

Treatment for Eating and Mood/Anxiety Disorders: How to Gain a Life Worth Living

Lara Schuster Effland, LCSW
Vice President of Clinical Operations



INSIGHT Behavioral
Health Centers
Partnering with Eating Recovery Center

- Approximately 80% of individuals with eating disorders are diagnosed with another psychiatric disorder at some time in their life.
- Most common are depressive, anxiety, and personality disorders
- Depression, anxiety, and emotional dysregulation persist after eating disorder recovery

Klump, Haye, Treasure, Tyson (2009)



INSIGHT Behavioral
Health Centers
Partnering with Eating Recovery Center



History of Insight continued

- Established in 2004
- Primary Eating Disorder Treatment Center in 2004 to 2009
- 2009 Started the Mood and Anxiety Program and Binge Eating Treatment
- Outpatient Programming developed into 7 day a week programming over a span of 5 years
- Today the Mood and Anxiety Program is as large as the Eating Disorder Program
- Philosophy of treatment has changed over time due to recognition of needs in the community and clinical trends





Rationale for Dual Diagnosis Treatment

- Of those with Anorexia Nervosa
 - 48% have Co-occurring Anxiety Disorders
 - 42% Co-occurring Mood Disorders
 - 31% Co-occurring Impulse Control Disorders
- Bulimia Nervosa:
 - 81% Anxiety Disorders
 - 71% Mood Disorders
 - 64% Impulse Control Disorders
- Binge Eating:
 - 65% Anxiety Disorders
 - 46% Mood Disorders
 - 43% Impulse Control Disorders

(Hudson, Hiripi, Harrison, and Kessler, 2007)



INSIGHT Behavioral Health Centers
Partnering with Eating Recovery Center

■ The Struggle to be Thin...

- Eating disorders is a serious mental illness
- Recovery is always threatened by our society's obsession with thinness
- Sometimes the patient and the family, friends, etc. don't understand the severity of the illness
- Seen as the "Porsche of mental illness"
- Sometimes patients glorify and validate each other's successes in being or trying to be thin



The Difficulty of Sustaining Progress



Waterhouse, J.W. *Penelope & the Suitors*



BHT Behavioral Health Centers

Partnering with Eating Recovery Center



Disorders Commonly Treated

- Eating Disorders
 - Anorexia Nervosa
 - Bulimia Nervosa
 - Binge Eating Disorder
- Mood and Anxiety Disorders
 - Major Depression
 - Anxiety Disorders (OCD, GAD, PTSD, Phobias, Panic)
 - Borderline Personality Disorders
 - Mood Disorders (Bipolar I and II)
 - Trauma
 - Co-occurring Substance Abuse



Treatment
Approach:
Gaining a Life
Worth Living



Approaches Overview

- Primary Treatment Approaches in ED/Mood and Anxiety Program:
 - Dialectical Behavior Therapy
 - Acceptance and Commitment Therapy
 - Mindfulness-based Interventions
- Specific interventions used:
 - Anxiety Track: Exposure and Response Prevention, body and yoga work
 - Trauma Track: Tri-phasic model
 - Substance Abuse Track: 12-Step informed, harm reduction



DIALECTICAL MIND...



"May I suggest taking control of your emotion, sir?"



Dialectical Behavior Therapy

- ✧ Building blocks to treat severe, persistent emotional and behavioral difficulties
- ✧ Dialectics is the practice of finding the middle ground between two extremes
- ✧ Behavioral treatment is making changes
- ✧ Treats multiple issues:
 - ✧ Studies continue to show the efficacy of this treatment for multiple disorders





Specific Goals of DBT

Behaviors to Decrease

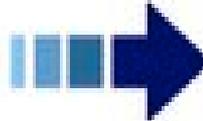
Behaviors to Increase: Skills Building

Cognitive Dysregulation



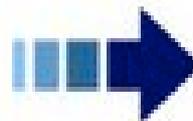
Core Mindfulness

Impulsiveness



Distress Tolerance

Labile moods & emotions



Emotion Regulation

Interpersonal Chaos



Interpersonal Effectiveness

Dialectical Behavior Therapy continued

- Mindfulness
 - Observe
 - Describe
 - Participate
 - Non-Judgmentally
 - One Mindfully
 - Effectively
- Distress Tolerance
 - Accepting that we cannot change, fix, manipulate, avoid, or get rid of our present, so how do we cope with it



