

# Eating Disorders 101 and an Introduction to Intuitive Eating

Jenifer Smith, MS

Christie Dondero Bettwy, BA

Rock Recovery

February 28, 2023

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**MHTTC**

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED AND  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

# MHTTC Network

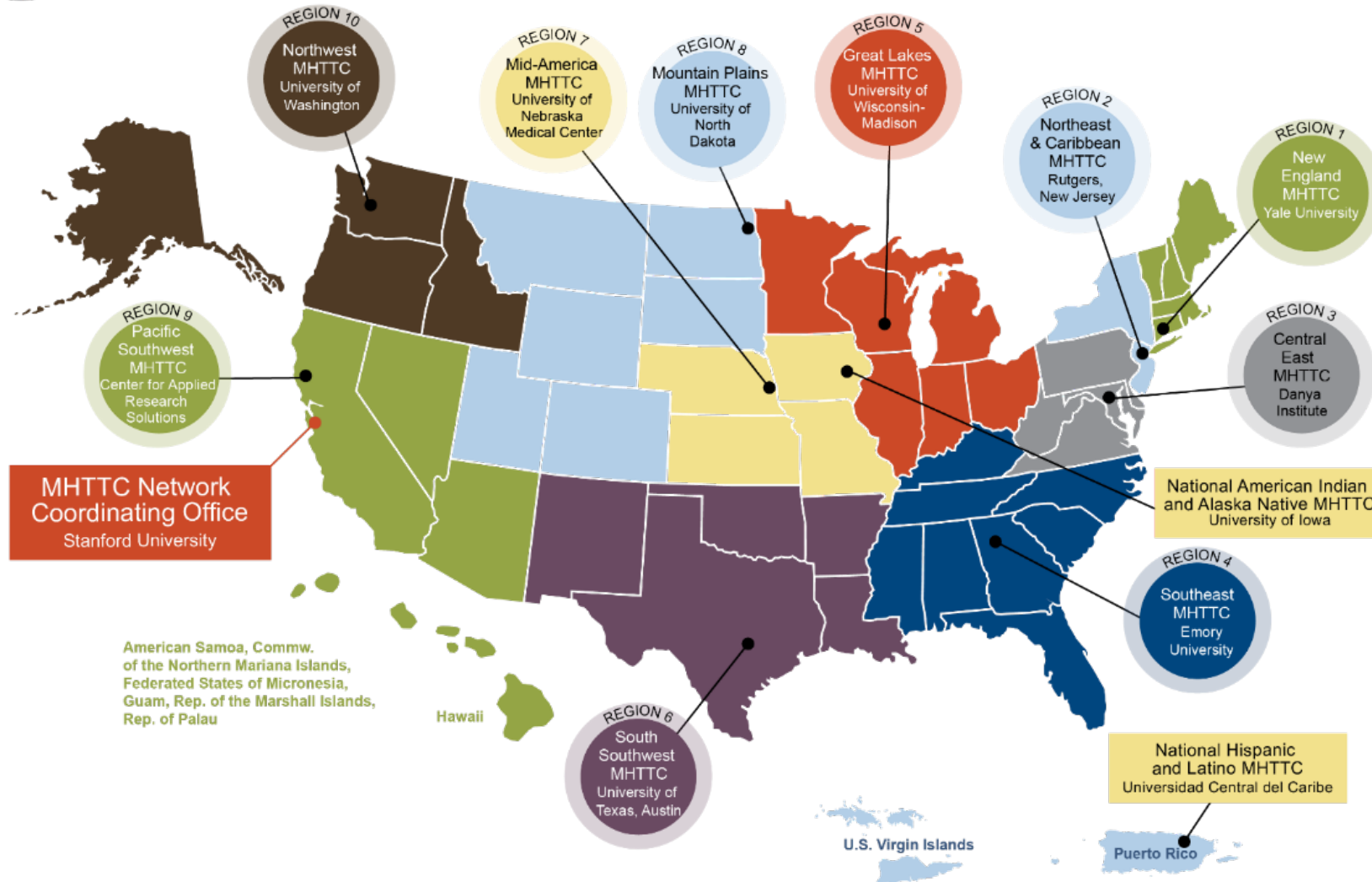


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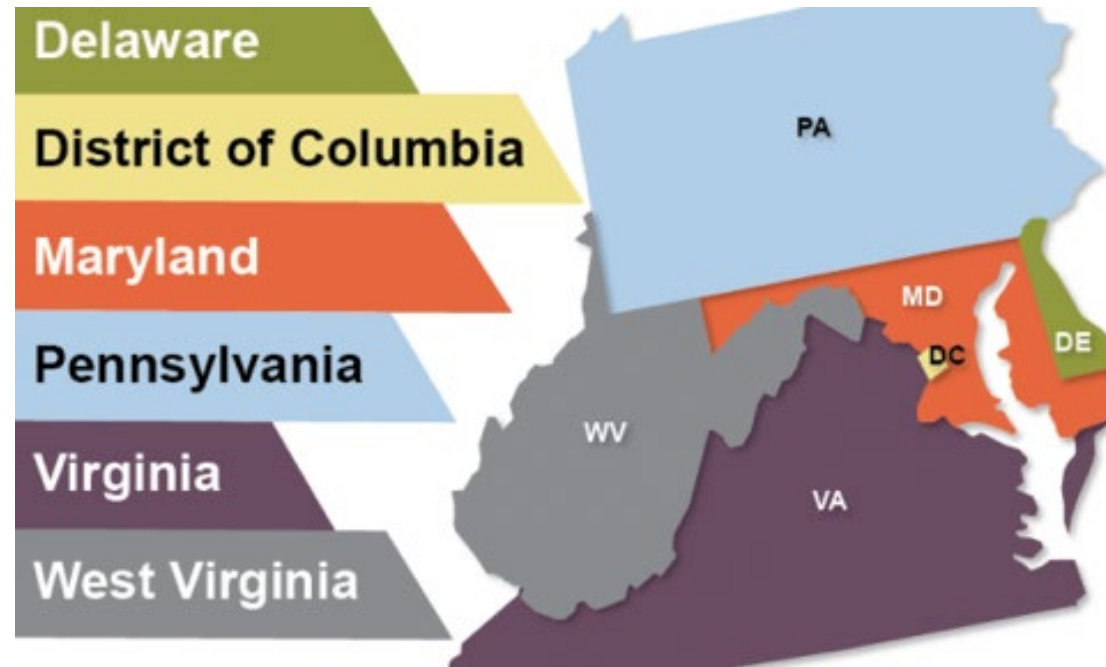
Mental Health Technology Transfer Center Network

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MHTTC Network



# Central East Region 3



Central East (HHS Region 3)

**MHTTC**

Mental Health Technology Transfer Center Network

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the views of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Presented 2023



# Evaluation Information

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[Evaluation Link](#)



# Eating Disorders 101 and an Introduction to Intuitive Eating

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Rock Recovery

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# Rock Recovery Overview

## ABOUT US

Rock Recovery is a 501(c)(3) nonprofit organization that frees people from disordered eating by bridging the gap in existing treatment options and offers community outreach and education.

## MISSION

Rock Recovery's mission is to support the journey to freedom from disordered eating through individual recovery and community empowerment programs.

## VISION

A world where disordered eating is understood, and the journey to freedom is fully supported.



# How many...

Americans battle an eating disorder in their lifetime, and millions more suffer from poor body image and disordered eating.

? in ?

Experience other mental health challenges including anxiety and depression. Less than ?% of people get the help they need due to stigma and cost of care.

[Source](#)

