Webinar Transcript

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la-shell_johnson@med.unc.edu: Good afternoon, everyone. Welcome and thank you for joining today's webinar. Just a few things to note participants will be muted upon entry and videos turned off.

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la-shell_johnson@med.unc.edu: This afternoon I would like to introduce you to Dr. Jennifer Kirby, who is a clinical professor at the University of North Carolina at Chapel Hill's department of psychology and neuroscience and also in the Department of Psychiatry, Dr. Kirby serves as the director of clinical operations and training for the university psychology and neuroscience community clinic.

la-shell_johnson@med.unc.edu: She also specializes in cognitive behavioral therapy and Dialectical Behavioral therapy and trains and supervises graduate students psychiatric residents and professionals in individual and couple therapy using these treatment approaches.

la-shell_johnson@med.unc.edu: Dr. Kirby co presenter is Dr. Donald H. Baucom who is a distinguished professor of psychology and neuroscience at the University of North Carolina Chapel Hill.

la-shell_johnson@med.unc.edu: For over 45 years he has conducted research and clinical work focusing on couples and intimate relationships with an emphasis on the integration of basic research and apply treatment outcome investigations.

fla-shell_johnson@med.unc.edu: He is one of the developers of cognitive behavioral couples therapy. The most empirically research couple of therapy in the field.

la-shell_johnson@med.unc.edu: Dr. Baucom has developed and evaluated efficacy of couple based interventions for the treatment of relationship distress.

la-shell_johnson@med.unc.edu: The treatment of psychopathology such as eating disorders within a couple context, recovery from infidelity, the prevention of relationship discord, the enhancement of satisfied relationships, and the treatment of medical problems in a relationship context. I will now turn things over to Dr. Donald Baucom.

Donald Baucom: Show. Thank you. It's a delight to be with everyone this afternoon, and if we could have the next slide.

Donald Baucom: What we're going to be talking about this afternoon is the engagement of partners in the treatment of Eating disorders for adults.

Donald Baucom: And when I say we, we've been doing this for a couple of decades. And this involved a large number of clinicians and treatment developers and researchers and our overall leadership team if we can have the next slide.

Donald Baucom: includes not only your two presenters today, but also Dr. Cynthia, who is the founding director of the UNC Center of Excellence for eating disorders.

Donald Baucom: So we've been working together for about 20 years or so to develop these interventions, it would like to just sort of note on the various organizations.

Donald Baucom: That have really funded our research development on our clinical interventions. Now let's move to our content.

Donald Baucom: Why would we think about working with couples when an adult has an individual disorder.

Donald Baucom: Because in the United States and in most Western cultures, we really do think about these adult disorders as individual problems.

Donald Baucom: Therefore, it seems logical that your treatment or intervention would be individually treatments and that by and large is the way that things have proceeded.

Donald Baucom: But I want us to think about perhaps broadening that paradigm, a little bit and thinking about a little bit more broadly.

Donald Baucom: Certainly, we've developed some really excellent interventions, working with individuals alone that they have some limitations.

Donald Baucom: And we do firmly agree that individuals experience various disorders such as eating disorders, but these disorders, do not exist in a vacuum.

Donald Baucom: They do not exist in isolation. Instead they exist as a social context and that social context is important.

Donald Baucom: And you really get a bidirectional set of associations taking place one if you think about it. Definitely don't has an eating disorder.

Donald Baucom: It doesn't only impact that individual is going to probably notably impact other important individuals in that person's life.

Donald Baucom: Second in our primary focus today, the direction that we're going to look at is this error going from right to left, is that important and central

Donald Baucom: Interpersonal relationships in a person's life can be used to assist in the treatment of the disorder.

Donald Baucom: We're not proposing that relationships and other people cause a disorder. But if we can figure out how to harness

Donald Baucom: The strength of the important relationships in a person's life. We can often use that those relationships and partner.

Donald Baucom: In the effective treatment of these disorders. Today we're going to be addressing that relative to eating disorders.

Donald Baucom: We've been doing this work and a variety of different disorders and there's some general principles that we're going to find

Donald Baucom: Hold a call treatment of different disorders. When you bring partners or Roman romantic individuals into the treatment of these disorders.

Donald Baucom: And yet there are some specific aspects of this that are going to hold for given this war. So when we say

Donald Baucom: That eating disorders play out in an inner personal context. Let's take a look at what that means in terms of what that's like for both the patient and the partner.

Donald Baucom: And terminology that we're going to use when we're referring to patient. We're talking about the person with the eating this word.

Donald Baucom: The both partners, but in our discussion today we're going to use the term partner for referring to the one of the two individuals who does not have the disorder.

Donald Baucom: So these are some very broad patterns that we see play out over and over again.

Donald Baucom: When somebody has an eating disorder. It's got a very perhaps a little bit. According to the disorder and certainly will vary.

Donald Baucom: By the individual and the particular relationships that they have. But these are some broad themes and some international patterns that we see.

Donald Baucom: One of the things that we know about eating disorders. So let's first look at how that plays out for the patient and it'll personal context.

Donald Baucom: Is that eating disorders are often hidden or minimized. That's for variety of reasons.

Donald Baucom: For shame or for concerned that if you let other people know about your eating disorder, they're going to try to force you into treatment and giving it up. So this is an overall atmosphere. And what that means is that the eating disorder really sort of lived out in secrecy and his head.

Donald Baucom: What that also means is that other people are excluded from the process we have literally worked with couples where partners did not know that an individual had an eating disorder that may have been going on for 20 years

Donald Baucom: And they haven't seen it, because it's been greatly hidden patient was quite successful and minimizing and doing that, along with that.

Donald Baucom: This is the patient may lie that made the store. They may minimize about the symptoms.

Donald Baucom: When people don't want other people to know what's going on with them, they can really be very creative genius in terms of just keep it to themselves and perhaps greatly distorting how that plays out in their life. So they often just don't let the partner, see what's going on.

Donald Baucom: At the same time, on the other hand, they also do due to the fact that they don't feel good about themselves and often with eating disorders. People feel very sort of questionable or bad about their body and their body image and their size and their shape.

