

7th Conference of the
International Society
of Interpersonal
Psychotherapy

June 14-17, 2017
TORONTO, CANADA



ABSTRACT BOOK

AGENDA

FRIDAY, 16 June 2017

7:00 – 9:00 Registration and Continental Breakfast

09:00 – 11:00 Keynotes

Ballroom

Co-Chairs: Paula Ravitz, Marta Novak

Welcoming Remarks

Benoit Mulsant, Professor & Chair

Molyn Leszcz, Professor & Vice-Chair

University of Toronto, Faculty of Medicine, Department of Psychiatry

Keynote 1

Interpersonal Psychotherapy and the Next Two Years

Myrna Weissman

Keynote 2

The Relevance of Attachment Theory for Psychotherapy

Jon Hunter

11:00 – 11:15 Refreshment Break

11:15 – 12:30

CONCURRENT SESSIONS

11:15 – 12:30 Symposium

Meeting Room TBC

Reflective Function (RF) and Symptom-Specific RF: Key Factors in Affect-Focused Psychotherapies?

Chair: John Markowitz

Discussant: Rolf Holmqvist

O1 Symptom-Specific Reflective Function for PTSD

John Markowitz, Barbara Milrod, Yuval Neria

O2 Symptom-Specific Reflective Function in Panic-Focused Psychodynamic Psychotherapy

Barbara Milrod, Marie Rudden, Jacques Barber, Dianne Chambless

O3 Change in Reflective Functioning in IPT and CBT for Major Depressive Disorder

Annika Ekeblad, Fredrik Falkenström, Gerhard Andersson, Rolf Holmqvist

11:15 – 12:30 Symposium

Meeting Room TBC

History of Childhood Emotional Abuse Among Depressed Mothers: Impacts and IPT Treatment Implications

Co-Chairs: Jill Cyranowski, Holly Swartz

Discussant: Jill Cyranowski

O4 Interpersonal Behaviors in Depressed Mothers and Their Children: Impacts of maternal childhood emotional abuse

Marlissa Amole, Leah Herman, Jill Cyranowski, Jeffrey Girard, Aidan Wright, Holly Swartz

O5 History of Childhood Emotional Abuse Predicts Lower Heart Rate Variability in Depressed Women: Clinical implications for IPT

Lindsey Stone, Marlissa Amole, Jill Cyranowski, Holly Swartz

O6 Social Network Quality Assessment among Depressed Mothers and the Moderating Role of Childhood Trauma in Social Network Quality Treatment Outcomes

Luis Flores, Jill Cyranowski, Marlissa Amole, Holly Swartz

11:15 – 12:30 Symposium

Meeting Room TBC

IPT for Perinatal Depression: Charting New Territory

Chair: Nancy Grote

O7 Telephone-Based Interpersonal Psychotherapy by Trained Nurses for the Treatment of Postpartum Depression: A Canada-wide randomized controlled trial

Cindy-Lee Dennis, Paula Ravitz, Sophie Grigoriadis

O8 A Randomized Controlled Trial of Dyadic-IPT in a Low-income Population with Perinatal Depression

Shannon Lenze, Mary Anne Potts, Jennifer Rodgers, Joan Luby

O9 An Adaptation of Group Interpersonal Psychotherapy in the Perinatal Period

Sue Luty

O10 Public Health Based Interpersonal Therapy for Perinatal Depression Among Socioeconomically Disadvantaged Women: Adverse neonatal birth events and treatment response

Amritha Bhat, Nancy Grote, Joan Russo, Mary Lohr

O11 Incremental benefit-cost of MOMCare: Collaborative care for perinatal depression in economically disadvantaged women

Nancy Grote

12:30 – 13:45 Lunch Break (on your own)

ISIPT Membership Subcommittee Meeting

Room TBC

ISIPT Web-Presence/Facebook Subcommittee Meeting

Room TBC

13:45 – 15:15

CONCURRENT SESSIONS

13:45 – 15:15 Paper Session 1

Meeting Room TBC

Treatment and Training Across Diverse Settings

Chair: Roslyn Law, John Markowitz

O12 A Systematic Review of the Effectiveness of Interpersonal Counselling

Linda Morison, Sonal Malkan, Louise Deacon, Nicola Carey, Freda Mold, Paul Wilkinson

O13 Task shifting Interpersonal Counseling for Depression in Primary Care

Camila Matsuzaka, Marcelo Feijó de Mello, Rosaly Braga, Bruno Coimbra, Annika Sweetland, Milton Wainberg

O14 Psychological Treatments for the World: Lessons learned from a common elements approach and low and middle income countries

Daisy R. Singla, Brandon Kohrt, Laura K. Murray, Arpita Anand, Bruce F. Chorpita, Vikram Patel

O15 A Matched Care Approach for the Provision of Interpersonal Psychotherapy (IPT) in NHS Scotland: The 'Prospect' Model

Patricia Graham, Linda Irvine, Debra Bowyer

O16 CREATIP Experience: A 12 years old organization for promoting and disseminating IPT in France

Laurent Jacquesy, Thierry Bottai, Frederic Kochman

O17 Web Based Therapist Training in Interpersonal Psychotherapy for Depression

Joshua Lipsitz, Kenneth Kobak, John Markowitz, Kathryn Bleiberg

13:45 – 15:15 Paper Session 2

Meeting Room TBC

Transdiagnostic Applications of IPT

Co-Chairs: Matthias Schwannauer, Marcelo Feijó de Mello

O18 Interpersonal Psychotherapy for Depressed Parkinson's Disease Patients: An Open-Label Feasibility Trial

Diana Koszycki, Jacques Bradwejn, Monica Taljaard, Cary Kogan, David Grimes

O19 Posttraumatic Stress Disorder in Raped Victims: Applicability of Interpersonal Psychotherapy

Cecília Proença, Andrea Feijó de Mello, Euthymia Prado, Rosaly Braga, Thays Mello, Luciana Porto, Janaína Cruz, John Markowitz, Marcelo Feijó de Mello

O20 Work-focused Interpersonal Psychotherapy Versus Treatment-as-usual for Major Depression Related to Work Stress

Elisabeth Schramm

O21 IPT for Severe and Enduring Conditions - Psychosis and bipolar disorder

Helen Griffiths , Emily Taylor, [Matthias Schwannauer](#)

O22 Interpersonal Counseling (IPC) in General Medicine in France

Thierry Bottai, J. M. Sengelen, B. Lavigne, A. Huck, I. Cotton, E. Audebert-Merilhou, B. Lavigne

O23 Emotional Processes in IPT and CBT Therapies Where Patients Stop Coming

Rolf Holmqvist

13:45 – 15:15 Paper Session 3

Meeting Room TBC

IPT for Children, Adolescents, Youth and University Students

Co-Chairs: Faye Mishna, Laura Dietz

O24 Implementing Evidence Based Practices (IPT) to Support Students in our Local District School Boards

Joanne Jones, Ronald Frey, Cindy Goodman Stulberg

O25 I Can Succeed- Middle School (ICS-MS), a School-based Intervention based on IPT-A for Students Diagnosed with Specific Learning Disorders: Early outcomes

Daphne Kopelman-Rubin, Anat Brunstein Klomek, Laura Mufson

O26 Interpersonal Counseling (IPC) for University Students: Using the Brief IPT Form as a Primary Intervention - A Clinical Report

Alexandra Rafaeli, Leslie Miller, Laura Dietz, Myrna Weissman, Lena Verdelli

O27 A Clinical Pilot Study in Germany: Effects of Interpersonal Psychotherapy for depressed adolescents (IPT-A) in an outpatient therapy setting

Anne Von Lucadou, Judith Grün, Christian Fleischhaker

O28 Interpersonal Psychotherapy for Adolescents with Mood and Behavior Dysregulation: A Randomized Pilot Study

Leslie Miller, Stefanie Hlastala, Laura Mufson, Ellen Leibenluft, Gayane Yenokyan, Mark Riddle

13:45 – 15:15 Mini-Workshops

W1

Meeting Room TBC

Interpersonal Psychotherapy for Depression with Panic Spectrum Symptoms (IPT-PS)

Jill Cyranowski, Ellen Frank

W2

Meeting Room TBC

The Perils, Pitfalls and Possibilities of New Social Media in IPT Sue Luty, Holly Swartz, Laura Mufson, Anat Brunstein Klomek, Sarah E. Bledsoe, Oguz Omay

15:15 – 15:30 Refreshment Break

15:30 – 16:45 Keynotes

Ballroom

Chair: Marc Blom

Keynote 3

Interpersonal Psychotherapy for Chronic PTSD: New Findings

John Markowitz

Keynote 4

The Role of Interpersonal Psychotherapy (IPT-A) in Effective Mental Health Services for Youth

Laura Mufson

17:00 – 18:30 Interactive Poster Session with Wine & Cheese Reception

POSTER SESSION

Ballroom

There will be two 'tours' of posters guided by the session chairs as listed below. Conference attendees can choose to accompany the chairs of each poster tour, or circulate independently. The best poster will award will be announced at the closing ceremony of the conference.

POSTER TOUR I

Chairs: Hiroko Mizushima, Sue Luty

P1 A Systematic Review of Non Cognitive-Behavioral Psychotherapies Efficacy for Depressive Disorders During Childhood and Adolescence.

Joana Petrilli, Marcelo Feijó de Mello

P2 Interpersonal Psychotherapy Acute Crisis (IPT AC) for Deliberate Self-Harm/Poisoning: Results from a 2 year pilot study

Patricia Graham, Linda Irvine, Debra Bowyer, Joyce Follan, Claire Bashford, Catherine Moar, Robby Steel, Richard Taylor

P3 Adolescent Pregnancy and Challenges in Kenyan Context: Modifying IPT to address multiple individual and family barriers

Manasi Kumar, Judith Osok, Pius Kigamwa, Eric Kimbui, Mary Kuria, Keng-Yen Huang, Mary McKay

P4 Sleep, Somatic, and Panic Symptoms Predict Subsequent Suicide Plan Among Depressed Primary Care Patients in India

Ceren Sönmez, Srishti Sardana, Vikram Patel, Lena Verdeli

P5 The Relation Between Changes in Participants' Interpersonal Impact Messages And Outcome in Interpersonal Psychotherapy for Depression

Katherine Gnall, Alice Coyne, Michael Constantino, Katherine Newkirk, Paula Ravitz, Carolina McBride

P6 Analysis of Attachment Style and Stability of Attachment Measure In a Sample of Women with Post-Traumatic Stress Disorder Following Sexual Assault

Mariana R. Maciel, Andrea Feijó de Mello, Cecília R. Proença, Vinicius F. Calsavara, Camila T. Matsuzaka, Euthymia A. Prado, Marcelo Feijó de Mello

P7 Interpersonal Psychotherapy Dissemination: Psychiatry, University of Ottawa

Benjamin Fortin-Langelier, Timothy Moran

P8 Training the Trainer: Experience in Mozambique

Camila T. Matsuzaka, Wilza Fumo, Saida Khan, Palmira F. Santos, Maria Lidia Gouveia, Rosaly F. Braga, Milton L. Wainberg, Euthymia A. Prado, Mariana R. Maciel, Marcelo Feijó de Mello

P9 Interpersonal Trauma History and Perinatal Depression in Low-Income Adolescent Mothers in the United States

Sarah E. Bledsoe

POSTER TOUR II

Chairs: Elisabeth Schramm, Jill Cyranowski

P10 IPT-A as a Bridge to "Building Healthy Children"

Robin J. Sturm

P11 Interpersonal Functioning of Bariatric Candidates Compared to a Control Group with Normal Weight

Inbal Globus, Anat Brunstein Klomek, Yael Latzer

P12 Resilience in Severe Mental Disorders: Correlation with clinical measures in major depression, bipolar disorder and schizophrenia inpatients

Katiúscia Nunes, Neusa Rocha

P13 New Applications of IPT: A case report of an adult with gender dysphoria

Neusa Rocha, Daniel Moura, Maria Lobato

P14 Using IPT Group Psychotherapy to Shift Clinician Perceptions and Improve Therapeutic Milieu on an Acute Inpatient Unit: A qualitative study
Sabina Nagpal, Jacqueline Kinley, Sandra Reyno

P15 Six Phases of the Circle: A close look at the closeness circle
Oguz Omay, Anat Brunstein Klomek, Melike Duran Donmez

P16 IPT-ADHD: A new option
Laurent Jacquesy, Frederic Kochman

P17 Effect of Interpersonal Counseling on Subthreshold Depression in Undergraduates—A Preliminary Study Considering Distress Type
Ami Yamamoto, Reiko Taketani, Emi Tsujimoto, Noa Tsujii, Osamu Shirakawa, Hisae Ono

P18 Can Interpersonal Psychotherapy Improve Each Symptom of Multi-Psychiatric Comorbidities?: A case series
Risa Imai, Masaki Kondo, Keiko Ino, Junya Kuwabara, Yuko Toshishige, Nishikiran Tokuyama, Masayoshi Kawabe, Tomoyuki Hirota, Hiroko Sekiguchi, Hiroko Mizushima

19:00 – 22:00 Social Dinner* with live music, jazz trio

Arcadian Loft, 401 Bay Street, 8th Floor

**Dinner tickets are \$100 (CAD) and may be purchased at the time of registration*

SATURDAY 17 June 2017

7:30 – 9:00 Registration and Continental Breakfast

7:30 – 8:30 Open Forum, Update & Discussion of Certification **Ballroom**

9:00 – 11:00 Keynotes **Ballroom**
Chair: Dawit Wondimagegn

Keynote 5

The Place of Culture in Global Mental Health: Reflections on the Cultural Adaptation of Interpersonal Psychotherapy

Laurence J. Kirmayer

Keynote 6

From Bogota to Beirut through Kampala: New Perspectives in IPT Dissemination

Lena Verdeli

11:00 – 11:15 Refreshment Break

11:15 – 12:30 CONCURRENT SESSIONS

11:15 – 12:30 Symposium **Ballroom**

O29 Disseminating IPT: Lessons learned from implementation research and training initiatives

Chair: Oguz Omay

Denise Wilfley, Heather Flynn, Dawit Wondimagegn, Roslyn Law

11:15 – 12:30 Mini-Workshops

W3 **Meeting Room TBC**

The Fourth Problem Area of Social Deficits in IPT

Anat Brunstein Klomek, Malin Bäck, Elisabeth Schramm, Sue Luty

W4 **Meeting Room TBC**

Family-Based Interpersonal Psychotherapy (FB-IPT) for Depressed Preadolescents

Laura J. Dietz, Rebecca B. Weinberg, Laura Mufson

12:30 – 13:30 Lunch Break (on your own)

ISIPT Members Lunch* - Mentoring Launch **Ballroom**

A special opportunity to meet with expert IPT researchers and clinicians...or simply to network with friends and colleagues. Topic-oriented mentoring tables will focus on themes such as adolescent depression, group IPT, peripartum mood disorders, organizing and conducting IPT

training, IPSRT, brief interventions/IPC, etc. Sign-up sheets for the mentoring tables will be available at the Registration Desk.

13:30 – 14:30 General Assembly of ISIPT Members*

**Events open to ISIPT members only*

14:30 – 14:45 Refreshment Break

14:45 – 16:00 CONCURRENT SESSIONS

14:45 – 16:00 Symposium

Meeting Room TBC

Shorter IPT Interventions: When, where and why should we use them?

