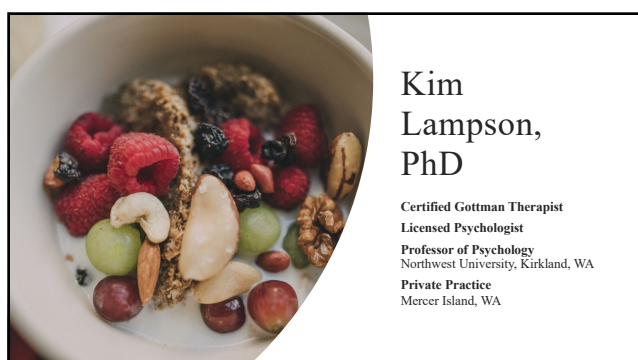


1



2



3

Sometimes a Binge is Just a Binge, and a Diet is Just a Diet



Almost all of us have had some exposure to eating disorder behaviors...restricting intake, overeating, thinking about body image...

The behaviors are not as alien as they may appear at first glance. As Fairburn (2013) aptly stated, "Sometimes a binge is just a binge" (p. 41).

However, very few of us carry these behaviors to the extreme where they

- affect quality of life,
- damage physical health,
- negatively impact relationships,
- or result in the diagnosis of an eating disorder.

4

How Common are Eating Disorders?

- Eating Disorders affect up to 24 million people in the US each year – all ages and genders
- Prevalence (4.4% combined) in General Population
 - AN 0.6%
 - BN 1.0%
 - BED 2.8%
 - 20-26% non-white
- Sexual Minority Adults (5.2% combined)
 - AN – 1.7% vs 3-1% general population
 - BN – 1.3% vs. 1-5% general population
 - BED 2.2%
- Transgender people – 10.5% trans men and 8.1% trans women have Eating Disorders (Nagata et al, 2020)
- One of highest mortality rates of mental disorders
 - AN – 5% per decade
 - 57X more likely to commit suicide than general population
 - BN – 2% per decade
- Place highest costs on health care system of any psychiatric diagnosis



5

Recovery – Does it Actually Happen?

- AN – less than 50% recover (46%)
 - Among people with anorexia nervosa, 35-42% relapse within 12-18 months of discharge from treatment.
 - 20% chronic
 - 30-40% partial remission – chronic symptoms
- BN – little more than half (67%) fully recover (symptom free for >= 3 years) with 15% remaining chronically ill
 - post-treatment abstinence rates dropping to 35% for people with bulimia nervosa
- BED – 50-60% at best
 - 30-50% of adults seeking weight loss Rx have BED
- Risk of Relapse – highest 6-17 months after discharge from treatment regardless of eating disorder
- Average duration of illness prior to engaging in Rx is 6 years, with probability of recovery decreasing 10 years after onset



6

Eating disorders and Couples

- Contrary to the stereotype that people with eating disorders are single, the vast majority of adults with eating disorders are married or in a committed relationship at a rate similar to people who do not have eating disorders
- Given the chronicity, it is essential couples learn how to cope with the presence of an eating disorder or its cognitive remnants
- Most people with ED fear loneliness AND fear the intense negative emotions that come with closeness.
- How is an eating disorder the "perfect solution" to this dilemma of how to be close without feeling?



7

The "Perfect" Solution – The Double-Edged Sword of Eating Disorder Behaviors

- People with eating disorders would rather not feel at all than risk this emotion (loneliness), finding the numbing provided by their behaviors to provide welcome relief
- Eating disorder behaviors create distance and allow for avoidance of the painful intense negative emotions more likely to occur with emotional intimacy.
- They also destroy quality of life for the individual and quality of relationship for the couple.



8

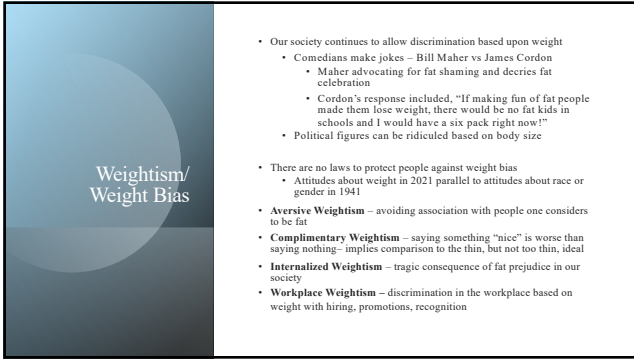
Ambivalence about Intimacy

People in recovery have repeatedly noted that the presence of a supportive partner is an important, if not the **most important**, variable that impacts recovery.

