Reflections on Eating Disorder Treatment during COVID

With Thanks to The BCCH EDIS Team and the EDIS Emotion Coaching Group Facilitators for contributions

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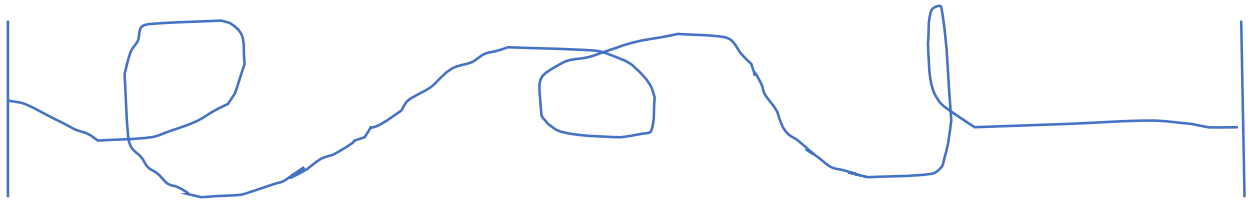
Objectives:

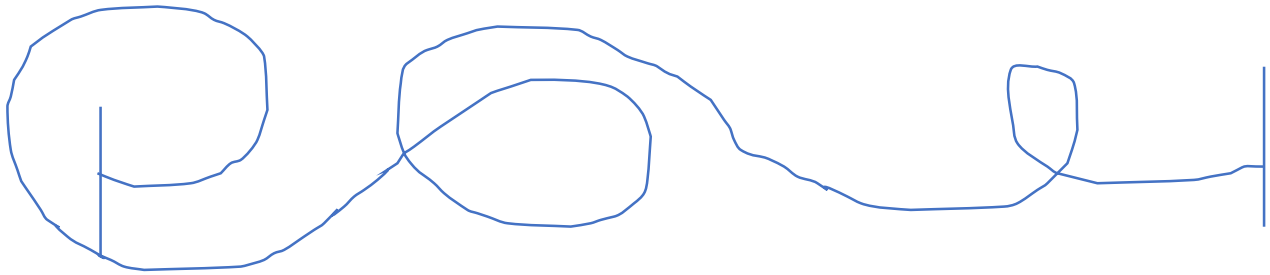
- 1. Outline the psychosocial components to a biopsychosocial approach to eating disorders.
- 2. Introduction to an emotion coaching approach for eating disorders used at BCCH.
- 3. Review of medications used in eating disorders at BCCH.

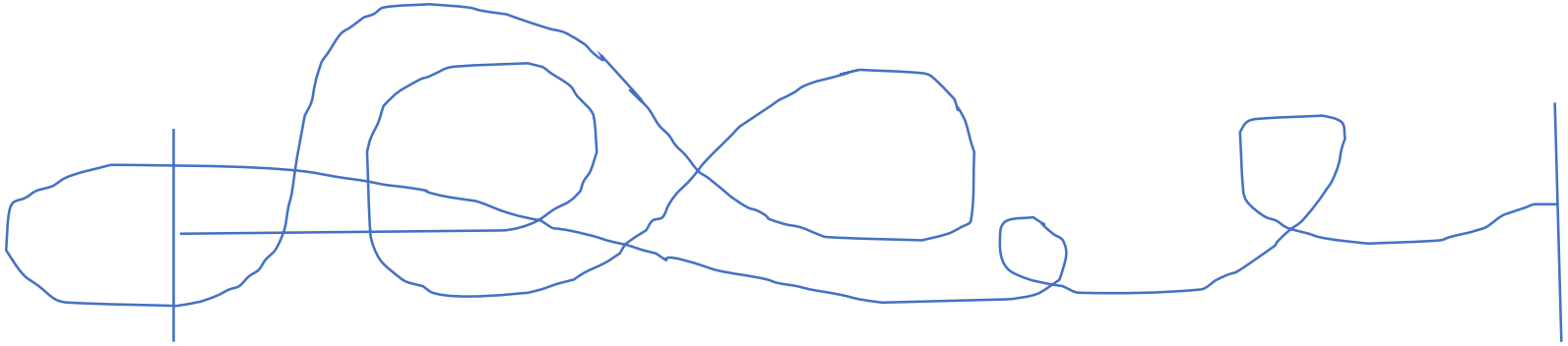
Eating Disorders

- Anorexia nervosa
  - Restricting type
  - Binge-eating/purging type
- Bulimia nervosa
- Eating disorders that are not the focus in this talk:
  - Avoidant restrictive food intake disorder
  - Other specified eating disorder
  - Unspecified eating disorder
  - Binge eating disorder