# Over 28 million...

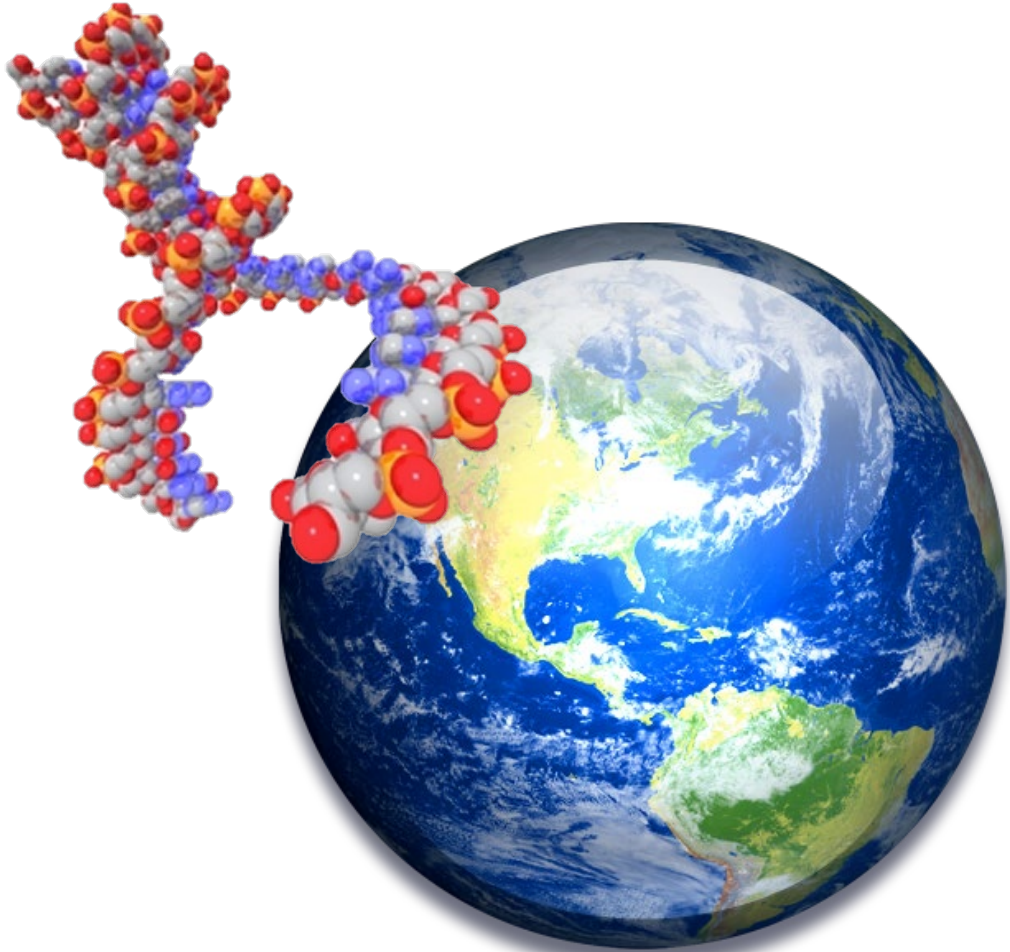
Americans battle an eating disorder in their lifetime, and millions more suffer from poor body image and disordered eating.

## 1 in 5...

Experience other mental health challenges including anxiety and depression. Less than **70%** of people get the help they need due to stigma and cost of care.

[Source](#)

# There's no ONE Cause...



“Genetics  
loads the gun;  
Environment  
pulls the trigger.”  
- *Cynthia Bulik*

# What is an Eating Disorder & Why do They Develop?

- Detrimental eating related behaviors: restriction, bingeing, purging, etc.
- Family history
- Underlying functions of eating disorders:
  - Increase self-esteem
  - Cope with difficult thoughts, feelings, or situations
  - Fill up a feeling of emptiness
  - Give an outlet for a drive for perfection or high achievement
  - Provide a feeling of specialness or uniqueness
  - Provide a sense of power over self, others, family, or life
  - Provide an illusion of control
  - Communicate needs, feelings, etc. to others
  - Provide an outlet or a “safe space to go”

# Types of Eating Disorders

**Anorexia Nervosa** is a serious, potentially life-threatening eating disorder characterized by self-starvation and excessive weight loss.

**Bulimia Nervosa** is a serious, potentially life-threatening eating disorder characterized by a cycle of bingeing and compensatory behaviors such as self-induced vomiting designed to undo or compensate for the effects of binge eating.

**Binge Eating Disorder (BED)** is a type of eating disorder that is characterized by recurrent binge eating without the regular use of compensatory measures to counter the binge eating.

**Avoidant/restrictive food intake disorder (ARFID)**, is a type of eating disorder where the consumption of certain foods is limited based on the food's appearance, smell, taste, texture, or a past negative experience with the food.

