Motivational work with people with eating disorders

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Aims

- To understand why a Motivational approach can be useful in working with people with ED
- To have information re treatment/management offered by local services
- Gain some take-home tools for consultations with people with ED

Epidemiology

On a GP list there are likely to be;

- 1-2 pts with AN
- 18 pts with BN

- 5-10% of adolescent girls in a practice will have used wgt control methods other than dieting eg V, L, XS exercise

Facts & Figures

How long does it last (average)?

- *Anorexia* 8 Yrs
- *Bulimia* 5 Yrs

Recovery Rates?

Anorexia- 46% fully recover, 34% Improve & 20% remain chronically ill

Bulimia- 46% fully recover, 28% considerably improve & 26% remain chronically ill

Bulimia nervosa

Bingeing

- Weight gain
- Endocrine disturbance
- Metabolic disturbance
- Fluid shifts & oedema

Vomiting

- Loss of K
- Loss of fluid
- Dental damage
- Oesophageal tears
- Parotid enlargement

Anorexia nervosa

- Adaptation to low energy intake
- Low BMR – slow pulse, low BP, low temp, reduced circulation
- Switch off endocrine function
- Slow gastric function
- Slow marrow function
- Reduced liver & kidney function
- Breakdown fat and muscle
- Wgt loss!

What you see ….

- Thin, cold, pale
- Slow pulse
- Amenorrhoea/impotence
- Constipation
- Postural hypotension & fainting
- Muscle wasting and bone thinning
- Poor skin healing-pressure sores

But….

The client may have no complaints

Motivation & Functionality

- EDs "work" for people in a variety of ways
- EDs are often egosyntonic – they reinforce valued aspects of the self & diminish disliked or feared aspects of the self.
- People adapt to physical shifts and experience them as normal or even desirable (proof of "doing the ED properly")
- Change is therefore a complex issue & ambivalence is to be expected.

Possible functions of ED

- Provide strucure & certainty in an uncertain world
- Sense of achievement
- Maintain an organised, restrained, non-indulgent self (keep needs & chaos at bay)
- Manage feelings
- Manage relationships

