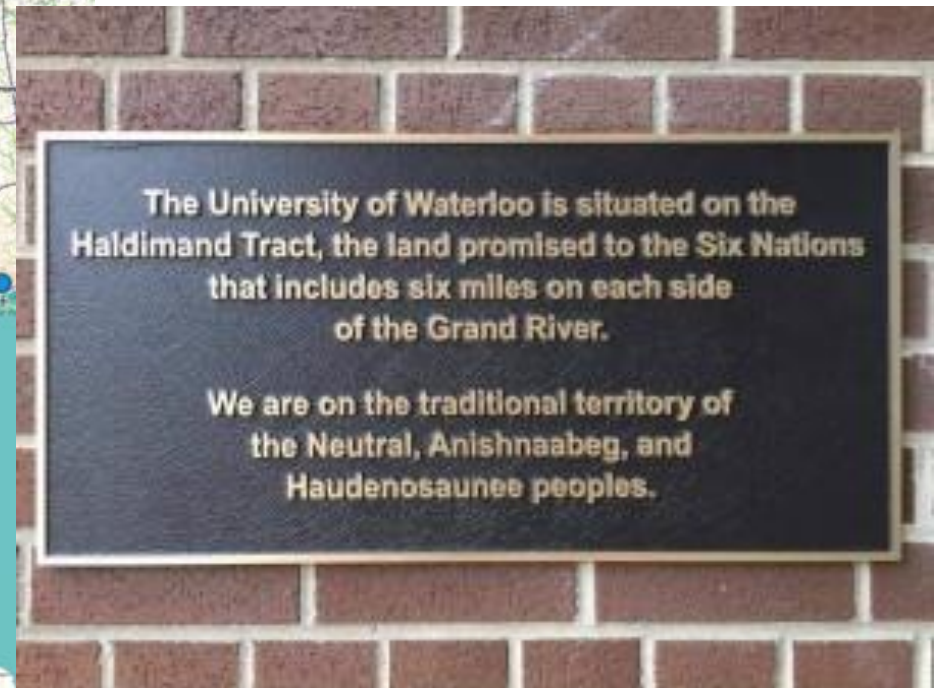


How Compassion-Focused Therapy Can Improve our Understanding and Treatment of Eating Disorders

Allison C. Kelly, Ph.D., C.Psych.

Associate Professor
Department of Psychology
University of Waterloo, Ontario, Canada



Privilege and biases



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How I got into CFT



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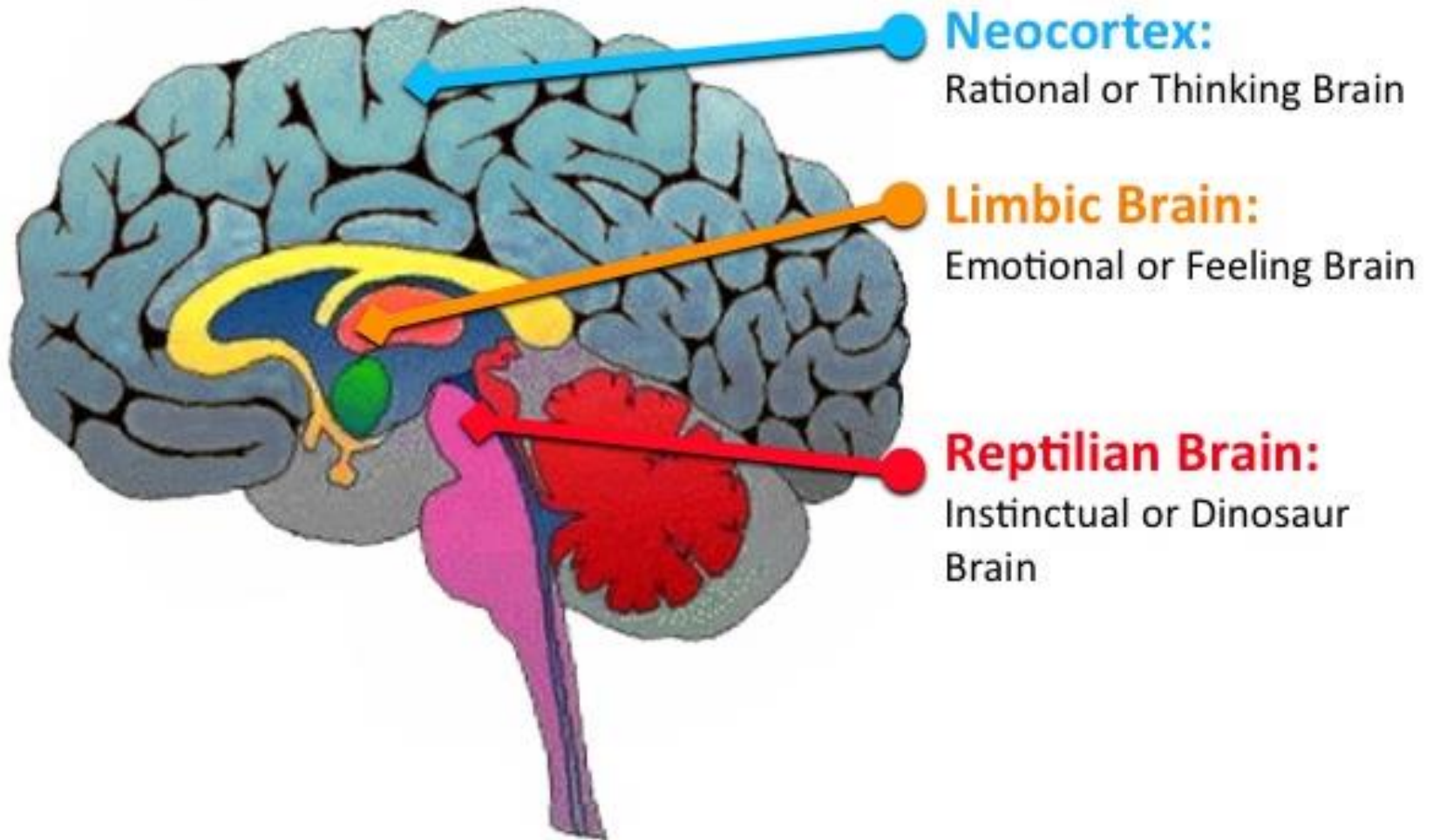
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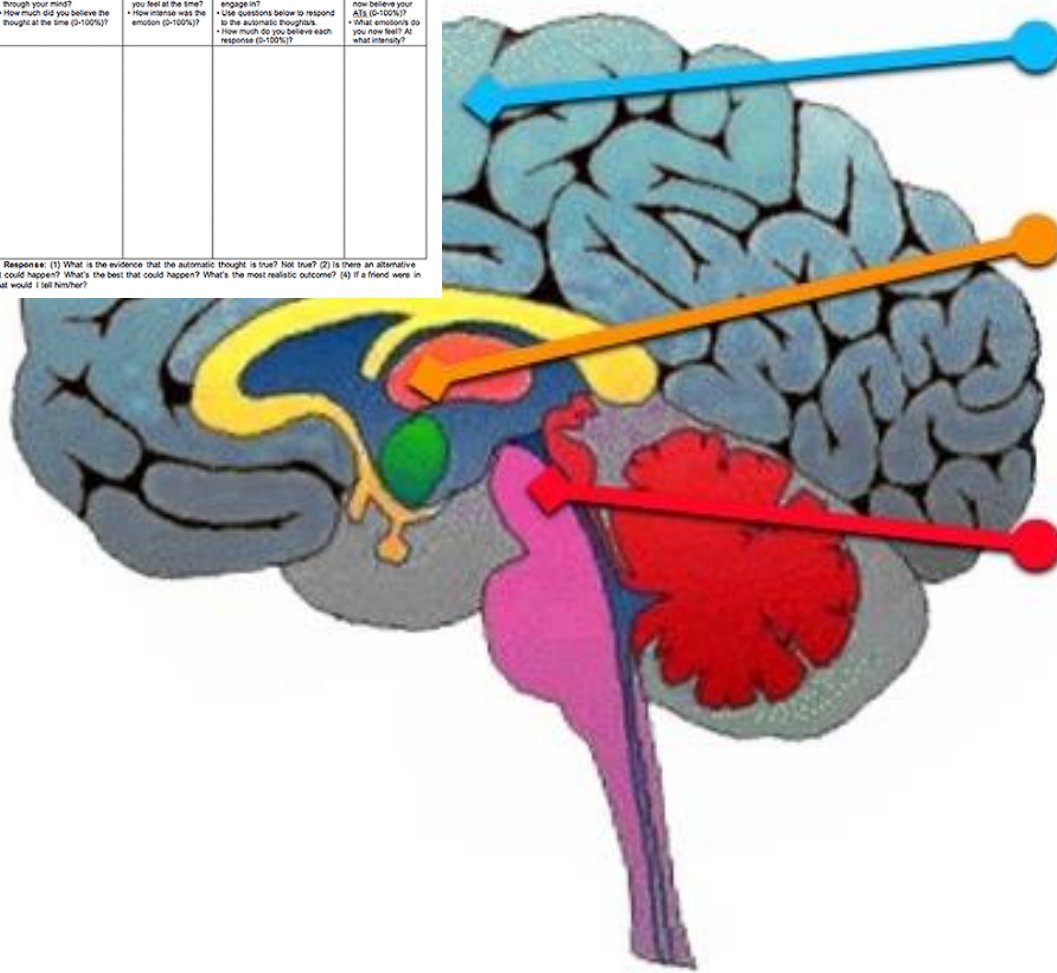


