



**INTERPERSONAL  
PSYCHOTHERAPY:  
Community Implementation and  
Certification Program**

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# IPT Community-Based Training

- Review of EBP Implementation
- IPT Community Training Program
  - Training Data
- IPT Empirical Evidence
- Conclusion

## IPT: Applications

- Ages 9 – 99+
- Individual
- Couples
- Group
- Use with parents/care providers



## IPT: Applications

- Mood Disorders
- Anxiety Disorders
- PTSD
- Eating Disorders

# IPT Delivery Modalities

- **Individual** (Stuart & Robertson, 2012)
- **Group** (Wilfley et al., 2000)
- **Integrating others into treatment**  
(Brandon et al., 2012; Miller & Reynolds, 2007)

# How do we effectively and efficiently train clinicians to provide high quality evidence-based treatment?

- IPT is an Evidence-Based Practice (EBP) (Stuart, 2012)
- Growing, but limited training evidence base across EBPs (Beidas & Kendall, 2010; Stewart et al., 2014)
- Motivation of providers, training barriers, organizational barriers (McHugh & Barlow, 2012)
- Challenges with scalability of training methods (Fairburn & Wilson, 2013)

## Community-Based IPT Certification

- Completion of two day Level A course
- Completion of at least 10 of 12 biweekly hour-long IPT group consultation calls

# Community-Based IPT Certification

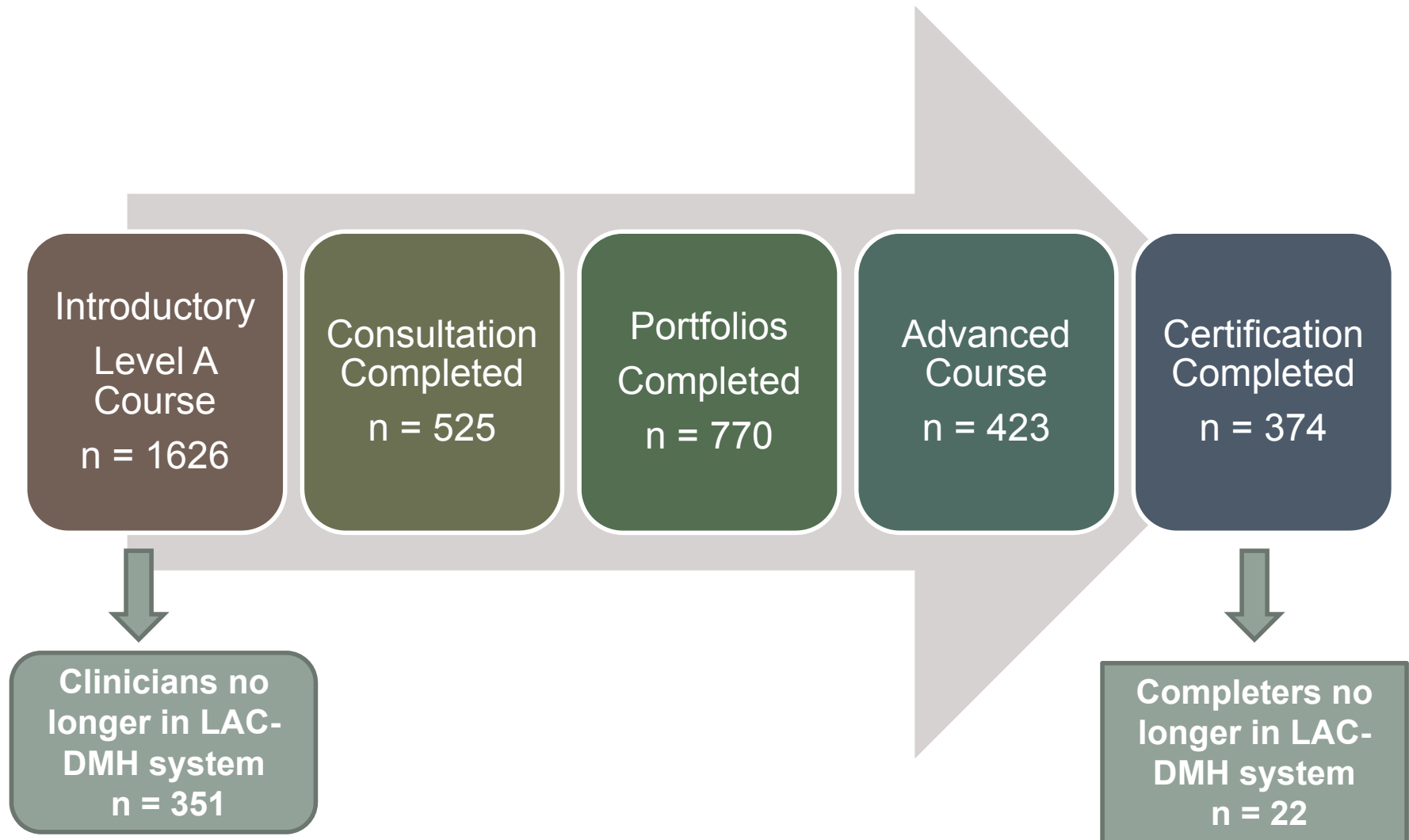
- Completion of TWO satisfactory IPT portfolios:
  - *Case report of the completed IPT case*
  - *Self-evaluation form*
  - *Interpersonal Inventory*
  - *Interpersonal Formulation*
  - *Audio or video tape of one session from the case*
  - *PHQ-9 every 4 weeks*
- Completion of a one day Booster IPT course



