Building Recovery Focused Relationships with People With Eating Disorders: a key component to successful outcomes

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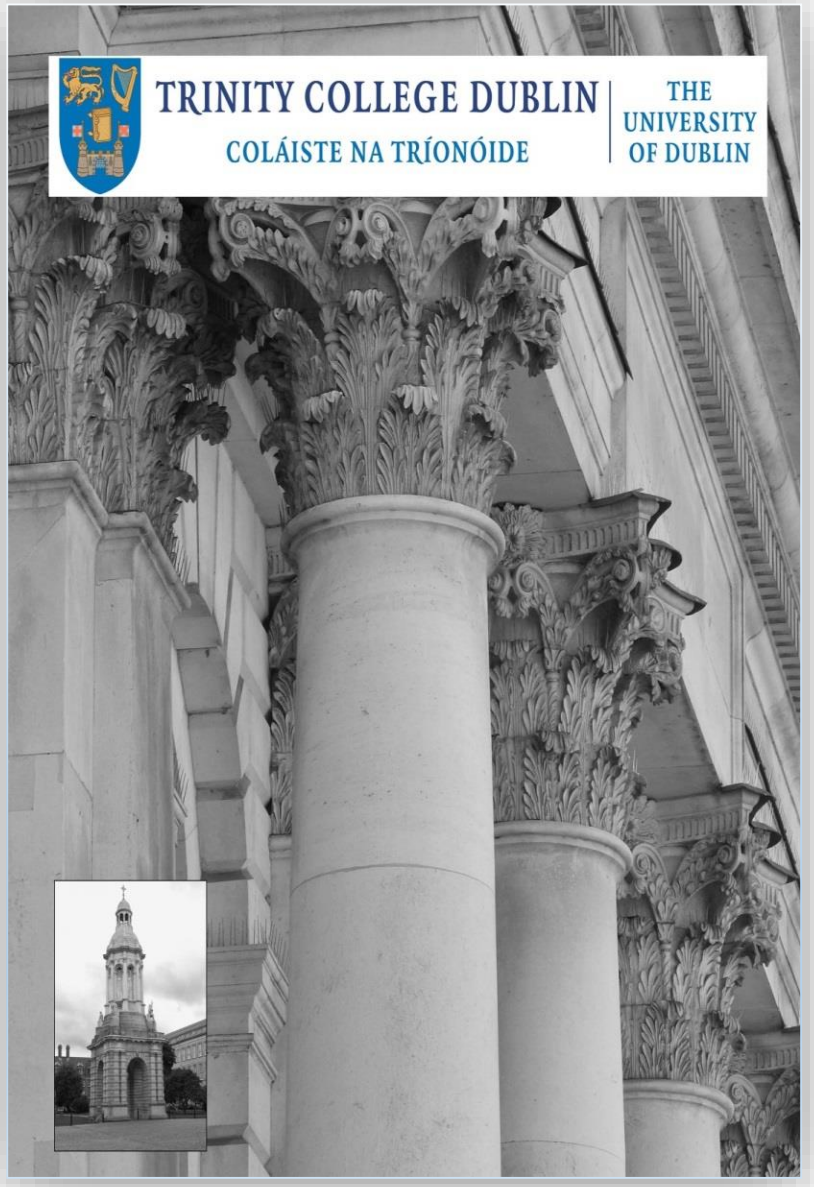


Today's Aims and Objectives

- Examine the components of **ED therapeutic engagement**
- Review the **TENSIONS** that practitioners face surrounding ED Recovery and their impact on successful outcomes
- Explore the Elements of **ED Recovery**
- Identify **strategies / skills** helpful for maintaining and sustaining empathetic engagement
- Reinforce the necessity of **Self-Care**

Relationships Can Be…

- A **catalyst** for recovery when experienced as understanding and person-centred
- A **deterrent** when experienced as trivialising and symptom-focused
- Both professionals and non-professionals can support recovery by developing practices that integrate psycho-social criteria, and instilling **hope for recovery**

(Morrissey & Oberlin 2019)

Empathetic Therapeutic Engagement

- Has been consistently recognised in recovery research as a ***Fundamental Aspect*** to successful treatment (Timulak *et al., 2013; de Vos* et al., 2017)
- Accounts for more of the variance in outcome than ***treatment type*** (Steils-Shields et al., 2016)
- Is a strong predictor of treatment outcome in ED patients ***even with*** SE-AN (Steils-Shields et al., 2016, Lamoureux & Bottorff, 2005)

Components of therapeutic engagement - ED

What are they?

