Eating Disorders for the Non-Specialist: Core Competencies

Natasia James, MS
Resident in Counseling
Rock Recovery

February 22, 2024

SAMHSA
Substance Abuse and Mental Health Services Administration

MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Acknowledgment

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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 2024

MHTTC
Mental Health Technology Transfer Center Network
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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 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.

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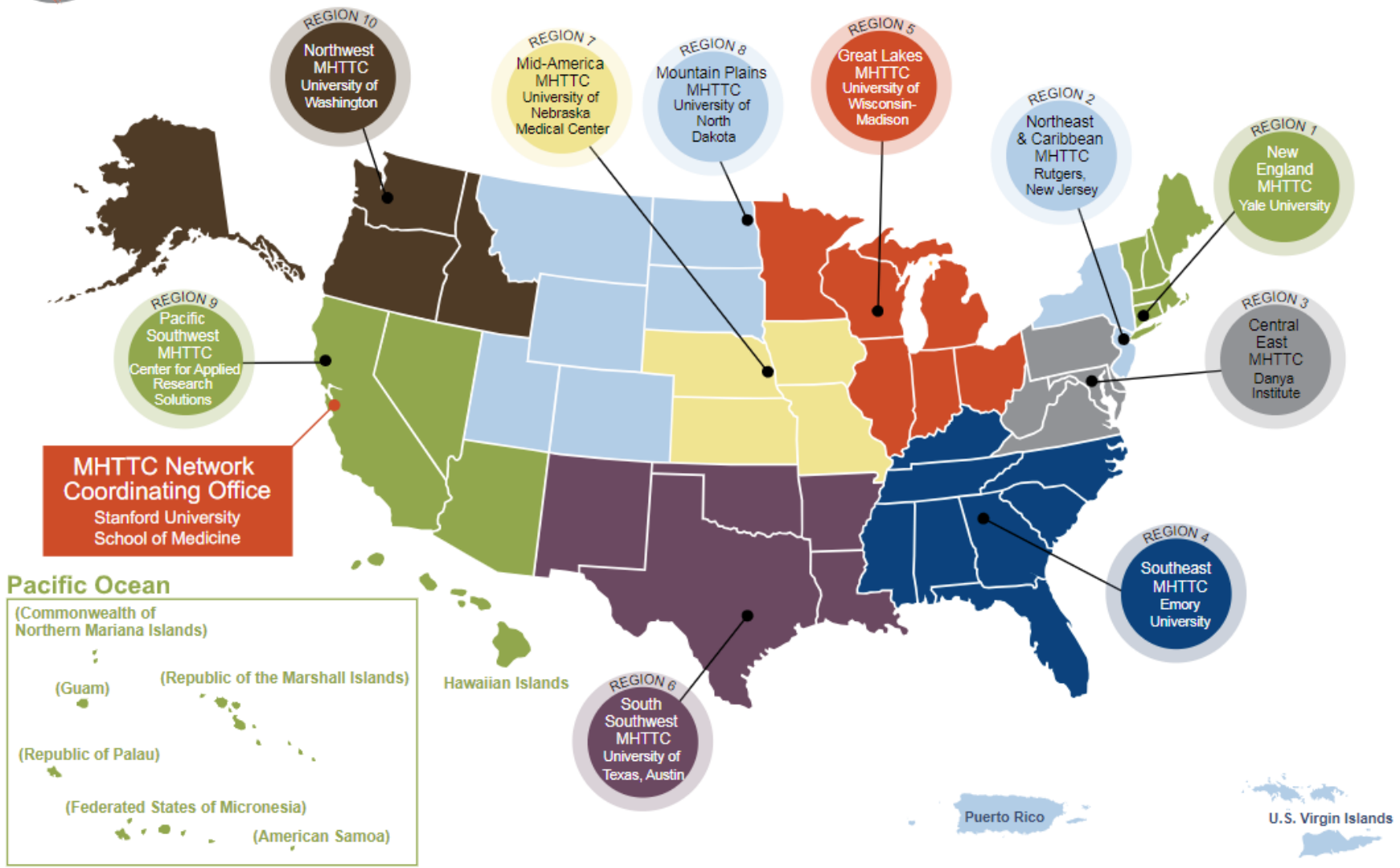
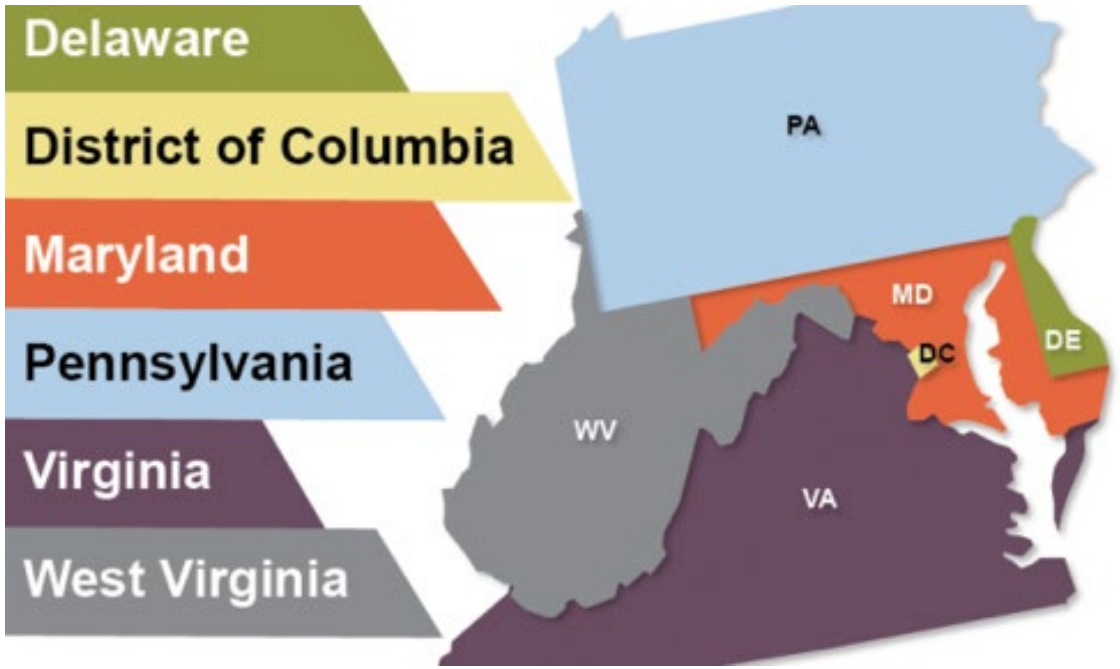
MHTTC Network



