

**Eating Disorder Coaching:
A missing link in overall care.
November 2021**

Sara is 15 years old. She has been teased at school for being “fat” and decided to go on a diet. After losing 50 pounds, Sara ended up in the emergency room for dehydration and her mother realized she needed to get her daughter help. She was not considered underweight and had no overt eating disorder symptoms except restricting her food. Her mother took her to a therapist who suggested also hiring an eating disorder coach who could ensure that Sara has help following the meal plan and someone to text or call for support when struggling.

Kindra is 57 years old. She has been in and out of treatment centers for the last 20 years, having been diagnosed with first anorexia nervosa and then bulimia nervosa. She and her family have exhausted their resources, some programs have refused to take her again and Kindra is not even sure another treatment program would work because she can get control of her behaviors while in a program, but once she leaves she needs help in the real world maintaining her behavioral changes and following an appropriate meal plan. She has a therapist and a dietitian, who both feel she could use the extra support of an eating disorder coach to help her transfer the skills she learned in treatment to her day to day life.

Dylan is 20. He was diagnosed with anorexia when he was 16 and his family did Family Based Treatment, FBT,

(an approach with evidence supporting its efficacy in young patients with anorexia nervosa). He gained weight and avoided having to go to a treatment program, but the last few years have been miserable as he needs continued support and supervision from his parents to ensure that he eats enough to maintain his weight. If they stop having meals with him, he goes back to restricting his food and losing weight. His parents are tired of being what they call “his food police” and really want additional help from someone who can sit with Dylan at meals, someone who had been where he is now but recovered from it and can be a role model for him . Dylan has a therapist and also sees a family therapist with his parents. His parents heard about eating disorder coaching and decided to try it as additional help.

All of these cases indicate the important and emerging role that eating disorder coaching can play in an overall treatment strategy for people suffering with eating disorders. As an expert in the field of eating disorders for over 40 years, I believe coaching is filling a gap in the current standard practices offered. I currently train eating disorder coaches through the Carolyn Costin Institute.

Working in conjunction with the client’s treatment team, coaches help “in the moment” during real time day to day struggles. A coach can assist with the daily, practical, hands-on aspects of recovery such as, ongoing text support, eating meals together, grocery and clothes shopping, and cooking, all of which coaches can do in person or virtually. Coaches might even accompany

clients to social functions to help them get through the event without resorting to eating disorder behaviors. The most extensive and complicated form of coaching involves the live in experience. Several coaches offer live-ins, spending time at the client's home, staying in the home or close by, which can be especially important during transitions, such as when a client leaves inpatient or residential treatment and is returning home. In essence, coaches can provide support that licensed treatment professionals cannot or don't want to provide due to time constraints or ethics.

A Game Changer

Eating disorder coaching is a game changer in the treatment of eating disorders, just like residential treatment became in the late 90's after I opened the first residential eating disorder facility, *Monte Nido*, in 1996. Then, as now, I saw a need and filled a gap in what was currently being offered. At that time there were only hospital programs and outpatient therapy for those with eating disorders. Now residential facilities are ubiquitous. After selling Monte Nido in 2016, I soon turned my attention to another gap I knew existed in the overall care of people with eating disorders. Outside of treatment programs, who was there to help clients make the necessary day-to-day behavior changes that are critical for recovery?

As I looked into it I found a few individuals had begun to advertise themselves as eating disorder coaches but I discovered there were no formal training/ certification

programs, schools or institutes to teach the many complex and varied skills it takes to work with eating disorder clients. With my expertise in eating disorders, my background in education, my status as a continuing education provider and four decades of running eating disorder programs and training a variety of therapists dietitians and other staff members to work with eating disorder clients, I knew what would be my next venture. Through the Carolyn Costin Institute, I opened the first training and certification program for eating disorder coaches, with a supervised internship and ongoing training required to maintain certification. CCI has trained students from 17 countries and currently has 72 certified coaches.

So why haven't eating disorder coaches been around until recently?

For years Sober coaches have helped addicted individuals abstain from alcohol or drugs by being role models who have “been there, done that” and who are available on a day to day basis, answering calls or texts in the moment when the client needs help. Sober coaching has been accepted as a routine aspect of support in the field of addiction but in the eating disorder field, coaching has seriously lagged behind, only recently starting to surface as a viable form of support.

There are three main concerns that have delayed the emergence of coaching as an important ancillary support for eating disorder recovery; 1) the person might not be

well trained, 2) the person might not be fully recovered from their own eating disorder, 3) coaches might inappropriately take the place of licensed professionals. Despite these concerns, clients and their families are increasingly seeking out eating disorder coaches so it is important that eating disorder coaching is taken seriously, and done correctly, in order to ensure its quality and success. Therefore, the concerns need to be addressed.

First, since there are no laws governing coaching, anyone can claim to be an eating disorder coach, yet be unprepared and unskilled to help this population. This concern is well founded since, up until recently, there were no training or certification programs. When looking for a coach, consumers should look for one who is certified by a reputable course provider. Consumers should check that a coach has taken rigorous course work, passed exams, undergone supervision, completed an internship and become certified by a recognized expert clinician in the field. A certified coach should also be required to take continuing education to remain certified. For a detailed description of the CCI certification process, readers can visit the Carolyn Costin Institute online at

<https://www.carolyn-costin.com/coaching> .

The second concern is that many people wanting to be eating disorder coaches have their own personal history of an eating disorder (lived experience) and could still be unwell or might relapse while working as a coach. Past eating disorder experience can be a liability or an asset, but how does one know when a person is “recovered enough” to become a good, effective coach and not be at

risk of doing damage or relapsing?

