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 that attempts 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 relapses 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 previously 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 result 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, having been prevalent for many hundreds of years, with research and funding consistently increasing in this area, it is difficult to make sense of the fact that the number of people with eating disorders is consistently increasing. This paper explores the introduction of Functional Behaviour Assessment as a way of assessing and then treating unwanted or non-preferred behaviour based on first understanding the reason for the behaviour and then changing it based on a skills building approach. Senior Behaviour Specialist, Tanya Curtis, bases this approach on the Fabic 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 or non-preferred behaviours of a high or low intensity and may have received a 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 1950s (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 for those with a diagnosed developmental delay or behavioural disorder such as intellectual impairment 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 is very effective when conducted, it is also time consuming and thus often cannot 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 while still based on the founding principle of knowing that every unwanted behaviour happens for a reason. The Fabic 3-Step Process to Behaviour Change 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, but 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 or non-preferred behaviours become or are already identified by their label or behaviours. This identification stems from a basis of judgment where a label or behaviour is judged to be lesser than another, wrong, inferior or negative in some way. But 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 or non-preferred behaviours. It is imperative to understand that judgment of self or another negatively impacts one's self-esteem, psychological wellbeing and mental health status.

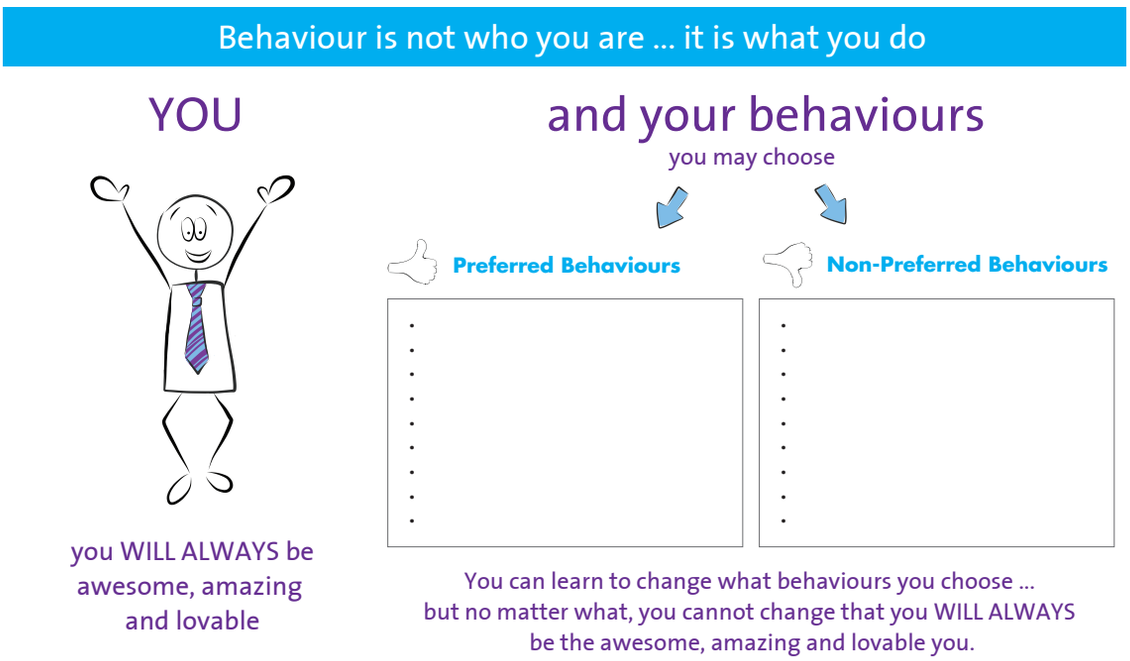
In fact, all behaviours (wanted or unwanted) are simply a form of communication. Communication is not limited to the words that do or do not come from a person's mouth as all behaviours used send a message. The Fabic process of gaining an understanding of the reason for that unwanted behaviour is to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

People are not their labels and are not their behaviours

That said, diagnoses that come with a label can 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 access to funding and certain treatment options that will support the individual's ongoing development. However, a label in and 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 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 a behaviour is wrong and must simply be changed to a replacement behaviour that is considered right, desired, preferred or wanted.

The Fabic methodology is based on the fundamental principle that a person is neither their behaviour nor their label. Image 1 on the next page shows an illustration used by Fabic clinicians as a means of communicating with their clients. Sometimes it is used visually 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 text in Image 1 is based on first knowing that at the core of every individual is an awesome, amazing and lovable being. Using this language in the clinical setting draws attention to the fact that we are all 'human beings' and not 'human doings' and 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, lovable being, no matter how unwanted, non-preferred and inexcusable the behaviours are that we might choose! This language lays a foundation for building rapport and trust as it allows the clients to feel seen for who they are and not for 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/are using in response to an aspect of life they perceive they are not yet 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 may be unwanted but they 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 as a reaction to the challenges life has presented to them. Clients are reminded that this language is not to excuse the unwanted or non-preferred behaviours, rather to provide, without judging their behaviours negatively, an opportunity for understanding as to why these behaviours are and have been in their repertoire.