Central East Region 3



Central East (HHS Region 3)

MHTTC Mental Health Technology Transfer Center Network

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

- Strengths-based and hopeful
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Healing-centered and trauma-responsive
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Evaluation Information

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Evaluation Link

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Rock Recovery Overview

ABOUT US

Rock Recovery is a 501(c)(3) nonprofit organization that provides affordable therapy for eating disorders, as well as community outreach and education.

MISSION

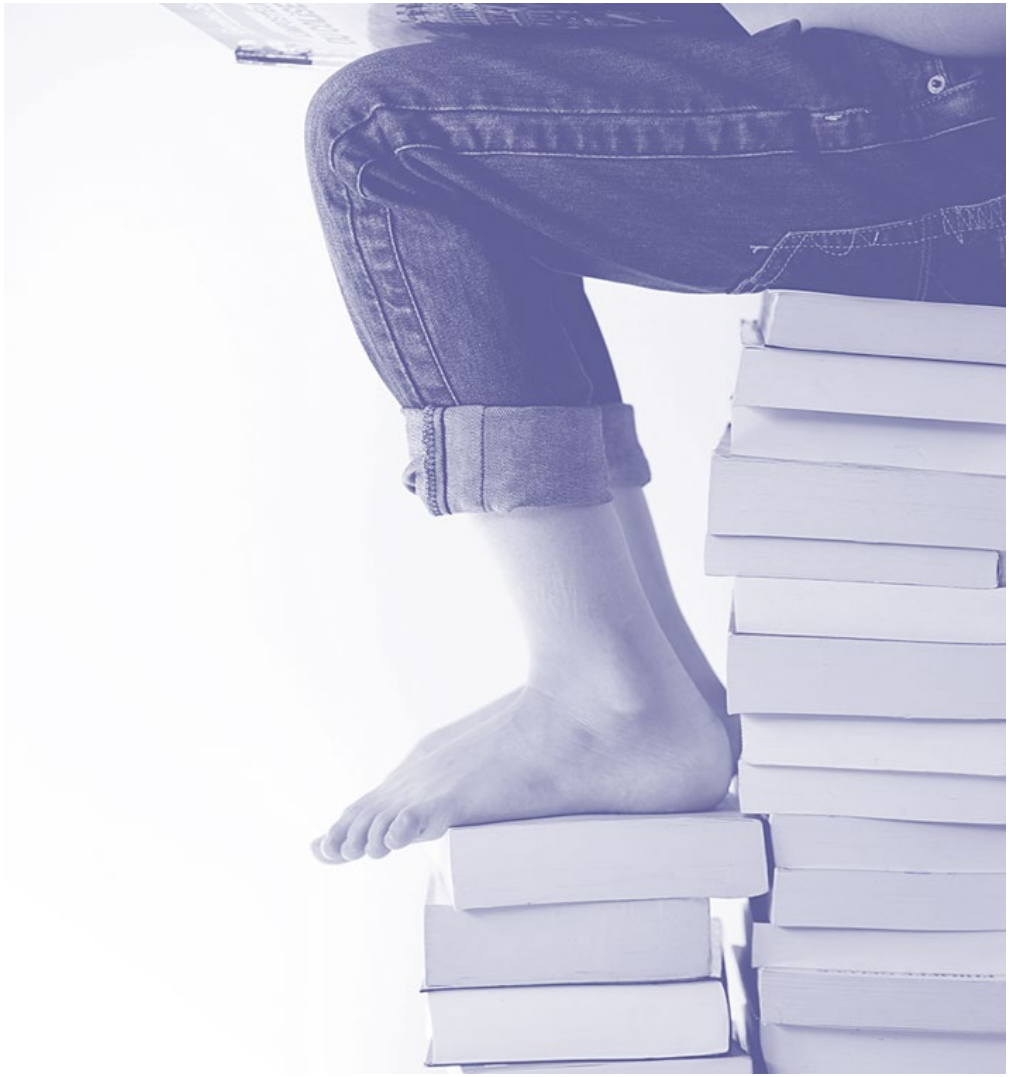
Rock Recovery's mission is to support the journey to freedom from disordered eating through individual recovery and community empowerment programs.

VISION

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

Agenda

1. Start with “why?”
2. Refresher on EDs
3. Levels of care
4. Recognizing EDs
5. What to do
6. When to refer out
7. Resources



