

TRAUMA INFORMED CARE FOR CLIENTS WITH EATING DISORDERS

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OVERVIEW

- Trauma and Eating Disorders (EDs)
- Stabilization
- Processing
- Integrative Care and Whole Wellness

EATING DISORDERS

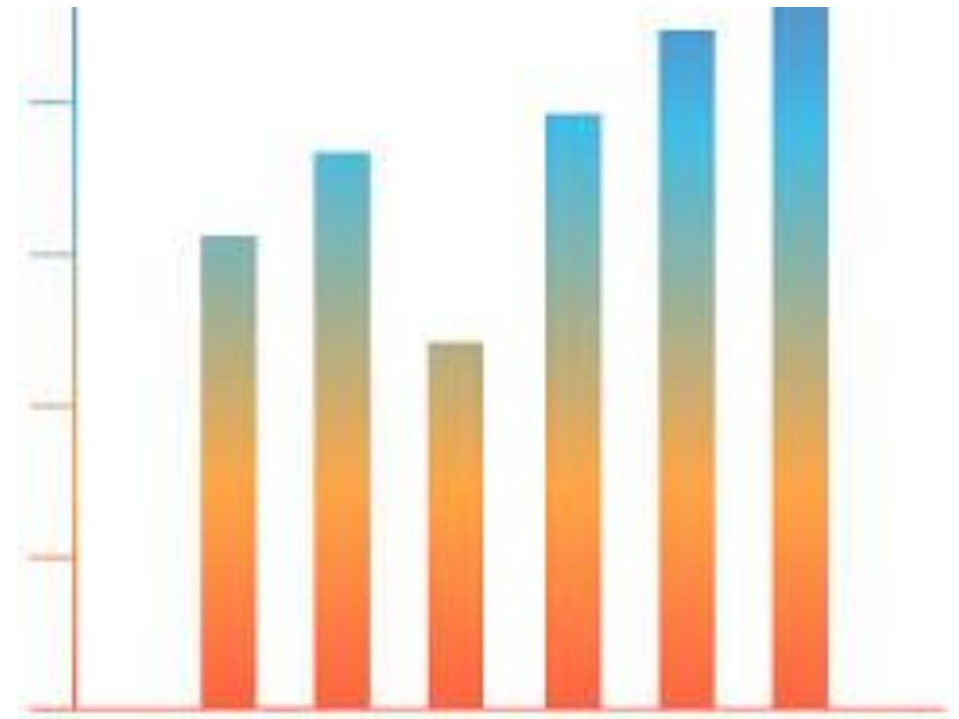
- Anorexia Nervosa
 - Restricting Type
 - Binge eating/purging type
- Bulimia Nervosa
- Binge Eating Disorder
- Avoidant Restrictive Food Intake Disorder
- Other Specified Feeding or Eating Disorder
 - Atypical anorexia/bulimia/binge eating disorder
 - Purging Disorder
 - Night Eating Syndrome

TRAUMA

- Eating disorder used to cope with/decrease symptoms related to trauma
- Eating disorder functions could be to provide “safety”
 - Example: “If I’m overweight/underweight, I will be undesirable.”
- Eating disorder serves to create a sense of power or control which was missing and needed during traumatic experiences
- Eating disorder could serve as a means to reenact trauma
 - Functions of punishment, reenacting chaos experienced in trauma
- Eating disorder can increase disconnectedness

TRAUMA AND EATING DISORDERS

- Rates of Posttraumatic Stress Disorder in eating disorder samples range between 1-52%
- National Comorbidity Survey – Replication
 - Women
 - Anorexia (16.09%)
 - Bulimia (39.81%)
 - Binge Eating (25.74%)
 - Men
 - Bulimia (66.19%)
 - Binge Eating (24.02%)



(Gleaves et al., 1998; Mitchell et al., 2012; Turnbull et al., 1997; Tortolani, 2014)

