-based psychosocial intervention that focuses on symptoms by improving interpersonal functioning, and research demonstrates that IPT is efficacious in treating social anxiety and panic disorders. To date, however, there are no studies examining IPT for patients with GAD.

**Methods:** We developed and pilot -tested an IPT manual for treatment of GAD in groups with two cohorts of patients. Pre-and post-test measures of anxiety were collected and analyzed.

**Results:** We successfully developed a treatment manual for Group IPT for Anxiety using iterative qualitative methods. Significant improvement from baseline was noted in the GAD scores for patients in both patient cohorts.

**Discussion:** The results suggest that IPT can be successfully used for GAD in group formats, and that future large-scale randomized trials should be warranted. The results also suggest that on-line group therapy is feasible and warrants further study, and that it may be used to deal with access and logistical barriers faced by many patients.

**Keywords:** group interpersonal psychotherapy, generalized anxiety disorder, China, development, adaptation, mental health, suicide, interpersonal relationships, quality of life.

#### *Citations / References*

1. Baxter A, Vos T, Scott K, et al. The global burden of anxiety disorders in 2010. *Psychological Medicine*. 2014; 44(11): 2363–2374.
2. Yu W, Singh S, Calhoun SR, et al. Generalized anxiety disorder in urban China: Prevalence, awareness, and disease burden. *Journal of Affective Disorders*. 2018; 234: 89–96.
3. Malivoire BL, Mutschler C, Monson CM. Interpersonal dysfunction and treatment outcome in GAD: A systematic review. *Journal of Anxiety Disorders*. 2020; 76: 102310.
4. Stuart S, Robertson M. *Interpersonal Psychotherapy: A Clinician's Guide* 2nd Edition. London, Taylor and Francis. 2012.
5. Weissman MM, Markowitz JC, Klerman GL. *The Guide to Interpersonal Psychotherapy*. Oxford University Press; 2017

---

### **Implementation of group Interpersonal Therapy to treat depression in People Living with HIV: A first evaluation of IPT dissemination in West Africa**

Charlotte Bernard<sup>1</sup>, Salaheddine Ziadeh<sup>2,3</sup>, Judicaël Malick Tine<sup>4</sup>, Hawa Abou Lam<sup>1</sup>, Hélène Font<sup>1</sup>, Ibrahima Ndiaye<sup>5</sup>, Ndeye Fatou Ngom<sup>6</sup>, Véronique Petit<sup>7</sup>, Antoine Jaquet<sup>1</sup>, Nathalie de Rekeneire<sup>8</sup>, Moussa Seydi<sup>4</sup>

<sup>1</sup>University of Bordeaux, National Institute for Health and Medical Research (INSERM) UMR 1219, Research Institute for Sustainable Development (IRD) EMR 271, Bordeaux Population Health Centre, Bordeaux, France

<sup>2</sup>Global Mental Health Lab, Teachers College, Columbia University, New York, USA

<sup>3</sup>Faculté de Santé Publique, Université Libanaise, Sidon, Lebanon

<sup>4</sup>Service des Maladies Infectieuses et Tropicales, CHNU de Fann, Dakar, Senegal

<sup>5</sup>Service de Psychiatrie, CHNU de Fann, Dakar, Senegal

<sup>6</sup>Centre de Traitement Ambulatoire, CHNU de Fann, Dakar, Senegal

<sup>7</sup>UMR 196 CEPED (Centre Population et Développement), Université Paris Cité- Institut de Recherche pour le Développement (IRD), France

<sup>8</sup>Institut Pasteur du Cambodge, Phnom Penh, Cambodia

---

**Background:** Depression is highly prevalent in people living with HIV (PLWH) worldwide (Abas et al, 2016). In resource-limited settings, the World Health Organization (WHO) recommends task-shifting and group treatment as modality of choice. For the first time, group interpersonal therapy (IPT) was implemented in Senegal using a task shifting approach. After successful implementation of group IPT in two healthcare units at a tertiary-level Hospital Center in Dakar (Bernard et al, 2023), we evaluated the acceptability and feasibility of decentralized group IPT in two HIV care services in primary and secondary-level health facilities located in the suburbs and outside the capital.

**Methods:** After training 3 social workers and 1 community health worker at the new facilities, group IPT was conducted under supervision, according to the WHO protocol (i.e., 1 individual session + 8 group sessions). Group facilitators from our previous study co-supervised the new group facilitators with an IPT master trainer, as they were themselves being trained to become IPT supervisors. After screening for depression with the Patient Health Questionnaire 9 items (PHQ-9) during their routine visit, PLWH with a score  $\geq 10$  were referred to the study's physician for confirmation of their depression (PHQ-9 < 5 indicating no depressive symptom). Due to contextual challenges, some organizational and procedural changes were made (e.g., some groups were moderated by a facilitator of the opposite sex). Evolution of depressive symptoms was evaluated at the end of group therapy and at 3-month follow-up.

**Results:** Forty-two PLWH completed group IPT (7 groups), with a low drop-out rate during therapy (3%). At the end of the therapy, all participants were practically in remission. Patients assigned to an IPT group facilitated by a member of the opposite sex did not report any difficulty sharing in group and equally benefited from treatment. The identification of eligible participants proved challenging, which caused delays in therapy group formation.

**Discussion:** Group IPT was successfully implemented in various ecological and organizational contexts in Senegal, showing high acceptability and feasibility. This represents an encouraging finding that has implications in access to treatment for PLHIV suffering from depression in decentralized care settings through task-shifting and can help advocacy efforts to integrate group IPT in the country's HIV standard of care.

#### *Citations / References*

Abas M, Ali G-C, Nakimuli-Mpungu E, Chibanda D. Depression in people living with HIV in sub-Saharan Africa: time to act. *Trop Med Int Health*. 2014;19(12):1392–6. Bernard C, Font H, Ziadeh S, Tine J.M, Diaw A, Ndiaye I, Samba O, Bottai T, Jacquesy L, Verdéli L, Ngom N.F, Dabis F, Seydi M, de Rekeneire N and the leDEA West Africa Cohort Collaboration. Management of depression in people living with HIV/AIDS in Senegal: acceptability,

feasibility and benefits of group Interpersonal Therapy. Cambridge primis: Global mental health (2023) 10, e36, 1–10.



---

**Development and Evaluation of an Interpersonal Psychotherapy Group Program for Patients with Cancer and Comorbid Depression: A Study Protocol**

Ebba Laing<sup>1,2</sup>, Rita Maria Acebo de Arriba<sup>1,2</sup>, Norbert Schäffeler<sup>1,2</sup>, Stephan Zipfel<sup>1,2</sup>, Andreas Stengel<sup>1,2,3</sup>, Johanna Graf<sup>1,2</sup>

<sup>1</sup>*Department of Psychosomatic Medicine and Psychotherapy, University Hospital Tuebingen, Germany*

<sup>2</sup>*Psychooncology Division, Comprehensive Cancer Center Tuebingen-Stuttgart, University Hospital Tuebingen, Germany*

<sup>3</sup>*Charité Center for Internal Medicine and Dermatology, Department for Psychosomatic Medicine, Charité-Universitätsmedizin Berlin, Corporate Member of Freie Universität Berlin, Humboldt-Universität zu Berlin and Berlin Institute of Health, Berlin, Germany*

---

**Background:** Cancer patients experience significant psychosocial distress associated with cancer diagnosis, treatment, and subsequent life changes. A considerable subset of cancer patients suffer from comorbid depression and anxiety. Stressors include interpersonal difficulties such as loneliness, isolation, thwarted belongingness, communication impediments, and conflicts with relatives and the medical team. Interpersonal psychotherapy (IPT) is a promising concept for the treatment of depression in cancer patients because it addresses highly relevant interactions and role transformations within the patients' social network. Previous studies have shown that IPT can be adapted to the oncology setting and yields benefits for female patients with breast cancer and comorbid depression (Belay et al., 2022; Blanco et al., 2019).

**Objective:** The aim of the study is to develop, manualize and evaluate an IPT group program for patients of all cancer sites with a diagnosis of depression.

**Method:** Participants will be recruited in oncological facilities of the University Hospital Tuebingen, Germany (UKT). Patients must be of age, within one year of their diagnosis of cancer or cancer recurrence, and must give informed consent. Stage one of the study will be a longitudinal quantitative assessment of interpersonal distress in depressed cancer patients including measures of quality of life, distress, symptoms of anxiety and depression, loneliness, perceived social support, perceived burdensomeness, thwarted belongingness, and questions about the interpersonal problem areas as addressed in IPT (grief, interpersonal conflict, interpersonal deficits, role transformations). Stage two of the study will be the development and subsequent implementation and evaluation of a structured IPT group program addressing the interpersonal needs as quantified in the survey of stage one. Results of the program evaluation will be compared to results of the longitudinal assessment of stage one to provide a treatment-as-usual control condition.

**Discussion:** To our knowledge, this is the first German trial of IPT in cancer and the first trial worldwide of group IPT in cancer. It is also unique in providing IPT treatment to groups of patients of different cancer sites. If successful, the new intervention will aid in ameliorating psychosocial distress and psychiatric comorbidity in patients with cancer.

