CLEARING THE AIR

EATING DISORDERS AND OCD

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Agenda

- Diagnosing
- Conceptualizing
- Goals
- Personal Experiences
- Differences and Misconceptions
- Trivia
- Comorbidities
- Treatment
- Future Directions

Trivia Game with Interactive Poll

QRthe Poll

Eating Disorders: A Snapshot

Anorexia Nervosa

- Significant restriction

Bulimia Nervosa

- Binge-purge behaviors

Binge Eating Disorder

- Significant binging behaviors

AFRID

- Food selectivity due to sensory sensitivity of food
  - texture, aroma, temperature
- Fear of averse consequences
- Lack of interest in food/ eating
- Not associated with desire to change body shape or size.

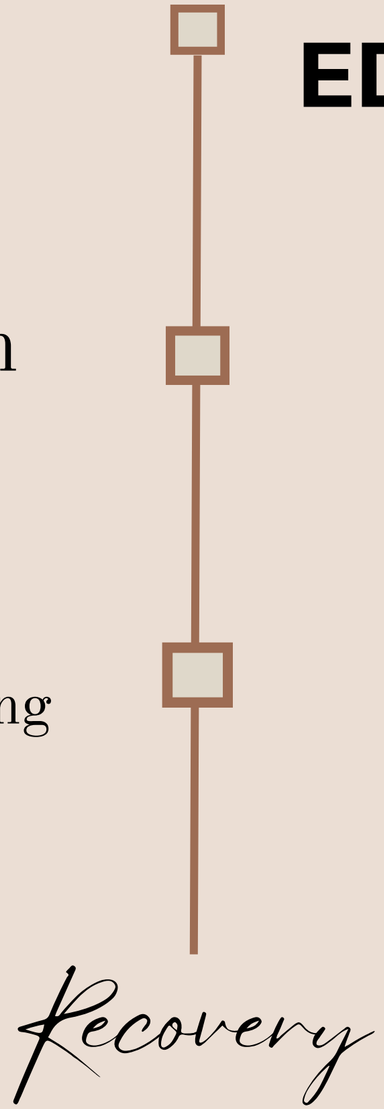
Evaluating Other/Unspecified Specified Feeding and Eating Disorder

- Meeting SOME criteria for AN, BN, BED but not enough to grant a diagnosis
  - Atypical Anorexia

The Value of an Accurate Diagnosis

OCD Treatment

- Emphasis on tolerating uncertainty, coping with stigma/shame
  - Complexity in symptom presentation of OCD
  - Chronic condition with changing themes
  - Emetophobia



ED Treatment

- Emphasis on peaceful relationship with food, body & movement & reframe negative core belief(s)
  - Complexity in symptom presentation of EDs
    - Diet culture, fat phobia, sizeism, glorification of the thin ideal = behavior normalization
    - What are the core belief(s)?

Grace - Personal Experience

Effective Treatment Approach

vs.

Ineffective Treatment Approach

Differences

AND MISCONCEPTIONS

EATING DISORDERS

- Biopsychosocial condition
- Not a disorder of vanity
- Thoughts often not seen as intrusive
- Ego-syntonic
- Concerns are not senseless
- Goal = to lose weight, attempts to improve body image, to feel in control, emotionally regulate.

