WHO IS ED ANYWAY?

UNDERSTANDING HOW TO HELP CLIENTS WITH EATING DISORDERS AND TRAUMA

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TODAY'S AGENDA

- Overview of trauma
- Dove® Campaign for Real Beauty
- Overview of eating disorders:
  - Anorexia
  - Bulimia
  - Binge eating disorder
  - ED NOS
- What research has to say about trauma and eating disorders
- Working with trauma and eating disorders
- In her own words
- What is on your plate?: Intervention
- Questions and Answers

WHAT IS TRAUMA?

THE OFFICIAL DEFINITION

"Trauma is…caused by a stressful occurrence '*that is outside the range of usual human experience, and that would be markedly distressing to almost anyone*'."

WHAT IS TRAUMA? *(cont'd)*

"Serious threat to one's life or physical integrity;

serious threat or harm to one's children, spouse, or other close relatives or friends;

sudden destruction of ones home or community;

seeing another person who is or has recently been seriously injured or killed as the result of an accident or physical violence."

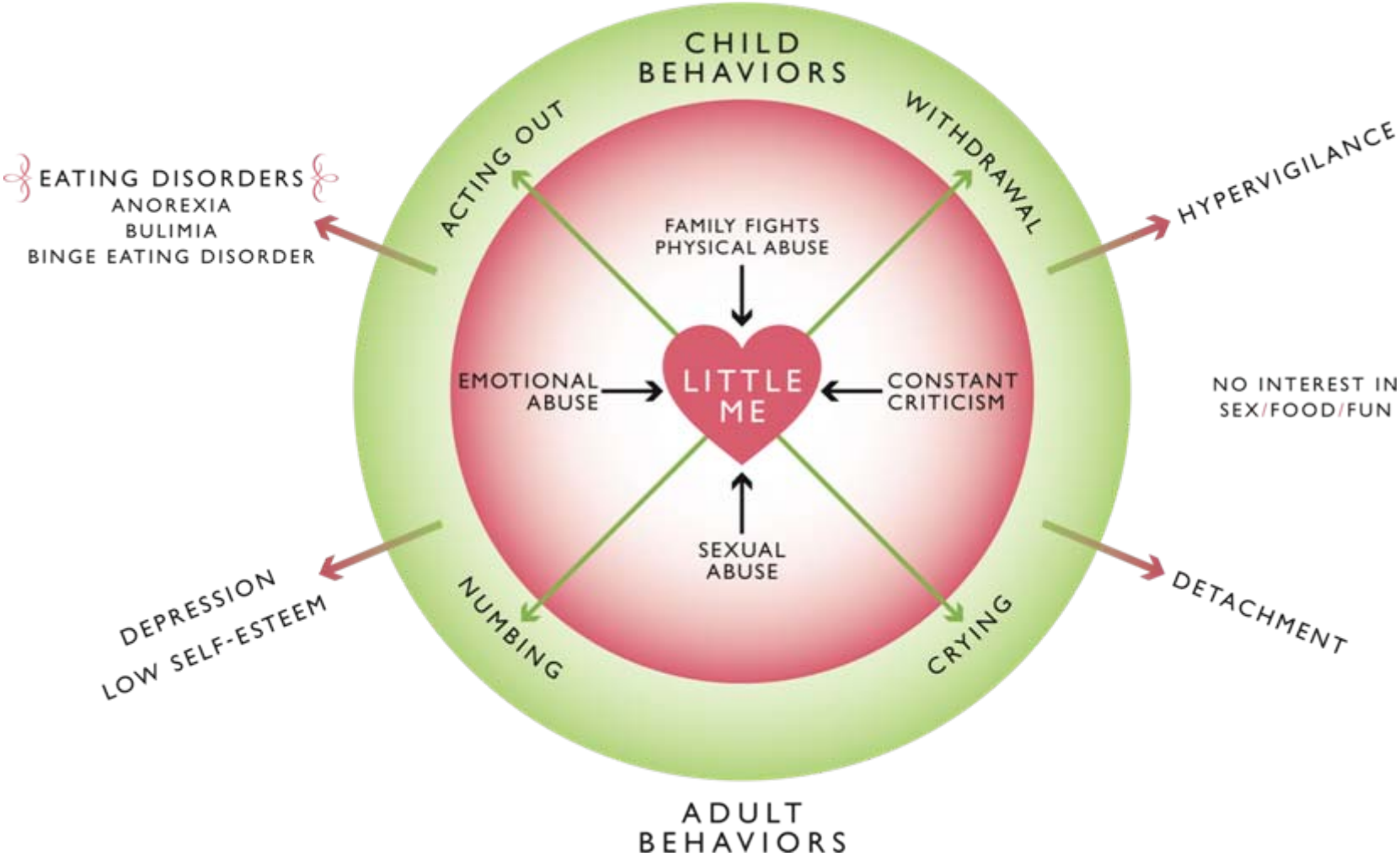
—Peter Levine, *Waking the Tiger* (pg. 24)

