


# How Social Support and Other Structures Can Strengthen Outpatient Treatment of Eating Disorders

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# The Need For Structures in Treatment

- #1 structure is mandatory Multi-disciplinary X3
- Need for structure in compulsive and addictive processes
- A structure is a container
- A structure gives continuity
- Structure gives a direction
- Structure links the work together
- Structures and players in support systems create safety nets



# The Need For Structures in Treatment

(cont.)

- Kurt Lewin Model:  
Felt Need + Hope = Change
- MEB ED Treatment Model:  
Structure + Love = Foundation for Recovery
- Structures increase chances of success
- Success nurtures hope
- Hope nurtures recovery



# Challenges in Providing Structures in Therapy

- Yielding to Structures can feel like giving up control or being out of control
  - Fears of loss of control, vulnerability, and trust can be intense
  - Mistrust of self is often expressed and “lived out” in mistrust of others
  - Utilization of Structure requires trust in the structure and it's deliverer



# Challenges in Providing Structures in Therapy (cont.)

- Embracing structures requires commitment and promises
- Structures must be firm yet flexible and individualized
- Many ED patients have structure tied to obsessive thought patterns and Compulsive behaviors, thus the wrong structures can maintain obsessiveness and compulsivity
- Pushing to a broad social network while the client may want small & exclusive



# Medical Evaluation and Structure

- Assure physician and therapist are giving the same message
- Lab work and analysis of electrolyte imbalance
- Non invasive physical exam
- Address potential or actual gastro-intestinal difficulties
- Explore coronary or cardiac problems
- Menstrual / hormonal irregularities



## Medical Evaluation and Structure (cont.)

- Assess significant weight loss or gain
- Nutrition and level of malnourishment in all body shapes and sizes
- Dental and Bone problems
- Assess need for psychiatric medication for ED and concurrent illness



# Dietary Intervention and Structure

- Dietitians value transcends gold
- Leaves therapist time to deal with psychological issues
- Therapists who think they are dietitians can be dangerous
- Simple structures for patients can go a long ways
- Dietitian - Eating disorders experience a necessity
- Simple dietary approach with structure and little to obsess about



## Dietary Intervention and Structure (cont.)

- Familiarity with exchange program, food pyramids, Maudsley behavioral program, and Intuitive eating as a good range of knowledge
- Start with structure and go for eventual goal of intuitive eating as ready for it.
- Challenge false notions and misinformation held close to the heart of clients
- Approaching ED as phobia (need to go the last 5 %) *C. Johnson*




# Emotional Support and Structure

- Research on social support and amelioration of stress
- Model of social support: Emotional, informative, feedback, belonging, relief, assistance
- Social support model of reciprocity: receiving and giving are both important
- My research findings
- Complexity against lack of maturation and mental illness *C. Johnson*



# Social Support: The Cradle in Which Recovery Takes Place



  
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# The Importance of Social Support

- Social support buffers the effects of stress
- Social support wards against relapse
- Social support is a structure in which experience is shared, love is exchanged, and progress is celebrated



# Kinds of Support

- Assistance
- Belonging
- Emotional
- Feedback
- Information
- Relief



# Critical Dimensions of Support

- The support we receive from others
- The support we give to others
- The support we give to ourselves
- Reciprocity is important – both receiving and giving



# Receiving Support: A Few Suggestions for Clients

- Decide what you need to do to encircle yourself with support
- Take one step towards creating support today
- Take successive steps each day
- Avoid all indirect requests for support
- Take risks – ask directly and explicitly



# Receiving Support: A Few Suggestions for Clients (cont.)

- Train and teach others specifics of what kinds of support you need and want
- Reach out – be a friend
- Get a friend for life – ask for help
- Patience and persistence are key



# Giving Support to Others: A Few Suggestions for Clients

- Make a list of those impacted by your support
- Write down some of the talents, gifts, emotional support you give to others
- List 3 persons whom you would like to give help or support to now or in the near future
- Choose 1 person – take a small step today
- Choose to take a step each day



## Giving Support to Others: A Few Suggestions for Clients (cont.)

- Choose someone with whom you would like to become closer or more emotionally intimate. Tell them of your intention.
- Be a great friend. Accept, then push friends towards greatness
- Spend your time giving – not trying to get love