The language accompanying Image 1, when used in depth, highlights that in today's society many people become identified or are identified by what they do. That is, we judge the 'doing' as we have lost sight of the 'being'. This is extremely harmful to all of us, to society as a whole. For example, we have people identified by perceived unwanted behaviours that are associated with an eating disorder and thus they are identified/labelled as 'the person with anorexia, bulimia or obesity'. We stop seeing people for who they are in 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, lovable being who has lost sight of their being and thus the identification with 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 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, they 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 definitely a person who has been and is identified by their 'doing' and lost sight of their 'being'. In truth, there is in awesome amazing, lovable 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 list of examples of unwanted behaviours and labels that society judges without understanding is endless, including '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 labels are all simply a description of the person's doing and exclude the 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 or non-preferred behaviours'. However, equally if not more harming it is when we become identified by the desired behaviours shown in Image 1. Examples include when people are identified by 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', 'someone who has it all together' etc. This list is endless, yet extremely harming when identifying others or self with 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? 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 rise and thus the use of unwanted behaviours escalates.

Image 1 simply introduces a language that firstly shares that at the core we are all already amazing and that this is not founded in any way based on what we do, have done in the past or will do in the future. Sometimes people will use behaviours that are wanted or preferred and other times they will use behaviours that are unwanted or non-preferred. 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 its principles practical and thus accessible 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 lasting behaviour change is based on firstly knowing that all behaviour is a form of communication and must not be judged but rather understood; secondly on identifying the reason for the unwanted behaviour and thirdly on developing skills building behavioural strategies resulting in lasting behaviour 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, it will only ever be short-lived. However, if we apply the understanding that all unwanted or non-preferred 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 or non-preferred behaviour patterns.

At Fabic Specialist Behaviour Centre, anxiety is understood to occur when a person is presented with any aspect of life they perceive they do not yet 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 way. The words 'they perceive they do not yet have the skills to respond to', are 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 may be very different. To gain a true understanding of the reasons for unwanted behaviour we are interested in how the client themselves perceives 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 or preferred 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 the use of unwanted or non-preferred behaviours.

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

Step 1: Body

From our body come all our behaviours; they include 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 or preferred 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 or non-preferred behaviours associated with this disorder (e.g. refusing to eat, over-eating, over-exercising, under-exercising, obsessing over calorie intake and output, 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. The question to ask when

unwanted behaviours are being used is, "I wonder what aspect of life that person is finding negative?" As supporters of any person using an unwanted behaviour, including someone experiencing an eating disorder, it is important to approach the unwanted behaviour not from a perspective of 'that behaviour must change' but 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 perceive they do not yet have the required skills (Step 3) to respond to. Our only question need be, "what is the part of life that person perceives they have lost control over?"

Step 2: Life

Life happens 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 perceive we have the required skills to respond to what life has presented or will be presenting 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, lovable being that we innately are; being judged for any of our behaviour choices; not feeling good enough or worthy; knowing our parents or loved ones argue and are not loving towards each other; loss of a loved one, be that a 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 when that picture does not happen according to 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 or should 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 triggers to our hurts and precede the use of any unwanted or non-preferred behaviours (Step 1). Examples of smashed pictures include: family members arguing; friends being mean to each other; making mistakes or receiving a correction; not getting the anticipated grades; a teacher responding negatively to a student; relationship tension or breakdown; another person not doing what they were expected to do; the death of a loved one or a pet etc. The reality is that 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 often perceive they do not yet have the skills to respond to and thus, the use of unwanted behaviours can be predicted. They are frequently used in an attempt to control life to be according to the way a 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 and preferred 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 for others as well. Self-responsibility is based on knowing that the only way to change our experience of life is to learn new skills (wanted or preferred 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 cannot be expected or taken for granted. When an unwanted behaviour is noticed, it is often observed with a 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 or preferred behaviours) to respond to life, they then have a choice as to which behaviour they will choose (i.e. their old unwanted, non-preferred behaviour or their new wanted and preferred behaviour). However, without being taught the required skill, there is minimal to no choice as the client only has the behaviours 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 they then choose to take responsibility for learning the skills to respond to life, they will change their own experience of life to be one they feel more equipped to respond to and can enjoy.

SUMMARY

Our roles in society have the potential to be 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 avoid or escape. When any human being is observed to be using any unwanted or non-preferred 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 anticipated in their future) that results in them using this unwanted behaviour? I wonder what part of life they may perceive they do not yet have the skills to respond to?

3. **Skills**

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

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

This 3-step methodology developed at Fabic has been formalised into a program called the Body Life Skills Program which anyone and everyone can apply to any and all situations in life.

For more information about this life-changing program please visit www.bodylifeskills.com

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