Components of therapeutic engagement - ED

- Professional
- Contractual
- Boundaries
- Contextual
- Dyad /Triad/System
- Beginning, Middle and Ending
- Developmental
- Hopes /Expectations /Disappointments

- Resistance
- Biases/experiences
- Dynamic
- Complex
- Relationship with Food
- Professional/Personal lens
- Controlling and Being Controlled
- Power and powerlessness
- Risk and safety
- Public and Private

Yet…

Other research indicates that the **risk** involved with ED populations **inhibit** practitioners from engaging with clients (de la Rie *et al.*, 2008; *de* Vos *et al.,* 2017)

What is it about EDs that hinder practitioners from empathetically engaging with the person?

We know about the inherent **Risks** involved with the ED populations

So, today we are going to focus on …

- The reality that **BIAS** about size/weight/shape/recovery influence our relationships
- The **TENSIONS** in the Field about **Recovery**
- Reflect on how these **Impact** practitioners and their engagement with ED populations

Know Your Own Personal Biases

- Your personal Bias will Influence Transference and Countertransference
- In other words, bias WILL influence your relationships

Reflect on the Bias you carry with you…

Common ED MYTHs for review

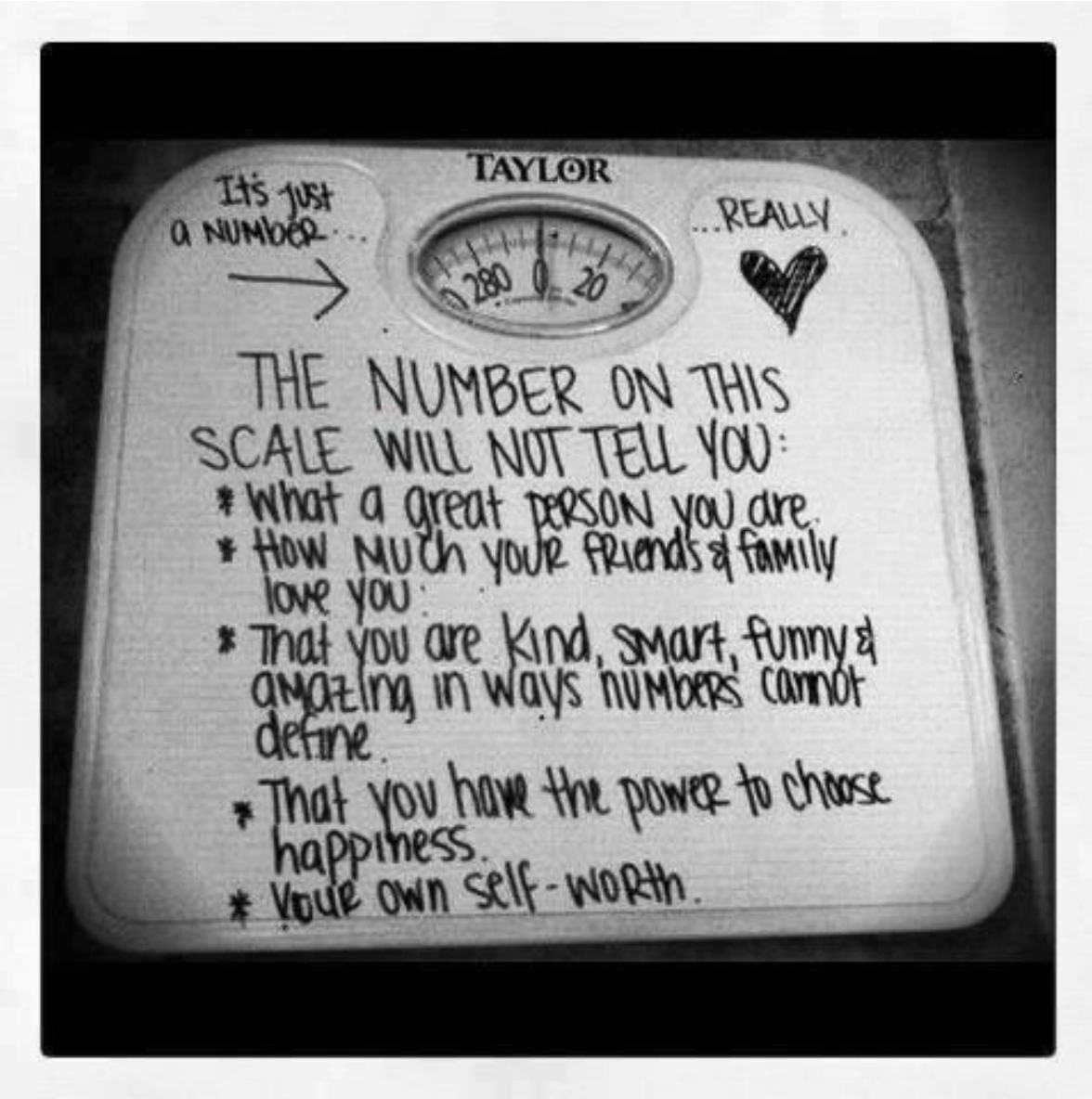
- Recovery is Rare or impossible for EDs
- You can tell by looking at someone if they have an ED
- EDs are a phase and will pass
- EDs only effect higher socio-economic western cultures
- Caused by media and society
- Men don’t get EDs
- EDs are a lifestyle choice
- Purging is effective for weight-loss
- EDs result from dysfunctional families and controlling parents
- Anorexia is the most dangerous ED

