Interpersonal Psychotherapy (IPT) for Eating Disorders

Rob Welch, PhD
September, 2015
Washington University in St. Louis
Overview of Interpersonal Psychotherapy
“Human relationships are central to mental health. IPT focuses on the ways that universal, common life events that represent loss, change or conflict in close relationships affect mental health.”

Ravitz, Watson & Grigoriadis (2013). Interpersonal Psychotherapy for Depression, p. 9
Interpersonal Theory

- Focus on the interrelatedness of interpersonal problems and psychological symptoms
- IPT does not assume that psychopathology arises strictly due to interpersonal difficulties
- Difficulties within the interpersonal realm are often interdependent with the illness process
Interpersonal Psychotherapy

Goal: Reduce symptoms by improving social functioning

Helps patients to:
• Repair or build supports
• Improve communication
• Resolve interpersonal problems

Adapted from: Ravitz, Watson & Grigoriadis (2013).
History of IPT

• Grew from emergence of CBT and antidepressants in the 1960s/70s
• Klerman & Weissman at Yale – randomized control trial of therapy vs. medication
• They manualized the therapy, now known as IPT
• Published *Interpersonal Psychotherapy of Depression* in 1984
Theoretical Foundations

• **Adolf Meyer (1957)**
  – Psychopathology results from maladaptive adjustment to the social environment

• **Harry Stack Sullivan (1953)**
  – People cannot be understood in isolation from their relatively enduring patterns of interpersonal relationships

• **John Bowlby (1982)**
  – Importance of early attachment on subsequent relationships and psychopathology
Theoretical Basis of IPT

• IPT assumes the development of eating disorders and depression occurs in a social and interpersonal context.

• Both the maintenance of the disorder and response to treatment are presumed to be influenced by the interpersonal relationships between the patient and significant others.

• Consequently, IPT for eating disorders and depression focuses on identifying and altering the interpersonal context in which the eating or mood problem has been developed and maintained.
What Is IPT?

• Time-limited (ranging from 6-20 sessions, spanning up to 6 months) for several disorders
• Evidence-based treatment for eating disorders and depression
• Structured, manualized treatment that has been used in research protocols
• Has demonstrated efficacy
IPT, CBT-Guided Self-Help (GSH) and Behavioral Weight Loss

- **Recovery rates:** IPT and CBT-GSH > BWL
- **Patient report of suitability:** IPT significantly more suitable
- **Dropout:** IPT significantly lower rate
- **Symptom severity:** Individuals with higher baseline eating psychopathology, negative affect, and low self-esteem performed best in IPT

Wilson, Wilfley, Agras, & Bryson (2010), *Arch Gen Psychiatry*  
Wilson, Wilfley, Agras, & Bryson (2011), *Clin Psychol Sci Prac*
Negative Affect & Dropout Rates

Dropout Rates by Negative Affect and Treatment

- **IPT** significantly lower rate

Remission Rates: Low Self-Esteem and Global Eating Pathology

- Individuals with higher baseline eating psychopathology, negative affect, and low self-esteem performed best in IPT
Basic IPT Concepts
Elements of Interpersonal Psychotherapy

- Short-term, focused treatment model
- Relate eating disorder and depression related behaviors to interpersonal problems
- Specific strategies to address interpersonal problem areas
- Not cognitive
- Not psychodynamic
Phases of IPT

• Three phases: Initial, Intermediate, Termination

• Longer-term treatment (Standard IPT) 16-20 sessions
  Example:
  • Initial 1-5
  • Intermediate 6-10
  • Termination 11-16

• Shorter-term treatment 6-7 sessions
  Example:
  • Initial 1-2
  • Intermediate 3-5
  • Termination 6-7
The Four Problem Areas

- Role transitions
- Role disputes
- Grief
- Interpersonal deficits
Role Transitions

• Changes that occur as a result of moving from one social role to another
Role Disputes

• A situation in which the individual and at least one significant other person have nonreciprocal expectations about the relationship
Grief

• Loss of a loved one that results in distorted, delayed, or chronic grief
Interpersonal Deficits

• A longstanding history of social isolation or chronically unfulfilling relationships
Initial Phase and Interpersonal Inventory
Initial Phase