# Helping Clients Give Themselves Support: A Few Suggestions

- Take responsibility for your own recovery
- Focus your efforts in gaining trust around trust of self
- Dare to dream again
- Have a voice, stand up, be respectful of self
- After mistakes, avoid judgment. Go to self correction



## Helping Clients Give Themselves Support: A Few Suggestions (cont.)

- Learn to recognize your goodness
- Don't travel the path alone
- Make your spirituality the hole of the wheel of your life
- Treat yourself as important, worthwhile, and of great worth until you know of your great worth



## Emotional Support and Structure (cont.)

- Deal with Complexity by increasing breadth, depth, proximity, frequency of support
- Deal with complexity by internal coping strategies
- Deal with complexity via simplification of one's life, world, responsibilities, expectations
- Need to learn to ask for what you need and teach others what you need
- Need to learn to value and embrace what you have to give



# Emotional Support : Families Role

- Watch expectations and make real reductions of complexity
- Parents give patients tasks, roles, jobs so they know they are needed
- Family members ask how client is doing emotionally on regular basis
- Create “check ins” between client and other family members



## Emotional Support : Families Role (cont.)

- Delineate each family members role in the recovery goal
- Family Meetings: Guaranteed availability
  1. Ask patient to share thoughts and feelings on a regular basis
  2. Help the patient clarify and ask for help
  3. Give that help
  4. Remind of request



# Emotional Support: Therapist Role

- Help patients trust you, then quickly expand their support circle
- Help family helpers learn how to create a safe environment wherein judgment does not dwell
- Small indices - even a smile creates emotional support for a client



## Emotional Support: Therapist Role (cont.)

- Love those with whom you work. 1000 ways to say I care
- Separate the person from the behavior and help the patient do the same
- Help patient be responsible for getting their needs met



# Behavioral Intervention and Structure

- Behavioral assignments are important “ Do this” versus “think about”
- Commitment to eat three times per day. Emphasis on doing versus “How much did you eat”
- Ask for commitment for client to use dietary supplements when solid food falls short
- Ask for a commitment to “tell the truth” always and at least within 24 hours of an event or dishonesty
- Use behavioral contracts with commitments and consequences



# Behavioral Intervention and Structure

(cont.)

- Ask for a commitment to do three things on the coping list prior to going to food or other addictive substances or activities
- Teach the value of riding our anxiety rather than letting it make decisions for you
- Link all sessions together
- Give assignments to keep them working in between session



# Behavioral Intervention and Structure

(cont.)

- Always address assignments given - even if briefly
- Ask for commitment to write in journal daily including successes, listening to heart, mistakes made, things learned, goals, desires, feelings
- Set in therapy a regular time for patient to talk with family members about their progress or struggles towards recovery, and about life beyond the eating disorder



# Behavioral Intervention and Structure

(cont.)

- Teaching simple truths and concepts they can take home:
  - Love and trust are not the same
  - Love and approval are not the same
  - ED is a consolation prize
  - Full recovery is possible
  - ED are about avoidance
  - Avoidance maintains low self esteem
  - Vulnerability is not stupidity -rather a gateway to emotional intimacy and closeness
  - The “Heart” is different than emotion and thoughts



# Behavioral Intervention and Structure

(cont.)

- Assign to commit to a daily ritual that takes them towards wellness
- Write daily commitments on how they want to live
- Take medication daily - create structure, support, pill box, etc for that
- Designed celebratory reward for keeping commitments a few days in a row
- A commitment to read something in a specified book each day with brief report to discuss in therapy



# Behavioral Intervention and Structure

(cont.)

- Alternating recovery assignments and tasks to build understanding of control and choice (Purging is only an option on Mon, Wed, Fri)
- Help patients understand regularly what they are avoiding and help them step away from avoidance in session and between sessions as a life style



# Family Intervention and Structure

- Involve families in treatment wherever possible
- Transcend the token involvement
- Since eating disorders become a part of the family system, sculpture in family therapy with ED as a separate member
- Do family therapy in your mind and heart even when family members are not present
- If the ED has a role in the family – address it



## Family Intervention and Structure (cont.)

- Have families read much and become very well educated about eating disorders.
- Have families attend support groups. This can help with guilt, shame, emotional outlet, and self care.