Tangled rope of recovery







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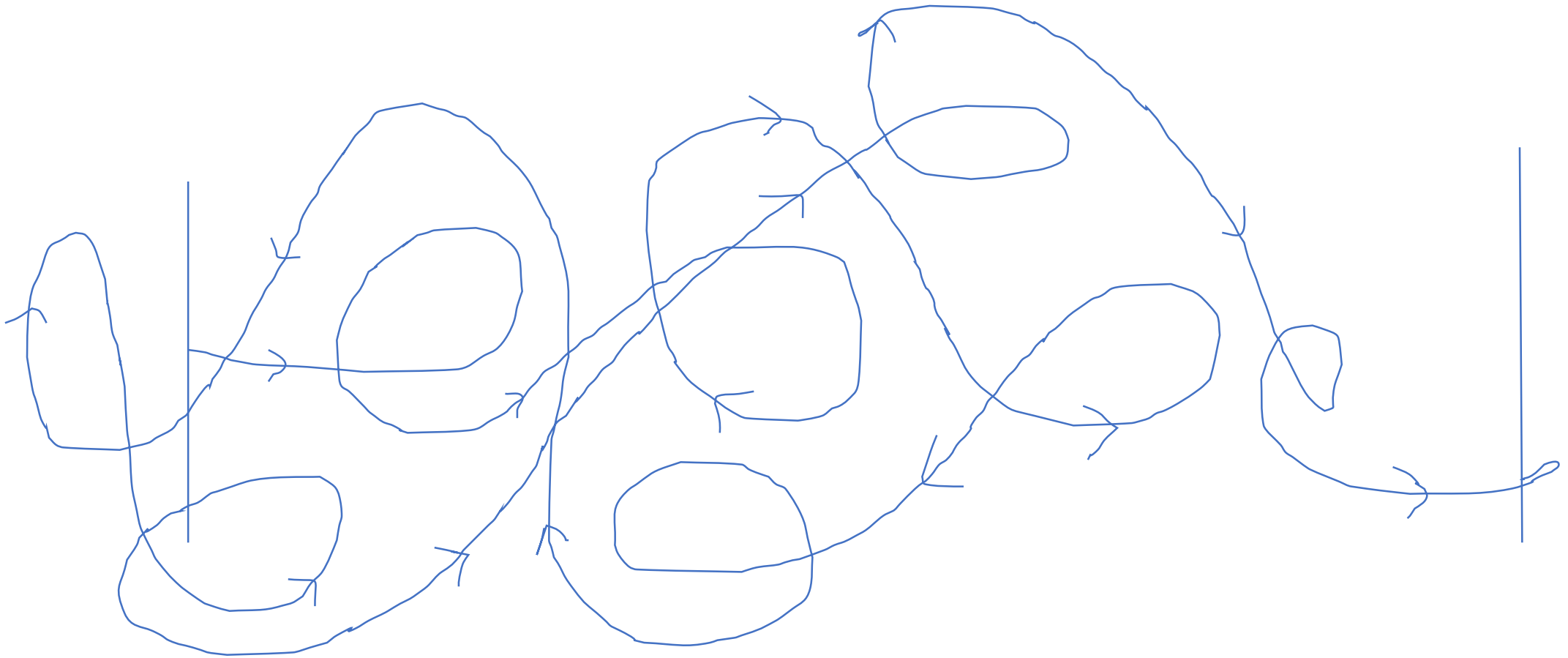


Caring for the Caregiver

- Marathon, not a sprint
- Containing the Container:
  - Parents, Community, School, Health Care Providers
- Validating language
  - No way to fully “self-care”
  - Separate stress from stressor

