Motivational Considerations in the Treatment of Eating Disorders

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We've all been there: we set a plan to make a change in our lives, and a short while later find that we've fallen back into our old patterns, not sure that we even want or are able to make that change in the first place, but probably also feeling guilty for having "failed." This process is so common that we make jokes about "New Year's Resolutions" being meant to be broken. The consequences of this waxing and waning motivation may not be too large if one's goal was to learn to paint with watercolours. However, if the goal is loftier and involves more people, like, for example, recovering from an eating disorder, understanding the dynamic process of motivation during change becomes more important.

What we know from research findings is that individuals struggling with eating disorders have a great deal of ambivalence about making changes to their eating. It can come as a shock to those who do not have an eating disorder that there could be any benefits to the disordered eating behaviour, but these advantages have been well documented. Although the reasons will vary according to the individual, some of these benefits include more effective emotional regulation, more self-confidence, a stronger sense of control over one's life, and gaining more attention from others. It's not hard to see why it might be difficult to give up these advantages. Also, the longer an individual struggles with an eating disorder, the more the "disorder" can become part of the individual's identity. That means that considering change would require the potentially terrifying prospect of not knowing who you will be at the end of the process. No wonder patients in treatment programs seem so conflicted about following all the rules pointing them towards recovery!

However, it is also important to recognize that ambivalence requires one to be pulled in two directions. Thus, despite acknowledging the advantages of continuing with their disordered eating behaviour, individuals with eating disorders can also clearly state the disadvantages of this behaviour. A few such costs are disruptions to their family, social, and occupational life, fertility problems, psychological sequelae (e.g., anxiety, depression), and the sense that the disorder has taken over their lives. Considering both sides of the argument (to change or not to change), it is not surprising that individuals in treatment for eating disorders seem to have such waxing and waning motivation. For this reason, there has been recent interest in not only understanding motivation in eating disorder treatment, but also to actively increase that intention to change whenever possible. Motivational Interviewing[1] is a style of therapy designed to do just this.

Motivational Interviewing

Motivational Interviewing (MI) is a non-judgmental, client-focused style of therapy, designed to resolve ambivalence and facilitate readiness to change by maximizing the client's sense of autonomy and sense of responsibility for his or her health. MI was originally designed within the field of addictions to help enhance motivation to recover from substance use disorders. Its aim is to explore and resolve ambivalence about change by helping clients acknowledge both the pros and cons of change, by normalizing the experience of ambivalence, and by helping the client situate behaviour within the context of values and goals. "Resistance" is not seen as a client characteristic, but rather as an indication of a mismatch between the therapeutic intervention and the client's readiness to change at that moment. In this way, MI emphasizes the therapeutic alliance (the relationship between the therapist and client) as an important determinant of the individual's motivation to change, and it does not label clients as "motivated" or "not motivated." Indeed, if a therapist is encountering resistance in a client, it can serve as a useful indication that the therapist needs to switch strategies by validating the client's concerns about making changes, rather than trying to push for behavioural change that will likely be met with more resistance. Both clients with eating disorders and the caregivers who work with them commonly express frustration from time to time about not feeling that they are being understood, and treatment can begin to feel more like a battleground than a team effort. MI is designed to avoid this battleground entirely and ensure that the therapist is always on the client's side.

MI facilitates a movement towards behaviour change by encouraging clients to put the pros and cons of change in the context of their values and goals. By doing so, clients may conclude that the problematic behaviours are not, in fact, meeting their goals, and they may be more likely to abandon these ineffective behaviours and look for other ways to achieve these goals. MI is *not* a non-directive approach, as the therapist has a clear intention about where s/he would like the clients to end up, and tries to amplify clients' reasons for change when possible. However, the intent is for clients to become advocates for change, which allows them to choose the strategies employed to achieve the change goals, and enables them to take ownership of the changes that they have made. As Miller and Rollnick (2002) argue, people are "more persuaded by what they hear themselves say than by what other people tell them." Allowing clients to advocate for change may also minimize power struggles between client and therapist, because the therapist no longer needs to argue with the client or convince him/her to change.