Donald Baucom: So they may turn to the partner asking for a great deal of reassurance about shape and wait and no matter what the partner says and night, not really impact them.

Donald Baucom: So it can vary in terms of the particular combination that you'll get from a patient towards a partner in the relationship.

Donald Baucom: But the big overall thing, is that from a patient's perspective, often they are minimizing in this existing in secrecy.

Donald Baucom: From a partner perspective, you get somewhat parallel or understandable kinds of responses and behaviors. Is that what that means is if the patient is successful, or the partner is not particularly observant.

Donald Baucom: Because a lot of these changes occur gradually over time the partner may be totally aware of the disorder. What are the behaviors that the patient is engaging in?

Donald Baucom: And we have seen this over and over with bright thoughtful well educated couples, for example, partners, didn't know or they didn't know the magnitude of the eating difficulties that the patient. They have if they are aware, they often still are unsure how to respond.

Donald Baucom: Eating Disorders are complicated. People don't understand what to do. So they're really worried about making things worse. So they're hesitant to act.

Donald Baucom: And one major response, maybe they just avoid those all the way. They don't talk about it. They don't address it. They don't respond to it.

Donald Baucom: On the other hand, what you might get is a partner who might get perhaps over involved.

Donald Baucom: They become the quote food place looking at things very carefully scrutinizing of what's going on, criticizing the patient and the way the patient is handling it.

Donald Baucom: If the patient is asking for reassurance about their size and shape. They often provided and they find themselves doing this over and over and over again because it becomes a repetitive kind of a pattern between the two of them. So this right. These are the broad patterns that will see plan out for these two individuals in this relationship. So given that, what about the treatment of these disorders. Let's take a look at where we've been thus far.

Donald Baucom: If you look at treatment for adults with anorexia nervosa, what we really see is that the empirical evidence for these treatments has really been relative, we have not been tremendously successful overall in the field with treating adult anorexia.

Donald Baucom: The empirical basis for treating bulimia nervosa and binge eating disorder is stronger, but there's still limitations there.

Donald Baucom: That if you look at the adolescent and the youth literature of the treatment of this disorders, what you find is it family based treatments has certainly been successful for many youth.

Donald Baucom: If you start to think about that might we think about parallel strategies, not for working with youth who have

Donald Baucom: Caregivers or parent figures that get involved in treatment, but how might you do this with adults and their partners, our treatment does not flow from the family based treatment, but it's somewhat parallel hours really developed on its own in our own work.

Donald Baucom: But the findings from family based treatment certainly are consistent with what we're finding and working with romantic relationships for adults.

Donald Baucom: So what we've done is we've developed a suite of what we call couple based interventions for eating disorders.

Donald Baucom: The way that we've tried to do that is, we've tried to bring together two different fields of study. One of these is cognitive behavioral therapy, we use the techniques from CBT and cognitive behavioral couples therapy.

Donald Baucom: Because we have learned from that set of interventions which was primarily developed in order to treat relationship distress. We've learned how to help couples make important behavioral changes.

Donald Baucom: How we address their emotions, how to deal with their cognition is in the way that they think about various issues.

Donald Baucom: So what we've done here is we've taken those broad change strategies and we focused them and adapted them. Well, how do we help a couple where someone has an eating disorder? So it's really integrating what we've learned from the relationship science.

Donald Baucom: And what we learned about eating about treating eating disorders individually and with both those two together.

Donald Baucom: So that we're working with a couple with the goal of working with them using these kinds of interventions to try to change the eating disorder freaking have the next slide.

Donald Baucom: So what our interventions are called the broad umbrella for treating these different disorders is referred to as unite— uniting couples in the treatment of eating disorders.

Donald Baucom: Let us show you sort of what that broader umbrella looks like. And then my colleague is going to take us into some of the details of this.

Donald Baucom: Whereas there's a lot of overlap in the treatment of these different eating disorders.

Donald Baucom: There also are some differences because in many ways the treatment of anorexia nervosa. We said, has not been newly successful, it's more complicated kind of a disorder, particularly due to the

Donald Baucom: Medical complications that occur so consistent with current guidelines are individual we're working with a couple is part of a multi-disciplinary kind of approached it involves individual therapy for the patient medical management to do with all the medical complications dietary counseling, which is necessary and then in addition to that, working with a couple.

Donald Baucom: Well, we're working with binge eating disorder. And bulimia nervosa, we've developed an intervention that in many ways can stand on its own just working with the couple without all of the other professionals necessarily involved. We certainly bring them in as needed. But we have found that we can provide a shorter treatment and a more well encapsulated treatment just working with a couple of geniuses for BED and bulimia nervosa. So, let us tell you a little bit about what our goals are when we're doing this treatment and then we're going to get into the specifics of it.

Donald Baucom: Our overall goal with the intervention is to reduce eating disorder related faults behaviors and emotional distress.

Donald Baucom: This is crucial to understand when we say we're working with the couple because some people think, Oh, you're just doing general a couple therapy.

Donald Baucom: We're not, this is not just broadly trying to improve their relationship. This is working with a couple where the major outcomes you major focus is to try to help with the eating disorder. We do also want to improve the couple's relationship and their overall functioning, because if the couple's not doing well. You can think about a distressed relationship as being a broad chronic stress role for an individual.

Donald Baucom: Any disorder that people are susceptible to look at keeping them in a chronic diffuse socially stressful, kind of a situation is not going to serve them well.

Donald Baucom: But what you also get is that you may have a number of couples whose relationship overall is satisfied, but they still don't know how to deal with the eating disorder. So, our focus is to work with a couple to try to help the individual with the eating disorder.

Donald Baucom: We think, here are the mechanisms that are in play when we're working with a couple along these lines.

Donald Baucom: First, and these related to each other is that we really want to change the atmosphere within which the eating disorder exist as we said it often is within the context of secrecy and avoidance. We're going to bring it out in the open.

Donald Baucom: The couple is going to deal with it. They're going to talk about it, they're going to make decisions together.