It is important to note that not all eating disorder coaches have lived experience, but since many people who wish to become coaches do have their own personal history, it is critical that these individuals are fully “*recovered*” and have been recovered for at least two years. I use my personal definition of “Recovered” taken from page 164 of my book written with Gwen Grabb, “8 Keys to Recovery From an Eating Disorder.”

Being recovered is when the person can accept his or her natural body size and shape and no longer has a self-destructive relationship with food or exercise. When you are recovered, food and weight take a proper perspective in your life, and what you weigh is not more important than who you are; in fact, actual numbers are of little or no importance at all. When recovered, you will not compromise your health or betray your soul to look a certain way, wear a certain size, or reach a certain number on the scale. When you are recovered, you do not use eating disorder behaviors to deal with, distract from, or cope with other problems.

Previously as a clinical director, when hiring staff members, and now when I accept students to train at CCI, anyone with lived experience needs to state whether or not they are recovered (see my definition) and have been recovered for at least two years. Of course people can be dishonest, but in my 40 years of experience training recovered mentors, coaches, therapists, dietitians and others, I found that when confronted with this specific question, for the most part people are honest. As Chief Clinical Officer of Monte Nido & Affiliates, the two year requirement greatly contributed to my success in using recovered individuals as part of a treatment team. In 22 years I had only one staff member relapse and need to leave her position.

It is impossible to know when someone is truly “recovered” from an eating disorder, e.g., there are no lab tests to administer. However, it’s important to note that licensed professionals and others with lived experience are currently working in the field (recovered or not) having never even revealed their eating disorder history. Many are afraid that if they did so they would be fired or not be hired in the first place. It is important to change this current situation and allow individuals to feel safe enough to reveal their lived experience so that we can properly screen and train them if they are going to work in the field.

Coaching certification programs should have specific training for recovered individuals in *how* to use the positive aspects of their recovery while avoiding pitfalls that can easily occur. Knowing what kind of personal experiences to share and when to share them, how to avoid triggering discussions and how to be a recovery role model are all important parts of the training in the CCI program’s special track for recovered coaches.

The third concern about coaching involves fear from treatment providers that clients might use a coach instead of a licensed professional, reasoning that eating disorder clients are difficult and complex and should be seen only by licensed professionals. This concern misunderstands coaching and assumes that coaches are doing the same job as the professionals rather than working *with*, and *as an adjunct to* the licensed team, which coaching is designed to do. One eating disorder dietitian describes

how useful coaching is when done correctly:

"I have been utilizing Carolyn Costin certified coaches for several of my clients who require more services than I have time to provide. I have been impressed with their commitment, knowledge, communication and overall care. Utilizing video conferencing they have been able to have meals with clients, cook with them and provide meal support services. I have been contacted weekly to help set appropriate meal or food challenges and for client updates. It is wonderful to know that I do not need to be the one present for every snack or meal challenge. I plan to utilize them whenever needed, whether in person or by video. What a great asset for my practice." D.L.W.

Coaches are not a replacement for professional care, but rather are there to help in ways that the licensed professionals on the team just can't, or don't want, to do. For example, late night phone calls, setting up a kitchen, or accompanying the client to a restaurant, the grocery store or the gym. A coach is available via call-text-email outside of regular session times, at all hours, allowing clients to reach out when struggling. This 'in the moment' support not only provides help at inconvenient times, but also teaches clients the skills of reaching out to people, rather than their eating disorder, which is a key to recovery.

A coach supports the treatment team, works in conjunction with the team, and helps the client accomplish the team's goals. Coaches help carry out the necessary task of exposure and response prevention (ERP)- meaning they are there to progressively expose the client, under a controlled environment, to known triggers such as, eating specific foods, eating in public or eating without purging, and are trained to manage the situation and the anxiety that may occur and refer back to the team.

At CCI, coaches are taught to focus on HOW to help the client deal with the here and now, working on how to change specific behaviors while avoiding discussions of WHY the person has an eating disorder, as that is the therapist's territory. This distinction creates a clear boundary.

Eating disorder coaches can make a big difference in the lives of those struggling with these illnesses. They offer support in a variety of situations and settings and are trained to work in-person or virtually, which is very important, especially now during this time of COVID.

The following is an example of what clients have to say;

“As there are an incredible number of advantages to coaching, I cannot possibly list them all here. Vitally, CCI coaches are well-versed in the skills requisite to collaborating with various treatment team members. For instance, my coach regularly converses with my primary clinician and dietician. While these professionals are not accessible on a daily basis (it is not in their job description), my coach is readily available to remind me to eat my food, keep my food, and assist with life challenges that might impede treatment goals, she offers an “in the moment” stable, reliable, consistent, non-judgmental source of accountability, support, loving-kindness, honesty, and “tough-love,” when warranted. Using self-disclosure judiciously, she effectively individualizes treatment. Once home alone with my struggles, I now have someone to turn to. The coaching relationship— it’s immediacy— makes all the difference.” B.A.

Since eating disorder coaching is relatively new, I wanted to help spread the word and clear up any misconceptions about this exciting new adjunct to care. I hope this article helps reduce any concerns surrounding coaching and highlights the important role coaches can play. Utilizing trained, certified coaches, clients can get needed support managing real-life situations, families can get help supporting their loved ones, and clinicians can increase

their client's recovery rates by working with a skilled individual who can provide between-session follow through to assist with recovery goals.

Carolyn Costin, eating disorder therapist, author and founder of the first residential program in the US, has, for 40 years, been training recovered clinicians and others to work in the field. She now runs The Carolyn Costin Institute offering continuing education for professionals and certification for eating disorder coaches. To reach Carolyn, contact her at Carolyn@carolyncostin.com or visit her website, Carolyncostin.com.