

Literature Search Results: 2014-2018 Interpersonal Psychotherapy

This Literature Search was intended to look at the most recent research that has been published and we based this search over the past 5 years, i.e. 2014-2018. The purpose of this search was to update the IPT West Midlands training slides on our programme of training, and to develop our CPD activity. Please refer to the IPTUK website for details of our CPD events.

Most of the reviews included in this study are directly related to IPT. However, I have included some additional literature that also looks at interpersonal processes and working with a bio-psycho-social model that does not explicitly relate to IPT. The purpose of this inclusion is to give a wider perspective on the theoretical foundation of IPT.

Prepared by: Dr Marie Wardle, Programme Director for IPT West Midlands
with the support of The Library at South Staffs & Shropshire Healthcare NHS Foundation Trust.

Results

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National/International Guidance

None Found

Systematic Reviews

A systematic review and meta-analysis of interpersonal psychotherapy for perinatal women.

Author(s): Sockol, Laura E

Source: Journal of affective disorders; May 2018; vol. 232 ; p. 316-328

Publication Date: May 2018

Publication Type(s): Journal Article Review

PubMedID: 29501991

Abstract:BACKGROUND Interpersonal psychotherapy (IPT) has demonstrated efficacy for the prevention and treatment of perinatal depression. Previous systematic reviews have not evaluated the effects of IPT on other outcomes, most notably symptoms of anxiety and

interpersonal functioning, or assessed moderators of treatment efficacy specific to IPT. METHOD A systematic review identified 28 studies assessing the efficacy of IPT during pregnancy or the first year postpartum. Random effects meta-analyses assessed the average change in outcomes (depression, anxiety, relationship quality, social adjustment, and social support) from pre- to post-treatment, the difference in the change in outcomes between treatment and comparison conditions, and the difference in prevalence of depressive episodes between treatment and comparison conditions. Study, intervention, and sample characteristics were evaluated as potential moderators of effect sizes. RESULTS In prevention studies, IPT was effective for reducing depressive symptoms and the prevalence of depressive episodes. In treatment studies, IPT reduced symptoms of depression and anxiety and improved relationship quality, social adjustment and social support. Few significant moderators were identified, and results of moderation analyses were inconsistent across outcomes. LIMITATION There are insufficient studies to evaluate the effects of preventive IPT on anxiety and interpersonal outcomes. Analyses of potential moderators were limited by the number of studies available for subgroup comparisons.

CONCLUSIONS IPT is an effective preventive intervention for perinatal depression. IPT is clearly effective for treating depressive symptoms and promising as a treatment for anxiety and improving interpersonal functioning. Further research is necessary to assess whether adaptations to IPT enhance its efficacy.

Database: Medline

For whom does interpersonal psychotherapy work? A systematic review

Author(s): Bernecker, Samantha L.; Coyne, Alice E.; Constantino, Michael J.; Ravitz, Paula

Source: Clinical Psychology Review; Aug 2017; vol. 56 ; p. 82-93

Publication Date: Aug 2017

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2017-32806-008

Abstract: The efficacy of interpersonal psychotherapy (IPT) to treat depression and other disorders is well established, yet it remains unknown which patients will benefit more from IPT than another treatment. This review summarizes 46 years of clinical trial research on patient characteristics that moderate the relative efficacy of IPT vs. different treatments. Across 57 studies from 33 trials comparing IPT to pharmacotherapy, another psychotherapy, or control, there were few consistent indicators of when IPT would be more or less effective than another treatment. However, IPT may be superior to school counseling for adolescents with elevated interpersonal conflict, and to minimal controls for patients with severe depression. Cognitive-behavioral therapy may outpace IPT for patients with avoidant personality disorder symptoms. There was some preliminary evidence that IPT is more beneficial than alternatives for patients in some age groups, African-American patients, and patients in an index episode of depression. The included studies suffered from several limitations and high risk of Type I and II error. Obstacles that may explain the difficulty in identifying consistent moderators, including low statistical power and heterogeneity in samples and treatments, are discussed. Possible remedies include within-subjects designs, manipulation of single treatment ingredients, and strategies for increasing power such as improving measurement. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Interpersonal psychotherapy for postpartum depression: A systematic review

Author(s): Miniati, Mario; Callari, Antonio; Calugi, Simona; Rucci, Paola; Savino, Mario; Mauri, Mauro; Dell'Osso, Liliana

Source: Archives of Women's Mental Health; Aug 2014; vol. 17 (no. 4); p. 257-268

Publication Date: Aug 2014

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2014-26465-001

Available at [Archives of women's mental health](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Available at [Archives of women's mental health](#) - from EBSCO (MEDLINE with Full Text)

Abstract: Interpersonal psychotherapy (IPT) is a dynamically informed and present-focused psychotherapy originally conceived for patients with unipolar depression and subsequently modified for other disorders, including postpartum depression (PPD). The aim of this paper is to review the evidence on the efficacy of IPT for PPD. We conducted a systematic review of studies published between 1995 and April 2013 assessing the efficacy of IPT for PPD using PubMed and PsycINFO. We included the following: (i) articles that presented a combination of at least two of the established terms in the abstract, namely, interpersonal [all fields] and ("psychotherapy" [MeSH terms] or psychotherapy [all fields]) and (perinatal [all fields] or postpartum [all fields]) and ("depressive disorder" [MeSH terms] or ("depressive" [all fields] and "disorder" [all fields]) or depressive disorder [all fields] or "depression" [all fields] or depression [MeSH terms]); (ii) manuscripts in English; (iii) original articles; and (iv) prospective or retrospective observational studies (analytical or descriptive), experimental, or quasi-experimental. Exclusion criteria were as follows: (i) other study designs, such as case reports, case series, and reviews; (ii) non-original studies including editorials, book reviews, and letters to the editor; and (iii) studies not specifically designed and focused on IPT. We identified 11 clinical primary trials assessing the efficacy of IPT for PPD, including 3 trials with group interventions (G-IPT) and one that required the presence of the partner (PA-IPT). We also identified six studies interpersonal-psychotherapy-oriented preventive interventions for use in pregnancy. IPT studies showed overall clinical improvement in the most commonly used depression measures in postpartum depressed women (EPDS, HDRS, BDI) and often-full recovery in several cases of treated patients. Evidence from clinical trials indicates that, when administered in monotherapy (or in combination with antidepressants), [IPT may shorten the time to recovery from PPD and prolong the time spent in clinical remission.](#) (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Other reviews

Efficacy and acceptability of interpersonal psychotherapy for depression in adolescents: A meta-analysis of randomized controlled trials

Author(s): Pu, Juncai; Zhou, Xinyu; Liu, Lanxiang; Zhang, Yuqing; Yang, Lining; Yuan, Shuai; Zhang, Hanpin; Han, Yu; Zou, Dezhi; Xie, Peng

Source: Psychiatry Research; Jul 2017; vol. 253 ; p. 226-232

Publication Date: Jul 2017

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2017-24741-035

Abstract: In this study, we evaluate the efficacy and safety of interpersonal psychotherapy (IPT) for adolescents with depression. We searched our existing database and electronic databases, including PubMed, Cochrane, EMBASE, PsycINFO, Web of Science, and CINAHL databases

(from inception to May 2016). We included randomized controlled trials comparing IPT with various control conditions, including waitlist, psychological placebo, treatment as usual, and no treatment, in adolescents with depression. Finally, we selected seven studies comprising 538 participants comparing IPT with three different control conditions. Pooled analyses suggested that IPT was significantly more effective than control conditions in reducing depressive symptoms at post-treatment and follow-up, and increasing the response/remission rate at post-treatment. IPT was also superior to control conditions for all-cause discontinuation and quality of life/functioning improvement outcomes. However, there was no evidence that IPT reduces the risk of suicide from these data. Meta-analysis demonstrated publication bias for primary efficacy, while the adjusted standardized mean difference using the trim-and-fill method indicated IPT was still significantly superior to the control conditions. Current evidence indicates IPT has a superior efficacy and acceptability compared with control conditions in treating adolescents with depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Interpersonal psychotherapy for mental health problems: A comprehensive meta-analysis

Author(s): Cuijpers, Pim; Donker, Tara; Weissman, Myrna M.; Ravitz, Paula; Cristea, Ioana A.

Source: The American Journal of Psychiatry; Jul 2016; vol. 173 (no. 7); p. 680-687

Publication Date: Jul 2016

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2016-41450-009

Available at [American Journal of Psychiatry](#) - from American Psychiatric Association

Available at [American Journal of Psychiatry](#) - from Library Services - Stafford Site, South Staffordshire & Shropshire Healthcare NHS Foundation Trust (lib319215) Local Print Collection [location] : Library Services - Stafford Site, South Staffordshire & Shropshire Healthcare NHS Foundation Trust.

Abstract: Objective: Interpersonal psychotherapy (IPT) has been developed for the treatment of depression but has been examined for several other mental disorders. A comprehensive meta-analysis of all randomized trials examining the effects of IPT for all mental health problems was conducted. Method: Searches in PubMed, PsycInfo, Embase, and Cochrane were conducted to identify all trials examining IPT for any mental health problem. Results: Ninety studies with 11,434 participants were included. IPT for acute-phase depression had moderate-to-large effects compared with control groups ($g = 0.60$; 95% CI = 0.45–0.75). No significant difference was found with other therapies (differential $g = 0.06$) and pharmacotherapy ($g = -0.13$). Combined treatment was more effective than IPT alone ($g = 0.24$). IPT in subthreshold depression significantly prevented the onset of major depression, and maintenance IPT significantly reduced relapse. IPT had significant effects on eating disorders, but the effects are probably slightly smaller than those of cognitive-behavioral therapy (CBT) in the acute phase of treatment. In anxiety disorders, IPT had large effects compared with control groups, and there is no evidence that IPT was less effective than CBT. There was risk of bias as defined by the Cochrane Collaboration in the majority of studies. There was little indication that the presence of bias influenced outcome. **Conclusions:** IPT is effective in the acute treatment of depression and may be effective in the prevention of new depressive disorders and in preventing relapse. IPT may also be effective in the treatment of eating disorders and anxiety disorders and has shown promising effects in some other mental health disorders. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Interpersonal psychotherapy: A review and multicultural critique**Author(s):** Allan, Blake A.; Campos, Irma D.; Wimberley, Tessa E.**Source:** Counselling Psychology Quarterly; Jul 2016; vol. 29 (no. 3); p. 253-273**Publication Date:** Jul 2016**Publication Type(s):** Journal Peer Reviewed Journal Journal Article**PubMedID:** 2016-36083-002Available at [Counselling Psychology Quarterly](#) - from EBSCO (CINAHL with Full Text)Available at [Counselling Psychology Quarterly](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Abstract: Interpersonal psychotherapy (IPT) is a therapeutic approach focusing on the role of interpersonal dynamics in creating psychological difficulties that may be particularly relevant to the field of counselling psychology. IPT's development within randomized controlled trials in the 1970s resulted in a strong empirical foundation without a cohesive theory. Regardless, theorists have since created a theoretical framework for IPT, which has received empirical support. Counselling psychologists have contributed to this research base and may have unique expertise to enhance IPT. Specifically, counselling psychologists can help integrate multicultural and diversity perspectives into IPT with the goal of creating a more culturally competent approach. For example, several aspects of IPT can be expanded to reflect these perspectives, such as integrating cultural sensitivity, cultural knowledge, cultural empathy, and cultural guidance. [The authors conclude that IPT is a well-researched and effective treatment approach that holds potential for continued development within counselling psychology. \(PsycINFO Database Record \(c\) 2017 APA, all rights reserved\) \(Source: journal abstract\)](#)

Database: PsycINFO**Brief Interpersonal Psychotherapy (IPT-B): Overview and review of evidence****Author(s):** Swartz, Holly A.; Grote, Nancy K.; Graham, Patricia**Source:** American Journal of Psychotherapy; 2014; vol. 68 (no. 4); p. 443-462**Publication Date:** 2014**Publication Type(s):** Journal Peer Reviewed Journal Journal Article**PubMedID:** 2015-03875-005Available at [American Journal of Psychotherapy](#) - from ProQuest (Hospital Premium Collection) - NHS VersionAvailable at [American Journal of Psychotherapy](#) - from EBSCO (Psychology and Behavioral Sciences Collection)Available at [American Journal of Psychotherapy](#) - from EBSCO (MEDLINE with Full Text)

Abstract: Brief Interpersonal Psychotherapy (IPT-B) is an eight-session adaption of Interpersonal Psychotherapy (IPT), an evidence-based psychotherapy for depression. The rationale for developing a briefer form of IPT rests on the paucity of empirical evidence linking increased therapy "dose" to enhanced therapeutic effects. The goal of IPT-B is to allow individuals who are unlikely to attend 16 sessions of psychotherapy—because of external or internal constraints—to receive the full benefits of IPT in fewer sessions. We provide an overview of IPT-B and describe the modifications made to standard IPT to adjust for the truncated time course. We then review the empirical evidence supporting this briefer model of IPT, including four open studies, one matched case-control study, and three randomized controlled trials. [We conclude that IPT-B offers the dual advantages of rapid relief from suffering](#)

and decreased resource utilization. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Research studies

The influence of comorbid anxiety on the effectiveness of Cognitive Therapy and Interpersonal Psychotherapy for Major Depressive Disorder.

Author(s): van Bronswijk, Suzanne C; Lemmens, Lotte H J M; Huibers, Marcus J H; Arntz, Arnoud; Peeters, Frenk P M L

Source: Journal of affective disorders; May 2018; vol. 232 ; p. 52-60

Publication Date: May 2018

Publication Type(s): Journal Article

PubMedID: 29477584

Abstract:BACKGROUND Anxious depression is an important subtype of Major Depressive Disorder (MDD) defined by both syndromal (anxiety disorders) and dimensional (anxiety symptoms) criteria. A debated question is how anxiety affects MDD treatment. This study examined the impact of comorbid anxiety disorders and symptoms on the effectiveness of and dropout during Cognitive Therapy (CT) and Interpersonal Psychotherapy (IPT) for MDD. METHODS Depressed individuals were randomized to CT (n = 76) or IPT (n = 75). Outcome was depression severity measured with the Beck Depression Inventory-II (BDI-II) at the start of each therapy session, post treatment, and monthly up to five months follow-up. Anxiety disorders were assessed with the Structured Clinical Interview for DSM-IV Axis I disorders, (phobic) anxiety symptoms were assessed with Brief Symptom Inventory subscales. RESULTS Approximately one third of participants had a comorbid anxiety disorder. Comorbid anxiety disorders and anxiety symptoms were associated with less favorable depression change during IPT as compared to CT in the treatment phase, but not in the trial follow-up phase. Individuals with a comorbid anxiety disorder had significantly higher treatment dropout during both treatments. LIMITATIONS Not all therapists and participants were blind to the assessment of comorbid anxiety disorders and the assessments were performed by one rater. CONCLUSIONS A preference for CT over IPT for MDD is justifiable when comorbid anxiety is present, although long-term differences are not established and replication of this finding is needed. Clinicians should be aware of the risk of dropout for depressed individuals with an anxiety disorder.

Database: Medline

The interactive effect of patient attachment and social support on early alliance quality in interpersonal psychotherapy

Author(s): Coyne, Alice E.; Constantino, Michael J.; Ravitz, Paula; McBride, Carolina

Source: Journal of Psychotherapy Integration; Mar 2018; vol. 28 (no. 1); p. 46-59

Publication Date: Mar 2018

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2017-05273-001

Available at [Journal of Psychotherapy Integration](#) - from ProQuest PsycARTICLES - NHS

Abstract:As an established predictor of favorable patient outcomes across varied forms of psychotherapy, the patient-therapist alliance is widely viewed as the quintessential integrative process variable. Thus, researchers and clinicians are invested in understanding factors that

influence alliance quality. Patients' insecure attachment dimensions (i.e., avoidant and anxious) are pandidiagnostic patient characteristics that have been shown to relate negatively to the alliance. Although this direct effect is established, little is known about how other patient characteristics interact with attachment dimensions to influence alliance. Using archival data, we examined whether patient-perceived social support satisfaction interacted with both attachment dimensions to predict early alliance in interpersonal psychotherapy (IPT) for depression (a treatment centered on attachment relationships, interpersonal events, and social support in conceptualizing and ameliorating depression). This study was exploratory given no prior research on this interaction. Data derived from a naturalistic trial of depressed outpatients (N = 119) receiving 16 IPT sessions. Patient attachment and social support were assessed at baseline; alliance was assessed at Session 3. Data were analyzed with multiple imputation multiple regressions. Results failed to replicate the previous negative main effects of the insecure attachment dimensions on alliance. However, a significant avoidant attachment by social support interaction emerged; alliance quality was lowest for patients who reported more avoidant attachment and higher satisfaction with social supports. Results help clarify conditions under which patients' avoidant attachment influences alliance, and may help IPT therapists identify patients for whom early alliance formation is challenging, thereby placing them at greater risk for negative therapy outcomes. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Competency-based training in interpersonal, process-oriented group therapy: An innovative university partnership

Author(s): Goicoechea, Jessie; Kessler, Laura E.

Source: Training and Education in Professional Psychology; Feb 2018; vol. 12 (no. 1); p. 46-53

Publication Date: Feb 2018

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2017-53489-001

Available at [Training and Education in Professional Psychology](#) - from ProQuest PsycARTICLES - NHS

Abstract: Group therapy has been given little attention in psychology training programs despite empirical evidence of its effectiveness. To address the gap in group psychotherapy training, this article describes a competency-based model that teams up postdoctoral residents of a university counseling and wellbeing center with practicum trainees from that university's clinical psychology department training clinic to provide interpersonal, process-oriented groups to university student clients. Postdoctoral residents and advanced practicum trainees cofacilitate the groups, while novice practicum trainees serve as process observers. This article describes this program in terms of 3 key innovations: (a) vertical leadership teams, (b) the integration of didactic and experiential learning toward the development of group competencies at 3 distinct levels of training, and (c) a collaborative partnership between a university's counseling and wellbeing center and clinical psychology department training clinic. Drawing on resources from both departments, this program enhances community across the university. Data on training outcomes are provided and future directions are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Can interpersonal psychotherapy be delivered by a community agency?

Author(s): Luty, Suzanne E; Scalia, Sebastiano

Source: Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists; Feb 2018 ; p. 1039856217751784

Publication Date: Feb 2018

Publication Type(s): Journal Article

PubMedID: 29409335

Abstract:OBJECTIVES There are limited options for depressed patients to have access to evidence-based psychotherapies in the community. This pilot study explored the feasibility of delivering interpersonal psychotherapy (IPT) to clients in a community support agency. METHOD A total of 18 clients with depression completed at least eight sessions of IPT (range 8-13) and 17 completed a range of pre- and post-treatment measures. RESULTS Clients had a high level of depression and were functioning poorly. All found the delivery of IPT in the community useful and would recommend therapy to others. There was a significant reduction in self-report and clinician-rated depression, and improvement in social functioning. CONCLUSIONS This study supports the notion that therapy can be delivered by appropriately trained non-mental-health clinicians in the community with good effect and adds to the range of options for delivery of psychiatric care.

Database: Medline

The impact of personality disorder pathology on the effectiveness of Cognitive Therapy and Interpersonal Psychotherapy for Major Depressive Disorder

Author(s): van Bronswijk, Suzanne C.; Lemmens, Lotte H. J. M.; Viechtbauer, Wolfgang; Huibers, Marcus J. H.; Arntz, Arnoud; Peeters, Frenk P. M. L.

Source: Journal of Affective Disorders; Jan 2018; vol. 225 ; p. 530-538

Publication Date: Jan 2018

Publication Type(s): Journal Peer Reviewed Journal Article

PubMedID: 2017-46363-074

Abstract:Background: Despite extensive research, there is no consensus how Personality Disorders (PD) and PD features affect outcome for Major Depressive Disorder (MDD). The present study evaluated the effects of PD (features) on treatment continuation and effectiveness in Cognitive Therapy (CT) and Interpersonal Psychotherapy (IPT) for MDD. Methods: Depressed outpatients were randomized to CT (n = 72) and IPT (n = 74). Primary outcome was depression severity measured repeatedly with the Beck Depression Inventory-II (BDI-II) at baseline, three months, at the start of each therapy session, at post-treatment and monthly during five months follow-up. Results: Comorbid PD and PD features did not affect dropout. Multilevel and Cox regression models indicated no negative effect of PD on BDI-II change and remission rates during treatment and follow-up, irrespective of the treatment received. For both therapies, higher dependent PD features predicted overall lower BDI-II scores during treatment, however this effect did not sustain through follow-up. Cluster A PD features moderated treatment outcome during treatment and follow-up: individuals with high cluster A PD features had greater BDI-II reductions over time in CT as compared to IPT. Limitations: Not all therapists and participants were blind to the assessment of PD (features), and assessments were performed by one rater. Further research must investigate the state and trait dependent changes of PD and MDD over time. Conclusions: We found no negative impact of PD on the effectiveness and treatment retention of CT and IPT for MDD during treatment and follow-up. If replicated, cluster A PD features can be used to optimize treatment selection. (PsychINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Do Acute Benefits of Interpersonal Psychotherapy for Posttraumatic Stress Disorder Endure?**Author(s):** Markowitz, John C; Choo, Tse-Hwei; Neria, Yuval**Source:** Canadian journal of psychiatry. Revue canadienne de psychiatrie; Jan 2018; vol. 63 (no. 1); p. 37-43**Publication Date:** Jan 2018**Publication Type(s):** Journal Article**PubMedID:** 28743198

Abstract:OBJECTIVEThe Psychotherapies for Chronic PTSD randomised trial found that three 14-week psychotherapies acutely benefitted patients with chronic posttraumatic stress disorder (PTSD). Previous research has reported sustained follow-up benefits for prolonged exposure (PE) and relaxation therapy (RT), but few comparable data exist for interpersonal psychotherapy (IPT). We describe 3-month follow-up for acute responders to all 3 treatments.METHODAcute responders, defined a priori as $\geq 30\%$ improved from baseline, were reevaluated after 3-month no-treatment follow-up by independent evaluators using the Clinician-Administered PTSD Scale (CAPS).RESULTSFifty of 110 initial study entrants met acute responder status at week 14. Forty-three (86%) responders entered follow-up: 23 remitters (CAPS ≤ 20) and 20 responders. At week 26, 27 had achieved remission status, 10 remained responders, and 6 had relapsed. Of week 14 remitters, 8 of 9 PE, all 8 IPT, and 4 of 6 RT patients remained remitted. Relapse rates were 7% (1/9) for PE, 10% (2/20) for IPT, and 33% (3/9) for RT. At week 26, PE showed greater improvement on CAPS than RT ($P = 0.048$) and a trend for superiority over IPT ($P = 0.098$), with no significant difference between IPT and RT. Depressive symptoms remained low during follow-up.CONCLUSIONSThese are the first systematic data on follow-up responder status and persistence of acute treatment benefits in patients receiving individual IPT for chronic PTSD. Patients generally maintained gains across treatments, fluctuating most in RT. Study limitations include small sample size and brief follow-up interval. PTSD research should employ response and remission criteria.

Database: Medline**Tele-Interpersonal Psychotherapy Acutely Reduces Depressive Symptoms in Depressed HIV-Infected Rural Persons: A Randomized Clinical Trial.****Author(s):** Heckman, Timothy G; Heckman, Bernadette D; Anderson, Timothy; Lovejoy, Travis I; Markowitz, John C; Shen, Ye; Sutton, Mark**Source:** Behavioral medicine (Washington, D.C.); 2017; vol. 43 (no. 4); p. 285-295**Publication Date:** 2017**Publication Type(s):** Randomized Controlled Trial Journal Article**PubMedID:** 27115565

Abstract:Human immunodeficiency virus (HIV)-positive rural individuals carry a 1.3-times greater risk of a depressive diagnosis than their urban counterparts. This randomized clinical trial tested whether telephone-administered interpersonal psychotherapy (tele-IPT) acutely relieved depressive symptoms in 132 HIV-infected rural persons from 28 states diagnosed with Diagnostic and Statistical Manual of Mental Disorders-IV major depressive disorder (MDD), partially remitted MDD, or dysthymic disorder. Patients were randomized to either 9 sessions of one-on-one tele-IPT ($n = 70$) or standard care (SC; $n = 62$). A series of intent-to-treat (ITT), therapy completer, and sensitivity analyses assessed changes in depressive symptoms, interpersonal problems, and social support from pre- to postintervention. Across all analyses, tele-IPT patients reported significantly lower depressive symptoms and interpersonal problems

than SC controls; 22% of tele-IPT patients were categorized as a priori "responders" who reported 50% or higher reductions in depressive symptoms compared to only 4% of SC controls in ITT analyses. Brief tele-IPT acutely decreased depressive symptoms and interpersonal problems in depressed rural people living with HIV.

