

***Behind Closed Doors:
Effective Behavior Change Strategies***
Australia, ANZAED, Conference 2022

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The Carolyn Costin Institute

Training and Certification for Coaches and Mentors
Continuing Education
Trainings
Supervision



Deep Dive: Beyond Core Protocols

Evidenced Based Guidelines...Are important

But they work 30% to 50% of the time at best

We need a variety of tools in our toolbox



Evidence IS Important

Monte Nido 1-10 yr study(Dr. T Brewerton) ED Jrnl Tx & Prevention

Ages treated ...14 to 58.....e.d. duration = several mo. to 20 + yrs

Average age 26,previous hospitalizations...3.5

YEARS dc to follow up	Recovered%	Partially or Fully Recovered %
AN average 4.5		
BN average 4.1		

Monte Nido 1-10 yr study(Dr. T Brewerton) ED Jrnl Tx & Prevention

Ages treated ...14 to 58.....e.d. duration = several mo. to 20 + yrs

AN days in tx =96,

YEARS dc to follow up	Recovered%	Partially or Fully Recovered %
AN average 4.5	41%	87%
BN average 4.1		

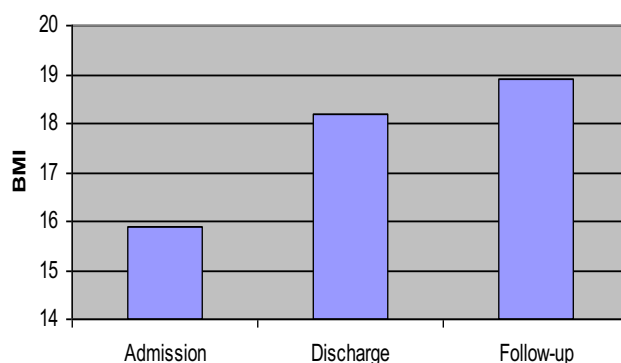
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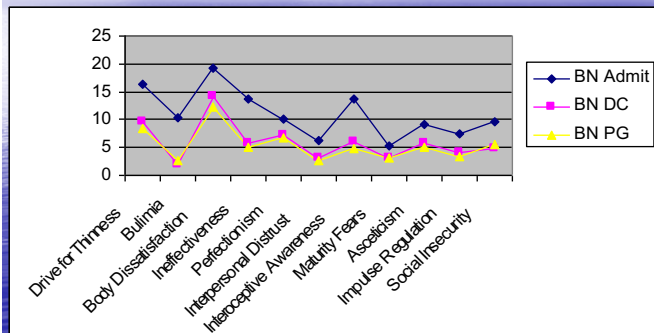
BN. days in tx 79

YEARS dc to follow up	Recovered%	Partially or Fully Recovered %
AN average 4.5	41%	87%
BN average 4.1	62%	81%

Mean BMI of AN Clients

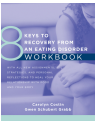


EDI-2 Subscale Scores in Individuals with BN @ Admission, Discharge & Post-graduate Follow-up



8 Keys to Recovery....

1. Motivation, Patience and Hope
2. Your Healthy Self Will Heal Your Eating Disorder Self
3. It's Not About The Food
4. Feel Your Feelings, Challenge Your Thoughts
5. It Is About The Food
6. Changing Your Behaviors
7. Reach Out to People Rather Than Your Eating Disorder
8. Finding Meaning and Purpose



Concepts

I can't make you give up your eating disorder, I hope to make you want to.
 Your healthy/soul self will heal your eating disorder self.
 You can recover, your eating disorder cannot be more powerful than you are.
 In order to heal you have to internalize the desire & skills, not just be controlled.
 Successive steps...get YOU back in your body and back in control of your life.
 You have to reach out to people rather than your eating disorder to get needs met.
 Things other than the symptoms need to be healed.
 It helps to have a reason why...meaningful life...
 "What are you recovering to?"