*Citations / References*

Belay, W., Kaba, M., Labisso, W. L., Tigeneh, W., Sahile, Z., Zergaw, A., Ejigu, A., Baheretibeb, Y., Gufue, Z. H., & Haileselassie, W. (2022). The effect of interpersonal psychotherapy on quality of life among breast cancer patients with common mental health disorder: a randomized control trial at Tikur Anbessa Specialized Hospital. *Support Care Cancer*, 30(1), 965-972. <https://doi.org/10.1007/s00520-021-06508-y>

Blanco, C., Markowitz, J. C., Hellerstein, D. J., Nezu, A. M., Wall, M., Olfson, M., Chen, Y., Levenson, J., Onishi, M., Varona, C., Okuda, M., & Hershman, D. L. (2019). A randomized trial of interpersonal psychotherapy, problem solving therapy, and supportive therapy for major depressive disorder in women with breast cancer. *Breast Cancer Res Treat*, 173(2), 353-364. <https://doi.org/10.1007/s10549-018-4994-5>.

---

---

### **Adaptation and Pilot Implementation of Group Interpersonal Therapy for Adolescents in Mozambican Primary Care Clinics**

Kathryn Lovero<sup>1</sup>, Salma Adam<sup>2</sup>, Carolina Bila<sup>2</sup>, Maria Eduarda Fernandes<sup>2</sup>, Teresa Rodrigues<sup>2</sup>, Thays Mello<sup>3</sup>, Camila Matsuzaka<sup>3</sup>, Kathleen Clougherty<sup>4</sup>, Palmira Fortunato dos Santos<sup>5</sup>, Milton Wainberg<sup>6</sup>, Laura Mufson<sup>6</sup>

<sup>1</sup>*Columbia University Mailman School of Public Health, USA*

<sup>2</sup>*Department of Mental Health, Ministry of Health, Mozambique*

<sup>3</sup>*Federal University of Sao Paulo, Brazil*

<sup>4</sup>*Teachers College, Columbia University, USA*

<sup>5</sup>*National Institute of Health, Mozambique*

<sup>6</sup>*Columbia University, USA*

---

**Background:** Globally, depression is the largest contributor to the burden of disease in adolescents<sup>1</sup>. However, most adolescents in low- and middle- income countries do not have access to treatment, and contextually- appropriate delivery strategies are needed to expand services to these areas<sup>2,3</sup>. Working with local stakeholders, we adapted and pilot tested delivery of Group Interpersonal Therapy for Adolescents (IPT-AG)<sup>4</sup> in primary care clinics of Maputo, Mozambique.

**Methods:** We reviewed the IPT-AG manual and adapted it to simplify language and provide additional technical guidance for lay providers. We then translated the manual into Portuguese and updated example cases to reflect Mozambican sociocontextual norms. Mental health (N=4) and youth friendly health service providers (N=4) at two primary care clinics participated in a week-long virtual training, including didactic presentation and role plays, followed by weekly supervision for 6 months. Throughout, iterative adaptations were made to update procedures to reflect patient and provider needs. We then conducted a pilot trial of IPT-AG in the two primary care clinics, evaluating changes in depression symptoms using the PHQ-A as well as implementation outcomes.

**Results:** Modifications to IPT-AG included adapted methods for caregiver engagement (e.g., telephone) and group composition (e.g., only adolescents with HIV); adaptations to core elements of IPT-AG were not required. A total of 214 adolescents with depression symptoms (PHQ-A>8) were invited to participate. Of these, 53 (24.7%) agreed to complete a pre-group session. N=18 adolescents entered a group (72.2% female, mean age=17.3±1.12 SD years). 23.5% of adolescents had a caregiver participate in-person or remotely for the pre-group session, 35.7% for the mid-group session, and 17.4% for the post-group session. Average symptom reduction of participants on the PHQ-A was 6.18±2.14.

**Conclusion:** IPT-AG improves depression symptoms in Mozambican adolescents attending primary care and provides evidence-based depression services for a population in which none are currently available. However, many adolescents do not enter treatment owing to lack of time, money, or interest in participation. Future research is needed to explore ways to improve reach, such as changing the location of groups to schools and communities or providing incentives for participation. Adaptation of IPT-AG to fewer sessions or to individual sessions may also increase adherence.

#### *Citations / References*

1. Gore, F. M. et al. Global burden of disease in young people aged 10-24 years: a systematic analysis. *Lancet* 377, 2093-2102, doi:10.1016/S0140- 6736(11)60512-6 (2011).
2. Juengsiragulwit, D. Opportunities and obstacles in child and adolescent mental health services in low-and middle-income countries: a review of the literature. *WHO South-East Asia journal of public health* 4, 110-122 (2015).
3. Simelane, S. R. N. & de Vries, P. J. Child and adolescent mental health services and systems in low and middle-income countries: from mapping to strengthening. *Current Opinion in Psychiatry* 34, 608-616, doi:10.1097/ycp.0000000000000740 (2021).
4. Mufson, L. H., Dorta, K. P., Moreau, D. &

Weissman, M. M. Interpersonal Psychotherapy for Depressed Adolescents. Second edn, (Guilford Press, 2011).

---

## Papers 2: Analysis of relationships in IPT, training opportunities and clinical reflections

---

---

### Linking current mood and current life events - A Qualitative Analysis of Therapeutic Co-Creation in Interpersonal Psychotherapy

Malin Bäck

*Linköping University, Sweden*

---

Psychotherapy research has shown that mechanism of change in therapy not necessarily is the techniques outlined in the current treatment manual, but rather aspects of a collaborative working process based on the developed method. In Interpersonal Psychotherapy, IPT, the therapist and patient focus on how the patient's current interpersonal context impacts their current mood. The patient is encouraged to linking current symptoms with current relational problems and vice versa. How this strategy, so called "mood-event" manifests in practice and in what way it becomes a therapeutic conversation rather than an everyday-talk has to our knowledge not been previously described. The purpose of this study is to analyze how the therapist and patient together create a therapeutic dialogue in IPT, with a focus on the "mood-event" strategy. A qualitative analysis, starting from conversation analysis in a broader format, was conducted, based on 31 recorded IPT sessions. The analysis resulted in an overarching theme, "The Manual Becomes Therapy in a Co-Creative Process," with three sub-themes. The therapist and patient gradually reach the meaning and relevance of what they discuss during the sessions through a collaborative exploration. The therapist empowers the patient as an equal expert through open, genuinely curious, and clarifying questions. By focusing on what the patient shares in response to the question "How have things been since we last met?" in a specific and detailed investigative manner, the participants in the IPT session construct a multidimensional scene in which they co-create a mutual understanding of the link between current mood and current events. This will be a guidance of what the next step in therapy should be. The therapist then invites the patient to a shared understanding with an explicit question or comment, based on what has been "built" and the reaction of the patient decide whether a consent is given or not. The degree of consent affects the involvement during the rest of the session. Conclusion: The IPT strategy "mood-event" moves throughout the entire IPT session in an mutual process between therapist and patient, where one depends on the other's actions for the meaning-making understanding of their exploration to be achieved. These findings are relevant not only for understanding the mechanisms of change and the therapeutic process in IPT, but also relevant in teaching and supervision of psychotherapy.

#### *Citations / References*

Linell, P. (2022). *Languaging in real life : an introduction to dialogical perspectives on language, thinking and communication*: Linköping: Linköping University Electronic Press. doi.org/10.3384/9789179290948

Bäck, M., Holmqvist, R., Andersson, G., Aila-Gustafsson, S., & Lindstedt, K. (2023). "Linking current mood and current life events together - A Qualitative Analysis of Therapeutic Co-Creation in Interpersonal Psychotherapy" qualitative research. Linköping University. (Manuscript under progress).

---

**Using interpersonal psychotherapy to address heart-mind problems among adolescents in Nepal: clinical reflections on challenges and opportunities**

Indira Pradhan<sup>1</sup>, Pragma Shrestha<sup>1</sup>, Nagendra Prasad Luitel<sup>1</sup>, Helena Verdeli<sup>2</sup>, Kelly Rose-Clarke<sup>3</sup>

<sup>1</sup>*Transcultural Psychosocial Organization (TPO) Nepal, Nepal*

<sup>2</sup>*Teachers College, Columbia University, USA*

<sup>3</sup>*Kings College London(KCL), United Kingdom*

---

Nepal is a lower middle-income country in South Asia with limited access to mental health services. Specialized child and adolescent services only exist in large urban centers and there is no mental health support in schools. To fill this treatment gap, we have adapted group IPT for adolescents in Sindhupalchok, a rural district in the hilly region of Nepal and implemented it in the school setting. In this paper we share the challenges and learning from our experience, illustrated through case studies. Key challenges included: lack of existing IPT trainers, supervisors and therapists in Nepal; difficulty enrolling and retaining adolescents in therapy due to stigma in schools and communities; in schools, focus on curricular activities and academic performance to the exclusion of any activities to promote wellbeing; high prevalence of mental health problems and alcohol use among parents, with limited services in the community to support them; and high levels of suicidal ideation and emotional dysregulation among adolescents. To overcome these challenges, we trained and supervised school nurses and lay workers in IPT with support from master trainers in the US. Rather than focusing on depression, IPT sessions focused on improving adolescents' heart-mind problems (*manko samasya*) because we found this was a more socially acceptable way to talk about distress. In schools and communities, we emphasized the potential benefits of IPT for adolescents' development including their studies. We also worked with schools to find a convenient time to run the IPT groups to minimize any disruption to adolescents' learning. In some cases, we provided support to adolescents' parents, referring them to the project's psychosocial counselor. We managed the high levels of suicidality by making safety plans with all adolescents regardless of their suicidal risk status, providing intensive training and supervision for therapists, and offering adolescents parallel one-to-one support with a counsellor in high-risk cases. Adolescents perceived this intervention as a safe place to share, understand, support and improve their heart-mind problem together in the group. In summary, our learning suggests that despite cultural and contextual challenges, IPT is amenable to delivery in schools in Nepal and testing its effectiveness in this setting is an appropriate next step.