AUTOMATIC THOUGHT RECORD

When you notice your mood getting worse, ask yourself, "What's going through my mind right now?" As soon as possible, fill in the table below.

Date, Time	Situation	Automatic Thoughts (ATs)	Emotion/s	Adaptive Response	Outcome
	<ul style="list-style-type: none"> What led to the unpleasant emotion? What distressing physical sensations did you have? 	<ul style="list-style-type: none"> What thoughts or images went through your mind? How much did you believe the thought at the time (0-100%)? 	<ul style="list-style-type: none"> What emotion/s did you feel at the time? How intense was the emotion (0-100%)? 	<ul style="list-style-type: none"> Which thinking styles did you engage in? List questions below to respond to the automatic thoughts. How much do you believe each response (0-100%)? 	<ul style="list-style-type: none"> How much do you now believe your ATs (0-100%)? What emotion/s do you now feel? At what intensity?

Questions to compose an Adaptive Response: (1) What is the evidence that the automatic thought is true? Not true? (2) Is there an alternative explanation? (3) What's the worst that could happen? What's the best that could happen? What's the most realistic outcome? (4) If a friend were in this situation and had this thought, what would I tell him/her?



Neocortex:

Rational or Thinking Brain

Limbic Brain:

Emotional or Feeling Brain

Reptilian Brain:

Instinctual or Dinosaur Brain



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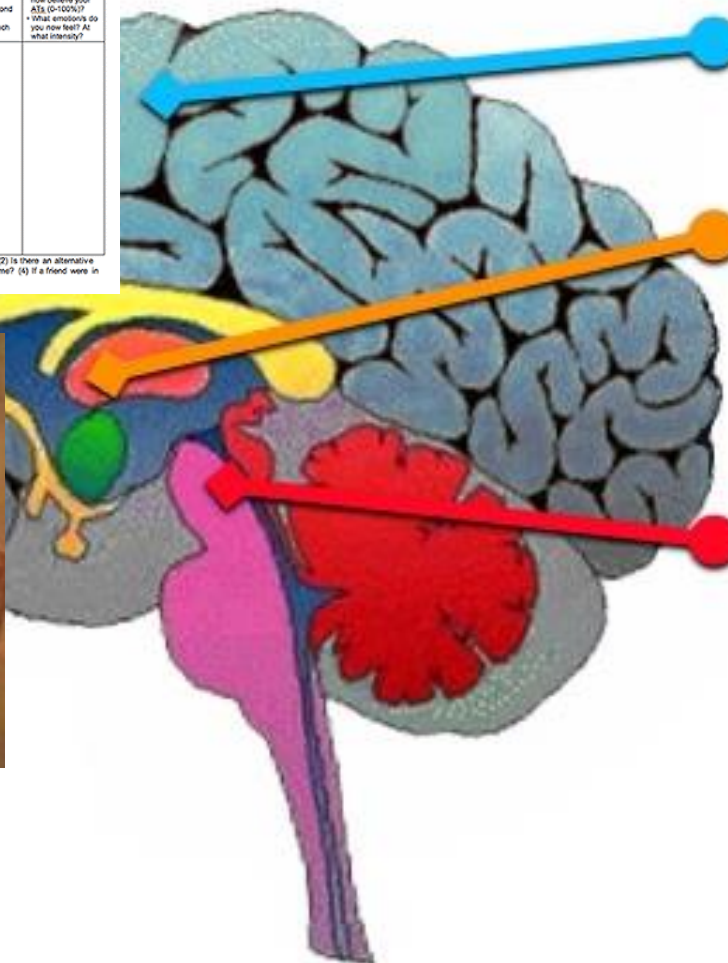
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<https://www.jenmansafaris.com/the-man-whos-mum-gorillas-drc/>



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Clinical Psychology Review

journal homepage: www.elsevier.com/locate/clinpsychrev

Review

Is self-compassion relevant to the pathology and treatment of eating and body image concerns? A systematic review and meta-analysis

Fidan Turk*, Glenn Waller

Department of Psychology, University of Sheffield, Sheffield, UK

Findings also show that...

As patients with eating disorders become more self-compassionate, their shame drops, and as a result their eating disorder symptoms decrease

(Kelly, Carter, & Borairi, 2014; Kelly & Tasca, 2016)

Objectives



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Objectives

By the end of this webinar, you will be able to:

1. Integrate theory from compassion-focused therapy into client case formulations
2. More deeply understand what compassion is and isn't, and facilitate this understanding in clients
3. Help your clients shift to a more compassionate way of relating to themselves through recovery



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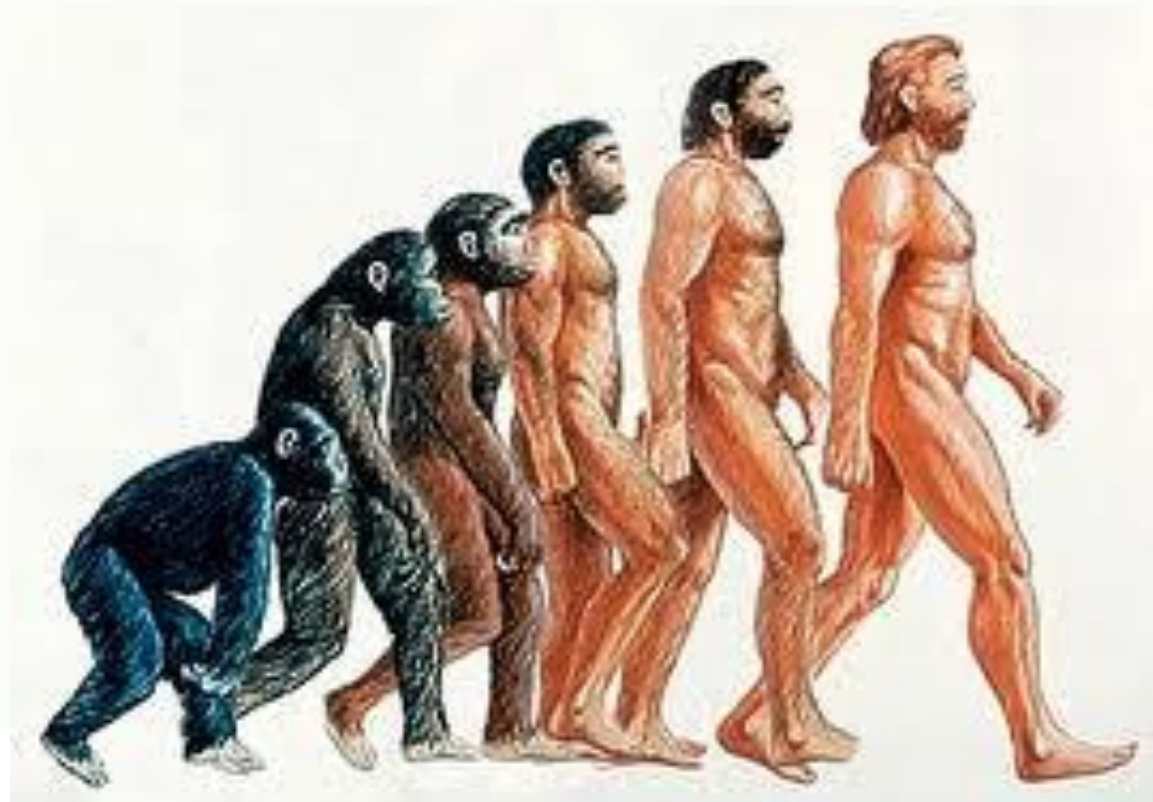
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Outline

1. Theoretical background of CFT as applied to eating disorders
2. What is compassion in CFT?
3. What are we trying to do in CFT?



