

A Recovery Primer

Empowering an Integrative Eating Disorder Recovery

Abigail Natenshon, MA, LCSW, GCFP



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“One sees clearly only with the heart. Anything essential is invisible to the eyes.”

Antoine de Sainte-Exupery The Little Prince

Introduction

In the close to 45 years of my immersion in the psychotherapeutic practice of the treatment of eating disorders, it has become apparent to me that in achieving successful recovery outcomes, the three most critical aspects of this treatment specialty include:

- The therapist’s ability to deeply understand and acknowledge the unique aspects of eating disorders that set their treatment apart from generic mental health practice.
- The need for the practitioner’s versatile use of self in establishing a healing treatment relationship.
- The importance of enlightening and empowering parents and families within the treatment process to enhance timely and sustainable recoveries.

My greatest challenge in presenting this material is to speak to all readers with a single voice, addressing, at once, such diverse skill and experience levels. My goal is to first to confirm, then augment with new ideas and perspectives, what readers already know, and in the process, to deepen and reinforce professional intention and confidence in treating these complex disorders. In offering this e-book to practitioners, I seek to provide useful continuing education and practicable, nuts and bolts strategies to take away with you today to use in your professional office tomorrow.

Unless a practitioner carries a coherent, comprehensive, and cohesive picture of the process and mindset of recovery, professional interventions become arbitrary and without direction, denoting a passive healing style in the face of a hard-driving, purposeful and proactive disease process. Recovery is like a thousand piece puzzle... in putting it together, without the guidance of the picture on the front of the box, patients, families, and therapists find themselves flying blind,

unable to formulate and sustain a clear vision of the goals they need to seek, and the direction they need to follow.

Despite the urgency of the field's unique challenges and demands, we as professionals have been left unprepared to take on the unique challenges of treating these disorders through our formal education. A social work student inquired of her dean why the curriculum excluded eating disorder training. She was told that "the skills needed to treat these disorders are e taught and learned within generic treatment classes." In fact, this is not far from the truth, as there really *is* nothing new under the treatment sun, but it is not the whole truth. The good news is that as practitioners, through our formal training, we *have* already acquired the skills we need to do an effective job at treating eating disorders..... The challenge for all of us who treat eating disorders is to learn *why*, *how* and *when* to offer **which** of the techniques and skills you *have already acquired*..., how to use *oneself* effectively in response to the unique demands of the eating disordered patient and treatment moment. In treating eating disorders, a treatment unique and apart from generic mental practice, *it is in how we put all these ingredients together, as practitioners and as human beings, that the outcomes lie.*

The less than good news is that within this treatment specialty, there are simply not enough of us. A BBC survey showed that 55% of eating disorder sufferers were not treated by a specialist; another found only 22% of adolescents with current eating disorders had received psychiatric treatment within the past year. (BBC News, 2005) Ironically, in surveying psychotherapists to ask if they treat eating disorders, probably close to 90% of them would say they do treat these disorders. Not all experience results in expertise, and it has become apparent that a vastly smaller percentage of therapists are adequately educated and skilled to treat these disorders effectively. It's time to begin to turn those statistics around.

Before we begin, it deserves to be stated: when facilitated properly, 80% of eating disordered patients treated in a timely and effective manner is capable of achieving full recovery. For 50% of patients, the eating disorder and its underlying issues become resolved and eradicated completely and forever. The remaining 30% of patients may experience the occasional need to return to treatment on an ad hoc basis during times of crisis throughout life to address and manage difficult situations which for the most part, can be resolved quickly and efficiently. (Johnson, 2003)

A Note from the Author
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Guiding a path to recovery

Like a path of breadcrumbs through the woods, the eating disorder recovery process is, by nature, an inconstant process, easily derailed. Mental health practitioners who practice within this specialty understand that even the most tried-and-true treatment choices will at times fail to produce effective outcomes facilitating timely, complete and sustainable recoveries. As a virtual “GPS” for therapists, this Recovery Handbook defines a clear direction for clinicians who may occasionally find themselves lost within the maze of diverse treatment methods, modes and approaches. This is a resource designed to help therapists get back on track, so that they can do the same for their patients. Keeping in mind that any singular problem-solution will not represent the *only* practicable solution, the case examples provided here are intended to confirm your current practice techniques, at the same time providing tools and strategies to augment your options for anticipating, fielding and resolving recovery conundrums.

An integrative healing process

I have found that in offering information to health professionals about eating disorder diagnosis, treatment and recovery at conferences or in the classroom, invariably there will be one or two clinicians who express disappointment in my not having been more “specific” in offering instructions that describe *exactly* what to do and say. Seeking such definitive or formulaic information bespeaks a failure to consider the vastly integrative and diverse nature of these complex disorders and the distinctively unique quality of each recovery. Typically accompanied by dual diagnoses, there is nothing predictable about eating disorders or their healing; both defy reduction to any singular, boiler plate, one-size-fits-all methodology purported to pertain to all cases. It is the responsibility of every therapist to conceptualize and communicate to patients an *integrative* view of what eating disorders are, and how they heal... as well as an affirmation of their optimistic potential for complete healing.

