

Evidence-based Psychotherapy and Recovery



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Our current context and its relation to eating disorders

- We live in a society that values thinness in females and muscularity in males.
- Social media surrounds us with images of unattainable bodies, which further lowers people's self-esteem and supports unhealthy eating and exercise regimens.
- People with eating disorders – of any kind – engage in unhealthy eating and behaviours related to emotions, self-image, body image, and fears of having a large(r) body.

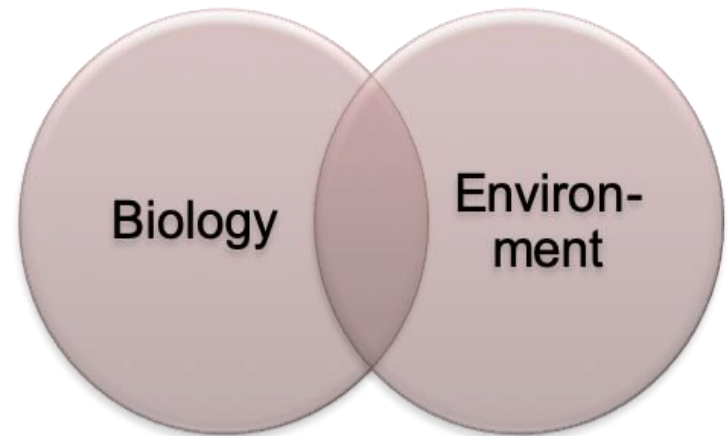


Eating disorders and recovery

- Eating disorders are NOT just about eating, but they do involve unhealthy eating patterns and related behaviours, together with unhelpful thought patterns.
- Treatment for recovery involves helping the person improve their:
 - eating
 - related behaviours
 - thought patterns
 - coping skills
 - inner resources to cope with the toxic environment in which we all live.
- Recovery is far more than that.....

The risks for developing an eating disorder

- Eating disorders are multi-factorial and complex
- Known risk factors include:
 - i. Genetic vulnerability
 - ii. Environmental & Socio-cultural influences



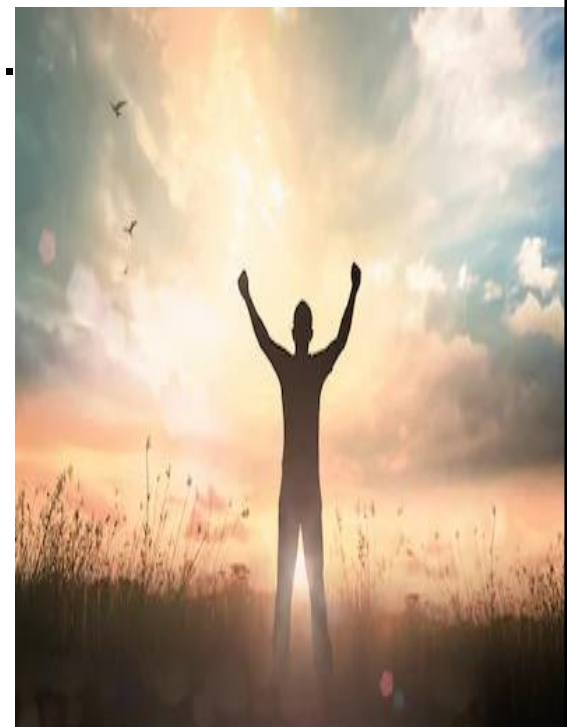
Risk factors and neurobiology

- About half the risk of developing an eating disorder comes from **genetics**, but this risk differs from person to person.
- People with higher heritability/vulnerability may never develop an eating disorder if they are in a protected environment, but if their environment is only slightly toxic, there is increased risk for an eating disorder to develop.
- “**Epigenetics**” is the study of biological mechanisms that cause our genetic predispositions to be “switched on”. In certain environments, especially where there is high stress and/or inadequate nutrition, genes might get “switched on”.
- As international eating disorders expert Professor Cynthia Bulik explains:
“Genes load the gun, environment pulls the trigger”. (CCI, 2018)

What is needed for recovery?

- Recovery is a unique, **personal journey**.
- Ideally, treatment which occurs **early in the illness** with a focus on the needs of the person and their family/supports.
- Access to treatment that is **evidence-based** and that suits the person.
- Access to **specialists** when necessary.

Recovery is always possible!

