

# *Mental Health & Emotional Treatment of Eating Disorders*

*Cigna April 2019 Eating Disorder  
Awareness Series*

April 23, 2019

# Who We Are

## Gabrielle Katz, LCSW



Gabrielle (Gabby) Katz is the Program Director of Center for Discovery, Alexandria Outpatient. Gabby is a Licensed Clinical Social Worker (LCSW) in Virginia. Gabby graduated from the University of Pennsylvania (UPenn) Master of Social Work program. During her time at UPenn, Gabby worked as a clinical social worker in multiple settings, including an inpatient psychiatric hospital. She also volunteered as a sexual assault hotline counselor at Philadelphia's only rape crisis center. After graduating from UPenn, Gabby worked at an eating disorder inpatient and partial hospitalization program where she began as the Primary Therapist and concluded her tenure as the Program Manager.

Gabby utilizes an eclectic therapeutic model including CBT, MI, and DBT, but she believes the most important aspect of therapy is the therapeutic relationship. On top of Gabby's extensive eating disorder treatment experience and training, Gabby was the Board President of the American Foundation for Suicide Prevention, National Capital Area Chapter (AFSP NCAC) from 2014-2018. Through AFSP NCAC and LivingWorks, Gabby received her certification as a safeTALK trainer. Gabby has been providing suicide education and prevention trainings to communities in the DMV area since 2014.

## Rachael Scholl, MSW



Rachael Scholl received her Bachelor of Science in Psychology from the University of Mary Washington, and then continued on to receive her Master of Social Work in Clinical Practice from Virginia Commonwealth University. Rachael specializes in the treatment of eating disorders and trauma, and has additional experience working with a variety of mental health challenges, including depression, anxiety, grief, and loss. Rachael is interested in the connection between life experiences and eating behaviors, and is passionate about the inextricable link between mind and body – recognizing the importance of simultaneous healing.

Rachael is grounded in evidence-based practice, utilizing an integrated approach informed by cognitive behavioral therapy and dialectical behavioral therapy, while employing strengths-based and person-centered frameworks. Rachael views therapy as a collaborative process, that can assist in identifying and working through challenges, so that life can be lived in more balanced and fulfilling ways. She strives to create a safe space for individuals to freely express their authentic selves, while working together to set and progress toward therapeutic goals.

# Overview

- Review: What is an Eating Disorder
- Medical vs. Clinical
- Why Clients Feel Worse Initially
- Common Underlying Mental Health Concerns
- Treatment for Underlying Mental Health Concerns

# Review: What is an Eating Disorder

“Eating disorders are serious but treatable mental and physical illnesses that can affect people of every age, sex, gender, race, ethnicity, and socioeconomic group. National surveys estimate that 20 million women and 10 million men in America will have an eating disorder at some point in their lives.” - <https://www.nationaleatingdisorders.org/what-are-eating-disorders>

# Review: What is an Eating Disorder

## Diagnostic Statistical Manual-V

### Diagnosis Main Differentiations:

- Anorexia Nervosa (AN)
  - Significantly low weight is defined as a weight that is less than minimally normal, or for children and adolescents, less than that minimally expected.
  - Intense fear of gaining weight or of becoming fat...
  - Disturbance in the way in which one's body weight or shape is experienced...
- Bulimia Nervosa (BN)
  - Recurrent episodes of binge eating.
  - Recurrent inappropriate compensatory behaviors in order to prevent weight gain...
- Binge Eating Disorder (BED)
  - Recurrent episodes of binge eating.
  - Marked distress regarding binge eating is present.
  - Not associated with the recurrent use of inappropriate compensatory behavior...
- Avoidant Restrictive Food Intake Disorder (ARFID)
  - Failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:
    - Significant weight loss (or failure to achieve expected weight gain or faltering growth in children)
    - Significant nutritional deficiency
    - Dependence on enteral feeding or oral nutritional supplements
    - Marked interference with psychosocial functioning
  - Avoidance based on sensory characteristics of food
  - Concerned about aversive consequences of eating
- Otherwise Specified Feeding and Eating Disorder (OSFED)
  - Presentation in which symptoms characteristic of a feeding and eating disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning... but do not meet full criteria for any of the disorders in the feeding and eating disorder diagnostic class.