Chair: Nuno Carrilho

Discussant: Myrna Weissman,

O30 Past, Present and Future of Briefer Models of IPT

Nuno Carrilho

O31 IPT-B: Meeting the needs of non-treatment seeking women

Holly Swartz

O32 15 Years of Scottish Experience in Brief IPT Models

Patricia Graham

14:45 – 16:00 Symposium

Meeting Room TBC

Cognitive Therapy Compared to Interpersonal Psychotherapy for Depression: How (well) do they work, how long, for whom, and in which frequency?

Chair: Frenk Peeters

Discussant: John Markowitz

O33 Acute and Long-term Outcomes of Cognitive Therapy vs. Interpersonal Psychotherapy for Depression: Results of a Randomized Controlled Trial

Lotte Lemmens

O34 Predicting Optimal Acute and Long-Term Outcomes in Cognitive Therapy or Interpersonal Psychotherapy for Depressed Individuals Using the Personalized Advantage Index Approach

Suzanne Van Bronswijk

O35 Improving Outcomes of CBT and IPT for Depression: The role of session frequency, therapy-specific skills and experimental mechanism research

Sanne Bruijniks

14:45 – 16:00 Mini-Workshops

W5

Meeting Room TBC

Integration of Motivational Interviewing and IPT to Enhance Treatment Engagement and Outcomes

Heather A. Flynn

W6

Meeting Room TBC

Being Alive Through Grief

Oguz Omay, Anat Brunstein Klomek

16:00 – 16:15 Break

16:15 – 17:30 Closing Plenary

Ballroom

Chair: Holly Swartz

Keynote 7

A Winding Stair: How a Theory about Unipolar Depression Became an IPT-informed Treatment for Bipolar Disorders and A Range of Other Conditions

Ellen Frank

Closing Ceremony, ISIPT Presidential Address

Paula Ravitz

ABSTRACTS

(In order of presentation)

Keynote 1

Interpersonal Psychotherapy and the Next Two Years

Myrna Weissman

Columbia University College of Physicians & Surgeons and New York State Psychiatric Institute, New York, USA

This lecture from one of the founders of Interpersonal Psychotherapy reviews the recent developments in IPT. As one of the viable, evidence based treatments which has flexibility to meet mental health challenges worldwide, this lecture examines current dissemination of IPT and the next steps needed to grow IPT globally.

Keynote 2

The Relevance of Attachment Theory for Psychotherapy

Jon Hunter

University of Toronto, Department of Psychiatry, Toronto, Canada

It stands to reason that fundamental aspects of human relationship may bear on individual psychotherapy, as it takes place within an interpersonal dyad. This premise will be examined from the perspective of Attachment Theory, as it is an empirically derived, testable model of relationship. Starting with a brief introduction to Attachment Theory, we will then review the evidence for attachment variables influencing psychotherapy process and outcomes, ending with some suggestions about future directions of research.

Symposium

OVERALL

Reflective Function and Symptom-Specific RF: Key Factors in Affect-Focused Psychotherapies?

John Markowitz

Columbia University, Department of Psychiatry, New York, USA

Interpersonal Psychotherapy has long been a therapy in search of a mechanism. Researchers have shown that IPT works, but not how it works. In the era of Research Domain Criteria (RDoC), the field needs an answer. Reflective Function (RF), a measure of how one understands one's own mind and those of others, of how one connects one's emotions to one's life, seems an intuitive fit. This symposium explores the potential utility of RF and its application to symptoms, Symptom-Specific Reflective Function (SSRF), to affect-focused, attachment-based psychotherapies.

John Markowitz will present the issue and its potential application to IPT for posttraumatic stress disorder. Barbara Milrod will present her development of SSRF and her demonstration that it mediates the outcome of panic-focused psychodynamic psychotherapy (PFPP), but not cognitive therapy, of panic disorder. Annika Ekeblad will present her study of RF as a moderator of IPT outcome for major depression. Rolf Holmqvist will discuss the presentations.

O1

Symptom-Specific Reflective Function for PTSD

John Markowitz¹, Barbara Milrod², Yuval Neria¹

¹*Columbia University, Department of Psychiatry, New York, USA*

²*Weill Cornell Medical College, Department of Psychiatry, New York, USA*

IPT has demonstrated efficacy for post-traumatic stress disorder, but its mechanism has yet to be demonstrated. We have shown that IPT does not work through exposure to trauma reminders. We hypothesize that Symptom Specific Reflective Function [SSRF], a sub-domain of Reflective Function that monitors the degree to which patients mentalize their psychiatric symptoms, is a mechanism of IPT for PTSD. The authors have developed and implemented operationalized scales to measure SSRF, focusing on panic disorder symptoms. SSRF has been demonstrated to mediate Panic Focused Psychodynamic Psychotherapy, an efficacious dynamic therapy for panic disorder. We will describe our operationalization and adaptation of the SSRF scales to encompass the attachment aspects of PTSD, and describe our new study of SSRF change in IPT for PTSD in veterans.

O2

Symptom-Specific Reflective Function in Panic-Focused Psychodynamic Psychotherapy

Barbara Milrod¹, Maria Rudden¹, Jacques Barber², Dianne Chambless³

¹*Weill Cornell Medical College, Department of Psychiatry, New York, USA*

²*Adelphi University, Department of Psychology, New York, USA*

³*University of Pennsylvania, Department of Psychology, Philadelphia, USA*

This talk will describe our mediator study of Symptom Specific Reflective Function (SSRF) in the context of a two-site randomized controlled trial of three forms of psychotherapy for panic disorder with or without agoraphobia: CBT, Panic Focused Psychodynamic Psychotherapy (PFPP) and Applied Relaxation Training (ART). The development of SSRF as a measure of the way patients view their symptoms will be described in detail, along with the relationship of SSRF to RF. The mediation study of SSRF will be presented.

O3

Change in Reflective Functioning in IPT and CBT for Major Depressive Disorder

Annika Ekeblad¹, Annika Ekeblad², Fredrik Falkenström¹, Fredrik Falkenström³, Gerhard Andersson¹, Gerhard Andersson⁴, Rolf Holmqvist¹

¹*University of Linköping, Department of Behavioral Science and Learning, Linköping, Sweden*

²*Psychiatric Clinic, Västernorrland County Council, Västernorrland, Sweden*

³*Uppsala University, Center for Clinical Research Sörmland, Sörmland, Sweden*

⁴*Karolinska Institute, Department of Clinical Neuroscience, Stockholm, Sweden*

Background: The mean level of Reflective Functioning (RF) has been found to be low among patients with Major Depressive Disorder (MDD). It is not clear whether low mentalization is a cause of depression or an effect of it, or if some third factor contributes to both. In order to understand the significance of RF in depression it is important to analyze whether RF is changed by treatment, if it co-varies with depression symptoms, and if different treatment approaches influence RF differently.

Methods: In a randomized controlled trial of Interpersonal psychotherapy (IPT) and Cognitive Behaviour Therapy (CBT) for MDD 45 patients were interviewed before and after therapy with an abbreviated form of the Adult Attachment Interview. Answers were rated with the Reflective Functioning scale. The patients were also interviewed with the Depression-Specific Reflective Functioning Interview (DSRF), before and after therapy, and at session five. Treatment outcome was assessed with the Beck Depression Inventory-2 (BDI-II). **Results:** RF increased significantly from before to after treatment, although the mean level was still low after treatment in comparison with the normal population. Change in RF was not correlated with change on the BDI-II. An interaction effect was found for time and treatment approach, with RF changing significantly in IPT but not in CBT. The difference in DSRF ratings before and after therapy was not significant. There was a significant

decrease in DSRF between start of therapy and session 5, and a significant increase in DSRF between session five and end of therapy regardless of treatment approach. **Conclusions:** Although a significant increase was found in RF for patients in IPT, the mean levels on both RF and DSRF were fairly low after therapy. One reason could be that neither of the therapies are focused on change in mentalization. Another reason could be that the treatments were too short to attain more substantial changes in RF. More research is needed to understand the potential role of mentalization in symptom reduction.

Symposium

OVERALL

History of Childhood Emotional Abuse among Depressed Mothers: Impacts and IPT Treatment Implications

Jill Cyranowski¹, Holly Swartz², Marlissa Amole³, Lindsey Stone³, Luis Flores⁴, Leah Herman¹, Jeffrey Girard³, Aidan Wright³

¹Chatham University, Department of Psychology, Pittsburgh, USA

²University of Pittsburgh School of Medicine, Department of Psychiatry, Pittsburgh, USA

³University of Pittsburgh, Department of Psychology, Pittsburgh, USA

⁴VA Pittsburgh Healthcare System and University of Pittsburgh Medical School, Department of Psychiatry, Pittsburgh, USA

History of childhood abuse increases risk for interpersonal dysfunction and mood disorders. While physical and sexual abuse have long been considered paramount, recent data suggest that childhood emotional abuse (CEA) represents a potent, prevalent, and often overlooked risk factor with relevance to depression and IPT. This symposium reviews the impact that maternal history of CEA has on the physiology, behavior and treatment outcomes of depressed mothers and their children. Data were collected as part of an NIMH-funded trial providing depressed mothers of psychiatrically-ill children with brief psychotherapy (IPT-MOMS or Brief Supportive Psychotherapy), and a supplemental, laboratory-based study examining mother-daughter interactions.

The first presentation examines the impact of maternal CEA on maternal resting vagal tone (an indicator of parasympathetic function with importance for social engagement), and reports patterns of vagal function during mother-daughter interactions – finding diminished and discordant patterns of vagal activation among depressed dyads. The second talk reports on behavioral indicators of attachment in depressed mothers with CEA, including greater self-reported anxious attachment and interpersonal problems. Children of mothers with CEA also rate mothers' parenting as less warm and more psychologically controlling – and, using novel, video-rated mother-daughter interaction data, demonstrate fewer affiliative behaviors themselves. Finally, outcome data using a novel measure of social network quality indicate that depressed mothers with CEA display differing patterns of change in interpersonal function over time. We review the importance of understanding CEA-related mechanisms underlying the intergenerational transmission of depression, and the need for future assessment and IPT treatment work with these high-risk dyads.

Keywords: *IPT-MOMS; unipolar depression; interpersonal function; intergenerational transmission of depression; childhood emotional abuse*

O4

Interpersonal behaviors in depressed mothers and their children: Impacts of maternal childhood emotional abuse

Marlissa Amole¹, Leah Herman², Jill Cyranowski², Jeffrey Girard¹, Aidan Wright¹, Holly Swartz³

¹University of Pittsburgh, Department of Psychology, Pittsburgh, USA

²Chatham University, Department of Psychology, Pittsburgh, USA

³University of Pittsburgh School of Medicine, Department of Psychiatry, Pittsburgh, USA

Many depressed mothers have difficulty engaging in positive interactions with their children, which may contribute to increased risk of adverse interpersonal and psychiatric child outcomes. We hypothesize that depressed mothers with history of childhood emotional abuse (CEA) may struggle most with positive parenting. In a treatment study providing depressed mothers of psychiatrically-ill children ($n=168$) with brief psychotherapy (IPT-MOMS or Brief Supportive Psychotherapy) we examined relationships between maternal CEA and both maternal and child reports of interpersonal behaviors and parenting practices. In ANCOVAs controlling for mothers' race, income, marital status, and baseline depression (HRSD-17), mothers with CEA reported experiencing more interpersonal difficulties, less social support, and greater levels of anxious attachment ($ps \leq .05$), and were viewed by their children as parenting with less warmth/acceptance and more psychological control ($ps < .05$), at baseline assessment. Children of mothers with CEA also displayed poorer interpersonal function themselves ($p < .05$). In a laboratory-based supplement study including a subset of mother-child dyads recruited from this clinical sample ($n=39$) and never-depressed mother-child dyads ($n=24$), we observed affiliative behaviors of dyads during discussions about shared pleasant events and relationship conflicts. We found that when mothers reported more depressive symptoms, they were less affiliative with their children ($B=-0.619$, $p=0.014$) and their children were less affiliative with them ($B=-0.350$, $p=0.050$). In addition, children with mothers reporting CEA showed less affiliative behaviors during discussions ($B=-0.138$, $p=0.004$). Because parent-child interaction patterns may influence adolescent development of positive social attachments and adaptive interpersonal functioning, this may be an important target for treatment of depression with IPT.

Keywords: *maternal depression, parenting behaviors, interpersonal functioning, childhood emotional abuse*

O5

History of childhood emotional abuse predicts lower heart rate variability in depressed women: Clinical implications for IPT

Lindsey Stone¹, Marlissa Amole², Jill Cyranowski³, Holly Swartz⁴

¹University of Pittsburgh, Department of Psychology, Pittsburgh, USA

²University of Pittsburgh, Psychology, Pittsburgh, USA

³Chatham University, Counselling Psychology, Pittsburgh, USA

⁴University of Pittsburgh School of Medicine, Psychiatry, Pittsburgh, USA

Depression is associated with diminished ability to regulate emotions and respond flexibly to environmental stressors. Common among depressed adults, a history of childhood emotional abuse (CEA) is thought to impair adaptive physical and emotional stress responses. For depressed mothers, these factors may interfere with the ability to positively engage in, and sensitively respond to, child-focused interactions. We examined high-frequency heart rate variability (HF-HRV), a physiologic indicator of parasympathetic (vagal) function thought to facilitate social engagement and socio-emotional responding, in mother-child dyads. First, in an initial study of 30 depressed mothers drawn from a larger treatment study of depressed mothers of psychiatrically-ill children, we found that 37% of mothers reported significant CEA histories (on Childhood Trauma Questionnaire), and that CEA history was associated with lower resting-state HF-HRV in models covarying for common HF-HRV predictors (age, smoking status, BMI, lifetime-history of PTSD) and current psychiatric severity ($F(1,30)=8.91$, $p=.007$, $\eta_p^2=0.30$). In addition, a substudy used hierarchical linear models to compare changes in HF-HRV observed in a subset of depressed ($N=23$) and never-depressed ($N=23$) mother-daughter dyads during discussions of shared pleasant events and relationship conflicts. In this study, we found that never-depressed dyads displayed increases in HF-HRV (indicating vagal activation) as well as evidence of physiological synchrony during interactions. In contrast, depressed mother-daughter dyads displayed diminished and discordant patterns of vagal responsiveness. This finding has clinical implications for IPT with respect to factors associated with adolescent development of secure attachments and adaptive emotion regulation, as well as the need to target high-risk mother-daughter dyads.