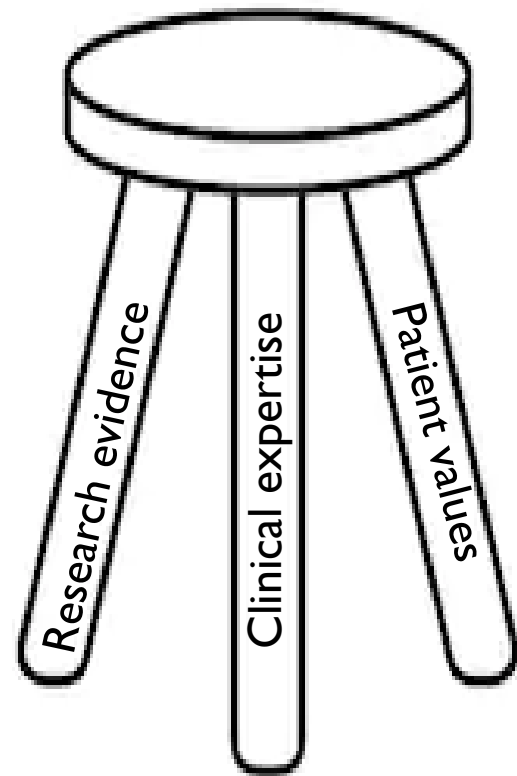


Evidence-based treatment: the three-legged stool

Evidence-based practice in eating disorders incorporates three essential components:

- research evidence
- clinical expertise
- patient values, preferences, and characteristics

(Peterson et al, 2016)



Evidence-based treatments

The following outpatient evidence-based treatments have been researched the most:

- Family Based Treatment (FBT)
- Cognitive Behaviour Therapy (CBT-E, CBT-ED)
- Specialist Supportive Clinical Management (SSCM)
- Maudsley Anorexia Nervosa Treatment for Adults (MANTRA)



Levels of Care



Primary care
early intervention

Outpatient
treatment

Day Programme

Inpatient –
Medical or
Mental
Health Unit

People may jump between levels – it's not always linear

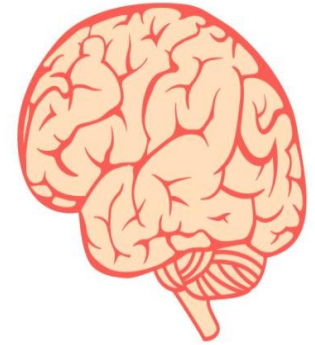
Recovery: treatment targets

- People with eating disorders need to change their **behaviours** and **thought patterns**.
- Brain-imaging studies show that brain activity in people with eating disorders can change.
- The brain, like a muscle, is constantly changing as a result of our environment and how it is used, or “exercised”.
- It can be “exercised” through learning and practicing new ways of thinking and interacting with others.
- With practice, people with improved eating disorders show brain activity that looks more like that of people who had never had an eating disorder.

(CCI, 2018)



Recovery: what a person with a starved brain needs



- However the brain needs to be adequately nourished in order to make these challenging changes.
- Since a starved brain won't function optimally, the first priority in treatment is **nutritional rehabilitation**.
- This can be challenging, as increasing food intake can be scary for someone with an eating disorder.
- Also, the brain tends to “lag behind” the body in terms of recovery. It can take time for people recovering from an eating disorder for their brain to “catch up”, when they regain their capacity for abstract reasoning and rational thinking.

(CCI, 2018)



Recovery: our toxic environment

- Our society remains a potentially triggering environment, with images of unachievable bodies and inaccurate and conflicting messages about diets and exercise.
- Evidence-based treatment needs to address the person's genetic vulnerabilities, but also to help them develop skills to manage environmental influences (e.g., managing stress and avoiding dieting).
- Recovery from an eating disorder *is* possible. With adequate re-nourishment and learning, the brain and body can return to healthy functioning. Adequate nutritional intake and supportive environments will promote thriving across all life domains.

(CCI, 2018)

How do evidence-based treatments facilitate recovery?

- All evidence-based treatments have certain common factors to support people to move into recovery.
- They all **focus on the eating disorder** and **changing eating disorder behaviours**, even if they also help the person work on other issues (e.g., depression, life stressors, low self-esteem).



Common factors - Engagement

- It is vital for the clinician to engage the person coming for treatment - and their families/supports, if these are closely involved with the individual and can influence recovery.
- This is because we are asking people with eating disorders to do things they find difficult, e.g.,
 - eating more, or eating differently - which terrifies them
 - changing their behaviours – which they use to cope with life's stressors



Engagement in treatment

- CBT-E – a collaborative, team approach.
- MANTRA – aligning with the person against the eating disorder.
- SSCM – the person with the eating disorder guides half the session, discussing anything important to them.
- In FBT, engagement is mostly with the parents, since it is they who require support to empower them to feed their child. It also involves aligning the family against the eating disorder.



