When the Solution Becomes the Problem:
Avoidance in Trauma and Eating Disorders

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Trauma and Eating Disorders: Overview

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The 3 E's of Trauma

EVENT

circumstance that causes trauma

EXPERIENCE

the individual's experience that determines if it is traumatic

EFFECT

of the experience including adverse physical, social, emotional, or spiritual consequences

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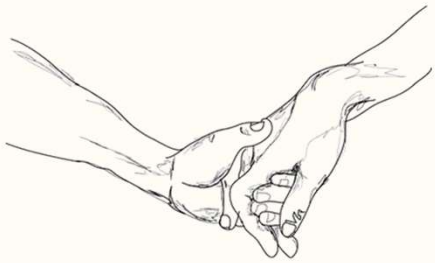
Impact of Trauma May Be Dependent on…

- Developmental stage when the trauma occurred
- Relationship between the victim and the abuser
- Duration of the traumatic experiences
- Availability of social supports



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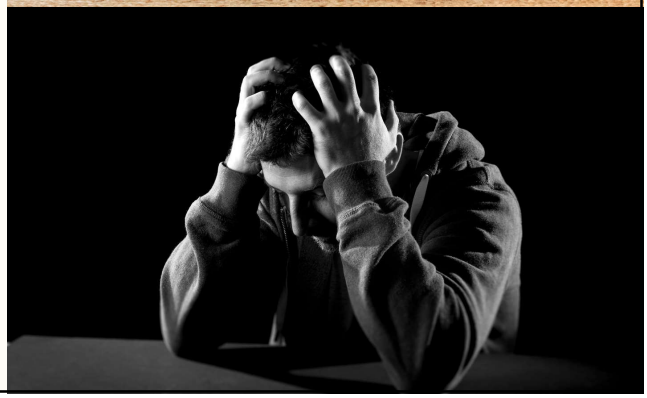
Trauma can be…

- **Acute** (single incident)
- **Chronic** (repeated and prolonged)
- **Complex** (exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature)

*C-PTSD development



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Expanding the Definition

- Did it impact you? Well, then it's worth exploring…
- Defined by the experience of the survivor
- Relational ruptures
- Small, painful cumulative events (grief, loss, etc.)
- Attachment injury
- Not getting need(s) met
- Anything less than nurturing
- The eating disorder

"Any experience that is stressful enough to leave us feeling helpless, frightened, overwhelmed, or profoundly unsafe is considered a trauma."

-Pat Ogden (2015, p. 66)

Vanderlinden & Palmisano, 2019

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Types of PTSD Symptoms

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AVOIDANT

- Mentally leaving
- Disconnecting
- Numbing out
- Fleeing

2

INTRUSIVE

- Re-experiencing (sensory, memory, sensations, emotions)
- Nightmares
- Flashbacks

3

HYPER-AROUSAL

- Hypervigilance
- Easily startled
- Difficulty resting, concentrating, sleeping
- Don't feel safe

(Baldwin & Korn, 2021)

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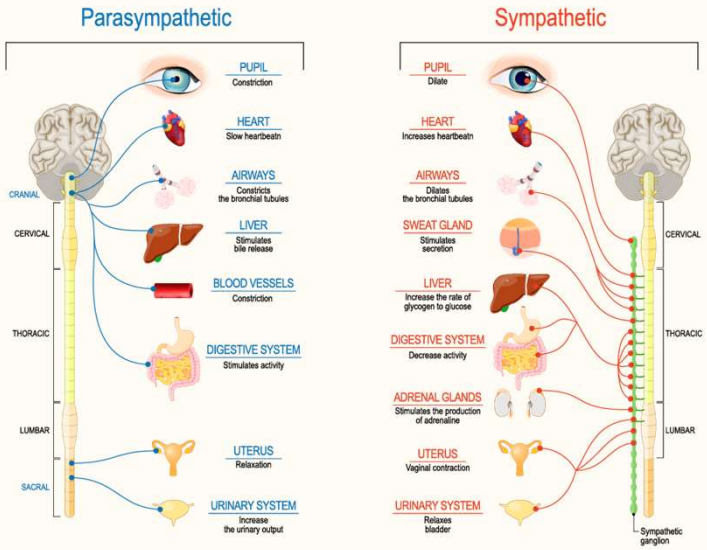
The Nervous System

Sympathetic Nervous System (Fight or Flight)

Parasympathetic Nervous System (Freeze)