The ED “solves” some life dilemmas

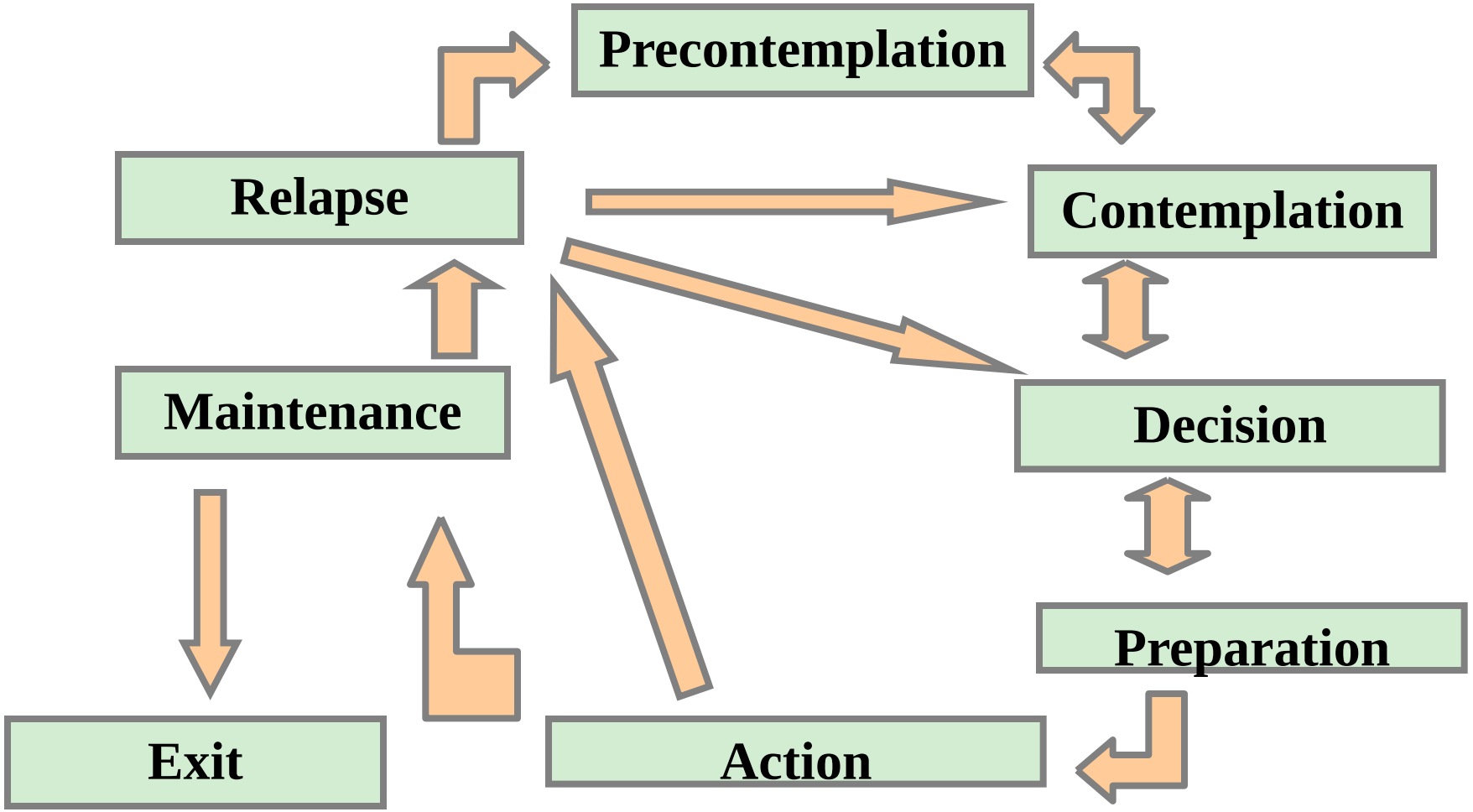
- Who am I?
- What do I want?
- What should I do?
- What am I good at?
- How do I cope with feelings?
- How do I cope with other people?

So - clients typically are in ‘two minds’ about whether to get rid of the eating disorder , or to keep it. AND –they may not be ready to engage with change orientated treatments.

