



Sarah Davis
Therapy

coastal
COLLABORATIVE CARE

The Treatment and Conceptualization of Eating Disorders Through a Trauma Informed Lens:

Neuroscience, Eye Movement Desensitization and
Reprocessing (EMDR), and Internal Family Systems (IFS)

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Agenda

What is an Eating Disorder

Prevalence of Eating Disorders and Trauma

Eating Disorders Impact on the Brain

Neuroscience

- Eating Disorder Impact on the Brain
- Stress Response System
- Neuroplasticity

Eye Movement Desensitization and Reprocessing (EMDR)

- What is EMDR
- How Does EMDR Work
- The EMDR Process
- EMDR and Eating Disorders: Areas to Target
- When is it Okay to Use with Eating Disorder Clients?

Internal Family Systems (IFS)

Importance of Treating Trauma and Eating Disorders

What is an Eating Disorder

“Eating disorders are serious but treatable mental and physical illnesses that can affect people of all genders, ages, races, religions, ethnicities, sexual orientations, body shapes, and weights. National surveys estimate that 20 million women and 10 million men in America will have an eating disorder at some point in their lives.”

“Transgender individuals experience eating disorders at rates significantly higher than cisgender individuals.”

“Despite similar rates of eating disorders among non-Hispanic Whites, Hispanics, African-Americans, and Asians in the United States, people of color are significantly less likely to receive help for their eating issues.”

– *National Eating Disorder Association*

What is an Eating Disorder

“Although our current culture is highly obsessed with food and weight, and disordered patterns of eating are very common, clinical eating disorders are less so... The consequences of eating disorder can be life-threatening.”

“Eating disorders have the second highest mortality rate of all mental health disorders, surpassed only by opioid addiction.”

– National Eating Disorder Association

What is an Eating Disorder

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Other Specified Feeding and Eating Disorder
- Avoidant Restrictive Food Intake Disorder
- Pica
- Rumination Disorder
- Unspecified Feeding or Eating Disorder

What is an Eating Disorder



Negative Message, Belief, and/or Fear from Past

Negative Self-Talk (Self-Criticism)

Eating Disorder Behaviors and Thoughts

The Relationship between Trauma and Eating Disorders

- ** People can have trauma and not be diagnosed with Post Traumatic Stress Disorder (PTSD).
- According to research, approximately 75% of women who have enrolled in residential treatment for their eating disorder admit to experiencing some form of trauma while 50% of these women have a history of Post Traumatic Stress Disorder (PTSD). (*Tagay et al., 2014*)
- PTSD is a significant predictor of poor prognosis in eating disorder recovery, so PTSD must be addressed for complete healing. (*Brewerton, 2007*)
- It's important to note that PTSD and eating disorders share common risk factors, including high anxiety, perfectionism, and obsessive-compulsiveness. People with eating disorders, especially those characterized by binge eating or purging, have a higher lifetime rate of PTSD than the general population. (*Brewerton, 2007; Zaccagnino, 2017*)

Eating Disorders Impact on Brain

- Effects of malnutrition
- Cognitive impacts



Stress Response System

Pre-frontal cortex

- Executive functioning + problem solving
- Initiate voluntary, conscious behavior

goes 'offline' when amygdala is activated

Amygdala

- Detects threats and activates stress response

VERY important for survival
BUT, amygdala can't tell the difference between real and perceived danger

