



EDC-Denver Treatment:

The Empowerment Model

| By Susan Coppage Peterson, MA, Executive Director of Eating Disorder Center of Denver

The single most frequently asked question from a client or family member who's considering treatment is: How does your center differ from other treatment centers? This is a good question because the staples of good eating disorder treatment should be available at all quality centers: *A compassionate, skilled, multi-disciplinary treatment team that works with clients to identify the driving factors of their eating disorder, create opportunities to implement behavioral change and devise a plan whereby change can be maintained.* Each center, however, may differ in its philosophy and method for achieving these out-

both internal and external which are inherent in eating disorders, it is essential that individuals suffering from the illness be empowered to effect their own change and experience their own successes.

Due to the anxiety experienced by family, friends and professionals about the life threatening consequences of eating disorders, often individuals try to rush in and usurp the sufferer's control and enforce regimens that attempt to restore health. In direct and indirect ways, power dynamics are at play that may further diminish an individual's sense of personal power, esteem and ability to affect the outcome of their lives. This may come from the treatment provider being

pressures. From the moment a person admits themselves into treatment they are asked to define their own goals and to use these goals as reminders and benchmarks to support ongoing success.

The empowerment model starts with the understanding that the client has the ability to effect their own change; that they are inherently competent and that recovery is a restoration to health not the creation of health. Individuals can benefit from education, counseling, community building and new experiences but the key to effectiveness is the client's own engagement in the process of recovery. The individual's strengths which are nourished and expressed are the

EMPOWERMENT

Bio
Psycho
Spiritual
Social

comes. At the Eating Disorder Center of Denver our methods focus on the understanding that eating disorders are bio-psycho-social-spiritual illnesses and that treatment should encompass all aspects of the illness. Specifically, treatment is most effective if individuals are supported and empowered to utilize internal resources to achieve and maintain change. Treatment needs to occur within an empowerment model.

Given the issues of control

held up as the expert, the wisdom holder, the guide and subtly having the client recede into the position of follower, passive participant and as an object that needs "fixing."

In an empowerment model treatment program, the emphasis is placed on the client's ability to glean insight and then act in a way that s/he chooses to diminish suffering. It is recognized that power may have been inadvertently given up by the client - to the eating disorder, to family expectations and cultural/community

backbone to sustained change.

Empowerment is a dynamic process that exists in relationship. The treatment provider enables opportunities for the client to:

- recognize their own uniqueness
- take risks in acknowledging needs/feelings and accepting limitations
- clarify one's own values thereby differentiating from external pressures
- act authentically from their personal sense of self
- problem solve and gather resources

continued on page 5

Countertransference and The Eating Disorder Therapist: How's the Therapist Doing?

| By Trish O'Donnell, MA, ATR-BC, LPC, Clinical Team Leader at Eating Disorder Center of Denver

Whether you are a therapist for an eating disorder program or a therapist who sees a single patient with anorexia nervosa, it is important to recognize and be knowledgeable about the complexities and power of countertransference in the treatment of eating disorders. Treatment often evokes a wide range of emotional responses. It will challenge even the most seasoned therapist.

It has been said that humans are so prone to destruction that it speaks to the deepest social need to provide a setting where two people can sit together and eventually, given the opportunity, out of chaos and misery a healing process will take place. This therapeutic twosome creates a structure for decreasing the destructive consequences of fear and aggression and for enhancing the capacity for affection and love.

Transference is the unconscious tendency of our clients to shift their emotional interest toward new persons or objects in the hopes of re-experiencing old persons or objects, often with the subconscious hope of succeeding where formerly they feel they have failed. For example, a 23 year old bulimic female arrives for therapy under the influence of marijuana. She is vaguely aware that she wishes the therapist to be irritated with her, angry enough to set limits on her behavior and control her. This is soon revealed to be a repetition of her adolescent behavior, which was designed to get a response from her remote and distracted mother. Rather than the client's remembering, she presents the memory by transference. Transference may be adaptive to the extent that it reflects the urge to master the past and provides repeated opportunity to do so.

In the strictest sense, countertransference is the therapist's counterpart to the transference of the client. It is not simply the multitude of varied reactions we have to stories and behaviors presented by our clients. It is the unconscious tendency of the therapist to shift his or her emotional interest from persons and experiences of the past (or and previous experience) onto the client. It may be damaging to the therapeutic process when there is resistance to conscious awareness, and therefore an acting-out on the part of the therapist. For example, a therapist who has unresolved adolescent rebellion issues may have difficulty in setting limits for the multi-impulsive eating disordered client.