The unique nature of each eating disorder recovery

The nature of the recovery work will be embedded in the unique footprint of each individual disorder and the biology that has given rise to it within an emotionally, biologically and developmentally diverse patient population; in the patient's inborn resiliency and capacity to grow and change; in the patient's and family's capacity to meet each others needs which evolve throughout the recovery process; and in the unique and ever-changing requirements of the therapeutic moment. *Most importantly, the nature of the recovery process is determined by and enhanced through a facile use of the professional's self in establishing a quality therapeutic attachment and relationship.* This type of professional facility, along with professional skill mastery and an integrative orientation, is the most critical factor in motivating and energizing the healing process.

As therapists, we navigate the same waters as do our patients and their parents and families, in our need to field and comfortably tolerate ambiguity, unpredictability and the unknown in helping patients re-create and renew an effectively functioning Self (previously exiled by the disorder.) Most therapists already have acquired the skills and tools they need. They simply need to learn which ones to use, when, why and how...all while using themselves effectively in the process. It is for our patients and their families to determine if we are up to the task.

Making order out of chaos

The tools and resources available to us are many and diverse. Similar to astronauts who learn to navigate by recognizing stellar constellations, as therapists, we too need to organize our conceptualizations and treatment tools into meaningful and practicable constellations capable of creating order out of the chaos of an eating disorder; then we need to communicate them. The ideas presented here will become increasingly meaningful and lucid to clinicians as they gather professional experience in treating these complex disorders.

My emphasis on family involvement in eating disorder recovery stems from the significant role parents and siblings need to play in the eating disorder healing process, particularly in cases where the identified patient is a young child or young adult living at home. Eating disorders

reside not only within the individual, but within the family system; both the patient and his or her family require education and healing throughout the recovery process. Eating disorder clinicians need not only to *understand* family systems, but to muster the courage and wherewithal to function *within* them to heal the child and family, while eradicating the disorder. In so doing, therapists empower parents and loved ones to become Most Valuable Players on the professional .treatment team. In an effort to sustain the fabric of an integrated recovery process, it is preferable for the therapist who treats the identified patient to treat the family as well.

For additional case examples that illustrate specific examples of treatment responses and strategies as they relate to various approaches to treatment, see Chapter 13 of *Doing What Works: an Integrative System for the Treatment of Eating Disorders from Diagnosis to Recovery*. (Natenshon, NASW Press)

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Chapter One

Arriving at a definition: What is Eating Disorder Recovery?

Clinicians, scientists and researchers in the field have, to date, been unable to arrive at a single conclusive definition of eating disorder recovery. As we begin, it may be interesting for each of you to take a

moment now to get in on the dialogue. How might *you* define eating disorder recovery? You might find it of interest to compare your response now, with what it might be after your read.

It is significant to note that I typically ask new patients and families, who have been in eating disorder care elsewhere prior to starting treatment with me, to tell me how they would define eating disorder recovery. Sadly, short of getting “fattened up,” most haven’t been offered a sufficient enough understanding or vision of recovery to grow with, or to have motivated and directed the intention of making changes. Incidentally, I also survey patients about their idea of what “healthy eating” is, and you may not be surprised that easily 95 % of the time what I hear is “fat free, sugar free, junk-food free eating.” It’s hard to get somewhere...in fact, anywhere... if you have no idea, or the wrong idea, about where you’re headed. As therapists, we are primarily patient educators. So let’s define this recovery process.

Recovery, the Verb

In defining eating disorder recovery, it is the *process* of recovery, the *verb* of recovery... that heals. Recovery is the *act* of learning to care for and to feed the self in ways substantively beyond food and eating. The *process* of eating disorder recovery is a metaphor for living life...it is about learning to overcome obstacles, to meet challenges, manage unpredictability and the insecurity of change and the unknown (the ultimate human challenge, which you can multiply a hundred-fold for the eating disordered victim); it is about the demand for spontaneous response to the ever-changing demands of reality and needs of the moment, for emotional and behavioral flexibility. From the vantage point of the practitioner, the verb of recovery is a kind of birthing process, facilitating the creation and/or reappearance of a newly revitalized Self, previously exiled by the eating disorder.

Eating disorders themselves are verbs. They are on the move: If not getting better, they are getting worse. Recovery needs to happen on-going, in one sphere or another...be it in the realm of behaviors or emotions, cognition or nutrition ... always with an eye to the *physiological* risk of malnourishment, always with the collaboration of a vigilant medical doctor. The process needs to happen at once, and on-going, immediately within the first diagnostic interaction with the patient. If recovery occurs at a pace that does not equal or surpass the disorder, that process demands to be rethought both in structure and function. In considering this most lethal of all mental health disorders, there is virtually no choice in the matter.

