EATING DISORDERS, RESILIENCE, AND HOPE: WHAT CLINICIANS NEED TO KNOW FROM THE OTHER SIDE OF THE COUCH

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INTRODUCTION

- Professional Background
- Lived Experience
- My WHY
- Importance of integrating lived experience into clinical understanding

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LEARNING OBJECTIVES

- By the end of this workshop, participants will be able to:

  1. Describe the lived experience of eating disorders beyond diagnostic criteria.

  2. Identify key factors that support resilience and recovery in individuals with eating disorders.

  3. Apply trauma-informed, person-centered approaches in clinical practice.

  4. Recognize the clinician's role in fostering hope and long-term recovery.

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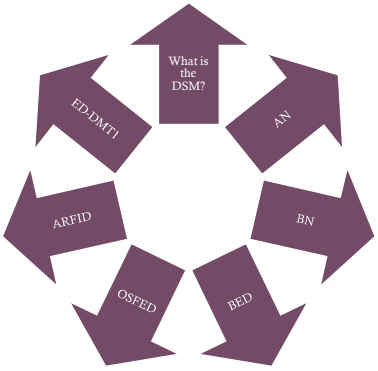
UNDERSTANDING EATING DISORDERS

What is the DSM?

- Diagnostic and Statistical Manual (DSM) of Mental Illnesses is the American Psychiatric Association's professional reference book on mental health and brain-related conditions
- DSM-5 is the main guide for mental health providers in the U.S., first published in May 2013
- The latest version, the DSM-5-TR, was published in 2022



(Cleveland Clinic, 2022).

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ADVERSE CHILDHOOD EXPERIENCE (ACE) STUDY

Score is based on ten types of childhood trauma

Five are personal: physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect.

Five are related to other family members: a parent who's an alcoholic, a parent who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment.

You get one point for each type of trauma. The higher your ACE score, the higher your risk of disease, social and emotional problems as an adult.

CDC & Kaiser Study: Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults-The Adverse Childhood Experiences (ACE) Study (1998); Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

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ACE STUDY RESULTS

- First research results were published in 1998, followed by more than 70 other publications through 2015. They showed that:
  - Childhood trauma was very common, even in employed white middle-class, college-educated people with great health insurance
  - There was a direct link between childhood trauma and adult onset of chronic disease
  - More types of trauma increased the risk of health, social and emotional problems
  - People usually experience more than one type of trauma – rarely is it only sex abuse or only verbal abuse.

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ACE STUDY RESULTS

- Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt
- 2- to 4-fold increase in smoking, poor self-rated health, 50+ sexual partners, and sexually transmitted disease
- 1.4- to 1.6-fold increase in physical inactivity and severe obesity
- The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic **heart disease, diabetes, cancer, chronic lung disease, skeletal fractures, and liver disease.**
- STUDY CONCLUSION: *We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.*

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Learning about our score provides direction to heal. The key concept about PACEs is that learning about both, together, can help improve our health and well-being. ***It gives us hope***.

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MYTHS VS REALITIES

- Eating Disorders (ED) are:
  - A choice
  - Cured by eating
  - Only diagnosed in teenagers
  - Only diagnosed in girls and women
  - Caused by parents
  - Found in people who have a type 1 diabetes diagnosis and omit insulin
  - Not that serious