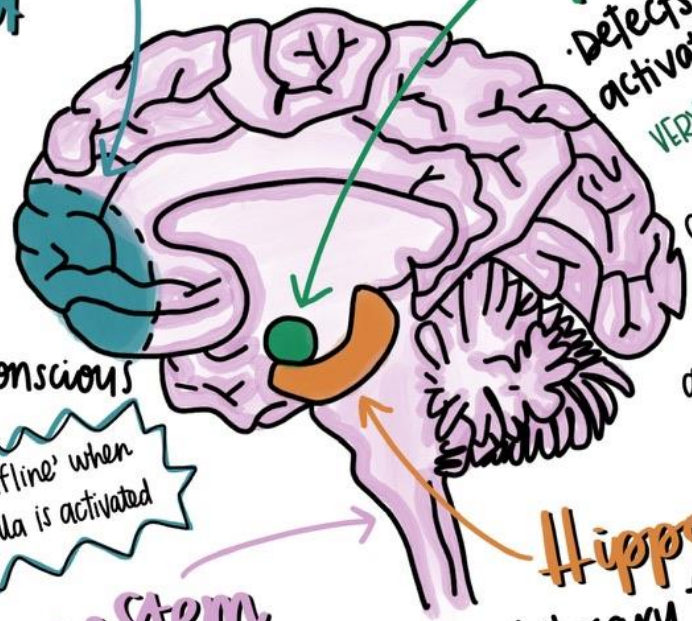
Brain Stem

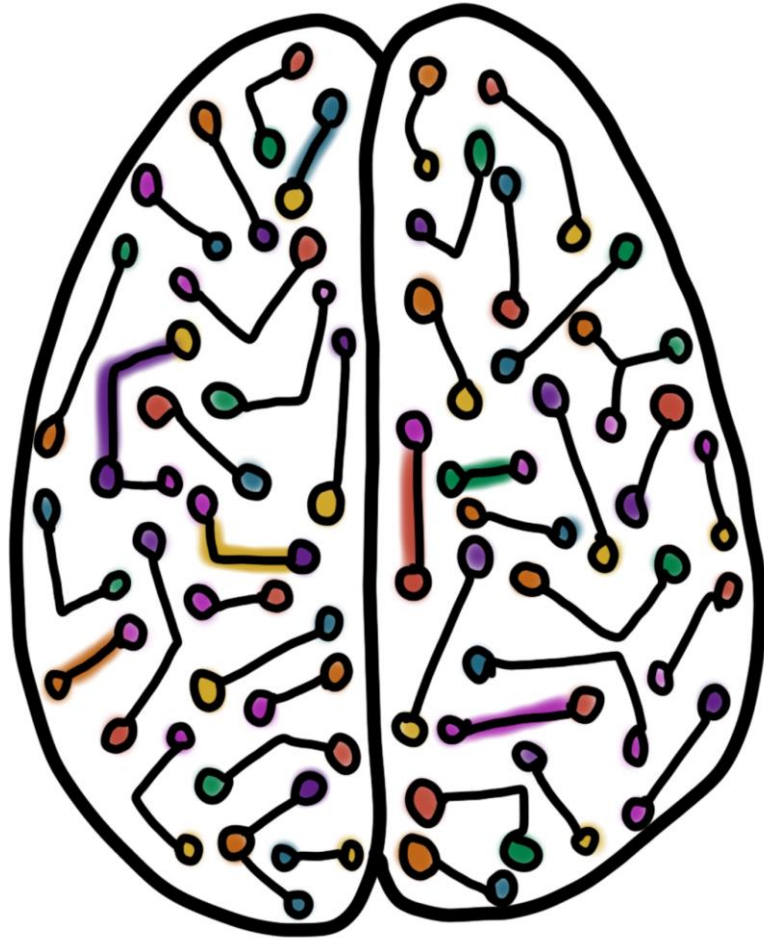
- Heart rate, breathing, temperature, etc.

Hippocampus

Library for memories

SHUTS DOWN when stressed, and causes mind blanks





Neuroplasticity

- Brain always has capacity to change
- Brain functions in a “Use-Dependent” manner
 - The more certain connections are made, the more they become the ‘default’ or unconscious reaction
- ‘Rewiring’ the brain is part of the healing process

What is Eye Movement Desensitization and Reprocessing (EMDR)?

- EMDR stands for Eye Movement Desensitization and Reprocessing.
- It is a form of trauma therapy that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences.
 - EMDR uses eye movements (bilateral stimulation) to desensitize to and reprocess painful and traumatic experiences.
- It is Evidence Based - it has 30 years of research
 - EMDR is the most researched form of psychotherapy to date for post-traumatic stress disorder (PTSD)
 - More than 30 positive controlled outcome studies have been done on EMDR therapy
 - Recognized as an effective form of treatment by organizations such as the American Psychiatric Association, The World Health Organization, Department of Defense, and Veterans Affairs
- EMDR is not "talk therapy."
- It does not necessarily involve direct challenging of beliefs, detailed descriptions of the event/s, extended exposure, or homework

Reference: Shapiro, F. (2018). *Eye movement desensitization and reprocessing—Basic principles, protocols, and procedures*(3rd ed.). New York, NY: Guilford Press.

How Does EMDR Work?