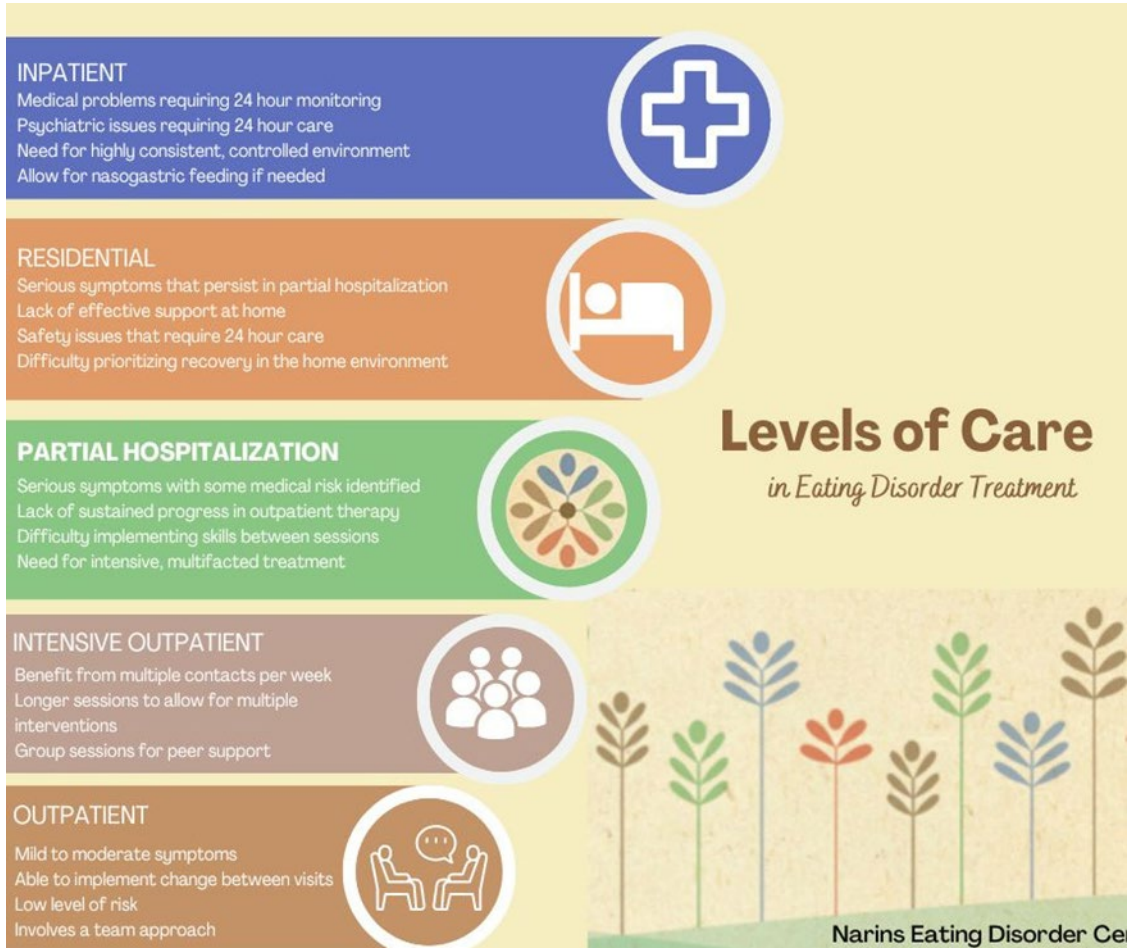
Source

EDs have highest mortality rate of any mental disorder, with the exception of opioid use disorder. Nine percent of the U.S. population, or 28.8 million Americans, will have an eating disorder in their lifetime. Less than 6% of people with eating disorders are medically considered “underweight.”

Refresher on ED Diagnoses

- **Anorexia nervosa (AN)**: restriction, fear of weight gain, low weight, with or without binging, purging, and other symptoms
- **Bulimia nervosa (BN):** binging and purging at least 1x/wk for 3 months