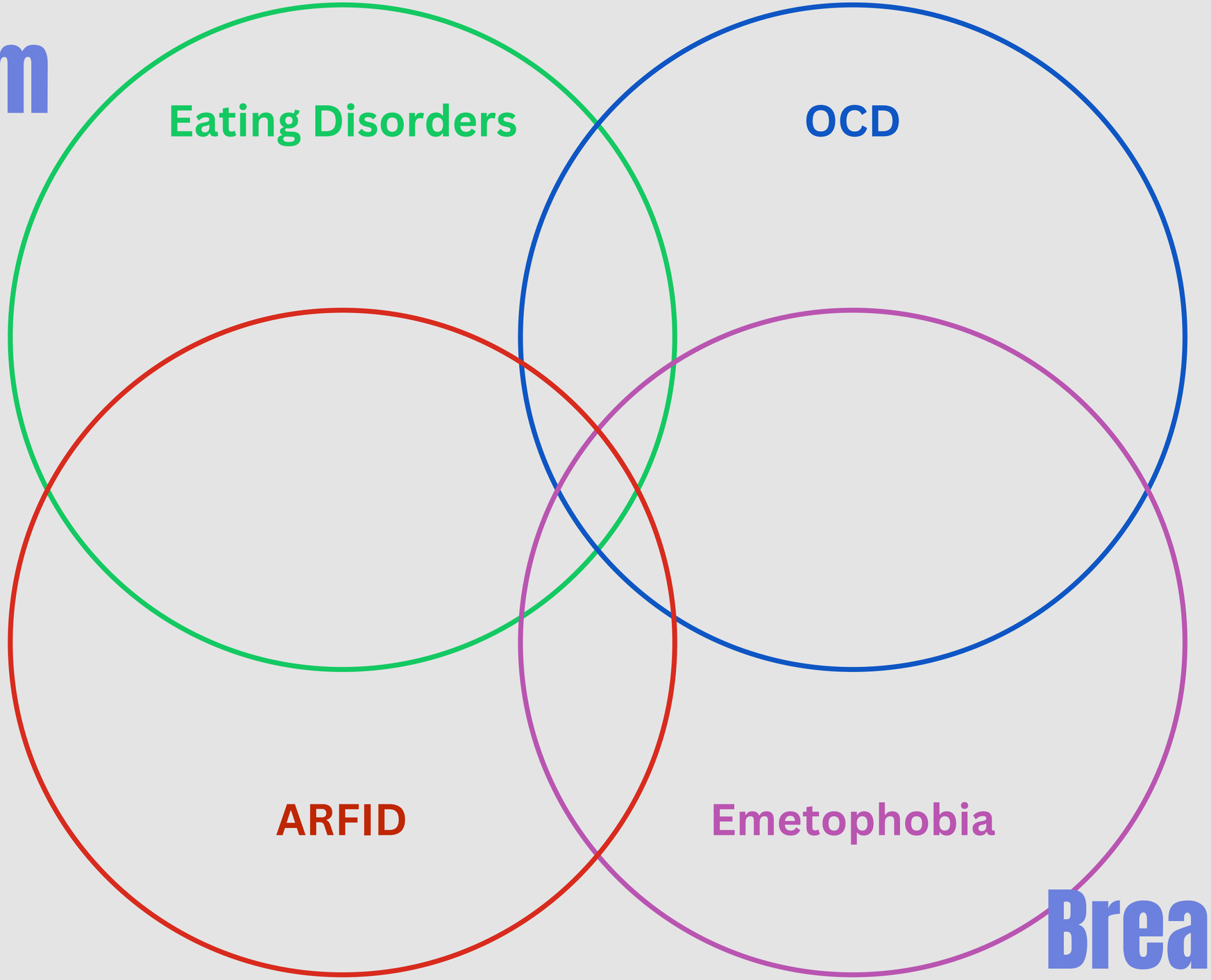
OBSESSIVE-COMPULSIVE DISORDER

- Different subtypes of OCD
- Behavior to relieve anxiety often differs
- Awareness of irrationality
- Ego-dystonic
- Goal = to relieve anxiety quickly

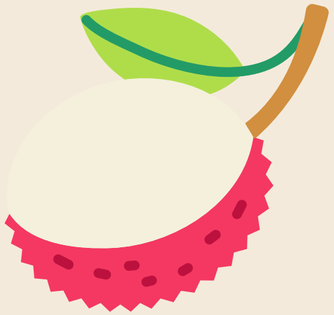
EMETOPHOBIA

- Fears throwing up
- Triggers may include
  - Anxiety
  - Nausea
  - Foods
- Ego-syntonic
- Goal = to prevent self from throwing up

Symptom



Breakdown



Details
OF CORE FEAR

Intentions Behind Fear

Desired Relief

Behavior Purpose

Uncertainty

Avoidance

Trivia

OCD

Emetophobia

ED

Classic Media Player

File View Play Navigate Favorites Help

What is the core fear?

QR code

Take the Poll

Trivia

OCD

Emetophobia

ED

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What is the core fear?