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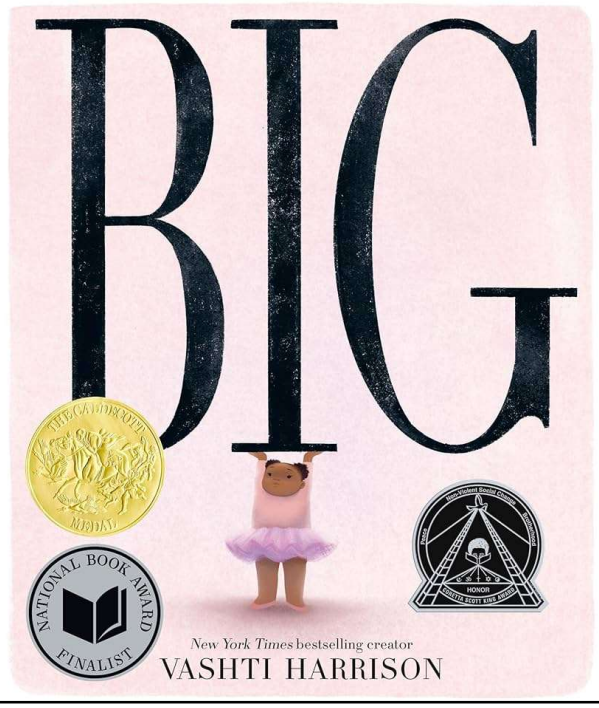

STIGMA, SILENCE, AND SYSTEM GAPS

- Military culture
- Fat/big as derogatory terms
- Lack of understanding and awareness
- Impact of social media

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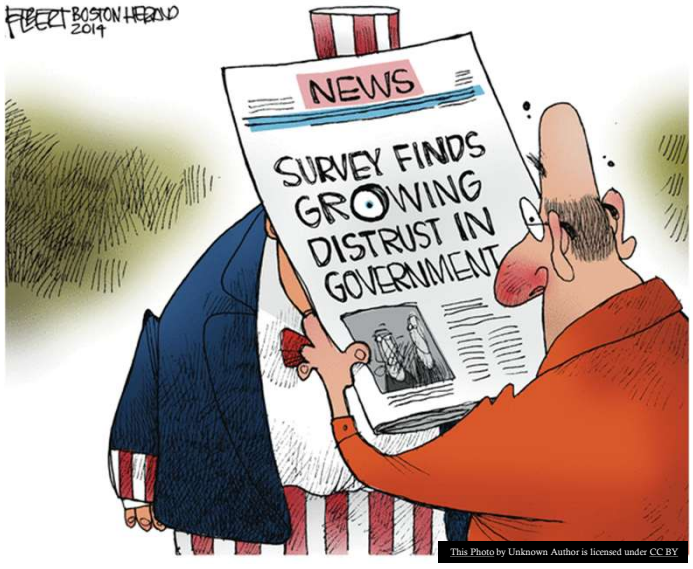
BARRIERS TO CARE: MEDICAL, PSYCHOLOGICAL, CULTURAL

- Denied coverage for residential treatment
- Timmy – distrust of U.S. healthcare system, homeless, and uninsured
- Cultural –My friend Hudda



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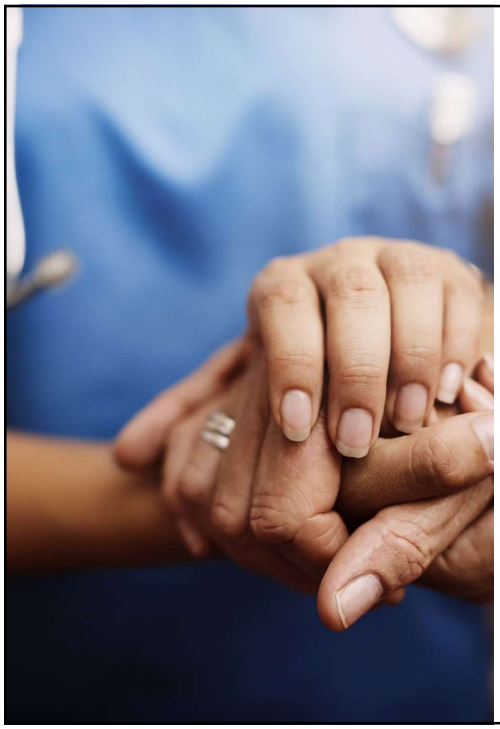

RESILIENCE IN RECOVERY

- Defining resilience in ED recovery context
- Protective & promotive factors:
  - Supportive relationships
  - Narrative agency & meaning making
  - Identity beyond ED
  - Early intervention & therapeutic alliance
- Recovery as nonlinear
- Insights from lived experience: what helped, what hurt

