Group Therapy for the Treatment of Eating Disorders and Body Image Issues

Elise Thibodeaux, MA, LPCC, CEDS-S
Rock Recovery

November 10, 2021
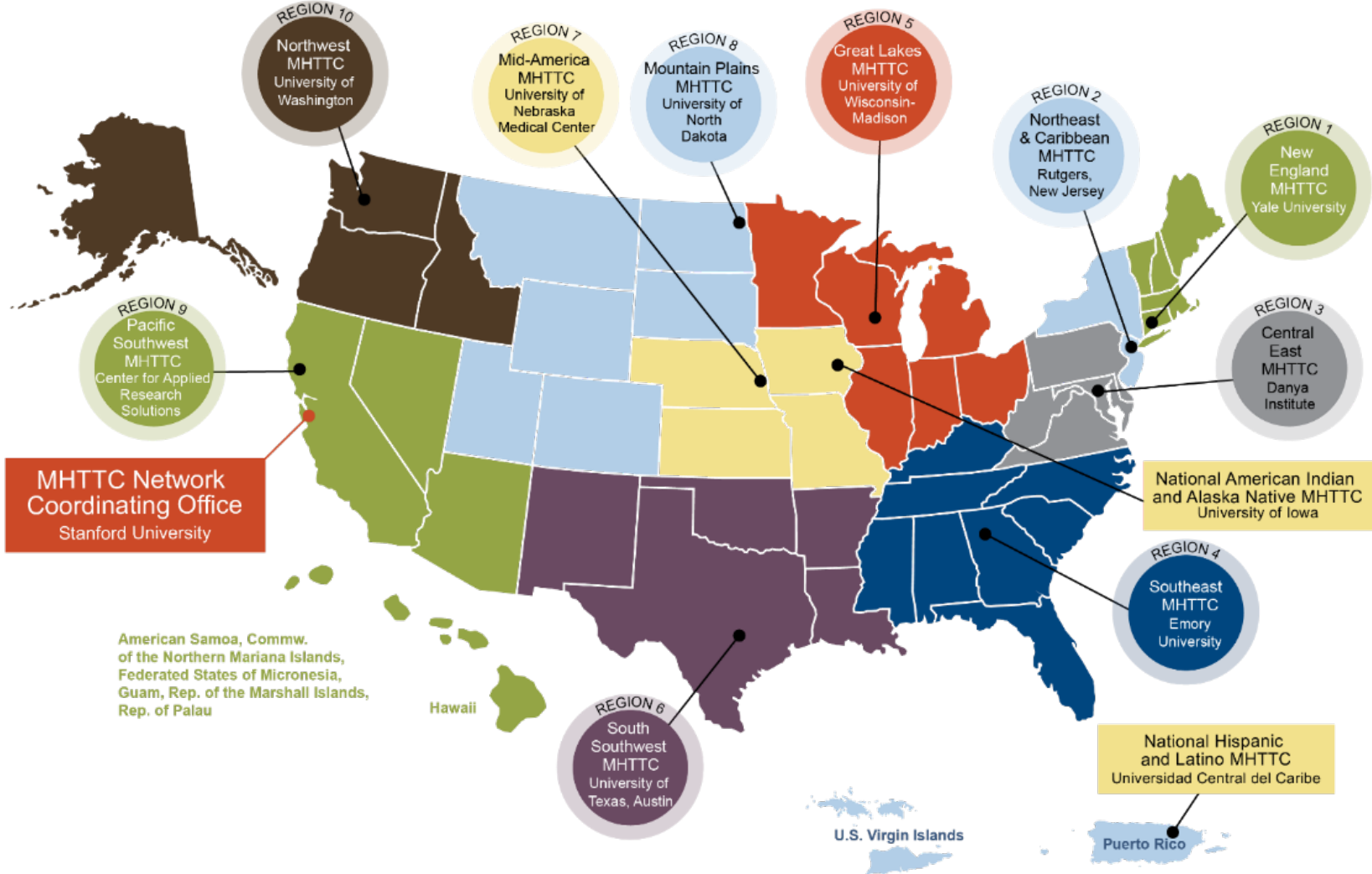
MHTTC Network

MHTTC Purpose

The MHTTC Network vision is to unify science, education and service to transform lives through evidence-based and promising treatment and recovery practices in a recovery-oriented system of care.
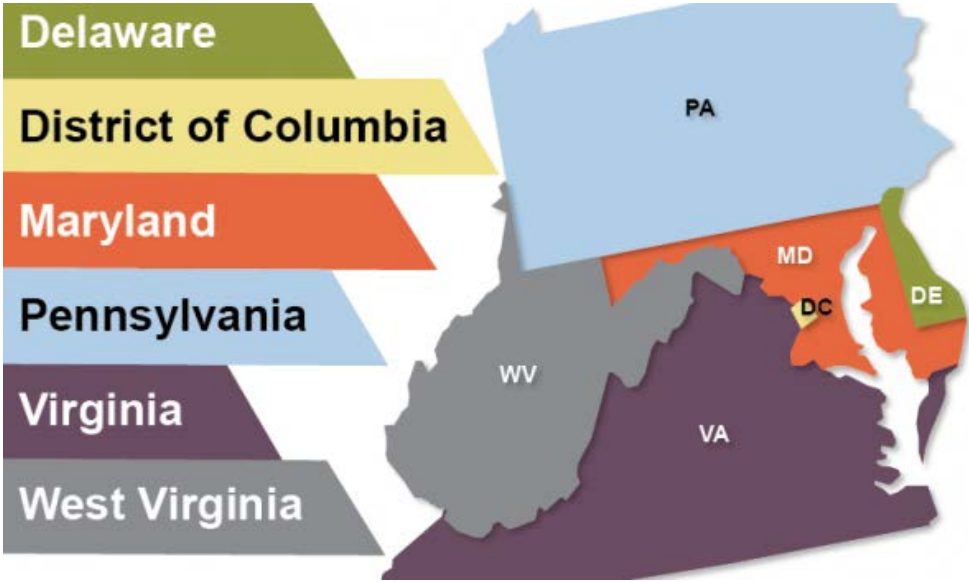
Central East MHTTC Goals

Funded by SAMHSA to:

- Accelerate the adoption and implementation of mental health related evidence-based practices
- Heighten the awareness, knowledge, and skills of the behavioral health workforce
- Foster alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- Ensure the availability and delivery of publicly available, free of charge, training and technical assistance

Central East Region 3

Delaware
District of Columbia
Maryland
Pennsylvania
Virginia
West Virginia

PA
MD
DC
DE
WV
VA

Central East (HHS Region 3)

MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

DISCLAIMER

This webinar was prepared for the Central East Mental Health Technology Transfer Center under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Central East Mental Health Technology Transfer Center. This webinar is posted on the Central East Mental Health Technology website.

At the time of this presentation, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use and Administrator of SAMHSA. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by SAMHSA/HHS, or the U.S. Government.

Evaluation Information