Another state: FAWN



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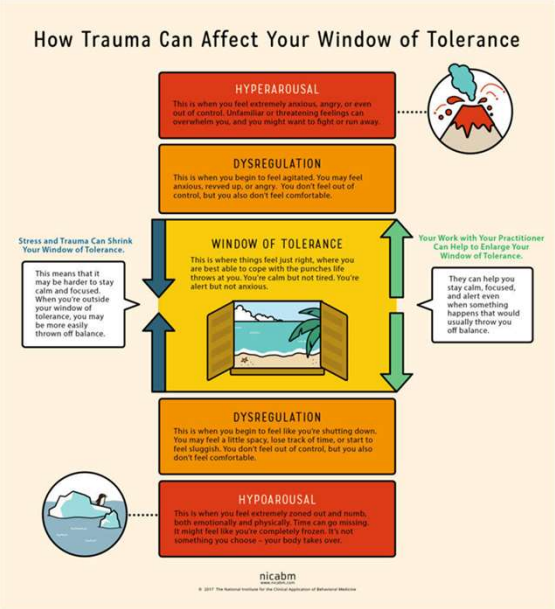
Window of Tolerance

- In **hyper**- or **hypoarousal** states: can't learn new information or be creative and curious
- **Being in window**:
  - Emotionally present
  - Able to attend to stimuli without shut down/overwhelm
  - Can describe internal experience
  - Playful, flexible, confident
- Trauma shortens window



Baldwin & Korn, 2021

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Eating Disorders: The Truth

- Not always readily "seen"
- Culture normalizes behaviors
- People are often functioning well in other areas of their lives
- Denial, secrecy, lying, and shame
- Emotional disorders: behavioral attempts to influence, change, or control painful emotional states

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The Eating Disorder…

- …is an avoidance strategy that creates a false sense of control and safety
- …gets in the way of body connection and relational connection
- …makes it difficult to heal from trauma
- …can be a strategy of disconnection (intentional or not)
- …thrives in isolation

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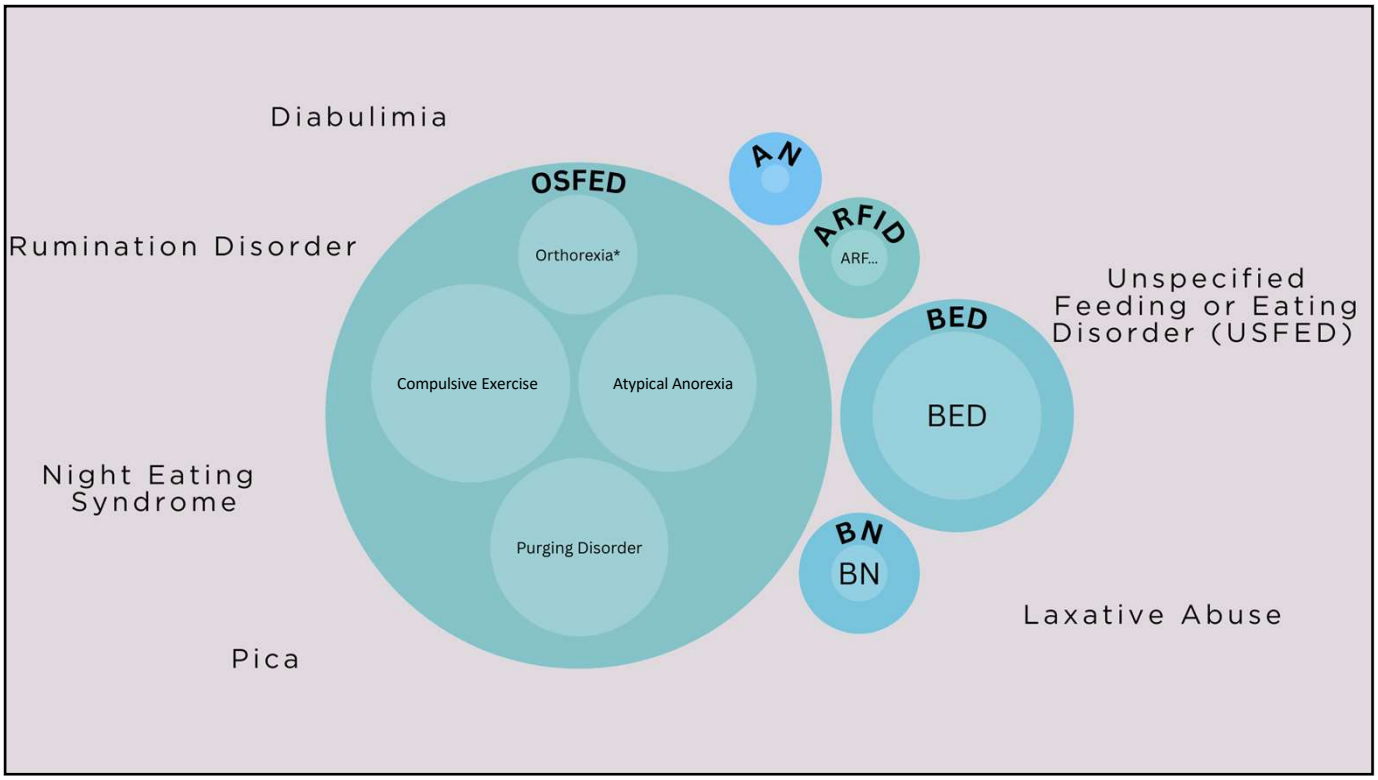

