



	<p>Day 1: Thursday 11th June</p>
<p>10.05 - 11.35</p>	<p>Symposium 1 - IPT and Technology: A Partnership in Promoting Mental Health Chair: Holly Swartz</p> <p>Traditionally, mental health services and interventions have been confined to bricks and mortar systems of delivery. In the 21st Century, however, there is tremendous interest in using technology to move health care into the digital age to improve access and efficiency of treatment delivery. First generation technology-enabled approaches translate traditional face-to-face interventions into remote applications (e.g., web, telephone) while retaining original constructs of the intervention. Second generation approaches take advantage of advances in mobile platforms, sensing capacities of handheld devices, and ubiquity of technology in the lives of both patients and health care professionals to devise new strategies to combine mental health and technology.</p> <p>IPT, a product of its time, was developed as a face-to-face intervention, and clinical trials testing its efficacy have focused on in-person delivery systems. Since IPT is relationship-focused, moving it to the digital realm poses theoretical and technical challenges, This symposium explores first and second generation studies that use technology to extend and expand the reach of IPT.</p> <p>Presentations will include discussions of the following technologies: 1) Web-based interpersonal and social rhythm (IPSRT) therapy training for clinicians, 2) A smartphone system for monitoring mood and daily routines to support IPSRT, and 3) An Internet version of IPT. We will discuss the evolving role of technology in IPT treatments and its implications for patient care and research.</p> <p>Biographies:</p> <p>Holly A. Swartz, M.D., Professor of Psychiatry at the University of Pittsburgh, is an expert on psychosocial treatments for mood disorders. With colleagues, she has developed and tested a series of adaptations of interpersonal psychotherapy (IPT), including interpersonal and social rhythm therapy (IPSRT) for bipolar II disorder and brief IPT (IPT-B). She has also worked on strategies to disseminate IPT-based treatments in routine practice settings with an interest in using technology to extend IPT's reach. She manages the ISIPT listserv with Fernando Silva.</p> <p>Ellen Frank, Ph.D., Distinguished Professor of Psychiatry and Professor of Psychology at the University of Pittsburgh, is an internationally recognized expert on the assessment and treatment of depression and bipolar disorder. She and her colleagues have developed and tested a series of adaptations of interpersonal psychotherapy (IPT), including interpersonal and social rhythm therapy (IPSRT) for bipolar disorder. She is currently working on the development and dissemination of computerized adaptive testing (CAT) methods for mood and anxiety disorders, an on-line version of IPSRT and of a smartphone app based on IPSRT.</p> <p>Tara Donker, Ph.D., is a senior researcher, teacher and licensed therapist at VU University in Amsterdam (The Netherlands) and Prezens, a mental health institute. She completed her PhD in Clinical Psychology at the VU University(The Netherlands) in 2010, and undertook a clinical mental health psychology training which she completed in 2011. She was a Research Fellow at the Black Dog Institute until 2013. Her research areas include eMental health, online screening, early intervention and prevention of depression, anxiety and suicide.</p>

**Symposium 2: Strand 2 Clinical Populations
IPT-Based Prevention Programs: Findings from Three Trials for At-Risk
Adolescents**

Chair: Jami Young

This symposium will present findings from three prevention trials that examine the efficacy of IPT-based programs for the prevention of youth mental health and physical health problems. First, Dr. Young will present findings from a randomized controlled trial comparing Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST) and group counseling for the prevention of depression in youth with elevated depressive symptoms. Second, Dr. La Greca will present findings from an open trial and a pilot randomized controlled trial of the PEERS/UTalk Version of IPT-AST for the prevention of depression and social anxiety in youth who experience peer victimization. Finally, Dr. Shomaker will present findings from a randomized controlled trial comparing IPT, adapted for the prevention of eating disorders and excessive weight gain, with health education in overweight adolescent girls who experience loss of control eating. Findings from these trials support the utility and efficacy of IPT-based prevention programs for at risk adolescents. Implications of these findings and future research efforts will be discussed.

Biographies:

Jami Young, Ph.D. is an Associate Professor of Clinical Psychology at Rutgers University. Dr. Young developed Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST), an indicated prevention program based on IPT-A

Annette M. La Greca, PhD, ABPP, Distinguished Professor of Psychology and Pediatrics, University of Miami

Lauren B. Shomaker, Ph.D., Assistant Professor of Human Development and Family Studies, Colorado State University

Workshop 1: Strand 3 Training & Supervision

How do we know we are doing what we think we are doing?

Presenters: Tony Roth & Roslyn Law

The Improving Access to Psychological Therapies (IAPT) programme has resulted in a significant increase in the number of therapists delivering evidence based psychological therapies for common mental health problems in England. Underpinning this expansion was a programme of training and supervision based on the suite of competence frameworks for the delivery and supervision of psychological therapies (Roth & Pilling, 2009). This included a framework for IPT competences, which in turn led to the development of competence-based scales that can be used to monitor and support the work of therapists-in-training to provide IPT. A comparable framework of competences is available for CBT and considerable work has taken place in developing and evaluating a competency-based scale for CBT. This workshop will examine the approach taken in each modality to address the perennial problem of fidelity to model during and after training and will explore the learning that can be taken from each. The audience will be invited to examine the potential for a common measure of IPT competence to be developed for use across ISIPT.

Biographies:

Dr Roslyn Law D.Clin Psychol. is director of IPT training at the Anna Freud Centre, London and Assistant Director of Psychology & Psychotherapies at South West London & St George's Mental Health NHS Trust. She is Chair of IPTUK, the national professional organization for IPT in the UK. She is the National Lead for IPT in the adult programme of Improving Access to Psychological Therapies (IAPT) and the modality lead for IPT-A training at UCL and University of Reading as part of the Children and Young People's IAPT (CYP IAPT) programme.

Tony Roth is Professor of Clinical Psychology at UCL. With his colleague Steve Pilling he has developed a suite of 'competence frameworks' that describe the knowledge and skills associated with the effective delivery of a range of therapy modalities (including IPT). These frameworks have been used to develop training curricula, particularly for the IAPT programme, and have expanded from a focus on single modalities to characterising work in specific service contexts (such as child and adolescent services) and clinical populations (such as individuals with serious mental health problems).

