Therapy interventions for clients experiencing eating disorder behaviors

Scenario

When working with clients who have Eating Disorders (ED) it is imperative to work with a team that includes a skilled physician and therapist who understand the complexities of these disorders. Below are different treatment modalities your client might experience when working with a therapist.

Basic Principles

- **“Enhanced” Cognitive Behavioral Therapy (CBT-E)** is evidence-based for Bulimia Nervosa (BN), Binge Eating Disorder (BED) and Anorexia Nervosa (AN). CBT-E is an individualized approach including four stages; in which client and clinician work together to challenge the thoughts and the behaviors of the Eating Disorder.

- **Dialectical Behavioral Therapy (DBT)** for ED is an evidence-based intervention for BED and BN. DBT for ED conceptualizes the eating disorder as a problem of emotional dysregulation. Clients are taught a specific skill; “mindful eating.” In DBT for ED, the client and clinician work in a highly structured format within psychotherapy sessions to set and achieve clinical goals.

- **Internal Family Systems (IFS)** is a collaborative psychotherapy approach in which the client and the clinician work together to identify and heal the multiple parts of self that are engaged in maladaptive, life interfering behaviors. IFS is effective in identifying the eating disorder behaviors, urges and beliefs as Parts of the Self that have the goal of protecting the individual but ultimately are destructive. IFS has been found to be evidence-based with specific populations and research on IFS with EDs is on-going and anecdotally effective per clinician report.

- **Eye Movement Desensitization and Reprocessing Therapy (EMDR)** is an evidence-based approach that has standardized protocols geared towards relieving psychological distress. EMDR has a three-pronged approach that addresses past memories, current disturbances and future actions with a goal of living with healthy behaviors and interpersonal interactions. EMDR is appropriate for clinical intervention with EDs.
Basic Principles

- **Schema Therapy** is an evidence-based integrative form of CBT that is geared towards helping individuals with maladaptive life patterns. Schema Therapy clinicians posit that humans with chronic negative patterns developed Early Maladaptive Schemas to survive the less than ideal conditions they faced throughout their developmental processes; unmet core needs, abuse, abandonment, trauma, neglect and the absence of consistent human affection. Schema Therapy is commonly used and studied in the treatment of EDs and can be used in individual and group formats in multiple levels of care.

- **Family-Based Treatment (FBT)** is an evidence-based intensive outpatient approach to the treatment of EDs that integrates the family in a structured, active and positive role. FBT involves a three phase treatment approach: Refeeding and Weight Restoration, Returning Control of Eating to the Adolescent, and Addressing Adolescent Issues and Treatment Completion.

- **Narrative Therapy** allows the client to tell the story of their ED with the clinical goal of helping the client create a separation between the self and the ED. There is limited research beyond case study and anecdotal research on the role of Narrative Therapy and EDs. Despite this, it is a popular modality for both clinicians and clients alike.

- **Creative Arts Therapy** often known as Expressive Therapies include but are not limited to Psychodrama Therapy, Music Therapy, Art Therapy, Dance/Movement Therapy and Yoga. These are all popular adjunct therapies that are commonly offered in a variety of clinical settings and clinical levels of care in the treatment of EDs. Research is on-going to evaluate the evidence base and effectiveness of the different expressive therapies, and early studies support the positive outcomes of these modalities.

- **Equine Therapy** is the use of Animal Assisted Therapy with Horses and while this approach is not wholly evidence-based or has a large research base supporting it, the method is anecdotally popular and is widely used.

- **Interpersonal Therapy (IPT)** is a short-term evidence-based approach that shares the goals of reducing ED disturbance and elimination of interpersonal problems that occur within the context of the ED. In IPT, the client works to identify and express emotions and to make sense of how their past experiences influence present interpersonal and eating disorder experiences.

- **Exposure and Response Prevention (ERP)** is an evidence-based form of cognitive behavioral therapy that is historically used to address Obsessive-Compulsive Disorder (OCD), specific phobias and anxiety disorders. There is an overlap of anxiety disorders and co-morbidities with EDs and research has found that specific individuals with anxiety and eating disorder comorbidity benefit from the use of ERP for ED. ERP is a highly structured treatment and protocol.

- **Acceptance and Commitment Therapy (ACT)** is a therapy based on the premise that psychological distress often results in experiential avoidance in life. ACT is a mindfulness based therapy that utilizes experiential exercises, values-guided behavioral interventions and metaphor to help the client create a meaningful life while accepting that distress will be a part of life. ACT is a popular but newer approach with ongoing research evaluating its outcomes.

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