


**HELPING FAMILIES NAVIGATE THEIR EMOTIONS TO ENHANCE RECOVERY SUPPORT**

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**Agenda**

- Role of family in the treatment of eating disorders
- Understand family behavioral responses to eating disorders in the context of emotions
- Identify how family emotions and responses can maintain eating disorder behaviors
- Learn how therapists can interrupt the maintenance cycle through teaching emotion tolerance to the entire family



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**Eating Disorders are Family Disorders**

- “Family systems theory suggests that individuals cannot be understood in isolation from one another, but rather as a part of their family.”  
(Bowen)



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### Importance of Family in the Treatment of Eating Disorders



- Families play an important role in treatment outcomes
  - Engagement of family = progress
- Family system changes allow for individual changes to be maintained
- Family patterns and dynamics are often passed down through generations
  - Beliefs about emotions
  - Communication patterns
  - Attitudes towards food and body

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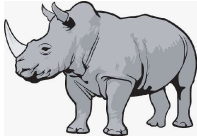
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### Family Reactions to Eating Disorders



<p><b>Kangaroo Response</b></p> <ul style="list-style-type: none"> <li>• Protect</li> <li>• Accommodate</li> </ul> 	<p><b>Rhinoceros Response</b></p> <ul style="list-style-type: none"> <li>• Take control</li> <li>• Argue/reason</li> </ul> 
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Adapted from Skills Based Learning for Caring for a Loved One with an Eating Disorder by Janet Treasure, Grainne Smith and Anna Crane

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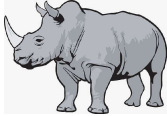
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### How Family Reactions Impact Treatment



<p><b>Kangaroo Response</b></p> <ul style="list-style-type: none"> <li>• No experience with tolerating distress</li> <li>• Learns the world is threatening</li> <li>• Caregiver is responsible for managing the emotions of the patient</li> </ul> 	<p><b>Rhinoceros Response</b></p> <ul style="list-style-type: none"> <li>• Escalated arguments/conflicts</li> <li>• Generates feelings of rejection, invalidation, being misunderstood</li> <li>• Patient complies out of fear</li> </ul> 
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### Family Reactions to Eating Disorders


**Ostrich Response**

- Ignore and avoid
- Disconnect and isolate



**Jellyfish Response**

- Emotionally reactive
- Emotional outbursts



Adapted from Skills Based Learning for Caring for a Loved One with an Eating Disorder by Janet Treasure, Grainne Smith and Anna Crane

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### How Family Reactions Impact Treatment


**Ostrich Response**

- Generates feelings of shame, rejection, 'not sick enough', secrecy
- Colludes with ED symptoms



**Jellyfish Response**

- Self blame and criticism fuels more reactivity
- Unsure of the response, patients are hesitant to seek support



Adapted from Skills Based Learning for Caring for a Loved One with an Eating Disorder by Janet Treasure, Grainne Smith and Anna Crane

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### Ideal Family Responses to Eating Disorders

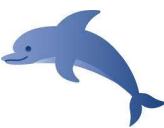
**St. Bernard Response**

- Calm
- Steady and consistent
- Loving and empathic



**Dolphin Response**

- Nudges towards safety
- Coaches
- Gently persuades



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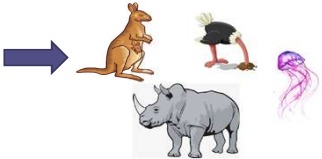
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**Focus of Family Treatment Interventions** 

The **emotional** response of the family member needs to be acknowledged and addressed in order to elicit change

Common emotional responses

- Guilt, shame, sadness, anger, anxiety, fear

**EMOTION** → 

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**Importance of Treating the Family Emotionally** 

- Increases empathy
  - Families not seen as pathological or blamed
  - Not the cause AND not the answer
- Decreases barriers
  - Family members feel heard, understood and cared for
  - Family members are more willing to make changes if their emotions are attended to
- Can't teach what you can't do
  - Families who cannot tolerate emotions themselves will be unable to coach patients in tolerating emotions