14.00 - 15.30	<p>Symposium 3: Strand 2 Clinical Population</p> <p>New Adaptations and Research Programs of Interpersonal Psychotherapy for Adolescents (IPT-A) Chair: Robin Sturm</p> <p>The goal of this symposium is to provide an update about the development of adaptations of IPT-A and preliminary research findings for these adaptations. The symposium will include presentations on the following topics: 1) A stepped- care treatment model for depressed adolescents delivered in pediatric primary care clinics (SCRIPT-A); 2) efficacy of a family-based Interpersonal Psychotherapy (FB-IPT) for depressed preadolescents and potential treatment mechanisms and; 3) feasibility of IPT-A for adolescents diagnosed with Learning Disorders (IPT-ALD).</p> <p>Each presentation will cover the rationale, structure, theory and techniques of each adaptation. Each presentation will also provide preliminary outcome data. In addition, case examples will be provided to illustrate each treatment adaptation. The three adaptations demonstrate the extension of IPT-A to target previously unexplored comorbidities which can be delivered flexibly in modified models of care. The preliminary findings from the three adaptations will provide information relevant for the further development of these and other adaptations. These adaptations raise many important issues worthy of further consideration.</p> <p>Biographies:</p> <p>Laura Mufson, Ph.D. Laura Mufson, Ph.D. is a Professor of Medical Psychology in Psychiatry at Columbia University Medical Center (CUMC), Co-Director of the Office of Clinical Psychology at CUMC, and Director of the Department of Clinical Psychology at New York State Psychiatric Institute. In addition, she is Director of Clinical Child Psychology in Child Psychiatry and Director of Training for the Child Track of the APA Accredited Predoctoral Internship in Clinical Psychology. She is the developer of the adolescent adaptation of Interpersonal Psychotherapy for Depression (IPT-A).</p> <p>Laura J. Dietz, Ph.D. Laura J. Dietz, Ph.D., is an Assistant Professor of Psychiatry and Psychology at the University Of Pittsburgh School Of Medicine. In addition, she is co-Director of Center for Advanced Psychotherapy, a training program for psychiatry residents and psychology interns at Western Psychiatric Institute & Clinic. She has developed and tested Family Based Interpersonal Psychotherapy (FB-IPT) for depressed preadolescents and their parents through training and research activities supported by an NIMH Career Development award.</p>
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Anat Brunstein Klomek, Ph.D.

Anat Brunstein Klomek, Ph.D. is a senior lecturer (Assistant Professor) in the School of Psychology at the Interdisciplinary Center (IDC) Herzliya, Research Director of the psychiatric unit at Schneider Children's Medical Center of Israel, Scientific Advisor of the National Suicide Prevention program of the Ministry of Education in Israel and Assistant Editor of Archives of Suicide Research.

Symposium 4: Strand 1 New Research

Chair: Marc Blom

Carriho N: IPT in Crisis: Like a fish in water

Crisis is something extremely intense, overwhelming and dangerous but also an opportunity to improve. If we agree on this premise, we can easily see that IPT is an intervention that is perfectly adjusted to this kind of events, especially when the person refers to have difficulties in overcoming it.

Knowing that normally a life crisis takes about 4 to 12 weeks to resolve, we believe that this is the best time to intervene because it is when the person seems more vulnerable and willing to accept help.

The aim of the present investigation is to present the protocol specially developed for our Crisis Outpatient Clinic, created in 2011, and evaluate their results.

Biography:

Nuno Carrilho, M.D. and MSc

Hospital Assistant in Psychiatry at the Aveiro Hospital, Portugal, since 2011, certified level D Interpersonal Psychotherapy Psychotherapist (International Society for Interpersonal Psychotherapy), Master in Cultural Psychiatry (Coimbra University) and coordinator and creator of the Crisis Outpatient Clinic and Psychotic Rehabilitation Program of Aveiro Hospital since 2011.

Black S: A pilot study using Interpersonal Psychotherapy for depressed women who are at an early stage of the Scottish Criminal Justice System

Introduction

Lothian's Re:D collaborative aims to combat health inequalities by changing how services are designed and delivered. Women offenders experience difficulties in accessing services and are a "hard to reach population" (Angiolini et al, 2012). They often have multiple mental health co-morbidities, of which depression is the most prevalent (Hooks et al, 2011). Johnson & Zlotnick (2008; 2012) found group IPT was effective at reducing depressive symptoms in female prisoners in the USA.

The current study builds on the work of Johnson & Zlotnick. This is the first UK pilot using IPT with a community sample of women offenders. It aims to investigate:

- The feasibility of using IPT with this hard to reach population;
- If IPT effectively reduces depressive symptoms in a sample with multiple co-morbidities;
- If a reduction in depressive symptoms and increase in social support is associated with reduced recidivism.

Biography

Dr Suzie Black

Clinical Psychologist

Doctorate in Clinical Psychology & MA (Hons) Psychology and Sociology

Workshop 2: Strand 4 Modified Practice & Delivery

New techniques and applications in IPT

Presenters: Scott Stuart & Jessica Schultz

The workshop will train clinicians to use new clinical tools in IPT. Using didactic instruction, videotape review, and participant practice in small groups, we will review use of the IPT Formulation and IPT Summary, and demonstrate how to construct each of these instruments. We will also review and demonstrate the use of the Conflict Graph and IPT Timeline, as well as new tools for use with Grief and Loss.

Workshop 4: Strand 4 Modified Practice & Delivery
It's complicated: Exploring the role of the internet and Social Media in Interpersonal Psychotherapy

Presenters: Katie Sheehan

In this workshop, we will provide an overview of popular internet and social media platforms and facilitate discussion about online practices by both therapists and patients. Clinical situations unique to psychotherapy, including maintaining boundaries and supervising trainees, will be highlighted. Interactive and experiential exercises, including small group discussion and role-play, will encourage the audience to reflect on their own online and clinical practices and explore new ways of understanding and engaging with patients. At the completion of the workshop, we hope that participants will have a better understanding of the internet and social media and be able to apply this to their current practice and teaching settings.