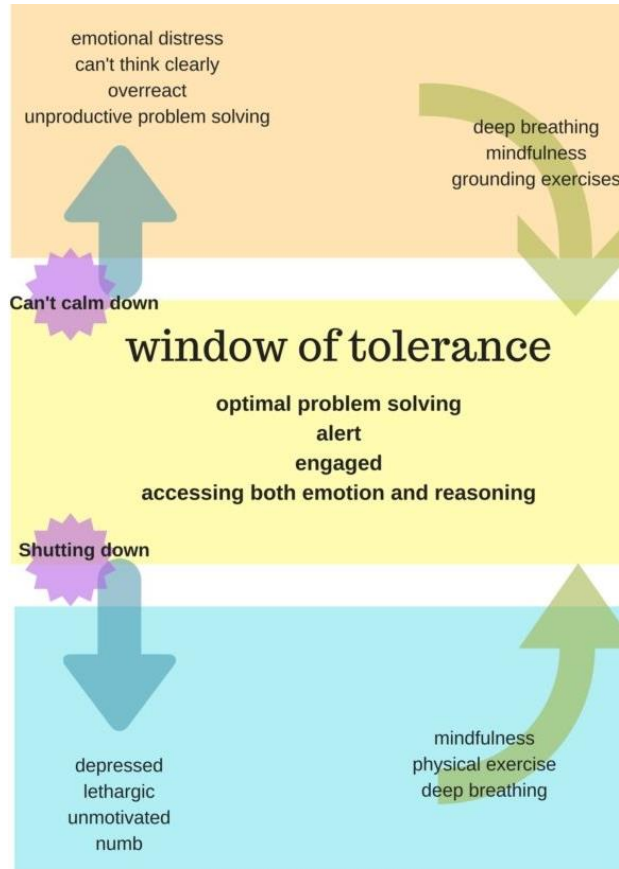
STABILIZATION

Stage may be
revisited
multiple times

Must have stabilization before moving on to deeper work

Modalities

CBT (Cognitive Behavioral Therapy)
DBT (Dialectical Behavioral Therapy)
ACT (Acceptance and Commitment Therapy)



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WINDOW OF TOLERANCE



WINDOW OF TOLERANCE



Hyper-
arousal



Hypo-
arousal

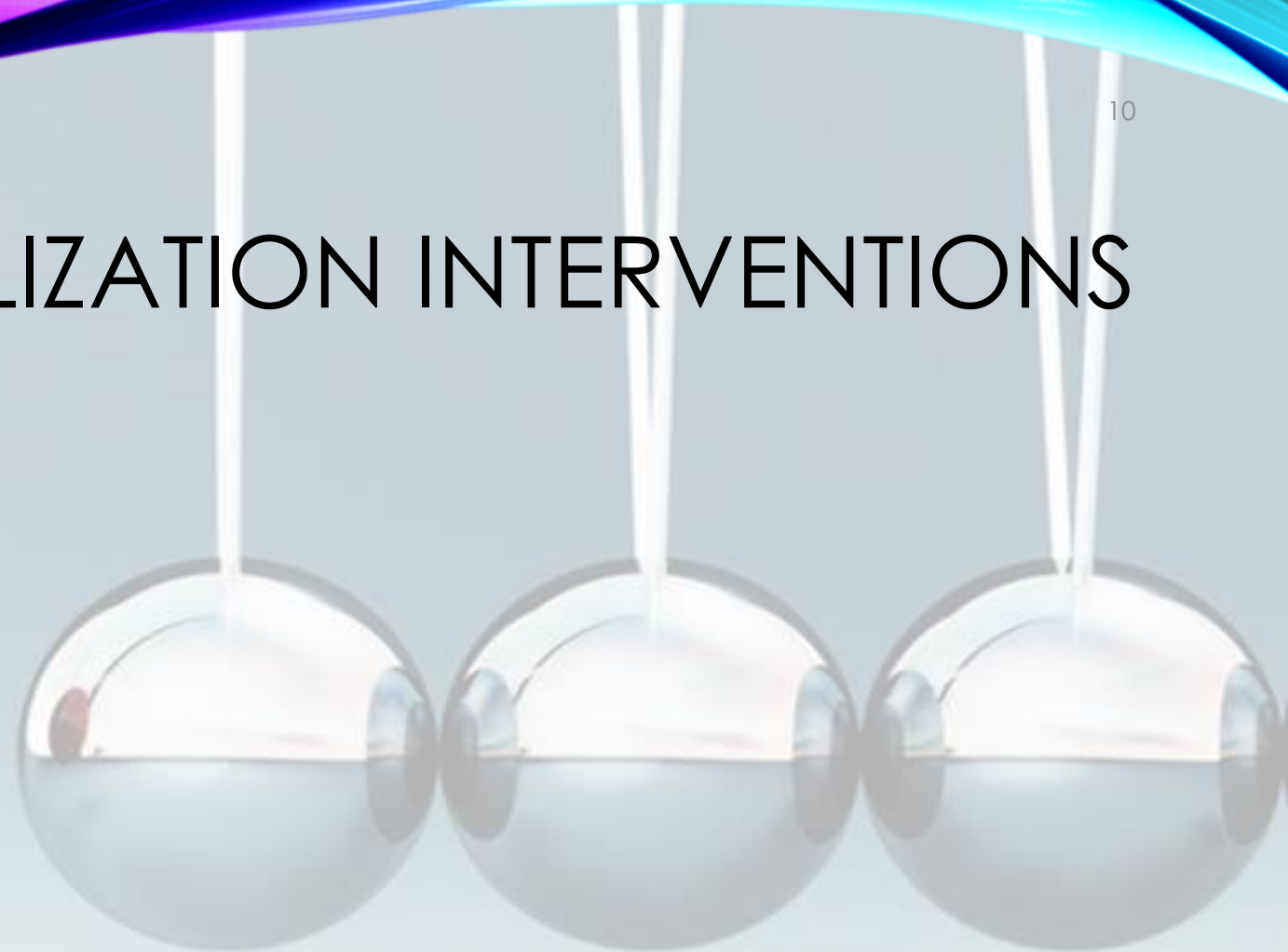
- Hyper-arousal = anxiety, panic attacks, feeling “too much” in body
- Hypo-arousal = depression, dissociation, disconnection from body/others

