

# Premier's Anika Foundation Youth Depression Awareness Scholarship

## Building resilience through connectedness: Interpersonal therapy for adolescents at school

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## Introduction

Schools and educational systems in Australia and internationally are moving towards a more systemic and explicit focus on the social and emotional wellbeing of students. Contemporary research has shown that schools can act as the agents of change for developing resilience in young people and that this in turn has a positive impact on mental health and learning.

Resilience and the building of resilience in children and adolescents is a key focus of student wellbeing. The concept of resilience has moved from a deficit/risk construct towards a strengths approach and has helped promote good educational practice. The term 'resilience' is used in mental health to describe a person's capacity to cope with challenges and changes, and to bounce back during difficult times. Three of the key factors important in creating an environment that promotes resilience in young people are:

- Connectedness - an emphasis on social relationship building and creating an environment in which caring and support are considered important, promoting a sense of connection and belonging.
- Competence - positive expectations and a belief in one's ability and capacity with consistent guidelines and support to achieve goals.
- Contribution - genuine opportunities for participation and empowerment and a sense of efficacy through chances to contribute to decision making and change.

In NSW, statewide coordination and the allocation of funding towards programs that aim to build resilience and target depression and anxiety in young people have contributed significantly to the establishment and progression of several initiatives. These programs aim to improve the mental health and wellbeing of young people, reduce the incidence of mental health problems and provide greater support for students experiencing mental health issues.

Prevention and early intervention programs are normally classified into four types: universal, selective, indicated and treatment programs.

- *Universal programs* are whole school programs aimed at promoting a positive school environment and are presented to all students regardless of symptoms. Universal programs currently being promoted in the NSW education system include MindMatters, KidsMatter and Positive Behaviour for Learning (PBL).
- *Selective programs* aim to promote social and emotional literacy and are curriculum based teaching initiatives which can be implemented by classroom teachers (Bounce Back and Circle Time). They are tailored to fit in with current curriculum demands and may be aimed at children at specific developmental stages or towards those deemed at risk of developing a mental health disorder by virtue of particular risk factors that have been identified. Some of these programs are designed to be implemented by classroom teachers in conjunction with the school counsellor (Friends, Resourceful Adolescent Program (RAP) and Aussie Optimism).
- *Indicated programs* have been developed by psychologists and reflect well-researched methodology such as Cognitive Behaviour Therapy (CBT), Psycho-education and more recently Interpersonal Therapy. These intensive programs are delivered by the school counsellor either individually or to small targeted groups of students with identified mental health issues. These include Cool Kids, Adolescents Coping with Emotions (ACE) and Interpersonal Therapy for Adolescents (IPT-A)).
- *Treatment programs* are provided for those diagnosed with more complex mental health disorders and generally involve the school counsellor working in conjunction with clinical

psychologists and/or psychiatrists. In NSW, School-Link is a well-established collaboration forum between the departments of education and health. This coalition has enhanced pathways to care for young people at risk.

In Australia, Interpersonal Therapy (IPT) has recently been included in the focused psychological strategies under the Medicare funded programs. The Australian Psychological Society in its article *Psychological Therapies for Depression* (2002), reviews current effective and cost-effective therapies for depression. In addition to Cognitive Behaviour Therapy (CBT), Interpersonal Therapy (IPT) is recommended as an effective treatment for depression in children, adolescents and adults. In their Clinical Practice Guidelines, the Royal Australian and New Zealand College of Psychiatrists recommend both CBT and IPT as suitable first line treatments for depression.

Interpersonal Therapy is based on the premise that depression occurs in the context of interpersonal relationships. An adaptation of the model specifically for adolescents (IPT-A), has been shown to be extremely effective with those adolescents who are having difficulties in interpersonal relationships and who feel marginalised and socially isolated. The model provides support and training in re-establishing meaningful working relationships with friends and family. IPT-A involves educating both parents and adolescents about depressive illness and symptoms and aims to relieve psychological stress by targeting key areas of transition. These transitions fit into four possible problem areas of psychosocial functioning: Role Transitions, Grief, Interpersonal Disputes and Interpersonal Deficits such as difficulty in initiating and maintaining relationships and communicating about feelings.