Donald Baucom: Which means that we need to really make sure that couples can communicate well with each other. So as you'll see in just a moment. We teach them communication skills.

Donald Baucom: But those skills are thing we used to talk about the eating disorder, not just about the relationship in general.

Donald Baucom: So the soil overarching goal is that we're going to harness utility of the relationship to teach the coupled together as a team.

Donald Baucom: How's it going to work with an eating disorder often partners who felt like they didn't know what to do.

Donald Baucom: They were excluded from the treatment. We're going to bring them in and teach them to work together as a team. So that's our broad goals.

Donald Baucom: I know want to turn this over to my distinguished colleague, it's going to start to put some details in place for system what this actually looks like so complex.

Jennifer Kirby: Thank you Don.

Jennifer Kirby: All right, I have the honor of walking you through the kind of first half to two thirds of our intervention and let me first show you the overview. I won't spend much of our time here.

Jennifer Kirby: But as you can see where we will begin is at the beginning with getting to know the couple both the patient the partner and the couple as a whole.

Jennifer Kirby: We're then going to do some skills building as Don just referred to, then taking those skills and applying them to the major domains that

Jennifer Kirby: Within the eating disorder that the couple experiences broadening it out to relate the domains, such as weight body image and physical affection and their relationship.

Jennifer Kirby: We've also built in time to address additional relevant topics. So not anything that the couples may want to bring in, but things that are focal to the eating disorders such as a holiday is coming up and you know Thanksgiving.

Jennifer Kirby: For example, how do we handle that or your parents coming to visit and they always comment on our, you know, my eating, for example, and then we wrap up with our termination phase which Donald walk us through at the very end of our time. So that gives you the big picture.

Jennifer Kirby: Most of my time with you will be on the introduction and the communication skills domain. So let me tell you about that phase one.

Jennifer Kirby: Phase one is a bit ambitious, you got a number of things that you're going to try to accomplish here.

Jennifer Kirby: And it's all in the service of creating a solid foundation for the later work that you're going to be doing with them. So we have to begin at the beginning with getting to know the couple and we're going to give them that you're both going to have kind of like an individual therapist hat on, but certainly your couple’s hat is first and foremost.

Jennifer Kirby: But you're wanting to get to know both of them as individuals and then as a couple. So our first primary domain of assessment will be the eating disorder.

Jennifer Kirby: What is the patient's current experience of the eating disorder. What is their prior history of the eating disorder, including past treatment experiences.

Jennifer Kirby: Then we also want to broaden out that when we're understanding the eating disorder. We want to broaden out that perspective by integrating the input from the partner. So even for couples that have not talked about the eating disorder, the partner has often witnessed, observed, and sensed many helpful observations that they can share around the eating disorder. And so we want to create a space and an avenue for them to contribute and weigh in, if you will, to the treatment as a whole and it begins, even with what have you seen what have you noticed what patterns are evident to you.

Jennifer Kirby: Then also as a couple. How has the eating disorder been lived right so for some couples that eating disorder predated the relationship for some couples the relationship started first and the eating disorder developed within their life together?

Jennifer Kirby: And within either of those. You can get a vast array of patterns of the degree to which the couple has talked about it, has addressed it, has directly interacted around the eating disorder, and even accommodated it.

Jennifer Kirby: To the other end where the partner is completely clueless and finds out that they have an eating disorder when they sign up for the setting.

Jennifer Kirby: So given the vast array of presentations. We want to make sure that you spend time early on understanding what is happening with the patient, the partner and the couple relative to the eating disorder. Then you want to broaden out to the psychological profiles of both people.

Jennifer Kirby: You want to know your for your patient and for your partner is there. Depression is their anxiety substance use self injury impulsivity, you want to know how these people are doing what's going on with them so that you really have a clear picture of each person then as the couple's people that we are. We very much want to know the relationship. It's like the relationship is our client. We often say, so how did the relationship develop?

Jennifer Kirby: When did they meet what drew them to each other? What did they find attractive? What are their strength? What are their challenges? However, they felt close. How have they had conflict?

Jennifer Kirby: So we give you a number of hours to do this, but it is an ambitious task here to really assess thoroughly many domains from.

Jennifer Kirby: Individual the part of the patient, the partner and the relationship. So hopefully you feel like you know them. Now, at least, you know, from the beginning.

Jennifer Kirby: Then we're going to move into what I consider the unsung hero of behavioral interventions which is psycho education.

Jennifer Kirby: And that's not always the most exciting of interventions, because you're but for if you like teaching, like I do, can be kind of fun.

Jennifer Kirby: But this is a space where you're going to teach the couple about the eating disorder because we're not going to assume that everyone and everyone even knows what an eating disorder. is they know what the symptoms, or they know where it comes from what causes it, what to expect. And so we're going to present that information to them.

Jennifer Kirby: And I would say some of the most significant pieces is in terms of experiences that I've taken away from it, have been has been the opportunity to provide partners with a space to learn about the eating disorder and ask questions about it. Because historically the treatment for eating disorders has been more individually based and the partners have often felt left out or in the in the cold, if you will.

Jennifer Kirby: So this is a space where they get to ask questions like, well, why doesn't she just eat well, if she wanted to she could just get over this.

Jennifer Kirby: And you as a therapist, are there answering those questions, so that the patient doesn't have to. They don't argue about it, you provide the, the broader background information about though this is a psychiatric illness. This is what we know about it. This is where it comes from. This is what you can expect from treatment. This is what this is going to look like.

Jennifer Kirby: So I want that. Then, then we're going to move into our final phase of phase one, which is our skills building and that's our main focus of my time with you will be walking you through these communication skills. So as Don very helpfully described, we're going to cover these couples are largely

not communicating. I was coming in as a DBT therapist expecting lots of conflict and arguing with our anorexia couples, and in fact it was just shocking to see the level of avoidance and lack of communication that was happening.

