The Prospect Model is a matched care model for the provision of IPT for people with differing profiles (symptoms, characteristics and level of need). IPT adaptations are delivered across a range of settings in NHS Lothian, Scotland with the overarching aim of increase access to psychological services. The Prospect Model team recently presented five oral presentations and one poster presentation at the 8th International Society for Interpersonal Psychotherapy conference ‘IPT: Across the life span, across the globe’ in Budapest from the 6-9th November 2019. Abstracts are presented below, for further information please contact the team.

1. **The Prospect Model of IPT across the Lifespan: A Very Scottish Response:** Linda Irvine Fitzpatrick, (presenter) Patricia Graham, Debra Bowyer

How can IPT respond to the increasing public health issues of social isolation and depression? We know that IPT is comparable to CBT in terms of its effectiveness (Cuijpers, 2015; Lemmens et al, 2015); but how can we increase access to this evidence-based alternative to CBT, and address the need to bring the intervention into our communities and workplaces? The Prospect Model interventions contain the essential elements of IPT. We will detail the Scottish public health issues and policy context and how Prospect is responding to these, summarise our pilot work and current work strands and describe our multidisciplinary team, collaborators and international professorial advisory group, who contribute to the design, implementation and evaluation of the Prospect Model. Our work is in its early stages, but there is much enthusiasm and momentum for IPT in Scotland. We will continue to gather evidence for the feasibility and acceptability of these work strands, and define how we will effectively sustain them across our communities and services.

2. **Interpersonal Counseling in the Student Population:** Suzy Cooke, (presenter) Patricia Graham, Linda Irvine Fitzpatrick, Debra Bowyer, Holly Wilson, Siobhan Williams, Sarah Gilchrist

The Prospect Model are training and supervising the delivery of Interpersonal Counseling (IPC, Klerman et al, 1987) in staff working with students in distress in the University and College settings. This ‘proof of concept’ pilot uses a mixed methods approach to examine the acceptability and feasibility of the intervention to staff and students. Satisfaction with training provided is evaluated, and staff participate in focus groups to examine the appropriateness of the intervention and its supervision within their service. There will also be an assessment of the impact of the intervention on student depressive symptoms (PHQ-9, Spitzer, Williams, Kroenke et al., 2001) and functional impairment (Working and Social Adjustment Scale, WSAS; Mundt et al., 2002). We will introduce this pilot, presenting preliminary data on staff satisfaction with training and delivery of IPC.

3. **Interpersonal Psychotherapy in General Practice across the Lifespan in Scotland, UK:** Patricia Graham, (presenter) Linda Irvine Fitzpatrick, Debra Bowyer, Richard Taylor, Sarah Gilchrist

With the overall aim of fostering greater consideration of the patient’s interpersonal and social support in family general medical practitioner/patient consultations, IPT for GPs is a 10 minute IPT informed approach in General Practice in Scotland. GPs working in primary care health centres are trained in an IPT informed GP consultation. The IPT GP consultation aims to establish diagnosis through rapid review of symptoms, rapidly assess the interpersonal network (identify key relationship, identify the key people the patient can confide in) and identify focus area (link symptoms to focus area). Key principles are applied in the GP consultation and key techniques are utilised, such as: nondirective exploration, direct elicitation, encouragement of affect, clarification, communication analysis, and decision analysis. Evaluation includes a qualitative analysis of the impact of IPT GP consultations on GP perception of patient well-being, and of appropriateness of service.

4. **Psychotherapy Acute Crisis- Proof of Concept Pilot:** Claire Bashford, Catherine Moar, Dr Vikki Argent (presenters), Dr Patricia Graham, Dr Linda Irvine Fitzpatrick, Dr Debra Bowyer, Dr Richard Taylor, Joyce Follan, Dr Robby Steel, Lin Tan, Sarah Gilchrist

Interpersonal Psychotherapy Acute Crisis (IPT AC) is a 4 session condensed adaptation of Interpersonal Psychotherapy (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 over 50 years (Collinson et al, 2014) and is on the increase in young people (Tyrell et al, 2016). A small pilot study with patients who presented in acute distress with an episode of self harm/poisoning at the emergency department of the Royal Infirmary of Edinburgh, Scotland (n=74) is described. Analyses showed four sessions of IPT-AC was associated with a significant reduction in depressive symptoms and core distress, highlighting IPT AC’s feasibility and acceptability in this population. We conclude that a randomized controlled trial is needed to compare IPT AC’s effectiveness with that of treatment as usual in the Emergency Department.
5. A Pilot Study of Interpersonal Psychotherapy for Depression as an Early Intervention Strategy for Women Involved with the Criminal Justice System. Suzie Black (presenter), Debra Bowyer, Patricia Graham, Linda Irvine Fitzpatrick, Kirsty Pate, Amanda Woodrow, Matthias Schwannauer

There is strong evidence that women who become involved with the criminal justice system have multiple and complex needs. Despite the prevalence and the potentially significant consequences of depression, there is a dearth of studies investigating psychological treatments for this population. Some of the only published studies demonstrate that IPT is an effective treatment for female prisoners with depression and substance use (Johnson & Zlotnick, 2008; 2012; 2015). This uncontrolled pilot study offered 12 sessions of IPT as an early intervention strategy to individuals attending a Scottish women’s community justice centre following their first or second contact with the criminal justice system.

Twenty-four women with current major depression were recruited and offered IPT. Participants’ mean scores on both the BDI-II and the HAM-D indicated severe levels of depression, despite the fact 58.3% were taking anti-depressant medications. Only 41.7% of participants had been offered or had managed to sustain contact with mental health services in the past ten years. Nineteen women (79%) completed therapy. Completers showed a significant decrease in depression severity from pre-treatment to post treatment on both the BDI-II and HAM-D. Women who completed therapy also showed significant reductions in symptoms of anxiety; post-traumatic stress; and personality disorder. Multi level models were used to identify key predictors of change over the course of treatment. While controlling for the effects of baseline severity, observer and self rated depression followed a linear trajectory with scores significantly decreasing over the course of time. Three key interpersonal variables that accounted for the change in scores over the course of treatment, were identified. Participants with higher levels of current trauma symptoms improved less over the course of treatment, participants with higher anxious attachment improve less over the course of treatment, and participants with higher social support did better over the course of treatment.

The results of this study indicate that IPT is an engaging and effective treatment for depression in a community sample of female offenders with multiple co morbidities. It also demonstrates key predictors of treatment outcomes.

6. Interpersonal Psychotherapy Acute Crisis Poster: Lin Tan (presenter) Patricia Graham Linda Irvine Fitzpatrick, Debra Bowyer, Robby Steel, Vikki Argent, Joyce Follan, Catherine Moar, Claire Bashford

This poster describes a characterisation of the IPT-AC patient cohort, documents their engagement and takes a tentative look at their pathways post treatment. Patient information was manually collected from patient records on the NHS Scotland electronic patient record. Information regarding risk factors was gathered from their initial presentation, past psychiatric and medical history. IPT-AC engagement information was further supplemented by interviews with IPT-AC practitioners. Outcomes of re-attendance with self-poisoning/harm were examined for 6 months for all patients. 71.3% of patients completed all 4 sessions of IPT AC. Relationship disputes were the most common focus area. 59.1% of patients were not recommended any follow up psychiatric care post treatment.

For further information on any of these strands of work, or information on the Prospect Model in general:

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