



Let's Imagine...



A surreal image featuring a cracked, dry, greyish-brown landscape. In the center, a hand with a cracked, brownish skin texture holds a small, round, greenish-yellow apple by its stem. Another hand with similar cracked skin is visible at the bottom, reaching up towards the apple. The background is a mix of grey and greenish-yellow, suggesting a parched earth. The overall mood is one of scarcity and tension.

**What does your relationship  
with food look like?**

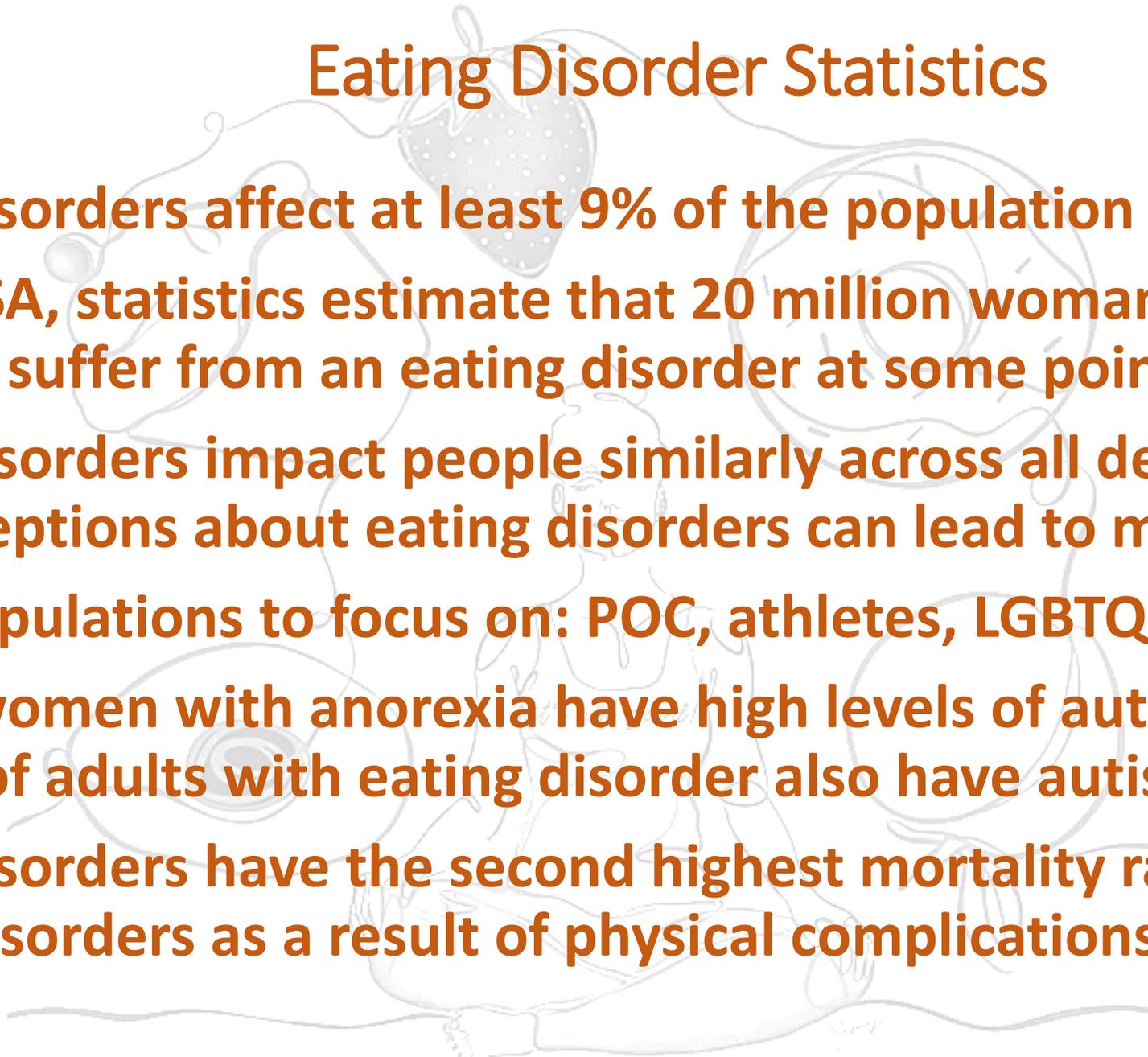
# All Foods Fit In Moderation:

## Basics of Eating Disorders

Wellsprings Counseling Center Presentation  
Rachel Rigolino, LMHC  
2/14/2022



# Eating Disorder Statistics



- Eating disorders affect at least 9% of the population worldwide
- In the USA, statistics estimate that 20 million women and 10 million men will suffer from an eating disorder at some point in their lives
- Eating disorders impact people similarly across all demographics and misconceptions about eating disorders can lead to misdiagnoses
- Some populations to focus on: POC, athletes, LGBTQ+ & all sizes/ages
- 20% of women with anorexia have high levels of autistic traits and 20-30% of adults with eating disorder also have autism
- Eating disorders have the second highest mortality rate of all mental health disorders as a result of physical complications and suicides

<b>Avoidant Restrictive Food Intake Disorder (ARFID)</b>	<b>Anorexia Nervosa (AN)</b>	<b>Bulimia Nervosa (BN)</b>	<b>Binge Eating Disorder (BED)</b>
<p>An eating or feeding disturbance based on sensory aspect of food or concern about consequence</p>	<p>Restriction of energy relative to needs, leading to significantly low body weight</p>	<p>Recurrent episodes of bingeing=eating a large amount of food in short period of time (&lt; 2hours)</p>	<p>Recurrent episodes of bingeing=eating a large amount of food in short period of time (&lt; 2hours)</p>
<p>Seen by failure to meet nutritional and/or energy needs linked with one below:</p>	<p>Intense fear of gaining weight despite being at a significantly low weight</p>	<p>Feels a lack of control over their eating during bingeing episodes</p>	<p>Feels a lack of control over their eating during bingeing episodes, distress re: bingeing</p>
<p>Significant weight loss or fails to achieve weight gain, significant nutritional deficiency, depends on</p>	<p>Disturbance in way one experiences their weight/shape and undue influence on self evaluation</p>	<p>Recurrent compensatory behaviors to prevent weight gain (i.e.: laxatives, diuretics)</p>	<p>3 or more of following: eats fast, eats until too full, eats when not hungry, eats alone, feels disgusted/guilty after</p>
<p>enteral feeding or oral supplements, marked interference psychosocially</p>	<p>Subtypes: Restricting vs. Binge/Purging Type</p>	<p>Self evaluation is unduly influenced by body shape and weight</p>	<p>Bingeing episodes occur at least 1x/week for 3 months</p>
<p>Does not occur with AN or BN, no evidence of distorted body image, not due to a medical condition</p>	<p>BMI dictates severity with a BMI &gt; 17 being mild and BMI &lt; 14 being extreme</p>	<p>Bingeing/purging occur on average at least 1x/week for 3 months. Severity depends on frequency of behaviors</p>	<p>Most common eating disorder in the USA</p>

# Additional Eating Disorders and Co-Morbid Diagnoses



- **Other Specified Feeding and Eating Disorders (OSFED)**
  - For example > Atypical Anorexia, Diabulimia (restrict insulin)
- **Not Otherwise Specified Feeding and Eating Disorders (NOSFED)**
- **Rumination Disorder:** repeated regurgitation and rumination of food
- **Pica:** eating non-edible items
- **Common Co-morbid or at times Primary Diagnoses**
  - **Obsessive Compulsive Disorder**
  - **Borderline Personality Disorder**
  - **Generalized Anxiety Disorder**
  - **Major Depressive Disorder**
  - **Substance Use Disorder**