1. Theoretical Background



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Tripartite Model of Affect Regulation or “3 circles”

DRIVE SYSTEM

Proud
Excited
ENERGIZED
Goal-striving
Reward-seeking

SOOTHING SYSTEM

Soothed
Reassured
SAFE
Connection
Trust

Ashamed
Anxious
THREATENED
Self-protection
(Self-) aggression

THREAT SYSTEM

Gilbert (2005)



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Anxious
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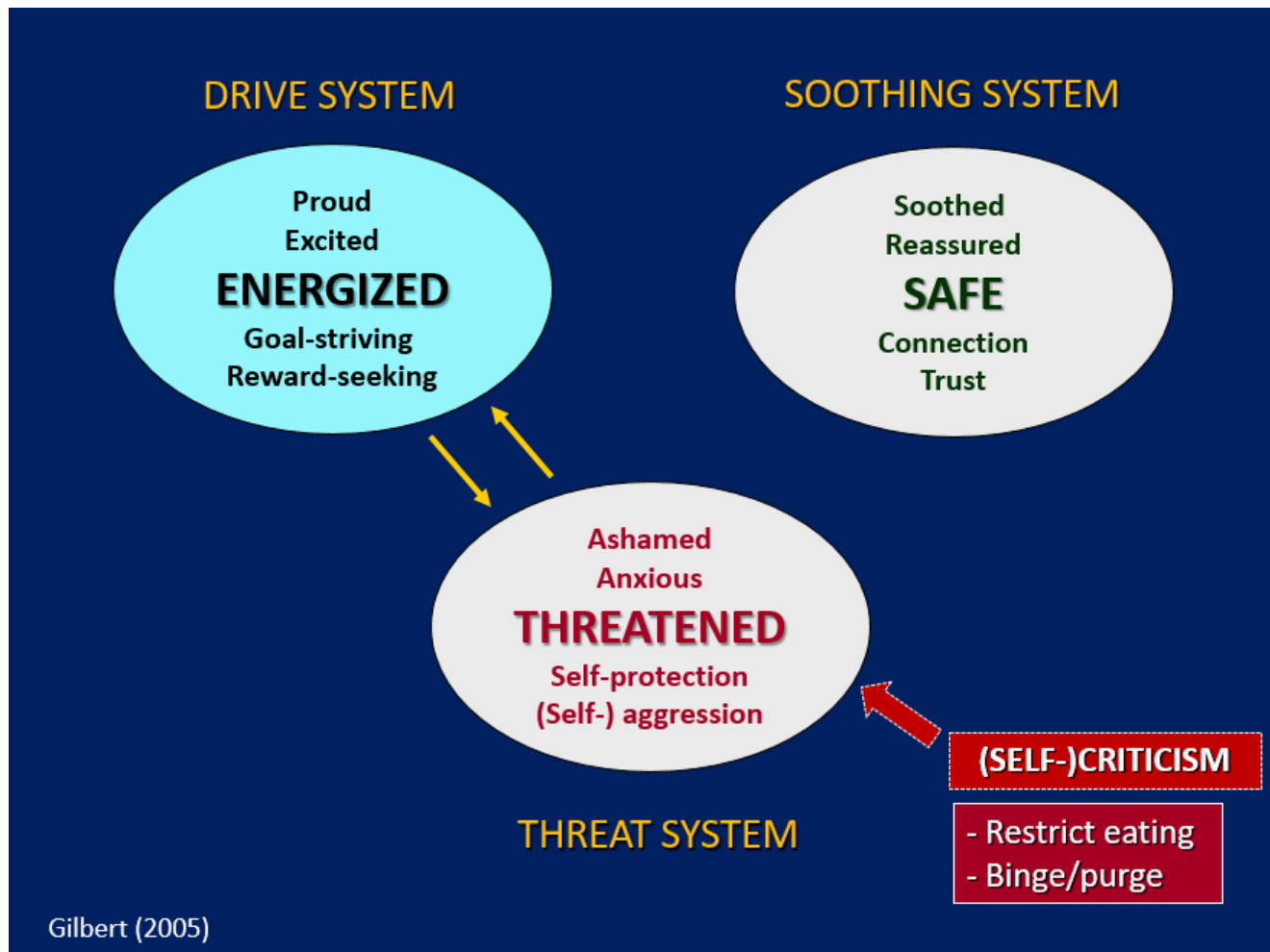
THREAT SYSTEM



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DRIVE SYSTEM

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Excited
ENERGIZED
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Reward-seeking



@ellabyworth

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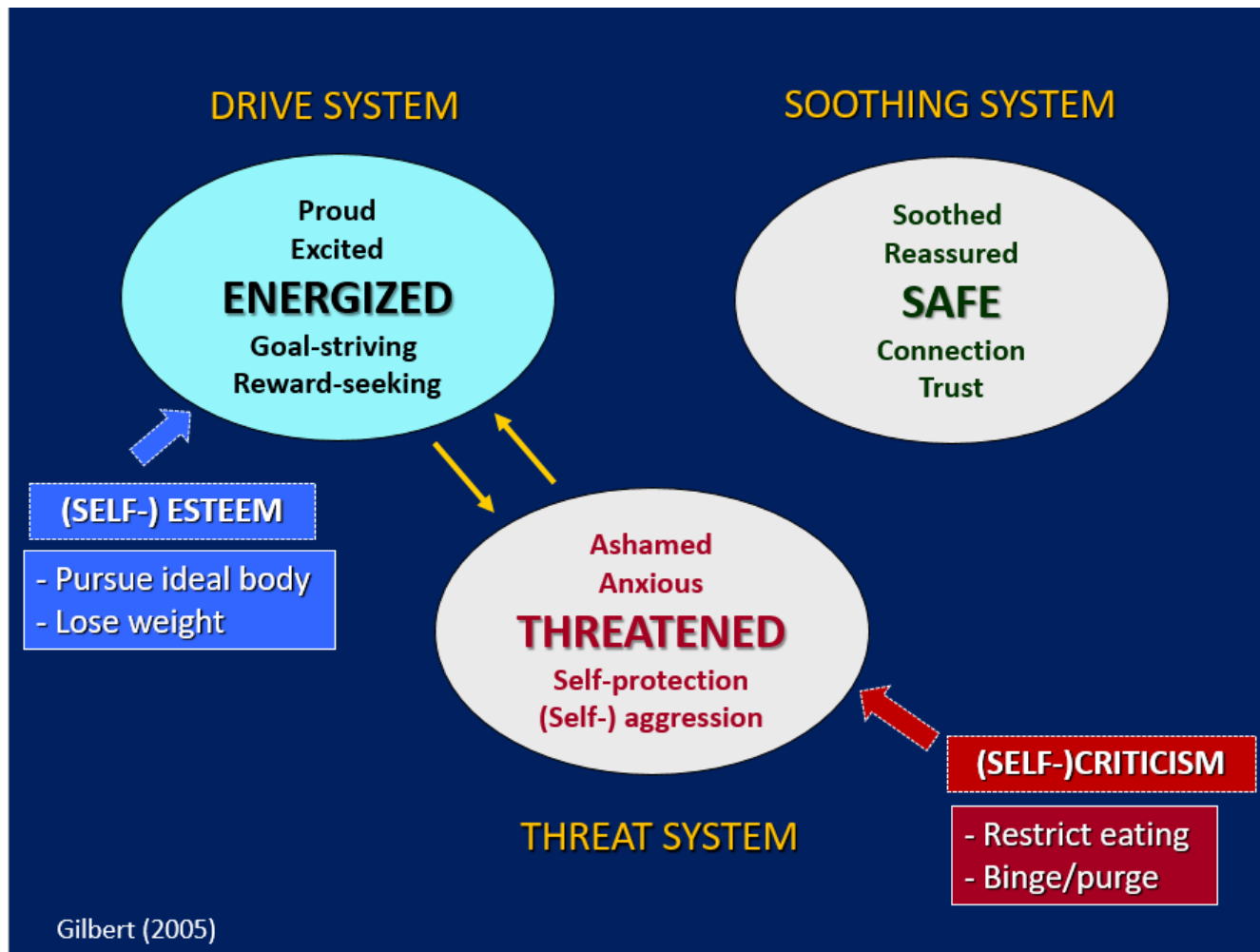
Goal-striving
Reward-seeking