*Citations / References*

1. Rose-Clarke K, Hassan E, Bk P, Magar J, Devakumar D, Luitel NP, Verdeli H, Kohrt BA. A cross-cultural interpersonal model of adolescent depression: A qualitative study in rural Nepal. *Soc Sci Med*. 2021 Feb;270:113623. doi: 10.1016/j.socscimed.2020.113623. Epub 2020 Dec 16. PMID: 33461033; PMCID: PMC7895817.
2. Rose-Clarke, K., Pradhan, I., Shrestha, P. et al. Culturally and developmentally adapting group interpersonal therapy for adolescents with depression in rural Nepal. *BMC Psychol* 8, 83 (2020). <https://doi.org/10.1186/s40359-020-00452-y>
3. Rose-Clarke K, B K P, Magar J, Pradhan I, Shrestha P, Hassan E, Abou Jaoude GJ, Haghparast-Bidgoli H, Devakumar D, Carrino L, Floridi G, Kohrt BA, Verdeli H, Clougherty K, Klein Rafaeli A, Jordans M, Luitel NP. School-based group interpersonal therapy for adolescents with depression in rural Nepal: a mixed methods study exploring feasibility, acceptability, and cost. *Glob Ment Health (Camb)*. 2022 Aug 22;9:416-428. doi: 10.1017/gmh.2022.46. PMID: 36618751; PMCID: PMC9806967.

---

### **Use of competency-based training for lay helpers to deliver group interpersonal psychotherapy in Nepal**

Pragya Shrestha<sup>1</sup>, Indira Pradhan<sup>1</sup>, Nagendra Prasad Luitel<sup>1</sup>, Kelly Rose-Clarke<sup>2</sup>, Parbati Pandey<sup>1</sup>, Lena Verdelli<sup>3</sup>

<sup>1</sup>*Transcultural Psychosocial Organization (TPO) Nepal, Nepal*

<sup>2</sup>*King's College London, United Kingdom*

<sup>3</sup>*Teachers College, Columbia University, USA*

---

Competency-based approach using the platform Ensuring Quality in Psychological support (EQUIP) has been widely used to improve mental health and psychosocial services. However, this approach has not been used in conjunction with the implementation of adapted group IPT in Nepal. In order to develop high level of competency in lay helpers, it is vital that these helpers have generic skills (effective communication and group facilitation skills) as prerequisite skill for the specific psychosocial intervention. We conducted the training workshop with eight lay helpers and supervised them using the EQUIP platform. Seven days of training on foundational helping skills (FHS) and group facilitation skills (GFS) were conducted before the IPT didactic workshop. Helpers' competency was measured before and after the training and the IPT didactic workshop through role play. For IPT, the IPT knowledge test was conducted after the IPT workshop. The results in the post-assessment in FHS demonstrated that the helpers' harmful behaviors identified in the pre-assessment significantly decreased and helpful skills significantly increased. The harmful behaviors further decreased and helpful skills remained constant after the workshop. All the trainees (n=8) showed harmful behaviors in verbal communication skills such as asking suggestive or leading closed-ended questions and interrupting clients while sharing. Likewise, almost all trainees (n=7) did not address confidentiality and assess the suicide risk assessment. Similarly, more than half of the trainees (n=6) dismissed client's feelings. In contrast, although the trainees demonstrated significant decrease of harmful behaviors in the group facilitation, after the IPT didactic workshop the GFS drastically increased in harmful behaviors, while the slight increase in helpful skills of GFS was noticed. The harmful behaviors included limited collaborative problem solving, time management and group participation. This might be due to the focus on specific skills of IPT rather than GFS. The feedback based on these assessments was given in supervision to support the helpers' development. To conclude, the trainers and supervisors found this approach feasible to generate a competent helper for the group IPT-A. Further research is recommended to study the feasibility of using the combination of generic skills and group IPT-A to train and supervise helpers.

#### *Citations / References*

1. Kohrt, B. A., Schafer, A., Willhoite, A., Van't Hof, E., Pedersen, G. A., Watts, S., ... & van Ommeren, M. (2020). Ensuring Quality in Psychological Support (WHO EQUIP): developing a competent global workforce. *World Psychiatry*, 19(1), 115. 2. Pedersen, G. A., Sangraula, M., Shrestha, P., Lakshmin, P., Schafer, A., Ghimire, R., ... & Kohrt, B. A. (2021). Developing the group facilitation assessment of competencies tool for group-based mental health and psychosocial support interventions in humanitarian and low-resource settings. 3. Rose-Clarke, K., Pradhan, I., Shrestha, P., BK, P., Magar, J., Luitel, N. P., ... & Verdelli, H. (2020). Culturally and developmentally adapting group interpersonal therapy for adolescents with depression in rural Nepal. *BMC psychology*, 8(1), 1-15. 4. Watts, S., Hall, J., Pedersen, G. A., Ottman, K., Carswell, K., van't Hof, E., ... & Schafer, A. (2021). The WHO EQUIP foundational helping skills trainer's curriculum. *World Psychiatry*, 20(3), 449.

---

### **Training Program Evidence-Based Psychotherapy Requirements: Findings from a Multidisciplinary United States Survey**

Luis Flores<sup>1</sup>, Danielle Novick<sup>2</sup>, Kelsey Bonfils<sup>3</sup>, Sarah Bledsoe<sup>4</sup>, Talia van der Vyver<sup>1</sup>, Meredith Spada<sup>5</sup>, John Markowitz<sup>6</sup>, Laura Mufson<sup>6,7</sup>, Myrna Weissman<sup>6,7</sup>

<sup>1</sup>Queen's University, Canada

<sup>2</sup>VA Pittsburgh Healthcare System, USA

<sup>3</sup>University of Southern Mississippi, USA

<sup>4</sup>University of North Carolina at Chapel Hill, USA

<sup>5</sup>University of Pittsburgh, USA

<sup>6</sup>Columbia University, USA

<sup>7</sup>New York State Psychiatric Institute, USA

---

Training program offerings and requirements in evidence-based treatments (EBTs) influence the gap between research and practice. A 2006 United States psychotherapy training survey revealed insufficient EBT training requirements across multiple disciplines [1]. This study aimed to replicate and extend this survey approximately 15 years later, as psychotherapy has been undervalued by funders [2], yet patterns may have changed with increased dissemination efforts [3-4]. Training programs were randomly selected (50% stratified random sampling, discipline X region) from accreditation lists for clinical psychology PhD or PsyD, counseling psychology (master's or doctorate), psychiatric mental health nurse practitioner (PMHNP), psychiatry residency, and social work (MSW) programs. In total, 253 training directors completed the entire survey (44% response rate; 35 to 58% by discipline). The survey queried EBT training (e.g., interpersonal psychotherapy; IPT) offerings, requirements, perceived barriers, and perceived facilitators. A high percentage of programs offered both didactics and clinical supervision in at least one EBT, with no significant differences between disciplines (77% to 100%). Requiring both, however, was significantly lower in counseling and MSW programs (31% each) than clinical PhD (84%) and psychiatry (96%) programs. In between were rates of PsyD (65%) and PMHNP (61%) programs. Compared to the 2006 survey, rates of requiring both didactics and clinical supervision in at least one EBT were similar for psychiatry and MSW programs but higher for clinical PhD (56% in 2006 vs 84% in 2023) and PsyD (33% in 2006 vs 65% in 2023) programs. PMHNP and MSW programs reported significantly more barriers and fewer facilitators to offering clinical supervision in EBTs than clinical PhD programs.

Although IPT training offerings were not significantly different between disciplines (61-83% didactics, 58-70% supervision), IPT requirements in didactics were significantly higher for PMHNP (64%) than clinical PhD (29%) and MSW (35%) programs. Compared to the original survey, IPT training rates generally appear to have remained stable. Programs that do not offer IPT clinical supervision endorsed significantly more barriers and fewer facilitators than those that offer IPT supervision. Overall, there is still a need to increase EBT training, particularly for disciplines (e.g., MSW) that account for the largest proportions of mental health care service providers.

#### *Citations / References*

[1] Weissman, M. M., Verdelli, H., Gameroff, M. J., Bledsoe, S. E., Betts, K., Mufson, L., ... & Wickramaratne, P. (2006). National survey of psychotherapy training in psychiatry, psychology, and social work. *Archives of General Psychiatry*, 63(8), 925-934. doi:10.1001/archpsyc.63.8.925 [2] Markowitz, J. C., & Milrod, B. L. (2022). Post-pandemic psychotherapy: Still under siege. *Psychiatric Services*, 73, 690-692. doi:10.1176/appi.ps.202100349 [3] McHugh, R. K., & Barlow, D. H. (2010). The dissemination and implementation of evidence-based psychological treatments: A review of current efforts. *American Psychologist*, 65(2), 73-84. doi:10.1037/a0018121 [4] Purtle, J., Marzalik, J. S., Halfond, R. W., Bufka, L. F., Teachman, B. A., & Aarons, G. A. (2020). Toward the data-driven dissemination of findings from psychological science. *American Psychologist*, 75(8), 1052-1066. doi:10.1037/amp0000721

---

## Papers 3: Adaptations of IPT

---

---

### **Adaptation of IPT for Indigenous Māori in New Zealand - a case example**

Sue Luty

*Te Whatu Ora, New Zealand*

---

The presentation will use a case example to illustrate the process below.

