



ALSANA

An Eating Recovery Community



# Advanced Caregiving: Skills You Can Use Now!

Caroline Nichols, LICSW, CEDS

# What we believe...



- There is no such thing as an “unmotivated parent/caregiver” who “doesn’t get it”
- Caregivers are often fueled by unprocessed or maladaptive emotion (shame, blame, hopelessness, helplessness, complicated grief/resentment) and MORE motivated to avoid something “worse” from happening
- Clients that have family/supportive other involvement in treatment and recovery have better outcomes related to full, sustained recovery

# What we believe...



- Mental Health issues have a huge impact on families
- Caregivers DO NOT cause mental health issues. Causes are FAR more complex.
- Difficulties with emotion processing (individual and family based) can contribute to / feed the mental health issues, but more importantly they are a way out

We are committed to teaching you skills and supporting you to become your loved one's emotional co-pilot until they can pilot their emotions on their own. This is referred to as emotion coaching.

# What happens in the brain when flooded with emotion



- Limbic System including the Amygdala (Fight, Flight, Freeze) is activated
- Frontal Cortex (reason, decision making) shuts down
- Thinking becomes very rigid, inflexible, black and white or circular
- No new learning can take place
- Limited access to knowledge/tools they have

- Verbal and non-verbal signals from caregiver trigger a release of oxytocin resulting in a “calming down” of the limbic system
- Oxytocin helps build neural pathways between the limbic system and frontal lobe (a highway to reason)
- Caregivers can act as temporary co-regulators (emotional co-pilots) through emotion coaching while loved one increases self-regulation capacity



## Why can't my loved one do this on their own?

Some people need more co-regulation practice to develop emotional self-regulation skills because:

- Their amygdala is “rapid fire”
- They have fewer oxytocin receptors in their limbic system
- The Eating Disorder may be disrupting the normal functioning of their brain (malnutrition, depleted reserves)
- They may be a Super Feeler





## Super Feelers

- Emotions are felt deeply
- Emotion radar (of others) is high
- High sensitivity to perceived threat or dominance
- Can be very distressing for until the brain fully develops (mid to late 20s)
- Can lead to negative self-concept, isolation, depression, anxiety

How to we respond to emotion  
and how do we provide support?

## Animal Models

Janet Treasure



# Response to Emotion (#1)

---

- Jellyfish
  - Struggles to keep emotions in check
  - Can be openly distressed
  - A little wobbly
  - Can shift from emotion to emotion



## Response to Emotion (#2)

---

- Ostrich
  - Head in the sand
  - Avoidant of emotion
  - Can appear uninterested or unloving

# Balance of Emotional Responsiveness

Too much emotion



Warmth and Calm  
Support, interest and  
affirmation increases  
confidence that change is  
possible



Too little emotion





# Support Style (#1)

---

- Kangaroo
  - Overprotective
  - Rushing to fix things for client
  - Desire to protect client from the challenges of life by putting them in their pouch
  - Can result in client feeling helpless or dependent



## Support Style (#2)

---

- Rhinoceros
  - Authoritarian
  - Directive
  - Can take a “just do it” stance
  - Giving advice
  - Can be argumentative expecting change
  - Can lead to a cycle of defiant responses from others

# Balance of Support Styles

Too much  
sympathy &  
management



Just enough direction &  
support  
Follow when possible, take charge  
when necessary



Too much control &  
direction





In times of stress, which animal are you?

- Jellyfish with a pouch?
- Rhino with its head in the sand?
- Opposite styles can be reinforcing between treatment team members, between parents and treatment team and between treatment team and clients

# What do you find the most challenging?

- Crying, despair
- Angry outbursts
- Swearing at you
- Rejection (go away)
- Shutting down
- Lying
- Self-Harm
- Panic attacks
- Refusing to eat
- Threats of suicide
- Others?