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Clinical Psychology and Psychotherapy

Clin. Psychol. Psychother. **16**, 303–316 (2009)

Published online in Wiley InterScience (www.interscience.wiley.com). DOI: 10.1002/cpp.627

Shame, Pride and Eating Disorders

Kenneth Goss^{1*} and Steven Allan²

¹*Coventry & Warwickshire Partnership Trust, Coventry Eating Disorder Service, Coventry, UK*

²*University of Leicester, Leicester, UK*



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Shame and Pride in Anorexia Nervosa: A Qualitative Descriptive Study

Finn Skårderud^{1,2*}

¹*Faculty of Health and Social Studies, Lillehammer University College, Norway*

²*Centre for Child and Adolescent Mental Health, Eastern and Southern Norway, Oslo, Norway*



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ORIGINAL ARTICLE

The fragility of perceived social rank following exercise in anorexia nervosa: an ecological momentary assessment study of shame and pride

Ruofan Ma¹ · Allison C. Kelly¹ 

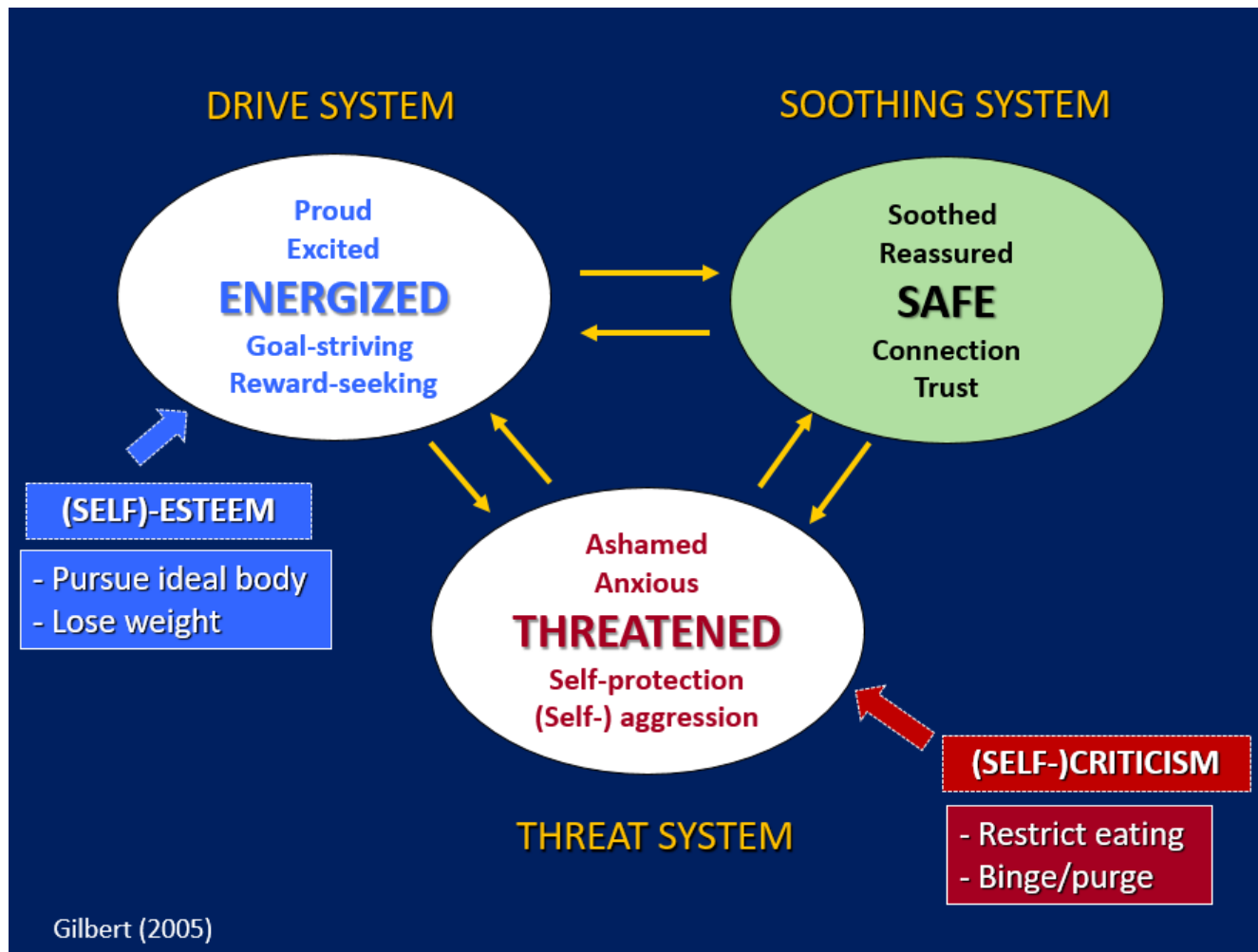
Received: 24 June 2019 / Accepted: 3 October 2019
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SOOTHING SYSTEM