- **Binge eating disorder (BED):** binging at least 1x/wk for 3 months, without purging
- **Other specified feeding and eating disorders:** doesn't meet exact criteria above, but is still a clinically significant ED
  - AN without low weight
  - Short duration or low frequency BN or BED
- **Avoidant/restrictive food intake disorder:** restriction, but unrelated to fear of weight gain. Often related to sensory issues or fear of vomiting, choking, or other illness.

Levels of Care for EDs



Inpatient: ED plus medical

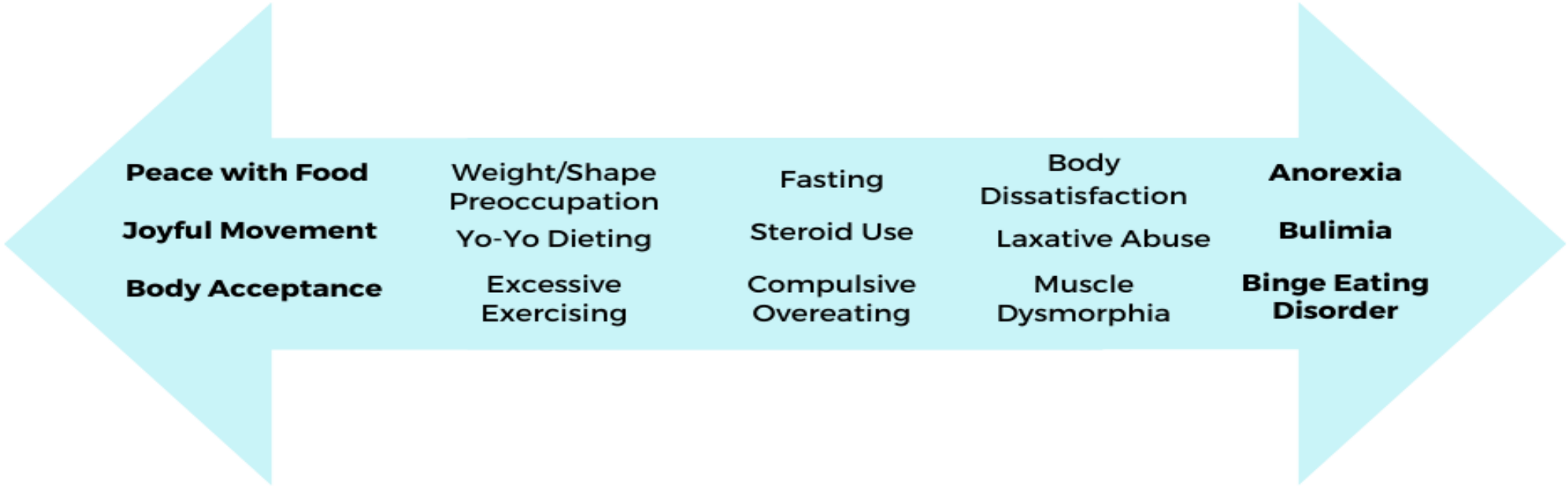
Residential: Around the clock ED support

