



Continuing Education Webinar

Nourishing Growth: Unrooting Eating Disorders and Trauma

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***Speakers from
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Services, Inc.:***

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Objectives:

- Identify characteristics of eating disorders listed in the DSM
- Gain insight into eating disordered behaviors and trauma reenactment
- Obtain therapeutic modalities that can be utilized when working with individual's diagnosed with an eating disorder and trauma.

- When information is not processed adequately, intrusive recollections, flashbacks, and nightmares are likely to occur.





I do not view Post Traumatic Stress Disorder as a pathology to be managed, suppressed, or adjusted to, but the result of a natural process gone awry.



Healing trauma requires a direct experience of:



Living



Feeling



Knowing

Contributing Factors for Eating Disorder Behaviors

Being flooded with overwhelming emotional material

Fear of experiencing emotions

Lacking skills to cope with distress

Experiencing body memories

A compulsion to repeat some aspect of the trauma

TRAUMA BASED MESSAGES

CONTROL – IT IS IMPORTANT TO BE IN CONTROL OF YOU BEHAVIOR AND YOUR INTERACTION WITH OTHERS. BAD THINGS WILL HAPPEN IF YOU LOSE CONTROL.

PERFECTION – IT IS IMPORTANT TO ALWAYS BE RIGHT AND ALWAYS DO THE RIGHT THING. “IF I DON’T DO THE RIGHT THING, I WILL BE IN TROUBLE.” = “I AM BAD.”

NO TALK – KEEP SHAMEFUL EXPERIENCES, BEHAVIORS, AND FEELINGS A SECRET. NEVER TALK ABOUT THEM OPENLY. I MUST ALWAYS HAVE A SECRET.

DENIAL – IT IS IMPORTANT NOT TO ACKNOWLEDGE FEELINGS AND NEEDS – ESPECIALLY ONES THAT MAKE YOU MORE VULNERABLE OR MAKE YOU APPEAR AS THOUGH YOU HAVE LOST CONTROL. I HAVE TO STAY IN CONTROL.

DISQUALIFICATION – WHEN THINGS DO NOT GO AS PLANNED OR EXPECTED, SOMEONE MUST BE BLAMED. IF YOU CAN NOT BLAME OTHERS, YOU MUST BLAME YOURSELF.



- Individuals often engage in eating disorder behaviors to regulate emotions, relieve emotional distress, and/or distract themselves from internal pain because restricting, bingeing, and/or purging “perceive” to work so effectively they can be very difficult to change.





Trauma and Eating Disorders



Rates of Abuse Difficult to Assess:

Secrecy

Shame

Silence

Dissociative Characteristics

Recovering from an Eating Disorder

- A multi-dimensional, ongoing process in which individuals abandon food and weight concerns through gaining a sense that their lives are meaningful; believing they are worthwhile, and actively creating a new, recovered sense of self.



Anorexia Characteristics

Identity determined via saying “NO” to food. The boundary creates the self.

Provides the individual with an identity that is strong, secure, and rigid, as long as the boundary of refusal is maintained.

Abolishes needy child ego state.

Symbolic attempt to reduce inner child ego state to non-existence.



Bulimia Characteristics

Self is seen as having two sides: **Normal** (organized, competent, and good) and **Bulimic** (messy, inadequate, and bad).

Rejects internal part that is bad.

Feels like a fraud.

Acceptance linked to presenting “good” side while attaching negative feeling to “bad” side.

What comes in (care, attention, food) is immediately rejected.

Does not listen to internal cues around eating. Feelings taken over by a force bigger than self.



Binge Eating Disorder:

- Eating an unusually large amount of food in a discrete period of time.
- Sense of loss of control overeating.
- Marked distress about binge eating
- Not associated with purging or exercising

Associated with 3 or more of the following:

1. Eating until uncomfortably full
2. Eating large amounts when not physically hungry.
3. Eating more rapidly than usual.
4. Eating alone due to embarrassment.
5. Feelings disgusted, depressed, or guilt.