Dialectical Behavior Therapy continued

- Emotion Regulation
 - Unfamiliar feelings or Intense feelings
 - learning how to identify, acknowledge, accept, and cope with our emotions
- Interpersonal Effectiveness
 - Improving our relationships
 - Letting go of hopeless relationships
 - Asking for what we want or saying no to requests we cannot or do not want to fulfill





Radically Open DBT

- New wave of DBT that is used for the “over-controlled” (OC)
- RO-DBT specifically addresses Anorexia Nervosa
- RO-DBT contends that *emotional loneliness* represents the core problem for OC, not *emotion dysregulation*.
- Targets:
 - Loneliness
 - Social isolation

Lynch et al. (2013)



INSIGHT Behavioral
Health Centers
Partnering with Eating Recovery Center

RO-DBT

Common identifiers of “over-controlled”:

- Heightened threat
- Diminished reward sensitivity
- Family/environmental experiences emphasizing mistakes as intolerable
- Self-control as imperative
- Defensive arousal
- Frozen or disingenuous expressions
- Stilted interactions are common

Target Behavior: Restriction	PROS	CONS
Short-Term	<ul style="list-style-type: none"> - It feels good in the moment - I feel powerful when I don't eat - I'm a good anorexic - I lose weight - I don't gain weight - I don't feel as anxious 	<ul style="list-style-type: none"> - I'm so hungry after a while - I can't concentrate as well - I'm preoccupied with food - I'm irritable - I get mad at my family and friends - I isolate
Long-term	<ul style="list-style-type: none"> - I lose weight - I won't get fat - I will be pretty - I stay in control 	<ul style="list-style-type: none"> - I lose hair - I'm always cold - I hate myself even when I'm losing weight - I really don't get what I want ever - My family and friends worry about me - Rather than enjoying life I'm too busy worrying about food and my body - I don't have fun anymore - I'm rarely see my friends - I'm always worrying and sad



Acceptance and Commitment Therapy

➤ *Beliefs*

- Problems result from:
 - Avoidance that isn't working
 - Trying to control unpleasant emotions
- Avoidance creates suffering

➤ *Approach*

- No attempt to alter/eliminate difficult internal events
- Promotes acceptance
 - Difficult thoughts
 - Difficult emotions
- Avoidance/control strategies are replaced with constructive, values-consistent behaviors



The Goal of ACT

Help ourselves to live rich, full, meaningful lives with less struggle.



