acceptance and commitment therapy for eating disorders

A Process-Focused Guide to Treating Anorexia and Bulimia

EMILY K. SANDOZ, PH.D.
KELLY G. WILSON, PH.D.
TROY DUFRENE

acceptance and commitment therapy for eating disorders

A Process-Focused Guide to Treating Anorexia and Bulimia

EMILY K. SANDOZ, PH.D.
KELLY G. WILSON, PH.D.
TROY DUFRENE

New Harbinger Publications, Inc.

Publisher's Note

This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. It is sold with the understanding that the publisher is not engaged in rendering psychological, financial, legal, or other professional services. If expert assistance or counseling is needed, the services of a competent professional should be sought.

Distributed in Canada by Raincoast Books

New Harbinger Publications, Inc.
5674 Shattuck Avenue
Oakland, CA 94609
www.newharbinger.com

Printed in the United States of America

Acquired by Catharine Sutker; Cover design by Amy Shoup;
Edited by Jean Blomquist; Text design by Tracy Marie Carlson

Library of Congress Cataloging-in-Publication Data
Sandoz, Emily K.
Acceptance and commitment therapy for eating disorders : a process-focused guide to treating anorexia and bulimia / Emily K. Sandoz, Kelly Wilson, and Troy DuFrene.
p. ; cm.
Includes bibliographical references and index.
ISBN 978-1-57224-733-8 (pbk.) -- ISBN 978-1-57224-734-5 (pdf ebook)
1. Eating disorders--Treatment. 2. Anorexia nervosa--Treatment. 3. Bulimia--Treatment. 4. Acceptance and commitment therapy. I. Wilson, Kelly G. II. DuFrene, Troy, 1972- III. Title.
[DNLM: 1. Eating Disorders--therapy. 2. Behavior Therapy--methods. 3. Cognitive Therapy--methods. 4. Patient Compliance. WM 175]
RC552.E18S28 2010
616.85'2--dc22
2010045907

12 11 10 10 9 8 7 6 5 4 3 2 1 First printing

To Jonathan, my partner and dearest friend. I choose you.

—EKS

Especially for my girls, Sarah, Emma, and Chelsea.
I love you to the moon and back.

—KGW

For Norm, who once skillfully wielded a
shotgun in his capacity as a therapist.

—TD

Contents

PART 2
Delving into ACT

PART 3
Sample Protocol
(What This Work Might Look Like)

Acknowledgments

Our heartfelt thanks go out to the Psychology Department at the University of Mississippi and especially the Mississippi Center for Contextual Psychology, who provided the context for this work to be born, and to the University of Louisiana at Lafayette, for providing a context for this work to continue.

To Kate Kellum, special thanks for her tireless support.

We're grateful to Rhonda Merwin, Alix Timko, Aki Masuda, Nanni Presti, Katia Manduchi, and Lindsay Martin for early conversations about this work that have allowed us to shape and refine our ideas, and to Jean-Louis Monestès, Ruth Baer, James Herbert, Lucene Wisnieweski, Kirk Strosahl, and Nancy Zucker, who read drafts of this work

Our thanks go out to Matt McKay, Catharine Meyers, Heather Garnos, Jess Beebe and the rest of the folks at New Harbinger for their faith in us and their dogged persistence in helping us find a voice.

Much respect and love to our families, without whom this work would not be possible and to our clients who touched our hearts and challenged us to regard their struggles in a new way

Letter From the Series Editor

Dear Reader:

Welcome to New Harbinger Publications. New Harbinger is dedicated to publishing books based on Acceptance and Commitment Therapy and its application to specific areas of mental health. New Harbinger has a long-standing reputation in the mental health community as a publisher of quality, well-researched books. We offer an effectual forum for you to get this pertinent information to a wider audience.

As part of our commitment to publishing sound, scientific, clinically-based research, Steven C. Hayes, Ph.D., Georg Eifert, Ph.D., and John Forsyth, Ph.D., oversee all prospective ACT books for the Acceptance and Commitment Therapy Series. New Harbinger is at the forefront of publishing books that make ACT skills available to a trade and professional audience.

As ACT Series Editors, we review all ACT books published by New Harbinger, comment on proposals and offer guidance as needed, and use a gentle hand in making suggestions regarding content, depth, and scope of each book. We strive to ensure that any unsubstantiated claim or claims that are clearly ACT inconsistent are flagged for the authors so they can revise these sections to ensure that the work meets our criteria (see below) and is true to its roots (e.g., not passing off other models and methods as ACT).

Books in the Acceptance and Commitment Therapy Series:

- Have an adequate database. Those meant for the public will have at least one reasonably well-done and successful randomized trial showing that the methods are helpful.

