

How to Strengthen Your Loved One's Healthy Self  
to get it back in control

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**The Carolyn Costin Institute**  
Training and Certification for Coaches and Mentors  
Continuing Education Family Course  
Supervision



Early 60's.... Elementary school  
I was anxious  
Very particular about things  
Picky eater  
and had school phobia

Signs of genetic predisposition to AN

Genes load the gun, environment pulls the trigger

**Epigenetics**

**Temperament.....Genetic Vulnerability**



Halloween and my temperament

**In High school I got straight A's and Anorexia**

**Shared Temperament Risk Factors for A. N.:A Twin Study.**

Psychosom Med. 2007,Wade TD, Tigemann M, Bulik CM, Fairburn CG, Wray NR, Martin NG.

Liability.... ..

**perfectionistic.....**

**compulsive.....**

**anxious.....**

**obsessive.....**

**highly rejection sensitive..... ..**

Liability.... or ....Asset

**perfectionistic.....detail oriented**

**compulsive.....driven**

**anxious.....energetic**

**obsessive.....tenacious**

**highly rejection sensitive .....sensitive**

**Taking Traits.... From Darkness to Light**

**Other Examples:**

**Impulsive.....**

**Picky.....**

## Taking Traits.... From Darkness to Light

**Other Examples:**

**Impulsive..... Spontaneous**

**Picky..... Discerning**

How do we channel traits for success instead of sabotage

**Genes are a risk factor correlated with, but not the cause of, an eating disorder**



**My Genes stayed the same, but I Recovered**

### **Recovered**

*The person can accept his or her natural body size and shape and no longer has a self destructive or unnatural relationship with food or exercise. ..*

*When you are recovered you do not use eating disorder behaviors to deal with, distract from, or cope with other problems.*

*When recovered you will not compromise your health or betray your soul to look a certain way, wear a certain size or reach a certain number on the scale.*



**“Recovered” not recovering or in recovery**

**Makes A Difference**

**What we believe affects what they believe**

I was told .....

*“I can never be fully recovered from my eating disorder”*

*“My Eating disorders is an addiction, I will always need to manage it”*

*“My eating disorder is genetic so why bother?”*

**Placebo.....Positive effect / Nocebo.....Negative effect**

*“This plant causes poison oak”*



## Helping Your Loved One Become “Recovered”

### What I will try to cover today

- **Beyond FBT....**
- **How to Help Carers Contact and Transform the Eating Disorder Self**
- **Food and Nutrients ( eg zinc) are Essential but they are not enough**
- **Dealing with Resistance**
- **Some Guidelines for Carers**
- **An Option for Extra Support.....Coaching**
- **Questions**

### 1. Beyond FBT

Promoted as the first line of treatment for adolescents, if the family can do it.



## FBT Family Based Treatment

### Overview of FBT

Total family involvement

Parent/s is/are in charge of re-feeding the child

The program is structured and manualized, guiding what to do and say

Agnostic view: no blame for the illness, no reasons for the eating disorder are discussed.

The goal is behavior change and symptom reduction

Parents are given the power and control to fight against the ED, like it's an intrusive enemy

Regarding food, weight, exercise during weight restoration and/or symptom management, the ED adolescent is viewed as incapable of making choices so parents make choices and establish consequences, eg., you are not going to school without eating breakfast.

**Resource:** *How to Help Your Teen Beat an Eating Disorder*, James Lock

## FBT Works

**about 50% (50 to 90) of the time with the right clients**

Teaching parents skills and involving them in assisting with weight gain and recovery is good and important

Focus on HERE and NOW is important

BUT... it is important to recognize FBT's limitations and under what conditions it will not work

And it is important to know when to change course if it is not working

It is thus imperative to know what else to do

**RESOURCE** *International Journal of Eating Disorders*  
Clinical Perspective

The Need for Complex Ideas in Anorexia Nervosa:  
Why Biology, Environment, and Psyche All Matter, Why Therapists Make Mistakes,  
and Why Clinical Benchmarks are Needed for Managing Weight Correction  
Michael Strober, PhD, ABPP1,2 and Craig Johnson, PhD3, 4

## Limitations of FBT

Most of the research success is for Anorexia Nervosa

Age 17 ( 19) and younger

Duration of illness 3 years or less

No co morbid diagnosis

Medically stable

75% or above ideal body weight

Agnostic... No CBT, Underlying issues aren't dealt with

Externalization is a good technique but can be very problematic

Many families can't do it for logistical, financial or psychological reasons

If no success in 4 months it is unlikely to be successful

There are casualties sometimes..... Families pushed away from each other

**Motivation is External ..... Compliance**

## No Matter what...

**An internal shift has to happen**

You can **MAKE** people do things, e.g gain weight, stop bingeing or purging....