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Eating Disorder Trauma

Types of trauma linked to eating disorders have been expanded to include a larger range of other forms of abuse and neglect:

- **Weight & Appearance-related shaming**
- **Medical Trauma (including treatment)**
- **Bullying**
- **Humiliation or ridicule/being objectified**
- **Sexual Harassment**
- **Discrimination**

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ED Behaviors as Self-Regulation

- ED behaviors assist in…
  - Creating a **sense of control** over their emotions
  - Escaping **uncomfortable dysregulated states**
  - Finding more **predictable nervous system states**
- Use WOT to…
  - Track and monitor emotional intensity
  - Increase awareness of dysregulation

Increased awareness of potential triggers/WOT → **More confidence in self-regulating skills** → **Feeling more in control** = **ED no longer has a job**

Finlay, 2019

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Research shows that the **trauma and PTSD symptoms** must be adequately addressed/resolved in order to facilitate full recovery from the ED and all associated co-morbidity.

Ackard & Brewerton, 2010; Brewerton, 2007

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Research Findings

CSA, CEN, and CPN increase risk for development of ED

Diagnosis of PTSD + ED = **more severe psychopathology**

Trauma is associated with greater co-morbidity

Multiple types of **compensatory behaviors** are associated with history of **trauma** and **PTSD**

Roughly **25%** of individuals with EDs have PTSD (likely higher)

Individuals with eating disorders are more likely to have experienced trauma than general population

Limited research on **marginalized populations** and **adults**

Ackard & Brewerton, 2010; Brewerton, 2007; Ferrell et al., 2020

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Understanding EDs & Prioritizing Treatment

Each client's ED is the product of a constellation of etiological and maintaining factors:

- Genetic
- Biology
- Development Stage
- Experience/ trauma history

Effective treatment starts with assessment and comprehensive case formulation:

- What are the treatment priorities?
- Prioritizing attention to **maintaining factors** (i.e. malnutrition, rigidity, relational impact)
- What can we do in the moment that has the biggest impact on the ED/DE?

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Important Considerations for Assessment & Diagnosis

Regardless of presenting problem at intake, include assessment items about:

- Family culture around food (diet culture, body image, etc.)
- Food concerns (food insecurity, meal prep skills)
- Relationship to exercise and movement
- Identity

Consider frequently co-occurring concerns

- Obsessive-compulsive tendencies
- Difficulty regulating mood (anxiety/depression)
- Trauma history
  - Dissociation

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Hidden Messages

Trauma survivors often use food, weight, and body messages to try and communicate how they are experiencing their world.

"I feel empty…I feel full…"
"I've been carrying around the weight of my trauma…"
"It makes me feel sick…"
"I had no control over this meal…"
"Weighing myself feels safe"
"It doesn't feel safe to eat pleasurable foods"

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Body Image and Trauma

Where in the body are the emotions stored, locked, experienced, and/or buried?

The body…

- a reminder of trauma-related memories, affects, thoughts, beliefs, & behaviors
- an object to be avoided, denied, forgotten and/or abused
- sexualized areas may become triggers for anxiety and are to be avoided or "gotten rid of"

"I am fat" translates to much more:
"My body is bad/shameful/unreliable."

