

# *How vs Why...*

Strategies for Changing Eating Disorder Behaviors

*The Thought Institute*

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## *The Carolyn Costin Institute*

Training and Certification for Coaches and Mentors  
Continuing Education (live and online) for clinicians

Specialized trainings

Supervision



## Naba-jyoti-saikia: Spiritual Tradition

This African tribe believes that Every Human Being comes into the world **valuable but makes mistakes** and needs to be reminded.

If you do something wrong you are surrounded by the whole tribe for 2 days.

They tell you all the good things you have done.

Mistakes are a cry for help .....*so the community comes together to lift up and reconnect the person to his or her true nature, to remind the person until he or she can remember the full truth from which he or she has been temporarily disconnected.*



**Nabajyotisaikia** *“I respect you, cherish you, you are important to me.”*

**Midori:** *“I exist as another you.”*



**How** do we reconnect them to their true nature





School Mascot ....Miss Pioneer

Age 15

My doctor told my mom I needed  
To lose weight

*1970—almost 50 yrs ago*

*I went on a diet*



## *....I developed Anorexia Nervosa*

*Nobody Knew what was wrong with me.....*

***My mother was told :***

*That I was trying to hide a pregnancy*

*That I had an oedipal complex*

*That my doctor found nothing wrong with me*

***In college, age 17, & 40 lbs lighter, I went to Univ. Couns. center.***

*Therapist never heard of, much less seen, anyone with an eating disorder*

***NO Books, TV shows, journals, internet, organizations***

**“If You Want to Truly Understand Something  
Try to Change It.” Kurt Lewin**



**For over 4 1/2 decades, I have been doing just that.....**

**Starting with my own illness and ongoing as a professional**

**What are the hardest things about  
treating an eating disorder?**



**What are the hardest things about recovering from an eating disorder?**

Unfortunate that we all don't agree  
on the exact nature of eating disorder etiology,  
even so.....

**With an eating disorder**  
even when you understand **why** you got sick ...  
and even if you want to get better, ...  
**you don't know HOW ...**

*“I get that I use my eating disorder to cope with things but **how** is that going to stop me from binging tonight?”*

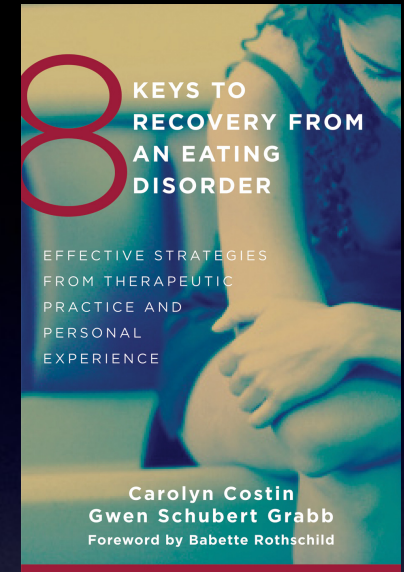
*I understand that I have a disease and that my eating disorder is not my fault, but **how** is that going to get me to eat and keep my food later?”*

*Or WORSE, “Ive been told my eating disorder is genetic so... then why bother trying to get better.”*



# *How*

- 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**



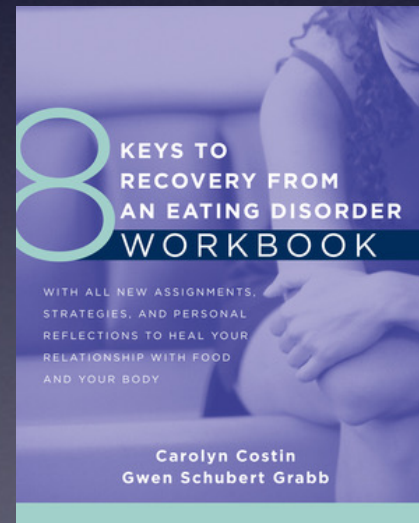
# Ten Phases of Eating Disorder Recovery

1. I don't think I have a problem
2. I might have a problem but it's not that bad
3. I have a problem but I don't care
4. I want to change but **I don't know how**
5. I tried to change but I couldn't
6. I can stop some of the behaviors but not all of them
7. I can stop the behaviors, but not the thoughts
8. I am often free from behaviors and thoughts but not all the time
9. I am free from behaviors and thoughts
10. I am recovered

# Assignments are a How To....

*“Reading the 8 Keys book without doing the assignments is like reading a recipe rather than baking and eating it”*

“8 Keys to Recovery From  
an Eating Disorder”





*KEY 1 – Motivation, Patience and Hope.*



# *Motivation, Patience and Hope Are Not Static*



*I know I said I wanted to go for a walk.....*



*I agreed to x but Something tells me not to.....*

## **Ambivalence and Resistance**

*Motivation is the Challenge...Cost /Benefit analysis*

*I want to get better BUT.....*

**I don't want to gain weight**

**Nothing is better than bingeing**

**I don't want to recover**

***Why does getting better feel bad?***

*Motivation is the Challenge...Cost /Benefit analysis*

*I want to get better BUT.....*

I don't want to gain weight (duh, and if you don't?, 2 lbs.

Nothing is better than bingeing ( heroin,)

I don't want to recover (who says you have to, ok lets start there)

***Why does getting better feel bad?***





**Hope:**

***Exposure to Those Who Are Recovered..... is Critical***

*Research of those who are Recovered ...*

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





*“Giving up my eating disorder was going to be the hardest thing I ever had to do. I figured, like skydiving, I was not going to do it unless... I had a guide who had done it before and survived.”*

**Assignment: Go interview a recovered person**

**Recovered Help**

**books**

**on line forums**

**alumni**

**Recovered professionals**

**mentors**

**coaches**

*If they are going to be part of **ongoing** support/ treatment*

***they need to be trained***

# **Assignment:**

## **My Worst Eating Disorder Day.....**

- they forget how bad it was
- they usually hide the truth







A Day in My Life When I am Recovered

## **KEY 2**    Healthy Self ..... Eating Disorder Self



*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.*



## 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:

One is your **Eating Disorder Self**  
and the other is the **Healthy Self** you were born with,  
which is still in there waiting to be freed up and put back in charge.

# *Strengthen Your Healthy Self To Heal Your Eating Disorder Self*

*Your eating disorder cannot be more powerful than you are..  
it is you*

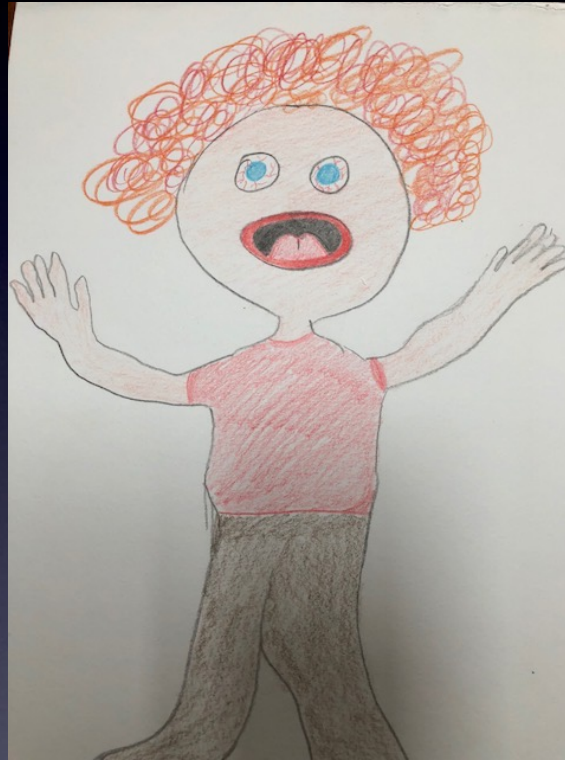
- \* Reconnect with and **mobilize** the part of you that is healthy.
- \* Learn the **inner dialogue that is essential for fighting off**  
the loud and constant eating disorder voice that is currently in charge.