INSIGHT Behavioral
Health Centers
Partnering with Eating Recovery Center

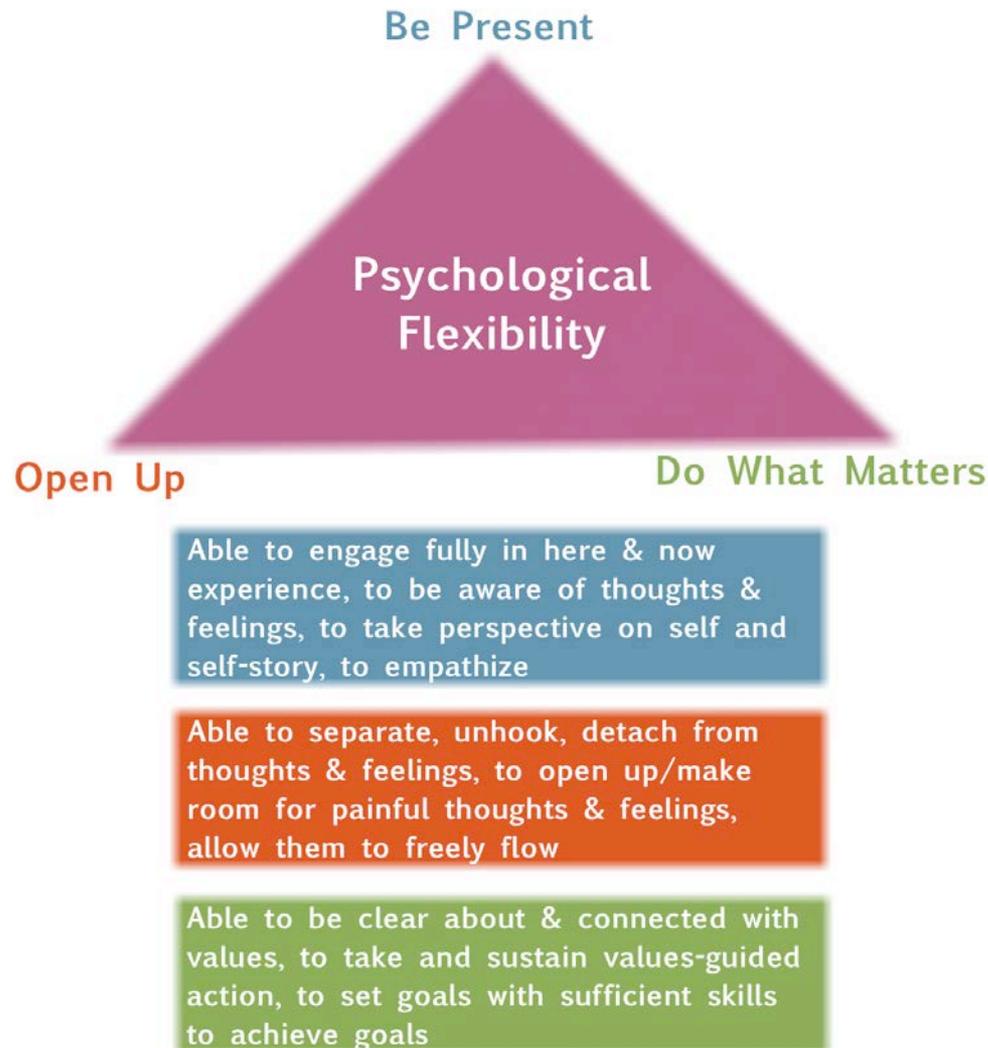


Stop the digging...

- Cognitive diffusion:
 - Distance yourself from your fears
- Context matters:
 - the behavior came from some where
 - something is going to help it change
- Values:
 - What is most important to you
 - Values-based life
- Committed Action:
 - “And I’m done with that!”



Shifting the Focus





If control and avoidance doesn't
work?

How about...

Willingness and Acceptance



INSIGHT Behavioral
Health Centers
Partnering with Eating Recovery Center

Mindfulness-Based Interventions

- ❖ “Paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” -Jon Kabat-Zinn
- ❖ Nurtures:
 - ❖ Greater awareness
 - ❖ Clarity
 - ❖ Acceptance of present-moment reality
- ❖ Awareness = Change





Why does it work?

- Meant to calm the nervous system
- Allow the mind and body to connect
- Help with emotion regulation, centering, and wise thinking
- Improve ability to use skills and cope



