

What an Eating Disorder is:

- a bio-psychosocial illness
- a silent thief stealing life and quality of life
- the illusion of friendship and care
- the 2nd deadliest mental illness
- a biochemical/hormonal and neurotransmitter imbalance
- accompanied by perceptual distortions that can achieve psychotic proportions
- a consolation prize patients settle for in place of full and authentic life

Eating Disorder Classifications:

- Anorexia
- Bulimia
- Binge Eating Disorder (BED)
- Avoidant/restrictive Food Intake Disorder (ARFID)
- Other Specified Feeding and Eating Disorder (OSFED)
 - Atypical Anorexia
- Other common eating disorder patterns
 - Orthorexia
 - Drunkorexia
 - Compulsive exercise

What an Eating Disorder is NOT:

- a cheap attempt to get attention
- about vanity
- a diet gone out of control
- a wilfull or chosen illness
- a lifelong illness (for most)



Did you know?

Less than 6% of Eating Disorder patients are medically underweight*

6%



Eating disorders do not have a "look." For more statistics about Eating Disorders check out the National Institutes of Health or ANAD

<https://www.nimh.nih.gov/health/statistics/eating-disorders>
 *<https://anad.org/eating-disorders-statistics/>

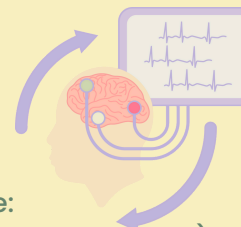
Risk Factors:

- being female
- family history of ED
- family history of depressive or anxiety disorders
- family history of substance abuse
- high BMI in early adolescent development years
- early onset of menarche
- significant exposure to fashion/media industry
- activities with pressure for a specific body type
- personality temperament of impulsivity or over-control/overly responsible
 - ruminative worrying
 - harm avoidance
 - perfectionism and rigidity



Common Comorbidities

- Most clients struggle with concurrent mental illnesses:
 - Depression
 - Anxiety
 - Trauma
 - OCD
 - Substance abuse
- Treatments for these illnesses include:
 - Clinical interventions (DBT, CBT, ACT, RO-DBT, IFS)
 - Pharmacological interventions
 - TMS
 - Family Therapy
 - Lots of Support. Support, support, support!



Levels of Care:



Inpatient: Intensive psychiatric and medical care/monitoring

4 weekly therapy sessions, 2 dietary sessions

Residential: Psychiatric and medical care/monitoring

2 weekly therapy sessions, 1 dietary session, 1 dietary checkin

Partial Hospitalization Program (PHP): psychiatric and medical care/monitoring

2 weekly therapy sessions, 1 dietary session *6 hours per day, 4-7 day/week, 2 meals provided

Intensive Outpatient Program (IOP): Patient is responsible for obtaining outside medical/psychiatric care

1 weekly therapy session, 1 dietary session

*3 hours a day, 3-5 days/week, 1 meal provided

Outpatient: Patient is responsible for obtaining outside medical/psychiatric and dietary care

1 weekly therapy session, patient manages meals and dietary/medical team

Facing Fears

- Clients are asked to face their fears in treatment
- When they haven't been doing eating disorder behaviors the feelings they have been avoiding start coming up
- Clients often try to avoid by doing eating disorder behaviors or wanting to discharge prematurely
- **Please don't support your loved one discharging for the wrong reason**

STEP BY STEP

CFC Phase System:

- A model of progressive change based on
 - **Awareness** (and understanding)
 - (responsibility and) **Ownership**
 - **Commitment** (to change)
 - **Self-Direction** (and Leadership, Giving Back)
- Phase assignments are necessary for phase advancement
 - Assignments are reviewed by therapists and dietitians
- Phase advancement
 - phase advancement requires listening to feedback from peers on the unit, dietitian, therapist, and medical providers to be able to move forward.
 - patients meet with team and are given feedback on progress