

Mitigating depression among orphaned and vulnerable adolescents: Results from a randomized controlled trial of interpersonal psychotherapy for groups in South Africa

Children and adolescents affected by HIV are at elevated risk for depression, yet research on related interventions in this population is scarce in sub-Saharan Africa. This study sought to examine the effects of interpersonal psychotherapy for groups (IPTG) on depressive symptomology among orphaned and vulnerable adolescents in South Africa—home to the world’s largest HIV epidemic.

Intervention

- The intervention consisted of 16 weekly 90 minute groups sessions focused on interpersonal areas that trigger depressive symptoms, including: grief, disputes, role transitions and relationship deficits. Participants were grouped by gender with same-gender facilitators, with a total of 15 IPTG groups led by 13 facilitators.
- Group facilitators were recruited from the community and received two weeks of training from African psychologists with previous IPTG implementation and training experience. Facilitators relied on a manual with key principles, themes and discussion points used previously by World Vision to implement IPTG in sub-Saharan Africa.



Study method

- This study is a part of a larger cluster randomized controlled trial assessing individual and combined effects of two interventions: IPTG, designed to mitigate depression symptoms; and Vhutshilo, designed to provide HIV prevention life skills. Eligible adolescents aged 14-17, enrolled in community-based programming for HIV-affected and vulnerable families, were assigned to one of four study arms using a random number generator: a) IPTG only, b) Vhutshilo only, c) IPTG and Vhutshilo delivered sequentially, or d) control group.
- Study findings presented in this brief pertain to the impact of IPTG alone on depressive symptoms and is limited to the 260 baseline participants assigned to receive only IPTG and the 229 participants in the control group.

Findings

- Among the 260 adolescents assigned to the IPTG groups, 60 (23%) did not attend any IPTG sessions. Participants attended an average of 12 sessions.
- The intervention was not associated with changes in depressive symptomology, as no significant treatment or moderation effects were found, regardless of adolescent gender or preexisting depressive symptomology.

Policy and program recommendations

- Results underscore the importance of identifying effective psychological health interventions to mitigate depression among children in generalized HIV epidemic settings.
- The development of a more structured and time-limited curriculum, formalizing supportive supervision, mitigating participation barriers, and enabling the consistent use of attendance tracking with early intervention for absenteeism has the potential to enhance future psychological health programming.
- More research is needed to identify best practices for targeting psychological health interventions to adolescent subgroups, particularly with respect to participant interest and pre-existing depressive symptomology.

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