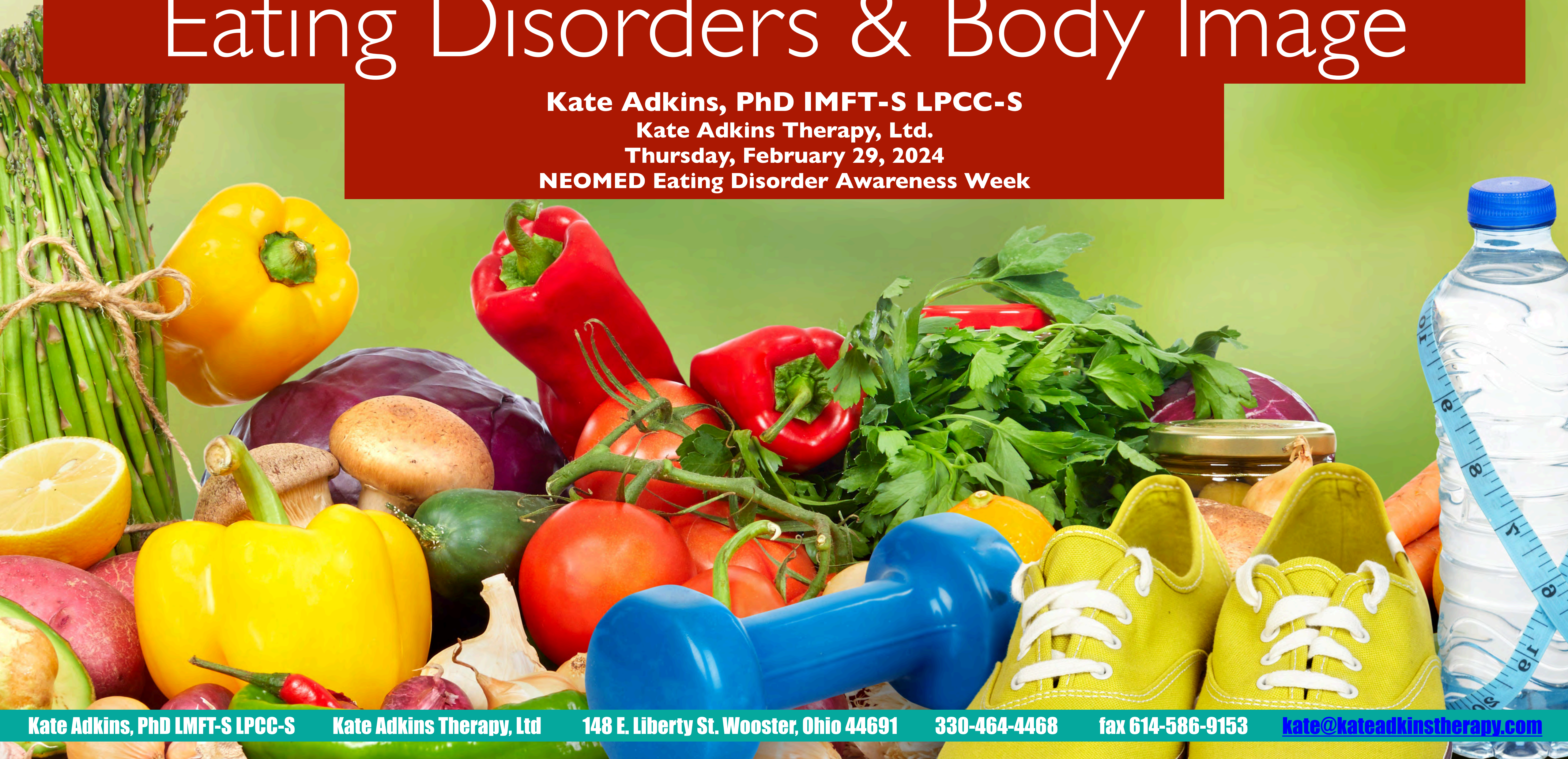


Eating Disorders & Body Image

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NEOMED Eating Disorder Awareness Week