As part of receiving funding through SAMHSA to provide this training, the Central East MHTTC is required to submit data related to the quality of this event. At the end of today's presentation, please take a moment to complete a brief survey about today's training.

Our Presenter: Rock Recovery

Rock Recovery
BRIDGE TO LIFE

- Nonprofit organization founded in 2009 and based in Washington, DC metro

- Bridges gaps in eating disorder treatment and education to help individuals and communities fully recover

- Program offerings include outpatient clinical programs for residents of DC, MD, VA and CA and support programs nationwide

- Learn more: Rock Recovery website

Group Therapy for the Treatment of Eating Disorders and Body Image Issues

Elise Thibodeaux, MA, LPCC, CEDS-S

Outline

I. Overview of Eating Disorders
- Diagnostic Criteria
- Treatment Components

II. Why Group Therapy?

III. Group Theory Applied to Eating Disorders
- Therapeutic Factors
- Stages of Group Development

Diagnostic Criteria

TABLE. Summary of eating disorder diagnostic criteria

Diagnosis	Major criteria
Anorexia	Significantly low body weight, significant weight and shape concerns
Bulimia nervosa	Recurrent binge eating and compensatory behaviors (eg, purging, laxative use); significant wieght and shape concerns
Binge eating disorder[a]	Recurrent binge eating; at least 3 of 5 additional criteria related to binge eating (eg, eating large amounts when not physically hungry, eating alone due to embarrassment); significant distress

[a] Binge eating disorder is specified as a diagnosis only in DSM-5; in ICD-10 a person meeting the criteria would have a diagnosis of "other eating disorder."