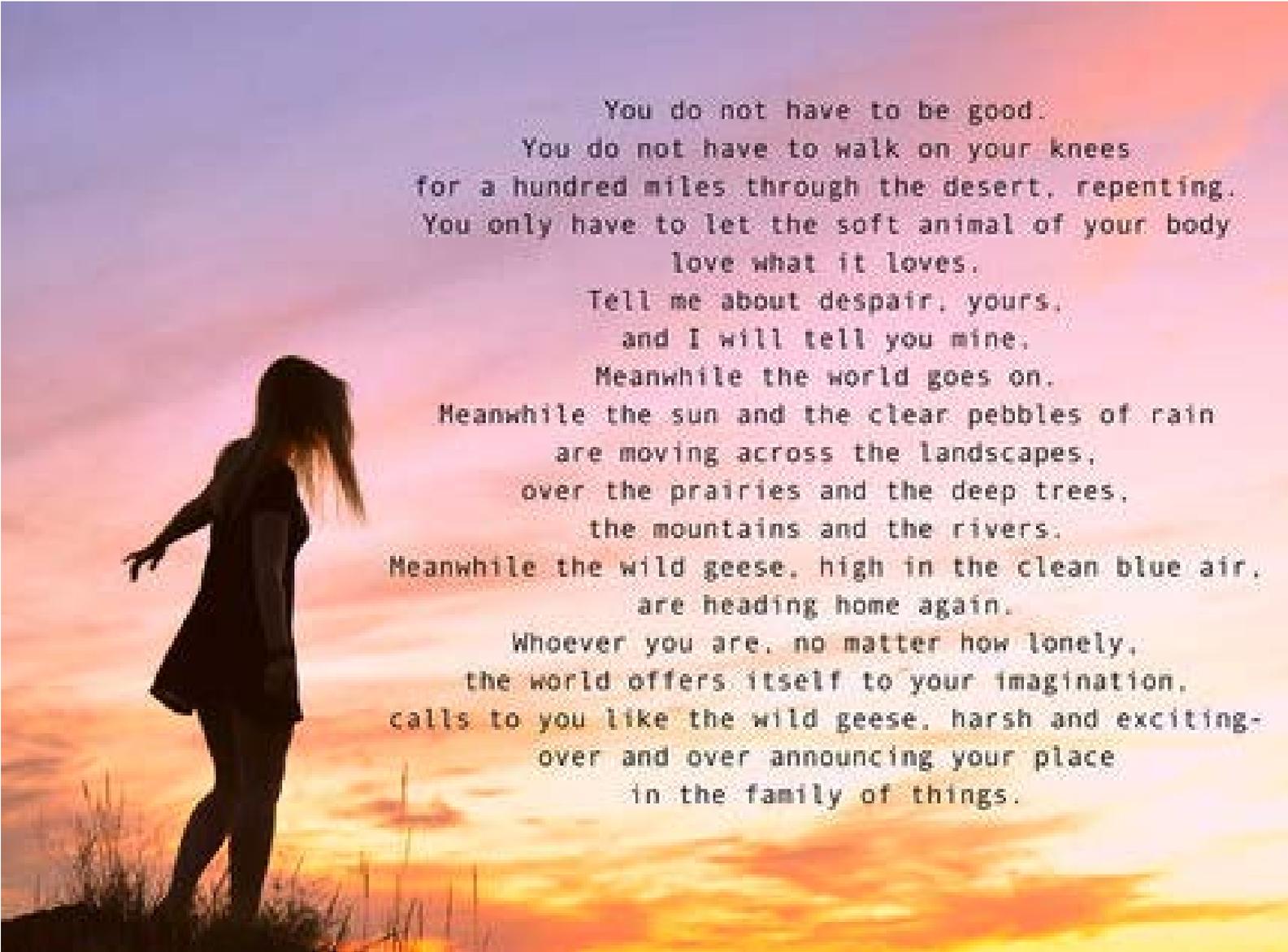


Treatments that include Mindfulness for Eating Disorders

- Acceptance and Commitment Therapy
- Dialectical Behavior Therapy
- Experiential and Body Movement Therapies
- Cognitive Behavior Therapy
- Commonalities
 - Compassion
 - Acceptance
 - One-mindful
 - Effectiveness
 - Awareness = Change
 - Letting go of control



Wild Geese – Mary Oliver



You do not have to be good.
You do not have to walk on your knees
for a hundred miles through the desert, repenting.
You only have to let the soft animal of your body
love what it loves.
Tell me about despair, yours,
and I will tell you mine.
Meanwhile the world goes on.
Meanwhile the sun and the clear pebbles of rain
are moving across the landscapes,
over the prairies and the deep trees,
the mountains and the rivers.
Meanwhile the wild geese, high in the clean blue air,
are heading home again.
Whoever you are, no matter how lonely,
the world offers itself to your imagination,
calls to you like the wild geese, harsh and exciting-
over and over announcing your place
in the family of things.

The Guest House

This being human is a guest house.
Every morning a new arrival.

A joy, a depression, a meanness,
some momentary awareness comes
As an unexpected visitor.

Welcome and entertain them all!
Even if they're a crowd of sorrows,
who violently sweep your house
empty of its furniture,
still treat each guest honorably.
He may be clearing you out
for some new delight.

The dark thought, the shame, the malice,
meet them at the door laughing,
and invite them in.

Be grateful for whoever comes,
because each has been sent
as a guide from beyond.

- Rumi





Breathing Space

What do you do?

