



*A bi-monthly broadcast
of interesting and
helpful ideas in local
clinical psychology to
support your practice.*

Editor's Message

Dear colleague,

The June Newsletter has a focus on Eating Disorders.

Each bimonthly newsletter includes (a) a summary of an article from the psychological literature of interest to GPs, (b) a serialised article on motivational techniques to help patients change their own health behaviours (c) an inspirational quote of the week and (d) an interview with a clinical psychologist.

Have a read and contact us for more information:

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Literature Digest: Anorexia Nervosa – the brain changes with chronicity.

Some very recent research has shown how anorexia nervosa seems to change the brain over time, which highlights (a) the urgency for successful treatment and (b) how biologically-based and serious the disorder is. While some still see eating disorders as being superficial concerns about appearance, new research from Howard Steiger¹ (Montreal) has shown that, among other biological changes, the brain undergoes alterations in DNA methylation. These alterations result in altered cognitive and emotional functioning and physiology. What is more, genes start to be expressed differently, which means that certain traits are more pronounced. Sufferers consequently find it harder to recover or engage in treatment. Steiger's research aligns with previous research² on the cortical mass changes seen (through MRI) in adolescents with anorexia nervosa. In affected patients, both white matter and grey matter were reduced in size. After successful resumption of weight and eating, only the white matter returned to normal mass. The imperative for early intervention with anyone with an eating disorder is very clear.

¹ Boonij, L., Casey, K. F., Antunes, J. M., Szyf, M., Joobor, R., Israël, M. and Steiger, H. (2015), **DNA methylation in individuals with anorexia nervosa and in matched normal-eater controls: A genome-wide study.** *Int. J. Eat. Disord.* doi: 10.1002/eat.22374

² Katzman DK, Zipursky RB, Lamb EK, Mikulis DJ. (2015) **A Longitudinal Magnetic Resonance Imaging Study of Brain Changes in Adolescents With Anorexia Nervosa.** *Arch Pediatr Adolesc Med.* 1997;151(8):793-797. doi:10.1001/archpedi.1997.02170450043006.

Interview with a Clinical Psychologist

DEBORAH MITCHISON (*M.Psychol.; Ph.D.*)

Deb is an eating disorders specialist who has worked in several eating disorder services before joining Basten and Associates. She is also a researcher and on teaching staff for post-graduate training of psychologists at Macquarie University.

Q: Many find working with eating disorders worrying and frustrating. Do you find it hard and how do you deal with the emotional side of treatment?

A: I actually find eating disorders a fascinating and stimulating area, which speaks to why I have decided to specialise in this field in my research and clinical practice. At times, seeing clients held hostage physically, mentally, and socially by these disorders is heart-breaking. However, although difficult, recovery from an eating disorder is absolutely possible, so I feel encouraged that every small step a client takes is ultimately a step toward shedding their eating disorder for good.

Q: Does the treatment for adults with anorexia differ from adolescents?

A: With adults, the focus of treatment tends to be with the individual, although it is often worthwhile to engage and educate significant others to some extent. In contrast, with adolescents it makes sense to incorporate the parents (and siblings) in family therapy for several reasons, including (1) parents can be trained/empowered to be a key resource for recovery and (2) the research evidence is in favour of family therapy for adolescents with anorexia nervosa. At Basten and Associates our clinical psychologists are trained in both forms of therapy, and so the most appropriate approach to be taken can be assessed on a case-by-case basis and provided to the client.

Q: You have published several papers on eating disorders. What do you find more rewarding, research or clinical work?

A: Tough question! First, I find it very rewarding to be involved in both activities simultaneously, as the two complement each other and enhance my skills in both areas. In particular, I find that practicing keeps my research questions and design grounded in the 'real' experience of eating disorders; whereas being a researcher, I find I am naturally bent toward developing hypotheses, solving problems, and evaluating outcomes with my clients, which I think is the best approach to practice too. I love and intend to continue to combine the two throughout my career.





