It’s Not Just About the Food
Understanding Eating Disorders & Emotions

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Agenda

- Eating Disorder Complexity
- Eating Disorders as Emotional Disorder
- Evidence-Based Treatment: Unified Protocol
- Behavior Change through Exposure
Eating Disorders are not just about food and weight
What is complexity?
Variables to consider

- Psychological
- Medical/Nutritional
- Psychosocial stressors
Changing face of Eating Disorders

- **Diversity**
  - Age group
  - Ethnicity
  - Socio-economic status
  - LGBTQ
  - Size

- **Co–occurring conditions**
  - Substance Abuse
  - Anxiety Disorders
  - Mood Disorders
Co-morbidity is the norm
### Complex Eating Disordered Patient

<table>
<thead>
<tr>
<th></th>
<th>Anorexia Nervosa %</th>
<th>Bulimia Nervosa</th>
<th>Binge Eating Disorder</th>
<th>Sub-Threshold Binge Eating Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any (≥ 3)</td>
<td>56.2 (33.8)</td>
<td>94.5 (64.4)</td>
<td>78.9 (48.9)</td>
<td>63.6 (30.7)</td>
</tr>
<tr>
<td>Any Anxiety</td>
<td>47.9</td>
<td>80.6</td>
<td>65.1</td>
<td>40.4</td>
</tr>
<tr>
<td>Any Mood</td>
<td>42.1</td>
<td>70.7</td>
<td>46.4</td>
<td>28.2</td>
</tr>
<tr>
<td>Impulse Control</td>
<td>30.8</td>
<td>63.8</td>
<td>43.3</td>
<td>22.3</td>
</tr>
<tr>
<td>Substance Use</td>
<td>27.0</td>
<td>36.8</td>
<td>23.3</td>
<td>35.5</td>
</tr>
</tbody>
</table>

The most effective treatment focuses on what is maintaining an Eating Disorder, rather than what caused it to develop.
Effects of Starvation or Altered Nutrition
Cognitive rigidity/ pro-eating disorder beliefs
Isolation
Relational response to ED behavior
Temperament—harm avoidant, perfectionistic, neuroticism (anxiety about anxiety)
Experiential Avoidance (limited behavioral repertoire)
Emotional Intolerance of negative affect
“Disordered” Emotions

- Problem of emotional regulation.
- Aversive reactions to emotional experiences.
  - Leads to efforts to control, avoid, and/or suppress emotions (Situational avoidance, cognitive avoidance, subtle behavioral avoidance).
  - Negative reinforcement—increased use of overlearned maladaptive regulatory behaviors.
Eating Disorders as Emotional Disorders

- Eating disorder pathology—“behavioral attempts to influence, change, or control painful emotional states”

- Self report studies suggest—
  - Worsening mood prior to a binge/purge episode & sharply improved mood following the event (Smyth et al., 2007)

- ED behaviors function to regulate affect – provide momentary relief from aversive emotions
Eating Disorders & Substance Abuse as “Emotional Disorders”

- Symptoms = “behavioral attempts to influence, change, or control painful emotional states”
  - Restrict
  - Binge
  - Purge
  - Drink alcohol
  - Use Drugs
  - Self-Harm

- ED & SA behaviors function to regulate affect:
  - provide momentary short-term relief from aversive emotions, but have much more problematic impact in the long-term
Solution to the Problem

Unify proven treatment principles to treat the same shared underlying problems that drive different emotional disorders.
UP distills and incorporates key principles of evidence-based Cognitive–Behavioral Therapy (CBT) treatments and emotion science.

Designed to address the core, underlying mechanisms of common emotional disorders.

Offered as an alternative to the myriad of treatment approaches and manuals for specific disorders.

David Barlow
PhD, ABPP
Transdiagnostic Approach

- Categorizes disorders based on common **underlying mechanism or core disturbance**
- Treatment targets core mechanism, not specific disorders
- Provides a **unifying case conceptualization** to the treatment of complex clients
- Working with one set of therapeutic principles is comprehensive and effective
- Able to address co-morbidity as well as sub-threshold symptoms
- **Easier for patients to understand**
Diverse Symptoms Function Similarly

Unpleasant Internal Experience

Emotional Avoidance and Unwillingness

Avoidant, Symptomatic Behavior

Temporary Relief from Unpleasant Internal Experience

Long Term Consequences
Avoidance

If you are not willing to have it...

You will!!
The Avoidance Problem

- Emotions themselves are not unsafe, dangerous or threatening

- Attempts to avoid uncomfortable and painful emotional experiences drives unsafe, threatening and dangerous behavior (symptom use).
Individuals with emotional disorders

- experience negative affect more intensely and frequently;
- view emotional experiences as unwanted and intolerable and
- use maladaptive emotion regulation strategies (attempts to avoid or dampen the intensity of uncomfortable emotion)

Maladaptive strategies ultimately backfire & contribute to the maintenance of symptoms (i.e., ED symptoms, substance abuse, self harm, etc.) and interpersonal disconnection
How does the UP create preparedness?