Focusing Today on

Four Main Areas of Skill Building for Behavior Change

- Part 1. Contacting and Transforming the Eating Disorder Self
- Part 2. The Therapeutic Relationship
- Part 3. Dealing With Resistance
- Part 4. Q and A.....What To Do When... Be thinking

Assignments for individual and Group

1. Contacting & Transforming The Eating Disorder Self



Wholeness or health is our natural state. The nature of healing involves removing the obstructions to this natural state and bringing individuals into alignment with themselves and their world.

Eating Disorder Rules VS Treatment Rules,

I saw this when I ran hospital programs...
and I see this today w even our evidenced base tx....eg., FBT

In a treatment program or w supervision we can get clients
to eat, gain weight, stop bingeing and purging, etc.

but relapse will be at an unacceptable high unless they:

- * Make an internal shift.....and
- * Get their **Healthy Self** back in control

My eating disorder
is more powerful than I am.

Therapist ?

.....
.....

My eating disorder
is more powerful than I am.

Therapist ?

That's not possible, it IS you,
You give it it's power

Although it feels like it is more powerful & the brain gets hijacked
The truth is this is not like cancer,
There are attitudes and behaviors that facilitate the illness
And recovery.....

Do you believe you can be recovered? Rocks on the floor

Sickest ever..... Recovered

KEY 2 Healthy Self Eating Disorder Self



*Risk factors come together :
genes, environ,
dieting.....perfect storm
Over time ed self develops its
own sense of what to do to
protect, cope, hide, handle....*

*Becomes habitual, identity
Brain hijacked,
unconscious*

*The battle is not between me and you, or your parents and you,
or anyone else and you.*

*It is between you and you,
your Eating Disorder Self and your Healthy Self.*

Strengthen The Healthy Self To Take Over The Eating Disorder Self



* The eating disorder is an illness, an unhealthy ego state but not your identity.

* Reconnect and mobilize your healthy self .

* Learn to talk back to, dialogue with and challenge your ed self

* Don't make enemies with the person's eating disorder self, contact it,
empathize with it, understand what it's doing for the person,
And get the healthy self to take over the job

* You Don't get rid of your e.d.self, you get rid of the thoughts and behaviors
That part of you will remain as your signaling system.

* *The Goal is Integration, becoming whole again*

*Decreases resistance, because you put the fight internally where it belongs
AND you are not trying to get rid of the ed self ... way less power struggle*

Windows into The Eating Disorder Self

- "I feel like a monster comes over me."
- "I tell my "self" I am not going to binge but then I do it again."
- "I know 80 lbs is thin but when I look in the mirror I can see that I'm fat."
- Ambivalence
"I want to get better but....."

Video "R"

The client starts off by saying she **feels so split** and explains that a part of her wants to get better and part of her thinks that's the worst idea...

We discuss the two parts of self and as I'm talking about the healthy self she says it gets quieter when food is around

ASSIGNMENT: DO YOU RELATE TO ANY OF THESE THOUGHTS?

Look over the statements below, put "Y" for Yes, or "N" for No in front of each one.

__ Part of me wants to get better and part of me doesn't.

__ I would never restrict my (kids' or friends') food like I restrict mine.

__ I want nothing more than to stop bingeing, but then later I binge.

__ I agree to do something different with food, but when the time comes, something takes over and I don't do it.

If you put a "Yes" in front of any of these statements, hopefully you can see there are two forces at work inside of you:

Draw a Picture of Your Eating Disorder Self

Healthy Self



Disordered Self



There is a part of you that just seems to take over and binge even when you say you don't want to....

Oh, you mean Mr Binge

OK but he is a part of you, I want to hear from that part

Journal before you binge and purge, to get access

Giving the Ball Back



Bring it back to internal conflict
Looking for healthy selfmake it stronger

What does your healthy self say back?

What would you say to someone else in your position?

Video

Client afraid of getting her calories raised because she has not gained weight

Getting her to find ways to talk back to herself

Questions

Video
Client w Bulimia
Further along in recovery

Assignments ...Integrating ED Self

Write a thank you letter to your eating disorder

Write a goodbye letter to your eating disorder
Write back

My last e.d. thought / or behavior

What would you say back?

