Experiential methods for enhancing Motivation

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Overview

• Motivational issues in eating disorders
• Lessons from cognitive science
• Enhancing motivation through experience
  • Creative writing
  • Imagery
  • Chairwork
• Chairwork: Interactive role-play
• Summary and Questions
Motivation in Eating Disorders
Why work with motivation?

- Valued symptomatology, plus
- Ambivalence about recovery, plus
- Anxiety about change, plus
- Considerable effort, equals

- Low motivation to change, and
- Difficulties with behavioural modification, and
- Poor engagement, retention and response to therapy
Enhancing Motivation: Tx Formats

- Primary focus
- Overarching principle
- Phase of therapy
- Interwoven throughout treatment
Enhancing Motivation: Process

• Empathy, collaboration, validation
• Developing discrepancy
• Rolling with resistance
• Supporting self-efficacy
Enhancing Motivation: Techniques

- Pros and cons of change ("decisional balance")
- Projection (into the past, into the future)
- Establishing reasons to recover
- Clarifying goals and values
- Modifying fears about change
- Functional analysis of symptoms
- Problem-solving barriers to change
- Feedback (normative, medical, etc.)
- Psychoeducation regarding process of change
- Externalising techniques... *etc.*
Do motivational interventions (MI’s) work?

Compared to other treatments (e.g. CBT), MI’s have little or no advantage in:

- Enhancing motivation
- Improving retention
- Reducing ED symptoms
- Enhancing the effects of other therapies

Waller, 2012; Knowles, Anokhina & Serpell, 2013
Why aren’t MIs more effective?

• Biological effects: rigidity, obsessionality, etc
• Permissive cognitions
• Fluctuations in state
• Entrenched patterns of thinking
• “Parking lot syndrome”
• Emotions neglected?
Why aren’t MIs more effective?

- Biological effects: rigidity, obsessionality, etc
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Enhancing Motivation: Lessons from cognitive science
Retrieval Competition (Brewin, 2006)

Different representations compete for retrieval from memory.

Therapies aim to construct or alter the accessibility of positive representations.

Representations of recovery need to have a **competitive advantage** over representations of “not-recovering”:

- Memorable
- Distinctive
- Easily recalled
Interacting Cognitive Subsystems (ICS)

**Propositional** subsystem is concerned with knowledge that is:
- Explicit
- Verifiable
- Language correspondent (“head-level” belief)

**Implicational** subsystem is concerned with knowledge that is:
- Implicit
- Intuitive
- Emotion correspondent (“heart-level” belief)

Teasdale & Barnard, 1993
Interacting Cognitive Subsystems (ICS)

Cognitive / verbal interventions rely on propositional information processing → “head-heart lag”.

“Change” occurs when information is processed in the implicational subsystem, via:

✓ High levels of emotional arousal
✓ Multisensory input
✓ Working with “hot” cognitive material

Teasdale & Barnard, 1993

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Lessons from cognitive science

Motivational interventions are more likely to resolve ambivalence if they:

- Facilitate access to implicational knowledge subsystems
- Produce recovery-related representations which successfully compete for retrieval.

Motivational interventions therefore need to be:

- Emotive
- Multisensory
- Memorable
- Attention grabbing
Enhancing motivation through Experience
Experiential Interventions

“... Treatment techniques, based on psychological principles, that are developed and used with the specific intention of increasing clients’ present awareness of feelings, perceptions, cognitions and sensations... The method usually involves some degree of action on the clients’ part, either physical or imagined”.

Hornyak & Baker, 1989

“... Experiential techniques seem to produce the most profound change... [They] capitalize on the human capacity to process information more effectively in the presence of affect”.

Young, Klosko & Weishaar, 2003
Creative writing
Letter writing for enhancing motivation

• Friend and enemy letters
  (Treasure, 1997; Serpell et al., 1999; Serpell & Treasure, 2002)

• Letters from the future
  (Schmidt & Treasure, 1993; Waller et al., 2007)
Friend and enemy letters: Typical themes

• Eating disorder as a friend (most common first)
  • **Guardian** (safe and dependable), attractiveness, control, difference (specialness), confidence, skill, avoidance (particularly of emotions), communicate, fitness, periods

• Eating disorder as an enemy
  • Pretend (feeling cheated by the disorder), social, health, emotions, take over, hate, food (preoccupation), waste (life/time), psychological (depression, anxiety etc.), others

*Serpell et. al., 1999*
Letters from the future

• Write two letters from yourself in the future (between one and five years), to yourself now...
  » One letter when you have recovered
  » One where you remain ill

• Consider how life is, including health, relationships, career and how the journey to that point has been.
Some tips for letter writing...