# IPT Community-Based Training Logistics

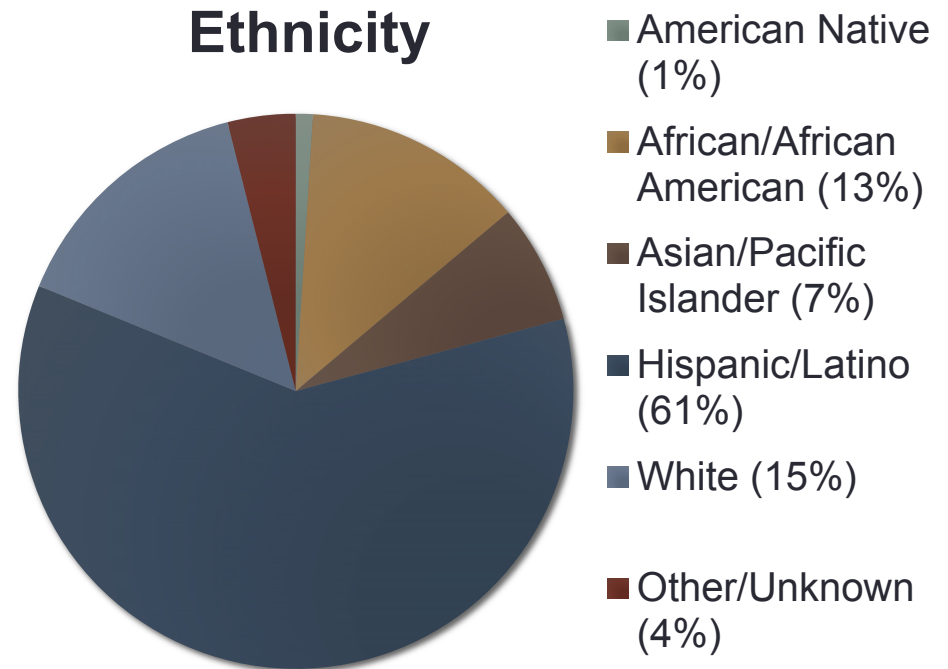
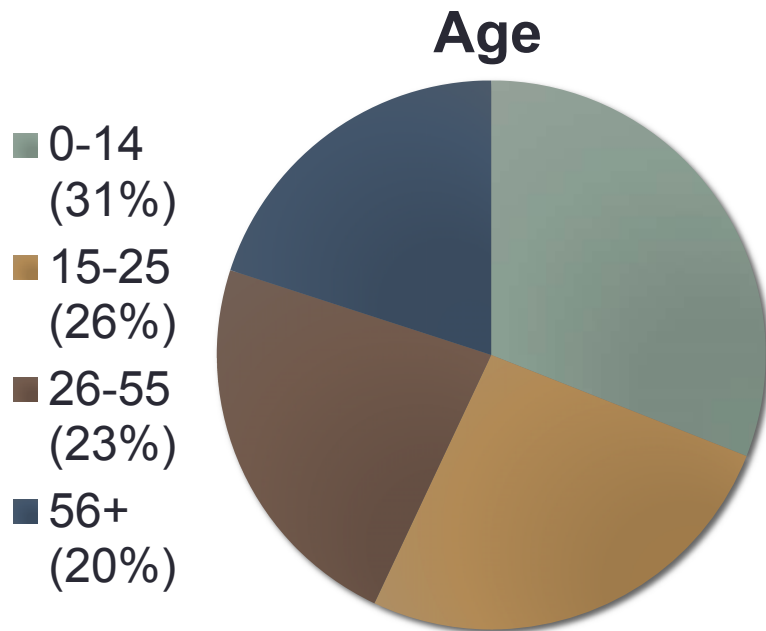
- 5 Trainers and 14 Consultants
- Consultations using Internet
- Management and tracking via IPT Website
- APA approved for CE credit for all training
- Experience in management of logistics

