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

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• 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)
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)
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
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
"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

Cognitive Dysregulation

Impulsiveness

Labile moods & emotions

Interpersonal Chaos

Behaviors to Increase:

Skills Building

Core Mindfulness

Distress Tolerance

Emotion Regulation

Interpersonal Effectiveness
Dialectical Behavior Therapy continued

• Mindfulness
  – Observe -- Non-Judgmentally
  – Describe -- One Mindfully
  – Participate -- Effectively

• Distress Tolerance
  – Accepting that we cannot change, fix, manipulate, avoid, or get rid of our present, so how do we cope with it
• 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)
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

Lynch et al. (2013)
<table>
<thead>
<tr>
<th>Target Behavior: Restriction</th>
<th>PROS</th>
<th>CONS</th>
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| **Short-Term**              | - 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 | - 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**               | - I lose weight  
- I won’t get fat  
- I will be pretty  
- I stay in control | - 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.
Stop the digging...

• Cognitive diffusion:
  – Distance yourself from your fears

• Context matters:
  – the behavior came from somewhere
  – 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

Psychological Flexibility

Be Present

Open Up

Do What Matters

Able to engage fully in here & now experience, to be aware of thoughts & feelings, to take perspective on self and self-story, to empathize

Able to separate, unhook, detach from thoughts & feelings, to open up/make room for painful thoughts & feelings, allow them to freely flow

Able to be clear about & connected with values, to take and sustain values-guided action, to set goals with sufficient skills to achieve goals
If control and avoidance doesn’t work?

How about...

Willingness and Acceptance
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
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)
Overcoming your fear of heights...
Step 1 - FACING YOUR FEAR HEAD ON!

DO YOU THINK I SHOULD HAVE STARTED WITH SOMETHING SMALLER LIKE GOING UP LADDER ONE RUNG AT A TIME?
Negative Reinforcement Cycle

Condition Patterns form and continue biological stress response, keeping you anxious.

Something bad is going to happen

I must be careful

Stress hormones enter body

Stress hormones over sensitise the amygdala
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)
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)
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

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*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.