EXPANDING THE WINDOW OF TOLERANCE

- Clients with eating disorders often have a narrow window of tolerance
 - They are unable to tolerate emotions outside of the window
 - They use food to try to bring them back into their window
- Clients learn coping skills to widen the Window of Tolerance and to decrease emotions to a tolerable level without food

STABILIZATION INTERVENTIONS

- Safe/calm place
- Grounding and containment
- Spiral
- Containment exercises
- Light stream
- Breathing techniques
- Using body as a resource



PROCESSING – GOING TO THE INJURY

Supporting clients as they explore and process the earlier injuries that contributed to the need for the eating disorder

Example: If eating disorder serves to provide power and control (the function), when did the client feel powerless earlier in life?

Utilization of therapeutic modalities to go to the underlying injury

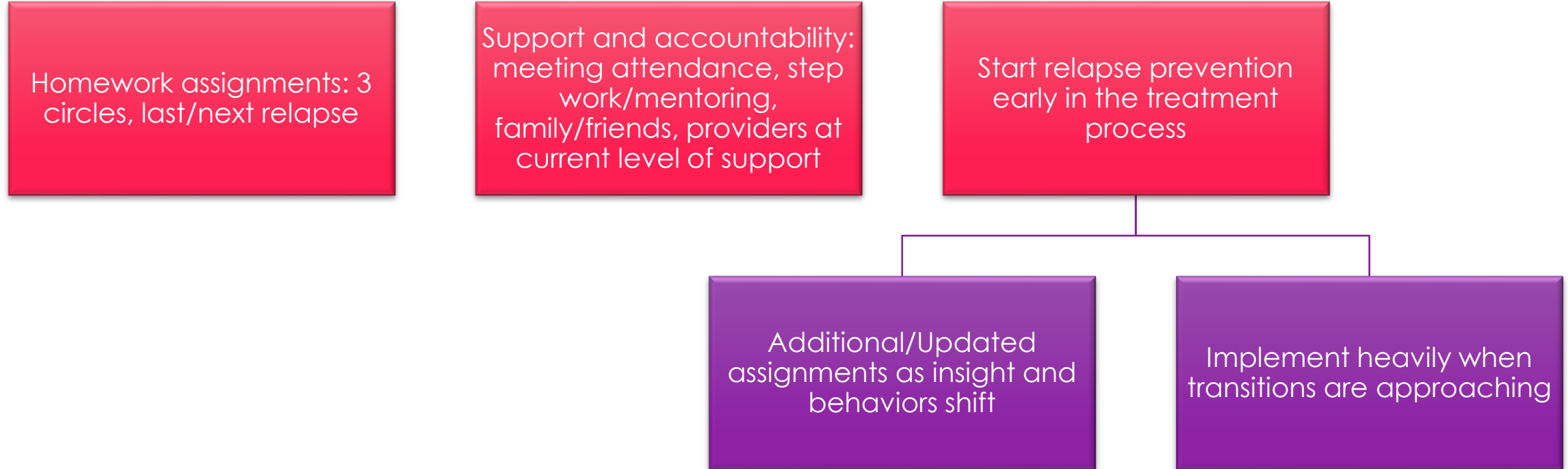
Using Trauma Informed Practices

TRAUMA INFORMED PRACTICES

- Eye Movement Desensitization and Reprocessing (EMDR)
- Schema Therapy
- Art Therapies
- Somatic Experiencing
- Expressive Therapies



CONTINUING RECOVERY & RELAPSE PREVENTION



RELAPSE PREVENTION: 3 CIRCLES



- Red
 - Relapse behaviors
- Yellow
 - Warning sign behaviors
- Green
 - Recovery oriented behaviors

3 CIRCLES EXAMPLE



INTEGRATION

What does it look like to move into the world with a different context/meaning attributed to past injuries

- Example: “If I’m not bad, and the abuse was not my fault, how does this shape my current relationships?”

Explore how this influences other aspects of life, such as medical, nutritional, relational (self, others, higher power), therapeutic, and movement

- Encourage client to seek out a treatment team to address whole wellness

Best Practices

- Values-based therapies, family therapies, spiritual interventions, relapse prevention interventions

Create a life worth living

- Create meaning and purpose

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