**Denial**

**Accommodating**

**Avoidance**

**Enabling**

**Criticism**

**Blame**

**Rejection**

**Defensiveness**

**Fear**

**Shame**

**Grief**

**Self-blame**

**Helplessness**

**Hopelessness**



# Emotion Coaching



Emotion Coaching is a two-step process



Step 1: **Validation** of the emotional experience



Step 2: Providing **Support** (emotional, practical or both)



# Rationale for Emotion Coaching

- **Key Outcomes**
  - Avoiding escalation of emotion
  - Successful, quick de-escalation
  - Co-regulating emotion with loved one
  - Internalization by loved one so they can self-regulate in time
- **For eating disorders**
  - Restores caregiver/loved one relationship and open communication
  - Gives loved one skills outside of their eating disorder to cope with painful emotions



The problem is rarely the problem- rather it is the **emotion** associated with the situation/ event that cause the most difficulty



Because we are drawn to validate only what we feel is true



Validation has **nothing to do with the truth** (but there is often a grain of truth in there somewhere)

# Why is validating so hard?

# Invalidate Positive



“I’ll never recover”

“Yes you will!”



# Invalidate Negative

“I’ll never recover.”

“You’re just tired right now. You won’t feel that way once you’ve gotten some sleep.”





# Reassurance

“I’ll never recover.”