Database: Medline

A pilot feasibility study of interpersonal psychotherapy in adolescents diagnosed with specific learning disorders, attention deficit hyperactive disorder, or both with depression and/or anxiety symptoms (IPT-ALD)

Author(s): Brunstein-Klomek, A.; Kopelman-Rubin, D.; Apter, A.; Argintaru, H.; Mufson, L.

Source: Journal of Psychotherapy Integration; Dec 2017; vol. 27 (no. 4); p. 526-539

Publication Date: Dec 2017

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2017-01650-001

Available at [Journal of Psychotherapy Integration](#) - from ProQuest PsycARTICLES - NHS

Abstract: Specific learning disorders (SLD) significantly interfere with academic functioning and interpersonal relationships and often co-occur with attention deficit/hyperactivity disorder (ADHD), depression, and anxiety symptoms. Most of the interventions for SLD adolescents have focused on enhancing cognitive and learning skills. Interpersonal psychotherapy for depressed adolescents (IPT-A) is a time-limited, evidenced-based psychotherapy for depressed adolescents. It combines interpersonal, emotional, and behavioral work. This is the first study to examine the feasibility and acceptability of IPT-A adapted for adolescents diagnosed with SLD, ADHD, or both with depression and anxiety symptoms (IPT-ALD). The participants consisted of 18 adolescents who started the treatment, ages 10–17 years (mean 12.57) while 15 completed the intervention. Seven out of the 15 completers were followed up after 3 months. The intervention included 15 weekly sessions and 3 follow-up sessions. The skills-based intervention focuses on an identified problem area and aims to improve the adolescent's coping with their SLD/ADHD challenges; reduce anxiety and depression symptoms; and improve interpersonal and social functioning. Results indicated that IPT-ALD is a feasible treatment to deliver with high satisfaction. Attachment to mother and school avoidance significantly improved from beginning to end of acute treatment. At 3-month follow-up, youths' self-reports indicated fewer general difficulties and more significant improvement in generalized anxiety, separation anxiety, social phobia, and school avoidance. Improvement at the 3-month follow-up indicated that some of the changes for these youths may have a delayed impact. Future studies should examine the effectiveness of the intervention in a randomized control trial. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Stepped Care Interpersonal Psychotherapy Treatment for Depressed Adolescents: A Pilot Study in Pediatric Clinics.

Author(s): Mufson, Laura; Rynn, Moira; Yanes-Lukin, Paula; Choo, Tse Hwei; Soren, Karen; Stewart, Eileen; Wall, Melanie

Source: Administration and policy in mental health; Nov 2017

Publication Date: Nov 2017

Publication Type(s): Journal Article

PubMedID: 29124527

Abstract: Adolescents with depression are at risk for negative long-term consequences and recurrence of depression. Many do not receive nor access treatment, especially Latino youth. New treatment approaches are needed. This study examined the feasibility and acceptability of a stepped collaborative care treatment model (SCRIPT-A) for adolescents with depression utilizing interpersonal psychotherapy for adolescents (IPT-A) and antidepressant medication (if needed) compared to Enhanced Treatment as Usual (E-TAU) in urban pediatric primary care clinics serving primarily Latino youth. Results suggest the SCRIPT-A model is feasible, acceptable and potentially beneficial for urban Latino adolescents. Clinicians delivered the SCRIPT-A model with fidelity using supervision successfully implemented in a community setting.

Database: Medline

**Autonomous and controlled motivation for interpersonal therapy for depression:
Between-therapists and within-therapist effects**

Author(s): Zuroff, David C.; McBride, Carolina; Ravitz, Paula; Koestner, Richard; Moskowitz, D. S.; Bagby, R. Michael

Source: Journal of Counseling Psychology; Oct 2017; vol. 64 (no. 5); p. 525-537

Publication Date: Oct 2017

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2017-46640-007

Available at [Journal of Counseling Psychology](#) - from ProQuest PsycARTICLES - NHS

Abstract: Differences between therapists in the average outcomes their patients achieve are well documented, and researchers have begun to try to explain such differences (Baldwin & Imel, 2013). Guided by Self-Determination Theory (Deci & Ryan, 2000), we examined the effects on outcome of differences between therapists in their patients' average levels of autonomous and controlled motivation for treatment, as well as the effects of differences among the patients within each therapist's caseload. Between and within-therapist differences in the SDT construct of perceived relational support were explored as predictors of patients' motivation. Nineteen therapists treated 63 patients in an outpatient clinic providing manualized interpersonal therapy (IPT) for depression. Patients completed the BDI-II at pretreatment, posttreatment, and each treatment session. The Impact Message Inventory was administered at the third session and scored for perceived therapist friendliness, a core element of relational support. We created between-therapists (therapist-level) scores by averaging over the patients in each therapist's caseload; within-therapist (patient-level) scores were computed by centering within each therapist's caseload. As expected, better outcome was predicted by higher levels of therapist-level and patient-level autonomous motivation and by lower levels of therapist-level and patient-level controlled motivation. In turn, autonomous motivation was predicted by therapist-level and patient-level relational support (friendliness). Controlled motivation was predicted solely by patient self-critical perfectionism. The results extend past work by demonstrating that both between-therapists and within-therapist differences in motivation predict outcome. As well, the results suggest that therapists should monitor their interpersonal impact so as to provide relational support. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract) Impact statement Public Significance Statement— Therapists practicing interpersonal therapy for depression differ in their average effectiveness. Differences in effectiveness are partly explained by therapists' capacities to elicit and maintain autonomous motivation in their patients by providing high levels of warmth in the therapeutic relationship. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Database: PsycINFO

A randomized, comparative pilot trial of family-based interpersonal psychotherapy for reducing psychosocial symptoms, disordered-eating, and excess weight gain in at-risk preadolescents with loss-of-control-eating

Author(s): Shomaker, Lauren B.; Tanofsky-Kraff, Marian; Matherne, Camden E.; Mehari, Rim D.; Olsen, Cara H.; Marwitz, Shannon E.; Bakalar, Jennifer L.; Ranzenhofer, Lisa M.; Kelly, Nichole R.; Schvey, Natasha A.; Burke, Natasha L.; Cassidy, Omni; Brady, Sheila M.; Dietz, Laura J.; Wilfley, Denise E.; Yanovski, Susan Z.; Yanovski, Jack A.

Source: International Journal of Eating Disorders; Sep 2017; vol. 50 (no. 9); p. 1084-1094

Publication Date: Sep 2017

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2017-31164-001

Available at [International Journal of Eating Disorders](#) - from PubMed Central

Abstract:Objective: Preadolescent loss-of-control-eating (LOC-eating) is a risk factor for excess weight gain and binge-eating-disorder. We evaluated feasibility and acceptability of a preventive family-based interpersonal psychotherapy (FB-IPT) program. FB-IPT was compared to family-based health education (FB-HE) to evaluate changes in children's psychosocial functioning, LOC-eating, and body mass. Method: A randomized, controlled pilot trial was conducted with 29 children, 8 to 13 years who had overweight/obesity and LOC-eating. Youth-parent dyads were randomized to 12-week FB-IPT (n = 15) or FB-HE (n = 14) and evaluated at post-treatment, six-months, and one-year. Changes in child psychosocial functioning, LOC-eating, BMI, and adiposity by dual-energy-X-ray-absorptiometry were assessed. Missing follow-up data were multiply imputed. Results: FB-IPT feasibility and acceptability were indicated by good attendance (83%) and perceived benefits to social interactions and eating. Follow-up assessments were completed by 73% FB-IPT and 86% FB-HE at post-treatment, 60% and 64% at six-months, and 47% and 57% at one-year. At post-treatment, children in FB-IPT reported greater decreases in depression (95% CI -7.23, -2.01, Cohen's d = 1.23) and anxiety (95% CI -6.08, -0.70, Cohen's d = .79) and less odds of LOC-eating (95% CI -3.93, -0.03, Cohen's d = .38) than FB-HE. At six-months, children in FB-IPT had greater reductions in disordered-eating attitudes (95% CI -0.72, -0.05, Cohen's d = .66) and at one-year, tended to have greater decreases in depressive symptoms (95% CI -8.82, 0.44, Cohen's d = .69) than FB-HE. There was no difference in BMI gain between the groups. Discussion: Family-based approaches that address interpersonal and emotional underpinnings of LOC-eating in preadolescents with overweight/obesity show preliminary promise, particularly for reducing internalizing symptoms. Whether observed psychological benefits translate into sustained prevention of disordered-eating or excess weight gain requires further study. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Relationships among alexithymia, therapeutic alliance, and psychotherapy outcome in major depressive disorder

Author(s): Quilty, Lena C.; Taylor, Graeme J.; McBride, Carolina; Bagby, R. Michael

Source: Psychiatry Research; Aug 2017; vol. 254 ; p. 75-79

Publication Date: Aug 2017

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2017-25359-013

Abstract:Previous studies have found that alexithymia predicts process and outcome of psychodynamic psychotherapy across a range of psychiatric disorders. There is preliminary

evidence that alexithymia may exert its effects on outcome through the therapist. Other studies have found that alexithymia does not influence outcome of cognitive-behavioral therapy (CBT). The aim of the current study was to investigate the capacity of alexithymia to predict therapist- and patient-rated therapeutic alliance and response to CBT and interpersonal psychotherapy (IPT) for major depressive disorder. A total of 75 adults with major depressive disorder were randomized to receive weekly sessions of manualized individual CBT or IPT for a period of 16 weeks. Pre-treatment alexithymia exhibited a positive direct effect on depression change, and a negative indirect effect on depression change via patient-rated alliance at week 13. There was no mediating role of therapist-rated alliance. Although these findings are preliminary, they suggest that pre-treatment alexithymia has meaningful links to psychotherapy process and outcome, and that nuanced analyses incorporating intervening variables are necessary to elucidate the nature of these links. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Comparing interpersonal counseling and antidepressant treatment in primary care patients with anxious and nonanxious major depression disorder: A randomized control trial

Author(s): Altamura, Mario; Iuso, Salvatore; Terrone, Grazia; Balzotti, Angela; Carnevale, Raffaella; Malerba, Stefania; Bellomo, Antonello; Petito, Annamaria

Source: Clinical Neuropsychiatry: Journal of Treatment Evaluation; Aug 2017; vol. 14 (no. 4); p. 257-262

Publication Date: Aug 2017

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2017-44590-003

Abstract: Objective: Comorbid anxiety symptoms are common in patients with major depressive disorders and contribute to poorer response to both psychotherapeutic and pharmacologic depression treatments. The aim of the present study was to compare the efficacy of Interpersonal Counseling (IPC) with antidepressant treatments in primary care patients with anxious and nonanxious major depression. Method: Participants with depression symptoms, enrolled from primary care sites, were randomized to 8 weeks treatment with either IPC or Selective Serotonin Reuptake Inhibitors (SSRIs). Participants were eligible if they met criteria for nonpsychotic Major Depression Disorder (MDD) based on the criteria of Diagnostic and Statistical Manual of Mental Disorders (5th edition). A minimum Hamilton Depression Rating Scale (HAM-D) score of ≥ 8 was also required. Using the Hamilton Anxiety Rating Scale (HAM-A, score > 14) patients were classified as anxious or nonanxious. Rates of remission (defined as HAM-D score of ≤ 7 over 3 consecutive weeks) and change from baseline in anxiety and depression symptoms were compared between patients with anxious depression and those with nonanxious depression. Results: In the nonanxious subgroup the proportion of patients who achieved remission was no significant in the IPC group compared with the SSRI group (77.78% vs 72.73%; $P = 0.9$). The proportion of anxious patients who achieved remission was significantly higher in the IPC group compared with the SSRI group (100% vs 87.5%; $P < 0.0001$). Analyses based on continuous scores indicated a significant improvement over the 8 weeks in depressive symptoms in both the nonanxious and the anxious subgroups and between the initial and final scores in anxiety symptoms in the anxious subgroup. Conclusions: IPC can be as effective as medications for the treatment of mild to moderate major depression and is an effective treatment option for the proportion of patients with MDD who have prominent anxious symptoms. These results indicate the need to consider different strategies for the management

of patients with anxious depression in primary care. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Web-based therapist training in interpersonal psychotherapy for depression: Pilot study

Author(s): Kobak, Kenneth A.; Lipsitz, Joshua D.; Markowitz, John C.; Bleiberg, Kathryn L.

Source: Journal of Medical Internet Research; Jul 2017; vol. 19 (no. 7); p. 306-317

Publication Date: Jul 2017

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2017-34341-013

Available at [Journal of Medical Internet Research](#) - from EBSCO (MEDLINE with Full Text)

Abstract:Background: Training mental health professionals to deliver evidence-based therapy (EBT) is now required by most academic accreditation bodies, and evaluating the effectiveness of such training is imperative. However, shortages of time, money, and trained EBT clinician teachers make these challenges daunting. New technologies may help. The authors have developed the first empirically evaluated comprehensive Internet therapist training program for interpersonal psychotherapy (IPT). Objective: The aim of this study was to examine whether (1) the training protocol would increase clinicians' knowledge of IPT concepts and skills and (2) clinicians would deem the training feasible as measured by satisfaction and utility ratings.

Methods: A total of 26 clinicians enrolled in the training, consisting of (1) a Web-based tutorial on IPT concepts and techniques; (2) live remote training via videoconference, with trainees practicing IPT techniques in a role-play using a case vignette; and (3) a Web-based portal for therapists posttraining use to help facilitate implementation of IPT and maintain adherence over time. Results: Trainees' knowledge of IPT concepts and skills improved significantly ($P < .001$). The standardized effect size for the change was large: $d = 2.53$, 95% CI 2.23-2.92. Users found the technical features easy to use, the content useful for helping them treat depressed clients, and felt the applied training component enhanced their professional expertise. Mean rating of applied learning was 3.9 (scale range from 1 = very little to 5 = a great deal). Overall satisfaction rating was 3.5 (range from 1 = very dissatisfied to 4 = very satisfied). Conclusions: Results support the efficacy and feasibility of this technology in training clinicians in EBTs and warrant further empirical evaluation. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Exploring mechanisms of change in cognitive therapy and interpersonal psychotherapy for adult depression

Author(s): Lemmens, Lotte H. J. M.; Galindo-Garre, Francisca; Arntz, Arnoud; Peeters, Frenk; Hollon, Steven D.; DeRubeis, Robert J.; Huibers, Marcus J. H.

Source: Behaviour Research and Therapy; Jul 2017; vol. 94 ; p. 81-92

Publication Date: Jul 2017

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2017-24478-010

Abstract:The present study explored the temporal relationships between change in five candidate causal mechanisms and change in depressive symptoms in a randomized comparison of individual Cognitive Therapy (CT) and Interpersonal Psychotherapy (IPT) for adult depression. Furthermore, hypotheses concerning the mediation of change in these treatments were tested. Patients were 151 depressed adult outpatients treated with either CT (

n = 76) or IPT (n = 75). Depression severity was assessed with the BDI-II. Candidate mediators included both therapy-specific as well as common factors. Measures were taken multiple times over the course of treatment (baseline, mid-, and post-treatment). Pearson's correlations and Latent-Difference-Score models were used to examine the direct and indirect relationships between (change in) the candidate mediators and (subsequent) (change in) depression. Patients showed improvement on all measures. No differential effects in pre- to post-treatment changes were observed between the two conditions. However, change in interpersonal functioning occurred more rapidly in IPT. Only little empirical support for the respective theoretical models of change in CT and IPT was found. Future studies should pay special attention to the timing of assessments and within-patient variance. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Working alliance, interpersonal problems, and depressive symptoms in tele-interpersonal psychotherapy for hiv-infected rural persons: Evidence for indirect effects

Author(s): Anderson, Timothy; McClintock, Andrew S.; McCarrick, Shannon S.; Heckman, Timothy G.; Heckman, Bernadette D.; Markowitz, John C.; Sutton, Mark

Source: Journal of Clinical Psychology; Jun 2017 ; p. No

Publication Date: Jun 2017

Publication Type(s): Journal Peer Reviewed Journal

PubMedID: 2017-25282-001

Available at [Journal of clinical psychology](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [Journal of clinical psychology](#) - from EBSCO (MEDLINE with Full Text)

Abstract: Objective Interpersonal psychotherapy (IPT) has demonstrated efficacy for the treatment of depression, yet little is known about its therapeutic mechanisms. As a specific treatment, IPT has been shown to directly reduce depressive symptoms, although it is unclear whether these reductions occur via interpersonal changes. Within IPT, the potential role of the working alliance, a common factor, as a predictor of depression and interpersonal changes is also unclear. Method Participants were 147 depressed persons living with HIV in rural communities of 28 U.S. states enrolled in a randomized clinical trial. Seventy-five patients received up to 9 sessions of telephone-administered IPT (tele-IPT) plus standard care and 72 patients received standard care only. Two models were tested; one included treatment condition (tele-IPT vs. control) and another included the working alliance as independent variables. Results The first model found an indirect effect whereby tele-IPT reduced depression via decreased social avoidance. There was a direct effect between tele-IPT and reduced depression. In the second model, the working alliance influenced depressive symptom relief via reductions in social avoidance. Both goal and task working alliance subscales were indirectly associated with reductions in depressive symptoms, also through reductions in social avoidance. There were no direct effects involving the working alliance. Tele-IPT's influence on depressive symptom reduction was primarily through a direct effect, whereas the influence of working alliance depression was almost entirely via an indirect effect through interpersonal problems. Conclusion Study findings have implications for IPT when intervening with depressed rural people living with HIV/AIDS over the telephone. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

You mean I have to talk about feelings? One CBT therapist's experience with interpersonal psychotherapy

Author(s): Lowell, Ari; Markowitz, John C.

Source: the Behavior Therapist; Jun 2017; vol. 40 (no. 5); p. 181-185

Publication Date: Jun 2017

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2017-32653-002

Abstract: This article discusses the cognitive behavioral therapy (CBT) therapist's experience with interpersonal psychotherapy. As a therapist, author is grateful for how IPT has broadened his perspective, and he encourages other CBT therapists to give it a try as well. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Database: PsycINFO

Developmental cascade effects of interpersonal psychotherapy for depressed mothers: Longitudinal associations with toddler attachment, temperament, and maternal parenting efficacy

Author(s): Handley, Elizabeth D.; Michl-Petzing, Louisa C.; Rogosch, Fred A.; Cicchetti, Dante; Toth, Sheree L.

Source: Development and Psychopathology; May 2017; vol. 29 (no. 2); p. 601-615

Publication Date: May 2017

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2017-16860-023

Abstract: Using a developmental cascades framework, the current study investigated whether treating maternal depression via interpersonal psychotherapy (IPT) may lead to more widespread positive adaptation for offspring and mothers including benefits to toddler attachment and temperament, and maternal parenting self-efficacy. The participants (N = 125 mother–child dyads; mean mother age at baseline = 25.43 years; 54.4% of mothers were African American; mean offspring age at baseline = 13.23 months) were from a randomized controlled trial of IPT for a sample of racially and ethnically diverse, socioeconomically disadvantaged mothers of infants. Mothers were randomized to IPT (n = 97) or an enhanced community standard control group (n = 28). The results of complier average causal effect modeling showed that engagement with IPT led to significant decreases in maternal depressive symptoms at posttreatment. Moreover, reductions in maternal depression posttreatment were associated with less toddler disorganized attachment characteristics, more adaptive maternal perceptions of toddler temperament, and improved maternal parenting efficacy 8 months following the completion of treatment. Our findings contribute to the emerging literature documenting the potential benefits to children of successfully treating maternal depression. Alleviating maternal depression appears to initiate a cascade of positive adaptation among both mothers and offspring, which may alter the well-documented risk trajectory for offspring of depressed mothers. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Innovations in practice: The relationship between sleep disturbances, depression, and interpersonal functioning in treatment for adolescent depression

Author(s): McGlinchey, Eleanor L.; Reyes-Portillo, Jazmin A.; Turner, J. Blake; Mufson, Laura

Source: Child and Adolescent Mental Health; May 2017; vol. 22 (no. 2); p. 96-99

Publication Date: May 2017

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2016-32411-001

Available at [Child and adolescent mental health](#) - from Wiley Online Library All Journals

Abstract:Background: Sleep disturbance is frequently comorbid with depression and sleep complaints are the most common residual symptoms after treatment among adolescents with depression. The present analyses investigated the effect of sleep disturbance in depressed adolescents treated with interpersonal psychotherapy for adolescents (IPT-A) versus treatment as usual (TAU) in school-based mental health clinics. Method: Sixty-three adolescents participated in a randomized clinical trial of IPT-A versus TAU for adolescent depression. Participants were diagnosed with a DSM-IV depressive disorder and assessed for symptoms of depression, interpersonal functioning, and sleep disturbance. Measures were assessed at baseline, session 4 and 8 of treatment, and session 12 for postacute treatment follow-up. Hierarchical linear modeling was used to model change in depression, interpersonal functioning, and sleep disturbance. Results: Ongoing sleep disturbance was significantly associated with worse depression scores as rated by clinician ($\gamma = 1.04$, $SE = .22$, $p < .001$) and self-report ($\gamma = 1.63$, $SE = .29$, $p < .001$), as well as worse interpersonal functioning across the course of treatment ($\gamma = 0.09$, $SE = .02$, $p < .001$). Treatment condition did not predict change in sleep disturbance ($\gamma = -0.13$, $SE = .14$, $p = ns$). Conclusions: For all patients in the study, sleep disturbance was a predictor of depression and interpersonal functioning for depressed adolescents. Sleep disturbance predicted more depression and interpersonal stress across treatments and led to a slower improvement in depression and interpersonal functioning. These data suggest that sleep disturbance should be a target for future treatment development research among depressed adolescents. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

The role of attachment style in interpersonal psychotherapy for depressed adolescents.

Author(s): Gunlicks-Stoessel, Meredith; Westervelt, Ana; Reigstad, Kristina; Mufson, Laura; Lee, Susanne

Source: Psychotherapy research : journal of the Society for Psychotherapy Research; Apr 2017 ; p. 1-8

Publication Date: Apr 2017

Publication Type(s): Journal Article

PubMedID: 28436756

Abstract:OBJECTIVE(S)This study examined changes in depressed adolescents' reports of attachment anxiety and avoidance with interpersonal psychotherapy (IPT-A), and the relationship between attachment style and change in depression with IPT-A.METHODForty adolescents (aged 12-17) participated in a 16-week randomized clinical trial of 4 adaptive treatment strategies for adolescent depression that began with IPT-A and augmented treatment for insufficient responders ($n = 22$) by adding additional IPT-A sessions ($n = 11$) or the antidepressant medication, fluoxetine ($n = 11$). Adolescents were 77.5% female and 22.5% male (mean age = 14.8, $SD = 1.8$). Ten percent of adolescents were Latino. Racial composition was 7.5% Asian, 7.5% American Indian/Alaska Native, 80.0% white, and 5.0% biracial. Measures of attachment style (Experience in Close Relationships Scale-Revised [ECR-R]) and depression (Children's Depression Rating Scale-Revised [CDRS-R]) were administered at baseline and Weeks 8 and 16.RESULTSAttachment Anxiety and Avoidance (ECR-R) decreased significantly from baseline to Week 16. Baseline Avoidance positively predicted greater reductions in

depression (CDRS-R), controlling for fluoxetine. Reductions in Anxiety and Avoidance were also significantly associated with reductions in CDRS-R, controlling for fluoxetine. CONCLUSIONS Adolescents' reports of attachment anxiety and avoidance are amenable to intervention with IPT-A. IPT-A may be particularly beneficial for adolescents who report a high level of avoidant attachment.

Database: Medline

Brief Interpersonal Psychotherapy for depression during pregnancy in a low-income population: A randomized controlled trial.

Author(s): Lenze, Shannon N; Potts, Mary Anne

Source: Journal of affective disorders; Mar 2017; vol. 210 ; p. 151-157

Publication Date: Mar 2017

Publication Type(s): Randomized Controlled Trial Journal Article

PubMedID: 28038377

Available at [Journal of Affective Disorders](#) - from PubMed Central

Abstract: BACKGROUND Depression is common in low-income pregnant women, and treatments need to be fitted to meet their needs. We conducted a randomized controlled trial comparing brief Interpersonal Psychotherapy (brief-IPT) to enhanced treatment as usual (ETAU) for perinatal depression in low-income women. The brief-IPT model is designed to better engage low-income women by utilizing an engagement session, providing flexible delivery of sessions, and pragmatic case management. METHODS Pregnant women, aged ≥ 18 , between 12 and 30 weeks gestation were recruited from an urban prenatal clinic. Women scoring ≥ 10 on the Edinburgh Depression Scale and meeting depressive disorder criteria were randomized to either brief-IPT ($n=21$) or ETAU ($n=21$). We assessed treatment outcomes, acceptability, and feasibility of the intervention (measured by session attendance). RESULTS Depression scores significantly decreased in both brief-IPT and ETAU. Brief-IPT participants reported significant improvements in social support satisfaction as compared to ETAU participants, even after controlling for concurrent depressive symptoms. Brief-IPT participants reported high satisfaction with the program. However, many participants did not participate in the full 9-session course of treatment (average sessions attended =6, range 0-17). LIMITATIONS Small sample size, use of self-report measures, and lack of an active psychotherapy control group limits interpretation of study results. CONCLUSIONS Brief-IPT for perinatal depression is acceptable to low-income women and is helpful for improving depressive symptoms and social support. However, feasibility of the treatment was limited by relatively low session attendance in spite of efforts to maximize treatment engagement. Additional modifications to meet the needs of low-income women are discussed.