# Medical vs. Clinical

## Medical Complications

- Gastrointestinal, including esophagus
- Cardiovascular/Respiratory
- Immune
- Brain
- Endocrine/Metabolism
- Fluids/Electrolytes
- Oral/Dental
- Ear
- Eye

## Clinical

- What do you fear? What if you had to face that fear 6x a day?
  - Eating Disorder Thoughts
- The Eating Disorder is Voldemort



# Metaphor: Why Clients Feel Worse Initially

## Maladaptive Coping Skill



# Why Clients Feel Worse Initially

“Feeling worse”

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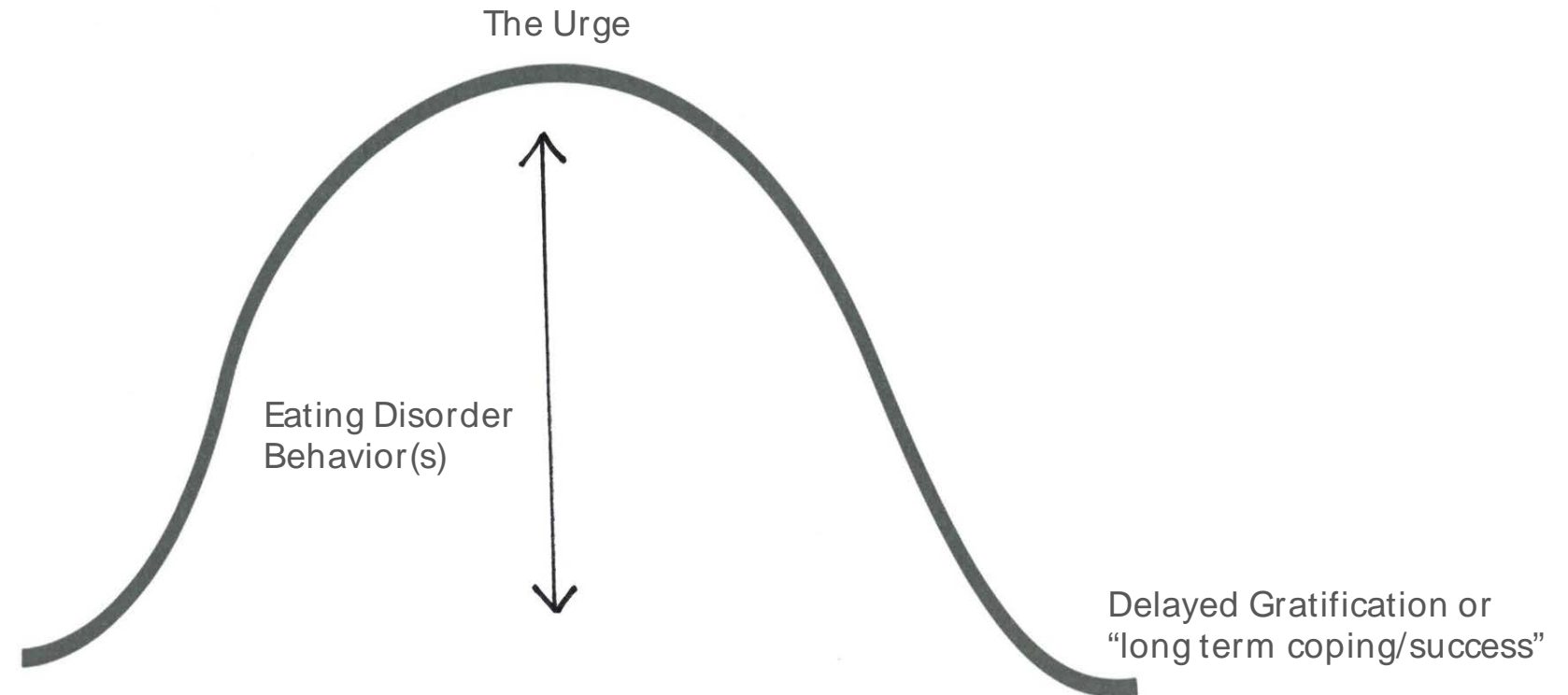
“Not motivated”

or

“Not responding to treatment”



# Why Clients Feel Worse Initially “Instant Gratification”



# Common Underlying Mental Health Concerns

Not an all inclusive list:

Trauma

Grief/Loss

Depression

Anxiety

Poor Self-Esteem

Stress/ Stressful Transitions or Life Changes

# Common Underlying Mental Health Concerns

## Client A

- Adult female
- History of sexual abuse

Has stopped the eating disorder behaviors due to being in treatment &...

- Flashbacks
- Nightmares
- Hypervigilance
- Dissociation

## Client B

- Adolescent female

Has stopped the eating disorder behaviors due to being in treatment &...

- Suicidality
- Self-Harm
- Negative Automatic Thoughts About Self
- Struggle with activities of daily living
- Isolating from friends

# Treatment for Underlying Mental Health Concerns




These treatments are effective for eating disorders and the underlying mental health concerns.