In group ask others to respond (pass around)

Dialogue with eating disorder self, H.S. gets last word

...You have countless eating disorder thoughts and feelings every day,
so you will have many opportunities to improve and develop
a repertoire of Healthy Self responses that are helpful true & unique to you.

Eg. ED self says:

Don't eat that or you will get fat

If you don't run 5 miles you are weak and undisciplined

My boyfriend broke up with me, screw everyone I'm going to binge and purge

PROBLEMS THAT COME UP:

- 1.I don't know what to say. (what would you say to someone else?)
- 2.I don't believe it (find something the client does believe)

Common Mistakes

That is just your eating disorder talking

Your eating disorder wants to punish you

Making it seem like an outside entity, rather than part of the person,
it is not the same as externalization

NOT externalization..... Life without Ed....."Ed made me do it"

When talking back to ED self it has to be something client believes.....

THE STATEMENTS HAVE TO BE THE TRUTH
NOT FAKE IT TIL YOU MAKE IT

Client says.....

But I really don't like the way my body looks

x

x

Binging actually does help me feel better in the moment

x

**THE STATEMENTS HAVE TO BE THE TRUTH
NOT FAKE IT TIL YOU MAKE IT**

Client says Change to

I am fat

I feel fat

But I really don't like the way my body looks

Even if I don't like the way my body looks, bingeing isn't helping

Bingeing and purging actually helps me cope in the moment

Bingeing and purging will never help me get over this issue.

Stages of Integration.....Recovery

- Behaviors with no real understanding of separate e.d. self
- Denial.....often not of illness but of seriousness
- Begin to see that they have two selves but still need behaviors
- Begins to have battle with healthy self and e.d. self
- Healthy self is stronger, begins to turn to others instead of e.d.
- Healthy self increasingly in control (30%,50%,70%) but e.d. self still takes over during times of stress or difficulty

Stages of Integration.....Recovery

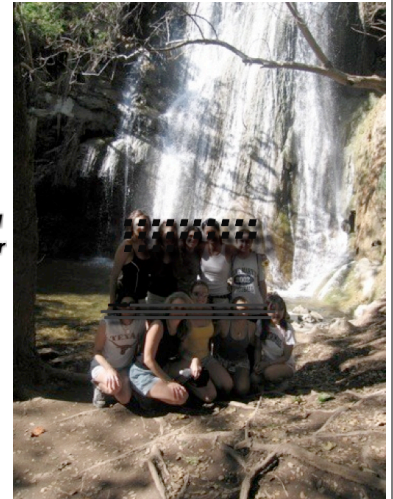
- Healthy Self mostly in control of symptoms, but e.d. thoughts/desire still there (slips)
- Healthy Self in control....e.d. thoughts continue to diminish
- ED self is now integrated into whole, serves as ALARM system
Need for behaviors gone....person turns to people /regulates emotions through others and learns to go to self (self soothing)
- RECOVERED...Integration

Recovered

The person can accept his or her natural body size and shape and no longer has a self destructive or unnatural relationship with food or exercise. ..

When you are recovered you do not use eating disorder behaviors to deal with, distract from, or cope with other problems.

When recovered you will not compromise your health or betray your soul to look a certain way, wear a certain size or reach a certain number on the scale.



Bad News: Getting well takes a long time

Good News: You can be fully recovered

Motivation, Patience and Hope.Key 1. 🔑

Research of those who are Recovered ...

One of the main ingredients was meeting with others who have been there.

Expose Them to Recovered People

Game changer

Coaches

Peer Support /Mentors

Questions???

People who need a break can take it while I answer a few questions

2. The Therapeutic Relationship ...

Research shows: An Important Tool is Yourself



You can't separate the therapist from the treatment protocol

**Over promoting empirically supported treatments
can lead to overlooking other consistent research findings**

***....That the therapeutic relationship is vital
in contributing to client progress J. Norcross***

How many of you have heard....

***"The Therapeutic Relationship
has proved to be a significant, if not the most significant, factor
for successful therapy outcome,
no matter which type of therapy the therapist offers..."***

Where does that research exists?

