

Fabic Journals of Lasting Behaviour Change

Understanding the Root Cause of Eating Disorders
and Applying the Principles of Functional Behaviour
Assessment in a Clinical Setting

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UNDERSTANDING THE ROOT CAUSE OF EATING DISORDERS AND APPLYING THE PRINCIPLES OF FUNCTIONAL BEHAVIOUR ASSESSMENT IN A CLINICAL SETTING

ABSTRACT: *Treatment of any unwanted behaviour, in particular, those behaviours related to eating disorders such as anorexia, bulimia and obesity is frequently based on a model of attempting to change behaviour, without first understanding the root cause for the behaviour. With this approach, the treatment offered is intermittently successful, appearing to work for some and not others, with relapse occurring frequently. This paper introduces the application of foundational principles of Functional Behaviour Assessment as a means of practically assessing the reasons for a person's behaviour. From this perspective, we are able to gain an in-depth understanding of 'why the unwanted behaviours are being used' and base the treatment plan on the outcomes of this assessment. Tanya Curtis from Fabic has taken the previous complex and thus often inaccessible principles of Functional Behaviour Assessment and created three simple practical steps that when applied create a template for understanding and changing behaviour. When applied in the clinical setting, these principles are resulting in long-term behaviour change for clients using any unwanted behaviours including those exhibiting unwanted and harmful eating patterns, thus meeting the criteria for eating disorders such as anorexia, bulimia and/or obesity.*

KEYWORDS: *eating disorders; Functional Behaviour Assessment; anorexia; bulimia; obesity*

INTRODUCTION

Despite eating disorders including anorexia, bulimia and obesity being prevalent for many hundreds of years, with research and funding consistently increasing in the areas of treating eating disorders, it is difficult to make sense of the fact that the number of people with eating disorders is consistently increasing. This paper explores introducing Functional Behaviour Assessment as a way of assessing and then treating unwanted behaviour based on first understanding the reason for the unwanted behaviours and then changing behaviour based on a skills building approach. Senior Behaviour Specialist, Tanya Curtis, bases this approach on the Fabic Three-3-Step Process to Behaviour Change that she has developed and derived from the principles of Functional Behaviour Assessment. These three steps of (1) Body, (2) Life and (3) Skills are used at Fabic Multi-Disciplinary Behaviour Specialist Clinic (Gold Coast, Australia) with clients who use unwanted behaviours of a high or low intensity and whom may have received formal diagnosis including anorexia nervosa, bulimia and/or obesity.

ABOUT FUNCTIONAL BEHAVIOUR ASSESSMENT

Functional Behaviour Assessment was first discussed in the literature by B.F. Skinner in the 1950's (Skinner, 1953) and has since been referred to by numerous authors in various ways (Carr & Durand, 1985; Iwata, 1994; Repp & Horner, 1999; Bullock & Gable, 1999; Edwards, Magee, & Ellis 2002). Functional Behaviour Assessment is the process used to identify the events that reliably predict and maintain a target behaviour (March & Horner, 2002). Functional Behaviour Assessment is also known as Functional Assessment and incorrectly referred to as Functional Analysis, however it is important to note that theoretically Functional Behaviour Assessment is a preliminary step of the more comprehensive and clinical Functional Analysis (Bullock & Gable, 1999). Traditionally, Functional Behaviour Assessments have been used with high-intensity unwanted behaviours and more frequently used for those with a diagnosed developmental delay or behavioural disorder such as intellectual impairments or autism spectrum disorder. Minimal literature is found discussing the use of Functional Behaviour Assessment with eating disorders, however Farmer and Latner discuss eating disorders in the book *Functional Analysis in Clinical Treatment* (p. 379 to 402, 2007). Although an in-depth traditional Functional Behaviour Assessment, when conducted is very effective, is also time consuming and thus often inaccessible to be used universally.

The Fabic 3-Step Process to Behaviour Change (i.e., Step 1: Body; Step 2: Life and Step 3: Skills) simplifies the complex steps of Functional Assessment to make accessible the principles of this assessment to all, yet are still based on the founding principle of knowing that every unwanted behaviour is happening for a reason. The Fabic 3-Step Process is based on the premise that what the behaviour looks like (i.e., the form of the behaviour) is not important, however, what is fundamental is identifying the reason for the behaviour (i.e., the function). The Fabic 3-Step Process to Behaviour Change will be discussed in more detail in this paper, yet first a person-centred process must be introduced as a means of communicating and building rapport with the client and addressing their needs.