Common RECOVERY MYTHS for review

- A person needs to WANT to get better to recover
- If an ED goes on too long (into adulthood/more than '*X*' number of years, etc.), recovery is impossible
- Recovery means learning to live with *a subclinical ED*
- A person needs to get '*bad enough*' before they can *want* to get better
- Someone is recovered or recovering when they *appear healthier and happier*
- AN/BN/BED/ARFID, etc., cases are less/more likely to recover
- The existence of Co-morbidities means that the person Can NOT recover

Common ED TREATMENT MYTHS for review

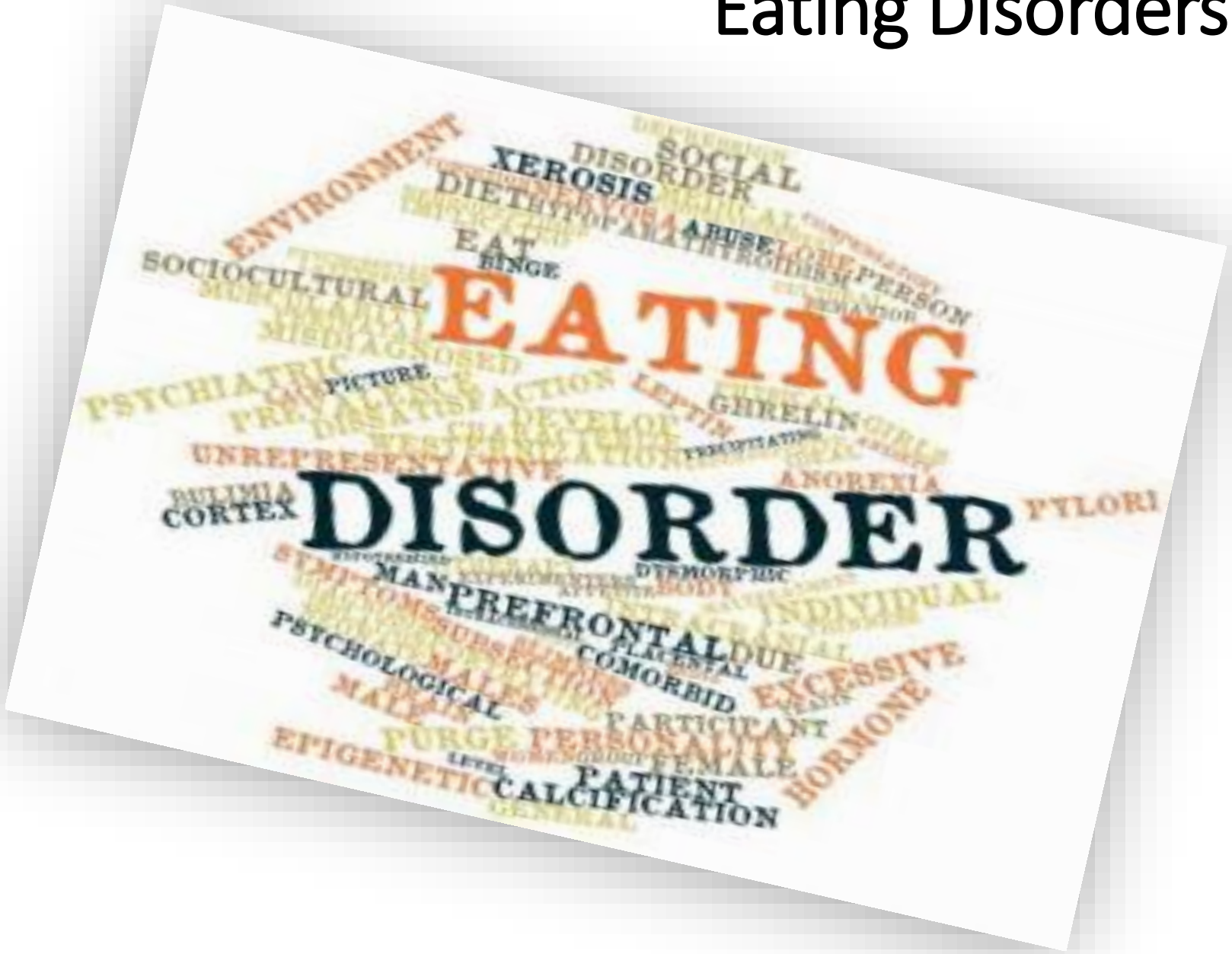
- Getting better is a matter of eating right
- There is no cure - ED is something one learns to live with
- The role of *Medication* in Treatment
- The existence of *Comorbid* Conditions means the person can not recover
- Multiple treatment attempts reduce chances of a person's full recovery
- CBT, DBT, EFT, Psychodynamic, Family Therapy, Inpatient treatment, etc. - IS THE SOLUTION



- How does size and shape affect your perceptions of self/ others?

- In turn, how do these perceptions impact your relationships with the person with ED?

Eating Disorders & Recovery



- Can FEEL Messy
- Partly because of the inherent **TENSIONS** that surround the Recovery

The *Tensions* in ED Recovery?

The *What* in ED Recovery

- What **IS** ED RECOVERY (how is it defined)