- EMDR's focus is on the brain's innate ability to constantly learn, modify, and adapt.
 - This is referred to as the **Adaptive Information Processing (AIP) Model** and is the cornerstone of EMDR.
 - It was developed by EMDR founder, Francine Shapiro (1991), to describe how memories are stored and processed in the brain
- Our brains have a natural way to recover from traumatic memories and events. This process involves communication between different parts of the brain:
 - The amygdala
 - The hippocampus
 - The prefrontal cortex
- In most instances, the brain reprocesses painful information over time so that it is stored in our normal memory system.
- However, when a highly distressing event is experienced, it can interfere with the brain's natural process of storing information.
 - The brain's alarm signal goes off and danger is interpreted, however, the part of the brain that analyzes and controls emotion is unable to fully activate and prevents adaptive learning.
 - *The brain becomes overwhelmed and normal processes of problem resolution fail to achieve the desired end.*

Reference: Shapiro, F. (2018). *Eye movement desensitization and reprocessing—Basic principles, protocols, and procedures* (3rd ed.). New York, NY: Guilford Press.

How Does EMDR Work? *Cont.*

- These past emotionally charged events become isolated from positive, adaptive experiences.
- They become "frozen" in the mind, and the painful images, feelings, and beliefs (about ourselves, others, and/or the world) associated with the event seem to be "locked" in the nervous system, often out of conscious awareness.
- When activated in the present, these negatively charged emotions distort our current perceptions, attitudes, and behaviors.
- These “stuck” memories can have a lasting negative effect on an individual’s emotional and interpersonal functioning in the world.

Reference: Shapiro, F. (2018). *Eye movement desensitization and reprocessing—Basic principles, protocols, and procedures*(3rd ed.). New York, NY: Guilford Press.

How Does EMDR Work? *Cont.*

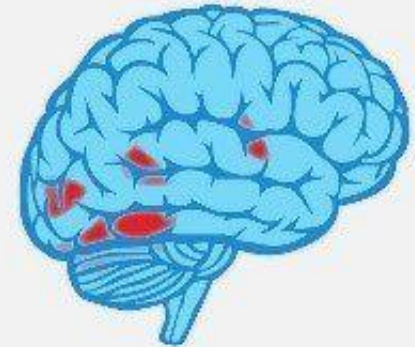
- EMDR treatment works to identify these negative and positive networks and then uses **bilateral stimulation**, (i.e., eye movements) as a way to activate our adaptive learning system.
 - Bilateral stimulation allows us to reprocess the traumatic memory with all parts of the brain – including the part that analyzes and controls emotion to facilitate adaptive learning.
- The result is to keep what is healthy, and let go of past, no longer useful emotions, sensations, and beliefs.

