Teamwork in Recovery: Engaging Partners in the Treatment of Eating Disorders

Eating Disorders Exist in a Social Context

Eating Disorders Interpersonal Relationships
Eating Disorders on an Interpersonal Level

**PATIENTS**
- ED behaviors hidden or minimized
- Others excluded to maintain secrecy
- Patients lie about symptoms
- Seek reassurance about shape and weight

**PARTNERS**
- Unaware of disorder or behaviors
- Unsure how to respond
- Afraid of making things worse
- Avoid the topic
- Become “food police”
- Criticize patient
- Provide reassurance about size, attractiveness

Treatment of Eating Disorders in Adults

- Evidence base for the treatment of adult AN is weak
- Evidence base stronger for BN and BED, but options still limited
- Family-based treatment effective for many youth with AN

**OUR GOAL** – develop a suite of couple-based interventions for eating disorders

- Leverage the power of the family
- Developmentally appropriate

Cognitive-Behavioral Couple Therapy (CBCT)

- Focuses on the here-and-now
- Teaches communication skills
- Involves
  - Changing specific behaviors
  - Attending to cognitions
  - Addressing emotions
Couple-based Interventions for Eating Disorders

**UCAN: Uniting Couples in the treatment of Anorexia Nervosa**

**UNITE: Uniting Couples In the Treatment of Eating disorders-BED/BN** (current trial for BED)

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**UCAN Model**

- **Domains**
  - General Relationship, Skill Building
  - AN-Specific Domains
  - AN in the couple context
  - Body image & sexuality
  - Recovery & relapse prevention

- **Foci**
  - Decision making
  - Psychoeducation
  - Couple assessment
  - Sharing thoughts and feelings

- **Outcomes**
  - Improved general relationship functioning
  - Weight gain and maintenance, retention in treatment; global improvement, improvement in mood

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**UNITE Model**

- **Domains**
  - General Relationship, Skill Building
  - BED-Specific Domains
  - Balanced Eating
  - Binge Triggers & Cues
  - Mealtimes
  - Emotion Regulation
  - Effective Self-care

- **Foci**
  - Decision making

- **Outcomes**
  - Improved general relationship functioning
  - Reduction/cessation of binge eating; retention in treatment; global improvement, improvement in mood
UCAN (AN)
Part of Multi-Modal Intervention
- Individual therapy
- Medical management
- Dietary counseling
- Couple-based intervention (UCAN)

UNITE (BED/BN)
Stand Alone Treatment
- Patient should have general practitioner (GP)
- Dietary counseling recommended if available

UCAN
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“Father” of Cognitive-behavioral Couple Therapy (CBCT)

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UCAN Couple Treatment Flow
- Introduction and Relationship Assessment
  Understanding anorexia nervosa in a couples context
- Communication Skills and Working as a Team in the Recovery Process
  Sharing Thoughts and Feelings
  Decision Making
- Treating Anorexia Nervosa in the Couple Context
  Addressing Common Anorexia Challenges as a Couple
  Eating Together at Home
  Eating With Others
- Body Image and Sexuality
  Body Image and Couples’ Communication
  Physical Affection and Sexuality
- Recovery, Preventing Relapse, and Treatment Termination
  What to Expect from Recovery
  Dealing with Stress and Anticipating Challenges as a Couple
  Wrapping up UCAN and Moving Forward
- Flex sessions
UCAN Phase I

Create solid foundation for later work:
- Assessment and getting to know couple
- Psychoeducation about AN for both partners
- Improving communication skills for couple
  - Sharing thoughts and feelings
  - Decision-making

UCAN Phase I: Assessment Domains

The couple’s experience of anorexia nervosa
- Patient’s past and current experience of AN
- Partner’s experience of patient’s AN
- Partner’s eating disorder symptoms
- How couple has interacted around AN
- Prior treatments for AN and relationship more broadly
- Expectations of treatment process and recovery

UCAN Phase I: Assessment Domains Continued

Individual psychopathology beyond AN (both partners)
- Mood disorders (depression, anxiety)
- Substance use
- Self-harm

Quality and nature of couple’s relationship
- Relationship history
- Intimacy (emotional and physical)
- Communication patterns
- Conflict, conflict resolution, physical aggression
UCAN Phase I: Psychoeducation about AN

- AN symptoms/features
- AN development/course
  - Genetics
  - Sociocultural factors
  - Role of anxiety
  - Recovery process
- Treatment components, goals, and expectations

Body Image: Psychoeducation

Steve: I’m not getting it, because I know what I see. I know exactly what I see.

Yes, yes. And so what “getting it” will mean now, is working to understand what she sees, and in here, an awareness that you two see different things, and we’re going to have to find a way through that, right? That our goal will not automatically mean getting you two to see the same thing, but given that you see different things, what are you going to do about that? And how are you going to relate to each other and how are we going to keep fighting this eating disorder, OK? Because that’s what we have to do, right?

