An Open Trial of a Psychological Intervention Based on IPT-A for Adolescents Diagnosed with LD- On the way to IPT-ALD

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LD in Children and Adolescents

- Learning disorder (LD) is one of the most common childhood disorders, occurring in approximately 2-10% of children and adolescents (American Psychiatric Association, 2000)

- LD often co-occurs with other psychiatric disorders, such as ADHD, depression, anxiety disorders, and conduct disorders (Capozzi et al., 2008; Carrol, Maughan, Goodman & Meltzer, 2005; Goldston et al., 2007; Mayes, Calhoun & Crowell, 2000; Sideridis, 2007)

- Adolescents with LD, as compared to their nondisabled peers, are:
  - Less securely attached to parents and teachers
  - More socially lonely

  (e.g., Al-Yagon, 2007, 2010; Al-Yagon & Mikulincer, 2004)

Interventions among Adolescents with LD

- Most of the interventions have focused on enhancing cognitive and learning skills

  (e.g. Heath, 2007; Wexler, Voughn, Roberts, & Denton, 2010).
- Fewer interventions emphasize the social and emotional domains (Kavale & Mostert , 2004)
- Most of these include:
  - Cognitive Behavior Therapy (e.g. Kroese, Dagnan & Loumidis, 1997)
  - Social skills training (Vaughn, LaGreca, & Kuttler,1999)
  - Academic motivational programs (Brier, 2007)
  - Group treatment methods (Freilich & Schechtman, 2010; Mishna & Muskat, 2004)

I Can Succeed- ICS

- Aim- to promote emotional functioning, interpersonal functioning and academic executive functions of adolescents with LD and related psychiatric symptoms
- First manual- based treatment model that addresses BOTH academic executive functions and emotional/interpersonal aspects of LD
- The protocol consists of acute and follow-up phases
- Most of the sessions are individual, while up to 4 sessions may be held with parents
- Includes ongoing work with the adolescent's school

Acute Phase(1)

- 13 once-a-week 50 min sessions (3-months)
- Manual includes modules which are implemented in a specific order because the acquisition of one skill is based on the acquisition of the preceding one
- One session is devoted to each of the modules, except for parent training that is addressed in two sessions
- After a conceptualization is made, a treatment plan is developed and individualized for each adolescent
- Therapists decide collaboratively with adolescents and parents which modules should be addressed more intensively for additional 3 sessions in the acute phase

Acute Phase(2)- Modules

- **Psychoeducation about LD, co-morbidity etc.**
- **Intrapersonal skills:**
  - Self-awareness :
    - Adolescents' strengths and weaknesses
    - Externalization- understanding that his or her difficulties or limitations are not an intractable part of his or her personality.
  - Goal setting and organization:
    - *Goal-setting*: realistically understanding the steps involved in accomplishing a task and how they can be achieved
    - *Organization:* the ability to plan and manage task demands, as well as make order of space, time, and materials
- **Interpersonal skills – Based on IPT-A**
- **School**: Adolescent/parents-school relationship

Interpersonal work (IPT-A) in ICS

- Closeness circles and Interpersonal Inventory
- Emphasis on work of:
  - Adolescent-parent relationship
  - Adolescent-teachers relationship
- IPT-A techniques:
  - Communication analysis
  - Learning adaptive communication patterns
  - Decision analysis

Emotional skills

- Emotion cards- concrete for LD adolescents
- Emotion Regulation with the cards before communication- “Hit the iron when it’s cold” with written copying cards
- Role plays using play to make it concrete

Work with Schools

- The adolescent and parents are encouraged to choose a significant figure at school
  - Meets the adolescent once a week for a few minutes conversation
  - In touch with the therapist every three weeks
- The protocol includes a meeting with student, parents and school staff <u>at the school</u>

Strengthen cooperation and the “all of us in the face of the learning disability” support network

Follow up Phase/booster sessions

- 6 sessions over 18 months after the end of the acute phase: two weeks, 1, 3, 6, 12,18 months.
- Used to strengthen specific skills acquired during the acute phase and foster their generalization to new situations
- The booster sessions are mainly individual, but parents join each of these sessions for the last 20 minutes