# LAC-DMH Training Completion



# IPT Clients Served

Unique IPT Clients Served			
2010-11	2011-12	2012-13	2013-14
813	1,147	2,493	2,690

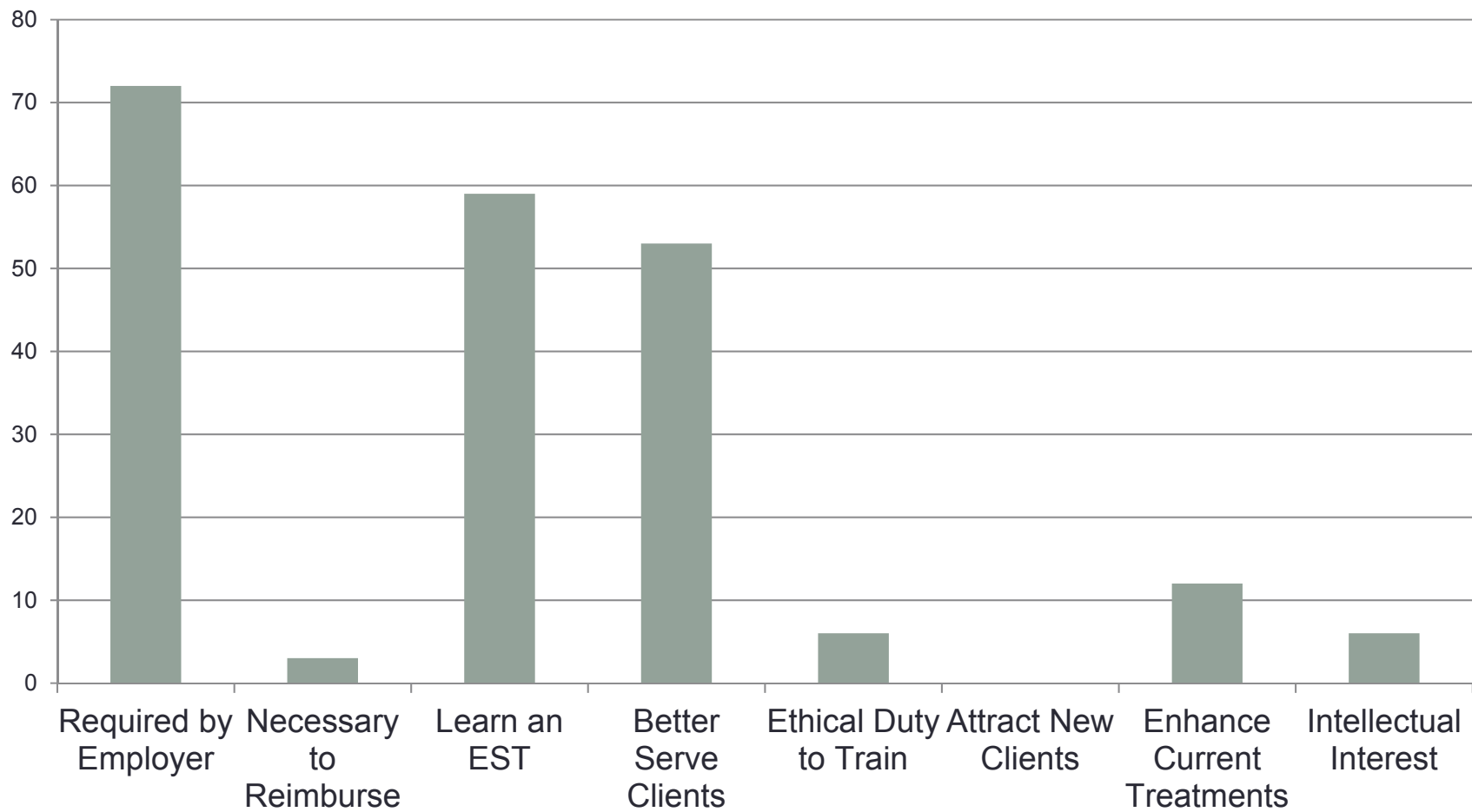


# IPT Training Evaluation- Methods

- **Pre-Training (n = 276)**
  - Demographics, Motivation for Training, IPT Knowledge
- **Post-Training (n = 756)**
  - Demographics, Evaluation of Training, Intent to Implement, IPT Knowledge
- **Six-Month Follow-Up (n = 124)**
  - Adoption, Adherence, Outcomes, Attitudes toward IPT, Self-Efficacy, Motivation
- **One-Year Follow-Up (n = 82)**
  - Adoption, Adherence, Outcomes, Attitudes toward IPT, Self-Efficacy, Motivation, IPT Knowledge