- The term *Recovery* is used in literature and dialogue using conflicting **interpretations & measurements** (de Vos *et al.,* 2017; McGuilley & Szablewaski, 2010)

The *Who* in ED Recovery

- Who has the **authority** to determine the meaning & measurements used define the parameters of recovery from an ED
  - Those with lived experience
  - Service providers/professionals
  - Researchers

(McGuilley & Szablewaski, 2010; Timulak *et al., 2013*)

The *Where* in ED Recovery

- There is a **disconnection** between what recovery means in
  - Treatment settings
  - The general or ‘popular’ culture
  - By those who have lived experienced ED (including family)
  - By researchers

(McGuilly & Szablewaski, 2010)

The *When* in ED Recovery

- When is a person considered ‘recovered’?
  - **Without consistent measurements we are at loss**
  - **And what about RELAPSE !???!**

    (Lamoureux, & Bottorff, 2005; Weaver, Wuest & Ciliska, 2005)

The *How* in ED Recovery

- There is a lack of agreement as to HOW someone RECOVERS from an ED (Fogarty & Ramjan, 2016)
- There is further confusion around
  - How and when to address Comorbid Conditions (Blinder *et al., 2006)*
  - The use/effectiveness of medication/refeeding/treatment models
  - Confusion around the integration/involvement of family members and other supports (Fairburn *et al.*, 2008)

And Finally …

- There is a lack of agreement as to whether …

ED Recovery is even POSSIBLE!!!