Feasibility of ICS

- 40 adolescents with LD, 12 Females, 28 Males
- Mean age=12.6 + 0.87, 6th-9th grade
- All went through a comprehensive psycho-educational assessment and a structured psychiatric interview (M.I.N.I-KID) before beginning the intervention
- All diagnosed with various kinds of learning disorders (based on DSM-IV)
- 77.5% (n = 31) had more than one learning disability, especially co-morbid reading disorder and disorder of written expression
- High psychiatric co morbidity: ADHD- 52.5%; Anxiety-27.5%; MDD=7.5%
- Adolescents completed self report questionnaires (Child Behavior Checklist, Children's Hope Scale, Effort Scale, Children's Sense of Coherence Scale, Peer-Network Loneliness and Peer-Dyadic Loneliness Scale) at:
  - Baseline- before ICS Intervention
  - End of acute phase
  - 6 months follow up

Results (1)

- ICS is a feasible treatment to deliver and is acceptable to adolescents with LD and other co-morbid psychiatric disorders
- Only four adolescents dropped out
- Satisfaction was high:
  - 97% reporting that ICS was helpful and that they would recommend it to a friend
  - 84% found that the specific skills acquired through ICS were useful
- Pre-post changes in outcomes showed significant decrease in both externalizing and internalizing problems scales of the CBCL

Results (2)

- Internalizing problems: Before the intervention 45% were in the clinical and subclinical range of internalizing problems on the CBCL subscale
- After the intervention, only 24.3% were in the clinical and subclinical range
- Significant improvements were found in hope, investment and effort in studying, and achieving academic and personal goals

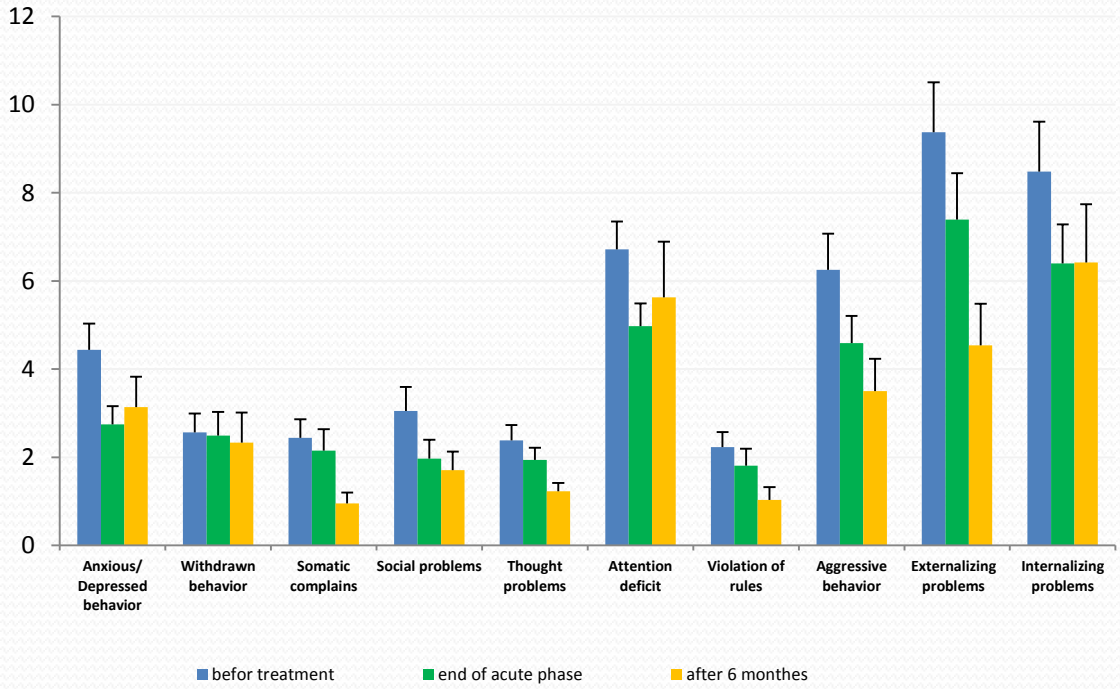
Attachment Related Measures to Parents, Teacher and Friends at Pre-Intervention, Post Intervention and at a 6 Month Follow Up

	Before Treatment Mean (SD)	End of Treatment Mean (SD)	6 month follow up Mean (SD)	F	df
Attachment to Father	3.07(0.08)	3.18(0.08)	3.22(0.08)	1.8	2,63.5
Attachment to Mother	3.27(0.07)	3.37(0.08)	3.48(0.08)	3.1*	2,66.8
Acceptance by Teacher	4.88(0.21)	5.32(0.22)	5.52(0.23)	5.36**	2,67.3
Rejection by Teacher	2.12(0.19)	1.70(0.19)	1.66(0.20)	3.78*	2,66.44
Peer Network/social Loneliness	1.67(0.09)	1.55(0.09)	1.43(0.10)	3.00	2,66.43
Dyadic loneliness	1.66(0.10)	1.56(0.10)	1.37(0.11)	4.11*	2,68.04

