



## **An Introduction to Compassion Focused Therapy for Eating Disorders**

### ***About The Workshop***

This workshop is designed to introduce the principles, philosophy and techniques of Compassion Focused Therapy CFT, how these can be modified and applied to help people recover from an eating disorder. It introduces a specific approach to eating disorder formulation and treatment (Compassion Focused Therapy for Eating Disorders – CFT-E) and evidence that supports its incorporation into mainstream eating disorder treatment.

The workshop consists of didactic teaching, role plays and the practise of key CFT techniques (such as imagery and breathing exercises). It is aimed at health professionals who are working, or want to work, therapeutically with people with an eating disorder.

It is an introductory workshop, and no previous knowledge of CFT is required.

### ***Compassion Focused Therapy and Compassionate Mind Training***

Compassion focused therapy is derived from the evolutionary model of social mentality therapy (Gilbert 1989, 1995, 2005a,b, 2007). CFT was developed to help people who frequently experience shame and self-criticism. These factors have been associated with the development and maintenance of a range of mental health problems, and are often difficult to treat using traditional psychotherapeutic approaches.

CFT is a scientific model that draws on many branches of psychology (e.g., developmental social and evolutionary) and neuroscience science. It has a specific formulation model that notes that internal and external experiences can activate our "threat" system. We find various ways to manage these painful emotions and thoughts as best we can. Sometimes this can lead to unintended consequences that can exacerbate our problems and make it even more difficult to manage life's challenges.

Key to CFT is the idea that we have evolved with a brain and emotional systems that can very difficult to manage, and that much of the way we respond to the world is not our fault, but our (often automatic) responses to threat. However understanding these responses can help us to take responsibility for the ways we respond to threat, and find new, more adaptive, ways of coping.



CFT is designed to help clinicians develop therapeutic relationships that are most likely to be helpful for people who experience high levels of shame and self-criticism, or who find compassion and receiving care from others (including their therapist) difficult to manage. It is an integrative approach, utilising the wisdom of both Western and Eastern approaches to helping people change. CFT argues that we can be taught to train our minds (Compassionate Mind Training) to help us to experience compassion, develop various aspects of compassion for ourselves and others, improve our abilities to self-soothe and affiliate with others, and to foster the courage and wisdom we need to cope with difficult life events, memories or emotions.

To find out more about CFT you can visit the Compassionate Mind Foundation Website at [www.compassionatemind.co.uk](http://www.compassionatemind.co.uk). It has lots of useful information about the model, training materials, links to key papers and commonly used measures, and to clinicians and researchers working in with compassion around the world.

### ***Recommended Reading***

Gilbert, P. (2009) *The Compassionate Mind. A New Approach to the Challenges of Life*. London: Constable & Robinson.

Gilbert, P. (2009) An introduction to compassion focused therapy. *Advances in Psychiatric Treatment*, 15, 199-208.

Gilbert, P. (2010) *Compassion Focused Therapy: Distinctive Features*. London: Routledge.

Gilbert, P. (ed.) (2010) Compassion Focused Therapy: Special Issue. *International Journal of Cognitive Therapy*. 3, 97-201



## ***Compassion Focused Therapy for Eating Disorders (CFT-E)***

CFT-E expands upon the original model of CFT, to incorporate biopsychosocial factors that have been identified as aetiological and maintaining factors in eating disorders, including shame and pride. It also includes specific techniques, adapted from standard CFT, to help clients address eating disordered thoughts, feelings, and behaviours and help them normalize their eating and weight.

CFT focuses on three specific affect regulation systems:

The *threat-detection and protection* system associated with rapidly activated emotions such as anxiety, anger and disgust, and defensive behaviours of fight/flight/ avoidance and submissiveness.

The *drive, vitality and achievement* system is associated with emotions of (anticipated) pleasure and excitement and with behaviours of approach and engagement.

The *soothing and contentment* is linked with the experience of peaceful well-being and it is also associated with affiliation with and affection from others. It allows us to experience social connectedness and soothing from others or from ourselves.

