



**Dolphin Parenting:
Motivational
Interaction Strategies to
Reduce Stress and
Improve Collaboration.**

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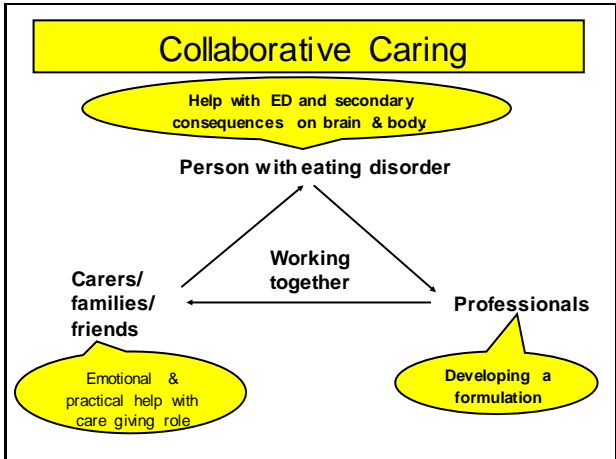




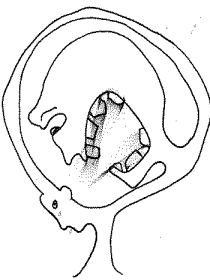

Thankyou Research Team: especially Liz Goddard, Rebecca Hibbs, Sabine Landau, Gill Todd, Wendy Whitaker Ulrike Schmidt and volunteers Pam Macdonald, Clare Walker, Amy Harrison, Freya Corfield and many others

Talk Map

- Why have a collaborative approach?
- Maintaining factors
- Psychosocial problems
- Shared traits
- The experience of living with an eating disorder.
- Carer coping
- Interventions to increase coping by increasing skills and knowledge




The Anorexic Bully

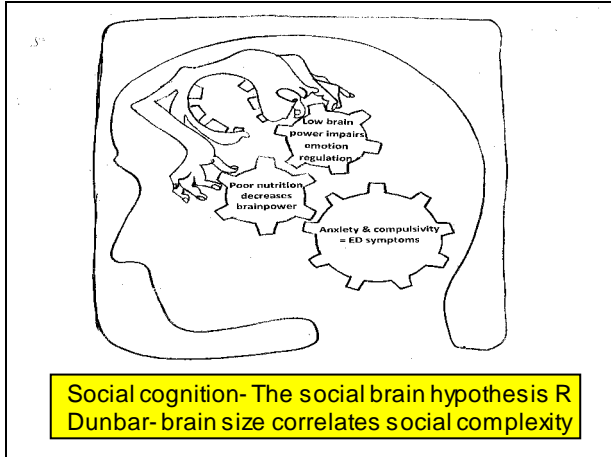


- The symptoms damage the organ that is needed for change.

The effect of Nutritional Problems on the brain



- Brain needs 500kcal/day.
- Brain needs 7 X caloric intake of muscle
- Brain function can be damaged by irregular pattern eating as well as amount.



- Loss of brain power can lead to factors that maintain eating disorders
- Loss of brain power impairs new learning the mechanism by which talking treatments probably work.


Social maintaining Factors

Social and emotional factors as:

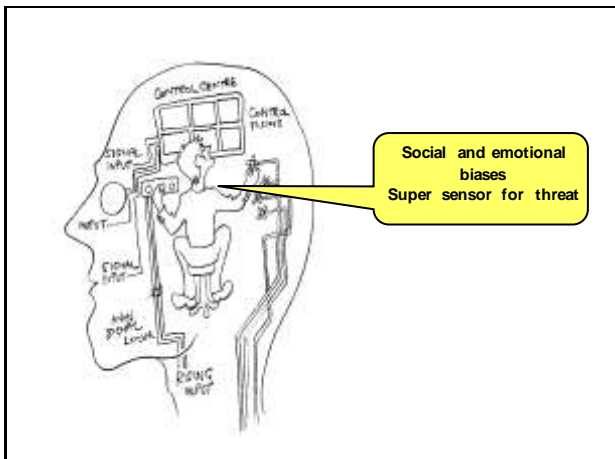
- (1) risk factors.
- (2) consequences of starvation.
- (3) impact on close others.

What is the social and emotional world of people with eating disorders?