Assessment of Eating Disorders

- Presence/Absence of binge eating, purging, dietary restrictions
- Time course
- Precipitating Factors
- History of eating disorders
- Exercise
- Food Rules
- Strength of concerns regarding weight and shape
- Co-morbid psychopathology-MDD, anxiety disorders, substance abuse, PTSD, Dissociative Disorder

Eating Disorders in Response to Trauma

- Help the individual see the maladaptive function of the disorder eating reinforcing a sense of survival rather than reinforcing a destructive identity.
- Empathy and validation of dysfunctional eating provides mirroring for an aspect of self that holds shame and promotes self acceptance.
- Finding the origin and functions of ED set the stage for change





Eating Disorders as Self-Regulation

- Containment of fragmentation
- Tension Release
- Predictability and Structure

Eating Disorders as Self Medication

- Sedation
- Energizer
- Tension and anxiety relief
- Numbing



Eating Disorders as Self Regulation

Rebellion



Discharge of
Anger



Avoidance of
Intimacy



Large/Small
body for
Protection

Eating Disorders as Reenactment

Repetition of events

Recreates somatic or visceral experiencing of events

Self Punishment

Trauma
Reenactment
Syndrome
(TRS)

Due to body what has been done to self

Serves many “perceived” functions

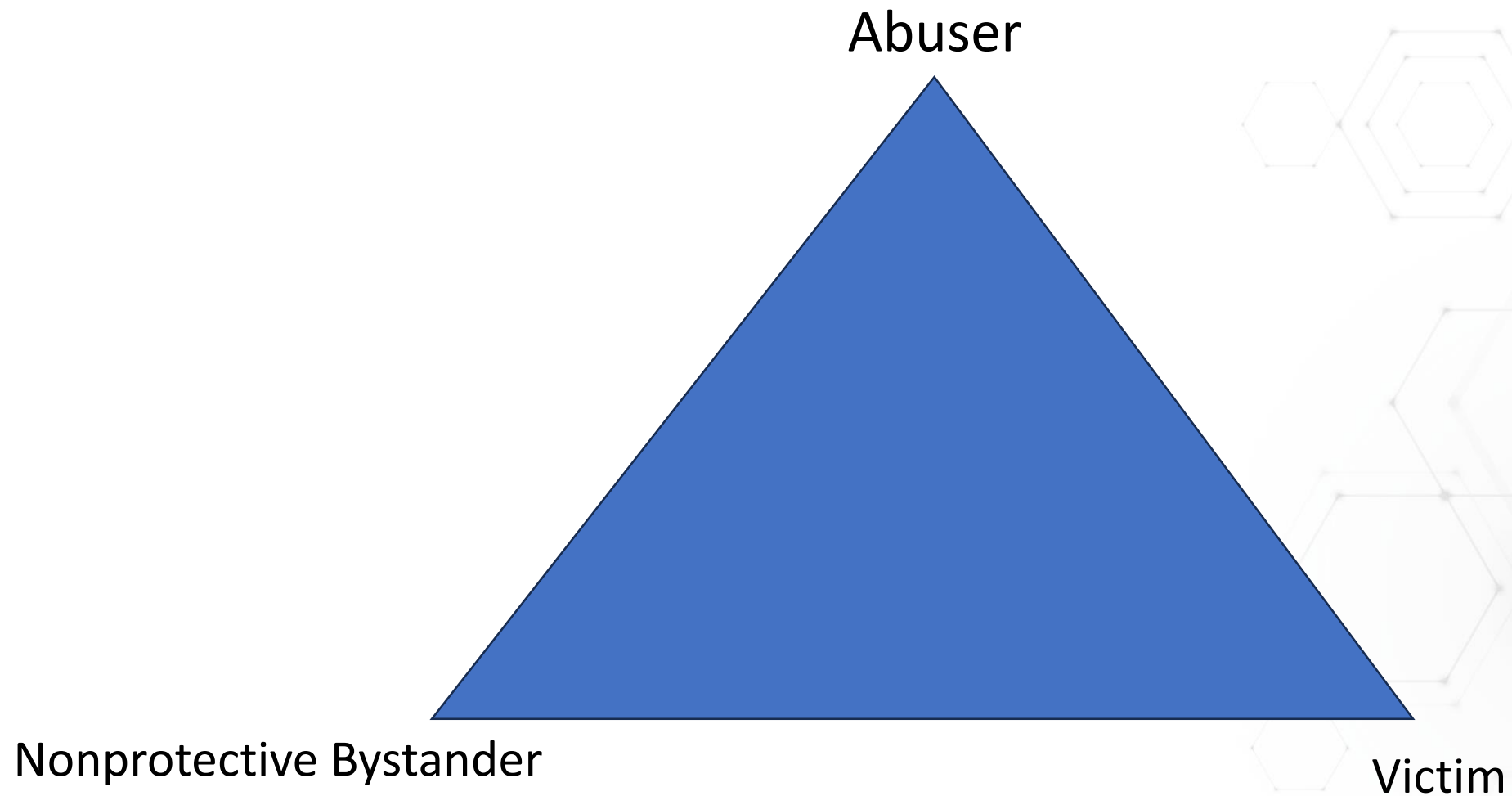
Keeps others at a distance

Keeps the individual “safe”

Characteristics of Trauma Reenactment

- My body, My enemy
- Secrets
- No protection
- Challenging Relationships





Beginning Treatment

- Collaborative approach
- Changing for self vs others
- Enhancing motivation to change-client present argument for change
- Pros and Cons of treatment
- Pros and Cons of not receiving treatment



Advantages to Change



What worries you about your eating habits?



What difficulties has your eating disorder presented for you?



What is there about it that you or other people might see as reasons for concern?



In what ways does your eating disorder concern you?



How has your eating disorder stopped you from doing what you want to do in your life?



What do you think would happen if you did not change anything?



What would you like life to be like a week from now, a month, a year?

Creating a Vision of Recovery

- What would a healthy recovering relationship with food look like?
- What feeling would you have in your body as you take these steps?
- What would you be thinking that would help you take these steps?
- What images or metaphors would be helpful to you in taking these steps?
- What could you do in the near future that would be a step toward realizing your vision?

Addressing Ambivalence

- Attending to losses associated with eating disorder.
- Acknowledging fears, risk, and vulnerability.
- Can I make a commitment to put treatment at the top of my priority list?





Attuned Eating



Eating is organized around internal cues of hunger and satiation rather than emotions, thoughts of external authority.



Establishes an attuned and trusting connection between mind and body and reinforces that the body is a safe place.



Hunger Scale

- Refine sensations of hunger and satisfaction
- Differentiate emotional cravings from physical hunger
- Teaches self-observation

