

TBTS-S Core Principles

Eating disorders are brain & biologically based disorders

TBT-S is grounded upon the knowledge of the strong genetic predisposition for the development of eating disorders. It recognises that heritability is through the temperament traits that increase one's susceptibility to the development and maintenance of the illness. This neurobiological model of eating disorders also recognises the altered brain function in brain systems regulating food intake for those people with Anorexia Nervosa (AN).

“TBT-S has emerged from a neurobiological model that identifies how “good” traits biologically shift to “bad” expressions and can become “good” again with trait-based interventions to promote recovery.” (pp12., Hill et al., 2022)

These temperament traits, if targeted correctly through treatment, can be an important part of the recovery process. In working from a temperament-based perspective, TBT-S aims to work with the underlying mechanisms that drive the behaviour.

“Temperament traits and altered brain responses inform treatment targets of TBT-S, which include altered anxiety, interoception, reward and punishment sensitivity, decision-making, and cognitive or inhibitory control.” (pp11., Hill et al., 2022)

Treat to the trait or the temperament underpinnings

Common temperament traits exhibited in people with AN can be both productive and protective, and also destructive. Rather than trying to change traits which are hardwired to the brain, TBT-S aims to identify and “treat to the trait” to reduce symptoms which are typically influenced by the trait. It does this by adjusting destructively expressed traits to expressions of strength by:

- Client identifying productive trait-based responses
- Teaching skills to enhance trait-based strength expression
- Drawing upon Supports to compensate for the client's inherent difficulties

“Traits can be expressed destructively or productively *and* clients can be taught to utilize their own traits as strengths throughout life.” (pp 15., Hill et al., 2022)

Common eating disorder traits

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| - Perfectionism | - Altered sensitivity to reward |
| - Cognitive inflexibility, rule bound, difficulty with set shifting and decision making | - Anxiety, worry about what might happen (consequences), intolerance of uncertainty |
| - Obsessionality (symmetry, exactness) | - Achievement oriented |
| - Sensitivity to criticism, punishment, mistakes | - Harm avoidance, behaviourally inhibited |
| - Interoceptive awareness deficits | - Impulsive, emotionally reactive/ dysregulated |

**Not all people with AN will identify with all traits*

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Food is medicine

From a biological perspective, food is seen as a fundamental substance to help our bodies to be strong, healthy and balanced. TBT-S recognises that appropriate nutrition is necessary and fundamental for recovery from AN.

“Food is framed as medicine for those with AN to integrate its biological purpose and “side effects” and is “prescribed” in a structured format that schedules food variety based on client traits.” (pp 16., Hill et al., 2022).

Food is “prescribed” like medicine by an ED dietitian, who will ensure the dose “prescribed” matches the needs of the client. These highly structured meal plans, also serve to “treat to the trait” through predictability and consistency. The structure and routine around meals compensates for altered interoception (e.g. altered hunger and/or satiety signalling that promotes food restriction or overeating, and altered trust in body signals), decision-making (e.g. difficulty deciding what foods to eat), and reward sensitivity (e.g. reduced brain response for pleasure to motivate eating and affirm how much energy the body needs).

Supports are a necessary part of the treatment process

Supports are central in the treatment process and recovery for people of all ages. TBT-S focuses on providing Supports with psychoeducation and skills training, with the intention of increasing their understanding and empathy, as well as improving their ability to provide effective assistance.

“A support is any person who offers support/ assistance in a client’s life. Supports need the same information and tools as clients to offer consistency in reshaping altered trait expressions to promote recovery.” (pp 17., Hill et al., 2022)

Supports play a vital role by providing accountability, assistance, leverage, and the potential to compensate for traits clients do not have.

Action or movement is fundamental to change

Behavioural change, requires behavioural action and active practice. While our brains are flexible to change, it requires practice to rewire. TBT-S draws upon this emphasising “doing” as fundamental, creating opportunities for both Clients and Supports to “try on” different responses and skills.

The tendency to be physically active is considered an essential trait of one’s temperament. Movement can help interrupt destructive expressions and then move to more productive ones.

“TBT-S is an active intervention approach” (pp 18., Hill et al., 2022)

Adapted from Hill, L., Knatz Peck, S., & Wierenga, C.E. (2022). Temperament Based Therapy with Support for Anorexia Nervosa: A Novel Treatment. UK: Cambridge University Press