EXAMPLES OF TRAUMA

- Sexual abuse
- Sexual assault
- Physical abuse
- Emotional abuse
- Accidents
- Falls
- Illnesses
- Surgeries
- Drive-by shootings
- Geological events

TRAUMATIC ORIGINS AND COPING STRATEGIES

Adapted from Sierra Tucson Model of Trauma, *Bill Coleman, LCSW*



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HOW TO SPOT ANOREXIA

RESTRICTIVE/NO EATING

A person with anorexia may:

- Be thin and continue to get thinner
- Starve themselves
- Diet even though they are not overweight
- Have a distorted body image—feels fat even when they are thin
- Talks excessively about food, cooking, or dieting
- Fears weight gain

CONSEQUENCES OF ANOREXIA

Anorexia can result in:

- Cold hands and feet
- Lanugo (fine, downy hair)
- Dry skin
- Dehydration
- Loss of menstruation
- Cardiac problems
- Bloating
- Abdominal pain
- Constipation
- Fatigue and lack of energy
- Poor concentration

WHAT ABOUT BULIMIA?

BINGEING AND PURGING

A person with bulimia may:

- Engage in binge eating—eats large amounts
- Use the bathroom frequently after meals
- Purge through vomiting, exercise, diuretics, excessive exercise, fasting, and/or laxative use
- React to stress by overeating
- Experience fluctuations in weight
- Hyper-aware of body weight and shape
- Have depressive moods and manic modes

CONSEQUENCES OF BULIMIA

Bulimia can result in:

- Sore throat/Rupture of the esophagus
- Irregular bowels due to laxative abuse
- Bilateral parotid hypertrophy *(“chipmunk cheeks”)*
- Loss of dental enamel
- Discolored teeth
- Injected bulbar conjunctiva *(red eyes)*
- Electrolyte imbalances, causing:
  - weakness, muscle spasms, and arrhythmias
  - potential for heart failure

I THOUGHT EATING DISORDERS WERE ONLY ANOREXIA AND BULIMIA. THERE'S MORE?

SYMPTOMS OF BINGE EATING DISORDER

A person with binge eating disorder may:

- Not control themselves with food
- Continuously eat beyond the point of being comfortably full
- Not purge, but usually diet and/or restrict their food intake
- Often have feelings of self-hate and/or shame, especially after a binge
- May not socialize with others and/or isolate from family and friends
- Often struggle with anxiety, depression, and loneliness

CONSEQUENCES OF BINGE EATING DISORDER

Binge eating disorder can result in:

- Diabetes
- High anxiety
- Depression
- Isolation
- High blood pressure
- High cholesterol levels
- Gallbladder disease
- Obesity

ED NOT OTHERWISE SPECIFIED (NOS)

In simple terms…

When the eating disorder does not fit into any of the above mentioned categories

For example:

A low-weight anorexic that has her menstrual cycle

FACTS ABOUT EDs

- Eating disorders create serious problems in every aspect of life: physical, emotional, social, intellectual, and economic
- Anorexia has the highest mortality rate of all psychiatric disorders
- 5-10 million women/girls and 1 million men/boys are struggling with eating disorders
- A rise in incidence of anorexia in young women 15-19 in each decade since 1930
- The incidence of bulimia in 10-39-year-old women *tripled* between 1988 and 1993

FACTS ABOUT EDs *(cont'd)*

- Only one-third of people with anorexia in the community receive mental health care
- Only 6% of people with bulimia receive mental health care
- The majority of people with severe eating disorders do not receive adequate care

EFFECTS OF TRAUMA: PTSD

- Feeling threatened
- Experiencing intense fear, helplessness, and horror
- Recurrent dreams, thoughts, and memories
- May re-experience the event
- Avoiding thoughts
- Withdrawing
- Range of emotion is restricted
- Difficulty falling/staying asleep
- Irritability/outbursts of anger
- Difficulty concentrating
- Hypervigilance, *etc.*

WHO DEFINES BEAUTY?