Isolation & Inferiority



Loneliness, shyness, and inferiority in childhood and adolescence
 Internalising problems. (Adambegan et al 2012).
 Insecure Attachment (Ward et al 2001, Illing 2010).
 Social anxiety preonset (Swinbourne et al 2012).
 Submissive behaviour, inferiority (Connan et al 2001)
 Inferiority to others persists post recovery (Oldershaw et al 2012)



Reduced Social Emotional Regulation



- ED longer to name the colour for faces.
- More distracted by non verbal emotional signalling of threat and ambiguous faces

Large effect in acute state. Medium effect in recovery

Harrison et al 2009, 2010

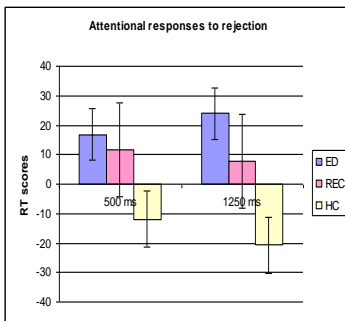


Sensitivity to Punishment vs. reward

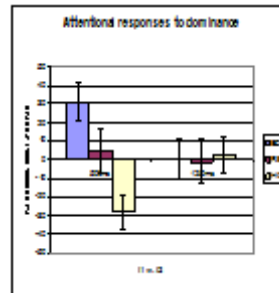
(Cardi et al 2011, Corfield et al 2012)



Attention to Rejection

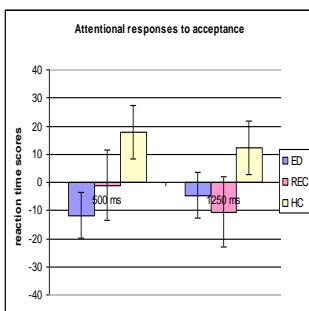


Attention to Dominance



Cardi et al 2011

Attention to Acceptance



Ignore Compassion & Acceptance





The social world of people with eating disorders.

- Vigilance to negative.
- Inattention to positive.
- Cardi et al (2012 a &b)

People with eating disorders are hard to read

Emotional Expression

(Davies et al 2011)



Congruence expression/experience		Attention	
HC	AN	HC	AN
		✓	✓
		✓	

Social cognition



Theory of mind used to negotiate social interactions

1. Reading the Mind in the EYES



Baron-Cohen et al: Cambridge Autism Research Cent

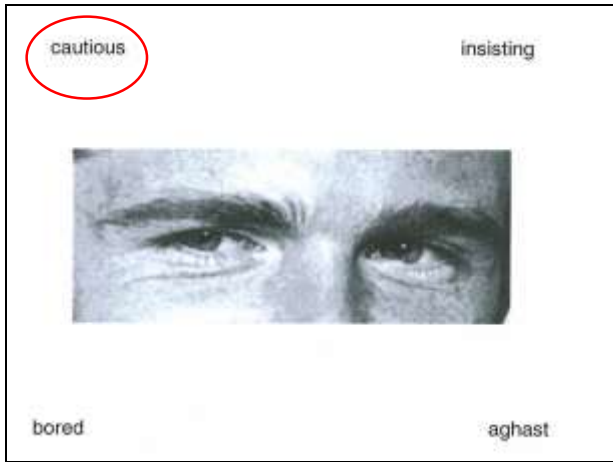
aghast

baffled



distrustful

terrified



Theory of Mind
 Understanding how others think not just what they say

About 20% of people with anorexia nervosa have some difficulty with this.
 Tchanturia et al 2004, 2009.

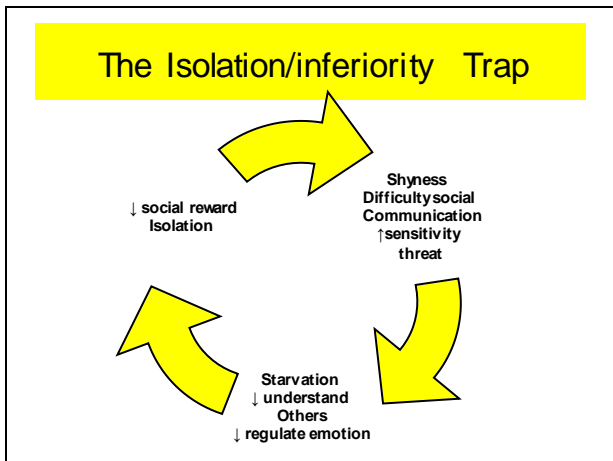
“Just back up little dear, so you won’t cut my head off”

Impaired Reading Mind Others
 Oldershaw et al. (2010.)