Approach to Treatment

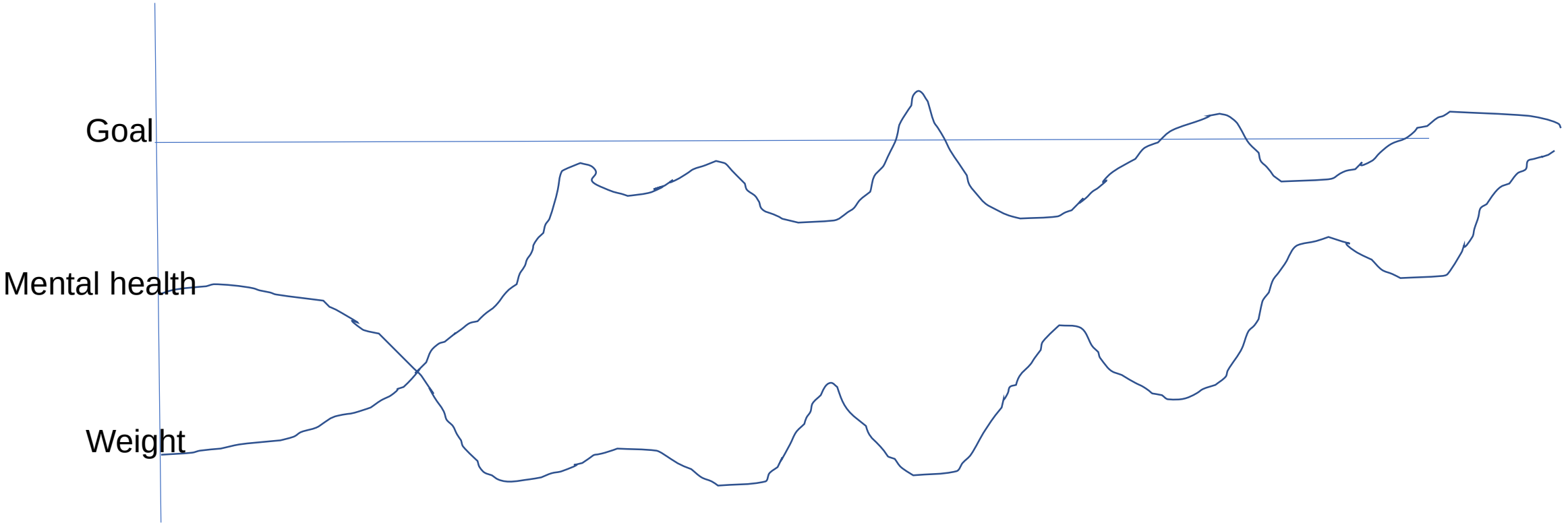
- Priorities:
  - Parents first line team members
  - Energy In > Energy Out
  - Medical monitoring – follow weight and medical trends
  - Empower parents to help create structure where Energy In is the priority
- Engaging the patient
  - Common goal:
    - Eg. Health
    - Eg. Stay out of hospital
    - Eg. Have fewer appointments
  - How:
    - Increase Energy In
    - Decrease Energy Out

Increase Energy In: Food pyramid

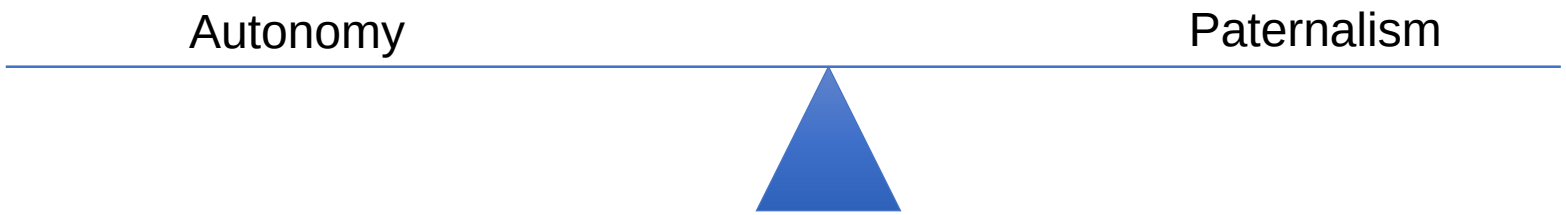
Decrease Energy Out

- School
- Extra-curricular activities
- Walks
- Mental health needs vs Medical needs

The Eating Disorder Bully



Treatment factors



- Developmental stage
  - Support for E In > E Out is a developmental mismatch (Paternalism)
  - Look for opportunities to provide developmentally appropriate independence (Autonomy)
- Home environment
  - Relationship with caregivers
  - Safety – emotional and physical
- Emotional needs
  - Emotion coaching/Emotion Focused Family Therapy (EFFT):
    - https://www.emotionfocusedfamilytherapy.org/efft-eating-disorders/
    - Dr. Adele LaFrance

Below the Surface

https://www.emotionfocusedfamilytherapy.org/efft-the-model/

Emotion as a Wave

- EFFT principles:

Opportunity to meet need in a different way

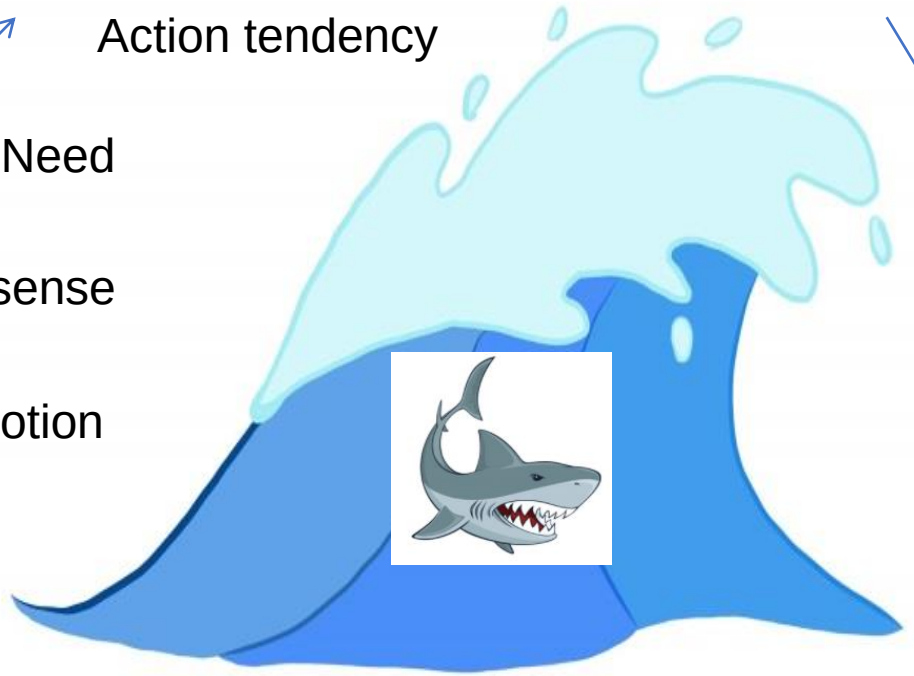
Action tendency

Need

Bodily sense

Specific Emotion

Trigger



Repair

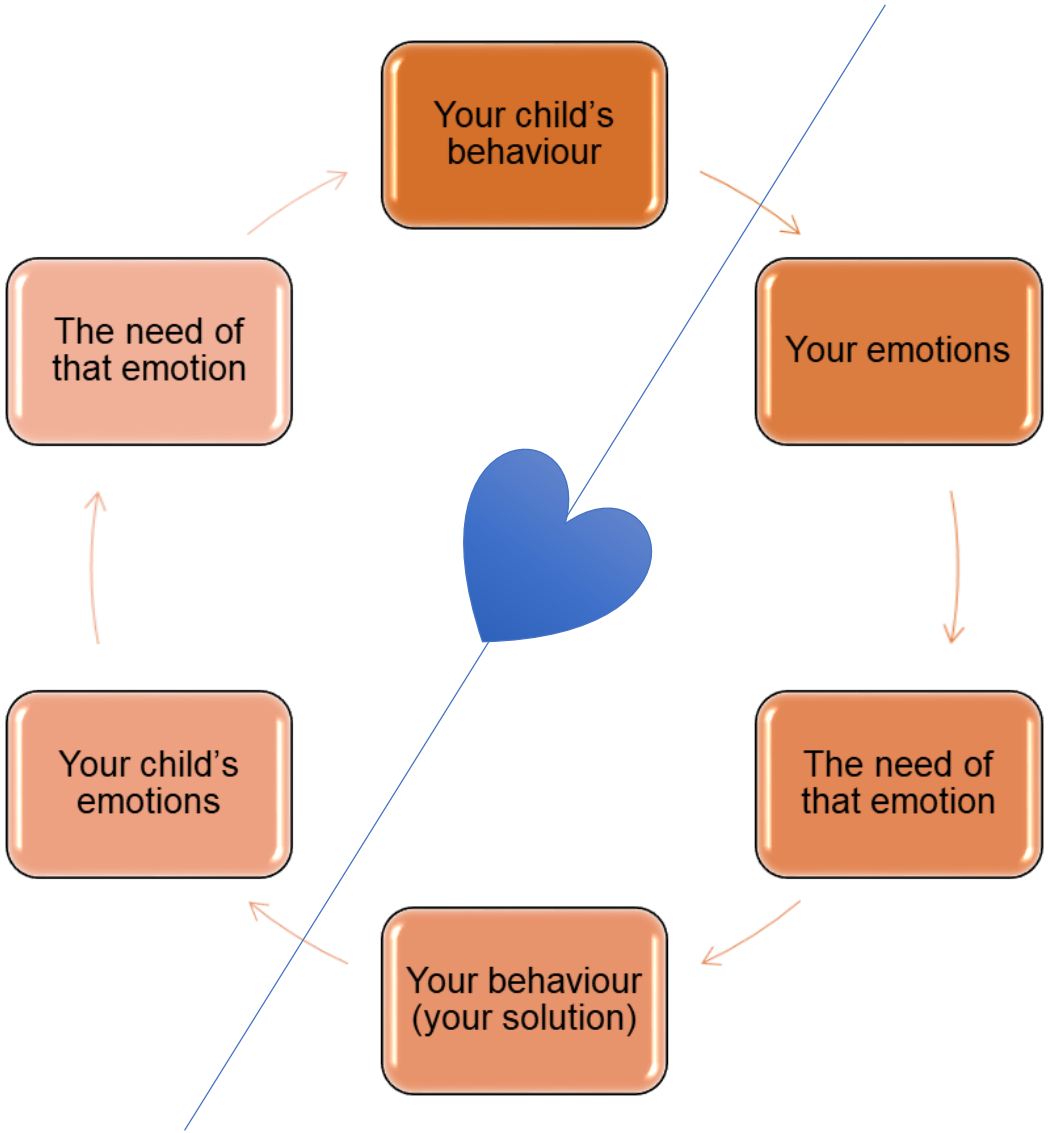
Collaborative problem solving

Repair

Collaborative problem solving

https://www.freepik.com/free-photos-vectors/shark-cartoon

The Cycle


Your child's behaviour
Your emotions
The need of that emotion
Your behaviour (your solution)
Your child's emotions
The need of that emotion

Validation in Eating Disorders

- Attend to the emotion – what are they feeling?
  - Label it: “Name it to tame it”
  - Slow things down to allow mindful responses
- Convey understanding of feelings, urges
- Demonstrate through “BECAUSE” (3 apparently optimal)
- Emotional support:
  - Meet the emotion’s associated need: comfort, connection, space, reassurance.
- Practical support if needed, and appropriate:
- redirect or
- engage in problem solving.

Emotions

Name	Bodily sense/ Body reactions	Perceived Need	Action Tendency	Emotional Need
Anxiety	Racing heart, Sweating, Engaged muscles	Safety, Protection (not avoidance or escape)	Run, Hide, Avoid…	Validate! Support, presence.
Sadness	Slowed, Heavy, Tears behind eyes, Tight throat	Comfort, Solace	Cry, Seek connection, Immolate…	Validate! Comfort, reassurance, attunement
Anger	Tension in body, Heat, Eyes narrow	Boundaries respected, Validation	Enforce boundary: Seek to have something stop, Seek to have something start	Validate! If safe, respect boundary until the wave settles then use EC steps*

* EC – Emotion Coaching: validate, repair, collaborative problem solving

What Inpatient Youth Told us was helpful…at times☺

Staff	Family
