



Northern Virginia  
COUNSELING SERVICES

*coastal*  
COLLABORATIVE CARE

# Understanding Eating Disorders: Moving from Maladaptive to Adaptive Coping Skills

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# Agenda

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Neuroscience

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Maladaptive Coping Skills

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Eating Disorders as a Maladaptive Coping Skill

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When We Start Treating the Eating Disorder

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Caveat – It is Not “That Simple”

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Suicidal Ideation as a Maladaptive Coping Skill

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Substance Abuse as a Maladaptive Coping Skill

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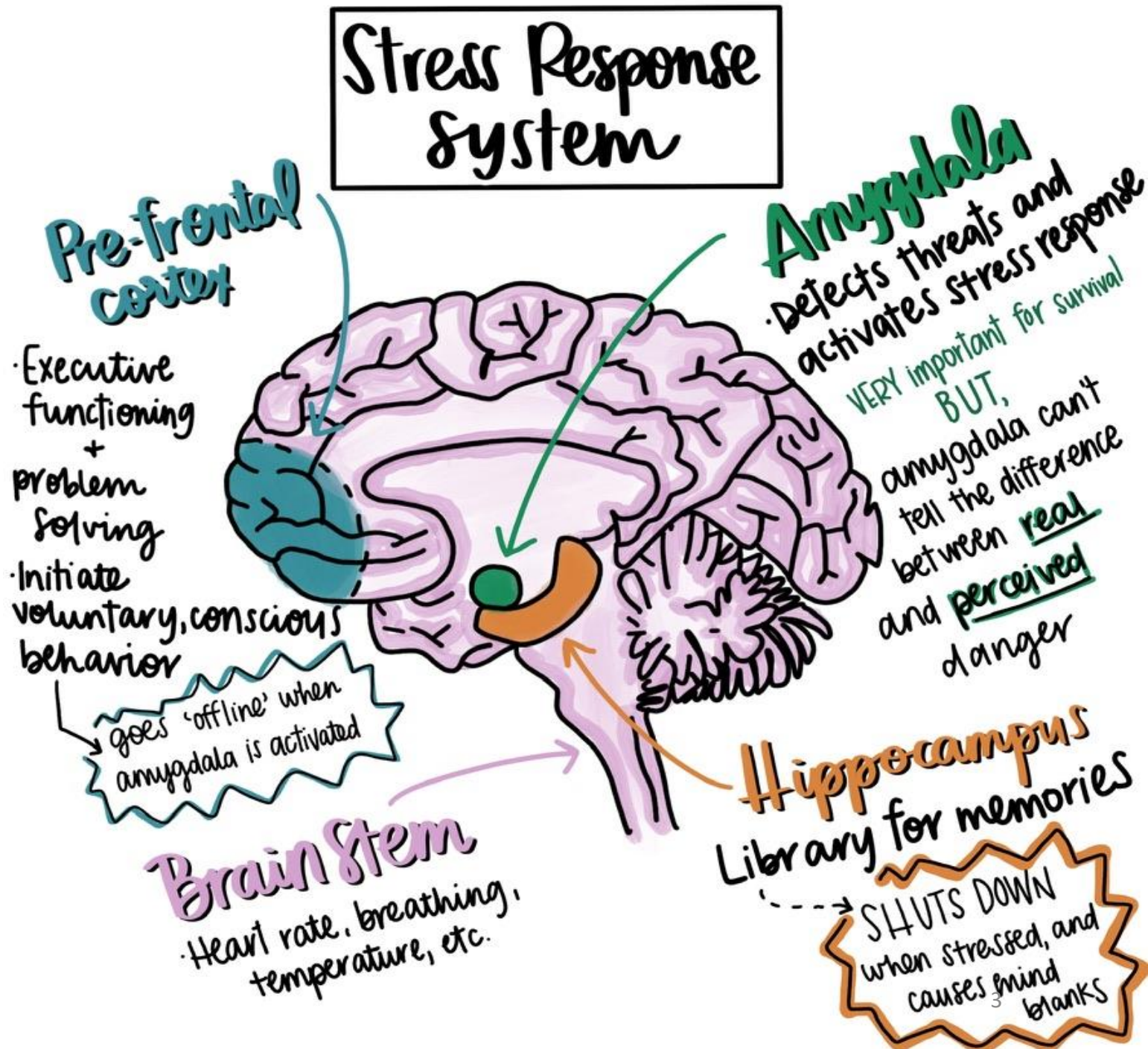
Neuroplasticity

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Adaptative Coping Skills Instead