*The Goal is Integration, becoming whole again*

*Decreases resistance, because you get the fight where it belongs...internally  
and you are not trying to get rid of the ed self only the ed behaviors*

# Contacting and Transforming Mr Binge



*The healthy self needs to get to know, understand & take over the job of the eating disorder self.*

□ ***“I said I would call before I binged but I didn’t”***

□ ***“I lied and have been purging for four months”***

- ***“I said I would call before I binged but I didn’t”***
  - ***So what happened to the part of you that agreed to reach out before the binge? Where did she go?***
  
- ***“I lied and have been purging for four months”***



- ***“I said I would text before I binged but I didn’t”***
  - ***So what happened to the part of you that agreed to reach out before the binge? Where did she go?***
- ***“I lied and have been purging for four months”***
  - ***Your eating disorder self really wanted to keep that fro me but the healthy part of you is telling me the truth***

# ***Giving the Ball Back***



**Bring it back to internal conflict**

**Looking for healthy self ....make it stronger**

**What does your healthy self say back?**

**What would you say to someone else in your position?**

## **ED Self vs Healthy Self**

**“I feel so split”**

**She says her healthy self gets quieter when there's food around**

Video

## **Assignments:**

**Journal before a binge**

**Dialogue with ED self....**

**Role play...**

**Thank you letter ...**

**Goodbye letter ...**



Video





Video



Video

**...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.**

### **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)**

.  
**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.....**

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

*Even if I don't like the way my body looks, it's not okay to hurt or abuse it.*

*Binging actually does help me feel better in the moment*

*Bingeing and purging will never help me feel good about myself.*

# Assignments

## Practice Responding to Possible Comments From Others

..... clients need to learn how to respond to unhealthy, unhelpful, or triggering comments they hear.

**Your friend says,** “I don’t want to go out for ice cream anymore. It’s too fattening.

**Healthy Response (out loud)** “No food is fattening, eating habits can be.”

**Healthy Self response ( to yourself)** “This is not someone who will be helpful with me around food. I think I will ask someone else to go with me from now on.”

K.S.

Fitness trainer, married, AN when she was 12 now  
bulimia nervosa

Chose a meal that she thought was “safer” but ended up  
feeling like she ate too much so felt very uncomfortable  
and upset by it. First time in tx she wanted to purge.

start at 21:00

stop at 23:12 (what would you say back to anyone else )

stop at 25:20 which one am I going to listen to

battle inside

strengthen healthy self

# Stages of 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 for behaviors
- Healthy self is getting stronger, beginning to turn to others or self but e.d. self still takes over during times of stress or difficulty
- Healthy Self in control of symptoms ...thoughts/desire still there (slips)
- Need for behaviors gone....person turns to people /regulates emotions
- “Recovered”, E.D. Self and Healthy Self integrated.  
(temperament remains, lessened....signals still sent, acted on different



.....Where are we going?

## 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.*

# ***KEY 3 –It's Not About the Food***

## ***Bio, Psycho, Social...***

Variety of risk factors come together for the perfect storm

**Bio** ..... Genetic vulnerability.....anxiety/dopamine

**Psycho** .....Family, Relationships, Psychological Issues

**Social**..... Body Image Obsession and The Culture of Thinness

# Social

***Body Dissatisfaction is the number one predictor of who will develop an eating disorder  
Not everyone who diets gets an eating disorder but ....***

Not everyone who smokes gets lung cancer either , but that doesn't mean smoking is not to blame

Susceptibility....

And when smoking was culturally promoted we had a lot more cases ..



**Blow in her face and she'll follow you anywhere.**

Hit her with tangy Tipalet Cherry. Or rich, grape-y Tipalet Burgundy. Or luscious Tipalet Blueberry. It's Wild! Tipalet. It's new. Different. Delicious in taste and in aroma. A puff in her direction and she'll follow you, anywhere. Oh yes... you get smoking satisfaction without inhaling smoke.



Smokers of America, do yourself a flavor. Make your next cigarette a **Tipalet.**

New from Muriel. About 5 for 25¢.



# Socio Cultural Studies , Fiji and More

Body Image emerged as highest risk factor for developing an eating disorder...Stice 2012

*Genes and /or Jeans?* Becker, Keel, Anderson, Thomas *Jrnl of Addictive Diseases*

Increase in incidence of eating disorders during the 20th Century (Keel, Klump, *Psychology Bulletin* 2003)

Immigration to western society associated with increased risk  
(*International Jrnl of Eating Disorders* 1992, *psycho. Med* 1986 16)

High prevalence of ed in urban areas compared to rural areas

Hoek, *Am. Jrnl of Psychiatry* 1995 11 & Kuboki, *Psychiaty Res.* 1996:62

Media images of thinness related to increased risk of e.d.



# How to Explore The Real Issues: Adaptive Functions of the eating disorder

Need for control

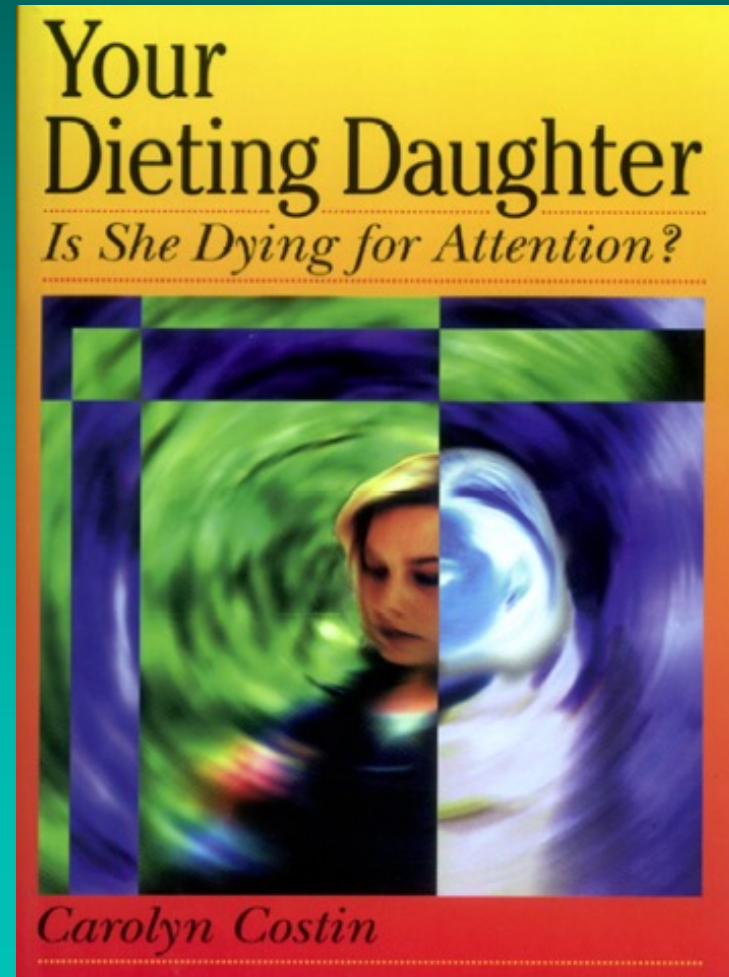
Drive for perfection

Afraid of not measuring up

Unable to self soothe

Trying to fill up an emptiness

Inability to express feelings



# Genetic Vulnerability .....Temperament

underlying familial liability to a temperament style

e.g., in AN it's reflected in a striving for perfectionism,

a need for order, and a

sensitivity to praise & reward

harm avoidant / .....Control Junkies



# Genetic predisposition a liability.... or ...asset

In high school I got :

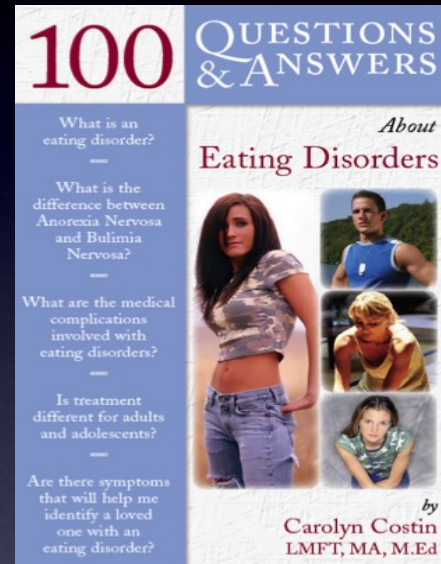
Straight A's  
and  
Anorexia

**Liability.....Asset**  
*perfectionistic.....tenacious*  
*compulsive.....driven*  
*anxious.....energetic*  
*obsessive.....detail oriented*