Keywords: *emotion regulation; depression; IPT; emotional abuse; heart rate variability*

O6

Social Network Quality Assessment among Depressed Mothers and the Moderating Role of Childhood Trauma in Social Network Quality Treatment Outcomes

Luis Flores¹, Jill Cyranowski², Marissa Amole³, Holly Swartz⁴

¹VA Pittsburgh Healthcare System and University of Pittsburgh Medical School, Department of Psychiatry, Pittsburgh, USA

²Chatham University, Department of Psychology, Pittsburgh, USA

³University of Pittsburgh, Department of Psychology, Pittsburgh, USA

⁴University of Pittsburgh School of Medicine, Department of Psychiatry, Pittsburgh, USA

Social network quality assessment is relevant to measure treatment progress in Interpersonal Psychotherapy (IPT). The present study introduces the Social Network Quality (SNQ) scales, which are supplementary scales to the Social Network Inventory (SNI). The original SNI evaluates social network *structure* (i.e., social network size and social role diversity). The SNQ adds two new social network *quality* scales that evaluate levels of (a) positivity/support and (b) negativity/stress in relationships. Notably, childhood emotional abuse (CEA) is emerging as essential for understanding how childhood trauma confers risk for depression, poorer interpersonal functioning, and worse depression treatment response. Therefore, we evaluated whether CEA moderated changes in social network quality during and following treatment. The study sample included 168 participants in a treatment study comparing IPT to Brief Supportive Psychotherapy (BSP) for depressed mothers of psychiatrically-ill children. Participants completed the SNI, SNQ, Childhood Trauma Questionnaire (CTQ), and other measures of social functioning and psychopathology five times over a one-year period starting at treatment initiation. The SNQ detected improvements in social relationship quality in general, and quality of mother-child relationships in particular, following both treatments. Compared to depressed mothers with lower levels of CEA, those with higher levels demonstrated higher baseline levels but also greater reductions in negative/stressful social network interactions over time [$t(132)=-2.41, p=.018$] in both treatments. However, CEA did not moderate increases in positivity/support interactions over time [$t(125)=1.59, p=.115$]. These results suggest that the SNQ may be a valuable tool to assess treatment-induced changes in social relationship quality, particularly among patients with CEA.

Keywords: *Social Network Quality, Assessment, Childhood Emotional Abuse, Treatment Outcomes*

Symposium

O7

Telephone-Based Interpersonal Psychotherapy by Trained Nurses for the Treatment of Postpartum Depression: A Canada-Wide Randomized Controlled Trial

Cindy-Lee Dennis, Paula Ravitz, Sophie Grigoriadis

University of Toronto, Department of Psychiatry, Toronto, Canada

Objective: To evaluate the effect of telephone-based interpersonal psychotherapy (IPT) provided by trained nurses for the treatment of postpartum depression. **Methods:** A multi-site randomized controlled trial was conducted where healthcare providers from 36 health regions across Canada referred women <24 weeks postpartum who scored >12 on the Edinburgh Postnatal Depression Scale (EPDS). Eligible and consenting women with a clinical diagnosis of major depression, as diagnosed using the Structured Clinical Interview for DSM-IV (SCID), were randomized to either the control group (standard community postpartum depression care) or the intervention group (standard community postpartum depression care plus 12 weekly telephone-based IPT sessions) provided by trained nurses in Toronto. Research nurses blinded to group allocation telephoned all participants at 12, 24, and 36 weeks post-randomization. **Results:** In total, 241 women participated in the trial. Those who received the IPT intervention were significantly less likely to be clinically depressed and anxious across the postpartum period than those in the control group. Further, women in the IPT group had higher levels of relationship consensus and cohesion with their partners. Women were highly compliant and

satisfied with the IPT intervention. Health service use and intervention fidelity data will also be presented. **Conclusion:** Telephone-based IPT provided by trained nurses in Toronto was an effective treatment for clinically depressed women living across Canada. Participants felt the nurses were highly competent and that the provision of IPT via telephone was convenient and met their treatment needs. Telephone-based IPT is a novel treatment option for women with postpartum depression, especially those living in rural and remote areas.

Acknowledgements: Funded by the Canadian Institutes of Health Research (Grant # MCT 82332)

Keywords: *postpartum depression, treatment, telepsychiatry*

O8

A Randomized Controlled Trial of Dyadic-IPT in a Low-income Population with Perinatal Depression

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Background: Perinatal depression is a major public health burden impacting both mothers and their offspring. The goal of this study was to extend brief-IPT delivered during pregnancy by including a post-partum attachment based dyadic-component to further maintain mother's treatment gains and enhance the mother-infant relationship (called IPT-Dyad). The current report presents preliminary evidence from a pilot randomized controlled trial comparing IPT-Dyad to Enhanced Treatment as Usual (ETAU). **Methods:** Pregnant women, ages 18 and older, between 12-30 weeks gestation with singleton pregnancies were recruited from an urban prenatal clinic. Women scoring 10 or higher on the Edinburgh Depression Scale with a principal diagnosis of MDD, Dysthymia, or Depression NOS were eligible. Eligible participants were randomized to either IPT-Dyad (n=21) or ETAU (n=21). Maternal and infant outcomes of the intervention were assessed through one-year postpartum.

Results: Participants were primarily African American (77%), single (80%), with an average age of 26. Treatment feasibility, acceptability, and depression severity will be presented from baseline, 37-39 weeks gestation, and at 3, 6, 9, and 12 months postpartum. Results from parenting stress, infant socioemotional development, and mother-infant interactive behaviors (using observational ratings) will also be presented. **Conclusions:** IPT-Dyad is a promising intervention for perinatal depression with potential benefit for mothers and babies. Despite efforts to overcome common barriers to treatment, treatment engagement remained a challenge throughout the perinatal period. More work is needed to engage under-resourced populations in perinatal depression care. Earlier screening and intervention; better integration of care within OB settings, and technology may improve uptake.

Keywords: *perinatal, depression, low-income, mother-infant relationship*

O9

An Adaptation of Group Interpersonal Psychotherapy in the Perinatal Period

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Background: Interpersonal Psychotherapy is an effective short-term treatment for depression and has been adapted for use in the perinatal period for individuals and for groups (IPT-G). The traditionally-run group has not included the infants in the sessions. Often perinatal services use separate sessions to address the mother infant relationship which can stretch resources. By including infants and adapting the sessions to include a focus on the mother-infant relationship this minimises the use of staff members. Mentalising strategies and reflective functioning are used in mother infant attachment work particularly in the 'circle of security model'. Adding this to a group IPT programme may help extend the reach of the intervention and help mothers to 'keep the baby in mind' thus improve outcomes for mother and infant. **Objectives:** To summarise literature on IPT and IPT-G in the perinatal period and describe a pilot of IPT-G which added sessions focussing on the mother-infant relationship and mentalising strategies using a circle of security framework. **Methods:** Six mother-

infant dyads (3 - 9 months post partum) attended a 16-week adaptation of group IPT-G. Depressive symptoms and mother-infant relationship were measured using self-report scales (EPDS and PBQ). Follow up data was obtained at six months. **Results:** Scores for all depressed mothers significantly improved on the EPDS and all mothers found the sessions helpful with a better awareness of their infants' needs. The mothers created an informal follow up group and indicated preference for a follow up group. **Conclusions:** IPT-G is a cost effective and patient-friendly method for targeting depressive symptoms and can be readily adapted to address the mother infant relationship.

Keywords: *Perinatal, Group, Mentalising*

O10

Public Health Based Interpersonal Therapy for Perinatal Depression Among Socioeconomically Disadvantaged Women: Adverse Neonatal Birth Events and Treatment Response

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Objective: To examine the effectiveness of MOMCare (Interpersonal therapy based collaborative care intervention) in moderating the effects of adverse neonatal birth events on risks of postpartum depression and impaired functioning among antenatally depressed women of lower socioeconomic class. **Methods:** We conducted a randomized controlled trial with blinded outcome assessments in ten public health centers, comparing MOMCare (choice of brief interpersonal psychotherapy or pharmacotherapy or both) with intensive maternity support services (MSS-Plus). We recruited women with major depression or dysthymia during pregnancy. We used generalized estimating equations to estimate differences between groups with and without adverse birth events in depression and functioning measures within the treatment arms. We included a total of 160 women, 43% of whom experienced an adverse birth event, in the analysis. **Results:** For women who received MOMCare, postpartum depression scores (measured with Symptom Checklist-20) did not differ whether or not they experienced an adverse birth event (mean±SD scores of .86±.51 for mothers with an adverse birth event and .83±.56 for mothers with no event; Wald $X^2=.08$, $df=1$, $p=.78$). For women who received MSS-Plus, those who had an adverse birth event were more likely to have persisting postpartum depression (mean scores of 1.20±.0.61 for mothers with adverse birth event and .93±.52 for mothers without adverse birth event Wald $X^2=4.16$, $df=1$, $p=.04$). Similar results were seen for depression response rates and functioning. **Conclusions:** MOMCare mitigates the risk of postpartum depressive symptoms and impaired functioning among women with antenatal depression of low socioeconomic status who experience adverse birth events.

Keywords: *antenatal depression, adverse birth event*

O11

Incremental benefit-cost of MOMCare: Collaborative care for perinatal depression in economically disadvantaged women

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Objective: Effectiveness of collaborative care for perinatal depression has been demonstrated in the MOMCare intervention from pregnancy up to 15-months postpartum for pregnant women on Medicaid in a public health system. MOMCare had a greater impact on reducing depressive symptoms and improving functioning for women with comorbid post-traumatic stress disorder(PTSD) than for those without PTSD. Dissemination of this program for women with major depression(MDD) and PTSD will depend on estimating incremental benefit, incremental cost, and net benefit. **Methods:** A randomized trial, conducted from September 2009-December 2014, compared the MOMCare collaborative care depression intervention (choice of brief Interpersonal Psychotherapy and/or pharmacotherapy) with intensive Maternity Support Services(MSS-Plus) in public health Seattle-King County. Pregnant women were recruited who had a probable diagnosis of MDD and/or dysthymia (n=164). Two-thirds of

the sample met criteria for probable PTSD(n=106). Independent blinded assessments at 3-,6-,12-,and 18-months post-baseline included the Symptom Checklist-20 depression scale and the Cornell Services Index. Analyses of covariance estimated gain in depression free days by intervention and PTSD status. **Results:** Over 18 months, for women with probable MDD and PTSD, MOMCare led to a gain of 68 depression-free days[F(1,92)=4.56,p<.05],controlling for baseline depression severity. Given the increased depression care cost of \$1312 per MOMCare participant with comorbid PTSD, the incremental net benefit was positive if a day free of depression was valued at \$20 or greater.

Conclusions: Compared with public health MSS-Plus, collaborative care for perinatal depression in women with probable MDD and PTSD had significant clinical benefit,with only a moderate increase in health services cost. A stepped care model of MOMCare could be covered by Medicaid in US public health systems.

Treatment and Training in Varying Settings

O12

A Systematic Review of the Effectiveness of Interpersonal Counselling.

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Interpersonal Counselling (IPC) is a brief 3-6 session intervention adapted from Interpersonal Psychotherapy for people with mild mental health difficulties. If IPC is effective it has the potential to avert psychological problems at the early stages. IPC can be implemented by people who are not qualified psychotherapists, thus it has the potential to reduce health care costs given the lower training and staff costs as well as the shorter length of treatment. There are manuals available for conducting IPC with adults and adolescents and to date IPC has been offered in a variety of settings. It has been delivered flexibly according to the resources available and the nature of the recipient population. There is some indication that IPC may be effective in reducing depressive symptoms and other indicators of psychological distress, (e.g. Weissman, Hankerson, Scorza et al 2014). These authors suggested that findings from research on the effectiveness of IPC should be assessed carefully alongside details of how the IPC intervention was implemented. However, thus far a systematic review of the evidence has not been conducted. A systematic review of the evidence for the effectiveness of IPC was carried out at the University of Surrey, and the results of this will be presented, including an examination of how IPC was implemented and a discussion of the clinical implications.

O13

Task shifting Interpersonal Counseling for depression in primary care

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Purpose: Task shifting approaches to train lay professionals and integrating mental health treatment in primary care has been recommended to close the mental health treatment gap for depression in low- and middle-income countries. **Methods:** We trained community health workers to provide Interpersonal Counseling (IPC) to treat depressive symptoms and we compared its effectiveness to an Enhanced treatment as usual (E-TAU)in the Brazilian family health strategy (FHS). We conducted a randomized controlled trial involving 86 patients with a depressive disorder recruited from a FHS clinic. Participants were randomized to IPC intervention (n=43) or E-TAU (n=43). Participants allocated to IPC received 3-4 sessions provided by community health workers; research psychologists followed the E-TAU participants to facilitate their referral to specialized mental health care within the public system. Outcomes were reduction of depression severity assessed with the Hamilton Rating Scale (HDRS-17) and the Patient Health Questionnaire (PHQ-9), reduction of minor psychiatric symptomatology

(including depression, anxiety and somatoform symptoms) assessed with the Self Reporting Questionnaire, and functioning measured by the Clinical Global Impression Scale, over a 2-month period. **Results:** Intention-to-treat analysis showed significant improvement on symptoms for both groups over 2 months, without significant differences between them. Per-protocol analysis showed a significant better HDRS-17 outcome for IPC group. **Conclusions:** Training non-specialist community health workers in low- and middle-income countries to provide IPC could be a successful strategy in reducing the burden of depression and also potentially a low-cost and effective alternative to specialist-led services that might not be possible in low income settings.

Keywords: *depression, primary care, interpersonal psychotherapy, clinical trials, dissemination/implementation.*

O14

Psychological treatments for the world: Lessons learned from a common elements approach and low and middle income countries

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Background: Common mental disorders, including depression, anxiety, and posttraumatic stress, are leading causes of disability worldwide. This presentation will provide an overview of the innovations used in low and middle income countries to disseminate psychological treatments delivered by non-specialist providers to target depression, anxiety and trauma in adults. **Methods:** Drawing upon a recent systematic review and meta-analysis of brief, psychological treatments in community and primary care settings in developing countries, we examined relevant implementation processes related to who, what, where and how interventions of common mental disorders were delivered. This involved the development and testing of a taxonomy of treatment components, comprising elements (specific and non-specific) and techniques, that cut across treatment packages and their role on trial effectiveness among eligible trials (N=27). **Results:** Treatments were commonly delivered by community health workers or peers in primary care or community settings; they usually were delivered with fewer than 10 sessions over 2–3 months in an individual, face-to-face format. Overall, treatments included an average of 5.22 out of 9 nonspecific elements and 7.81 out of 18 specific elements. The five most commonly endorsed nonspecific elements were empathy (88.9%); collaboration (85.2%); active listening (77.8%); normalizing treatment or aspects of the illness (70.4%), or both; and involving family members or a significant other (63.0%). The five most commonly used specific elements were eliciting or identifying social support (85.2%); engaging in problem-solving (80.8%); identifying or eliciting affect (76.9%), or both; linking affect to events (76.9%); and identifying thoughts (63.0%). At least one behavioral, interpersonal, and emotional element was used in 23 trials (85%); at least one cognitive element was used in 20 trials (74.1%). The strongest associations were observed for the interpersonal elements ($\beta = 0.442$, $p = 0.029$), emotional elements ($\beta = 0.415$, $p = 0.046$), and nonspecific (engagement) elements ($\beta = 0.409$, $p = 0.052$). **Conclusions:** Innovations in developing countries share a number of key treatment components and implementation processes, including the types of elements and techniques, the training and supervision formats for NSPs, and the number of sessions and duration during which the treatment is delivered. These common implementation processes could act as a blueprint for scaling-up these psychological treatments, not just in the LMICs from where our evidence base was generated but globally.