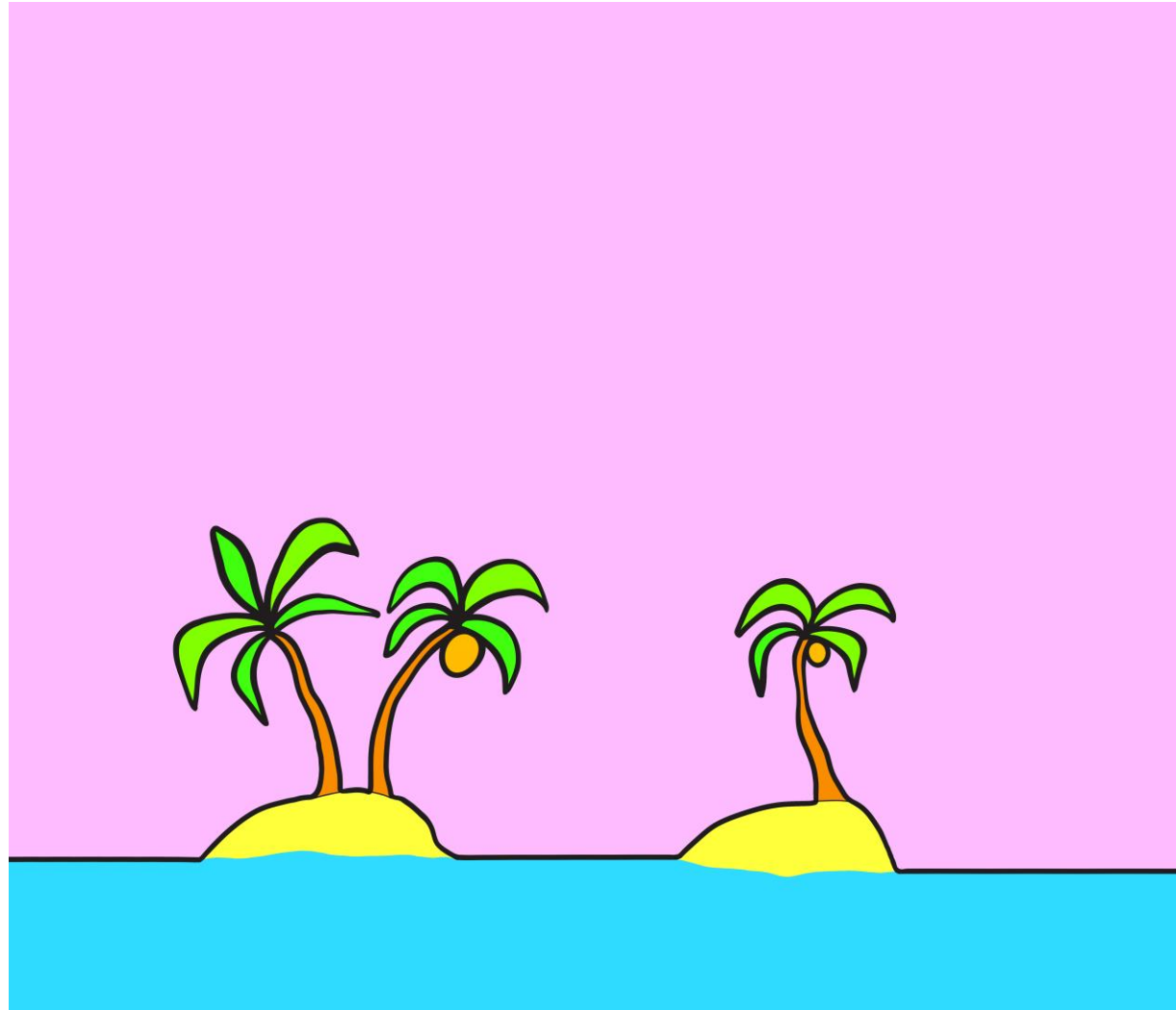


Treatment Interventions



Safe Scene

- Real or Imaginary Place
- Incorporate the 5 senses
- Only the client is in it
- Draw or write it