*My genes were not a problem  
until I started dieting*



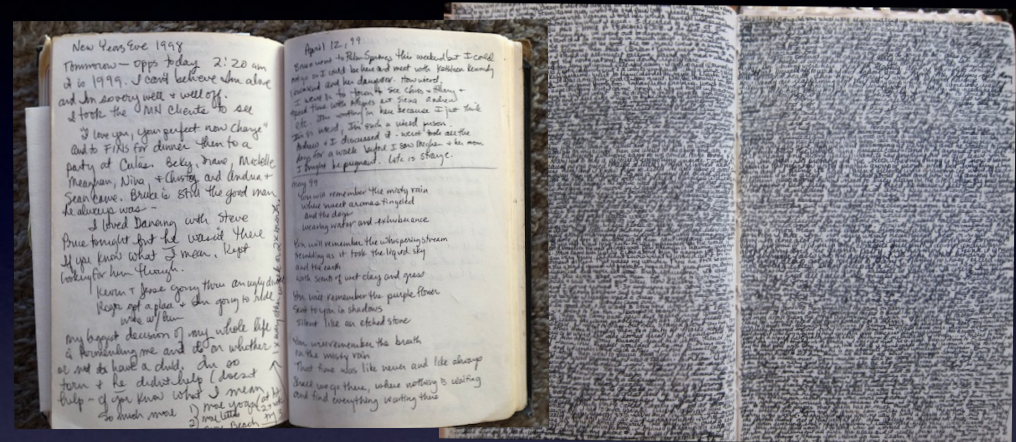
Halloween and ME  
“Now I’m going to say this  
and you are going to say..





# My Genes stayed the same, but I RECOVERED

Genes are a risk factor correlated with **but not the cause of anorexia**



I still write in it every NY eve , but.....

Teach clients how to take their traits  
from the darkness to the light

**Mitigating:** affect tolerance, mindfulness

**Channeling:**

Where is trait useful, eg Impulsivity Vs spontaneity

# *KEY 4– Feel Your Feelings*

## *Challenge Your Thoughts*



Brain Washed

Hijacked Brain

Learn to discriminate between the **thoughts you need to let pass** and those you need to **pay attention to** and perhaps challenge.

Becoming aware of, and **separating yourself from your thoughts and feelings** will change your life.

When you can step back and be the observing witness, **you will be able to challenge your thoughts and accept, tolerate and feel your feelings** without always having to act on them.



# Challenge Your Thoughts

- How did you come to that thought ?
- Would you tell someone else the same thing?
- Writing back to your e.d. thoughts
- Talking back to your e.d. thoughts

What Do You Do When The Client says,

*“The Eating disorder is more powerful than I am”*

# Eating Disorder Behaviors are Used to Cope with Thoughts & Feelings

**“Triggered”** by thoughts or feelings.....•

**OR**

the behaviors have become habitual and automatic..... **“Homeostasis”**

Repeated behavior creates new neural pathways,  
training your brain to react differently.

Eg., if over time you “eat ice-cream” ..... “then purge”  
You create a pathway that makes the behavior Become “automatic.”

thoughts and feelings are out of your awareness.

**Learning the skills in key 4 ( Thoughts and Feelings) is a game changer.**

**it's like learning to ride a bike or play an instrument—  
at first, it feels unnatural and difficult, but over time,  
your fingers get used to the way they need to move on the guitar strings,  
your body figures out how to hold the violin bow, or  
you learn to balance without training wheels.**



**This is how you train your brain to create those new neural path- ways ...  
making what once seemed impossible become automatic.**

# *Behavior Triggered by Thoughts, Challenge Thoughts*

**How did you come to that thought ?**

**What did you tell yourself about that?**

**Would you tell someone else the same thing?**

**Writing back to your e.d. thoughts**

**Talking back to your e.d. (and other) thoughts**

# Homeostatic Behaviors

*“I Don’t Know What I Am Feeling”*

*“Stop Your Behaviors and You Will .....*”

**Assignment: What Feelings Come up When I Interrupt a Behavior?**



***Gwen: What am I going to do with all these feelings?***

***Carolyn: Feel Them***

most patients have **lost the ability to identify or accurately understand and accept** their feelings or **react** in a healthy way.

**Bring the Body In the Room**

**Separate Self from Feelings**

**Re train the brain**

# **The Body in The Room**

**Now and How    present moment**

## **What's Happening ?**

**Can you tell me why you are looking down and your foot is tapping?**

**Do you notice what happens to your voice?**

**Can you describe what that feels like in your body?**

## **What Can You Do?**

**I'd like you to try to close your eyes for a minute and go inside**

**See if you can take a few deep breaths right now**

**Jealous ....** the word is a shortcut

*Saying you are jealous and describing all the reasons why without learning to reduce the feeling in the body will not help much.*

**Don't say "I am Jealous ....Say, " I Feel Jealous "**  
**this separates you from your feeling**

**Describe what you feel in your body:** shortness of breath, shaky, hot in my face  
**Feel it then,** do what you can to bring the body back to neutral

**eg. breath slowly, into the body to calm it, cool rag on face and neck**

## ASSIGNMENT: TRANSFORMING OTHER FEELINGS

Look at the three feelings listed here. **Next to each one, write what your body feels like when you are experiencing that feeling.** Then list counter behaviors you could do to transform the emotion and bring your body back to neutral.

### Shame.

My body experiences:

Behaviors I could do to transform it:

### Sadness.

My body experiences:

Behaviors I could do to transform it:

### Guilt.

My body experiences:

Behaviors I could do to transform it:

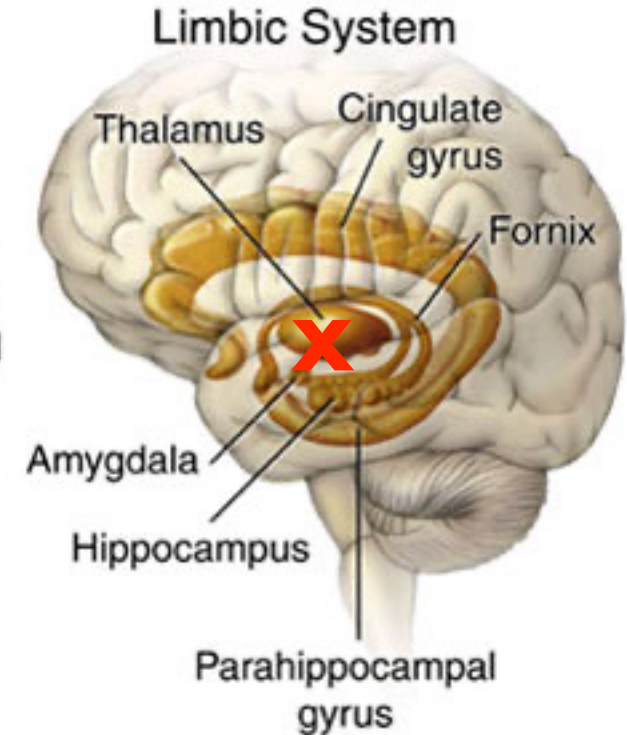
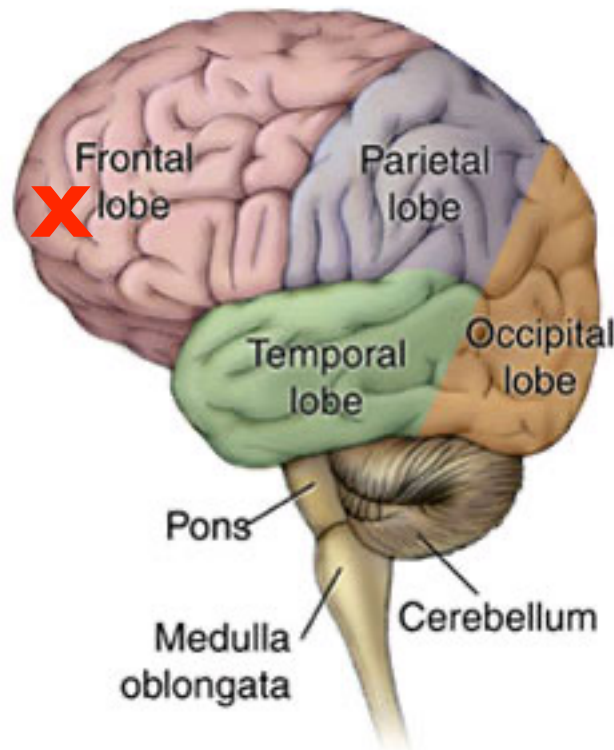
The next time you experience one of these feelings, try doing the things you wrote down and see if they make a difference. You might notice a difference right away, but go easy on yourself as this takes practice and time.



