SUPERVISING TRAINEES TO DO THE DIFFICULT BITS OF EATING DISORDER THERAPY

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Today’s journey ...

- Current state of use of EBT for eating disorders
- Why do we systematically avoid the tricky tasks? The role of anxiety
- Beliefs that drive anxiety and avoidance and consequences
- What can help the trainee confront anxiety and avoidance?
- Devising our own behavioural experiments
- The benefits of challenging ourselves

Today’s journey ...

- Current state of use of EBT for eating disorders

Current state of play of EBT for ED in real world settings

CBT (Cowdrey & Waller, 2015)
- % Clients reported receiving:
  - Weekly weighing: 39
  - Food monitoring records: 53
  - Exposure to feared foods: 60
  - Psychoeducation: 63
  - Beliefs about eating: 66
  - Regular eating: 81

FBT (Kosmolay et al., 2015)
Clinicians reported providing
- Family meal to 60% of their clients versus remaining recommended techniques (all family attend, parents refeed, weighing) to 70%-90% of clients

Why do we avoid certain tasks in ED therapy? (Waller & Turner, 2016)

- Limited knowledge base or poor supervision
- Beliefs about prioritising experience, intuition and clinical judgement and negative views about manualsised approaches
  - Therapists become less effective over time (Goldberg et al., 2014)
  - Therapists, novice and experienced, are not good at predicting what is going on for their client (Hannan et al., 2005)
- Self-assessment bias
  - Great majority of therapists believe their skills are well above average (Parker & Waller, 2015)
- Overinflated importance of therapeutic alliance (Graves et al., 2017)
  - ES = 0.19, indicating that early symptom improvement was related to subsequent alliance quality; ES = 0.13, suggesting that early alliance also affected symptom change
The focus today is on EMOTIONAL reasons for avoidance

ANXIETY

Today’s journey …

- Beliefs that drive anxiety and avoidance and consequences

As all good cognitive therapists know …
Beliefs drive feelings and behaviour

Beliefs ➔ Feelings ➔ Behaviour

Anxiety ➔ Avoidance

Therapist beliefs about therapy

- It is important that we as therapists identify the beliefs that diminish or enhance our therapeutic practice – as with our clients, in highly emotionally charged moments of therapy these beliefs are likely to dominate and influence our behaviour

- These beliefs can be general or idiosyncratic, triggered by particular clients or protocols

Low tolerance of distress

THERAPIST BELIEF QUESTIONNAIRE

Assumption

If I weigh my client in session then they will experience strong distress and this will damage them because they are fragile

Behaviour

- I don’t weigh my client

Consequence?
Beliefs of responsibility

Assumption
If my client doesn’t get better then people will think I am an incompetent therapist

Behaviour
- Find solutions for the client
- Protect them from too much distress

Consequence?

Need for control and understanding

Assumption
If my client gets too distressed, then I can’t control the session and direction of therapy

Behaviour
- Veer off implementation of protocol if client starts to get distressed

Consequence?

FIRST HAND EXPERIENCE - A WORD FROM THE TRAINEES

What therapist belief caused you anxiety and had the potential to interfere with therapy with clients?

Belief
I must not allow my client to become too distressed in therapy

Assumptions
1. If I use mirror exposure then my client will become too distressed and...
2. They will disengage from treatment.
3. Their symptoms will worsen.

Avoidant/Unhelpful Behaviours
1. Avoid mirror exposure entirely.
2. If client becomes distressed, stop mirror exposure protocol (i.e. and not allow client opportunity to manage distress and continue exposure).
3. Avoid setting mirror exposure homework.
4. Not maintaining firm empathy.
5. Avoid discussing mirror exposure in supervision.

Belief
If my clients do not progress it is my responsibility.

Assumptions
1. If there is no progress then I am not helping this client.
2. If there is no progress then it’s because I’m incompetent.
3. Other therapists would be more successful or move faster.

Avoidant/Unhelpful Behaviours
1. Work harder than the client.
2. Over preparing for therapy sessions.
3. Overlook/lenient on non-compliance with treatment (e.g. not completing homework).
4. Avoid discussing progress.
5. Avoid discussing the client’s lack of progress with supervisor and/or only discussing the ‘good’ aspects of treatment.

Belief
I need to be a ‘nice’ therapist.

Assumptions
1. If I’m not a ‘nice’ therapist then my client will not like me/resent me and they will not return to therapy.
2. If I address non-compliance directly then my client will become anxious and disengage from treatment.
3. If I don’t praise my client for what they are doing they will be discouraged and withdraw from treatment.

Avoidant/Unhelpful Behaviours
1. Avoid addressing the issue (non-compliance).
2. Reinforce non-compliance/wrong behaviour.
3. Create false sense of security (pretend the client is doing therapy).
4. Dilute the therapy.
Today’s journey …

- What can help the trainee confront anxiety and avoidance?

