

# 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

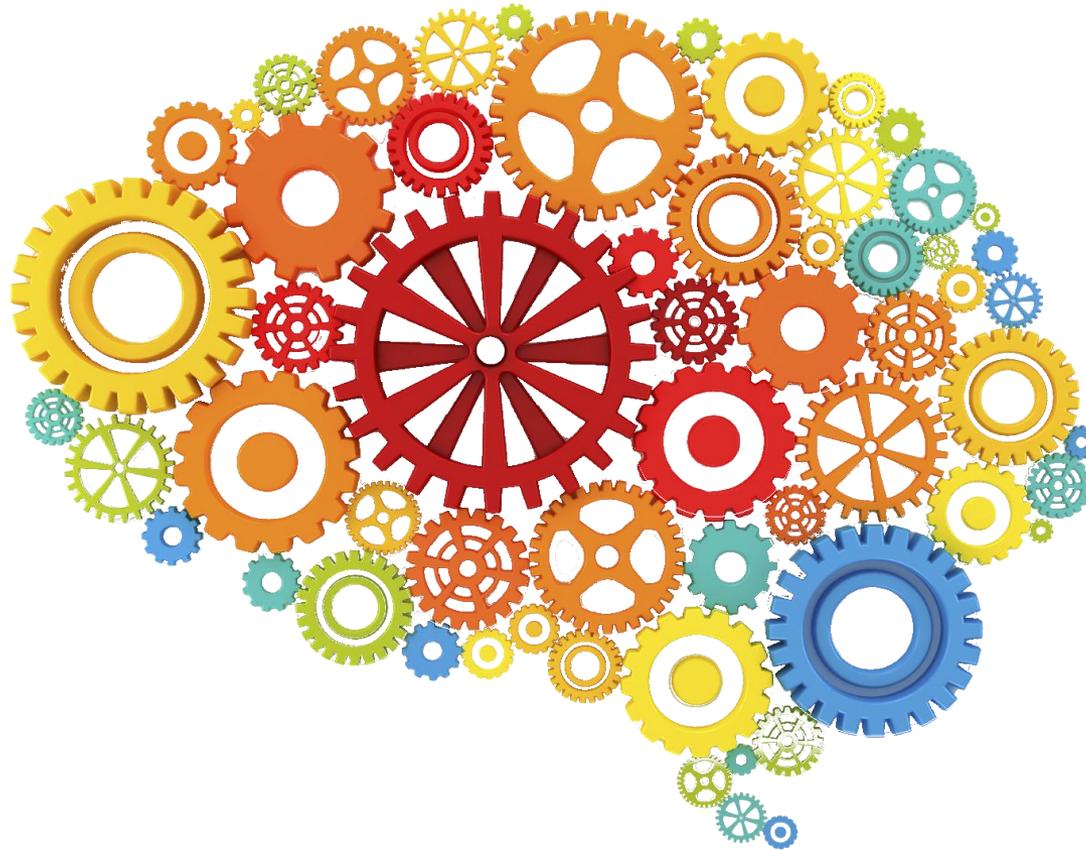


Behavior Change through  
Exposure



**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

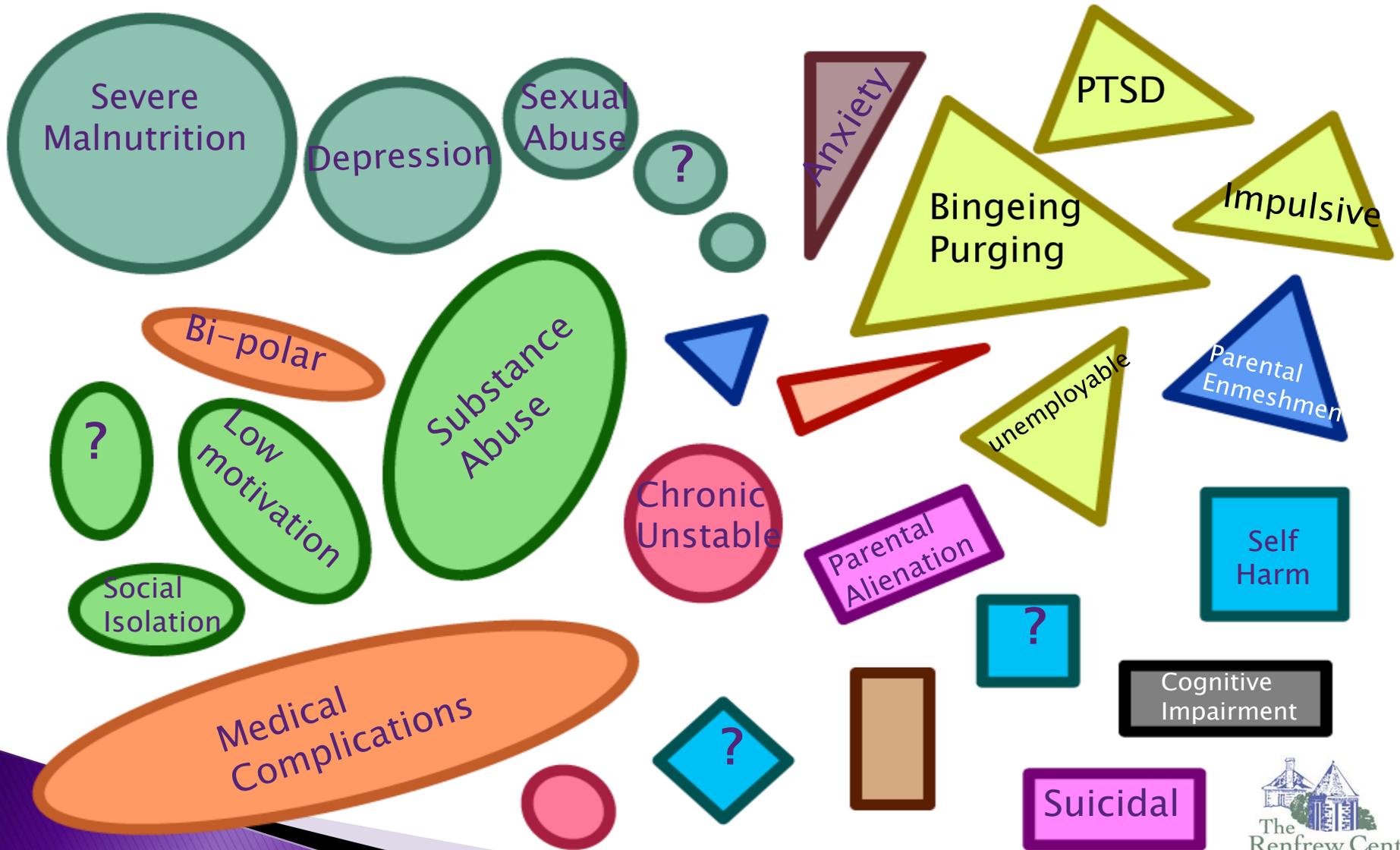
- Age group
- Ethnicity
- Socio-economic status
- LGBTQ
- Size

## ▶ Co-occurring conditions

- Substance Abuse
- Anxiety Disorders
- Mood Disorders



# Co-morbidity is the norm



# Complex Eating Disordered Patient

	Anorexia Nervosa %	Bulimia Nervosa	Binge Eating Disorder	Sub-Threshold Binge Eating Disorder
Any ( $\geq 3$ )	56.2 (33.8)	94.5 (64.4)	78.9 (48.9)	63.6 (30.7)
Any Anxiety	47.9	80.6	65.1	40.4
Any Mood	42.1	70.7	46.4	28.2
Impulse Control	30.8	63.8	43.3	22.3
Substance Use	27.0	36.8	23.3	35.5

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

The most effective treatment focuses on what is maintaining an Eating Disorder, rather than what caused it to develop.