Biography:

Dr. Katie Sheehan is a fifth year psychiatry resident based at UHN, where she was chief resident last year. She is a graduate of the Michael G. DeGroot School of Medicine at McMaster University. Katie completed a B.Sc. in Neuroscience at the University of St. Andrews and, following her undergraduate studies, was awarded a Rhodes Scholarship. At the University of Oxford, she obtained both her M.Sc. in Neuroscience and Doctorate in Social Psychiatry. Katie's clinical interests are in the field of psychosomatic medicine and psychotherapy, specifically interpersonal and psychodynamic modalities. She is fascinated by the complexity of patients with co-morbid medical and psychiatric illness and the challenges of providing high quality care to this underserved population.

10.05 - 11.35	<p>Day 2: Friday 12th June</p> <p>Symposium 5: Strand 2 Clinical Population (Perinatal) Chair: Susan Howard</p> <p>Grote N: Culturally Relevant Treatment Services for Perinatal Depression: A Randomized Controlled Trial Depression during pregnancy has been demonstrated to be predictive of low birthweight, prematurity, and postpartum depression. These adverse outcomes potentially have lasting effects on maternal and child well-being. Socio-economically disadvantaged women are twice as likely as middle-class women to meet diagnostic criteria for antenatal major depression (MDD), but have proven difficult to engage and retain in treatment. The MOMCare collaborative care trial for treating antenatal depression, using a pre-treatment engagement session, followed by a choice of brief interpersonal psychotherapy and/or pharmacotherapy, was evaluated for racially/ethnically diverse, pregnant women on Medicaid receiving care in a 10-site public health system. MOMCare was enhanced to be relevant to the culture of poverty and the culture of race/ethnicity and its effectiveness was compared to intensive public health Maternity Support Services(MSS-Plus).</p> <p>Reay R: The development of a group IPT for postnatal depression incorporating the mother-child relationship: integrating attachment work into IPT This report details the development of a manualised group therapy, which adapts IPT to incorporate the mother-child relationship. It is based on the work of Forman and colleagues (2007) who found that traditional IPT was not able to make lasting change in the mother-child relationship. They suggested that this may simply be due to the fact that IPT does not directly target the mother-child relationship. The manual addresses the key attachment principles outlined in the literature. However it is not an attachment therapy; it treats the mother-child dynamic in a similar way to other interpersonal relationships and uses the same IPT tactics and techniques, with modifications to address the differences in relating to a pre-verbal or semi-verbal child. Experiences in, and outcomes of, the pilot group are described.</p> <p>Stuart S: IPT: Time to Stop Terminating Treatment Controlled trials of psychotherapy for depression usually have very clear guidelines for therapists with respect to the frequency and timing of the intervention. For example, it is common for protocols to specify that research subjects will be seen on a weekly basis for a set number of weeks followed by a complete termination. However, it is not common for a therapist in practice to actually implement an empirically validated treatment in exactly the way that it has been validated in an RCT. Clinicians exercise considerable discretion in their implementation of psychotherapeutic interventions with the aims of meeting patients' needs and being efficient with their time and patients' time. In the context of IPT for postpartum depression we tested the hypothesis that allowing clinicians (and subjects) the discretion to schedule sessions as they wished (CM-IPT condition) would yield results equivalent to IPT conducted on a weekly basis for 12 weeks (standard IPT condition) after 12 weeks. We also predicted that women in the CM-IPT condition would have superior outcomes relative to women in the standard IPT condition at one-year post treatment assignment.</p>
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Symposium 6: Strand 1 New Research

IPT, CBASP & BSP Comparing two active and affectively focused treatments

Chair: Holly Swartz

This symposium will examine outcomes of a trial using two affectively focused psychotherapies, IPT and BSP, and of a second trial comparing Cognitive Behavioral Analysis System of Psychotherapy (CBASP) to BSP. We will discuss the contexts, strengths, and problems associated with comparing IPT to BSP. The first study compares IPT to BSP as treatments for depressed mothers of children receiving psychiatric treatment (Swartz); the second compares CBASP to BSP for chronically depressed unmedicated individuals (Schramm). We will conclude with a discussion of theoretical considerations related to RCTs of IPT and CBASP relative to BSP, such as the “Dodo bird” argument and Wampold’s declaration that it’s hard to show differences between two plausible therapies (Markowitz).

Biographies:

Holly A. Swartz, M.D., Professor of Psychiatry at the University of Pittsburgh, is an expert on psychosocial treatments for mood disorders. With colleagues, she has developed and tested a series of adaptations of interpersonal psychotherapy (IPT), including interpersonal and social rhythm therapy (IPSRT) for bipolar II disorder and brief IPT (IPT-B). She has also worked on strategies to disseminate IPT-based treatments in routine practice settings with an interest in using technology to extend IPT’s reach. She manages the ISIPT listserv with Fernando Silva.

Elisabeth Schramm, PhD, is a clinical psychologist and an expert in depression treatment, specialized in the area of psychotherapy research. She is head of the Department (Sektion) "Psychotherapy Research in Psychiatry" at the University Medical Center in Freiburg, Germany. Originally trained and certified in CBT, Dr. Schramm is also a certified therapist, trainer and supervisor in CBASP, IPT and trained in mindfulness based therapies. She introduced and studied several depression specific approaches to the German speaking countries and has published numerous national and international scientific articles, books, book chapters, and reviews.

She was a visiting professor in psychiatry and psychology at the Universities of Pittsburgh, PA and of California, Los Angeles, CA for several years and between 2009 and 2011 and studied at the University of Colorado and Naropa University, Boulder, CO. She is founder of the “Training Institute for Evidenced Based Psychotherapy” in Germany and founder and president of the International Network for CBASP (www.cbasp-network.org).

John C. Markowitz, M.D. is a Professor of Clinical Psychiatry at Columbia University and a Research Psychiatrist at the New York State Psychiatric Institute in New York. He was trained in IPT by the late Dr. Gerald L. Klerman, M.D. He collaborated with Drs. Swartz and Schramm as a supportive psychotherapy consultant to the two studies they will present.

Workshop 3 Working with Adolescents with Complex Disorders in a UK context

Presenters: Matthias Schwannauer, Fiona Duffy & Emma Taylor

This interactive workshop will incorporate theoretical, empirical and practical aspects of IPT for adolescents experiencing complex presentations, expanding on the IPT-A model for depression (Mufson, Dorta, Moreau, & Weissman, 2004). An introduction to the special role of attachment theory in adolescent development (Bowlby, 1969) in conceptualising and working with adolescents within an IPT framework is followed by a focus on two specific complex areas: eating disorders and psychosis.