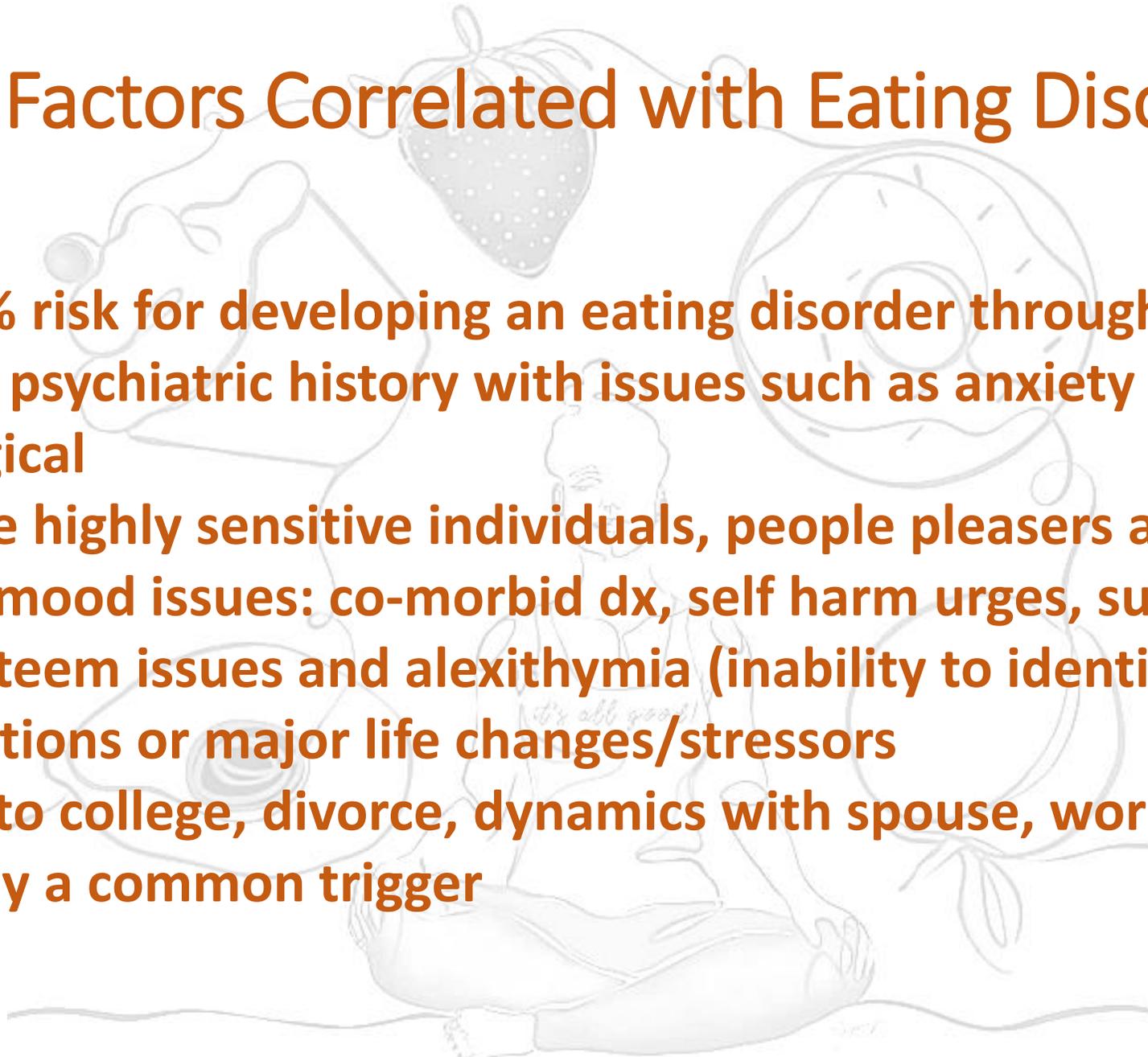
# Eating Disorder Behaviors

- Although restriction, bingeing and purging are featured behaviors of these diagnoses, there are many other types of eating disorder behaviors/warning signs to be aware of
- Typically behaviors are subtle/secretive and sometimes can go unnoticed for a long time
- Examples of behaviors include:
  - *“Safe” foods vs “Fear” foods*
  - *Microbiting/Tearing of Food*
  - *Excessive use of condiments/spices*
  - *Food rituals or rules (i.e.: timing, order)*
  - *Use appetite suppressants (i.e.: gum)*
  - *Water loading*
  - *Eating too slowly/too quickly*
  - *Avoids eating in public*
  - *Frequent (-) comments about their body*
  - *Going to bathroom right after meals*
  - *Hiding/Hoarding food*
  - *Stealing/pocketing food*
  - *Excessive pacing/microexercising*
  - *Avoiding mirror/excessive mirror gazing*
  - *Wearing oversized/undersized clothes*
  - *Body checking (i.e.: Fit Bit, weighing, pinching)*
  - *Counting calories/fixated on food labels*
  - *Preoccupied with food in (+) and (-) ways*
- Attempts to reduce behaviors can lead to increased mood symptoms
- Common for loved ones to lose trust due to repetitive, sneaky behaviors