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# Neuroscience



# Maladaptive Coping Skill

**Coping Skill:** Behaviors and/or thoughts that help us deal with, tolerate, and/or decrease distress

**Maladaptive:** not providing adequate or appropriate adjustment to the environment or situation (*Definition from Oxford Languages*)

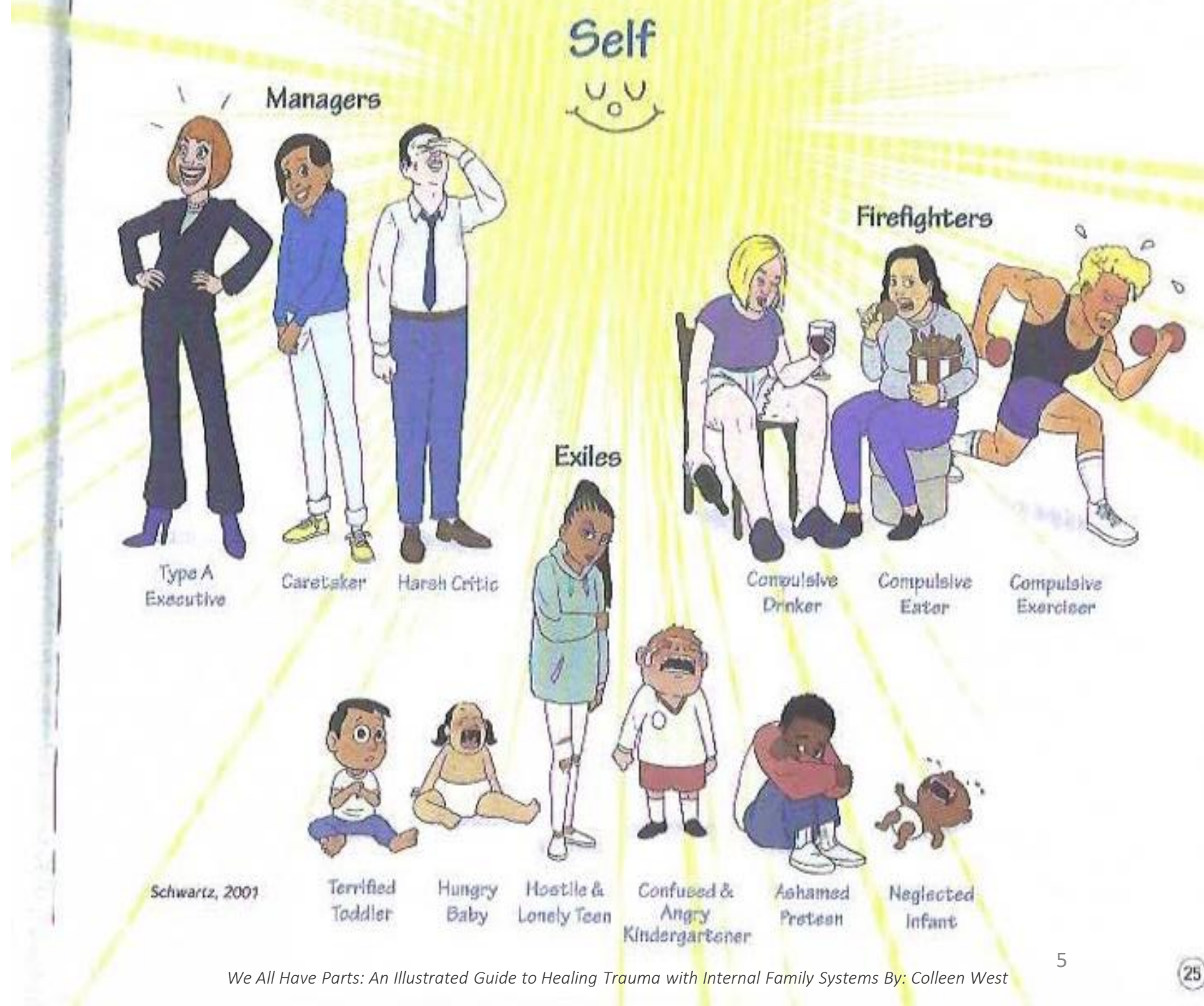
## **Maladaptive Coping Skill:**

A behavior and/or thought that we utilize to help us deal with, tolerate, and/or decrease distress, that doesn't adequately and/or appropriately fulfill its purpose, and instead adds additional pain and suffering in another way.

# Maladaptive Coping Skill

## Trauma-Informed Lens:

- The maladaptive coping skills that people utilize are survival skills.
- In Internal Family System Therapy (Parts Therapy) they are seen as “protector parts.”