Even so, the magnetic pull of the eating disorder behaviors in a direction away from intimacy complicates this connection.



9



**Weightism/
Weight Bias**

- Our society continues to allow discrimination based upon weight
 - Comedians make jokes – Bill Maher vs James Cordon
 - Maher advocating for fat shaming and decries fat celebration
 - Cordon’s response included, “If making fun of fat people made them lose weight, there would be no fat kids in schools and I would have a six pack right now!”
 - Political figures can be ridiculed based on body size
- There are no laws to protect people against weight bias
 - Attitudes about weight in 2021 parallel to attitudes about race or gender in 1941
- **Aversive Weightism** – avoiding association with people one considers to be fat
- **Complimentary Weightism** – saying something “nice” is worse than saying nothing – implies comparison to the thin, but not too thin, ideal
- **Internalized Weightism** – tragic consequence of fat prejudice in our society
- **Workplace Weightism** – discrimination in the workplace based on weight with hiring, promotions, recognition

10



Weightism and Gay Men

- Louis Peitzman (freelance writer for BuzzFeed) wrote a moving article in 2013, *It Gets Better, Unless You are Fat*, about how coming out as a fat, gay man was painful and disappointing
 - “When you first come out, gay men are eager to let you know that you’re not alone, and that you have a seat at the table. Unless, of course, you’re also fat, in which case, no, you can’t sit with us.”
 - He noted: gay slur – homophobic; racial slur – racist; comments like “Why don’t you lose weight or just try this diet?” slip under the radar
- There is a pervasive, unspoken bias toward thin and muscular bodies – so much body shame.
- Gay men find themselves both experiencing and promoting anti-fat bias
- Higher incidence of eating disorders


11



Mixed Weight Relationships

- Unwritten code that romantic partners should be outwardly similar
 - Mixed race couples are now more accepted
 - Mixed age couples still get the look – (cougar, gold digger, cradle robber)
- Study by Collisson et al. (2016) –
 - People are very prejudiced against mixed – weight couples
 - They concluded these relationships may be a new, understudied yet socially acceptable target of prejudice -

12



Age and Gender Bias

- Most people think of eating disorders as affecting female teenagers or college students
 - May start then but, for most, continues into adulthood
- Reality – they affect all ages
 - Stigma and shame at older ages
- Reality – they affect boys and men – likely underreported
 - Present differently – focus on muscle mass and hedonic eating
 - 40% BED are male
 - Stigma and shame if male
- Clinicians need to open their minds and eyes to notice signs of eating disorders in all people

13

Do people with Eating Disorders seek Help?

Not enough! Particularly men and ethnic minorities

- This was a study of 36,309 noninstitutionalized US citizens age 18 and older – Coffino et al.(2019) at the Mayo Foundation (2019)
 - Looked for lifetime ever meeting criteria for DSM 5 eating disorder
 - 275 for AN, 91 BN, and 256 with BED
- **ONLY** 34.5% of people with AN; 62.6% of people with BN, and 49.0% of people with BED ever sought help
- Help sought primarily from counselor, doctor, psychologist
- Hispanics less likely to see Rx for AN and BN relative to non-Hispanic whites, non-Hispanic blacks significantly lower odds of seeking help for AN and BED than non-Hispanic whites
- Years of Current Episode – all over 10 years regardless of diagnosis
 - Averages – AN -13.0 yrs; BN- 15.0 yrs; BED – 12.5 yrs
 - Ethnic and racial minorities much less likely to seek help
- Call for more extensive screenings especially for men, ethnic minorities, and older people
- Questions need to be asked of couples to identify those with ED behaviors or issues

14



THE NON-EATING DISORDER PARTNER EXPERIENCE

15

Role Play
Demarcus and Quisha

16

Emotional Impact on Partner is Huge

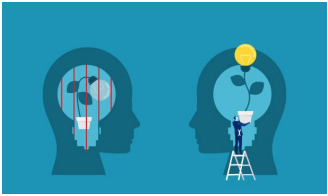
Recovery usually takes years

Hope may fade over time

- Fear
- Confusion
- Joy when recovery seems likely
- Disappointment during lapses or relapses
- Guilt or self-blame
- Anger
- Grief about lost opportunities

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Attitude is Important




Does the partner see this as an opportunity to learn about eating disorders?

Does the partner have an attitude of curiosity or of judgment?

Most people have little understanding of ED unless they have had one or a family member has had one. Often people assume is about wanting to lose weight or to be like a celebrity.