Partial Hospitalization (PHP): 20 hours per week

Intensive Outpatient (IOP): 9 hours per week

Outpatient (OP): Individual/group therapy, individual dietitian sessions, other team members as needed

Recognizing EDs in Your Clients



Recognizing EDs in Your Clients (cont.d)

- Dieting
  - Because dieting is so normalized, eating disorders often hide in plain sight. All dieting (restriction and/or intentional weight loss efforts) is a yellow or red flag.
  - Over 1/2 of teenage girls and nearly 1/3 of teenage boys use unhealthy behaviors to control their weight (i.e. - skipping meals, dieting, smoking, purging) (Seruya, 2020)
  - Internalization of the “thin ideal” is a causal risk factor for disordered eating (Thompson & Stice, 2001).
  - In a large study of 14– and 15-year-olds, dieting was the most important predictor of a developing eating disorder. Those who dieted moderately were 5x more likely to develop an eating disorder, and those who practiced extreme restriction were 18x more likely to develop an eating disorder than those who did not diet. (Golden, et al. 2016)

Recognizing EDs in Your Clients (cont.d)

- Screen everyone
  - 24-hour food recall
  - Ask about behavioral symptoms that carry the highest medical risk: skipping meals, self-induced vomiting, inappropriate laxative use
  - If any of these are present:
    - Refer to specialist
    - Recommend an updated physical and labs
  - Use the EAT-26 if you suspect AN or BN (free online at https://www.eat-26.com/eat-26/)

What CAN you do?

- Support healthy emotion regulation and distress tolerance
- Promote cognitive flexibility and cognitive de-fusion (ACT)
- Help clients build a strong support system, comprised of anti-diet, body positive people
- Engage your client in values and identity work

What about body image issues?

- Healthy body image has little to do with appearance!
- Components of a healthy relationship with the body:
  - **Positive embodiment** – enjoy pleasure, sensations, and movement
    - Appreciate your body for all it allows you to experience, rather than how it looks – hugs, snuggling with a pet, taste, aroma, stretching

What about body image issues? (cont.d)

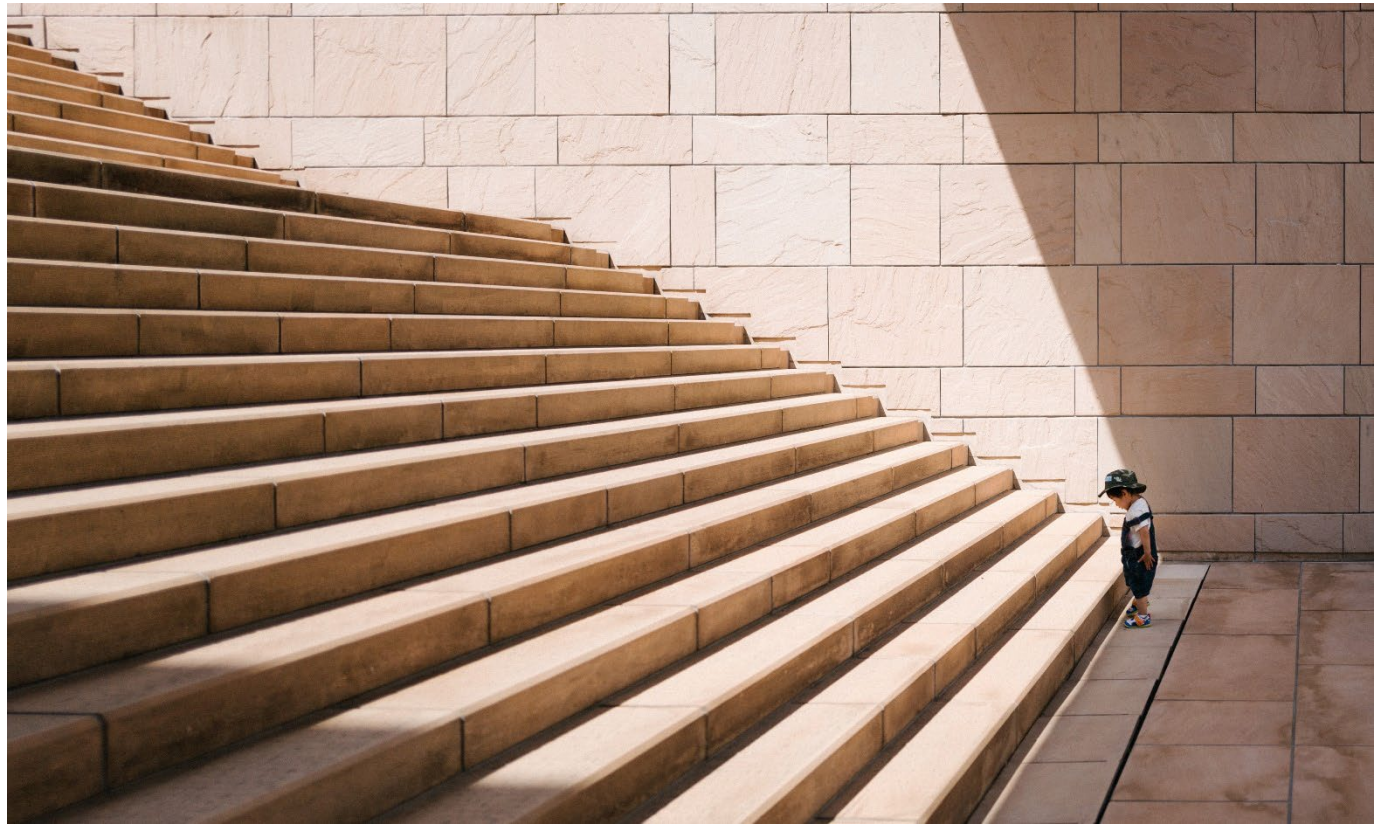
- Relating to your body as your **home**
- Appreciating that your body, with all its quirks and limitations, **is always doing its absolute best** for you
- **Rejecting the idealization and demonization** of body sizes
  - Your body has never been the problem
  - Accurately locate the problem in diet culture/weight stigma

