

aloria health

# Dropping the Rope

The use of mindful based techniques for clients and practitioners in the treatment of eating disorders.

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# Overview

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- Defining Mindfulness
- Typical Client Presentation and Expectations of Care
  - Dangers of expectations
- Acceptance and Commitment
- Dropping the Rope
- Getting Caught Up in Our Thoughts Clients and Practitioners
  - Our Attempts to Control Thoughts
- Valued Living
- Experiential Avoidance vs Valued Living
  - True/False Struggle
- Defusion Actions
- Acceptance Actions
- Mindfulness Exercise
- Closing

# Mindfulness

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## What it is

- The ability to be present in the moment regardless of our thoughts and feelings at the time
- Experience life in an more rich and meaningful way

## What its not

- A way to avoid pain or difficult circumstances
- A magical tool that will allow to us be happy no matter what

# Why do our clients come to treatment?

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- Distressing thoughts about their body, weight, shape, size
  - Significant trauma issues
  - Engaging in coping mechanism that have lead to significant medical, nutritional, psychological complications
  - Relational distress
  - Co-morbid disorders – mood or anxiety disorders

# Common Therapeutic Expectations

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From our clients:

“I just want to be happy”

“I don’t want to be in pain”

“I don’t want to have these thoughts anymore”

“I don’t want to feel this way anymore”

“I just want to be normal.”

# Dangers of These Expectations

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It is impossible to control all of our thoughts and feelings all of the time.

Try it out.....

Think about when a song comes on the radio that has a deep meaning to you, where do your thoughts go what are your feelings?

Where you able to control everything that came into your head 100%?

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Here is a classic one

Try and not think of a.....



FreakingNews.com

# Dangers of These Expectations

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Clients that believe they can experience life without pain or discomfort or believe that they can somehow control every thought or feeling they have are set up for disappointment along with poor therapeutic alliance.

If we as practitioners believe that we can take away all our clients pain and discomfort it can lead to constant disappointment and a questioning of our abilities.



# Client Work

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When I talk about mindfulness, I mean being in the present moment and taking actions that lead to a life of value and meaning as defined by you.

The goal when working with clients or on ourselves is to be able to be in the moment.

# Client work

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Mindfulness based approaches including those in Acceptance and Commitment Therapy (ACT) can work well in assisting clients with body image issues, maladaptive eating patterns, and compensatory behaviors.

(Manlick, et. al, 2012)

(Wanden-Berghe,2010)

(Parling et. al, 2016)

The focus is to assist the client in being able to experience a full range of emotions and thoughts while continuing to lead a life they find meaningful, fulfilling, and value based.

# Client Work

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This might be difficult for some clients to accept if in the past they have been told they can control their thinking or feeling or believe that experiencing unwanted thoughts and feelings is a sign of weakness.

# Dropping the Rope

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Interspersed though the slides are an analogy that is used in ACT made simple that can work well with clients when talking about attempting to control or get rid of thoughts vs experiencing them while also engaging in a life they want to lead.

(Harris,2009)

# Thoughts We Can Get Wrapped Up In That Remove Us From Being In the Moment

Client	Practitioner
I'm broken	I'm a fraud
I should be healthier	The session was bad and its all my fault
I'm not good enough	My colleagues seems to be so much better than I am
I'm disgusting	I'm an idiot

# Reviewing Our Attempts to Control These Unwanted Thoughts

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Some Common Examples:

Eating Disorder Behaviors

Substance Use

Affirmations

Constant Training and sometimes overtraining

Exercising

Sleeping

(Harris & Hayes, 2008)



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## The Struggle

# Has It Worked?

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As we think of our attempts to control unwanted thoughts or feelings, ask your clients and yourself

Have any of these behaviors worked long term?

If they haven't worked what has been the cost of trying to control them?



