

Breaking Free: The Treatment of Eating Disorders & Trauma

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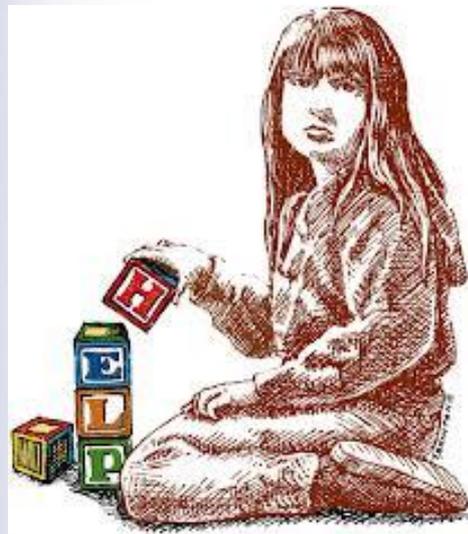


Objectives

- Define trauma
- Describe how trauma may impact body image
- Describe five ways in which eating disorder symptoms can be an adaptive and protective response to trauma
- Summarize evidence based treatment approaches for Eating Disorders and Post Traumatic Stress Disorder
- Identify how to prioritize treatment goals

What is Trauma?

Any harmful, maleficent, negative event (or events) that changes one's life in negative ways and continues to have a severe and lasting impact on everyday-life and functioning today.



Trauma is defined by the experience of the survivor.

Complex Trauma

(The National Child Traumatic Stress Network – NCTSN)

- **Includes:** exposure to multiple or prolonged simultaneous/sequential traumatic events which typically effects development and begins in early childhood by primary caregivers
- **Examples:** neglect, physical and sexual abuse, domestic violence, and psychological maltreatment
- **Exposure:** usually results in loss of safety, emotional dysregulation, the ability to detect and respond to danger cues and often leads to repeated or subsequent trauma exposure in adolescence and adulthood

Trauma Types

- Community and School Violence
- Domestic Violence
- Medical Trauma
- Natural Disasters
- Neglect
- Physical Abuse
- Sexual Abuse
- Refugee and War Zone Trauma
- Terrorism
- Traumatic Grief
- Complex Trauma

(The National Child Traumatic Stress Network – NCTSN)

Trauma Types Expanded

Types of trauma linked to EDs have been expanded from child sexual abuse to include a larger range of other forms of abuse and neglect

- Weight and appearance-related teasing
- Bullying
- Sexual harassment
- Racial discrimination

PTSD

You or someone you care about may be suffering from Post-Traumatic Stress Disorder if symptoms from the following categories are present

Reliving the event

- Upsetting thoughts, feelings
- Nightmares, flashbacks
- Strong physical/mental reactions to reminders of the event

Avoiding thoughts, feeling, activities

- Feeling disconnected to one's surroundings
- Being unable to recall details of the event

Feeling a loss of interest in life activities

- Feeling alone
- Having difficulty experiencing normal emotions
- Believing that one has nothing to look forward to in the future

Feeling guarded, irritable, hypervigilance

- Difficulty relaxing or sleeping
- Overreacting when startled
- Experiencing angry outbursts or trouble concentrating

What is Body Image?

The collective experience of:

1. The picture in your mind's eye of **HOW YOU SEE YOURSELF**
2. Your **PERCEPTION** of how **YOU BELIEVE** others' see you.
3. How you **EXPERIENCE** living in your own body.

(A. Ressler)



Body Image and Trauma

Where in the body are the emotions stored, locked, experienced, buried?

“Many of the women I see bury their feelings, and the burial ground is the body itself” – (S. Kleinman)

Body Communication

Body Image, ED Symptoms, and Trauma



Restrict: Restrict to disappear, desire to stay small and not develop sexually, experience themselves larger than they are.

Binge/Purge: “Stuff down” emotions/food and purge to purify or cleanse the body. Shameful behavior to reenact trauma in effort to feel more in control.

Binge: Efforts to keep people, particularly sexual relationships at a distance, feel in control, provide numbing, nurturing/ comfort through food.

