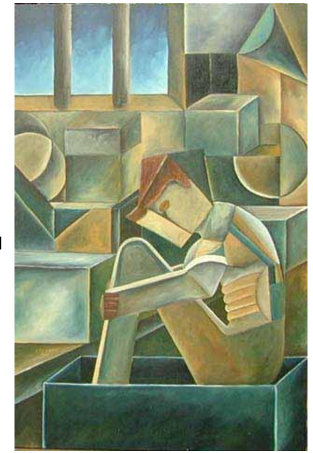
Motivational work with people with eating disorders

Melanie Woolgar
Associate Specialist Psychiatrist
STEPs Eating Disorders Team

What do you currently do about people with ED?

How do you FEEL while dealing with them?

Clinicians who survive…



- Accept that…
  - the decision to recover is not theirs to make
  - recovery may not occur
  - this may be a long process
  - they may not be the major factor in progress
- Are able to…
  - appreciate small steps/changes
  - tolerate silence, bumps and setbacks
  - value the relationship and the process, not just the outcome
  - work together

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

Mortality

- Canadian study – SMR of 10.5
- Scottish study – 23/254 people seen by specialist ED service died over a long term follow up.
- 1995 meta-analysis – 178/3006 CMR 5.9%. Of these 54% ED related, 27% suicide.

Physical effects

Bingeing

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

Vomiting

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

Starvation

- 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
- Eventually - organ failure

But….

The client may have no complaints

Why??

Motivation & Functionality

- EDs "work" for people in a variety of ways

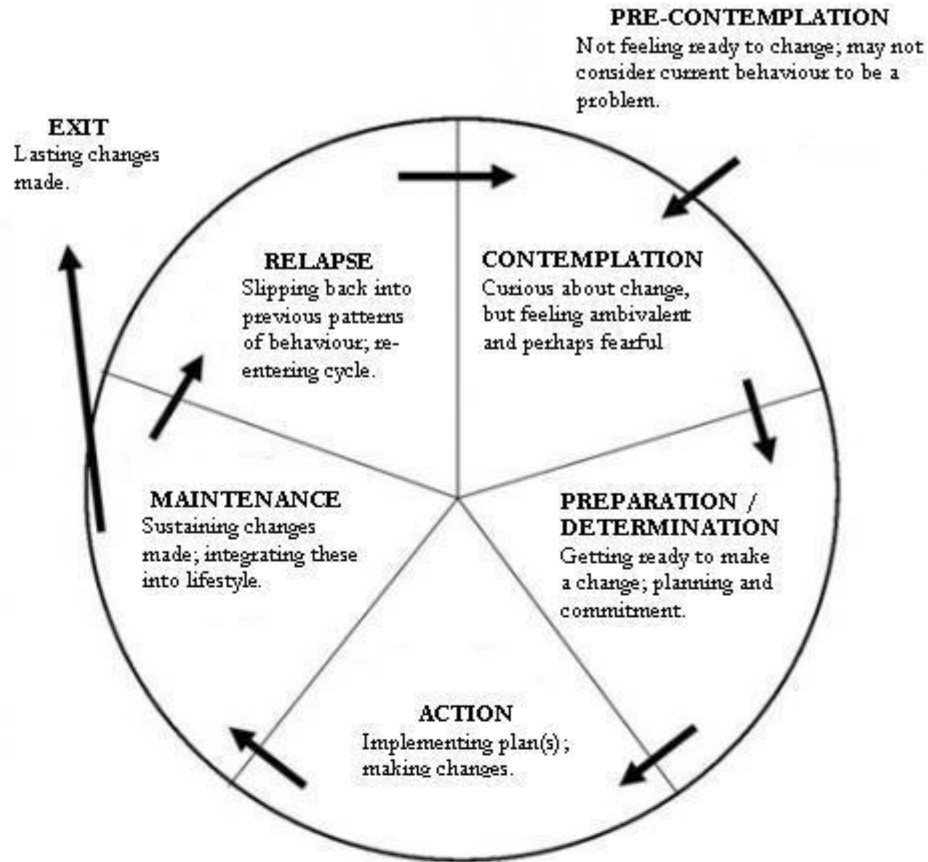
  eg. Structure, sense of achievement, managing feelings, regulating relationships
- EDs are often egosyntonic – they reinforce valued aspects of the self & diminish disliked or feared aspects of the self.
- People adapt to physical shifts and experience them as normal or even desirable (proof of "doing the ED properly")
- Change is therefore a complex issue & ambivalence is to be expected.