CFT-E argues that eating disordered behaviours serve a functional purpose in attempting to regulate threat via the drive system. CFT-E expands on the “Three-Circle” model of affect regulation and suggests that *pride* in behaviours designed to regulate affect may also play an important role in regulating threat. Often these two systems (drive and pride) then become interlinked, at the expense of developing affiliative focused or self-soothing affect regulation strategies. Thus, people with an eating disorder / disordered eating tend to live in a world of on-going threat where they are unable to access the soothing system (either to calm themselves or be soothed by others). Hence the use of either the drive and/or pride systems to regulate affect (for example, pursuing thinness and taking pride in that achievement) or to try to avoid or numb painful affect (i.e. by engaging in bingeing). These strategies often have the unintended consequence of creating further distress that in turn leads to vicious maintenance cycles and the escalation of their difficulties.



### *1. People with an eating disorder / disordered eating share transdiagnostic psychological processes*

These include; extreme concerns about shape and weight; self-worth assessed almost exclusively in terms of shape and weight; and body image disturbances impacting on psychosocial functioning and use behaviours designed to control their shape and weight. These behaviours include extreme dieting, bingeing, self-induced vomiting, misuse of purgatives/diuretics, and rigorous exercising, that, at least in the short term, help them to manage their feelings and cope with interpersonal difficulties, and / or traumatic memories. This can occur even if their eating disorder did not begin as a way of managing these difficulties.

In addition they are also likely to share a range of additional difficulties including high levels of shame, self-criticism, self-directed hostility, and using social support. These may pre-date the onset of their eating disorder, or may evolve during the course of the disorder. The negative emotions associated with these difficulties has can trigger or maintain further episodes of problematic eating behaviour. such as bingeing, purging, and compulsive eating.

### *2. Biological starvation must be addressed during treatment.*

Biological starvation occurs when the one's body consistently consumes less energy than it needs. However, these responses can also be triggered when serial restrictors plan restriction or fast for relatively long periods, even if adequate amounts of energy are consumed later.

When individuals are in a state of biological starvation they are likely to experience a range of difficulties including; preoccupation with food and eating, episodes of over-eating, depressed mood and irritability, obsessional symptoms, impaired concentration, reduced outside interests, loss of sexual appetite, social withdrawal, and relationship difficulties.

Restoring regular eating patterns, eating sufficient food to meet energy needs and maintaining a healthy body weight can lead to improvement in these difficulties. Without this essential first step, biological starvation is likely to significantly compromise any psychological therapy. However these issues are likely to remain problematic for most eating disordered clients even



when they are no longer in a state of biological starvation. Thus they need to be addressed both biologically *and* psychologically during treatment.

### ***Treatment Components in CFT-E***

CFT-E offers a structured approach to helping clients gain control of their chaotic eating patterns and to address the behavioural and cognitive processes that underlie them.

#### *Structured Eating and CFT-E*

1. Developing a regular eating routine.
2. Eating sufficient calories to meet the body's demands for energy. Low weight clients need to restore weight to a biologically healthy BMI (least 20). Normal or overweight clients may need to gradually get used to eating less than they usually would if they binge or comfort eat).
3. Learning to be in touch with, and respond to, the body's need for food.

#### *Psychological Change in CFT-E*

1. Developing compassionate feelings and motivations for people with an eating disorder, including themselves.
2. Experiencing, tolerating, and acting upon the provision of compassionate support from others (including their therapist and group members- if in group therapy).
3. Compassionate Mind Training (CMT), focusing on activating the soothing system via imagery and related practical exercises, and using their Compassionate Mind to help them address the challenges of recovery.
4. Improving their ability to use their wider social network to access support.

CMT exercises are practised during therapy sessions and as homework tasks. Exercises include imagining oneself being a very compassionate person, offering compassion to others, receiving and using compassion from others, offering compassion to the self and receiving and using self-compassion. Compassionate letter writing is a key tool in CFT-E. It is used help clients identify and deal with the biological, psychological, and social changes



that come with normalising eating and shape. Clients write to, and about themselves, from a compassionate and validating perspective to address the challenges of recovery (for example, eating more regularly).