SUMMARY OF SIGNIFICANT RELATIONSHIPS BETWEEN EATING DISORDERS AND TRAUMA

- Childhood sexual abuse (CSA) is a nonspecific risk factor for EDs
- The spectrum of trauma associated with EDs has been extended from CSA to a variety of other forms of abuse and neglect
- Trauma is more common in bulimic EDs compared to nonbulimic EDs
- Findings linking EDs with trauma have been extended to children and adolescents with EDs
- Findings linking EDs with trauma have been extended to boys and men with EDs

Brewerton, T.D., ‘Eating Disorders, Trauma, and Comorbidity: Focus on PTSD,’ *Eating Disorders*, (2007), 15:285-304

SUMMARY *(cont'd)*

- Multiple episodes or forms of trauma are associated with EDs
- Trauma is not necessarily associated with greater ED severity
- Trauma is associated with greater comorbidity (including and often mediated by PTSD) in ED subjects
- Partial or subthreshold PTSD may also be a risk factor for BN and bulimic symptoms
- *The trauma and PTSD or symptoms must be expressly and satisfactorily addressed in order to facilitate* ***full*** *recovery from the ED and all associated comorbidity*

Brewerton, T.D., 'Eating Disorders, Trauma, and Comorbidity: Focus on PTSD,' *Eating Disorders*, (2007), 15:285-304

ABUSE AND ED:
WHAT THE RESEARCH SAYS

- It is unclear whether a history of sexual abuse or trauma causes an eating disorder:

"Studies of the rate of sexual abuse in populations with eating disorders have produced widely discrepant findings." *(Vize, C 1995)*

ABUSE AND ED:
WHAT THE RESEARCH SAYS

- Sexual abuse has been reported to occur in 30-65% of women with ED *(Deep, A.L., 1997)*
- Sexual abuse has been reported in 4-53% of cases of anorexia *(Deep, A.L., 1997)*
- Sexual abuse has been reported in 12-75% of cases of bulimia nervosa *(Deep, A.L., 1997)*

TRAUMA AND EATING DISORDERS

- In my experience working with trauma, an eating disorder may be developed as a means to cope with the trauma

- We need to connect life stressors to eating disorders, because many stress factors are unavoidable; teach your clients positive coping strategies like journaling, using silly putty for anxiety, stress balls, smelling cream on their hands….

TRAUMA AND EATING DISORDERS

- If the eating disorder is not addressed with the trauma, the client will continue being self-destructive but using another way *(e.g., drugs, etc.)*
- If you are addressing the trauma in therapy, the eating disorder may worsen before it gets better
- If the trauma does not come to a resolution, the eating disorder will not come to a resolution

TRAUMA AND EATING DISORDERS *(cont'd)*

"Working with trauma requires flexibility, a willingness to give the patient significant amounts of control over certain aspects of the assessment and treatment and a respect for the experiences…"

—Garner, David and Garfinkel, Paul, *Handbook of Treatment for Eating Disorders*, New York, (1997), 402-409

TRAUMA AND EATING DISORDERS:
DON'T FORGET THE FOOD

- Understand the medical, social, and psychological impact that eating disorders have on clients
- Depending on the type of abuse suffered, the client may:
  - want to stay in a little girl's body
  - not be able to eat certain foods like hot dogs or sausages, or even bite into a sandwich
  - exhibit regressive behaviors such as eating out of kids' plates or baby bottles
  - perceive reminders of the abuse *(e.g., butcher's shop)*
  - The client may use the eating disorder as means to dissociate from trauma experience, restriction, purging, over-exercising

TREATING EATING DISORDERS AND TRAUMA

- Make sure to work with a team: they need a doctor, a nutritionist, family therapy, group therapy, individual therapy; *they need a village*

- Step one: always send them to get a medical checkup
- Get to know your client well! Build that rapport!
- *These clients need to work on Family Therapy and their Body Image because the research has shown that if these two issues are not addressed… the clients chances of relapse increases over 70%.*