(Couturier *et al.,* 2006; *de* Vos, 2017; Lamoureux, & Bottorff, 2005; McGuilly & Szablewaski, 2010)

Helpful Aspects for Recovery

- Positive, supportive relationships (outside of treatment)
- Access to appropriate treatment
- Specialised treatment
- Treatment adjusted to the pace of the person
- Psychological treatment, in addition to food/weight management
- Focus on underlying/sustaining factors and self-insight
- Being understood
- Fostering self-acceptance
- Fostering autonomy
- Fostering hope
- Hope

(de Vos *et al.,* 2017)

Hindering Aspects for Recovery

- One or more missing helpful aspects
- People trivialising the disorder
- Isolation
- Stigmatisation
- Weight as a recovery barometer

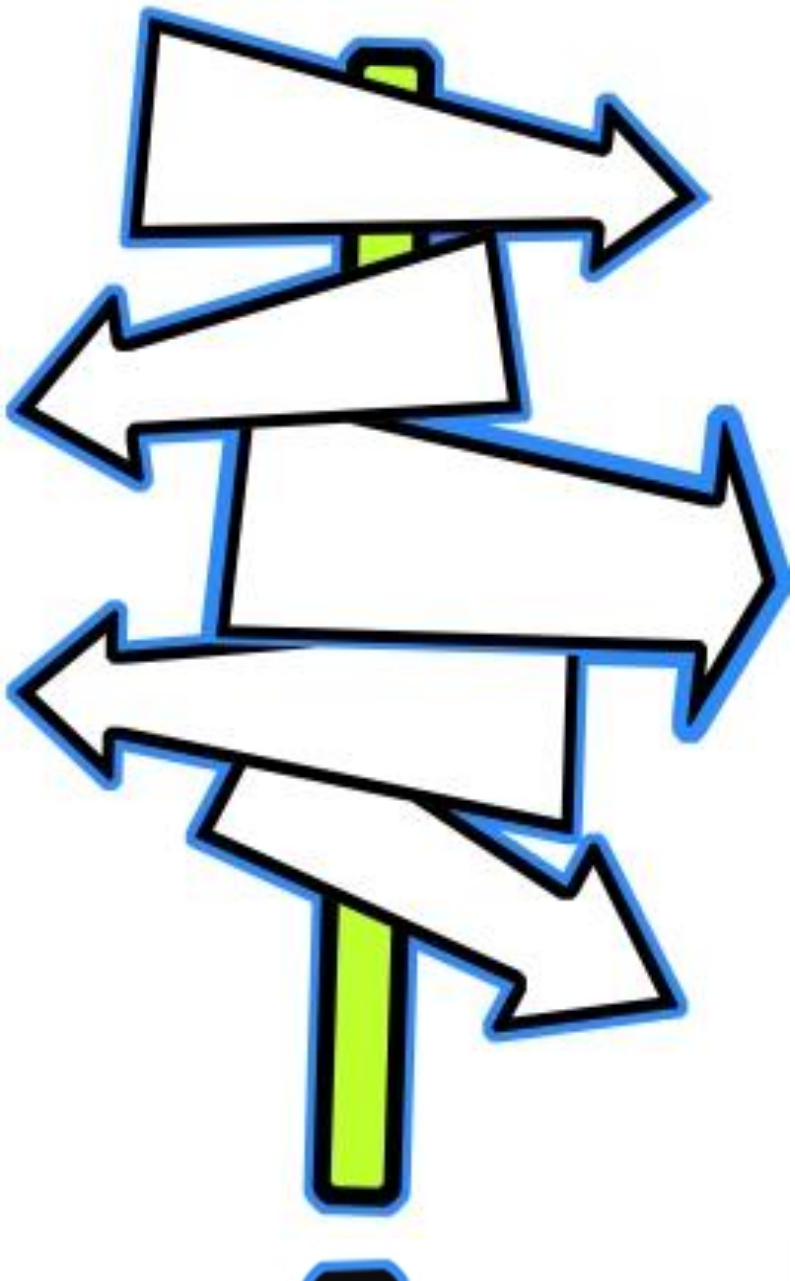
(de Vos *et al.,* 2017*)*

Essential Elements of Recovery Process

Recovery is:

- Individual & unique to each person
- A Process that is difficult, complex and long
  - Develops in stages:
    - Becoming aware (contemplation)
    - Self-determination
    - Reflection & consolidation
  - Non-linear
- Relapse and setbacks are part of the process
- Include helpful aspects for recovery

(de Vos *et al.,* 2017; Bowlby et al., 2012)



What do we mean by Recovery Focused Relationships?