Moderate effects which other than eyes task improve after recovery

The Isolation trap

- Eating disorder in one word- “isolation” McKnight R BMJ (2009) Personal view.
- A reduction in social cognition skills decreases enjoyment of being with others.
- A reduction in anticipation of pleasure reduces drive for company.
- Edi becomes a “friend”



Conclusion

- Social emotional difficulties precede onset.
- Starvation reduces social emotional functioning.
- The symptoms are frightening and frustrating for others.

Conclusion 2



- Carers can moderate isolation.
- Carers can model high level emotional regulation.
- Carers can listen and use high level theory of mind to understand.

What does social and emotional functioning mean for care?

- **What this means for the individual**
 - ↑ attention to negative
 - ↓ attention to the positive.
 - Lack secure base- minor hassles ► trigger ↑ stress response
- **What this means for carers.**
 - Share the same genes
 - ED ↑ stress (a tendency to adopt jelly fish or ostrich position).
- **What this means for carers to help recovery**
 - ↑ expression of the positive and ↓ negative.
 - Model behaviours that ↑ positive emotions. Noticing acts of kindness etc.

What should we teach carers about caring style ?

The emotional underpinning

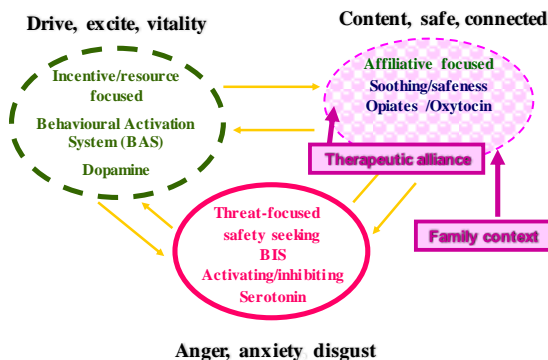


Super sensor



social solace

Relationship Matters



Compassionate & Collaborative Care



- Voice : Tone and volume. Soft gentle kind
- Stance : Equal, guiding
- Attitude: Collaborative, eliciting
- Gesture: low power
- Eye contact: variable
- Personal space: side by side, on same level
- Slow to chide and swift to bless

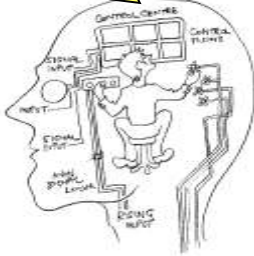
Model Good Management of Emotions



- Care for yourself
- Collect comfort from others
- Calm compassion
- Cope with emotional mistakes.

What increases the risk of an eating disorder developing and persisting?

Compulsive personality traits:
Excel in discipline of following rules
Intolerance uncertainty fear mistakes
Attention to detail.
Perfectionism, Persistence
Delay of gratification



People with Eating disorders especially AN and their families

Central Coherence



Absent minded professor or guru.
Thinking of bigger picture.



Analytical and detail-focused thinking
Scientist, engineer

People with ED and their families

Set shifting



Prefers order, planning and certainty
Perfection & perseverance

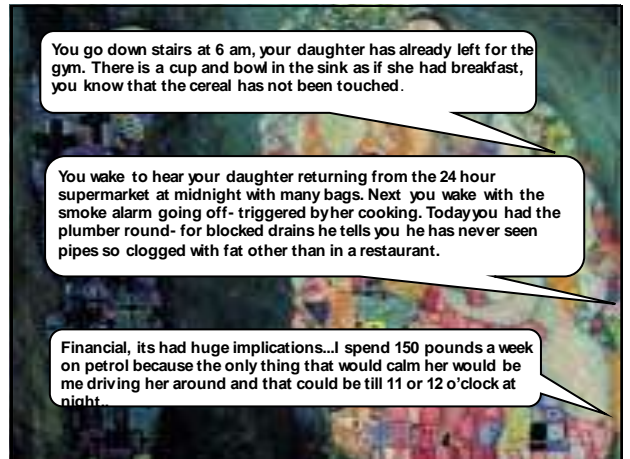
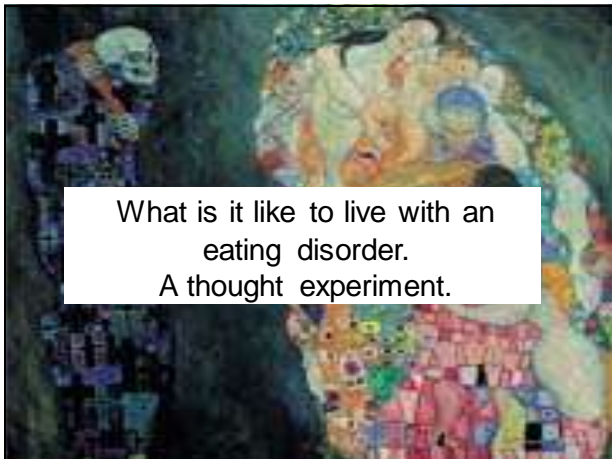
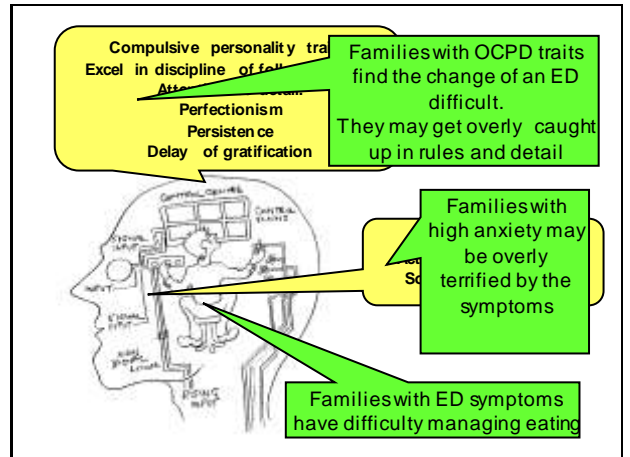


