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UNITE: Engaging Partners in the Treatment of Eating Disorders



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Funding



NIMH
National Institute
of Mental Health



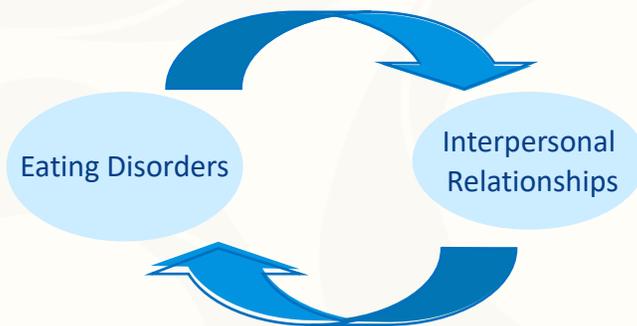
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Eating Disorders Exist in a Social Context



Eating Disorders on an Interpersonal Level

PATIENTS

- ED behaviors hidden or minimized
- Others excluded to maintain secrecy
- Patients lie about symptoms
- Seek reassurance about shape and weight



PARTNERS

- Unaware of disorder or behaviors
- Unsure how to respond
- Afraid of making things worse
- Avoid the topic
- Become “food police”
- Criticize patient
- Provide reassurance about size, attractiveness



Treatment of Eating Disorders in Adults

- Evidence base for the treatment of adult AN is weak
- Evidence base stronger for BN and BED, but options still limited
- Family-based treatment effective for many youth with AN

OUR GOAL – develop a suite of couple-based interventions for eating disorders

- Leverage the power of the family
- Developmentally appropriate



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Cognitive-Behavioral Couple Therapy (CBCT)

- Focuses on the here-and-now
- Teaches communication skills
- Involves
 - Changing specific behaviors
 - Attending to cognitions
 - Addressing emotions



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UNITE: Uniting Couples In the Treatment of Eating Disorders



AN

Part of Multi-Modal Intervention

- Individual therapy
- Medical management
- Dietary counseling
- Couple-based intervention



BED/BN

Stand Alone Treatment

- Patient should have general practitioner (GP)
- Dietary counseling recommended if available
- Refer for individual therapy as needed



UNITE Treatment Goals

- Overall goals of intervention:
 - Reduce eating disorder-related thoughts, behaviors, and emotional distress
 - Improve couple's relationship functioning and wellbeing
- Primary treatment mechanisms:
 - Reduce secrecy and avoidance around ED
 - Enhance couple's ability to communicate effectively
 - Help couple work together as a team to address ED-related domains/issues

UNITE Treatment



Phase I of Treatment

Create solid foundation for later work:

- Assessment and getting to know couple
- Psychoeducation about the eating disorder for both partners
- Improving communication skills for couple
 - Sharing thoughts and feelings
 - Decision-making

Phase I: Guidelines for Sharing Thoughts and Feelings

- State your views subjectively
- Express your emotions, not just ideas
- When expressing concerns, include any **positive** feelings you have about the person or situation
- Make your statement as specific as possible
- Speak in “paragraphs”
- Express feelings and thoughts with tact and timing

Phase I: Guidelines for Listening

Ways to respond while your partner is speaking

- Through your facial expressions, etc., show that you accept your partner's thoughts and feelings; *you do not have to agree*
- Look at the situation from your partner's perspective

Ways to respond after your partner finishes speaking

- Summarize your partner's most important feelings, desires, conflicts, and thoughts—reflect



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Phase I: Decision-Making Guidelines

State the issue clearly and specifically

- Phrase the issue in terms of behaviors
- Break complex issues into several smaller issues and address one at a time

Clarify:

- Why the issue is important
- What your needs are



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Phase I: Decision-Making Guidelines

Discuss possible solutions

- Propose solutions considering both people's preferences
- Consider brainstorming to avoid stalemates

Adopt a solution that is agreeable to both of you

- If you can't find a solution that pleases both partners, suggest a compromise
- State your solution in clear, specific, behavioral terms

Decide on a trial period to implement the solution if it is a recurring issue



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Phase II

- Build on foundation of couple's enhanced communication skills
- Help couple address eating-disordered behaviors by
 - Working as a team in developing approaches to ED problem behaviors/situations
 - Countering avoidance of dealing with ED
- Personalize the work to patient's and couple's specific situation



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Phase III

Address ED-related challenges:

- Body image
- Physical affection
- Sexuality



Phase IV: Bringing Treatment to a Close

- Address both ED and relationship
- Relapse prevention-avoiding negatives
 - Addressing high risk situations
 - Addressing slips and relapses
- General planning for the future-increasing positives
- Saying farewell



Questions