Biographies:

Matthias Schwannauer

Matthias Schwannauer is Professor of Clinical Psychology at the University of Edinburgh and a Consultant Clinical Psychologist in a CAMHS based early psychosis service in NHS Lothian. He is an accredited IPT trainer and supervisor and has been practicing IPT with this client group for the past 12 years.

Emily Taylor

Emily Taylor is a Lecturer in Clinical Psychology at the University of Edinburgh and programme director of MSc in Children and Young People's Mental Health and Psychological Practice, including the accredited IPT-A course. She is an accredited practitioner in IPT, and a practicing clinical psychologist working with outpatients in the Lothian Child and Adolescent Mental Health Service (CAMHS).

Fiona Duffy

Fiona Duffy is a Senior Teaching Fellow at the University of Edinburgh and a Consultant Clinical Psychologist in the Lothian CAMHS where she specialises in the area of eating disorders, leading an Eating Disorder Development Team. She is an accredited IPT supervisor, and a supervisor on the IAPT IPT-A programme, and supports the delivery of the IPT-A training course at the University of Edinburgh.

14.00 - 15.30	<p>Symposium 7: Strand 1 New Research</p> <p>Using IPT in Unusual Ways: Outcomes in Interpersonal Psychotherapy Research (Markowitz, Mello, Peeters) Chair John Markowitz</p> <p>Despite depressive disorders' burden on developing countries, their mental health systems are unprepared to care for their populations. Impoverished areas like favelas contain highly stressed populations with few formal mental health resources. Thirty percent of Brazilians live below the poverty line. The Brazilian Familial Health Program (BFHP) is based on teams (1 physician, 1 nurse, and 7 community health agents [CHAs]) responsible for all individuals living in a circumscribed area, where the CHAs also reside. Interpersonal Counseling (IPC) was considered a reasonable manualized, brief intervention format, compatible with local culture, for administration by CHAs.</p> <p>Biographies: Frenk Peeters, M.D., Ph.D., is Professor of Treatment of Mood Disorders at the Department of Psychiatry and Neuropsychology, Faculty of Health, Medicine, and Life Sciences of Maastricht University, The Netherlands. Research and clinical activities are all in the field of mood disorders with a main focus on major depression. Current research is aimed at efficacy/effectiveness issues of psychotherapy for depression, development of new therapeutic approaches in depression, emotion regulation in depression, and gene-environment interactions on emotional functioning in daily life in depression.</p> <p>Marcelo Feijó Mello, M.D., Ph.D., is Professor of Violence and Stress at the Department of Psychiatry at Paulista Medical School at Federal University of Sao Paulo. Current research is aimed on interactions of traumatic stress and psychopathology, and testing efficacy of interventions adapted with recent scientific evidences.</p> <p>John C. Markowitz, M.D. is a Professor of Clinical Psychiatry at Columbia University and a Research Psychiatrist at the New York State Psychiatric Institute in New York. He was trained in IPT by the late Dr. Gerald L. Klerman, M.D.</p>
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Open Papers: Strand 1 New Research
Chair: Nancy Grote

Miller L: Interpersonal Psychotherapy for Depressed Adolescents Adapted for Mood and Behavior Dysregulation (IPT-MBD)

Youth with chronic irritability and excessive reactivity (i.e., outbursts), originally conceptualized as severe mood dysregulation (SMD), and currently, as disruptive mood dysregulation disorder, DMDD, in the DSM5, have significant mood symptoms which impair their functioning in multiple domains. Because these mood symptoms significantly impact interpersonal functioning, a focus on improving relationships seems important to target.

Methods:

Interpersonal Psychotherapy for Mood and Behavior Dysregulation (IPT-MBD) is an adapted treatment intervention of Interpersonal Psychotherapy for Depressed Adolescents (IPT-A) and includes some aspects of Interpersonal and Social Rhythm Therapy for Adolescents with Bipolar Disorder (IPSRT-A). After the manual was adapted, a small proof-of-concept feasibility and acceptability pilot study was conducted. Three participants (ages 13-17), who met research criteria for SMD, were enrolled, received the intervention and completed the study. Monthly assessments were conducted by independent evaluators to assess the severity and improvement of SMD symptoms and depression symptoms. Participants and parents completed satisfaction questionnaires at completion of the study.

Kopelman Rubin D: I can Succeed-School (ICS0-S), a new School-Based Intervention integrating IPT-A principles for students with Learning Disorders: Feasibility and Acceptability

The study goal was to examine the feasibility and acceptability of a new School-Based Intervention for Students with Learning Disorders (LD) and/or Attention Deficit Hyperactive Disorder (ADHD) - I Can Succeed-School (ICS-S). ICS-S addresses emotional, social and executive functions integrating several IPT-A principles. ICS-S was delivered in three middle schools in a city in central Israel. The model consisted of training homeroom teachers to deliver a manual aimed to develop emotional, social and executive functioning of 8th grade students diagnosed with LD and/or ADHD. Training was provided for teachers (two days) and for school psychologist and counselors (three days). The psychologist and counselors supervised the teachers. Each school also had a project manager monitoring and supervising the school process (biweekly). The intervention consists of 15-19 (mean=18) once a week group (6-8 students) sessions led by the teachers. Sixty-one students participated in ICS-S. Student's attendance was monitored and teachers completed a satisfaction questionnaire. School's ability to incorporate ICS-S into the school day was evaluated by interviewing school principals and the district supervisor. In addition, improvement of ICS-S students was examined at pre and post intervention. Preliminary analysis revealed high student attendance and good teachers', principals and supervisor satisfaction with the intervention. Pre-post preliminary analysis revealed significant improvement in interpersonal skills (SSIS), attachment to teachers (CATBS), and cognitive emotion regulation (NMR). There were also significant reductions in external behavioral problems and in bullying (SSIS). Our results demonstrate that ICS is a feasible treatment to deliver in a school based format. Further research is needed to establish efficacy.