Ackard & Brewerton, 2010

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Body Avoidance

- Body sensations and interoceptive experiences (like hunger and satiety) may feel **dangerous or threatening**
  - Impairs ability to learn from emotions (emotional competence)
- Difficulty trusting body, including changing size/shape, interoceptive experience
- Reduced trust that body "knows what it needs to do"
  - Weight stigma

Seubert., 2019

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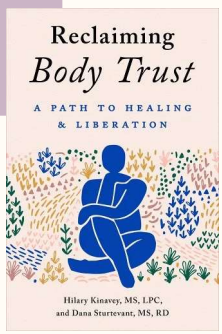
Cultivating Body Trust

"**Body Trust is a strength-based, trauma-informed, scientifically grounded healing modality**—a way out of the predictable, repetitive pattern of dieting, disordered eating and weight cycling fueled by shame, trauma, and body based oppression."

–Center for Body Trust
Dana Sturtevant, RD & Hilary Kinavey, LPC



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Emotional Avoidance

- A way to cope with memories and reminders of a traumatic experience
- Avoid emotional experiences and physical sensations to feel in control
- Long term: reduces mastery of situations/emotions and increases isolation, anxiety, ED behaviors, depression, etc.
- Avoidance leads to more avoidance

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Avoidance may look like...

The absence of doing something

Staying under the radar

Avoiding the situation

Avoiding internal experiences

Being the "perfect patient/client"

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ED Symptoms as Adaptive Responses to Trauma

- Distraction
- Sedation/Numbing
- Comfort
- Effort to control
- Sense of power
- Provide predictability and structure
- Dissociate
- Attempt to disappear (body size)
- Self or body punishment
- Avoidance of intimacy and sexuality

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ED Symptoms & Trauma

Restrict
- Disappear or dissociate
- Desire to stay small and not develop sexually
- Avoid trauma memories

Binge
- Efforts to keep people - particularly sexual relationships - at a distance
- Provide numbing/comfort/ dissociation
- "Stuff down" emotions/food

Purge
- Purify or cleanse the body (get rid of the event)
- Shameful behavior to reenact trauma in effort to feel more in control
- Laxatives – feel empty

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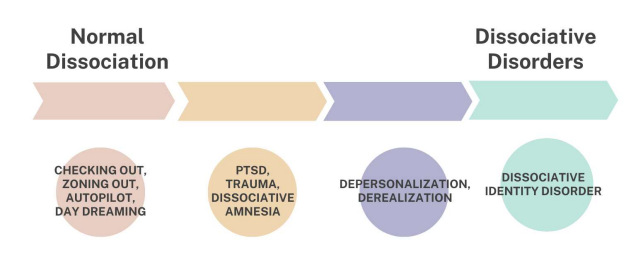
Dissociation and Eating Disorders

- Dissociation + childhood trauma + low self-esteem can predict **body shape concerns** & **dissatisfaction**
- Binge eating:
  - **Depersonalization** and **derealization** before & during episodes
  - Post-binge **amnesia**, **timelessness**
- Dissociation from somatic awareness = body may feel foreign/unknown → self-neglect



Vanderlinden & Palmisano, 2019

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Not Everything is Avoidance

Sometimes clients feel very disconnected from parts of themselves: "*A part of me feels comfortable at this weight, but another part of me knows I can't go on like this because it is medically compromising.*"

To move forward…

- Get to know parts and their functions
- Increase awareness of avoidance strategies
- Assess for a dissociative disorder
  - Dissociative Experiences Scale II (DES-II)
  - Refer out when necessary

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Treatment Interventions:

Addressing Avoidance Using CPT + UTM

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Beginning Trauma Work

- **Safety** assessment
- Symptom stabilization (ED, SIB, SA)
  - Weight restoration & nutritional rehabilitation if indicated
  - HLOC may be necessary to treat both simultaneously
- ED behaviors may increase when trauma work is initiated
- Basic core skills such as **mindfulness**, emotion **awareness** & **tolerance**
- **Consent** – "Conscious Participation"

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Concurrent Use of Unified Treatment (**UT**) & Cognitive Processing Therapy (**CPT**)

- UT and CPT are conceptually aligned
  - Both focus on **countering avoidance and targeting emotions**
- Cognitive based: challenging unhelpful beliefs
- Mindful approach to emotions
- Transdiagnostic
- Utilize exposure therapy principles