Recovery, the Noun

Eating disorder recovery is a story, a tale that we as clinicians need to narrate, to articulate in detail throughout the treatment process from its very outset through to its last vestiges. For human beings, story-telling provides a context that creates order out of chaos... a sense of cohesion. Story telling within the process of eating disorder recovery makes sense of a frustrating and discouraging healing process, creating reassurance, security, and a sense of coherence within a fragmented Self and a trying treatment process. The eating disorder recovery story explains the nature of disease and how it works, the process of self-discovery, what needs to happen in treatment, the myths and realities about the self that distort thinking and distract the patient from healing.

Fairy tales of earlier decades about enslaved princesses, children pushed into ovens, vulnerable animals losing their mother in burning forests, monsters with large teeth lying in wait to attack an innocent loved one...these all mentally and emotionally prepared children to get in touch with their own resiliency, to know that they can, and must, count on themselves to muster internal resources to challenge and withstand life's adversity. The story of eating disorder recovery is a story about survival and prospering, and it is a story that for most, ends happily ever after.

The eating disorder story, and the stories and metaphors we tell throughout recovery to illuminate the process, empower and inspire, educate and bolster, motivate and prepare, guiding patients and loved ones through a crisis-ridden and formative life passage. These stories enable patients to find their bearings in the moment and in potential future realities, while making sense of self-destructive past experience and remaining grounded in the present. As humans, we *need* stories.

It is in telling the story that the therapist sets up the makings of a successful recovery. The following is a story within a story.

Beset with negativism in all aspects of her thinking, L is an anorexic mother of three who worries that if she were to stop counting calories all day long, as she has been doing these past 16 years, she would have nothing left to think about. What would she do instead? Leave her husband? Shop even more compulsively?

So I tell her the story of the “trapeze” of life, (Parry, 2000) that describes the human challenge of growth, change and transitioning into the unknown that we *all* face as an on-going fact of existence, eating disordered or not. There is nothing that feels good about letting go of the familiar in order to embrace the unknown, about *releasing* the first trapeze, in our on-going passage through life, only to experience the *sensation of the mid-air “free fall,”* just before grabbing hold of the next trapeze swinging our way. Will we survive the mid-air tumble, will there be a net under us, and if so, will we be able to access it, landing safely? The fear becomes far worse than the fall, and particularly so for the eating disordered individual whose “raison d’etre” is to control life so as to eliminate the precariousness of the unknown. Ironically, the recovery process itself is far scarier than having to survive life after an eating disorder.

As eating disorder therapists, we know the ending of the story even at the start, but only we can see it.

The parents of a 12 year old anorexic girl, following a resistant out-patient treatment path where initially they refused to take their child off the school soccer team, refused to have her evaluated for medication, refused to consider her entering a treatment program, eventually were required to have their child treated in an in-patient hospital setting. The father’s comment to me was, “You saw things we couldn’t see, you saw the end before we did. We are catching up with you now.”

As educators, the story of eating disorder recovery must be told from the inception of treatment; it must be told diligently, completely, on-going, in every context of care. The story must be told with confidence and with authority, two qualities that the therapist must be prepared and willing to bring to care. As therapists, we know that recovery ends in patients getting their lives back and families getting their children back, making it truly the stuff of fairy tales. We need to tell that to our patients and their families, and they need to hear it.

A better question than “What is eating disorder recovery?” is “What is it that people actually *recover* in healing from an eating disorder?” The answer is...*All that they have lost....*

What the recovering anorexic “recovers,” during the process of healing, aside from lost weight, happens through the ***process*** of *learning how* to re-feed herself/himself. What is recovered?

- The realization that he/she *can* re-feed and nurture herself, in more ways than one.
- The means by which to continue to depend upon *herself/himself* to survive and cope with life’s adversities as they unfold.
- The ability to re-connect with the exiled core self, as seen through the return of self-empathy, self-esteem, self-determination, self-regulation, self-trust, and a self-acceptance, all of which that connotes a tolerance for imperfection.
- Mood stability
- The capacity to trust the functioning of self and body
- The restoration of sound judgment that comes of restored cognitive capacity
- A healthier relationships with food, self, and other human beings
- Normalized and stabilized weight through a normalized relationship with food
- A greater capacity for emotional flexibility, or maturity
- The recognition that we as humans can only take control of our destiny in those times and places where we can; we are left to seek acceptance, or otherwise navigate and cope with life events where control evades us.
- He or she recovers a sense of hope, well-being and self confidence in being in the world.

True recovery doesn’t happen unless *all* of the above is accomplished. The benchmark of eating disorder recovery is the return of the authentic self, of self-confidence, and of the capacity to experience joy.

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