Working Through Triggers: Emotion-Focused Self-Supervision Techniques for ED Clinicians

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How I became interested in this topic…

- My own experiences of being triggered / affected by my caseload
- My observations of our inpatient and day treatment team dynamics
- This lead to a series of studies…

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EMPIRICAL ARTICLE

Clinician Adherence to Guidelines in the Delivery of Family-Based Therapy for Eating Disorders

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ABSTRACT

Objective: Clinicians have been shown to drift away from protocol in their delivery of evidence-based treatments. This study explores this phenomenon in the delivery of family-based therapy (FBT) for eating disorders, and the clinician characteristics that might explain such therapist drift.

Method: The participants were 117 clinicians who reported using FBT for eating disorders. They completed an online survey, which included questions relating to clinician characteristics, caseload, and reported use of FBT manuals and core therapeutic tasks, as well as a measure of anxiety.

Results: The use of core FBT tasks was higher than for other therapies, but there were still noteworthy gaps between recommended and reported practice. Approximately a third of clinicians reported delivering "FBT" that deviated very substantially from evidence-based protocols, often appearing to be on an individual therapy basis. Using an FBT manual to guide treatment delivery was associated with greater adherence to recommended techniques. Clinician caseload and anxiety were associated with differences in the use of specific FBT tasks.

Discussion: Consistent with previous research regarding clinicians' use of other therapies, the delivery of FBT for the eating disorders is not homogeneous.

Conclusion: Further investigation of this phenomenon is needed to determine the impact of deviating from treatment protocols on the effectiveness of FBT for the eating disorders. © 2014 Wiley Periodicals, Inc.

Keywords: family-based treatment; evidence-based practice; eating disorders

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The Influence of Clinician Emotion on Decisions in Child and Adolescent Eating Disorder Treatment: A Survey of Self and Others

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Eating disorder clinicians from various disciplines participated in one of two surveys: the "self" group (n = 143) completed a survey assessing the negative influence of emotions on their own clinical decisions, while the "other" group (n = 145) completed a parallel version of the survey that assessed their perceptions of the negative influence of emotion in their colleagues. Both groups endorsed this phenomenon to some degree, although differences in reporting were noted between groups. The perceived negative influence of emotion with regards to specific treatment decisions fell within three categories: decisions regarding food and weight, decisions

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Participants

- 119 ED clinicians from across Canada who currently worked with kids/teens with ED
- 94.8% women
- Average of 9 years experience working with ED
- 72% currently worked within an ED program that serviced children/adolescents
- 95% received informal and/or formal supervision

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Participants Cont'd

Discipline	% of sample
social work	28%
psychology	18.6%
nursing	16.9%
dieticians	11.9%
physicians	7.6%
psychiatrists	3.4%

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Sample of Results

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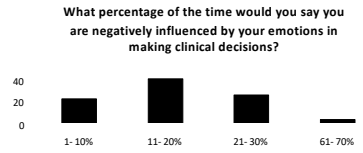
Do you feel your emotions negatively influence your clinical decision-making? If so – how often?

- 22.9% clinicians reported that, in general, their emotions may negatively influence their clinical decision-making



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To what extent do you feel your emotions negatively influence your clinical decision-making in each of the following specific situations?

- Determining the degree of involvement of critical/ dismissive parents in tx - 58.3%
- Supporting the child/teen's travel plans (e.g. overseas) - 45.8%
- Determining the degree of involvement of non-custodial/ alienated parents in tx - 37.5%
- Deciding to make individual tx with the child/teen the primary mode of tx 37.5%
- Allowing for passes - 36.4%
- Determining the intensity of tx required - 31.8%
- Discharging the child/teen from tertiary care - 31.3%

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Which of the following fears/concerns do you believe have a negative influence on your clinical decision-making?

- Arousing a hostile/negative reaction from the child/ adolescent/parent/family - 47.1%
- Not having the right skills to help the child/parent/family - 40.3%
- Being blamed/being to blame for lack of tx progress - 37%
- Being disliked by parents/family/child/adolescent - 35.3%
- Causing the child/family to disengage from tx - 35.3%
- Making decisions/recommendations that may be unpopular with, or contrary to other team members - 31.9%

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In response to your own emotions or to those of others, do you engage in any of the following behaviours?

- Focusing on another, less emotionally arousing topic - 35.3%
- Overemphasizing minor improvements - 32.8%
- Rationalizing - 31.1%
- Bartering/negotiating - 26.1%

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Conclusions

- Given the high stakes & intense nature of the work, it is not surprising that more than 20% of ED clinicians reported that their emotions may have a negative influence on their clinical practice
- A relatively large % of clinicians identified some of their own fears that may negatively influence their clinical decision-making
- When emotions are high (own or those of others) clinicians report engaging in some avoidance and rationalizing behaviours that may affect tx outcomes
- ***Most importantly – clinicians need and deserve extra tools to help them to cope with the unique occupational stress that comes with this work***

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As such…

- Need for increased awareness about emotions in clinical decision-making, greater access to supervision, & time for self-reflective practices
- Focus should also be on normalizing these processes in general - to address them and to reduce the likelihood of their impact on tx delivery and clinician quality of life
- Research has shown that clinicians may struggle to self-report on the influence of emotion in clinical practice, these results are likely an underestimate of the frequency of this phenomenon…in fact…

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Working through Triggers

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What are triggers?