18



Timing of Disclosure

- During Dating
 - Most people underestimate the impact the ED will have on the relationship over time
- After marriage
 - Some partners view the choice not to disclose as betrayal

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Timing of Onset of the Eating Disorder

Before marriage
The partner may become a caregiver and the closeness of caregiving substitutes for true intimacy.
Danger – the eating disorder becomes a stabilizing factor in the relationship
Recovery threatens the homeostasis of the relationship.


After marriage
Partner may feel mixture of guilt, shame, and self-blame for potentially being responsible for the development of the eating disorder.
Sometimes, the impact of the eating disorder is so great that the non-ED partner may choose to end the relationship

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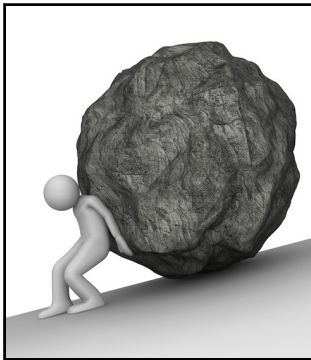
To Recover or Not To Recover?

Schmit and Bell (2017) Studied this variable. Here is what they found.

- Having the ED out in the open does not equate to pursuing treatment. When a partner with an eating disorder decides not to pursue recovery, the partner who does not have the ED will need to decide if continuing in the relationship is in their best interest.
- Although ultimately coming to a position of accepting that initiation of recovery needs to come from the partner with the ED, these partners experienced feelings of helplessness, disappointment, and lack of confidence in their ability to influence change.
- In relationships where partners pursued recovery, the supportive partner had a sense of making a difference and felt like their influence was accepted.




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BURDEN

Subjective Burden refers to the extent to which the partner feels like they are carrying a heavy load. There is a sense that the person in recovery is very dependent on them and cannot cope well on their own.

22



BURDEN

Objective Burden refers to the disruption in the partner's life due to the person with the eating disorder's condition (e.g. hiding food, buying particular foods, limited choices for eating out, not eating meals together, having to prepare separate menus, rigid rituals around eating and food preparation interfering with plans, excessive or obsessive exercise, concerns related to body image, and lost opportunities for socializing with others).

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Burden

- Some partners felt they could not cope with the burden of mealtimes and food-related activities being particularly challenging. This was especially true for partners of people with anorexia nervosa.
- Fear of long-term dependency was reported as the most distressing part of the experience for the partners who did not have the eating disorder.
- This is a very realistic fear since the course is chronic for 40% or more of people with eating disorders.

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Positive Outcomes for Partners

- Personal growth
 - More empathetic and caring
 - Resilience and strength
 - Learning to cope with uncertainty and anxiety
 - Closer to partner- increased communication and trust
- More compassionate with others
- Healthier attitudes toward food and health

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BEAR with me!

B= Bidirectional Nature –increase relationship stress – increase behaviors and vice versa

E= Emotion Co-Regulation – couples need to learn to manage strong emotions together - TOES

A= Accommodation – sublimating distress to go along to get along

R = Relational Turbulence – resistance to change that may cause disruption – homeostasis preferable

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Perplexing Problems

- How to Talk about food, weight, exercise, or shape related thoughts and behaviors
- How to navigate stress, tension, or conflict in the relationship
- Making plans around food or meals
- Restricted social life and other lifestyle issues
- Sexual Intimacy

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Role Play
Ezra and Abe

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Empathetic Engagement

- Receptivity of partner with the eating disorder
 - Needs to decide which comes first – relationship with the eating disorder or relationship with their partner
 - Which do they trust more to be there?
 - How much will they let their partner in?
- Non-judgmental presence of non-eating disorder partner
 - If partner judgmental or critical, eating disorder is a shield of safety
 - If validating, empathetic, and open there is likely to be more transparency
- Empathetic Engagement by Both
 - Listening to each other – OWL checklist can help
 - Identifying the eating disorder not the person as the problem

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Trauma History

- There may be increased likelihood of abuse in the history of the partner with the eating disorder.
- When addressing intimacy issues, past trauma may surface as enduring vulnerabilities in the couples work.
- The RED couples therapist needs to assess if a referral for adjunctive individual therapy to address the trauma would be beneficial.

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Synchronous Growth

- Partners can help each other to grow and change as individuals and as partners
- GMCT strengthens the relationship
- Gottman-RED takes things a little further helping partners work together on challenging issues for people in eating disorder recovery including perfectionism and self-worth



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The Need for Couples Therapy for Eating Disorders

32

Role Play

Carmen and Luciano



33

Comment from a RED couple

WIFE - "My ED recovery process has included counsel, support groups and a number of books. The RED for couples tools have brought a depth to my healing process I didn't know was possible. Specifically, they have facilitated understanding and connection between my husband of 31 years and myself that has opened doors to the intimacy that I believe is necessary for long term recovery."