**BUT...Lasting Recovery will not occur  
until the person is on board to get /stay better  
and learns the skills to make it happen.**



## Concepts of My Philosophy that Assist the Internal Shift

### I tell clients:

I cannot make you give up your eating disorder but I hope to make you want to.

Your healthy self will heal your eating disorder self. (Channeling traits is part of this)

You can recover, your eating disorder cannot be more powerful than you are.

You have to internalize the desire & skills to heal rather than relying on external factors.

Successive steps get your H.S. stronger, you back in your body and in control of your life.

You have to reach out to people rather than your eating disorder to get needs met.

Things other than the symptoms need to be healed.

## How (vs why)

1. **Motivation, Patience and Hope**
2. **Your Healthy Self Will Heal Your Eating Disorder Self**
3. **It's Not About The Food**
4. **Feel Your Feelings, Challenge Your Thoughts**
5. **It Is About The Food**
6. **Changing Your Behaviors**
7. **Reach Out to People Rather Than Your Eating Disorder**
8. **Finding Meaning and Purpose**



## 2. How To Help Parents Contact and Transform The Eating Disorder Self...

### Most Important Thing



#### To The Client:

***The battle is not between me and you, or your parents and you,  
or anyone else and you.  
It is between you and you,  
your Eating Disorder Self and your Healthy Self.***

## KEY 2

- **You Have to Strengthen Your Healthy Self**
- **To Heal The Eating Disorder Self**

The Eating disorder self is not an outside entity it is not “Ed”  
It is a part of the person ....and they will fight to keep it  
even when saying they “want” to get better or recover

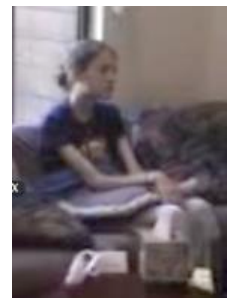
You transform the eating disorder by getting the healthy self strong enough  
to take over its job

## Development of The Eating Disorder Self

1. Person uses the eating disorder behaviors to get rid of anxiety about weight and shape and then that transfers to coping with other things that happen... e.g., a break up
2. Eventually behaviors become automatic and habitual. Homeostasis vs being triggered.
3. Person develops a split off self and becomes dependent on, even “ abused” by this “self”. ( ‘Battered wife syndrome,’ afraid to leave the relationship)
4. The person begins to think this is who they are. “I am an Anorexic”.
5. The person’s healthy self is buried but it can come out for other people.

**“My eating disorder  
is more powerful than I am.”**

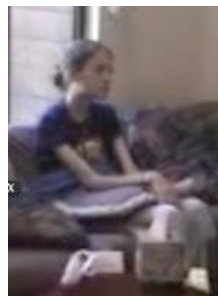
**Response ?**



**“My eating disorder  
is more powerful than I am.”**

**Response ?**

**That’s not possible, it is you,  
You give it it’s power**



## ED Self vs Healthy Self

**“I get so confused though. Cuz...I feel so split. Like part of me.....”**

**Video of carolyn working with a client who is talking a out how split she feels**

**“My healthy self gets quieter when there’s food around”**



### The Two Selves Will Arise

- *"I feel like a monster comes over me."*
- *"I tell my "self" I'm not going to binge but then I do it again."*
- *"I know 80 lbs is thin but when I look in the mirror I can see that I'm fat."*
- **Ambivalence ....**  
*"Part of me wants to get better and part of me doesn't."*

Understand the ED Self developed for a reason.

Acknowledge the ambivalence regarding getting better ....