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Where does that research exists?

Scott Miller, Barry Duncan; "The Heart and Soul of Change" 1999 and 2010

John Norcross, et al., "Evidenced Based Practices in Mental Health" 2006

"Psychotherapy Relationships That work" 2002

S. Hughes & S. Paul, "The Therapeutic Relationship: Perspectives and Themes" 2008

Dan Siegel, "The Mindful Therapist" 2010

Geller, S. & Greenberg, I., "Therapeutic Presence: A Mindful Approach to Effective Therapy" 2012

The APA task force on Evidenced-Based Relationships

Dec 2018 Issue of Psychotherapy

16 meta- analyses on Aspects of the Therapy Relationship, and Responsiveness

FOUND: that a number of relationship factors such as:

-Agreeing on therapy goals

-Getting client feedback throughout the course of treatment

-Repairing ruptures....

Are at least as vital to a positive outcome as using the right treatment method.

***"Anyone who dispassionately looks at effect sizes can now say that,
the therapeutic relationship is as powerful , if not more powerful,
than the particular treatment method a therapist is using." J Norcross***

How do we create and maintain such a relationship?

Creating a Positive Therapeutic Relationship/Alliance

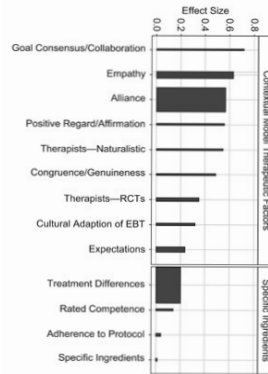
Common factors that account most for a successful outcome.

1. Goal Consensus/Collaboration (agreeing on goals)
(95 to 125). (43k to 57kilos) phobia so go in steps
"I am fat"
"I feel fat"

2. Empathy
AN getting period back (empathic failure) **repairing**
(BED client coaching scenario "I gained weight")

3. Alliance
("Let's see how much you can eat w/o gaining weight")
Align with HS not against ED self but ED behaviors
Do NOT make an enemy with the e.d.self

**Would you like to change that ?
What can we both agree to?**



Therapeutic Relationship in Treatment Outcome Miller, Norcross
The Great Psychotherapy Debate. Wampold & Imel

Ask Clients: What do Therapists do That Helps?

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Allow all feelings

Ask specific questions and draw out information

Do not Assume

Acknowledge our fear and ambivalence

Know that it takes time

Validate and acknowledge our experience

Tell the Truth without judgment

They don't sort their agenda or they are not attached to results

This list has to do with our Presence.. our Being

*Who you are, Your Presence,
not just the interventions you offer or the theoretical stance you take,
is the most robust predictor
of how your patients will respond. Dan Siegal*



How do we learn this ?

*** Presence.....openness, observation, objectivity**

These are the qualities that researchers on therapeutic presence such as Porges and Geller et al., are trying to assess, understand and teach

Attunement ...attune to what is sent w/o being swayed by preconceived ideas
.....weight gain, weight loss , being a vegetarian

Resonance... "feeling felt" by the other; connection w a feeling of security, being seen, feeling safe
.....I feel fat, I can't make you..



Polyvagal Theory
Porges, S., 2001 Geller, S., & Porges, 2014
Geller, S., & Greenberg 2002,
McCollum, et al., 2010)

Therapists can down regulate the involuntary defense mechanisms that clients have developed, by using:

**Soft eye contact,
Calm breathing,
Receptive stance
non judgment**

(Geller, S., & Porges, S., 2014)..

Repeated experiences of this presence regulate the client's nervous system, create new neural pathways and enhance the client's ability to feel safe, allowing for deep therapeutic work and healing.

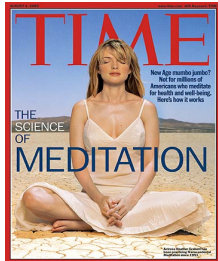
(Geller, S., & Greenberg, L., 2002, McCollum, et al., 2010).