### WHAT CAN HELP THE TRAINEE CONFRONT THESE ANXIETIES?

**b**ehavioural experiments

**supervision**

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**If my clients do not progress it is my responsibility**

<table>
<thead>
<tr>
<th>Avoidant/Unhelpful Behaviours</th>
<th>Behavioural Experiments:</th>
<th>What Did Supervisors Say &amp; Do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Work harder than the client</td>
<td>1. Have a set of non-negotiables and progress protocols:</td>
<td>1. Think outside the square</td>
</tr>
<tr>
<td>2. Overlook/let client on non-compliance with treatment (e.g., not completing homework)</td>
<td>2. Sets therapy expectations.</td>
<td>Why is my client non-compliant?</td>
</tr>
<tr>
<td>3. Avoid tracking progress</td>
<td>2. Have the difficult conversations</td>
<td>Avoidance: Avoidant/Unhelpful Behaviours</td>
</tr>
<tr>
<td>4. Avoid discussing the client’s lack of progress with supervisor and/or only discussing the ‘good’ aspects of treatment</td>
<td>3. Make 1 session plan, not 5:</td>
<td>1. Do mirror exposure entirely.</td>
</tr>
<tr>
<td>5. Avoid terminating treatment</td>
<td><em>GW</em>—“I can’t mind reads and I don’t have a crystal ball. Let’s see what happens”</td>
<td>2. If client becomes distressed, stop mirror exposure protocol (i.e. and not allow client opportunity to manage distress and continue exposure).</td>
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**Note:** CBT is a collaborative therapy

1. Have a set of non-negotiables and progress protocols:
   - Sets therapy expectations.
   - Have the difficult conversations.
   - Make 1 session plan, not 5:
     - *GW*—“I can’t mind reads and I don’t have a crystal ball. Let’s see what happens.”
   - 3. Make 1 session plan, not 5:
     - GW—“I can’t mind reads and I don’t have a crystal ball. Let’s see what happens.”

4. Allow for silence:
   - Physically and verbally
     - The power of putting your pen down.

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**I must not allow my client to become too distressed**

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<td>1. Avoid mirror exposure entirely.</td>
<td>1. Address non-compliance.</td>
<td>1. Provide a rationale and sample script/statements for use with clients.</td>
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<td>2. If client becomes distressed, stop mirror exposure protocol (i.e. and not allow client opportunity to manage distress and continue exposure).</td>
<td>2. Encourage treatment compliance.</td>
<td>2. Problem solving.</td>
</tr>
<tr>
<td>3. Avoid setting mirror homework.</td>
<td>3. Be honest with yourself and the client (is the client doing the therapy?).</td>
<td>Discuss therapist anxiety and drift.</td>
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<td>5. Avoid discussing mirror exposure in supervision.</td>
<td>5. Maintain ‘firm-empathy’ stance.</td>
<td>Explicitly encourage the use of behavioural experiments.</td>
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**Today’s journey …**

- Devising our own behavioural experiments

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**I need to be a ‘nice’ therapist**

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<td>1. Avoid addressing the issue (non-compliance).</td>
<td>1. Address avoidance behaviour:</td>
<td>1. Addressed avoidance behaviour:</td>
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<td>2. Reinforce non-compliance/wrong behaviour.</td>
<td>2. Is that helpful for the client?</td>
<td>“To find help for the client”</td>
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<td>3. Create false sense of security (pretend the client is doing therapy).</td>
<td>3. Is the client doing the therapy?</td>
<td>“Will they help the client to get better?&quot;</td>
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<td>4. Quit the therapy.</td>
<td>4. Deliver the treatment as intended.</td>
<td>Encourage the use of behavioural experiments:</td>
</tr>
<tr>
<td>6. Not maintaining ‘firm-empathy’.</td>
<td>6. Avoid the use of behavioural experiments.</td>
<td>“What’s the worst that can happen?”</td>
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**What Did Supervisors Say & Do?**

- Provide a rationale and sample script/statements for use with clients.
- Problem solving.
- Discuss therapist anxiety and drift.
- Validate anxiety.
- Explicitly encourage the use of behavioural experiments.
- Encourage honest communication.

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Today’s journey …

- The benefits of challenging ourselves

Benefits of challenging our beliefs

- Good therapeutic practice recognises “two minds”: the analytical mind and the experiential mind

- An effective therapist aims to:
  - be equally comfortable with the analytical and experiential minds,
  - be attuned to both spheres of processing in the therapeutic process,
  - be aware of what is happening within themselves at both levels.

- The ultimate efficacy of therapy will be enhanced or limited by the beliefs of the therapist who implements the protocol, and how they affect the proper use of the protocol.

Benefits of challenging our beliefs

- We will more effective in therapy if we are aware of own belief systems and how they may interact with particular client/protocols

- Using cognitive therapy on our self can improve our understanding of CBT and its usefulness and therefore aids own work in helping others to use it

- We will have a more integrated self-awareness and personal insights that can help our clients shift from the experiential to the analytical

- We begin to recognise that we are fellow travellers, not experts in other “fixing” other people’s lives

Far better is it to dare mighty things, to win glorious triumphs, even though checkered by failure... than to rank with those poor spirits who neither enjoy nor suffer much, because they live in a gray twilight that knows not victory nor defeat.