**Other specified feeding or eating disorder (OSFED)** captures feeding disorders and eating disorders of clinical severity that do not meet diagnostic criteria for other eating disorders.



# Common Symptoms

- In general, behaviors and attitudes that indicate that weight loss, dieting, and control of food are becoming primary concerns
- Preoccupation with weight, food, calories, carbohydrates, fat grams, and dieting
- Refusal to eat certain foods, progressing to restrictions against whole categories of food (e.g., no carbohydrates, etc.)
- Appears uncomfortable eating around others
- Food rituals (e.g. eats only a particular food or food group [e.g. condiments], excessive chewing, doesn't allow foods to touch)
- Skipping meals or taking small portions of food at regular meals
- Any new practices with food or fad diets, including cutting out entire food groups (no sugar, no carbs, no dairy, vegetarianism/veganism)
- Withdrawal from usual friends and activities
- Frequent dieting
- Extreme concern with body size and shape
- Frequent checking in the mirror for perceived flaws in appearance
- Extreme mood swings

# Personality Traits Related to Eating Disorders

- Self-esteem
- Secure/insecure attachment
- Perfectionism
- Control/rigidity



# Interpersonal Influences

## Relationships

- Family
- Friends
- Peers
- Strangers
- Romantic Relationships

## Example of Effect

- A mother modeling for her daughter
- “Fat chat” as normal bonding conversation
- Bullying
- Stigma against those who are considered overweight – “fat shaming”
- Positive self-esteem and body image associated with reinforcement from a lover

# Body Dissatisfaction and Dieting

## The dangers of body dissatisfaction and dieting



42% of 1st - 3rd graders want to be thinner and 81% of 10 year olds are afraid of being fat



46% of 9-11 year-olds are “sometimes” or “very often” on diets, and 82% of their families are “sometimes” or “very often” on diets



35-57% of adolescent girls engage in crash dieting, fasting, self-induced vomiting, diet pills, or laxatives. Overweight girls are more likely than normal weight girls to engage in such extreme dieting.

**The Result:** 35% of normal dieters progress to pathological dieters, and 25% of pathological dieters progress to a full-blown eating disorder

Source: UNC School of Medicine Department of Psychiatry Center for Excellence (n.d.) Retrieved from <https://www.med.unc.edu/psych/eatingdisorders/learn-more/about-eating-disorders/statistics/>

# The Diet Trap



# Diet Culture & Weight-based Stigma

## WHAT IS DIET CULTURE?

A SOCIETY THAT FOCUSES ON AND VALUES WEIGHT, SHAPE, AND SIZE OVER HEALTH AND WELL-BEING

EXAMPLES OF DIET CULTURE:

1

FEELING LIKE YOU CAN'T ESCAPE CONVERSATIONS ABOUT WEIGHT, DIETS, GOOD/BAD FOODS, CUTTING CARBS, DETOXING, CLEANSING, CALORIES, MACROS, ETC.

2

EXERCISE IS ADVERTISED AS A MODE FOR WEIGHT LOSS, A MEANS TO BECOME MORE ATTRACTIVE, OR PUNISHMENT FOR EATING

3

WEIGHT LOSS CHALLENGES IN WORKPLACES, AMONGST FAMILY MEMBERS, OR FRIENDS

4

A HEALTHCARE PROVIDER THAT FOCUSES ON BMI AND OVERLOOKS ASSESSING OTHER HEALTH MARKERS, FITNESS LEVEL, MOBILITY, PSYCHOLOGICAL WELL-BEING

5

BEFORE-AND-AFTER PHOTOS, THIN IDEALS, FIT IDEALS. ANYTHING THAT GENERATES A FEAR OF FAT OR POSITIONS LARGE AS LESS VALUABLE

6

PRAISING PEOPLE FOR VIGILANT EATING AND/OR WEIGHT LOSS



## FIGHTING FATPHOBIA

[www.pinkmantaray.com/fatphobia](http://www.pinkmantaray.com/fatphobia)

Fatphobia can be more insidious than directly bullying someone for being fat. Here are some examples & thoughts in response—

*"I have to go for a run, I've gained so much weight over the holidays."*

**Gaining weight is not inherently bad. Bodies are always in flux. Your body is enough right now.**

*"No, of course you don't look fat!" (in response to someone saying "I've gotten fat / gained weight!")*