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Which Couples Will Benefit from Gottman-RED?

- One or both people currently have an eating disorder
 - Anorexia Nervosa
 - Bulimia Nervosa
 - Binge Eating Disorder
 - Other Specified Feeding or Eating Disorder (OSFED)
 - Orthorexia
 - ARFID
- One or both people have an eating disorder history
- One or both people significantly struggle with body image, weight, food issues

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The Lesser-Known Eating Disorders

- What is ARFID? Avoidant Restrictive Food Intake Disorder
 - In adults, ARFID can not only cause dangerous weight loss, but it could also keep them from being able to maintain basic body functions.
 - More common in neurodivergent people with sensitivities to texture or taste.
 - Can follow adverse reactions to certain foods.
 - People get very upset if they do not have access to foods they feel comfortable eating.
 - Weight and being thin are not an issue.
- What is Orthorexia?
 - An obsession with healthy eating and optimum health with associated restrictive behaviors.
 - The attempt to attain optimum health through attention to diet may lead to malnourishment, loss of relationships, and poor quality of life.
 - May feel distress when lack access to "safe" foods.
 - Focus is not on losing weight or being thin.

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How Does an Eating Disorder Impact a Relationship?

Impact of Eating Disorder Diagnosis

- Marital intimacy, openness, and satisfaction are significantly reduced
- Cause: The high percentage of emotional functioning in the relationship consumed by the eating disorder behaviors and obsessions

Couples relationships can be a liability or a benefit –

- Liability –Relationship stress causes an increase in use of behaviors to cope
- Benefit - providing motivation for recovery and improved self-concept.

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The Impact of Marital Distress

- **Marital distress** has been cited as a significant trigger for about 70% of eating disorder cases.
- Women with anorexia nervosa were **less likely** than those with bulimia nervosa to state that they had a **partner who provided social support**.
- Women with bulimia nervosa have been found to have **dissatisfaction with their marriages**, to be conflict avoidant, and to lack problem-solving skills.
- Women with binge eating disorder reported **fewer positive interactions and lower marital satisfaction** when compared with women with other mental disorders or no disorders.

38

Are Relationship Issues and Eating Disorder Behaviors Related?


Which Came First?



2012- Arcelus and colleagues in the UK Reviewed 20 studies of eating behaviors and couples

- **Conclusion One** - relationship issues and eating behaviors have a direct correlation - when one goes up, so does the other, regardless of the eating disorder.
- **Conclusion Two** - Bidirectional but not possible to determine which came first.
- **Conclusion Three** - When one partner has an eating disorder, the relationship is stressed, and it is in the best interest of both partners to do all that is possible to support recovery.
- **Recommendation** - couples therapy be incorporated into the treatment of people with eating disorders.

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The Need

- **Is the Relationship a Maintaining or Protective Factor or Something In-Between?**
- Teaching couples how to develop a protective relationship rather than a maintaining relationship –
- **Maintaining –**
 - allow ED to continue-homeostasis
 - accommodating and enabling behaviors
- **Protective –**
 - supports recovery
 - decreases likelihood of relapse

40

Why Gottman-RED Is Timely and Important

- ❑ An effective method for treating eating disorders in adults remains elusive.
- ❑ Individual therapy has been the gold standard, however, appears to provide some, but not all, of the answers.
- ❑ The majority of adults with eating disorders are in a committed relationship or married.
- ❑ There is a growing wave of interest in integrating couples work into the treatment of people with eating disorders
- ❑ The most efficacious way to include a partner in treatment is still a mystery.



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GOTTMAN-RED is Founded on the Principle that Support from another can give Strength

This is not a new concept! 935 BC

Solomon, thought to be the author of Ecclesiastes, was considered to be the wisest man in the world -

Two are better than one, because they have a good return for their labor:

If either of them falls down, one can help the other up.

But pity anyone who falls and has no one to help them up.

Also, if two lie down together, they will keep warm. But how can one keep warm alone?

Though one may be overpowered, two can defend themselves.

Ecclesiastes 4:9-12

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GOTTMAN-RED
is Founded on
the Principle that
Support from
another can give
Strength

One of the therapists using the UCAN approach
(Uniting Couples in the Treatment of Anorexia Nervosa)
for treating anorexia nervosa commented,

"...we can't expect the extent of change that is needed without involving one of the most influential people in the patient's life. And why should we ask a patient to engage in something as challenging as eating disorder treatment without facilitating support from the person who cares most?" (Kirby et al., 2016, p. 249).