Database: Medline

Telephone-administered interpersonal psychotherapy by nurse-midwives for postpartum depression

Author(s): Posmontier, Bobbie; Neugebauer, Richard; Stuart, Scott; Chittams, Jesse; Shaughnessy, Rita

Source: Journal of Midwifery & Women's Health; 2016; vol. 61 (no. 4); p. 456-466

Publication Date: 2016

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2016-37232-010

Abstract: Introduction: Postpartum depression (PPD) affects 7% to 13% of childbearing women. Access to care may be limited by maternal time constraints and fears of being judged, labeled as mentally ill, and having their infants taken away. The study's objective was to test the feasibility, effectiveness, and acceptability of certified nurse-midwife telephone-administered interpersonal psychotherapy (CNM-IPT) as a treatment for PPD. Methods: A prospective cohort study was conducted from 2010 to 2014. A sample of women meeting Diagnostic and Statistical Manual of Mental Disorders, Version 4, Text Revision (DSM-IV-TR) criteria for depression was recruited from 8 obstetric practices employing CNMs in the United States. Forty-one women in the treatment group received up to eight 50-minute CNM-IPT sessions, and 20 in the control group were referred to mental health professionals. The main outcome measure was the Hamilton Rating Scale for Depression. Secondary outcomes included maternal and marital functioning, mother-infant bonding, social support, and client satisfaction. Results: The Hamilton Rating Scale for Depression at 8 and 12 weeks was significantly lower among women in the treatment group compared to the control group (Week 8, $P = .047$; Week 12, $P = .029$). Client satisfaction was high in both groups. While only 5 out of 8 CNM-IPT counselors continued the intervention until the study's conclusion, CNM-IPT counselor protocol adherence was high. Discussion: CNM-IPT is effective and acceptable as a method of reducing the severity of PPD symptoms. Careful assessment of CNM availability is critical to intervention feasibility. Future research is needed to evaluate translation of this intervention into practice. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Randomized trial of interpersonal psychotherapy and cognitive behavioral therapy for major depressive disorder in a community-based psychiatric outpatient clinic

Author(s): Ekeblad, Annika; Falkenström, Fredrik; Andersson, Gerhard; Vestberg, Robert; Holmqvist, Rolf

Source: Depression and Anxiety; Dec 2016; vol. 33 (no. 12); p. 1090-1098

Publication Date: Dec 2016

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2016-16266-001

Available at [Depression and anxiety](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [Depression and anxiety](#) - from EBSCO (MEDLINE with Full Text)

Abstract: Background: Interpersonal psychotherapy (IPT) and cognitive behavioral therapy (CBT) are both evidence-based treatments for major depressive disorder (MDD). Several head-to-head comparisons have been made, mostly in the United States. In this trial, we compared the two treatments in a small-town outpatient psychiatric clinic in Sweden. The patients had failed previous primary care treatment and had extensive Axis-II comorbidity. Outcome measures were reduction of depressive symptoms and attrition rate. Methods: Ninety-six psychiatric patients with MDD (DSM-IV) were randomized to 14 sessions of CBT ($n = 48$) or IPT ($n = 48$). A noninferiority design was used with the hypothesis that IPT would be noninferior to CBT. A three-point difference on the Beck Depression Inventory-II (BDI-II) was used as noninferiority margin. Results: IPT passed the noninferiority test. In the ITT group, 53.5% (23/43) of the IPT patients and 51.0% (24/47) of the CBT patients were reliably improved, and 20.9% (9/43) and 19.1% (9/47), respectively, were recovered (last BDI score <10). The dropout rate was significantly higher in CBT (40%; 19/47) compared to IPT (19%; 8/43). Statistically controlling for antidepressant medication use did not change the results. Conclusions: IPT was noninferior to CBT in a sample of depressed psychiatric patients in a community-based outpatient clinic. CBT had significantly more dropouts than IPT, indicating that CBT may be

experienced as too demanding. Since about half the patients did not recover, there is a need for further treatment development for these patients. The study should be considered an effectiveness trial, with strong external validity but some limitations in internal validity. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Psychotherapy effectiveness for major depression: A randomized trial in a Finnish community

Author(s): Saloheimo, Hannu P.; Markowitz, John; Saloheimo, Tuija H.; Laitinen, Jarmo J.; Sundell, Jari; Huttunen, Matti O.; Aro, Timo A.; Mikkonen, Tuitu N.; Katila, Heikki O.

Source: BMC Psychiatry; Dec 2016; vol. 16

Publication Date: Dec 2016

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2016-23191-001

Available at [BMC Psychiatry](#) - from EBSCO (MEDLINE with Full Text)

Abstract:Background: The purpose of this study is to assess the relative effectiveness of Interpersonal Psychotherapy (IPT), Psychoeducative Group Therapy (PeGT), and treatment as usual (TAU) for patients with Major Depressive Disorder (MDD) in municipal psychiatric secondary care in one Finnish region. Methods: All adult patients (N = 1515) with MDD symptoms referred to secondary care in 2004-2006 were screened. Eligible, consenting patients were assigned randomly to 10-week IPT (N = 46), PeGT (N = 42), or TAU (N = 46) treatment arms. Antidepressant pharmacotherapy among study participants was evaluated. The Hamilton Depression Rating scale (HAM-D) was the primary outcome measure. Assessment occurred at 1, 5, 3, 6, and 12 months. Actual amount of therapists' labor was also evaluated. All statistical analyses were performed with R software. Results: All three treatment cells showed marked improvement at 12-month follow-up. At 3 months, 42 % in IPT, 61 % in PeGT, and 42 % in TAU showed a mean \geq 50 % in HAM-D improvement; after 12 months, these values were 61 %, 76 %, and 68 %. Conclusion: All three treatments notably benefited highly comorbid MDD patients in a public sector secondary care unit. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Assessing the distinctiveness of psychotherapies and examining change over treatment for anorexia nervosa with cognitive-behavior therapy, interpersonal psychotherapy, and specialist supportive clinical management

Author(s): McIntosh, Virginia V. W.; Jordan, Jennifer; Carter, Janet D.; Luty, Suzanne E.; Carter, Frances A.; McKenzie, Janice M.; Frampton, Christopher M. A.; Joyce, Peter R.

Source: International Journal of Eating Disorders; Oct 2016; vol. 49 (no. 10); p. 958-962

Publication Date: Oct 2016

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2016-41855-001

Available at [The International journal of eating disorders](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [The International journal of eating disorders](#) - from EBSCO (MEDLINE with Full Text)

Abstract:Objective: Therapist adherence to cognitive-behavior therapy (CBT), interpersonal psychotherapy (IPT), and specialist supportive clinical management (SSCM) for anorexia nervosa (AN), was examined across three phases of therapy in a randomized clinical trial. Method: Adherence in early, middle, and late phase therapy sessions from 53 of 56 participants in the trial was assessed using the CSPRS-AN by independent raters after listening to complete therapy sessions. Results: The three forms of psychotherapy were distinguishable by blind raters. Subscale scores were higher for the corresponding therapy than the other therapy modalities. In CBT and SSCM, a phase-by-therapy effect was found, with the CBT subscale highest for CBT, intermediate for SSCM, lowest for IPT, and elevated in the middle phase of CBT and SSCM. The SSCM subscale was highest for SSCM, intermediate for CBT, lowest for IPT, and elevated in the middle phase of SSCM. Adherence to activities around normalizing eating, weight gain, and education about anorexia nervosa was higher in SSCM than in either CBT or IPT. Discussion: Ensuring the distinctiveness of therapies in existing clinical trials with differential treatment outcome is essential. Research on adherence to therapy modalities has the potential to help understanding of the effective components of new and existing treatments for AN. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Interpersonal psychotherapy (IPT) for major depression following perinatal loss: A pilot randomized controlled trial

Author(s): Johnson, Jennifer E.; Price, Ann Back; Kao, Jennifer Chienwen; Fernandes, Karen; Stout, Robert; Gobin, Robyn L.; Zlotnick, Caron

Source: Archives of Women's Mental Health; Oct 2016; vol. 19 (no. 5); p. 845-859

Publication Date: Oct 2016

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2016-14920-001

Available at [Archives of Women's Mental Health](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Available at [Archives of Women's Mental Health](#) - from EBSCO (MEDLINE with Full Text)

Abstract:This randomized controlled pilot trial examined the feasibility, acceptability, and preliminary efficacy of an adapted interpersonal psychotherapy (IPT) for major depressive disorder (MDD) following perinatal loss (miscarriage, stillbirth, or early neonatal death). Fifty women who experienced a perinatal loss within the past 18 months, whose current depressive episode onset occurred during or after the loss, were randomized to the group IPT adapted for perinatal loss (the Group IPT for Major Depression Following Perinatal Loss manual developed for this study is available at no cost by contacting either of the first two authors) or to the group Coping with Depression (CWD), a cognitive behavioral treatment which did not focus on perinatal loss nor social support. Assessments occurred at baseline, treatment weeks 4 and 8, post-treatment, and 3 and 6 months after the end of treatment. IPT was feasible and acceptable in this population. Although some participants were initially hesitant to discuss their losses in a group (as occurred in IPT but not CWD), end of treatment satisfaction scores were significantly ($p = 0.001$) higher in IPT than in CWD. Confidence intervals around between-groups effect sizes favored IPT for reductions in depressive symptoms during treatment as well as for improvement in mode-specific targets (social support, grief symptoms) and recovery from a post-traumatic stress disorder over follow-up. This group IPT treatment adapted for MDD after perinatal loss is feasible, acceptable, and possibly efficacious. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Postpartum depression can be prevented in low-income mothers using interpersonal psychotherapy.**Author(s):** Le, Huynh-Nhu; Perry, Deborah F**Source:** Evidence-based nursing; Oct 2016; vol. 19 (no. 4); p. 111**Publication Date:** Oct 2016**Publication Type(s):** Journal Article Comment**PubMedID:** 27215227Available at [Evidence-based nursing](#) - from BMJ Journals - NHSAvailable at [Evidence-based nursing](#) - from BMJ Journals**Database:** Medline**Predictors and moderators of response to enhanced cognitive behaviour therapy and interpersonal psychotherapy for the treatment of eating disorders****Author(s):** Cooper, Zafra; Allen, Elizabeth; Bailey-Straebler, Suzanne; Basden, Shawnee; Murphy, Rebecca; O'Connor, Marianne E.; Fairburn, Christopher G.**Source:** Behaviour Research and Therapy; Sep 2016; vol. 84 ; p. 9-13**Publication Date:** Sep 2016**Publication Type(s):** Journal Peer Reviewed Journal Journal Article**PubMedID:** 2016-39369-004Available at [Behaviour research and therapy](#) - from PubMed Central

Abstract: Consistent predictors, and more especially moderators, of response to psychological treatments for eating disorders have not been identified. The present exploratory study examined predictors and moderators of outcome in adult patients who took part in a randomised clinical trial comparing two leading treatments for these disorders, enhanced cognitive behavioural therapy (CBT-E) and interpersonal psychotherapy (IPT). Four potentially important findings emerged. Firstly, patients with a longer duration of disorder were less likely to benefit from either treatment. Second, across the two treatments the presence, at baseline, of higher levels of over-evaluation of the importance of shape predicted a less good treatment outcome. Third DSM-IV diagnosis did not predict treatment outcome. Fourth, with the exception of patients with baseline low self-esteem who achieved a better outcome with CBT-E, it was generally not possible to identify a subgroup of patients who would differentially benefit from one or other treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO**Community norms and human rights: Supervising Haitian colleagues on interpersonal psychotherapy (IPT) with a depressed and abused pregnant woman****Author(s):** Verdeli, Helen; Therosme, Tatiana; Eustache, Eddy; Hilaire, Olissaint St; Joseph, Benissois; Sönmez, Cemile Ceren; Raviola, Giuseppe**Source:** Journal of Clinical Psychology; Aug 2016; vol. 72 (no. 8); p. 847-855**Publication Date:** Aug 2016**Publication Type(s):** Journal Peer Reviewed Journal Journal Article**PubMedID:** 2016-40288-001

Available at [Journal of Clinical Psychology](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [Journal of Clinical Psychology](#) - from EBSCO (MEDLINE with Full Text)

Abstract:After the 2010 Haiti earthquake, Zanmi Lasante, a local health care organization, implemented a collaborative stepped-care model to address depression in community and primary care settings in rural Haiti. Specialized community health workers, the ajans santé, collaborate with local psychologists and primary care doctors to offer home-based evaluation, support, and follow-up. The services include brief interpersonal psychotherapy (IPT) and/or medication to persons who met locally defined criteria for depression. A cross-national (Haiti–United States) expert mental health team has been overseeing the program. The present IPT supervision case of a severely depressed, physically abused, and pregnant young woman illustrates the U.S.-based supervisor's internal struggle to reconcile awareness of and respect for local norms while maintaining a human rights-based framework. It also highlights the critical role of community health workers in addressing the mental health treatment gap in regions plagued by extreme poverty and adversity. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Combined therapy with interpersonal psychotherapy adapted for borderline personality disorder: A two-years follow-up

Author(s): Bozzatello, Paola; Bellino, Silvio

Source: Psychiatry Research; Jun 2016; vol. 240 ; p. 151-156

Publication Date: Jun 2016

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2016-28410-024

Abstract:Few investigations evaluated the long-term effects of psychotherapies in borderline personality disorder (BPD). In a previous study, we compared efficacy of combination of fluoxetine and interpersonal psychotherapy adapted to BPD (IPT-BPD) versus single fluoxetine administered for 32 weeks. This study is aimed to investigate whether the results obtained with the addition of IPT-BPD persist during a follow-up period. Forty-four patients who completed the 32 weeks trial underwent 24 months of follow-up receiving fluoxetine 20-40 mg/day. Clinical Global Impression Severity (CGI-S), Hamilton Rating Scales for Depression and Anxiety (HDRS, HARS), Social and Occupational Functioning Assessment Scale (SOFAS), Satisfaction Profile (SAT-P), and Borderline Personality Disorder Severity Index (BPDSI) were repeated at 6, 12, and 24 months. Statistical analysis was performed with the general linear model. Results showed that most of the differences between combined therapy and single pharmacotherapy at the end of the 32 weeks trial were maintained after 24 months follow-up. The addition of IPT-BPD to medication produced greater effects on BPD symptoms (impulsivity and interpersonal relationships) and quality of life (perception of psychological and social functioning) that endured after termination of psychotherapy. On the contrary, different effects on anxiety symptoms and affective instability were lost after 6 months. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Improvements in interpersonal functioning following interpersonal psychotherapy (IPT) with adolescents and their association with change in depression

Author(s): Spence, Susan H.; O'Shea, Gabrielle; Donovan, Caroline L.

Source: Behavioural and Cognitive Psychotherapy; May 2016; vol. 44 (no. 3); p. 257-272

Publication Date: May 2016

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2016-18004-003

Available at [Behavioural and Cognitive Psychotherapy](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract:Background: This study adds to the body of evidence regarding the theoretical underpinnings of interpersonal psychotherapy and the mechanisms through which it impacts upon depression in adolescents. Aims: The aims were to determine whether the interpersonal constructs proposed to underpin interpersonal psychotherapy do indeed change in response to this therapy and whether such changes are associated with changes in depression in young people. Method: Thirty-nine adolescents, aged 13–19 years, with a primary diagnosis of major depressive disorder, were randomly assigned in blocks to group or individual treatment. Assessments were conducted at pre and posttreatment, and 12-month follow-up. Results: The results supported the hypotheses, with significant improvements in social skills, social functioning, and the quality of parent-adolescent relationships, and an increase in secure attachment style and decrease in insecure attachment style being evident following treatment. Benefits were maintained at 12-month follow-up. Adolescents who showed greater reductions in depressive symptoms over this period tended to also show greater improvement in parent reported social skills, quality of the parent-adolescent relationship, and attachment style from pretreatment to 12-month follow-up. Conclusions: The findings are consistent with the proposed underpinnings of interpersonal psychotherapy. Adolescents showed significant improvements in interpersonal functioning and changes in attachment style following treatment, and changes in social skills, parent-adolescent conflict and attachment style were associated with reductions in depression. As such, the results add to the body of knowledge regarding the construct validity of interpersonal psychotherapy as an intervention for depression in young people. Clinical implications and directions for future research are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Reanalysis of efficacy of interpersonal psychotherapy for antepartum depression versus parenting education program: initial severity of depression as a predictor of treatment outcome.

Author(s): Spinelli, Margaret G; Endicott, Jean; Goetz, Ray R; Segre, Lisa S

Source: The Journal of clinical psychiatry; Apr 2016; vol. 77 (no. 4); p. 535-540

Publication Date: Apr 2016

Publication Type(s): Comparative Study Randomized Controlled Trial Journal Article

PubMedID: 27137422

Available at [The Journal of clinical psychiatry](#) - from Physicians Postgraduate Press You will need to log in as a subscriber to access the full text: Username: stafford48 Password: stafford48

Available at [The Journal of clinical psychiatry](#) - from Library Services - Stafford Site, South Staffordshire & Shropshire Healthcare NHS Foundation Trust (lib319215) Local Print Collection [location] : Library Services - Stafford Site, South Staffordshire & Shropshire Healthcare NHS Foundation Trust.

Abstract:OBJECTIVE Interpersonal psychotherapy (IPT) is supported by substantial empirical evidence as a treatment for depression. Surprisingly, our recently reported randomized, single-blind, controlled clinical trial found no significant difference between interpersonal psychotherapy for antepartum depression (IPT-P) and a parenting education program (PEP)

control condition for the treatment of prenatal depression. Because depression severity has been found to influence treatment response in antidepressant treatment trials, the current study reassessed IPT-P outcomes, limiting analyses to women with moderate depressive symptoms. **METHOD** For this reanalysis, 75 of the 110 study participants who met DSM-IV criteria for major depressive disorder and scored ≥ 16 on the 17-item Hamilton Depression Rating Scale (HDRS-17) from 2005 through 2011 were classified as moderately depressed. Linear mixed models were used to examine the longitudinal treatment response on the HDRS-17, the Edinburgh Postnatal Depression Scale (EPDS), and the Clinical Global Impressions Improvement (CGI-I) and Severity (CGI-S) scales. **RESULTS** Although the longitudinal analysis did not reveal a significant interaction of treatment group and visit (ie, treatment response variation), the IPT-P group had significantly lower HDRS-17 and EPDS depression ratings than the PEP group at week 8 (respectively, $P = .008$ and $P = .046$); these scores remained low but lost significance versus those for the PEP group at week 12 due to attrition and smaller sample size. For the CGI ratings, the longitudinal analysis revealed significant interaction of treatment groups and visits for the CGI-I ($P = .021$) and CGI-S ($P = .005$) ratings. Post hoc analysis showed significant illness improvement and less illness severity for the IPT-P group as measured by the CGI ratings at weeks 8 ($P = .007$ and $P = .003$, respectively) and 12 ($P = .003$ and $P = .012$, respectively), whereas the PEP group remained relatively unchanged during the study. **CONCLUSION** The results of this reanalysis indicate that among women with moderate levels of depression severity, IPT-P is markedly more effective than PEP. The significance of baseline severity level in depression is important in treatment trial outcomes and considerably more important in determining treatment decisions for pregnant depressed women. **TRIAL REGISTRATION** ClinicalTrials.gov identifier: NCT00251043.

Database: Medline

A Randomized Depression Prevention Trial Comparing Interpersonal Psychotherapy--Adolescent Skills Training to Group Counseling in Schools.

Author(s): Young, Jami F; Benas, Jessica S; Schueler, Christie M; Gallop, Robert; Gillham, Jane E; Mufson, Laura

Source: Prevention science : the official journal of the Society for Prevention Research; Apr 2016; vol. 17 (no. 3); p. 314-324

Publication Date: Apr 2016

Publication Type(s): Research Support, N.i.h., Extramural Randomized Controlled Trial
Journal Article

PubMedID: 26638219

Available at [Prevention Science](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Available at [Prevention Science](#) - from EBSCO (MEDLINE with Full Text)

Available at [Prevention Science](#) - from PubMed Central

Abstract: Given the rise in depression disorders in adolescence, it is important to develop and study depression prevention programs for this age group. The current study examined the efficacy of Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST), a group prevention program for adolescent depression, in comparison to group programs that are typically delivered in school settings. In this indicated prevention trial, 186 adolescents with elevated depression symptoms were randomized to receive IPT-AST delivered by research staff or group counseling (GC) delivered by school counselors. Hierarchical linear modeling examined differences in rates of change in depressive symptoms and overall functioning from baseline to the 6-month follow-up assessment. Cox regression compared rates of depression diagnoses. Adolescents in IPT-AST showed significantly greater improvements in self-reported depressive symptoms and evaluator-rated overall functioning than GC adolescents from

baseline to the 6-month follow-up. However, there were no significant differences between the two conditions in onset of depression diagnoses. Although both intervention conditions demonstrated significant improvements in depressive symptoms and overall functioning, results indicate that IPT-AST has modest benefits over groups run by school counselors which were matched on frequency and duration of sessions. In particular, IPT-AST outperformed GC in reduction of depressive symptoms and improvements in overall functioning. These findings point to the clinical utility of this depression prevention program, at least in the short-term. Additional follow-up is needed to determine the long-term effects of IPT-AST, relative to GC, particularly in preventing depression onset.

Database: Medline

Interpersonal psychotherapy as add-on for treatment-resistant depression: A pragmatic randomized controlled trial

Author(s): Souza, Livia Hartmann; Salum, Giovanni Abrahão; Mosqueiro, Bruno Paz; Caldieraro, Marco Antonio; Guerra, Tadeu Assis; Fleck, Marcelo P.

Source: Journal of Affective Disorders; Mar 2016; vol. 193 ; p. 373-380

Publication Date: Mar 2016

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2016-06001-053

Abstract:Background: Treatment-resistant depression (TRD) is an extremely prevalent clinical condition. Although Interpersonal Psychotherapy (IPT) is an established treatment for uncomplicated depression, its effectiveness has never before been studied in patients with TRD in real-world settings. We investigate IPT as an adjunct strategy to treatment as usual (TAU) for TRD patients in a pragmatic, randomized, controlled trial. Methods: A total of 40 adult patients with TRD (satisfying the criteria for major depressive disorder despite adequate antidepressant treatment) were recruited from a tertiary care facility for this pragmatic trial and blinded to the evaluator. Patients were randomized to one of two treatment conditions: (1) TAU—pharmacotherapy freely chosen by the clinician (n = 23) and (2) TAU + IPT (n = 17). Assessments were performed at weeks 8, 12, 19 and 24. Changes in the estimated means of the Hamilton Depression Rating Scale score were the primary outcome measure. Secondary outcomes included patient-rated scales and quality of life scales. We used a linear mixed model to compare changes over time between the two groups. Results: Both treatments lead to improvements in depressive symptoms from baseline to week 24 with no significant between group differences in either primary: TAU (mean difference: 4.57; CI95%: 0.59–8.55; d = 0.73) vs. IPT + TAU (mean difference: 5.86, CI95%: 1.50–10.22; d = 0.93) or secondary outcomes. Limitations: Our relatively small sample limits our ability to detect differences between treatments. Conclusions: Both treatments lead to equal improvements in depressive symptoms. We found no evidence to support adding IPT to pharmacotherapy in patients with TRD. Trial registration: ClinicalTrials.gov-NCT01896349. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Attachment style as a moderating influence on the efficacy of cognitive-behavioral and interpersonal psychotherapy for depression: A failure to replicate

Author(s): Bernecker, Samantha L.; Constantino, Michael J.; Atkinson, Leslie R.; Bagby, R. Michael; Ravitz, Paula; McBride, Carolina

Source: Psychotherapy; Mar 2016; vol. 53 (no. 1); p. 22-33

Publication Date: Mar 2016

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2015-58973-001

Abstract: Research on aptitude-treatment interactions, or patient characteristics that are associated with better outcome in one treatment than another, can help assign patients to the treatments that will be most personally effective. Theory and one past study suggest that adult attachment style might influence whether depressed patients respond better to cognitive-behavioral therapy (CBT) or interpersonal psychotherapy (IPT). Spurred by inconsistency in past aptitude-treatment interaction research in general, as well as concerns about the reproducibility of psychological research, we sought to replicate and extend the previous study that showed that high attachment avoidance was associated with greater depression reduction in CBT than in IPT and to improve upon that study methodologically. Using longitudinal hierarchical linear modeling, the present study examined whether, among 69 adults randomly assigned to CBT or IPT, rate of change in severity of depression symptoms was predicted by treatment condition, attachment style, and their interaction. We also conducted regression analyses to determine whether posttreatment depression was predicted by the same variables. As expected, CBT and IPT were equivalent in efficacy; however, unlike in the previous trial, there were no moderation effects of attachment. Interestingly, in some analyses, anxious attachment was associated with more positive outcomes and avoidant attachment with more negative outcomes across both treatments. The findings highlight the need for researchers to attempt replications of past studies using methods that might elucidate the reasons for discrepancies in results, and they also suggest that alternative approaches to aptitude-treatment interaction research may be more fruitful. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Study protocol: Hybrid Type I cost-effectiveness and implementation study of interpersonal psychotherapy (IPT) for men and women prisoners with major depression.