## Family Intervention and Structure (cont.)

- Involve families in therapy to empower them to not be afraid to intervene or help.
- Teach them how to support their loved one in the recovery process
- Help all develop appropriate boundaries
- Look at any inter-generational roles or beliefs or patterns in the family which bolster the eating disorder
- Teach them to look at their own lives and embrace self growth as a family style



## Family Intervention and Structure (cont.)

- Address family rules about food, body image, societal image, and direct and indirect expectations
- Multiple family therapy can be very powerful, healing and supportive
- Delineate roles - find roles for each family member so each doesn't feel helpless.



## Family Intervention and Structure (cont.)

- Help families have family meetings where the patient moderates the discussion around help needed, help received, and what truly is helping or not
- Help families have family council meetings where all meet and spend time together on issues, concerns, needs in the family which are not connected to the eating disorder



# Group Intervention and Structure

- Support groups, educational groups, structured groups, experiential groups, theme based groups, 12 step, spirituality groups all have value
- Process group is the mainstay of group treatment for eating disorders



# Advantages of Group Intervention for Eating Disorders

- It allows a chance to share and receive support from those in the same boat. They no longer feel alone.
- It allows clients to feel connected and gives a sense of belonging
- They learn from each others things they cannot or will not learn from a therapist
- They see each others struggle and it is a reminder of what they don't want - Thus leading to ongoing motivation towards recovery.



# Advantages of Group Intervention for Eating Disorders (cont.)

- They have a chance to see others success and victories in recovery - thus increasing hopefulness about possibilities of recovery for them
- It expands an outpatient service offering and the supportive net - giving more contact and more meeting time



# Advantages of Group Intervention for Eating Disorders (cont.)

- “It takes one to know one” is a prophetic cliché since they are good at ascertaining the truth from each other and confronting each other on that which is less than truth
- The group is a microcosm of life with broad application outside of the session



# Advantages of Group Intervention for Eating Disorders (cont.)

- Opportunity for healing from shame and guilt surrounding past behaviors and experiences which are revealed, and understood, followed by acceptance and compassion from the group



# Recommendations for Group Therapists With Eating Disorder Patients

- Do screening to assure preparedness and motivation prior to group participation.
- Make sure clients are involved in regular individual therapy and other modalities of full and comprehensive outpatient treatment before they are allowed to participate in a group
- Individual and group therapists should receive permission to share information and collaborate for the patients welfare



# Recommendations for Group Therapists With Eating Disorder Patients (cont.)

- Do not allow “war stories” to be shared in group. Comparing and competition are two ongoing dynamics which get worse to the detriment of all when war stories are allowed
- The more borderline personality disordered patients in the group - and the more composite severity of that illness in the group - the more structure is needed



# Recommendations for Group Therapists With Eating Disorder Patients (cont.)

- DBT group has been a positive influence on the lives of those with borderline personalities disorder and others who need help dealing with intense affective states
- If the group is struggling to generate work, the therapist can create energy through structure and generate activities and use props to jump start group work
- Patients group participation will match expectations given



# Issues to Address in Therapy

- Relationships
- The negative mind
- Spiritual connections
- Perfectionism and personal expectations
- Adaptive functions of eating disorders
- Acknowledging, understanding, and accepting feelings without self judgment
- Expanding versus constricting their world



## Issues to Address in Therapy (cont.)

- Identity and attention needs
- Walk the Talk
- Predicting ups and downs
- Teach the concept of team work for recovery:  
    “It takes half a village”
- Facing shame
- Comparing and competing



## Issues to Address in Therapy (cont.)

- False guilt and boundaries
- Finding the middle ground
- Telling the truth
- One message at a time
- Explore painful childhood decisions
- Separating the person from the illness



## Issue to Address in Therapy (cont.)

- Taking risks: Avoiding avoidance
- Using Reasons for recovery as a catalyst for change
- Finding and regaining passion
- Listening to the heart, following the heart, staying true to the heart
- Reduce complexity:  
Create baby steps and don't overestimate ability to handle stress



# Inpatient Structure

- APA Practice Guidelines
- Severity of symptoms
- Pervasiveness of Eating Disorder in a clients life
- Unresponsiveness to lower level of care
- Structure breeds success and success breeds hope and hopes leads to recovery
- Separation from the substance: behaviors and the chance to act it out




## Inpatient Structure (cont.)

- A realistic view of the time it takes and the importance of complete weight restoration
- Treatment of eating disorder from a phobia treatment model
- The importance of following treatment team recommendations
- Every reason to hope for those willing to marathon



Thank you



  
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