*I have been lying for months
Client who vomited in another client's coat*

This may be why Patients treated by Meditating therapists improved significantly more than patients being treated by Non Meditating therapists

fewer symptoms of anxiety, depression, hostility, somatization, obsessions and compulsions.

Grepmair. 2004



This does not mean that therapists have to become meditators in order to achieve good results
But it does mean that there are “ways of being” that enhance the therapeutic relationship and contribute to successful therapy.”

Mindfulness practices such as meditation, heighten “Therapeutic Presence”, deepen the therapeutic relationship and are related to fundamental counseling abilities

Attention

Empathy

Non-judgment

The feeling of self efficacy

A Comprehensive Review (Geller, S & Porges, S 2014) shows

Therapeutic Presence Inventory

Geller, S., & Greenberg, L., & Watson, J., 2010

I felt alert and attuned to the nuances or subtleties of my client's experience

1. 2. 3. 4. 5. 6. 7.

Not at all very little a little Moderately A lot Quite a lot Completely

I was fully in the moment in this session

I felt impatient or critical this session

Therapeutic Presence Inventory, Client (ongoing client feedback)

Take a moment to reflect on your experience of being with your therapist during today's session and then answer the following questions:

Please rate your PREDOMINANT experience during this session

1. 2. 3. 4. 5. 6. 7.

Not at all very little a little Moderately A lot Quite a lot Completely

My therapist was fully there in the moment with me

My therapist responses were really in tune with what I was experiencing in the moment

My therapist seemed distracted

Presence Facilitates a Healthy Attachment



E.D. Person turns to symptoms rather than people to get needs met, deal w feelings

Strongest relationship is with their eating disorder (trust what the e.d. tells them)

We need to offer them a better relationship, Active, dynamic....
They have to attach to someone, trust someone, turn to someone other than their e.d.

A secure attachment promotes three important functions:

- 1) the ability to explore themselves and their environment
- 2) affect regulation
- 3) the development of interoceptive awareness, (sense, perceive, interpret, describe)

People with eating disorders:

- 1) the ability to explore themselves and their environment
rely on external rather than internal cues
to negotiate themselves & their environment,
- 2) affect regulation
use eating disorder behaviors
to regulate their emotions,
- 3) the development of interoceptive awareness, (sense, perceive, interpret, describe)
are deficient in interoceptive awareness, “*what am I feeling, how do I explain it?*”

Healthy attachments are critically important since attachment experiences facilitate or mitigate gene expression, brain development and even the correction of behavior based on trust and modeling.



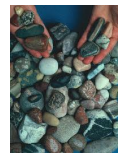
Use the Therapeutic Relationship to Put The E.D.Out of a Job

You Have to Reach Out To People Rather Than Your Eating Disorder(Key 7)

Teach them to reach out to us
Use the relationship with us



Texting Emails Calls



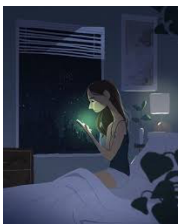
Transitional Object



Successive approximation to the goal

Coaching Comes in Here

Coaches help in ways that licensed professionals can't or don't want to.



Late night phone calls



Going to the gym



Setting up a kitchen



Restaurant outing

A coach is available via call-text-email at all hours, allowing clients to reach out when struggling.

This ‘in the moment’ support not only provides help at inconvenient times, but also teaches clients the skills of reaching out to people, rather than their eating disorder, which is a key to recovery.



**Eventually wean client off the therapist /coach/ dietitian, etc., onto other relationships...
..... turning to people rather than ed behaviors to get needs met**

... WHAT STOPS YOU FROM REACHING OUT?
When you work through this you then pave the way for them to reach to to others

3. Resistance

A good, powerful, healthy, strong, safe relationship
makes a difference

ResistanceAll The Reasons People Don't Reach Out

1. I don't want people to know how much I need help
2. I am ashamed
3. By the time I realize I am in trouble, it is too late
4. I would not know what to say
5. I don't see how talking helps
6. I don't have anyone to call
7. People won't know what to say
8. People have not been there for me in the past
9. I don't want to burden people
10. I'm afraid to rely on others
11. I am not sure I want to be stopped
12. I will feel worse if I try and it does not help