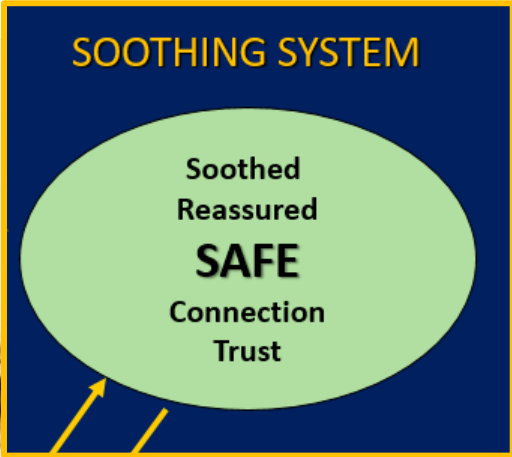
Soothed
Reassured
SAFE
Connection
Trust

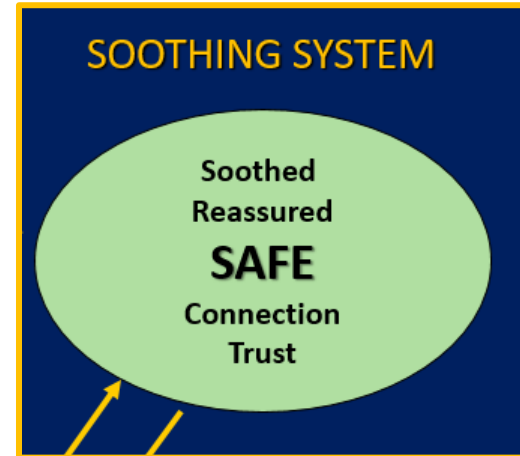


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SOOTHING SYSTEM

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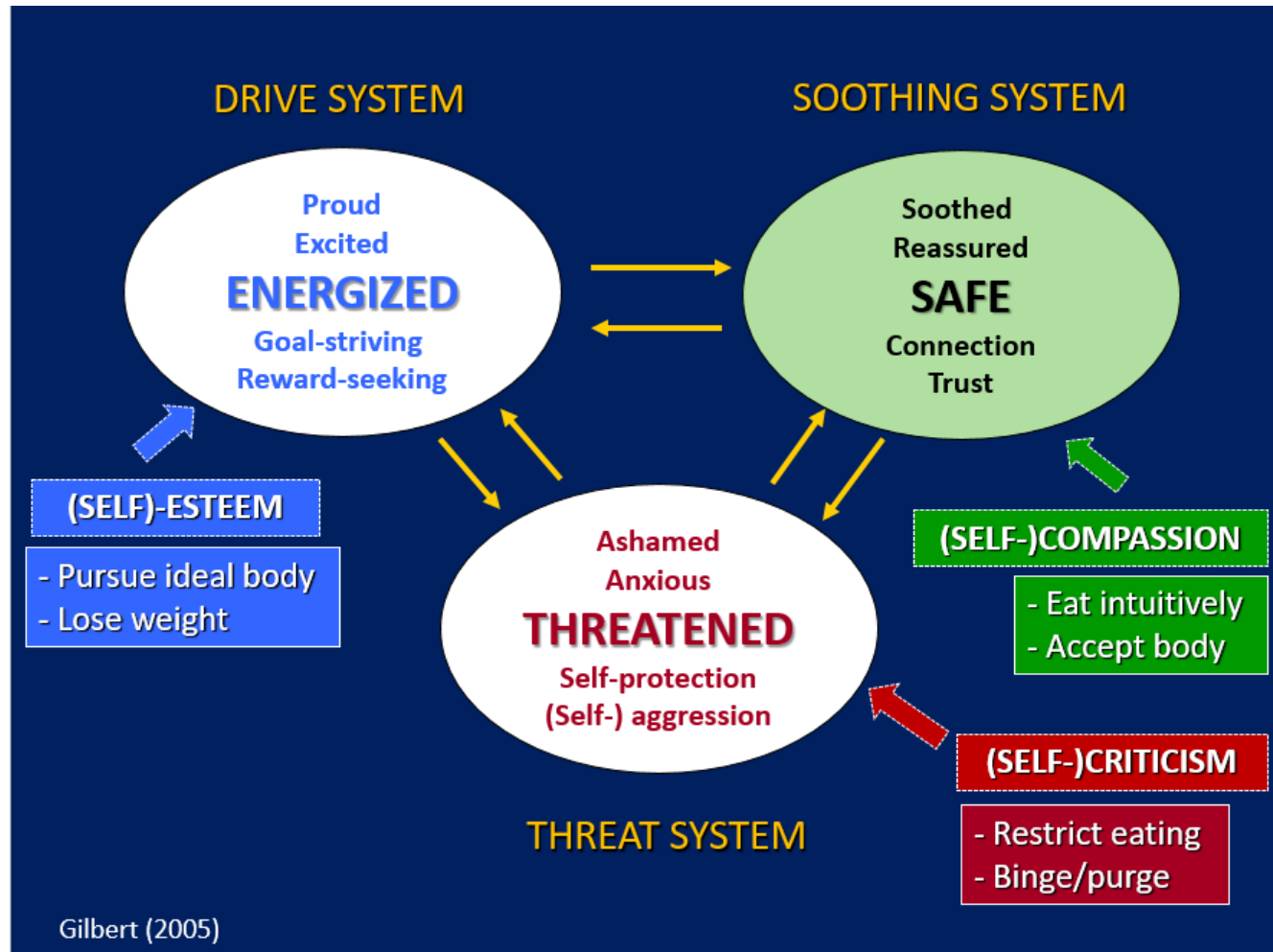


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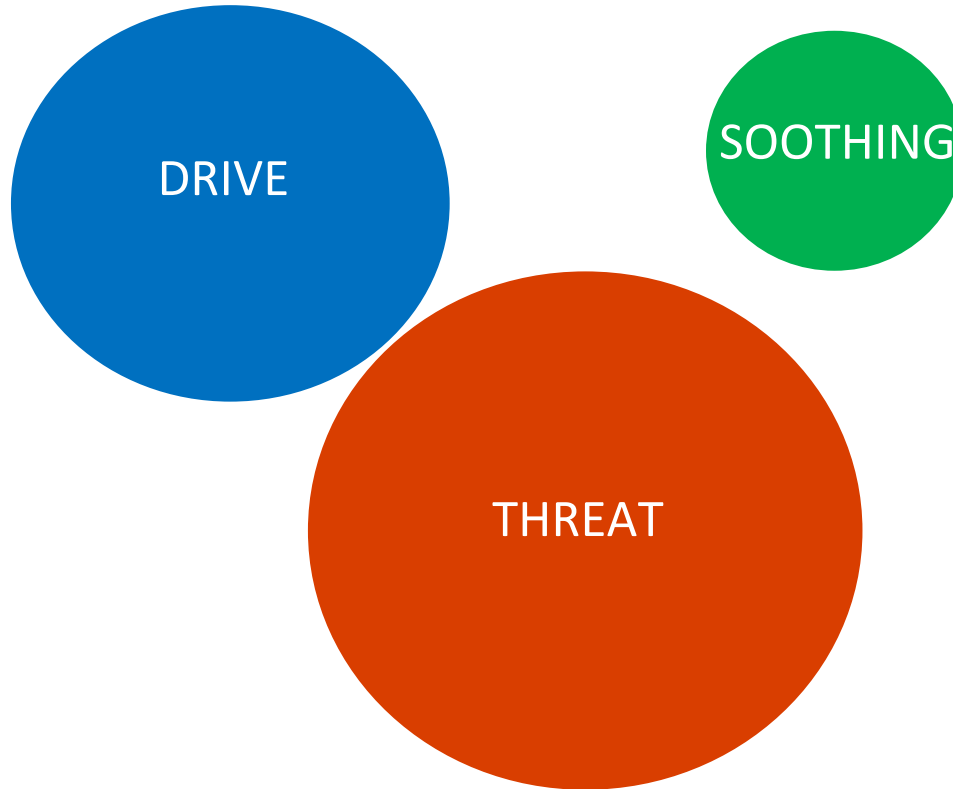