Make the ED Self responsible for symptoms (Not Ed)

Do NOT make an enemy with the eating disorder self

Contact and empathize with ED self, learn from it

Align with and Strengthen the healthy self to put ED self out of a job

Integration not Elimination

### Integrating ED Self

How the healthy self gets back in control

Journal **BEFORE** you binge

Write a thank you letter to your eating disorder

Write a goodbye letter to your eating disorder .....Write back

My last e.d. thought / or behavior .....what would you say back

If stuck use another person you would tell.....eg niece or friend

Dialogue with eating disorder self

The following client wants to stay in the tx program but is also feeling afraid, scared of the weight gain  
She has not been eating her full meal plan

Major Ambivalence

Work to help her see the battle is between her and her  
Get her to start speaking back to E.D. self

2 Videos of Carolyn working to help client talk back to her eating disorder self

### Stages of Integration.....Recovery

- Behaviors with no real understanding of separate e.d. self
- Denial....often not of illness but of seriousness
- Begin to see that they have two selves but still need behaviors
- Begins to have battle with healthy self and e.d. self
- Healthy self is stronger, begins to turn to others instead of e.d.
- Healthy self increasingly in control of symptoms (30%,50%,70%) but e.d. self still takes over during times of stress or difficulty
- Healthy Self mostly in control but e.d. thoughts/desire still there (slips)
- Healthy Self in control....e.d. thoughts continue to diminish
- ED self is integrated into whole, serves as ALARM system. Need for behaviors gone....person turns to people /regulates emotions through others & learns to go to self (self soothing)
- **RECOVERED**

Video of a client further along in recovery.

(Carolyn asking "what would you say back to anyone else"  
Client discusses how her healthy self is getting stronger than her eating disorder self

### **Parenting and The Eating Disorder Self**

- Is your eating disorder self giving you a hard time right now?
  - I know part of you sees it that way
  - How about if you try to write something before you binge?
  - Maybe I can help you not listen to that part...Call me/text me
  - What is going on inside about dinner tonight?
  - Is your eating disorder self saying something?
  - Contacting e.d.self...Role play, dialogue, art
- Don't have an agenda to get rid of the eating disorder self but rather the behaviors it uses.

#### • 4. Guidelines and Strategies for Carers



### **Strategies**

- Heart talks
- Reverse role play
- Change parents roles in family
- Bring in extended family members
- Letter to parents.....vice versa
- Letters to therapist
- ED Self vs Healthy Self dialogue
- Taping conversations at home

#### • **Critical Tips for Success**

- Don't think if the symptom is gone the illness is gone
- The behavior can't be bribed or punished away
- Be careful of:
  - Cheerleading and/or praising w/o understanding meaning
  - "We want our daughter back like she used to be."
  - "My daughter is such a good kid, responsible, she'll get better fast."
  - Being held hostage.....professional patient
- Understanding Addictive and Phobic behavior
- Sustained empathy..... Symptoms are solution to other problems
- Patience and Long Term Thinking
- Avoid Power Struggles or you win the battle but lose the war
- Alliance is the key...me & you against the illness (ED self vs H.S.)

#### • **Guidelines for Overall Stance**

- Be empathic and constantly seeking to understand
- Be a role model
- Don't be against the eating disorder ..... Be FOR the person
- Beware of being too attached to certain things or outcome
- Hold up a mirror
- Patience and long-term thinking
- Communicate, communicate, communicate
- Know where you are going..... Recovered

- . Options for Extra Support, .....

## Coaching



- .....Why I opened the first e.d.residential in the US 1996  
And
- .....Why I opened CCI and began training coaches in 2017

## Eating Disorder Coaching

### Fills a gap

Combining peer support or mentoring with  
“professional” training and certification

Coaches are (or should be)

Individuals who are  
**trained,  
supervised  
certified**

And work with the treatment team  
to assist clients with the here and now aspects of recovery....

And when indicated, to use their lived experience appropriately

There is a different kind of **understanding** between people who have been  
through their own eating disorder  
a different kind of empathy.

Video of client talking about the value of coaching

A “Beetroot” moment

And there are many embarrassing , shame inducing moments

Coaches need to be trained to assist treatment teams helping clients  
with all manner of things related to daily living:

Exposure Response Prevention

- Assistance with meals
- Helping parents w FBT
- Grocery shopping
- Clothes shopping
- Cooking
- Exercise
- Attending social functions
- Ongoing text support for in the moment help
- Spending time at the client’s home post inpatient, residential or other transitions



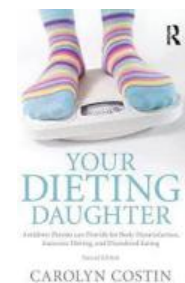
## What to look for in a coach

- Screening
- Training
- Guidelines
- Supervision
- Internship
- Certification

Works well with the team

## Questions

The following slides provide a list of guidelines I wrote for  
parents in my book, Your Dieting Daughter 2nd edition. These  
are not meant to replace professional advice but some  
information might be useful. You can take this to your treatment  
provider to discuss.