**This implies that being fat is inherently bad. Being fat is not inherently bad.**

*"You look amazing, you're so thin!"*

**Thinness is not the same as good or healthy or superior.**

*"If my body looked like [someone else's], I'd never feel bad about myself again!"*

**Your body is enough right now.**

*"When I lose weight, then I'll go [do what I want to do]." Yoga, dance, gym, wear specific clothes, etc.*

**Your body is enough right now.**

*Anything having to do with a diet aimed at weight loss.*

**The diet industry is a multi-billion-dollar industry aimed at keeping you hating your body so you spend money on diet products. Your body is enough right now.**



**schuylerbailar**

[pinkmantaray.com](http://pinkmantaray.com)  
[@pinkmantaray](https://twitter.com/pinkmantaray)

# Treatment Options

## Inpatient

- Medically & Psychiatrically Unstable; Symptoms worsening at rapid rate

## Residential

- Medically stable; Psychiatrically impaired and unable to respond to partial hospital or outpatient treatment

## Partial Inpatient

- Medically and psychiatrically stable; Unable to function in normal social, educational, or vocational situations but not suicidal; Daily disordered behaviors (e.g., restriction, bingeing, purging)

## Intensive Outpatient/ Outpatient

- Medically and psychiatrically stable; Able to function in normal social, educational, or vocational situations and continue to make progress in recovery

# Treatment Barriers

- People are often resistant to seek help and ED stigma remains high
- Society normalized dieting and disordered eating
- Health professionals aren't trained to diagnose EDs
- Most people who suffer maintain a normal body weight
- Relapse is common and treatment is costly and hard to navigate
- Intensive treatment for EDs can range from **\$500 to \$2,000 per day**
- Most health insurance companies don't cover the full cost of ED treatment
- There is very little research funding for eating disorders
- There are few transitional programs to help individuals apply what they learn in intensive treatment to their daily lives



# What to do Next?

Most loved ones have a hard time making decisions on what to do after they have established their loved ones need help.

- Be evaluated by Pediatrician or PCP
- Have Therapist, Psychiatrist or RD make the referral
- Make an appointment for a consultation with an outpatient provider if someone does not currently have a treatment team

# What Does Recovery Look Like?

- Coping effectively with problems in ways other than through disordered eating
- Tolerating “spontaneous” natural eating and a wide variety of foods and honoring hunger and fullness cues
- No longer obsessing about food, exercise, and/or body image
- Absence of purging behaviors, including excessive exercise and use of laxatives
- Absence of restricting behaviors, including use of appetite suppressants
- Absence of binge-eating behaviors
- Eating consistent, robust, satisfying meals and snacks
- Acceptance of genetically determined body type, size and shape, and natural shifts in weight
- Recognizing signs of disordered thinking and seeking appropriate help when these thoughts emerge

# Intuitive Eating Principles

1. Reject the Diet Mentality
2. Honor Your Hunger
3. Make Peace with Food
4. Challenge the Food Police
5. Discover the Satisfaction Factor
6. Feel Your Fullness
7. Cope with Your Emotions with Kindness
8. Respect Your Body
9. Movement-Feel the Difference
10. Honor Your Health-Gentle Nutrition



# Resources

## Rock Recovery - Therapy Services & Faith Support Groups

- [Website](#)
  - Individual therapy
  - Meal support & body image groups (virtual/in-person for MD, VA and DC)
  - Faith-based virtual support groups nationwide
  - Rock Referral Guide - Therapists, dietitians and treatment centers in the area

## The Alliance for Eating Disorders:

- [Website](#)
  - Helpline
  - Resource guide
  - Nationwide support groups

# Questions



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# Eating Disorders Webinar Series

**February 28, 2023:** **Eating Disorders 101 and an Introduction to Intuitive Eating**

**March 21, 2023:** **More Than Just a Number: How Debunking Diet Culture Can Lead to a Positive Self-Image**  
[Register](#)

**April 25, 2023:** **The Truth About Food Addiction**  
[Register](#)

**11:00am-12:30pm EST**

# Appreciation





# Contact Us



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

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