# Eating Disorders as Maladaptive Coping Skill





When We  
Start Treating  
the Eating  
Disorder...

Caveat – It is Not  
“That Simple”

# Window of Tolerance

## HYPERTAROUSAL

abnormal state of increased responsiveness  
may want to fight or run away

## dysregulation

start to move outside window of tolerance  
Not comfortable, but not out of control

## REGULATION

Where you are at a balanced, calm state of mind  
Able to function most effectively, able to manage stressors



Stress and Trauma  
SHRINK window  
of tolerance

## dysregulation

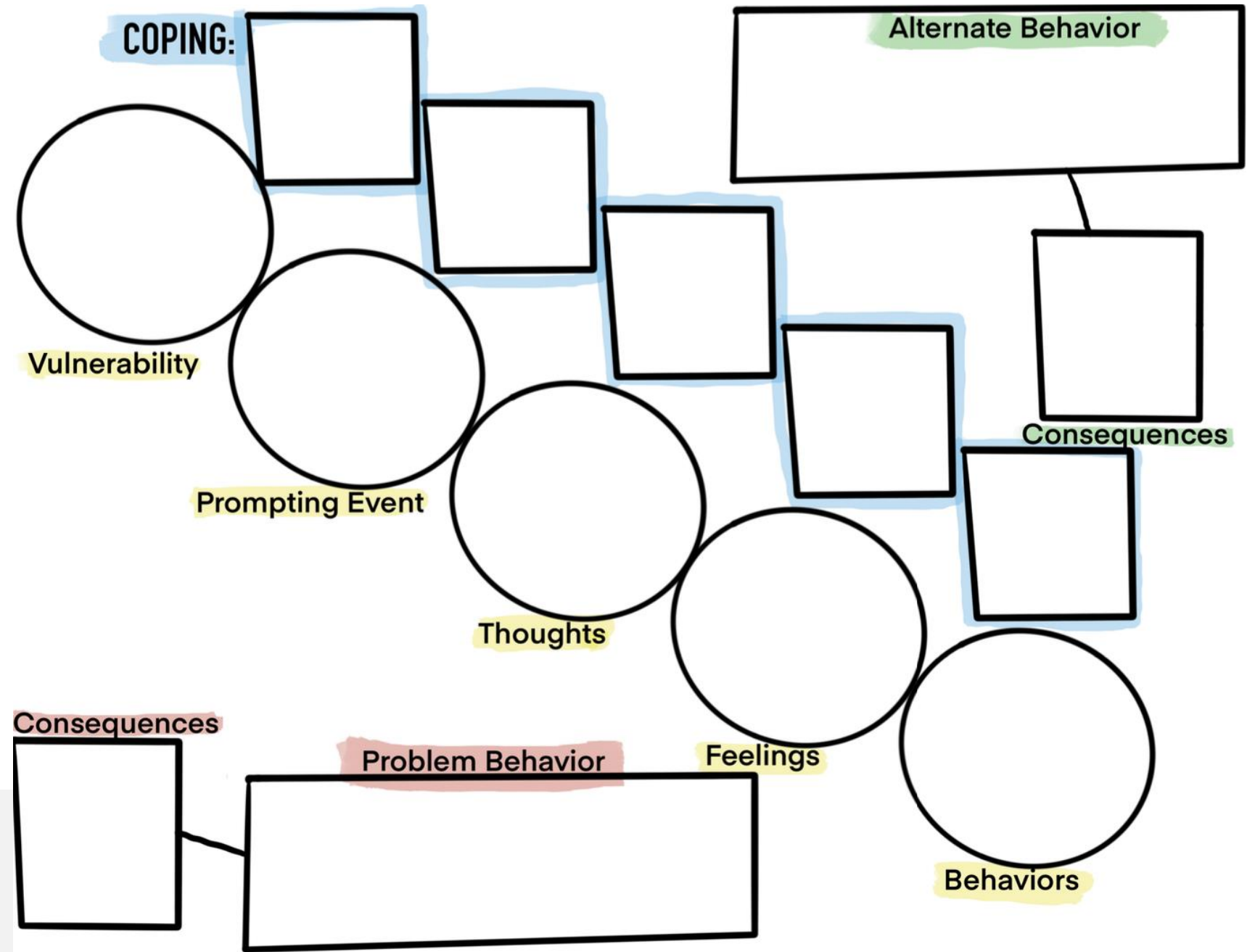
Start to feel overwhelmed, might lose track of time  
Not comfortable, but not out of control

## HYPOAROUSAL

Abnormal state of decreased responsiveness  
may experience body shutting down / freeze