Eating Disorders & Body Image

ED Experience

Outpatient community and hospital settings

PHP and IOP programs

ED Committee Chair, OSU Counseling Center

DBT Intensive Training/Full Adolescent Program

Current: Private Practice



AGENDA

- 12:00-12:10 Introduction & Significance
- 12:10-12:20 Diagnoses & Etiology
- 12:20-12:30 Assessment & Treatment
- 12:30-12:40 Body Image
- 12:40-12:45 Campus Resources & Teams
- 12:45-1:00 Questions

Significance of Eating Disorders

- Anorexia has the highest death rate of any mental illness, with patients experiencing **6x the mortality rate** of their healthy peers; Those with atypical eating disorders have double the death rate of non-eating disordered peers.
- **Lifetime prevalence is 9%** (28.8 million Americans).
- **As many as 41.5% of female athletes** report disordered eating. They were **8x more likely** to incur an injury than athletes who did not report disordered eating.
- Individuals with anorexia are **18x more likely to die by suicide** than peers, and those with bulimia are **7x more likely**.

Significance of Eating Disorders

- Acute medical complications: bradycardia, hypotension, lethargy, hypothermia, syncope (fainting) and head trauma, GI distress, bone fractures, amenorrhea, esophageal tears, cardiac arrhythmias, rectal prolapse
- Long-term medical complications: low bone density, reproductive disruption, tooth decay, rectal prolapse,
- Mental health complications: Anxiety, OCD, depression, suicide, social withdrawal

DIAGNOSES

Anorexia Nervosa

- A. Restriction leading to significantly low body weight in context of age, sex, development, & health
- B. Intense fear of weight gain/becoming fat, behavior that interferes with weight gain
- C. Disturbance in experience of body weight/shape
- Partial/Full Remission
- Binge-eating/purging, restricting (inclu. Overexercise)
- Severity
 - Mild BMI at or above 17
 - Moderate BMI 16-16.99
 - Severe BMI 15-15.99
 - Extreme BMI less than 15



DIAGNOSES

Bulimia Nervosa

- Recurrent episodes of binge-eating
- Recurrent compensatory behaviors in order to prevent weight gain, such as self-induced vomiting, laxative misuse, diuretics, fasting, excessive exercise
- Once a week for 3 months
- Self-evaluation unduly influenced by body shape/weight
- Does not occur exclusively during episodes of Anorexia
- Partial/Full Remission
- Severity
 - Mild 1-3 episodes per week
 - Moderate 4-7 episodes per week
 - Severe 8-13 episodes per week
 - Extreme 14+ episodes per week



DIAGNOSES

Avoidant/Restrictive Food Intake Disorder

- Eating/feeding disturbance (**avoidance based on sensory characteristics, concern about aversive consequences**) with failure to meet energy needs
 - Significant weight loss or failure to maintain
 - Significant nutritional deficiency
 - Dependence on enteral feeding or oral supplements
 - Marked interference with psychosocial functioning
- Not due to food scarcity or cultural practice
- Does not exclusively occur during the course of Anorexia/Bulimia, and no body image disturbance
- Not attributable to a medical condition or better explained by other mental health disorder



DIAGNOSES

Binge-Eating Disorder

- Recurrent episodes of binge-eating.
 - A larger than what most people would eat amount in a discrete period of time
 - A sense of lack of control during the episode (e.g., can't stop eat or control what or how much one is eating).
- Episodes are associated with 3+
 - Eating more rapidly than normal
 - Eating until uncomfortably full
 - Large amounts of food when not physically hungry
 - Eating alone due to embarrassment of amount
 - Feeling self-disgust, depressed, or guilty afterward
- Marked distress regarding binge-eating
- Occurs at least once a week for 3 months
- Not associated with compensatory behavior as in BN or AN
- Specifiers: Partial or full remission, and Severity
 - Mild 1-3 episodes/week
 - Moderate 4-7 episodes/week
 - Severe: 8-13 episodes/week
 - Extreme: 14+ episodes/week



EATING DISORDER ASSESSMENT TOOLS

ED-15 (Tatum et al., 2015)

EDE-Q (Fairburn & Beglin, 2008)

Eating Attitudes Test (EAT-26; Garner et al., 1982)

Eating Health History Questionnaire (EHHQ)