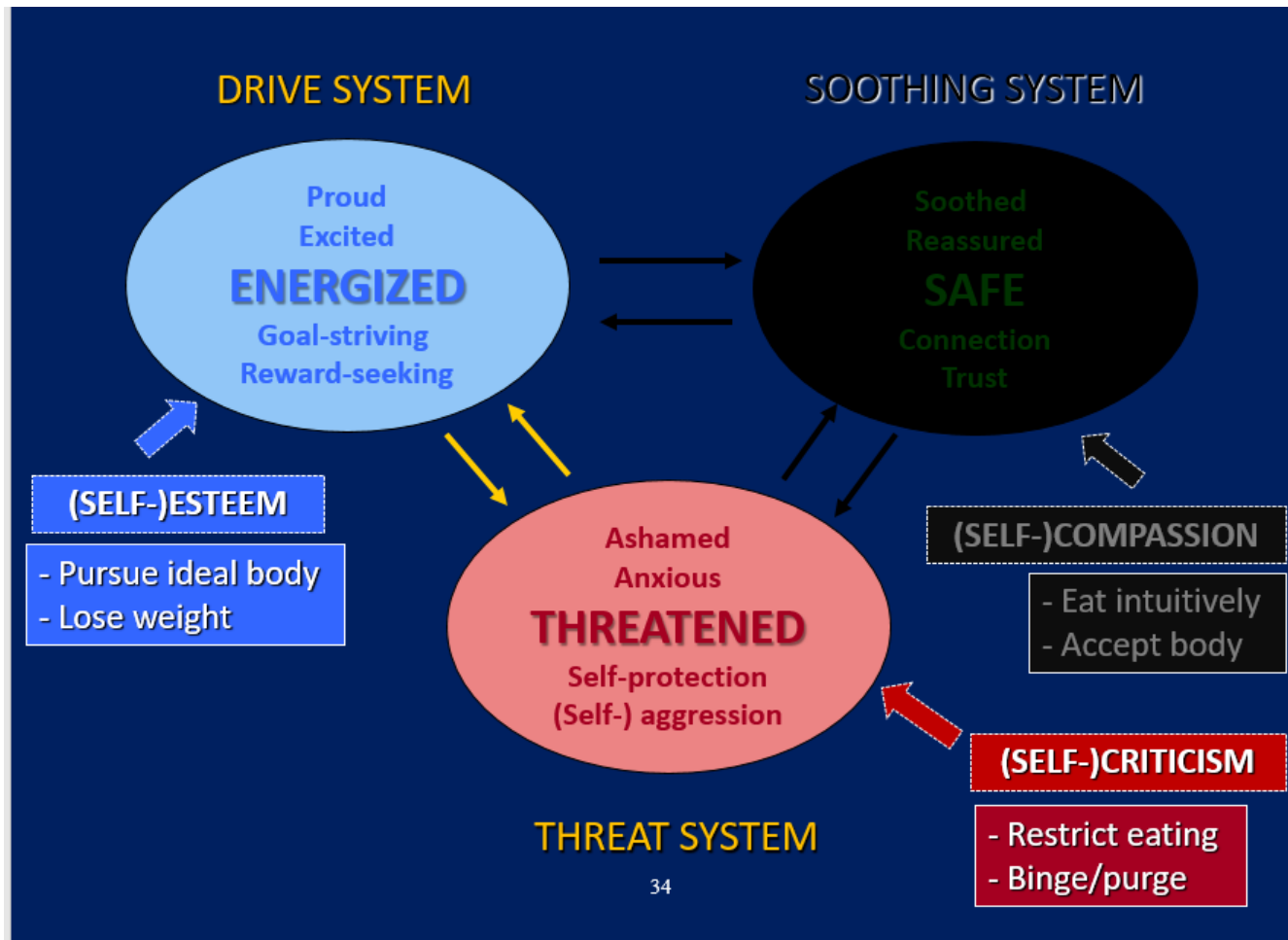
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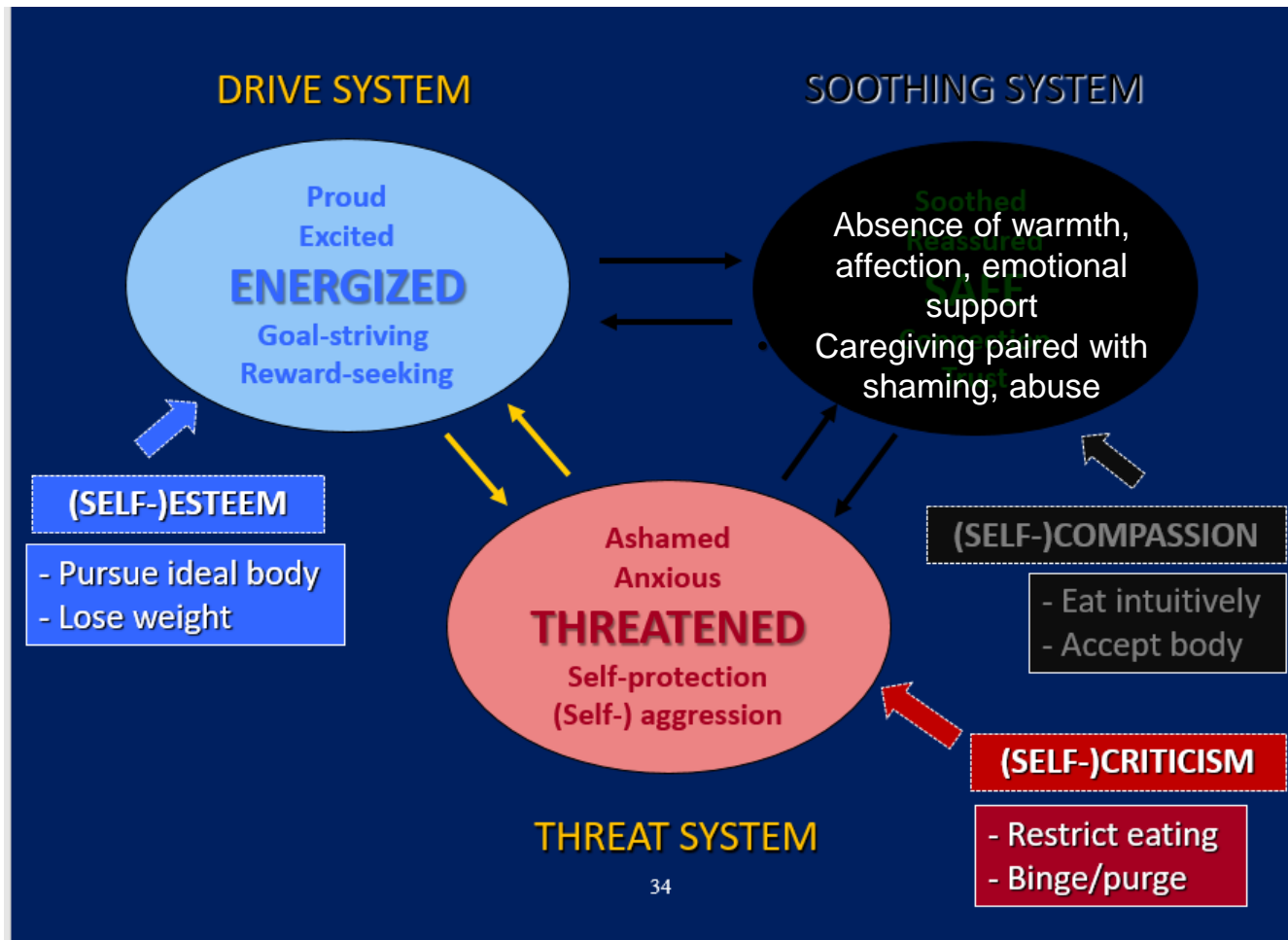