How Do I Get Myself To Do What I Know I Need To Do?
Core Components of Treatment

- Mindfulness
- Understand the Function of Emotions
- Emotional Awareness and Acceptance
- Flexibility with Thoughts (cognitions)
- Changing Behavior
Allows space for the emotion to begin to arise, free of immediate avoidance, resistance, or impulsive behavioral reaction

Reducing the urgency to act from emotion so that one can selectively control behavior (a capacity to NOT act)
What Mindfulness is Not:

- Relaxation
- Distraction
- Suppression
- Avoidance
- Rumination
Function of Emotion

**ALL Emotions have a function**

- Emotions are good and adaptive
- Even bad emotions aren’t always bad
- Emotions are your body’s way of saying “hey, something’s going on here”

**Negative reactions to emotions and avoidance of emotions maintains your symptoms**

- Symptoms are ways of avoiding emotions
- Avoiding emotions in the short-term produces problems in the long-term
- Behaviors become “emotionally driven”
Primary and Secondary Emotional Response

**Primary emotional response**
- “first” emotional reactions to a situation or memory
- often functional
- directly related to the cues in the situation or memory

**Secondary emotional response**
- “emotions about emotions”
- tend to be judgmental
- not based upon information from the present moment
- often result in disordered emotions
3-Point Check

Physical Sensations
What I’m feeling and experiencing right now

Behaviors/Urges
What I’m actually doing in this moment

Thoughts
What I’m thinking of right now
Example: 3-Point Check

**PHYSICAL SENSATIONS**
- Shaking
- Pounding heart
- Heavy stomach

**BEHAVIORS**
- Stop!
- Escape
- Hide

**THOUGHTS**
- I’m going to panic!
- I’m going to panic!
- I’m going to panic!
Flexibility with Thoughts

- Cognitions that interfere with experiencing or regulating emotion
  - “I can’t stand this feeling”
  - “This feeling will just get worse and worse”
  - “There must be something wrong with me if I feel like this”

- Cognitive appraisal and re-appraisal
  - Thoughts are automatic and subjective
  - Thoughts and emotions interact
  - You can be flexible in how you evaluate and respond to thoughts
Cognitive appraisal & Re-appraisal

Not the Goal:

- Suppress thoughts
- Control thoughts
- Challenge thoughts

(Hilbert & Tuschen-Caffier, 2004; Leung et al., 1999; Mizes et al., 2000; Rosen, 1996; Waller et al., 2000)
Emotion Avoidance
Avoidance is any cognitive or behavioral strategy aimed at preventing (partial or full) emotional experience or arousal. Can be outside of awareness.

Typically occur *prior* to onset or full expression of emotion.

Types of Emotion Avoidance Strategies
- Behavioral Avoidance (overt and subtle)
- Cognitive Avoidance
- Safety Signals
Examples of Behavioral Avoidance Strategies

- Overt avoidance of feared situations (e.g., certain foods, mirrors, fitted clothing)
- Over-use of prescribed “as needed” benzodiazepines to dampen down the anxiety associated with feared situations
- Drinking alcohol to reduce inhibitions/reduce social anxiety
- Procrastination of emotionally salient tasks
Emotion Driven Behaviors (EDBs)

- Emotions are associated with *action tendencies*
- EDB = action tendency driven by the emotional experience itself
  - maintain the emotional response and/or
  - reinforce less adaptive behaviors and future emotional responses

**Example:** Anxiety triggered by perceived threat (e.g., weight gain) *drives behavior* (e.g., restricting, purging)
Changing Behavior: Exposure

- Experience physical sensations of emotion without avoidance
  *Interoceptive exposure*
- Changing automatic patterns of avoidance
  *Naturalistic exposure*
- Designing situations to experience strong emotional reactions without avoidance
  *Graduated exposure therapy*
Exposures

Courage is not the absence of fear, but the triumph over it.

~ Nelson Mandela
Natural Course of Emotion

Diagram showing the natural course of emotions with a peak at avoidance.
Natural Course of Emotion OVER TIME, with repeated practice

emotions

time
Outcomes

New Learning

- Increased tolerance of uncomfortable physical sensations
- Increased tolerance of emotional experiences themselves
- Disconfirm negative expectations of not being able to cope

New cognitions

- Positive anticipation

Shifts in “bigger picture” thinking about about self and emotion
Unifying Principle of Treatment

Emotional Intolerance, Avoidance, Symptoms

Emotional Acceptance, Regulation, Flexibility
Teach Patients to be their own "emotional expert"

In order to create SUSTAINABLE changes
The goal of treatment is not to help patients feel better, but rather to help them Get Better at Feeling.
The Renfrew Center has 16 locations across the country.

For questions or to schedule an assessment call 1–800–RENFREW

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