Both transference and countertransference imply an overriding, coloring influence of the past on the perception of present reality. It is through ongoing supervision that the

continued on page 4

Care and Support of the Therapist

Get educated.

Take advantage of workshops and other learning opportunities. There's much to learn about this specialized treatment and validation to be gained when you can normalize the inherent struggles of treating eating disorders.

Get supervision/consultation.

An outside, expert opinion may shed light on a difficult case and provide needed support.

Engage a team of professionals.

These disorders are biopsychosocial conditions that can utilize support from a dietician, psychiatrist, psychotherapist, group therapist and a family therapist. Clients can also attend open and free sessions of Eating Disorder Anonymous groups weekly.

Practice self-care.

Practice what you preach in order to find balance and the energy/stamina/empathy to do this demanding work.

Be aware of your issues related to weight and body image.

Women therapists need to pay attention to their sensitivities to weight gain, aging, body changes, exercise, and societal pressures. Male therapist may have to stretch their understanding of the impact of cultural emphasis on looks and weight on the female patient.

Know what dysregulation looks like in you.

Do you get overanxious, alarmed or numb? How can you get regulated? DBT can help you, too!

Find a helpful therapeutic stance.

- Patience and perseverance
- Optimism about recovery of the ED patient

Prepare for the strain of countertransference with the chronically ill client.

Anticipate a range of emotions and recognize that you'll encounter different reactions than conventional therapy due to the long term nature of treatment.

Practice kindness to self and other practitioners.

Therapists unfortunately can promote shame in themselves and others for having these countertransference reactions or normal difficulties.

The Feminine Self

| By *Tevara Paranto, LCSW, Primary Therapist at Eating Disorder Center of Denver*

During the course of treating the eating disordered woman, it is not unusual to hear the woman describe a loss of sense of self. Not feeling able to define herself as a female with numerous attributes, she may feel drawn to defining herself as an “anorexic” or “bulimic.” She begins to feel that without her eating disorder she is nothing unique or special. Consequently she believes she is ordinary or even worthless. The eating disordered woman has denied the natural development of her true self and rejected characteristics of her own gender. She becomes increasingly uncomfortable in her own body, the woman's body. As her eating disorder becomes more entrenched, her identity becomes diffuse, her core feels empty, and she asks herself, “Who am I?”

It is understandable that the eating disordered woman who has rejected the perceived roles of her gender might embrace being defined by the false power of an eating disorder. At the Eating Disorder Center of Denver we realize that in order for a woman to have a successful recovery, she must define her true and authentic self.

We have created a group called the Feminine Self which facilitates this process of self discovery. This group is an invitation for the eating disordered woman to explore her sense of self in a non-judgmental setting. The eating disordered woman is provided the tools and exercises to move her forward on her journey to becoming self determined.

comes from eating disordered women of all ages and backgrounds. It is clearly worth exploring why the eating disordered woman does not want to identify herself as a woman. Some state their belief that becoming a woman implies you have earned a certain status in society and should have greater confidence in who you are. Others feel that the

As her eating disorder becomes more entrenched, her identity becomes diffuse, her core feels empty, and she asks herself, “Who am I?”

One way the group addresses the eating disordered woman's identity is to explore her likes and dislikes by creating a collage titled, “This Is Me.” The woman is asked to look through magazines and pull out images and words that describe parts of her. It is common in this group to hear, “this is difficult, and I don't know what I like.” It is important to normalize this for the eating disordered woman and encourage her to trust her own experience of the world rather than be influenced by the perceptions and responses of others. Rebecca, a thirty-four year old woman recovering from anorexia, completed her collage and remarked, “I had forgotten how much I love the outdoors. It's been years since I have done the things that I used to do before my eating disorder took over.” Laurie, a nineteen year old woman recovering from bulimia asked the therapist, “Can I continue to work on this at home? I am finding so much out about myself and I don't want to stop.”

Another way this group explores the eating disordered woman's sense of self it to ask her, “What does it mean to you to be a woman?” The most common response is, “I don't call myself a woman, I consider myself to be a girl.” This

word woman means that you are no longer young. Still others describe how being a woman means having a fuller body, a body with breasts, hips, and a stomach. These women believe that being a woman means you have accepted this womanly body and consequently are viewed as softer, weaker, and less powerful. Kerry, a twenty-seven year old woman recovering from anorexia stated, “I am afraid that being a woman will mean I am more desirable. I am not sure I feel safe being a woman.”

