

Eating Disorders: psychological perspective & approaches



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Structure



- Overview of eating disorders and our service
- Typical treatments
- Specific psychological treatments and approaches
- Common challenges during treatment
- The of role a psychologist
- Current issues in eating disorders
- Questions

Eating Disorder presentations



- Anorexia nervosa
 - restrictive subtype
 - binge/purge subtype
- Bulimia nervosa
- EDNOS (OSFED)
- Binge eating disorder (BED), ARFID, PICA

Criteria for our service



- Presentations with a restrictive aspects
- In the context of weight and shape concerns
- Impairing on aspects of life
- We are not commissioned to work with binge eating disorder, PICA, ARFID

Typical treatment



- Multidisciplinary in its approach (psychology, dietetics, occupational therapy, also CMHT involvement and GP)
- Group therapies
- Individual therapy
- Inpatient referrals

Psychological models for therapy




- Cognitive behavioural therapy (CBT) (groups & individual)
- Cognitive analytical therapy (CAT)
- MANTRA
- Dialectical behavioural therapy (DBT) & Dialectical behavioural therapy – radically open (DBT-RO)
- Family therapy

CBT




- 20-40 sessions
- Therapy that focuses directly on the eating disorder & its symptoms.
- Thoughts, feelings and behaviours.
- Breaking cycles around eating.
- Address behaviours that reinforce eating disorder ideologies.


Early Experiences – High achieving family, striving was valued. Absent parents, emotions were not expressed.




Messages – I must always try my best, my feelings don't matter. I must always get things right. Striving is the only way I will be noticed. To express how I feel is to be unacceptable. Emotions are inconvenient.



Core beliefs – if I work hard enough then I will be accepted/noticed. If I express my feelings I will be criticised. If I feel emotions then I am weak.



Rules I live by – I don't share how I feel & instead attempt to escape my emotions. I strive for perfection at everything I do.



Triggers – bereavement, transition to university/school, exposure to high body image culture.

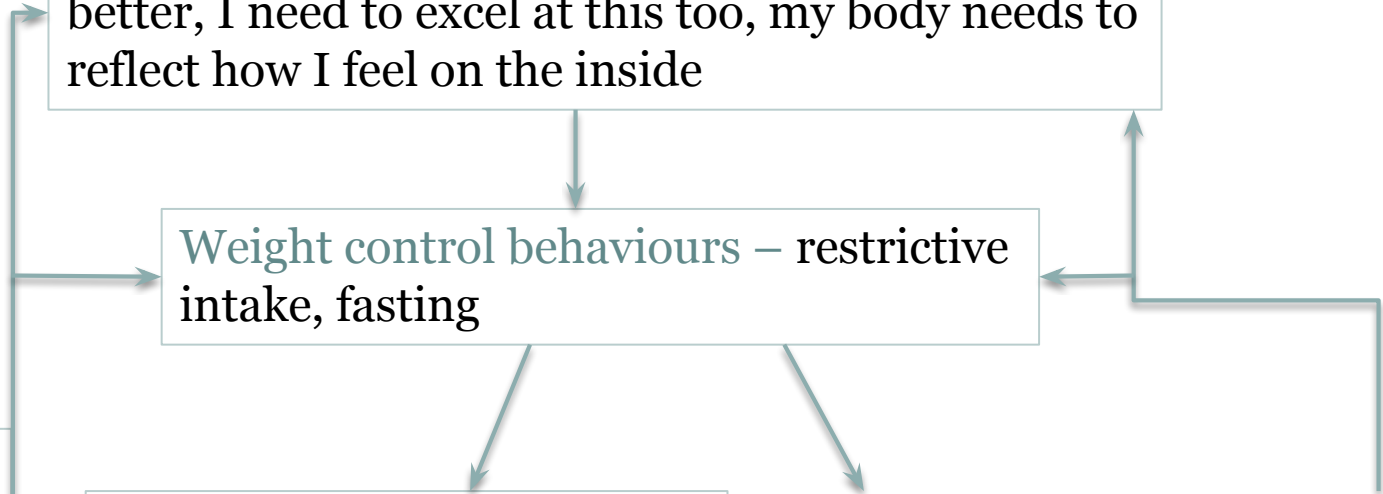
Weight & shape concerns – my body needs to look better, I need to excel at this too, my body needs to reflect how I feel on the inside

Weight control behaviours – restrictive intake, fasting

Consequence – people don't understand my illness & I feel sad, isolated & misunderstood

Consequence – weight loss & congratulated by others

Events & moods – Anxiety, stress, sadness



CAT



- Looks at the eating disorder as a symptom of a deeper emotional/relational difficulty.
- Idea that eating disorder is a way of managing underlying distress.
- Patterns in how we relate to other people and ourselves based on our experiences of attachment & relationships as a child.
- If underlying difficulties are addressed then symptoms around eating should improve on their own.

By striving I hope to meet the standard of “high achiever” academically, professionally, as a friend etc.

I will then strive to manage my feelings of inadequacy & insecurity.

Core pain: Am I good enough? I think I am inadequate

This leaves me depleted, sad, self-criticising & disheartened as this is a standard I can never met

I then fall into my eating disorder to escape my feelings & strive at something else

MANTRA



- Pulls in various treatments for ED (CBT, family therapy, neurological implications)
- Focuses on maintaining factors of an eating disorder e.g. positives of having an eating disorder, families, perfectionism etc.
- Useful for patients who are not motivated to make changes.
- Motivation building by evaluating role of the eating disorder in person's life

More common difficulties in treatment



- Family context
- Motivation/readiness for change
- Fear of the unknown.
- Positives of having an eating disorder (safety, avoidance of feelings, control.)
- Comorbid presentations

Psychologist role in ED



- Assessment
- Formulation
- Intervention
- Research
- Consultation
- Training
- Liaising with other organisations

Current issues



- Medical monitoring
- Inpatient beds
- Commissioning and resources

References



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Thank you 😊

Any questions?