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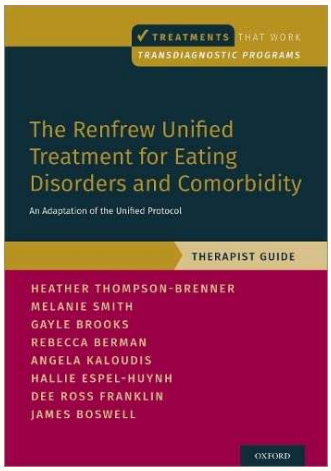
Renfrew's Unified Treatment Model (UTM)

- Unified Protocol + Relational Cultural Theory
- EDs are emotion disorders, disorders of disconnection
  - Symptoms as reactions to emotional discomfort
- Address emotional avoidance: approach and "lean into" discomfort
- Emotion-focused
- Exposure therapy



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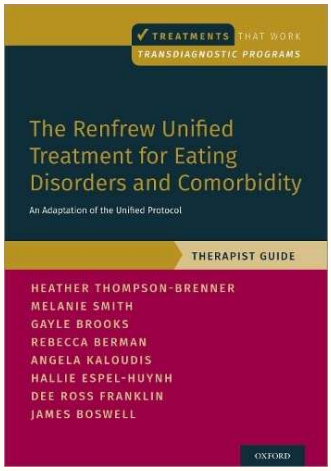
Renfrew's Unified Treatment Model (UTM)

Modules:

- Motivation & Goals
- Understanding Emotion
- **Mindful Emotion Awareness**
- Cognitive Flexibility
- **Behavioral Flexibility**
- Confronting Physical Sensations
- **Emotion Exposures**
- Relapse Prevention



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UTM Efficacy for PTSD

- VA Boston Healthcare System study
- 2,800 patients (women) treated at Renfrew's Philadelphia residential site using the Unified Treatment model
- At start, patients diagnosed with PTSD had higher levels of ED symptoms compared with patients who did not have PTSD
- At discharge, outcomes were not worse for those who had PTSD dx, indicating that the UT is promising

Mitchell et. al, 2020

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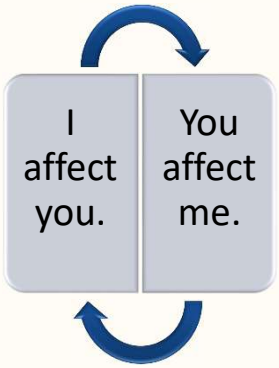
Renfrew's Relational Model

- EDs & trauma: rooted in disconnection from self/others
  - People heal in connection
  - Repairing disconnection is vital: use of therapeutic relationship
- Dismantling power-over strategies
- Relational connections provide platform for helping ED and trauma recovery



As relational connection ↑ symptomology ↓

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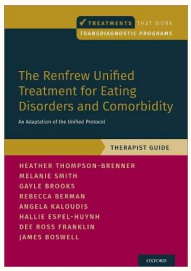
Three Components of an Emotion



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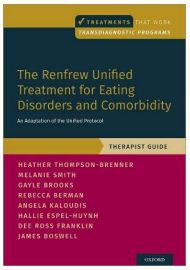
Avoidance Strategies



- **Cognitive**: distraction (e.g., active or passive inattention), dissociation, thought suppression, worry and rumination
- **Subtle Behavioral:** Avoid eye contact, late to therapy, distract with phone, wear baggy clothing, food rituals
- **Safety Signals:** Any item someone carries with them to make them feel comfortable or calm in times of extreme distress.

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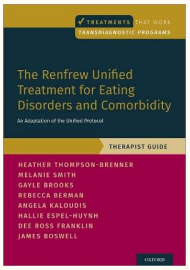
Managing Avoidance in Clients with Trauma & EDs



- Help recognize pattern(s) of avoidance
- Understand long term consequences while validating short-term relief
- Increase motivation to change in effort to build emotional tolerance
- Explore exceptions to automatic appraisals
- Explore emotional experiences they are willing to have
- Bring home the idea that a person can have anxiety or fear **AND** manage it
- Facilitate corrective changes in thought patterns

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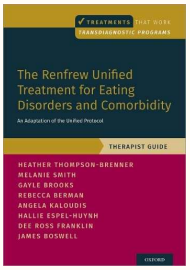
Emotion Exposures



- Provide psychoeducation
  - Mindfulness
  - Counter avoidance
  - Stay present, aware
- Build ladder/create hierarchy