Another critical area of the feminine identity that is explored in the group is that of the woman's sexuality. This is typically the most uncomfortable group topic in the six week curriculum. It also evokes the most thought and intensity of emotions. The women are asked to define what sexuality is to each of them and how it may be connected to their eating disorder. This question generally results in numerous blank stares and comments indicating they have no idea what sexuality means, let alone how to define it as a part of their person. This is a topic that most eating disordered women have felt unable to talk about with any degree of comfort. It is also very often at the very core of what maintains the eating disordered behavior. The eating disordered woman may fear being in love with her own body. She

continued on page 4



How's the Therapist Doing?

continued from page 2

therapist can become aware of his or her own countertransference, identify ways to be a participant and not just the observer and engage in the therapeutic relationship in a way that is mindful of the present experience.

As therapists, we do not consciously offer ourselves up for the various roles our clients need us to play. However, we find ourselves taking them, and then, if we are fortunate, understanding them. Of great value to the comprehension of the transference/countertransference is the realization that understanding our clients and their struggles is often times experiential, and not merely intellectual.

At EDCD, newly graduated clinicians call to inquire about employment opportunities with passionate intention to work solely in the field of eating disorders. We ask why? Often, their reply is "my cousin or my roommate" suffers from this illness and I want to make a difference. Experienced clinicians also express a desire to counter societal pressures for thinness and to empower women in the face of this ravaging disease. Despite statistics indicating that eating disorders have the highest mortality rate any mental illness and by report, to be the hardest to treat, therapists are compelled to engage in the recovery process with the individual in need of eating disorder treatment. Effective treatment brings rewards but it may also take several years, involves numerous setbacks, and include periods of resistance and difficult physical and emotional struggles.

A common form of countertransference for the therapist is a state of frustration, impotency, and impatience responding to an anorexic's passivity, intense resistance, and need for control in response to the change agent and encouragement to let go of the eating disorder. With most presenting problems, therapists are in a position to help identify and rectify the source of the conflict. In the case of the eating disordered patient, the therapist may quickly feel placed in an adversarial position. It can be quite uncomfortable to shift from being viewed as the empathic and supportive caregiver to the identified enemy who will somehow steal their best friend, the eating disorder, from them.

Since transference and countertransference are natural aspects of the therapeutic relationship, it bodes well for the therapist to be prepared for their countertransferential responses and take good care of themselves as individuals and professionals.

The Feminine Self

continued from page 3

may avoid engaging in any form of physical pleasure to avoid feelings of shame and guilt, or, she may feel that her body is not her own but should be available to please others. In the Feminine Self Group, the woman is encouraged to expand her definition of sexuality to exist separate from the act of sex. The eating disordered woman is asked the question, "When are you able to be fully present in your body?" Responses include, "when I am in nature," "when I play music," or "when I dance." She learns that she is entitled to sexual expression and does not have to look or act a certain way to meet anyone else's expectation of her sexuality. When the eating disordered woman expands her definition of what it means to be a sexual being, she is deepening her relationship to her Self. If she is no longer fearful of her sexual drive, appetite, or any expression of her sexuality, she may discover she does not need the eating disorder to bind the anxiety produced by these fears.

The Feminine Self Group also offers an exercise that asks the eating disordered woman to create a clay image that represents her view of divine femininity. She is given a ball of clay and asked to honor her creativity by representing the sacredness of the female. The eating disordered woman often struggles with where to start and voices feeling uncomfortable molding a female body in the nude. It is important to acknowledge that it can be awkward but that this can also be a relaxing and healing task as she begins the process of discovering the feminine divine. Tara, a twenty-one year old woman recovering from anorexia molded her female image and asked, "Do I have to give her breasts?" The group discussed the presence and value of certain physical characteristics including hips, breast, and the stomach. They described how incongruent it felt to mold a sacred female with a body that they feared for themselves. At the end of this group the women were talking about how beautiful the figurines looked and how inspired they were by the female body. The figurines each gave expression to the individual yet remained the same in representing the divine feminine.

The discovery of the authentic self is a continuous process and potentially fascinating journey. The Feminine Self Group helps each woman begin her journey in a creative and non-judgmental way. Once the eating disordered woman begins to discover her deeper self it becomes easier to let go of the false self manifest by the eating disorder.