Trivia

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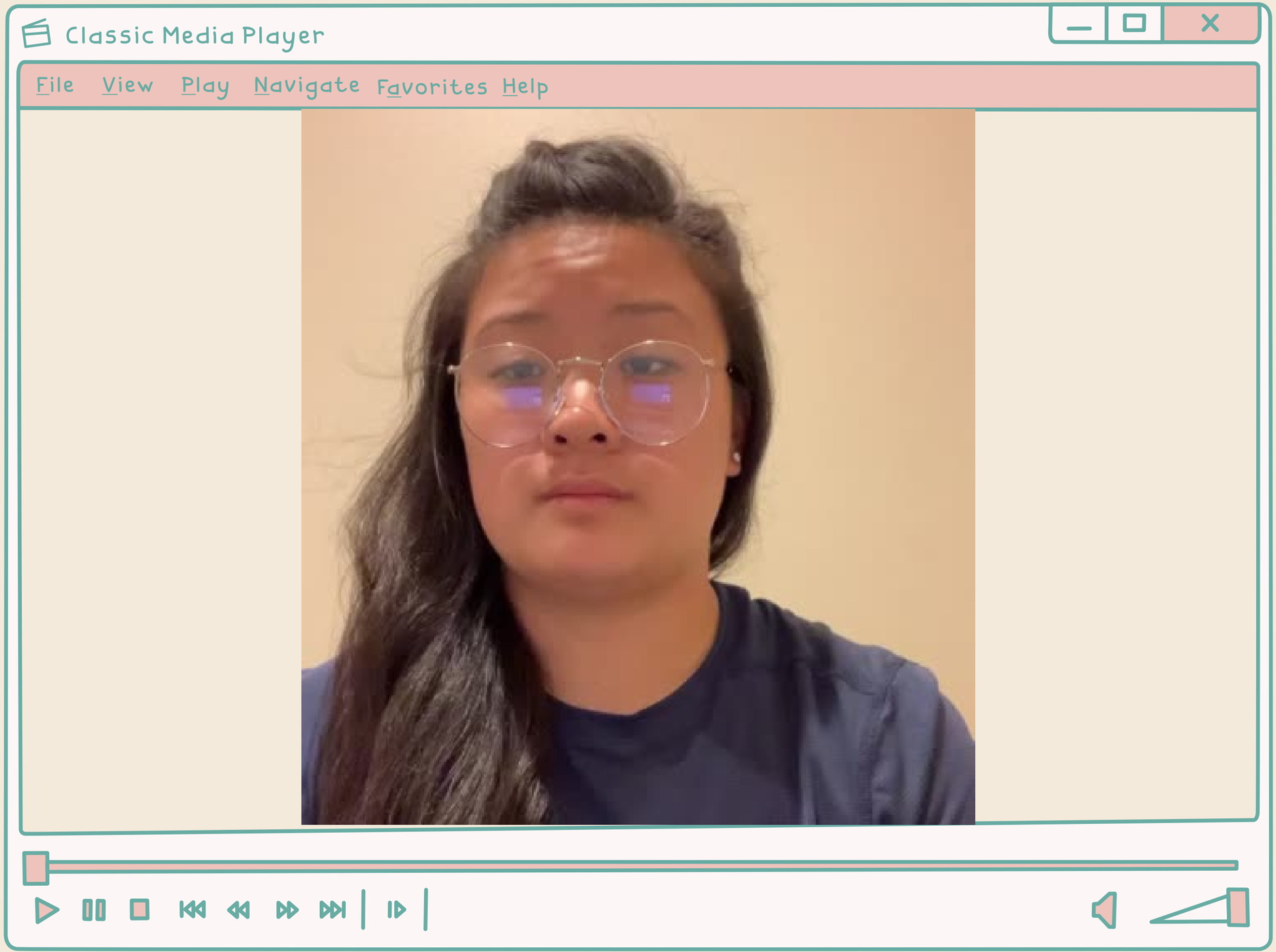


What is the core fear?

Trivia

OCD

Emetophobia

ED

Classic Media Player

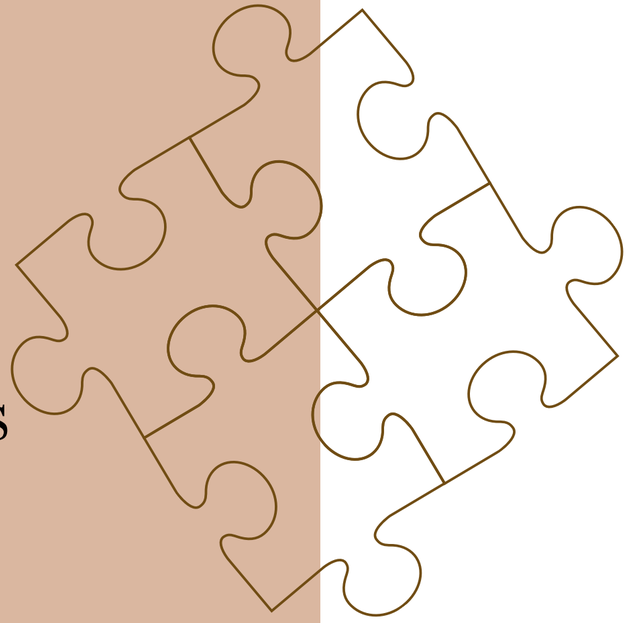
File View Play Navigate Favorites Help

What is the core fear?

