Food-Related Interventions in Eating Disorders: A Team Approach

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Learning Objectives

• Define the challenge of incorporating food related interventions in the treatment of eating disorders.

• Describe the integration of a multidisciplinary team in the implementation of food-related interventions in eating disorders.

• Implements at least 5 food - related interventions in the treatment of eating disorders.

APA, 2010
The Highlands’ Nutritional Philosophy: Essentials

• **Inclusive and holistic** approach to food, health, and wellness

• **Nutrition education** - to increase client’s knowledge regarding food, normal nutrition, metabolism, and exercise

• **Build the client’s repertoire of skills** - to prepare him/her for real life experiences

• **Community/support system involvement** - promoting a healthy and stable network that continually reinforces a recovered lifestyle
A “real-life” Approach with Food

• All foods fit
  • Identifying nutritional gaps: meal planning
  • Identifying “fear foods”: prolonged exposure therapy, integrate into meal planning

• Portioning interventions
  • Visual portion guides, no measuring utensils
  • Sample Plate
Food Related Interventions

Portioning

**Meals**
- At least 4 food groups
  - dairy, starch/grain, protein, fruit, vegetables, fats
- Usually 3 “components”
  - Sandwich + fruit + chips
  - 2 slices pizza + side salad
  - Grilled turkey + sweet potatoes + green beans

**Snacks**
- At least 3 food groups
- 2 “components”
  - Cookies + milk
  - Apple + peanut butter
  - Yogurt + granola
Food Related Interventions

Portioning

Visual portioning guides are practical tools that challenge rigidity of the eating disorder.
Food Related Interventions

Portioning: Sample Plate

- Food plated with measured portions
- Regular serving utensils
- Clients portion, model sample plate
- Portioning privileges:
  - Staff plates all food
  - Client portions with staff checks
  - Independent portion privileges
Food-Related Interventions

Exposure Therapy Techniques

• Prolonged, graduated, consistent exposure to situations that provoke anxiety and distress.

• Utilizes habituation to desensitize clients to feared foods.
Food-Related Interventions

Exposure Therapy Techniques

- Fear Cues
  - Feared Foods

- Beliefs
  - Food is bad
  - I have no control
  - I’m not Worthy

- Safety Behaviors
  - Avoidance
  - Restriction
Food-Related Interventions

Exposure Therapy Techniques

• Assessment of Fear Cues
  – What specific things are you fearful of?
  – What things do you try to avoid?

• Assessment of Maladaptive Beliefs
  – What is so frightening about ________?
  – What do you tell yourself when you come in contact with ________?
  – What are you worried would happen if ____?
  – What makes it so bad to ______?
Food-Related Interventions

Exposure Therapy Techniques

• Assessment of Safety Behaviors
  – How do you avoid _____________?
  – What do you avoid because of your fears of _____?
  – When you can’t avoid, what else do you do to reduce anxiety?
Food-Related Interventions
Exposure Therapy Techniques
Subjective Units of Distress Scale (SUDS)
Food-Related Interventions

Exposure Therapy Techniques

• Create hierarchy of feared stimuli
• Explain process of habituation
  – Must stay in situation and wait for anxiety to dissipate
  – Must not perform safety behaviors to make anxiety dissipate
• Provide rationale for exposure therapy
  – Learn anxiety and distress do not last forever
  – You don’t need to perform safety behaviors or escape to make the anxiety go away.
  – Your beliefs of what will happen due to contact with the feared food will not really occur.
  – You learn to tolerate doubt and uncertainty.
<table>
<thead>
<tr>
<th>ITEM</th>
<th>SUDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating 100% of a large cookie</td>
<td>8</td>
</tr>
<tr>
<td>Eating 3 oreos and leaving rest in package</td>
<td>8</td>
</tr>
<tr>
<td>Going in kitchen area after lunch where there are leftovers</td>
<td>9</td>
</tr>
<tr>
<td>Looking at myself in full mirror</td>
<td>5</td>
</tr>
<tr>
<td>Walking for 5 minutes</td>
<td>3</td>
</tr>
<tr>
<td>Eating just one serving of pasta</td>
<td>7</td>
</tr>
<tr>
<td>Eating according to meal plan at buffet</td>
<td>7</td>
</tr>
<tr>
<td>Going into gas station without getting food</td>
<td>9</td>
</tr>
<tr>
<td>Throwing away food that has expired</td>
<td>6</td>
</tr>
<tr>
<td>Throwing away perfectly good leftovers</td>
<td>9</td>
</tr>
<tr>
<td>Eating syrup on my waffles</td>
<td>6</td>
</tr>
<tr>
<td>Wearing short sleeves in community</td>
<td>5</td>
</tr>
<tr>
<td>Wearing clothes that fit</td>
<td>5</td>
</tr>
<tr>
<td>Eating a candy bar</td>
<td>6</td>
</tr>
<tr>
<td>Turning in my scale so that I weigh daily only at THL w/o knowing my weight</td>
<td>4</td>
</tr>
<tr>
<td>Preparing a dessert without eating it while preparing</td>
<td>5</td>
</tr>
<tr>
<td>Eating at a hamburger place</td>
<td>6</td>
</tr>
</tbody>
</table>
Food-Related Interventions

Exposure Therapy Techniques

• Exposure Therapy Tricks of the Trade
  – Start with items at the 4 or 5 SUDS level
  – Complete first exposures with client (or have client perform exposure in your presence)
  – Continue to complete exposures between sessions
## Food-Related Interventions