Reinforcing cycles – psychological and physiological- maintain and intensify ED

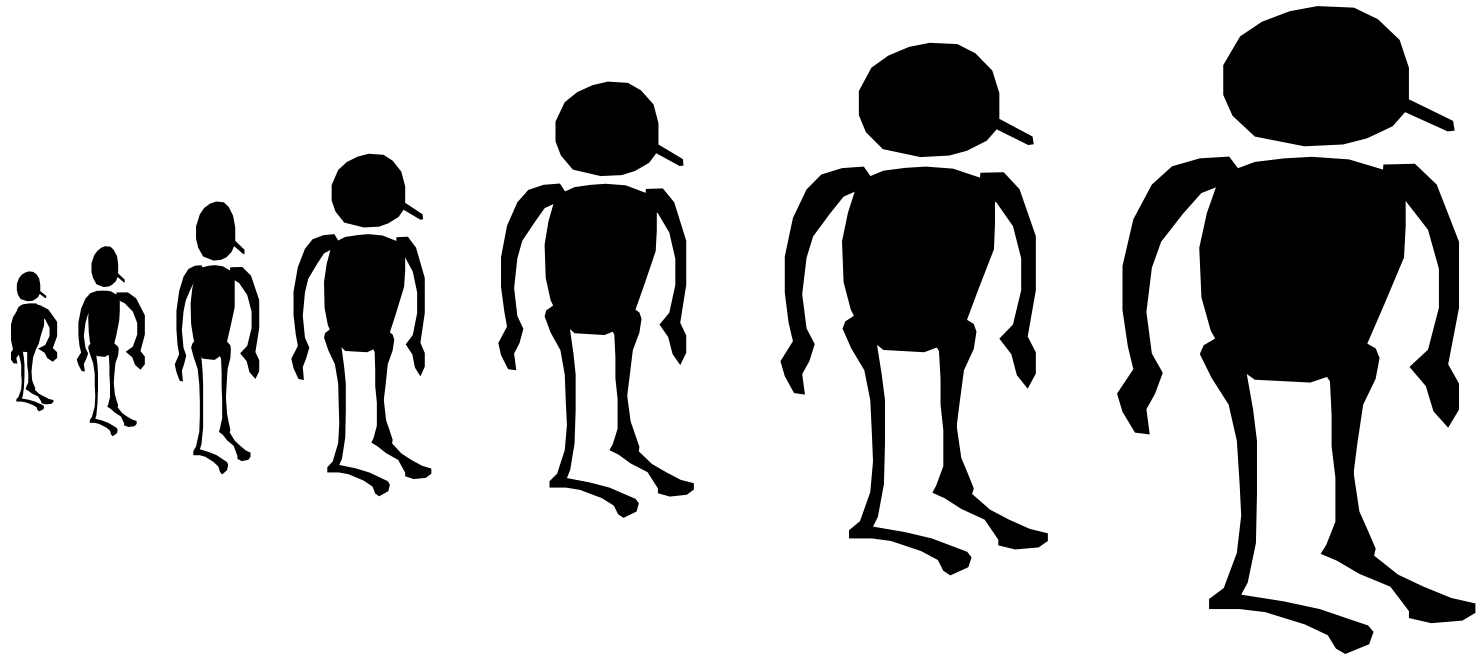
Trans-theoretical Model of Change

(Prochaska and DiClemente, 1986)



Contemplation

75% of people presenting to ED services are in contemplation



Consider appropriate interventions

Stage of Change	Interventions
Pre-contemplation.	Raise doubt by increasing awareness of risks/ impact of use, information-giving engagement strategies
Contemplation	Elicit pros and cons of use, change talk, increase confidence
Preparation	Highlight potential barriers and develop plans. Build skills
Action	Agree treatment plan specific to individual needs.
Maintenance	Identify and use strategies to prevent relapse.
Relapse	Renew process of change.

Expectation of action

- Disengagement
- Deterioration – “give with one hand & take away with the other”
- Lack of openness
- Mutual frustration

Range of interventions with range of goals

- Psychoeducation group
- Contemplation group
- Foundation group – new skills
- SSCM – symptom management & QOL
- Individual CBT
- CFT group
- EDU
- Medical re-feeding/ stabilisation

Contemplation grp

- Structured 10 wk group
- No expectation of change.
- Includes psychoeducation/information giving
- Set tasks – life story, relationship mapping, pie-charts, letter writing, advert, hopes & fears,
- Safety monitoring

Features

- A focus on the positives of the illness & ambivalence
- Validation – "it make sense that you do what you do"
- Expectation of "No change" during the group
- Reduction of shame & isolation via group process
- Risk management plan
- Experience of Success at a treatment!

Aims

- Maximise the client's understanding of their ED – its function, what maintains it, what would be lost & gained if they move away from it
- Make the dilemmas explicit – and locate the clients dilemmas with them
- Identify the client's higher values

Client Quotes

- 'The freedom to talk and be honest has made the biggest difference'
- ' I have proved that I am capable of starting something and finishing it'
- 'There is no happy weight, there is no last binge and there is no miracle change'
- Are you going to fight or give in? Is life worth living? These are questions I've asked and by coming to the group I was giving myself a chance to find out.'

