Interpersonal Psychotherapy for Bulimia Nervosa
Interpersonal Psycho-Therapy (IPT)

- Time limited, manual based psycho-therapy for depression (Klerman et al 1984)
- Based on the ideas of the interpersonal school (Sullivan 1953)
- Used and developed in RCT’s over 29 years
- Similar effectiveness as CBT for depression
- Adapted by Fairburn for Bulimia Nervosa (Klerman and Weissman 1993)
Core characteristics of IPT

- Focused - on current interpersonal problems
- Short term - 3-5 months in duration
- Fixed number of sessions
- Pressure to change
% Remission rates following a RCT for Bulimia Nervosa (Fairburn et al 1993)
Three stages of IPT

• Stage 1  3-4 weekly sessions
  Describe the rationale and nature of IPT
  Identify current interpersonal problems
  Choose which problems should be the focus of treatment

• Stage 2  8 weekly sessions
  Addressing the problem areas

• Stage 3  3-4 fortnightly sessions
  Termination
Stage 1

• Describe the rationale and nature of IPT
  Help to discover the maintaining factors
  Explain that interpersonal problems are common
  Focus on interpersonal problems not eating
  Describe the 3 stages of treatment
  Explain the role of therapist and client
  Explain time limits and boundaries
Stage 1

• Identify current interpersonal problems
History of the eating problem
History of interpersonal functioning
History of significant life events
History of problems with self esteem and depression
Construct a life chart
Assessment of current interpersonal functioning
Identify interpersonal precipitants of bingeing
Stage 1

• Choose which problem areas should be the focus of treatment

Grief  (12%)
Interpersonal role disputes  (64%)
Role transitions  (36%)
Interpersonal deficits  (16%)
Grief

• Assess realistically the significance of the loss
• Elicit feelings and thoughts
• Educate and reassure
• Reconstruct the relationship (+ve and -ve)
• Encourage new relationships and interests
Interpersonal role disputes

• Identify the dispute
  Renegotiation
  Impasse
  Dissolution

• Choose a plan of action

• Address communication problems and differing role expectations
Role transitions

• Help give up old role
  Evaluate role
  Expression of affect

• Help make transition to new role
  Clarify new role expectations
  Evaluate skills required
  Devise a plan of action and develop new social supports
Interpersonal deficits

- Review past and present relationships
- Look for repetitive problems
- Explore therapeutic relationship and address problems
Stage 2

- Client’s task is to *think*, about problem areas, *talk* about problem areas and *change* the problem areas
- General exploration of the problem
- Identify expectations and perceptions of client and others
- Consider alternative ways to handle the problem
- Attempts to change become a focus in their own right
- Resume of session
IPT techniques

• Non-directive exploration
  General open ended questioning
  Supportive acknowledgment
  Extension of the topic under discussion
  Receptive silence

• Directive exploration
  Specific closed questioning

• Encouragement of affect
IPT techniques

• Clarification
  Repeat or rephrase
  Checking back and pointing out logical extensions, contrasts and contradictions

• Communication analysis
  Eliciting detailed accounts of interchanges

• Use of therapeutic relationship
  Rarely e.g. behaviour that interferes with therapy when working on interpersonal deficits
IPT techniques

- Behaviour change techniques
  Directive techniques - sparingly
  Informal problem solving
  Role playing - for further information or practice
Stage 3

• Remind client about termination
• Summarise achievements and problems left
• Explicitly discuss termination of the relationship and elicit feelings
• Emphasise independent competence
• Review areas of future difficulty and ways of dealing with them
• Discuss early warning signals and discuss interpersonal factors associated with relapse
Reference