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Uniqueness of GOTTMAN-RED

GOTTMAN-RED was designed to engage both partners from the beginning.

- Methods to date have tended to focus more on the supporting ED recovery for the partner with the ED
 - The goal being behavior change rather than relationship improvement
- Gottman-RED supports ED recovery but focuses on relationship improvement AND partner involvement
- Gottman-RED treats the relationship, not the eating disorder

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GOTTMAN-RED
is Versatile

- The Gottman-RED interventions can be used with other couples therapies.
- Gottman-RED works whether in person or using telehealth.
- The therapy can stand alone, enhance individual outpatient therapy, or be integrated into a residential, inpatient, or PHP program.
- Gottman-RED is effective in strengthening the relationship when someone has a chronic eating disorder.
- Gottman-RED is effective in building a supportive relationship if someone with an eating disorder needs to gain or lose weight for health reasons.

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GOTTMAN-RED
is
Transdiagnostic

- In GOTTMAN-RED, the term eating disorder is applied loosely, implying a transdiagnostic conceptualization.
- The interventions are intended to strengthen the relationship and enable difficult conversations about food, weight, and recovery related topics regardless of the eating disorder diagnosis.
- Thus, the interventions in this approach are not limited by diagnosis and are best thought of as transdiagnostic interventions.

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GOTTMAN-RED
Vision

Therapists who learn about GOTTMAN-RED will become passionate about using couples therapy when helping people with eating disorders who are in a committed relationship.

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**Enter the
Couples
Therapist**

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The 6 Competencies for Couples Therapists Using Gottman-RED

Competency One – Training in Couples Therapy	Competency Two – Eating Disorder Knowledge	Competency Three – Ability to Build a Strong Therapeutic Alliance with Both Partners
Competency Four – Awareness and Understanding of the Levels of Care Available for People with Eating Disorders- Working as Part of an Integrated Care Team	Competency Five – Awareness of One's Own Biases Regarding Weight, Eating Disorder Behaviors, and Body Image Issues	Competency Six – Self-Care

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We Will Look at
Competencies
Three and Five
in More Depth

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Competency Three
Ability to Build a
Strong Therapeutic
Alliance with Both
Partners

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The Importance of a Strong Therapeutic Alliance

- Always remember that **the most important alliance in the room is the one between the two partners.**
- The second most important alliance in the room is between the therapist and the couple.
- GOTTMAN-RED emphasizes the importance of a strong therapeutic alliance.
 - Credibility creates trust in therapist.
 - Credibility requires knowledge about ED
 - Credibility needs understanding of the challenges facing the non-ED partner
 - Credibility is built by asking questions that reflect these understandings during the assessment sessions.
 - There can be no favoritism by the therapist who must carefully walk that fine line of neutrality.

52

The Person of the Therapist Training Model (Opal et al., 2022)

Developing the person of the therapist when working with couples

- Use of access points to increase self-awareness
 - Three access points
 - **The wounded child**-feelings, memories, and reactions of couples therapist when witnessing conflict between parents
 - **The wounded partner** - Intimate relationships- state of couples therapist's current memories of past relationships
 - **The hurt or bullied human** - Social location- socioeconomic, religious, or ethnic differences- the couples therapist may have wounds related to these
 - Access points increase self-awareness and allow for self-disclosure
 - Access points are windows into the deeper recesses revealing blindspots and potential for reactivity
- Delicate balance between identifying with the couple and differentiating from them

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Therapist Reactivity

- Couples therapists need to constantly monitor their inner state while, at the same time, focusing on couples interactions
- Big difference from individual therapy is that marital issues are acted out rather than talked about
 - Can trigger enduring vulnerabilities in the therapist
- Different from countertransference – focus on therapist's reactions to the interactions between the couple

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The Players in the Room

- Classic couples therapy – 3 players
- Gottman-RED – 4 players since the eating disorder is there as well overshadowing every session
- Gottman-RED focuses on improving the quality of the relationships while addressing BOTH the needs of the partner with the eating disorder history and the needs of the non-ED partner
- Gottman-RED was founded on the belief that a strong relationship is the primary goal, not behavior change
- A strong relationship opens the door to recovery, but does not guarantee it



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Challenges for Couples Therapists Working with RED Couples

Countertransference Related to Control

It is so tempting to engage in a power struggle when working with people with eating disorders- why?

Therapist can become anxious and frustrated by increase in behavior such as weight loss or binge purging. May trigger feelings of failure in therapist.