Biography:

Daphne Kopelman-Rubin Ph.D. is the Head of the Learning Disabilities and Attention Deficit Hyperactivity Disorder Unit at the School of Psychology at the Interdisciplinary Center (IDC) Herzliya, and at the Psychological Medicine Department at Schneider Children's Medical Center of Israel. She earned her Ph.D. in counseling psychology at Tel-Aviv University, Israel. Dr. Kopelman-Rubin's primary interests include knowledge translation and evidence based prevention and intervention programs for children and adolescents with learning and attention disorders. She is currently studying the effectiveness of IPT-A for adolescents with learning disabilities (IPT-A-LD), a school based intervention for middle-school students, and an IPT-A-LD based prevention program for elementary school students.

Ekeblad A: Interpers(onal Psychotherapy versus Cognitive behavioural therapy for Major Depressive Disorder; Results from a randomized trial among psychiatric patients

Background: Interpersonal Psychotherapy (IPT) and Cognitive Behavioral Therapy (CBT) are recommended treatments (f.eg. National Board of Health and Welfare, Sweden and WHO) for Major Depressive Disorder, but there are no comparative studies from Scandinavia of the two forms of therapy and few studies of the impact of the therapies' on Return To Work (RTW). Some trials have found an additive effect when antidepressant medication and psychotherapy are combined.

Method: In this RCT 96 psychiatric patients with Major Depressive Disorder were randomized to either Cognitive Behavioral Therapy (n=48) or Interpersonal Psychotherapy (n=48), both with 14 sessions treatments. Main outcome measures were reduction of depression severity (assessed by BDI-II) and RTW.

Biography:

Clinical psychologist for many years. Started IPT-training in 2005. PhD student at Linköping University 2009. Working with an RCT comparing IPT and CBT for patients with major depression in a psychiatric sample. Worked in the 90-thies with a thesis in psychology of religion (Licentiate degree 1999)

Bellino S: Adaptation of IPT to borderline personality disorder: efficacy, predictors of response and follow-up evaluation

According to literature data and treatment guidelines of the American Psychiatric Association (APA, 2001, 2005), borderline personality disorder (BPD) can be successfully treated with combination of psychotherapy and pharmacotherapy. Markowitz proposed an adaptation of the standard model of IPT for depression, in order to address the peculiar and challenging characteristics of BPD patients. We have performed three studies in this clinical population. The first one (Bellino et al, 2010) was aimed to investigate whether combined therapy with antidepressant and IPT-BPD was superior to single pharmacotherapy during a trial of 32 weeks in patients with a diagnosis of BPD. The second one (Bellino et al, 2015) was directed to identify clinical predictors of response to combined therapy with IPT-BPD in the patients evaluated in the first study. The objective of the third study was to assess if the differences between combined therapy with IPT-BPD and single pharmacotherapy found after 32 weeks (Bellino et al 2010) were maintained during a 2 years follow-up.

Professor Silvio Bellino.

Assistant Professor of Psychiatry and in charge of the Centre for Personality Disorders of the Psychiatric Clinic 1 of the University Hospital of Turin . He teaches psychiatry at the School of Medicine, at several Schools for Health Professionals and Schools of Medical Specialization of the University of Turin. He is Editor in Chief of Current Psychopharmacology. He is member of the panel of referees of the Journal of Psychopathology. In December 2012 he became President of the Italian Society of Interpersonal Psychotherapy.

**Workshop 4: Strand 4 Modified Practice & Delivery
Keeping IPT flourishing outside of the training hubs
Fox Clinch J, Halliday K, Hepburn Z, Quinn, M**

This workshop will describe the experience of Level B IPT training and supervision from the perspective of a supervisee, a supervisor and an external rater. Participants will also learn about how networking and regional CPD events help to keep IPT thriving and developing outside the training hubs. There will be opportunity for questions and discussion.

Biographies:

Julia Fox-Clinch is a Clinical Specialist in Eating Disorders (Children, Adolescents and Adults) and an HCPC Registered OT in the 2gether NHS Foundation Trust. She is interested in delivering evidence based treatments and trained in IPT (2000) and CBT-E (2005) with Professor CG Fairburn, Dept of Psychiatry, University of Oxford. She has worked using IPT in a variety of Psychological Therapy services and specialties and is an Accredited IPTUK Practitioner and Supervisor, Rep for the South West, and on the IPTUK Training Committee. She is a Practice Tutor on the Kings College, UCL PG Diploma in CYP IAPT Therapy 2015.

Kate Halliday is an Advanced Practitioner working in an adult IAPT service in Wiltshire. She is an IPT Practitioner and Supervisor, having trained with Roslyn Law in 2010/2011.

Zoë Hepburn is a Senior Eating Disorders Clinician and Researcher employed by 2Gether NHS Foundation Trust and currently progressing with Level B training towards accreditation as an IPT Therapist

Dr Marian Quinn completed her Doctorate in Clinical Psychology at the University of East Anglia in 2011. Marian is a registered Practitioner Psychologist with the Health and Professions Council and is employed as a Specialist Clinical Psychologist by Lincolnshire Partnership NHS Foundation Trust in a Child and Adolescent Mental Health Service. Marian completed her Level A IPT-A training in July 2014 and is currently working towards her Level B IPT-A Practitioner qualification

09.35 - 11.05

Day 3 Saturday 15th June

Symposium 9: Strand 1 New Research

Chair: Holly Swartz

Miller M: Using IPT as a prevention strategy against complications of bereavement in the first 13 months Post-Loss: A Pilot Study; Introduction:

Complications of Bereavement such as major depression, post traumatic stress disorder and complicated grief (recently re-named Persistent Complex Bereavement Disorder in the DSM-V appendix) occur in 30% of survivors of the death of someone emotionally close. Although Bereavement-related depression is one of the four core foci of IPT, it has not been tested as a prevention strategy. We hypothesize that the interventions outlined below will demonstrate that recruitment and retention of bereft subjects is feasible and acceptable and that measures of depression severity and grief intensity will show a downward trend over time despite being a pilot study with a small number of subjects.

Baggott J and Whight D: A feasibility study of conducting an IPT-BN(m) randomised controlled trial in an NHS eating disorder clinic

Biographies:

Dr Jonathan Baggott is a Consultant Psychiatrist and leads a large NHS Regional Eating Disorders Service in Leicester, UK. He is an IPT therapist, supervisor and trainer and was a member of the IPT expert reference panel for the development of the IPT IAPT competency framework. He has been involved in various IPT studies including the development of a modified IPT for Bulimia Nervosa IPT-BN(m) and is the lead clinician for the development of IPT AN, a modified form of IPT for the treatment of anorexia nervosa, which he is currently piloting.