CLIENT COMMUNICATION: MEETING CLIENTS FOR WHO THEY ARE AND NOT WHAT THEY DO

Behaviour is not who you are, it is what you do

Too frequently in today's society, people who have a diagnosis and/or use unwanted behaviours, become identified by, or are identified by their label or behaviours. This identification stems from a basis of judgment where a label or behaviour is judged to be less than another, wrong, inferior or negative in some way. Judgment and understanding cannot exist together! As soon as one judges any person's label or behaviour to be negative, they simply close the door on understanding the root cause of the unwanted behaviours. It is imperative to understand that judgment of self or another negatively impacts one's self-esteem, psychological wellbeing and mental health status.

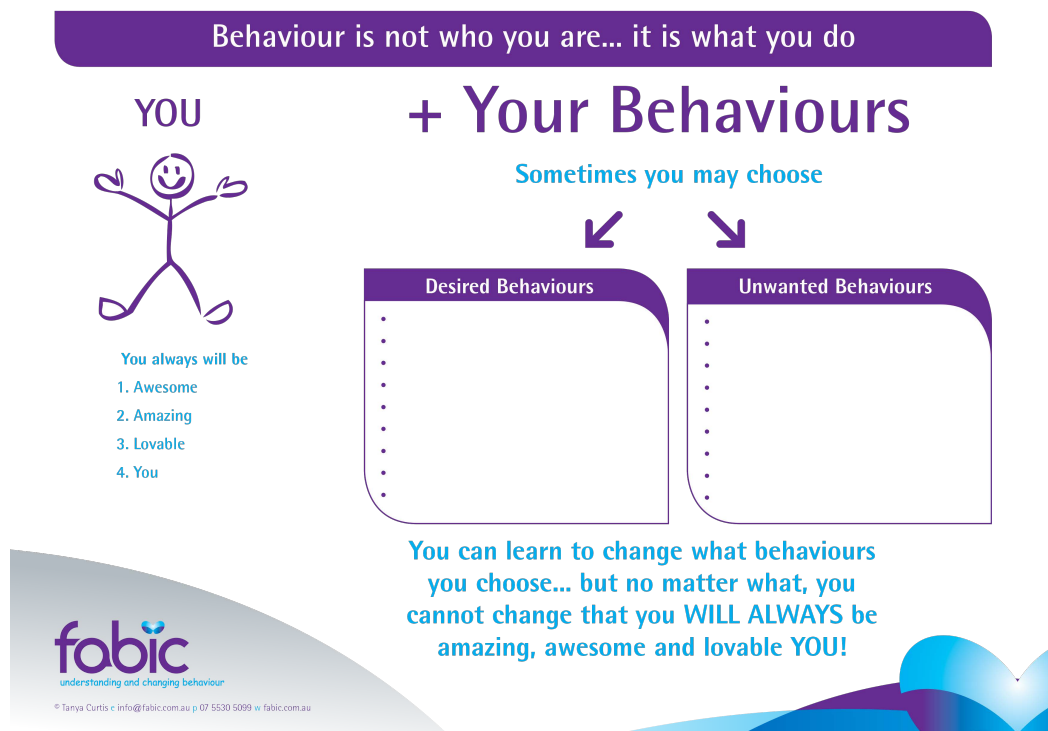
In fact, all behaviours (wanted or unwanted) are simply a form of communication. Communication is not limited to the words that do or do not come from a person's mouth, yet all behaviours used send a message. The Fabic process of gaining an understanding of the reason for that unwanted behaviour is to never judge any behaviour to be wrong, yet simply ask "I wonder why that behaviour is happening"?

People are not their labels and are not their behaviours

That said, diagnosis that come with a label could serve a purpose. Labels can provide: a description of the behaviours a person is using; a description of certain characteristics; access to a level of understanding and in some situations labels provide access to funding and certain treatment options that will support the individual's ongoing development. However, a label in of itself will never change a person's behaviour. A label is simply a description of behaviours and characteristics but does not define who a person is! Labels are often misinterpreted and frequently judged! With judgment we can lose sight of the person behind the label as we simply judge certain behaviours to be wrong. Thus, treatment is often based on the premise that that behaviour is wrong and must simply be changed to a replacement behaviour that is considered right, desired or wanted.

The Fabic methodology is based on the fundamental principle that a person is not their behaviour and not their label. Image 1 below shows a chart used by Fabic clinicians as a means of communicating with their clients. Sometimes the chart is used visually with their clients and other times the language is simply introduced to clients.