IPT –A links closely to the model of resilience which promotes social and emotional wellbeing and helps students to increase their capacity to form and maintain positive and respectful relationships; to identify and manage their emotions and to develop empathy. Interpersonal Therapy also focuses on building communication skills including assertiveness and negotiation and helps develop problem solving strategies and informed decision making.

Depression often first occurs in adolescence when major life choices are being made in regard to in education, friends, and family relationships. IPT-A helps the adolescent identify and develop more adaptive methods for dealing with those interpersonal issues and has been shown in the research to prevent recurrent episodes of depression.

### **Focus of the Study**

The focus of my study was to enhance my knowledge of IPT and IPT-A by attending the 3<sup>rd</sup> International Interpersonal Psychotherapy Conference at Columbia University (March 27-29<sup>th</sup> 2009) and in particular to attend a training day with the founder of the adapted version of Interpersonal Therapy for Adolescents, Professor Laura Mufson.

The current form of the Interpersonal Therapy treatment was developed by the late Gerald Klerman and Myrna Weissman, at Columbia University, in the 1980s as a means of applying the interpersonal approach to psychotherapy for a series of treatment studies in depression conducted in the United States. Since that time it has been modified for a variety of other indications including IPT-A for Adolescents, IPT for Bipolar Disorder, IPT for Eating Disorders, IPT for Pregnancy and Postpartum Depression, IPT for Post Traumatic Stress Disorder, IPT in Developing Countries, IPT for Geriatric Depression and IPT -G for Groups.

International keynote speakers at the conference addressed current work (research, education and practice) taking place around the world and discussed efficacy studies and effectiveness data

supporting IPT for various patient populations. Issues relevant to the training of clinicians and dissemination of evidence-based psychotherapy were also addressed.

In addition to attending the conference, I was able to visit a range of schools in the New York and Boston areas of North America and met with school counsellors, school psychologists, social workers and educators to learn about their roles in the school. My focus of enquiry was to find out about programs relating to student wellbeing, social/emotional literacy, building resilience, as well as targeted programs that identify and support young people with depression.

I was also able to spend a day at TeenScreen, a national screening program for Mental Health and early depression detection, set up at Columbia University, and accessible to schools and primary health care practitioners nationally across the U.S.A.

## **Significant Learning**

### **Scarsdale Middle School, New York. (March 18, 2009)**

The first school I visited was Scarsdale Middle School. Scarsdale is an up market, village area north of Harlem. Its public schools consist of separate Elementary, Middle and Senior school campuses. The Middle school has an enrollment of 1100 students in Grades 6, 7 and 8, aged between 10 and 14. The school manual describes Scarsdale Middle School as a 'safe, efficacious and responsive place, where adolescents can grow and thrive' and it compares the benefits of a middle school environment to large junior high school settings where students often become disconnected.

The day was organized in such a way that I could meet with school counsellors, school psychologists and youth workers in the school, as well as observe lessons and some work by the school counsellor with individual students. This particular school has a range of programs to enhance resilience and to build social/emotional literacy. These include pastoral care through the division of students into 4 houses, each with assigned school counsellors and youth workers. In addition a 'CHOICE' program exists for students in grades 7 and 8, experiencing behavioural or learning issues, who would benefit from alternate programs.

I was given an overview of some universal social/ emotional literacy programs such as 'Sister to Sister', 'Girl Power' and 'Boys to Men' which are run regularly through the school. Selective programs for individuals and small groups are run by youth workers from the local Youth Services Project and focus on transition issues such as divorce, death and illness, friendship and bullying.

A fruitful discussion and sharing of information occurred, over lunch, with the school psychologists, Andrea Tripodi and Elliot Cohen. Topics included depression detection, early intervention, referrals to health practitioners and post suicide responses.