Debbie Whight is a Clinical Nurse Specialist working in the Leicester Eating Disorders Team. She is an IPT therapist, trainer and supervisor, is the IPT Leicester Course Director and is a member of the IPTUK Training Committee. Her particular interest is in IPT research and she is the lead author of the IPT BNm manual, the treatment manual for IPT for bulimia and binge eating disorders. She has been involved in a number of studies for IPT, including developing brief IPT for bulimia nervosa (IPT BN10) and developing a modified version of IPT for use in patients with anorexia nervosa, IPT AN.

Solts B: Clinical outcomes of IPT groups run in the UK using the Wilfley-Welch IPT-G model

In 2013 the Surrey-Sussex IPT Centre ran the first training in IPT-G in the UK in collaboration with Denise Wilfley and Rob Welch. This paper demonstrates how the Wilfley-Welch model of IPT-G can be applied across a variety of community settings in the UK, including with some difficult to treat clinical populations who have multiple life problems, a paucity of helpful social networks, and challenging dependency needs. The paper will present the outcome results from groups run in association with the training including groups for working age adults with long-term mental health problems; groups for older people; women serving prison sentences and groups in primary care.

In addition to presenting clinical outcomes, the paper will discuss how the Wilfley-Welch IPT-G model was adapted to meet the needs of different client populations and address what was learnt from applying IPT-G to these 'real-world' situations. We will discuss the challenges and advantages of applying IPT-G in public health settings, and what it is in particular about a group therapy approach that may benefit patients' experience and therapy outcomes.

Symposium 10: Strand 1 New Research

Chair: Laura Mufson

Tanaber Matsuzaka C: Interpersonal Counselling delivered by community health agents in Brazil – São Paulo: Preliminary findings

Major Depression (MD) is an important public health problem associated with high levels of disability, impairment in quality of life, and increased mortality rates. Depressive disorders are the leading cause of burden on developing countries in young people aged from 10-24 years old. Despite it health professionals from the Brazilian Familial Health Program (BFHP), a primary care health system from Brazil, were not trained to recognize or treat depressive symptoms. The lack of trained primary care physicians and the high-cost of medication make the use of antidepressants unfeasible. The BFHP is based on teams composed by 1 physician, 1 nurse and 7 community health agents (CHA), which are responsible for all population living on a circumscribed area, where the CHA are residents. Although some unities have a support of a psychologist, extended psychotherapy is also unfeasible. Therefore, Interpersonal Counseling (IPC), an evidence-based psychosocial intervention derived from Interpersonal psychotherapy, was considered a reasonable manualized and brief format of intervention, compatible with local culture to be administered by CHA. The aims of the study were to train CHA in IPC and to evaluate its efficacy to treat depression symptoms compared to treatment as usual (TAU) in a randomized controlled clinical trial. The agents have elementary school degree. They are trained in most common primary care issues but none had previous mental health training before. We trained 40 CHA in a 3-day teaching seminar on IPC techniques and 20 agents were selected to deliver IPC. After the training CHA group were split to receive bi-monthly 120 minutes supervision by 2 IPT trained therapists.

Soares Monterio I: Interpersonal Psychotherapy and its effectiveness in Portugal: A comparison between clinical settings

Introduction: Interpersonal psychotherapy (IPT) is characterized as a short-term model effective therapy, formulated for the treatment of major depressive disorder, having been adapted and expanded to treat other psychiatric disorders, becoming very effective (e.g., Mello, 2004). This therapy is based on the biopsychosocial model and seeks the relief of symptoms associated with depression, addressing inherent interpersonal problems (Carvalho, Pupo & Mello, 2011). Interpersonal psychotherapy contextualizes interpersonal problems in three fundamental problem-areas, namely Grief and Loss, Interpersonal Conflict and Role Transition. After the identification of the main problem-area, the focus of work during the sessions of therapy is to reduce the symptoms and increase the quality of interpersonal experiences.

Therefore, interpersonal psychotherapy sessions are divided into three major phases, namely the initial phase, where it encompasses the assessment, inventory and clinical formulation, having a total of one to three sessions; the intermediate phase, where we address the problem areas and communicational analysis, in which we last about four to twelve sessions; and finally the final stage, where we do the completion of acute treatment, within one or two sessions. There is also the possibility of maintenance for more specific cases (Markowitz & Swartz, 2007; Bellino, Boggeto & Rinaldi, 2010).

Given the lack of knowledge of this effective psychotherapeutic model in Portugal, and to contribute to its spread in this country, evidence and studies need to be made in order to validate the model and evidence its effectiveness with the Portuguese population. Hence, the aim of the present investigation is to evaluate the clinical practice with IPT, based on two very different clinical settings: private and hospital.

Biography:

Ivandro Soares Monteiro, PhD

Clinical Psychologist/ certified level E Interpersonal Psychotherapy Psychotherapist (International Society for Interpersonal Psychotherapy), in private practice since 2000. Director of the ORASI Institute. M.Sc. Cognitive Sciences & PhD in Clinical Psychology (University of Minho, PT). University Visitor Professor (ICBAS – Instituto de Ciências Biomédicas Abel Salazar, University of Oporto, PT).

Klein Rafaeli A: Interpersonal Counseling (IPC) for International University Students: Using the Brief IPT Form as a Primary Intervention

The IPC protocol was introduced to mental health and student service professionals working with international students. Clinical psychology interns, social workers and practicum students were trained to use IPC; in addition, a training workshop was given to student service staff who interface regularly with such students. We will use a clinical vignette to describe how the IPC protocol was adapted to work with international university students, and how the training of both clinicians as well as non-mental health workers was conducted.

Biography:

Alexandra Klein Rafaeli received her doctorate in clinical psychology from Yeshiva University in New York City. She also holds an MA in Education from Teachers College, Columbia University. Her doctoral research focused on academic motivation: specifically, the use of cognitive behavioral approaches for students with chronic school failure. Her clinical training has focused mainly on evidence-based treatment approaches. It included a fellowship at Albert Einstein College of Medicine's Adolescent Psychoeducational Treatment Program, training and research in Interpersonal Therapy (IPT) at the NY State Psychiatric Institute/Columbia University, and an advanced Certificate and post-doctoral fellowship in Cognitive/Rational Emotive Behavioral Therapies from the Albert Ellis Institute. Dr. Rafaeli is a certified IPT Supervisor. She is a member of the International Society for Interpersonal Therapy as well as the Israeli Association for Interpersonal Therapy. Dr. Rafaeli is a founding member of the New School for Psychotherapy. Dr. Rafaeli teaches and supervises at the Tel Aviv University Counseling center and is the coordinator of services for the international students on campus. She has a private practice in Ra'anana, Israel.