Image 1: Behaviour is not who you are... it is what you do



The language of the chart in Image 1 is based on first knowing that at the core of every individual is an awesome, amazing and loveable being. Using this language in the clinical setting draws attention to the fact that we are all 'human beings' and not 'human doings', thus our being and our doing are two separate factors. Our being is our essence and that has, is and will always be the same no matter what behaviours we actually 'do'! Our essence, at the core is one of an awesome, amazing, loveable being no matter how unwanted and inexcusable the behaviours are that we choose! This language lays a foundation of building rapport and trust as it allows the clients to feel seen for who they are and not what they do. The language extends to sharing with clients that 'what they do' will never be judged, rather, it is understood that these behaviours are simply a coping strategy that they have used in response to an aspect of life they do not feel completely equipped to respond to, albeit a behaviour that is considered unwanted and self-harming. Clients with anorexia, bulimia or obesity are taught that their eating behaviours maybe unwanted but these behaviours are not to be judged rather understood. Clients are taught that presently their behaviours associated with anorexia, bulimia and obesity are the existing skills they have in their repertoire to respond to the challenges life has presented to them. Clients are reminded that this language is not to excuse the unwanted behaviours, rather provides opportunity for understanding as to why these behaviours have been in their repertoire without judging their behaviours negatively.

The language accompanying Image 1, when used in depth, highlights that in today's society many people become identified by or are identified by what they do. That is, we judge the 'doing' as we have lost site of the 'being'. This is extremely harmful to society as a whole. For example, we have people identified by perceived unwanted behaviours that are associated with an eating disorder and thus are identified/labeled as 'the person with anorexia, bulimia or obesity'. We stop seeing people for who they are at their essence and see them through the eyes of their eating disorder. The truth is, at the core of every person, there is an awesome amazing, loveable being, who has lost site of their being and thus the identification becomes about by what they do (or have done). Another example is a person who is called an alcoholic, a person who at the core has a beautiful essence yet is so deeply hurt and has not yet developed the skills to truly heal their hurts and thus engages in the doing of 'drinking' to mask their hurt. Some theories suggest that the act of drinking is an illness and a person will never recover, and thus, will always be an alcoholic. The author of this paper has met people in the clinical setting who attend support groups for alcoholics and stand up at the meeting and say 'my name is XXXX. I am an alcoholic and I am 24 years sober'. This is a person who has and is identified by their 'doing' and lost sight of their 'being'. In truth, there is in awesome amazing, loveable being who used to drink, but now no longer drinks, not a person who needs to carry a life-time sentence of this label which comes with the judgment based on what they used to do! The examples of unwanted behaviours and labels that society judge without understanding is endless, some examples include: 'the naughty child'; 'the bad parent'; 'the slack employee'; 'the thief'; 'the person with Asperger's and ADHD', 'the angry, rude, aggressive, depressed, anxious, sad person'. The fact is, these are all simply a description of the person's doing and is excluding awareness of the beautiful being, thus creating a deep hurt triggered by rejection.

The examples above share the harm that is associated with becoming identified by 'unwanted behaviours'. However equally, if not more harming is when we become identified by the desired behaviours shown in Image 1. Examples include when people are identified as playing a particular role very well. For example playing the role of a: 'straight-A student'; 'good mother', 'perfect person', 'beautiful-looking woman', 'good provider', 'popular student', 'likeable person', 'person who has it all together' etcetera. This possible list is endless, yet extremely harming when identifying people or self by any of these roles. For example, what happens to a person's anxiety levels when they are identified by being a straight A student and then they get a B grade, or to the parent who is identified by being a 'good parent and their child has a tantrum in public, or the person who is identified as being the 'perfect person' and something about them is exposed for not being perfect? Answer: their anxiety levels increase and thus use of unwanted behaviours are escalated.

Image 1 simply introduces a language that is firstly sharing that at the core we are all already amazing and this is not founded in anyway based on what we do, have done or will do in the future. Sometimes people will use behaviours that are wanted and other times they will use behaviours that are unwanted. We will do this because we are human and humans are not perfect in their doing, but rather we are perfect in our being. At Fabic, clients are further introduced to the concept that their core essence can never change no matter what they do, but what they do, the behaviours used, can be changed when a person chooses to learn how. This language removes judgment, increases acceptance and allows a person to be ready to explore and take responsibility for the Fabic 3-Step Process to Behaviour Change.