A Motivational Interviewing prelude to intensive eating disorder treatment

Our group at Toronto General Hospital and York University in Toronto recently conducted a study evaluating the clinical efficacy of a brief MI intervention delivered to a transdiagnostic sample of patients on the waitlist for either inpatient or day hospital treatment at the Eating Disorders Program at the Toronto General Hospital.[2] Participants

were randomized to either four sessions of individual MI or a waiting list control condition. A semi-structured MI treatment manual was developed and provided suggestions for how to introduce the MI treatment and explore the client's history and current symptomatology using MI principles. A distinction is made between two phases of MI treatment – exploring ambivalence and preparing for change.

Exploring ambivalence

The first phase is appropriate for clients with marked ambivalence, and includes techniques aimed at allowing the client to identify both the pros and cons of changing. In this phase, a number of MI techniques are outlined, including using a Decisional Balance (to identify the pros and cons of both changing and staying the same), Writing a Letter to the Eating Disorder as a Friend/Enemy (to identify the costs and benefits of changing and beginning to connect with the emotions involved in change), Identifying the Client's Values (to determine whether there are discrepancies between the client's current actions and what is important to him/her), Looking Forward (asking the client to describe potential future scenarios, if s/he decided to change or if s/he continued with the disordered eating behaviour), Looking Backward (asking the client to describe life before the eating disorder), and using Importance and Confidence Rulers throughout treatment (to quantify the client's motivation to change and belief in his/her ability to change.) Only after the client begins to demonstrate clear resolution of ambivalence and expresses a willingness to move towards change should the second phase strategies be employed.

Preparing for change

This phase is aimed at preparing for and supporting the client through actual change. Thus, one important technique in this phase is the creation of a detailed treatment plan (clearly outlining the client's reasons and desires for change, and what s/he will do to bring about the change). Just as important in this phase is to increase the client's belief in his/her ability to change by exploring personality traits that the client possesses that will be useful in facilitating changing. Clients with eating disorders often have a great number of positive personality traits, not the least of which is having extremely strong willpower, that have allowed them to engage in behaviours that the general population would typically avoid, e.g., dieting to an extremely low weight, engaging in purging behaviours, etc. It is important for the therapist to bring these abilities to the client's attention and brainstorm ways they can be capitalized on so that change can be realized. Doing so may also demonstrate to the client that they do not have to lose the important part of themselves that distinguishes them from others; they just need to change the behaviours that they use to display these character traits. Thus, in the second phase, the client and therapist work together to build the client's confidence in his/her ability to change and outline exactly how that change **can** be realized.

Research results

Results showed that participants in the MI condition were more likely to successfully complete the subsequent intensive treatment program than those in the treatment-as-usual condition (Bewell-Weiss, Mills, Westra, & Carter, 2009). In fact, with each additional session of MI, patients had almost double the chance of completing the later treatment program. The MI condition was not particularly time consuming on the part of either the therapist or the participant, and when participants were asked informally what they thought of the sessions, their responses were very positive about the experience. Thus, it seems that including an MI intervention may be an especially useful and economical addition to eating disorder treatment.

Conclusions

Ambivalence is a normal part of any change process, and is a particularly important factor to consider in recovery from an eating disorder. If you are an individual struggling with an eating disorder who is frustrated by finding yourself going back and forth about wanting to change, I hope this article has encouraged you to see that that ambivalence is nothing to be concerned about, and is, in fact, an important component of your recovery journey. If you are a care provider finding yourself often at odds with your clients, I would encourage you to take a step back the next time you're experiencing this conflict and become genuinely interested in the reasons your client is holding back. In my experience, these reasons are widely heterogeneous and completely valid, and they give wonderful new information about the client and her/his process of change.

References

[1] Miller, W. R., & Rollnick, S. 2002. *Motivational interviewing: Preparing people to change addictive behaviour* (2nd ed.). New York, NY: The Guilford Press

[2] Bewell-Weiss, C., Mills, J., Westra, H., & Carter, J. 2009. Motivational interviewing as a prelude to intensive eating disorder treatment. Presented at the annual meeting of the Eating Disorders Research Society, Brooklyn, NY, September.