(Eichen & Wilfley, 2016)

Treatment Components

- Treatment teams typically include several of the following:

  - Individual therapist
  - Dietitian
  - Psychiatrist
  - Medical doctor
  - Family therapist
  - Group therapist(s)
  - Recovery coach
  - Meal support

- Commonly used therapeutic modalities:

  - DBT / RO-DBT
  - CBT / CBT-E
  - ACT
  - ERP

Why Group?

- Like all mental disorders, eating disorders can be conceptualized as relational/interpersonal disorders (Horowitz & Vitkis, 1986)

- One's quality of peer relationships is inextricably linked with one's self-image (Grunebaum & Solomon, 1987)

- Research shows that clients with AN tend to struggle with high social anhedonia, and report highly valuing the social aspects of group therapy (Sparrow & Tchanturia, 2016)

- Group therapy has been shown to be effective for mitigating shame, decreasing negative self-talk, and increasing awareness of triggers in those struggling with BN (Levine & Mishna, 2007)

Why Group?: Relational Functions of EDs
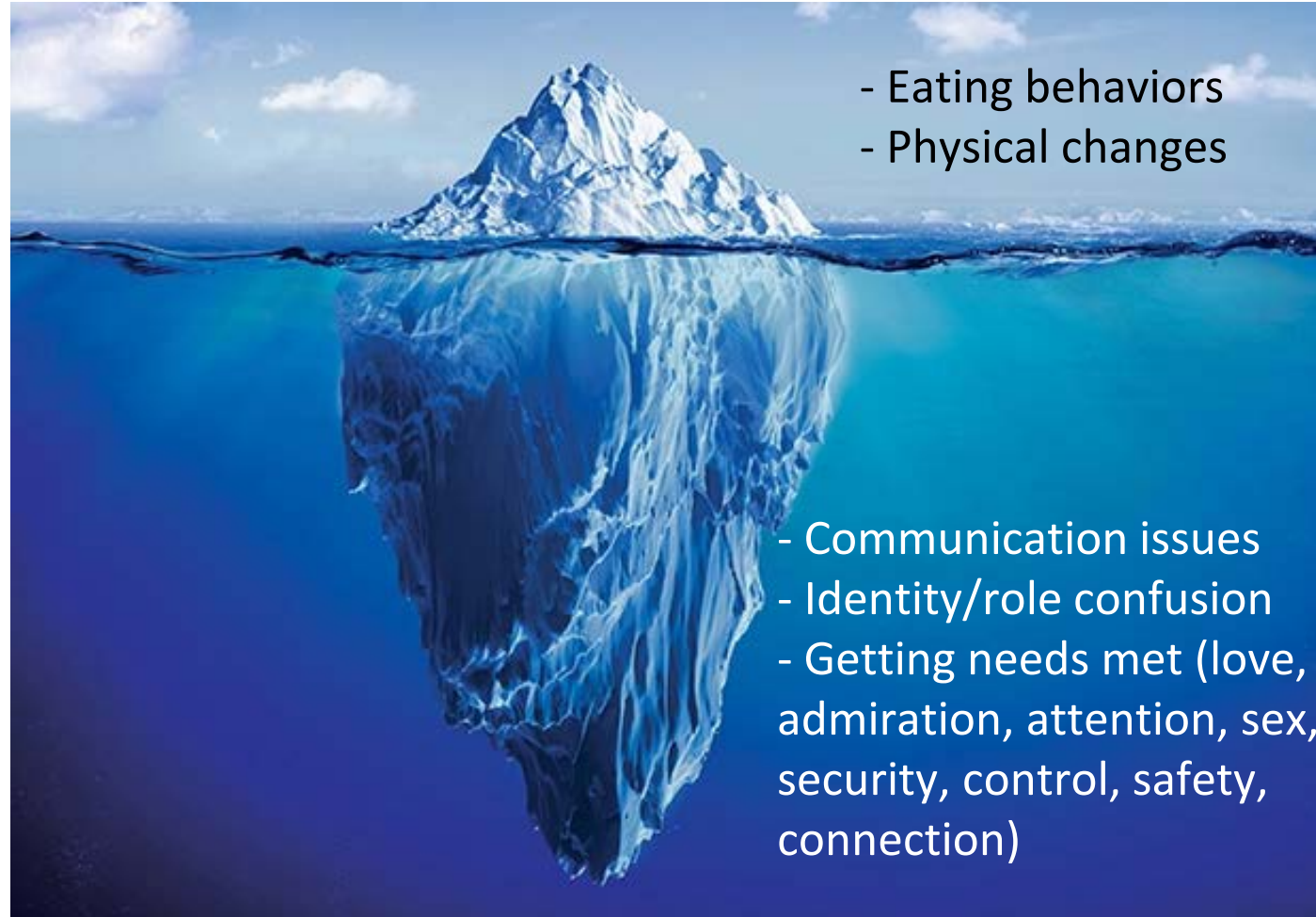
- Eating behaviors
- Physical changes