FABIC 3-STEP PROCESS TO BEHAVIOUR CHANGE - (1) BODY, (2) LIFE, (3) SKILLS

The steps of Functional Behaviour Assessment are often complex, time-consuming and thus not practical to use on a daily basis. The Fabic 3-Step Process to Behaviour Change as developed by the author and based on Step 1: Body, Step 2: Life and Step 3: Skills, simplifies the process of Functional Behaviour Assessment to make practical and thus accessible the principles of Functional Behaviour Assessment in a clinical setting. The crucial element drawn from Functional Behaviour Assessment is that we must understand the root cause of behaviour prior to developing and implementing behaviour change strategies. This 3-step model to behaviour change is based on: firstly knowing that all behaviour is a form of communication and must not be judged rather understood; secondly on identifying the reason for the unwanted behaviour, and thirdly developing skills building behavioural strategies resulting in lasting behavioural change.

Too frequently in today's society, we hold the belief that unwanted behaviours must simply be changed. When we approach behaviour change from this perspective, behaviour change will only ever be short-lived. However, if we apply the understanding that all unwanted behaviour is preceded by anxiety, we will come to understand that we must develop a relationship with understanding anxiety and how it is experienced by any person who is ready to change their own unwanted behaviour patterns.

At Fabic, anxiety is understood to occur when a person is presented with any aspect of life they perceive they do not have the required skills to respond to. This could be that they find an aspect of life difficult, challenging, uncomfortable, unwanted or disliked in some aspect. The words, they do not perceive they have the skills to respond to, is important to highlight here.

We all have natural strengths, weaknesses and perceptions of life. When attempting to understand how one person is experiencing life, we must be open to understanding that their perception of how they are perceiving life in comparison to the way we think they are experiencing life maybe very different. To gain a true understanding of the reasons for unwanted behaviour we are interested in how the client themselves perceive their experience of life. For example: if the client perceives their experience of life to be one they feel equipped to respond to it is likely their wanted behaviours will be predominant, whereas if they perceive their experience of life to be one they do not feel equipped to respond to, there will be an increase in use of unwanted behaviours.

Unwanted behaviours (Step 1: Body) occur when the client is presented with an aspect of life (Step 2) that they do not perceive they have the required skills (Step 3) to respond to. Therefore, changing our unwanted behaviours (Step 1: Body) requires developing new wanted skills (Step 3) to respond to whatever life (Step 2) presents. The outcome being, clients develop self-responsibility to self-master aspects of life that have previously triggered the unwanted behaviour and thus are self-empowered to heal themselves. The following text will explore these three steps in more detail.

Step 1: Body

From our body come all of all our behaviours; this includes our wanted behaviours, low-intensity unwanted behaviours and our high-intensity unwanted behaviours. Simply put, everything we do, think, say and feel comes from our body. Our body is a form of communication, telling us how we are experiencing life. When our body is using wanted behaviours, it is understood that we are experiencing life in a way that we feel equipped to respond to. When we are using any form of unwanted behaviours (i.e., low, medium or high intensity unwanted behaviours including the smallest of reactions), it is understood there is an aspect of life presented that we do not feel equipped to respond to. What comes from our body including ALL unwanted behaviours and reactions must not be judged, rather needs to be understood. Those with an eating disorder including anorexia, bulimia or obesity are using a selection of unwanted behaviours associated with this disorder (e.g., refusing to eat, over-eating, over-exercising, under-exercising, obsessing over calorie intake and outtake, purging after eating etc.).

Any unwanted behaviour is simply a person's way of communicating that they are experiencing life to be negative, uncomfortable and/or challenging in some way. Our question to ask when unwanted behaviours are being used is "I wonder what aspect of life that that person is

finding negative?" As supporters of any person using an unwanted behaviour, including one experiencing an eating disorder, it is important to approach the unwanted behaviour not from a perspective of "that behaviour must change" rather from a perspective of "let me understand why that behaviour is happening". As discussed previously, unwanted behaviours are simply communicating that a person is experiencing a form of anxiety as a result of being presented with an aspect of life (Step 2) that they do not feel like they have the required skills (Step 3) to respond to. Our only question need be "what is the part of life that person is perceiving some loss of control over?"

Step 2: Life

Life is happening around us all day, every day. People are always participating in life and we can never be absent of being in life while we are alive. A person may be hiding in a secluded cave and appearing not to be part of society, however despite this, they are still experiencing life whilst away from society! The fact is, we are never not experiencing life. We have a life that has happened before now (our past) and life that is now (our present) and life in front of us (our future). Sometimes we feel like we have the required skills to respond to what life has or will be presented to us and other times we do not feel equipped to respond to life.