Flexible, laid back, enjoy novelty,
goes with flow

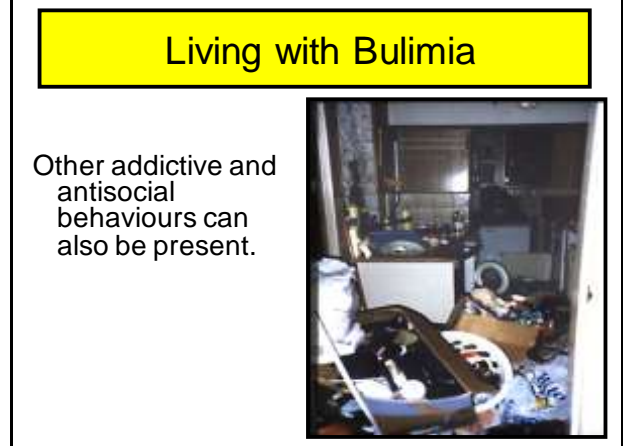
Implications of cognitive traits for Individual and carer

- **What this means for the individual**
- ↓ adaptation to change (e.g. puberty).
- ↑ ability to fight the body and mind and lose weight.
- **What this means for carers.**
- Same genes ↓ adaptation to ED chaos
- ↑ focus on the detail and lose sight of the bigger picture (a tendency to adopt terrier, rhino positions).
- **What this means for recovery**
- ↓ ability to roll with resistance and be flexible.
- ↓ ability emotional coping ↑ Problem solving, practical coping

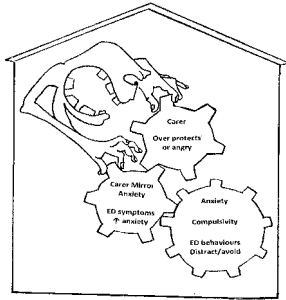
Why Caring can be Confused



Hoarding & Exercise In Anorexia Nervosa



Eating Disorders Impact on the Household



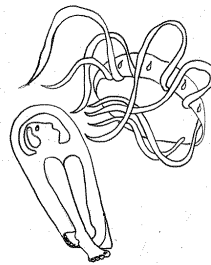
Typical carer responses

Jellyfish



Emotional Response transparent
Overtly distressed, depressed, anxious, irritable & angry

50% ↑ Anxiety & Depression (Santonastaso et al 1997, Uehara et al 2001, Treasure et al 2001, Haigh et al 2003, Winn et al 2007)