This typically happens when the person with the eating disorder persists in engaging in behaviors that endanger health and may require a higher level of care.

Countertransference Related to the Therapist Thinking They Know Best..

You start taking over the role of the partner, rather than helping the partner develop new skills.

As stated by Woodside et al. (1993), "the therapist must be aware that he or she can be neither a better wife, husband, father, or mother for either member of the couple than the one who is already in place" (p. 136).

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Competency Five

Awareness of One's Own Biases Regarding Weight, Eating Disorder Behaviors, and Body Image Issues

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Challenges for Couples Therapists Working with RED Couples

Biases about Weight

Weightism is very common in our culture.

Do you have any biases about weight?

- Obesity?
- Skinniness?
- Binge Eating?

How do you feel about your own weight or body image?

Biases about Eating Disorder Behaviors

Certain ED behaviors can evoke strong negative responses or judgment in therapists.

- self-induced vomiting
- extreme binge eating
- food refusal when emaciated
- laxative abuse
- "wasting" food

How do these behaviors affect you?

Feeling Pulled to Focus Directly on the Eating Disorder rather than the Couple Dynamics

The conversation needs to stay with the couple even if events happen such as...

- One person binged the night before the session
 - One person threw up that day
 - One person relapsed
- Can you resist engaging with the partner with the eating disorder?

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Challenges for Couples Therapists Working with RED Couples

Need for Education Regarding ED-related issues.

Are you willing to take time to learn about eating disorders?

Gottman-RED therapists need enough familiarity with eating disorder symptoms, psychopathology, and language to be able to facilitate couples interactions.

Wanting to Make Suggestions.

We all have experience with diets, food, and weight. Some of us more than others.

It can be tempting to suggest a new way of eating or talk about how eliminating certain foods has helped you.

This type of comment is not helpful when a partner offers it, it is also not helpful when a therapist does.

Walking into Challenging Conversations about ED Behaviors.

Are you prepared to listen to couples talk about eating disorder related struggles?

Does this type of conversation bring up issues for you?

e.g., Couple talking about binge eating at night might be triggering if you do that too.

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Warning for GOTTMAN-RED Therapists

It is essential that the Gottman-RED therapist not fall into the role of individual therapist for the person in recovery or the coach for the supportive partner.

Redirect the conversation so that the members of the couple learn how to have conversations and solve problems on their own.

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Remember!

- You are treating the Couple **NOT** the Eating Disorder!
- It is very easy to lose sight of the focus!



61



**Assessment for
Gottman-RED
Couples**

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Assessment

Assessment for RED couples has a threefold purpose:

- 1) assessing the health of the relationship,
- 2) assessing the impact of the eating disorder on the relationship, and
- 3) assessing the extent to which both partners understand the eating disorder in the same way.

Assessment of the Relationship
Gottman Connect

The Gottman Relationship Assessment measures the health of the relationship in terms of The Sound Relationship House.

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Assessment

Eating Disorders Related Assessments

These assessments should be completed by both partners. The answers will be discussed and compared during the feedback session and may also open conversations in subsequent sessions.

EDE-Q - (The Eating Disorders Examination Questionnaire)

The EDE-Q should be filled out by both, with both thinking about behaviors of the person with the eating disorder. This is a way to determine how much knowledge/awareness the non-ED partner has of the other's eating disorder.

AESED - (Accommodation and Enabling Scale for Eating Disorders)

The AESED is also filled out by both. It is a way to see how aware the person with the ED has of the impact of their behaviors on their partner.

OWL Conversations Checklist - Wise Conversations Orchestrated With Love (OWL)

Both partners complete the checklist indicating eating disorder related topics they would like to discuss.

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OWL Conversations (Orchestrated with Love)

Conversations Regarding Eating Disorder Recovery

- What does it mean for us to work together as a team to overcome the eating disorder?

Conversations Regarding Interactions

- Bidirectionality of ED behaviors. (GR or DWC) There is some evidence that the more stable a relationship is, the fewer ED symptoms and the less stable a relationship, the more ED symptoms. Is that true for us? Do we have any vicious cycles?

Conversations About Issues (Timing of Disclosure, Cost of Treatment, Sex and Body Image)

- Sex and Body Image (GR). This conversation is about how feelings regarding body image impact sexual intimacy and physical touch and can topics such as the effect of weight gain or loss, the impact of a binge, or the impact of stepping on the scale. It is important that both partners share how they feel about their own body image and how or if that impacts their desire for sexual intimacy.