- Communication issues
- Identity/role confusion
- Getting needs met (love, admiration, attention, sex, security, control, safety, connection)

Image source

Why Group?: Relational/Eating Parallels

- "I binge on food like I binge on sex/relationships/intimacy. I never feel satisfied so I just keep going."

- "I restrict both food and connection out of a feeling of unworthiness."

- "I have short, intense relationships, and then I push those people away, much like a binge/purge cycle."

Therapeutic Factors

- Instillation of hope

- Universality

- Imparting information

- Altruism

- The corrective recapitulation of the primary family group

- Development of socializing techniques

- Imitative behavior

- Interpersonal learning

- Group cohesiveness

- Catharsis

- Existential factors

(Yalom & Leszcz, 2020)

Therapeutic Factors: Instillation of Hope

- What is it?
  - A high expectation that change/recovery/growth/freedom is possible

- How does this show up in groups?
  - Group members are all at different stages of healing
  - Members witness others' progress through spontaneous or planned testimonials

- Why is this important in ED treatment?
  - High levels of ambivalence
  - Recovery is a long process

- What are the tasks of the group leader?
  - Orient clients to group with positive expectations
  - Believe in themselves and the group!
  - Call attention to group members' progress, elicit testimonials

(Yalom & Leszcz, 2020)

Therapeutic Factors: Universality

- What is it?
  - "There is no human deed or thought that lies fully outside the experience of other people."

- How does this show up in groups?
  - As group members hear others share, they frequently have moments of "You too? I thought I was the only one!"

- Why is this important in ED treatment?
  - Shame
  - Isolation

- What are the tasks of the group leader?
  - "Who else has felt this way?"
  - Diversity awareness and education

(Yalom & Leszcz, 2020)

Therapeutic Factors: Imparting Information

- What is it?
  - Psychoeducation
  - Direct advice, guidance, and suggestions

- How does this show up in groups?
  - Efficient and effective way of providing education and guidance
  - Group members can add feedback and education that a leader might not think to include

- Why is this important in ED treatment?
  - Lots of education is needed about: 1) the nature of the disorder; 2) the recovery process; 3) fears and challenges to anticipate

- What are the tasks of the group leader?
  - Notice/anticipate opportunities for imparting important information
  - Provide group norms around advice-giving

(Yalom & Leszcz, 2020)

Therapeutic Factors: Altruism

- What is it?
  - Benefiting from giving to others, realizing one has something to offer others
  - Engaging in a reciprocal giving-receiving cycle

- How does this show up in groups?
  - Group members can give/receive with one another in a way that individual client/therapist dyads cannot

- Why is this important in ED treatment?
  - Extremes of self-deprecation and self-obsession

- What are the tasks of the group leader?
  - Helping clients shift between receiving and giving
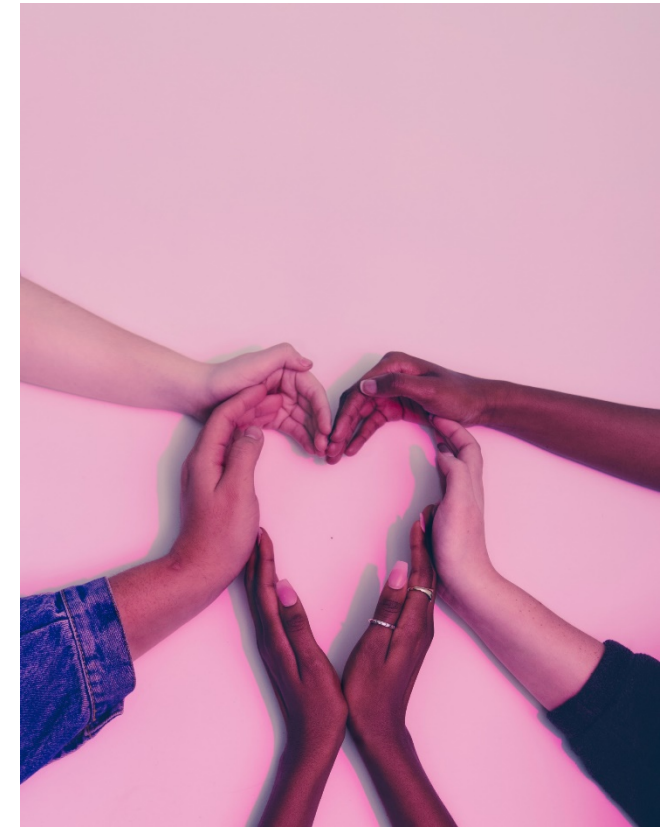
(Yalom & Leszcz, 2020)