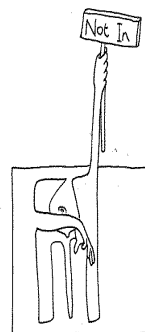


Avoidance of the emotional sting

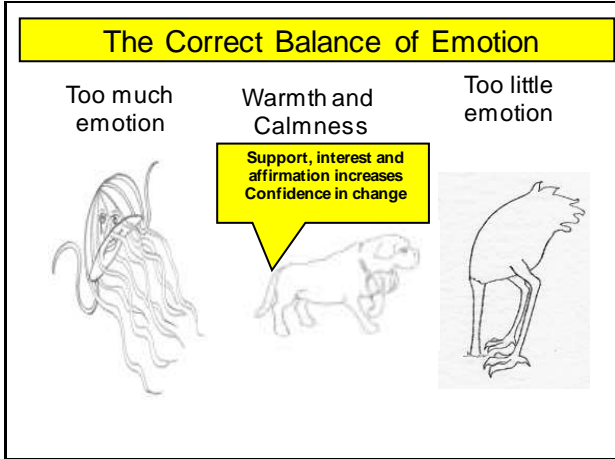
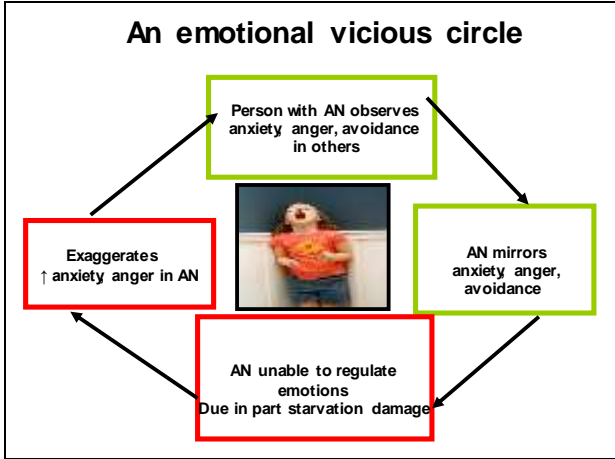
Ostrich



Avoiding seeing, thinking & dealing With problem



It may seem as if you do not care



Expressed Emotion: Criticism

Terrier

Nagging.
Giving advice, arguments.

Expressed Emotion: Criticism & Hostility

47% ED (n=165) vs 15% Control (n=93) (Kyriacou et al 2008)

Rhinoceros

Controlling.
Giving advice, arguments.
Charging into coercive circles
Provokes AN defence

Associated with difficult behaviours by patients (Kyriacou et al 2008)

Engaging and attention to AN bully


If you argue for change

Other will argue against change

The more you speak out loud about something the more you are likely to do it

If you argue for change


Other will argue against change



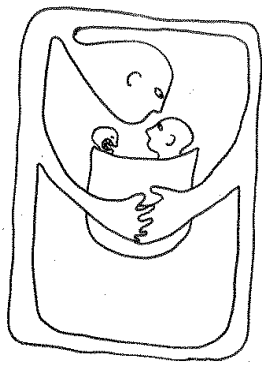
ie the person is more stuck in not changing

Expressed Emotion: Overprotection
 43% ED vs 3% controls (*Blair et al 1995*)
 60% ED (n=165) vs 3% controls (n=93) (*Kyriacou et al 2008*)

Kangaroo
 Over protective,
 Infantilising
 Suffocates growth



Associated with carers anxiety (*Kyriacou et al 2008*)



You may protect the AN bully


Balance of warmth & direction

Too much Control & direction

Just enough Subtle direction

Too much sympathy & micro-management

Gentle guidance-keep safe and secure



What knowledge and skills do we teach parents?

- Understanding the illness (causes, consequences, course, treatment, prognosis).
- Understanding the core symptom-eating.
- Understanding the factors that maintain the illness.

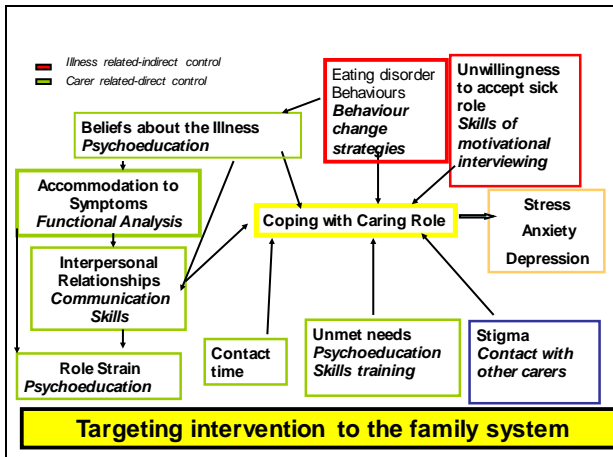
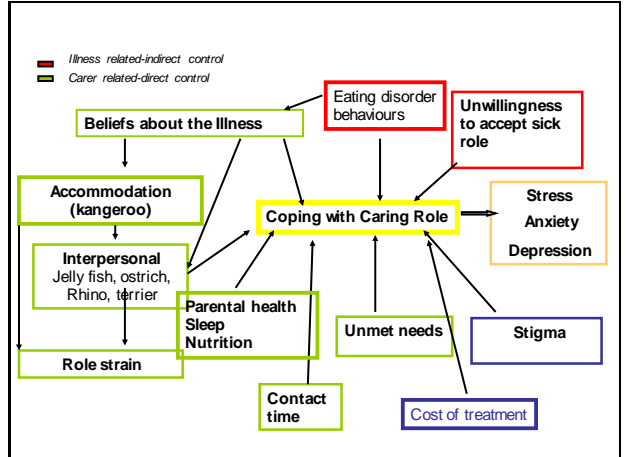
Change

- We can't change the past – we can influence the present and future.
- We can't directly change others' behaviour, we can only change our own.