# Suicidal Ideation as a Maladaptive Coping Skill



# Substance Abuse as a Maladaptive Coping Skill

- What are Substance Use Disorders?
- Eating Disorders, Substance Disorders, and the Brain
  - Reward System – Dopamine and Serotonin
  - The Nucleus Accumbens and Glucose
- Prevalence of Comorbidity
  - Risk Factors
    - Genetics & Family History
    - Trauma
    - Other Co-occurring Disorders



# Neuroplasticity

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- What is Neuroplasticity?
- Automatic Behavior – Initial Thought Patterns
- Creating New Neuropathways
  - Increasing Self-Awareness
  - Inventory
  - Replace
  - Redirect
- Remembering that change takes time when rewiring automatic thoughts and behaviors
- Maladaptive Coping Vs. Sustainable (Adaptive) Coping



**Progress  
not  
Perfection**

# Adaptive Coping Skills Instead

## Examples Include

- Riding the Urge/Wave
- Cognitive Behavioral Therapy Techniques
- Bilateral Stimulation

## Riding the Urge/Wave

- Labeling addictive/ED thoughts Through Somatic Experience
  - When there is an intrusive thought, label it out loud.
  - This connects Echoic Memory and Iconic Memory developing new neuropathways in developing behavior change.
- “Playing The Tape”
  - This is a CBT Intervention where a client will practice linking thoughts to future and past events.
  - This intervention addresses cognitive distortions and increases agency in emotional regulation.

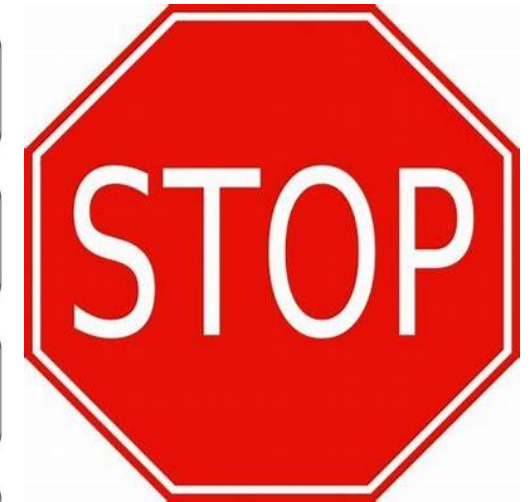
# Cognitive Behavioral Therapy Techniques

- Recognize the negative thought - Reframe the negative thought:
  - What would you say to your best friend if they said this to you?
  - What is the objective evidence for and against this thought?
  - Is this thought helpful?
- Thought stopping:
  - Recognize you are ruminating – thought stop – move to a safe imagery/thought

Unhelpful Thinking Styles

<b>All or nothing thinking</b>  Sometimes called 'black and white thinking' <i>If I'm not perfect I have failed</i> <i>Either I do it right or not at all</i>	<b>Over-generalising</b> <i>'everything is always rubbish'</i> <i>'nothing good ever happens'</i> Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw
<b>Mental filter</b>  Only paying attention to certain types of evidence. <i>Noticing our failures but not seeing our successes</i>	<b>Disqualifying the positive</b>  Discounting the good things that have happened or that you have done for some reason or another <i>That doesn't count</i>
<b>Jumping to conclusions</b>  There are two key types of jumping to conclusions: • <b>Mind reading</b> (imagining we know what others are thinking) • <b>Fortune telling</b> (predicting the future) <i>2 + 2 = 5</i>	<b>Magnification (catastrophising) &amp; minimisation</b>  Blowing things out of proportion (catastrophising), or inappropriately shrinking something to make it seem less important
<b>Emotional reasoning</b>  Assuming that because we feel a certain way what we think must be true. <i>I feel embarrassed so I must be an idiot</i>	<b>should must</b> Using critical words like 'should', 'must' or 'ought' can make us feel guilty, or like we have already failed <i>If we apply 'should's' to other people the result is often frustration</i>
<b>Labelling</b>  Assigning labels to ourselves or other people <i>I'm a loser</i> <i>I'm completely useless</i> <i>They're such an idiot</i>	<b>Personalisation</b> <i>"this is my fault"</i> Blaming yourself or taking responsibility for something that wasn't completely your fault. Conversely, blaming other people for something that was your fault.

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# Bilateral Stimulation

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- Stimuli in a rhythmic left-right movement pattern
  - Visual, Auditory or Tactile
- ‘Bottom-up’ coping
  - Physiologically grounding, which helps calm the stress-response system and allows the full brain to be able to process information
- No habituation, so brain can’t ‘turn away’ from this stimulation
  - Can’t think of the problem at the same time
  - Start to feel relaxed





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# Thank You!

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