# Maintaining Factors of Eating Disorders

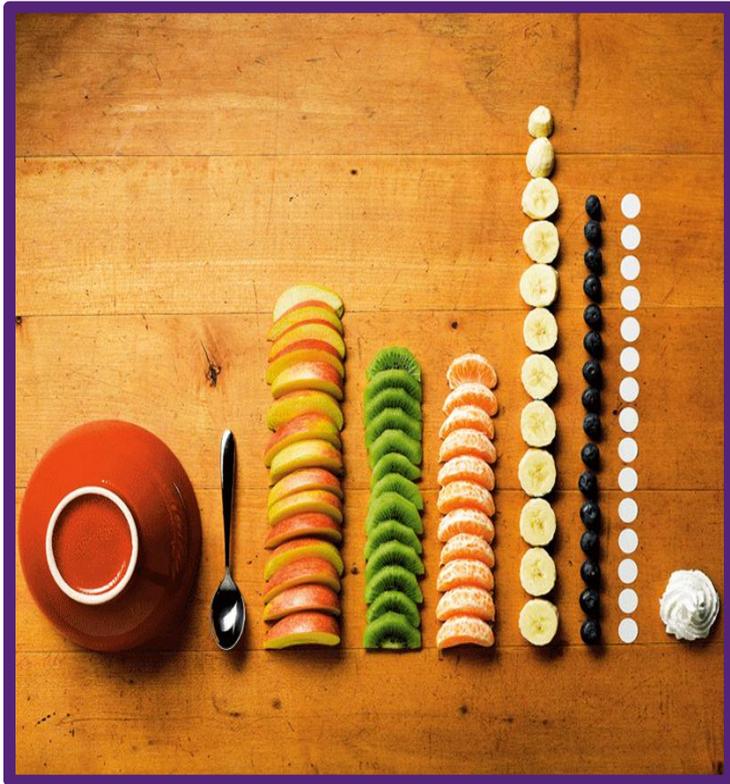
- ▶ Effects of Starvation or Altered Nutrition
- ▶ Cognitive rigidity/ pro-eating disorder beliefs
- ▶ Isolation
- ▶ Relational response to ED behavior
- ▶ Temperament—harm avoidant, perfectionistic, **neuroticism (anxiety about anxiety)**
- ▶ **Experiential Avoidance (limited behavioral repertoire)**
- ▶ **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

✓ Drink alcohol

✓ Binge

✓ Use Drugs

✓ Purge

✓ 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.



# The Unified Protocol (U.P.)

**BOSTON  
UNIVERSITY**

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).



# Main premise of Treatment

## 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?



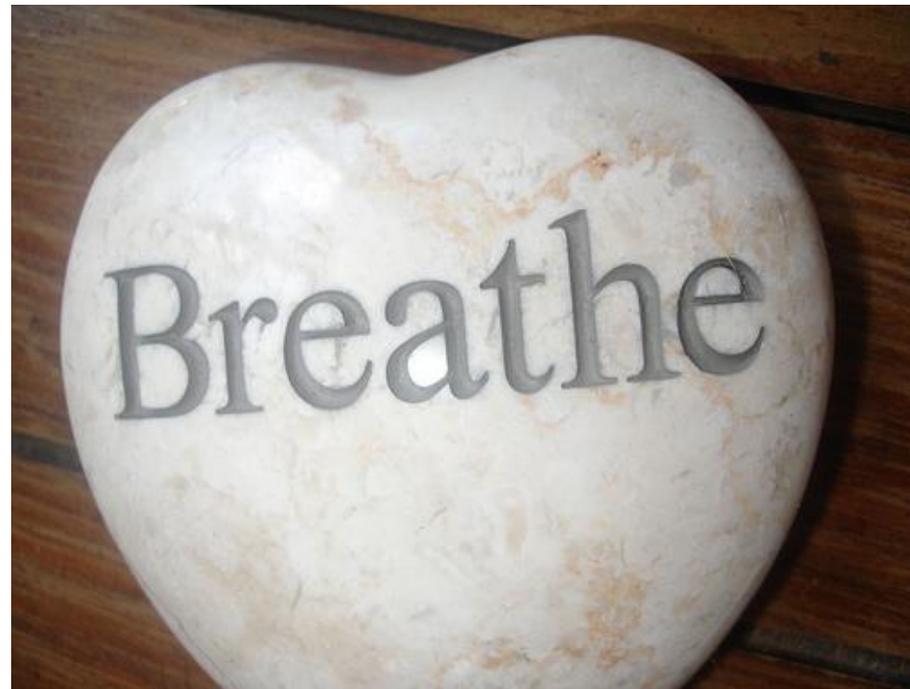
How Do I Get Myself  
To Do What I Know  
I Need To Do?