Author(s): Johnson, Jennifer E; Miller, Ted R; Stout, Robert L; Zlotnick, Caron; Cerbo, Louis A; Andrade, Joel T; Wiltsey-Stirman, Shannon

Source: Contemporary clinical trials; Mar 2016; vol. 47 ; p. 266-274

Publication Date: Mar 2016

Publication Type(s): Research Support, N.i.h., Extramural Randomized Controlled Trial
Journal Article

PubMedID: 26845030

Available at [Contemporary Clinical Trials](#) - from PubMed Central

Abstract: **PURPOSE** This article describes the protocol for a Hybrid Type I cost-effectiveness and implementation study of interpersonal psychotherapy (IPT) for men and women prisoners with major depressive disorder (MDD). The goal is to promote uptake of evidence-based treatments in criminal justice settings by conducting a randomized effectiveness study that collects implementation data, including a full cost-effectiveness analysis. **BACKGROUND** More than 2.3 million people are incarcerated in the United States on any given day. MDD is the most common severe mental illness among incarcerated individuals. Despite the prevalence and consequences of MDD among incarcerated populations, this study will be the first fully-powered randomized trial of any treatment for MDD in an incarcerated population. **DESIGN** Given the politically charged nature of the justice system, advantageous health outcomes are often not enough to get an intervention implemented in prisons. To increase the policy impact of this trial, we sought advice from prison providers and administrators about outcomes that would be persuasive to policy-makers and defensible to the public. In this trial, effectiveness questions will be answered using a randomized clinical trial design comparing IPT plus prison treatment as

usual (TAU) to TAU alone, with outcomes including depressive symptoms (primary), suicidality, and in prison functioning (enrollment and completion of correctional programs; disciplinary and incident reports; aggression/victimization; social support). Implementation outcomes will include cost-effectiveness; feasibility and acceptability of IPT to clients, providers, and administrators; prison provider intervention fidelity, attitudes, and competencies; and barriers and facilitators of implementation assessed through surveys, interviews, and process notes.

Database: Medline

Sudden gains in cognitive therapy and interpersonal psychotherapy for adult depression

Author(s): Lemmens, Lotte H. J. M.; DeRubeis, Robert J.; Arntz, Arnoud; Peeters, Frenk P. M. L.; Huibers, Marcus J. H.

Source: Behaviour Research and Therapy; Feb 2016; vol. 77 ; p. 170-176

Publication Date: Feb 2016

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2016-07436-022

Abstract:Objective: We examined the rates, baseline predictors and clinical impact of sudden gains in a randomized comparison of individual Cognitive Therapy (CT) and Interpersonal Psychotherapy (IPT) for adult depression. Method: 117 depressed outpatients received 16–20 sessions of either CT or IPT. Session-by-session symptom severity was assessed using the BDI-II. Sudden gains were examined using the original criteria as defined by Tang and DeRubeis (1999b). Furthermore, we examined whether the duration of the between-session interval at which sudden gains were recorded affected the results. Results: There were significantly more patients with sudden gains in CT (42.2%) as compared to IPT (24.5%). The difference appeared to be driven by the criterion representing the stability of the gain. No between-group differences were found with regard to the magnitude, timing and predictors of the gains. Those with sudden gains were less depressed at post-treatment and follow-up. After controlling for the duration of the between-session interval, the difference in rates between the two conditions became a non-significant trend. Other sudden gains characteristics were similar to those observed when allowing for longer intervals as well. Conclusions: The current study indicates differences in occurrence of sudden gains in two treatment modalities that overall showed similar results, which might reflect different mechanisms of change. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

A pilot study of interpersonal psychotherapy for PTSD in women veterans

Author(s): Krupnick, Janice L.; Melnikoff, Elizabeth; Reinhard, Matthew

Source: Psychiatry: Interpersonal and Biological Processes; Jan 2016; vol. 79 (no. 1); p. 56-69

Publication Date: Jan 2016

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2016-27604-008

Abstract:Objective: This pilot study aimed to determine whether interpersonal psychotherapy (IPT) for posttraumatic stress disorder (PTSD) would be effective with a sample of women veterans who experienced military-related PTSD. Method: Women veterans presenting for mental health services through the Trauma Services Program at the Washington, DC, Veterans Affairs Medical Center (VAMC) were referred to the study by Veterans Affairs (VA) clinicians if

they experienced trauma during their military service and scored > 35 on the PTSD Checklist–Military Version. A total of 20 women completed a baseline assessment and were referred to treatment, the first trial of this treatment method with a veteran sample. Of the 15 women veterans who started treatment, 10 completed a trial of 12 individual sessions. Assessments were conducted posttreatment and at three months posttreatment follow-up. Results: There was a significant decline in PTSD symptom severity from baseline to posttreatment, and these gains were maintained at three-month follow-up. Approximately one-third of the group no longer met full criteria for PTSD diagnosis, results that are comparable to studies of evidence-based treatments for PTSD (prolonged exposure and cognitive processing therapy) in military samples. Conclusions: IPT, a non-trauma-focused intervention that aims to increase social support and improve interpersonal functioning, shows promise as another means of addressing PTSD in veterans. It should be tested in a larger sample to determine if IPT for PTSD might serve as an alternative for veterans who would prefer a non-trauma-focused intervention to address their difficulties. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Is interpersonal counselling (IPC) sufficient treatment for depression in primary care patients? A pilot study comparing IPC and interpersonal psychotherapy (IPT)

Author(s): Kontunen, Jarmo; Timonen, Markku; Muotka, Joonas; Liukkonen, Timo

Source: Journal of Affective Disorders; Jan 2016; vol. 189 ; p. 89-93

Publication Date: Jan 2016

Publication Type(s): Journal Peer Reviewed Journal Article

PubMedID: 2015-52033-013

Abstract:Background: Psychotherapeutic treatment is underused in primary care, where even short-term psychotherapy can be perceived as too lengthy and labour-intensive. We tested here for the first time the preliminary efficacy of seven sessions of interpersonal counselling (IPC) by comparison with sixteen sessions of interpersonal psychotherapy (IPT) in regular clinical settings. Methods: Patients seeking treatment for the first time who met the DSM-IV criteria for major depressive disorder (MDD, mild/moderate) were randomized to either IPC (n = 20) or IPT (n = 20). The efficacy of the treatments was assessed using the 34-item Clinical Outcomes in Routine Evaluation (CORE-OM) scale and the Beck Depression Inventory (BDI) scale. Results: 90% of the patients completed all the treatment sessions. IPC delivered by psychiatric nurses in primary care proved equally as effective as IPT delivered by psychotherapists/psychologists in secondary care. The pre-treatment to 12-month follow-up within-group effect sizes were large: 1.52 (CORE-OM) and 1.41 (BDI) in the IPC group and 1.58 (CORE-OM) and 1.40 (BDI) in the IPT group. At the 12-month follow-up 59% of the patients in the IPC group and 63% in the IPT group were classified as recovered on the CORE-OM scale, with corresponding remission rates of 61% for both groups on the BDI scale. Limitations: The small sample size limited the power to detect differences between the groups and the naturalistic settings may have confounded the results. Conclusions: This clinical trial suggests that IPC is an appropriate and even sufficient first-phase intervention for handling previously untreated mild to moderate depression in primary health care. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

A pilot study of Brief IPT-A delivered in primary care.

Author(s): Mufson, Laura; Yanes-Lukin, Paula; Anderson, Gabrielle

Source: General hospital psychiatry; 2015; vol. 37 (no. 5); p. 481-484

Publication Date: 2015

Publication Type(s): Research Support, N.i.h., Extramural Journal Article

PubMedID: 25997880

Abstract:OBJECTIVEThe objective was to examine the feasibility, acceptability and preliminary effectiveness of a brief version of Interpersonal Psychotherapy for Depressed Adolescents (BIPT-A) in low-income Latino adolescents treated in an urban pediatric primary care setting.METHODTen adolescents, ages 12 to 19 years, who were referred by their pediatric providers and met criteria for a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, depression diagnosis participated. Participants received 6 weekly sessions of BIPT-A. Acceptability and feasibility were measured by examining session attendance, treatment completion and treatment satisfaction. Paired-samples t tests were used to preliminarily examine treatment outcome as measured by both self-report and clinician-administered assessments of depression, social functioning and global impairment.RESULTSNinety percent of adolescents completed treatment, with 60% of parents having participated in at least one session. Adolescents attended 82% of their treatment sessions, and all participants were very satisfied with the treatment they received. Significant improvement was found for all outcome measures.CONCLUSIONThe open trial provides preliminary evidence suggesting that BIPT-A may be a feasible and acceptable treatment model capable of engaging adolescents with mild to moderate depression and impairment in treatment in a primary care setting.

Database: Medline

Interpersonal difficulties mediate the relationship between child sexual abuse and depression symptoms.

Author(s): Wilson, Laura C; Scarpa, Angela

Source: Violence and victims; 2015; vol. 30 (no. 1); p. 163-176

Publication Date: 2015

Publication Type(s): Journal Article

PubMedID: 25774421

Available at [Violence and victims](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract:This study examined the influence of interpersonal functioning as a mediator in the relationship between child sexual abuse and depression symptoms, after accounting for the influence of child physical abuse. The research questions build on the existing knowledge base by examining mechanisms of adult adjustment among child sexual abuse survivors. In the current study, 2,892 young adult women (18-29 years old; M = 19.06) reported on child sexual and physical abuse, 5 domains of interpersonal functioning, and depression symptoms. The results supported aggression, sensitivity, ambivalence, and lack of sociability as mediators in the relationship between child sexual abuse and depression symptoms. These results suggest that interpersonal difficulties related to hostility, emotional reactivity, inability to collaborate, and isolation may be of particular interest when understanding depression in child sexual abuse survivors. The findings support interpersonal problems as a key mechanism of depression symptoms following child sexual abuse and is even demonstrated when examining long-term outcomes and controlling for child physical abuse. The hypotheses and findings are discussed in the context of interpersonal psychotherapy for depression.

Database: Medline

IOM report on psychosocial interventions for mental and substance use disorders: The interpersonal psychotherapy perspective**Author(s):** Swartz, Holly A.**Source:** Depression and Anxiety; Nov 2015; vol. 32 (no. 11); p. 793-795**Publication Date:** Nov 2015**Publication Type(s):** Journal Peer Reviewed Journal Article**PubMedID:** 2015-50187-006Available at [Depression and anxiety](#) - from EBSCO (Psychology and Behavioral Sciences Collection)Available at [Depression and anxiety](#) - from EBSCO (MEDLINE with Full Text)

Abstract: This article presents the Institute of Medicine (IOM) report on psychosocial interventions for mental and substance use disorders. The overall message of the IOM report is important and will hopefully lead to a needed resurgence of funding for psychosocial interventions research. The primary research strategy that the IOM report advocates, however, raises concern. The IOM's call for increased attention to psychosocial interventions is welcome. More research on why, how, where, when, and for whom interventions work is essential to broadening the reach and impact of these crucially important therapeutic modalities and, ultimately, improving patient care. Rather than a CBT promoting dismantling strategy, the IOM report should advance an inclusive research agenda that reflects and supports the diversity of psychosocial interventions that the IOM purports to represent. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Database: PsycINFO**Predictors of response to CBT and IPT for depression; the contribution of therapy process****Author(s):** Carter, Janet D.; Crowe, Marie T.; Jordan, Jennifer; McIntosh, Virginia V. W.; Frampton, Christopher; Joyce, Peter R.**Source:** Behaviour Research and Therapy; Nov 2015; vol. 74 ; p. 72-79**Publication Date:** Nov 2015**Publication Type(s):** Journal Peer Reviewed Journal Article**PubMedID:** 2015-48565-010

Abstract: Little is known about the factors that contribute to a positive psychotherapy outcome. There is still considerable debate as to whether specific factors (e.g. severity of symptoms, comorbidity) or nonspecific factors (e.g. alliance, therapy process) are most important in influencing outcome. This study examined the additional contribution that therapeutic process and alliance made to previously identified specific predictors of response to CBT and IPT for depression over the course of therapy. The previously identified specific factors were belief that childhood reasons caused the depression, recurrent depression, perceptions about how logical therapy was and comorbid personality disorder symptoms. One hundred and sixty five adult outpatients with major depression were treated for depression in a randomised clinical trial examining predictors of response to Cognitive Behavior Therapy and Interpersonal Psychotherapy. All therapy sessions were audiorecorded to enable objective ratings of therapeutic process and alliance. Process factors—patient psychic distress, patient participation and patient alliance had the strongest associations with outcome. The early and middle stage of therapy process did not account for any additional variance other than that previously identified by the patient predictors, however, at the end stage of therapy process contributed a further 14%. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Family-based interpersonal psychotherapy is a promising treatment for preadolescent depression.

Author(s): Young, Jami F

Source: Evidence-based mental health; Nov 2015; vol. 18 (no. 4); p. e13

Publication Date: Nov 2015

Publication Type(s): Journal Article Comment

PubMedID: 26385589

Available at [Evidence-Based Mental Health](#) - from BMJ Journals - NHS

Available at [Evidence-Based Mental Health](#) - from BMJ Journals

Available at [Evidence-Based Mental Health](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Database: Medline

Does the interpersonal model apply across eating disorder diagnostic groups? A structural equation modeling approach.

Author(s): Ivanova, Iryna V; Tasca, Giorgio A; Proulx, Geneviève; Bissada, Hany

Source: Comprehensive psychiatry; Nov 2015; vol. 63 ; p. 80-87

Publication Date: Nov 2015

Publication Type(s): Journal Article

PubMedID: 26555495

Abstract:BACKGROUND Interpersonal model has been validated with binge-eating disorder (BED), but it is not yet known if the model applies across a range of eating disorders (ED).PURPOSE The goal of this study was to investigate the validity of the interpersonal model in anorexia nervosa (restricting type; ANR and binge-eating/purge type; ANBP), bulimia nervosa (BN), BED, and eating disorder not otherwise specified (EDNOS).PROCEDURE Data from a cross-sectional sample of 1459 treatment-seeking women diagnosed with ANR, ANBP, BN, BED and EDNOS were examined for indirect effects of interpersonal problems on ED psychopathology mediated through negative affect.RESULTS Findings from structural equation modeling demonstrated the mediating role of negative affect in four of the five diagnostic groups. There were significant, medium to large (.239, .558), indirect effects in the ANR, BN, BED and EDNOS groups but not in the ANBP group. The results of the first reverse model of interpersonal problems as a mediator between negative affect and ED psychopathology were nonsignificant, suggesting the specificity of these hypothesized paths. However, in the second reverse model ED psychopathology was related to interpersonal problems indirectly through negative affect.CONCLUSION This is the first study to find support for the interpersonal model of ED in a clinical sample of women with diverse ED diagnoses, though there may be a reciprocal relationship between ED psychopathology and relationship problems through negative affect. Negative affect partially explains the relationship between interpersonal problems and ED psychopathology in women diagnosed with ANR, BN, BED and EDNOS. Interpersonal psychotherapies for ED may be addressing the underlying interpersonal-affective difficulties, thereby reducing ED psychopathology.

Database: Medline

Clinical effectiveness of cognitive therapy <i>v</i>. interpersonal psychotherapy for depression: Results of a randomized controlled trial

Author(s): Lemmens, L. H. J. M.; Arntz, A.; Peeters, F.; Hollon, S. D.; Roefs, A.; Huibers, M. J. H.

Source: Psychological Medicine; Jul 2015; vol. 45 (no. 10); p. 2095-2110

Publication Date: Jul 2015

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2015-15036-001

Available at [Psychological Medicine](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract:Background: Although both cognitive therapy (CT) and interpersonal psychotherapy (IPT) have been shown to be effective treatments for major depressive disorder (MDD), it is not clear yet whether one therapy outperforms the other with regard to severity and course of the disorder. This study examined the clinical effectiveness of CT v. IPT in a large sample of depressed patients seeking treatment in a Dutch outpatient mental health clinic. We tested whether one of the treatments was superior to the other at post-treatment and at 5 months follow-up. Furthermore, we tested whether active treatment was superior to no treatment. We also assessed whether initial depression severity moderated the effect of time and condition and tested for therapist differences. Method: Depressed adults (n = 182) were randomized to either CT (n = 76), IPT (n = 75) or a 2-month waiting list control (WLC) condition (n = 31). Main outcome was depression severity, measured with the Beck Depression Inventory—II (BDI-II), assessed at baseline, 2, 3, and 7 months (treatment phase) and monthly up to 5 months follow-up (8–12 months). Results: No differential effects between CT and IPT were found. Both treatments exceeded response in the WLC condition, and led to considerable improvement in depression severity that was sustained up to 1 year. Baseline depression severity did not moderate the effect of time and condition. Conclusions: Within our power and time ranges, CT and IPT appeared not to differ in the treatment of depression in the acute phase and beyond. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

A transdiagnostic comparison of enhanced cognitive behaviour therapy (CBT-E) and interpersonal psychotherapy in the treatment of eating disorders

Author(s): Fairburn, Christopher G.; Bailey-Straebl, Suzanne; Basden, Shawnee; Doll, Helen A.; Jones, Rebecca; Murphy, Rebecca; O'Connor, Marianne E.; Cooper, Zafra

Source: Behaviour Research and Therapy; Jul 2015; vol. 70 ; p. 64-71

Publication Date: Jul 2015

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2015-24320-009

Available at [Behaviour research and therapy](#) - from PubMed Central

Abstract:Eating disorders may be viewed from a transdiagnostic perspective and there is evidence supporting a transdiagnostic form of cognitive behaviour therapy (CBT-E). The aim of the present study was to compare CBT-E with interpersonal psychotherapy (IPT), a leading alternative treatment for adults with an eating disorder. One hundred and thirty patients with any form of eating disorder (body mass index >17.5 to <40.0) were randomized to either CBT-E or IPT. Both treatments involved 20 sessions over 20 weeks followed by a 60-week closed follow-up period. Outcome was measured by independent blinded assessors. Twenty-nine participants (22.3%) did not complete treatment or were withdrawn. At post-treatment 65.5% of the CBT-E

participants met criteria for remission compared with 33.3% of the IPT participants ($p < 0.001$). Over follow-up the proportion of participants meeting criteria for remission increased, particularly in the IPT condition, but the CBT-E remission rate remained higher (CBT-E 69.4%, IPT 49.0%; $p = 0.028$). The response to CBT-E was very similar to that observed in an earlier study. The findings indicate that CBT-E is potent treatment for the majority of outpatients with an eating disorder. IPT remains an alternative to CBT-E, but the response is less pronounced and slower to be expressed. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

A pilot, exploratory report on dyadic interpersonal psychotherapy for perinatal depression

Author(s): Lenze, Shannon N.; Rodgers, Jennifer; Luby, Joan

Source: Archives of Women's Mental Health; Jun 2015; vol. 18 (no. 3); p. 485-491

Publication Date: Jun 2015

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2015-02940-001

Available at [Archives of women's mental health](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Available at [Archives of women's mental health](#) - from EBSCO (MEDLINE with Full Text)

Available at [Archives of women's mental health](#) - from PubMed Central

Abstract: Perinatal depression is a major public health burden impacting both mothers and their offspring. The purpose of this study was to develop and test the acceptability and feasibility of a novel psychotherapeutic intervention that integrates an evidence-based intervention for depression, interpersonal psychotherapy (IPT), with postpartum dyadic psychotherapy focused on emotional development in the context of the mother-infant relationship. Nine women between 12 and 30 weeks gestation with Edinburgh Depression Scale (EDS) scores > 12 were entered into treatment. Three out of nine women dropped out of the study after initiating treatment (one lost to follow-up antepartum; two lost to follow-up postpartum). Seven out of eight women (87 %) reported clinically significant improvements in EDS scores from baseline to 37–39 weeks gestation, and all women had clinically significant improvements at 12 months postpartum. A small randomized controlled trial is underway to further examine the feasibility and acceptability of the intervention. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Inner resources for survival: integrating interpersonal psychotherapy with spiritual visualization with homeless youth.

Author(s): Mastropieri, Biagio; Schussel, Lorne; Forbes, David; Miller, Lisa

Source: Journal of religion and health; Jun 2015; vol. 54 (no. 3); p. 903-921

Publication Date: Jun 2015

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 25862338

Available at [Journal of Religion and Health](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract: Homeless youth have particular need to develop inner resources to confront the stress, abusive environment of street life, and the paucity of external resources. Research suggests that treatment supporting spiritual awareness and growth may create a foundation for coping, relationships, and negotiating styles to mitigate distress. The current pilot study tests the feasibility, acceptability, and helpfulness of an interpersonal spiritual group psychotherapy, interpersonal psychotherapy (IPT) integrated with spiritual visualization (SV), offered through a homeless shelter, toward improving interpersonal coping and ameliorating symptoms of depression, distress, and anxiety in homeless youth. An exploratory pilot of integrative group psychotherapy (IPT + SV) for homeless young adults was conducted in a New York City on the residential floor of a shelter-based transitional living program. Thirteen young adult men (mean age 20.3 years, SD = 1.06) participated in a weekly evening psychotherapy group (55 % African-American, 18 % biracial, 18 % Hispanic, 9 % Caucasian). Measures of psychological functioning were assessed at pre-intervention and post-intervention using the General Health Questionnaire (GHQ-12), Patient Health Questionnaire (PHQ-9, GAD-7), and the Inventory of Interpersonal Problems (IIP-32). A semi-structured exit interview and a treatment satisfaction questionnaire were also employed to assess acceptability following treatment. Among homeless young adults to participate in the group treatment, significant decreases in symptoms of general distress and depression were found between baseline and termination of treatment, and at the level of a trend, improvement in overall interpersonal functioning and levels of general anxiety. High utilization and treatment satisfaction showed the intervention to be both feasible and acceptable. Offered as an adjunct to the services-as-usual model at homeless shelters serving young adults, interpersonal psychotherapy with spiritual visualization (IPT + SV) in group appears to be a feasible and potentially useful treatment option for promoting improved mental health.

Database: Medline

Is exposure necessary? A randomized clinical trial of interpersonal psychotherapy for PTSD

Author(s): Markowitz, John C.; Petkova, Eva; Neria, Yuval; Van Meter, Page E.; Zhao, Yihong; Hembree, Elizabeth; Lovell, Karina; Biyanova, Tatyana; Marshall, Randall D.

Source: The American Journal of Psychiatry; May 2015; vol. 172 (no. 5); p. 430-440

Publication Date: May 2015

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2015-23405-010

Available at [The American journal of psychiatry](#) - from American Psychiatric Association

Available at [The American journal of psychiatry](#) - from PubMed Central

Available at [The American journal of psychiatry](#) - from Library Services - Stafford Site, South Staffordshire & Shropshire Healthcare NHS Foundation Trust (lib319215) Local Print Collection [location] : Library Services - Stafford Site, South Staffordshire & Shropshire Healthcare NHS Foundation Trust.