- Individual
- Integrated
- Authentic
- Dynamic
- Unknown /uncertain
- Messy
- Co-produced
- Relapse and remission
- Trajectory

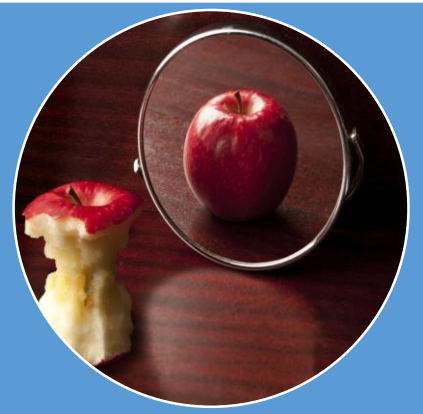
Strategies / Skills for Maintaining and Sustaining Empathetic Engagement:

What are they?

Strategies / Skills for Maintaining and Sustaining Empathetic Engagement:

Remember the importance of the **SUPPORTIVE ALLIANCE**

Understanding your **ROLE / Boundaries**



Manage your **EXPECTATIONS**

Strategies / Skills for Maintaining and Sustaining Empathetic Engagement: (Parsons, H. 2019)

Addressing DEFIANCE /RESISTANCE

Containing person / self/ family /MDT

Mange your Responses

- *…each eating experience is an opportunity for experimentation, rather than a signal of success or failure* (Orbach, 1985)

REFLECTION - What am I struggling with?

- Try and name it in terms of **SELF**
- ***Self:*** *Not knowing what to do or say; Making things worse; Fearing being blamed; Getting it wrong; uncertain; Fearing the unknown; Doubting competence; Not knowing* ***Right/Wrong*** *topics; Fearing – self-harm/suicidal behaviour; Fearing conflict/rage*
- ***Family:*** *Feeling overwhelmed with anxiety; feeling defensive; angry; caught in the middle; displeasing others; fearing conflict/rage; fearing being disloyal.*
- ***MDT:*** *Feeling incompetence; not heard; defensive; angry; caught in the middle; displeasing others; fearing conflict/rage; fearing being disloyal.*

Self Care, Monitoring, Development …

- Unfortunately, it's not as simple as taking long 'Bubble Baths'

Self-Care for the ED Practitioner

- Training for ED specialisation
- SUPERVISION
- SELF-CARE and AWARENESS
- Being aware of and calming one's Inner Critic
- TUNING IN – knowing personal limits, resilience, the cost of caring – physical, emotional, relational
- TUNING IN - impact on professional and personal, as well as organisation

Access Your Internal supervisor – *for reflection…*

- What am I struggling with?

  Try and name it in terms of self
  - How do I feel about ..?
  - What do I want to do?
  - *My fears of: Not knowing what to do or say; Making things worse; Being blamed; Getting it wrong; Feeling uncertain; Doubting my competence*
- What am I {NOT} saying to colleagues (MDT)?
- What's being triggered for me?
- Is this a familiar pattern or something different?
- What were my hopes, fears, expectations about: engaging therapeutically with a person with an eating disorder? What are they now and what does that mean for me?
- What is my relationships to my body image & food?
- If this situation was happening to my colleague, what would I say to support them?
- What client/family; professional /organizational '*games*' /dynamics am I part of?
- How might I stop myself from good self-care?
- What do I notice as I think about this?
- How comfortable /able am I working with / containing uncertainty?
- How supportive are my colleagues/organisation?
- How similar/ different are my beliefs / practices with colleagues / organisation uncertainty?

T

Ultimate Goal: We're gonna get real!