O15

A Matched Care Approach for the Provision of Interpersonal Psychotherapy (IPT) in NHS Scotland: The 'Prospect' Model

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There is a critical national imperative - Scotland urgently needs to improve the mental health and wellbeing of its population and transfer the delivery of its primary care services. The 'Prospect' model aims to increase access and provision of Interpersonal Psychotherapy in NHS services in Scotland, and the wider health and social care economy, using a matched care approach. The model takes the form of a pyramid, and expands IPT for all levels of this pyramid, from IPT learning (IPT-L), a 1-2 hour information sharing on the basic elements of the interpersonal approach for all frontline staff within a service, to the more specialist treatment of complex cases (e.g. IPT for Borderline Personality Disorder). The Prospect model includes the original IPT model plus evidence-based international adaptations of IPT (e.g. IPT-G, IPT B, IPC and IPT BPD) as well as our own adaptations for Scottish populations:

- 12 session adaptation of IPT for women with depression who are involved in the criminal justice system in Scotland
- 4 session adaptation of IPT Acute Crisis for patients presenting in the ER after deliberate self-poisoning
- IPT General Practice, an IPT-informed consultation, which aims to achieve parity between physical and mental health in the primary care setting.

We will discuss the development and implementation of the Prospect model in the NHS in Scotland, an environment that favours Cognitive Behavioural approaches, despite IPT receiving an 'A' rated recommendation for the treatment of depression in the primary care setting (The Matrix, 2015). There is now a strong multi-professional skills base for IPT in Scotland with over 300 therapists trained in IPT, many of whom will be involved in the matched care provision of IPT through the Prospect model.

Keywords: *Adaptations of IPT, Psychotherapy provision in the NHS*

O16

CREATIP experience : a 12 years old organization for promoting and disseminating IPT in France

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CREATIP The experiences of a 12 year-old organization for promoting and disseminating IPT in France will be presented. After being trained by Helena Verdeli, in 2004 in New York, we created a not-for-profit organization, dedicated to training physicians at first to allow the members to keep on working on IPT and going to national or international conferences. At its inception, only nine psychiatrists were practicing IPT in France. We wanted to disseminate that knowledge and experience, by educational professional development courses and with publications in French journals, but also in a general way. CREATIP is the acronym of Cercle de Recherche d'Etude et d'Application de la Thérapie Inter Personnelle. (Circle of Research, Study and Application of Interpersonal Psychotherapy). Since 2008, we also began teaching and training about 20 students a year, and at present more than 150 have participated in IPT training. These students include psychiatrists, psychologists, nurses, physicians and social workers. In addition, a group of us published on adapted IPT to French specificities, or to private practice particularities including for example, TIPARS, an adaptation of IPSRT, and IPT-ADHA created for ADHD. News therapists are now teachers and complete, by their own practice, the CREATIP experience. CREATIP also has its own website that we populate, with basic information on IPT, references, small abstracts and bound

for the annual courses, information about supervision and a mailbox. This presentation summarizes the many activities of CREATIP.

Keywords: *CREATIP, 2004, not for profit organizations, students*

O17

Web Based Therapist Training in Interpersonal Psychotherapy for Depression

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The National Institute of Mental Health (NIMH) has identified the use of empirically based mental health treatments (EBTs) as a national priority, yet there is a shortage of clinicians trained in these approaches. In addition, there has been an increased focus on how to implement and evaluate psychotherapy training in EBTs. The objective of this project was to provide a mechanism to meaningfully increase the number of mental health professionals who are trained in and use Interpersonal Psychotherapy (IPT), a well-researched yet little disseminated, empirically based treatment. In this study we developed a set of internet training tools that will encourage widespread dissemination, and tested its feasibility and efficacy. The objective of this project was to provide a mechanism to meaningfully increase the number of mental health professionals who are trained in and use IPT by developing a set of internet training tools that will encourage widespread dissemination. The training consists of: a) An on-line, interactive, multi-media tutorial on the principles and techniques of IPT, b) Live, applied clinical training through the use of videoconferencing to practice and hone trainees' clinical skills, and c) an on-line portal to help therapists maintain adherence and facilitate integration of IPT into actual clinical practice. The goal of the study was to examine whether the protocol could increase clinicians' knowledge of IPT concepts and skills and feasibility of the various components in terms of clinicians ratings of satisfaction and utility. Twenty-six trainees from various backgrounds were enrolled. Results found the training significantly increased trainees knowledge of IPT concepts and techniques, $p < 0.01$. User satisfaction was high for both the on-line tutorial and the videoconference training. Trainees also rated the IPT web portal highly, with all subjects reporting the portal helped them prepare for their initial IPT patients, was useful in helping them identify the patients primary interpersonal problem and helped them develop an initial interpersonal formulation. Results support the utility of the training protocol.

Transdiagnostic Applications of IPT

O18

Interpersonal Psychotherapy for Depressed Parkinson's Disease Patients: An Open-Label Feasibility Trial

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Objectives: Depression is the most common non-motor complication of Parkinson's disease (PD). PD results in loss and disruption in social roles and patients with poor interpersonal supports are more likely to become depressed, are more impaired by their motor symptoms, and have poorer quality of

life. IPT's focus on interpersonally relevant stressors makes it an ideal treatment for depression in the context of medical illness. We therefore conducted an open-label trial to evaluate the feasibility, acceptability and preliminary efficacy of 12 sessions of IPT in patients with mild to moderately severe PD and comorbid major depressive disorder. **Method:** Twelve PD patients (5 women, 7 men) recruited for a large Parkinson's Disorders Clinic were eligible for the study. Modifications to IPT included provision of education about the interaction between depression and PD, encouraging patients to engage in health maintenance behaviours using an interpersonal context (e.g., going for regular walks with a friend), anxiety management strategies to reduce distressing symptoms of anxiety, and more flexible scheduling of sessions if weekly attendance was difficult. Our primary outcome was change from baseline in HAM-D ratings. These ratings were conducted by an evaluator who was not involved in the treatment of patients. **Results:** Ten patients completed all 12 therapy sessions and most patients reported high satisfaction with the intervention. There were significant decreases from pre-to-posttreatment in clinician (HAM-D) and self-rated (BDI-II) depression scores, with large effect sizes (Cohen's $d=2.63$ and $d=1.49$, respectively). Parkinson's disease quality of life also improved significantly from pre to post-treatment (Cohen's $d=1.09$). Role transition was the interpersonal focus for most patients. Only 4 patients wanted a support person involved in the therapeutic process (i.e., attend 1-2 therapy sessions); reasons for not including the support person included concerns about burdening person, discomfort involving the support person in the therapeutic process, and lack of a support person. The inclusion of a support person was not associated with better outcome, although we had little power to detect an effect. **Conclusion:** The psychotherapy of depression in PD is an important but inadequately studied area. These preliminary findings indicate that IPT is an acceptable and potentially efficacious intervention for PD-depression. Further research is warranted.

O19

Posttraumatic Stress Disorder in Raped Victims: Applicability of Interpersonal Psychotherapy

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Introduction: An estimated 18% of women suffer sexual abuse during their lifetime. Among them almost half develop posttraumatic stress disorder following the trauma. Exposure Therapy, a technique of Cognitive-Behavioral Therapy, is considered the most efficacious treatment but has high rates of dropout. Markowitz proposed that a non-exposure therapy, Interpersonal Psychotherapy (IPT), adapted to the treatment of PTSD (IPT-PTSD) might have similar efficacy and better adherence.

Objective: The aim of this study is to assess the applicability of IPT for the treatment of women with a confirmed diagnosis of PTSD between one and six months after being raped. **Methods:** The study was initiated in October 2015, and will enrol patients by 2018. In this two arm, randomized controlled clinical trial, patients receive IPT or sertraline delivered as manualized treatment. A subsample of 15 study patients who will have already received IPT-PTSD will be analyzed. Four trained psychotherapists are applying IPT-PTSD ("*Treatment Manual: IPT for PTSD*," reproduced with author's permission). Sessions are recorded to certify therapy quality and supervised by expert IPT psychotherapists. To confirm the diagnosis of PTSD and assess the evolution symptoms of PTSD, anxiety and depression, the following instruments are used: MINI (International Psychiatric Interview); *Clinician-Administered PTSD Scale (CAPS-5)*, *Beck Depression Inventory (BDI)* and *Beck Anxiety Inventory (BAI)*. **Analysis:** Adherence to treatment will be measured based on the number of patients that complete treatment, absenteeism, and dropout rates. Improvement of PTSD, anxiety, and depression symptoms will also be evaluated. **Discussion:** Compare the findings with literature data about adherence to Exposure Therapy. This may be the first formal study of IPT-PTSD for PTSD specifically due to sexual trauma.

Keywords: *Posttraumatic Stress Disorder; PTSD; Rape; Applicability; Interpersonal Psychotherapy; IPT*

O20

Work-focused Interpersonal Psychotherapy versus treatment as usual for Major Depression related to work stress

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Background: Work related stress is described by patients as the most common cause of a depression. Job strain, low social support, high psychological demands, low decision latitude, effort–reward imbalance, and high job insecurity were confirmed as predictors for depression in a meta-analytic review. Effective treatment of employees suffering from depression and burnout has received increasing attention in recent years. However, there is an urgent need to evaluate work-focused treatments including the necessity of adapting existing psychotherapeutic interventions to focus on the work context and to include work related outcomes. **Methods:** The aim of our study is to evaluate the feasibility and generate first data on the effectiveness of IPT tailored to focus on the work context (W-IPT) by additional integrated modules addressing psychosocial work problems (related to role transitions, interpersonal disputes, social deficits). Hypothesis: W-IPT is more effective in reducing depressive symptoms and in improving work ability and functioning compared to Treatment as Usual (TAU). Twenty-four outpatients with Major Depression related to work stress are randomized to weekly group sessions of W-IPT or TAU (guideline oriented antidepressant treatment) over 8 weeks. Primary endpoint is the Hamilton Rating Scale for Depression score, assessed by blinded raters. Key secondary endpoints are, among others, the Work Ability Index (WAI), Return to Work Attitude (RTW-SE), Burnout-Mobbing-Inventory (BMI), Effort-Reward-Imbalance (ERI), Trier Inventory on chronic stress (TICS). A follow-up assessment is conducted 3 months after acute treatment. Intention-to-treat analyses will be applied for outcome measures. **Results and Discussion:** The first data from this pilot study will be discussed.

Keywords: *IPT - work stress - group program*

O21

IPT for severe and enduring conditions - psychosis and bipolar disorder

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In this paper we present the development and service application of IPT for adolescents with recurrent depression and severe and complex psychiatric conditions of psychosis and bipolar disorders in the UK. Community studies have shown a point prevalence of 5 to 12% for depression in this severe and enduring population and recent studies are showing suicide to be one of the chief cause of death in young people. Clinical and epidemiological data have documented that depressed adolescents are a largely underserved population. The undertreatment of adolescents can be explained by a combination of their limited access to and underutilisation of mental health care. The implementation and evaluation of IPT as treatment that is regarded by adolescents as "more immediately relevant" must be an objective for anyone aiming to better meet the needs of the multitude of depressed adolescents.

In this presentation we will highlight a practice model of IPT-A for these vulnerable groups of young people, considering attachment theory and developmental psychopathology concepts. The paper will present an IPT for group model of working with recurrent mood difficulties in adolescents with severe and enduring mental health problems. The session will focus on the group and individual application of the IPT model to both recurrent depression and psychosis and present the outcome of a trial in the Child and Adolescent Mental Health Services in Edinburgh, Scotland. The study was designed in the format of a randomised single blind trial, examining the effects of treatment on core symptoms, coping styles and interpersonal problems. The results showed clear improvement in core symptomatology and quality of life for following intervention.

Keywords: *recurrent depression, adolescents, psychosis, bipolar disorder*

O22

Interpersonal Counseling (IPC) in general medicine in France

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Interpersonal counseling (IPC) derives directly from interpersonal psychotherapy (IPT). IPT is recommended in all the international guidelines. Incidence of depression is over 5 % per year in France (> 3 million persons). It is clear that general practitioners treat most of the depressive episodes as specialty mental health providers (psychiatrists or psychologists) manage only a quarter of all depression cases. Although CREATIP (French group of IPT trainers) has provided IPT training for several years in order to disseminate IPT in France, relatively few specialty mental health providers are trained in this technique. Virtually no general practitioners in France have been trained to deliver IPT (or any other psychotherapy), limiting their interventions for depression to antidepressant prescriptions. IPC can greatly improve the management of depression or psychological distress in a general medical setting. IPC may be an alternative or an add-on treatment to antidepressant medication in medical practices. We have had the opportunity to train through continuing professional development 3 groups of 15 physicians (Aix en Provence, Rennes, Lyon) during 2013 and 2014. We have had also the opportunity to train through a partnership with a pharmaceutical company about 6 small groups of physicians through the country. We taught IPC using the structure of 6 brief sessions, each with an explicit focus: assessment of depression and treatment, education and formulation about the interaction between interpersonal relationships and psychological symptoms, identification of current areas of stress (interpersonal disputes, role transition, unresolved grief, and deficit or social isolation), helping the patient to deal with the interpersonal problems more positively, and termination.

Physicians were aware and familiar with the patient's life events, social and interpersonal problems. General practitioners were very interested in a new, practical and effective approach to complement the prescribing of medication. We are preparing a new IPC training in 3 sessions which we want to disseminate as widely as possible, with the support of medical regional governmental agencies.

O23

Emotional processes in IPT and CBT therapies where patients stop coming

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Although both IPT and other psychological methods on the average show positive results for treatment of depressed patients, quite a number of them are not helped, either by leaving prematurely or by deteriorating during treatment. It is important to understand the reasons for these treatment failures. In a randomized trial of IPT vs CBT (Ekeblad et al., 2015) a number of patients dropped out from treatment (significantly more from CBT than from IPT). This presentation will show analyses of the last two sessions of therapies where the patient stopped showing up. Observer ratings of alliance and emotional engagement of the sessions, divided in segments of two minutes, show that lack of engagement and feelings of hopelessness in the therapist seem to characterize these therapies. Reasons for such development and ways to overcome it will be discussed.

IPT for Children, Adolescents, Youth and University Students

O24

Implementing Evidence Based Practices (IPT) to support students in our Local District School Boards

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A learning organization is one that changes strategically as the organization acquires experience. It supports and endorses the use of learning at the individual level to transform the organization so that it is effective in meeting evolving patients' needs. **Brief Description:** Evidence based practices (EBP) have been embedded into this innovative program that has mental health and addictions nurses working within the school system. Through organizationally supported and partnership learning, the nurses have been provided training in Interpersonal Psychotherapy (IPT); an intervention with demonstrated efficacy in the treatment of mental illness in children and youth. This EBP supports the embedded value of client-centered care and demonstrates innovation in mental health nursing practice and supports the ability to demonstrate efficacy in treatment. **Findings:** Preliminary results are consistent with interpersonal psychotherapy efficacy data demonstrating that IPT for adolescents with mood disorders is effective. Nurses found that IPT's focus on interpersonal issues relating to individuation, establishment of autonomy, romantic partnerships and grief significantly improved the functioning of children and youth. Additionally, nurses found that IPT's manualized and time limited treatment approach was highly compatible with service delivery. **Relevance:** There is a growing trend toward the use of EBP in children's mental health services that has been gaining recognition and importance in Ontario. Our goal is that our services are evidence-based, empirically supported and result in positive clinical outcomes for students.

O25

I Can Succeed- Middle School (ICS-MS), a School-based Intervention based on IPT-A for Students Diagnosed with Specific Learning Disorders: Early outcomes.