Maintenance Factors

Biological = changes in Brain & body

Hard for a person to change without help.



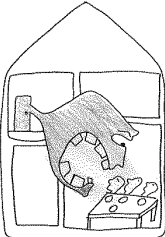
Accommodating




Families accept:

- Food & meal rituals.
- Safety behaviours (exercise etc).
- OCD behaviours with reassurance.
- Calibration and competition with other family members.

Bullied by AN

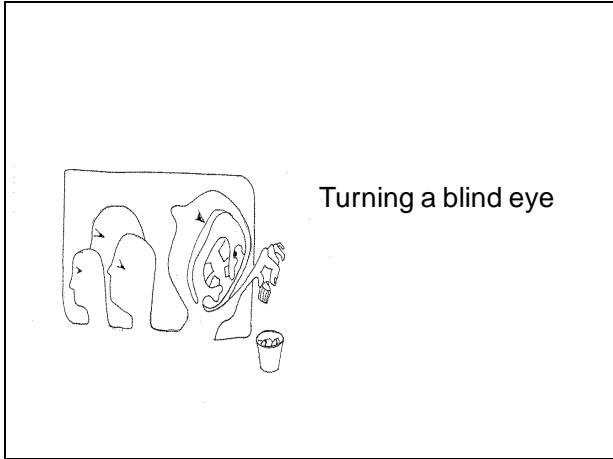


Enabling ED. Avoidance & modify routine



Covering up for:

- Plumbing toilet problems
- Stealing (food and money)
- Mess
- Social & family



Family enabling bulimic behaviours

"If I go down to the kitchen and find that she has finished off all the cereal I have to go off and drive to the supermarket so that the others can have breakfast"

"Her car was out of action, so I drove her to the supermarket at 11.0 pm I did not want her to go locally as it is expensive and people know us."

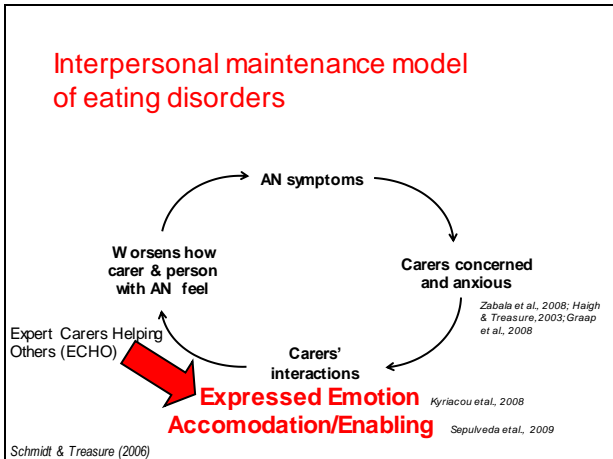
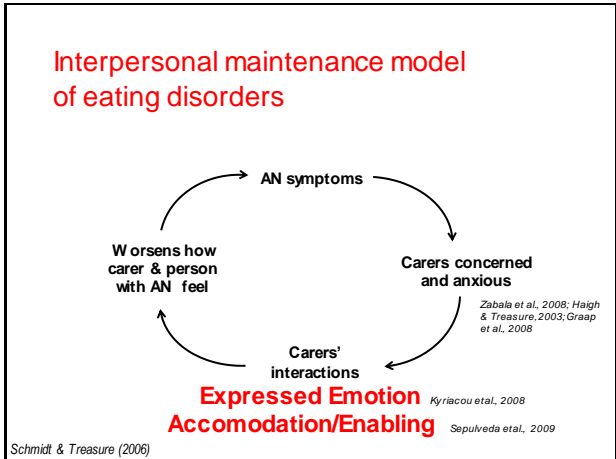
"I know that money has gone from my purse so I take more care to hide it but my husband does not take as much care so I am sure she is taking his money."

"I have to clean up the toilets; it's not nice for the rest of the family."