Grounding Techniques

Breathing

Safe Scene

Essential Oils

Stop Light

Progressive Muscle Relaxation

Mindfulness

5,4, 3, 2, 1

Ice Pack

Frozen Orange

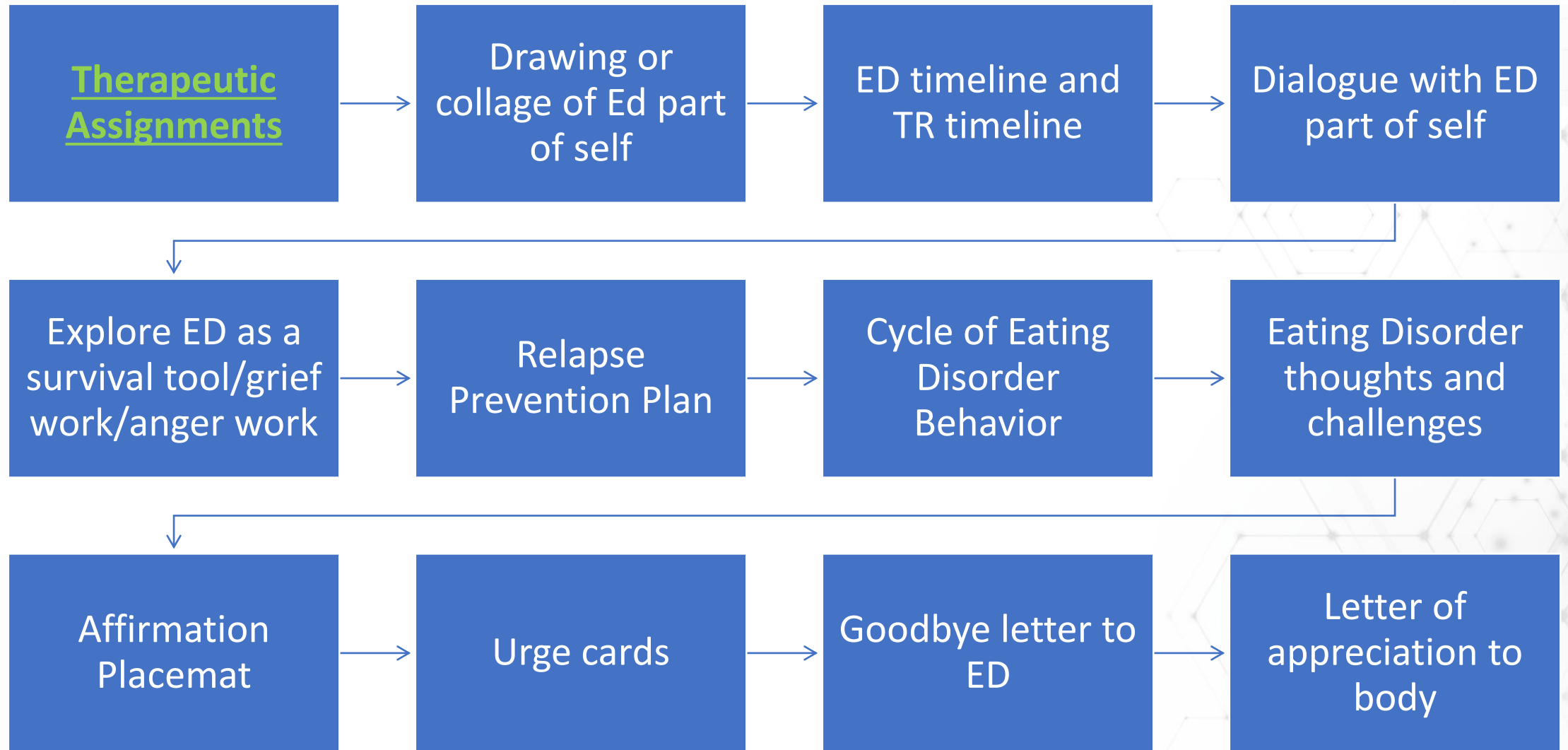
Pacing and Containment



Containment Strategies

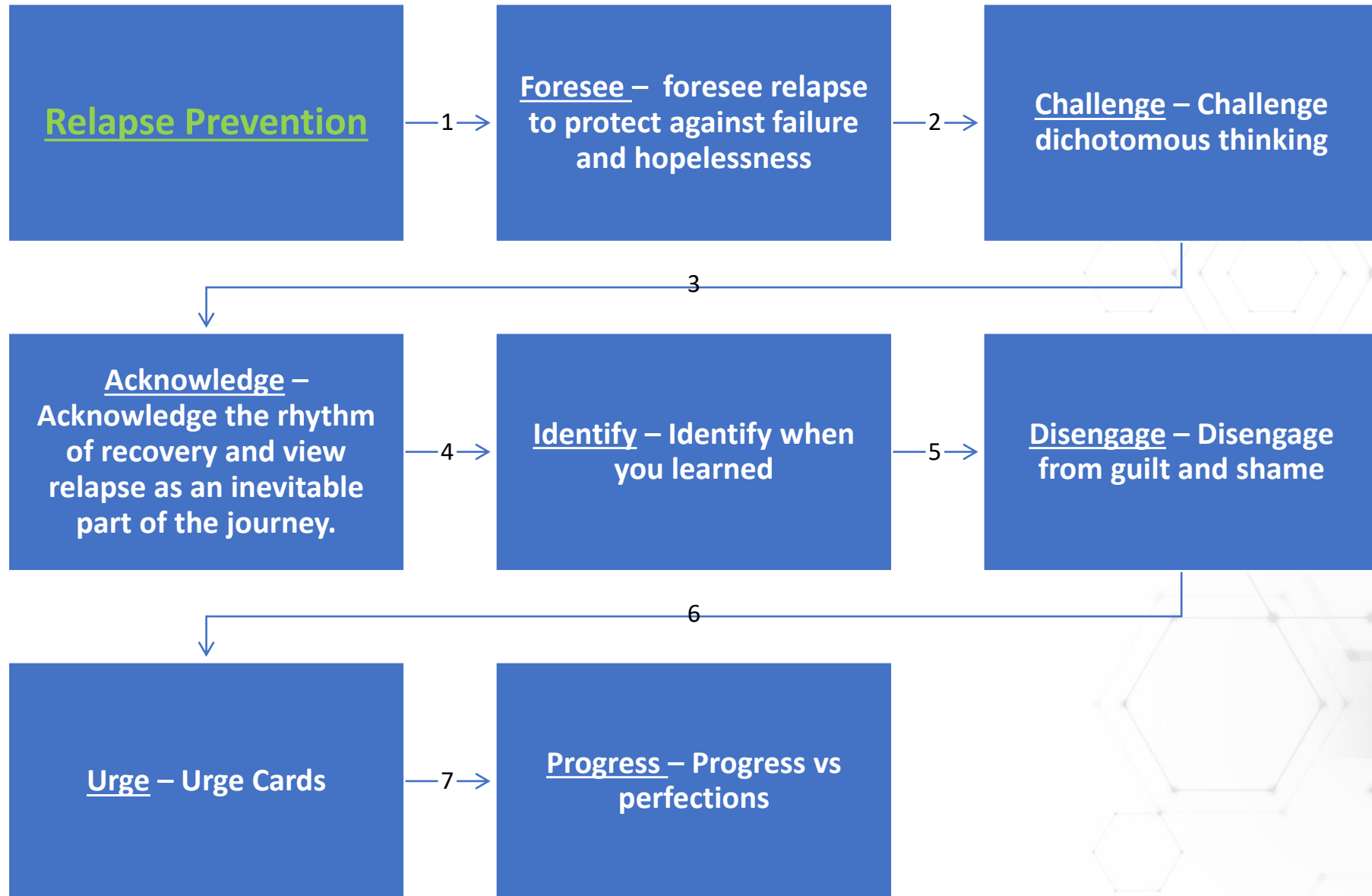
- Visualization
- Containment Box
- Containment Envelop





SIN – Substituting Inedible Nurturance

Giving yourself frequent rewards for meeting small goals engages the dopamine system, so your brain will associate the positive outcome with the changed behavior.



Rainy Day Letter

- Write a letter to self when things are going well, to be opened when things are not going well.
- Let past experiences of lapses or relapses be their teacher.
- Include a list of possible actions to take with instructions to choose at least one.
- Include five affirmations you consider to be true



Recommended Reading

Gaudiani, J. (2018). *Sick Enough: A Guide to the Medical Complications of Eating Disorders.* New York: Routledge.

Goldberg, R. (2020). *The Eating Disorder Trap.* New York: Amazon.

Mehler, P. (2022). *Eating Disorders a Comprehensive Guide to Medical Care.* John Hopkins University Press.

Seubert, A. (2018). *Trauma Informed Approach to Eating Disorders.* New York: Springer Publishing Company.