OVERACTIVITY IN THE TRAUMATISED BRAIN

BRAIN BEFORE EMDR TREATMENT



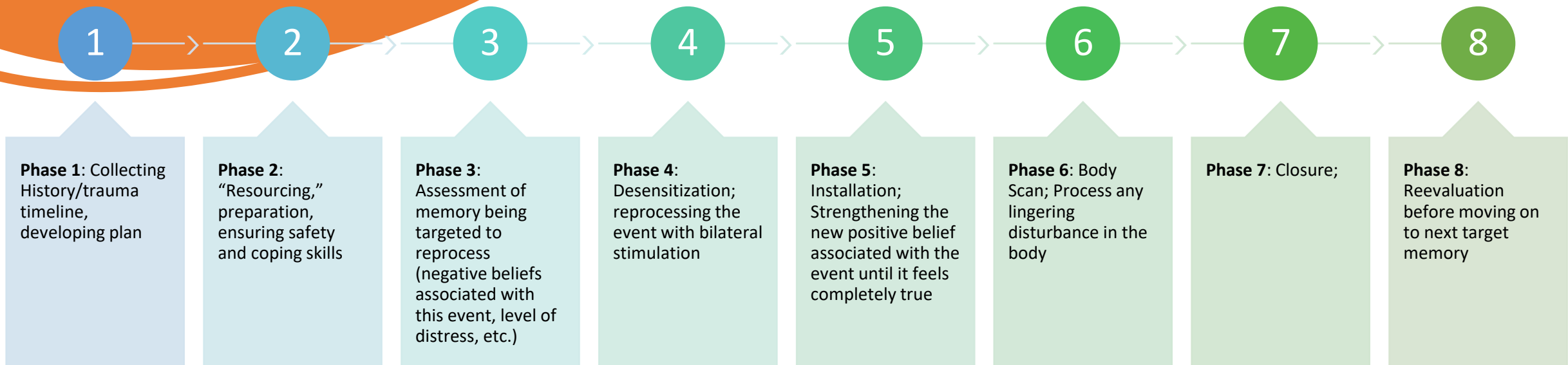
BRAIN AFTER EMDR TREATMENT

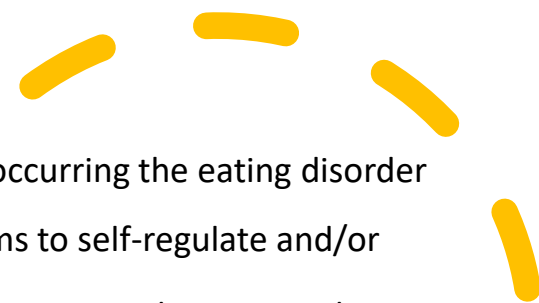


The EMDR Process

- EMDR therapy uses a three-pronged protocol:
 1. The **past** events that have laid the groundwork for dysfunction are processed, forging new associative links with adaptive information
 2. The **current** circumstances that elicit distress are targeted, and internal and external triggers are desensitized
 3. Imagery of **future** events are incorporated, to assist the client in skills needed to cope in the future.

These 3 functions are executed within 8 phases





EMDR and Eating Disorders: Areas to Target

- Any traumatic experiences underlying and/or co-occurring the eating disorder (*Hudson, 1998; Zaccagnino, 2017*)
 - Clients may be using ED behaviors/symptoms to self-regulate and/or dissociate from unprocessed traumas
 - Negative thoughts developed from past traumas may be creating barriers towards full healing. Examples:
 - “I am defective”
 - “I am unworthy [of help]”
 - “I am unable to succeed [at recovery]”
 - “I am too much/I take up too much space,” etc.)
- Negative body image (recent, earliest, and worst) (*Bloomgarden & Calogero, 2008; Dakanalis et al., 2013*)
 - History of teasing, bullying (based on body size/appearance) shame, humiliation
- Food Trauma/ARFID (vomiting experience, choking experience, etc.) (*Yasar et al., 2019*)
- Future template around triggers and exposures (*Zaccagnino, 2017*)

References:

Hudson JI, Chase EA, Pope HG Jr. (1998) Eye movement desensitization and reprocessing in eating disorders: caution against premature acceptance. *Int Jeat Disord*.

Zaccagnino, M. (2017). EMDR in Anorexia Nervosa: From a Theoretical Framework to the Treatment Guidelines.

Bloomgarden A, Calogero RM. A randomized experimental test of the efficacy of EMDR treatment on negative body image in eating disorder inpatients. *Eat Disord*. 2008 Oct-Dec;16(5):418-27.

Dakanalis, A., Zanetti, M. A., Riva, G., & Clerici, M. (2013). Psychosocial moderators of the relationship between body dissatisfaction and symptoms of eating disorders: A look at a sample of young Italian women. *Revue Europeenne de Psychologie Appliquee*, 63(5), 323–334.

When is it Okay to Use EMDR with Eating Disorder Clients?

Indications of Readiness:

- Expressed desire to address trauma
- Following meal plan (at least majority of the time)
- Significantly reduced/minimal purging and compensatory behaviors
- Weight restoration
- Body awareness
- Ability to self-regulate and use coping skills/responds to resourcing

May Impact Effectiveness:

- Malnourishment
- Eating Disorder being used as a coping skill (strengthening/evoking ED symptoms)
- Denial of Eating Disorder severity (and/or suspicion of dishonesty around behaviors)
- Difficulty tolerating positive experiences
- Triggering environment

Internal Family Systems (IFS)

We All Have Parts: An Illustrated Guide to Healing Trauma with Internal Family Systems Hardcover – September 14, 2021 by Colleen West (Author), Steven Gong (Illustrator)