# Eating Disorder Physical Consequences

- 10,200 deaths each year directly due to eating disorders with a mortality rate of up to %10 for those with AN
- Most physical consequences can be reversed with treatment, but some have long term consequences such as fertility and bone issues
- Some examples of medical issues include:
  - *Slowing/arrhythmia of heart*
  - *Low blood pressure*
  - *Orthostatis*
  - *Insomnia*
  - *Bone loss*
  - *Loss of menses*
  - *Fatigue*
  - *Constipation*
  - *Esophagus dysfunction*
  - *Fainting*
  - *GI abnormalities*
  - *Motor skill impairment*
  - *Cognitive impairment*
  - *Dizziness/lightheadedness*
  - *Decreased cold tolerance*
  - *Abnormal hair growth (lanugo)*
  - *Electrolyte disturbances*
  - *Kidney dysfunction*
  - *Tooth Decay*
  - *Cerebral atrophy*

# Factors Correlated with Eating Disorders



- **Biological**

- 28-74% risk for developing an eating disorder through genetic heritability
- Family psychiatric history with issues such as anxiety and substance use

- **Psychological**

- May be highly sensitive individuals, people pleasers and/or perfectionists
- Other mood issues: co-morbid dx, self harm urges, suicidal ideation, low self-esteem issues and alexithymia (inability to identify/describe feelings)

- **Life transitions or major life changes/stressors**

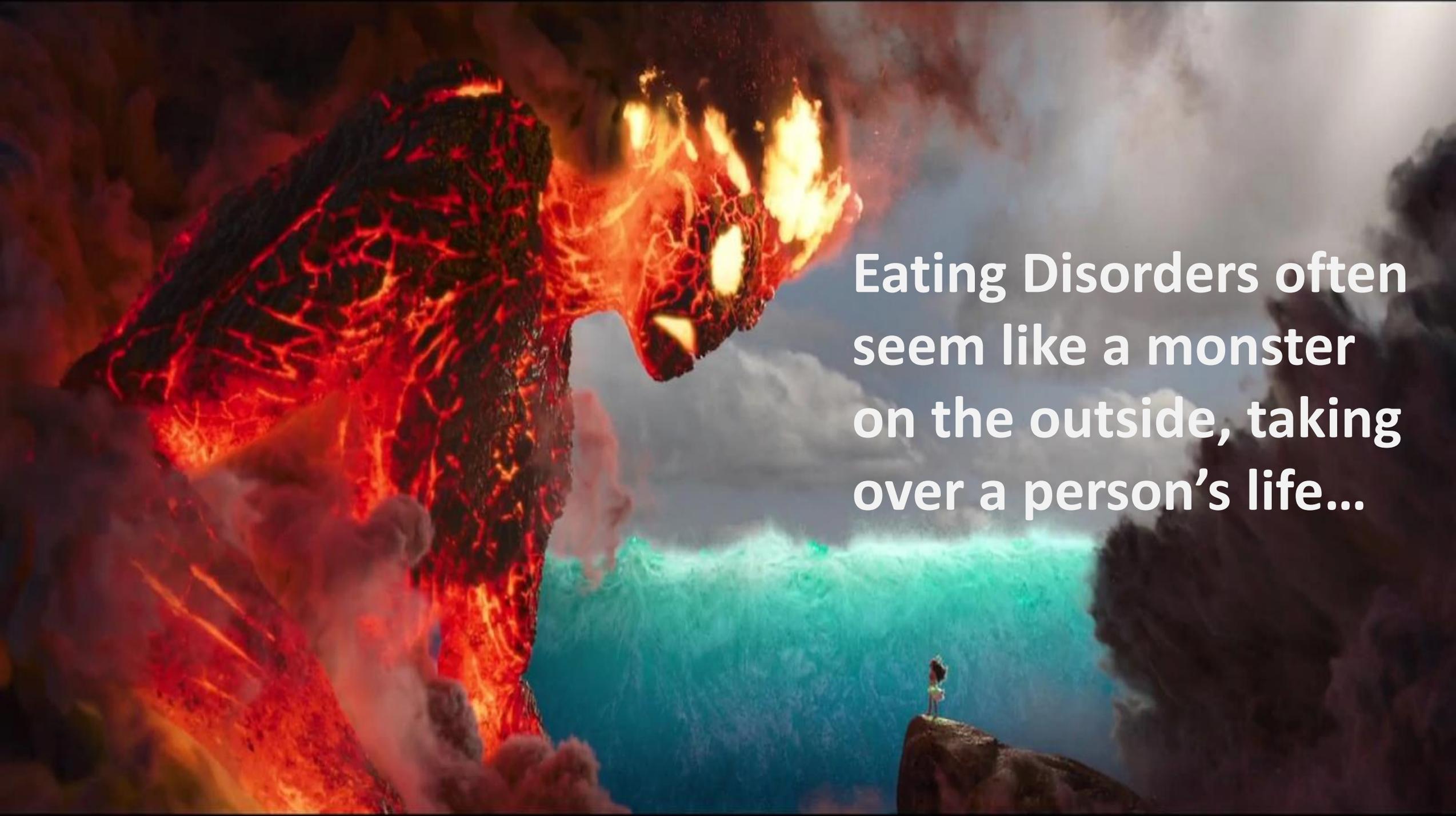
- Going to college, divorce, dynamics with spouse, work, having a baby, etc.
- Puberty a common trigger