Jennifer Kirby: We've had we had couples that had what we would consider like a 1.5 on a 10 point scale conversation and they talked about this being the hardest conversation. I've ever had in their relationship. So I cannot echo enough the importance of teaching them how to have conversations that feel incredibly frightening and incredibly scary. So the avenue that provides that structure the skill fullness, the effectiveness of that are these two types of conversations.

Jennifer Kirby: So that it begins with us.

Jennifer Kirby: And I'm just going to pause. Michelle is any of this. I'm getting pop ups, is any of this directed to me, or do I just ignore it.

la-shell_johnson@med.unc.edu: I know you guys are fine. You can go ahead. I just feel like, Oh, someone's trying to communicate with me. And so it feels really rude to not attend, but I don't need to look at that, even though it's popping up.

Jennifer Kirby: Okay, perfect.

Jennifer Kirby: Okay. So we begin our communication skills training by first teaching that there are two types of conversations for couples to have.

Jennifer Kirby: There is something called sharing thoughts and feelings and that is where you are sharing your personal experiences. This is just what it's like to be you, your partner's going to talk with you about what it's like to be them.

Jennifer Kirby: And then you have something called decision making, which or problem solving. So they're very nicely and described

Jennifer Kirby: Couple start getting into trouble, though, from the very beginning because they try to have sometimes they end up having these conversations at the same time.

Jennifer Kirby: So our intervention begins by teaching you got two different ones. Make sure that you're clear, and you yourself are clear on what conversation you want to have.

Jennifer Kirby: And then communicate with your partner to make sure that they are also ready to have the same conversation that you're having. So let's assume that we have done that. Now let me walk you through the sharing thoughts and feelings skills.

Jennifer Kirby: So, for sharing thoughts and feelings. We begin by saying, we have a speaker and a listener. If you have two speakers at the same time, which is what you think of with like a more stereotypical Lee, you know, argumentative couple

Jennifer Kirby: Or what we found, also with more of our like MIT couples where one partner have binge eating disorder. There's often a lot more aspect, a lot more

Jennifer Kirby: Conversation. If you end up with two speakers, you're going to have a more like nobody's listening, there's a potential for more arguing that is they can kind of step on each other's toes. If you have to listeners.

Jennifer Kirby: Come quite right. So what we're going to propose as you need one speaker and you need one listener and you need them were presented at each role represented throughout the conversation.

Jennifer Kirby: So, here are your go to skills as a speaker, and I'm not going to walk us through all five of these, but I will first give you like a conceptual goal as the speaker.

Jennifer Kirby: My sense growing up and also talking with clients is like, oh, speaker's job is to speak. Right. They just open their mouth and like whatever comes out comes out and instead we're proposing that as a speaker, you have a job and your job is to communicate in a way that your partner can hear you.

Jennifer Kirby: That you need to put some effort and some intention in and how you share what you are going to share. And here are some strategies that help facilitate that process.

Jennifer Kirby: One that I will highlight to you that a particularly the first two. Those are the if you can only take a couple off of this sheet. This is what I got my couples to

Jennifer Kirby: Is the importance of speaking subjectively. This is a conversation about personal experience. This is not a conversation about fact.

Jennifer Kirby: This and so therefore we should describe our personal experience as personal. This is how I feel. This is how I think this is what it's like to be me.

Jennifer Kirby: These are my concerns are my thoughts about what you're doing and what's going on with you.

Jennifer Kirby: Compare that to what we call objective language, which is, you know, I'm fat. I'm disgusting. I'm never going to get better. You don't try hard enough. You just need to eat right, these are all definitive statements that number one.

Jennifer Kirby: Invite disagreement, just by the very nature, you know, Dom. We'll get more into this, so I won't talk about it but just think about if one partner saying I'm fat.

Jennifer Kirby: What's that going to look like in terms of the couple communication? What might the partner feel inclined to do or not do that. That's a little tiny preview of body and conversations

Jennifer Kirby: Relative to emotions. Our biggest thing is that people just aren't sharing them right they don't

Jennifer Kirby: For individuals with eating disorders typically anorexia. Often these emotions are suppressed. So they may not even patients may not even know what they're feeling or if they are having a feeling. They don't know how to articulate it or they may be very scared to do so.

Jennifer Kirby: And so we're going to actively encourage patients and partners. Speak for yourself share what it's like to be you and include your emotion directly. We give them emotion handouts to facilitate that.

Jennifer Kirby: So that gives you a sense of what the speaker skills are now let me transition to the listener who I think kind of sounds like they got the easier job, but I think it's the harder one.

Jennifer Kirby: So a listener.

Jennifer Kirby: Can feel like, well, my job is to listen. Like, I got it. I just need to hear it. I need you to know, I understand what it is. This is what you're thinking, and what you're feeling.

Jennifer Kirby: I would venture that you have an inner personal task as the listener. Not only is it your job to listen, which is can be done more on the level of the individual.

Jennifer Kirby: But your job is to communicate that listening back to the speaker so that they feel heard, so not just that you listen. Right. I can turn away from you and listen.

Jennifer Kirby: But you're not going to feel listened to. So what are the ways that I can help make that happen that can break down into a few ways

Jennifer Kirby: One is like what do I do while you're talking. And then what do I do when you're done talking. So while you're talking. I keep my focus on you.

Jennifer Kirby: So internally. I do that in terms of keeping my attention on who you are what it's like to be you, your background, your like fact that you have an eating disorder, for example.

Jennifer Kirby: This is what it's like to be you. I don't have to think, feel, experienced things the same way that you do.

Jennifer Kirby: That's why that piece there is an Italian because it is such a key component of being an effective listener is I don't have to agree.

Jennifer Kirby: Or say like, yes, I feel the same as you. In order to be a good listener.

Jennifer Kirby: So internally. I keep my focus on you and what it's like to be you. I do that perspective taking. And then externally while you're speaking I expressed that I am with you.

Jennifer Kirby: Through my non-verbals through my eye contact, you know, if you're sad. My hopefully my body posture, you know, mirror sadness. I'm not there smiling while you're crying like that would be funny.

