




UNDERSTANDING, DIAGNOSING AND TREATING EATING DISORDERS FROM AN INTERDISCIPLINARY TREATMENT MODEL

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PURPOSE

- Participants will be able to:
- Understand types of eating disorders and how to differentiate/diagnose
- Understand body image and eating disorder etiology
- Learn specific roles of each member of an ED treatment team and collaboration
- Utilize specific therapeutic interventions
- Understand levels of care and when to refer out


STATISTICS

- By age 6, girls especially start to express concerns about their own weight or shape. 40-60% of elementary school girls (ages 6-12) are concerned about their weight or about becoming too fat. This concern endures through life.
- Dieting & Disordered Eating Among Teens:
 - Trying to lose weight: 62% F and 29% M
 - Are actively dieting: 59% F and 28% M
 - Exercise to control weight: 68% F and 51%
- Eating disorders have the second highest mortality rate of all mental health disorders, surpassed only by opioid addiction.




TYPES OF EATING DISORDERS

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorders
- ARFID
- Other



ANOREXIA NERVOSA


- Restriction of energy intake relative to requirements leading to a significantly low body weight in the context of age, sex, developmental trajectory and physical health.
- Intense fear of gaining weight or becoming fat, even though underweight
- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness or the current low body weight.
- "Atypical anorexia nervosa"



CLUES TO HIDDEN/SECRETIVE EATING DISORDERS

Anorexia Nervosa

- Unexplained weight loss, or failure to gain weight
- Secondary amenorrhea in adolescents or preadolescents without obvious medical cause
- Membership in a vocational or identity group that glorifies thinness or weight loss/shape change
- Preoccupation with need for additional weight loss or shape change
- Frequent mirror gazing or body checking
- Frequent weight loss talk without a medical basis; negative comparison of self to thinner peers



Laureate
Eating Disorders Program


BULIMIA NERVOSA

- Recurrent episodes of binge eating.
- Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, or other medications, fasting, or excessive exercise.
- The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for three months.
- Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not occur exclusively during episodes of anorexia nervosa

CLUES TO HIDDEN/SECRETIVE EATING DISORDERS

Bulimia Nervosa or Anorexia Nervosa, Binge-Purge type

- Unexplained hypokalemia (potassium deficiency)
- Family report of patient vomiting without medical illness, finding laxatives or diuretics, disappears to bathroom or takes showers immediately after meals
- Swollen or tender parotid glands
- Loss of dental enamel on lingual surface or large number of dental caries
- Gastroesophageal reflux or symptoms of esophageal erosions in young person without past medical cause; hoarseness without medical cause
- Yo-yo weight pattern




BINGE EATING DISORDER

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following
 - Eating in a discrete period of time (within any 2-hour period), an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances
 - A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).
- The binge eating episodes are associated with three (or more) of the following:
 - Eating much more rapidly than normal
 - Eating until feeling uncomfortably full.
 - Eating large amounts of food when not feeling physically hungry.
 - Eating alone because of feeling embarrassed by how much one is eating.
 - Feeling disgusted with oneself, depressed, or very guilty afterward.

CLUES TO HIDDEN/SECRETIVE EATING DISORDERS


Binge Eating Disorder

- Continued unexplained steady weight gain or sudden rapid weight gain
- Shame or guilt in discussing eating patterns
- Hopelessness, helplessness about weight




EMOTIONAL EATING IS...

- A normal experience
- A tool to help regulate emotions
- Not the same as binge eating
- Not a substitute for dealing with emotions




OTHER EATING DISORDERS

- Orthorexia
 - Obsession with proper or 'healthful' eating.
- Avoidant Restrictive Food Intake Disorder
 - Involves limitations in the amount and/or types of food consumed but does not involve any distress about body shape or size, or fears of fatness.
 - Sensory issues, fear of aversive consequences, lack of interest in food
 - The white diet



