FAMILY EDUCATION SERIES OUTLINE

- Eating Disorders Overview
- What Has to Be Addressed and Why: An Overview
- Levels and the Continuum of Care
- Nutrition Overview
- Medical Overview
- Psychiatry Overview
- Traits, Temperament and Vulnerability
- The Role of the Family in Treatment and Recovery
- Communication and Connection
- What Do We Do When …? Managing Behaviors
- What Do We Do When …? Managing Emotions
Traits, Temperament and Vulnerability
STATE VERSUS TRAIT

- Many of the thoughts, feelings and behaviors associated with eating disorders may be related to traits and temperament that predate the eating disorder and remain present after weight restoration and symptom remission.
- Eating disorders are complex illnesses that require complex treatment.
- Understanding the complexity can help you manage expectations and reactions to your child’s struggle.

(Strober & Johnson, 2010)
Understanding your child’s temperament and the neurobiology of her fears and experiences can help you manage your own emotional reactions.

Because children with eating disorders are often highly sensitive, anxious and emotionally reactive, your emotional reactions can have a powerful influence.

Goal is to learn how to reduce interactions that are intense, hostile or critical.

“Expressed emotion”

High levels of “expressed emotion” are associated with poor outcomes.
Complicating factors in treatment response
- Anxiety
- Obsessionality
- Emotional over-control and inhibition
- Emotional dysregulation

Characteristics often predate eating disorder

Big impact on your family

Family reactions and family functioning have significant influence on course of treatment

Makes sense to address these key factors in treatment
66% of individuals with eating disorders have history of anxiety (Kaye et al., 2004)
  - Vast majority developed anxiety disorder before onset of eating disorder

Much of anxiety and associated eating disorder thoughts and behaviors are related to starvation
  - Improve with nutritional restoration

Some issues predate the eating disorder and persist post weight restoration (Wagner et al., 2006)

Anxiety / obsessionality influence responses your children receive in ongoing relationships
  - Including family relationships
NEUROBIOLOGY OF ANXIETY

- Anxiety associated with altered brain functioning
  - Dopamine (DA) and Serotonin (5HT) neurotransmitter systems associated with regulation of anxiety
  - Dorsal caudate (DC) and limbic regions of the brain are associated with anxious and avoidant behaviors
- DC / DA release usually associated with euphoria, but ...
  - In remitted clients with Anorexia Nervosa, DA release is associated with increased anxiety (Bailer & Narendran, 2012)
  - Clients experience anxiety in anticipation of eating
  - Increased anticipatory anxiety drives reduced food intake (Steinglass, 2010)
  - Clients with Anorexia Nervosa have exaggerated brain responses to both food cues and pain (Kaye, 2013)
  - Clients with Anorexia Nervosa, even after remission, may anticipate and encode food as dangerous
- Avoidance of food protects individuals with Anorexia Nervosa from anxiety; this response often persists after weight restoration
OVERCONTROL AND INHIBITION

- Control and rigidity are trait-based features of Anorexia Nervosa
  - Limiting resilience
  - Constrained emotions
  - High levels of tension
  - Influences ability to accurately read social cues
- Over-control (OC) of thoughts, feelings and behaviors linked to Anorexia Nervosa by certain traits that may persist after weight restoration
  - Threat sensitivity
  - Harm avoidance
  - Behavioral and cognitive rigidity (*Lilenfeld, 2011*)
  - Perfectionism
  - Inhibited emotional expression
    - Leads to social isolation
High percentage of clients with Anorexia Nervosa struggle with social anxiety, social phobia and social isolation.

Social inhibition may be trait-based:
- More likely to judge by external standards
- More likely to prioritize others’ needs
- Feel more negative emotion
  - Inhibited in expression of distress
  - Tend to avoid negative emotions
If your child tends to be anxious and inhibited in social interactions, what kind of responses is environment likely to provide?
DYSREGULATION AND IMPULSIVITY

- Trait-based style characterized by emotional intensity and difficulties in self regulation
- Complicates ability to effectively manage own reactions to your child
  - Provokes higher levels of expressed emotion from parents and close others
  - Increases levels of familial distress and career burden / burnout
Disruptions in specific parts of the brain may be underlying factors driving impulsivity and difficulties in self-regulation.

- Executive functioning and control of emotional reactions
- Influences planning and anticipation of consequences
- Worsened by poor nutrition
- Development of brain areas that regulate emotion are strongly influenced by adverse childhood experiences and trauma
WHAT DOES DYSREGULATION LOOK LIKE?

- Impaired capacity to learn from mistakes
- Binge eating
  - Loss of control
  - Impulsivity
- Self-harm
- Shoplifting
- Substance abuse
Intensity of anger
  - Slow return to baseline
- Difficulty letting go of grievances
- Roller coaster of emotion makes it hard to be consistent
- Drives negative interactions with family
  - Intensifies potential for frustration, hostility and criticism
  - “Expressed emotion”
### OTHER TRAITS ASSOCIATED WITH EATING DISORDERS

- Perfectionism
- Harm avoidance
- Sensitivity to reward, punishment and criticism
- Low self-esteem
- Low self-directedness
- Low novelty seeking
- Alexythymia
- Threat sensitivity
- Low interoception
- Cognitive rigidity
- Fear of mistakes
Traits associated with eating disorder risk also leave kids especially vulnerable to their environments.