Background: New Zealand, Aotearoa, is an island with a population of about 5 million of which 14.6% is indigenous Maori. During colonisation the Treaty of Waitangi was signed by Māori Chiefs in 1840 and representatives of the British government. This was 'based on the principles of protection, participation and partnership in all matters of the people' with the aim of making New Zealand a bi-cultural society.

Adaptation of IPT for Maori :In 2016 an earthquake of 7.8 magnitude occurred in Kaikoura, South Island, cutting off the town and limiting access. With a higher than average local Māori population of 17.1%, due to the increase in need for input after this event it was essential to adapt therapy for Māori to uphold the Treaty of Waitangi principles of respect between Māori and Non-Māori.

Attending to cultural safety with Māori requires a respect and understanding of the connection between people and land, and acknowledgement of the importance of the unique concept of health and wellbeing. Many Maori live with their Iwi (tribe) and Hapu (kinship group of large families descended from common ancestors). Adapting IPT for Māori began with a consultation process talking with Māori cultural advisors, and clients as colonisation left scars on the indigenous population resulting in lack of trust for western medicine. Working in partnership with Pukenga Atawhai (Māori mental health workers) and Kaumatua (Elders) experienced in mental health, IPT for Māori was developed to include protocols of greeting, opening and closing the session with Te Whare Tapa Wha, (Māori model of wellbeing) as the foundation. This model incorporates four elements of health: Spiritual connection with ancestors, land or spirits; Physical wellbeing; Whanau (family & community connection); and Mental, where health is achieved when thoughts and feeling are integral components of body and soul. An example of how this was incorporated into IPT was that one client bought in rocks from the Kaikoura beach and discussed how their spirituality helped her manage family relationships.

There were also practical differences.

During the development of the model, clients were generous in feedback and indicated areas that may be framed in a more cultural way. Permission was also sought to discuss aspects of therapy with the Kaumatua for cultural supervision.

#### *Citations / References*

1. StatsNZ. (2018). Population [www.stats.govt.nz](http://www.stats.govt.nz)
2. UNDP. (2020). Human Development Report 2020 <https://hdr.undp.org/content/human-development-report-2020>
3. Ministry of Health. (2019). Annual Update of Key Results 2018/19: New Zealand Health Survey. Retrieved from <https://www.health.govt.nz/publication/annual-update-key-results-2018-19-new-zealand-health-survey>.



---

## Interpersonal Psychotherapy for Prolonged Grief Disorder with Persistent Depressive Disorder in Japan: A Case Report

Takuya Okami<sup>1,2</sup>, Yuko Toshishige<sup>1</sup>, Masaki Kondo<sup>1,3</sup>, Junya Okazaki<sup>4</sup>, Hiroko Mizushima<sup>5</sup>, Tatsuo Akechi<sup>1</sup>

<sup>1</sup>*Department of Psychiatry and Cognitive-Behavioral Medicine, Nagoya City University Graduate School of Medical Sciences, Japan*

<sup>2</sup>*Matsukage Hospital, Japan*

<sup>3</sup>*National Center of Neurology and Psychiatry, Japan*

<sup>4</sup>*Gokiso Mental Health Clinic, Japan*

<sup>5</sup>*Mizushima Hiroko IPT Clinic, Japan*

---

**Background:** Prolonged Grief Disorder (PGD) emerged as a diagnostic entity in the ICD-11 and DSM-5-TR manuals, but the criteria differ. Interpersonal psychotherapy (IPT), that is a time-limited, evidence-based treatment that focuses on interpersonal relationships of patients, has been found to be effective for PGD. However, there is no evidence of efficacy in Japan. Persistent Depressive Disorder (PDD) is a chronic mood disorder often overlooked due to its chronic nature. Most patients often consider their mood disorder as an integral part of their personality and non-treatable. There are various psychotherapies proposed for PDD, including IPT-D, but no clear conclusions regarding their efficacy have been reached. We present a patient whose diagnosis of PDD during the course of IPT for PGD resulted in improvement of mood discomfort and grief symptoms, which allowed her to complete pharmacotherapy.

**Case Presentation:** The patient, 20s single Japanese woman, struggled with prolonged grief and self-blame following her brother's suicide in February X-5. She concealed her grief from her family. After experiencing work-related stress and depressive symptoms, she visited a psychiatric clinic and was diagnosed depression and PGD in October of X-1. Her depressive symptoms improved, but her PGD symptoms did not improve at all. In July X, she began IPT for PGD while also receiving psychoeducation for PDD. Over 16 sessions, her grief symptoms significantly improved (ICG decreased from 40 to 27), while her depressive symptoms remained low (PHQ-9 below 10). After IPT was completed, maintenance IPT was performed for 3 months, during which pharmacotherapy was terminated; 4 months after IPT was completed, she resumed work and her hospital visits were terminated.

**Conclusion:** In this case report, we showed IPT may be a fruitful treatment for PGD comorbid with PDD in Japan. Further studies are desirable to confirm this preliminary finding.

### *Citations / References*

1. Prigerson HG, Kakarala S, Gang J, et al: History and status of prolonged grief disorder as a psychiatric diagnosis. *Annual review of clinical psychology* 2021; 17:109-126
2. Akechi T, Kubota Y, Ohtake Y, et al: Clinical practice guidelines for the care of psychologically distressed bereaved families who have lost members to physical illness including cancer. *Jpn. J. Clin. Oncol.* 2022; 52:650-653
3. Shear K, Frank E, Houck PR, et al: Treatment of complicated grief: a randomized controlled trial. *JAMA* 2005; 293:2601-2608
4. Shear MK, Wang Y, Skritskaya N, et al: Treatment of complicated grief in elderly persons: a randomized clinical trial. *JAMA Psychiatry* 2014; 71:1287- 1295
5. Schramm E, Klein DN, Elsaesser M, et al: Review of dysthymia and persistent depressive disorder: history, correlates, and clinical implications. *Lancet Psychiatry* 2020; 7:801-812
6. Akiskal HS: Dysthymic disorder: psychopathology of proposed chronic depressive subtypes. *Am. J. Psychiatry* 1983; 140:11-20
7. Machmutow K, Meister R, Jansen A, et al: Comparative effectiveness of continuation and maintenance treatments for persistent depressive disorder in adults. *Cochrane Database Syst. Rev.* 2019; 2019: 8. Weissman MM, Markowitz JC, Klerman G: *Comprehensive guide to interpersonal psychotherapy*, Basic Books, 2000
9. Kroenke K, Spitzer RL, Williams JB: The PHQ-9: validity of a brief depression severity measure. *Journal*

of general internal medicine 2001; 16:606-613 10. Muramatsu K, Miyaoka H, Kamijima K, et al: Performance of the Japanese version of the Patient Health Questionnaire-9 (J-PHQ-9) for depression in primary care. General hospital psychiatry 2018; 52:64-69 11. Prigerson HG, Maciejewski PK, Reynolds III CF, et al: Inventory of Complicated Grief: a scale to measure maladaptive symptoms of loss. Psychiatry research 1995; 59:65-79 12. Nakajima S IM, Ishimaru K, et al. : Prevalence and risk factors for prolonged grief disorder in adults who lost significant others. Meiji Yasuda Kokoro Health Foundation Research Grant Thesis. 2010; 45:119-126 (in Japanese). 13. Prigerson HG, Boelen PA, Xu J, et al: Validation of the new DSM-5-TR criteria for prolonged grief disorder and the PG-13-Revised (PG-13-R) scale. World psychiatry : official journal of the World Psychiatric Association (WPA) 2021; 20:96-106 14. Lenferink LI, Franzen M, Ten Klooster PM, et al: The Traumatic Grief Inventory-Clinician Administered: A psychometric evaluation of a new interview for ICD-11 and DSM-5-TR prolonged grief disorder severity and probable caseness. Journal of affective disorders 2023.

---

### **Community-Informed Perceptions of Implementing Interpersonal Psychotherapy for Couples to Resolve Intimate Partner Violence and Improve Common Mental Disorders in Mozambique**

Jennifer Mootz<sup>1</sup>, Leyly Moridi<sup>2</sup>, Palmira Fortunato dos Santos<sup>3</sup>, Katia dos Santos<sup>4</sup>, John Oliffe<sup>5</sup>, Myrna Weissman<sup>6</sup>, Saida Khan<sup>4</sup>, Paulino Feliciano<sup>4</sup>, Milton Wainberg<sup>1</sup>

<sup>1</sup>*Columbia University, USA*

<sup>2</sup>*Yale University, USA*

<sup>3</sup>*INS, Mozambique*

<sup>4</sup>*Ministry of Health, Mozambique*

<sup>5</sup>*University of British Columbia, Canada*

<sup>6</sup>*Columbia University, USA*

---

**Background:** One of three women worldwide reports lifetime exposure to intimate partner violence (IPV), a potent risk factor for common mental disorders, and Sub-Saharan Africa suffers from the highest rates of IPV globally (50%-70% of women). Mozambique suffers from high rates of IPV and common mental disorders and has a significant mental health treatment gap. Efforts to reduce IPV often fail to include men unless court-mandated. Couple-based Interpersonal Psychotherapy (IPT) is a promising approach given that it has been shown to be effective in resolving disputes among couples. Our aim was to evaluate Mozambican community stakeholder perceptions of and recommendations for implementing couple-based IPT to resolve IPV as a dispute and improve women's mental health in preparation for a pilot trial in two hospitals in Nampula City.

**Methods:** We conducted 11 focus group discussions (6-8 people per group) and 7 in-depth interviews with key informants (n=85). We applied an inductive, open coding process and then deductively applied the Consolidated Framework for Implementation Research (CFIR) to organize the coded excerpts.