EATING DISORDER BEHAVIOR USE

- A "behavior" is any sort of action taken that perpetuates the presence of the eating disorder.
 - Restriction
 - Calorie counting
 - Label reading/food journaling
 - Chewing and spitting
 - Purging
 - Hiding food
 - Core exercises when sitting
 - Binging
 - Leaving the last bites behind
 - Avoiding liquid calories
 - Water loading
 - Caffeine abuse
 - Controlling what others eat
 - Ritualistic eating
 - Misuse of utensils
 - Avoiding social situations
 - Primitive eating
 - Blotting/wiping
 - Rigid rules around foods
 - Avoiding foods viewed as "bad" or "unhealthy"
 - Manipulating weights
 - Hiding weight loss with baggy clothes
 - Excessive exercise
 - Laxative use
 - Diuretic use
 - Diet pills/products
 - Fixation on ingredients
 - Counting steps
 - Weighing multiple times per day
 - Comparing body size
 - Deprecating self talk around eating
 - Gum chewing




QUESTIONS





THE SCOFF QUESTIONNAIRE

1. Do you make yourself Sick because you feel uncomfortably full?
2. Do you worry you have lost Control over how much you eat?
3. Have you recently lost Over 14 pounds in a three-month period?
4. Do you believe yourself to be Fat when others say you are too thin?
5. Would you say that Food dominates your life?



CASE STUDY 2

Client initially reports that her eating disorder began in 2018 when she went to college. She reports that college was a big environmental change, and she enjoyed having control in one aspect of her life, which was the food she was consuming. She reports that during college her restrictive behaviors escalated because she was so busy with college requirements that she only ate easy-to-prepare and processed foods and meals because she knew they were safe and she didn't have to think about them. She reports that over the years she has cycled through different safe foods and the more she reflected on it she identified that she has always been a "picky eater". She reports that having several streaks of only having one safe food and repetitively eating that every day until finding another food she could deem safe. Examples of safe foods included bananas, potatoes, rice, and toast. She reports that having her list of safe foods allowed her to "be on autopilot during college and not have to think about food preparation because [she] knew everything on her list was safe to eat. She attributes a majority of her eating disorder to fear of trying new things, aversions to various textures, and the need to have control which makes her feel safe.



CASE STUDY 3

Client reports that her mother and aunt started a diet together and it started to influence her own dietary decisions. She reports that at this time she began a "toxic cycle of bingeing and purging through exercise to the extreme". She reports that she stopped her binge/purge behaviors in April 2020 and started becoming obsessed with calorie counting. She reports that she had to know the calorie counts of anything she ate.

She reports that now her mind always has an internal battle; one side of her mind tells her she is not skinny enough and is constantly criticizing her, and the other side of her mind, "her wise mind", is telling her how "happy she was in a healthy body". She reports that it is hard to manage these conflicting thoughts in her head.

She reports that her eating disorder gives her a sense of control but it also takes everything from her. She reports "it is absolutely horrible; I am unable to eat with my family, I get anxious when my work picks up food for lunch, and all food causes me stress".

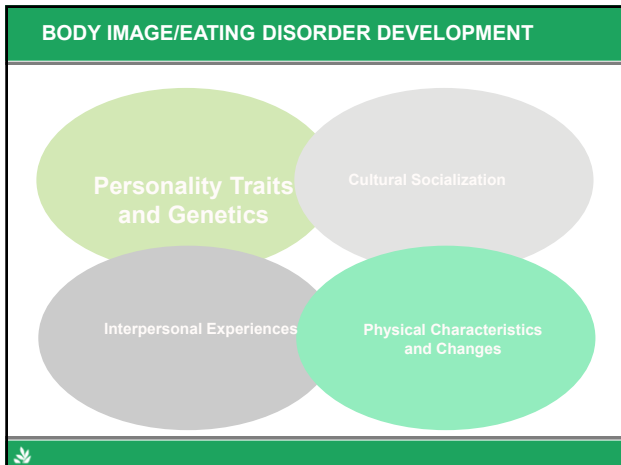


ETIOLOGY

- Early ideas centered around environmental factors
- Parents/families were often blamed and excluded from treatment
- Dieting *can* lead to eating disorders
 - But not all dieters develop eating disorders.
 - Creates state-based changes in neurochemistry, which then influences brain circuitry: i.e. Dieting can trigger eating disorders
 - To date, we can't screen to know which brains may be vulnerable
- Current theory: BIOPSYCHOSOCIAL
 - Biological Factors
 - Psychological Factors
 - Environmental Factors