- Notice your breath, as if you are breathing for the first time
- Each inhalation and exhalation
- Let go of your breath, bring your attention to the present
- Where are you right now? What are you thinking, feeling, physical sensations?
- Notice any tension and let it go through the breath
- Bring yourself back to your breath
- Breath with your whole body
- Open your eyes





Anxiety Disorders

- Rigidly held beliefs
- Frequent and debilitating worry
- Intense fear and avoidance
- Obsessive thoughts
- Compulsive behaviors (weighing, counting, measuring, checking, etc.)
- Impaired functioning



Treatment Approach

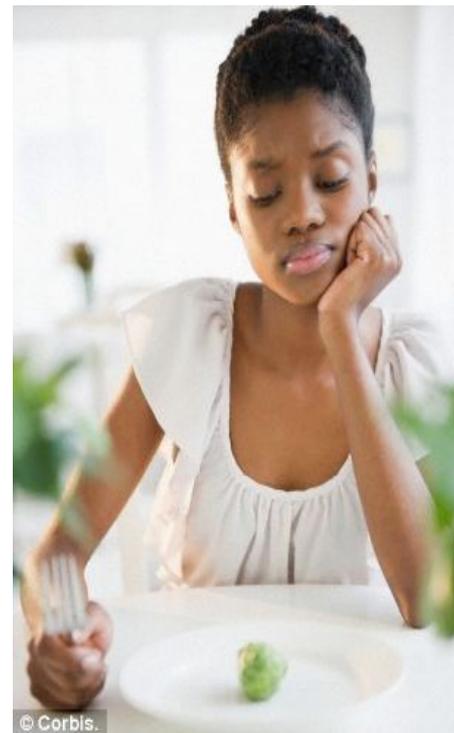
- Exposure and Response Prevention Therapy
- Dialectical Behavior Therapy
- Acceptance and Commitment Therapy



Exposure and Response Prevention with Anorexia Nervosa

“reducing eating-related anxiety
was associated with increased
intake after intervention”

(Steinglass et al., 2012)