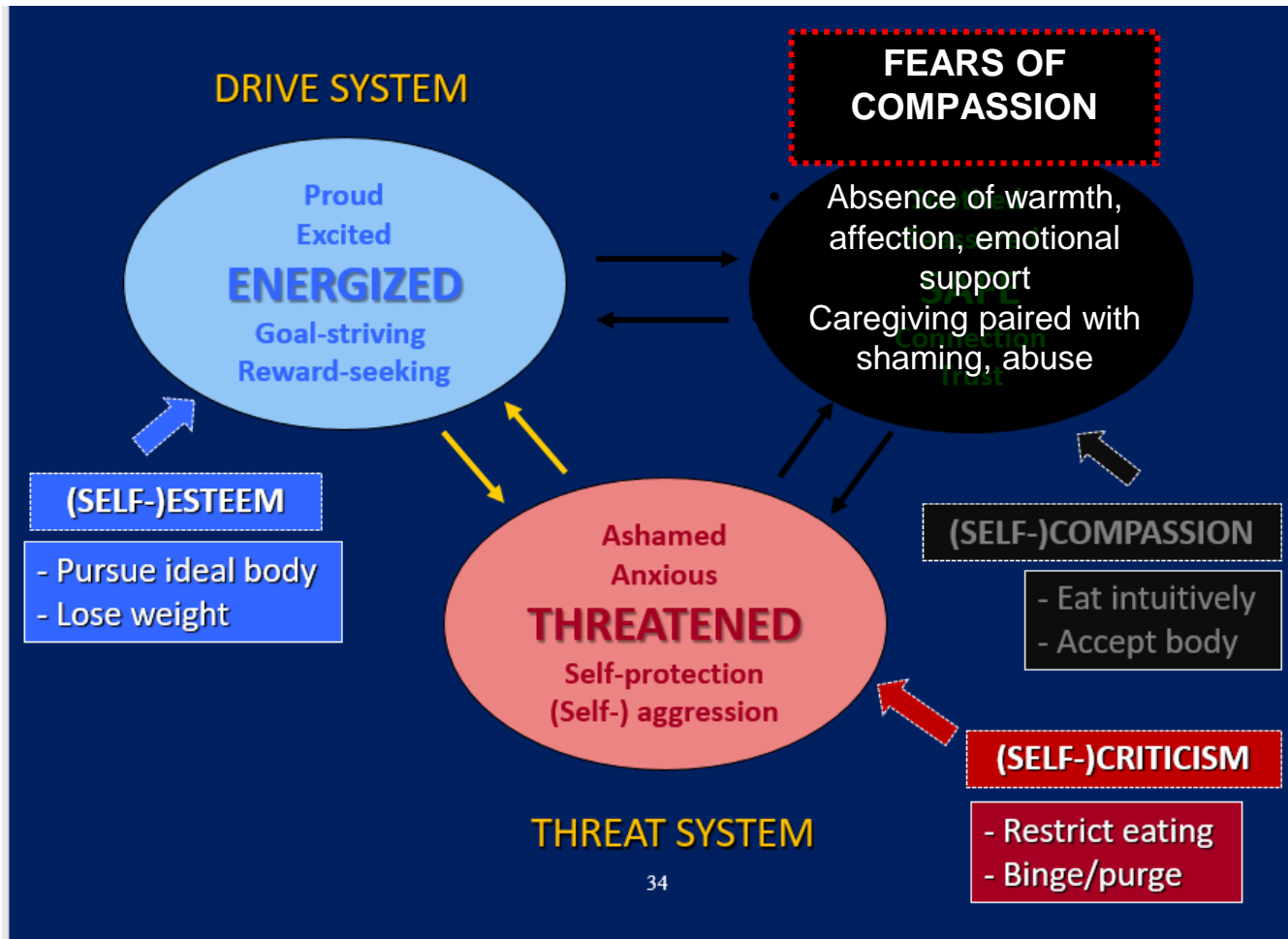


Applications

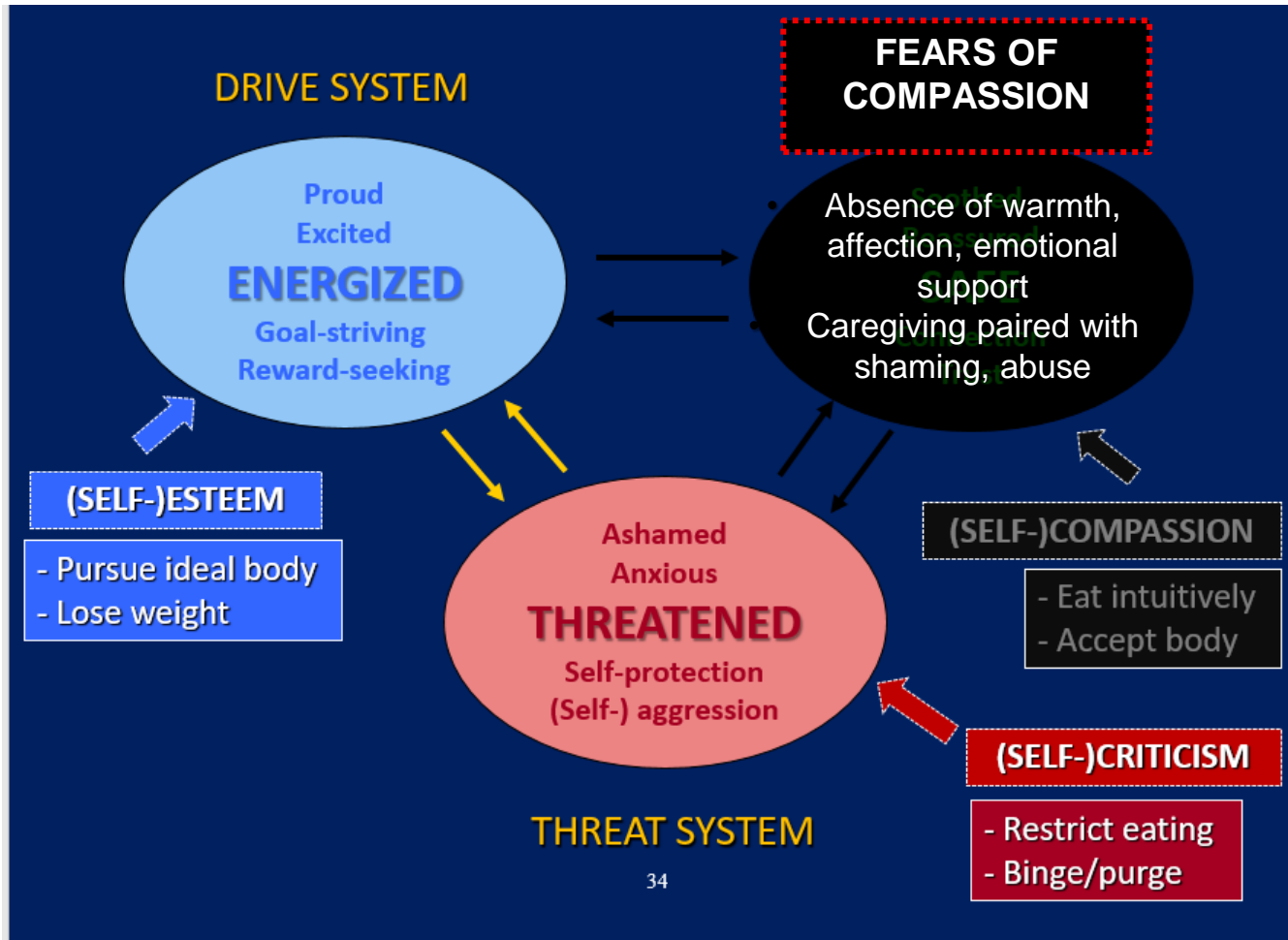








Clinical anecdote



34



Fear of self-compassion

In people with eating disorders,
there are 2 factors:



Emotional vulnerability concerns

e.g., feeling underserving, worry about difficult feelings

Personal standards concerns

e.g., revealing flaws, being rejected, less desirable person

(Gilbert et al., 2010; Geller, Iyar, Kelly, & Srikanth, 2019)

Fear of self-compassion



- Higher in people with eating disorders
- Predictive of more severe eating disorder symptoms and poorer response to eating disorders treatment
- Decreases in response to compassion-focused therapy interventions

(e.g., Geller et al., 2019; Kelly et al., 2013; Kelly et al., 2014; Kelly & Waring, 2019)

Clinical Take-Homes

- 1) Integrate 3 circle model into case formulation
- 2) Recognize and help client recognize what “circle” they are in
- 3) Build rationale for the need to access more “soothing” via compassion, even momentarily, recognizing it may be very challenging and feel scary



2. What is (self-)compassion?

Origin in Caregiving Motivational System



Slide developed by graduate student Sydney Waring



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Origin in Caregiving Motivational System



Slide developed by graduate student Sydney Waring



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PRACTICE



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What is compassion?

We and our clients have an intuitive sense of what it is and isn't...

***Scenario:** What would be a compassionate way of responding to child who is feeling anxious to go to school, and is begging to stay home? Why?*



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What is compassion?



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What is compassion?



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What is compassion?

A motivation or intention to...

1) Be sensitive to suffering and distress in self and others

+

2) Alleviate and prevent suffering in self and others

(Gilbert, 2019)



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Self-compassion is the same as compassion...
just directed inward