“No matter what happens, you’re going to get through this.”

# Problem Solving



“I’ll never recover.”

“Yes you can, you just need to follow your meal plan and do what your treatment team says.”

# Step 1: Validating Emotions

Your loved one doesn't want to go to treatment. They are feeling very anxious. You want to validate their feelings

You say "I know you feel anxious..."

**PAUSE!**

Which 3 letter word are you now tempted to utter?

“But”  
indicates that  
it is  
inconvenient  
to ME for YOU  
to be feeling  
the way you  
do



**I know you feel anxious but...**

Is transformed into:

**I can imagine you might feel anxious, BECAUSE \_\_\_\_\_ and  
BECAUSE \_\_\_\_\_ and BECAUSE \_\_\_\_\_.”**

When the external environment mirrors the internal experience, the alarm bells in the brain reduce in intensity, calming the brain from an emotion that flooded the limbic system.



I can imagine you might feel \_\_\_\_\_



and because...



because...



and because...

**I can imagine you might feel anxious but...**

Is transformed into:

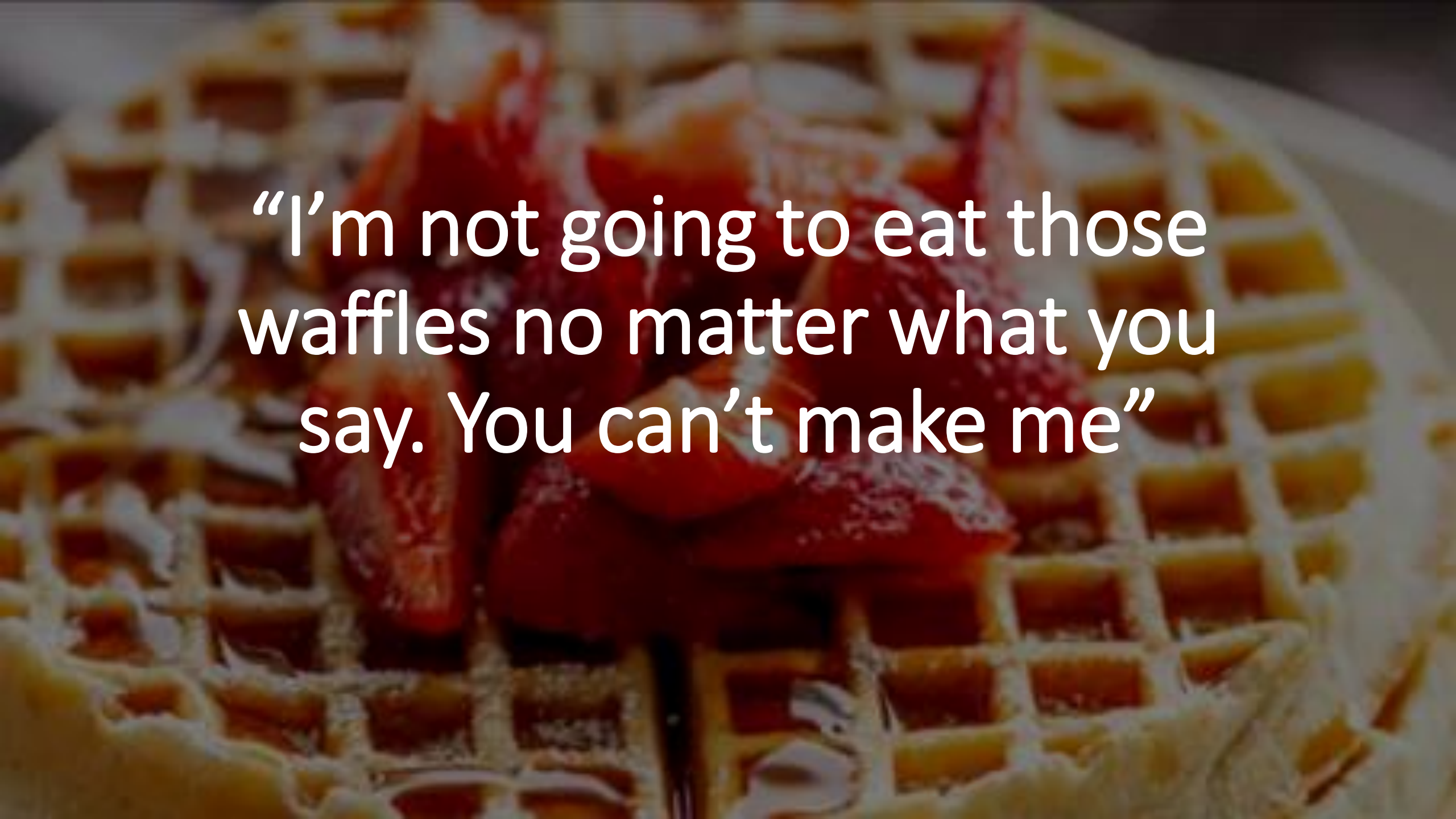
**I can imagine you might feel anxious, BECAUSE this is your third treatment admission and you are fearful that this time will be like the others and BECAUSE you really don't want to have to leave school and all your friends and BECAUSE it can feel so scary to think about opening up to a new treatment team."**