Workshop 6: Strand 4 Modified Practice & Delivery

Communication Analysis, the tip of the interpersonal iceberg – applying attachment and interpersonal theories in therapeutic processes

Presenter: Paula Ravitz

Communication Analysis is a key therapeutic technique of IPT in which, beyond fact-finding, problematic patterns of relating and core issues in dispute can be identified and used to generate insight and strategies for change. Relational theories can help therapists to organize their understanding, and guide exploration during this therapeutic process. This workshop focuses on attachment theory, interpersonal pulls and mentalizing principles that can be integrated with IPT. Taken together these theories can help IPT therapists to be flexibly responsive with an understanding of individual patient differences in attachment, maladaptive distancing patterns of relating, and the impact of trauma. In specific this interactive, didactic workshop focuses on using communication analysis with clients with insecure attachment styles and a history of trauma. Therapist formulation worksheets will be applied to case presentations, role plays and videotaped demonstrations to consolidate learning.

Symposium 7A: Strand 4 Modified practice and delivery
Chair: Liz Robinson

Innovations in IPT Training Supervision

Presenters: J. Schultz, O. Omay, C. Ashen

Interpersonal Psychotherapy (IPT) has been disseminated across the globe. However, very little published research has evaluated the IPT training process and outcomes for clinicians in the field who are not delivering IPT as a part of a research trial. Examining training of therapists in the community, Reay et al. (2003) found that just one-third of the therapists trained through a 20-hour course completed group supervision and IPT with one client. Barriers to completion in Reay's study included problems with patient selection, preference for other treatments, and problems adhering to the IPT approach. In contrast, Stewart et al. (2014) demonstrated the successful training of a large cohort of therapists (n = 124) in the VA system after a three-day didactic training and six months of mandatory bi-weekly consultation meetings.

In sum, the existing literature suggests variable outcomes following didactic training. While most clinicians desire to provide best available treatments, many barriers exist to becoming well-trained and competent, including ineffective training methods, lack of evidence-based training programs, time, cost, and access to training.

In this symposium, presenters will discuss innovations in IPT training and supervision to address some of these long-standing barriers with the goal of effective dissemination of IPT worldwide. In the first presentation, a large-scale IPT training program using a Community-Based model will be described along with data supporting its effectiveness. The second presentation will describe a second Modular Supervision model now in use in France and Turkey; this program was specifically developed to address situations in which individual supervision resources are scarce. The third presentation will describe and discuss specific supervision skills and tools for supervision within these models.

13.15 - 14.45	<p>Symposium 11: Strand 2 Clinical Population Chair Matthias Schwannauer</p> <p>Sturm R: IPT-A as a Bridge to “Building Healthy Children”: Adaptations for a low income teen population</p> <p>The goal of this presentation is to provide an update about the development of the adaptation of IPT-A with a low-income racially and ethnically diverse population. Living in poverty potentially poses a myriad of challenges for clients. Multiple stressors can range from meeting the basic needs of the family on a daily basis (e.g., safe housing, food, and clothing), to dealing and coping with community and domestic violence and trauma. The high incidence of children living in poverty in Rochester, NY reflects the 2nd worst rate among cities nationwide. Teen mothers are more likely to live in poverty as they earn an average of \$5,600 per year during their first 13 years of motherhood. These challenges can certainly have an impact on one’s mood and research has consistently found that maternal depression places infants and young children at significant risk for poor development. Previous work by MHFC funded by the NIMH demonstrated the efficacy of an IPT intervention with low-income families (Toth et. al. 2013). This presentation expands on that work and will discuss an integrated approach to evidence-based home visitation targeting low-income teen parents. “Building Healthy Children” (BHC) has several evidence-based models, one of which is IPT-A, woven into a seamless network to address identified risks for child maltreatment. In addition, casework support to assist with concrete needs is provided throughout the program. Interventions provide young mothers with comprehensive services addressing parenting education, support in developing positive parent-child relationships, treatment for maternal depression, counseling to reduce unplanned repeat teen pregnancies, employment and educational support and any needed support services such as assistance obtaining food, clothing, and stable, safe housing arrangements.</p> <p>Biographies: Robin J. Sturm, Ed.D., has been employed at the Mt. Hope Family Center (MHFC), University of Rochester, in various clinical capacities for 22 years working with high risk maltreated children and their families. Dr. Sturm is a Senior Supervisor and therapist for the Center and currently practices within the Interpersonal Psychotherapy (IPT) and Child-Parent Psychotherapy (CPP) models of intervention. In addition, Dr. Sturm is the Project Director of the Building Healthy Children Program (BHC) at MHFC. This program provides evidence based interventions for low income teen mothers and their babies. Dr. Sturm assisted in the development and implementation of this program and she provides direct supervision and support to clinical staff on the project. She also oversees and coordinates the evaluation and research component of BHC. Dr. Sturm has participated in the recommended process to become an approved national trainer and supervisor in both the IPT and CPP models of intervention, and additionally supervises in the trauma informed evidence-based interventions of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Alternatives for Families – A Cognitive Behavioral Therapy (AF-CBT).</p>
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She has provided training in trauma and the impact on children and families at various local venues and she conducts local CPP and IPT trainings on an annual basis. In the academic realm, Dr. Sturm has published on the effectiveness of IPT as a model of intervention and she taught an undergraduate course (at the University of Rochester) in the area of child development. In 2012, Dr. Sturm received a “Career Achievement Award” from the Rochester Business Journal and the United Way of Greater Rochester. She is a member of the American Counseling Association, the National Board of Certified Counselors, and the International Society for Interpersonal Psychotherapy. Dr. Sturm’s major clinical and research interests include: trauma, attachment, depression and evidence-based practices.