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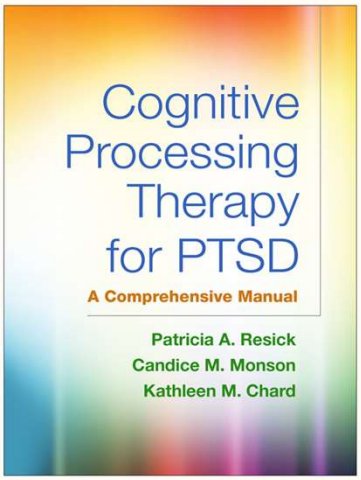
Cognitive Processing Therapy (CPT)

- 12+ sessions (individual, **group**)
- Cognitive restructuring and exposure
- Revise beliefs that have developed from trauma and contribute to maintenance of symptoms

- **Core treatment components:**
  - Psychoeducation
  - Identifying the meaning of the trauma (impact statement)
  - Cognitive restructuring (stuck points)



Resick et al, 2002 & 2017

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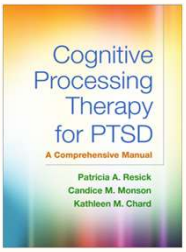
Exposure: Impact Statement



- Client identifies most traumatic event and provides verbal account of its impact
- Client writes and reads written account which continues to be revised as new details emerge
- Encouraged to be in the emotion & not avoid when writing/reading out loud
- Help the client identify, reappraise and revise distorted beliefs

Resick et al, 2002

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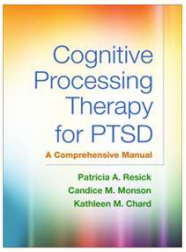
Exploring Trauma Themes



POWER/CONTROL

ESTEEM

TRUST

INTIMACY

SAFETY

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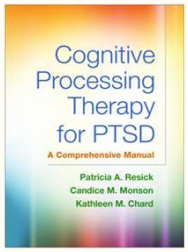
Identifying Stuck Points



- The belief that you could have or should have done something differently, or that you caused the trauma to happen
  - ***It wouldn't have happened if I hadn't been drinking.***
  - ***Because of what I did, this abuse happened.***
- Generalized belief that the world or other people are unsafe, evil, untrustworthy, etc.
  - ***This world is an unsafe place for me.***
  - ***Others cannot be trusted.***

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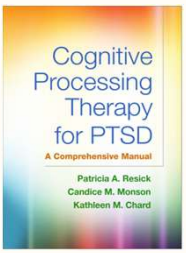
Cognitive Restructuring: Challenging Stuck Points

- What is the evidence for and against _____?
- Do I know for certain that _____ is true/accurate?
- What is the true likelihood that _____ is true/accurate?
- What happened in the past in this situation?
- Are you confusing a feeling with a fact?
- Are you making excuses or looking for evidence to support your belief?
- What is the worst that could be true / accurate? How bad is that?
- If _____ was true, could I cope with it? How would I handle it?



Resick et al, 2017

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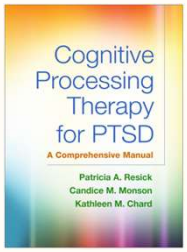
Creating Flexibility



- Rate the percentage that you believe the stuck point **before** and **after** challenging it
- Label "natural" vs. "manufactured" emotions

Resick et al, 2017

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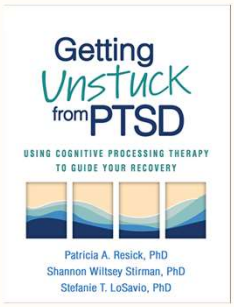
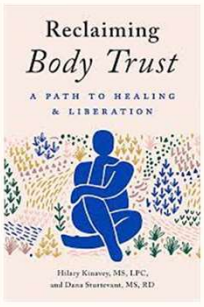
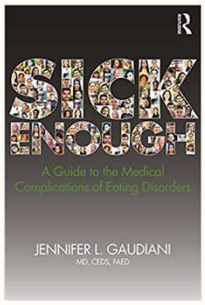
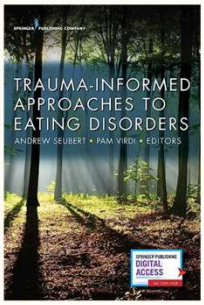
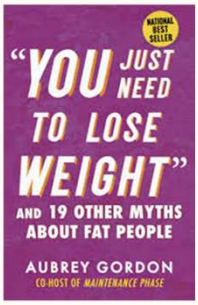
Recommended Reading











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Thank You!

Questions?

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The Renfrew Center
FIRST IN EATING DISORDERS

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