Jennifer Kirby: So that gives you an idea of both of verbally expressively as well as internally. How do I respond, while you're speaking and then when you're finished, we provide and we encourage partners who the whoever's in the listening role to give some kind of brief verbal

Jennifer Kirby: Response that says, I got it. This is what I heard. These can be quite simple, but really have a profound impact of it sounds really sounds like you're really scared.

Jennifer Kirby: Sounds like you feel like you can't win, like, whatever that is that your partner is sharing. Can you give it back to them verbally, so they feel like, yes.

Jennifer Kirby: I got it. You know, one metaphor in terms of teaching the skills can be a game of catch right so the speaker toss the ball first needs to toss it in a way that the partner can catch it.

Jennifer Kirby: Partner catches it tosses it back with that verbal and nonverbal response. And then we have an actual interpersonal communication game. Okay.

Jennifer Kirby: So that takes us through the sharing thoughts and feelings skills and let me now introduce you to our decision making skills.

Jennifer Kirby: These can feel a little more straightforward to couples. A lot of times, couples have come across decision making and other avenues like business or corporate or college and so it can resonate our piece is that we're going to do it from a couple's perspective.

Jennifer Kirby: So my experience is that this slide here is the most important part, you're gonna have two slides on decision making. I am going to direct you to this one, primarily because this is the one where this this. These steps are the ones that couples tend to skip

Jennifer Kirby: So if we're going to make a decision. If we're going to solve a problem. We need to know what we're talking about.

Jennifer Kirby: So we need to be very clear about what exactly are we trying to adDr.ess and get that behaviorally specific therefore measurable unquantifiable you concrete and break it down as small as you can so we wouldn't want to phrase. The issue is, like, well, you need to get better.

Jennifer Kirby: Like okay, like that's our problem solving is how to get rid of the eating disorder.

Jennifer Kirby: That maybe. Sure. That's why we're in unite. That's why we're doing all this other therapy like we're trying to improve. But what, how can we actually break that down. Like, okay, so we need to work as a couple to help you get your calories in, or your exchanges in or we need to develop healthy approaches to exercise. So we need to break it down to get as specific and behavioral as possible.

Jennifer Kirby: Couples can often fitness. Sometimes they're not even talking about the same thing, they're not on board with having a decision main conversation and it can get confusing or frustrating.

Jennifer Kirby: But once you are on board with each other, saying, Okay, this is what we're going to talk about the next step is the sharing thoughts and feelings conversation.

Jennifer Kirby: This is where we talk about using those speaker listener skills. This is where we talk about what matters to us what our needs are. Why this issues important to us.

Jennifer Kirby: Have like whatever a good solution, we would come up with what let honor, what will what will feel good to us. So Don alluded to the idea of food police earlier often partners are saying, I don't want to feel like I'm micromanaging you.

Jennifer Kirby: Patients are often saying, I don't want to feel micromanaged so whatever solution we come up with. It's going to honor that need

Jennifer Kirby: That's the goal. At least. So what's also helpful within these sharing the step to a clarifying your needs.

Jennifer Kirby: Is as teaching couples that the the metaphorical table, if you will, is big enough for both people's means

Jennifer Kirby: That it's not just going to be your solution or your solution, but that we can put together all our needs, kind of, you know, in a collaborative way and then do our very best to honor as many of those needs as possible.

Jennifer Kirby: And we do that by then moving into brainstorming possible solutions.

Jennifer Kirby: These are solutions where I'm not just saying, well, I think, you know, we should do X, and you're saying, I think we should do. Why, but we are together looking at our pile of needs here that we've said are important and saying, Okay, what things how what possible solutions will honor as many of these as possible.

Jennifer Kirby: Then we guide couples into deciding okay let's pick a solution, particularly for the Eating Disorders Treatment that we've done many of these are you know for the next day or the coming week or the coming month. They're very they're more immediate, they often have time periods and therefore can be reassessed.

Jennifer Kirby: So it's easier to pick a solution because you don't feel like you're committing forever, but you're helping them to pick something that they agree on. They stated again and clear, specific terms and we say, Okay, we're going to check in next week on how that went.

Jennifer Kirby: So that is your decision making.

Jennifer Kirby: skill set. So at this point in the intervention, if you just kind of want to back out where at the end of Phase one we've done our assessment.

Jennifer Kirby: We've done our cycle education. We've moved into our communication skills building

Jennifer Kirby: And now, hopefully. The couple is feeling. Not only are they on the same page of understanding what's happening with the image to order and have like a psychological frame for it.

Jennifer Kirby: But now, they've been equipped with some improved communication skills and we're going to say, okay, now here we go. Here comes the next phase of work which for us is what we call phase two.

Jennifer Kirby: And this is, there's a lot of options and phase two of where you want to go and what you want to do. So what's important is that you work with the with whatever treatment team, you might have. If you have one

Jennifer Kirby: So that you're in collaboration. So if I take, for example, our work with individuals with anorexia nervosa. We were very much hand in hand with the individual therapist and the dietitian saying what's going on with the patient. What are you working on with them on doing, like, what are you really need right now, how do I bring the partner in to facilitate that work?

Jennifer Kirby: Often for the first half or so of the intervention, if not more. It was we're trying to get them to eat.

Jennifer Kirby: Right, okay, how do we get them to eat, what are things that we can address. So to give you an example.

Jennifer Kirby: You know, we had one woman who was really having a she was skipping lunch like at lunch was her main meal that she would skip and, you know, we're often working with under with the dietary approach that we used three meals two snacks two to three snacks. So for this couple. It was okay, how do we help this?

Jennifer Kirby: female patient. How do we help her get luncheon turned out that she worked out of her car she worked in a rural area of have

Jennifer Kirby: A role town area where there weren't restaurants for her to go grab something to eat.

Jennifer Kirby: And she would get really anxious when she was food prepping like so that was really tough. So she was, of course, that was a long term goal was for her to do more food prep but short term we needed her to get lunch.

Jennifer Kirby: Well, through talking about what can be helpful to her around lunch. What would feel she shared that it would be important to her to feel valued to feel cared for by her husband.