Lindsey M: Targeting Treatment Engagement among Black Adolescents with Depression

Depression is a serious public health concern impacting youth from all racial and ethnic groups in the United States. Compared with others, African-American youth from urban environments are more likely to suffer from depression and least likely to receive mental health services. Various social and perceptual factors prevent them from seeking services and decrease treatment engagement. Lack of treatment results in escalated depressive symptoms, academic failure and violence among urban African-American youth. The Making Connections Intervention (MCI) represents a brief intervention that aims to engage depressed youth in school mental health services. This study’s purpose is to evaluate the efficacy of the MCI in enhancing the effect of the Interpersonal Psychotherapy for Depressed Adolescents (IPT-A) to alleviate depressive symptoms among urban African-American youth by decreasing treatment barriers and increasing treatment motivation.

Biography:

Dr. Michael A. Lindsey is an associate professor at the New York University Silver School of Social Work. Dr. Lindsey is a child and adolescent mental health services researcher, and is particularly interested in the prohibitive factors that lead to unmet mental health need among vulnerable youth with serious psychiatric illnesses, including depression. Dr. Lindsey has received research support from the National Institute of Mental Health (NIMH) to examine the social network influences on perceptual and actual barriers to mental health care among African American adolescent males with depression. Dr. Lindsey’s current research, funded by NIMH and the Annie E. Casey Foundation, involves the development and test of a treatment engagement intervention that promotes access to and use of mental health services among depressed adolescents in school- and community-based treatment. Dr. Lindsey is a member of the Ford Foundation Scholars Network on Masculinity and the Wellbeing of African American Males; the Emerging Scholars Interdisciplinary Network; and the Mental Health Education Integration Consortium. His published research has appeared in the American Journal of Men’s Health, Journal of Adolescent Health, Clinical Child and Family Psychology Review, Journal Clinical Child & Adolescent Psychology, Journal of Black Psychology, General Hospital Psychiatry, Prevention Science, Psychiatric Services, and in the journal Social Work. Dr. Lindsey holds a PhD in social work and MPH from the University of Pittsburgh; an MSW from Howard University; and a BA in sociology from Morehouse College. He also completed a two-year postdoctoral fellowship in public health at the Bloomberg School of Public Health, Johns Hopkins University.

Toth S: The Efficacy of IPT for Promoting Maternal Efficacy and Decreasing Negative Emotionality and Disorganized Attachment in Offspring of Mothers with MDD

Despite the increased prevalence of depression in economically disadvantaged mothers, many do not seek treatment or receive treatments that are often sub-standard and that fail to effectively alleviate their symptoms (Wang et al, 2005). The well-established connection between maternal depression and early symptoms of maladaptation in offspring further underscores the need for evidence-based treatment in economically disadvantaged young mothers with MDD. Intervention with young mothers with MDD may improve the developmental course not only for mothers themselves, but also for their young children (Shaw et al., 2009; Weissman et al., 2006a). The efficacy of Interpersonal Psychotherapy (IPT) for young mothers has been demonstrated in a recent RCT (Toth et al., 2012). The current report extends that work by examining the positive effects on the offspring of mothers receiving IPT. The sample included 125 racially and ethnically diverse low-income urban mothers with an infant. All women met criteria for MDD and were randomly assigned to either Interpersonal Psychotherapy (IPT) or Enhanced Community Standard (ECS). Assessments were conducted at baseline, post-intervention, and at an eight-month post-intervention follow-up. IPT was delivered in accord with the treatment manual (Weissman et al., 2000) and included the provision of 14 one-hour sessions on a weekly basis, many of which were home-based. Women in the ECS condition were not required to be in treatment, but were offered referral to services typically available in the community.

Biography:

Sheree L. Toth, Ph.D. is the Director of Mt. Hope Family Center, Professor and Director of Clinical Training in Clinical and Social Sciences in Psychology at the University of Rochester. Her interests are broadly focused in the area of developmental psychopathology and throughout her career she has been committed to bridging research and clinical practice. Dr. Toth has published in the areas of the developmental consequences of child maltreatment and the impact that Major Depressive Disorders exert on offspring. She has received funding from the NIMH to evaluate a number of preventive interventions with maltreated infants and children. Her Center is also a member of the National Child Traumatic Stress Network. Dr. Toth is an Associate Editor for the journal *Development and Psychopathology*. In 2013, she received the Outstanding Research Career Achievement award presented by The American Professional Society on the Abuse of Children for repeated, significant and outstanding contributions to research on child maltreatment.

Symposium 12: A 40 Year Systemic and Historiography of IPT (and rapid oral presentations of the top 3 posters)

Paula Ravitz

BACKGROUND: IPT is among the first time-limited and manualized psychotherapy treatments to be empirically tested in clinical trials. Since the publication of the first controlled psychotherapy v. pharmacotherapy depression trial 40 years ago, the IPT literature has continuously expanded the evidentiary base for its effectiveness. This review synthesizes the history and evolution of IPT as represented in publications accessed through electronic data bases, peer-reviewed journals and clinical guidelines. This review also highlights how IPT research, applications, and implementation have unfolded within a broader context of research and discourse on the practice of psychotherapy - how, why, and for whom it helps, including different patient populations, and ways to use psychotherapy in the service of mental health needs.

Workshop 8: Strand 4 Modified Practice & Delivery

Using IPT in Geriatric Aged Patients with Depression, Cognitive Impairment or Both

Presenter: Mark Miller

This workshop is intended to be a practical introduction to using IPT tailored for older patients. The worldwide literature will be concisely reviewed with emphasis on our extensive experience using IPT in elders in Pittsburgh (both in research protocols and in the Benedum Geriatric multidisciplinary Treatment center). At the University of Pittsburgh, IPT is currently being taught to the next generation of masters-level social work students. Key differences between traditional IPT and IPT used for those with cognitive impairment (IPT-ci) are the incorporation of the caregiver(s) into the treatment process from the first meeting, the use of greater flexibility in the use of individual or joint sessions with the identified patient and caregiver(s) as well as varying the interval of follow-up sessions as dictated clinically. Video clips will be used to illustrate key points and audience participation is encouraged to generate discussion.

A proposal will also be outlined for the creation of a new position entitled: Geriatric Mental Health Specialist who would be trained in-depth using IPT principles to work as a team member in primary care clinics with geriatric aged patients as well as other settings to help train an adequate clinical workforce to deal with the anticipated high numbers of Alzheimers Disease patients worldwide