Carers inhibit Emotional Regulation

Giving reassurance

Supporting Avoidance



Content of family work

Illness stress response

- Recognising and treating clinical levels of distress and burden
- Self-care.
- Social support
- Coping strategies.
- Emotion regulation.

Self-efficacy by teaching

- Knowledge about eating disorders
- eg Shared traits of detail, rigidity, perfectionism OCPD, anxiety .
- The interpersonal and intra personal maintenance model
- The stage of change of illness.
- Communication techniques.
- Practical skills to manage disordered eating.

Working as a team

- Helping families to recognise differences, polarised approaches, and compensatory factors in their relationships.
- Supporting families to develop a consistent and complementary caring approach.
- Encouraging carers to utilise resources within the family.
- Establishing supportive and helpful patterns of role allocations in care.

Teaching motivational communication

The battle between the North Wind and the sun (Aesop)



What does this fable tell us

Positive Communication



Don't be a fly, focusing on the negative



Be the Bee!
Look for the positive



Notice small signs
recovery

Affirmations VIEW to Praise

Very Important Encouraging Words

Positive feedback & attention increases the likelihood of good behaviour being repeated!

- + Self esteem, hope, self-belief, confidence and motivation
 - Do praise 'green shoots'
 - Do praise the process as well as the outcome
 - Do praise discriminately – pick out the jewels of effort and intention
 - Do praise in the way that your loved one best receives praise



Case Example

- *Bill's daughter (Rose) was discharged from an in-patient unit four weeks ago. Bill has been participating in a skills training programme and is working with his coach in developing a more adaptive and supportive role in Rose's recovery process. In the past Bill's predominant caring style hovers between rhinoceros and jellyfish. He is currently becoming extremely frustrated as he had hoped that the in-patient stay would result in a noticeable reduction in Rose's restricting behaviours. He now has concerns that this is not the case. Bill's coach has noticed that he is very much stuck in food and weight talk.*

Coaching Carer change

Hi there, Karen, good to speak to you too. Phhhff ... we're having a tough week here. We're going nowhere fast...

She seems hell bent on getting back to her 85 lbs... so all the promises to the staff, all the promises left behind in the Unit, she must have lost at least five pounds in the last week or so

Hmm so you've been finding this week tough going. It would be useful to start with an update. What's been happening since we last spoke last Tuesday?

You're noticing continued restricting behaviour

Reflection + open question

Coaching Carer change

Her mother insists on sticking religiously to meal plan. Last night, for instance, spaghetti bolognaise....2 hours we sat there, 2 hours we sat arguing about fat and calories and how she felt we were trying to rule her life....in the end she managed to eat half of it - AND she'd hidden the muesli bar she was supposed to have eaten at 3 o'clock. Mary found it down the side of the sofa.

So sounds to me like the anorexic bully has been a very vocal but unwanted guest at your dinner table this week, Bill.

Complex Reflection

Coaching Carer change

it's all very well on paper but now that she's home again, putting theory into practice is a bit more of an effort I You guys say don't do too much food and weight talk. How on earth, do you avoid it She cannot afford to take any more off otherwise she'll be back inside by Christmas.

What would skills training say?

open question

Coaching Carer change

it's all very well on paper but now that she's home again, putting theory into practice is a bit more of an effort I You guys say don't do too much food and weight talk. How on earth, do you avoid it She cannot afford to take any more off otherwise she'll be back inside by Christmas.

What would skills training say?

Research suggests it's best to limit food and weight talk, at meals when emotions run high... Other families I work with also experience this problem. A few weeks ago you spoke about Rose's plans to get herself back into full time education. How is that going?

Coach rolls with resistance by giving information + complex reflection + giving information on other family situations + simple reflection + open question (again coach tries to encourage looking at the bigger picture)

Coaching Carer change

I know that our way isn't working, the arguments etc, We're feeling a bit overwhelmed what you pointed out makes sense - we ourselves could use standing back and looking at the bigger picture I mean she is being weighed regularly, at the hospital

Well she would like to be consulted over her meals I guess we could maybe have a bit more negotiation...to at least see what she comes up with.

From what I'm hearing you are very supportive and loving parents. Living alongside an ED is terribly draining. You say that your current style hasn't been working so well this week. If you were to experiment with some small change in your own caring style, what would that be?