## Guidelines for Parents

1. Focus on health not weight. The number on the scale is not the most important thing, your loved ones health and wellbeing is. Weight may be important for but the only important reason to gain or lose weight would be for her health.
2. Focus on feelings and your relationship with your loved one not just on weight and/or eating behaviors. Sometimes issues of food and weight become all consuming and people forget to notice, appreciate, and talk about other things. Be careful to not let your loved one's problems with eating and weight becomes the sole focus of the family or of your relationship. Underneath the issues of food and weight there is a lot else going on.
3. The family should go on with their lives as normally as possible and try not to let the eating disorder disrupt things unless the situation is severe and it is necessary to do so. This means don't overlook other family matters or neglect yourself. It is helpful however, even if it is a bit of a disruption at first, for the whole family to adopt an emphasis on health, not weight.

4. You will need to set limits and rules in a caring and reasonable but also firm and consistent manner. This will come up in many ways, for example, if your already too thin daughter skips meals, or your son with bulimia or binge eating uses your credit card to binge and purge food, you will have to decide what your rules are and the consequence for not following them. You need to be sure the rules are understood and are presented and enforced calmly and without anger.

5. Help all of the family members communicate with each other. Set aside time for family discussions. Some families do this weekly; others agree to take time when any member of the family requests it. You need to be able to ask questions and talk about what you are seeing and feeling. Both your loved one with the eating disorder and all siblings need to be able to talk about what is going on too; how they feel and what they would like to have happen.

"Heart Talks"

6. Demanding change or berating your loved one for their eating habits is not enough to improve the situation in the long run. Depending on the problem, your loved one may not be able to control their behaviors so demanding it is useless. Even in situations where your loved one does have control, insisting they change or berating them will cause them to get angry and resentful and even lie. Any change made under these circumstances is suspect because if only done under threat it may not last.

7. Avoid power struggles. Disagreements are inevitable but don't get into lengthy arguments and battles. It is quite probable that your loved one can out argue you and will continue trying to get their way. Once everyone has expressed their view, don't keep reiterating. If you need to, just stop the conversation.

Any time you find yourself or your loved one getting too angry or emotional stop the conversation. You can come back to it later. What is said will be better received if it is done without anger or negativity. If you have gotten upset, find a way to get back to a more neutral state. Perhaps call and speak to someone else for support or advice. Whether in ten minutes, the next day or more, come back to the conversation and try again.

"Truth Without Judgment"

8. Avoid catering to unreasonable or out of the way requests about food, such as dictating meal times to the family, only being willing to eat alone or under certain circumstances, demanding you make a different meal for them than the rest of the family, forcing you to go out of your way to buy special foods, restricting food in order to "get their way" or any other attempt to control you or others by special requests. Giving in to these request will encourage them to keep asking. Do not give in to demands, but do not argue or get into battles. Say no, say why it is not good for you to do this and make sure you have a plan if symptoms do not improve.

9. Be careful how you say things and try to keep criticism, negativity, and judgment out of your questions or comments.

For example, instead of saying things like, "Why are you doing this to me?" say, "It is hard for me to see you suffering so much or acting this way".

Rather than, "You are ruining our family" say, "I know this is difficult for you, but it is difficult for us too" or instead of "You could stop if you wanted to", it would be better to say, "I know how hard it is for you but there are things we can do that would help you get in better control."

10. If your loved one is already very ill with an eating disorder, avoid asking how you can help because most likely they don't know and will realize you don't know either. It is better to have professional guidance on what to do to help her.

11. Generally speaking it is unwise to allow your unwell loved one to shop, cook for, or feed the family or others. Feeding others puts them in the position of putting too much energy and time into food, reinforcing what might already be an obsession. There are other more productive or fun things to do instead. Furthermore, your loved one might have a problem eating too much food or alternatively might be the type for whom feeding others gives her the ability to have pleasure around food without having to actually eat the food herself.

Thank You