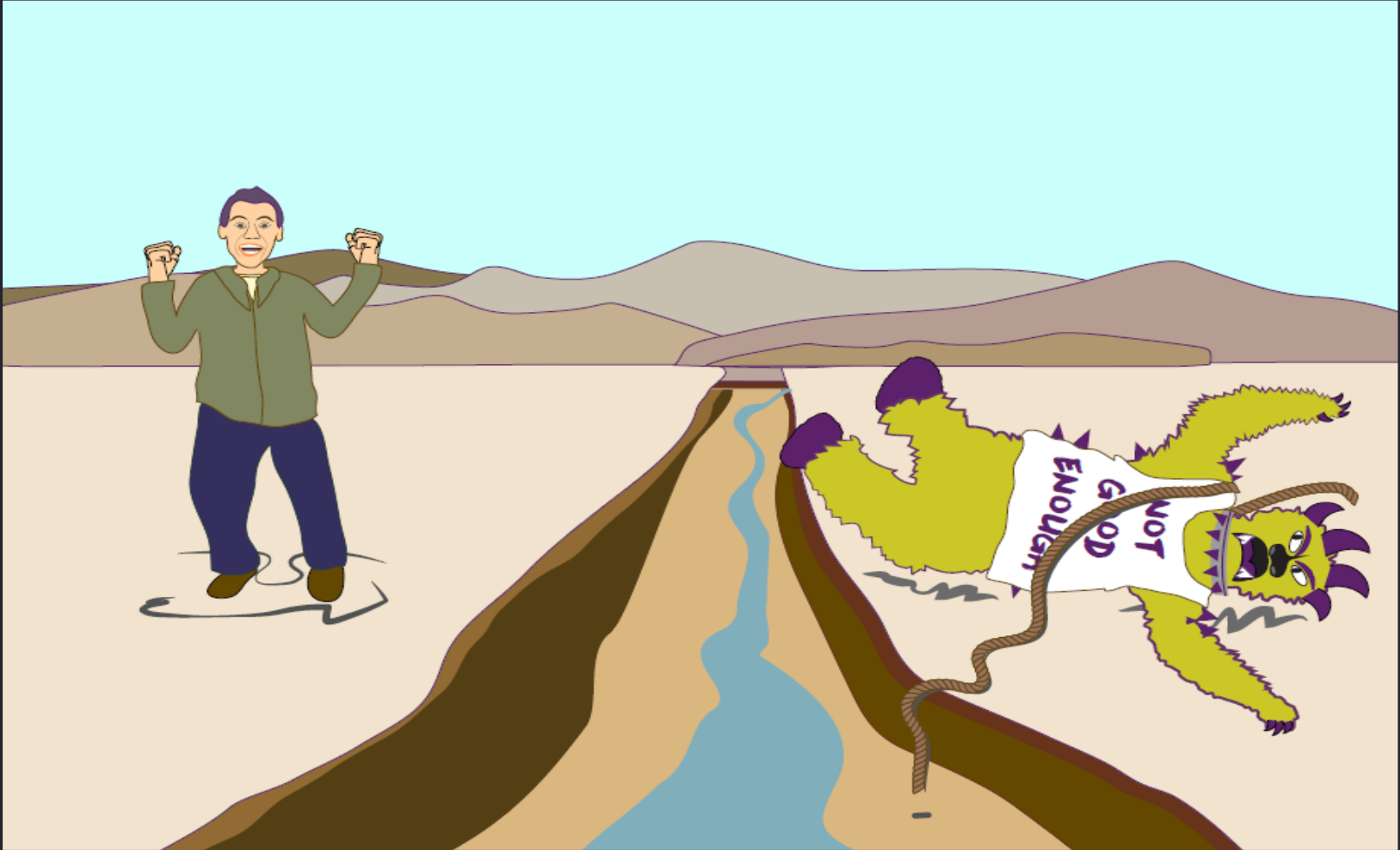
# So what happens if we “drop the rope”

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Dropping the rope is us letting go of trying to control unwanted thoughts and feelings and instead use that energy to focus on living a life of meaning..... DOES NOT MEAN PAIN GOES AWAY!

What we don't want to do is constantly engage in behaviors that

- A. Are not working
- B. Costing us from living a life of values



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## Dropping the Rope

# Valued Living

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Examine these questions with our clients and ourselves

What kind of person do you want to be?

What kind of life do you want to lead?

What is truly important to you?

- Values are how I want to act/behave on an ongoing basis.
- Values can never be achieved only provide us direction (being compassionate is never fully achieved)



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## Doing What Matters

# Experiential Avoidance v Valued Living

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Acceptance and Commitment Therapy (ACT) refers to experiential avoidance as actions we engage in order to avoid uncomfortable situations, thoughts, feelings, urges, and memories.

(Harris, 2009)

Experiential avoidance is a life typically lead in the past (regret) or in the future (worry).

Valued living is about being in the present and engaging in things that are meaningful to us.

# Example

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A client comes into for treatment for his eating disorder and notes exercise as a hobby and something that is important to them.

- Experiential Avoidance would be if the client is using exercise because they have overwhelming thoughts or being “a loser” or “getting rid of my jiggly stomach” or “I’m disgusting looking” and are trying to control them.
- Valued Living would be if a client is using exercise they value fitness or being compassionate with themselves.

# Example

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As practitioners it's important to differentiate this to determine best course of care.

Typically When it's experiential avoidance you will see behaviors such as.

- Exercising while injured
- Exercising to the detriment to other things in their life
- Consistent dissatisfaction with exercise

## Example 2

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A mental health counselor signs up for and completes many trainings because they feel like this will make them a better practitioner.

If the practitioner is doing this because they feel like “a fraud” or that “I suck as a therapist” and are trying to get rid of thoughts it would be considered experiential avoidance.

If the practitioner is doing this because they value continued education and value growing themselves professionally then it would be value based.