**Results:** Regarding the intervention, IPT was thought to have a strong relative advantage to treatment as usual. For the outer setting, local attitudes that stigmatize mental health conditions and norm violence as well as an inefficient legal system were perceived as barriers. There was high acceptability among stakeholders, although they expressed that structural challenges in the inner setting related to lack of resources (infrastructure, technology, and human) were constraints. For implementing, adaptation of the approach to screen for and address potential mediators of IPV (e.g., alcohol use, HIV status or discordancy among couples) was thought to be important as well as adopting a multisectoral, coordinated response to implementation.

#### *Citations / References*

1. Wainberg ML, Gouveia ML, Stockton MA, Feliciano P, Suleman A, Mootz JJ, et al. Technology and implementation science to forge the future of evidence-based psychotherapies: The PRIDE scale-up study. *Evid Based Ment Health*. 2020;1-7.
2. Wainberg ML, Lovero KL, Duarte CS, Fiks Salem A, Mello M, Bezuidenhout C, et al. Partnerships in Research to Implement and Disseminate Sustainable and Scalable Evidence-Based Practices (PRIDE) in Mozambique. *Psychiatr Serv [Internet]*. 2020 Dec 18 [cited 2021 Mar 15];appi.ps.2020000. Available from: <https://psychiatryonline.org/doi/10.1176/appi.ps.202000090>.

---

## Can Suicidal Ideation be Treated with Interpersonal and Social Rhythm Therapy Alone for Adults with Bipolar II depression?

Bridget Bailey<sup>1</sup>, Theresea Early<sup>2</sup>, Holly Swartz<sup>3</sup>

<sup>1</sup>West Virginia University, USA

<sup>2</sup>Ohio State University, USA

<sup>3</sup>University of Pittsburgh, USA

---

**Background and Objective:** Individuals with bipolar disorders (BDs), including bipolar II disorder (BD II), are at highest risk of death from suicide of all psychiatric disorders. Symptoms such as anxiety and childhood trauma increase this risk and worsen illness course and outcomes. Few studies have examined suicidal ideation (SI) as an outcome in psychotherapy research of BDs. The objective of this study is to investigate whether medication in addition to Interpersonal and Social Rhythms Therapy (IPSRT), an adaptation of Interpersonal Psychotherapy for bipolar disorders, is superior to IPSRT alone in reducing suicidal ideation in adults with bipolar II depression. Our secondary aim is to investigate whether co-occurring anxiety or childhood trauma predicted treatment response.

**Methods:** Multilevel logistic regression with growth modeling was used to analyze an intent to treat sample of individuals meeting DSM IV criteria for bipolar II disorder, currently depressed (n=92), randomly assigned to receive IPSRT+placebo or IPSRT+quetiapine and treated for 20 weeks. Suicidal ideation was assessed at baseline and weekly using the Hamilton Depression Rating Scale (HDRS-17) item 3 measured categorically as 0 = no ideation and  $\geq 1$  indicating suicidal ideation. Anxiety and childhood trauma were measured categorically using the Patient Reported Outcomes Measurement Information System (PROMIS) Anxiety short form and Childhood Trauma Questionnaire Short Form (CTQ-SF).

**Results:** Results demonstrate a decrease in odds of suicidal ideation over time (OR = 0.8719, 95% CI = 0.8166-0.9309, P = 0.000), with a 13% decrease in the odds of having suicidal ideation for each additional week of treatment. There was no significant difference between those receiving IPSRT+placebo v. IPSRT+quetiapine.

**Conclusions and Implications:** IPSRT has the potential to mitigate suicide risk in patients with BD II depression regardless of whether they receive medication in addition to IPSRT. Patients with childhood trauma or anxiety had the same improvement in their SI as those without these complicating factors. IPSRT alone may be a reasonable option to treat SI (i.e. without specific plan and intent) in an outpatient setting for patients with BD II. Study limitations include absence of standard of care psychotherapy group, a medication only treatment group, the small sample size with limited diversity, and high dropout.

### *Citations / References*

Frank, E., Kupfer, D. J., Thase, M. E., Mallinger, A. G., Swartz, H. A., Fagiolini, A. M., Grochocinski, V., Houck, P., Scott, J., Thompson, W., & Monk, T. (2005). Two-year outcomes for interpersonal and social rhythm therapy in individuals with bipolar I disorder. *Archives of General Psychiatry*, 62(9), 996–1004. <https://doi.org/10.1001/archpsyc.62.9.996>

Schaffer, A., Isometsä, E. T., Tondo, L., H Moreno, D., Turecki, G., Reis, C., Cassidy, F., Sinyor, M., Azorin, J.- M., Kessing, L. V., Ha, K., Goldstein, T., Weizman, A., Beautrais, A., Chou, Y.-H., Diazgranados, N., Levitt, A. J., Zarate, C. A., Jr, Rihmer, Z., & Yatham, L. N. (2015). International Society for Bipolar Disorders Task Force on Suicide: meta-analyses and meta-regression of correlates of suicide attempts and suicide deaths in bipolar disorder. *Bipolar Disorders*, 17(1), 1–16. <https://doi.org/10.1111/bdi.12271>

Swartz, H. A., Rucci, P., Thase, M. E., Wallace, M., Carretta, E., Celedonia, K. L., & Frank, E. (2018). Psychotherapy Alone and Combined With Medication as Treatments for Bipolar II Depression: A Randomized Controlled Trial. *The Journal of Clinical Psychiatry*, 79(2). <https://doi.org/10.4088/JCP.16m11027>

---

## **Dialectical Behavior and Social Rhythm Therapy for Co-occurring Bipolar Disorder and Borderline Personality Disorder**

Bridget Bailey<sup>1</sup>, Danielle Novick<sup>2</sup>, Kristen Boyce<sup>3</sup>, Holly Swartz<sup>4</sup>

<sup>1</sup>West Virginia University, USA

<sup>2</sup>U.S. Department of Veterans Affairs (VA) Pittsburgh Healthcare System, USA

<sup>3</sup>West Virginia University, USA

<sup>4</sup>University of Pittsburgh, USA

---

Bipolar disorder (BD) and borderline personality disorder (BPD) are psychiatric illnesses associated with significant morbidity and mortality.<sup>1</sup> The illnesses commonly co-occur and relative to either diagnosis alone, comorbid BD and BPD (BD-BPD) is associated with poorer outcomes and prognosis, including higher risk of death.<sup>2</sup> Key aspects of psychopathology associated with comorbid BD-BPD include: 1) emotional dysregulation, 2) suicidality, and 3) disrupted circadian rhythms. Thus, a non-somatic treatment approach that addresses the needs of both disorders simultaneously and targets these common core features of psychopathology has obvious advantages for both the co-morbid population and those for whom diagnostic uncertainty exists. To our knowledge, no specific psychotherapy has been described for this high-risk population. Dialectical Behavior Therapy (DBT) and Interpersonal and Social Rhythm Therapy (IPSRT) are recommended by clinical practice guidelines as first line psychotherapies for BPD and BD, respectively.<sup>4,5</sup> Social Rhythm Therapy (SRT) is an adaptation of IPSRT that focuses on behavioral strategies to regulate daily routines to stabilize disturbances in circadian rhythms.<sup>6</sup> DBT helps patients develop strategies to be present in the moment and cope with stress and emotions.<sup>7</sup> It targets life-threatening behaviors, treatment-interfering behaviors, and quality of life interfering behaviors, with the ultimate goal of helping patients build a life worth living. A novel psychotherapy that combines elements of these two evidence-based treatments for BD and BPD respectively, DBT and SRT, is described: Dialectical and Social Rhythm Therapy (DBSRT). Unlike either treatment alone, DBSRT targets all three disease-relevant processes (i.e., emotional dysregulation, suicidality, and disrupted circadian rhythms) and therefore may represent a promising new approach to individuals with comorbid BD-BPD. DBSRT may also have utility for individuals whose diagnosis is unclear because of overlapping characteristics of BD and BPD or for those whose illness presentation includes a mix of BD and BPD traits. Strategies associated with DBSRT are described, and a brief case vignette illustrates its application. At the end of this presentation, participants will be able to identify the DBSRT target population, key treatment goals, phases of treatment, and treatment strategies associated with each phase of treatment.

### *Citations / References*

1. Zimmerman M, Morgan TA: The relationship between borderline personality disorder and bipolar disorder. *Dialogues in Clinical Neuroscience* 2013; 15:155
2. Frías Á, Baltasar I, Birmaher B: Comorbidity between bipolar disorder and borderline personality disorder: prevalence, explanatory theories, and clinical impact. *J Affect Disord* 2016; 202:210-219
3. Shah N, Grover S, Rao GP. *Clinical Practice Guidelines for Management of Bipolar Disorder*. *Indian J Psychiatry* 2017; 59:S51-S66
4. Oldham J. Guideline watch: practice guideline for the treatment of patients with borderline personality disorder. *Focus* 2005; 3:396-400
5. Crowe M, Inder M, Swartz HA, et al: Social rhythm therapy: a potentially translatable psychosocial intervention for bipolar disorder. *Bipolar Disord* 2020; 22:121-12
6. DeCou CR, Comtois KA, Landes SJ: Dialectical behavior therapy is effective for the treatment of suicidal behavior: a meta-analysis. *Behav Ther* 2019; 50:60-72.