Especially responsive to love and caring.

Especially vulnerable to …

- Slings and arrows of adolescence
- “Adverse childhood experiences”
- Transitions
**BIG T VERSUS SMALL T TRAUMA**

- Negative effect on experience of trust and safety
- Increased vigilance and threat sensitivity
- Impact on self-soothing capabilities
- Impact on brain functioning and behavior
  - Vulnerability to stress and fear
  - Fight, flight, freeze responses
How would this affect her and your family?

- What experiences would a child with these temperament features be likely to have?
- How would she manage stress?
- How would she manage transitions?
- How would she manage a developing body?
- How would she manage complexity of adolescent social dynamics?
- How would these features affect ability to communicate her needs?
- How would the world / other people respond to someone with these features?
Improved nutrition is the most powerful medicine
Many teens benefit from psychiatric medications
Individual and family psychotherapy are both medical interventions
  - Changes brain responses
Emotionally sensitive and attuned psychotherapy targets parts of the brain that influence …
  - Responses to rewards and criticism
  - Fear
  - Anxiety
  - Emotional dysregulation
  - Emotional inhibition and avoidance
Family communication skills and psychoeducation

CBT for anxiety and social anxiety
  Particularly, focusing on intolerance of uncertainty
  Creating behavioral experiments and exposures

Radically Open (R/O) DBT (Lynch, 2015)
  New module of DBT that targets emotional expression and decreasing inhibition
  http://www.radicallyopen.net/about/
TREATMENT MODIFICATIONS FOR DYSREGULATION

- DBT
  - Particularly, modules on distress tolerance and emotion regulation
- Family skills training
  - Working with family members to develop skills for understanding and managing dysregulation
- Self-soothing skills
  - Recognition and acceptance of intense feelings
  - Mindfulness training
  - Yoga
  - Neurofeedback
  - Breathing
Establish and elaborate conceptual link between inhibition and / or dysregulation and the eating disorder
  - Limit blame
  - Bolster perspective that this is not just the client being “difficult”
  - Empathize with how scary this is for her
  - Manage own feelings of guilt and frustration

Educate about anxiety, mood dysregulation and traits and the importance of validation and positive reinforcement
  - Goal is to help develop a unique set of parenting skills to respond effectively to your child’s traits and sensitivities

DBT skills training
  - Distress tolerance
  - Emotion regulation

Family role in creating opportunities for experiments and challenges
  - Creating “optimal” anxiety

Traits and temperament influence and shape your child and your family
FINAL THOUGHTS

- Seeing the eating disorder through temperament lens
  - Helps her tune into her own reactions and “know herself”
  - Helps families move beyond the fear they have somehow caused the eating disorder
  - Establishes protocol to help family members accurately gauge their own reactions
  - Builds capacity for calm, compassionate, caring responses
  - Supports patience and empathy for how difficult it is to change

*This is really hard work!*
Clementine
O Traits are both assets and liabilities

O May persist after symptom stabilization

O Shape and influence child’s experiences
HARM AVOIDANCE

- Excessive worrying
- Pessimism
- Shyness
- Fear
- Doubt
SENsitIVITY TO REWARD, PUnishment AND CRITICISM

- Learning strategies influenced by assessment of value of reward or punishment
- People with Anorexia Nervosa are highly sensitive to punishment
- Less motivated by reward
SELF-ESTEEM

- Increased evidence of self-esteem as biologically / genetically mediated personality trait
- Not clearly influenced by environment
- Can contribute to a sense of fraud, lack of worth or fundamental badness
SELF-DIRECTEDNESS

- Ability to regulate and adapt behavior to demands of a situation in order to achieve personally chosen goals and values
  - People with Anorexia Nervosa have lower levels of self-directedness
  - Influences ability to adapt to assessment of risk and change
Novelty Seeking

- Inclination to explore in response to novel stimulation, impulsive decision making, extravagance in approach to reward cues, quick loss of temper and avoidance of frustration
  - People with Anorexia Nervosa score low on measures of novelty seeking
  - People with Bulimia Nervosa and Binge Eating Disorder score higher on these measures
ALEXYTHYMIA

- Difficulties recognizing and articulating feelings
- Influences ability to communicate needs and experiences
Distortion and awareness of body sensations and experiences

Influences ability to identify, label, assess and respond to bodily sensations

Complicates body image awareness and anxieties
PERFECTIONISM

- Adaptive and debilitating
- Associated with excessive self-criticism and expectation of judgment by others
- The power of rules is absolute
- Black or white thinking
- Harshness of self-evaluation
- Difficulty establishing interim goals
FEAR OF MISTAKES

- Infer implicit standards and rules
- Shame prone
- Constriction of emotion
- Caring for others before caring for selves
- Avoidance of indulgence
- Threat of punishment and humiliation
COGNITIVE FLEXIBILITY

- Neurocognitive concept that refers to ability to switch flexibly between tasks and behaviors
- Mental ability to change behavior in relation to changing rules and demands
- Tendency to perseverate on existing solutions
- Over-attention to detail
  - Weak central coherence
  - “Trees, not forest”
REFERENCES


WE HELP EACH ADOLESCENT REPLACE THE EATING DISORDER WITH HEALTHY SKILLS AND A DEEP UNDERSTANDING OF HOW TO LIVE A LIFE THAT REFLECTS THEIR INDIVIDUALITY.