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This is a nonrandomized clinical trial of a school-based intervention based on Interpersonal Psychotherapy for Adolescents (IPT-A) diagnosed with Specific Learning Disorders (SLD) and/or Attention Deficit Hyperactive Disorder (ADHD) - (IPT-ALD), called *I Can Succeed* (ICS-MS). SLDs, estimated at 2% to 10% in school-age children and often co-occur with ADHD, anxiety disorders, depression, behavior problems and deficits in Executive Functioning (EF). Currently, most of the interventions for children and adolescents with SLD have focused on either enhancing cognitive and learning skills or targeting the social and emotional domains. ICS-MS program aims to fill this gap by targeting both domains. ICS-MS is manual-based intervention for middle school students aimed at addressing emotional, social and executive function aspects of SLD/ADHD. ICS-MS consists of 18 weekly group sessions (6-8 students) led by teachers. ICM-MS is theoretically grounded on IPT-A. Modules include psychoeducation, self awareness, self determination, organizational skills including time management, learning style, emotional recognition and expression, problem solving, interpersonal/social skills, self advocacy and termination. **Results:** Sixty-nine 8th grade students, diagnosed with SLD/ADHD (aged 12-15, mean=13.39, 39 boys, 30 girls) and seven teachers participated. Five schools from two cities were compared. One city (5 schools) implemented ICS-MS (40 students) and the other city (2 schools) delivered treatment as usual (29 students). Analyses revealed significant improvement in communication, empathy, behavior problems, externalizing problems, internalizing problems and bullying ($b=5.25, p<.05$; $b=4.16, p<.05$; $b=10.99, p<.01$; $b=6.86, p<.01$; $b=12.43, p<.001$; $b=20.75, p<.001$; respectively) only in the ICS-MS students. All students in

both treatments showed a significant improvement over time, in sense of belonging to school, cooperation and responsibility. Treatment as usual students showed a significant decrease in socioemotional functioning during the school year.

O26

Interpersonal Counseling (IPC) for University Students: Using the Brief IPT Form as a Primary Intervention - A Clinical Report

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Over the last decade, university counseling centers have seen record increases in the number of college students presenting for psychological services. Counseling centers are challenged to provide treatment to students presenting with pre-existing psychiatric diagnoses, and more severe psychopathology than ever before. College-age students are at high-risk for psychopathology and at the age when onset of various disorders tends to occur. Psychosocial stressors elevate the risk for emotional problems among college students, who are often away from their families, friends, and the support necessary to cope with the challenges of successfully navigating college life. With many counseling centers understaffed and limited in their ability to provide ongoing psychological services to students, a brief and structured protocol for assessing and intervening with depressed students could be of great service. Interpersonal Counseling for Counseling Centers (IPC-C) is a brief protocol for 1) assessing interpersonal functioning of college-age students struggling with mild to moderate depressive symptoms, and 2) intervening with interpersonal problem areas, by mobilizing social support. IPC-C synthesizes the fundamental IPT principles and basic strategies into 3-6 sessions and is highly relevant for college-age students. IPC-C offers a detailed, systematic manual-based approach for intervening quickly, efficiently, and economically. IPT themes (e.g., role transitions, loneliness, social/cultural isolation) appear germane to college students who often experience profound life changes associated with distress and difficulties adapting to the various stages of college life. This presentation will introduce a clinical vignette, one of many that have inspired a multi-site feasibility study currently underway.

Keywords: *Depression, College Counseling, IPC*

O27

A clinical pilot study in Germany: Effects of Interpersonal Psychotherapy for depressed adolescents (IPT-A) in an outpatient therapy setting

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Background: Depressive disorders of adolescents mostly involve considerable decreases of functioning level. Without treatment adolescents with a major depressive disorder (MDD) often miss crucial developmental tasks. Because of high prevalence and increasingly earlier onset of MDD it is necessary to examine psychotherapies that are efficacious for adults for their application for adolescents. Studies showed the efficacy of interpersonal psychotherapy for depressed adolescents (IPT-A; Mufson, Dorta, Moreau, & Weissman, 2004) and the low dropout rate. This pilot study aims to examine the efficacy of IPT-A (concerning feasibility, outcome and dropouts) in a clinical outpatient therapy setting in the German health care system. **Methods:** In this pilot study seven clinic-referred adolescents (aged 12-18 years) who met the criteria for a major depressive disorder were treated with

16 sessions of Interpersonal Psychotherapy for Depressed Adolescents (IPT-A). Participants are assessed at pre-treatment, post-treatment and 6-month-follow-up with structured interviews and with self-report measures to establish diagnosis and to assess treatment outcome. This study uses instruments that were also used in other studies to examine the efficacy of psychotherapies in treating depressions: Children's Depression Rating Scale – Revised (CDRS-R), Hamilton Rating Scale for Depression (HAM-D), BDI-II, PHQ-9, Kiddie-SADS (K-SADS-PL), GAF, Clinical Global Impression Scale (CGI), Conflict Behavior Questionnaire (CBQ-20), Childhood Trauma Questionnaire (CTQ).

Results: The results suggest that IPT-A, also applied in the German health care system, seems to be an effective treatment for adolescents that produced significant decreases in depressive symptoms and psychopathology and improved social functioning. The patients came primarily from high-income families, so that it is difficult to compare with similar American studies. **Conclusions:** The preliminary findings of this pilot study support the feasibility, acceptability and efficacy of IPT-A conducted at a German university mental health center.

Keywords: *IPT-A, Adolescents, Out-Patient*

O28

Interpersonal Psychotherapy for Adolescents with Mood and Behavior Dysregulation: A Randomized Pilot Study

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Objective: Youth with chronic irritability and excessive reactivity, originally conceptualized as severe mood dysregulation (SMD), and currently, as disruptive mood dysregulation disorder (DMDD), experience significant mood symptoms which result in impairment in multiple areas of functioning. Since these mood symptoms significantly impact interpersonal functioning, a focus on improving relationships is important. Interpersonal Psychotherapy for Mood and Behavior Dysregulation (IPT-MBD) is a 24-week psychotherapeutic intervention adapted from Interpersonal Psychotherapy for Depressed Adolescents (IPT-A). **Methods:** This randomized pilot study compared the feasibility and acceptability of IPT-MBD to treatment as usual (TAU), with a secondary aim of measuring improvement in symptoms between groups via the Clinical Global Impressions Scales (CGI). Participants, ages 12-17, who met criteria for DMDD/SMD were recruited from psychiatry clinics at Johns Hopkins Medical Institutions, as well as, from the community. Diagnostic assessments were completed at baseline and end of study. Mood assessments and parent and self-report irritability and anxiety measures were collected monthly. IPT-MBD participants completed satisfaction questionnaires at week 24. **Results:** 31 participants completed an in-person screen, 19 participants were enrolled, and 15 participants completed the study (IPT n=8; TAU n=7). IPT-MBD participants who completed the study attended an average of 20 +/- 3 (84%) therapy sessions. Satisfaction scores for the IPT-MBD group were 6.2 +/- 0.2 for parents and 6.6 +/- 0.2 for adolescents (7-point satisfaction scale, higher scores denote more satisfied.) Estimated effect size based on mean comparison of CGI-severity between IPT and TAU Cohen's d is 1.56 (95%CI: 0.36-2.7) and 1.2 (95%CI 0.10-2.35) for CGI-improvement. **Conclusion:** IPT-MBD has the potential to be an effective psychosocial intervention for youth with chronic irritability and excessive reactivity. Randomized controlled trials are needed to assess efficacy.

Keywords: *irritability, disruptive mood dysregulation disorder, outbursts*

Mini-workshop

W1

Mini-Workshop on Interpersonal Psychotherapy for Depression with Panic Spectrum Symptoms (IPT-PS)

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More than half of depressed patients who present for treatment also experience clinically significant levels of co-occurring anxiety. Patients whose depression is complicated by co-occurring anxiety display a more recurrent form of psychopathology, poorer psychosocial function, greater risk of suicidality, and a poorer response to both pharmacologic and psychotherapeutic depression interventions – including standard IPT treatment. Our research group has sought to enhance outcomes of standard IPT for anxious-depressed patients by incorporating anxiety-focused psychoeducation and anxiety-targeted interventions within the broader IPT for depression framework. We call this adapted treatment IPT-PS, or *interpersonal psychotherapy for depression with panic spectrum symptoms*. The proposed mini-workshop will discuss the basic conceptual framework of IPT-PS, including the critical identification of ways in which commonly co-occurring anxiety symptom clusters (such as panic-like symptoms, somatically-focused fears, fear of strong emotion, generalized social anxieties, separation anxiety and avoidance behaviors) can interfere with the pro-active interpersonal problem-solving interventions of traditional IPT. Integration of modified emotion-focused, cognitive and behavioral interventions within the IPT framework will be discussed. A range of common anxious-depressed client presentations will be reviewed, and strategies to identify co-occurring anxiety clusters and to incorporate targeted anxiety-focused strategies within the IPT framework will be modeled via role-play activities. Finally, preliminary data highlighting the potential importance of fully addressing and ‘unlinking’ common anxiety and depressive symptom clusters using IPT-PS will be reviewed and discussed in terms of maintaining long term wellness and decreasing depression recurrence in the face of future life stress.

Keywords: *IPT-PS; anxious depression; comorbidity; IPT adaptations*

Mini-workshop

W2

The Perils, Pitfalls and Possibilities of New Social Media in IPT

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As social media use becomes the 'norm' for the current generation of users there is ongoing discussion about the contrast between the positive effects of social media relationships and support groups and the understanding that unhealthy media use can be associated with bullying, depression, social isolation, insecurity, envy and poor self-esteem. Overuse of media has led to the recognition of media addiction as a diagnostic entity and the emergence of clinics addressing this in countries such as Singapore.

This mini workshop will cover the many ways in which the new types of social media (text, twitter, facebook etc) impact on the process and practice of IPT. We will use detailed case examples throughout to illustrate our points. We will be bringing together clinicians who already use the analysis of social media and social media techniques in their practise of Interpersonal Psychotherapy. In the workshop the presenters will cover a number of different themes relating to social media use (and abuse) rather than focussing on new ways of delivering IPT via Skype/telephone/online psychotherapy although these may be briefly addressed.

Themes will include:

1. An overview of social media in IPT and psychiatry, including impact on depression and managing risky behaviour.
2. How to incorporate an analysis of 'social media use' in the Interpersonal Inventory to understand the relationship with IPT problem areas
3. The place of social media in goal setting in IPT
4. Social media and communication analysis in IPT
5. Social networking in Interpersonal Deficits and working with adolescents to teach skills for conducting relationships using social media

Keywords: *social media, facebook, twitter, texting, IPT, internet*

Keynotes

Keynote 3

Interpersonal Psychotherapy for Chronic PTSD: New Findings

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Significance: Psychotherapy of PTSD has been dominated by exposure-based therapies. Our randomized 14-week trial for patients with chronic PTSD found interpersonal psychotherapy (IPT), an affect-based, non-exposure therapy, non-inferior to Prolonged Exposure (PE), with advantages for patients who had comorbid major depression. This talk reviews and adds findings from that trial.

Methods: Data derive from a 14-week randomized controlled trial comparing IPT, PE, and Relaxation Therapy for 110 unmedicated patients with DSM-IV chronic PTSD and a minimum Clinician-Administered PTSD Scale (CAPS) score of 50. Rival teams of therapists matched for age, allegiance, and experience treated patients; independent evaluators assessed patients. Treatment responders were assessed at 3-month follow-up to measure stability of improvement. **Results:** IPT overall was non-inferior to PE on CAPS, with non-significantly higher response rates (63% vs. 47%) and non-significantly lower attrition (15% vs. 29%). Depressed patients were more likely to drop out of PE. Apparent personality disorder diagnoses receded. In addition, secondary analyses revealed that patients with sexual trauma as PTSD Criterion A had better outcome in IPT than in the other treatments. On three month follow-up, acute responders generally maintained their clinical improvement. **Conclusions:** Exposure therapies have efficacy in treating PTSD, but the success of IPT in this and other trials suggests that exposure may not be necessary to treat PTSD.

Keynote 4

The Role of Interpersonal Psychotherapy (IPT-A) in Effective Mental Health Services for Youth

Laura Mufson

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This presentation will provide a review of the empirical basis of Interpersonal Psychotherapy for depressed adolescents (IPT-A) and discuss what is needed to ensure its place as a core treatment option in health care settings where depressed and at risk youth are served.

The efficacy and effectiveness studies of IPT-A studies will be highlighted along with its various adaptations and implementation in community settings with diverse populations. Due to the work of many colleagues, IPT-A has been adapted as an intervention for pre-adolescents, as a preventive intervention for youth at risk for depression with and without social anxiety and peer victimization, for delivery as a group intervention, and for delivery in schools and primary care settings to increase accessibility for diverse populations. While IPT-A is recognized as a well-established psychotherapy for adolescent depression, there is a need for research on the long-term outcomes of IPT-A to understand the duration of the effects and effective strategies to prevent recurrence.

A current priority is to identify the steps needed for successful implementation and dissemination of IPT-A. This involves taking a closer look at what it means to deliver IPT-A with good fidelity, best practices for measuring fidelity as well as best models for training large numbers of clinicians in community settings. We must develop cost-effective methods for implementation and dissemination to ensure IPT-A's place as a community treatment option and enable depressed and at risk youth to receive effective mental health services in a multitude of settings

POSTER SESSION

POSTER TOUR I

P1

A systematic review of non cognitive-behavioral psychotherapies efficacy for depressive disorders during childhood and adolescence.

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Background: Most guidelines indicated cognitive (CT) or cognitive behavioral psychotherapy (CBT) for depressive disorders (DD) during childhood and adolescence. However, psychodynamically oriented psychotherapies were much more widespread globally. **Methods:** We searched the literature for randomized trials using non-CT or CBT (NCBT) for depressive disorders during this life cycle from January 1995 through September 2012 using PubMed, MedLine, Embase, Registro Cochrane, and PsycInfo. The primary outcome measures were remission rates, pre-post changes in depression ratings, as well as overall dropout rates at study end. **Results:** We used a fixed-effects model, Odds Ratios (OR), and Hedges' g effect sizes. This systematic review included six studies, related to 13 different interventions. 633 adolescents with diagnostic of DD, being 262 patients randomized to NCBT, and 368 were allocated to control interventions. For the meta-analysis, we used the subjects with MD from 3 RCTs. **Results:** Evaluating continuous data there was a significant average difference (AD) (AD=-6,54, IC (95%)=[-9,21 ; -3,88]; p<0,0001) between NCBT and control interventions. Binaries outcomes also showed a significant difference between control and NCBT (OR=2,46, IC (95%)=[1,13 ; 5,35]; p=0,02). **Discussion:** We found a total absence of RCTs evaluating interventions for DD during childhood. Only 6 RCTs found the quality to be included in this systematic review. Only those using interpersonal psychotherapy (IPT) entered in the meta-analysis, which showed that IPT is better than control interventions. **Conclusion:** Despite DD relevance and prevalence, the number of

high-quality RCTs are incredibly small. More research and future comparative trials with better quality and larger sample sizes, especially for younger children are warranted.