Eating Disorder





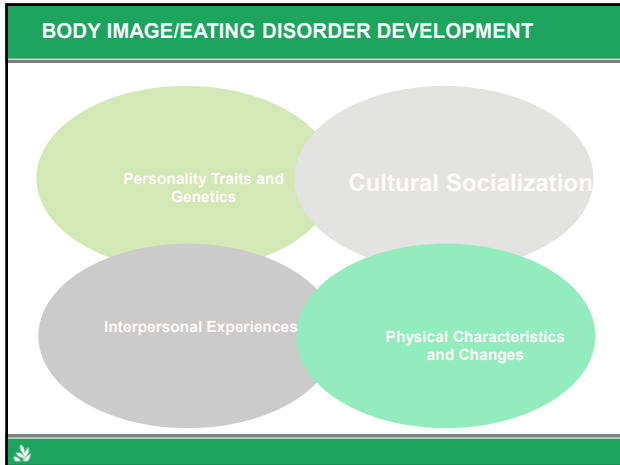
PERSONALITY TRAITS AND GENETICS

- Temperament
 - Anorexia and ARFID: Tortoise
 - Perfectionistic, anxious, highly driven but low reward response.
 - Bulimia and BED: Hare
 - Perfectionistic, anxious, high reward response (but does not last) and risk seeking behaviors
- Genetics
 - You have to have the genetic predisposition to develop an eating disorder.
 - Eating Disorders are just as heritable as other severe mental illnesses.
 - AN: 12 x with first degree relative
 - BN: 4 x with first degree relative
- Hardwiring
 - MRI research is beginning to uncover possible anatomical differences in the brains of ED sufferers.
- Set Point Metabolism
 - Genetically faster metabolisms can create state-dependent starvation and trigger ED pathway in the brain.

PERSONALITY TRAITS AND GENETICS: HOW TO HELP

- Normalize genetic component and personality types
- RODBT: The Radically Open DBT workbook for Eating Disorders by Karyn Hall, et. Al.
- DBT: Dialectical Behavioral Therapy for Binge Eating and Bulimia by Safer, et. Al.

The image shows a complex, colorful knot or rope sculpture made of various colored ropes (red, blue, green, yellow, black) tied together in a geometric, lattice-like structure.



CULTURAL SOCIALIZATION

- Culture:
 - Go go go fast fast fast!
 - Fat phobic society
 - Dieting industry
 - INSTAGRAM
 - Tik Tok – e.g headphones challenge
 - Glamorization of dieting/healthy/clean eating
 - Thin = health, control, success, popularity, social connection.
 - Fat = unhealthy, out of control, shunned, failure.

KETO ANSWERS
Simplifying Everything You Need To Know About The World's Most Controversial Diet
ANDREW HYATT, M.D., MEd, CHRIS JAVEL, MEd

65 WEIGHT LOSS MOTIVATIONAL QUOTES
to Never Give Up on Your Diet

HOW NOT TO DIE
Discover the Truth Scientifically Proven to Prevent and Reverse Disease
MICHAEL GREGER, M.D., FACLM
AUTHOR OF NUTRIBUZZ AND HOW NOT TO DIE
with GENE STONE

NEW YORK TIMES BESTSELLER


HOW TO HELP – CULTURAL SOCIALIZATION

- Explore your own weight bias
 - <https://implicit.harvard.edu/implicit/Study?tid=-1>
- Don't comment on other people's bodies or what they are eating.
- Compliment people's personality, successes and accomplishments
- Support companies that represent a variety of body shapes and sizes in their marketing.
- Learn the differences between facts and myths about weight, nutrition and exercise.
- Encourage those struggling to seek professional care for multidisciplinary support.