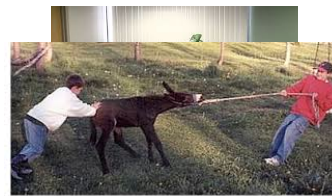


Ask Clients to List their Reasons

Eating disorder therapy may look like this



but Feel like this



*"An excess of insistence begets an
excess of resistance"*

Lasegue 1873

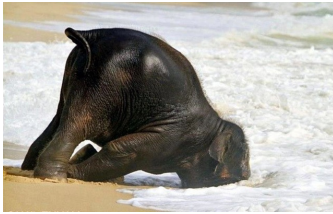


Resistance.....

Resistance.....

manipulates or lies
refuses to change behaviors (gain weight, stop laxatives)
won't do any of the "work"
Sabotages treatment
every session is like groundhog's day
doesn't see the problem
doesn't want to get better

Denial, Lack of Motivation and Ambivalence



Go To the Internal Shift

"I can't make you get better, I hope I can make you want to."



Dealing with **resistance** by force will not bring lasting recovery

Remember.....Eating Disorder Rules vs Treatment rules

Ways To Deal With Resistance

Healthy Self vs Eating Disorder Self X

Therapeutic Relationship x

Neuropathways and Visualization

Truth Without Judgment

Not Being Attached To The Results....Not having agenda

Neuroplasticity and Visualization

Changing neural pathways

And

Mental Imagery as a form of practice:

Getting the brain to fire in certain patterns creating new habits

When Behaviors are so Automatic

"I must purge after eating...(too much, fattening foods, anything)"

"I automatically count my calories",

"If I eat cookies, I binge on them"



Change the Neuropathway
Sledding on a Mountain with Snow
Riding a bike

Visualization.... Is Not Wu Wu

This focusing of energy creates Neural Networks Neuroplasticity
The Brain That Changes Itself and The Brain's Way of Healing (Doidge)

Mental Imagery is a form of practice: Alters brain growth & enhances physical skills

Athletes



50% doing
50% visualizing
is correct formula

and

Musicians



3 days: mental players were as accurate as physical players
5 days: mental practice group was good but
not as improved as the physical practice
BUT a single 2 hour physical practice session, improved
performance and caught them up

Visualization for those with eating disorders

eating a cookie

having pizza out with a friend

eating at the family diner table

buying new clothes

not purging after "overeating"

Assignment: Write about ... "A day in my life when I am recovered"



Truth Without Judgment
And
Not Being Attached to the Results



Holding up a Mirror

Here is how it is...Here is how it could be...You get to choose...

Channeling Genetic Predispositions



Halloween, Homework, Bossy Flossy

In high school I got :

Straight A's..... And..... Anorexia

Give people back themselves in a way they can accept, understand and use their traits as assets

JUDGMENT NON JUDGMENT (Asset)

- perfectionistic.....detail oriented
- impulsive.....spontaneous
- overwhelming.....big energy
- rescuer (co dependent).....empath/relational
- manipulative.....resourceful or persuasive

Have clients list their traits and how they are assets or liabilities
And help them find out how to channel them
from the darkness to the light

No Attachment, No Judgment ... Dropping the rope

"I don't want to gain weight"

"I don't want to recover"

Non attachment / Acceptance

Well tell me all about that

I'm going to be ok if you binge

Truth w/o judgment

Here is what will happen

You cannot stay here

You won't be able to run track

You will likely not get better if....

Which Self?

What part of you wants what?



**Truth w/o Judgment is Not about Being Nice
or Not Setting Limits**

Client who hid food in her shirt sleeve: I saw you put food up your sleeve and I'm sorry a part of you felt like you had to do that.

Client: "It allowed me the space and the security to feel like I could tell you the truth about the struggles I was having, and feel safe in knowing that I could come to you no matter what."

You didn't seem attached to whether or not I got better . Our relationship was not dependent at all on my acting out behaviors, or whether I chose to get better.....

Key 8 Meaning and Purpose

What Are You Recovering To?