Functions of ED

- 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 can I manage anxiety?
- How do I cope with other people?

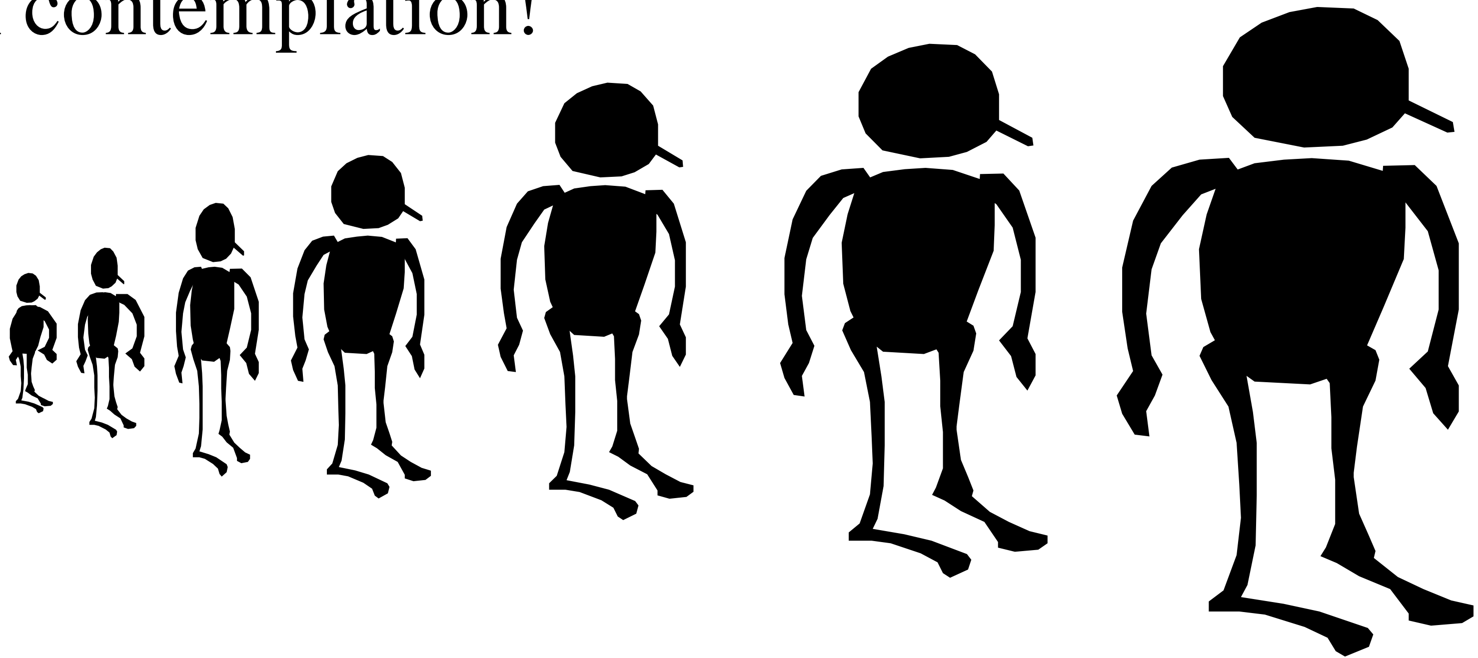
Reinforcing cycles maintain and intensify ED