# Amygdala.....and emotions

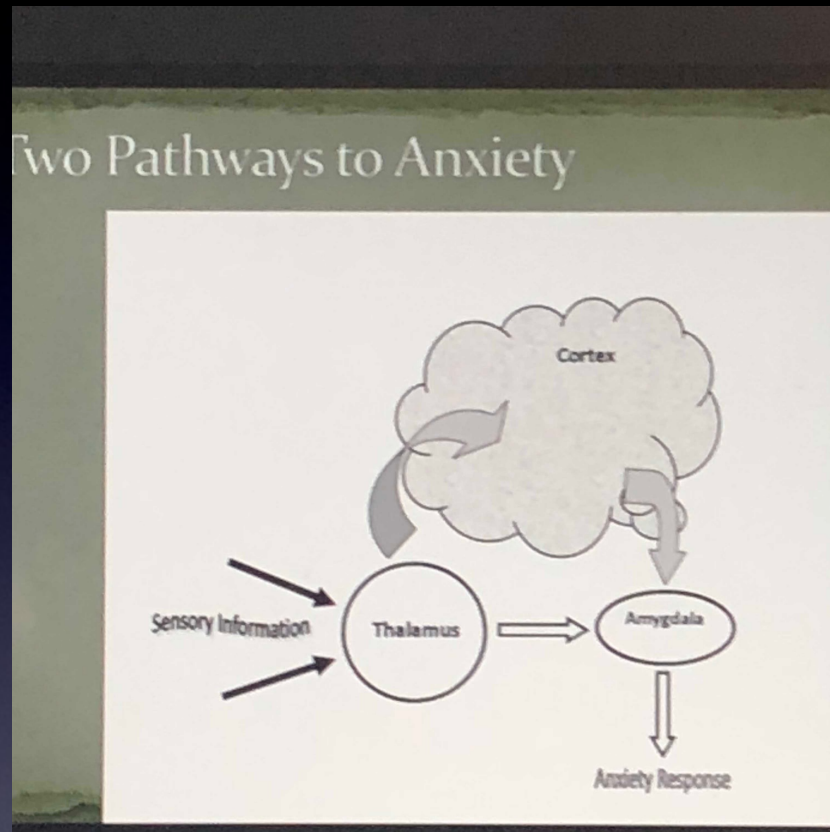
## emotional processing and responses

**Prefrontal cortex....**  
**containment**  
**reasoning**





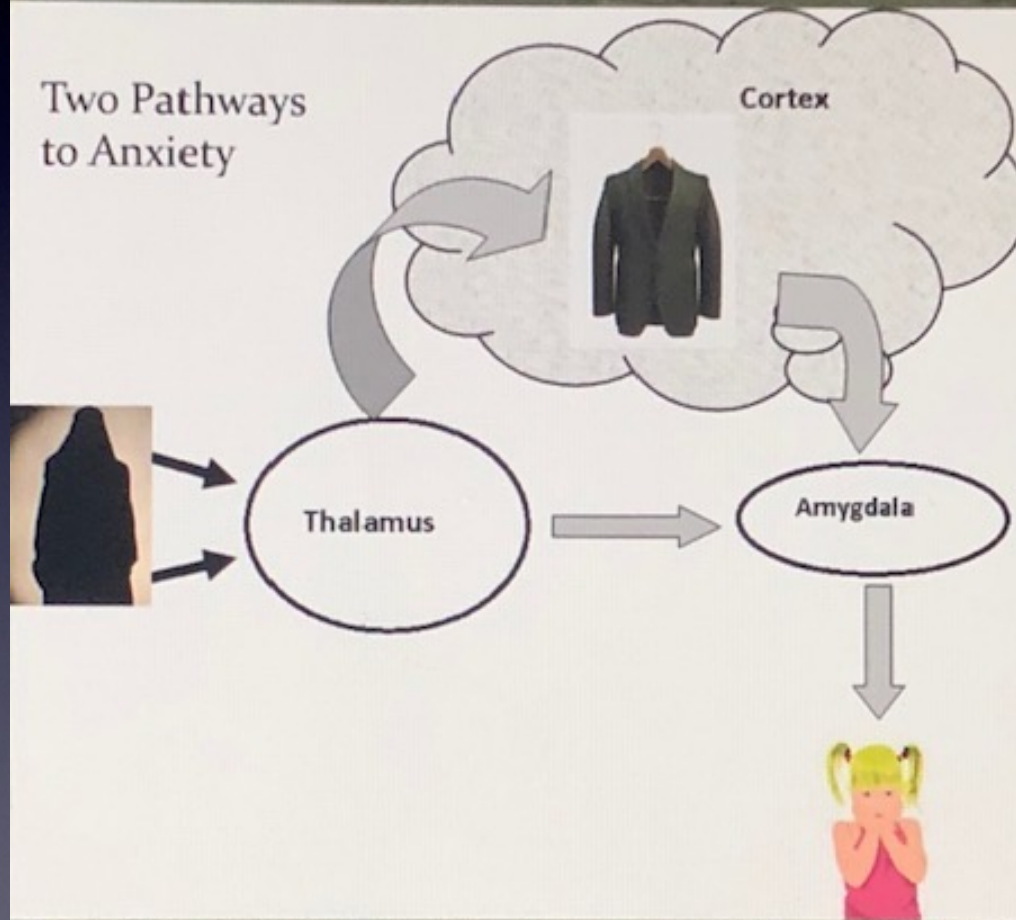
# ***Rewire Your Anxious Brain,*** by Catherine Pittman



**Emotional reactions are not always caused by cognitions**

**Amygdala can bypass and shut down cortex to protect**

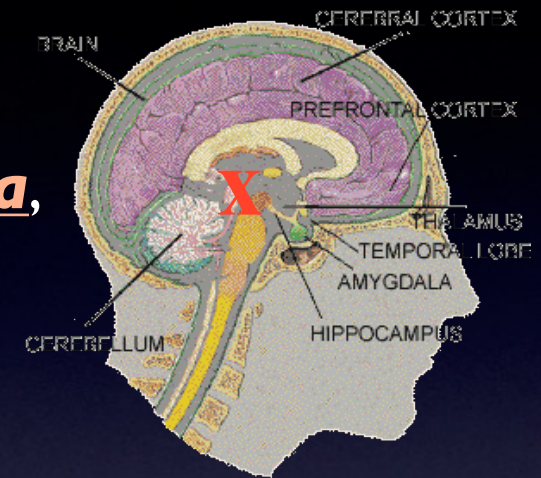
## Two Pathways to Anxiety



# Emotion Processing in AN and Body Dysmor Dis (UCLA preliminary)

- AN & Anxiety..... **Hyperactivity of amygdala,**

- BDD & OCD **Hypo activity**



- AN emotion processing similar to that of other anxiety disorders and, taken with other research, may reflect
- hypersensitivity to fearful stimuli that leads to avoidance behavior and maladaptive coping.....Such as
  - Fear of being fat and pathologically avoiding food