Keywords: *Psychotherapy, Depression, Systematic Review, Childhood and Adolescence*

P2

Interpersonal Psychotherapy Acute Crisis (IPT AC) for deliberate self-harm/poisoning: Results from a 2 year pilot

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There is growing evidence of the suitability of IPT for managing acute distress (Tang et al, 2009; Heisel et al, 2009; Arcelus et al, 2014; and Carrilho et al, 2015). Interpersonal Psychotherapy Acute Crisis is a 4 session *condensed* adaptation of IPT designed to reduce distress and decrease the risk of self-harm and suicide in patients presenting with deliberate self-harm/poisoning. Self-harm/poisoning has been a major health problem in the UK for 50 years (Collinson et al, 2014) and is on the increase in young people (Tyrell et al, 2016). Many individuals present at emergency departments. **Methods:** We carried out a small pilot study with 40 patients who presented in acute distress with an episode of self-harm/poisoning at the emergency department of the Royal Infirmary of Edinburgh, Scotland. 3 mental health or psychiatric nurses, already working in the emergency department, delivered the IPT AC intervention after receiving training and ongoing supervision. **Results:** Our analyses showed that four sessions of IPT AC was associated with a significant reduction in depressive symptoms and core distress (as measured by the PHQ9 and the CORE 10) when pre and post treatment scores were compared. Further, anecdotal evidence from staff suggests that IPT AC appears to reduce subsequent attendances in the emergency department in those who have received the intervention compared to those who have not. IPT AC fits well with current models of suicidal behaviour (e.g. O'Connor et al, 2011) as it targets particular motivators for suicidal ideation: life events (e.g. relationship crises), social problem solving, personal goals, and social support. IPT AC also targets one of the strongest predictors of suicide: social isolation. Those who self-harm have a severe lack of social support. **Conclusions:** We conclude that this pilot project has demonstrated the feasibility of delivering IPT AC to people presenting to an emergency department in crisis, with suicidal ideation and/or self-harm. We aim to further test the model in Scotland with increased provision in the community as well as in the emergency department setting.

P3

Adolescent pregnancy and challenges in Kenyan Context: Modifying IPT to address multiple individual and family barriers

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We share findings of two studies mapping depression and associated social determinants in Kenyan pregnant adolescents and present a conceptual framework to address mental health services for adolescent mothers that are guided by CFIR dissemination and implementation framework. *Osok et al (2017)* found that of the 176 pregnant adolescents: 78.4% were depressed as assessed on the PHQ-9, 15.3% were of ages 15-16, 8% had HIV, 70% experienced several stressful life events, 80% had an education level of primary school or less. *Having experienced a stressful life event*, followed by *absence of social support for a pregnant adolescent*, followed by *being diagnosed of HIV/AIDS* and *being young* predisposed to depression. Kimbui et al (2017) found that 72% of 212

adolescents were on their own without partner support, 69% out of school and without any source of livelihood, 84.4% said their pregnancy was unplanned, unexpected, 27% were currently consuming alcohol and overall 78.3% displayed moderate to severe depression symptoms and the odds of depression was 5.17 times higher among the participants who did not have social support. Despite such alarming findings, most evidence-based perinatal depression interventions in LMICs are focused on adults. We propose modifications in Interpersonal Psychotherapy that combine group/adolescent friendly/perinatal components tied together extending the recently published WHO guideline on IPT.

Keywords: *pregnant adolescents, depression, IPT modifications, social support, life transitions, dissemination and implementation issues*

P4

Sleep, somatic, and panic symptoms predict subsequent suicide plan among depressed primary care patients in India

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Aims: Literature shows that reduced sleep, somatic symptoms and panic are important risk factors for subsequent suicidal behavior even after controlling for depression. We aimed to explore the relationship between reduced sleep, somatic and panic symptoms, perceived financial difficulties, years of education, and being in the intervention arm with subsequent suicide plan. **Methods:** Data were collected as part of a randomized clinical trial assessing the effectiveness of a stepped care model offering Interpersonal Psychotherapy supplemented by medication for depression among primary care adult patients in Goa, India (MANAS, PI: V. Patel, Collaborator: L. Verdeli, Funded by the Wellcome Trust). One thousand six hundred and fifty nine female primary care patients who screened positive for common mental disorders using the 12-item general health questionnaire (GHQ>5) and did not present suicide plan at baseline (could have ideation) were included in a logistic regression model to predict subsequent plan. Suicide plan was defined as “having thought of a method to attempt suicide in the past 6 months” either at 6 months and/or 12 months after baseline. **Results:** 262 (16%) depressed female patients reported suicide plan with or without plan after baseline. Sleep problems, somatic and panic scores, perceived financial difficulties, being in the control arm, fewer years of education, increased depressed mood scores and presence of suicidal ideation at baseline significantly predicted suicide plan in the next 12 months, while age, anxiety, and phobia scores were not found to be significant predictors.

Keywords: *Suicide, Reduced Sleep, Panic, Somatic Symptoms, Depressed Adults, India*

P5

The relation between changes in participants' interpersonal impact messages and outcome in interpersonal psychotherapy for depression

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Aim: Interpersonal depression theories posit that excessive submissiveness in social interactions perpetuates negative mood. Interpersonal psychotherapies postulate that therapeutic change is heavily influenced by patient-therapist interactions; yet, few studies have tested theory-specific patient and therapist behaviors in relation to depression reduction. This study will examine the prediction of depression reduction from changes in patients' and therapists' perceptions of the others' interpersonal impact messages. We hypothesized that decreases in patients' submissive impact messages would be associated with greater depression reduction, as would the complementary decrease in therapists' dominant impacts (as this would disrupt depressed patients' submissive tendencies). Conversely, we

expected worse outcomes for patients who maintained their submissiveness and therapists who remained, or become more, dominant over treatment, as this could infix depressed patients' over-submissiveness. **Method:** Data derived from a naturalistic trial of 16 sessions of interpersonal psychotherapy (IPT) for depression ($N = 119$). Patients and therapists rated the others' interpersonal impacts at sessions 3 and 16 with the Impact Message Inventory, a circumplex measure that assesses interpersonal style on the dimensions of affiliation (friendly to hostile) and control (dominant to submissive). Patients rated their depression after each session. **Results:** As predicted, hierarchical linear modeling revealed that decreases in patients' submissive impacts was associated with greater depression reduction ($p = .02$) and lower posttreatment depression ($p = .04$). Counter to our predictions, change in therapist dominance was not associated with depression reduction. **Discussion:** The findings provide support for interpersonal depression theories and theory-specific change in IPT for depression.

Keywords: *interpersonal impact messages, interpersonal psychotherapy, depression, psychotherapy process, treatment outcome*

P6

Analysis of attachment style and stability of attachment measure in a sample of women with post-traumatic stress disorder following sexual assault

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Objectives: We evaluated attachment style in 30 women enrolled in a clinical trial for treatment of post-traumatic stress disorder (PTSD) after sexual assault, as well as baseline characteristics that might account for differences in attachment style. Preliminary data on the stability of attachment measure is presented. **Methods:** Patients were randomized for either treatment as usual with sertraline or IPT-PTSD for 14 weeks. We evaluated attachment style with the Adult Attachment Scale Revised (Collins), and established what influenced attachment style at baseline through simple logistic regressions. Eighteen patients have completed the clinical trial until the present moment. We reassessed attachment and compared those results with McNemar's test for correlated proportions. **Results:** Most women were single (80%) and had been assaulted with sexual penetration (86%). They presented a mean Clinician-Administered PTSD Scale score of 42, severe depressive symptoms and moderate anxiety. Childhood trauma questionnaire scores indicated emotional abuse and neglect in about 40%, physical abuse and neglect in 30% and sexual abuse in 36%. Collins distribution was 33% of secure attachment, 33% fearful, 27% dismissive and 6% preoccupied. History of emotional abuse during childhood or adolescence influenced attachment style, reducing secure attachment by 92% (OR 0,074). There were no significant changes in attachment style before and after treatment. **Conclusions:** In accordance with previous research, early trauma (specifically emotional abuse) was associated with insecure attachment in this sample. Preliminary data indicate that the Revised Adult Attachment Scale remained stable after 14 weeks of treatment.

Keywords: *sexual assault; PTSD; attachment; childhood trauma*

P7

Interpersonal Psychotherapy Dissemination: Psychiatry, University of Ottawa

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The Royal College of Physician and Surgeons of Canada mandate that Canadian Psychiatry residents demonstrate *working knowledge* in assessing suitability, prescribing and delivering interpersonal psychotherapy (IPT). Working knowledge is the intermediate level of expertise compared to *proficiency* in other types of psychotherapies or *introductory knowledge*. Residency programs across the country provide didactic introduction to IPT, but not all require clinical experience and supervision.

All University of Ottawa Psychiatry residents attend 12 hours of didactic seminars, complete 16 hours of clinical work and attend 16 hours of IPT supervision. Residents in post-graduate year 2 (PGY-2) attend 12 hours of didactic seminars led by an experienced IPT trainer. Topics cover introduction to the IPT model, the research evidence base, IPT formulation, IPT tasks (common and specific foci) and termination. During PGY-3, residents can choose between two clinical exposures to IPT. They can join an IPT group for post-partum depression as a co-therapist (8 weeks, 2 hours/session) or treat an individual patient with IPT for major depression (16 sessions, 1 hour/session). Both exposures include 16 hours of group supervision. This frame of dissemination has been expanding in the past two year and will likely continue to expand. Senior residents (PGY-4/PGY-5) have been offered opportunities to develop their supervision skills by co-leading didactic seminars and co-supervising groups of junior residents. In the future, we will pursue dissemination of IPT for major depression and other disorders (i.e. PTSD, eating disorders) through collaboration with major teaching hospitals and community organizations.

Keywords: *Interpersonal psychotherapy, training, residency*

P8

Training the trainer: experience in Mozambique

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Background: Mozambique is a sub-Saharan African country that has gradually changed its action on Mental Health from an asylum-centric care with long-term hospitalization to an innovative approach to community and primary care. According to its ministry of health (2016), Mozambique counts with approximately 400 mental health professionals, including 17 psychiatrists to assist a 26 million population. The World Health Organization, in its Mental Health Gap Action Program, indicates Interpersonal Psychotherapy (IPT) as a possible treatment for depression in non-specialized health settings, which could be adapted to train non-mental health providers for primary care in the Mozambican context. **Method:** On March 2016, as part of an NIMH/Fogarty funded *PALOP (Países Africanos de Língua Oficial Portuguesa) Mental Health Implementation Research Training*, 2 Brazilians therapists facilitated a 5-days IPT training for 20 Mozambicans mental health professionals. Those were selected professionals for future task shifting trainings. The IPT training included theory and techniques' role-plays on how to listen and talk, express empathy and warmth, hold therapists own reactions and opinions, formulate a problem, maintain professional boundaries and ethical practices. **Conclusion:** Training mental health providers for future task shifting trainings can be a strategy for a long-term capacity building process. The Portuguese language approach was considered a central point for acceptability and easier communication. Next steps supervisions were planned for cultural adaptations into the validation process. We aim to develop a structured IPT task shifting approach for closing the mental health gap in Mozambique.

Keywords: *Mozambique; depression, training*

P9

Interpersonal Trauma History and Perinatal Depression in Low-Income Adolescent Mothers in the United States

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Background: Childhood interpersonal trauma, adolescent childbearing, and perinatal depression (PND) have been linked to negative outcomes for both mother and child. Less is known about the specific domains of interpersonal trauma and their impact on the development of PND. This prospective longitudinal study examines the prevalence and impact of interpersonal trauma subtypes and poly-traumatization on PND in adolescent mothers. **Methods:** 224 pregnant adolescents aged 14-20 years was recruited from a public health prenatal clinic in the south eastern United States. Interpersonal trauma history and depression were measured prenatally and postpartum. Analyses examined the prevalence of interpersonal trauma subtypes and poly-traumatization. Relationships between interpersonal trauma and PND were examined using logistical regression and multiple logistic regression. **Results:** 82% of participants reported interpersonal trauma. Over 75% reported IPV, 30% reported caregiver loss, 28.4% reported child maltreatment and 64% reported poly-traumatization. Childhood sexual abuse (0.204, $p<0.01$), childhood loss (0.199, $p<0.01$), and sexual IPV (0.139, $p=0.060$) were associated with increased risk of postpartum depression, partially mediated by antenatal depression (0.321, $p<0.000$). **Conclusion:** Results suggest that interpersonal trauma may be the most substantial risk factor for PND in adolescent mothers. Poly-traumatization significantly increases the risk of PND. The epidemic prevalence of interpersonal trauma in adolescent mothers suggests all adolescent mothers should be screened for interpersonal trauma history and care for this population should be trauma informed. A trauma informed model of brief IPT for adolescent mothers will be discussed.

Keywords: *Perinatal Depression, Adolescent Mothers, Interpersonal Trauma*

POSTER TOUR II

P10

IPT-A as a Bridge to "Building Healthy Children"

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Mt. Hope Family Center conducted a randomized control trial to evaluate the effectiveness of a new model of home based visitation. Building Healthy Children (BHC) is a collaborative effort designed to support relationships between economically disadvantaged teen mothers and their babies and focuses on bringing together outreach support for concrete needs the family may have with evidenced-based interventions (i.e., Interpersonal Psychotherapy (IPT-A), Child-Parent Psychotherapy (CPP), and Parents as Teachers (PAT)) for parenting, child development, parent-child relationships, and maternal depression. Therapists were cross-trained on all three therapeutic interventions and the models were implemented based on family need and client interest. Data were collected at pre-intervention (child age 6 months), child age 2, post-intervention/child age 3, and child age 4. Results of structural equation modeling (SEM) with the full available sample ($N=236$; mean maternal age=19, child age 6 months, 65% African-American, 75% unmarried) indicated that BHC, of which IPT-A is one evidenced-based component, significantly reduced maternal depression at child age 2 years. This reduction in maternal depression led to improvements in child internalizing and externalizing symptoms and maternal parenting stress and parenting self-efficacy at child age 4. Additional propensity score modeling was also conducted to examine the effects of IPT-A specifically within BHC ($n=36$) compared to a matched control group ($n=36$). Preliminary results suggested that at post intervention, mothers who participated in IPT-A viewed their children as less anxious/depressed ($t(70)=1.99$, $p=.05$) and less aggressive ($t(70)=2.46$, $p=.02$) compared to mothers in the control condition.

P11

Interpersonal functioning of bariatric candidates compared to a control group with normal weight

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Background: Previous studies have examined risk factors among candidates for bariatric surgery. Studies have found that BED define patients have difficulties in their interpersonal functioning. No study has examined interpersonal relationship among bariatric candidates. **Objectives:** The aim of this pilot study was to assess the difference between bariatric candidates to a control group with normal weight on their interpersonal functioning. **Methods:** Thirty nine adult seeking bariatric surgery (Mean BMI = 41.25 sd = 4.3) including 14 men and 26 women (mean age= 42.43; sd =9.614) who are members in Maccabi Healthcare Services in Israel participated in the study. They were compared to 18 control participants with normal weight (Mean BMI = 22.6 sd = 1.71) including 5 men and 13 women (Mean age = 40.94; sd = 8.214). All participants completed surveys addressing demographic, eating disorders (EDE-Q), depression, anxiety, stress (DASS) and interpersonal functioning (SAS-SR, IIP). **Results:** Significant differences were found in eating, shape and weight concern as well as in anxiety levels. In addition, the bariatric groups had more difficulties in "primary relationship" and were higher in being "too caring." **Discussion:** There were higher prevalence of eating disorder pathology and anxiety among bariatric candidates as compared to control normal weight. In addition, the results identified the specific interpersonal difficult which is in the primary relationship and having difficulties related to nurturance (being "too caring"). These findings are in line with previous studies which found intimate difficulties among obese and BED patients. Difficulties in intimate relationships should be assessed and targeted among bariatric candidates.