Image source

Therapeutic Factors: The Corrective Recapitulation of the Primary Family Group

- What is it?
  - Re-experiencing childhood familial issues/concerns with a repair, testing out new belief systems, new ways of relating to others, etc.

- How does this show up in groups?
  - Groups resemble family units, and members engage with leaders/members in similar ways to their childhood interactions with caregivers/siblings

- Why is this important in ED treatment?
  - Healing early wounds/patterns can be crucial to the recovery process

- What are the tasks of the group leader?
  - When recapitulation is happening, support clients to get to the repair
  - Promote flexibility vs. rigidity

(Yalom & Leszcz, 2020)

Therapeutic Factors: Development of Socializing Techniques

- What is it?
  - Conflict resolution, communication skills, responsivity/empathy toward others

- How does this show up in groups?
  - Groups give much more opportunity for here-and-now socializing skills than individual work

- Why is this important in ED treatment?
  - Eating disorders often function as maladaptive communication strategies
  - Assertive communication is vital for recovery

- What are the tasks of the group leader?
  - Provide psychoeducation about assertive communication and coach members as they practice conflict resolution

(Yalom & Leszcz, 2020)

Therapeutic Factors: Imitative Behaviors

- What is it?
  - Walking, talking, thinking, acting like another

- How does this show up in groups?
  - More opportunities for modeling (therapist and other members)
  - Vicarious/spectator therapy

- Why is this important in ED treatment?
  - Creates flexibility and movement away from old patterns – very important while redefining the healthy self as distinct from the eating disorder

- What are the tasks of the group leader?
  - Modeling: empathy, self-disclosure, boundaries, etc.
  - Notice where client-to-client imitation may be problematic

(Yalom & Leszcz, 2020)

Therapeutic Factors: Interpersonal Learning

- What is it?
  - Building awareness of interpersonal challenges and one's own contributions to interpersonal difficulties, coupled with practicing new ways of relating

- How does this show up in groups?
  - Group = social microcosm

- Why is this important in ED treatment?
  - Eating disorders can be conceptualized in terms of maladaptive interpersonal behavior/relationships

- What are the tasks of the group leader?
  - Foster atmosphere of safety and engagement; model empathy for group members
  - Notice and reinforce subtle interpersonal changes
  - Self-awareness

(Yalom & Leszcz, 2020)

Therapeutic Factors: Group Cohesiveness

- What is it?
  - Group therapy's equivalent to individual therapy's "therapeutic relationship"
  - Includes "the individual's relationship to the group therapist, to the other group members, and to the group as a whole"

- Why is this important in ED treatment?
  - Building self-worth is a key task in the recovery process, and it is intricately linked with a sense of acceptance from others / the group
  - More likely to stay in treatment/group

- What are the tasks of the group leader?
  - Challenge scapegoating
  - Model healthy repairs when being confronted

(Yalom & Leszcz, 2020)

Image source

Therapeutic Factors: Catharsis

- What is it?
  - Experiencing/releasing strong emotions, often those that have been repressed

- How does this show up in groups?
  - Interpersonal process – the release is witnessed by the group

- Why is this important in ED treatment?
  - Behaviors often function as ways to numb emotions, or as ways to replace emotional catharsis

- What are the tasks of the group leader?
  - Combine cognitive processing with the emotional expression (no catharsis just for catharsis' sake)

(Yalom & Leszcz, 2020)

Therapeutic Factors: Existential Factors

- What is it?
  - Coming to terms with certain facts of life/death, and building meaning and purpose as a result

- How does this show up in groups?
  - Through the process of developing intimacy/cohesion, group members also realize the limits of how much others can help them

- Why is this important in ED treatment?
  - Moving from arrested development to ownership

- What are the tasks of the group leader?
  - Awareness of existential themes (e.g., the meaning of life, death, isolation, freedom, etc.)