# Factors Correlated with Eating Disorders



- **Trauma History**
  - 25% of people with eating disorders reported symptoms of PTSD
  - May have been bullied re: weight, shape, eating or appearance
- **Environmental**
  - Unrealistic cultural standards of beauty and strong exposure in media
  - Body dissatisfaction is best known factor of developing an eating disorder
  - “Thinspiration” and Pro-Ana online movements encourage eating disorders
- **Familial**
  - Family rules around avoiding negative feelings > stiff upper lip mentality, emphasis on appearing happy, dismissive/trivialize negative feelings
  - Parental criticism re: body image or high expectations of achievement with low level of love/support



A dramatic scene featuring a large, dark, lava-like creature with glowing orange and red veins, resembling a monster, on the left. The creature's head is tilted downwards, and its mouth is open, revealing a bright yellow and orange interior. In the background, a massive, bright blue and green wave or energy field stretches across the horizon. A small, lone figure of a person stands on a dark, rocky outcrop in the foreground, looking towards the creature. The sky is filled with dark, swirling clouds, and the overall atmosphere is one of intense, fiery energy and a sense of being overwhelmed.

Eating Disorders often  
seem like a monster  
on the outside, taking  
over a person's life...

But Eating Disorders may be better understood as part of someone's identity that's become distorted and in need of healing...



# Treatment Approaches

- Identifying and exploring the Client's initial motivation is a helpful starting point. Normalize changes in motivation and work with ambivalence
  - 5 Levels of Motivation for Change, Motivational Interviewing (OARS), WDEP
- Identify Phase of Recovery and set goal to reach desired phase in given time
- Harm Reduction, Exposure Response Prevention (ERP) and setting SMART goals can be helpful ways of treating behavioral components
  - Eat a meal with your client and process experience in follow up session
- Create safety plan/relapse prevention plan & identify when higher level of care (HLOC) may be needed: 2x/week sessions, IOP, PHP, Residential and Inpatient
- Dialectical Behavioral Therapy (DBT): Distress Tolerance, Mindfulness Awareness, Emotion Regulation and Interpersonal Effectiveness Skills
  - Radically Open DBT geared towards those with AN to reduce rigidity