Abstract: Objective: Exposure to trauma reminders has been considered imperative in psychotherapy for posttraumatic stress disorder (PTSD). The authors tested interpersonal psychotherapy (IPT), which has demonstrated antidepressant efficacy and shown promise in pilot PTSD research as a non-exposure-based noncognitive- behavioral PTSD treatment. Method: The authors conducted a randomized 14-week trial comparing IPT, prolonged exposure (an exposure-based exemplar), and relaxation therapy (an active control psychotherapy) in 110 unmedicated patients who had chronic PTSD and a score .50 on the Clinician-Administered PTSD Scale (CAPS). Randomization stratified for comorbid major depression. The authors hypothesized that IPT would be no more than minimally inferior (a

difference, 12.5 points in CAPS score) to prolonged exposure. Results: All therapies had large within-group effect sizes (d values, 1.32–1.88). Rates of response, defined as an improvement of .30% in CAPS score, were 63% for IPT, 47% for prolonged exposure, and 38% for relaxation therapy (not significantly different between groups). CAPS outcomes for IPT and prolonged exposure differed by 5.5 points (not significant), and the null hypothesis of more than minimal IPT inferiority was rejected ($p=0.035$). Patients with comorbid major depression were nine times more likely than non-depressed patients to drop out of prolonged exposure therapy. IPT and prolonged exposure improved quality of life and social functioning more than relaxation therapy. Conclusions: This study demonstrated noninferiority of individual IPT for PTSD compared with the gold-standard treatment. IPT had (nonsignificantly) lower attrition and higher response rates than prolonged exposure. Contrary to wide-spread clinical belief, PTSD treatment may not require cognitive behavioral exposure to trauma reminders. Moreover, patients with comorbid major depression may fare better with IPT than with prolonged exposure. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Improving relationships in trauma victims: The case for interpersonal psychotherapy and PTSD

Author(s): Roy-Byrne, Peter

Source: The American Journal of Psychiatry; May 2015; vol. 172 (no. 5); p. 403-405

Publication Date: May 2015

Publication Type(s): Journal Peer Reviewed Journal Comment/Reply

PubMedID: 2015-23405-001

Available at [American Journal of Psychiatry](#) - from American Psychiatric Association

Available at [American Journal of Psychiatry](#) - from Library Services - Stafford Site, South Staffordshire & Shropshire Healthcare NHS Foundation Trust (lib319215) Local Print Collection [location] : Library Services - Stafford Site, South Staffordshire & Shropshire Healthcare NHS Foundation Trust.

Abstract: Comments on an article by J. C. Markowitz (see record 2015-23405-010). Cognitive-behavioral therapies (CBTs) emphasizing exposure have been the most widely studied and empirically validated psychotherapeutic treatments for posttraumatic stress disorder (PTSD). The authors tested the efficacy of interpersonal psychotherapy (IPT) an evidence-based, present-oriented psychotherapy with established efficacy for depression for patients with PTSD. The high rate of comorbid depression in patients with PTSD provided an added rationale for exploring the efficacy of this treatment in PTSD. Implementation studies in developing nations, utilizing individuals with limited training, suggest that IPT could be a useful complement to simple CBT techniques currently being taught to care managers in both specialty and primary care systems using collaborative-care models. This kind of implementation may, in the end, be the way that IPT can most affect the mental health field and patients. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Database: PsycINFO

Combined treatment of borderline personality disorder with interpersonal psychotherapy and pharmacotherapy: Predictors of response

Author(s): Bellino, Silvio; Bozzatello, Paola; Bogetto, Filippo

Source: Psychiatry Research; Mar 2015; vol. 226 (no. 1); p. 284-288

Publication Date: Mar 2015

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2015-06202-001

Abstract: Borderline personality disorder (BPD) is characterized by affective instability, impulsive behaviors, and disturbed interpersonal relationships. A previous study of our group found that combined therapy with interpersonal psychotherapy adapted to BPD (IPT-BPD) and fluoxetine was superior to single pharmacotherapy in BPD patients. The aim of the present study was to examine what clinical factors predicted response to combined therapy in patients evaluated in the previous efficacy study. The subgroup of 27 patients allocated to combined therapy was analyzed. Patients were treated for 32 weeks with fluoxetine 20–40mg/day plus IPT-BPD. Patients were assessed at baseline and week 32 with an interview for demographic and clinical variables, CGI-S, HDRS, HARS, SOFAS, BPDSI, and SAT-P. Statistical analysis was performed with multiple regression. The difference of CGI-S score between baseline and week 32 (Δ CGI-S) was the dependent variable. Factors significantly and independently related to Δ CGI-S were the BPDSI total score and the items abandonment, affective instability, and identity. Patients with more severe BPD psychopathology and with a higher degree of core symptoms such as fear of abandonment, affective instability, and identity disturbance have a better chance to improve with combined therapy with fluoxetine and IPT-BPD. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Family-based interpersonal psychotherapy for depressed preadolescents: Examining efficacy and potential treatment mechanisms

Author(s): Dietz, Laura J.; Weinberg, Rebecca J.; Brent, David A.; Mufson, Laura

Source: Journal of the American Academy of Child & Adolescent Psychiatry; Mar 2015; vol. 54 (no. 3); p. 191-199

Publication Date: Mar 2015

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2015-08819-010

Available at [Journal of the American Academy of Child and Adolescent Psychiatry](#) - from PubMed Central

Abstract: Objective: To conduct a randomized controlled trial to evaluate the preliminary efficacy of family-based interpersonal psychotherapy (FB-IPT) for treating depression in preadolescents (aged 7–12 years) as compared to child-centered therapy (CCT), a supportive and nondirective treatment that closely approximates the standard of care for pediatric depression in community mental health. Method: Preadolescents with depression (N = 42) were randomly assigned FB-IPT or CCT. Pre- and posttreatment assessments included clinician-administered measures of depression, parent- and child-reported depression and anxiety symptoms, and parent–child conflict and interpersonal impairment with peers. Results: Preadolescents receiving FB-IPT had higher rates of remission (66.0% versus 31%), a greater decrease in depressive symptoms from pre- to posttreatment, and lower depressive symptoms at posttreatment ($R^2 = 0.35$, $\Delta R^2 = 0.22$; $B = -8.15$, $SE = 2.61$, $t[37] = -3.13$, $p = .002$, $F^2 = 0.28$) than did preadolescents with depression receiving CCT. Furthermore, preadolescents in the FB-IPT condition reported significant reductions in anxiety and interpersonal impairment compared with preadolescents in the CCT condition. Changes in social and peer impairment from pre- to posttreatment were associated with preadolescents' posttreatment depressive symptoms. There was a significant indirect effect for decreased social impairment accounting for the association between the FB-IPT and preadolescents' posttreatment depressive symptoms. Conclusion: Findings indicate FB-IPT is an effective treatment for preadolescent depression and support further investigation of interpersonal mechanisms by which FB-IPT may reduce preadolescent

depression. Clinical trial registration information—Phase II Study of Family Based Interpersonal Psychotherapy (FB-IPT) for Depressed Preadolescents; <http://clinicaltrials.gov>; NCT02054312. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Randomized, controlled trial of interpersonal and social rhythm therapy for young people with bipolar disorder

Author(s): Inder, Maree L.; Crowe, Marie T.; Luty, Suzanne E.; Carter, Janet D.; Moor, Stephanie; Frampton, Christopher M.; Joyce, Peter R.

Source: Bipolar Disorders; Mar 2015; vol. 17 (no. 2); p. 128-138

Publication Date: Mar 2015

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2015-10429-003

Available at [Bipolar Disorders](#) - from EBSCO (MEDLINE with Full Text)

Abstract:Objective: This randomized, controlled clinical trial compared the effect of interpersonal and social rhythm therapy (IPSRT) to that of specialist supportive care (SSC) on depressive outcomes (primary), social functioning, and mania outcomes over 26–78 weeks in young people with bipolar disorder receiving psychopharmacological treatment. Methods: Subjects were aged 15–36 years, recruited from a range of sources, and the patient groups included bipolar I disorder, bipolar II disorder, and bipolar disorder not otherwise specified. Exclusion criteria were minimal. Outcome measures were the Longitudinal Interval Follow-up Evaluation and the Social Adjustment Scale. Paired-sample t-tests were used to determine the significance of change from baseline to outcome period. Analyses of covariance were used to determine the impact of therapy, impact of lifetime and current comorbidity, interaction between comorbidity and therapy, and impact of age at study entry on depression. Results: A group of 100 participants were randomized to IPSRT (n = 49) or SSC (n = 51). The majority had bipolar I disorder (78%) and were female (76%), with high levels of comorbidity. After treatment, both groups had improved depressive symptoms, social functioning, and manic symptoms. Contrary to our hypothesis, there was no significant difference between therapies. There was no impact of lifetime or current Axis I comorbidity or age at study entry. There was a relative impact of SSC for patients with current substance use disorder. Conclusions: IPSRT and SSC used as an adjunct to pharmacotherapy appear to be effective in reducing depressive and manic symptoms and improving social functioning in adolescents and young adults with bipolar disorder and high rates of comorbidity. Identifying effective treatments that particularly address depressive symptoms is important in reducing the burden of bipolar disorder. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Genetic moderation of interpersonal psychotherapy efficacy for low-income mothers with major depressive disorder: Implications for differential susceptibility

Author(s): Cicchetti, Dante; Toth, Sheree L.; Handley, Elizabeth D.

Source: Development and Psychopathology; Feb 2015; vol. 27 (no. 1); p. 19-35

Publication Date: Feb 2015

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2015-07793-003

Available at [Development and psychopathology](#) - from ProQuest (Hospital Premium Collection)
- NHS Version

Available at [Development and psychopathology](#) - from PubMed Central

Abstract: Genetic moderation of interpersonal psychotherapy (IPT) efficacy for economically disadvantaged women with major depressive disorder was examined. Specifically, we investigated whether genotypic variation in corticotropin releasing hormone receptor 1 (CRHR1) and the linked polymorphic region of the serotonin transporter gene (5-HTTLPR) moderated effects of IPT on depressive symptoms over time. We also tested genotype moderation of IPT mechanisms on social adjustment and perceived stress. Non-treatment-seeking urban women at or below the poverty level with infants were recruited from the community (N = 126; M age = 25.33 years, SD = 4.99; 54.0% African American, 22.2% Caucasian, and 23.8% Hispanic/biracial) and randomized to individual IPT or Enhanced Community Standard groups. The results revealed that changes in depressive symptoms over time depended on both intervention group and genotypes (5-HTTLPR and CRHR1). Moreover, multiple-group path analysis indicated that IPT improved depressive symptoms, increased social adjustment, and decreased perceived stress at posttreatment among women with the 0 copies of the CRHR1 TAT haplotype only. Finally, improved social adjustment at postintervention significantly mediated the effect of IPT on reduced depressive symptoms at 8 months postintervention for women with 0 copies of the TAT haplotype only. Post hoc analyses of 5-HTTLPR were indicative of differential susceptibility, albeit among African American women (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Adapting interpersonal psychotherapy for older adults at risk for suicide

Author(s): Heisel, Marnin J.; Talbot, Nancy L.; King, Deborah A.; Tu, Xin M.; Duberstein, Paul R.

Source: The American Journal of Geriatric Psychiatry; Jan 2015; vol. 23 (no. 1); p. 87-98

Publication Date: Jan 2015

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2014-55211-009

Available at [The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry](#) - from PubMed Central

Abstract: Objective: To pilot a psychological intervention adapted for older adults at risk for suicide. Design: A focused, uncontrolled, pre-to-post-treatment psychotherapy trial. All eligible participants were offered the study intervention. Setting: Outpatient mental health care provided in the psychiatry department of an academic medical center in a mid-sized Canadian city. Participants: Seventeen English-speaking adults 60 years or older, at risk for suicide by virtue of current suicide ideation, death ideation, and/or recent self-injury. Intervention: A 16-session course of Interpersonal Psychotherapy (IPT) adapted for older adults at risk for suicide who were receiving medication and/or other standard psychiatric treatment for underlying mood disorders. Measurements: Participants completed a demographics form, screens for cognitive impairment and alcohol misuse, a semi-structured diagnostic interview, and measures of primary (suicide ideation and death ideation) and secondary study outcomes (depressive symptom severity, social adjustment and support, psychological well-being), and psychotherapy process measures. Results: Participants experienced significant reductions in suicide ideation, death ideation, and depressive symptom severity, and significant improvement in perceived meaning in life, social adjustment, perceived social support, and other psychological well-being variables. Conclusions: Study participants experienced enhanced psychological well-being and reduced symptoms of depression and suicide ideation over the course of IPT adapted for older

adults at risk for suicide. Larger, controlled trials are needed to further evaluate the impact of this novel intervention and to test methods for translating and integrating focused interventions into standard clinical care with at-risk older adults. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Group versus individual interpersonal psychotherapy for depressed adolescents

Author(s): O'Shea, Gabrielle; Spence, Susan H.; Donovan, Caroline L.

Source: Behavioural and Cognitive Psychotherapy; Jan 2015; vol. 43 (no. 1); p. 19

Publication Date: Jan 2015

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2015-02903-001

Available at [Behavioural and Cognitive Psychotherapy](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract:Background: This study adds to the limited evidence concerning the benefits of Interpersonal Psychotherapy (IPT) with depressed adolescents. It evaluates the long-term effects of group versus individual delivery of this treatment approach. Aims: To conduct a smallscale examination of the long-term efficacy of group versus individual delivery of IPT for depressed adolescents. Method: Thirty-nine adolescents, aged 13–19 years, with a primary diagnosis of Major Depressive Disorder, were randomly assigned in blocks to either group or individual delivery of IPT. Standardized clinical interview and questionnaire assessments were conducted at pre- and posttreatment, and 12-month follow-up. Results: Intent-to-treat (ITT) analyses indicated significant improvements in depression, anxiety, youth-reported internalizing problems, and global functioning from pre- to posttreatment for those receiving IPT, with no significant differences in outcome between group and individual formats of delivery. Improvements were maintained at 12-month follow-up. Completer analyses also revealed significant and sustained improvements on these measures for those receiving IPT, with no differences in outcome between therapy formats for most measures. Individual IPT showed significantly greater improvements than group IPT in parent-reported internalizing problems for the completer but not the ITT analyses. Conclusions: Both individual and group formats of IPT offer promise in producing long-term benefits in the treatment of depression among adolescents. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Interpersonal factors associated with depression in adolescents: Are these consistent with theories underpinning interpersonal psychotherapy?

Author(s): O'Shea, Gabrielle; Spence, Susan H.; Donovan, Caroline L.

Source: Clinical Psychology & Psychotherapy; 2014; vol. 21 (no. 6); p. 548-558

Publication Date: 2014

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2014-54478-007

Available at [Clinical Psychology & Psychotherapy](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [Clinical Psychology & Psychotherapy](#) - from Library Services - Stafford Site, South Staffordshire & Shropshire Healthcare NHS Foundation Trust (lib319215) Local Print Collection

[location] : Library Services - Stafford Site, South Staffordshire & Shropshire Healthcare NHS Foundation Trust.

Abstract: The aim of this study was to investigate whether depressed adolescents differed from non-depressed adolescents in terms of constructs consistent with those that are proposed to underpin interpersonal psychotherapy. In particular, it was hypothesized that compared with non-depressed adolescents, depressed adolescents would demonstrate a greater number of negative life events associated with interpersonal loss and major life transitions, a more insecure attachment style and poorer communication skills, interpersonal relationships and social support. Thirty-one clinically diagnosed depressed adolescents were matched with 31 non-depressed adolescents on age, gender and socio-economic status. The 62 participants were aged between 12 and 19 years and comprised 18 male and 44 female adolescents. On a self-report questionnaire, depressed adolescents reported a greater number of negative interpersonal life events, a less secure attachment style and scored higher on all insecure attachment styles compared with the non-depressed adolescents. In addition, depressed adolescents demonstrated lower levels of social skill (on both adolescent and parent report), a poorer quality of relationship with parents (on both adolescent and parent report) and lower social competence (adolescent report only). Parents of depressed adolescents also reported more negative parental attitudes and behaviours towards their adolescent compared with parents of non-depressed adolescents. Thus, the results of this study are consistent with the constructs underlying interpersonal psychotherapy and suggest their usefulness in the assessment, conceptualization and treatment of adolescent depression. Clinical implications are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

A pilot study of interpersonal psychotherapy for depressed women with breast cancer

Author(s): Blanco, Carlos; Markowitz, John C.; Hershman, Dawn L.; Levenson, Jon A.; Wang, Shuai; Grann, Victor R.

Source: American Journal of Psychotherapy; 2014; vol. 68 (no. 4); p. 489-495

Publication Date: 2014

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2015-03875-007

Available at [American Journal of Psychotherapy](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Available at [American Journal of Psychotherapy](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [American Journal of Psychotherapy](#) - from EBSCO (MEDLINE with Full Text)

Abstract: This study sought to examine the feasibility and preliminary efficacy of interpersonal psychotherapy (IPT) in the treatment of major depressive disorder (MDD) among women with breast cancer. Seven women with breast cancer and MDD received 12 sessions of IPT. Outcome measures included changes in depression severity, as measured by the Hamilton Rating Depression Scale (HAM-D), and global functioning, as measured by the Global Assessment Scale (GAF). Mixed linear models were used to examine whether change in depressive symptoms mediated change in global functioning. The HAM-D decreased from 21.3 (SD=8.1) to 11.1 (9.6) ($p = 0.02$), whereas the GAF improved from 36.7 (3.3) to 70.3 (13.6) ($p = 0.049$). A mixed regression model indicated that change in HAM-D scores predicted change in GAF scores ($p = 0.03$). These results suggest that IPT is a promising treatment for depression in women with breast cancer. Randomized controlled trials are warranted to confirm the results

of this study. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Psychotherapy knowledge translation and Interpersonal Psychotherapy: Using best-education practices to transform mental health care in Canada and Ethiopia

Author(s): Ravitz, Paula; Wondimagegn, Dawit; Pain, Clare; Araya, Mesfin; Alem, Atalay; Baheretibeb, Yonas; Hanlon, Charlotte; Fekadu, Abebaw; Park, Jaime; Fefergrad, Mark; Leszcz, Molyn

Source: American Journal of Psychotherapy; 2014; vol. 68 (no. 4); p. 468-488

Publication Date: 2014

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2015-03875-006

Available at [American Journal of Psychotherapy](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Available at [American Journal of Psychotherapy](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [American Journal of Psychotherapy](#) - from EBSCO (MEDLINE with Full Text)

Abstract: Psychotherapies, such as Interpersonal Psychotherapy (IPT), that have proven effective for treating mental disorders mostly lie dormant in consensus-treatment guidelines. Broadly disseminating these psychotherapies by training trainers and front-line health workers could close the gap between mental health needs and access to care. Research in continuing medical education and knowledge translation can inform the design of educational interventions to build capacity for providing psychotherapy to those who need it. This paper summarizes psychotherapy training recommendations that adapt treatments to cultural and health organizational contexts, consider implementation barriers, including opportunity costs and mental health stigma, and engage local opinion leaders to use longitudinal, interactive, case-based teaching with reflection, skills-coaching, simulations, auditing and feedback. Community-based training projects in Northern Ontario, Canada and Ethiopia illustrate how best-education practices can be implemented to disseminate evidence-supported psychotherapies, such as IPT, to expand the therapeutic repertoire of health care workers and improve their patients' clinical outcomes. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Cultural competency and its effect on treatment outcome of IPT-A in school-based health clinics

Author(s): Mufson, Laura; Yanes-Lukin, Paula; Gunlicks-Stoessel, Meredith; Wickramaratne, Priya

Source: American Journal of Psychotherapy; 2014; vol. 68 (no. 4); p. 417-442

Publication Date: 2014

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2015-03875-004

Available at [American Journal of Psychotherapy](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Available at [American Journal of Psychotherapy](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [American Journal of Psychotherapy](#) - from EBSCO (MEDLINE with Full Text)

Abstract:Background: This paper assesses acculturation and ethnic matching of therapist and patient as predictors and moderators of treatment outcome in a 12-week effectiveness study of Interpersonal Psychotherapy for depressed adolescents (IPT-A) versus treatment as usual (TAU). The treatment was delivered in school-based health clinics in which care was provided for a predominantly Latino patient population. Methods: Birthplace, length of residence in the United States (U.S.), and therapist-patient ethnic matching were examined as predictors and moderators of treatment outcomes for depression, social functioning, and global functioning scores. Results: Birthplace significantly moderated treatment condition in predicting week 12 depression severity and improvement, and marginally significantly moderated treatment in predicting week 12 depression symptoms, with U.S.-born adolescents who received IPT-A having better outcomes. Birthplace predicted week 12 self-reports of depression, social (overall, school, and family) and global functioning, with U.S.-born adolescents faring worse across treatment conditions. Foreign-born adolescents treated with IPT-A as compared to TAU who lived for a longer period of time in the U.S demonstrated better overall social functioning as compared to foreign-born adolescents who had lived for a shorter period of time in the U.S. Ethnic matching predicted significant reduction in depression severity and improved overall social functioning, and marginally significant improvement in week. 12 depression scores, regardless of treatment condition. Conclusions: IPT-A may be a culturally responsive treatment for depressed Latino youth who are struggling with acculturation issues that affect their significant relationships. Ethnic matching appears beneficial for the general population in reducing depression and improving social functioning. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Is interpersonal psychotherapy infinitely adaptable? A compendium of the multiple modifications of IPT

Author(s): Frank, Ellen; Ritchey, Fiona C.; Levenson, Jessica C.

Source: American Journal of Psychotherapy; 2014; vol. 68 (no. 4); p. 385-416

Publication Date: 2014

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2015-03875-003

Available at [American Journal of Psychotherapy](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Available at [American Journal of Psychotherapy](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [American Journal of Psychotherapy](#) - from EBSCO (MEDLINE with Full Text)

Abstract:We employed standard literature search techniques and surveyed participants on the International Society for Interpersonal Psychotherapy listserv (isipt-list@googlegroups.com) to catalogue the multiple and highly creative ways in which Klerman's and Weissman's original concept of interpersonal psychotherapy (IPT) has been modified to meet the needs of a vast range of patient populations. Focusing first on adaptations of the individual treatment model for subgroups of adult patients, we next describe further adaptations of four major offshoots of IPT: interpersonal counseling (IPC), IPT for adolescents (IPT-A), group IPT (IPT-G) and most recently, brief IPT (IPT-B). We then discuss IPT "in-laws," those treatments that have married IPT with other forms of psychotherapy for patients with bipolar disorder, panic

symptomatology, and substance abuse. We conclude with that although there have been myriad successful adaptations of IPT, there remain some conditions for which IPT adaptations have not been found to be efficacious. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Interpersonal counseling (IPC) for depression in primary care

Author(s): Weissman, Myrna M.; Hankerson, Sidney H.; Scorza, Pamela; Olfson, Mark; Verdeli, Helena; Shea, Steven; Lantigua, Rafael; Wainberg, Milton

Source: American Journal of Psychotherapy; 2014; vol. 68 (no. 4); p. 359-383

Publication Date: 2014

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2015-03875-002

Available at [American Journal of Psychotherapy](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Available at [American Journal of Psychotherapy](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [American Journal of Psychotherapy](#) - from EBSCO (MEDLINE with Full Text)

Abstract: Interpersonal Counseling (IPC) comes directly from interpersonal psychotherapy (IPT), an evidenced-based psychotherapy developed by Klerman and Weissman. It [IPC?] is a briefer, more structured version for use primarily in non-mental health settings, such as primary care clinics when treating patients with symptoms of depression. National health-care reform, which will bring previously uninsured persons into care and provide mechanisms to support mental health training of primary care providers, will increase interest in briefer psychotherapy. This paper describes the rationale, development, evidence for efficacy, and basic structure of IPC and also presents an illustrated clinical vignette. The evidence suggests that IPC is efficacious in reducing symptoms of depression; that it can be used by mental health personnel of different levels of training, and that the number of sessions is flexible depending on the context and resources. More clinical trials are needed, especially ones comparing IPC to other types of care used in the delivery of mental health services in primary care. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Another interpersonal psychotherapy milestone

Author(s): Markowitz, John

Source: American Journal of Psychotherapy; 2014; vol. 68 (no. 4); p. 355-358

Publication Date: 2014

Publication Type(s): Journal Peer Reviewed Journal Editorial

PubMedID: 2015-03875-001

Available at [American Journal of Psychotherapy](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Available at [American Journal of Psychotherapy](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [American Journal of Psychotherapy](#) - from EBSCO (MEDLINE with Full Text)

Abstract:As Interpersonal Psychotherapy (IPT) turns 40 years old, this issue of the American Journal of Psychotherapy. Only in the past 10 to 15 years has IPT gained wider acceptance into clinical practice. While we know that IPT works for many patient populations, and its inclusion in numerous clinical treatment guidelines testifies to its treatment utility, we need to know much more about how and why it works. Keep these issues in mind when reading the excellent articles that follow. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Interpersonal psychotherapy versus treatment as usual for PTSD and depression among Sichuan earthquake survivors: a randomized clinical trial.