UCAN Phase I: Guidelines for Sharing Thoughts and Feelings

- State your views subjectively
- Express your emotions, not just ideas
- When expressing concerns, include any positive feelings you have about the person or situation
- Make your statement as specific as possible
- Speak in “paragraphs”
- Express feelings and thoughts with tact and timing
UCAN Phase I: Guidelines for Listening

Ways to respond while your partner is speaking
- Through your facial expressions, etc., show that you accept your partner’s thoughts and feelings; you do not have to agree
- Look at the situation from your partner’s perspective

Ways to respond after your partner finishes speaking
- Summarize your partner’s most important feelings, desires, conflicts, and thoughts—reflect

UCAN Phase I: Decision-Making Guidelines

State the issue clearly and specifically
- Phrase the issue in terms of behaviors
- Break complex issues into several smaller issues and address one at a time

Clarify:
- Why the issue is important, and
- What your needs are

Discuss possible solutions
- Propose solutions considering both people's preferences
- Consider brainstorming to avoid stalemates

Adopt a solution that is agreeable to both of you
- If you can’t find a solution that pleases both partners, suggest a compromise
- State your solution in clear, specific, behavioral terms

Decide on a trial period to implement the solution if it is a recurring issue
UCAN Phase II: Goals

• Build on foundation of couple’s enhanced communication skills
• Help couple address eating-disordered behaviors by
  - Working as a team in developing approaches to AN problem behaviors/situations
  - Countering avoidance of dealing with AN
• Personalize the work to patient’s and couple’s specific situation

UCAN Phase II: Addressing Eating-Disordered Behavior

• Help couple identify AN-specific issues
  - Restricting, binge eating, purging, excessive exercise, etc.
  - Build shared understanding of AN impact on each partner, relationship
• Use communication skills to develop constructive strategies for each AN behavior

Important for couple to address context around food and eating, including:
- Mealtimes and eating together as a couple/family
  - Inside or outside the home
  - Social settings
  - Holiday meals
- Food planning, purchase, and preparation
UCAN Phase III

Address AN-related challenges:
- Body image
- Physical affection
- Sexuality

UCAN Phase III:
Discussing Body Image Concerns

- Patient’s distorted body image difficult for partner to understand
- Partner learns to “agree to disagree” regarding body image
- Patient expresses body image concerns with emotional support from partner
- Partner may have his or her own body image issues!

Sharing Thoughts and Feelings about Body Image

Laura: I feel like I’m gonna puke…
I don’t feel like I want to puke, I just mean that I feel gross.

Therapist: It’s a lot isn’t it? How are you doing talking about all this?

Steve: I know, I know, I understand. You just feel gross, but…you wanna know what I think? I think you’re doing great.
Sharing Thoughts and Feelings about Body Image

Laura:

Tell her a little bit more what it’s been like for you to hear this.

Steve:

It’s the most I’ve ever heard you talk about this.

Sharing Thoughts and Feelings about Body Image

Laura:

I heard that he loves me (tearful)

Steve:

He really wants to hear what this is like for you, even as hard and complicated and as tough as it is, he wants to know.

And it’s enlightening, it makes me feel... good, it makes me get to know you in ways that I’ve never known you before, and I thought I knew you. We gotta do this again.

UCAN Phase III: Physical Affection and Sexuality

Sexual relationships and affection often disturbed

- For patient
  - Body dissatisfaction can create discomfort with being touched or seen
  - Sexual difficulties secondary to malnutrition
- For partner
  - May feel rejected when patient withdraws physically
UCAN Phase III: Physical Affection and Sexuality Continued

- Couple identifies ways AN has impacted their physical relationship
  - Couples vary widely
  - Individualize interventions for each couple

- Enhance (a) comfort, (b) affection, and (c) sexual relationship as desired
  - Sharing thoughts and feelings
  - Decision-making

UCAN Phase IV: Bringing Treatment to a Close

- Address both AN and relationship
- Relapse prevention-avoiding negatives
  - Addressing high risk situations
  - Addressing slips and relapses
- General planning for the future-increasing positives
- Saying farewell

UCAN Formative Trial - BMI Change
Anxiety and Depression

![Graph showing BAI and BDI Total Score changes over time.](Baucom et al. 2017)

- *p<.05, **p<.01

Relationship Satisfaction

![Graph showing DAS-4 Patient and Partner changes over time.](Baucom et al. 2017)

Values <13 indicate relationship distress

Challenging Factors for UCAN

- **Patient**
  - Low motivation, low insight
  - BMI 15-16
- **Partner**
  - Minimizing, anxious, passive
- **Couple**
  - Convinced that they can “do it on their own”
UCAN and Higher Level of Care (HLC)

- HLC discussed early in treatment, patient progress reviewed regularly w/ partner
- Team-based approach to HLC decisions – partner is member of the team
- Couple conversations
  - Sharing Thoughts and Feelings - process HLC-related fears and concerns
  - Decision-making - whether to seek HLC and logistics of transition

Observations From Treatment Team

- Partners eager to understand ED and be involved
- Complex, active, high level of treatment
- Well trained therapists in eating disorders and CBCT
- Address complicated, comorbid conditions
- Partners active in dropout prevention
- Close collaboration of multidisciplinary team (UCAN)
- UCAN very challenging application of CBCT
- Learning to trust partner and working as a team can be transformative

Participants’ Perspective
UNITE-BED Treatment Trial

- Study details
  - Binge-eating disorder (BED)
  - 16 weeks of treatment at no cost
  - Individual therapy or UNITE couple therapy

- Participant eligibility
  - Adults
  - Relationship >6 months
  - Recurrent binge eating behavior

Recruiting Now!

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UCAN/UNITE Readings


Thank you!

Special thanks to all of our therapists and study team!