# Core Components of Treatment

- ▶ Mindfulness
- ▶ Understand the Function of Emotions
- ▶ Emotional Awareness and Acceptance
- ▶ Flexibility with Thoughts (cognitions)
- ▶ Changing Behavior

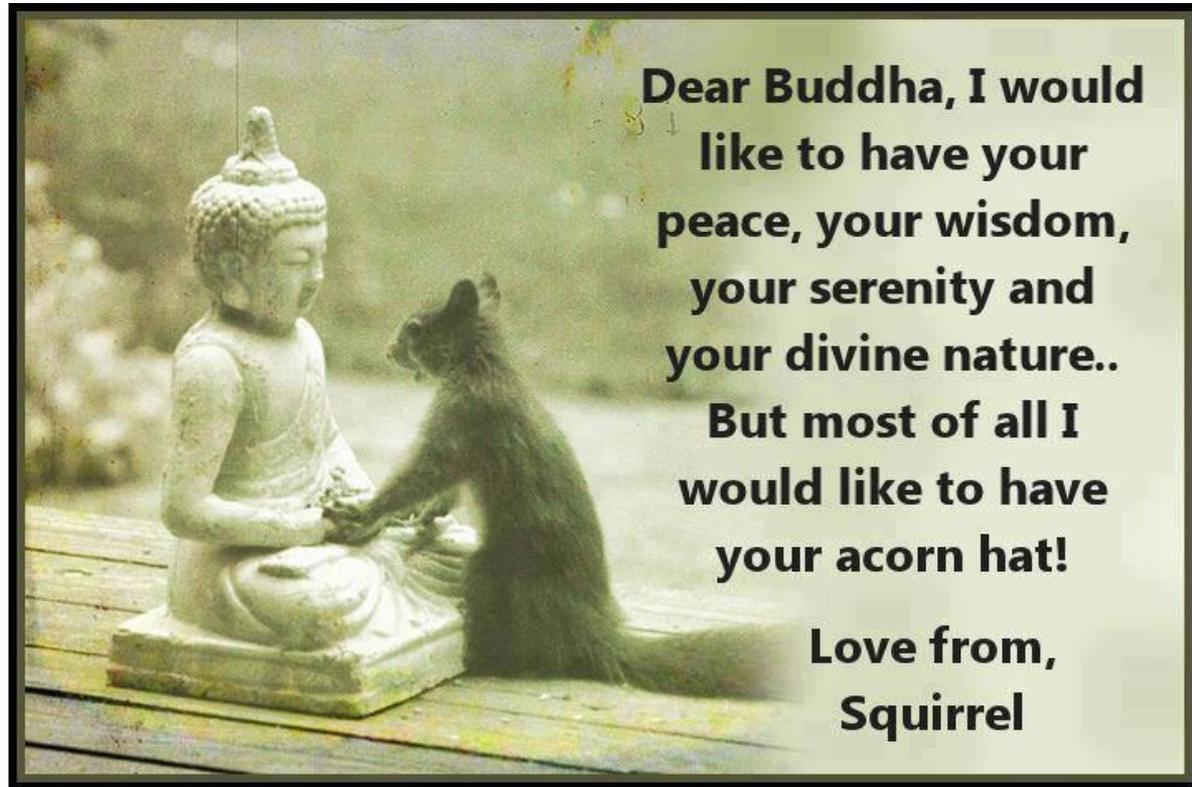
# Mindfulness



- 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

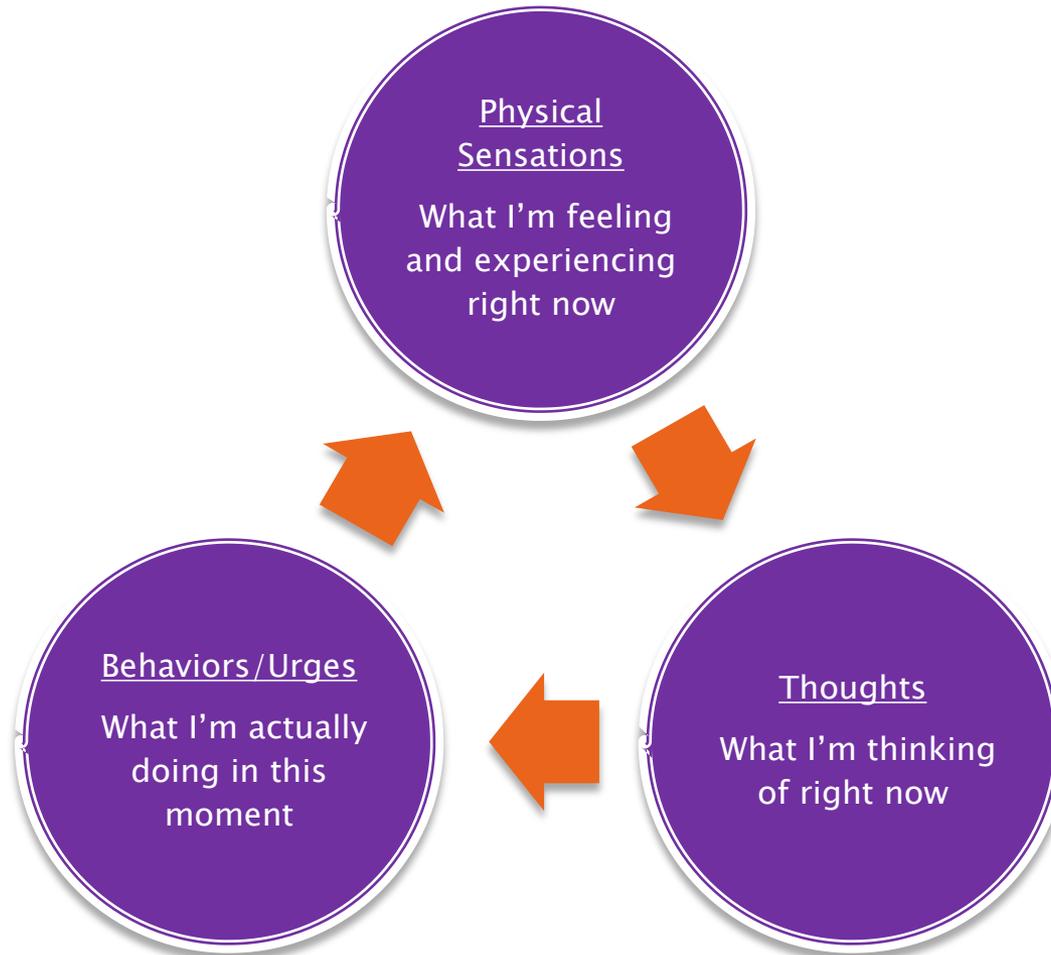