IF Anorexia nervosa or any eating disorder is, **at least in part**, a consequence of **an impairment or “difference” in areas of the brain .....**

**Then:** Approaches that change the brain by creating new neuropathways  
eg reducing emotional reactivity and creating affect tolerance  
**Should be helpful.**

Train Your Mind..... Change Your Brain



I'm not meditating, Im training my pre frontal cortex to calm my amygdala



# **Mindfulness Practices**

breathing, yoga, meditation, nature walks

**serve as mental training**

**Improve pre frontal cortex control of amygdala**

**Respond Rather than React**

**Goal...Control of Emotional Reactivity and Habit**

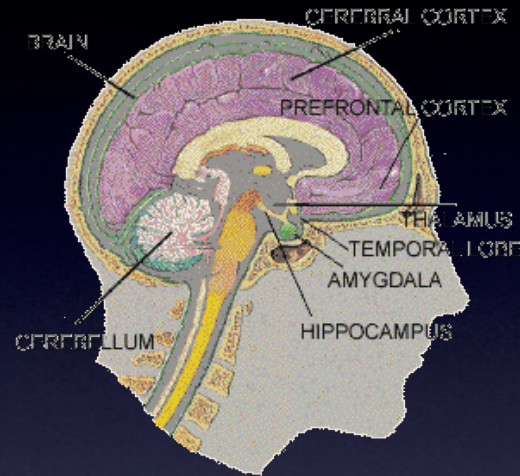
like DBT

emotional regulation

affect tolerance



# How Talk therapy Helps... “Name it To Tame It” and Journaling



David Creswell, et al 2007

Stating the name of an emotion decreases amygdala firing following medial and ventrolateral activations during the naming process—especially in those with mindfulness traits

integration of **emotional (right)** and **cognitive / linear (left)** brain

**Over-active neurobiological defense strategies (flight freeze, and fright) make it hard for many clients to engage effectively**



**How can we as providers down regulate involuntary defense mechanisms.**

**(eye contact, breathing, body language, resonance. presence)**

regulating the client's nervous system,  
creating new neural pathways,  
enhancing the client's ability to feel safe,  
allowing for deep therapeutic work and healing

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

**Polyvagal Theory**

***KEY 5 - It Is About The Food. ....***




After all,..... it IS an **Eating** disorder

It is possible to recover without ever gaining insight or dealing with underlying issues that caused your eating disorder, but if you don't change your relationship with food, you cannot recover.”

—8 keys to recovery from an eating disorder



A photograph of a therapist and a client sitting in a room. The therapist, on the right, is a woman with long blonde hair, wearing a grey top and a brown vest, holding a notebook. The client, on the left, is a woman with short brown hair, wearing a white sleeveless top. They are sitting in wooden chairs. On the floor between them are several pink and red roses. The background shows a dark jacket hanging on a chair and a framed picture on the wall.

**“Enough talk about your mother,  
what did you eat today?”**

**This IS Cognitive Behavioral Therapy**





**For years therapists did not ask about the food**

**Therapists and other Treatment providers did not eat with clients**

**Even now it's hard for tx professionals to DEAL directly with the food**

**Treatment providers need to help with the food ... or use coaches  
who can be valuable assets in this process**

# Food and Eating Issues are Windows in...



“safe” foods  
“trigger” foods  
“binge”  
“meaning”



*Expert AND Novice ....*

*I am from Mars*



# How is your Relationship w Food like Your Relationship w People?



## Assignments re the Food

**What would you like to be able to do with food that you can't do?**

**What would you like to stop doing with food?**

**Do (did) you experience your hunger as a friend, enemy or neither?**

**Who is a good role model for you as an eater and why?**

**What did I learn about food from my parents? the culture? friends?**

**What did I learn about weight and my body .....**



## Assignments

**If I eat this food what does it say about me?**

**Describe how you feel about this meal?**

**Describe a time in the past when you felt differently about the same meal.**

**What did you notice when eating, what were you thinking, what did you not say?**

**Did you stop when you were full, do you know when you are full?**

## **Key 5, It is About The Food....**

*I like and use RD's but sometimes it is not going to happen*

- ❑ **Have meals with the client**, in office or out, family or others
- ❑ Use meal mentors or coaches
- ❑ **Work with food journals, meal plans** ( you don't have to be an RD)
- ❑ **Have them text re meals, snacks etc and follow through**
- ❑ **Make food suggestions**
- ❑ **Do visualizations.....IMPORTANT**
- ❑ **Nutrition Therapy and Eating Disorders, Reiff and Reiff**

# Conscious Eating (Intuitive eating is a part)

- No good or bad foods when it comes to weight
- Don't deprive yourself of foods you like
- Focus on health not weight
- Don't take too long between meals ( 3 snacks/day)
- Pay attention to hunger and fullness
- Educate yourself about nutrition

# CONSCIOUS EATING ASSESSMENT

**Assignment: ....**

**Rate yourself 1 to 10** (1, you do not follow the guideline, 10., you follow it all the time).

**Explain** your answer.

**1. I'm conscious of my hunger. I eat when I'm hungry and don't purposely wait until I am starving. How I rate: 1 to 10:**

**Explanation**

**5. Even though some foods have greater nutritional value than others and are "healthier," I recognize that all calories are equal when it comes to gaining weight and that no certain food can make me gain weight, but certain eating habits can.**

**How I rate 1 to 10:**

**Explanation**

**9. I enjoy food and the pleasure of eating.**

**How I rate 1 to 10:**

**Explanation**



# Scoring:

**1 to 20, severely compromised:**

**21 to 40, unhealthy:**

**41 to 60, out of balance:**

**61 to 80, somewhat Conscious Eater:**

**81 to 100, Conscious Eater:**

**EXAMPLE :** If your score is 20 or below, you probably already are aware that you have a distorted, unhealthy, compromised relationship with food. Your body and your psyche are suffering from this relationship. **Your thoughts and behaviors around food are either too rigid, too chaotic, or both. Your eating is likely guided by fears, misconceptions, emotions, or external rules.** You will need help knowing where to get started, but don't be upset. You are where you are. **We were once there too. We changed and you so can you.**

*“Completing the Conscious Eating Assessment helped me realize just how bad my relationship with food really is. After so many years with an eating disorder, certain things just became normal and quite routine.*

*Answering the questions honestly and sharing them with my therapist helped me accept the guidance I need for healing and recovery. The assessment now serves as a checklist of sorts, helping me keep on track while I’m learning how to be a Conscious Eater.”*

## WRITING ASSIGNMENT: LISTING AND EXPLORING YOUR FOOD RULES

Write down the food rules you follow, try to follow, or “should be” following

1. *I don't eat anything after 6 pm*
2. *I don't go over 600 calories a day*
3. *If I eat anything with sugar I have to purge*
4. *If I don't exercise I can't eat*
- 5.

**...Choose one rule you are willing to explore  
and then answer the following questions.....**

**Rule:** *If I eat anything with sugar I have to purge*

Reason for the rule:

**How did I come up with this rule?**

Do I plan on following this rule forever? What happens if I break the rule?

**Is this rule based on facts or fears?**

How does this rule inhibit relationships?

**How does this rule enhance them?**

Do other people have to follow this rule to be okay, and if not, why do I?

**Does this rule allow for flexibility, such as being sick, or being more active?**

Does this rule allow for special occasions or holidays?

**Would I tell anyone else to follow this rule? Why or why not?**

What do I gain by following this rule?

**What am I giving up by following this rule?**

What am I giving up by not following this rule?

**What would it take for me to give up this rule?**



# Therapeutic Meal Sessions

## Systematic Desensitization/ In Vivo Exposures

“Meal sessions are the fastest way we know of to bring your food issues to the surface, challenge and overcome your fears, and ultimately change your relationship to food.”