# Treatment Approaches

- **Cognitive Behavioral Therapy (CBT):** downward arrow, Socratic questioning
- **Acceptance and Commitment Therapy (ACT)** emphasizes enhancing psychological flexibility by clarifying values, developing acceptance, defusing thoughts, “observing self”, committed action, and be present
- **Internal Family Systems (IFS):** connect with “True Self” to relieve burdens held by parts of identity by looking inward and getting to know parts
  - **True Self 8C’s:** Confident, Courageous, Curious, Compassionate, Calm, Connected, Creative and Clarity
- **Group & Family Therapy** > eating disorders thrive in secrecy
- **Family Based Treatment (Maudsley Approach)** gives parents total control of feeding children who have eating disorders > pros and cons with FBT



**Face eating disorder by developing distress tolerance and mindfulness skills to reduce behaviors and sit with one's inner world as a neutral observer. Treatment approaches DBT, CBT, ACT and IFS can be helpful**



**Connect to one's True Self in order to approach the eating disorder part with curiosity and compassion. Consider: What job has it been playing? What is it afraid of? What other part may it be protecting?**



**Help eating disorder part trust that the Client is able to do its job and can cope with feared outcomes. Developing assertiveness skills, better boundaries, and psychological flexibility can help**

**What's wrong with  
being fat?**

# Body Image

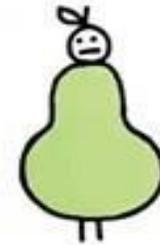
- **Body Image: thoughts, perceptions and attitudes about physical appearance**
  - **Positive Body Image: clear, true perception of one's shape based in reality**
  - **Negative Body Image: distorted perception of one's shape that involves feelings of shame, anxiety and self-consciousness**
  - **40-60% of elementary school girls concerned about weight and being fat**
- **Health At Every Size (HAES) has developed as a counter to “war on obesity”**
  - **Every body is different based on genetics and cultural traits**
  - **De-emphasis on weight as measure of healthy living and promotes balanced eating, positive physical activity and body diversity/acceptance**
  - **A helpful video: [Poodle Science - YouTube](#)**
- **Target Body Weight: allows you to feel strong and energetic as well as lets you lead a healthy, normal life > body will find its natural set point**



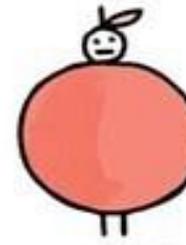
# Addressing Body Image

- **Develop a neutral relationship with body as a more attainable middle point**
  - **Body Positivity:** encourages loving and feeling good about your body, no matter what it looks like and emphasizes everyone is beautiful
  - **Body Neutrality:** promotes acceptance of your body as it is and focusing on what you do with your body as well as how you think/feel
- **Mirror Work and ERP to reduce bx that reinforce distorted body image**
- **Develop more neutral vocabulary to describe physical features > DBT/CBT**
- **Reduce black and white thinking around body image > you can both accept your body as it is and also want to change aspects of your appearance**
- **Change language when talking about physical appearances with others**
- **What does “I feel fat” really mean? Fat isn’t a feeling, so what’s the real feeling and what experiences have influenced beliefs underlying that feeling?**
- **Create a space to grieve for our culture’s perspective on body image**

BODY SHAPES : A HANDY GUIDE



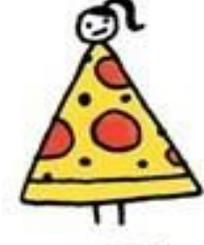
PEAR



APPLE



HOURLASS



PIZZA



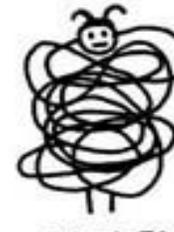
PIEROGI



OVERCOOKED  
BROCCOLI



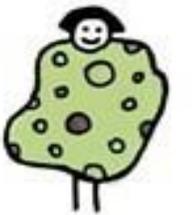
EMPTY  
HUSK



BROKEN  
SLINKY



TURKEY  
LEG



WHATEVER  
THIS IS?



VORTEX



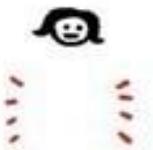
BART



SIPPY  
CUP



BADLY  
DRAWN  
DOLPHIN



||  
EXISTENTIAL  
NOTHINGNESS

How can you be kinder  
to your body today?

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