---

## Poster 1

---

### **Adapting Interpersonal Therapy for Psycho-oncological Care: A Novel Approach to Addressing Distress and Depression in Cancer Patients within a Group Setting**

Rita Maria Acebo de Arriba<sup>1,2</sup>, Ebba Laing<sup>1,2</sup>

<sup>1</sup>*Department of Psychosomatic Medicine and Psychotherapy, University Hospital Tübingen, Germany*

<sup>2</sup>*Psychooncology Division, Comprehensive Cancer Center Tübingen-Stuttgart, University Hospital Tübingen, Germany*

**Objectives:** A cancer diagnosis triggers significant life changes and an increased need for social support, often accompanied by distress and depressive symptoms in patients. Interpersonal Therapy (IPT) is effective in addressing these issues, making it suitable for psycho-oncological care. This abstract discusses the development of an adapted IPT model for cancer patients with distress or depressive symptoms. The adaptation includes classic IPT elements (grief, role transitions, disputes, deficits) and integrates mindfulness, cancer-related psychoeducation, self-care, and group support.

**Methods:** We tailored a 12-week group psychotherapeutic program based on strategies proven effective for cancer patients with distress or depression. We conducted a comprehensive needs assessment, adapting IPT elements to address cancer-related role transitions, social dynamics, and interpersonal difficulties. Participants (diagnosed with cancer and mild depressive symptoms) undergo pre-therapy psychological diagnostics. We engage patients in defining personal therapy goals. Hybrid participation options are offered, and psychosocial crisis care is available. After completing the program, we assess outcomes, including distress reduction, improved quality of life, and reduced depressive symptoms.

**Results:** While the study is ongoing, our adapted IPT approach aims to effectively address cancer patients' multifaceted needs. Combining classic IPT with mindfulness, psychoeducation, and group support, we anticipate reducing depressive symptoms and enhancing well-being and relationships.

**Conclusions:** Addressing depression is crucial for cancer patients' mental health and overall well-being. Evidence-based IPT adaptation may enhance psycho-oncological care. As data collection continues, we hope to provide insights into this innovative approach's effectiveness.

**Keywords:** IPT, cancer, depression, grief, resilience, radical acceptance, mindfulness, modular group therapy, psycho-oncology.

---

## Poster 2

---

### **Incorporating Culture Consideration in Practice of Interpersonal Psychotherapy in China: A Comparison of Two Cases and the Role of Chinese Funeral Ritual**

Xiaoyi Zhou<sup>1</sup>, Haoyang Zhao<sup>1</sup>, Guoxun Feng<sup>2</sup>, Jianbo Hu<sup>1</sup>, Sarah Bledsoe<sup>3</sup>, Manli Huang<sup>1</sup>

<sup>1</sup>*First Affiliated Hospital, Zhejiang University School of Medicine, China*

<sup>2</sup>*Ningbo Mental Health Center, China*

<sup>3</sup>*School of Social Work, University of North Carolina at Chapel Hill, USA*

**Objectives:** For Interpersonal psychotherapy (IPT) to be more effective in its worldwide dissemination, cultural factors should be taken into account and adaptations should be made. This article assessed two cases contrasting the influence of attending or missing Chinese keening rituals on later depression among bereaved young adults. It also examined IPT's effectiveness in treating bereavement-related depression.

**Methods:** After training 3 social workers and 1 community health worker at the new facilities, group Two cases were compared in this article, with two bereaved individuals, one diagnosed with depression two years after missing mother's keening ritual, and her sister, who participated in the keening ritual and displayed no depressive symptoms. The former sought and received IPT. Cases were presented in details, IPT treatment was presented, and assessments evaluating depression symptoms (Hamilton Depression Scale-17) were conducted for both individuals at baseline and before every session.

**Results:** Scores of the health individual indicated no significant depressive symptoms throughout the process. Scores showed decrease in depressive symptoms for the depressive individual. Her scores decreased drastically at the third measurement and remained relatively low throughout the treatment. IPT alleviated depression by addressing emotional difficulties in interpersonal contexts and resolving past and current relationship problems related to depressive symptoms.

**Conclusions:** The two cases suggest the protective role of keening in Chinese funeral ceremonies for decreasing the risk of subsequent depression among young adults following the death of a family member. IPT effectively treated depression for bereaved population. We call on future studies to investigate other culture-specific rituals with potential psychological significance to better understand how to incorporate culture consideration in practice of IPT in China.

**Keywords:** interpersonal psychotherapy; bereavement; depression; funeral rituals; keening; case comparison; cultural adaptation.

---

## Poster 3

---

### **A preliminary analysis of the effect of a 4-day IPT-A training**

Yuxin Zhang<sup>1</sup>, ChaoChao Lu<sup>1</sup>, Chunyan Zhang<sup>1</sup>, Weihui Li<sup>1</sup>

*<sup>1</sup>Department of Psychiatry, National Clinical Research Center for Mental Disorders, and National Center for Mental Disorders, The Second Xiangya Hospital of Central South University, Changsha 410011, Hunan, China*

**Objectives:** We conducted training courses to help more individuals gain a deeper understanding of Interpersonal psychotherapy(IPT). Combined with practical operation training, the course uses case immersion learning method and provide some typical adolescent scenarios to explain the technology applied by IPT. Additionally, the course uses group cooperation for practical exercises. We evaluated the participants' degree of proficiency with different technologies at the end of the course based on their feedback.

**Methods:** This study administered an online questionnaire survey through Questionnaire Star, facing all members in the Adolescents IPT Training Program. We performed descriptive statistics through SPSS 26.0.

**Results:** (1) Participants reported that the easiest techniques to master were "Map the Relationships" and "Draw Timeline", with 93.62% and 97.87%, respectively. (2) The hardest were "Decision Analysis" and "Brainstorm" techniques, with 38.3% and 36.17%, respectively.

**Conclusions:** (1) The two techniques of interpersonal maps and timelines in IPT-A techniques are more acceptable and easy to use. (2) In the future IPT training and supervision, the explanation and learning of trainees' weaknesses can be strengthened, in order to enrich their counseling and therapeutic skills, and to better integrate and apply them with the clinic.

**Keywords:** Interpersonal psychotherapy; Adolescent; Psychology, Clinical.



---

## Poster 4

---

### **One 4-day IPT-A training: practical applicability of IPT-A techniques**

Yuxin Zhang<sup>1</sup>, ChaoChao Lu<sup>1</sup>, Chunyan Zhang<sup>1</sup>, Weihui Li<sup>1</sup>

*<sup>1</sup>Department of Psychiatry, National Clinical Research Center for Mental Disorders, and National Center for Mental Disorders, The Second Xiangya Hospital of Central South University, Changsha 410011, Hunan, China*

**Objectives:** Interpersonal psychotherapy (IPT) is a short-term, time-limited psychotherapy that focuses on improving the client's interpersonal relationship. IPT includes three phases. The standard approach is 12 to 16 treatments per week. This 4-day course focuses on the three phase of IPT, explaining the basic theory and treatment techniques. After the training, we collected feedback from members on the course to evaluate the practical application of the technology in the initial and middle phases in psychiatric disorders.

**Methods:** This study administered an online questionnaire survey through Questionnaire Star, facing all members in the Adolescents IPT Training Program. We performed descriptive statistics through SPSS 26.0.

**Results:** (1) In the initial phase of IPT learning, participants considered the most practical for future clinical application to be the "Interpersonal Relationship Inventory" and the "Circle of Intimacy and Exploring Attachment", both with 85.11%. (2) In the mid-phase of IPT, participants reported role-playing techniques (85.11%), communication analysis techniques (93.62%), and decision-analysis techniques (72.34%) were the most practical for future clinical application.

**Conclusions:** Therefore, exploring attachment and the Relationship Inventory/Intimacy Circle in the initial phase of IPT, Role-playing techniques, communication analysis techniques, and decision analysis in the mid-phase may have more significant practical benefits for IPT therapists.

**Keywords:** Interpersonal psychotherapy; Adolescent; Psychology, Clinical

---

## Poster 5

---

### **Tipping Eating Disorders - A Protocol to Evaluate the Impact of Group Interpersonal Psychotherapy (IPT-G) for Eating Disorders in Adolescence**

Mara Pinto<sup>1</sup>, Maria Luís Aires<sup>1</sup>, Débora Stolnik<sup>1</sup>, João Barreira<sup>1</sup>

<sup>1</sup>*Centro Hospitalar Tâmega e Sousa, Penafiel, Portugal*

**Objectives:** This study protocol addresses the intricate challenges posed by Eating Disorders in adolescents, with a specific focus on bulimia nervosa (BN), binge eating disorder (BED), and unspecified feeding or eating disorder (UFED). Our goal is to evaluate the effectiveness of Interpersonal Psychotherapy (IPT), particularly in group settings (IPT-G) with adolescents, on ED symptoms and psychological distress.

**Methods:** We designed a naturalistic study. Adolescents with BN, BED, or UFED (according to DSM-5 criteria), aged between 14 and 19 years, and followed-up at the Child and Adolescent Psychiatry Department of the Tâmega and Sousa Hospital Center (Portugal) were selected for group-based IPT-G and invited to participate in the study. Exclusion criteria involve current anorexia nervosa diagnosis, severe comorbid psychiatric conditions, intellectual developmental disorders, and current pregnancy.

**Results:** Assessments of eating disorder psychopathology, general psychological functioning, and weight will be conducted before treatment, at post-treatment, and at 4-month intervals up to 12 months following treatment. Measures include Eating Disorder Examination-Questionnaire (EDE-Q), Beck Depression Inventory (BDI-II), and Brief Symptom Inventory 18 (BSI-18)/ Symptom Checklist-90-Revised (SCL-90-R). By evaluating changes in scores on these scales, the research seeks to contribute valuable information on the effectiveness of IPT-G for adolescents with non-anorexic eating disorders.