Providing psychoeducation

- All evidence-based treatments offer important information about eating disorders to the person coming for treatment - and their support(s).
- This is so that people have a greater understanding about the effects of their eating disorder, e.g.,
 - The consequences of starvation
 - The risks of purging
- This can result in their making more informed choices and increasing their motivation to change.



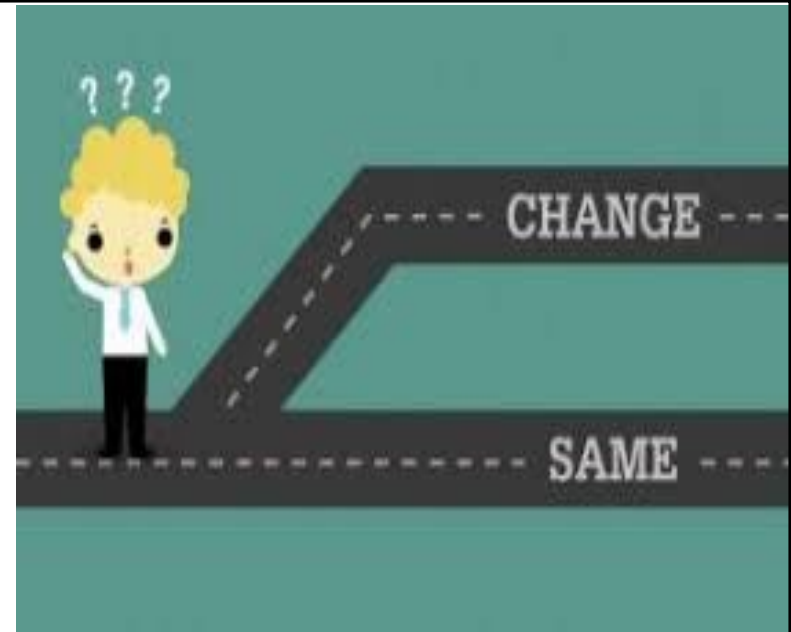
Early behaviour change

- We know from research, especially on FBT and CBT, that early change increases the chances of good outcome.
- Therefore there is an emphasis on early change, which can mean:
 - Changing the way the person eats (quantity and variety)
 - Increased intake leading to weight regain (when necessary)
 - Reducing eating disordered behaviours (including binge eating and driven exercise)
 - Reducing compensatory behaviours (which attempt to rid the body of calories from binge eating)



Cognitive change

- CBT-E – involves challenging cognitions, primarily through behavioural experiments (supported attempts to behave differently).
- MANTRA – involves changing thought patterns, helping the person think more flexibly by doing tasks in a different way.
- SSCM – does not directly focus on changing thoughts, but encourages the client to improve nutrition (which allows for less rigid thinking and preoccupation).
- FBT – does not directly focus on changing thoughts, but on increasing nutrition.

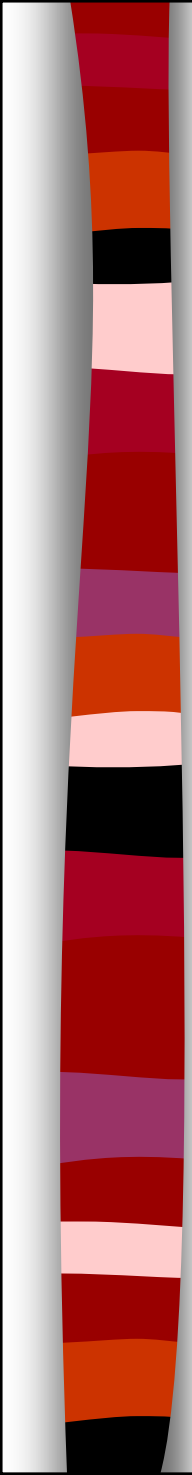


Why is all this important?

- Whether you are involved in:
 - Planning services
 - Delivering treatment
 - Receiving treatment
 - Considering treatment

....it is vital to understand that:

- a) Eating disorders involve physical, neurobiological, psychological and social changes for the individual;
- b) Therapy needs to be focused on the eating disorder and on changing maladaptive behaviours & thought patterns;
- c) Recovery is a complex journey, involving developing new behaviours, thought patterns and coping skills;
- d) Recovery involves much more, but treatment can be thought of as laying the foundations for further change.



Recovery is possible
at any age and at any stage



Thank you!

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