Hidden Messages

Survivors often use food, weight, and body messages to try and communicate how they are experiencing their world.

I feel empty...I feel full...

*I've been carrying around the weight of my
trauma...*

It makes me feel sick...

I built walls that can't be penetrated...

I had no control over this meal...

Boundaries in the Context of the Body

- Anorexia: rigid & controlled
- Bulimia: constantly shifting
- Binge Eating Disorder: open & unbound

(Ressler, 2013)

Boundaries and the Expression of the Self

For the **anorexic** it is the rigid “no” that keeps food, people, and needs at bay, away from the reality of life.

*Mira Dana
Fed up and hungry*

Boundaries and the Expression of the Self

For the **bulimic**, it will be in the way she said “yes, but” to all food, taking it all in without any selection and then throwing it out in the same way when it becomes poisonous to her.

This is a reflection of the way she behaves with people and experiences too.

Mira Dana

Fed up and hungry

Boundaries and the Expression of the Self

For the **binge eater**, it will be in the way she says “yes” to all food, even when she is not hungry and even to food she does not particularly want or like.

This holds true for her with people, relationships, and experiences.

*Mira Dana
Fed up and Hungry*

Doesn't feel worthy enough to have choice.

Self Talk Becomes Identity / Core Beliefs

FAT

GUILTY

WASTE



UGLY

MISTAKE

EVIL

STUPID

GROSS

UNLOVEABLE

DISGUSTING

WORTHLESS

BURDEN

Understanding Protective Responses to Trauma

“The child trapped in an abusive environment must find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation what is terrifyingly unpredictable, power in a situation of helplessness.”

“The pathological environment of childhood abuse forces the development of extraordinary capacities, both creative and destructive.”

(J. Herman, 1992)

Symptoms are developed as a way to manage emotions, experiences of one's body, thoughts and beliefs that seem unmanageable.



Symptoms as Adaptive

- Trauma-Based Theory identifies symptoms as distorted survival strategies to overwhelming stressors.
- What can't be expressed naturally, gets acted out indirectly.
- Frequently with sexual abuse the body, sexuality, and gender become the enemy.
- As long as the victim believes that she is deserving of the abuse because she is “**bad**” she can avoid acknowledging that she was helpless.

(Schwartz & Gay, 1996)

Symptoms as Adaptive Responses

- Distraction
- Sedations
- Numbing
- Cry for help
- Comfort
- Expression or discharge of anger
- Effort to control...proves “I am bad” instead of blaming abuser
- Feel a sense of power
- Release of tension
- Avoidance of intimacy and sexuality
- Cleanse or purify

Symptoms as Adaptive Responses

- Rebellion
- Identity and self-esteem
- Maintain comfortable feeling of helplessness, sick role
- Provide predictability and structure in a chaotic or unpredictable world
- Attempt to disappear
- Reenactment of abuse
- Self or body punishment
- Keep people at a distance, aid isolation
- Dissociate from intrusive thoughts, feelings, or memories

Research Findings

Ackard & Brewerton (2010) and Brewerton (2007)

- Child Sexual Abuse is a *nonspecific* risk factor for ED
- Trauma is **more frequent** in **bulimic** ED
- **Multiple** episodes or forms of trauma are associated with ED
- **PTSD** rather than prior abuse best predicts the development of **Bulimia Nervosa**
- Trauma is **not** necessarily linked to greater ED severity

Research Findings

Ackard & Brewerton (2010) and Brewerton (2007)

- ***Trauma*** is associated with greater co-morbidity
- Multiple types of ***compensatory behaviors*** are associated with history of ***trauma and PTSD***
- The ***trauma and PTSD symptoms*** must be adequately addressed/resolved in order to facilitate full recovery from the ED and all associated co-morbidity

Understanding Eating Disorders and Prioritizing Treatment

- Each patient's ED is the product of a constellation of etiological and maintaining factors
 - Genetic
 - Biology
 - Development Stage
 - Experience
- Effective treatment starts with assessment and comprehensive case formulation
 - What are the treatment priorities?
 - Prioritizing attention to maintaining factors
 - What can we do in the moment that has the biggest impact on the ED?