*“Meal sessions are not meant to “catch” you at anything, but they can provide you help and support in the moment when your food fears, rituals, and behaviors, such as cutting up your food into bits, ordering salad with no dressing for dinner, or getting up to purge after a pasta meal, are most likely to express themselves.”*

# Common Challenges

- *Eating out without knowing exactly what is in the food*
- *Eating appropriate amounts*
- *Eating without rituals*
- *Stopping when satisfied*
- *Eating certain foods like carbs, fats or other fear foods*
- *Eating with others around (watching)*
- *Eating and not compensating after*
- *Eating and staying connected to the conversation instead of  
obsessing about the food*

## **ADVANCED MEAL SESSIONS: Intentionally Triggering**

**Advanced meal sessions provide practice for real life opportunities where clients might get triggered and have a hard time holding onto recovery.**

**order a meal with no carbs or fat**

**comment on calories**

**talk about losing weight or gaining weight**

**comment on how much they are eating**

**suggest a lighter fare for them**

**suggest splitting something**

**take off the bun cause I am cutting down on carbs**

# ***About weight and weighing***

- **weight** restoration should be **paced to match psychological change**
- there should be a period of **weight maintenance before discharge** to support the persons in accommodating their weight gain.
- learning **not to weigh** themselves was important

What can we learn from consumer studies and qualitative research in the treatment of eating disorders?

Journal: Eating and weight disorders, vol 8 issue 3 2002, Bell, L



# Weight and Weighing

**Weaning clients off the scale is another huge aspect of my success with helping so many people become fully recovered.**

**People do behaviors thinking it decreases anxiety  
when it actually increases anxiety  
and /or reinforces, cements, solidifies....  
the need to do the behavior to get rid of anxiety.**

**Neurons that fire together , wire together**



*Warning: use of this product might cause shortness of breath, dizziness and even death*

# Weighing Clients.....For 15 years I did it myself

- Wean off scale....Weigh with client's back to scale, not telling numbers
- **Research on Recovered People.....They No longer weighed**
- **What if the Client does not want to get on scale?.....**
  - Gwen in 8 keys book...if you can give me a good reason
  - Once I let the client weigh me for a while.....
  - Weighing a five bound bag of sugar
  - Know your boundaries....what can you tolerate
  - Cost benefit
  - When to say, "*Do this or else?*"

*Weight is the amount of force with which your body is attracted to earth*

You are not a number, the number is of no significance

- Eg. AN.....Not set a number you should be...but incremental goals

Gain *“I will tell you when you gain 10 lbs...”*

*Back to scale...Each lb is too difficult, wants to slow it down, then loses*

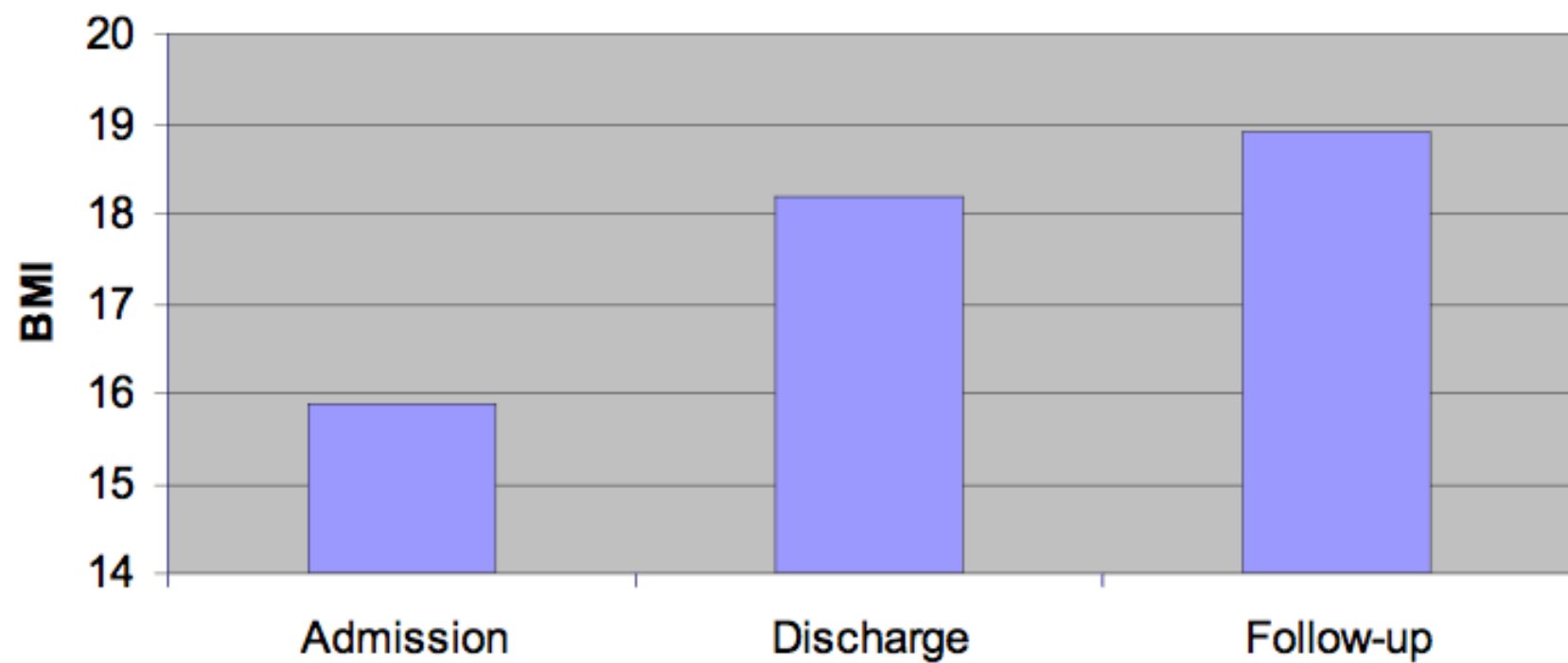
- Only tell if gained or lost or maintained til reach goal

Within 2 pounds is maintaining. *“I will tell you when you go out...”*

*TRUST TRUST TRUST*

Meet a goal, maintain for a bit, psyche catch up to body

## Mean BMI of AN Clients





# ***KEY 6- You Have to Change Your Behaviors***

**Overt Related Behaviors =** bingeing, starving, vomiting

**Other Recovery Sabotaging Behaviors,**

weighing

body checking

exercise

labels

Looking at APPS



# Goals

*It is IMPERATIVE to know what the Clinician and Clients mutually agreed upon goals are!*

Too often clinicians move forward without any agreed upon goals

Better to have small agreed upon goals rather than no agreement on bigger goals

Important to break recovery down into **small, steps** in various areas

Better to get a 10 lb goal that is kept than a 20 goal that is quickly lost

Reducing laxatives, or purging

# GOAL SHEET

WEEKLY GOALS DATE \_\_\_\_\_

What I accomplished last week:

What my setbacks were:

What I learned:

## GOALS FOR THIS WEEK

Motivation Goals:

Challenging my Eating Disorder Self /Strengthening my Healthy Self:

Underlying Issues Goals:

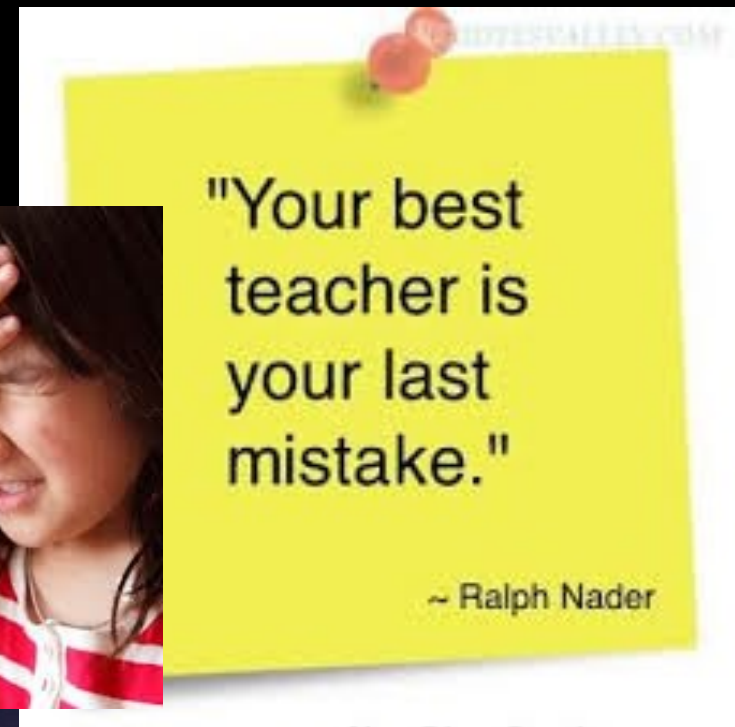
Food Behavior Goals:

Other Behavior Goals (Recovery Sabotaging): (e.g., weight, exercise, body checking.)