<https://ifs-institute.com/>

<https://pasterski.com/2018/06/self-therapy-working-with-exiles/>



Self



Managers



Type A Executive

Caretaker

Harsh Critic

Firefighters



Compulsive Drinker

Compulsive Eater

Compulsive Exerciser

Exiles



Terrified Toddler

Hungry Baby

Hostile & Lonely Teen

Confused & Angry Kindergartener

Ashamed Preteen

Neglected Infant

Schwartz, 2001

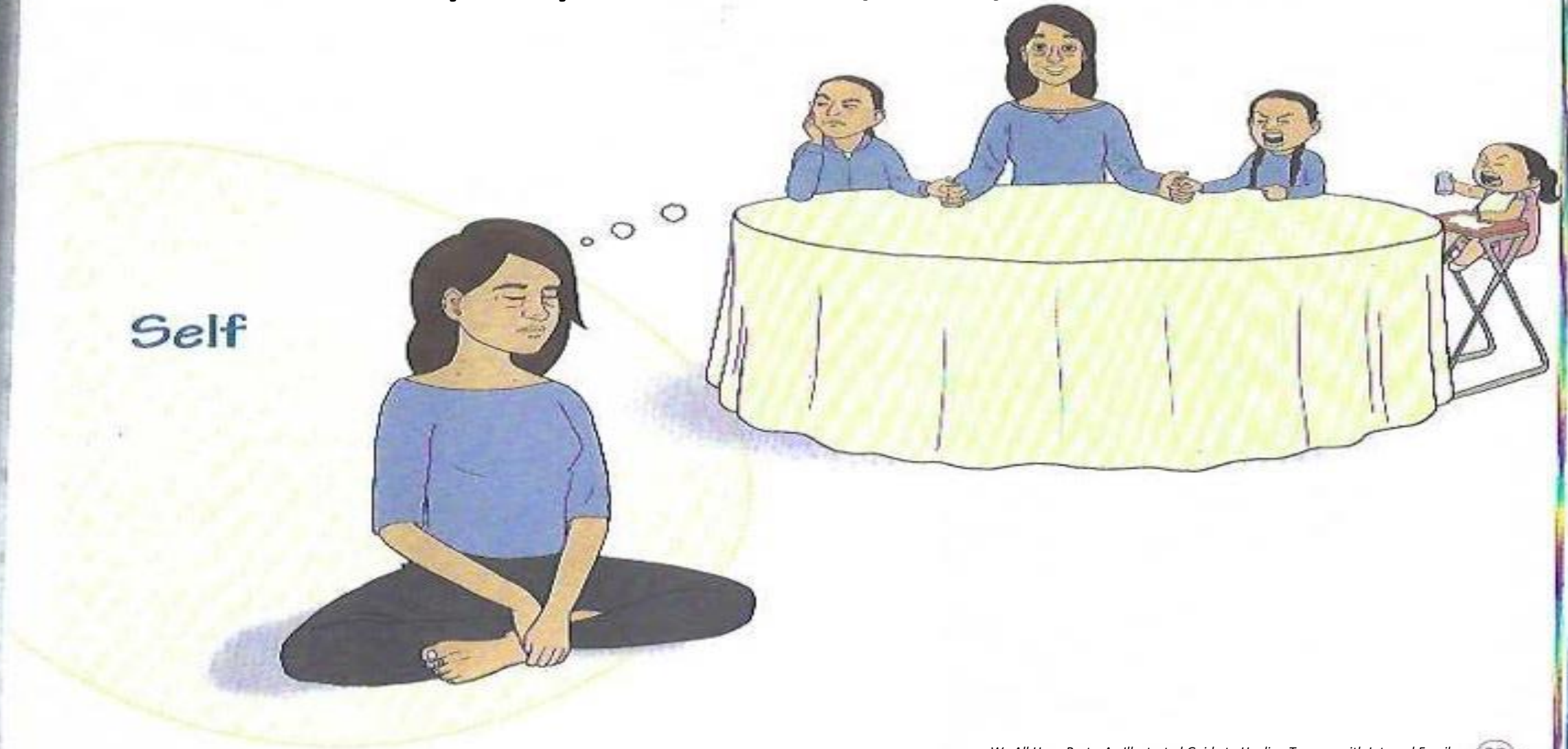
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Importance of Treating Trauma and Eating Disorders

Clients are labeled as "chronic" or "non-compliant" when in reality they need trauma to be addressed at the same time

PTSD is a significant predictor of poor prognosis in eating disorder recovery, so PTSD must be addressed for complete healing.

Eating Disorder treatment centers are integrating trauma treatment more

To heal, people need to recover from both their trauma and their eating disorder. The latest research suggests that integrated treatment for trauma and eating disorders is the way to go. Research also shows that people can get better.

References:

THANK YOU!



Sarah Davis
Therapy

The logo for Sarah Davis Therapy features the name 'Sarah Davis' in a large, black, serif font, with 'Therapy' in a smaller, black, sans-serif font below it. The text is overlaid on two overlapping circles: a light grey one on the left and a light orange one on the right.



coagula
COLLABORATIVE CARE

The logo for Coagula Collaborative Care features the word 'coagula' in a black, cursive script font. Below it, the words 'COLLABORATIVE CARE' are written in a black, uppercase, sans-serif font. A thin, light blue horizontal line is positioned above the 'coagula' text.