# IPT: Pre-Training

Reasons for Training



# IPT: Initial Outcomes

- High levels of satisfaction with training

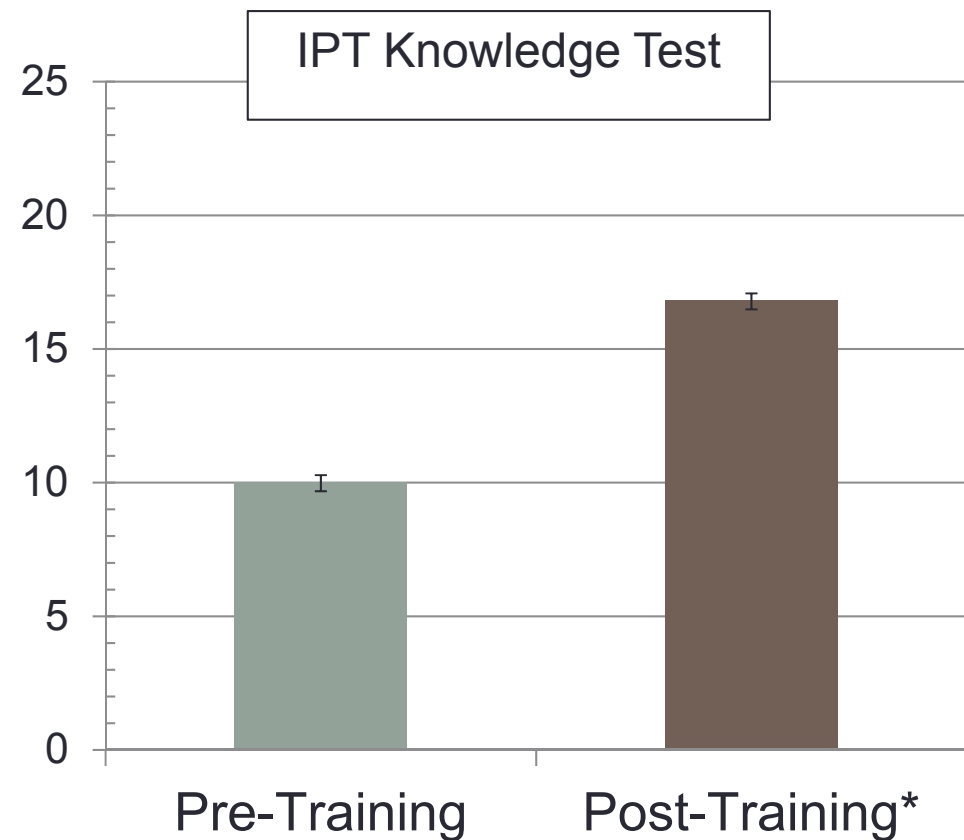
$M = 4.7, SD = .4$

- Strong intent to use IPT

$M = 4.53, SD = .58$

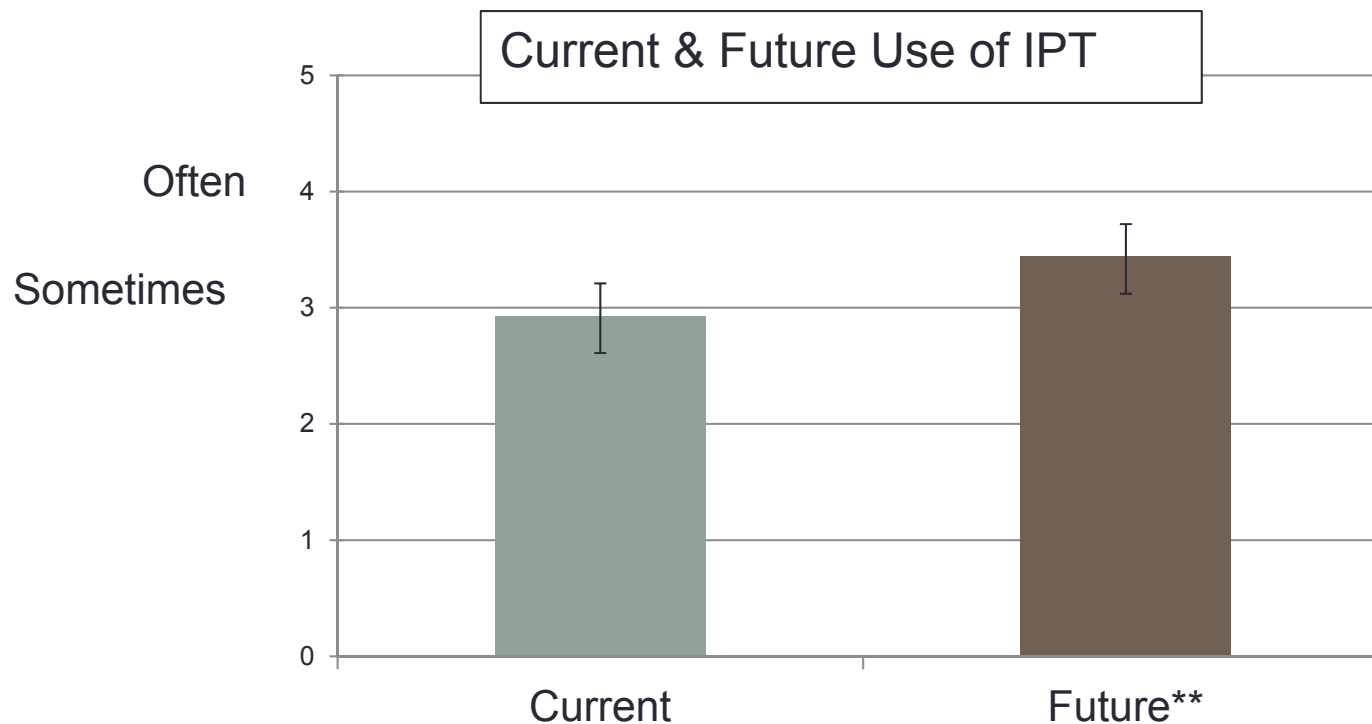
87.6% planned to pursue certification

- Increased levels of knowledge



# IPT: Six Month Outcomes

- Are clinicians using the treatment?
  - Current IPT clients,  $M = 2.33$ ,  $SD = 2.96$
  - Percentage of caseload,  $M = 19.4$ ,  $SD = 22.7$



## Summary of Hierarchical Regression Analysis For Variables Predicting Treatment Use

Variable	<i>B</i>	<i>SE B</i>	$\beta$	<i>F</i>
Model 1 ( $R^2 = .16^{**}$ )				5.25**
Consultation	.86	.30	.36**	
Training Evaluation	.46	.23	.26*	
Model 2 ( $\Delta R^2 = .07$ )				3.23*
<b>Consultation</b>	<b>.66</b>	<b>.31</b>	<b>.27*</b>	
Training Evaluation	.16	.27	.09	
IPT Self-Efficacy	.16	.26	.09	
IPT Motivation	.50	.30	.25	
IPT Attitudes	.08	.25	.05	
* $p < .05$ ** $p < .01$				



## Summary of Hierarchical Regression Analysis For Variables Predicting Treatment Adherence

Variable	<i>B</i>	<i>SE B</i>	$\beta$	<i>F</i>
Model 1 ( $R^2 = .19^{**}$ )				6.56**
Consultation	.84	.27	.38**	
Training Evaluation	.48	.20	.30*	
Model 2 ( $\Delta R^2 = .09$ )				4.10**
<b>Consultation</b>	<b>.64</b>	<b>.27</b>	<b>.29*</b>	
Training Evaluation	.14	.24	.09	
IPT Self-Efficacy	.31	.22	.20	
IPT Motivation	.33	.26	.19	
IPT Attitudes	.11	.22	.08	