Results

- 16 groups – 149 participants.
- 110 completed group (68%)
- 43% went on to action orientated work
- 6% sought help from other services
- 2% repeated group
- 38% discharged.
- 11% unknown outcome- discharged

Think about a time when you were engaged in a process that felt really difficult, left you feeling a failure much of the time….

Why did you continue?
Or, why did you discontinue?

General approaches

- Avoid Taking Sides- you take the 'change' side, they take the "no change" side
- Be aware of own investment in change
- Working too hard/Trying to make it all better
- Premature Focus on change - explore other issues fully

Helpful stance

- No assumptions – be curious
- Identify client's own goals
- Client holds the dilemma
- Often there is no easy, "nice" way forward – change is hard
- There is no quick fix – change can be slow
- No surprises
- Honesty

Where is the struggle?

- Resistance – between people
- Ambivalence/dilemma – within one person

- Help them keep owning their dilemma
- Help them deal with it
- Step out of the fight - – can be on their side, helping them deal with the dilemma

Eliciting & Acceptance of ambivalence

- Expect ambivalence - it stops you being disappointed!
- Actively search it out
- The reasons **not** to change are more powerful than the reasons **to** change
- Identify and manage your own issues and feelings

Draining …

- Really explore all the positives, valued aspects
- “what is helpful about ..?”
- “what works about ..?”
- “what would you miss?”
- And what else?
- Advert

Worst fears

- What is the worse thing that might happen if you continue as you are?
- What is the worst thing that might happen if you try to change?
- What would have to happen for you to consider making a change in the future?
- What are the best things that might happen if you do?

Examples

- It sounds as if you want to .. But you also seem doubtful about …
- You have mentioned lots of negative things about Y, but are there any good things about it for you?
- You have mentioned many positive things about changing X, but would there be any problems about it for you?
- Sometimes when people think about doing X they also worry about Y ..
- It doesn't sound as tho it would be straightforward for you – can you tell me more about it?
- This is a real dilemma for you – you want to …, but you also want ….

Validation

- I can see why that seems so difficult for you
- It makes sense that you are scared of ….
- I understand the worry you have about ….
- You really are caught between two difficult options
- I can see that you have a really painful dilemma to deal with …

Exercise

- Use a patient or a change dilemma of your own
- Try out some Qs you usually would not use.

Non attachment to outcomes?

Dangerous assumptions

- This person **ought** to change
- This person **wants** to change
- This person's **health** is a major motivator
- People are **either** motivated **or** not motivated
- **Now** is the time to change
- **This** is what they need to change
- **This** is what they must avoid

Moving into Action

- Responding to readiness to change – keeping the door open
- Realistic aims linked to meaningful goals
- Accepting improvement v. Recovery
- Learning from past journeys round the cycle

Families

- How does it feel to have a family member with a severe ED at 6/12, at 2yrs, at 5yrs, after 10yrs, after 20yrs …..?
- Different needs at different times

Risk

- How do you manage your anxieties about risk and the patient's health? – Anxiety makes us push for change.
- What information do you give the patient and how? – Anxiety makes people cling to their coping mechanism

Higher values, Life Goals & Hope

- What is important to you in your life?
- Who is important in your life?
- How would you like to be remembered?
- Daily structure, education, occupation, family
- What replaces ED? What is more important than the ED?

Useful homework

- Letter to ED as a friend
- Letter to ED as an enemy

- Letter from 5yrs time

- Letter from part of the body

- Pie chart

Change is difficult . . .

- Usual behaviour is the devil we know
- Usual behaviour feels safe
- Usual behaviour is what is expected of us
- We know how to do what we usually do
- Under stress we stick to/revert to our usual patterns

Self compassion

- Increases self understanding
- Reduces self criticism & shame
- Builds resilience to set backs & coping with change
- Evidence base for CFT in work with ED.

ED & Substance Abuse

- "at least with the alcohol I could just cut it out of my life – I can't do that with food"
- "if I change my eating I'm scared I'll start using again"