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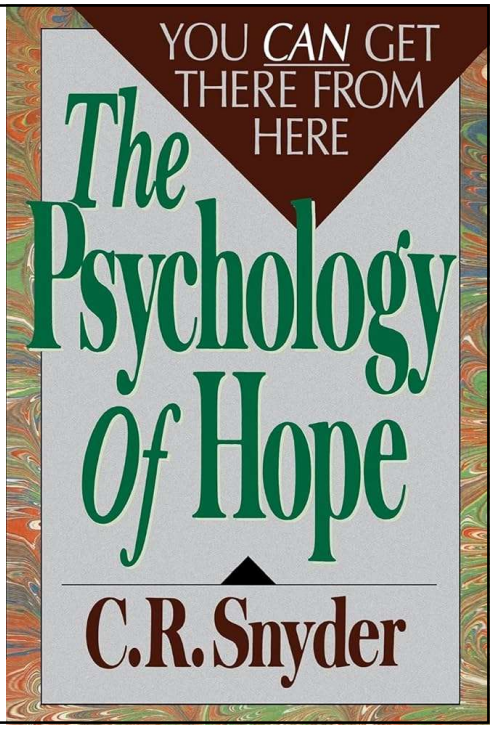
SNYDER'S HOPE THEORY

Rick Snyder (1991), defined hope as a parallel system of both agency (the will to achieve one's goals), and pathways (the means of achieving those goals)

Hopeful thinking requires the successful integration of both agentic and pathway thinking, and more successful hope usually involves multiple pathways to account for future challenges

Generating multiple pathways suggests an action-oriented approach where there is an overarching goal with multiple smaller goals along the way

Having pathways to achieve these smaller goals allows people to experience positive emotions that propel them towards continuing their pursuit of the larger overarching goals



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HOPE AS A CLINICAL TOOL

- Conceptualizing hope: Snyder's Hope Theory
- Hope vs. toxic positivity
- Clinicians embodying hope when clients cannot
- Language, tone, and micro-moments that restore trust

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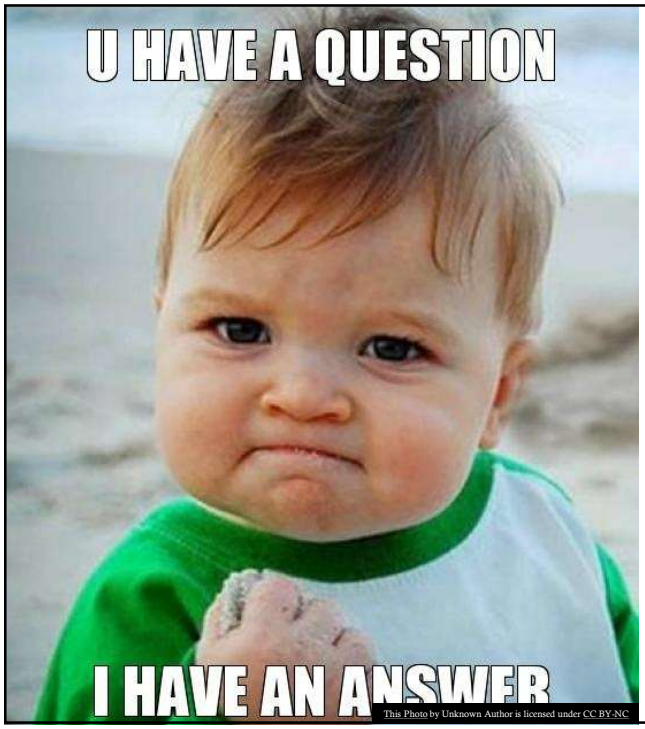

Q&A

- Reflection prompts:
  - What resonated?
  - What feels challenging to apply?
- Lived experience & clinical dilemmas

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Resilience is possible. Hope is clinical.

Recovery is real—but clinicians must believe it to help others see it.

CONCLUSION & TAKEAWAYS

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