Jennifer Kirby: And when she was talking about that she brought up this experience of. Gosh, you know what my husband makes the best sub sandwiches in the world. It's like he used to work at like Quiznos

or Subway or whatever. And anytime he makes me one of those. I always eat it right and so we were like, oh, you know, of course, like look and so they as a couple described like figure it out a plan of where he would the night before.

Jennifer Kirby: Make her the sandwich. And she said, if you make me the sandwich. Not only do I like it, but you made it for me. And I'm not going to throw it away.

Jennifer Kirby: Right, I'm not. That's a, that's a caring gesture. I'm going to eat it. And so that became their specific plan of what they would do as a couple.

Jennifer Kirby: It's not shocking. It's not like amazing rocket science, but they had not gotten there because they were not talking

Jennifer Kirby: In a productive way as a couple, like she would shut down. She didn't want to generate ideas he would probably just over simplify

Jennifer Kirby: You know, just take something for lunch. No big deal. You know, and they gotta get stuck. So this helps them get unstuck.

Jennifer Kirby: So in addition to discussing the specific behaviors, whether it's restricting or binge eating, or purging, for example, you're also going to look at the broader context that the eating is occurring in so looking at mealtimes, for example, eating in the home, eating outside of the home.

Jennifer Kirby: And helping the couple address that. More specifically, so with our couples with binge eating disorder, a very common theme has been more chaotic eating or lack of structure, lack of a schedule.

Jennifer Kirby: So helping them figure out, you know, how do we have balanced eating mean let's eat regularly and consistently throughout the day? So there's not this like pent up restriction and then urge to enjoy later in the evening and so that meant as a couple. They were talking through what made sense to them. What would feel good. How could they have a consistent dinner time. When would that happen.

Jennifer Kirby: For one of our couples in terms of like the literal, physical context of eating, they

Jennifer Kirby: The female patient was very anxious about dinner. And it turned out with some assessment that dinner.

Jennifer Kirby: Happened on their laps in their living room with their kids with the TV on with clutter everywhere and moving and boxes that weren't unpacked

Jennifer Kirby: And just being in that room made her anxious. And so through our conversation and helping them. Consider what would be helpful.

Jennifer Kirby: They decided, you know what, let's go clear off for dining room table. Let's clear out this room. Let's make it a very calm pleasant space we will go turn off the TV will go as a family and have like more mindful positive conversation and that helped reduce anxiety made her more interested in having the meal and as a couple, they were able to do this together.

Jennifer Kirby: So these are just some examples of how we use that communication skills that we've taught them working with the rest of the treatment team to kind of slowly systematically address many eating Disorder targets, whether it's the specific behaviors or the broader food and eating context. And now that takes us to phase three, and I will pass the baton back to Don.

Donald Baucom: Thank you, as Jennifer just described that to your point, I hope you recognize this that if you do treatment for individuals with eating disorders, everything that you know and all the principles that you use.

Donald Baucom: Are still in play here. We're simply bringing the partner into the process so that they're working as a team.

Donald Baucom: And also, hope you can see how the three mechanisms that we proposed are really front and center through everything that we're doing.

Donald Baucom: It is eating disorders not living out in secrecy anymore, they're discussing it we've taught them how to communicate.

Donald Baucom: And we're teaching them how to work together as a team. So everything all the goals that we would have for someone with an eating disorder individually. We're bringing the partners of that process.

Donald Baucom: Of what we also see is that we get good maintenance of effects. Once the treatment is over. It maintains. And the reason for that is that you don't just treat someone individually that hope there's hope.

Donald Baucom: You've been working on their whole central social environment throughout the treatment. So the couple understands and they know what to do.

Donald Baucom: This is not new to the partner. They're part of that environment in that process.

Donald Baucom: So we're going to focus is phase two. And that's the bulk of the treatment really is around using these skills and working together as a team to treat these eating disorder cognition emotions and behaviors.

Donald Baucom: In addition to those very specific eating disorder phenomena. There are other correlated and associated symptoms and problematic behaviors cognition emotions, you're going to see

Donald Baucom: If we could happen. Next slide. We'll take a look at what those. This brings us for them into the next phase.

Donald Baucom: And here's where you're going to need to individualize it for a couple of this is just to give you some examples for.

Donald Baucom: Very clearly for a lot of people with eating disorders, they can have problems with body image.

Donald Baucom: Or not surprisingly, a lot of individuals with eating disorder and the partners will also have trouble with regard to physical affection.

Donald Baucom: Affection, and that may carry over into sexuality, per se. So where is this may not define the eating disorder themselves. They're often present

Donald Baucom: And they end up being very important in order to promote quality of life for the couple, you're going to get body image issues that sort of inherent and a lot of eating disorders.

Donald Baucom: And one of the things that we find is that often. This is one of the last things to change if it ever does change.

Donald Baucom: So that even if people start to eat in a very healthy kind of way, and their exercises good people to eating disorders might continue to see their bodies in some what we might call distorted ways.

Donald Baucom: And if this is a case is that the couple might just have to agree to disagree.

Donald Baucom: They see it differently. And they're not going to talk to each other and to seeing the person's body in a different way, you can still talk about it. It's still talk about it using your sharing thoughts and feelings skills because that's the objective. This is how I see me.

Donald Baucom: understand and accept. That's how you feel about yourself in your body. I need to let you know I see you very differently, not your mall. This is my subjective experience of you.

Donald Baucom: So this notion of agreement versus acceptance is important. The distinction with may not agree, but we can be respectful and accept each other's perspective and not let that be a barrier to our being able to talk about it.

Donald Baucom: Now, understandably people's physical relationships get complicated with eating disorders. These are areas of physical relationship that are difficult for lots of lots of couples distress couples happy couples.

Donald Baucom: Are not taught in our society and you really talk about the physical aspects of relationships. They're supposed to just happen.

Donald Baucom: In some way and couples are supposed to know how to do this. But when it's not working well. People need to be able to talk about it.