Prioritizing Treatment Goals

- **Normalization of Eating:** Addressed first before the trauma due to its impact on regular brain functioning, which is necessary for psychotherapy and medications to be effective.
- **Degree of dangerousness & severity** of symptoms determines the emphasis of treatment.
- Incorporate **therapeutic interventions** that address the common underlying factors found in trauma-related disorders:
 - **Affect dysregulation**
 - **Cognitive schemas involving self-esteem, control, guilt and shame**

(Ackard & Brewerton, 2010)

Before Trauma Work Begins...

- Safety assessment
- Basic core skills such as mindfulness, distress tolerance, and emotion management
- Symptom management (Eating Disorder, Self-Injury, Substance Abuse)
- Successful and consistent weight gain/re-feeding
- CONSENT – “Conscious Participation”

Evidence-Based Best Practices for Treating Trauma in ED Populations

“When so much of the ED is about avoiding the needs of the body, the best practices for treating dually diagnosed patients must both address the avoidance components as well as facilitate corrective changes in thought patterns”

(Brooks & Franklin, 2013)

- CPT (Cognitive Processing Therapy)
- DBT (Dialectical Behavioral Therapy)
- Psychoeducation
- Psychopharmacology

Cognitive Processing Therapy (CPT)

- Combines cognitive restructuring and exposure
- Goal is to help the client review and revise the **schemas** and **beliefs** about themselves which have developed as a consequence of trauma and which contribute to the development and maintenance of symptoms
- Core treatment components
 - Psychoeducation
 - Identifying the meaning of the trauma (impact of the trauma)
 - Cognitive restructuring
 - Prolonged exposure and response prevention
 - Relapse prevention

Why CPT?

- Facilitates corrective changes in thought patterns
- Patients are required to remember, speak about, write, and express feelings about their trauma.
- CPT intervenes to stop avoidance and focuses heavily on restructuring negative cognitions.
- Highly flexible – implemented in individual, group, or combined

Why CPT?

- Carried out w/ or w/o review of traumatic accounts
- Used effectively across all levels of care
(Chard, 2010)
- CPT in a residential setting is validated by a **50% decrease** in symptom severity
(Resick et.al., 2011)
- When combined with psychopharmacology, may be the most effective strategy for healing the effects of trauma and abuse
(Ackard & Brewerton, 2010; Chard, 2010)

Identifying the meaning of the traumatic event

- Impact Statement: focused **not** on the details of the event but on clients' thoughts about *why* the event occurred and *how* it has affected aspects of their lives and beliefs about themselves, others and the world.
- Client reads the impact statement and the therapist helps explore meaning and identify “**stuck points**”, which interfere with assimilation of trauma. These may be extreme or over-generalized beliefs.

Impact of trauma may be dependent on...

- The developmental level at which the trauma occurred
- The relationship between the victim and the abuser
- The duration of the traumatic experiences
- The availability of social supports

Impact Statement Assignment

- Unhealthy boundary development and difficulty in relationships
- Self-talk becomes identity
- Distorted core beliefs
- Development of symptoms

Explore Trauma Themes

- **Safety**
- **Trust**
- **Power and Control**
- **Self Esteem**
- **Intimacy**

Symptom Use

Increase in ED and other harmful coping skills may increase when trauma work is initiated.

- Lack of emotional awareness and emotional tolerance.
- Symptoms were used as “protectors”, support should not devalue the survival mechanism; but encourage compassionate understanding and new skill development
- A higher level of care may be necessary

