

Interpersonal Therapy Puts Focus on Relationships

Model targets problem area with aim of teasing out destructive, constructive relationship contributors.

BY BETSY BATES
Los Angeles Bureau

VANCOUVER, B.C. — Interpersonal therapy for adolescents—a “new kid on the block” for treating adolescent depression—puts relationships in the spotlight as a way to help teenagers get their lives back on track.

The guiding principle behind interpersonal therapy for adolescents (IPT-A) is straightforward, Lorraine Hathaway said at a conference sponsored by the North Pacific Pediatric Society.

“It relies on the notion that depression occurs in the context of relationships ... [which] can either trigger symptoms or exacerbate the depression. Depression itself can also affect relationships, so there’s an interaction.”

IPT-A was developed by Dr. Laura Mufson at Columbia University in New York. Performed in 12 semistructured sessions, the model focuses on a problem area (grief, role transition, role disputes, interpersonal deficits), with the aim of teasing out destructive and constructive relationship contributors and building skills that make relationships better.

“This makes sense to teenagers. They like it,” said Ms. Hathaway, MSW, a contributor to a mood and anxiety symposium sponsored by faculty members of the

University of British Columbia and British Columbia Children’s Hospital in Vancouver. Ms. Hathaway is coleading an IPT-A education project with Dr. Elizabeth Hall, a adolescent psychiatrist.

Dr. Susan Baer, an adolescent psychiatrist with the UBC Mood and Anxiety Disorders Clinic, said IPT is a new option among evidence-based strategies that can be used to treat adolescent depression, along with cognitive-behavioral therapy and medication.

Clinicians should be aware of it and, with training, can direct it themselves, Dr. Baer said.

“What’s nice about this treatment is it takes basic, good counseling skills and clinical skills, and puts an overlay on them. It uses what you already know if you’re a person used to talking to kids, and working with and counseling kids,” Ms. Hathaway said.

In interpersonal therapy, the therapist assists the adolescent in drawing a “depression circle,” topped by a precipitating event that has an impact on relationships and feelings. At the bottom of the circle are the individual’s depression symptoms, which in turn, also are driven by and feed into events.

Next, the adolescent conducts an “interpersonal inventory” within concentric circles that represent the closeness of re-

lationships. Which friends and family members are helpful? Which have pulled away?

Framing the context of his or her life allows an adolescent patient to begin to see how depression influences the picture.

The goal is to obtain symptom relief while improving interpersonal functioning and resolving overriding problem areas.

Parents are involved in the first and last session and elsewhere as needed. Medication can be used in conjunction with IPT-A, but it is not necessary for all teens.

Obviously, each adolescent’s experience is different, as will be the IPT-A skills that are required.

Ms. Hathaway used as an example the case of 15-year-old Pamela, whose mother suffered from major depression.

The breakup of a relationship, transfer of three friends to a new school, and a distant relationship with her parents all played a role in Pamela’s depression, which was manifested in significant weight loss, suicidal ideation, cutting, poor concentration, irritability, insomnia, and a sharp decline in school performance and social interactions.

Pamela’s job in IPT-A was to mourn the loss of her old role as a girlfriend and the close, day-to-day interactions with the

former classmates. She needed to accept and work toward building competency and mastery in a new role.

To do this, she had to honestly assess the limits of individual friendships and relationships with family members. She also had to practice her communication skills, actually telling people close to her what she needed and expected from them, and what she was willing to give in return. She needed to make new friends and cultivate new interests.

Ms. Hathaway helped her to recognize how her moods affected relationships, and vice versa, and to practice active problem solving focused on the stresses

in her life.

“Our work together is to help you to deal with this big change in your life, voicing your feelings about the relationship[s]. How do you pick up the pieces and go on and look for people who you can be happy with?” she asked.

In a video filmed 6 months after her IPT sessions ended, Pamela said that she realized in retrospect that she had been isolating herself. Her friends, both old and new, commented that she seemed like a new person.