- Diagnose disorder
- Provide psychoeducation
- Discuss sick role
- Establish rapport
- Conduct interpersonal inventory
- Establish problem area
- Instill positive expectations for recovery
Psychoeducation

• Why provide psychoeducation?
  – Removes blame from the patient
  – Conveys hope; identifies the problem as well-understood
  – Normalizes the problem
  – Identifies the problem as time-limited
Educate About the Disorder & IPT

• Give the syndrome a name (e.g., BN, BED, depression)
  – If not meeting full disorder criteria, label the symptoms (e.g., disordered eating, depressed mood, hopelessness)

• Provide information about the prevalence and characteristics of the disorder

• Describe the rationale and nature of IPT
Assigning the Sick Role

• The state is undesirable and to be gotten out of as expeditiously as possible

• The individual must do what’s necessary to get better; for a rash, you’d use a cream

• To recover, the individual needs to focus and make changes in interactions
Interpersonal Formulation

• Is critical to the success of IPT – the ‘sine qua non’ of IPT

• Links the onset of the eating disorder or depression to one of the four interpersonal problem areas

• Requires rapid discernment of patterns in interpersonal relationships, connection of events with the onset and maintenance of the disorder, and formulation of goals
Addressing the Problem Areas

• At the end of the interpersonal inventory, formulate a problem area

• Present formulation to the patient
  – Identify link between interpersonal problem in problem area(s) to symptom development
  – Present goals

• Ensure patient agrees with formulation and goals
  – Might want to provide patient with written goals
Role Transitions—Goals

• Mourn and accept the loss of the old role
• Restore self-esteem by establishing a sense of mastery regarding new roles
  – Explore gains the patient has made towards developing skills and building a network of social support.
  – Praise any signs that the patient is viewing more aspects of the new role as positive. Eliciting affect about these changes is important.
Role Transitions—IPT Strategies

• Relate symptoms to difficulty in coping with recent life change
• Review positive and negative aspects of old and new roles
• Explore feelings about what is lost, feelings about the change itself, and opportunities in the new role
Role Disputes—Goals

- Identify the dispute
- Chose a plan of action
- Modify expectations and faulty communication to bring about a satisfactory resolution
Role Disputes—IPT Strategies

• Relate symptoms to overt or covert dispute with significant other
  – Problems often arise due to differences in expectations about the relationship
  – Help the individual move through stages of dispute from impasse to resolution or dissolution

• Determine stage of dispute
  – Renegotiation, Impasse, or Dissolution

• Understand how nonreciprocal role expectations relate to dispute
Grief—Goals

• Facilitate mourning process
• Help patient reestablish interest in relationships to substitute for what has been lost
Grief—IPT Strategies

• Relate symptoms to death of significant other
• Reconstruct patient’s relationship with the deceased
• Describe the sequence and consequences of events just prior to, during, and after death
• Explore associated feelings (negative and positive)
• Consider ways of being involved with others
Interpersonal Deficits—Goals

- Reduce the patient’s social isolation
- Encourage the formation of new relationships
- Enhance the quality of any existing new relationships
Interpersonal Deficits—IPT Strategies

• Relate symptoms to problems of social isolation
• Review past significant relationships, including positive and negative aspects
• Explore repetitive patterns in relationships
• Discuss patient’s positive and negative feelings about therapist and seek parallels in other relationships
Interpersonal Inventory (IPI)

• Formulates eating disorder or depression symptoms in an interpersonal context
• Clarifies treatment foci
• Links interpersonal events to illness timeline
A detailed review of patient's important relationships, from the onset of the disorder

- a review of the patient's past interpersonal functioning (e.g., family, school, social, military)
- an examination of the patient's current interpersonal functioning (e.g., family, work, social)
- an identification of the interpersonal precipitants of episodes of depression/eating
IPI in Broad Strokes (Cont.)