Relationship Goals:

Spirituality/Soul Goals:

Self-Care Goals:



# *Assignment*

*“My Eating Disorder Behaviors Are A Choice That I Make.”*





*“I must purge after eating...( too much, fattening foods,  
anything)”*

*“I have to count my calories”*

*“If I eat cookies, I binge”*



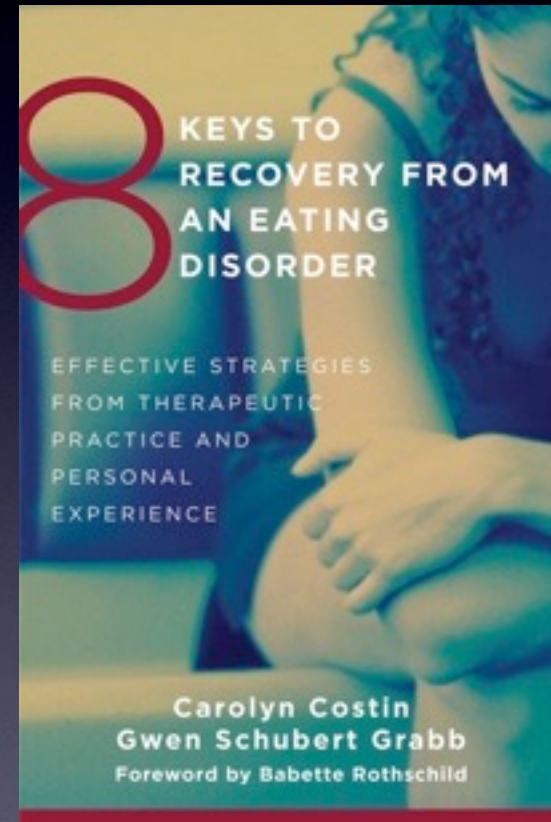
*Sledding on a Mountain with Snow*

# . Visualization

**An ancient hindu and  
Buddhist spiritual practice**

clients often think it is tooooo ... fluffy

*How will this help me?*



# Visualization and Neuroplasticity

**The Brain That Changes Itself .....Doidge 2007**

***Mental Imagery as a form of practice:***

Mental activity can get the brain to fire in certain patterns

Musicians and Athletes imagine practicing their instrument or sport

This alters their brain growth and enhances their physical skills

**BUT**

# Piano Visualization Study

## and Brain Mapping

1st group new students  
**practiced** a sequence 2 hrs/day for 5 days

2nd group **imagined practicing** in front of pi  
2 hrs/day for 5 days

Mental practice alone produced the same physical changes in the motor system of the brain as actually playing the piece

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 when the mental practice group was given a single 2 hour physical practice session, its overall performance improved to the level of the physical practice group**





# Famous Study of Russian Olympic Athletes

group 1: 100% physical training

group 2: 75% physical training with 25% mental training

group 3: 50% physical with 50% mental training ..... **Group 3 Best Results**



**TAKE HOME MESSAGE** Combination Physical & Mental

# Visualization for those with eating disorders

*eating a cookie*

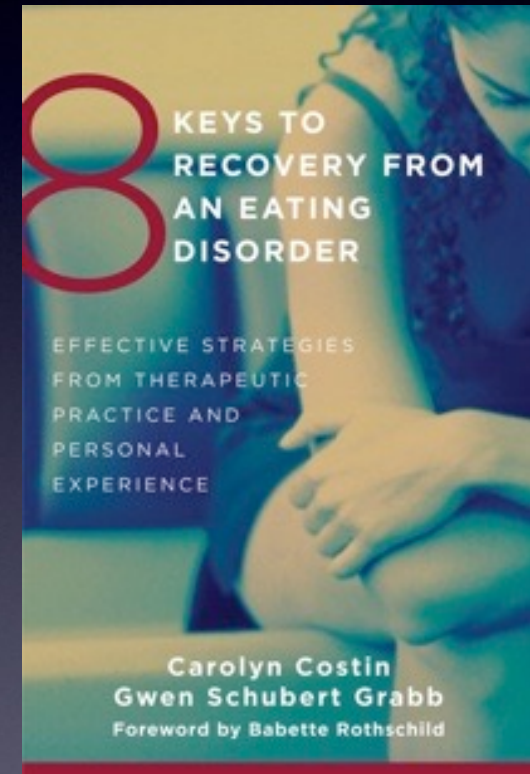
*having pizza out with a friend*

*eating at the family diner table*

*buying new clothes*

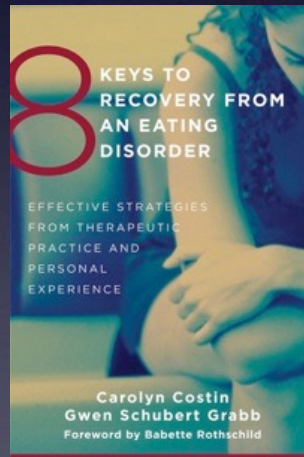
*not purging after “overeating”*

*not stepping on the scale*



# Visualization / Intentions

*a day in my life when i am fully recovered*





## When the Client has Sufficient Motivation but Still Can't Change Behaviors



**Potential** Consequences don't seem to matter



# Change Your Behaviors

Rewards and Consequences: Clients will continue behavior if reward not high enough or consequence not strong enough

- Surfboard
- Therapist to send letter to ????
- Money to charity each time you engage in behavior
- Money to opposite political party
- Can give therapist a check to send if.....  
Once I held money in a jar until the person had 1 wk binge free
- **WARNING: know client, have a written agreement, witness**



Successive approximation to Goal



Transitional Objects

***KEY 7 – Reach out to People Rather Than  
Your Eating Disorder.***



**Research shows that positive relationships with family and friends  
are conducive to recovery**

**Specifically teach clients to reach out to people  
rather than their behaviors**

## **ASSIGNMENT: REASONS I DON'T REACH OUT**

Look at the list of reasons for not reaching out and put an “X” in front of the ones you relate to. At the end, add any reasons you have for not reaching out that are not included on this list.

### **Reasons for not reaching out:**

I don't want people to know how much I need help. I am ashamed.

By the time I realize I am in trouble, it is too late.

I would not know what to say.

I don't see how talking helps.

I don't have anyone to call.

People won't know what to say.

People have not been there for me in the past. I don't want to burden people.

I am afraid to rely on others because they will not always be around. I am not sure I want to be stopped.

I will feel worse if I try and it does not help.

I tried it and it did not work.

I should be able to handle things on my own.

**List Counter arguments for those you checked**



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

- Client turns to e.d symptoms rather than people to meet needs
- Strongest relationship is with E.D.
- Offer them better relationship than the one they have with their ED
- **Wean client off the E.D on to therapist or coach then off on to others**

,

# Reaching Out

*I want to binge*

*I can't get myself to eat snack*

*I just tried on my jeans and want to purge*



**Texting**

**Emails**



**Late Night Calls**

**COACHES** come in handy here

# ASSIGNMENT: MY SPECIFIC PLANS FOR REACHING OUT TO STOP A BEHAVIOR

List four of your current eating disorder behaviors (or certain situations that likely result in your using behaviors), the person you will reach out to, the method you will use to reach out, and what the person can do to help.