- “first” emotional reactions to a situation or memory
- often functional
- directly related to the cues in the situation or memory

## 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



# 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



# 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*

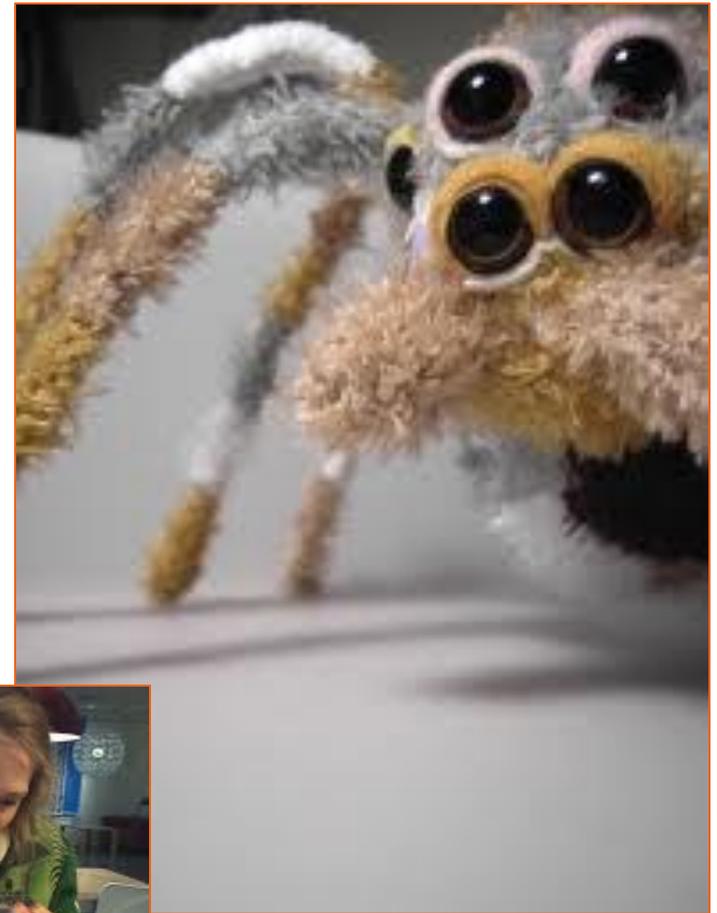
- ▶ Changing automatic patterns of avoidance