When your loved one is distressed, what's your first instinct? Reassurance? Problem solving? Reframe?

If you want the reassurance, or the problem solving or reframing to have an effect, you must open the door with validation **FIRST**






A close-up photograph of a golden-brown waffle with a grid pattern. The waffle is topped with several fresh, bright red strawberries and dollops of white whipped cream. A silver fork is visible at the bottom center, partially submerged in the waffle. The background is dark and out of focus.

“I’m not going to eat those waffles no matter what you say. You can’t make me”



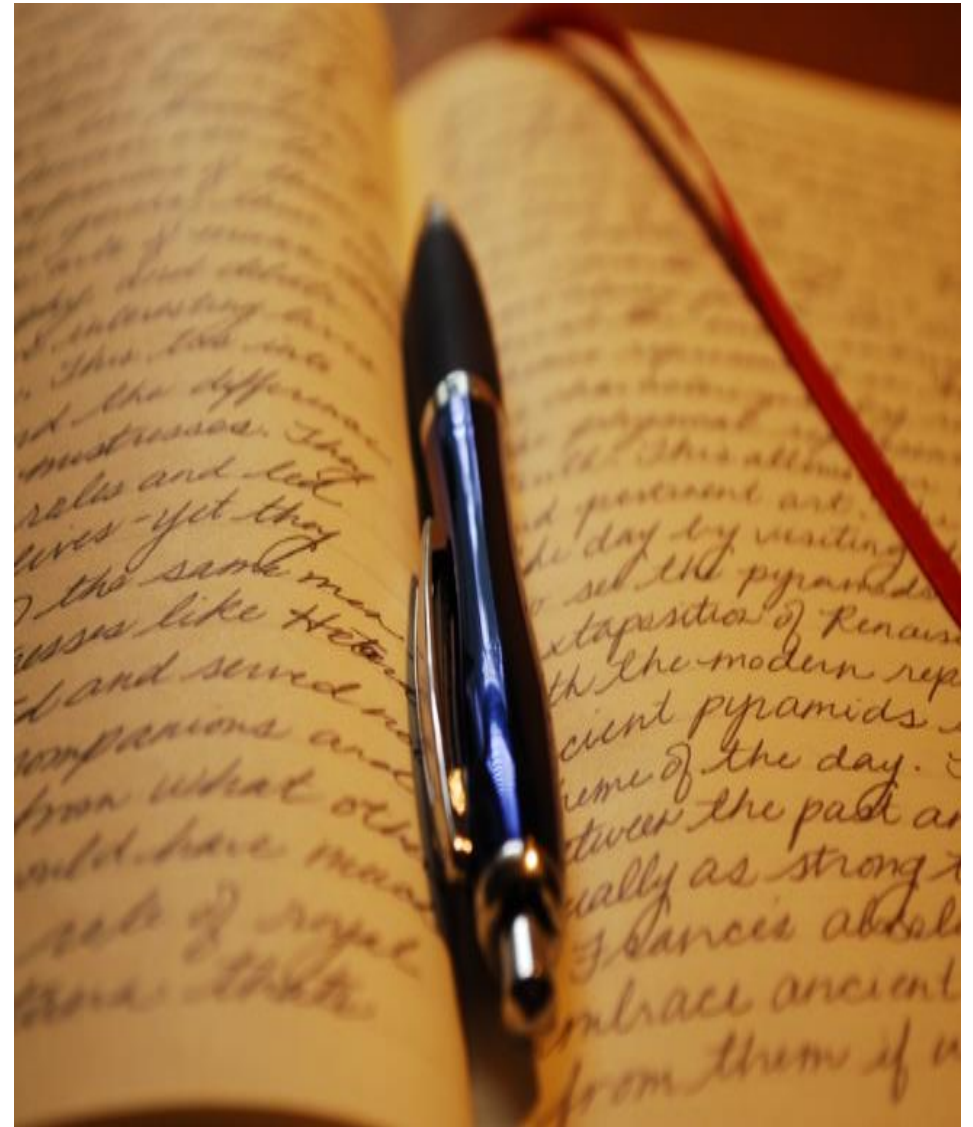
**“I’m not going to eat those waffles no matter what you say. You can’t make me”**

**“I can understand why you wouldn’t want to eat the waffles because waffles have been a trigger food for you in the past and because you are scared if you like the taste of them, you may not be able to stop eating and because everything, especially food, feels so scary and out of control right now”**



**“I hate my therapist. She is making me do all this stuff I don’t want to do so I’m not going to go to programming today. I’m done”**

I can understand why you might feel frustrated **because the stuff your therapist is digging up is painful and because you aren’t sure it’s helping and because the thought of doing all of this and it not working is scary.**



## “I’m so fat”

I can imagine you might be feeling really frustrated right now **because you’re scared other people will judge your body and because it feels like you don’t have any control and because it feels so physically uncomfortable to be in your body.**

# Validating Anger

---

## Matching Affect when Validating Anger

- ✓ Need to approach other's volume/tone/energy
- ✓ This does not mean meeting anger with anger
- ✓ Meet anger with energetic compassion



**“I’m leaving treatment. I hate it here. I’m not sick enough and these people must be crazy if they think I need to eat all that food. I’m discharging tomorrow”**

**I can imagine you would be so angry right now because it seems like your team doesn’t get it and because it’s hard to settle into a new treatment community and because it’s so uncomfortable to be in your body right now.**

# Validating Silence

## Validate (no questions)

1. The fact that s/he is shut down, referencing possibilities related to the other, the relationship and the self
2. The various underlying emotions: fear, anger, hopelessness, sadness, loneliness, etc
3. Meet the need, even when they won't speak  
"I can just imagine what you need is..."
  - Space
  - Time
  - No pressure
  - For me to be there no matter what





I can understand why you wouldn't want to talk with me right now **because I haven't always responded well in the past and because you feel like I don't have your back right now and because opening up to me could be really scary and it would be hard to feel exposed.** I can just imagine what you need right now is to know how much I love you and that I'm going to be there for you no matter what.



