

Emotion-Focused Family Therapy for Eating Disorders across the Lifespan

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Emotion-Focused Family Therapy for Eating Disorders

Emotion-Focused Family Therapy (EFFT) is an innovative treatment model, the foundation of which is rooted in a deep and unwavering belief in the healing power of families. EFFT can be delivered in the context of family therapy, dyadic parent-child therapy, and with parents on their own. In fact, the EFFT therapist might seem irreverent in suggesting that a daughter needs her parents perhaps more than she needs the therapist and clinical team. The therapist's role would then be to educate and support the parents in mastering the skills, tasks, and, yes, the feelings involved in the three domains of recovery:

- 1) Becoming their child's recovery coach, that is, assisting their child (regardless of age) in the refeeding and symptom-interruption process;
- 2) Becoming their child's emotion coach, including the healing of old emotional injuries where appropriate; and
- 3) Working through and overcoming the (very normal) emotions and obstacles that surface in the parent throughout this challenging and novel journey.

Four core principles inform the EFFT approach:

- 1) **Family-Focused:** Regardless of their age, all children want to be supported by their parents, and all parents want to support their child in their recovery. Filtered through the EFFT lens, "I don't want my parents involved" is translated to "I desperately want my parents involved but I'm scared it won't go well," just like "I don't want to be involved in my child's treatment" actually means: "I desperately want to support my child but (again) I'm scared it won't go well." This new "lens" through which to filter "resistance" allows the therapist to harness the intrinsic motivation of the individual and the family to collaborate in the recovery process.
- 2) **Parent Empowerment:** As one parent put it, the EFFT therapist is responsible for helping to uncover the "parent-warrior" within. This task can only be achieved when holding a deep belief in the parent's ability to take on the roles of recovery and emotion coach - even when parents present initially as critical, dismissive, hopeless or suffering themselves from physical or mental illness (including an active eating disorder).
- 3) **Skills Training:** The EFFT therapist must respect the capacity of families to activate their own internal resources to support the recovery of their child while also providing skill development in supporting refeeding/symptom-interruption and emotion coaching. For example, despite their best efforts, some parents feel ill-equipped to support their child in these ways either due to a lack of confidence skills themselves.

4) **Emotion-focused:** A central function of the eating disorder can be understood as an attempt to manage and avoid emotion. Starving numbs, bingeing soothes, and vomiting provides relief.¹ As a result, a full recovery from the eating disorder necessitates mastery over intense emotional experience rather than turning to symptomatic behaviours to cope with pain. This emotion-focused framework informs all interventions. As such, the EFFT therapist seeks to understand the family dynamics in terms of the way they experience and express emotion, and works with the family to interrupt the pattern of emotion avoidance (a phenomenon that may have been amplified by the presence of the eating disorder itself). EFFT provides parents with skills such that their child gains a new confidence in being able to turn to the parents instead of to symptomatic behaviours in times of emotional need.

Becoming a Recovery Coach

With supportive guidance from the therapist, parents are empowered to take on the task of providing meal support to their child and to help interrupt her eating disorder symptoms. The recruitment of parents to support the behavioural recovery from the eating disorder is not new in Canada where it has primarily been associated with the treatment of children and adolescents. In EFFT, “supportive guidance” involves both increasing the self-efficacy in the parent by harnessing existing strengths and teaching new skills to parents who, while wanting to help their child, may be at a loss when in the face of the daunting and terrifying spectre of the eating disorder.

Although the nature and intensity of involvement may vary according to the child’s developmental age, all parents are coached to increase their involvement in their child’s behavioural recovery. This is done through discussion, videos and role-plays, much like if they were nurses new to an eating disorder ward. For example, parents and caregivers are taught specific meal-support strategies, as well as tools to support the interruption of behaviours such as purging, compulsive exercising, etc.

Becoming an Emotion Coach

In order to lay the groundwork for emotion coaching, the EFFT therapist provides parents with information about the role of emotion and its avoidance in the onset and maintenance of their child’s illness. Whereas their child has used the eating disorder behaviours to manage and avoid emotion, in this model, parents are taught to become their child’s emotion coach, rendering symptoms unnecessary. The five steps of Emotion Coaching include:

- 1) attending to the child’s emotional experience by acknowledging its presence,
- 2) naming the emotion,
- 3) validating the experience and
- 4) meeting the emotional need. Specifically, parents are coached to respond to sadness with soothing, to fear with protection and to anger with helping their child to set appropriate boundaries. Parents are also taught to identify and respond to their child’s “miscalculations,” that is, behaviours or statements that are inconsistent with felt emotions and associated needs.

For example, a parent whose child's dominant presentation is hostile is taught to attend and respond to the inevitable vulnerable hurt that underlies the display of anger. In addition, when appropriate, and once all other steps have been followed, parents are equipped with skills to

- 5) help their child to move through the emotion, including problem-solving if necessary.

Table 1. Steps of Emotion Coaching

Attend to the emotion	Parents are coached to notice <u>and</u> pay attention to emotion cues - subtle or overt, and of high or low intensity.
Label the emotion	Parents are coached to put it into words the different possible emotions experienced by the child. They are also coached to "speak the unspoken," that is, what they imagine might be causing their child to feel sadness, anger, shame, etc.
Validate the emotion	Parents are coached to imagine what it might be like to be in the child's shoes and convey understanding of the experience. Validating the emotion includes the acceptance of emotions that are unexpected or difficult to understand. Parents are also coached to resist going for "the bright side" or using logic to process the experience.
Meet the emotional need	Depending on the felt emotion, parents are coached to respond in a way consistent with the associated biological need. For example, parents are coached to provide their child with comfort for sadness, and help their child to assert themselves when angry, and set limits when necessary.
(If appropriate, redirect or problem-solve)	In a handful of situations, it may be appropriate to coach the parents to help their child redirect their attention from the emotion to another thought, activity or environment. It may also be appropriate to coach the parents to engage in problem-solving with their child (for example in the case of ongoing bullying).