*Naturalistic exposure*

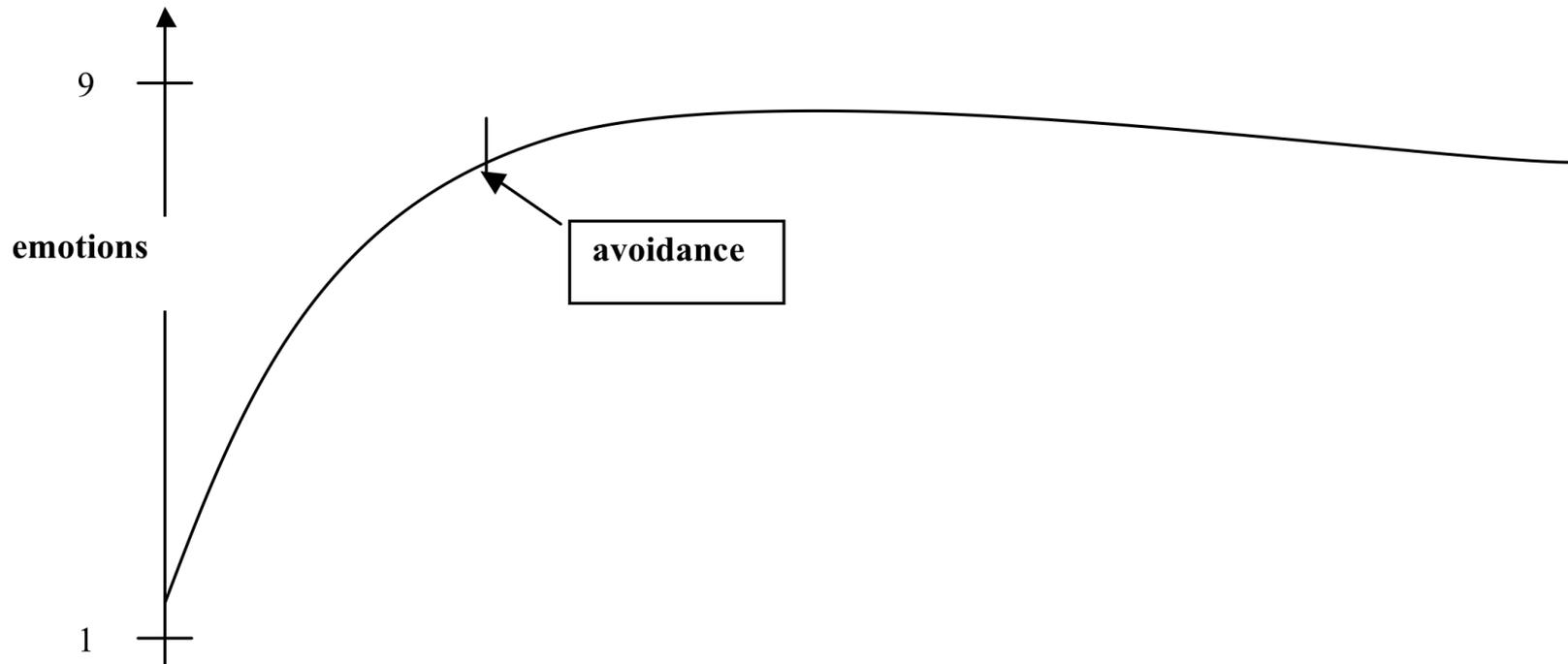
- ▶ Designing situations to experience strong emotional reactions without avoidance