**Conclusions:** As one of the first interventions of its kind in Portugal, this study will provide unique preliminary evidence regarding the feasibility and efficacy of the IPT-G for ED in adolescence. Our future findings may contribute to tailor therapeutic strategies, emphasizing the importance of addressing the unique needs of this particular population in routine clinical practice.

**Keywords:** Interpersonal Psychotherapy; Group Therapy; Eating Disorders; Bulimia Nervosa Binge Eating Disorder; Adolescence

---

## Poster 6

---

### **The effectiveness of IPT-B combined with mindfulness on patients with psychiatric sequelae of COVID-19**

Luhan Tang<sup>1</sup>, Heqiu Wang<sup>1</sup>, Fangzhong Xu<sup>1</sup>, Ge Yu<sup>1</sup>, Yuqing Yang<sup>1</sup>, Xiaoyi Zhou<sup>2</sup>

<sup>1</sup>*Tong De Hospital of Zhejiang Province, Zhejiang Mental Health Center, China*

<sup>2</sup>*First Affiliated Hospital, Zhejiang University School of Medicine, China*

**Objectives:** To explore the effectiveness of brief interpersonal psychotherapy (IPT-B) combined with mindfulness on patients with psychiatric sequelae of COVID-19.

**Methods:** The study enrolled 142 participants 6 months post COVID-19 infection who complained of having a psychiatric sequelae in mainland China. All participants were assessed using Patient Health Questionnaire 9(PHQ-9), Generalized Anxiety Disorder 7(GAD-7), Patient Health Questionnaire-15 (PHQ-15), Insomnia Severity Index(ISI), Impact of Events Scale-Revised (IES-R). Participants who assessed as positive scores of any psychological tests were enrolled into the intervention group, and received 8 sessions of the Brief Interpersonal Psychotherapy (IPT-B) combined mindfulness. All participants gave written informed consent. The therapists who conducted IPT-B intervention all undertook a professional training in IPT, and had IPT certificates.

**Results:** Total 64 participants responded the assessment, and 15 participants received the intervention, 7 of them were male, and average age was  $42.13 \pm 9.89$ . 5 participants received the face-to-face intervention, and 10 of them received intervention online by Tencent Meeting. 8 participants were identified problem are as Role Transition, 4 were Role Dispute, 3 were Grief. After 8 weeks intervention, the total score of assessments all significantly reduced, PHQ-19 score were  $4.20 \pm 5.83$  ( $t=3.8, p<0.01$ ), GAD-7 scores were  $2.86 \pm 5.51$  ( $t=2.5, p<0.05$ ), PHQ-15 scores were  $3.53 \pm 4.17$  ( $t=4.41, p<0.01$ ), IES-R scores were  $8.86 \pm 12.64$  ( $t=4.47, p<0.01$ ), ISI scores were  $5.67 \pm 6.34$  ( $t=2.46, p<0.05$ ).

**Conclusions:** IPT-B combined mindfulness intervention could reduce patients with psychiatric sequelae of COVID-19 on depression, anxiety, somatization, PTSD, sleep disturbances symptoms.

**Keywords:** COVID-19, Psychiatric sequelae, IPT-B

---

## Poster 7

---

### **Interpersonal Psychotherapy for Adolescents with Post-Traumatic Stress Disorder: Single Arm Case Series**

Paul Wilkinson<sup>1,2</sup>, Viktoria Cestaro<sup>2</sup>

<sup>1</sup>*University of Cambridge, United Kingdom*

<sup>2</sup>*Cambridgeshire and Peterborough NHS Foundation Trust, Cambridge, United Kingdom*

**Background:** Post-traumatic stress disorder (PTSD) is an important psychiatric disorder causing significant morbidity to adolescents. Cognitive-behaviour therapy (CBT) has been proven to be effective in adolescents, but has significant drop-out rates. IPT has been demonstrated to be as effective as, and more tolerable than, CBT for adult PTSD.

**Objectives:** To explore the Case series to test whether: (1) IPT can be delivered to adolescents with PTSD; (2) IPT can lead to significant reductions in adolescent PTSD symptoms.

**Methods:** 10 adolescents with complex PTSD (median age 14.5, 70% female) were recruited from a specialist NHS Child and Adolescent Mental Health Service in Suffolk, UK. IPT was delivered by the second author, an experienced IPT-A therapist and trainer.

**Results:** Patients had a range of past traumas, usually multiple, and had tried a range of unsuccessful interventions. Patients received a median of 12.5 sessions (range 8-18). CRIES-8 PTSD symptoms reduced from a median (IQR) of 34 (32-36) to 19 (12-30),  $p=0.03$ . Depressive symptoms (RCADS Depression-T) reduced from a median (IQR) of 85.5 (78-93) to 66.5 (59-84),  $p=0.02$ . As with adult IPT-PTSD, affective attunement was critical; in addition calming down over-arousal and strong involvement of the interpersonal network to utilise developmental adaptiveness of the brain were crucial.

**Conclusions:** Patients had treatment-resistant complex PTSD with high baseline PTSD and depressive symptoms. Tolerability was demonstrated by all patients attending at least 8 sessions. On average, treatment led a significant fall in both PTSD and depressive symptoms, although symptoms often remained moderate-high after treatment. A feasibility RCT should be conducted.

**Keywords:** Interpersonal Psychotherapy, Adolescent, post-traumatic stress disorder, intervention, pilot study

---

## Poster 8

---

### **Brief Interpersonal Psychotherapy for Adolescents for Major Depressive Disorder Patients in China: A Pilot Randomized Controlled Trial**

Xiaoyi Zhou<sup>1</sup>, Shiyi Zhang<sup>1</sup>, Chanchan Hu<sup>1</sup>, Zhong Wang<sup>1</sup>, Jianbo Hu<sup>1</sup>, Manli Huang<sup>1</sup>

<sup>1</sup>*First Affiliated Hospital, Zhejiang University School of Medicine, China*

**Objectives:** Brief Interpersonal Psychotherapy (IPT-B) suits Chinese population for its brevity and accessibility. However, evidence supporting its effectiveness for depressive patients in China is scarce. This randomized controlled pilot trial examined the preliminary efficacy of IPT-B for adult major depressive disorder (MDD) patients in China.

**Methods:** Thirty-eight patients diagnosed with MDD were randomized to IPT-B + medication group and medication group. IPT-B was delivered in-person with 8 weekly 45-minute sessions. Assessments were conducted at baseline, treatment weeks 2, 4 and post-treatment to track changes in depression and anxiety symptoms (Hamilton Depression Scale-24, Hamilton Anxiety Scale), suicidal risks (Beck Scale for Suicide Ideation), subjective experiences (McGill Pain Questionnaire, Snaith-Hamilton Pleasure Scale, Motivation and Energy Inventory) and cognitive functioning (Perceived Deficits Questionnaire-Depression).

**Results:** For both groups, there were significant pre- and post-treatment decrease in depression symptoms, anxiety, suicidal risk, and sensory and affective pain ( $p < 0.05$ ), as well as significant increase in motivation/energy, cognitive functioning, and pleasure experience ( $p < 0.05$ ). Motivation/energy increased more in the IPT-B + medication group than in the medication group ( $p = 0.001$ ). Significant differences favoured IPT-B + medication group for lower levels of pain at Week 2 and 4, and lower suicidal risk at Week 4.

**Conclusions:** IPT-B is promisingly an effective and feasible treatment for depressive patients in China, which can be combined with medication and perform better in many aspects than medication alone. This trial is pioneering in investigating use of IPT-B in China. Future studies should benefit from exploration of its applicability, efficacy and mechanism of change in Chinese population.

**Keywords:** brief interpersonal psychotherapy; major depressive disorder; Chinese population; combining medication; symptoms; suicidal risks.

---

## Poster 9

---

### **IPT Workshops in Japan - Toward better IPT in clinical practice**

Yuko Toshishige<sup>1</sup>, Keiichiro Adachi<sup>2</sup>, Takayuki Iwayama<sup>3</sup>, Yasunori Oishi<sup>4</sup>, Masaki Kondo<sup>5</sup>, Mirai So<sup>6</sup>, Hiroko Maekawa<sup>7</sup>, Takuya Okami<sup>1,8</sup>, Tatsuo Akechi<sup>1</sup>, Hiroko Mizushima<sup>9</sup>

<sup>1</sup>*Department of Psychiatry and Cognitive-Behavioral Medicine, Nagoya City University Graduate School of Medical Sciences, Nagoya, Japan*

<sup>2</sup>*Division of Fundamental Nursing, School of Health Sciences Yamaguchi-University, Graduate School of Medicine, Yamaguchi, Japan*

<sup>3</sup>*Department of Psychology, Showa Women's University, Tokyo, Japan*

<sup>4</sup>*Sendai Tomizawa Hospital, Miyagi, Japan*

<sup>5</sup>*National Center of Neurology and Psychiatry, Tokyo, Japan*

<sup>6</sup>*Department of Psychiatry, Tokyo Dental College, Tokyo, Japan*

<sup>7</sup>*Faculty of Humanities, Kanazawa Gakuin University, Kanazawa, Japan*

<sup>8</sup>*Matsukage Hospital, Nagoya, Japan*

<sup>9</sup>*Mizushima Hiroko IPT Clinic, Tokyo, Japan*

**Objectives:** Interpersonal psychotherapy (IPT) was introduced to Japan in 1997, when the world's first manual, *Interpersonal Psychotherapy of Depression*, was translated and published by Dr. Hiroko Mizushima and her colleagues. At that time, Dr. Mizushima was directly trained by Dr. Weissman, Dr. Markowitz, and other leading IPT specialists in the U.S., and actively began to introduce IPT into her own clinical practice and to promote its use in Japan.