Keywords: *Bariatric candidates, Interpersonal functioning, Eating disorder, Anxiety*

P12

Resilience in severe mental disorders: correlation with clinical measures in major depression, bipolar disorder and schizophrenia inpatients

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Introduction: Resilience refers to the human ability to withstand stressful challenges and retain or regain normal functioning. In the context of severe mental disorder, resilience may be understood as how people face and cope with many challenges of their disorder, since normal functioning and complete recovery might not be possible for most patients. On literature individuals that reported lower levels of resilience developed higher numbers of psychiatric symptoms at follow-up when exposed to stressful events. The aim of this study was to evaluate resilience in severe mental disorder and correlate it with clinical measures of recovery. **Methods:** A consecutive sample of 384 severe mental disordered inpatients was prospectively evaluated using MINI (Mini International Neuropsychiatric Interview), socio-demographic data, and clinical measures: BPRS (Brief Psychopathological Rating Scale), CGI (Clinical Global Impression) and GAF (General Assessment of Functionality). A regression linear model was used to evaluate the association between resilience and clinical measures of recovery and their potential confounders (length of inpatient treatment, estimated IQ, suicide attempts, previous psychiatric hospitalizations). **Results:** Resilience score differed among the disorders, on depression (n=200) was 123.8 (\pm 30.6; p=0.034), on bipolar disorder (n=71) was 139.1 (\pm 24.9; p<0.001) and on schizophrenia (n=113) was 130.9 (\pm 27.3; p=0.007). There was no statistically significant bi-variaded correlation between clinical measures and resilience scores. However, after adjusting for potential confounders BPRS score was negatively associated to with resilience score. **Conclusion:** General clinical measure of recovery BPRS was negatively statistical associated with resilience score, indicating that higher scores of BPRS are associated with lower resilience scores. Clinical improvement is still a core aim to enhance resilience in severe mental disorder patients.

Keywords: *Resilience, mental health, clinical measures*

P13

New applications of IPT: a case report of an adult with gender dysphoria

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The DSM-5 criteria for diagnosing gender dysphoria (GD) requires that the patient has a marked distress that accompanies the incongruence between one's experienced or expressed gender and one's assigned gender. Depending on the degree, adults with GD may adopt a behavior, clothing, and mannerisms of the experienced gender. These changes might impact their personal relationships and lead to social and affective isolation. Some patients will need psychological intervention to cope with the transition to the social role of the new gender. Having IPT conceptual model and main focus area in mind, we formulated that the transition to the new gender could be well understood as role transition focus area of IPT. Our present aim is to report a case of a 32-years, single, employed, black, umbandist, male to female patient with GD that was referred to our university hospital GD program that needed psychotherapy evaluation for the distress related to the social role of the new gender. This case improved personal relationships considerably after having 20-IPT sessions. During the evaluation sessions, we identify, despite having mild depressive symptoms, the patient attributed her lack of close relationships to the new social role (p ex. cross-dressing) of GD. Initial sessions focused on educating the patients about GD and to help her to perceive that this distress was related to her adaptation with her new gender. Middle sessions focused on expressing their feelings about the new role and encouraging her to develop new social support systems (p. ex. she could start a safe and intimate sexual relationship with a man and could live with his family). Final sessions focused on maintaining these close relationships and helping her to adapt her expectations on current relationships.

Keywords: *gender dysphoria, IPT, role transition*

P14

Using IPT group psychotherapy to shift clinician perceptions and improve therapeutic milieu on an acute inpatient unit: A qualitative study

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The emphasis on risk mitigation, crisis management and symptom-focused biological interventions can make acute care inpatient units impersonal and untherapeutic environments. Interpersonally-based Therapy (IPT) group psychotherapy interventions represent a potential method to enhance connection among staff and patients, contributing to a more positive therapeutic environment. Using qualitative methodology, this study examined psychiatric nurses' perceptions of a recently initiated IPT group on two acute care inpatient units. Thematic analysis was used and findings indicated the IPT group enhanced critical components of the therapeutic alliance and milieu (e.g., attunement, connection, understanding, empathy), and created a fundamental shift in the way patients were regarded by clinicians. Nurses described realizing a more humane, egalitarian and holistic perspective on their patients. Improved therapeutic relationships, increased investment in patient care, a more rapid patient improvement, more comprehensive discharge plans and improved job satisfaction were noted. Overall, IPT-based group psychotherapy interventions may provide a unique opportunity to maximize helpful interpersonal aspects of care, improve patient experiences and serve to both accelerate patient recovery and reduce staff dissatisfaction and burnout on inpatient psychiatric units.

Keywords: *Interpersonal psychotherapy, group psychotherapy, milieu, acute, inpatient*

P15

Six Phases Of The Circle: A Close Look At The Closeness Circle

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The Interpersonal Inventory has been the hallmark of IPT from its beginnings. The Closeness Circle is only one way of conducting the inventory, yet it has been gaining ground in IPT as clinicians have discovered its richness.

After a brief sketch of the origins of this seemingly simple, yet highly complex paper-and-pencil tool, this workshop will begin with a collective analysis of a videotaped therapy session of a patient doing her Closeness Circle. The participants will analyse the therapist's technique, share their own experience and clinical intuitions.

We will then outline the "Six Phases of the Circle", an approach developed in our clinical practice to get the most out of the 'Circle'. Namely: Preparation of the Inventory, 1 – Opening, 2 – Writing down the names, 3 – Exploration person by person, 4 – Global questions, 5 – Focus on support, 6 – Creative Summary and Propositions leading to Formulation.

Each phase comes with specific challenges and recommendations for the therapist. The use of interactive silence, a key point in deploying the full potential of the Circle will be underlined. The decisive impact of Interpersonal Incidents, which may give access to affect and enable change, will be demonstrated. The fine-tuned evaluation of the patient's narrative, leading to an appreciation of his / her attachment style, will be elaborated on, leading to modifications in therapist's attitude.

Selected technical aspects will be practised in small groups. The workshop will aim specific skills acquisition by participants, who will be invited to role-play, to audio-record their role-play and to experiment with the technical steps of the "Six Phases of the Circle" approach.

Keywords: *Interpersonal Inventory; Closeness Circle ; Interpersonal Circle ; Interpersonal Incidents ; Attachment Style ; Narrative*

P16

IPT-ADHD : a new option

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ADHD (attention deficit hyperactivity disorder) is a not so well-known disease that is usually treated by pharmacotherapy, such as methylphenidate, training-like counselling, neuro-feedback or relaxation exercises for its symptoms of deficit or physical or mental behaviour, focused on the attention and activity, but families with ADHD children know how complicated it is to deal with, in the family circle, and in the whole neighbourhood of the children (friends and school), because of so many conflicts, moves and isolation. ADHD is not only an attention deficit, but also present with a range of other challenges including impulsiveness, and its repercussions from conflicts, to lack of self-confidence and depression. The handicaps of these aspects, especially impulsiveness is as important as the attention-deficit itself.

The IPT-ADHD treatment model doesn't pretend to cure the ADHD itself, but tries to improve social functioning in relationships to preserve family, friends, teachers and of course the children themselves from these consequences of the trouble, helping to keep on going forward and managing the arousal. IPT-ADHD works in association with medication, if necessary, and focuses on improving the strategies of attention focusing and with psycho-education. We also add the very particularity of the IPT, as

working on the classical issues as grief (non-specific) and deficits, social roles transitions and interpersonal conflicts that are more often seen in these situations. The aim of this IPT-ADHD is to preserve relationships, self-confidence, then mood and capacities of the children and their circles.

Keywords: ADHD, IPT, relationship, family repercussion

P17

Effect of Interpersonal Counseling on Subthreshold Depression in Undergraduates – A Preliminary Study Considering Distress Type –

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Objective: Subthreshold depression is a major health problem among undergraduates. The present study aimed to preliminarily examine the effect of interpersonal counseling (IPC) on subthreshold depression in undergraduates while considering the type of distress. **Method:** Participants were 31 undergraduates without a psychiatric diagnosis who had distress and depressive symptoms. We compared the efficacy of counseling among three groups: IPC for those with distress in interpersonal relationships (R-IPC, n = 7), IPC for those with distress in non-interpersonal relationships such as poor academic achievement (NR-IPC, n = 8), and traditional counseling for those with any type of distress (CAU, n = 16). The Zung Self-Rating Depression Scale (SDS) was used as an indicator of depression. Analyses of variance were used to compare data among the three groups, while multiple comparisons were performed using Tukey's method. This study was approved by the Kwansei Gakuin University Regulations for Research with Human Participants. **Results:** Changes in SDS total scores tended to differ among the three groups (R-IPC: -4.14 ± 4.81 , NR-IPC: -2.50 ± 3.42 , CAU: -0.063 ± 3.70 ; $F = 2.945$, $p = 0.069$). Changes in SDS total scores tended to be greater in the R-IPC and NR-IPC groups than in the CAU group (both $p = 0.071$), although no significant difference was observed between the R-IPC and NR-IPC groups ($p = 0.698$). **Conclusions:** Our findings showed a tendency of IPC to be more effective in improving symptoms of subthreshold depression in undergraduates than traditional counseling, regardless of the type of distress.

Keywords: Interpersonal counseling, undergraduates, distress, depression

P18

Can interpersonal psychotherapy improve each symptom of multi-psychiatric comorbidities? : A case series

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Up to 50% of patients with depression, anxiety disorders, eating disorders and post-traumatic stress disorder (PTSD) have psychiatric comorbidities. Interpersonal psychotherapy (IPT) is effective for each of these disorders with slight modification for the diagnosis. Therefore, if IPT is applied for patients with multi- psychiatric comorbidities, IPT can improve each symptom of comorbidities. However, to our knowledge, few studies have examined whether IPT is effective for not only the symptoms of primary diagnosis but also those of comorbidities. In addition, in previous study, each of

these psychiatric patients, self-compassion and interpersonal sensitivity were worse than in healthy control. The objective of this study was to evaluate the hypotheses: 1) IPT would be effective for comorbidities. 2) Interpersonal sensitivity and self-compassion would be related to interpersonal pattern and they would be mediators of improvement of psychiatric symptoms. This study is ongoing and we report 3 completers. **Methods:** Participants were 16-80 year-outpatients and met DSM-5 criteria for depressive disorders, anxiety disorders, eating disorders or PTSD. They received individual IPT (60 min, 16 sessions). Outcome measures were Beck Depression Inventory-Second Edition (BDI-II), The Self-report Version of the Panic Disorder Severity Scale (PDSS-SR), The Liebowitz Social Anxiety Scale Self Report (LSAS), PTSD Diagnostic Scale (PDS). If patients had comorbidities, the outcome measures of all comorbidities were examined. Moreover, Interpersonal Sensitivity Measure (IPSM), Self Compassion Scale (SCS), Social Adjustment Scale Self-Report (SAS-SR), Inventory of Interpersonal Problems (IIP-64) were examined. **Results:** Three subjects (25-40 years, all female) completed IPT. The first patient had depression primarily with comorbid dysthymia and social anxiety disorder. The second had PTSD with panic disorder and social anxiety disorder. The third had bulimia nervosa with depression, dysthymia, and PTSD.

Keywords: *interpersonal psychotherapy, comorbidity, persistent depressive disorder, major depressive disorder, PTSD*

Keynotes

Keynote 5

The Place of Culture in Global Mental Health: Reflections on the Cultural Adaptation of Interpersonal Psychotherapy

Laurence Kirmayer

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Global mental health aims to address the enormous disparities in burden of illness internationally by deploying evidence-based practices (EBP). Interpersonal psychotherapy (IPT) is an EBP that has been successfully adapted to diverse social and cultural contexts. Forms of psychotherapy that focus on internal psychological processes may not adequately address the ecosocial or social structural dimensions of suffering and healing. With its focus on interpersonal relationships, IPT may be a particularly appropriate form of intervention in many cultural settings. However, while psychotherapies are warranted by technical models of psychopathology and change processes, they are rooted in cultural models of mind, self and personhood. This presentation will reflect on research on cultural variations in notions of the person and corresponding variations in psychotherapy and other methods of ritual healing. In many contexts, the social world is experienced and understood through the mediation or co-presence of spirits, ancestors or nonhuman persons. These agencies organize relational schemas that shape cognition, behaviour and experience. These alternate ontologies may be learned through cooperative intentionality and regimes of shared attention and they are embodied and enacted in everyday activities as well as formal healing practices. The emerging view of cultural practices—including healing and psychotherapy—as based on ecosocial affordances, embodiment and enactment has implications for enhancing the local fit and effectiveness of IPT and other interventions in global mental health.

Keynote 6

From Bogota to Beirut through Kampala: New Perspectives in IPT Dissemination

Lena Verdelli

Teachers college, Columbia University, New York, USA

In Oct 13,2016 the Department of Mental Health and Substance Abuse of WHO disseminated electronically the Group IPT manual as part of the mhGAP global program. A number of teams have been conducting IPT effectiveness and implementation studies in East Africa, Haiti, the Middle East and South America. A synthesis of studies completed and in progress will be presented to illustrate

exciting new directions in the implementation of IPT in severely under-resourced systems of care: early development of public-private partnerships for sustainability; acceptance of the significance of non-mental health specialists as providers; contextually-informed adaptations of content and delivery structure; and implementation with populations affected by extreme adversities--internally displaced women in Bogota and persons affected by the Syrian crisis in Lebanon. New research and funding opportunities will be discussed.

Symposium

O29

Disseminating IPT: Lessons learned from implementation research and training initiatives

Denise Wilfley¹, Heather Flynn², Dawit Wondimagegn³, Roslyn Law⁴

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Session Chair: Oguz Omay

Interpersonal Psychotherapy has a strong evidentiary base, and is included in many national and international consensus treatment guidelines; However, it is poorly disseminated and not widely accessible as a treatment. Why is this? What are the barriers? What may be the facilitators and methods that need to be considered to improve IPT's implementation and dissemination? This symposium presents perspectives and lessons learned on dissemination science with three examples of scaling up structured psychotherapy access. Dr. Denise Wilfley is a leading expert in dissemination of evidence-supported psychotherapies and summarizes principles of implementation science as applied to IPT; Dr. Heather Flynn presents a dissemination model used in Motivational Interviewing that focuses on building a trainers' network; Dr. Dawit Wondimagegn presents the results of a scale-up project to improve screening and treatment of Common Mental Disorders in primary care that integrates culturally adapted IPT in Ethiopia; and Dr. Roslyn Law presents the UK's Improving Access to Psychological Therapies initiative.