Throughout our life we experience many hurts. Our hurts may include: feeling rejected by parents, grandparents, siblings, family members, friends, teachers, others; not being seen for the awesome, amazing, loveable being that we innately are; being judged for any of our behaviour choices; not feeling good enough or worthy; knowing our parents or loved one argue and are not loving towards each other; loss of a loved one be that relative, friend, celebrity or pet; not feeling included in a certain group etc. The simplicity is that our hurts are experienced any time we have created a picture about the way life (including ourselves and other people) should be and that picture does not happen according the image we had created. Our pictures are easily defined as our shoulds, wants, expectations and our needs of the way we anticipate life will be. When any of these pictures do not occur according to our image we have what we call a 'smashed picture'. These smashed pictures are life's triggers to our hurts and precede the use of any unwanted behaviours (Step 1). Examples of smashed pictures include: family members arguing; friends being mean to each other; making mistakes or receiving corrections; not getting the anticipated grades; a teacher responding negatively to their student; relationship tension or breakdown; another person not doing what I expected them to do; death of a loved one etc. The reality is the list of possible smashed pictures is unique and potentially endless for each individual.

Each smashed picture is another hurt and/or challenge experienced by a person in life. It is these hurts and aspects of life that people do not often feel like they have the skills to respond to and thus predict the use of unwanted behaviours. The unwanted behaviours are frequently used in an attempt to control life to be according to the way the client perceives life should be – according to their created picture! These controlling and unwanted behaviours are simply the person's coping strategies to respond to what life has presented. Thus, changing unwanted behaviours is simply about teaching a person new skills (i.e., wanted replacement behaviours) based on understanding the root cause of the behaviour that is unique to each user.

Step 3 - Skills

As taught at Fabic, embracing self-responsibility is the only way to change our experience of life to be one that we perceive as a more positive experience for ourselves, and thus others. Self-responsibility is based on knowing that the only way to change our experience of life is to learn new skills (wanted behaviours) to respond to whatever life is presenting. However, society is failing many, as we live in a way expecting people to have self-mastered many aspects of life, yet we don't embrace that skills need to be taught and not expected. When an unwanted behaviour is observed, it is often observed with judgment of they should not be using that behaviour, rather than the antidote of "I wonder what new skills are required here?" Our school curriculum supports skills development in many areas, yet it does not teach us to deal with other aspects of life such as rejection, death, loss, imperfection, conflict, social challenges, raised voices, losing, making mistakes, feedback from others, judgment and jealousy from others, any unwanted behaviours used by other people etc. Note: this is not to assert that schools should be teaching this, but a statement that many life-skills are expected to be gained automatically, rather than embracing the concept that skills to respond to life and to our smashed pictures need to be taught and not expected.

It is commonly understood at Fabic that once a person has learnt the required skills (wanted behaviours) to respond to life, they then have a choice as to which behaviour they will choose (i.e., their old unwanted behaviour or their new wanted behaviour). However, without being taught the required skill, there is minimal choice as the client only has the behaviours prevalent in their existing behavioural repertoire (i.e., often the unwanted behaviours) to use when life presents any challenges. This is not an excuse or judgment by any means, but rather offering a deeper understanding of the client and their behaviours. When a client chooses to take responsibility for learning the skills to respond to life, then they will change their own experience of life to be one they feel more equipped to respond to.

SUMMARY

Our societal roles have the potential to be all the same. We all have the potential to be constant 'students of life' and constant 'teachers of life'. Life will continue to happen to us all; this we cannot escape. When any human being is observed to be using any unwanted behaviours rather than judging that behaviour to be wrong, we could simply state:

1. Body

This unwanted behaviour is a form of communication. What is this person attempting to communicate?

2. Life

I wonder what is challenging for that person in their life (past, present or anticipating their future) that is resulting in them using this unwanted behaviour? I wonder what part of life they do not feel like they have the skills to respond to?

3. Skills

What skills (wanted behaviours) if taught would provide that person with the opportunity to develop the required skills to respond to life in a way that results in a positive experience for them?

When applied, these three simple steps have the potential to change any person's unwanted behaviours. These steps have been used to successfully teach clients with varying labels, including but not limited to, anorexia, bulimia and obesity to change their own experience of life including ridding themselves of the unwanted behaviours associated with eating disorders.



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