

Session Information

This is session #10 of IPT with this client. In it we discussed her relationship with her father. I used the IPT techniques of communication analysis and role playing with the aim of helping her to develop a closer relationship with him and to be able to express emotions other than anger.

Case Report

Janeta is a 13-year-old Latina (Guatemalan and Salvadoran descent) who is struggling with anger and difficult interpersonal relations following her mother leaving the family home approximately 2 1/2 years ago. She is being raised by her father since her mother left the home.

Janeta reported that her presenting problem was *"people are making me come to therapy."* She is currently in the 8th grade, and is at risk of failing and/or expulsion due to frequent verbal/physical altercations with peers, defiant attitude & bxs with staff, not completing work, and poor attendance. Her father insisted that she come to therapy to deal with these problems before she was expelled from school. Her estranged relationship with her mother appears to contribute to her difficult interpersonal relations and frequent anger. Janeta reports that her mother was *"never there"* even when she was an infant, adding that her mother would let her cry for hours, without feeding or changing her because she was unable to cope with the crying child. She states that she has never felt *"close"* to her mother and denies *"caring"* that her mother is not involved in her life. Janeta tends to avoid overwhelming, difficult feelings. She struggles with controlling her anger, low self-esteem, low motivation, difficulty identifying and expressing her feelings, and trust issues.

Janeta has diagnoses of **Oppositional Defiant Disorder** and **Major Depressive Disorder, Single Episode, Moderate**. She takes no medications. Her mother has a history of Substance Use Disorder and severe mental illness (bipolar d/o or BPD) and appears to have struggled with post-partum depression following her birth. It is important to note that she was conceived through IVF when her mother was 42 years old. She has never been hospitalized, and never attempted suicide or self-injurious behavior. Her **initial PHQ-9 score was 22** and her **initial GAD-7 score was 12**.

We have been meeting 1 x per week and have complete 10 weekly sessions. This is her first time in therapy, and she is now fully engaged and motivated to improve her mood, her behaviors, and to develop an understanding of why she becomes so angry. She has many strengths, but my concern is her lack of attachment to a primary caregiver in infancy, her mother's inability to provide stability in young childhood, and her mother's abandonment in her adolescent years. She is eager to improve her situation and learn to utilize her system of support to overcome her fears related to interpersonal connections. After a rough start, I feel a lot of empathy for her now that I understand the situation better.

Janeta has a **Dismissive** attachment style as evidenced by her core belief that no one can be fully trusted. She expresses difficulty depending on others, and fears being *"let down"* by others. She struggles to verbally communicate emotions other than anger. Her dismissive attachment style relates to her conflictual relationship with her mother and literal abandonment by her mother. She also has a

general lack of social support, and an unhealthy, enmeshed relationship with her father. This leads her to feel that she must survive in life on her own, and she very quickly rejects others to protect herself.

Janeta's current support includes the following: her father, boyfriend, boyfriend's mother and grandmother, and one school friend. She reports that she is most dependent on her boyfriend as a source of support, due to their similar life experience, and her belief that he best understands her. She has been with her boyfriend for approximately six months and appears to have developed a very strong bond with him. She sees her boyfriend (as well as his mother and/or grandmother) approximately five x's per week, and he provides her with emotional support, companionship, and guidance.

The primary problem area of the therapy is **Interpersonal Disputes**. Focusing on interpersonal disputes supports her **IPT Summary** goals of improving social relations and decreasing her anger/aggressive behaviors when she feels "*threatened*." Further, since this is her first time receiving mental health services, working on her Interpersonal Disputes supports her goals of better coping with her depression and learning to trust others. While completing the IPT Summary, she acknowledged the following strengths: resilience, willingness to try things, and being a good friend. During the therapy sessions, I used the IPT Summary and Inventory in two ways: (1) as a starting point to evaluate her progress with her goals; and (2) as a focal point to redirect and support her when she was sharing her concerns and became fixated on how people in her life have "*wronged*" her. She has improved her social situation by communicating her feelings rather than running away or becoming aggressive when she feels hurt or attacked. We will continue to work on developing skills to replace aggressive behaviors with more adaptive responses.

The IPT interventions that I have used to assist her with her identified focal area include role playing and utilizing her strengths from the Summary to build her confidence and self-esteem. We also used communication analysis to examine how others might perceive the ways she communicates with them, and how she might change that communication. These interventions have helped her become more open to verbally communicating her feelings with important people in her life, building healthy relationships, and improving her self-esteem to allow her to become less emotionally dependent on her father. I intend to continue to use the same interventions for the remainder of IPT treatment. My goals for Janeta's IPT treatment are to assist her to become less enmeshed with her father (more emotionally independent), and support her in building healthy relationships in school, and in her community. My hope is that by using interpersonal disputes as a focal area and utilizing IPT interventions she will experience fewer incidents avoidance and anger, improve her coping skills to better manage life stressors, and continue to build her interpersonal relationships.

After completing 12 IPT sessions, we will be shifting to maintenance treatment as Janeta has been stabilizing and can tolerate sessions every other week. Her PHQ-9 score has decreased to 15, so maintenance treatment will be integral to continue to improve her score and continue to assist her in navigating interpersonal disputes with the various future life stressors that she would like to work on in therapy. The goals of maintenance IPT treatment are an extension of her primary goals outlined in the summary, better managing her anger and depression, processing the loss of a primary caregiver,

becoming more independent minded, building stable social connections, and improving her utilization of social support.

During this case I learned that building a stable therapeutic relationship with Janeta was critical. It took several sessions before she began to trust me, but once that happened, she was very motivated to change. I think that the example of our relationship in therapy, where she felt she could trust me, became a model for her to aim for outside of therapy as well. It also helped me to understand that though she had very dismissive behavior (for very understandable reasons) at the beginning of treatment, adolescents can more easily change their attachment behavior if they have stable relationships. I think that I did a good job of keeping the focus of therapy consistent, and my personal goal is to develop more skills using IPT with the other problem areas.