HOW TO HELP... SOCIAL MEDIA

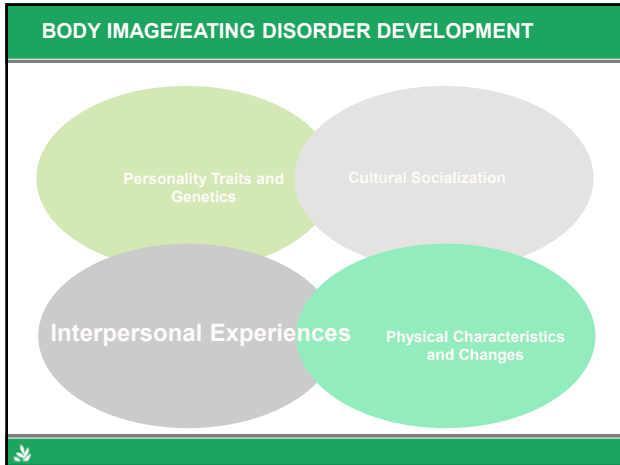
- Follow and seek out diverse bodies
- Unfollow/block any account that doesn't make you feel good about yourself
- Create a feed of things you enjoy
- Report accounts that are endorsing ED
- Don't go on days your struggling with body image or mental health
- Perpetuates our focus on bodies or body importance
- Bring social media posts that are concerning or you relate to into therapy sessions
- Be mindful of influencers that promote body acceptance but, sell products to "improve" bodies



HEALTH AT EVERY SIZE PRINCIPLES ®

- Weight Inclusivity
- Accept diversity in body shape and size
- Health Enhancement
- Respectful Care
 - Acknowledge our biases
 - Support environments that address these inequities
- Eating for Well-being
 - Promote flexible, individualized eating based on hunger, satiety, nutritional needs, and pleasure
- Life-Enhancing Movement
 - Support physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement, to the degree that they choose.
- All foods fit
 - Neutral language around food





INTERPERSONAL EXPERIENCES

- Doctors
- Family
- Peers
- Coaches
- Bullying
- Hearing comments made about other people

A photograph of a wooden mannequin figure standing in front of a chalkboard. The chalkboard has some dark, scribbled lines on it, possibly representing thoughts or experiences.

HOW TO HELP – INTERPERSONAL EXPERIENCES

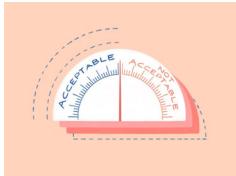
WHAT DO I SAY WHEN EVERYONE NEAR ME TALKS DIET TALK?

- EDUCATE:** "Isn't it weird how diets actually don't work. We're born intuitive eaters & I've returned to that."
- BOUNDARIES:** "Happy that works for you, but that doesn't work for me."
- WALK AWAY:** "Gotta bounce!"
- BE REAL:** "I'm over dieting. I'm sick of the body hate & numbers & insanity. I want inner peace."
- EMPOWERED:** "I smother the scale, throw diet culture!"
- CHANGE THE SUBJECT:** "Cool! Did you see that new movie?"

@HEYTIFANYROE

WHAT NOT TO SAY TO SOMEONE WITH AN EATING DISORDER... OR ANYONE!

- You don't look like you have an eating disorder.
- I wish I had an eating disorder.
- I wish I had your self-control.
- That's good, it means you're disciplined.
- Just eat more, just eat less.
- Just stop bingeing.
- Remove those foods from your house.
- You lost weight, you look so great.
- Having an eating disorder is gross.
- Maybe it will help you lose weight.
- Should you really eat that?
- I wish I had your body.
- You look so healthy.
- Just eat in moderation.
- Just count your macros.
- I heard this diet could help you.
- Well there's nothing you can do about it.
- Only skinny people have eating disorders.