Conversations Regarding the Eating Disorder Partner Experience

- Concerns of Both Partners Regarding non-ED Partner's Emotional and Physical Health (GR). This is a conversation in which both partners share their thoughts about this topic.

Conversations Regarding the Eating Disorder Experience for the Person with the Eating Disorder

- Experiences with Treatment (Person with ED is speaker, non-ED partner is listener)

Conversations Regarding Practical Issues of Living Together that Relate to the Eating Disorder

- Meal preparation - who does it? Do we eat the same thing or different things?

Conversations That Will Build Trust and Create Safety

- Boundaries - how much to discuss ED with family and friends (GR, AC). There is a balance between need for privacy and need for support that is important to discuss.

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Assessment Sessions

Assessment Session #1 & #2 - Oral History Interview-RED

This is the standard Gottman Oral History Interview with modifications for RED.

Assessment Sessions #3 & #4 - Individual Sessions-RED

This is the Gottman Individual Interview with modifications for RED.

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Examples of Additional Questions

Oral History Interview – Sample Questions

- **Eating Disorder History.** When did you first talk with each other about the eating disorder? How was it disclosed? Did the eating disorder start before the relationship or during the relationship? How much do you talk about it now?
- **Family Histories.** Can you tell me a little about how food, eating, and weight were handled in your family? Did anyone have an eating disorder? Was dieting commonplace? Did you family eat meals together? If so, what was conversation at the dinner table like? Was it calm? Were there fights??"

Individual Interview – Sample Questions

Relevant Family History

- Did anybody have an eating disorder?
- How was weight talked about in your family? Are there any specific comments that stuck in your mind?
- Did either of your parents diet? How often?
- How did your parents feel about their body image?
- Did your parents make disparaging comments related to weight or body size of anyone in or outside of the family?

Weight Loss Dieting History

- Did you ever go on a weight loss diet as a child?
- If yes, why did you go on the diet? At what age was your first diet?
- What was the diet?
- How much weight did you lose? Did you gain the weight back?
- What other weight loss diets have you tried over your lifetime? What happened?
- ED partner – Do you believe this diet is related to your current eating related issues?
- Non-ED partner – Do you believe your experiences with dieting affect how you react to your partner's ED behaviors?

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Feedback Session

During the feedback session, the therapist will present the couple with a summary of the results of the assessments.

The integrative report will follow The Sound Relationship House structure and integrate the results from the Gottman Connect, the interviews, the ED Questionnaires, and the OWL Conversations checklist.

The therapist will generate a list of treatment goals to discuss with the couple.

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**Implementing
Gottman-RED
with Couples**

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Prerequisites for Couples Prior to Learning GOTTMAN-RED Interventions

Number One - Psychoeducation

When working with RED couples, it is important to have a common understanding of the etiology of an eating disorder. During the first session after the feedback session, the Gottman-RED couples therapist will provide the couple with basic information.

Included in the Handouts is a series of tools: The Helicopter Story, The Stages of Growth for Partners, The 14 Rules for Partners, and The Two Hands of the Behaviors Analogy. This may take two sessions. The information is foundational to the work you will be doing together.

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Prerequisites for Couples Prior to Learning GOTTMAN-RED Interventions

Number Two - Support

The Gottman-RED therapist will ask each partner to identify people they trust to provide support during the couples therapy process.

These people need to know about the eating disorder and be individuals with whom the partner can talk openly and comfortably.

Resources can include an individual therapist, a nutritionist, a support group, a pastor or rabbi, a spiritual mentor, friends, or family.

ROI's should be obtained for other health care providers to allow for coordination of care.

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Gottman-RED is a Competency Based Therapy

- A competency is defined as, "a cluster of related abilities, commitments, knowledge, and skills that enable individuals to act effectively" (Francisca & Gomez, 2020, p. 11).
- There are 6 competencies for therapists and 10 competencies for couples in Gottman-RED couples therapy.

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Gottman-RED Competencies for Couples

- Competencies for Couples
 - The first one and the last six are Gottman Red Competencies
 - Competencies One through Four are Foundational Competencies
 - Competency One is a Gottman-RED Foundational Competency Using Gottman-RED strategies
 - For Competencies Two –Four the therapist can use GMCT or another couples therapy when teaching these competency related skills
 - Competencies Five -Ten
 - These include 14 Interventions that are uniquely Gottman-RED
 - We will look at 2 of these in depth
- **Competency One: Eating Disorder Knowledge.**
- **Competency Two: Basic Communications Skills/ Empathetic Engagement.**
- **Competency Three: Conflict Management Skills.**
- **Competency Four: Time Together.**
- **Competency Five: Friendship for RED couples.**
- **Competency Six: Transparency and Trust – Open Conversations about Eating Disorder Related Issues.**
- **Competency Seven: Commitment to Synchronous Growth.**
- **Competency Eight: Sexual Intimacy.**
- **Competency Nine: Future Planning.**
- **Competency Ten: Monitoring Relationship Health.**