**Methods:** The IPT workshops in Japan are divided into two sections: an introductory section and a practical application section. In addition, a workshop focusing on role-playing is held. The introductory section is a luxurious 8-hour introductory course that includes an overview of the IPT philosophy and basic approach of Dr. Klerman, Dr. Weissman, and others, as well as Dr. Mizushima's own case presentations using video and verbatim transcripts. On the other hand, the practical application section is a case review session using a group supervision format. As we entered the year 2020, the number of people infected with COVID-19 increased in Japan, forcing us to distance ourselves from people, and we were no longer able to hold the face-to-face workshops we had held in the past. In order not to reduce study opportunities for IPT, we decided to hold web-based workshops starting in May 2020.

**Results:** More than 1,000 professionals have been able to participate in the introductory sections of the IPT workshops. Many professionals have repeatedly participated in practical application sections afterwards.

**Conclusions:** We would like to present the workshops in Japan.

**Keywords:** Japan, an introductory section, a practical section, a web-based workshop

---

## Index of Authors

---

### A

Adachi, Keiichiro 77  
Adam, Salma 57  
Aires, Maria Luísa 73  
Akechi, Tatsuo 64, 77  
Akidi, Alice 43  
Anderson, Gabrielle 20, 50  
Atmore, Katie 41, 42, 43

### B

Bäck, Malin 51, 59  
Bailey, Bridget 52, 67, 68  
Barreira, João 73  
Ben Rafael, Sharon 5, 6  
Bernard, Charlotte 54  
Bila, Carolina 57  
Bledsoe, Sarah 62, 70  
Bonell, Chris 42  
Bonfils, Kelsey 62  
Boyce, Kristen 68  
Brakemeier, Eva-Lotta 49  
Broner, Sarah 9, 10  
Brown, Gemma 44, 48  
Brunstein Klomek, Anat 20  
Buyers, Eliza 14  
Bylsma, Lauren 27

### C

Cestaro, Viktoria 37, 48, 49, 75  
Chiao, Sarah 17, 18  
Chung, Joseph 20  
Clougherty, Kathleen 57  
Cogo, Hugo 25  
Cohn, Jeff 27  
Coimbra, Bruno 25  
Conley, Colleen 10  
Counts, Jonathon 19  
Cree, Melanie 14  
Cyranowski, Jill 38

### D

Davis, Julien 52  
Davis, Molly 13, 15, 50  
de Arriba, Rita Maria Acebo 56, 69  
de Rekeneire, Nathalie 54  
Dietz, Laura 17, 19, 38, 39, 49, 52  
dos Santos, Katia 66  
dos Santos, Palmira Fortunato 57, 66  
Duffy, Fiona 41, 43, 44, 48  
Dysart, Gillian 13

### E

Early, Theresea 67

### F

Feijo de Mello, Marcelo 24, 25  
Feliciano, Paulino 66  
Feng, Guoxun 70  
Ferdenzi, Katherine 46  
Fernandes, Maria Eduarda 57  
Flores, Luis 62  
Font, Héléne 54  
Fournier, Jay 27

### G

Gallop, Bob 13  
Gillham, Jane 13  
Girard, Jeffrey 27  
Golphin, Quiana 17, 19  
Graf, Johanna 56  
Gulley, Lauren 13, 14, 15

### H

Halevi, Lilach 9  
Hareli, Maya 10  
Hay, Dan 11  
Hu, Chanchan 76  
Hu, Jianbo 70, 76  
Huang, Keng Yen 31  
Huang, Manli 43, 70, 76

### I

Iwayama, Takayuki 77

### J

Jabal, Parveen 11  
Jaquet, Antoine 54  
Ji, Chenfeng 53  
Jones, Jason 13

### K

Kahn, Saida 17, 66  
Kaiser, Maggie 14, 15  
Kanine, Rebecca 13  
Katangwe-Chigamba, Thando 37  
Kathono, Joseph 31  
Keefe, Jack 24, 26  
Kelly, Morgen 27  
Kidd, Jeremy 52  
Kirpekar, Sheetal 18  
Kogi-Makau, Wambui 32  
Kondo, Masaki 64, 77

**K (continued)**

Krauss, Uriel 11  
Kumar, Manasi 31, 32, 34

**L**

Laing, Ebba 56, 69  
Lam, Hawa Abou 54  
Lam, Janet TK 20  
Latzer, Yael 51  
Law, Roslyn 36, 43  
Lehrain, Hannah 46  
Li, Weihui 71, 72  
Lloyd, Alexander 36  
Lovero, Kathryn 57  
Lu, ChaoChao 71, 72  
Luitel, Nagendra Prasad 42, 60, 61  
Luo, Yan Li 53  
Luty, Sue 5, 6, 63

**M**

Maciel, Mariana 25  
Madeghe, Beatrice 31, 32  
Maekawa, Hiroko 77  
Mahmudul Alam, A.N.M 43  
Markowitz, John 24, 25, 62  
Matsuzaka, Camila 21, 22, 57  
Mello, Andrea 25  
Mello, Marcelo 17, 21  
Mello, Thays 57  
Mhaleni, Zibebe 21  
Miller, Leslie 9, 10, 20, 43  
Milrod, Barbara 24, 26  
Mizushima, Hiroko 64, 77  
Mootz, Jennifer 17, 18, 66  
Morency, Louis-Phillippe 27  
Moridi, Leyly 66  
Moss, Susanna 47  
Mufson, Laura 20, 37, 57, 62  
Murray, Khavah 19  
Mwavua, Shillah 31, 34

**N**

Ndiaye, Ibrahima 54  
Ndogoni, Lincoln 43  
Newell, Ben 48  
Ngala, Sophia 32  
Ngom, Ndeye Fatou 54  
Ngunu, Carol 31, 32  
Ni, Kaiji 53  
Novick, Danielle 62, 68

**O**

Oishi, Yasunori 77  
Okami, Takuya 64, 77  
Okazaki, Junya 64  
O'Leary, Catherine 47  
Oliffe, John 66  
Omran, Janine 9  
Owens, Patricia 47

**P**

Pan, Yan 53  
Pandey, Parbati 61  
Petit, Véronique 54  
Pinto, Mara 73  
Polak, Vivian 5, 7  
Pradhan, Indira 42, 43, 60, 61  
Proença, Cecilia 25

**R**

Rafaeli, Alexandra Klein 9, 10, 11, 51  
Rafiei Alhosaini, Niloofar 43  
Ragbeer, Shayne 49  
Ranta, Klaus 36  
Ravitz, Paula 9, 51  
Rezaei-Jamalouei, Hasan 43  
Robinson, Elizabeth 51  
Rodrigues, Teresa 57  
Rosalis, Shahar 11  
Rose-Clarke, Kelly 41, 42, 43, 44, 60, 61

**S**

Sardana, Srishti 11, 38, 40  
Schäffeler, Norbert 56  
Schramm, Elisabeth 46  
Schueler, Christie 20, 50  
Schwartz, Karen 13  
Seeley, Carys 37  
Seydi, Moussa 54  
Sharpe, Helen 41, 44  
Shomaker, Lauren 14  
Shrestha, Pragya 42, 43, 60, 61  
So, Amy 13, 15  
So, Mirai 27, 28, 77  
Sonmez, Cemile Ceren 41, 43  
Spada, Meredith 62  
Spotts, Crystal 27  
Stengel, Andreas 56  
Stolnik, Débora 73  
Stuart, Scott 53  
Sun, Xia 53  
Swartz, Holly 27, 38, 67, 68  
Sweetland, Annika 18



**T**

Tang, Luhan 74  
Taylor, Emily 20, 36, 48  
Tepper, Miriam 18  
Thompson, Talia 15  
Tine, Judicaël Malick 54  
Toshishige, Yuko 64, 77

**V**

Valone, Keith 27, 29  
van der Vyver, Talia 62  
Verdeli, Helena 9, 11, 31, 42, 43, 60, 61

**W**

Wang, Heqiu 74  
Wang, Zhong 76  
Wainberg Milton 17, 18, 57, 66  
Waller, Bernadine 21, 22  
Weissman, Myrna 62, 66  
Wilkinson, Paul 37, 75  
Wolk, Courtney Benjamin 15  
Wood, Angela 5  
Woodward, Debbie 47

**X**

Xu, Fangzhong 74

**Y**

Yang, Yuqing 74  
Yator, Obadia 31  
Young, Jami 13, 15, 50  
Yu, Ge 74  
Yuen, Sandra 9

**Z**

Zehender, Nadine 46  
Zhang, Chunyan 71, 72  
Zhang, Lujia 53  
Zhang, Shiyi 76  
Zhang, Yuexin 71, 72  
Zhao, Haoyang 70  
Zhou, Qian 53  
Zhou, Xiaoyi 70, 74, 76  
Zhou, Xiao-Yi 43  
Ziadeh, Salaheddine 43, 54  
Zietlow, Anna-Lena 49  
Zipfel, Stephan 56



INTERNATIONAL  
SOCIETY OF  
INTERPERSONAL  
PSYCHOTHERAPY



Interpersonal Psychotherapy



Cumbria, Northumberland,  
Tyne and Wear  
NHS Foundation Trust

# IPT IN A CHANGING WORLD