### Exposure Therapy Techniques

<table>
<thead>
<tr>
<th>Feared Foods</th>
<th>Trauma Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identify and introduce from the beginning of treatment</td>
<td>• Introduce when therapist indicates is appropriate or when trauma has been adequately addressed</td>
</tr>
<tr>
<td>• Progress towards autonomy</td>
<td>• Goal: to detach association between trauma and food and eliminate fear response with exposure</td>
</tr>
<tr>
<td>• Consistently increase variety as treatment progresses</td>
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<tr>
<td>• Goal: Rebuild positive associations with food</td>
<td></td>
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</tbody>
</table>
Agenda: Write out an exhaustive “fear food” list:

- Pasta (white or wheat)
- Muffins
- Pizza
- Juice (any liquid calories)
- Bagel
- French fries
- Bone-in meats
- Red meat
- Cream sauces
- Chinese take out
- Poptarts
- Sour cream
- Chocolate candy bars
- Regular ice cream
- Oil (any kind, “flaxseed is sort of safe”)
- Cupcakes/cakes
- Cookies
- Mashed potatoes
- Yogurts with added sugar
- White bread or buns
- Regular-fat cheese
- Sugary cereals
- Milk (any kind; almond is safest)

* indicates “trauma foods”:
- Cream cheese
- Casseroles
- Syrup
- Lasagna
- Banana
- Macaroni & cheese
- Pastries
- ANY fried food.
- Butter
Food-Related Interventions

Mindfulness Techniques

Mindful eating: Eating with full awareness and attention but without self-consciousness and judgment
Food-Related Interventions

Mindfulness Techniques

Raisin/Hershey’s Kiss Mindfulness Exercise

Kabat-Zinn, 1990
Food-Related Interventions

Mindfulness Techniques

Physical vs. Emotional Hunger

The Hunger Spectrum

- Learning to differentiate
- Recognizing cues
- Honor your physical hunger
  - Deprivation effects
- Emotional hunger
  - Urge cards
Food-Related Interventions

Mindfulness Techniques

• Mindful meals vs. distraction meals
• Mindful eating nutrition plan
  – Eating 75 – 100% all components on plate
  – PRN snacks
  – Gradual progression
  – Utilize intuitive eating principles coupled with balanced food choices: explore motivation behind food choice, how the food feels in body
  – Practice leaving food on plate
Food-Related Interventions

Recovery Maintenance Techniques

• Behavior Chain Analysis
• Urge Cards
• Urge Surfing
• Three Circles

Linehan, 1993; Carnes, 2001
Food-Related Interventions

DBT Techniques

Behavior Chain Analysis
**Vulnerability**
- Didn't sleep well
- Overslept
- Missed breakfast

**Prompting Event**
- Fight with boyfriend
  - He's going to get tired of me
  - He's going to leave me

**Emotions**
- Tired
- Sad
- Anxious

**Body sensations**
- Feeling in my stomach

**Behavior**
- Binge
  - Guilty
  - Comfort
  - Off meal plan

**Consequences**
Food-Related Interventions

 Treasure Techniques
 Urge Cards

• On front:
  • Write urge/behavior
  • Write function of urge/behavior

• On back:
  • Write affirmation
  • Write coping skill(s) specific to that urge/behavior
Bingeing: to self soothe, to give myself something I deserve.
Affirmation:
"I am worth recovery"  
* I am able to use coping skills other than binging

Coping skills:
* Self soothe through 5 senses
  ~ light a candle  
  ~ take a bubble bath  
  ~ listen to music
* Give myself something to do
  ~ schedule a massage or manicure
Food-Related Interventions

DBT Techniques

Urge Surfing

• Based on premise that
  – Urges typically pass within 15-30 minutes
  – Individuals usually act on urge within that time, and mistakenly attribute the reduction in urge to their action rather than the passing of time.

• Teaches clients that if they can “ride the wave” of the urge for 30 minutes, it will pass.

Linehan & Demef, 1997; Marlatt & Gordon, 1985; www.aliceboyes.com/urge-surfing/
Carnes, 2001

- Attending aftercare groups and therapy appointments
- Going to a gym
- Body Checking
- Being honest with others
- Coming up with excuse not to go with friends
- Staying up past 1:00AM
- Following my exercise plan
- Taking a bubble bath at least 1X/week
- Following my meal plan
- Taking diet pills
- Losing weight
- Bingeing
- Exercising when I have an injury
- Daily meditation
- Running on a treadmill
- Skipping a meal
- Trying to lose weight
- Purging
- Lying about my food/eating
- Committing to do two things at same time
- Skimping on a meal or snack
- Allowing my dietitian to be in charge of my weight
- Volunteering at Habitat at least 1X/month
- Going to classes
- Going out to eat at least 1X/week
- Checking
Food-Related Interventions

Recovery Maintenance Techniques

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 utilize food-related behaviors to regulate their window

• Clients learn coping skills to widen the Window of Tolerance and to decrease emotions to a tolerable level without food
Narrow Window of Tolerance

Rage / Panic – High arousal

Shut Down / Shame / Dissociate – Low arousal

Disregulated and Reactive Arousal

Wide Window of Tolerance

Excited / Assertive

Calm

Flexible and Responsive Arousal
Food-Related Interventions in Eating Disorders: A Team Approach

Take-Aways

• A team approach to the treatment of food-related issues is key

• Food-related interventions are necessary for effective treatment of eating disorders

• Creative and Innovative interventions can be applied from nutritional and psychotherapeutic perspectives to effect change in ED treatment
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