<b>Behavior/ Situation</b>	<b>Support Person</b>	<b>Method</b>	<b>What I need</b>
Bingeing	My sister	Texting	Text or call
Skipping dinner	My best friend	Ask to eat together	Eat w me

# People Build Up Resistance and Defenses Against Change

## Using Analogy and Metaphor

**Demonstrating:**

you understand,

And you empathize

**Helps** to challenge

*Getting in the back door*



# Garden Hose

Hose...adding water to an empty hose adds weight but the hose does not get bigger,just like adding food to human intestines.



## Snake phobia

You believe what you see, not what others say is there...  
it takes trust



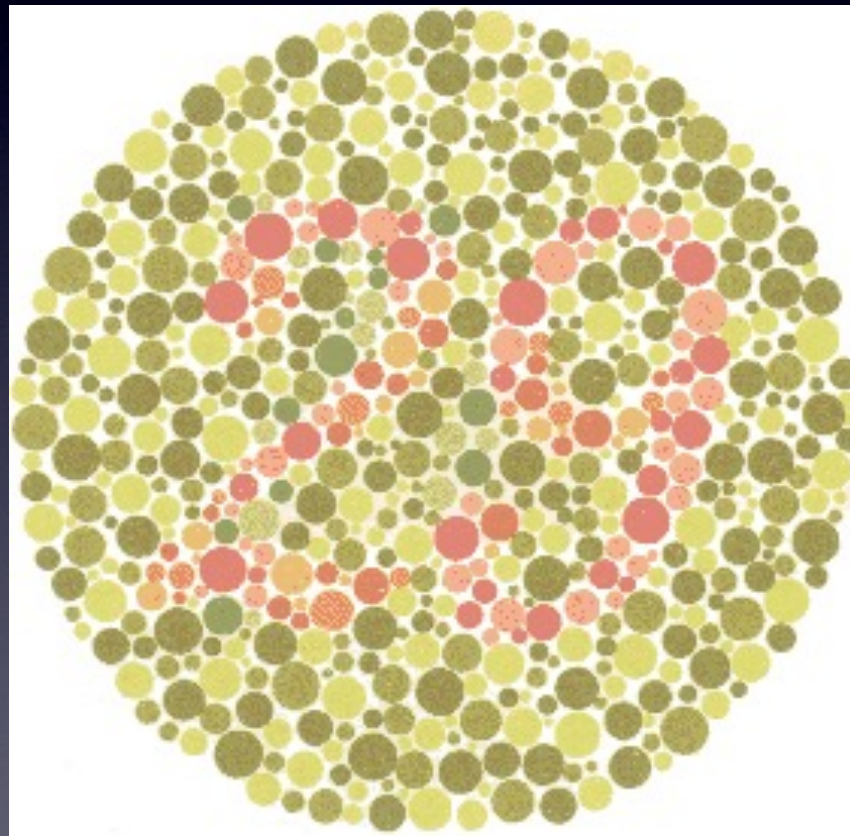
The similarities with snake phobia and an eating disorder  
Can help people understand  
And make small, incremental goals

Body image distortion is like Color blindness

Everyone else can see the reality but you.

HS

ED.S





# Rose





# Rose

**Without fertilizer**  
i.e., Nutrients



**With fertilizer**



What are you recovering to?



***KEY 8 – Finding Meaning and Purpose  
in Something Outside Yourself.***



**This Key goes beyond food, beyond risk factors, beyond feeling your feelings and challenging your thoughts.**

**It is about healing on a deeper level, and is an aspect of true healing that is often left out of conventional treatment plans.**



Psyche (soul) Therapy ( care for )

## CARE of THE SOUL



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

*When I went to Monte Nido, there was much emphasis on what you are recovering **to**.*

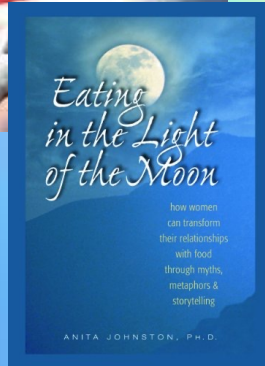
*It's about going further than eradicating behaviors to finding something that gives you a reason to recover and stay recovered. You might take this to mean having an interesting job, or working with animals, which are good reasons, but there is a different, more powerful level of meaning and purpose, 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



Rituals  
Ceremonies  
Poetry  
Singing/Chanting  
Gardening  
Nature



Neuroscience  
and the Sanskrit Effect Azriel Re Shel

Beginner's mind : Rainbows





## Healthy Ritual: A Client's Meal Blessing

*Thank you for **being light** to my heart.....*

*Thank you for **being energy** so I can be  
and thank you for how good you taste  
and for how you smell  
and for how you **delight my soul**.*

*Food... I pay attention to you on purpose  
to thank you for sustaining me.*

*I love this life*

*You transform your energy into mine.*

*Thank you . ..... Amen*



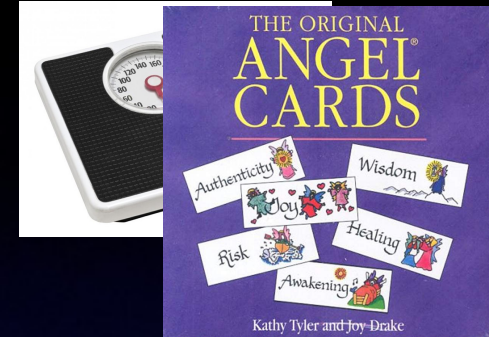
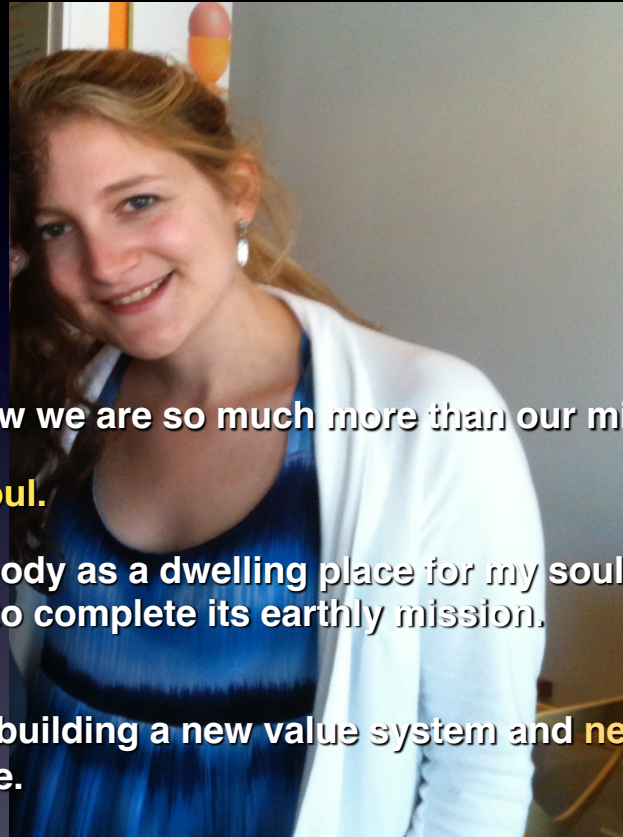
## Soul Food

The Miracle of Gardening

How can you make eating.....Dining

How does eating food work in your body?

# Replacing Passion With Another Passion



During treatment I was reminded of how we are so much more than our mind and bodies.

I gained a new **understanding of the soul**.

I learned about the importance of my body as a dwelling place for my soul. I learned that taking care of my body was vital for my soul to complete its earthly mission.

An important part of my recovery was building a new value system and **new healthy rituals** that enriched my life rather than harmed me.

Each week we would have new flowers in our room, take trips into nature, read soulful quotes, sing, and pick out **ANGEL CARDS**.

These rituals imbued our days with **deeper meaning**, getting us out of our own narrow experience.



# **Eaters Agreement ....**

**I hereby agree, from this day forward, to live fully and completely, outside the box of anorexia. I will not longer hide my fears of life behind fears of food. I will no longer 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.**



# Eaters Agreement ....

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, excitement 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.**

# *The How vs Why Higher Thought Institute*

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