# Validating Suicidal Ideation

**“I just want to die. I can’t do this anymore”**

**“I can understand why you would feel death is the only option because right now your pain feels unbearable and because it’s exhausting feeling this way all the time and because it feels like no one will ever understand how much pain you are feeling.”**

**\*\*With suicidal loved ones, you must have one of your “because’s” be “because it feels like no one will ever understand how much pain you are feeling.”**

# So, what can I validate?

- **Emotions and Emotional States**

(Sad, mad, ashamed, lonely, anxious, frustrated)

- **Attitudes or Perceptions** (even if they are incorrect)

“There’s no point” “Everyone hates me” “You hate me” “I’m a failure”

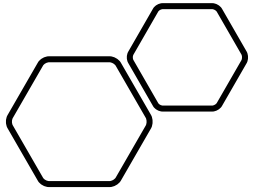
- **Urges**

“I want to quit treatment” “I want to purge” “I want to self-harm”

- **Behaviors**

Even disruptive ED behaviors!!

- **Silence**



## Step 2: Support



Good news!  
You may not even need Step 2 and if you do, you already know how to do this part!



When calmed down, your loved one will also likely have ideas about what would be helpful and what kind of support they need



You can ask for their input and make suggestions



Now that their frontal lobe is back online, you can problem solve together, you can offer reassurance, you can remind them of their coping tools/strategies. You can develop a plan together

# Step 2: Support

- **Emotional Support**

- **Sadness calls for comfort (not space)**
- **Anger calls for feeling heard, creating space or setting boundaries**
- **Shame/anxiety calls for reassurance**
- **Fear calls for protection**

## **Practical Support**

- **Set Limits**
- **Redirect**
- **Exposure**
- **Problem-Solve**
- **Take over**

# Practical Tips

Step 1 (validation) is critical to being able to complete Step 2 (support)

Validation has nothing to do with “the truth”

Use tentative language (your best/most sincere guesses) rather than labeling emotion with certainty

Avoid all questions when validating

You may need to play whack-a-mole once or twice, validating several emotions as they pop up

Work towards matching non-verbals for maximum effectiveness (tone, volume, facial expression, body language)

You need to practice, or your brain will default to your go-to responses (use it in lower stakes situations, with friends, with co-workers)

Check-In



## Common Responses from Families/Supportive Others

- ❖ This is condoning “bad” or ED behavior.
- ❖ I may make it worse by opening the floodgates.
- ❖ It might look like I agree with their (incorrect) perception.
- ❖ There are limits on my capacity to do this. I’m exhausted. Please don’t ask me to do one more thing.
- ❖ I don’t have time to do this.
- ❖ I’m thinking about a time I didn’t respond this way and feeling guilt.
- ❖ Did my previous responses to emotion cause the ED?

# TRUTH



**NO!!! You did not cause the eating disorder.**



**Validating emotion doesn't mean that you agree with it**



**Co-regulation creates self-regulation**



**These are advanced parenting skills, not intuitive or common knowledge**



**Moving into emotion is the quickest way to process it**



**You don't need to be perfect**



**1% shift is all we are looking for**



You are NOT  
alone!!

- We are all conditioned to move away from emotion- not towards it
- Research has shown that leaning into emotion supports quicker processing of the emotion
- This technique is simple. Our biggest challenge for implementation will be our own biases against doing so (including our fear of making it worse)
- Self-knowledge is power



## Summary of Emotion Coaching

- It is effective and supports a return to recovery-mindset
- It is compassionate, works with brain science and strengthens interpersonal relationships
- Understanding our own typical responses/triggers to emotion can help us leverage our strengths and work on our triggers
- Provides a framework for communication more broadly, including between family members and treatment staff

## Questions/Resources

### **Alsana Family Support/Skills Group**

Thursday @ 10:00 PST; 12:00 CST

**\*\*We will not meet on Thursday November 26, 2020 in observance of Thanksgiving\*\***

**Join via Zoom at <https://zoom.us/j/204224996> or by phone:**

1-929-436-2866 US (EST/CST)

1-669-900-6833 US (MST/PST/HST/AKST)

Meeting ID: 204 224 996

### **Email**

Join our email list! I will be sending out emails, blog posts and information on a regular basis as a means of continued support for you during your loved one's treatment. If you would like to keep in touch, please follow this link to sign up <https://www.alsana.com/add-family-member-email/>

### **Facebook**

#### **Alsana Family Support/Skills Group**

Search for "Alsana Family Support/Skills Group" under groups and answer the security question to secure membership

[www.mentalhealthfoundations.ca](http://www.mentalhealthfoundations.ca)

[www.suehuff.ca](http://www.suehuff.ca)