Author(s): Jiang, Rui Fang; Tong, Hui Qi; Delucchi, Kevin L; Neylan, Thomas C; Shi, Qijia; Meffert, Susan M

Source: Conflict and health; 2014; vol. 8 ; p. 14

Publication Date: 2014

Publication Type(s): Journal Article

PubMedID: 25254070

Available at [Conflict and Health](#) - from BioMed Central

Available at [Conflict and Health](#) - from Europe PubMed Central - Open Access

Available at [Conflict and Health](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Available at [Conflict and Health](#) - from PubMed Central

Abstract:BACKGROUNDWithout effective treatment, PTSD and depression can cause persistent disability in disaster-affected populations.METHODSOur objective was to test the efficacy of Interpersonal Psychotherapy (IPT) delivered by trained local personnel compared with treatment as usual (TAU) for Posttraumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD) among adults affected by the Sichuan 2008 earthquake. A small randomized controlled trial of IPT + TAU versus TAU alone was delivered by local mental health personnel in Shifang, China. Between July 2011 and January 2012, 49 adults ≥ 18 years with PTSD, MDD or both were enrolled and randomized to 12 weekly sessions of IPT + TAU (27) or TAU (22) alone x 12 weeks. IPT was then offered to the TAU group. Unblinded follow up assessments were conducted at three and six months. IPT was a 12 session, weekly one hour treatment delivered by local personnel who were trained and supervised in IPT. TAU was continuation of prescribed psychotropic medication (if applicable) and crisis counseling, as needed. MAIN OUTCOME(S) AND MEASURES (S): Clinician Administered PTSD Scale (CAPS) PTSD diagnosis; Structured Clinical Interview for DSM-IV (SCID) for MDD diagnosis. Secondary measures included PTSD/depression symptoms, interpersonal conflict/anger, social support, self-efficacy and functioning.RESULTSUsing an intent-to-treat analysis, 22 IPT + TAU and 19 TAU participants were compared at three months post-baseline. A significantly greater reduction of PTSD and MDD diagnoses was found in the IPT group (51.9%, 30.1%, respectively) versus the TAU group (3.4%, 3.4%, respectively). Despite the small sample, the estimates for time-by-condition analyses of target outcomes (2.37 for PTSD ($p = .018$) and 1.91 for MDD ($p = .056$)) indicate the improvement was better in the IPT + TAU condition versus the TAU group. Treatment gains were maintained at 6 months for the IPT group. A similar treatment response was observed in the TAU group upon receipt of IPT.CONCLUSIONSThis initial study shows that IPT is a promising treatment for reducing PTSD and depression, the two major mental health disorders affecting populations surviving natural disaster, using a design that builds local mental health care capacity.TRIAL REGISTRATIONClinicalTrials.Gov number, NCT01624935.

Database: Medline

National dissemination of interpersonal psychotherapy for depression in veterans: Therapist and patient-level outcomes

Author(s): Stewart, Michael O.; Raffa, Susan D.; Steele, Jennifer L.; Miller, Sarah A.; Clougherty, Kathleen F.; Hinrichsen, Gregory A.; Karlin, Bradley E.

Source: Journal of Consulting and Clinical Psychology; Dec 2014; vol. 82 (no. 6); p. 1201-1206

Publication Date: Dec 2014

Publication Type(s): Journal Peer Reviewed Journal Article

PubMedID: 2014-29811-001

Available at [Journal of Consulting and Clinical Psychology](#) - from ProQuest PsycARTICLES - NHS

Available at [Journal of Consulting and Clinical Psychology](#) - from Library Services - Stafford Site, South Staffordshire & Shropshire Healthcare NHS Foundation Trust (lib319215) Local Print Collection [location] : Library Services - Stafford Site, South Staffordshire & Shropshire Healthcare NHS Foundation Trust.

Abstract:Objective: To evaluate the effects of training in and delivery of interpersonal psychotherapy (IPT) for depression throughout the U.S. Department of Veterans Affairs health care system on therapists' competency and patients' clinical outcomes. Method: Participants included 124 therapists and 241 veteran patients. Therapists participated in a 3-day workshop followed by 6 months of weekly group consultation. Therapy session tapes were rated by expert IPT training consultants using a standardized competency rating form. Patient outcomes were assessed with the Beck Depression Inventory–II and the World Health Organization Quality of Life–BREF. Therapeutic alliance was assessed with the Working Alliance Inventory–Short Revised. Results: Of the 124 therapists receiving IPT training, 115 (93%) completed all training requirements. Therapist competence in IPT increased from their 1st patient to their 2nd for both initial ($d = 0.36$) and intermediate ($d = 0.24$) treatment phases. Of the 241 veteran patients treated with IPT, 167 (69%) completed ≥ 12 sessions. Intent-to-treat analyses indicated large overall reductions in depression ($d = 1.26$) and significant improvements in quality of life ($d = 0.57$ to 0.86) and the therapeutic alliance ($d = 0.50$ to 0.83). Conclusions: National IPT training in the VA health care system was associated with significant increases in therapist competencies to deliver IPT, as well as large overall reductions in depression and improvements in quality of life among veterans, many of whom presented with high levels of depression. Results support the feasibility and effectiveness of broad dissemination of IPT in routine clinical settings. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Towards an integration of interpersonal risk models of depression and cognitive behaviour therapy: A commentary on what constitutes interpersonal therapy

Author(s): Halford, W. Kim

Source: Australian Psychologist; Dec 2014; vol. 49 (no. 6); p. 345-347

Publication Date: Dec 2014

Publication Type(s): Journal Peer Reviewed Journal Comment/Reply

PubMedID: 2014-49611-004

Available at [Australian Psychologist](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Abstract: The article by Dobson, Quigley, and Dozois on interpersonal model provides a very useful guide on how to extend cognitive behavioural models of depression to incorporate interpersonal vulnerabilities that influence how depressed people behave towards others. The point is made that interpersonal processes are very likely to influence the onset and course of depression. In this commentary, I extend this analysis further examining the evidence on how interactions within close relationships, particularly couple relationships, interact with individuals' depression. Evidence is also cited on the effectiveness of couple-based therapy in treating depression. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Interpersonal psychotherapy for depressed women with histories of intimate partner violence

Author(s): Cort, Natalie A.; Cerulli, Catherine; Poleshuck, Ellen L.; Bellenger, Kelly M.; Xia, Yinglin; Tu, Xin; Mazzotta, Catherine M.; Talbot, Nancy L.

Source: Psychological Trauma: Theory, Research, Practice, and Policy; Nov 2014; vol. 6 (no. 6); p. 700-707

Publication Date: Nov 2014

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2014-33774-001

Available at [Psychological Trauma: Theory, Research, Practice, and Policy](#) - from ProQuest PsycARTICLES - NHS

Abstract: Intimate partner violence (IPV) and depression are significant public health problems, yet there are no empirically tested treatments for community-based, clinically depressed women with IPV histories. This uncontrolled pilot study examined the feasibility, acceptability, and preliminary benefits of a community-based administration of brief, group interpersonal psychotherapy (IPT) for depressed women with lifetime histories of IPV (IPT for IPV) to reduce depressive symptoms and improve interpersonal function. We recruited 32 women ages 18 years and older with moderately severe to severe depressive symptoms and IPV histories from a community agency serving women who have experienced IPV. We conducted assessments 1-week prior to treatment and 1-week and 3-months posttreatment. Our feasibility findings indicated that 21 nontreatment-seeking women (65.6%) began treatment and attended a mean of 5.9 (SD = 2.1) sessions. Our initial findings suggest the viability of delivering IPT for IPV in a community agency, as well as its significant potential in reducing depressive symptom severity and interpersonal dysfunction. Therefore, IPT for IPV should be explored further as an effective treatment for depressed women with IPV histories. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Randomized controlled trial of interpersonal psychotherapy versus enhanced treatment as usual for women with co-occurring depression and pelvic pain

Author(s): Poleshuck, Ellen L.; Gamble, Stephanie A.; Bellenger, Kelly; Lu, Naiji; Tu, Xin; Sörensen, Silvia; Giles, Donna E.; Talbot, Nancy L.

Source: Journal of Psychosomatic Research; Oct 2014; vol. 77 (no. 4); p. 264-272

Publication Date: Oct 2014

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2014-33643-001

Abstract:Objective: Our study assessed the effectiveness of Interpersonal Psychotherapy (IPT) tailored for biomedical patients with depression and pain. IPT was compared to enhanced treatment as usual (E-TAU) among women with co-occurring depression and chronic pain presenting for care at a women's health or family medicine practice. We hypothesized that women presenting to urban medical practices with depression and chronic pain would benefit from IPT tailored to address their needs to a greater degree than from E-TAU. Methods: We conducted a randomized controlled psychotherapy trial of 61 women from 2 urban medical practices who met criteria for major depressive disorder and chronic pelvic pain. Participants were assigned to receive either 8 sessions of IPT or a facilitated psychotherapy referral to a community mental health center, and assessed for depression, social interactions, and pain at 0-, 12-, 24-, and 36-weeks, with score on the Hamilton Rating Scale for Depression as the primary outcome. Both intent-to-treat (ITT) and causal modeling analyses correcting for treatment attendance were conducted. Results: ITT analyses were not significant. In causal modeling analyses, participants assigned to IPT showed significantly more improvement for depression and social interactions, but not for pain. Conclusion: IPT may be a viable option as part of a comprehensive treatment program for women in medical practices with depression and chronic pain. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Do depression treatments reduce suicidal ideation? The effects of CBT, IPT, pharmacotherapy, and placebo on suicidality

Author(s): Weitz, Erica; Hollon, Steven D.; Kerkhof, Ad; Cuijpers, Pim

Source: Journal of Affective Disorders; Oct 2014; vol. 167 ; p. 98-103

Publication Date: Oct 2014

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2014-32537-017

Abstract:Background: Many well-researched treatments for depression exist. However, there is not yet enough evidence on whether these therapies, designed for the treatment of depression, are also effective for reducing suicidal ideation. This research provides valuable information for researchers, clinicians, and suicide prevention policy makers. Methods: Analysis was conducted on the Treatment for Depression Research Collaborative (TDCRP) sample, which included CBT, IPT, medication, and placebo treatment groups. Participants were included in the analysis if they reported suicidal ideation on the HRSD or BDI (score of ≥ 1). Results: Multivariate linear regression indicated that both IPT ($b = .41, p < .05$) and medication ($b = .47, p < .05$) yielded a significant reduction in suicide symptoms compared to placebo on the HRSD. Multivariate linear regression indicated that after adjustment for change in depression these treatment effects were no longer significant. Moderate Cohen's d effect sizes from baseline to post-test differences in suicide score by treatment group are reported. Limitations: These analyses were completed on a single suicide item from each of the measures. Moreover, the TDCRP excluded participants with moderate to severe suicidal ideation. Conclusions: This study demonstrates the specific effectiveness of IPT and medications in reducing suicidal ideation (relative to placebo), albeit largely as a consequence of their more general effects on depression. This adds to the growing body of evidence that depression treatments, specifically IPT and medication, can also reduce suicidal ideation and serves to further our understanding of the complex relationship between depression and suicide. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Adopting metacognitive interpersonal therapy to treat narcissistic personality disorder with somatization

Author(s): Dimaggio, Giancarlo; Valeri, Sara; Salvatore, Giampaolo; Popolo, Raffaele; Montano, Antonella; Ottavi, Paolo

Source: Journal of Contemporary Psychotherapy; Jun 2014; vol. 44 (no. 2); p. 85-95

Publication Date: Jun 2014

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2013-39283-001

Available at [Journal of Contemporary Psychotherapy](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract: Narcissistic personality disorder (NPD) is characterized by an intellectualizing narrative style, poor metacognition, maladaptive interpersonal schemas, a restricted set of states of mind, impaired agency and perfectionism. Metacognitive Interpersonal therapy targets these dysfunctions with a series of formalized procedures aimed at first forming a shared formulation of functioning which patients and therapists can then use to plan change. We describe here the core NPD pathology and illustrate the therapy process of a patient with NPD and a somatization disorder. Implications for treatment of NPD are discussed together with a call for empirical testing of therapies for this severe condition. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Patient interpersonal and cognitive changes and their relation to outcome in interpersonal psychotherapy for depression

Author(s): Bernecker, Samantha L.; Constantino, Michael J.; Pazzaglia, Angela M.; Ravitz, Paula; McBride, Carolina

Source: Journal of Clinical Psychology; Jun 2014; vol. 70 (no. 6); p. 518-527

Publication Date: Jun 2014

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2014-15206-003

Available at [Journal of Clinical Psychology](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [Journal of Clinical Psychology](#) - from EBSCO (MEDLINE with Full Text)

Abstract: Objective: Despite interpersonal psychotherapy's (IPT) efficacy for depression, little is known about its change-promoting ingredients. This exploratory study examined candidate change mechanisms by identifying whether patients' interpersonal and cognitive characteristics change during IPT and whether such changes relate to outcomes. Method: Patients were 95 depressed adults receiving manualized IPT. We used multilevel modeling to assess the relation between change in each interpersonal and cognitive domain and outcome. Results: Across all interpersonal and cognitive variables measured, patients showed significant improvement. Unexpectedly, reduced romantic relationship adjustment was related to posttreatment depression reduction ($\beta = 2.028$, $p = .008$, self-rated; $\beta = 1.474$, $p = .022$, clinician-rated). For the other measured domains, change was not significantly associated with outcome (though changes in some interpersonal variables evidenced a trend-level relation to outcome). Conclusions: Possible reciprocal influences among IPT, depression, and romantic relationship functioning are discussed, as are implications for future research. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

A pilot randomized controlled trial of interpersonal psychotherapy for Sudanese refugees in Cairo, Egypt

Author(s): Meffert, Susan M.; Abdo, Akram Osman; Alla, Omayma Ahmed Abd; Elmakki, Yasir Omer Mustafa; Omer, Afrah Abdelrahim; Yousif, Sahar; Metzler, Thomas J.; Marmar, Charles R.

Source: Psychological Trauma: Theory, Research, Practice, and Policy; May 2014; vol. 6 (no. 3); p. 240-249

Publication Date: May 2014

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2011-08634-001

Available at [Psychological Trauma: Theory, Research, Practice, and Policy](#) - from ProQuest PsycARTICLES - NHS

Abstract: Approximately one third of a population exposed to mass violence develops posttraumatic stress disorder (PTSD) and approximately half develops depression, yet little is known about how to effectively treat these populations. This study's objective was to examine the impact of interpersonal psychotherapy (IPT) on Sudanese refugees living in Cairo, Egypt, who had symptoms of PTSD. A randomized controlled trial (April–August 2008) with 22 Sudanese refugees in Cairo, Egypt, tested two hypotheses: (1) After IPT, participants will have fewer symptoms of depression and PTSD compared with waitlist controls. (2) After IPT, participants will have less interpersonal violence compared with waitlist controls. Participants were randomly assigned to either 6 sessions of IPT delivered by Sudanese community therapists without previous mental health training or a waitlist control group. Measures taken at baseline and trial conclusion included the Harvard Trauma Questionnaire, the Beck Depression Index—II, the Conflict Tactics Scale, and the State-Trait Anger Inventory, all translated and adapted for local use. The effect sizes of IPT treatment for PTSD symptoms, depression, state anger, trait anger, and Conflict Tactics Scale—Violence Toward Household were -2.52 , -2.38 , -1.21 , -1.43 , and -0.84 , respectively. IPT predicted a significant decrease in symptoms of PTSD, state anger, and depression using a conservative intent-to-treat analysis. This study represents the first randomized controlled trial of IPT to address PTSD, depression, and interpersonal violence in a refugee population. The study's preliminary success has positive implications for development of effective and sustainable mental health interventions to support the recovery of traumatized populations. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Cognitive behavior therapy versus interpersonal psychotherapy for social anxiety disorder delivered via smartphone and computer: A randomized controlled trial

Author(s): Dagöo, Jesper; Asplund, Robert Persson; Bsenko, Helene Andersson; Hjerling, Sofia; Holmberg, Anna; Westh, Susanne; Öberg, Louise; Ljótsson, Brjánn; Carlbring, Per; Furmark, Tomas; Andersson, Gerhard

Source: Journal of Anxiety Disorders; May 2014; vol. 28 (no. 4); p. 410-417

Publication Date: May 2014

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2014-13935-001

Abstract: In this study, a previously evaluated guided Internet-based cognitive behavior therapy for social anxiety disorder (SAD) was adapted for mobile phone administration (mCBT). The

treatment was compared with a guided self-help treatment based on interpersonal psychotherapy (mIPT). The treatment platform could be accessed through smartphones, tablet computers, and standard computers. A total of 52 participants were diagnosed with SAD and randomized to either mCBT (n = 27) or mIPT (n = 25). Measures were collected at pre-treatment, during the treatment, post-treatment and 3-month follow-up. On the primary outcome measure, the Liebowitz Social Anxiety Scale—self-rated, both groups showed statistically significant improvements. However, mCBT performed significantly better than mIPT (between group Cohen's d = 0.64 in favor of mCBT). A larger proportion of the mCBT group was classified as responders at post-treatment (55.6% versus 8.0% in the mIPT group). We conclude that CBT for SAD can be delivered using modern information technology. IPT delivered as a guided self-help treatment may be less effective in this format. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Interpersonal Psychotherapy With a Parenting Enhancement Adapted for In-Home Delivery in Early Head Start.

Author(s): Beeber, Linda S; Schwartz, Todd A; Holditch-Davis, Diane; Canuso, Regina; Lewis, Virginia; Matsuda, Yui

Source: Zero to three; May 2014; vol. 34 (no. 5); p. 35-44

Publication Date: May 2014

Publication Type(s): Journal Article

PubMedID: 26617430

Available at [Zero to three](#) - from PubMed Central

Abstract:Formidable barriers prevent low-income mothers from accessing evidence-based treatment for depressive symptoms that compromise their ability to provide sensitive, responsive parenting for their infant or toddler. Interpersonal psychotherapy (IPT), an evidence-based psychotherapy for depression, was tailored for in-home delivery to mothers navigating economic hardship and other intense stressors, and for Latina mothers with limited English language proficiency. Psychiatric-mental health nurses delivered the adapted IPT in randomized clinical trials that were conducted in partnership with Early Head Start (EHS). The authors discuss the results of these studies and the impacts on EHS staff members and programs, and they provide additional implications for current early childhood-focused programs.

Database: Medline

Critical review of outcome research on interpersonal psychotherapy for anxiety disorders

Author(s): Markowitz, John C.; Lipsitz, Joshua; Milrod, Barbara L.

Source: Depression and Anxiety; Apr 2014; vol. 31 (no. 4); p. 316-325

Publication Date: Apr 2014

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2014-13622-007

Available at [Depression and anxiety](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [Depression and anxiety](#) - from EBSCO (MEDLINE with Full Text)

Available at [Depression and anxiety](#) - from PubMed Central

Abstract:Background Interpersonal psychotherapy (IPT) has demonstrated efficacy in treating mood and eating disorders. This article critically reviews outcome research testing IPT for anxiety disorders, a diagnostic area where cognitive behavioral therapy (CBT) has dominated research and treatment. Methods A literature search identified six open and five controlled trials of IPT for social anxiety disorder (SAD), panic disorder, and posttraumatic stress disorder. Results Studies were generally small, underpowered, and sometimes methodologically compromised. Nonetheless, minimally adapted from its standard depression strategies, IPT for anxiety disorders yielded positive results in open trials for the three diagnoses. In controlled trials, IPT fared better than waiting list (N = 2), was equipotent to supportive psychodynamic psychotherapy (N = 1), but less efficacious than CBT for SAD (N = 1), and CBT for panic disorder (N = 1) in a methodologically complicated study. IPT equaled CBT in a group residential format (N = 1). Conclusions IPT shows some promise for anxiety disorders but has thus far shown no advantages in controlled trials relative to other therapies. Methodological and ecological issues have complicated testing of IPT for anxiety disorders, clouding some findings. The authors discuss difficulties of conducting non-CBT research in a CBT-dominated area, investigator bias, and the probable need to further modify IPT for anxiety disorders. Untested therapies deserve the fairest possible testing. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Early intervention for adolescents at high risk for the development of bipolar disorder: Pilot study of Interpersonal and Social Rhythm Therapy (IPSRT)

Author(s): Goldstein, Tina R.; Fersch-Podrat, Rachael; Axelson, David A.; Gilbert, Alison; Hlatala, Stefanie A.; Birmaher, Boris; Frank, Ellen

Source: Psychotherapy; Mar 2014; vol. 51 (no. 1); p. 180-189

Publication Date: Mar 2014

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2013-45431-001

Abstract:Interpersonal and Social Rhythm Therapy (IPSRT) delays bipolar disorder (BP) recurrence in adults by stabilizing daily routines and sleep/wake cycles. Because adolescence is a key developmental stage for illness onset and altered social and sleep patterns, this period may prove optimal for intervention with adolescents at-risk for BP. We describe a treatment development trial of IPSRT for adolescents at-risk for BP by virtue of a positive family history. Adolescents with a first-degree relative with BP were evaluated for Axis I psychopathology via semistructured interview, and relatives' BP diagnoses were confirmed via record review. IPSRT consisted of 12 sessions delivered over 6 months. Outcome variables including sleep, mood symptoms, and functioning were assessed via clinician interview and self-/parent-report at pretreatment, 3 months, and posttreatment (6 months). Thirteen adolescents attended at least one IPSRT session. Half of the sample denied Axis I psychopathology at intake; the remainder met criteria for a range of internalizing and externalizing disorders. Families reported high satisfaction with IPSRT, yet, on average, participants attended about half of scheduled sessions. Missed sessions were primarily associated with parental BP illness severity. Data indicate significant change in select sleep/circadian patterns (i.e., less weekend sleeping in and oversleeping) with treatment. Preliminary data suggest the IPSRT focus on stabilizing daily rhythms and interpersonal relationships may be beneficial for adolescents at-risk for BP. Controlled trials with longitudinal follow-up are needed to examine whether early intervention for at-risk youth helps prevent or delay disorder. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Three important clinical processes in individual and group interpersonal psychotherapy sessions**Author(s):** Kivlighan, Dennis M., Jr.**Source:** Psychotherapy; Mar 2014; vol. 51 (no. 1); p. 20-24**Publication Date:** Mar 2014**Publication Type(s):** Journal Peer Reviewed Journal Journal Article**PubMedID:** 2013-33234-001

Abstract: I describe three clinical processes: (a) bringing the discussion into the here-and-now; (b) making impact disclosures; and (c) creating a corrective emotional experience, derived from interpersonal theory, that occurs in most of my individual and group therapy sessions. For each of these clinical processes, I provide: (a) the theoretical principals that support the clinical process, (b) clinical descriptions and dialogue that demonstrate the process, and (c) a review of some of the research examining the clinical process. Finally, I propose a task model of interpersonal therapy, which illustrates how the three clinical processes come together in interpersonal therapy. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO**Interpersonal learning is associated with improved self-esteem in group psychotherapy for women with binge eating disorder.****Author(s):** Gallagher, Meagan E; Tasca, Giorgio A; Ritchie, Kerri; Balfour, Louise; Maxwell, Hilary; Bissada, Hany**Source:** Psychotherapy (Chicago, Ill.); Mar 2014; vol. 51 (no. 1); p. 66-77**Publication Date:** Mar 2014**Publication Type(s):** Journal Article**PubMedID:** 23398038

Abstract: Yalom and Leszcz (2005) indicated that interpersonal learning is a key therapeutic factor in group psychotherapy. In this study, we conceptualized interpersonal learning as the convergence over time between an individual's and the group's perception of the individual's cohesion to the group. First, we developed parallel measures of: (a) an individual's self-rated cohesion to the group (Cohesion Questionnaire-Individual Version [CQ-I]), and (b) the group's rating of the individual's cohesion to the group (CQ-G) based on the original Cohesion Questionnaire (CQ; Piper, Marache, Lacroix, Richardsen, & Jones, 1983). Second, we used these parallel scales to assess differences between an individual's self-rating and the mean of the group's ratings of the individual's cohesion to the group. Women with binge eating disorder (N = 102) received Group Psychodynamic Interpersonal Psychotherapy. Participants were assigned to homogeneously composed groups of either high or low attachment anxiety. Outcomes were measured pre- and post-treatment, and the CQ-I and CQ-G were administered every fourth group session. We found significant convergence over time between the CQ-I and mean CQ-G scale scores in both attachment anxiety conditions. Participants with higher attachment anxiety had lower individual self-ratings of cohesion and had greater discrepancies between the CQ-I and CG-G compared with those with lower attachment anxiety. There was a significant relationship between greater convergence in cohesion ratings and improved self-esteem at post-treatment. More accurate self-perceptions through feedback from group members may be a key factor in facilitating increased self-esteem in group therapy. Group therapists may facilitate such interpersonal learning, especially for those higher in attachment

anxiety, by noting discrepancies and then encouraging convergence between an individual and the group in their perceptions of cohesion to the group.

Database: Medline

Interpersonal processes affecting early alliance formation in experiential therapy for depression

Author(s): Wong, Karen; Pos, Alberta E.

