

Interpersonal Psychotherapy (IPT) for Eating Disorders

Dorothy J. Van Buren, Ph.D.

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Disclosure Slide

- No Conflict of Interests

Overview of Workshop

- Discuss the background and basic concepts of IPT
- Provide an overview of IPT
- Review the initial phase of IPT
- Review the Four Problem Areas, Goal Setting and Strategies
- Review Intermediate & Termination Phases
- Time for questions

“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”

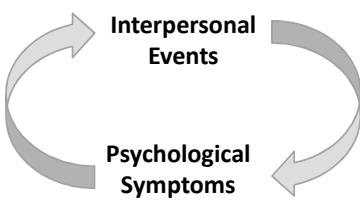
Ravitz, Watson & Grigoriadis (2013). *Interpersonal Psychotherapy for Depression*, p.9

Theoretical Foundations

- Psychopathology results from maladaptive adjustment to the social environment
- People cannot be understood in isolation from their relatively enduring patterns of interpersonal relationships
- Importance of early attachment on subsequent relationships and psychopathology

Interpersonal Psychotherapy

Goals: Reduce symptoms by improving social functioning



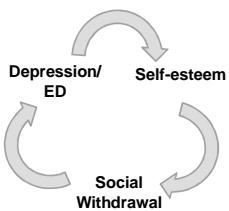
Helps patients to:

- Repair or build supports
- Improve communication
- Resolve interpersonal problems

Adapted from: Ravitz, Watson & Grigoriadis (2013)

Self-Perpetuating Interpersonal Cycle of Psychopathology

- Interpersonal stressors and psychopathology → decreased ability to fulfill one's role or responsibilities → Isolation or despair
- Symptoms of negativity, irritability, and hopelessness take a toll on relationships →→ extinguish rather than recruit supports in time of need



Adapted from: Ravitz, Watson & Grigoridis (2013)

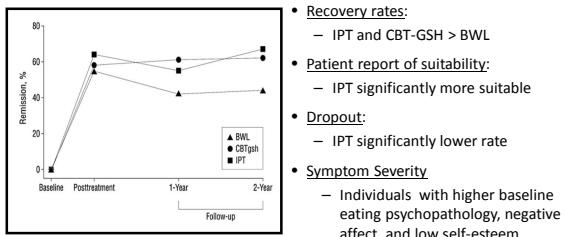
Assumptions of IPT

- IPT assumes the development of symptoms within 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 focuses on identifying and altering the interpersonal context in which the problem has been developed and maintained

What is IPT?

- Time-limited (ranging from brief 6-20 sessions, spanning up to 6 months)
- Structured, manualized treatment that has been used in research protocols
- Demonstrated efficacy; EBT for depression and eating disorders (excluding A.N.)

IPT, CBT-Guided Self-Help (gsh) and Behavioral Weight Loss



Wilson, Wilfley, Agras, & Bryson (2010), *Arch Gen Psychiatry*
*Wilson, Wilfley, Agras, & Bryson (2011), *Clin Psychol Sci Pract*

- **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

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

- Sessions 1-2
- Develop Interpersonal Formulation
- Maintain focus on identified IPT problem area
 - Role Transitions
 - Role Disputes
 - Grief
 - Interpersonal Deficits
- Last 1-2 Sessions

The Four Problem Areas

- 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: Sessions #1-2

- Diagnosis of the disorder
- Psychoeducation
- The sick role
- Establish rapport
- Interpersonal inventory
- Establish the 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

- Exempt from certain normal social obligations and responsibilities
- The state is undesirable and to be gotten out of as expeditiously as possible
- Carries obligations of its own, especially affirming that one is ill and cooperating with helper in the process of getting well

Interpersonal Formulation

- Is critical to the success of IPT – the ‘sine qua non’ of IPT
- Links the onset of the eating disorder 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

Interpersonal Inventory Sessions #1-2

Formulates eating disorder symptoms in an interpersonal context

Clarifies treatment foci

Link interpersonal events to illness timeline

Interpersonal Inventory

- A detailed review of patient's important relationships –from the onset of the depressive episode
 - 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
 - If useful - 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
- Establish treatment goals (description)

Interpersonal Case Formulation

- Select problem area
- Link problem area to illness onset and maintenance
- Customized to patient's individual history
- Use formulation to set stage for treatment

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 used as a vehicle 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

Addressing the Problem Areas: Goals

- Mourn and accept the loss of the old role
- Restore self-esteem by establishing a sense of mastery regarding new roles

IPT Strategies across Problem Areas: Role Transitions

- 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

Addressing the Problem Areas: Goals

- Identify the dispute
- Choose a plan of action
- Modify expectations and faulty communication to bring about a satisfactory resolution

IPT Strategies across Problem Areas: Role Disputes

- Relate symptoms to overt or covert dispute with significant other
- Determine stage of dispute
 - Renegotiation, Impasse, or Dissolution
- Understand how nonreciprocal role expectations relate to dispute

Addressing the Problem Areas: Goals

- Facilitate mourning process
- Help patient re-establish interest in relationships to substitute for what has been lost

IPT Strategies across Problem Areas: Grief

- 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

Addressing the Problem Areas: Goals

- Reduce the patient's social isolation
- Encourage the formation of new relationships

IPT Strategies Across Problem Areas: Interpersonal Deficits

- 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:

- Weekly assessment of symptoms
- Link symptomatic 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

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

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

Therapeutic Stance: Non-Transferential Focus of IPT

- Focusing on transference shifts the focus of treatment away from the patient's current interpersonal problems
- A transferential focus transfers the orientation of therapy towards intrapsychic insight, rather than the improvement of social support and interpersonal functioning

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?"

General Therapeutic Techniques

- Exploration and Clarification
- 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
 - Validation and reassurance

Encouraging Affect (cont'd)

- 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

- 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 non-reciprocal role expectations
 - What did you expect from partner?
 - What was your intention? How was this communicated (verbally and non-verbally)?
 - What were partner's expectations?

Communication Analysis (cont'd)

- 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: Last 1-2 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

Common Problems and Issues in Treatment Delivery

- Lack of clarity about the primary problem area
- Difficulty maintaining focus on problem area
- Too much focus on symptoms
- Focusing on interpersonal events or traumas not related to the onset and or maintenance of the disorder
- Lack of session focus
 - Allowing patient to ramble
 - Not pushing the patient to make changes
- Lecturing vs collaboration

Resources

- Reiger E, Van Buren DJ, Bishop M, Tanofsky-Kraff M, Welch R, Wilfley DE. An eating disorder-specific model of interpersonal psychotherapy (IPT-ED): causal pathways and treatment implications. *Clinical Psychology Review* 2010; 30:400-410
- Wilfley DE, Iacobino JM, Van Buren DJ. Interpersonal psychotherapy for eating disorders. In: *The casebook of interpersonal psychology* (Markowitz JC, Weissman M, eds.), Oxford University Press London, 2012; 125-148
- <http://www.moedc.org/>
- <http://interpersonalpsychotherapy.org/links-andresources/>
- <https://iptinstitute.com/>

Questions and Comments
