Addressing Adolescent Depression Risk by Adapting Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST) for Primary Care

Statement of Problem

Rates of depression rise during adolescence and sociodemographic disparities in adolescent depression have been documented. The onset of depression during adolescence has been linked to adverse outcomes into adulthood such as psychological, educational, social and physical health issues. Thus, adolescent depression is a major public health concern.

Adolescent depression risk is often uncovered in primary care during universal screening. Despite this, options for follow-up, especially for youth with mild symptoms, are lacking. While evidence-based prevention programs for addressing adolescent depression exist, many are resource- and time-intensive, thus presenting obstacles to widespread dissemination and implementation.

To mitigate the short- and long-term consequences of depression symptoms and disorders during adolescence, access to high-quality preventive interventions is key.

Description

In an effort to reduce the research-to-practice gap, our team conducted a study to adapt an evidence-based depression preventive intervention, Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST), to promote its implementation in primary care. Traditionally, IPT-AST is a group-based program that consists of 1-2 individual pre-group sessions, 8 group sessions and 1 individual mid-group session that teach communication and interpersonal problem-solving strategies.

Given that adolescents experiencing depression symptoms are likely to be identified in primary care due to universal adolescent depression screening guidelines, this is a key setting for embedding prevention programs. As the de facto mental health services system, the primary care setting can reduce common barriers to mental health services and increase access to care for marginalized youth.

We generated proposed adaptations to IPT-AST based on our prior research and relevant scientific literature. We collected feedback from adolescents, caregivers, and clinicians in primary care as well as topical experts (i.e., experts in depression prevention and treatment, medical and behavioral health services in primary care, and policy) to guide the adaptation process. This community-partnered approach to adaptation resulted in a 6-session (4 group sessions, 2 individual sessions) depression prevention program, Brief IPT-AST (B-IPT-AST), that we just finished testing in a pilot randomized controlled trial in urban primary care sites that serve large proportions of racially and ethnically minoritized youth.

The primary outcomes examined in the pilot randomized controlled trial will be the feasibility and acceptability of B-IPT-AST. For secondary outcomes, we will assess clinical effectiveness by examining changes in adolescent depression and anxiety symptoms, impairment, and parent-child conflict from pre- to post-intervention.

Next Steps

The goal is for this program to eventually be delivered routinely in settings where adolescents are likely to receive mental health services, including primary care.

Findings from this study can help maximize the reach of adolescent depression prevention programming in a way that is most acceptable to the adolescents in need of these services and the clinicians who would deliver them. The proposed study will pave the way for a large-scale trial to simultaneously examine clinical and implementation outcomes associated with B-IPT-AST.

Our hope is that this study will yield a depression prevention program that can be widely delivered, and that the opportunity to prevent depression symptoms from worsening in primary care can improve young lives.

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