- The aim is to amplify the emotional experience of these exercises, rather than it becoming overly intellectual.
  - Read the letter to your client, enabling them to hear and receive it, rather than just writing it or get them to read it aloud
  - Consider elaborating through chairwork
  - Ask the client to re-read the letter frequently
Positive imagery (Hackmann, Levy & Holmes, 2011)

• Limited current research in this field for clinical interventions, but strong evidence in other fields, such as sports psychology, where clients self-confidence and motivation are increased (Cummins & Ramsay, 2008)

• Imagining events makes them appear more real and increase perceived likelihood of them occurring (Taylor et al. 2008)

• Positive imagery can increase the likelihood that future positive events will occur and can increase perception that an individual will be able to perform better (Bandura, 1986)
Positive Imagery Exercise

Think of a goal that you have or something that you would like to be different in your life a year from now (in your control)...

- Close your eyes
- Imagine yourself a year from now
- Imagine that the year has gone really well and you have achieved this goal, or things are different in the way that you hoped
- Create a clear picture of where you are, what you are doing, how you are feeling?
- What do you notice is different in how things are and how you are feeling and thinking?
Imagining life without the eating disorder

- Close your eyes
- Imagine yourself a year from now
- Imagine that the year has gone really well and you are recovered from your eating disorder
- Describe where you are, what you are doing, how you are feeling?
- What is different about how you are feeling and what you are thinking?

Treasure, 1997; Waller et. al., 2007
Imagining the process for reaching the goal

• Imaginal rehearsal of strategies required to reach goal more effective than imagining the goal itself (Taylor et al, 1998)
• Better to simulate the actions necessary to achieve a goal than think about the reasons for achieving it (Eyck et.al., 2006)
• Better anticipation, management of emotions and problem solving.
Imagining the process of overcoming the eating disorder

- Identify the steps and challenges necessary to reach recovery
- Close your eyes and visualise facing each step
- Imagine yourself coping positively with the challenges and overcoming any difficulties effectively
Some tips for imagery work...

- Method 1 – more effective for enhancing positive motivators. Method 2 – more effective for tackling anxiety about change
- Rehearse regularly – at least daily
- Make the image as vivid as possible
- Multi-sensory
- Use anchors (drawings, photos, songs, etc.)
- Tape recordings

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Chairwork
Chairwork for enhancing motivation

- Two-chair decisional dialogues
- Empty chairwork
- Diagnostic chairwork interviews
- Two-chair functional analysis
- Redecision chairwork
- Interviewing recovered versus non-recovered selves
Focus on two-chair decisional dialogues

- Identify the two “sides” of the individual
- Frame as an exercise to get to know these sides better
- Introduce two chairs:
  - Chair one: “I want to stay as I am because…”
  - Chair two: “I want to change because…”
- Invite the individual to speak from each perspective
- Start with whichever side feels more dominant
Focus on two-chair decisional dialogues

I want to change...

I want to stay as I am...

Individual (meta-position)

Therapist offering lines

Therapist

Therapist offering lines

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Focus on two-chair decisional dialogues

- Client moves back and forth between chairs until both sides have fully expressed themselves
- Reflect on the process from a third “metacognitive” chair
- Repeat but with more existential language: “I will...get better” versus “I will not... get better”
- Reflect on the process
Two-chair decisional dialogue: Interactive Role-play
### Role play: preparatory pros and cons list

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>• It makes me feel special</td>
<td>• I miss out on things</td>
</tr>
<tr>
<td>• I’m good at it</td>
<td>• I’m held back in life – not at uni</td>
</tr>
<tr>
<td>• It makes things feel predictable and</td>
<td>• It separates me from friends</td>
</tr>
<tr>
<td>and safe</td>
<td>• I don’t have anything in common with my friends anymore</td>
</tr>
<tr>
<td>• I get cared for</td>
<td>• It takes up so much time and effort</td>
</tr>
<tr>
<td>• I don’t have to face lots of scary</td>
<td>• It makes me feel numb</td>
</tr>
<tr>
<td>things</td>
<td></td>
</tr>
</tbody>
</table>

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Feedback for **two-chair decisional dialogues**

“The dynamic nature of the exercise was helpful – actually having to move to a different place to give voice to a different set of beliefs”.

“It managed to isolate and explore an inner dialogue that is otherwise just buzzing around your head”.

“With the pros and the cons list, you can only really write down what you already know, but with chairs you can potentially discover new things”.

“I found it helpful to say those ideas out loud to myself and bring out the internal battle... It helped me to actually realise things I hadn’t considered before”.

“It was easier to focus on one side of the argument rather than going round in circles”.

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And finally... *From motivation to action:*

- Motivational intervention should ultimately aim to change behaviour, not just thoughts and emotions.

- Early behavioural change and positive reinforcement is one of the best motivators to continue changing behaviour.

- Set behavioural goals after motivational work.
Summary
In conclusion...

- Traditional motivational interventions appear relatively ineffective in their current forms.
- Experiential techniques may be advantageous because of their:
  1. *Capacity to generate salient representations of recovery.*
  2. *Ability to access and modify implicational knowledge.*
  3. *Close links with motivational-affective states.*
- Research is needed to determine how experiential interventions perform against other motivational techniques.
Questions?
References

**Motivation:**


**Cognitive science:**


**Chairwork:**


**Creative writing:**


**Imagery:**