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Self-compassion



PRACTICE

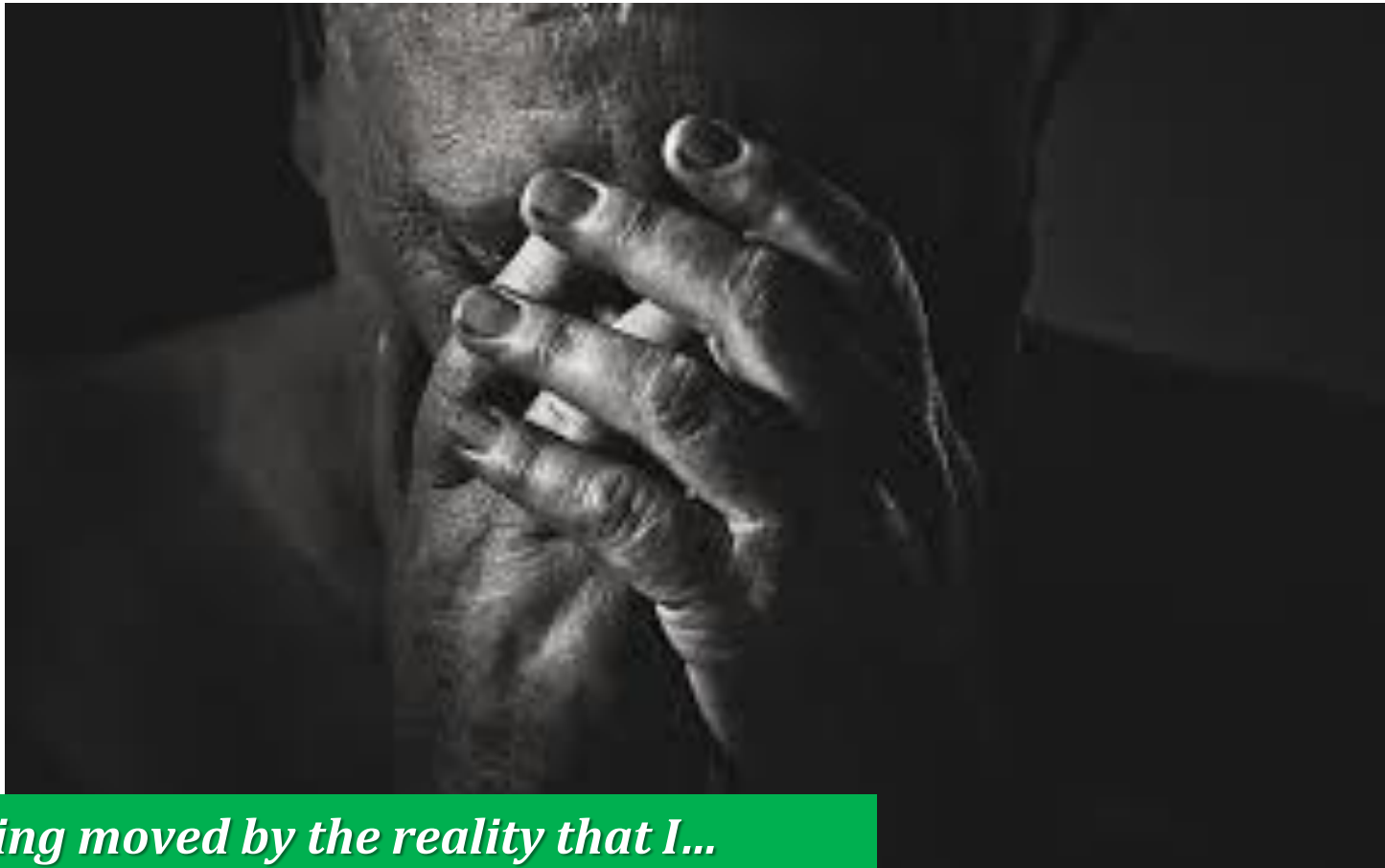


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1) Sensitivity to our suffering



E.g., being moved by the reality that I...

- *have a chronic, disabling eating disorder*
- *live with self-hatred and self-disgust*
- *have so many secrets, and feel so isolated*



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2) A commitment to try and alleviate and prevent our suffering



E.g., In seeing the nature of my suffering, I am motivated to help myself by...

- *Talking to myself kindly, patiently*
- *Letting myself cry and grieve*
- *Reaching out to someone supportive*



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Common misunderstandings re: body image







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Clinical Take-Homes

- 1) Be clear on what compassion is and isn't, and don't forget the sensitivity to suffering part!
- 2) Help client understand experientially what compassion is through practices
- 3) Facilitate the client's commitment to "build up" their compassionate self through practice



3. What we are doing in CFT

Eating disorder principles still at play

- 1) Psychoeducation about eating, weight
- 2) Developing regular eating patterns
- 3) Weight-restoration in the case of restrictive disorders



SHARED GOALS:

Build up the client's *compassionate self*
Have this be the “self” that’s steering the ship



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Consider clients
and ourselves...
we are fragmented

physiology

thoughts

feelings

behaviours

attention

Franck Feret



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COMPASSIONATE MOTIVATION

physiology

thoughts

feelings

behaviours

attention

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COMPASSIONATE MOTIVATION

physiology

*Parasympathetic nervous
system activity, slower breathing*

thoughts

*What would help me suffer
less? What would support
my well-being?*

feelings

Cared for, safe

behaviours

What is helpful, not harmful

attention

Feelings, needs

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Clinical Anecdote

physiology

thoughts

feelings

behaviours

attention

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HARSH COMPETITIVE
MOTIVATION

Clinical Anecdote

physiology

*Sympathetic nervous system
activity; shallow, halted breathing*

thoughts

*How can I suck it up and
get the job done?*

feelings

*Ashamed, anxious,
disgusted*

behaviours

Self-punishing

attention

Where I'm failing

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COMPASSIONATE MOTIVATION

Clinical Anecdote

physiology

*Parasympathetic nervous
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Cared for, safe

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attention

Feelings, needs

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Frequently Asked Question

Q. Can I still implement the usual treatment tasks, like food journals, meal planning, weighing etc.?

A. Yes, these can all be done within the overarching framework of shifting to a more compassionate orientation as the primary focus.

- *Key motive to focus on:* to be helpful, not harmful
- Recall that behaviours and thoughts are lower down in the cascade.

Frequently Asked Question

Q. What if a client's self-criticism and fear of self-compassion are so strong that self-compassion feels like an impossibility?

A. We relate to those parts of self compassionately, trying to understand their origins, functions, fears, and wishes for the client.

Self-compassion



Self-compassion



Self-compassion



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Clinical Take-Homes

- 1) Tune into the “motivational system” that is online for the client – caring versus competitive
- 2) Facilitate a mindful slowing down and a deliberate shift to the compassionate self (caregiving motive)
- 3) Have the client respond to their experiences from their compassionate self

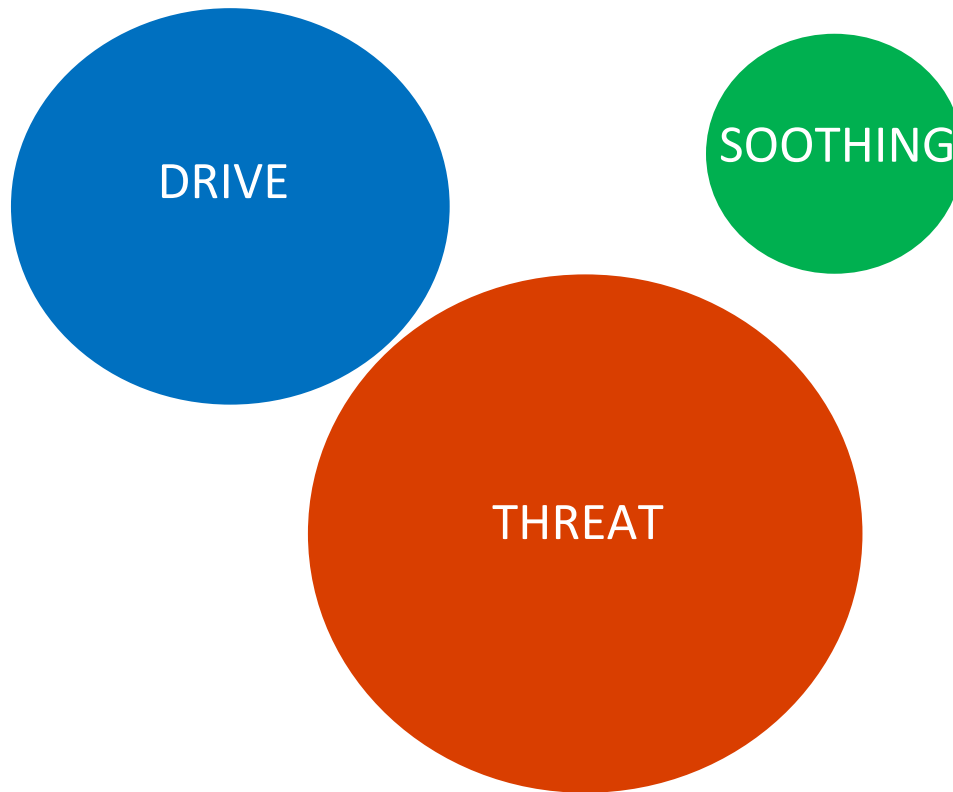


Clinical Practices



- Compassionate self practices
 - Recall a time you wanted to help someone
 - Build your ideal compassionate self
 - Method acting approach
 - Embody your compassionate self
- Breathing, imagery, letter-writing, chair work
- See <https://www.compassionatemind.co.uk/>





In building the compassionate self,
there's more balancing across the “3 circles”



Summary

Recap of objectives

By the end of this webinar, you will be able to:

1. Integrate theory from compassion-focused therapy into client case formulations
2. More deeply understand what compassion is and isn't, and facilitate this understanding in clients
3. Help your clients shift to a more compassionate way of relating to themselves through recovery



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- Dr. Ken Goss
- The Compassionate Mind Foundation
- My clients
- My students and collaborators
- Ontario Mental Health Foundation
- Academy for Eating Disorders

THANK YOU!

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