• Can be helpful to generate a genogram of family of origin and current family while gathering information

• Make connections between interpersonal problems, traumatic and/or stressful life events, self-esteem, mood, and depression/eating

• Establish treatment goals (description)
Interpersonal Case Formulation

- Select problem area
- Link problem area to illness onset and maintenance
- Customize to patient’s individual history
- Use formulation to set stage for treatment
IPT Case Formulation
White Board Demonstration
IPI Demo Patient Profile

• Peggy
  – 43 years old
  – Female
  – Binge eating
  – Nurse—peds oncology
  – Married 20 years
• Peggy
  – 43 years old
  – Female
  – Binge eating
  – Nurse—peds oncology
  – Married 20 years

• Current episode
  – Bingeing every day after work
  – Works 11-7 shift
  – Experiencing marital difficulties 10 years
  – Dieting and restricting
Interpersonal Inventory Demo (2 of 4)

POSITIVES

First Episode

15

↑ Weight
↑ Food

Current Episode

SYMPTOMS

- Parents divorced
- Brother disabled
Interpersonal Inventory Demo (3 of 4)

**Positives**

First Episode

- Weight Food
- Transition to college
- Brother dies

Current Episode

- Husband Ron

Symptoms

- Parents divorced
- Brother disabled

15

18

20/21
Interpersonal Inventory Demo (4 of 4)

**First Episode**
- 15
- Weight Up: Food
- 18
- Weight Up: BE

**Social Support**
- Husband Ron
- RN
- Job
- 20/21
- 24
- 33/35

**Current Episode**
- Peds oncology
- Marital problems

**Positives**
- Parents divorced
- Brother disabled
- Brother dies
- Transition to college
IPI Demo Wrapup

- Significant theme
  - Death

- Primary problem area
  - Grief

- Secondary problem area
  - Role dispute with husband
Unique Features of IPT Case Formulation

• Stated explicitly to the patient
• Used as a treatment strategy/maneuver
• Transparent
• Summarizes the initial phase of treatment and is used to transition to the middle phase
• Should be agreed upon by the patient and clinician
Setting the IPT Treatment Contract

- Discuss the general IPT approach
- Present IPT case formulation to patient
  - Does the patient agree with this?
  - What do you do if there is more than one potential IPT problem area?
- Give specifics of treatment contract
  - Number and length of sessions, confidentiality
  - Use limited treatment framework as leverage to maintain IPT treatment focus
Implementing IPT with Limited Sessions

- Label Disorder/Symptoms and provide psychoeducation
- Introduce IPT and how it works
- Begin the Interpersonal Inventory - getting an outline of the symptom progression and relationships
- Begin to think about your case formulation
- Name problem areas you believe have been identified
- Start thinking about potential goals
  - Use information from IPI to ask specific questions to fill in the blanks and provide a clear interpersonal formulation
IPT in a Group Format


• Conduct IPI during two-hour pre-group interview

• Identify a problem area
  – Collaborative understanding
  – Linked to onset and maintenance
Goals and Strategies
Addressing the Problem Areas

• At the end of the interpersonal inventory, formulate a problem area

• Present formulation to the patient
  – Identify link between interpersonal problem in problem area(s) to symptom development
  – Present goals

• Ensure patient agrees with formulation and goals
  – Might want to provide patient with written goals
Role Transitions—Goals

• Mourn and accept the loss of the old role
• Restore self-esteem by establishing a sense of mastery regarding new roles
  – Explore gains the patient has made towards developing skills and building a network of social support.
  – Praise any signs that the patient is viewing more aspects of the new role as positive. Eliciting affect about these changes is important.
Role Transitions—IPT Strategies

• Relate symptoms to difficulty in coping with recent life change
• Review positive and negative aspects of old and new roles
• Explore feelings about what is lost, feelings about the change itself, and opportunities in the new role
Role Disputes—Goals

• Identify the dispute
• Chose a plan of action
• Modify expectations and faulty communication to bring about a satisfactory resolution
Role Disputes—IPT Strategies

• Relate symptoms to overt or covert dispute with significant other
  – Problems often arise due to differences in expectations about the relationship
  – Help the individual move through stages of dispute from impasse to resolution or dissolution

• Determine stage of dispute
  – Renegotiation, Impasse, or Dissolution

• Understand how nonreciprocal role expectations relate to dispute
Grief—Goals

• Facilitate mourning process
• Help patient reestablish interest in relationships to substitute for what has been lost
Grief—IPT Strategies

• Relate symptoms to death of significant other
• Reconstruct patient’s relationship with the deceased
• Describe the sequence and consequences of events just prior to, during, and after death
• Explore associated feelings (negative and positive)
• Consider ways of being involved with others
Interpersonal Deficits—Goals