- Cognitive Behavioral Therapy
  - Challenging/ Countering Negative Automatic Thoughts
- Dialectical Behavioral Therapy
  - Learning new coping skills
- Exposure Therapy
  - Going towards something you fear, as opposed to keeping away

# Treatment for Underlying Mental Health Concerns

## | Cognitive Behavioral Therapy |

### Unhelpful Thinking Styles

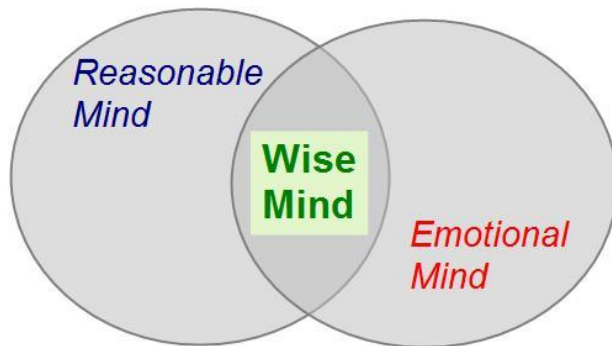
 <p><b>All or nothing thinking</b> Sometimes called 'black and white thinking' <i>"If I'm not perfect I have failed"</i> <i>"Either I do it right or not at all"</i></p>	 <p><b>Over-generalising</b> Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw <i>"everything is always rubbish!"</i> <i>"nothing good ever happens!"</i></p>
 <p><b>Mental filter</b> Only paying attention to certain types of evidence. <i>"Noticing our failures but not seeing our successes"</i></p>	 <p><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></p>
 <p><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)</p>	 <p><b>Magnification (catastrophising) &amp; minimisation</b> Blowing things out of proportion (catastrophising), or inappropriately shrinking something to make it seem less important</p>
 <p><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></p>	 <p><b>should</b> Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed</p> <p><b>must</b> If we apply 'should's' to other people the result is often frustration</p>
 <p><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></p>	 <p><b>Personalisation</b> Blaming yourself or taking responsibility for something that wasn't completely your fault. Conversely, blaming other people for something that was your fault. <i>"this is my fault"</i></p>

PSYCHOLOGYTOOLS.org Ltd. 2018

- What would you say to your loved one if they said this to you?
- Is this 100% accurate?
- What type of thought distortion could this be?