Recovery

When clients leave the partial hospitalization and intensive outpatient treatment programs they celebrate their transition into recovery by receiving a Samina necklace and a card that explains this unique symbol created by EDC-D. This empowering rite of passage is shared with other current clients as they each take time to say goodbye and acknowledge the gifts and challenges of the discharging client. The message card that accompanies Samina is EDC-D's send-off blessing: "Samina: From the Arabic word meaning "healthy," Samina is EDC-D's symbol of recovery. She is a reminder that you have within you all that you need to live a healthy life. With our support and that of your faith, family and friends, you truly are empowered to change: health is within reach. Indeed all the possibilities of health are in the palm of your hand."



The **EMPOWERMENT** Model *continued from page 1*

Given this chance, the client responds with advocating in their own behalf and when unable to so, holds the responsibility and reality of their own ambivalence. Ambivalence becomes an opportunity to address one's own fears and resistance to change which can be a very empowering process.

In order to lessen the voice of the illness an eating disordered individual may ask the treatment team to take the lead in making recommendations and providing structure however the client is always at the center of the treatment plan and always has choices with regards to engaging in their own recovery. With a severely eating disordered individual there may be times during the course of treatment that the client becomes completely out of touch with their internal competence. Treatment then becomes a slow process of the therapeutic team maintaining a safe struc-

ture, educating about the required steps to achieve health and helping the client to recognize and hold their own power thereby making their own choice to be in recovery. During this time it is the responsibility and challenge of the provider to hold only as much power (influence) as is necessary while steadily helping the client practice their own power created by their own internal motivation.

When a client leaves a treatment program that has an empowerment foundation, they leave with an internal sense of accomplishment. They may be grateful to the clinicians that supported them but they have the belief and experience that change was possible and continues to be possible because of their own strengths and initiatives. Their problems have not just gotten fixed; their inherent competence has been remembered and restored.

Programs at EDC-Denver

Partial Hospitalization Program (PHP):

Available to individual patients who are 16 years and older. Patients attend seven days a week, 11 hour days with shortened weekend schedules. This highly structured program includes: Medical and Psychiatric evaluation and follow-up, Individual therapy, Family/Couples Therapy, Group Therapy, Psycho-educational groups and Nutrition therapy including three meals and two snacks per day. **Housing is available.**

Evening Intensive Outpatient Program (EIOP):

An integrated program meeting three times per week comprising of: thirteen hours per week of therapy including psycho-educational groups, group therapy, multi-family group, DBT and three meals. Also included are a weekly individual session, nutritional monitoring/ consultation and psychiatric oversight. These groups are presented on a 12 week rotation and are open for patients to join at any time. Sessions are held for this program Monday, Wednesday, & Friday: 5-9 PM.

Outpatient Services provide an effective alternative for individuals whose symptoms do not require a more intensive setting. Patients can also participate in one or more of our Outpatient Services to enhance work with outside treatment providers.

Our services include: Individual and family/couples therapy; group therapy including DBT and aftercare; Psychiatric evaluation, therapy and medication monitoring; gastric bypass evaluations, and nutritional counseling.

Support Groups:

Aftercare Group: An open recovery group consisting of individuals in recovery who have completed an intense eating disorders program at EDC-D or other national programs. Wednesdays 6:30-8:00 PM.

DBT Skills Training: Didactic and experiential education in four different skill areas: core mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance. Monday 5-6:30 PM.

Body Image 101: A 12-week ongoing group utilizing cognitive behavioral and experiential techniques to mend the relationship between a woman and her body. Tuesdays 5:30-7:30 & Thursdays 5:30-7:00

Family & Friends Support Group: A free, open support group to family and friends of individuals struggling with an eating disorder. 1st & 3rd Thursdays of each month, 6 PM. The Eating Disorder Foundation, 3003 East Third Ave., Suite 110, Denver, CO 80206. Please RSVP to Enola Gorham at (720) 889-4231

Please Contact Us For A Free Assessment
to our intensive programs or to schedule an outpatient appointment:
303-771-0861 Or toll free: 1-866-771-0861

2005 National Eating Disorders Association (NEDA) Conference for Families and Professionals:
September 9th & 10th at Denver Marriott City Center
For more information or to register, please visit www.NationalEatingDisorders.org.

Denver Networking Lunches
Will be held in August, October and December in 2005
Please call 303-771-0861 for dates and details.

Colorado Springs Networking Lunches
First Friday of every month in September, October, November & December
Please call 303-771-0861 for details and/or to RSVP

EDC-Denver 4th Anniversary Celebration
November 4th.
Details and information to come at www.edcdenver.com.



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