Significant consequences

OCD

- Poor quality of life
- House bound
- Poor relationships
- Unable to hold a job or participate in academics
- Health detriments



ED

Second highest mortality rate out of all mental conditions, only second to opiod abuse.

Multiple medical complications due to ED symptoms: GI, cardiac, dental, endocrinological, osteoporosis.

Treatment Goals

ED **OCD** **Emetophobia**

- Cohesive treatment should address:
  - Accommodating behaviors
  - Avoidance
  - Reassurance

Watch for "safety" behaviors

1

Symptom
PRESENTATION

Nutrition
REHABILITATION

Risk of re-feeding syndrome

Daily Living
IMPAIRMENT

Medical
STABILIZATION

Lab work/ Organ functioning

Nutrition
EVALUATION

Nourishment, adequacy, frequency, food avoidance, variety

Treatment Approach
WHAT'S FIRST?

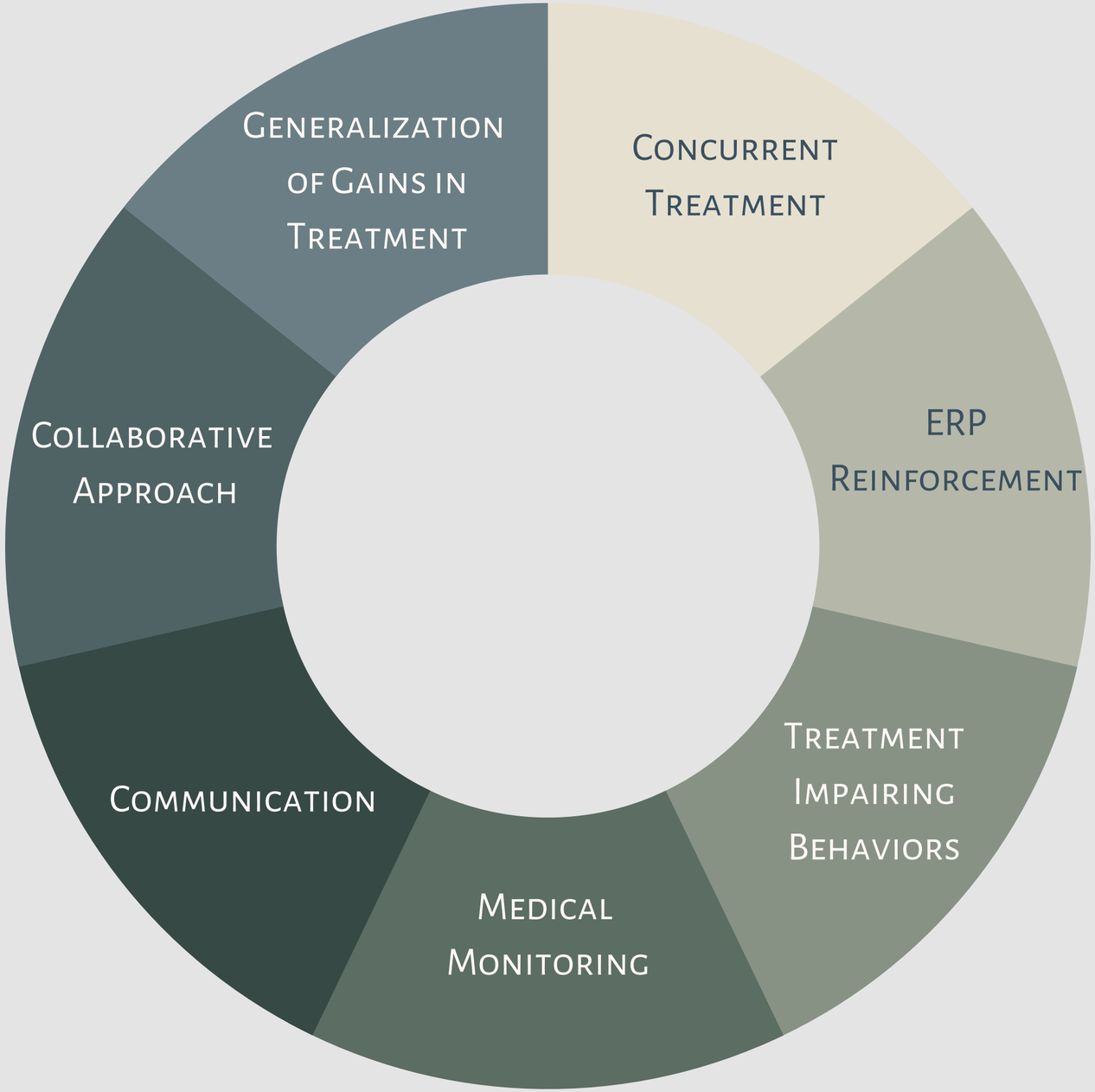
Order is imperative for prevention of:

- Physical / imminent danger
- Impaired cognitive function
  - Limiting of treatment gains

TREATMENT METHODS

The importance of

- A collaborative approach to treatment
- Communication between clinicians
- Medical monitoring
- Keeping tabs on accommodation, avoidances, reassurance seeking, safety behaviors
- ERP practice and reinforcement across settings
- Mindfulness, ACT and self-compassion used concurrently
- Generalizing gains of treatment outside of office



Treatment Approach Similarities & Differences

ED

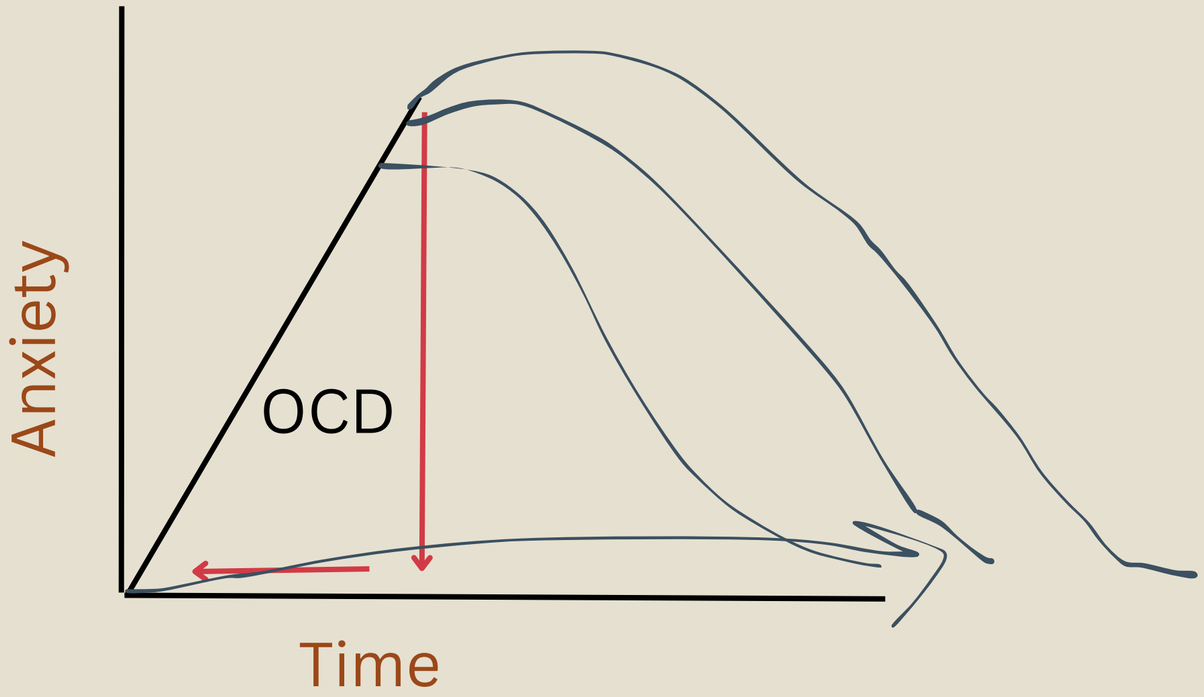
- Improving the relationship with food, body and movement
- Challenging core beliefs around the thin ideal
- Exploring the impact of diet culture and fat-phobia
- HAES
- Food & body exposures
- Addressing stigma & shame

OCD
EMETOPHOBIA

- Getting comfy with uncertainty
- Leaning in
- Values-based living
- Exposure - response
- Addressing stigma & shame