Conclusion

- Working with the person with an ED is life changing
- Such work can be emotionally demanding and immensely distressing
- It is also the most rewarding work
- Being in the presence of those who have struggled with the journey of recovery and still risk connection is transformative
- It can enhance therapeutic skills and make for a more sentient practitioner
- It also enhances understanding of ED recovery, self and the world
- The resilience and hope that has not been extinguished despite the ED struggles is testament to recovery , and allows both the person and practitioner to access a deeper appreciation of what it is to be human and to be alive

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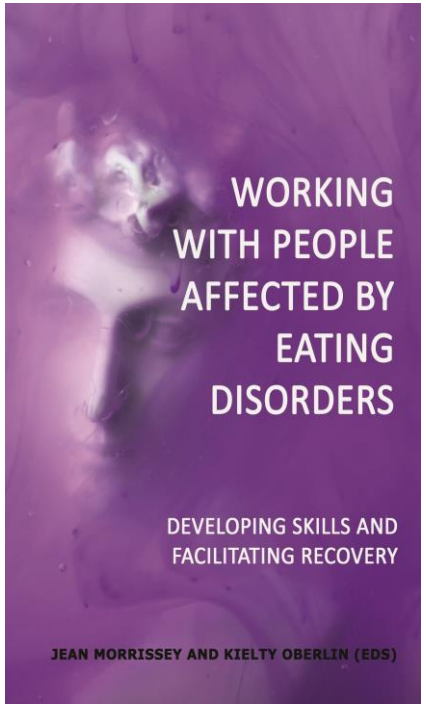

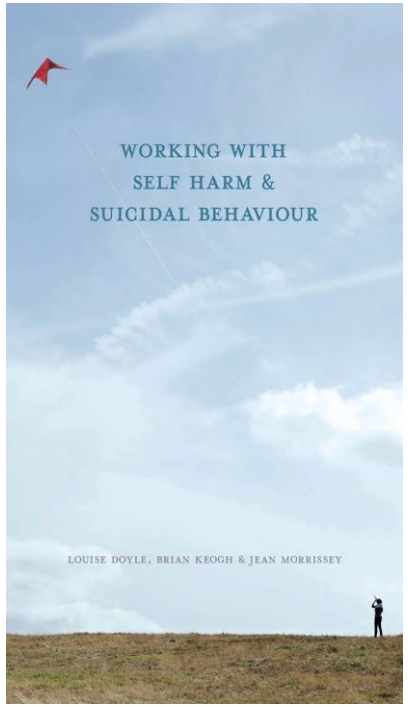

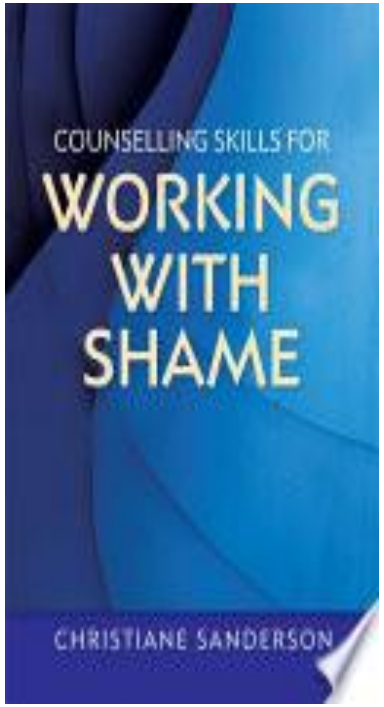

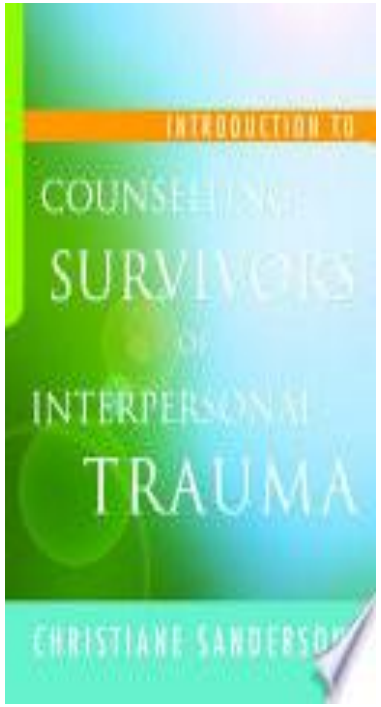

Thank you


CURIOSITY
"It keeps us moving forward, exploring experimenting, opening new doors."
-Walt Disney

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