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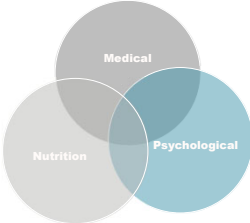
QUESTIONS



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TREATMENT TEAM

- Physician
 - Labs
 - Medication management
 - Referrals
- Psychiatrist
 - Medication management
- Therapist
 - Diagnosing
 - Body image
 - Trauma work
 - Assertiveness and interpersonal skills
 - Emotion regulation and processing
- Dietitian
 - Weight restoration and nutritional rehabilitation
 - Nutrition education
 - Meal planning
 - Eating pathology
- Case manager at their insurance company (if needed)



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THERAPY INTERVENTIONS: SAND TRAY

- Life in recovery/life in your eating disorder
- Ambivalence about recovery



THERAPY INTERVENTIONS: OTHER

- Phases of recovery
- Defining values
- If we weren't talking about food or eating disorders what would we be talking about?
- Mind, body, heart, benevolent being, inner tyrant
- Letter to and from your eating disorder
- It's not about the food: the real issues
- Stop light
- What recovery means mentally, emotionally, physically, and spiritually/ what recovery means poem
- 1,5,10 years into recovery/relapse
- Write a letter to diet culture

LEVELS OF CARE

- Outpatient
 - Patient is medically stable, making progress towards treatment goals or is in remission from eating disorder
- Intensive Outpatient (IOP)
 - Patient is medically and psychiatrically stable, does not need daily monitoring and is able to make progress in recovery
- Partial Hospital
 - Patient is medically and psychologically stable but:
 - The eating disorder impairs functioning, though without immediate risk
 - Patient requires daily monitoring
 - Patient continues to engage in behaviors in a way that interferes with functioning.
- Residential
 - Patient is medically stable
 - Patient is psychiatrically impaired and unable to progress in a partial or outpatient setting.
- Acute
 - Medically unstable unable to abstain from behaviors without daily monitoring

LAUREATE EATING DISORDERS PROGRAM

- Highly individualized eating disorder treatment. 3:1 patient to therapist
- Continuity of care; patients keep the same physician, therapist and dietitian throughout acute-care, residential care and partial care
- Family involvement program, including our highly-regarded Family Week, which provides education to our families
- Experienced and diverse staff who are leaders in the field of eating disorders treatment
- Comprehensive medical services available through our affiliation with [Saint Francis Hospital](#) and [Warren Clinic](#)

LAUREATE EATING DISORDERS PROGRAM

- A small, not-for-profit program offering individualized treatment for women and girls
- Separate treatment programs for adults and adolescents
- Accommodates patients of all cultural and religious backgrounds

TREATING PATIENTS OF THE ORTHODOX JEWISH FAITH

- Culinary staff with more than 5 years of experience preparing meals of Orthodox Jewish Clients.
- Close collaboration with Tulsa-based Orthodox Rabbi and his wife
- Observance of holidays and effort to accommodate customs
- Provide therapeutic experience celebrating food, with opportunities to celebrate Jewish holidays with all patients and staff

RESOURCES

- Instagram accounts:
 - @bodyimagewithbri for body image
 - @jennifer_rollin for eating disorder recovery
 - @heytyffanyroe for coping skills
 - @itsryannicole for binge eating
 - @theantidietplan for intuitive eating
 - @evelyntribole for intuitive eating
 - @diana.dares for plus size fashion
 - @tallyrye for intuitive movement and exercise
 - @bodyimage_therapist for body image



RESOURCES

- Books:
 - The Body is not an Apology by Sonya Renee Taylor - body image
 - Brave Girl Eating by Harriet Brown –families
 - Life without Ed by Jennie Schaffer – eating disorder recovery/families
 - Intuitive Eating by Evelyn Tribole – intuitive eating
 - Health at Every Size and body Respect by Linda Bacon – body image, deconstructing diet culture
 - The F*ck it Diet by Caroline Dooner – deconstructing diet culture
 - The Art of Body Acceptance by Ashlee Bennett– body image through art
 - Eating in the light of the Moon by Anita Johnson – Recovery through story telling

RESOURCES

- Podcasts:
 - FoodPsych
 - Maintenance Phase
 - Nourishing women project
 - Body image with Bri
 - What the actual Fork
 - Food voice
 - Rebel eaters club
 - Soul Sessions