- Be theoretically coherent—they will fit with the ACT model and underlying behavioral principles as they have evolved at the time of writing.
- Refrain from making excessive claims, and orient the reader toward unresolved empirical issues
- Not overlap needlessly with existing volumes
- Avoid jargon and the needless creation of new terms, or unnecessary entanglement with proprietary methods
- Keep the focus always on what is good for the reader
- Support the further development of the field
- Provide information in a way that is of practical use to readers

Sincerely,

—Steven C. Hayes, Ph.D.
Georg H. Eifert, Ph.D
John Forsyth, Ph.D.

Preface

On a spring day during my graduate training at the University of Mississippi, the gentle, soft-spoken office manager at our campus clinic received an appointment request from an insistent and very direct client who demanded to be seen "as soon as fucking possible." I was fairly new to the clinic, and I wasn't the next therapist in line for a new intake, but my clinic duty time was convenient for a lot of clients, so the assignment came my way.

As the time for our appointment drew near, I started to prepare myself for the intake. What I knew about this client was limited, as it usually is before the first session. I knew without a doubt that she was rather frustrated with our appointment scheduling system. Besides that, I knew that she had cited eating troubles as one of the main reasons for her visit to the clinic. So I did some homework, reviewing a few things I'd found particularly interesting on eating disorders. And I photocopied some appropriate forms, straightened a stack of blank paper that I kept close at hand, and tested two black ballpoint pens. All of these I gathered up with my little brown clipboard marked "Psychological Services Center." Once these obvious chores were done, I took to fretting about the other part of the job, the part that inevitably starts once we get through our administrative tasks and set aside our office supplies—the task of hearing a real person's heart and helping her find her way.

My fretting didn't stop when I greeted this client in the waiting room where she met me, holding her own clipboard, pen, and forms. She was several inches taller than me and very thin, so thin as to seem angular. Jaw, wrists, ribs, hips, and ankles—all of her joints were prominent beneath her skin. But it was the look in her gray eyes, so empty and distant, that provoked tightness in my chest. Whatever she was experiencing, I was blind to it right from the start.

As the session progressed, I found myself unable to hear what it was this woman had come into the clinic to share. I tried repeatedly to encourage her to express what she was experiencing, but she left each offer I made hanging in the air unaccepted. To keep the conversation going, I scampered back from these hard questions to merely gathering information. In an administrative sense, this strategy "worked." I was secretly relieved each time I got something tangible I could write on my clipboard. For her part, my client readily gave me each bit of information I asked for. She was visibly comforted each time she was able to answer my queries with the matter-of-fact details of early weight gain, childhood teasing, failed relationships, and eating or substance use patterns. She had an air of detached defiance as she described the unsuccessful attempts of former teachers, doctors, and therapists to help her.

I set the clipboard aside just as our fifty minutes ended, leaned forward, and confessed that I was having trouble hearing how her struggles fit inside her life, how they touched and impeded the things she really cared about. At this, her eyes narrowed and flashed, no longer empty.

"I sculpt…," she started slowly. But then her words failed her. She fell silent, and her eyes filled. I was still leaning toward her, my hands open in front of me, silently begging her to go on. But it wasn't to be. She blinked and stood suddenly. With a toss of her head, she asked a few questions about how her therapist would be selected. I paused probably too long before I met her in this safer place. I answered her question and escorted her out of the therapy room. When we took leave of each other, we were both smiling politely.

After she was gone, I summarized the information she had given me neatly on the lined forms on my clipboard. I worked carefully, efficiently. But as I did so, I replayed the session over and over in my head, miserable with the thoughts of everything I could have done differently and better. In the end, she was assigned to a more experienced therapist. He tried several times to reach her without success, and after three weeks, the clinic sent the usual form letter to her address, asking her to call us back. To my knowledge, she never did.

The memory of that session lingers with me still. I often wonder if she has described our failed attempt to help her to yet another therapist at yet another clinic. More than that, I wonder about her sculpting, what kinds of figures she loved to form, what it was like for her to have her hands in clay, and what it meant to her to create. Maybe more than that, I wonder how her troubles with eating get in between her and this activity that brings richness and purpose to her life.

In the therapy room, we have two jobs. The first is one that we learn about early in graduate school: gathering information. Onset, duration, family, substance use, education and employment history, and so forth. Just the facts. We're supposed to extract these data from our clients and then summarize, organize, and evaluate them, all within the neat boxes that are printed on the required forms.

The second job is much harder, and they certainly don't tell you about it in the first weeks of graduate school. At the time of the appointment I just mentioned, I hadn't had much practice at it. Kelly Wilson, my mentor then and coauthor now, had persistently (and sometimes painfully) prepared me to do it. Yet as the hour of that appointment approached, I found myself struggling to figure out what exactly *it* was.