# Cautions

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When working with clients or yourself be cautious to not get caught up in true/false or right/wrong struggle.

For example a client reports persistent thoughts of being a failure that they are currently aligning with. Client states “well it’s true I am a failure, I failed my MCAT and now can’t get into med school”.

The question to ask here is does aligning with the thought “I’m a failure” place you on a path towards leading a full and meaningful life or does it deter from it?

(Harris, 2009)

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## Getting Away from

- True/False
- Right/Wrong

## Moving Towards

Examining when we fuse/align with these thoughts does it help us on our journey toward leading a full and meaningful life?

- Helpful/Unhelpful

# Mindful Actions

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## De-fusion

One of the hallmarks of being mindful is to observe because to observe you have to be present.

The goal of defusion is not to get rid of a thought but instead allow it to exist and see it for what it is.....JUST WORDS.

- If it works for ourselves and our clients, keep using it.
- If it doesn't work for ourselves or our clients practice defusion.

# Mindfulness Action Defusion

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“I’m thinking” “I notice I’m thinking”

Client presenting as fused with “I’m disgusting” and has tried to control that thought by constant dieting, over exercise, restriction, and purging.

Practice the statement of “I’m thinking I’m fat” or “I’m noticing that I’m thinking I’m fat”

➤ This allows for space to observe the thought.

Harris & Haynes (2008)

# Mindful Skill Defusion

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“I’m a.....”

Hold tight to whatever unhelpful thought you have fused/aligned with for the next ten seconds.....

Now hold just as tight to the next statement I’m going to tell you  
“I’m a.....”



# Mindfulness and Committed Action

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ACT also makes it a point of focus to engage in committed action towards a life that is meaningful and fulfilling as you define it.

- Even though we are having painful thoughts or emotions we are only going to align with them if they are moving us towards that end.
- If they are not we stop the struggle and engage in valued/meaningful behavior.

# Acceptance

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Acceptance- Being present in the moment and accepting of the feelings and emotions that come up

Remember you don't have to agree with them, be happy about them, tolerate them, or surrender to them.

Acceptance is experiencing without unnecessary/unworkable attempts to control.

# Acceptance Actions

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2 popular acceptance techniques that can be used include.

Noticing- Just notice the feeling, where it is located, where is it most powerful, where is it least powerful?

Metaphor(s)- Feelings can be like quicksand, the more we struggle with it the more it takes us under. Instead we can lay back into the feeling, make a large surface area, and breathe.

(Harris, 2009)



# Client Example

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**Thoughts-** fused to thoughts surrounding body image “I’m disgusting” “My thighs are so fat” “I look like a dude”

**Control behaviors-** Restricting and using laxatives as well as socially isolating herself.

**Relational Values-** Spending time with friends

**Committed Action-** Going to the beach with friends even when having uncomfortable thoughts.

# Mindful Exercise

## Taken From Pocket Mindfulness-Mindful Observation

- Choose a natural object from within your immediate environment and focus on watching it for a minute or two. This could be a flower or an insect, or even the clouds or the moon.
- Don't do anything except notice the thing you are looking at. Simply relax into watching for as long as your concentration allows.
- Look at this object as if you are seeing it for the first time.
- Visually explore every aspect of its formation, and allow yourself to be consumed by its presence.
- Allow yourself to connect with its energy and its purpose within the natural world.

(James, 2017)

# Closing

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- The goal is to get clients and ourselves to stop struggling with thoughts and feelings and engage in actions/behaviors that are incongruent with our values.
- Be present in the moment
- Take intentional and committed action that is aligned with our values
- Spend time living a life that is full and meaningful as defined by us.

# References

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Harris, R. (2009). *ACT made simple: an easy-to-read primer on acceptance and commitment therapy*. Oakland: New Harbinger Publications

Harris, R., & Hayes, S. (2008). *The happiness trap*. London: Robinson.

James, A (2017, October 27). 6 Mindfulness Exercises You Can Try Today. Retrieved January 17, 2018, from <https://www.pocketmindfulness.com/6-mindfulness-exercises-you-can-try-today>

Parling, T., Cernvall, M., Ramklint, M., Holmgren, S., & Ghaderi, A. (2016). A randomized trial of Acceptance and Commitment Therapy for Anorexia Nervosa after daycare treatment, including five-year follow-up. *BMC Psychiatry*, 16(1).

Wanden-Berghe, R. G., Sanz-Valero, J., & Wanden-Berghe, C. (2010). The Application of Mindfulness to Eating Disorders Treatment: A Systematic Review. *Eating Disorders*, 19(1), 34-48.

Manlick, C. F., Cochran, S. V., & Koon, J. (2012). Acceptance and Commitment Therapy for Eating Disorders: Rationale and Literature Review. *Journal of Contemporary Psychotherapy*, 43(2), 115-122.

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