*p=<.05 **p<.01

- Improvement in attachment to mother (p=.05)
- Significant improvement in attachment to teacher (more acceptance, less rejection)
- Significantly less dyadic loneliness

Changes in CBCL Subscales Between Baseline, End of Acute Phase and 6 Months Follow-up



Results (3)

- The modules which were chosen to be more intensively addressed were interpersonal skills including:
  - parents training
  - effective communication (e.g. self advocacy)
  - problem solving/decision analysis

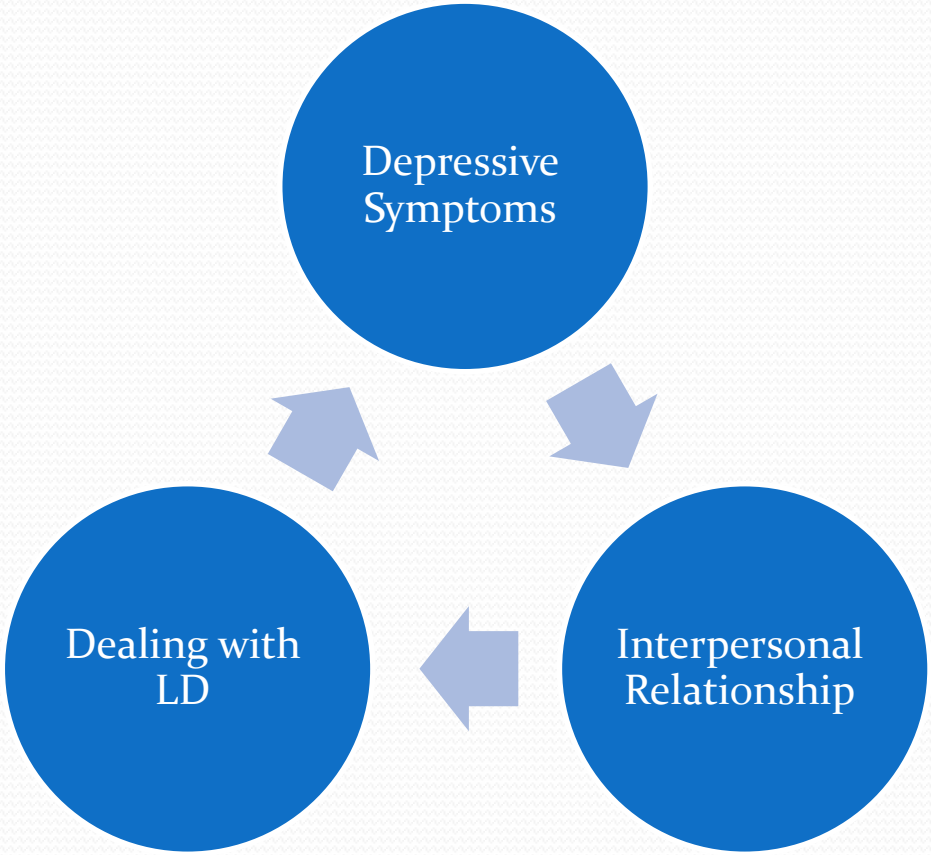
- Most adolescents were seen as needing more intensive work in the interpersonal aspects of the intervention

- Interpersonal psychotherapy for adolescent diagnosed with LD: IPT-ALD

Feasibility study of IPT-ALD

- Adolescents with LD and subclinical depression/anxiety symptoms (minimum 2)
- Learning Disorders Clinic at Schneider Children's Medical Center
- Acute and follow up phase:
  - Acute phase-15 sessions
  - Follow-up phase- 6 session

IPT-ALD


Depressive Symptoms
Interpersonal Relationship
Dealing with LD

Problem Areas in LD Adolescents

1. Grief- less frequent
2. Interpersonal Disputes- frequently with parents around learning issues
3. Role transition- LD/ADHD diagnosis
4. Interpersonal deficits- frequently part of LD diagnosis

Additions from ICS

- Psychoeducation on LD
- Dealing with LD- Role transition
- School meeting
- Organization skills, Goal setting

Current Status

- Staff completed IPT-A training (with ICS additions)
- Currently 4 LD patients
- Clinical assessments at pre-post and follow up
- Bi –weekly IPT-A supervision

Thank you