

# FAMILY BASED INTERPERSONAL PSYCHOTHERAPY (FB-IPT) FOR DEPRESSED PREADOLESCENTS

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## WHO ARE PREADOLESCENTS?

- Children between the ages of 8-12 years
- Experiencing developmental transition from childhood to adolescence
  - puberty is beginning at earlier chronological ages
  - increased salience and motivation toward social relationships (cell phones)

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## TWEENS ON TV



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#### PREADOLESCENT DEPRESSION

- Lower prevalence rates
  - 2.5% compared to 8.3% for adolescent-onset depression
- Less ‘melancholic symptoms’
  - more irritability and ‘boredom’
- Underdiagnosed, Untreated
  - Falling short of MDD diagnosis by 1-2 symptoms
  - Many diagnosed with Dep NOS, Mood NOS
- Depression in preadolescents is a risk factor for depression later in life
  
- Effective early treatment may be important to prevent lifelong morbidity and mortality

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#### RISK FACTORS FOR PREADOLESCENT DEPRESSION

##### Difficulties in parent-child relationship

- High conflict
- High disengagement
- Poor communication strategies
- Poor interpersonal problem-solving
- High rates of parents with depression or history of mood disorder

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#### RISK FACTORS FOR PREADOLESCENT DEPRESSION

##### Peer exclusion and rejection

- Strong predictors of high depressive symptoms from middle childhood to early adolescence

##### Comorbid anxiety disorders

- High sensitivity to peer evaluation
- Fear of peer rejection
- Negative attention bias to social threat
- Social withdrawal and interpersonal avoidance

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#### CASE EXAMPLE: MAYA

- Maya\*, age 10, was referred to a child and adolescent outpatient clinic for depression after several months of declining school performance, high levels of irritability and sadness at home and at school, and disclosing to her teacher that sometimes she thought about killing herself.

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#### INTERVENTIONS FOR PREADOLESCENT DEPRESSION

- At present, no gold standard of care for depressed preadolescents
- Cognitive behavioral therapy (CBT) has been the most extensively studied in community samples of preadolescents
  - Effective compared to no treatment/ WLC
  - Not better than supportive therapy, relaxation training
- Possible limitations of CBT
  - Cognitive competencies of preadolescents
  - Less focus on interpersonal context
  - Little to no parental involvement

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#### INTERPERSONAL PSYCHOTHERAPY (IPT)

- Developed by Gerald Klerman, M.D. and Myrna Weissman, Ph.D. as a psychotherapy for depressed adults
- Adapted for treatment of depressed adolescents by Laura Mufson, Ph.D.
- Time-limited treatment (16-20 sessions for adults, 14 sessions for teens)
- Strong empirical support for efficacy
- Depression occurs in the context of relationships that can trigger or exacerbate depression
- Recovery from depression = 1) helping teens understand the relationship between interpersonal events and mood, and 2) improving interpersonal relationships

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**INTERPERSONAL PSYCHOTHERAPY (IPT)**

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- Three phases of treatment (initial, middle, termination)
- Depression is discussed as related to one of four problem areas that guide intervention
  - grief, role transition, role disputes, interpersonal deficits
- Linking depressed mood to interpersonal events
- Improving relationships or problems with relationships related to problem area
- Teaching and rehearsing interpersonal communication and problem solving skills through role-play
- Interpersonal experiments outside of sessions

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**FB-IPT FOR DEPRESSION PREADOLESCENTS**

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IPT is an excellent model for addressing family processes that may be related to preadolescent depression

- Family as a primary interpersonal context
- Problem areas can be addressed in a dyadic fashion
- Role transitions address developmental stages
- Evidence for IPT for Depressed Adolescents reducing comorbid anxiety symptoms

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**MODIFICATIONS FOR FB-IPT**

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Modification (1): Increased parental involvement and structured dyadic sessions

Modification (2): Expanded Limited Sick Role for parents to guide expectations and reduce conflict

Modification (3): Focus on comorbid anxiety and interpersonal avoidance

Modification (4): Visual Presentation of Mood Rating Scale and Communication Analysis

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**STRUCTURE OF FB-IPT**

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**Initial Phase (sessions 1-5)**

- 10 minute check-in with preteen and parent
- 20 minute task with preteen
- 20 minute discussion with parent

**Middle Phase (sessions 6-11)**

- 10 minute check-in with preteen and parent
- 20 minute task with tween
- 20 minute discussion with preteen and parent

**Termination phase (sessions 12-14)**

- Same structure as Middle Phase meetings

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**Initial Phase FB-IPT**

Sessions 1-5




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**INDIVIDUAL MEETINGS WITH TWEENS**

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Two broad goals of the Initial Phase of FB-IPT

- Understand the relationship between interpersonal events and depressive symptoms
- Identify one of four problem areas

Meeting with the preadolescent for 20 minutes to accomplish the following tasks:

- Introducing the mood thermometer
- Constructing the closeness circle
- Conducting the interpersonal inventory

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### MOOD THERMOMETER

10 year-old girl

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### CLOSENESS CIRCLE

Closeness Circle

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### INTERPERSONAL INVENTORY

- Discussing 3-4 important relationships
  - Positive aspects (shared activity, support)
  - Negative aspects (conflict, disagreements, proximity, limited support)
  - Changes (if any) preteen would like to see in relationship

9 year-old boy

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INDIVIDUAL MEETINGS WITH PARENTS

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Building partnership

- Time for parents to express concerns, provide information without their tween present

Introducing and expanding the Limited Sick Role

- on-going psychoeducation about depression
- direction for parents struggling with their expectations for depressed tween's performance across contexts
- parenting strategies for responding to increased irritability, interpersonal avoidance, and/ or anergia in their children

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PARENT TIPS

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Consider the Intention, not the Outcome

- Your tween is not on her 'A-game', praise effort

Strike while the Iron is Cold

- Have conversations with your tween when you are calm

Kind and Firm

- Find the balance between setting limits and encouraging structure

Put Your Oxygen Mask On First

- You need to take care of yourself in order to help take care of your tween

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INDIVIDUAL MEETINGS WITH PARENTS

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Identifying an initial problem to solve

- What is the most challenging aspect of parenting your depressed child?
- Direction for parents struggling with expectations for depressed preadolescents
- Using Parent Tips to reduce conflict/ improve this area of the parenting relationship while completing the case formulation

Discussion of parent mental health needs

- Is the parent depressed and in need of treatment?