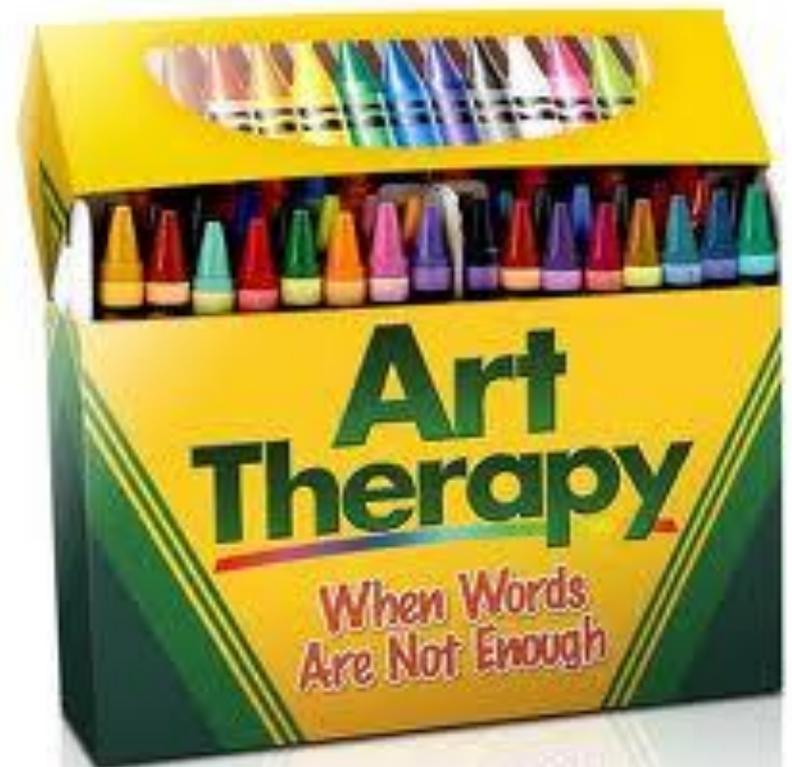
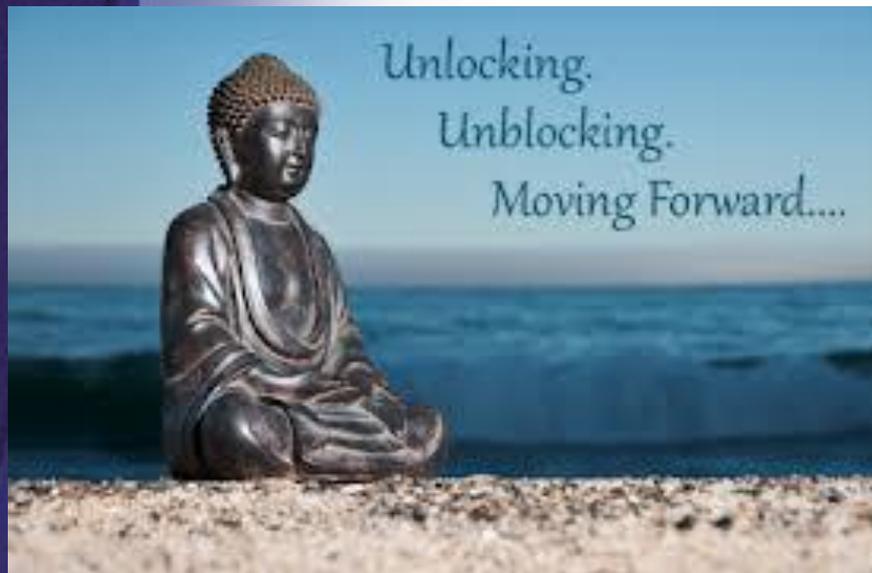
Therapeutic Relationship

In order for disclosure to take place, the therapeutic relationship must be safe and feel safe.

Trauma to the developing nervous system is one of the major origins of psychopathology. The formation of an authentic and healthy relationship - necessary for healing - allows the opportunity for building a bridge to the internal world of the client.

(Ressler, 2013)

Don't Forget!



Key Points to Take Away

- **Understanding the impact of the trauma is important to healing and providing support**
- **Explore the core beliefs developed**
- **Separate self-talk from identity**
- **Have compassion! Recognize eating disorder behaviors as a means of managing emotions and protecting oneself**
- **Build a trusting treatment team of experts**

Contact Information

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The Renfrew Center has 16 locations across the country. For questions or to schedule an assessment call 1-800-RENFREW.