TREATING EATING DISORDERS AND TRAUMA

- Be appropriately transparent; they can spot a fake quickly!
- Do they over-exercise? use laxatives? purge?
- Has your client been gaining or losing weight?
- Do their families have any food rules?
- Ask them if they ate today, but more importantly, did they keep it down? How much did they eat?
- Provide safety and pace yourself; it will take time to process trauma

TREATING EATING DISORDERS AND TRAUMA
(cont'd)

- Trauma and sexual abuse/sexual assault lead to a loss of boundaries, lack of control over one's own body and safety; this creates an open door to develop an eating disorder that either focuses on control *(anorexia)*, hiding *(BED)*, or on violence *(BN)*. *(The Music Story)*

Take care of yourself.

In her own words..

IN HER OWN WORDS:

- Michael,
- I wish you would admit to what you did to Alice and I for a large part of our childhood. I understand the shame because it's been thrust upon me because of you. It's humiliating. It's repulsive. It's embarrassing. But Michael, it happened. If I'm aware, then you are definitely more aware beyond belief. It haunts me. There is no doubt in my mind that it doesn't haunt you. It simply must. I've slept in fear since as long as I can remember and my dreams have never been sweet no matter how many times it's been said to me. You always appear. Men always appear. Truthfully, I'm worried about you. I've been living in pain for so many years. **It feels like one giant wound pouring out vats of blood with alcohol continuously being poured onto it. But nothing takes away the festering and foul infection.** The stitches keep being torn out no matter how hard I try to keep them clean and unnoticeable. Can you feel it? If you felt it you'd be heaving in pain scratching and crawling at the ground trying to save your infected life. **As long as I try to describe the pain that robs me of my voice, nothing or no one can magically twist and turn the wirings of my brain to make me forget all that you've put me through.** I don't forgive you but sickly enough, after dissecting most of the components of the abuse, I still love and miss you. You are my brother.

IN HER OWN (cont):

- We share blood. **I'm sure you're devastated but you need to know that my internal screams were so loud that they came out. I tried for you to not tell anyone but I couldn't breathe any longer. I was sick of being such a mystery**. Because of the abuse, I couldn't get close to Mom and Dad. Most men I encountered raped me. **I purged all of the toxins you polluted me with. I starved myself out of anxiety hiding in fear of the next perpetrator out to get me. I thought I'd keep it in forever. Suck it up and move on, but I exploded.** I feel sorry. But I also feel extreme hatred towards you. I spent nights with scissors to my legs watching myself bleed trying to convince myself it was all in my head. I couldn't feel. I prayed for death. Michael, I'm not a surgeon. You are not either. You need help. **I hate so badly that we look alike because the sight of you still makes me want to vomit. I haven't forgotten. We haven't forgotten. My feelings are all spread across the place just like all of my meals for six painful years.** I hate you. I love you. You make me sick. You make me laugh. I cant forget about you like I wish I could. I don't want to forget about you because you're only a human. I wish you would speak up. I'm positive you're bleeding inside. Your HIV may take over and a part of me wishes it would. I don't even think that pain would equal what I've been feeling for my entire life. I have little else to say. I've lost feeling. I'm not sure if I'll ever see you again. Please, leave my dreams. I deserve peace for now on. Whatever you decide to do, don't come after me. I don't know if I'll ever be able to take the knife out from under the bed. I never seem to be able to reach it in my dreams. I would be dripping with blood by now; crimson thick blood. Bye Michael. Live with the horror. Do as you wish. I'm going to move on no matter how many stitches it takes. Goodbye.

From-

Your Little Sister

INTERVENTION:

WHAT IS ON YOUR PLATE?

- Goal: To gain an understanding of clients inner experience as they approach food at meal times
- Directive: Hand out the paper plate to the clients and ask them to visualize what they think, feel and experience as the plate of food is placed in front of them. Allow time for clients to reflect upon this directive and ad then ask them to draw it, colage it or find a way of expressing their food feelings. Process with clients the results. Provide feedback that can help clients get through the meal and challenge some of the negative thoughts and feelings.
- Materials:
- Paper plate
- Markers and/or Crayons
- Magazine cut outs
- Glue Stick
- Scissors

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