In my confusion, I don't think I was alone. Several years later, my coauthors described in their strange and beautiful book *Mindfulness for Two* what this second job of therapy might look like: a way of approaching the therapeutic relationship that involves careful attention to the interactions we have with our clients as they take place, with the goal of uncovering possibilities in all of our conversations.

The first and most apparent job of the intake interview is to gather information about our clients, to see clearly what is and what has been in their lives. The second and most important job of the intake interview is to offer our clients an invitation to see something different.

This book is likewise an invitation to something different. It's an invitation to look at disordered eating in a new way. It's an invitation to carefully consider what it is that shapes and dignifies the hard work we do with clients every day. And it's an invitation to look inward, with kindness, at what we bring with us into the therapy room. The three of us feel very grateful to have been able to put together this volume. We're sincerely honored that you're sharing it with us.

—Emily Sandoz
Lafayette, LA, 2010

INTRODUCTION

New Perspectives on the Treatment of Disordered Eating

How common are problems with eating and body image? A great many people, at some point in their lives, experience concern about their eating habits and the impact they might have on physical appearance. Some individuals, though, find their entire lives dominated by these concerns and efforts to manage them. Clinical levels of restriction, bingeing, and purging end relationships, destroy careers, thwart education, and can even extinguish life itself. These problems are almost ubiquitous among our sisters and daughters, and they're becoming more so among our brothers and sons. Rare is the clinician who won't have to consider some client struggling with these problems in the course of his career. Case conceptualization and treatment development for these problems are challenges that just about every therapist must, at one time or another, face.

This book offers one approach to treating the rigidity and narrowness in living that characterize eating disorders from within the framework of acceptance and commitment therapy (ACT). This approach offers you a new way to engage with and support your clients who are seeking a life free from the struggle with disordered eating.

A convergent body of laboratory and clinical research suggests that it may be problematic to focus on changing thoughts and feelings in an attempt to change people's eating behavior. Instead, it may be more useful to focus on changing the relationships between the thoughts and feelings they experience and the way they eat. In other words, the rigidity associated with eating can be addressed by teaching mindful acceptance of these thoughts and feelings and, at the same time, fostering committed action

in valued areas of life. Once people are able to openly embrace both their experiences and their concerns, in the moment and without defense, they're freed up to live richer, more meaningful lives. This is referred to as *psychological flexibility*, and it's the primary goal of ACT.

In the chapters that follow, you'll find a comprehensive orientation to ACT and its process model as it applies to eating disorders. Part 1, Foundations of ACT, presents a broad overview of acceptance and commitment therapy, paying special attention to not only the theoretical and historical contexts from which it emerged but also its philosophical roots. We'll explore in some depth the purpose and goal of ACT, psychological flexibility and valued living. We'll also take a look at eating disorders from the perspective of standard syndromal classification. After examining the impact of that approach, we'll consider an alternative to syndromal classification: a functional classification of the behaviors that characterize eating disorders.

Part 2, Delving into ACT, explores difficulties we typically associate with eating disorders as they present themselves in each of the six ACT process areas (which we will elaborate later). Here, we offer functional guidelines for how you might address breakdowns in each of these areas. In each area, we'll describe deficits you're likely to observe in your clients. And we'll also consider how you might deal with similar deficits as they're likely to show up in you, the therapist. The guidelines we offer in this section address therapy as it progresses, offering case examples of early, intermediate, and advanced work on each of the process components.

In Part 3, Sample Protocol (What This Work Might Look Like), we explicitly address the integration of the each of the process areas—the components of psychological flexibility—in assessment, conceptualization, and intervention with eating disorders. We offer general guidelines on integrated case conceptualization, followed by a sample protocol describing the process of therapy as it might progress in a real series of sessions: from choosing a direction to shaping psychological flexibility in session to bringing flexibility to bear in life. This protocol is organized not only in terms of changes in content of the sessions but also in terms of changes in the behaviors exhibited by the client as psychological flexibility emerges. In this section, we also describe challenges you're likely to face in the course of treatment, and we offer some suggestions for integrating ACT into an existing treatment plan.

ACT is one approach among many emerging therapies for treating eating disorders. We think, though, that ACT is uniquely positioned to treat the life in which the eating disorder is situated. Keep in mind as you read through the book that ACT—at least in our understanding—is a dynamic system that requires as much engagement from the therapist as

from the client, often in very similar ways. Though this book is about treating problems with disordered eating, we invite you to let your mind wander as you go. ACT is designed to address some very ubiquitous problems that each and every one of us might experience with living. Much of what you read here, you may find, will be relevant to other areas of your practice.