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**PROBLEM AREA FORMULATION**

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Session 5

- 30-minutes with preteen and parent
- 20-minutes with preteen

Problem Areas

- Loss
- Role Disputes (Family/Peers)
- Role Transitions (Family/Developmental)
- Interpersonal Skills Deficits
  - Comorbid anxiety that increases in interpersonal avoidance

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**Middle Phase FB-IPT**

Sessions 6-11



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**INDIVIDUAL MEETINGS WITH TWEENS**

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- Check-in/ symptom review
- Identify interpersonal event from the previous week as related to the identified problem area (Depression Circle)
- Introduce communication skill, interpersonal problem solving, or interpersonal experiment as relates to event
- Ask preteen for feedback to ensure he/she understands the skill
- Practice the skill with a role play
- Prepare the preteen for teaching the parent the skill in the dyadic part of the session

24

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### DEPRESSION CIRCLE

Jessica\*, age 12, was brought to the ER of a local children's hospital after impulsively swallowing 4 Tylenol gel caps. Although she vehemently insisted that her intention was not to die, Jessica did relate her actions to her desire to escape the consequences of bringing home a 'bad' report card. Her father, the primary custodian, reported that Jessica had been more isolative and 'down' since moving from her mother's house to live with him, his wife, and younger step-sister, and transferring to a new school two months prior to this event.

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### TWEEN TIPS: COMMUNICATION SKILLS

- Make an "I feel" statement
  - I feel very stressed out/ upset
  - I feel disappointed/ worried
- Use good timing
  - What is my mood like? What is other's mood like?
  - Is this a good time to talk about this?
  - Can we set aside a better time to talk about this?
- Give to Get –
  - Communicating that you understand the other person's perspective when you disagree to reduce the potential for an argument

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### TWEEN TIPS: PROBLEM SOLVING SKILLS

Suggesting Solutions

- Initiate problem solving/propose idea
- Compromise & negotiation

Meet in the Middle – I give a little, you give a little (win-win situation)

Let's Make a Deal – each person needs something for a good resolution

27

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**INTERPERSONAL APPROACH STRATEGIES**

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Interpersonal Challenges

- Identify a situation for social interaction
- Who is someone that you might want to get to know better?

Motivating tween initiating social interactions

- Avoiding social situations makes depression worse
- May feel uncomfortable at first but gets easier with practice
- Exercising a new muscle

Write out script for approaching social situation

- Role-play with therapist

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**DYADIC MEETINGS WITH PARENTS**

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- Preteen shares Depression Circle
- Therapist helps preteen introduces new communication skill to parent
- Role-plays
  - therapist-preteen(demonstration)
  - therapist-parent (parent practice)
  - Parent-preteen
- Assign practice for upcoming week
  - Both tween and parent to practice communication skill

29

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**DYADIC MEETINGS WITH PARENTS**

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- When problem solving, use communication skills to guide discussion about what each person wants
  - Give to Get
  - Make "I feel" statements
- Is the situation amenable to solution?
  - Meet in the Middle
  - Lets Make a Deal
- Focus on process, not necessarily outcome
  - Therapist praising preteen and parent for talking it out
- Assign practice for upcoming week
  - Try out possible solution to problem

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DYADIC MEETINGS WITH PARENTS

- Preteen introduces the idea of Interpersonal Challenges
- Enlist parent's support
  - Role play with parent
  - Identify opportunities for being with friends
  - Can parents' help to facilitate increased social interactions with peers?
- Assign practice for upcoming week
  - Try to implement challenge
  - Preteen identifies ways parent help with reminders, support, encouragement

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BREAK OUT SESSIONS



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Termination Phase FB-IPT

Sessions 12-14



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**GOALS FOR TERMINATION OF FB-IPT**

- Review changes in symptoms and assess the need for further treatment
- Review problem area and highlight progress
- Review skills/ strategies
- Psychoeducation about recurrence
- Identification of Early Warning Signs
- Encourage preteen and parent to explore feelings about ending treatment

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**TWEEN TASKS: TERMINATION**

- Wellness Circle
  - Complement to Depression Circle
  - Visual mapping of how communication skills/ strategies may result in better outcomes

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**TWEEN TASKS: TERMINATION PHASE**

- Monitoring stress (triggers)
  - What's coming up in the next couple of months?
  - What skills could you use to deal with these situations?
- Identify Early Warning Signs of depression recurrence
  - What are my early warning signs that I might be getting depressed?
  - Changes in mood
  - Changes with how I'm getting along with my family or friends

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DYADIC TASKS: TERMINATION PHASE

- Asking parents to reflect on progress that their preteen made in treatment
- Asking parents about changes they made to promote a better relationship with their preteen
- Enlisting parents' help in coaching preteen to apply skills in upcoming stressful situations
- Enlisting parents' help in monitoring tween's symptoms (sharing Early Warning Signs)
- Identifying a plan for "checking in" with each other once therapy has ended
- Saying goodbye but leaving the door open

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39 Thank you for attending!

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