Cycle of Change



Contemplation

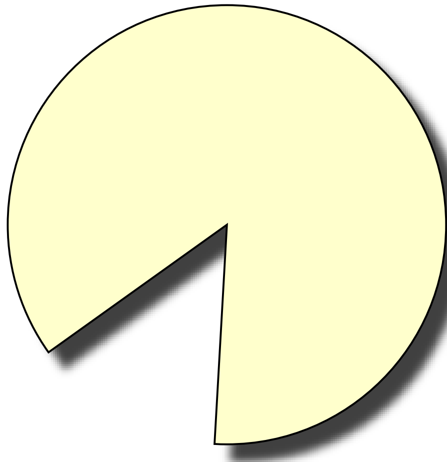
75% of people that present to ED services are in contemplation!



Motivational Enhancement Therapy (MET)
Matching Intervention to Client's Stage in Change Cycle

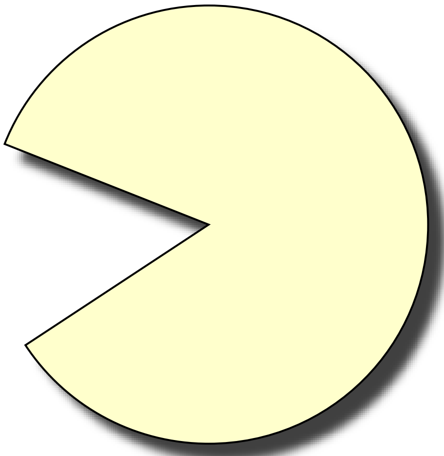
Stage	Worker's Task	Strategies Used
Pre-Contemplation	Raise awareness & doubt	Develop rapport, use empathy, reflective listening, open questions, validate freedom to change, go slowly, roll with resistance, voice concerns, avoid advice giving, side-step labelling or setting self up as expert.
Contemplation	Examine pros & cons of change	Encourage expression of feelings about the problem and concerns, identify discrepancies and ambivalence, decision imbalance
Determination (Preparation)	Help take steps towards change by sorting through options, choosing and following through with action plan	Consolidate motivation for taking concrete steps, explore worst scenarios, acknowledge progress, help identify social support, skills training
Action	Help take steps towards change by sorting through options, choosing and following through with action plan.	Consolidate motivation for taking concrete steps, explore worst scenario, acknowledge progress, help identify social support, skills training.
Maintenance	Help develop strategies to prevent relapse	Relapse prevention plan, continued encouragement and support

Precontemplation- client tasks



- To keep professionals off their back
- To keep family off their back
- To keep doing the illness
- To convince themselves and others that all is well
- To remain in control and avoid being forced into treatment

Contemplation- client tasks



- To keep professionals off their back whilst sussing things out
- To keep family off their back whilst thinking about change
- To keep doing the illness whilst considering what it would be like to change
- To convince themselves and others that all is well **or** not, in order to get some support?
- To remain in control and avoid being forced into treatment!

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?

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
- Change creates anxiety
- Under stress we stick to/revert to our usual patterns

Early Traps

- Closed questions-limits exploration
- Taking Sides- you take the ‘change’ side, they take the “no change” side
- Our investment in change
- Being the ‘expert’ - client can become passive
- Working too hard
- Trying to make it all better
- Premature Focus on change - explore other issues fully

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

The ACT of VALIDATION

Therapeutic

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

Motivational Work

- Takes practice
- Encourages collaboration
- Allows longer term view
- Brings in higher values
- Allows honesty
- Allows clients to know where they stand
- Avoids failure for client & worker

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

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

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?

Draining …

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

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 …

Owning the dilemma

- Exercise – move from “you must …” to “your dilemma is …..”

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

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

- What is important to you in your life?
- Who is important in your life?
- How would you like to be remembered?

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 hard, change is difficult.

Self compassion

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