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**Understanding Family Emotional Tolerance** 

Avoiding, Suppressing and Controlling WORK in the short term

**Short term:** Decreases emotions in the moment, patient and family feels immediate relief

AVOID → RELIEF

EMOTION → SUPPRESS/CONTROL → RELIEF

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**Understanding Family Emotional Tolerance**

Avoiding, Suppressing and Controlling WORK in the short term

**Long term:** The family will be responsible for providing relief

EMOTION → SUPPRESS/CONTROL → RELIEF

REINFORCEMENT

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**Consequences**

In attempting to relieve their own distress, family members are:

- Sending the message that emotions are unsafe and threatening
- Sending the message that they do not believe the patient can handle their emotions
- Encouraging the patient to avoid/suppress/control their emotions
- Demonstrating that the family cannot handle the patient's emotions

Outcome:

- Patients believe they can't handle their emotions
- Use of avoidance/suppression/control are negatively reinforced
- Patients learn to use external means to manage internal state (primed for ED)
- Maladaptive coping strategies are used to manage both their own emotional distress and that of their family

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**Buy in**

Asking the entire family to experience more distress is a TOUGH sell

"If this is supposed to help, why do I feel worse?"

- Short term: Increased distress, increased emotion, increased urges
- Long term: Increased emotional tolerance = decrease need for maladaptive coping strategies

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## Emotions 101

- All emotions are good
- All emotions are adaptive
- Even so-called bad emotions aren't always bad—it can be appropriate to feel sad, anxious or angry, and it's necessary because those feelings can prompt us to actions that we should take
- Emotions are your body's way of saying "hey, something's going on here"

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## 3-components of an emotion

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## "The ARC" of an Emotional Experience

Date/ Time	Situation or Trigger	Physical Sensations	Thoughts	Behaviors/ Urges	What happens next?
	<b>A</b>		<b>R</b>		<b>Short C Long</b>

The 3-Component Model

Helps develop an **understanding** of the antecedents and consequences of common emotional experiences

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### Emotion Coaching



- 1.) **ATTEND** to the emotion  
Notice AND pay attention to the emotion
- 2.) **LABEL** the emotion  
Give words to the emotions, check in
- 3.) **VALIDATE** the emotion  
Accept/allow/validate the emotion
- 4.) **MEET** the **NEED** of the emotion  
Meet the emotional need, not solve the problem
- 5.) "Fix/problem solve"



Adapted from © 2013 Lafrance Robinson & Dolhanty

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### Recovery Coaching: The 6 C's



Key components of Supportive Eating Atmosphere

					
CALM	CONSISTENT	CONFIDENT	COMPASSIONATE	CONCERNED	<b>** NOT COLLUDING</b>

Lafrance, A., Files, N., & Paluzzi, S. (2016.)

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### Post-Meal Time Activities



**GOAL:** Create connection and move away from isolation while being aware of the emotional experience and not avoiding it.

 Looking at family photos or videos	 Playing a game as a family
 Working on a hands-on project/craft	 Activities that promote connection, present focused awareness, or emotional expression and creativity

Lafrance, A., Files, N., & Paluzzi, S. (2016).

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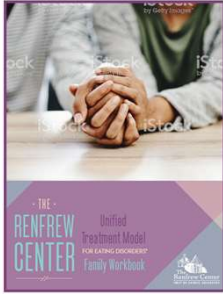
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### The Renfrew Center Unified Treatment Model for Eating Disorders: The Unified Family



- The Therapist Guide: 4+ structured sessions
- Family Support Person Workbook with corresponding readings
- Reading 1: Intro to Family Therapy at Renfrew
- Reading 2: Understanding Caregiver Styles & Responses
- Reading 3: Becoming an Emotion Coach
- Reading 4: Becoming a Recovery Coach

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