"People often say that motivation doesn't last. Well, neither does bathing - that's why we recommend it daily."

– Zig Ziglar

Basten & Associates

Basten and Associates is a practice of clinical psychologists devoted to enhancing mental health in our community.

We have been providing psychological treatments since 1998 and have three locations in Sydney – Sydney CBD, Chatswood and Westmead.

We are passionate about making a special contribution to mental health and emotional wellbeing. We differ from other practices in several ways:

1. We are all clinical psychologists with post-graduate clinical training.
2. We have enough specialists for different conditions, so you will find the right psychologist to work with your patients.
3. Our clinicians are committed to staying up to date with research into the causes and treatments of common conditions.
4. We only use treatments that have a known basis of evidence showing them to be effective and then adapt and tailor these treatments to each individual after a thorough assessment.

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Series on Motivating Patients

Motivating patients to change their behaviour.

Part 5: Using 'Motivational Interviewing'

As health professionals, we try to help people improve their health and yet it can be hard to motivate patients to do potentially helpful treatments or lifestyle changes. This is a serialised account of numerous strategies to increase motivation for change in our patients. In every section, two assumed 'cases' are used for illustration.

"Rob" is 48 and has Type 2 diabetes. He is over-weight. He does not always test his BSLs reliably; he has not yet lost any weight, as recommended; and he can't recall what he has for lunch or dinner when asked. His BSL range is 3 to 17. He has stated that he is too busy with his own book-keeping business to attend courses or hospital clinics on diabetes education.

"Karen" is 60 and has chronic obstructive pulmonary disease. Her adult son is often in trouble, needing her help with money, accommodation and baby-sitting for his children when he has custody but he can't meet their needs due to his chaotic lifestyle. She gets frequent chest infections (for which she requests antibiotics) and keeps relapsing into cigarette smoking because that is the only way she feels she can deal with all her stress.

Using Motivational Interviewing Part A: Expressing empathy

Motivational Interviewing is an approach that can be used when your usual efforts do not work or the patient seems stuck. There are several important elements that need to be broken up for discussion. The general themes are to proceed slower, go to wherever the patient is and invite them to move in a direction that they choose (so it is less didactic).

The first issue to keep in mind is to EMPATHISE WITH THEIR DIFFICULTY MAKING CHANGES. Start by sharing your understanding of why it is hard for your patient to do what is clearly

recommended. Try to get into their shoes. You are not agreeing with them or making excuses for them. The task is merely to empathise with why they find change hard right now. When this is done well, you will find that the patient then engages with the next steps of interventions better. They are more likely to generate their own reasons to change.

For Rob, we might say "it sounds like you are doing as well as you can personally do, given how busy you are with work. Tell me more about your time demands. It must be hard to fit everything in. What is it like for you?" You could extend that by exploring how important he sees exercise, diet and weight control: "tell me again why you have said before that you would like more time to exercise"? And "if you were able to find 30 minutes in a Sunday to plan some meals for the week, what benefits would you experience the most"? More questions; fewer lectures.

With Karen, you could empathise with how stressful her life is with her son and his children. You could also deepen this validation by adding that you understand how her motivation to look after her lungs and care about the future disappears when things feel stressful, even though she wants to be healthier; "we both know that you have already heard of all the harm from smoking – and know that you want to stay alive longer for your grandkids – so that tells me just how hard it must be for you to stay off the cigarettes. Shall we explore what makes it hard?"

Hint: this is just step one a fluid series of other ideas. In the next few steps we will make sure that they do not just stay stuck forever – but we cannot get onto those other ideas unless the patient feels that you can see their point of view and unless they feel that they can be open with you, without being judged. Empathy with their struggles to do the right thing is invaluable.

Next article in August:

Part 2 of Motivational Interviewing: developing the discrepancy between values and actual behaviour.

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