Source: Psychotherapy Research; Jan 2014; vol. 24 (no. 1); p. 1-11

Publication Date: Jan 2014

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2013-43775-001

Abstract: This study examined the effects of in-session interpersonal process and pre-therapy interpersonal problems on session-one alliance formation for 32 clients who received short-term experiential therapy for depression. Interpersonal behavior measured by the Structural Analysis of Social Behavior, as well as clients' pre-therapy reports of interpersonal problems significantly related to session-one alliance scores. Greater client disclosure independently predicted a stronger session-one bond with the therapist. Both greater client disclosure (positively) and pre-therapy Social Inhibition (negatively) independently predicted early goal agreement. Findings suggest that client disclosure is a marker of early engagement in experiential therapy, as well as support this model's mandate to form interpersonally safe therapeutic environments from the first moments of therapy. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Interpersonal problem areas and alexithymia in adolescent girls with loss of control eating.

Author(s): Berger, Sarah Shafer; Elliott, Camden; Ranzenhofer, Lisa M; Shomaker, Lauren B; Hannallah, Louise; Field, Sara E; Young, Jami F; Sbrocco, Tracy; Wilfley, Denise E; Yanovski, Jack A; Tanofsky-Kraff, Marian

Source: Comprehensive psychiatry; Jan 2014; vol. 55 (no. 1); p. 170-178

Publication Date: Jan 2014

Publication Type(s): Research Support, N.i.h., Extramural Research Support, U.s. Gov't, Non-p.h.s. Journal Article

PubMedID: 24139852

Available at [Comprehensive Psychiatry](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Available at [Comprehensive Psychiatry](#) - from PubMed Central

Abstract: This study investigated the links among interpersonal problem areas, depression, and alexithymia in adolescent girls at high risk for excessive weight gain and binge eating disorder. Participants were 56 girls (Mage = 14.30, SD = 1.56; 53% non-Hispanic White) with a body mass index (BMI, kg/m²) between the 75th and 97th percentiles (MBMI z = 1.57, SD = 0.32). By design, all participants reported loss of control eating patterns in the past month. Adolescents were individually interviewed prior to participating in a group interpersonal psychotherapy obesity and eating disorder prevention program, termed IPT for the prevention of excessive weight gain (IPT-WG). Participants' interpersonal problem areas were coded by trained raters. Participants also completed questionnaires assessing depression and alexithymia. Primary interpersonal problem areas were categorized as interpersonal deficits [as

defined in the eating disorders (ED) literature] ($n = 29$), role disputes ($n = 22$), or role transitions ($n = 5$). Girls with interpersonal deficits-ED had greater depressive symptoms and alexithymia than girls with role disputes (p 's ≤ 0.01). However, girls with role transitions did not differ from girls with interpersonal deficits-ED or role disputes. Interpersonal problem area had an indirect association with depression via alexithymia; interpersonal deficits-ED were related to greater alexithymia, which in turn, was related to greater depressive symptoms ($p = 0.01$). Among girls at risk for excess weight gain and eating disorders, those with interpersonal deficits-ED appear to have greater distress as compared to girls with role disputes or role transitions. Future research is required to elucidate the impact of interpersonal problem areas on psychotherapy outcomes.

Database: Medline

Case studies and reports

Interpersonal psychotherapy for the prevention of excess weight gain and eating disorders: A brief case study

Author(s): Tanofsky-Kraff, Marian; Shomaker, Lauren B.; Young, Jami F.; Wilfley, Denise E.

Source: Psychotherapy; Jun 2016; vol. 53 (no. 2); p. 188-194

Publication Date: Jun 2016

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2016-27132-004

Abstract: This article presents a brief case study of "Jane Doe," a 13-year-old, non-Hispanic White girl participating in a clinical research trial of interpersonal psychotherapy-weight gain (IPT-WG). Girls at-risk for adult obesity and binge eating disorder (BED) were randomly assigned to take part in 12 weeks of preventative group treatment. Jane's IPT-WG group included five other early adolescent girls (mostly aged 12–13) at risk for adult obesity and BED. The case of Jane illustrates a successful example of IPT-WG for the prevention of excessive weight gain and for the prevention of BED. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Database: PsycINFO

Metacognitive interpersonal therapy for personality disorders swinging from emotional over-regulation to dysregulation: A case study

Author(s): Salvatore, Giampalo; Popolo, Raffaele; Buonocore, Luisa; Ferrigno, Anna Maria; Proto, Mariagrazia; Sateriale, Anna; Serio, Marianna; Dimaggio, Giancarlo

Source: American Journal of Psychotherapy; 2016; vol. 70 (no. 4); p. 365-381

Publication Date: 2016

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2017-12990-002

Available at [American Journal of Psychotherapy](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Available at [American Journal of Psychotherapy](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [American Journal of Psychotherapy](#) - from EBSCO (MEDLINE with Full Text)

Abstract: Many patients with personality disorders (PD) display emotional inhibition or over-regulation (EOR); others display emotional dysregulation (ED)—heightened sensitivity to

emotional stimuli with difficulty toning down arousal. To date, most treatments focus on patients with ED, particularly those with borderline disorders, though some focus on EOR. Patients with complex PD often swing from periods of EOR to ED. In this paper, we describe an adaptation of metacognitive interpersonal therapy (MIT), which has been manualized for treating PD with prominent EOR and is aimed at dealing with patients fluctuating from EOR to ED. We first describe the MIT model of personality pathology and offer a summary of the procedures used in MIT to treat patients with prominent EOR. Then, through the analysis of the case of a patient swinging between EOR and ED, we describe how to adapt these procedures to complex cases. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Addressing the mother–baby relationship in interpersonal psychotherapy for depression: An overview and case study

Author(s): Deans, Carolyn; Reay, Rebecca; Buist, Anne

Source: Journal of Reproductive and Infant Psychology; Oct 2016; vol. 34 (no. 5); p. 483-494

Publication Date: Oct 2016

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2016-46765-006

Available at [Journal of Reproductive and Infant Psychology](#) - from EBSCO (CINAHL with Full Text)

Available at [Journal of Reproductive and Infant Psychology](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Abstract:Objective: This article describes the development of an interpersonal psychotherapy group which has been adapted to address the mother–child relationship in the context of postnatal depression (PND). Background: When PND develops, the child of the sufferer is also at risk for deleterious outcomes. It is thought that this is because the mother–baby bonding process is interrupted, affected, or reduced in quality by the existence of depression in addition to genetics and biological effects of exposure to illness in utero. Past approaches to mitigating this risk have focused on treating the depression as the primary issue and the mother–baby relationship as secondary. This article makes the argument that interpersonal psychotherapy has neglected this relationship despite the evidence that this is a key precipitating/perpetuating factor in PND, and that targeting this relationship has benefits for both mother and baby. Method: An interpersonal psychotherapy protocol was developed, modified to incorporate psychoeducation and practice of maternally sensitive interactions. A case study from a version of this group intervention is provided. Results: The case study outcomes on self-report scales of depression suggest the modified protocol is as effective in treating PND as the original protocol. Self-report of maternal attachment and videotape measures of maternal sensitivity also improved, suggesting that the modified protocol can address the mother–baby relationship. Conclusion: The suitability of adapting interpersonal psychotherapy to address the mother–baby relationship appears promising. Further rigorous trials using this therapy are warranted to determine its effectiveness. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

"When grief breaks your heart": A case study of interpersonal psychotherapy delivered in a primary care setting

Author(s): Gomes, Maria Fatima; Chowdhary, Neerja; Voursora, Eleni; Verdelli, Helen

Source: Journal of Clinical Psychology; Aug 2016; vol. 72 (no. 8); p. 807-817

Publication Date: Aug 2016

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2016-38089-001

Available at [Journal of Clinical Psychology](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [Journal of Clinical Psychology](#) - from EBSCO (MEDLINE with Full Text)

Abstract: Depression and anxiety, the so-called common mental disorders (CMDs), are highly prevalent and disabling, yet remain largely untreated. This treatment gap is particularly true in low- and middle-income settings, where there is significant scarcity of resources (including human resources) and treatment accessibility is complicated by stigma surrounding mental illness. To address these challenges, the MANAS trial, one of the largest to date randomized, controlled trials, aimed to test the effectiveness of a stepped care intervention led by lay health counselors in primary care settings in Goa, India. Six- and 12-month follow-up outcomes suggest that MANAS was a safe, feasible, effective, and cost-effective intervention for CMDs in that context. This article demonstrates the use of culturally adapted IPT as an intervention to treat CMDs in a 54-year-old Indian primary care patient struggling with depression and heart-related problems after his wife's death. A case formulation is presented based on core IPT principles, followed by detailed delineation of treatment from beginning through termination. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Interpersonal psychotherapy and cognitive-behavioral therapy as an integrated treatment approach for co-occurring bipolar I and social anxiety disorder

Author(s): Queen, Alexander H.; Donaldson, Deidre L.; Luiselli, James K.

Source: Clinical Case Studies; Dec 2015; vol. 14 (no. 6); p. 434-448

Publication Date: Dec 2015

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2015-50495-003

Abstract: Social anxiety disorder (SAD) is frequently comorbid with bipolar disorder (BD), yet frontline pharmacological interventions for SAD are often contraindicated for individuals with BD. We present a case report of a 29-year-old male with Bipolar I Disorder who received cognitive-behavioral therapy (CBT) for SAD, followed by CBT and interpersonal therapy (IPT) for SAD. The patient completed standardized self-report measures of social anxiety and depressive symptoms throughout treatment and at 1-month and 3-month follow-ups. The greatest social anxiety symptom improvement occurred during the CBT phase, and the patient experienced small but additional benefit with the incorporation of IPT techniques. Although not a direct target of treatment, the patient's depressive symptoms remained subthreshold throughout treatment. Finally, the patient reported significantly higher quality of life at 1-month and 3-month follow-ups, compared with a reference group of BD outpatients. Findings offer preliminary support for the integration of CBT and IPT in treating comorbid SAD among individuals with BD. Clinical implications and suggestions for future research are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Integration of cognitive-behavioral and interpersonal therapies in treating depression with concurrent relational distress and chronic pain

Author(s): Wischkaemper, Katie C.; Gordon, Kristina Coop

Source: Clinical Case Studies; Oct 2015; vol. 14 (no. 5); p. 357-373

Publication Date: Oct 2015

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2015-41272-003

Abstract: This is a single-case study of a middle-aged man presenting with relationship distress and simultaneous major depressive disorder with chronic back pain and a physical tic. Treatment was informed by cognitive-behavioral therapy (CBT), interpersonal psychotherapy (IPT), and psychodynamic principles. Over the course of treatment, a variety of techniques were utilized, including progressive muscle relaxation training, behavioral monitoring, cognitive restructuring, and interpersonal principles to address somatic complaints and underlying feelings of helplessness and inadequacy. Symptoms including general distress, frustration, back pain, worry about his wife's mental illness, and amount of negative thinking were tracked on a daily basis over three assessment periods. In addition, clinically significant change was assessed using a comparison of baseline and follow-up results from the patient's Outcome Questionnaire-45 (OQ-45.2). Evidence for symptomatic and characterological change is outlined, and treatment implications are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Interpersonal psychotherapy for postnatal anxiety disorder

Author(s): Chung, J. P. Y.

Source: East Asian Archives of Psychiatry; Jun 2015; vol. 25 (no. 2); p. 88-94

Publication Date: Jun 2015

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 2015-30454-006

Available at [East Asian Archives of Psychiatry](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract: Interpersonal psychotherapy is one of two evidence-based formal psychotherapies for perinatal mood disorders. It is a time-limited, non-transference / cognitive-based therapy that focuses on communication and social support and can be easily conducted in a perinatal clinic setting. There is limited patient access to interpersonal psychotherapy in Hong Kong because the therapy is not widely disseminated. This case report aimed to illustrate the principles and techniques of interpersonal psychotherapy in perinatal psychiatry, and to raise interest among mental health professionals in Hong Kong in this evidence-based treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

Books/book chapters

Using interpersonal reconstructive therapy to select effective interventions for comorbid, treatment-resistant, personality-disordered individuals

Author(s): Benjamin, Lorna Smith; Critchfield, Kenneth L.; Karpiak, Christie Pugh; Smith, Tracey Leone; Mestel, Robert

Source: Handbook of personality disorders: Theory, research, and treatment (2nd ed.); 2018 ; p. 394-1105

Publication Date: 2018

Publication Type(s): Book Edited Book Handbook/Manual Chapter

PubMedID: 2018-00745-022

Abstract:Our purpose in this chapter is to describe a reliable, specific, and sensitive-case formulation method (interpersonal reconstructive therapy; Benjamin, 2003) that focuses on personality patterns and accommodates comorbidity among and between personality disorders and affective disorders by invoking a natural biological analysis (Benjamin, 2018). The natural biology offers an attachment-based description of mechanisms of pathology and of change. It is wholly compatible with treatment by medication and by psychotherapy. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: chapter)

Database: PsycINFO

Interpersonal psychoanalysis and the enigma of consciousness

Author(s): Levenson, Edgar A.

Source: Interpersonal psychoanalysis and the enigma of consciousness; 2018

Publication Date: 2018

Publication Type(s): Book Authored Book

PubMedID: 2017-45476-000

Abstract:Edgar A. Levenson is a key figure in the development of interpersonal psychoanalysis whose ideas remain influential. Interpersonal Psychoanalysis and the Enigma of Consciousness builds on his previously published work and sets his ideas into contemporary context.

Combining a selection of Levenson's own writings with discussion and analysis of his work by Stern and Slomowitz, it provides an invaluable guide to how his most recent, mature ideas may be understood and applied by contemporary psychoanalysts in their own practice. This book explores how the rational algorithm of psychoanalytic engagement and the mysterious flows of consciousness interact. Mutative change is a mystery wrapped up in the greater mystery of unconscious process, which in turn is wrapped into the greatest philosophical and neurological enigma of all—the nature of consciousness. Interpersonal Psychoanalysis and the Enigma of Consciousness will be highly engaging and readable; Levenson's witty essayist style and original perspective will make it greatly appealing and accessible to undergraduate and postgraduate students of psychoanalysis and psychoanalytic psychotherapy, as well as practitioners in these fields. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: cover)

Database: PsycINFO

The guide to interpersonal psychotherapy

Author(s): Weissman, Myrna M.; Markowitz, John C.; Klerman, Gerald L.

Source: The guide to interpersonal psychotherapy (Updated and expanded ed.); 2018

Publication Date: 2018

Publication Type(s): Book Authored Book Reference Book

PubMedID: 2017-28279-000

Abstract:Interpersonal psychotherapy (IPT) is one of the best-researched of the evidence based psychotherapies. This book is designed as the "go to" manual for learning IPT for depression and its various adaptations for other disorders. It is also intended for clinicians who have had some exposure to IPT in workshops or supervision and want a reference book and a treatment manual for their practice. Researchers and clinicians who want to adapt IPT for a new diagnosis, age group, format, or culture may use this book as a foundation. We describe the elements, strategies, and techniques that define IPT. A range of mental health professionals may benefit from this book: psychiatrists, psychologists, social workers, nurses, school

counselors, as well as workers in impoverished areas where few mental health treatment options may exist. The book describes how to approach clinical encounters with patients, how to focus the treatment, and how to handle therapeutic difficulties. We provide clinical examples and sample therapist scripts throughout. Section I (Chapters 1 and 2) sets a framework for IPT in the modern psychotherapeutic world and briefly outlines the approach. Section II (Chapters 3-11) describes in detail how to conduct IPT for major depressive disorder. You will need to read this section to know the basics of IPT. If you are interested in learning some of the adaptations of IPT for mood disorders with special populations or circumstances, proceed to Section III (Chapters 12-18) and, for non-mood disorders, to Section IV (Chapters 19-23). Although most of the IPT research was based on DSM-III or DSM-IV diagnoses, we have rearranged the grouping of diagnoses to follow the DSM-5 taxonomy. Section V (Chapters 24-26) deals with structured adaptations of IPT (cross-cultural adaptation and group, conjoint, telephone, and online formats), some of which are also covered in earlier chapters that describe the use of these modifications. Section V also addresses further training and finding IPT resources. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: preface)

Database: PsycINFO

Psychodynamic and interpersonal psychotherapies

Author(s): Barber, Jacques P.; Zilcha-Mano, Sigal; Constantino, Michael J.

Source: The Oxford handbook of mood disorders; 2017 ; p. 447-960

Publication Date: 2017

Publication Type(s): Book Edited Book Handbook/Manual Chapter

PubMedID: 2017-30832-038

Abstract: This chapter focuses on two widely used treatments for depression: dynamic therapy (DT) and interpersonal therapy (IPT). Although each has its unique theoretical conceptualization of depression and offers relatively distinct techniques to facilitate change within depressed patients, both center on adverse and disruptive interpersonal relationships with underlying maladaptive repetitive patterns and interpersonal schemas as main contributors to depression. In this chapter, we describe how each orientation conceptualizes depression, elaborate on specific techniques each treatment orientation offers, and summarize the available research on the efficacy of each paradigm for bringing about therapeutic change in depressed patients. We also review the literature on moderators of, and candidate mechanisms underlying, these documented effects. Finally, we discuss what is known and what is yet to be learned about DT and IPT for depression. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: chapter)

Database: PsycINFO

The efficacy of interpersonal psychotherapy-adolescent skills training (IPT-AST) in preventing depression

Author(s): Kerner, Sarah S.; Young, Jami F.

Source: Case studies within psychotherapy trials: Integrating qualitative and quantitative methods; 2017 ; p. 119-486

Publication Date: 2017

Publication Type(s): Book Edited Book Chapter

PubMedID: 2016-44508-005

Abstract: Adolescent depression is a serious mental health concern. As a result of these concerns, there is a growing interest in the development of programs for the prevention of

depression, particularly programs that can be delivered in schools where children and adolescents are most likely to receive services. Preventive interventions can reach a larger portion of the population and, if efficacious, can prevent the onset of depressive episodes. Interpersonal psychotherapy (IPT) was developed for and tested with depressed adults and is based on the premise that depression occurs in an interpersonal context. The focus of treatment is on the patient's depressive symptoms and the interpersonal context in which these symptoms occur. A large number of studies have demonstrated the efficacy of IPT with depressed adults and depressed adolescents. Given the interpersonal literature and the success of IPT for depressed adolescents. Young and Mufson posited that teaching interpersonal techniques might avert the interpersonal difficulties that have been shown to contribute to the onset of depression in adolescence and thereby effectively prevent depression over time. Three studies have examined the efficacy of IPT-AST and are reviewed here. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: chapter)

Database: PsycINFO

The purloined self: Interpersonal perspectives in psychoanalysis

Author(s): Levenson, Edgar A.

Source: The purloined self: Interpersonal perspectives in psychoanalysis; 2017

Publication Date: 2017

Publication Type(s): Book Authored Book

PubMedID: 2017-15831-000

Abstract: The Purloined Self: Interpersonal Perspectives in Psychoanalysis brings together nineteen essays in updated form, still as relevant, witty and informative today as when the book originally published. Edgar Levenson is a key figure in the development of Interpersonal psychoanalysis and his ideas remain influential. This book covers his seminal writing on theoretical topics such as models of psychoanalysis, Harry Stack Sullivan's theories, and the nature of change, as well as his more familiar focus on practical analytic topics such as transference, supervision, and the use of the self in psychoanalytic clinical work. The content ranges from more technical articles on psychoanalysis and general systems theory, the holographic dimensions of psychoanalytic change; on to issues of metapsychology; and then to articles devoted to examining the nuances of the therapeutic praxis. The general thrust of the book is in the Interpersonal tradition and is a major contribution to a contemporary elaboration of post-Sullivanian Interpersonalism, and of the two-person model of psychoanalysis that has come to permeate the entire field. With a new foreword by Donnel Stern, himself a major name in current interpersonal analysis, this book gives a comprehensive overview of Levenson's work, and its continued relevance in contemporary psychoanalytic thought. The Purloined Self is highly readable: the author's witty essayist style and original perspective on its material has made it appealing across a wide range of readerships. It will appeal to psychoanalysts and psychoanalytic psychotherapists as well as undergraduate and advanced postgraduate students in these fields. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: jacket)

Database: PsycINFO

Interpersonal psychotherapy for posttraumatic stress disorder

Author(s): Markowitz, John C.

Source: Interpersonal psychotherapy for posttraumatic stress disorder; 2017

Publication Date: 2017

Publication Type(s): Book Authored Book Handbook/Manual

PubMedID: 2016-37613-000

Abstract: Interpersonal Psychotherapy for Posttraumatic Stress Disorder describes a novel approach that has the potential to transform the psychological treatment of PTSD. Drawing on new clinical research findings, this book provides a new, less threatening treatment option for the many patients and therapists who find exposure-based treatments grueling. Interpersonal Psychotherapy (IPT) for PTSD was tested in a randomized controlled trial that compared three psychotherapies. Dr. Markowitz and his group found that IPT was essentially just as effective as Prolonged Exposure (PE). IPT had higher response rates and lower dropout rates than did PE, particularly for patients who were also suffering from major depression. Interpersonal Psychotherapy for Posttraumatic Stress Disorder describes an exciting alternative therapy for PTSD, details the results of the study, and provides an IPT treatment manual for PTSD. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: cover)

Database: PsycINFO

Evidence for treating trauma interpersonally

Author(s): Casmar, Pollyanna V.; Markowitz, John C.

Source: PsycCRITIQUES; 2017; vol. 62 (no. 4); p. No

Publication Date: 2017

Publication Type(s): Electronic Collection Review-Book

PubMedID: 2016-61229-001

Abstract: Reviews the book, Interpersonal Psychotherapy for Posttraumatic Stress Disorder by John C. Markowitz (see record 2016-37613-000). Markowitz (one of the founders of Interpersonal Psychotherapy (IPT) for depression) discusses both open trials and a randomized controlled trial comparing a newly designed IPT for PTSD to the gold standard in trauma treatment, Prolonged Exposure (PE; Foa, Keane, & Friedman, 2000), as well as to Relaxation. To the reviewer, this PTSD manual doesn't describe in depth how to work through emotion. This thin volume reviews the theory behind IPT for depression and many of its methods, reviews the symptoms of PTSD and traditional evidence-based Cognitive Behavioral treatments for trauma (PE; Cognitive Processing Therapy, or CPT; Eye Movement Desensitization Reprocessing, or EMDR) and describes several case conceptualizations of the 14-session treatment. A complete pocket guide to IPT is also contained in the book, and opening, middle, and termination phases of treatment are discussed in depth with some departure from the broader treatment of depression for IPT. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Database: PsycINFO

Let's get interpersonal: A review of a manualized group therapy to prevent adolescent depression

Author(s): Van Meter, Anna; Agrawal, Neha; Roed, Melissa; Young, Jami F.; Mufson, Laura; Schueler, Christie M.

Source: PsycCRITIQUES; 2017; vol. 62 (no. 9); p. No

Publication Date: 2017

Publication Type(s): Electronic Collection Review-Book

PubMedID: 2017-01317-001

Abstract: Reviews the book, Preventing Adolescent Depression: Interpersonal Psychotherapy-Adolescent Skills Training by Christie M. Schueler, Laura Mufson, and Jami F. Young (see record 2016-43032-000). The authors have written a detailed manual for the administration of Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST) and draw from research to

describe strategies for overcoming obstacles that group facilitators may encounter. The writing is clear, the examples are helpful, and the research evidence—though limited—makes the case that IPT-AST can improve mood and reduce risk for depression in the short term. This manual will be of interest to a range of readers, including mental health professionals, teachers, and school counselors. The reviewers applaud the implementation of this and other mental health services in settings where adolescents can participate easily, and see this manual as an important way to facilitate the integration of IPT-AST in diverse settings. Though caution is advised before individuals with limited mental health experience act as group leaders, with the right leaders, IPT-AST has the potential to improve mood and quality of life for adolescents at risk for depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Database: PsycINFO

Interpersonal psychotherapy for depressed adolescents

Author(s): Gunlicks-Stoessel, Meredith L.; Mufson, Laura

Source: Dulcan's textbook of child and adolescent psychiatry (2nd ed.); 2016 ; p. 959-2137

Publication Date: 2016

Publication Type(s): Book Edited Book Textbook/Study Guide Chapter

PubMedID: 2015-45724-043

Abstract:Interpersonal psychotherapy for depressed adolescents (IPT-A) is a time-limited, manualized psychotherapeutic intervention adapted from interpersonal psychotherapy for adults (IPT). IPT is based on the principle that regardless of the underlying cause, depression occurs within an interpersonal context. The goal of treatment, therefore, is to decrease depressive symptoms by focusing on current interpersonal difficulties and helping the individual improve his or her relationships and communication patterns. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: chapter)

Database: PsycINFO

Psychotherapy for psychopathology during pregnancy and the postpartum period

Author(s): Wenzel, Amy; Stuart, Scott; Koleva, Hristina

Source: The Oxford handbook of perinatal psychology; 2016 ; p. 341-1033

Publication Date: 2016

Publication Type(s): Book Edited Book Handbook/Manual Chapter

PubMedID: 2016-21623-021

Abstract:Psychotherapy is often the treatment of choice for perinatal women who wish to limit their fetus's or infant's medication exposure. The vast majority of empirical research that has examined psychotherapy for perinatal women has focused on depression. Interpersonal psychotherapy (IPT) and cognitive behavioral therapy (CBT) have been examined in several studies to determine their efficacy in perinatal depression and anxiety. Recent research has begun to examine the manner in which psychotherapies can be delivered in alternative formats (e.g., teletherapy) in order to overcome problems with treatment retention and compliance. Suggestions for future research include large-scale randomized controlled trials that compare two active approaches to psychotherapy, mediation studies to uncover the mechanisms of change associated with the successful treatment of perinatal women, and randomized controlled trials evaluating the efficacy of psychotherapy for mental health disorders other than depression. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: chapter)

Database: PsycINFO

Interpersonal theory

Author(s): Lipsitz, Joshua D.; Markowitz, John C.