Now, she said, “every second is precious. I’m really excited about biology. I’m actually really cherishing my life.” ■

The therapy is based on the idea that depression occurs in the context of relationships. ‘This makes sense to teenagers. They like it.’

Maternal Depression Predicts Behavior Problems in Children

BY ROBERT FINN
San Francisco Bureau

SAN FRANCISCO — Children of mothers with chronic depression are almost four times as likely to have multiple behavior problems at the age of 3 years as are children of mothers without depression, according to a poster presentation by Dr. Diane L. Langkamp at the annual meeting of the Pediatric Academic Societies.

In addition, both maternal smoking and the lack of health insurance for the child significantly increased the odds of multiple child-behavior problems, wrote Dr. Langkamp and her coinvestigators from the Ohio State University in Columbus.

The investigators of the current study analyzed the results of the 1988 National Maternal and Infant Health Survey—a nationally representative, weighted sample of 9,953 children who were born in the United States that year—and also analyzed a 1991 follow-up to that survey with the same mothers.

When the mothers were first interviewed, their children’s ages

averaged 17 months; at the follow-up the children’s ages averaged 35 months.

At each interview, the original investigators administered the Center for Epidemiologic Studies Depression Scale (CES-D). Scores greater than 15 on that scale are associated with substantial symptoms of clinical depression.

Among the women surveyed, those whose scores were greater than 15 during both interviews were judged to have chronic depression for the purposes of the study. They were compared with women whose scores were 15 or less during both interviews.

At the 1991 follow-up, mothers were asked about the degree or frequency of several types of child behavior or emotional state, such as exhibiting behaviors that were difficult for the mother to manage, the frequency of temper tantrums, and fearfulness.

After adjusting for the mother’s smoking status, the child’s health insurance status, and maternal race, the odds of multiple behavior problems for children of mothers with chronic depression were 3.69 times higher

compared with the children of mothers who did not have depression, Dr. Langkamp and her associates reported.

Maternal smoking increased the odds of behavior problems by 48%, and the lack of health insurance for the child increased the odds of behavior problems by another 50%.

There was also a significant interaction between race and the child’s having chronic illness: The odds of behavior problems were higher for African American and Hispanic children with chronic illnesses but not for white children, the investigators said.

Additionally, the investigators found that if the child’s birth father lived in the home, significant protection was provided against the effects of the mother’s chronic depression on the child’s behavior, they noted.

The odds of not having multiple behavior problems were four times higher for children of chronically depressed mothers living with the child’s birth father compared with children of mothers not living with the child’s

birth father, Dr. Langkamp and her associates wrote.

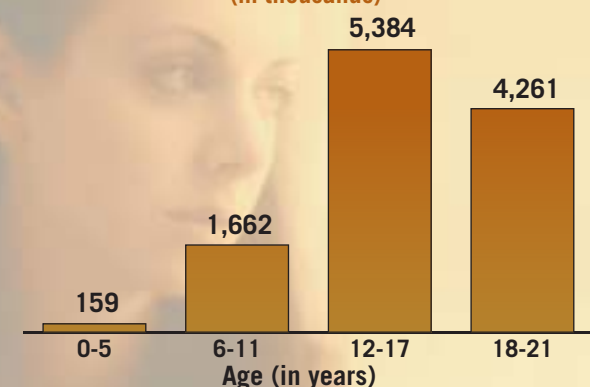
On the other hand, having another adult—such as a grandparent—living in the home provided no protection against child behavior problems in the presence of maternal chronic depression.

Interventions aimed at reducing maternal smoking in the

treatment of depression in mothers of young children may have a positive effect on the behavior of those children, concluded the investigators at the meeting, which was sponsored by the American Pediatric Society, Society for Pediatric Research, Ambulatory Pediatric Association, and American Academy of Pediatrics. ■

DATA WATCH

Number of Antidepressant Prescriptions Filled for Patients Aged 21 and Under
(in thousands)



Note: Estimated data based on prescription drugs dispensed by retail pharmacies throughout the United States, June 2005-June 2006.

Source: Verispan