Mini-workshop

W3

The fourth problem area of social deficits in IPT

Anat Brunstein Klomek¹, Malin Bäck², Elisabeth Schramm³, Sue Luty⁴

¹*Interdisciplinary Center, School of Psychology, Herzliya, Israel*

²*University of Linköping, Department of Psychiatry, Linköping, Sweden*

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⁴*University of Otago, Psychological Medicine, Christchurch, New Zealand*

There are many debates and open questions about the need, use and name of the fourth problem area of social deficits, usually the least used of the IPT foci. This workshop will address the problem area of social deficits drawing from the experiences and approaches of clinicians from 3 differing countries and practice settings from youth to adults. Malin Bäck, an IPT-therapist from Sweden will present how a general or specific interpersonal sensitivity describes the experience and context around the current depression better than anything else. Clinical examples will be presented. Elisabeth Schramm will present the integration of contemporary interpersonal theory and CBASP principles to approach the therapeutic alliance in patients with severe social deficits. After analysing 20 videotaped

IPT-therapies, Schramm and colleagues concluded that there is a necessity for more specific strategies in IPT to deal with destructive patient behaviour. The Kiesler Circle and Disciplined Personal Involvement of the therapist will be demonstrated using a case example. Anat Klomek will present the manual for adolescents diagnosed with Specific Learning Disorders/ADHD and suffering from subsyndromal depression and/or anxiety symptoms (IPT-ALD). The manual emphasises both verbal and non-verbal social skills in school and out of school as well as verbal and non-verbal dyadic skills (mainly with parents, peers and teachers) within the problem area of interpersonal deficits. Sue Luty will be discussing how these differing innovative and effective approaches to the 4th focal area intersects with, and expands upon what is described in the adult and adolescent IPT manuals.

Keywords: *problem area, social deficits, interpersonal deficits*

Mini-workshop

W4

Family-Based Interpersonal Psychotherapy (FB-IPT) for Depressed Preadolescents

Laura J. Dietz, Rebecca B. Weinberg, Laura Mufson

University of Pittsburgh, Johnstown, USA

Preadolescent depression (ages 8-12) is a 'gateway' condition that increases the risk for recurrent depression into adolescence and adulthood, particularly when there is a strong family loading for depression. Depressed preadolescents experience marked interpersonal impairment and continue to experience significantly more difficulties in interpersonal relationships with parents and peers even after their symptoms remit. Although extensive clinical intervention research has been conducted on adult and adolescent depression, clinical interventions for preadolescent depression have been understudied. To date, there have been no large-scale efficacy studies comparing psychosocial treatments for preadolescent depression and, hence, no 'efficacious' treatments have been identified for this high-risk group. Family Based Interpersonal Psychotherapy (FB-IPT) is an effective treatment for depression in preadolescent children (ages 8-12), and a promising treatment modality for broad-based internalizing symptoms. A developmental adaptation of Interpersonal Psychotherapy for Depressed Adolescents (IPT-A) that focuses on the family environment as a primary source of interpersonal stress for depressed preadolescents, FB-IPT provides a framework to address interpersonal impairment in depressed preadolescents and the family risk factors that may sustain their depressive symptoms. As such, FB-IPT sessions consist of individual meetings with preadolescents and dyadic meetings with preadolescents and parents to rehearse more effective communication and problem-solving skills. This mini-workshop will outline the developmental modifications, structure, and clinical strategies for conducting FB-IPT with depressed preadolescents and parents. Case examples and role-play exercises will allow participants to rehearse FB-IPT techniques as well as engage in discussions of treatment implementation in diverse community settings.

Symposium

O30

Symposium: Shorter IPT interventions: when, where and why should we use them.

Nuno Carrilho¹, Holly Swartz², Patricia Graham³, Myrna Weissman⁴

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Although IPT is already a brief therapy, it is not always possible to offer 12-16 sessions as conceptualized in the original model (Klerman & Weissman). Many factors may limit patient participation in a full course of IPT, including practical, psychological, and psychiatric barriers to care. In response to these constraints, clinicians and investigators have developed and evaluated shorter models of IPT.

This symposium provides an overview of shorter models of IPT that have been developed in the USA, Portugal, Scotland and other part of the world. Presenters will describe the rationale for their development, populations for whom they were created, adaptations made to the original model, and outcomes of both quality improvement initiatives and randomized controlled trials. Presenters include:

Nuno Carrilho, presenting the past, present and the future of shorter versions of IPT; Holly Swartz presenting her latest data concerning the impact of briefer psychotherapy in motherhood depression on school aged children on her IPT-B and; Patricia Graham presenting their shorter IPT intervention specially developed for Primary Care Settings. Finalizing the symposium, Myrna Weissman will discuss her experience with her IPC intervention and integrating with the new developments presented in the Symposium.

Keywords: *IPT, shorter psychotherapeutic interventions, adaptations of IPT, self-injurious behaviours, crisis intervention,*

O31

Brief Psychotherapy for Maternal Depression: Impact on School Age Children

Holly Swartz

University of Pittsburgh School of Medicine, Western Psychiatric Institute and Clinic, Pittsburgh, USA

Objectives: Treating maternal depression confers indirect benefit to school-age offspring with psychiatric disorders. The current study examined two brief psychotherapies as treatments for depressed mothers whose children had internalizing disorders. **Methods:** Mothers with major depressive disorder were randomly assigned to nine sessions of either brief interpersonal psychotherapy (IPT-MOMS; n=85) or brief supportive psychotherapy (BSP; n=83). Their children, age 7-18 and with at least one internalizing disorder, were treated openly. Independent assessors evaluated dyads every three months over one year. **Results:** Symptoms and functioning of mothers and children improved significantly over time with no between-group differences. Improvement in mothers' depressive symptoms was associated with improvement in child functioning in a time-lagged fashion, with children improving 3 -6 months after mothers improved. Analyses showed a significant association between improvement in maternal depression and child functioning after a three month lag ($\beta = 0.14$, $p = 0.03$), an association that proved even stronger with a 6 month lag ($\beta = 0.2$, $p = 0.01$). When children had internalizing disorders only (n=63), child-reported increase in positive parenting strategies (acceptance) by mothers mediated 6-month lagged associations between maternal and child outcomes ($\beta = -0.27$, $p = 0.01$) but reductions in negative parenting strategies (psychological control) did not. **Conclusions:** IPT-MOMS and BSP demonstrated comparable efficacy for treating maternal depression. Children's functioning improved following maternal improvement, independent of treatment received by youth. For youth with internalizing disorders only, increased use of positive parenting strategies by mothers explained lagged relationships between maternal symptom improvement and child functioning improvement.

O32

15 years of Scottish experience in brief IPT models

Patricia Graham

Adult Mental Health Services NHS Lothian, Lothian, Scotland

In 2006, I presented an adaptation of the original model of IPT to a model called IPT-Brief (IPT-B) in Toronto at the ISIPT conference. The work was conducted in Scotland in the UK and the question that I brought to conference was: Can IPT be adapted to be briefer within a Primary Care setting in the UK and still remain effective in terms of reducing symptoms of depression and improving quality of

relationships? The conclusion, previously presented in 2006, was that IPT could be abbreviated to IPT-B in Scotland and still remains effective over time.

Meanwhile, we have now created a further adaptation called IPT-AC which is a 4 session model used in acute crisis for patients who present at the Emergency Department. In Scotland, we have been using IPT actively in our population and trying different ways to adapt to meet our local needs. We are now developing a model of "Matched Care" which conceptualizes adult mental health problems from mild to severe and having an adapted model of IPT from learning (IPT-L) to intervention for those who present with the most severe disorders; we have named this the Prospect Model. I will present this 15 years of experience in the Scottish mental health system working with IPT adaptations, namely briefer models, to meet the needs of the population and also meet the standard of evidence required in the UK to deliver effective and time efficient psychological therapy.

Symposium

O33

Acute and Long-term Outcomes of Cognitive Therapy vs. Interpersonal Psychotherapy for Depression: Results of a Randomized Controlled Trial

Lotte Lemmens

Maastricht University, Department of Psychology, Maastricht, The Netherlands

The effectiveness of Cognitive Therapy (CT) and Interpersonal Psychotherapy (IPT) for depression is well-established. However, it is not clear yet whether one therapy outperforms the other with regard to course and severity of the disorder, especially in the long term. Recently we conducted the first (up-to-date) RCT in which we examined both acute- and long-term effects of CT vs. IPT for depression. A total of 182 depressed outpatients were randomized to CT ($n=76$), IPT ($n=75$) or a 2-month waiting-list control (WLC) condition followed by treatment of choice ($n=31$). Data were gathered within a 24-month timeframe. For the acute phase, it was tested whether active treatment was superior to no treatment, and whether one of the active treatments was superior in reducing depressive symptoms and on a set of secondary outcomes. After that, we determined the course of self-reported depressive symptomatology after initial treatment across a 17-month follow-up period, and tested whether one of the treatments was superior at the end of the follow-up (24 months). In addition, for treatment responders, we examined rates relapse, in terms of both self-reported as well as clinician-rated depression severity. In this presentation, results will be discussed. Furthermore, the impact of comorbid anxiety and personality pathology on the effectiveness of treatment will be addressed.

Keywords: *depression, Interpersonal Psychotherapy, Cognitive Therapy*

O34

Predicting optimal acute and long-term outcomes in cognitive therapy or interpersonal psychotherapy for depressed individuals using the Personalized Advantage Index approach

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At a group level, psychotherapies for depression produce equivalent outcomes. However, at an individual level, responses differ for different therapies. Predictors of (differential) outcome have been identified in the context of randomized trials, but this information has not been used to predict which treatment works best for the depressed individual. In this presentation, we focus on individual predictions of acute and long term depression outcomes in the context of a randomized trial comparing CT and IPT ($n=151$). We used the Personalized Advantage Index (PAI), recently developed by DeRubeis and colleagues, to combine predictors into an algorithm that generates actionable treatment recommendations for individual patients. For a majority of the trial participants, a clinical meaningful advantage was predicted in either CT or IPT, compared to the other treatment. Moreover, those who

were randomized to their predicted optimal treatment had far better outcomes than those randomized to their predicted non-optimal treatment.

Keywords: Depression, Cognitive Therapy, Interpersonal Psychotherapy, Treatment Selection, Personalized Medicine

O35

Improving outcomes of CBT and IPT for depression: the role of session frequency, therapy-specific skills and experimental mechanism research

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Although psychological therapies such as cognitive behavior therapy (CBT) and interpersonal therapy (IPT) are well-established interventions for depression, there is still a lot of room for improvement. A recent meta-analysis found a strong association between number of psychotherapy sessions for depression per week and outcome (Cuijpers, Huibers, Ebert, Koole & Andersson, 2013). First, we will present the study protocol of the FreqMech study, the first in the field of depression in which the hypothesis is tested that twice-weekly sessions of CBT or IPT lead to better outcomes than once-weekly sessions, and one of the first that includes multiple assessments during the course of treatment to investigate mechanisms of change. Second, we will discuss the potential role of therapy-specific skills as a mechanism of change. Although CBT research recently produced a brief self-report questionnaire to measure the self-reported mastery and use of cognitive behavioral therapy skills (i.e., Competencies of Cognitive Therapy Scale – Self Report, CCTS-SR; Strunk, Hollars, Adler, Goldstein & Braun, 2014), an equivalent instrument measuring interpersonal skills in the context of IPT is lacking. We extended research on the CCTS-SR and developed and conducted an initial psychometric evaluation of the Interpersonal Psychotherapy Skills Scale – Self Report (IPSS-SR) to investigate the concept of IPT skills during treatment for depression. Third, we will discuss an experimental approach to investigate mechanisms of change in the treatment for depression by distinguishing treatment procedures and treatment processes. This approach might not only help us to investigate the causal relationships between treatment procedures, treatment processes and subsequent outcome, but also to explore new ways to optimize treatment procedures.

Part of symposium with title; **Cognitive Therapy compared to Interpersonal Psychotherapy for Depression: how (well) do they work, how long, for whom, and in which frequency?**

Keywords: *Depression, Cognitive Behavioral Therapy, Interpersonal Psychotherapy, Experiment, Mechanisms of Change, Therapy Specific Skills*

Mini-workshop

W5

Integration of Motivational Interviewing and IPT to Enhance Treatment Engagement and Outcomes

Heather A. Flynn

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Inadequate engagement in Evidence-Based Treatments (EBT's) such as IPT for depression often interferes with clients' response to treatment. There is evidence that improved treatment engagement is directly related to improved outcomes. In recent years attention has been paid to developing ways to maximize engagement in Evidence-Based Treatments (EBT's). One method that has shown promising early results is Motivational Interviewing (MI). MI is a directive, client-centered communication style that aims to resolve ambivalence around a variety of behavior change targets. In the process of a counseling or therapy session, attention is paid to certain parts of a client's speech, drawing out language indicative of change.

In this workshop, we will offer practical examples of the assimilative integration of MI with Interpersonal Therapy (IPT), such as assessment, case formulation, therapy engagement, psychoeducation, communication and decision analysis. Brief didactic presentations on the basic approaches to each will be followed by demonstrations of strategies to be used with various treatment components. Much of the session will involve practice of these strategies in small groups. This is a practical workshop that brings together cutting-edge literature on the integration of MI into psychotherapeutic treatments in an interactive format that includes demonstrations, participant practice, discussion, and short didactic presentations

W6

Being alive through grief

Oguz Omay¹, Anat Brunstein Klomek², Melike Duran Donmez³

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This mini skills workshop is constructed around videotaped clinical material. By working collaboratively with the participants on several videotaped therapy sessions of a mother with severe perinatal postpartum depression, the workshop aims at enhancing advanced IPT skills. We will explore the building of the interpersonal focus, reflect on opening strategies and single out the "moves" during the first consultation. We will then proceed to the interpersonal circle/inventory and the interpersonal case formulation of the treatment focus.

We will explore meeting moments and shared meaning in IPT, with special attention to working with emotion. The case material will be particularly suited to discover the fine-tuned use of Interpersonal Incidents and Communication Analysis during the intensive phase. The elaboration of IPT problem areas of Interpersonal Disputes and Grief and Loss will be seen in practice, leading to the conclusion of acute treatment phase.

The participants will have the chance to formulate their hypotheses, confront concrete choices in therapy process and share their ideas and experience. Special attention will be given to non-verbal aspects, respirations, musicality and affect attunement, underlining the potentials of working with audio and video recordings during trainings and / or supervisions. Supervision skills will also be touched upon by role-play.

Through a major point in the videotaped patient's history (bereavement by suicide), we will highlight powerful IPT tools to transform grief. One possible conclusion of the casework presented is that, while grieving, we may be a lot more alive than before

Keywords: *Grief and Loss; Bereavement by Suicide ; Interpersonal Incidents ; Supervision*

Closing Plenary

Keynote 7

A Winding Stair: How a Theory about Unipolar Depression Became an IPT-informed Treatment for Bipolar Disorders and A Range of Other Conditions

Ellen Frank

University of Pittsburgh School of Medicine, Pittsburgh, USA

This presentation traces the evolution of interpersonal and social rhythm therapy (IPSRT) from an idea based on a theory about unipolar depression to intervention for bipolar I disorder and, ultimately, to a series of individual, group and on-line interventions for bipolar disorders, unipolar depression, and conditions as disparate as perinatal depression and chronic pain.

In a paper published in 1988, we argued that unipolar depressive episodes could arise as a function of loss of social *zeitgebers* or rhythm-stabilizing routines (Ehlers, Frank & Kupfer, 1988). Very quickly, however, we realized that this theory applied at least as much to episodes of bipolar illness and set about integrating a highly behavioral approach to helping patients to regularize the timing of their daily routines with relatively classic interpersonal psychotherapy (IPT). Having shown that IPSRT worked well as an individual intervention, we and others moved on to creating a broad range of adaptations of this intervention.

Rather than focusing on the results obtained with the various adaptations of IPSRT, this presentation explores on the conceptual processes involved in developing each adaptation of IPSRT and why we believed that a rhythm-focused approach might be relevant for each of the new populations to which is has been applied.

AUTHOR INDEX

(to follow)