Within the context of emotion coaching, the EFFT therapist may also coach parents to facilitate the healing of unresolved emotional injuries within the family. For the child with the eating disorder will hold deep resentment toward one or both parents, leading to a distant or hostile relationship, and making it very difficult for parents to take on an active role in their treatment. Other families will report having experienced traumas, separations, or serious conflicts that may have been a factor in the child's struggles with emotion, and in turn contributed to the development or maintenance of the illness. In these instances, parents are coached to support the child with her pain using the steps of emotion coaching and by expressing healthy accountability in response to "what their child lived through". When parents respond to their child by validating her pain, shouldering some of the burden, and acknowledging "injuries, losses, and failures," the child can begin to work through previously unmanageable emotional experiences and memories. This parental support will lead to an increase in the child's feelings of confidence in managing painful emotions. It also creates a safe space for the child to free herself from blame for the development of the illness and self-reproach for what she feels she is "putting her family through." One parent referred to the process as taking the chemotherapy to free her child from the cancer of self-blame (please see NEDIC Bulletin Vol 26 (1), for details regarding one version of this intervention.)²

These "emotion coaching" interventions are useful in many ways. First, as parents adopt this new way of relating to their child, the parent-child relationship will deepen and their efforts to support their child with the behavioral symptoms will be more effective and better received. Second, as the child increases her nutritional intake and reduces the frequency of her symptoms, her parent's emotional support will help her to manage the flood of emotions that will inevitably follow. By actively attending to, validating and soothing her pain, the likelihood of a relapse is reduced. Finally, the over-arching goal of emotion coaching is to support parents as they support their child in "internalizing" the ability to manage emotions and self-regulate. This work will provide the child with evidence that her parents can "handle" her pain, including anger directed squarely at them. This will allow the child to communicate directly to her parents when all is not well, rather than communicating through eating disorder behaviours.

Working Through Fears & Obstacles

We have found it is a very normal process for parents to struggle with the emotions and obstacles that surface while engaging in the tasks of recovery and emotion coaching. For example, some parents have expressed trepidation about taking on the role of recovery coach for fear that their child may never "forgive" them for becoming involved in the face of her clear opposition. Other parents have found themselves "Backing off" in various ways due to the fear that the stress associated with the tasks of recovery may lead their child to shift from restricting to purging, or worse - to depression, running away, self-harm or suicide. Still others have expressed difficulty tolerating "failures" and "rejections" when their efforts to support their child were met with blank stares, rolling eyes or even aggression. In these instances, the therapist can work with the parents in order to attend to and help them process their fear, shame, helplessness or anger, in order to get them back on track with the tasks of recovery and emotion coaching.

In the same way, a very unique and energizing aspect of the EFFT model involves an opportunity for clinicians to process any of their own emotional reactions vis-a-vis the child or parents, including when their belief in a full recovery falters in the face of dire circumstances. Specifically, when treatment is stuck, therapists engage in “emotion-focused” supervision in order to identify and work through the (very normal) emotional “blocks” that may interfere with delivery of the therapy. For example, a therapist working with this approach may hesitate to enlist parents as recovery allies if the parent seems initially to be a “basket case” (as one mom described herself!) or appears to be excessively critical or hostile, both of which can be common reactions to the challenge that the eating disorder presents to the family. The emotion-focused supervision allows the therapist to work through their own “blocks”, restore empathy for the parents’ struggle and open new pathways to working with parents as allies.

In Summary

For decades, clinicians and researchers have been working together in an attempt to develop effective treatments for eating disorders, in particular for anorexia nervosa, one of the most difficult to treat of all psychiatric disorders.³ A lack of evidence for effective therapies means that guidelines for treatment are tenuous and new approaches showing potential must be developed.⁴ We believe that EFFT is one such approach, and preliminary research is yielding promising results. With its emphasis on affording all families a significant role in their loved one’s recovery from an eating disorder, and empowering parents with specific skills to be effective in these roles, the health of the child (again, “child” of any age) will be restored and she will become equipped with the emotion regulation skills necessary to face life challenges ahead. Finally, EFFT techniques allow the family - and the clinical team - to find new paths to recovery in the face of impasses that may have otherwise interfered with recovery.

References

1. Dolhanty, J., & Greenberg, L. (2008). Emotion-focused therapy in the treatment of eating disorders. *European Psychotherapy*, 7, 97-118.
2. Dolhanty, J. & Lafrance, A. (2011) Mother-Daughter Dyads Using Emotion-Focused Therapy. Bulletin. 26 (1). National Eating Disorder Information Centre.
3. Halmi, K. A., Agras, W. S., Crow, S., Mitchell, J., Wilson, G. T., Bryson, S. W., & Kraemer, H. C. (2005). Predictors of treatment acceptance and completion in anorexia nervosa: implications for future study designs. *Archives of General Psychiatry*, 62(7), 776-781.
4. Wilson, G. T., Grilo, C. M., & Vitousek, K. M. (2007). Psychological treatment of eating disorders. *American Psychologist*, 62(3), 199-216.