# Treatment for Underlying Mental Health Concerns

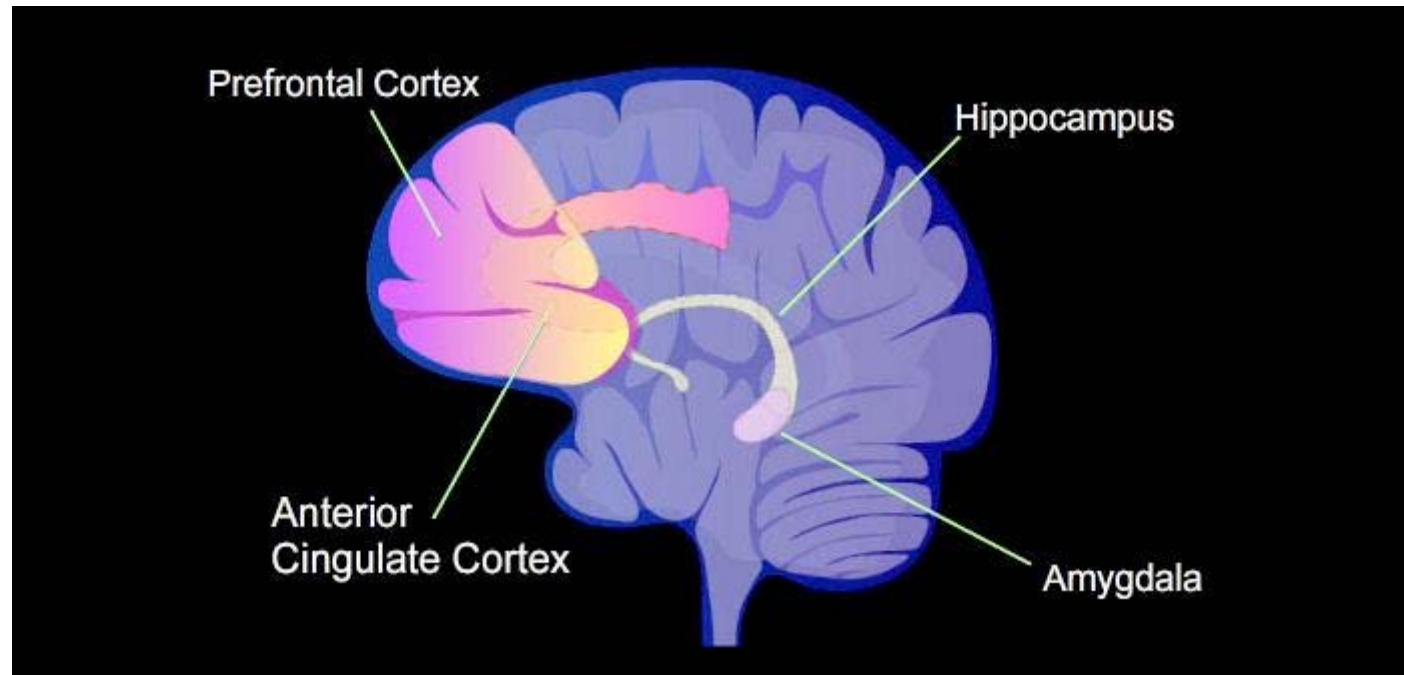
## | Dialectical Behavioral Therapy |



1. Mindfulness
2. Distress Tolerance
3. Emotion Regulation
4. Interpersonal Effectiveness
5. Walking the Middle Path

# Treatment for Underlying Mental Health Concerns

## | Exposure Therapy |



Source: <https://www.psypost.org/2015/06/new-vision-on-amygdala-after-study-on-testosterone-and-fear-35103>

# Center for Discovery Four Prong Approach

All Evidence Based Treatment:

- Dialectical Behavioral Therapy
- Exposure Response Therapy
- Shame Resilience
- Neuroscience

Alexandria OP Extended Partial Hospitalization, Partial Hospitalization, and Intensive Outpatient Schedule																
Wholehearted Living			DBT Skills				Neuroscience/Mind + Body				ERP					
MONDAY			TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY					
Time	Adol	Adult	Path to Peace	Adol	Adult	Adol	Adult	Path to Peace	Adol	Adult	Adol	Adult	Path to Peace	Time	Adol	Adult
10-10:15	Vitals & Put Away Dinner	Vitals & Put Away Dinner		Vitals & Put Away Dinner	Vitals & Put Away Dinner	Vitals & Put Away Dinner	Vitals & Put Away Dinner		Vitals & Put Away Dinner	Vitals & Put Away Dinner	Vitals & Put Away Dinner	Vitals & Put Away Dinner		9:00	Process	Conscious Social Media
10:15-10:45	Snack			Snack		Snack			Snack		Snack			10:00-10:30	Snack	Snack
10:45-11:45	Behavioral Chain Analysis & Thought Logs			Menu Planning		Behavioral Chain Analysis & Thought Logs			Behavioral Chain Analysis & Thought Logs		Menu Planning			10:30-11:30	Conscious Social Media	Process
11:45	Restroom Break	Restroom Break		Restroom Break	Restroom Break	Restroom Break	Restroom Break		Restroom Break	Restroom Break	Restroom Break	Restroom Break		11:30-12:30	Kitchen Skills	
12:00	Hands-On Meal Prep	Hands-On Meal Prep		Hands-On Meal Prep	Hands-On Meal Prep	Hands-On Meal Prep	Hands-On Meal Prep		Hands-On Meal Prep	Hands-On Meal Prep	Hands-On Meal Prep	Hands-On Meal Prep		12:30-1:30	Lunch	Lunch
12:30	Lunch	Lunch		Lunch	Lunch	Lunch	Lunch		Lunch	Lunch	Lunch	Lunch		1:30 - 2:30	Discharge Planning	
1:15	Community Meeting			Nutrition in the News		Process	Expressive Arts		DBT Skills	Soul Hunger	Recovery Protection	Nutrition Science		2:30-3:00	Snack	Snack
2:00	Neuroscience (Brain-Body)	Neuroscience (Brain-Body)		Process	Process	Expressive Arts	Process		Soul Hunger	DBT Skills	Nutrition Science	Recovery Protection				
3:00	ERP Snack	ERP Snack		Snack	Snack	Snack	Snack		Snack	Snack	ERP Snack	ERP Snack				
3:30	Menu Planning		Mindful Walk	Mindful Activity		Mindful Activity		Mindful Walk	Mindful Activity		Menu Planning		Mindful Walk			
4:00	Process	Wholehearted Living	Path to Peace with Food	Comprehensive Family Program		DBT Skills Training	Intuitive Eating	Body Acceptance	Process	Mind and Body	Process	Body Acceptance	DBT Skills Training			
5:00	Wholehearted Living	Process	Process	Comprehensive Family Program		Intuitive Eating	DBT Skills Training	Process	Mind and Body	Process	Body Acceptance	Process	Process			
6:00	Dinner	Dinner	DBT Skills	Restaurant Meal		Restaurant Meal	Restaurant Meal	DBT Skills	Dinner	Dinner	Dinner	Dinner	DBT Skills			
6:45	DBT Practice			DBT Practice		DBT Practice			DBT Practice		DBT Practice					
									Support in Recovery (7pm-8pm)	Support in Recovery (7pm-8pm)						



# Questions