### **Fenway High School, Boston, MA. (March 24, 2009)**

Fenway is a small culturally diverse school of 300 students in grades 9-12. It consists of students from many racial and ethnic backgrounds, a mix that reflects the diversity of the city of Boston. Fenway High School is part of a group of schools in the Boston area known as Pilot or Charter schools. These schools were created in 1995 to provide an alternate education to traditional schools. They hold considerable autonomy over their own curriculum, calendar, staffing and budget.

I chose to visit this school because of its emphasis on connectedness. This is represented by the quotation which is the school motto:

*If even one person in a school knows him or her well enough to care, a student's chances of success go up dramatically* - Theodore Sizer.

The principal, Peggy Lee, explained that by staying small in size, Fenway functions as a 'community of learners, where every student is respected, supported, connected and intellectually challenged'. The students are placed in classes of mixed gender, race, socioeconomic and cultural backgrounds with an emphasis on a rich, open diverse learning environment.

I met with the Student Support Services Group which aims to encourage a harmonious and safe school community. In addition to a broad academic curriculum, designated student advisors are assigned to small groups of students and focus on teaching a range of social/emotional literacy programs. These include social and interpersonal skills, stress reduction, time management, diet and nutrition, sexuality and its risks/choices, reflective writing and violence prevention. Ongoing social justice projects such as 'Facing History, Facing Ourselves' and community service work, form part of the compulsory program.

Treating the city as a classroom is one of Fenway's fundamental approaches to teaching and learning. The school has developed a network of organizational and individual contacts that connect students to working adults in a range of fields, and many opportunities are opened up for adults to participate in school and classroom activities. In this way mentoring and motivational speakers encourage students to actively pursue their goals despite the presence of family and socioeconomic hardship. The statistics of students moving on to tertiary education and successful employment have risen dramatically and reflect evidence of the success of the program.

### **The International Society for Interpersonal Psychotherapy (ISIPT) – 3<sup>rd</sup> International Conference. Columbia University, New York. (March 27-29<sup>th</sup>, 2009)**

#### **Day 1: March 27<sup>th</sup> 2009.**

The theme of the conference on the first day related to the underlying theories underpinning Interpersonal Therapy and its adaptation for use in a range of clinical and social conditions. International speakers also presented papers on research data supporting the efficacy and effectiveness of IPT for various patient populations.

The opening address was by Professor Peter Fonagy, Head of the Clinical, Educational and Health Psychology Department at University College London, and an expert on early attachment relationships, who spoke on 'Attachment Theory and its Relationship to IPT.' An understanding by the therapist of the client's early attachment style is used in IPT to help patients selectively communicate their feelings and emotions more effectively, leading to a more positive experience of interpersonal competence. By gaining an understanding of how to meet their attachment needs more effectively, the client can have an effective experience of both seeking and receiving social support and therefore gain more security in relationships.

An interesting forum pertaining to the adolescent population was presented by Jamie Young, Assistant Professor of Psychology at Rutgers University. She presented an outline of her group adaptation of IPT-A. Her program targeted pre-adolescent students, who were identified as having some vulnerability towards depressive illness. The aim was to help these students enhance their interpersonal skills, through psycho-education, in their transition towards puberty and entering high school. The group setting offered a context in which young people could realistically role play different communication skills and receive validation and advice from peers.

Sheree Toth, Associate Professor of Psychology at Rochester University, presented a paper on the use of IPT for low-income mothers and their children. She provided creative ideas and ways of working with visual aides that could easily be adapted to enhance engagement when working with children and adolescents in schools.

### **Day 2: March 28<sup>th</sup>, 2009.**

The theme of the conference on the second day related to cultural adaptations and global updates from developing countries. The keynote address was given by Vikram Patel, Professor of International Mental Health at the London School of Tropical Medicine and a mental health advisor to WHO. He described efforts to scale up mental health services in developing countries, with an emphasis on training and utilizing non mental health staff to provide support in low resourced settings in Asia and Africa. Lincoln Ndgoni, psychosocial support advisor for World Vision International, provided a moving address, with accompanying video footage, showing the successful use of group IPT in building connectedness for Aids ravaged communities in Kenya.