Donald Baucom: So it may be that for, for example, somebody with the English word they have a really negative body image. They may not want to be touched, because I want you to touch it on body. That is so gross.

Donald Baucom: They may not want to be seen.

Donald Baucom: I don't want you to see my body partners might not know what to do. So that what you might find is that physical affection just gets disrupted.

Donald Baucom: For couples where there's the eating disorder. And that might also then extend not just into

Donald Baucom: How caring and loving and affectionate that we are with each other. But what you'll find is a significant portion of couples where one person has an eating disorder.

Donald Baucom: Also struggling around sexuality and they're more explicit sexual interactions.

Donald Baucom: Great proportion of the couples just have not dealt with that. It's too awkward is to anxiety provoking.

Donald Baucom: headway know when people put themselves in anxiety provoking situation, the tendency is to withDr.aw avoid escape from it.

Donald Baucom: So often, that they just haven't dealt with it. So giving them the space, making it safe, and helping them have these conversations where they share their thoughts and feelings.

Donald Baucom: And they problem solve around these content areas can be incredibly facilitating for these couples and you're going to just need to take them where they are.

Donald Baucom: You going to find a couple of just going to dramatically very in terms of these different domains of their functioning.

Donald Baucom: So this is an example of sort of eating disorder related challenges beyond just the eating behaviors, per se, or the cognition emotions that are just focal to either disorder.

Donald Baucom: They're all sorts of corollary symptoms that you're going to get. And we don't have time in our discussion today.

Donald Baucom: But you also may have to address this in terms of just other co morbid conditions may have people with anxiety disorders, you may have people with depression.

Donald Baucom: You know, people with PTSD, you're going to have to take this into account. Oftentimes when you're providing this treatment. Again, that's beyond our scope today.

Donald Baucom: But just know that we're focusing primarily front and center. All the eating disorder behaviors cognition and emotions.

Donald Baucom: But there's this exist as a context of two human beings is the context for the relationship in phase three, we're taking on these other important aspects of couples ones.

Donald Baucom: And again, if there were all relationship is not going very well outside of eating disorder.

Donald Baucom: We're going to try to improve that just for the overall quality of life. And again, because if we don't, but that means is that

Donald Baucom: Their existing in a short chronically a few stressful social environment, which is not good for anybody who's got a

Donald Baucom: Vulnerability in Academy disorder, including eating disorders. So those are the kinds of issues that we're going to take on in Phase three

Donald Baucom: And then that's really starting to bring the treatment to a close and then consistent with any kind of a time of behavioral kind of an orientation.

Donald Baucom: We're going to not just stop. We're going to bring it to a close and this is going to involve helping the company, think about the future.

Donald Baucom: helping them think about lapses helping them think about relapses helping them think about maintenance and generalization of what they've learned in therapy.

Donald Baucom: And one of the sort of unique aspects of this. We're working with a couple versus working with the individual is that we really need to be thinking about lapses and relapses both with regard to

Donald Baucom: The eating disorder itself. And second, the couple's relationship and how they're handling.

Donald Baucom: To it may be that they've decided, oh, we're going to eat dinner together at nights that additional structure will help us.

Donald Baucom: For maybe somebody who has binge eating disorder where there hasn't been enough structure or for someone with anorexia nervosa where they've been avoiding eating is that, oh, having that sit down meal together is really, really helpful. And then the couple find over time after treatment finishes.

Donald Baucom: Wife's gotten busy life gotten full they've gotten themselves away from that. So is that, oh, how are we interacting, a couple around the disorder, we've got to do with as well as just seeing increases symptomatology of the disorder itself or patient. So you really want to do relapse prevention, both with regards to the eating disorder symptoms and second to the way couples dealing with those and helping them think through, how are they going to do that, how they going to maintain it. Now again, one of the assets. I think of working with a couple together.

Donald Baucom: Is that maintenance might be easier because if you look at the psychotherapy literature in general, if you've got a good treatment.

Donald Baucom: Good therapist motivated clients people make gains but our Phil is full of findings that within least around one year after treatment and a lot of people start to relapse.

Donald Baucom: And part of that as a generalization. How do you maintain and how do you generalize. Well, if you build that into the process maintenance is going to be less of an issue.

Donald Baucom: And then we're going to finally say farewell to the coupling, we're going to finish up, and if they need booster sessions. After this, then you're going to include that in the process.

Donald Baucom: We want to share with you just real briefly, the experience on the very first couple that we really worked with where the wife was experiencing anorexia nervosa.

Donald Baucom: Obviously they've given us permission. They came in to share with us and for us to be able to share with others what their experience was like. So we're going to round things up with this and then we're going to spend a few minutes.

Donald Baucom: responding to questions and comments that you have for us. So if we could listen to this one minute video of them sharing what went on there.

PARTICIPANT PERSPECTIVE VIDEO DIALOGUE Begins

When I saw that I'd lost the weight. I like that idea because I had never gotten to that even after working out and things like that.

So it just sort of kept going from there. It became sort of a way to find some control.

In my life, you know, and some stability as far as what I could accomplish of it and zero somebody with a name disorder because, I didn't know what was going on and we would cook a meal, Margie would eat a meal loved her. And I wanted to be okay. But I didn't know about how to go about doing it. It helped me realize that this was a family DISORDER, every. It was a lot of collateral damage from the disorder.

Okay, my wife back okay my brain like back and we've gained our relationship back

We've gained our marriage back

PARTICIPANT PERSPECTIVE VIDEO DIALOGUE Ends

Donald Baucom: It's great.

Donald Baucom: We think the power of relationships is dramatic.

Donald Baucom: Working with people with the individual concerns and worries that they have difficulties, they're having an in

Donald Baucom: marshalling people who care about them and love them and bringing them into that intervention, we think holds just great potential

Donald Baucom: for increasing the range of interventions for the effectiveness of interventions that we have

Donald Baucom: We want to save time for questions that you have for us and I think will show you're going to handle it. Well, you're going to pose the questions, Jennifer. Now I'm going to try to give some responses to those. And if we don't get to all of them today will give you some responses and those will be emailed out to everyone, La-Shell take it away.

la-shell_johnson@med.unc.edu: Thank you, Dr. Kirby and Dr. Baucom. I'll begin by reading questions that were posed by our attendees today for anyone else that has questions please type them in our Q&A box. So the first question that came in.

la-shell_johnson@med.unc.edu: Is for Dr. Baucom. I'm wondering what you do with persons who identify as single?