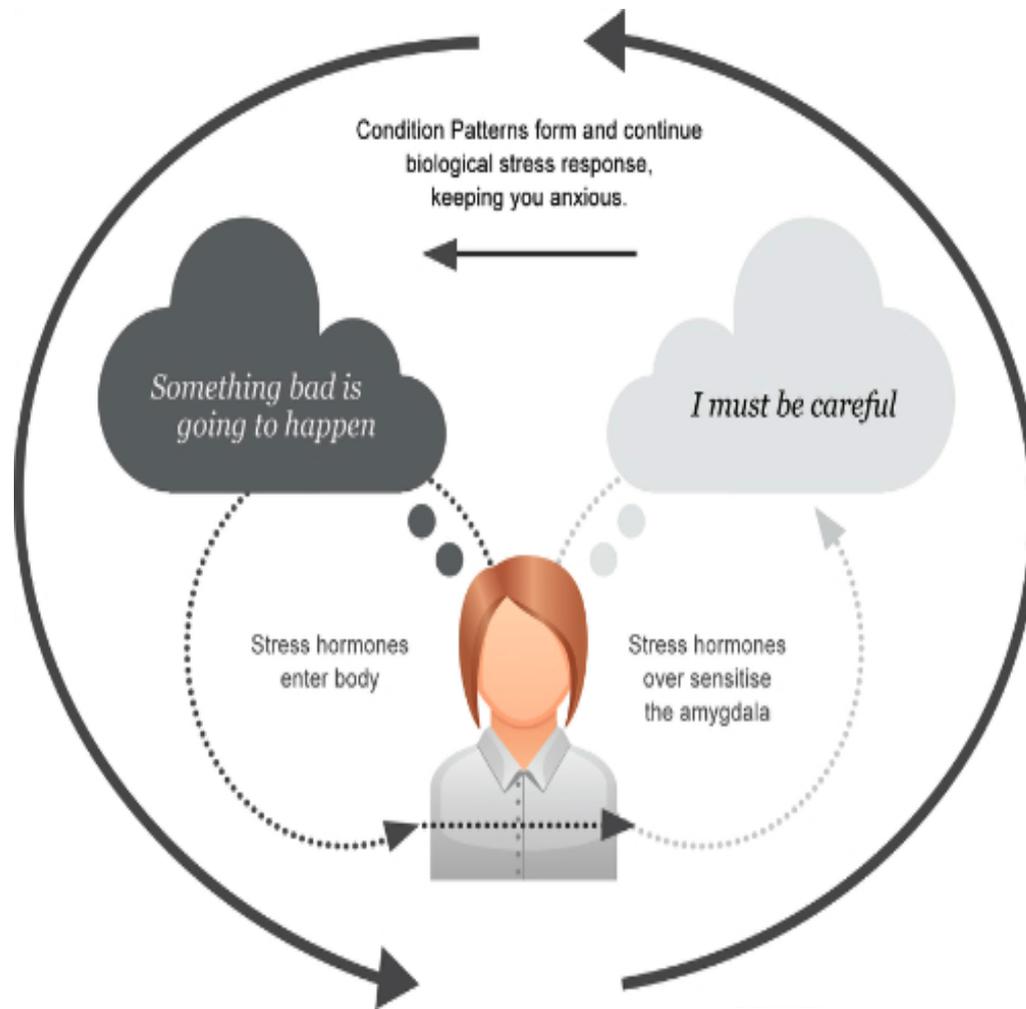


INSIGHT Behavioral
Health Centers
Partnering with Eating Recovery Center

Overcoming your fear of heights...
Step 1 - FACING YOUR FEAR HEAD ON!



Negative Reinforcement Cycle



Treatment Topics

- Body
- Emotions
- Thoughts
- Actions
- Relationships



■ Body Work and Yoga

- Twice per week
- Slow, low-impact
- Focus on breath, body, position, and mind
- Connection to physiological response when you pay attention to the body
- Finding control, by letting go of control





Yoga's Effect on Anxiety

- Reduces perceived stress and anxiety
- Decreases physiological arousal
- Help increase heart rate variability

Newmark, (no date)



INSIGHT Behavioral
Health Centers
Partnering with Eating Recovery Center

Cognitive Diffusion Activity:

- Choose a word “Chubby”
- The group says the word in different volumes, tones, and dialects
- Reduce shame and fusion with belief around the word





Trauma Treatment

Tri-phasic treatment model:
Judith Herman “Trauma and
Recovery”

- ❖ Establishing safety
- ❖ Grieving/mourning
- ❖ Reconnection





Approach

- Understand the trauma's impact
- Establish and maintain safety
- Skill set to cope with traumatic symptoms
- Connect with others
- Approach to avoidant and maladaptive behaviors



Activity

Focuses on mental, physical, and soothing side of grounding

Grounding Kit

Mindfully use all 5 senses

- Stress ball
- Mint
- Lotion
- Grounding stone
- Affirmations
- Facts: date, time, location





Substance Abuse

- Need to understand reasoning for drug and alcohol use
- Strengthen motivation to change
- Insight into the relationship between ED and addiction
- New ways of coping
- Motivational interviewing and the 12-step



Research

- Anorexia nervosa and bulimia nervosa most commonly linked to substance abuse
- 50% of individuals with ED abused alcohol or illicit drugs
 - compared to 9% of the general population
- 35% of individuals who abused or dependent on alcohol or other drugs have had eating disorders
 - compared to 3% of the general population

National Center on Addiction and
Substance Abuse at Columbia
University (2003)



INSIGHT Behavioral
Health Centers
Partnering with Eating Recovery Center



Activity

- Cost Benefit Analysis of current substance use
 - Explore their use
 - The pros and cons of using
 - Outcomes and consequences
- Encourages honesty and accountability
- This is not working
- Helps with accepting abstinence as a successful lifestyle





Residential

- Treatment:
 - Eating Disorders
 - Anorexia
 - Bulimia
 - Binge Eating
 - Mood and Anxiety Disorders
- Dual programming:
 - DBT
 - ERP
 - ACT
 - Trauma
 - Art Therapy
 - Yoga



Contact



Lara Schuster Effland, LCSW
Vice President of Clinical
Operations

lschuster@insightbhc.com



INSIGHT Behavioral
Health Centers
Partnering with Eating Recovery Center

References

Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology, 64*(6), 1152–1168.

Hudson, J.I, Hiripi, E., Harrison, G.P., and Kessler, R.C. (2007). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry, 61*(13), 348-358.