A firmation. Elicit change talk

Developing Forms of Intervention

- A skills based intervention for more than one family was as effective as individual family work (*Whitney et al 2011a & b; Treasure et al 2011*).
- Qualitative feedback was that carers and patients valued structure and skills (*Whitney et al 2011a & b*).
- Workshops (6 x2hr) as outpatients. (*Sepulveda et al 2008*)

New Tools for families Eating Disorder Patients



Books



Web base

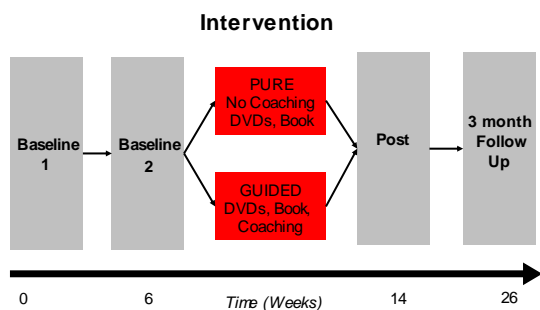


DVDs

Guided parenting /carer skills

- Web based Overcoming Anorexia online OAO>BEAT support for carer distress (Grover et al 2010, Grover et al 2011).
- ECHO experienced carers helping others (book, DVDs, coaching) reduce carers distress, expressed emotion, accommodating (Goddard et al 2011).

Design of feasibility study Pure vs Guided Self Help



Expert Carers Helping Others (ECHO)

- Content from carers, expatients
- & professionals (Treasure et al., Eur Eat Rev 2008)
- Pure self help vs guided self help

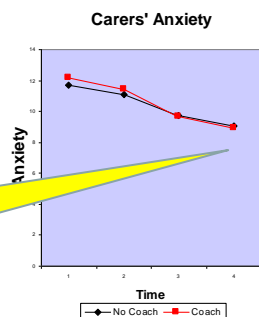


Carer coaching

ECHO is feasible & effective

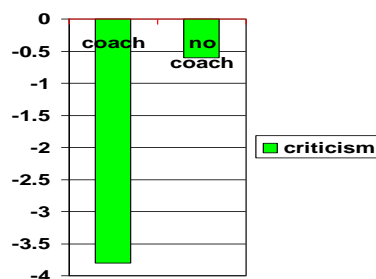
(Goddard et al 2011 B J Psych)

- Carers' Anxiety reduced at post-intervention ($d = 1.22$)
- Maintained at follow-up ($d = 1.71$)
- Mediating factors all reduce ie expressed emotion, accommodation & enabling.



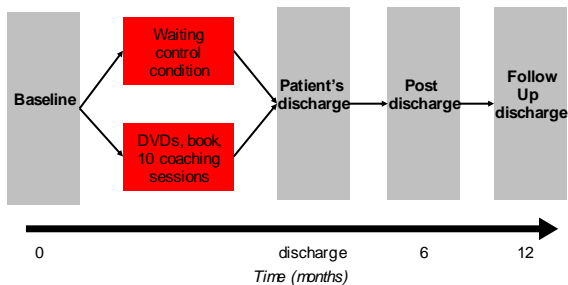
Qualitative Feedback
3 sessions too short
Guidance needed for more than one family member
Stage 2 study: 5 sessions each for mothers and fathers

ECHO Coaching Reduces Criticism in Fathers



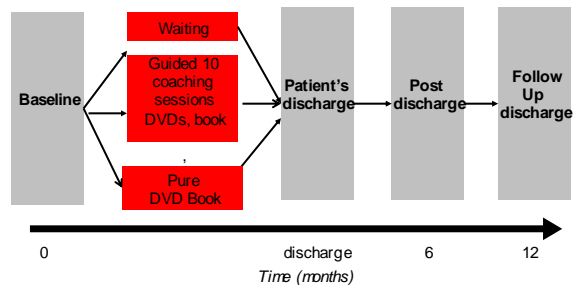
Does ECHO improve outcome from adult inpatient care

Assessment carer and patient



Does ECHO improve outcome for adolescent care

Assessment carer and patient



Overall Conclusion

- Interpersonal maintaining factors play an important part in eating disorder.
- Expressed emotion (over protection and criticism) is common especially in families of adults.
- It is easy for families to adapt to or enable the illness.
- Education and skills based training for carers either in workshops or as guided self help can moderate some of the difficulties carers experience.
- Helping carers may help the individual with an eating disorder.
- Families can be part of the solution and not part of the problem.

Concluding summary

- We can help carers
 - Providing them with information (irrespective of format) reduces their distress
 - We can teach them caregiving skills
- We may be able to help patients
 - By specifically teaching carers skills that (are proposed to) maintain the illness, we may have a positive impact on patients (*Goddard et al., 2010; 2011*)

Thank you to our Experienced Carer Coaches