### *Compassionate Behaviour*

One of the key foci of these exercises is to help the clients develop a more compassionate relationship with themselves. Within the treatment program this is specifically targeted at managing eating disordered behaviours, the issues that trigger them, and the functions they serve. However, it also explores compassionate behaviours associated with assertiveness, appropriate levels of rest and activity, and ways of interacting with others. The key is to develop coping thoughts and response that are “felt” to be helpful, to enable clients to let go of eating disordered behaviours that have come to feel “safe” ways of managing difficult emotions or experiences and to develop more “self-caring” behaviours in everyday life.

As with CBT, CFT-E includes specific behavioural experiments (such as seeing the impact that eating more regularly or more food has on weight). However in CFT-E it can also include experimenting with new ways of addressing drive system behaviours (such as learning to rest) or developing alternative more adaptive behaviour that can be linked with their pride system and so reduce their dependence on accessing feelings of pride via shape and weight control.

### *Social Connectedness*

This treatment component aims to help clients develop increased social connectedness to help them manage their distress. Thus clients can explore and engage in alternative strategies of affect regulation rather than continuing to rely on strategies based on the drive and pride systems.



## ***The CFT-E Treatment Program***

In order to deliver the program successfully, clinicians are required to understand the basic philosophy of the CFT-E, have experience and skills in psycho-educational teaching, Cognitive Behavioural Therapy, Compassionate Mind Training and ideally in group work, as we have found that this can be a very effective treatment modality.

In addition clinicians also need to have a good understanding of eating disorders, particularly the complex interactions between biological and psychological maintenance processes and the problems that can arise over the course of eating disorder treatment.

### ***Treatment Phases***

The CFT-E treatment group program is divided into four distinct phases, with each phase being followed by an individual review before progression to the next phase. These phases are:

1. Psycho-Education and Motivational Enhancement
2. Developing Self-Compassion Skills
3. Recovery
4. Maintenance

To find out more about the program and its outcomes you might wish to read:

Goss, K. & Allan, S. (2010) Compassion focused therapy for eating disorders. *International Journal of Cognitive Therapy* 3 (2):141-158

Gale, C., Gilbert, P., Read, N., & Goss, K. (2012) An evaluation of the impact of introducing Compassion Focused Therapy to a standard treatment programme for people with eating disorders. *Clinical Psychology and Psychotherapy*. In press.

Or contact Ken Goss at [k.goss@sky.com](mailto:k.goss@sky.com)



## Your Workshop Leader

### *Dr Ken Goss*



Dr Ken Goss, (D. Clin. Psy), is a Consultant Clinical Psychologist and Head of Coventry Eating Disorders Service in the UK.

Ken has over 20 years' experience of working with people with eating difficulties.

He has published a number of academic papers and book chapters on the role of shame and compassion in eating disorders

He leads an on-going research programme exploring these issues and their relationship with therapeutic practice and outcomes. Ken is currently working with Birmingham University (UK) to develop a Post Graduate Diploma training course in CFT.

Ken is a regular speaker at national and international conferences, and teaches on several Clinical Psychology Training Courses. He has worked closely with Professor Paul Gilbert (OBE), the originator of Compassion Focused Therapy, for over 20 years. He is a Board Member of, and trainer for, the Compassionate Mind Foundation ([www.compassionatemind.co.uk](http://www.compassionatemind.co.uk)).

Ken has pioneered the use of Compassion Focused Therapy for Eating Disorders (CFT-E). This treatment program has recently been the subject of an 8 year audit of outcome, which indicated it is an effective treatment for addressing eating disorder symptoms, reducing shame and self-criticism, and developing self-compassion. He currently trains and supervises several NHS specialist eating disorder services in CFT-E.

Ken is the author of *The Compassionate Mind-Guide to Ending Overeating: Using Compassion-Focused Therapy to Overcome Bingeing & Disordered Eating* (New Harbinger Publications, 2011). This is the first book to outline the CFT approach to disordered eating, and it is currently being evaluated for its clinical efficacy as a guided self-help program.

If you are interested in collaborative research, training or supervision, Ken can be contacted at [k.goss@sky.com](mailto:k.goss@sky.com).