John E. Lothes*, Kirk D. Mochrie and Jane St. John University of North Carolina Wilmington, USA
*Corresponding author: John E. Lothes, University of North Carolina Wilmington. The Effects of a DBT Informed Partial Hospital Program on: Depression, Anxiety, Hopelessness, and Degree of Suffering. Apr 14, 2014.

Juarascio, Adrienne, Shaw, Jena, Forman, Evan, Timko, Alix C., et al., (2013). Acceptance and Commitment Therapy as a Novel Treatment for Eating Disorders: An Initial Test of Efficacy and Mediation Behav Modif 2013 37: 459 originally published online 8 March 2013.

Kaye, Walter H., Bulik, Cynthia M., Thornton, Laura, Barbarich, B.S., Masters, B.S., The Price Foundation Collaborative Group (2004). Comorbidity of anxiety disorders with anorexia and bulimia nervosa. *American Journal of Psychiatry, 161*, 2215-2221.

Klump, K/L., Bulik C.M., Haye, W.H., Treasure, J., and Tyson, E. (2009). Academy for Eating Disorders Position Paper: Eating Disorders are serious mental illnesses. *International Journal of Eating Disorders, 42* (2), 97-103.



■ Lynch, Thomas R, Gray, Katie LH, Hempel, Roelie J, Titley, Marian, Chen, Eunice Y, and O'Mahen, Heather A. (2013) Radically Open-dialectical Behavior therapy for adult anorexia nervosa: feasibility and outcomes from an inpatient program. *BMC Psychiatry*, 2013, 13:293.

Linehan, Marsha M., Dimeff, Linda. (2001) Dialectical Behavior Therapy in a Nutshell. *The California Psychologist*, 34, 10-13.

McQuillan, A., Nicastro, R., Guenot, F., Girard, M., Lissner, C., Ferrero, F., (2005). Intensive dialectical behavior therapy for outpatients with borderline personality disorder who are in crisis. *Psychiatr. Serv.*, 56(2): 193-7)

Mitchell, Karen S., Mazzeo, Suzanne E., Schlesinger, Michelle R., Brewerton, Timothy D., and Smith, Brian N. (2012). Comorbidity of Partial and Subthreshold PTSD among men and women with eating disorders in the national comorbidity survey-replication study. *International Journal of Eating Disorders*, 45(3), 307- 315.

National Center on Addiction and Substance Abuse, (CASA) at Columbia University (2003). *Food for Thought: Substance Abuse and ED*. New York: National Center on Addiction and Substance Abuse.

Newmark, Gretchen MA, RD, LD. *Yoga and Consciousness Studies*, Vol. 6, No. 1, pg. 30. *Hatha Yoga and Eating Disorders*.

Proulx, K. (2008). Experiences of women with bulimia nervosa in a mindfulness-based eating disorder treatment group. *Eating Disorders*, 16(1), 52-72.



INSIGHT Behavioral Health
Partnering with Eating Recovery Center

■ Safer, DL, Joyce, EE (2011). Does rapid response to two group psychotherapies for binge eating disorder predict abstinence? *Stanford University School of Medicine, Behav Res Ther.*, 49(5): 339-45.

Steinglass, J., Albano, A.M., Simpson, H.B., Carpenter, K., Schebendach, J., & Attia, E. (2012). Fear of food as a treatment target: exposure and response prevention for anorexia nervosa in an open series. *International Journal of Eating Disorders*, 45(4), 615-621.

Steinglass, J. & Parker, S. (2011). Using exposure and response prevention therapy to address fear in anorexia nervosa. *Eating Disorders Review*, Vol 22 (5)

Steinglass JE, Sysko R, Mayer L, Berner LA, Schebendach J, Wang Y, et al. Pre-meal anxiety and food intake in anorexia nervosa. *Appetite*. 2010; 55:214.

Steinglass J, Albano AM, Simpson HB, Carpenter K, Schebendach J, Attia E. Fear of food as a treatment target: Exposure and response prevention for anorexia nervosa in an open series. *Int J Eat Disord*. 2011.

Woolhouse, H., Knowles, A., Crafti, N. (2012). Adding mindfulness to CBT programs for binge eating: A mixed-methods evaluation. *Eating Disorders*, 20(4), 321-339.

