

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 will conduct a study to adapt an evidence-based depression preventive intervention, Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST), to promote its implementation in primary care. As it currently stands, 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 will generate proposed adaptations to IPT-AST based on our prior research and relevant scientific literature. We will then refine the adapted program based on feedback from adolescent depression prevention/intervention experts as well as key community partners (i.e., adolescents, parents, and clinicians in primary care).

Our team will adapt the evidence-based adolescent depression prevention program to be briefer and more accessible, which will result in a scalable prevention program. Brief IPT-AST (B-IPT-AST) will be tested 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 depression and anxiety symptoms, parent-child conflict and impairment 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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PolicyLab Leads

Molly Davis PhD

Faculty Member

Molly Davis is a faculty member at PolicyLab at Children's Hospital of Philadelphia (CHOP) and a licensed clinical psychologist in the Department of Child and Adolescent Psychiatry and Behavioral Sciences at CHOP. Additionally, she is an assistant professor of psychiatry at the Perelman School of Medicine at the University of Pennsylvania.

The overarching aim of Dr. Davis' research is to produce findings that can be used to improve the effectiveness and implementation of identification, prevention, and intervention programs for youth and families from underserved communities, with a particular focus on programs targeting depression and suicide risk. Dr. Davis has engaged in research across the translational research spectrum, allowing her to develop expertise in developmental psychopathology, prevention/intervention and implementation science research. She is particularly passionate about narrowing the research-to-practice gap in primary care and schools by identifying depression and suicide risk via screening and implementing evidence-based prevention programs to address risk. Dr. Davis is also invested in identifying barriers and facilitators to implementing evidence-based behavioral health practices that are common across different settings and

clinical practices to accelerate implementation.

Currently, Dr. Davis works primarily on an Institute of Education Sciences (IES)-funded randomized controlled trial testing the efficacy and implementation of a telehealth-delivered group depression prevention program (Interpersonal Psychotherapy-Adolescent Skills Training; IPT-AST) for adolescents in schools. She is also collaborating with researchers at the University of Pittsburgh and CHOP on an National Institute of Mental Health (NIMH)-funded P50 Center, which focuses on testing novel suicide and depression prevention approaches in pediatric primary care, most of which involve digital mental health tools. Dr. Davis has also been studying depression screening, including risk rates and screening administration patterns, in pediatric primary care.

Dr. Davis received her PhD in Clinical Psychology from the University of Georgia (UGA). At UGA, she also earned a Quantitative Methods in Family Science Certificate, which provided her with training in advanced statistics. She completed her predoctoral clinical internship on the integrated behavioral health track at CHOP.



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Team

Jami Young PhD

Faculty Member

Dr. Young has received funding from the National Institute of Mental Health (NIMH) for her research on Interpersonal Psychotherapy–Adolescent Skills Training (IPT-AST), a group preventive intervention for adolescent depression which targets interpersonal vulnerabilities for depression. She has conducted three randomized controlled trials of IPT-AST delivered in schools and has examined the effects of this program on a variety of mental health, interpersonal and school-related outcomes. Currently, Dr. Young has a collaborative R01 to conduct a personalized prevention study to examine whether the effects of depression prevention programs can be maximized by matching youth to programs based on their vulnerabilities for depression.

Dr. Young's research has also included the study of risk factors for later psychopathology. She was the principal investigator of a collaborative R01 longitudinal study of genetic, cognitive and interpersonal risk factors for youth depression. Most recently, Dr. Young has begun to examine the identification and management of adolescent depression in primary care settings.

In addition to her research, Dr. Young has been involved in national and international efforts to train community clinicians in evidence-based prevention and treatment interventions for adolescent depression. She also serves as an NIH Grant Reviewer for the Psychosocial Development, Risk and Prevention study section. Taken together, Dr. Young's work aims to decrease the incidence of adolescent depression and increase children's access to evidence-based assessment, prevention, and treatment of depression and other behavioral health conditions.

Dr. Young received her PhD in clinical psychology from Fordham University. She completed an NIMH-funded post-doctoral fellowship in the Department of Child Psychiatry at Columbia University. Prior to coming to CHOP, Dr. Young was at Rutgers University where she was an Assistant and Associate Professor of Clinical Psychology.



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Gillian Dysart (she/her) is a clinical research assistant at PolicyLab and the Department of Child and Adolescent Psychiatry and Behavioral Sciences at Children's Hospital of Philadelphia (CHOP). Ms. Dysart works with Dr. Jami Young on a study examining the efficacy of a school-based depression prevention program for adolescents.

Ms. Dysart graduated from Temple University with a bachelor's degree in psychology. During her time at Temple, Ms. Dysart worked as an undergraduate research assistant at the Child and Adolescent Anxiety Disorders Clinic (CAADC).

Ms. Dysart's research interests include the dissemination and implementation of evidence based mental health practices, integration of mental health care into community and primary care settings, and treatment equity. She plans to pursue a PhD in clinical psychology.



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