From an emotion-focused perspective, they are:

- Emotional memories
- An unhealed part of ourselves asking for help via nervous system arousal

They can get in the way of our work; influencing our perceptions; clouding our judgement; causing us stress / distress – especially if we can't escape them

The problem with leaving our stuff "at the door"…

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Clinician Block Work – Sample from EFFT

- **Tree Metaphor**
- **Paper/pencil tools** (**rating scale** and workbook)
- Emotion coaching
- **Experiential tasks, including the Process of Emotional Self-Exploration** and Clinician Block Chair-work
- EFFT supervision – didactic and experiential (formal or peer)

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Clinician Traps Scale

1. Being disliked by caregivers/family/client.
2. Causing suffering to the client/family.
3. Going into an emotion and not knowing what to do with it.
4. Hurting the marriage or damaging the caregiver/loved one relationship.
5. Pushing a caregiver or client "too far" and making the situation worse (e.g., depression, treatment termination, running away, suicide).
6. Making decisions and/or recommendations that may be unpopular with, or contrary to other team members.
7. Bringing in a critical or dismissive caregiver and making the situation worse.
8. Having to face my own triggers, vulnerabilities, or wounds along the way.
9. Being blamed or being to blame for lack of treatment progress.
10. Blaming the client/caregivers for lack of treatment progress.
11. Feeling/appearing incompetent or lacking competence.
12. Becoming overwhelmed or burning out.
13. Other: _____

Not likely ----1 2 3 4 5 6 7---- Extremely likely

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When it comes to blocks, awareness is key

Hi everybody.
My name is ___. I have blocks.
I am most triggered by ___ (item from CTS).
When triggered, I am more likely to ___ (top of the tree).

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Activity: Who do you like more?

- Client?
- Mom?
- Dad?
- Other caregiver?

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That's our cue!

- In the words we speak…
- In the tone we use…
- In what we focus on…
- In how we provide support…including who we choose to see / work with…

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Think about…

- A client with whom you are working and for whom recovery is a particular struggle…
  - No matter who you actually work with or see…
- Who in their system (including them) do you like most?
- Rank order them….

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Ask yourself…

- What do I need to do to cultivate more love for those not in the top position, starting from the bottom up…
- Sometimes, our clients' well-being depends on it…
- As much as they NEED you to "see" their struggles with these people, they also NEED us to hold the love for and from them too…

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Process of Emotional Self-Exploration

- Informed by works of Gottman, Mate, EFT & EFFT
- Takes less than 10 minutes
- Can be done solo or in a group supervision - internal experience + optional debrief
- Can be used when triggered by client, family members or colleagues
- Moves us quickly from what's going on at the surface level, to what else is fueling the trigger
- A few technical points
  - You may focus on a trigger experienced with a family member from the previous exercise
  - Wait for the memory – easiest way is to "allow"; encourage the process with the breath
  - Follow the instructions to maximize impact

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Which statement best reflects your experience of the trigger?

1. I felt excluded
2. I felt powerless
3. I felt unheard
4. I felt unloved
5. I felt blamed
6. I felt disrespected
7. I felt a lack of affection
8. I felt uncared for
9. I felt like I couldn't speak up
10. I felt manipulated
11. I felt controlled
12. I felt like the bad guy
13. I felt forgotten
14. I felt unsafe
15. I felt judged
16. I felt frustrated
17. I felt disconnected
18. I felt trapped
19. I felt lonely
20. I felt ignored
21. I felt like I couldn't be honest
22. I felt like it was unfair

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Reminder - So many applications

- To help soothe yourself following a professional trigger or a personal one; to bring you back to baseline or close to it (where you can access your instincts more easily) and…
  - To use in session with clients, couples, parenting work
  - To use as homework: https://tinyurl.com/processofese

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If you ever feel resentment…

- For having to engage in these types of practices as part of your work…

I don't have to work through through triggers because of them, but for them

I don't have to work through through triggers because there is something wrong with me but for my ongoing growth

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I heal myself to health others
I heal others to heal myself

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Sometimes awareness is enough to pivot…

- That said, for your sake, consider what you can do – formally and informally – to reduce the likelihood or impact of occupational stress injuries
- It's an act of care / self-care
- If you're feeling stuck in your therapy, or like it's stale, consider another therapist
- For more on this topic, join me on May 15th for a 4-hour workshop of supervision, self-care and more compassionate trigger work:

https://www.efft-texas.com/online-clinician

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Thank you
&
a draw!

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