Source: APA handbook of clinical psychology: Theory and research (Vol. 2); 2016

Publication Date: 2016

Publication Type(s): Book Edited Book Handbook/Manual Chapter

PubMedID: 2015-25841-007

Abstract: Interpersonal theory addresses the interpersonal context, interpersonal aspects of personality, the unfolding of interpersonal interactions, and interpersonal approaches to psychological treatment. In this chapter, we define interpersonal theory, trace its historical evolution, and summarize the major variants. Because no one chapter can review all interpersonal streams, we limit discussion to approaches generally identified as interpersonal, which primarily address an individual's clinical problems from this perspective. We conclude the chapter with a review of the research evidence on interpersonal theory, its major contributions, and probable future directions. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: chapter)

Database: PsycINFO

Preventing adolescent depression: Interpersonal psychotherapy-adolescent skills training

Author(s): Young, Jami F.; Mufson, Laura; Schueler, Christie M.

Source: Preventing adolescent depression: Interpersonal psychotherapy-adolescent skills training; 2016

Publication Date: 2016

Publication Type(s): Book Authored Book

PubMedID: 2016-43032-000

Abstract: Interpersonal Psychotherapy — Adolescent Skills Training (IPT-AST) is a program that teaches communication and interpersonal problem-solving skills to improve relationships and prevent the development of depression in adolescents. IPT-AST was developed to be delivered in schools and other community settings where adolescents are most likely to receive services, with the hope that IPT-AST can help prevent depression and other problem behaviors before they become more severe. Preventing Adolescent Depression: Interpersonal Psychotherapy - Adolescent Skills Training Training iprav'xdts a detailed description of the program to guide mental health practitioners to implement IPT-AST. Session-by-session descriptions specify the structure and content of each session. Examples of how group leaders can discuss specific topics are provided throughout the book, and the appendix includes session outlines, communication notecards, cue cards, and more. Chapters also outline key issues related to implementation of IPT-AST, including selecting adolescents to participate in group; conducting IPT-AST in schools, primary care offices, mental health clinics, and other diverse settings; working with adolescents at varying levels of risk for depression; and dealing with common clinical issues. Preventing Adolescent Depression is appropriate for a wide variety of mental health practitioners including psychologists, social workers, and school counselors. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: cover)

Database: PsycINFO

Interpersonal psychotherapy for PTSD

Author(s): Rafaeli, Alexandra Klein; Markowitz, John C.

Source: Future directions in post-traumatic stress disorder: Prevention, diagnosis, and treatment; 2015 ; p. 263-692

Publication Date: 2015

Publication Type(s): Book Edited Book Chapter

PubMedID: 2014-56676-013

Abstract:The current chapter focuses on the interpersonal psychotherapy (IPT) for the treatment of Posttraumatic Stress Disorder (PTSD). IPT has been shown to enhance interpersonal functioning through identifying problem areas in relationships, helping patients to tolerate and express their feelings in relationships, thereby improving social skills, and building a community of support and connection. Focusing on incidents from the patient's current life, IPT emphasizes the recognition and repair of interpersonal difficulties. IPT for the treatment of patients with PTSD provides opportunities to reverse interpersonal avoidance, increase social support, undergo corrective emotional experiences with others that potentially will modulate trauma-related interpersonal distortions, and improve demoralization and helplessness that inhibit motivation to overcome trauma-related fears. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: chapter)

Database: PsycINFO

Interpersonal psychotherapy for eating disorders and the prevention of excess weight gain

Author(s): Tanofsky-Kraff, Marian; Shomaker, Lauren B.; Young, Jami F.; Wilfley, Denise E.

Source: Casebook of evidence-based therapy for eating disorders; 2015 ; p. 195-566

Publication Date: 2015

Publication Type(s): Book Edited Book Chapter

PubMedID: 2015-25198-007

Abstract:Interpersonal psychotherapy (IPT) is a brief, time-limited therapy that focuses on improving interpersonal functioning and, in turn, psychiatric symptoms. IPT's central mechanism involves relating psychiatric symptoms to interpersonal problem areas and then developing strategies for dealing with these problems. IPT was developed for the treatment of unipolar depression. As befits its name, IPT is grounded in the hallmark interpersonal theories underscoring that interpersonal functioning is a critical component of psychological adjustment and wellbeing. The interpersonal relationships relevant to IPT encompass an individual's entire social network, including his/her nuclear family, as well as the extended family, friendship network, school or work situation, and neighborhood or community context. Importantly, the IPT theoretical model acknowledges a two-way, bidirectional relationship between interpersonal functioning and psychosocial problems. Difficult interpersonal experiences are theorized to precipitate psychopathology, and conversely, psychopathology may result in impairments in one's ability to interact effectively with others. IPT makes no assumptions about the causes of psychiatric problems, but assumes that the development and maintenance of psychiatric symptoms occur within a social and interpersonal context. The IPT model also assumes response to treatment is highly influenced by significant relationships. We describe here a completely disguised case example utilizing IPT-weight gain in Jane, a teenage girl at risk for adult obesity and binge eating disorder. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: chapter)

Database: PsycINFO

'What's going on, what's going on?': An interpersonal approach to family therapy with the patient with an eating disorder

Author(s): Brisman, Judith

Source: Body-states: Interpersonal and relational perspectives on the treatment of eating disorders; 2015 ; p. 145-474

Publication Date: 2015

Publication Type(s): Book Edited Book Chapter

PubMedID: 2013-13355-009

Abstract:In the field of eating disorders, understanding the family's role with regard to symptom prevention, development, and cure is at the heart of an important controversy. Do families have anything to do with the catastrophic outbreak of a potentially life-threatening disorder, or are they unjustly blamed for a genetically based illness that our perfectionistic culture taunts to the surface? No mental-health disorder is fraught with as much disagreement, heartache, and ambiguity. Interpersonal psychoanalysis has played a significant role in opening a thoughtful dialogue in this heated arena. It was indeed the interpersonalists who initially blamed mothers for the development of schizophrenia, insisting that flawed parent-child relationships resulted in the schizophrenic process. But it was the interpersonalists again who then began an expansive conversation refocusing the role of the parent from one of blame to one of critical caretaker. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: chapter)

Database: PsycINFO

Interpersonal psychotherapy for late-life depression

Author(s): Raue, Patrick J.

Source: Treatment of late-life depression, anxiety, trauma, and substance abuse; 2015 ; p. 71-323

Publication Date: 2015

Publication Type(s): Book Edited Book Chapter

PubMedID: 2014-25808-004

Abstract:Interpersonal psychotherapy (IPT) is a user-friendly psychotherapy that was developed as a treatment for reducing depressive symptoms no matter what their cause (e.g., genetics, emotional strain, medical disease, pain). As we discuss in this chapter, IPT was developed by Klerman and Weissman for the New Haven–Boston Collaborative Depression Research Project (Klerman, Weissman, Rounsaville, & Chevron, 1984) and was later expanded for older adults with depression (Hinrichsen & Clougherty, 2006). IPT draws on psychodynamic theory and uses specific therapeutic techniques from a variety of approaches, including psychodynamic, supportive, and behavioral therapy. It has been widely studied in older adults with depression and in general is an effective intervention for late-life depression. In this chapter, we review the theoretical underpinnings of IPT, as well as cultural, disability, and cognitive impairment considerations, after introducing our illustrative patient, Susan. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: chapter)

Database: PsycINFO

Metacognitive interpersonal therapy for personality disorders: A treatment manual

Author(s): Dimaggio, Giancarlo; Montano, Antonella; Popolo, Raffaele; Salvatore, Giampaolo

Source: Metacognitive interpersonal therapy for personality disorders: A treatment manual; 2015

Publication Date: 2015

Publication Type(s): Book Authored Book Handbook/Manual

PubMedID: 2015-11669-000

Abstract: Patients with personality disorders need targeted treatments which are able to deal with the specific aspects of the core pathology and tackle the challenges they present to the treatment clinicians. Such patients, however, are often difficult to engage, are prone to ruptures in the therapeutic alliance and have difficulty adhering to a manualised treatment. Giancarlo Dimaggio, Antonella Montano, Raffaele Popolo and Giampaolo Salvatore aim to change this, and have developed a practical and systematic manual for the clinician, using Metacognitive Interpersonal Therapy (MIT) and including detailed procedures for dealing with a range of personality disorders. The book is divided into two parts, Pathology and Treatment, and provides precise instructions on how to move from the basic steps of forming an alliance, drafting a therapy contract and promoting self-reflections to the more advanced steps of promoting change and helping the patient move toward health and adaptation. With clinical examples, summaries of therapies and excerpts of session transcripts. Metacognitive Interpersonal Therapy for Personality Disorders will be welcomed by psychotherapists, clinical psychologists and other mental health professionals involved in the treatment of personality disorders. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: cover)

Database: PsycINFO

Body-states: Interpersonal and relational perspectives on the treatment of eating disorders

Author(s):

Source: Body-states: Interpersonal and relational perspectives on the treatment of eating disorders; 2015

Publication Date: 2015

Publication Type(s): Book Edited Book

PubMedID: 2013-13355-000

Abstract: In this edited volume, Jean Petrucelli brings together the work of talented clinicians and researchers steeped in working with patients with eating disorders for the past 10 to 35 years. Eating disorders are about body-states and their relational meanings. The split of mind/body functioning is enacted in many arenas in the eating-disordered patient's life. Concretely, a patient believes that disciplining or controlling his or her body is a means to psychic equilibrium and interpersonal effectiveness. The collected chapters in *Body States: Interpersonal and Relational Perspectives on the Treatment of Eating Disorders* elaborate the essential role of linking symptoms with their emotional and interpersonal meanings in the context of the therapy relationship so that eating-disordered patients can find their way out and survive the unbearable. The contributors bridge the gaps in varied protocols for recovery, illustrating that, at its core, trust in the reliability of the humanness of the other is necessary for patients to develop, regain, or have—for the first time—a stable body. They illustrate how embodied experience must be cultivated in the patient/therapist relationship as a felt experience so patients can experience their bodies as their own, to be lived in and enjoyed, rather than as an "other" to be managed. In this collection Petrucelli convincingly demonstrates how interpersonal and relational treatments address eating problems, body image, and "problems in living." *Body-States: Interpersonal and Relational Perspectives on the Treatment of Eating Disorders* will be essential reading for psychoanalysts, psychotherapists, psychologists, psychiatrists, social workers, and a wide range of professionals and lay readers who are interested in the topic and treatment of eating disorders. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: cover)

Database: PsycINFO

Interpersonal and emotion-focused processing psychotherapy

Author(s): Newman, Michelle G.; Jacobson, Nicholas C.; Castonguay, Louis G.

Source: The Wiley handbook of anxiety disorders, Volume I: Theory and research; Volume II: Clinical assessment and treatment; 2014 ; p. 840-2242

Publication Date: 2014

Publication Type(s): Book Edited Book Handbook/Manual Chapter

PubMedID: 2015-01137-043

Abstract: This chapter will first detail the interpersonal and emotional literature present at the time of the treatment's development. Next, we will discuss the treatment protocol and therapeutic rationale. The findings of the integrative treatment will then be explored and reinterpreted based upon an updated view of current emotional and interpersonal processing literature. Generalized anxiety disorder (GAD) consistently has been associated with a number of interpersonal and emotional issues. Our treatment was the first attempt to incorporate interpersonal and emotional issues into a cognitive-behavioral therapy (CBT) regime. Although the therapy was only partially effective, we suggest that the recent emotional and interpersonal literature may inform how best to enhance the integrated therapy. Thus, we recommend that future therapies address avoidance of negative emotional contrasts to better treat the underlying issues of interpersonal and emotional difficulties. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: chapter)

Database: PsycINFO

Interpersonal psychotherapy for the treatment of late-life depression

Author(s): Hinrichsen, Gregory A.; Iselin, Marie-Geneviève

Source: The Oxford handbook of clinical geropsychology; 2014 ; p. 622-1749

Publication Date: 2014

Publication Type(s): Book Edited Book Handbook/Manual Chapter

PubMedID: 2015-47050-030

Abstract: In this chapter, we review the structure, goals, and strategies of Interpersonal Psychotherapy (IPT), argue that IPT is especially well suited to older adults, briefly discuss research that supports IPT in the treatment of late-life depression, and share our experience in providing IPT to older people, and in training students to do IPT with older people. We provide two IPT clinical cases to illustrate its use with older adults. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: chapter)

Database: PsycINFO

Interpersonal psychotherapy

Author(s): Barry, Patricia D.; Wheeler, Kathleen

Source: Psychotherapy for the advanced practice psychiatric nurse: A how-to guide for evidence-based practice (2nd ed.); 2014 ; p. 347-1077

Publication Date: 2014

Publication Type(s): Book Edited Book Chapter

PubMedID: 2013-45058-009

Abstract: Interpersonal psychotherapy (IPT) is a brief, structured psychotherapeutic approach based on the operating principle that psychiatric disorders occur within an interpersonal, social context. Symptoms of psychiatric disorders in four specific areas of social functioning create

problems in which IPT therapists are trained to intervene: interpersonal disputes, role transitions, grief, and interpersonal deficits. This chapter provides an overview of IPT theory and techniques by tracing the history of the approach and identifying relevant psychological and nursing theories congruent with the concepts of IPT. The application of IPT to specific populations with depression, perinatal depression, eating disorders, adolescent depression, drug misuse, bipolar disorder, and borderline personality disorder (BPD) is discussed. Goals and phases of treatment are delineated, and a case illustrates use of the IPT approach. The chapter ends with where to obtain further training in this treatment modality. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: chapter)

Database: PsycINFO

Interpersonal psychotherapy for depression

Author(s): Bleiberg, Kathryn L.; Markowitz, John C.

Source: Clinical handbook of psychological disorders: A step-by-step treatment manual (5th ed.); 2014 ; p. 332-1099

Publication Date: 2014

Publication Type(s): Book Edited Book Handbook/Manual Chapter

PubMedID: 2014-05860-010

Abstract: Much evidence has emerged over the past decade supporting the clinical effectiveness of interpersonal psychotherapy (IPT) for a variety of problems, particularly depression. A substantial advantage of IPT is the relative ease with which clinicians can learn to administer this protocol with integrity. In this chapter, the process of IPT is illustrated in some detail in the context of the treatment of "Sara," who was suffering from a major depressive episode associated with grief following the death of her baby girl in utero at 27 weeks' gestation, some 2 months earlier. The first author, Kathryn L. Bleiberg, an international authority on training in IPT, was the therapist. Although IPT is relatively easy to comprehend, the twists and turns encountered in the administration of IPT (or any therapeutic approach) are particularly evident in this chapter. Here the therapist skillfully focuses on resolving grief, as well as on the patient's social isolation and conflicts with her husband over emotional reactions to the loss. Also notable about IPT is the finding that the treatment is more successful when administered with fidelity to the goals of IPT and adherence to the protocol. The power of a therapist and patient working well together and staying on task provides some good evidence for the specific effects of an interpersonal focus to psychotherapy. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: chapter)

Database: PsycINFO

Interpersonal psychotherapy for hypochondriasis and related disorders: An attachment-based approach

Author(s): Stuart, Scott

Source: Hypochondriasis and health anxiety: A guide for clinicians; 2014 ; p. 199-467

Publication Date: 2014

Publication Type(s): Book Edited Book Textbook/Study Guide Chapter

PubMedID: 2014-12908-010

Abstract: Interpersonal psychotherapy (IPT) provides a useful model for the treatment of patients with hypochondriasis and related disorders, particularly since many of them have underlying maladaptive attachment styles that impact their care-seeking behavior and communication. The flexibly structured approach used with IPT allows the therapist to adapt his

or her style to the attachment needs of the patient in a way that engages the patient in therapy and sets realistic goals. Research into the IPT approach for patients with hypochondriasis and related disorders is critical in the future, combining empirical outcome data with theory and clinical experience. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: chapter)

Database: PsycINFO

Interpersonal psychotherapy for youth depression and anxiety

Author(s): Young, Jami F.; Mufson, Laura; Benas, Jessica S.

Source: Transdiagnostic treatments for children and adolescents: Principles and practice; 2014 ; p. 183-629

Publication Date: 2014

Publication Type(s): Book Edited Book Chapter

PubMedID: 2013-43797-008

Abstract: This chapter provides a description of interpersonal psychotherapy (IPT) and its adaptation for adolescents (IPT-A), summarizes the efficacy research on IPT for depression and other disorders, and provides a rationale for considering IPT as a transdiagnostic therapy model. As discussed in further detail in the chapter, IPT and IPT-A were developed specifically to treat depression. However, the underlying theory of IPT—that psychological distress occurs in the context of interpersonal relationships—is applicable to a broader array of psychiatric conditions, suggesting the transdiagnostic potential of this approach. Given the high rates of comorbidity between depression and anxiety and the interpersonal factors that contribute to the onset and maintenance of these disorders, this chapter focuses specifically on the potential of IPT-A as a transdiagnostic approach for youth depression and anxiety. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: chapter)

Database: PsycINFO

The use of interpersonal psychotherapy for non-suicidal self-injury and eating disorders

Author(s): Arcelus, Jon; Bouman, Walter Pierre; Baggott, Jonathan

Source: Non-suicidal self-injury in eating disorders: Advancements in etiology and treatment; 2014 ; p. 181-544

Publication Date: 2014

Publication Type(s): Book Edited Book Chapter

PubMedID: 2013-40482-011

Abstract: Interpersonal psychotherapy (IPT) is an effective treatment for depressive disorder. Over the last two decades, IPT has been modified to treat different mental health problems, including eating disorders. When working with patients presenting with eating disorder psychopathology, the eating disorder behaviour is used as a marker of "abnormality" that is linked to the person's interpersonal difficulty. Non-suicidal self-injury behaviour (NSSI) within the eating disorder individual can be treated in the same way as the eating disorder behaviour. Within IPT, the therapist firstly aims to identify the interpersonal focus associated with the unhealthy behaviour, in order to work through this focus to reduce the behaviour. This chapter describes the modified version of IPT for eating disorders. It also makes suggestions how IPT may be used in a population of patients with eating disorders and NSSI, by including NSSI in addition to eating disorder behaviour as a marker of distress. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: chapter)

Database: PsycINFO

Other**Training school counselors in Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST): An examination of barriers to and facilitators of implementation****Author(s):** Mendel, Caroline Axelrod**Source:** Dissertation Abstracts International: Section B: The Sciences and Engineering; 2017; vol. 78 (no. 5)**Publication Date:** 2017**Publication Type(s):** Dissertation Abstract Dissertation**PubMedID:** 2017-10864-198

Abstract:Initial evidence suggests that school counselors can be trained in evidence-based prevention programs and treatments; however, the application of these interventions in the school setting is influenced by a variety of factors, including characteristics of the intervention, the provider, and the organization. Understanding and attending to these factors is crucial to promoting the successful implementation of evidence-based interventions in school settings. This study examined the initial feasibility and acceptability of a training and implementation package for Interpersonal Psychotherapy - Adolescent Skills Training (IPT-AST), a school-based preventive intervention for adolescent depression. Participants consisted of 33 school counselors from middle and high schools in six school districts in New Jersey who were invited to receive training in IPT-AST. Approximately six months following the training, participants completed 20--30 minute individual, semi-structured interviews regarding a) whether or not they ran IPT-AST groups, b) perceived barriers to and facilitators of implementation, and c) suggestions for improvements to the IPT-AST training package. Of the 33 counselors interviewed at six-month follow up, only one had implemented an IPT-AST group (with significant modifications), and two others had attempted to run a group together. About half of the participants (N=16) reported incorporating components of IPT-AST (e.g., communication skills, closeness circle), into their individual, group, or dyadic work. Participant responses highlighted numerous barriers to implementation of IPT-AST that generally grouped into six categories: 1) time, 2) support from school community, 3) fit with school priorities and needs, 4) logistics, 5) readiness for implementation, and 6) beliefs. The facilitators of implementation of IPT-AST groups, as reported by three participants, fell into similar categories: 1) support from school community, 2) logistics, 3) readiness for implementation, 4) beliefs, and 5) provider characteristics. Implications for future training and implementation efforts are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Database: PsycINFO**Exploring the experiences of adolescents participating in interpersonal group psychotherapy****Author(s):** Pingitore, Francine Rose Bianca**Source:** Dissertation Abstracts International: Section B: The Sciences and Engineering; 2016; vol. 76 (no. 8)**Publication Date:** 2016**Publication Type(s):** Dissertation Abstract Dissertation**PubMedID:** 2016-17339-281

Abstract:Given the number of adolescents who present with mental health issues, it is important to explore the best treatment options for this population. Group psychotherapy has been described in the literature as the ideal choice for adolescents who engage in mental health treatment. It is considered a "natural" fit, as adolescents are focused on their peer group during

this developmental period. There has been an abundance of research examining behavioral oriented group psychotherapy with adolescents suggesting positive clinical benefits and outcomes. However, process oriented group psychotherapy research with adolescents has been lacking. In particular, the "voice" and perspectives of adolescents who attend group psychotherapy is significantly sparse. The aim of this research study was to address this gap in the literature by interviewing adolescents about their experiences of participating in an interpersonal psychotherapy group. A qualitative descriptive method was the design of choice for this study. Semi-structured, open-ended interviews were conducted with eight adolescents who attended an interpersonal psychotherapy group for a period of three months. The data was analyzed using qualitative inductive manifest content analysis. All eight participants described their experiences and the meaning of their experiences. Surprisingly, all eight participants also described and focused on the group process rather than the content. A number of therapeutic factors including universality, cohesion, interpersonal learning, altruism and instillation of hope emerged from the data which are consistent with Yalom's theoretical framework. The participants described a number of benefits resulting from their participation and made recommendations for future group therapists related to the physical space, group composition and characteristics and style of the group leader. Implications for knowledge development, research, education and clinical practice, were discussed. Recommendations included future qualitative studies with a broader representation of adolescents participating in heterogeneous and homogenous psychotherapy groups. Increasing psychiatric nurses' awareness of the benefits of interpersonal psychotherapy groups is warranted along with training opportunities for group leaders in interpersonal psychotherapy. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Database: PsycINFO

Interpersonal psychotherapy for depression in Parkinson's disease

Author(s): Rubino, Jade T.

Source: Dissertation Abstracts International: Section B: The Sciences and Engineering; 2014; vol. 74 (no. 8)

Publication Date: 2014

Publication Type(s): Dissertation Abstract Dissertation

PubMedID: 2014-99040-322

Abstract: Studies have shown depression to affect up to 50% of individuals diagnosed with Parkinson's disease (PD) and to have a negative impact on the progression of the illness. However, there is a dearth of research on psychosocial interventions for the treatment of depression in this population. To date, the utility of interpersonal psychotherapy (IPT), an evidence-based treatment for depression with demonstrated effectiveness in medical populations, has not been examined for this population. This case series was conducted to examine the feasibility and effectiveness of interpersonal psychotherapy (IPT) for depression in individuals with Parkinson's disease (PD). Three PD patients with Major Depressive Disorder or Dysthymia participated in the study along with a caregiver. Patients received 6 to 15 sessions of IPT primarily focused on resolving the interpersonal problem area of role transition. Caregivers attended 1 to 2 sessions which provided psychoeducation and garnered necessary supports to help patients accomplish their treatment goals. Two of the patients experienced improvement in depressive symptoms, particularly in mood, interest and motivation in activities, with gains maintained at 1-month follow-up. There was some evidence of reductions in caregiver burden as a result of the intervention, though no significant change in caregiver depressive symptoms was noted. Results of this case series suggest that IPT may be a feasible and effective option for the treatment of PD depression. Larger, controlled trials are needed to replicate these results

and to further evaluate the efficacy of this intervention. Key words: Interpersonal psychotherapy; Parkinson's disease; depression (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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