(Yalom & Leszcz, 2020)

Stages of Group Development

Image source

Stages of Group Development: Forming

- Characteristics of this stage:
  - Clients are trying to understand the purpose of the group and are seeking approval/acceptance from others
  - Content can be surface-level/restricted; can include descriptions of symptoms and/or advice-seeking/giving
- Most notable therapeutic factors:
  - Universality
  - Imparting information
  - Instillation of hope
- Tasks of the group leader:
  - Help to decrease anxiety
  - Provide direction and structure, as well as basic norms/expectations for the group

(Yalom & Leszcz, 2020)

Stages of Group Development: Storming

- Characteristics of this stage:
  - Conflict – members vie for control/power
  - Hostility may be among members, or from the group member(s) toward the leader
- Most notable therapeutic factors:
  - Corrective recapitulation of primary family group
  - Interpersonal learning
- Tasks of the group leader:
  - Be aware of transference and countertransference
  - Model openness to conflict
  - Redirect scapegoating

(Yalom & Leszcz, 2020)

Stages of Group Development: Norming

- Characteristics of this stage:
  - Increased trust and cohesion among the group members
  - Group norms are developed around appropriate levels of conflict, client attendance/absence, etc.
- Most notable therapeutic factors:
  - Group cohesiveness
- Tasks of the group leader:
  - Support the group in defining the group's particular norms
  - Help the group move into a more mature working phase, which includes both the harmony of the norming phase, as well as openness to conflict, confrontation, and difficult emotions

(Yalom & Leszcz, 2020)

Stages of Group Development: Performing

- Characteristics of this stage:
  - Members demonstrate increased self-awareness, self-disclosure, openness to feedback, etc.
  - The group can do more independent processing work without as much work from the therapist
- Most notable therapeutic factors:
  - All of them!
- Tasks of the group leader:
  - Be aware of and encourage the development of all of the therapeutic factors of the group

(Yalom & Leszcz, 2020)

Stages of Group Development: Adjourning

- Characteristics of this stage:
  - Typically, adjourning happens because one member is terminating (either because they have achieved their goals, or they are leaving prematurely)
  - Termination includes review/celebration of progress, grieving of loss, saying goodbye
  - Group dynamics shift anytime group composition changes
- Most notable therapeutic factors:
  - Existential factors
- Tasks of the group leader:
  - Support clients in determining the appropriate time to terminate, noticing any countertransference
  - Relapse prevention
  - Model sharing feelings about the termination with the group

(Yalom & Leszcz, 2020)

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Author.

Eichen, D. M., & Wilfley, D. E. (2016). Diagnosis and assessment issues in eating disorders. *Psychiatric Times 33*(5)*.

Ergüney Okumuş, F. E., & Deveci, E. (2019). Group psychotherapies in eating disorders. *Psikiyatride Guncel Yaklasimlar - Current Approaches in Psychiatry, 11*(3), 338–350.

Grunebaum, H., & Solomon, L. (1987). Peer relationships, self-esteem, and the self. *International Journal of Group Psychotherapy, 37*, 475 -513.

Horowitz, L., & Vitkis, J. (1986). The interpersonal basis of psychiatric symptomatology. *Clinical Psychology Review, 6,* 443-469.

Levine, D., & Mishna, F. (2007). A self psychological and relational approach to group therapy for university students with bulimia. *International Journal of Group Psychotherapy, 57*(2), 167–185.

Okamoto, Y., Miyake, Y., Nagasawa, I., & Shishida, K. (2017). A 10-year follow-up study of completers versus dropouts following treatment with an integrated cognitive-behavioral group therapy for eating disorders. *Journal of Eating Disorders, 5*(1), 1–9.

Sparrow, K. A., & Tchanturia, K. (2016). Inpatient brief group therapy for anorexia nervosa: Patient experience. *International Journal of Group Psychotherapy, 66*(3), 431–442.

Yalom, I. D., & Leszcz, M. (2020). *The theory and practice of group psychotherapy* (6th ed.). Basic Books.

Questions

Evaluation

[Evaluation Link](#)

Once you complete the evaluation, you will be directed to the resource page and certificate request form.

Appreciation

Contact Us

Central East (HHS Region 3)

MHTTC — Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

a program managed by

THE DANYA INSTITUTE

Central East MHTTC website

Oscar Morgan, Project Director

Danya Institute website
Email
240-645-1145