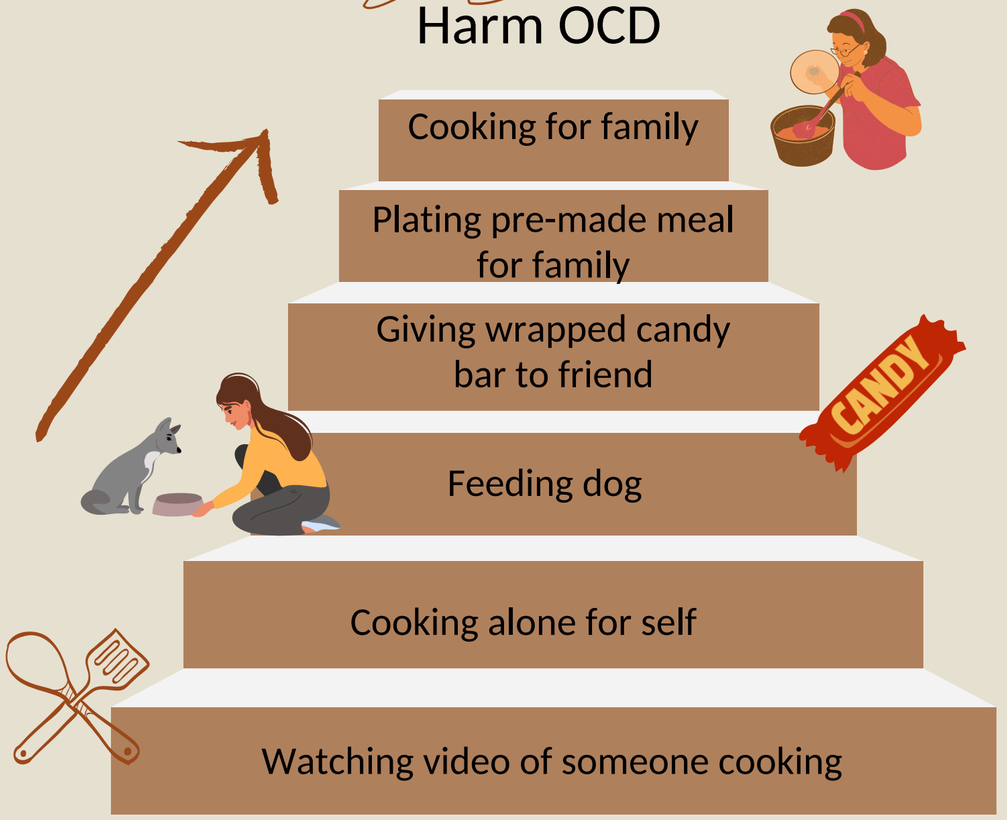
ERP for OCD

Hierarchy Approach



Fear of Poisoning Someone

Harm OCD



ERP for Emetophobia

Exposures

Safety behaviors

- Making fake vomit
- Listening to vomit sounds
- Watching cat vomit
- Attempting gag noise

ERP FOR ED

Identify the FEAR

High Fats

Unplanned/ Uncalculated Foods

Food Exposure Inventory

- No Way
- Scary
- Medium
- Okay
- Safe

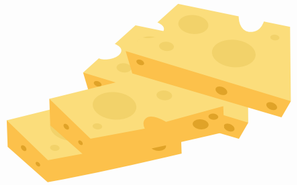
Feared Food Hierarchy

Example

- Olive Oil
- Nuts/ Seeds
- Avocado
- Full fat Yogurt
- 2% Yogurt

Design Food Exposure

Amount, where, when, how, nourishing the body = self-care, support, response prevention skills, possible safety behaviors



- **Level One**
  - Choose 4 snacks
  - Write snacks down
  - Blindly chooses 1 snack
- **Level Two**
  - Clinician chooses 4 snacks
  - Blindly draw 1 snack from list

Treatment Team

Levels of Care

- Outpatient
- IOP
- PHP
- Residential
- Medical Inpatient Stabilization

Family Therapy

Dietitian

Psychologist

Medical Doctor

PSYCHIATRIST

Therapist

Athletes

- Sport Psychologist
- Coaches
- Athletic Trainers

Future Goals

Increase % of Professionals Who Are

- able to recognize and understand the differences between clinical OCD, ED and emetophobia
- skilled at working with OCD and ED comorbidities
- trained to work with individuals presenting with emetophobia

Q&A

More questions? Contact us.

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