What about a client who is already in recovery?

- Early on, help client identify thoughts/feelings/behaviors that indicate green, yellow, and red “zones” of their own recovery. Then, watch for those indicators throughout your work together.
- Ask the client what relapse prevention practices they already have in place, and help them build that out, as needed. Re-assess whether more support is needed regularly.

When to refer a client to a specialist..

- When any of the most medically risky symptoms are present
- When ED is getting worse
- If you’re asking this question… it’s probably time



Do's and Don't's

Instead of…	Try this…
Promoting weight loss efforts	Help clients identify what's underneath the desire to be smaller, and process that
Minimizing clients' reported experiences of weight stigma	Validate them, and treat them as traumatic, when applicable
Getting outside your scope talking about nutrition and exercise	Focus on health-promoting behaviors **within** your scope: sleep, stress management, and social connection
Making assumptions about health status and choices based on size	Work on your own biases to create a weight-neutral space

The very best thing you can do for your clients is to identify and work on your own internalized weight stigma. Educate yourself on diet culture and weight stigma, so that you are prepared to help your clients notice, name, and process their experiences involving those.

Resources

Rock Recovery - Therapy Services & Faith Support Groups

- https://www.rockrecoveryed.org
  - Individual therapy
  - Meal support & body image groups (virtual/in-person for MD, VA, and DC)
  - Faith-based virtual support groups nationwide
  - Referral Guide - Therapists, dietitians and treatment centers in the area

The Alliance for Eating Disorders:

- https://www.allianceforeatingdisorders.com
  - Helpline
  - Resource guide
  - Nationwide support groups

Association for Size Diversity and Health

- https://www.asdah.org

The National Association for Anorexia Nervosa and Associated Disorders

- https://www.anad.org

Resources (cont.d)

Listen, Read, and Learn

- *Anti-Diet* by Christy Harrison
- *Reclaiming Body Trust* by Hilary Kinavey and Dana Sturtevant
- *What We Don't Talk About When We Talk About Fat* by Aubrey Gordon
- Maintenance Phase podcast
  - The Trouble with Sugar, The Trouble with Calories, Is Being Fat Bad for You?, The Obesity Epidemic, and The Body Mass Index

Harvard Implicit Associations Test

- https://implicit.harvard.edu/implicit/takeatest.html
  - Size test

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Questions

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a program managed by

THE DANYA INSTITUTE

Central East MHTTC website

Oscar Morgan, Project Director

Danya Institute website

Email

240-645-1145

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