If you want to build a ship, don't herd people together to collect wood and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea. -Antoine de Saint-Exupery



CARE of THE SOUL

Psyche (soul) Therapy (care for)

Finding deeper meaning and purpose in my life was crucial to my recovery.

In my treatment there was much emphasis on what you are recovering to.

It's about going further than eradicating behaviors to finding something that gives you a reason to recover and stay recovered.

You might take this to mean having an interesting job, or working with animals, which are good reasons, but there is a different, more powerful level of meaning and purpose, which is about ...

Reconnecting you with the ...Essence of Your Being -

**Your Spiritual and Soul self,
beyond your body and mind.**

Soul Lessons Re- Enchantment of Everyday Life

**Healthy Rituals
Ceremonies
Poetry
Singing/Chanting
Gardening**



Body and Soul Group



Teach clients to Shift their Attention FROM thinking about the external form of their body ...(EGO) TO....Awareness and Acceptance of their body as the "Earth Suit".....of their essential being.....SOUL

Healing for me was not some aha moment

but many aha moments that occurred over time within my soul and within me. Yes it is all about the food, but no it is not all about the food.

It is about an internal shift that made food less the enemy and more the fuel to a different way of life that my eyes and my heart were opened up to...

I learned the difference between my ego and my soul and was allowed the opportunity and time to begin to feel my spirit again. This was a most amazing feeling, one that captured my entire being and filled me with a vitality like no other.

Ironically, for me, healing meant that I had to embrace my eating disorder first, allow it to show itself, state my fears, talk through my anxieties rather than just say it's too scary.

I had to show and tell all of my eating disorder to others which meant I first had to accept it myself. Otherwise, fear kept me distant, feeling alone and hopeless because of its nagging secret life within me that made me feel incongruent and this feeling of incongruency was unbearable.

This is also where relationship mattered. I had to feel safe enough to expose my illness, my shameful secrets and trust that what I was met with after this exposure was not another negative jab at my soul that felt even worse than my eating disorder.

Questions/Comments

What Do You Do When?

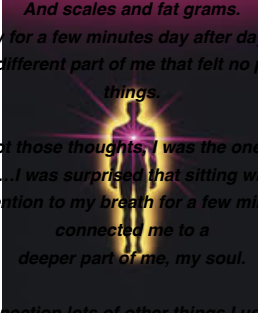
*"Taking the time to connect with my soul self made me realize
That it was only my ego that was concerned with numbers*

And scales and fat grams.

*Sitting quietly for a few minutes day after day, I was slowly
able to sense a different part of me that felt no pull toward those
things.*

*I realized I was not those thoughts, I was the one who could watch
them come and go. I was surprised that sitting with my eyes closed,
and paying attention to my breath for a few minutes every day,
connected me to a
deeper part of me, my soul.*

*Once I had the connection lots of other things I used to get caught up
in began to take on less and less meaning and importance and
eventually my whole view of things and thus my behaviors toward
them changed."*



EATERS AGREEMENT : *I hereby agree to live fully and completely, outside
the box of anorexia. I will no longer hide my fears of life behind fears of food or
resort to literally shrinking away from the world when disappointments bombard
me or choices overwhelm me.*

*I will no longer reduce my existence to controlling my body. I am more than my
body – I am a beautiful spirit, deserving broadened horizons and freedom from
self-hate and restraint.*

*My body is wise and forgiving; unconditionally loyal to the soul it harbors. As
such, I will feed it unconditionally - in times of joy, pain, chaos, and doubt. For I
can only address my hungers for life when I address my most basic hunger.*

*I have a need for emotional nourishment – love, creativity, voice, peace-
whose fulfillment is based on satisfying my need for physical nourishment.
I have passions and dreams that shall no longer be overshadowed by internal civil
war and energy that shall no longer be drained in the name of self – destruction.*

*I am liberated, free to embrace life with all its beauty and all its fear, blessed with a
new foundation of confidence in my ability to take care of myself, be
compassionate with my needs, and acknowledge the desires of my whole
self.....body and soul.*

THANK YOU

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