- Reduce the patient’s social isolation
- Encourage the formation of new relationships
- Enhance the quality of any existing new relationships
Interpersonal Deficits—IPT Strategies

• Relate symptoms to problems of social isolation
• Review past significant relationships, including positive and negative aspects
• Explore repetitive patterns in relationships
• Discuss patient’s positive and negative feelings about therapist and seek parallels in other relationships
Intermediate Phase
Recap Phase I and IPI

- Complete initial phase
- Conduct interpersonal inventory
- Identify onset and maintenance of disorder
- Establish problem area(s); consider goals and strategies
- Collaboratively agree
- Mark transition from Phase I and IPI to Phase II as client begins working on problem area(s)
Intermediate Phase

- Weekly assessment of symptoms
- Link eating disorder or depression related behaviors (and changes) to current interpersonal situations or events
- Maintain focus on identified IPT problem area
- Use IPT strategies to facilitate progress toward identified interpersonal goals
- Identify and reinforce positive changes in mood and interpersonal function
The more you ____________,
the less likely you ____________.
Therapeutic Tasks & Techniques

• Therapeutic stance
• Focusing on goals
• Making connections
• Redirect issues related to eating disorder or depression symptoms from focusing on the symptoms to focusing on how symptoms are related to interpersonal problems
Focusing on Goals/Problem Areas

• Role of the therapist is to keep the patient focused on the problem areas and established goals throughout the course of therapy

• Inquire about the treatment goals in each session
  – Begin sessions with questions such as “How have you worked on your goals since we last met?”
Therapeutic Stance

• Focus is on developing a positive therapeutic alliance
  – Attitude of warmth, support, and empathy
  – Supportive working environment
• Therapist is active and serves as a patient advocate
• Therapist focuses on current problems
• Therapist conveys an optimistic attitude about the patient’s recovery
Intermediate Phase

Session <-> Outside Social Network

Interpersonal Inventory
General Therapeutic Techniques

- Encouraging affect
- Communication analysis
- Use of the therapeutic relationship
Encouraging Affect

• Identifying emotions key to IPT model
  – First question: “How did you feel about that?”

• Helping patients to identify and acknowledge their feelings
  – Acknowledging anger within relationships
  – Identifying emotional ambivalence
  – Providing validation and reassurance
Encouraging Affect (Cont.)

• Encourage acceptance of painful affect
  – ‘Being with’ painful emotions, i.e., grief
• Teach the patient how to use affect in interpersonal relationships
• Help the patient experience suppressed affects
  – Avoidance of interpersonal conflicts, which leads to difficulty completing IPT work
  – Avoidance of intense negative emotional states
Communication Analysis

• Get detailed account of conversation or argument with significant other with feelings and intentions:
  – Be specific: When and where did this occur?
  – What was said (explicitly)?

• Attend to affect
  – How did you feel?

• Attend to nonreciprocal role expectations
  – What did you expect from partner?
  – What was your intention? How was this communicated (verbally and nonverbally)?
  – What were partner’s expectations?
Communication Analysis (Cont.)

• Watch for acts of commission or omission, such as ambiguous, indirect, or nonverbal communication
• Assist with direct expression and appropriate assertion
  – Clarify what patient’s expectations are
  – How can patient plan for next conversation?
  – Use of role-play to practice communication skills
Use of the Therapeutic Relationship

- In using the therapeutic relationship, the therapist aims to identify problematic interpersonal processes.
- The therapeutic relationship can serve as a template for further relationships, which the therapist will aim to help the patient create.
Termination Phase
Recap

Phase I
Conduct interpersonal inventory

Phase II
Work on goals
Reduce symptoms

Phase III
Terminate
Termination Phase—Last Sessions

• Discuss termination explicitly

• Review progress to foster feelings of accomplishment and competence

• Outline goals for remaining work; identify areas and warning signs of anticipated future difficulty

• Formulate specific plans for continued work after termination of treatment
Saying Goodbye

• Facilitate the goodbye process, particularly for clients who haven’t had good termination experiences

• Model saying goodbye; share what the time with the client has meant to you

• Allow client to say goodbye to you if they choose to

• Make sure there’s an ending to treatment and client knows:
  – What they’ve worked on
  – What they still need to be working on
  – Where you want them to continue to focus
References and additional resources are available in the Resources area of this site.