* $p < .05$ ** $p < .01$				

# IPT: One-Year Outcomes

- Certification Completion and IPT Self-Efficacy emerge as unique predictors of use
- Clinicians exceed baseline competence rated by experts ( $M = 3.69, SD = .62$ )

# IPT Community-Based Training

- *Seminar training alone is ineffective*
- Didactic Training
- Ongoing Consultation
- Portfolios
- Booster Training
  
- 630 Portfolios reviewed
- 3.69 average rating (1-5 scale) by Consultants
- 3.53 average rating by self-report

# IPT: Lessons Learned & Future Directions

- Completion of training program and issue of dropout
  - Role motivation for training
  - Training in multiple models, pace of change
- Patient selection and IPT cases for clinicians
- Who is a great trainer?
  - Train the trainer (Martino et al., 2010)
  - Need for local champions
- Longer-term & client outcome data

## IPT: Conclusions

- Encouraging evidence for large-scale training effectiveness
- Key role of consultation and certification in clinician behavior change
- Much work to be done together

# IPT: Upcoming Training

**April 20-21, 2017**

*IPT Level A Course*, Los Angeles, CA

**April 24-25, 2017**

*IPT Level A Course*, Grand Rapids, MI

**April 27-28, 2017**

*IPT Level A Course*, Cleveland OH

**June 5-6, 2017**

*IPT Level A Course*, Los Angeles, CA

**June 7-8, 2017**

*IPT Level A for Adolescents*, Los Angeles, CA



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