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Donald Baucom: Right two parts of that. And then, Jennifer, feel free to jump in as well.

Donald Baucom: First, a lot of people think, well, you're really talking about just a very select group cause lots of people with eating disorders don't have partners, it does turn out when you look at things more carefully.

Donald Baucom: Is that people with eating disorders including anorexia or partner that the same rate as the general population. So this is not this is not some minor group that we're talking about the great majority of adults in our society are partnered at some point during their adult lives and that's no different for being with people with eating disorders. So there are a lot of people where that does hold.

Donald Baucom: If they don't have a romantic partner. We don't have research on this, but a lot of the principles that we're talking about.

Donald Baucom: Are ways that you can bring in an individual another person in the individual's life, who cares about them, who has a close relationship with them and probably is living with them. Okay.

Donald Baucom: Because if you, if you look at it. A lot of this is how are you going to live your day to day life and work together around the eating disorder.

Donald Baucom: So you could include someone else who's not living in the home with the person, but they're not seeing it unfold the two of them can't work.

Donald Baucom: Towards a, how are we going to handle this during the day together. How's that going to live out for the two of us. So our sense is it probably works better if it's another family member or a friend or someone who has a lot of contact with the person

Donald Baucom: And with whom they're comfortable opening up or not comfortable but willing to open up and share and work on this together, obviously, certain elements.

Donald Baucom: Are not going to be part of the treatment so that if you've got a cup. If you're working with two people, and there's not a sexual relationship, obviously you're not going to be bringing that into the treatment paradigm.

Donald Baucom: But particularly focusing on eating disorder related phenomena. There's nothing that says, oh, this has got to be a married or committed romantic relationship that were these are broad principles of how do you use someone who is close to and caring and involved in the person's life for them towards together.

la-shell_johnson@med.unc.edu: Thank you, Don

Donald Baucom: Short

la-shell_johnson@med.unc.edu: The next question ask, how would you adapt this for if both partners have eating disorders or eating pathology.

Jennifer Kirby: Okay, we take that one. Okay. We did have that experience, particularly with our couples who experienced binge eating. So, for the sake of a research study, we had to kind of figure out who's the identified patient versus the partner. But in terms of the actual treatment.

Jennifer Kirby: We taught them both right we assessed both of their eating patterns we assess both of their potential to binge. What were their triggers? What were the cues? What types of, you know.

Jennifer Kirby: How did that interact with them as a couple. We actually would see that they would, you know, binge together.

Jennifer Kirby: In the sense of, you know, buy a lot of food or go on a we had a couple of that would go on a road trip and we have like bags and bags of food and then be through the bags and bags of food within the first hour and so for those couple of couples. I think it's all the more important that you're working with the two of them.

Jennifer Kirby: Because without that you're going to be changing one person, but the other partner at home is engaging in the same patterns and in that same eating disorder context and it's going to be a major trigger for relapse. And so we would bring them in together and just be upfront and said, sounds like this is something that you that you both are experiencing you're both struggling with, let's figure out how we can.

Jennifer Kirby: We can target this together. It really felt natural because the solution for example was balanced eating.

Jennifer Kirby: Well as a couple. How did you, how can eat breakfast. How do you eat lunch. How do you have your snacks. What kind of food do you have in the house and we included both of them through every part of that.

Jennifer Kirby: So I would say the more challenging part would be sometimes with our and couples. We did have a few partners that were very body conscious and very you know, kind of invested in their own like semi restriction without at the level of it being an eating disorder.

Jennifer Kirby: That one felt tougher because we didn't necessarily have the same buy in from both people, but we did talk very openly about how their own individual behaviors could be putting their patient at risk. So we didn't screw it away from it.

Jennifer Kirby: Oh.

Donald Baucom: Let me, let me add, if I can. And just broaden it a little bit because we've worked with couples with a variety of different disorders, for example, I'm involved with treatment in England to the National Health Service, they are working with couples where one person is depressed. And one of the things we had not anticipated, but we found was that when the couple's coming in because one person meets criteria for depression fully half of those couples.

Donald Baucom: The other partner also is either depressed or headings it disorders. So this is not unusual. And what we found is it that treatment was very effective. Effective help the partner, as well as the identified patient so, we this can work it does mean if you think about the way that we're enlisting the partner. We're enlisting the partner to try to help the identified patient.

Donald Baucom: Meet a pre appropriate eating disorder goals of treatment if the partner themselves. Can't do that can't bring themselves to do that or if they've got disorders themselves.

Donald Baucom: That really make it very, very difficult for them to get involved in getting engaged to help us and to help the patient. That's where it becomes difficult.

Donald Baucom: Oftentimes you can motivate, most of them, and then it works great.

Donald Baucom: But where it really gets tricky is if some partners so highly depressed, they've got no energy and the motivation themselves.

Donald Baucom: And you're trying to get them to work with you to motivate the patient is hard if they can't pull that off themselves. So there you can just get every combination in the world, not just have another eating disorders, but all other kinds of complications as well.

la-shell_johnson@med.unc.edu: Thank you both Dr. Kirby and Dr. Baucom that seems to be all the questions that we had today. If there are any additional questions, feel free to type them in the Q&A box or you can send them via email to my contact information, which is listed on your registration.

la-shell_johnson@med.unc.edu: I did want to mention that immediately following this webinar you will receive an evaluation for today's webinar. We ask that you complete that within the time frame provided thank you once again for tuning in today. And I want to also thank Dr.. Kirby and Dr.. Bock them for presenting and sharing this wonderful information.

Donald Baucom: Great, thank you.

Jennifer Kirby: Thank you.

la-shell_johnson@med.unc.edu: Thank you all.