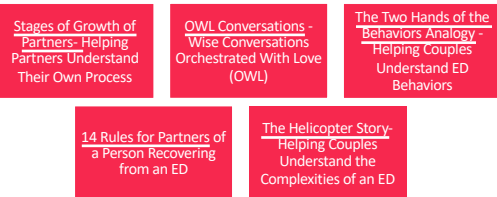
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Gottman-RED Foundational Competencies for Couples

- **Competency One: Eating Disorder Knowledge.**
 - The Helicopter Story intervention,
 - The Two Hands of the Behaviors intervention,
 - The 14 Rules,
 - Stages of Growth for Partners
- **Competency Two: Basic Communications Skills/ Empathetic Engagement (GMCT).**
 - Gentle Start-Up
 - Gottman- Rapoport
 - Dreams Within Conflict
- **Competency Three: Conflict Management Skills (GMCT).**
 - 4 Horsemen
 - Art of Compromise
 - Aftermath of a Fight
- **Competency Four: Time Together (GMCT).**
 - Stress Reducing Conversation
 - State of the Union Meeting
 - Card Decks

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COMPETENCY ONE - GOTTMAN-RED Psychoeducational Resources for Navigating Eating Disorder Challenges as a Couple-



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Core Gottman Skills/Resources for Strengthening Friendship & Intimate Connection

How to Be a Great Listener	Expressing Appreciation, Fondness, and Admiration	Accepting Influence
Developing Rituals of Connection	Fondness and Admiration Guide	Establishing a Weekly Date for a Minimum of 2 Hours
The Stress Reducing Conversation	The State of the Union Meeting for RED couples	The 6 Hours a Week
Gottman Card Decks		Gott Sex? ToolKit

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Core Gottman Skills/Resources for Managing Conflict

Flooding/Self-Soothing/Pulse Oximeters	The 4 Horsemen	The Gentle Start - Up	The Gottman Rapoport
How to Be a Great Listener	Dreams Within Conflict	Aftermath of a Fight/Regrettable Incident	Art of Compromise

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Gottman-RED Competencies for Couples

Competency Five: Friendship for RED couples.

- Recipe for Connection
- Combatting Perfectionism Together
- The Loving Filter

Competency Six: Transparency and Trust – Open Conversations about Eating Disorder Related Issues.

- The Vulnerability Leap
- OWL (Wise Conversations Orchestrated with Love) Conversations
- Aftermath of a Behavior

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Gottman-RED Competencies for Couples

Competency Seven: Commitment to Synchronous Growth.

- TOES – Tolerating Others Emotional Storms
- The Flower of Self-Worth
- Becoming a Good Enough Couple I

Competency Eight: Sexual Intimacy.

- RED in BED

Competency Nine: Future Planning.

- Co-Constructing the Eating Disorder Narrative
- Faithing Forward
- Becoming a Good Enough Couple II

Competency Ten: Monitoring Relationship Health.

- The Garden

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Gottman-RED Interventions

There are 14 basic interventions for every couple to learn so that they can talk about important issues related to the eating disorder.

Each couple will use the same tools, but the sequence will vary depending upon each couple's needs.



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The 14 GOTTMAN-RED Interventions



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<p>Experiencing Gottman-RED</p>	
	<p>Groups of 4</p> <ul style="list-style-type: none"> <input type="checkbox"/> Couple (2 People) <input type="checkbox"/> Therapist <input type="checkbox"/> Consultant

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<p>Two Gottman-RED Interventions</p>	
<p>TOES - Tolerating Others Emotional Storms</p>	<p>Aftermath of a Behavior</p>
<ul style="list-style-type: none"> • An emotion regulation exercise • Competency 7-Commitment to Synchronous Growth 	<ul style="list-style-type: none"> • A Ritual of Connection Supporting Behavior Change • Competency 5 - Friendship

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Questions?

- A complete list of references used in the development of Gottman-RED Couples Therapy is available upon request.
- In Fall 2024, Norton is publishing the book-
 - *Therapy for Relationships with Eating Disorders: A Clinician's Guide to Gottman-RED Couples Therapy*
- Training and Certification to Follow
- Contact me regarding consultation or training in the meantime
- Please email me at any time:
 - drkimlampson@gmail.com