YBOCS

New Office Visit Screening Tool for Physicians:

<https://eatingdisorderscreener.org/>

EVIDENCE-BASED TREATMENTS

- Family Based Treatment (FBT) Locke & LaGrange
- Cognitive Behavioral Therapy for Eating Disorders (CBT-E) Fairburn
- Brief Cognitive Behavioural Therapy for Non-Underweight Patients: CBT for Eating Disorders. Waller, Turner, Tatum, Mountford, & Wade
- Temperament Based Therapy with Support (TBTS) Hill, Peck & Wierenga
- Interventions from
 - Dialectical Behavioral Therapy (DBT)
 - Acceptance and Commitment Therapy (ACT)
 - Interpersonal Therapy (IPT)

THE ROLE OF BODY IMAGE

- Eating disorders caused by negative/distorted body image: maybe, sometimes
- The “Thin Ideal” is problematic
- Body Image is NOT a primary focus of most treatments in normalizing refeeding phase
- **Willingness** to do ED work



THE BODY PROJECT

A STUDENT-LED PREVENTION PROGRAM

- A 4-week small group program
- Peer-Led
- Confront unrealistic appearance ideals
- Challenge negative body image
- Promote self-care
- Effectively reduces body dissatisfaction, negative mood, unhealthy dieting and disordered eating.



CONNECT

WITH OTHERS IN THE BODY ACCEPTANCE MOVEMENT



The National Eating Disorder Association (NEDA) invites female students to participate in the Body Project, a program that builds tools and skills to confront unrealistic beauty ideals and engages participants in the development of a healthy body image.

WHAT IS THE BODY PROJECT?

The Body Project is a dissonance-based, body acceptance program for high school girls that is backed by two decades of research and shown to effectively reduce body dissatisfaction and have a positive impact on eating disorders.

WHAT YOU WILL GET

Students will attend four 1-hour (or six 45-min) sessions designed to improve body image by critiquing unrealistic ideals of beauty.

- The tools to FIND YOUR VOICE and become an advocate for body acceptance.
- A chance to CHALLENGE THE SYSTEM and CONFRONT STIGMA in a hands-on, fun environment where we practice pushing back against unwanted body comments.
- Permission to prioritize SELF-CARE. You will begin improving your body image, the first step to helping yourself and others, and to having a positive impact in the body acceptance movement.

BODY PROJECT'S REACH:

OVER 400 trained facilitators

OVER 90% of participants report improved body image

100% of participants learn new information

90% of facilitators report feeling confident modeling body positivity in their lives

HELP US REACH 2,600 GIRLS IN
THE NEXT YEAR!

SCAN HERE FOR MORE INFORMATION:



Identifying & Identified Students

IDENTIFYING

- Weight loss or gain, especially in a short period of time
- Isolation, withdrawal, changes in mood and/or functioning
- Medical: anxiety/panic, amenorrhea, stress fractures, frequent GI issues, syncope
- Observable eating and/or bathroom habits: not eating, making excuses, picking at food or hiding food, bathroom overuse

IDENTIFIED STUDENTS

- Campus Counseling Centers*
- Eating Disorder Treatment Teams
- Student Health/Wellness: Dietitians*
- <https://www.nationaleatingdisorders.org/>
- Disability Services or Student Advocacy
- Off campus: networking with physicians and therapists

RESOURCES

FOR CLINICIANS

- Assessment/Screening
 - ED-15, EDE-Q, EAT-26, EHHQ
 - Also YBOCS, GAD7 & PHQ-9
- ED Treatments
 - CBT-E (Fairburn, 2000)
 - Knowledge: Health at Every Size
- Body Image Treatments
 - The Positive Body Image Workbook
- Eating Disorder Treatment Teams

LEADERSHIP OR CAMPUS LIFE

- Campus Counseling Centers
 - Individual assessment and treatment
 - Group therapy as appropriate
 - Medication Management
 - Coordination with family systems
- Campus Eating Disorder Treatment Teams **Gold Standard*
- Student Health/Wellness: ED trained Dietitians
- Disability Services or Student Advocacy
- Campus wellness and greek life body Image & The Body Project
- **<https://www.nationaleatingdisorders.org/>**

Questions and Comments