A poster session and forum in the afternoon focused on new adaptations of IPT and included discussion on Interpersonal Therapy for adolescents with bipolar disorder; an adaptation of IPT for Bulimic eating disorder; IPT for self-injuring adolescents and brief IPT in primary care settings.

### **Day 3: March 29<sup>th</sup>, 2009.**

The program on the third day offered conference participants the opportunity to focus on their own specific areas of interest, with a broad range of parallel workshops and ‘asks the expert’ sessions to choose from. I attended the workshop with Professor Laura Mufson who adapted Interpersonal Therapy from the original IPT manual for use with depressed adolescents (IPT-A). Professor Mufson is an Associate Professor of Clinical Psychology in the Department of Psychiatry at Columbia University and directs the training program in empirically supported treatments for children and adolescents.

IPT-A is now well-defined in a manual. Major modifications for adolescents are the shortening of treatment duration and the involvement of parent(s) in the adolescent’s treatment. IPT-A has been shown to appeal to depressed adolescents because of its brief format and orientation to current social and interpersonal problems.

Mufson and her colleagues are currently conducting an effectiveness study of IPT-A and IPT-A (group), in comparison to ‘treatment as usual’ in school-based mental health clinics in an impoverished urban area of Washington Heights. I found the workshop informative and beneficial. The forum was interactive with practitioners from all over the world having the opportunity to share experiences and ideas.

### **Columbia University TeenScreen Program. (March 31<sup>st</sup> 2009)**

The Columbia University TeenScreen Program is a national flagship program across 43 States, offering voluntary screening to teenagers and their families through more than 500 sites in schools and primary health care settings. TeenScreen Schools and Communities, as the program is now known, was developed by Columbia University’s Division of Child and Adolescent Psychiatry based on research showing that more than 90 percent of youth who die by suicide suffer from a diagnosable and treatable mental illness at the time of their death.

I was hosted by the program coordinator, Deanna Richards, who gave me a detailed overview of the program and then introduced me to Mathilde Husky, Assistant Professor of Clinical

Psychology and Research Scientist for the program. Mathilde kindly showed me the online screening tools used and exposed me to a range of statistics relating to the national success of the program. Research has shown that the majority of youth identified through the program as being at risk for depression or suicidal ideation, are not in treatment. A follow-up study found that screening in high schools identified more than 60% of students who continued to have long term, recurrent mental health problems.

This is a voluntary program that requires parental consent for participation. The program uses a choice of two screening questionnaires, the Columbia Health Screen (CHS) or The Diagnostic Predictive Scales (DPS). Neither is considered to be a diagnostic tool but they are able to indicate risk factors. In addition, when indicated, a one-on-one interview is conducted with a mental health professional to determine if a teenager may be at risk for depression, suicide, or other mental health problems. Parents of youth found to be at possible risk are immediately notified, and the local TeenScreen program provides the family with a list of community resources where the teenager can obtain a complete evaluation and follow-up care.

## Conclusion

During the course of my study trip to North America, I have been exposed to a range of validated programs which aim to improve the mental health of young people and to provide support for those experiencing mental health problems. These programs are aligned in philosophy with social/emotional literacy programs and school-link programs currently being introduced into the NSW education and health systems.

I feel I have been able to enhance my knowledge and skills significantly and have returned to Australia with a deeper understanding of programs which can be implemented at universal, systemic, indicative and treatment levels. In particular, I am encouraged by the research supporting Interpersonal Therapy for Adolescents as an evidence based model. Professor Mufson and her colleagues have validated the adaptation of IPT-A for use in school settings with both individuals and groups.

I aim to develop a set of guidelines reflecting the successful adaptations of IPT-A for use in school settings, with modifications for its use in schools in NSW. As DGO, North Sydney, I plan to share this information with interested school counsellors in the region. In this way I hope to build a community of practitioners working with students to build resilience and enhance pathways to good mental health.

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