*Graduated exposure therapy*

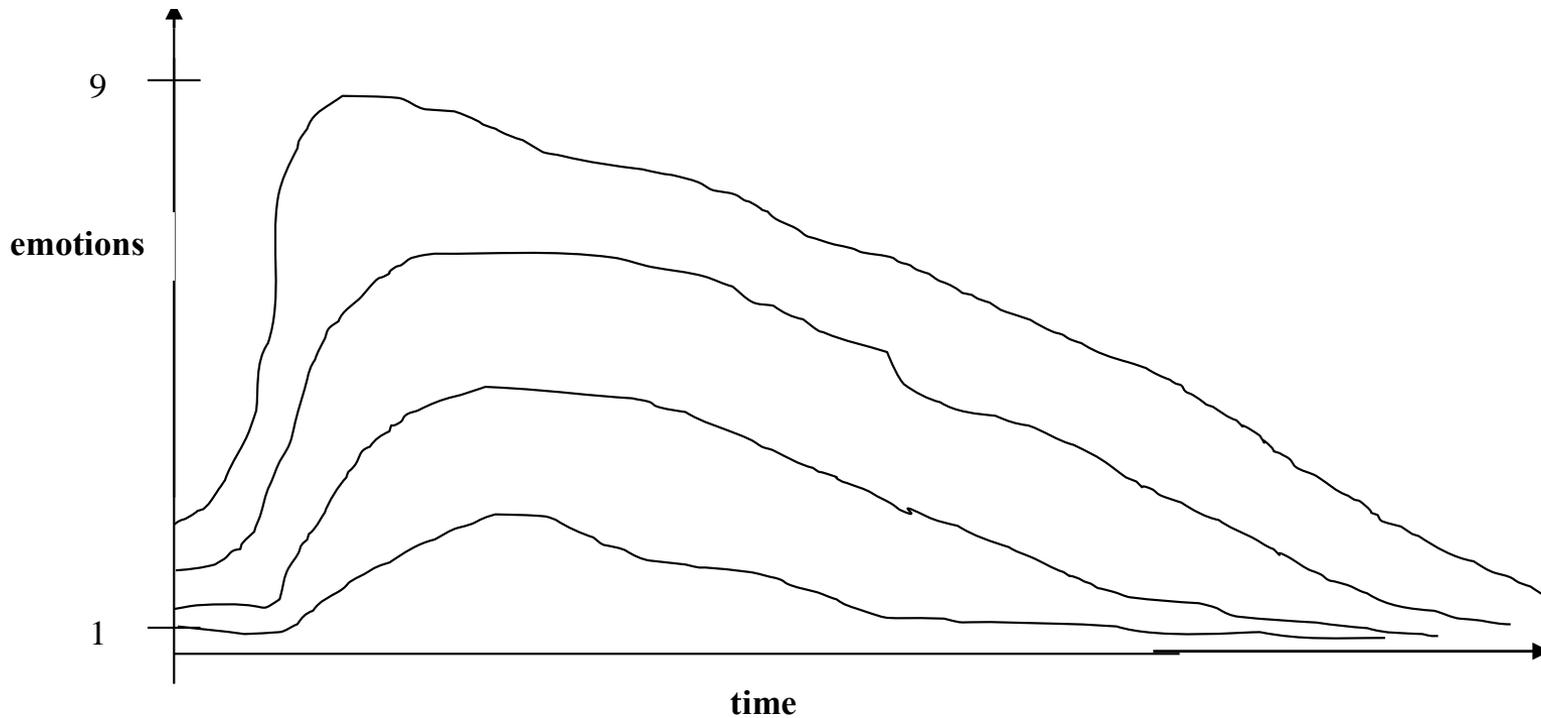
# Exposures



# Natural Course of Emotion



# Natural Course of Emotion OVER TIME, with repeated practice



# 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*



**TREATMENT**

*Emotional  
Acceptance, Regulation, Flexibility*

## Goal of Transdiagnostic Approach

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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