-Keep the structure -Remind of rules when necessary -Use distractions – games, trivia -Conversation	-eat together -play games -have a conversation -don't stare -no food talk

Emotion Coaching in Meal Support

- Validation has been shown to reduce anxiety
  - Reduced anxiety creates space for motivation to grow
- Apology has been shown to improve relationship
  - Improved relationship with parents challenges the eating disorder identity
- Awareness of one's own emotions is associated with improved management of emotions
  - Leading to more effective use of emotion coaching with others and utilization of more meal support strategies

Reflections to help with Meal Support

- **The Emotional Wave**
  - During meal planning, what strong emotions might happen (for each of you)?
  - What is the need of that emotion?
  - What are useful ways to manage that emotion?
- **The Cycle**
  - When your child's emotions escalate, what is your normal reaction?
  - What is your emotion, what is your need, and what is a typical strategy that you use to meet your need?
  - What different strategy can meet your need as well as your child's need?
- **Validation**
  - What might your child's strong emotions be, and how can you validate them in this situation? Validate the emotion, not the behavior
- **Apology**
  - Looking back, are there any feelings that could benefit from an apology?
- **Collaborative Problem Solving**
  - Where can you use "Collaborative Plan" instead of "Parent/Physician Plan" or "Kid Plan"?

Meal Planning and Preparation

- Choice is stressful
- Structure and organization reduce anxiety
- Responsibility creates stress
- Potential ways to decrease stress:
  - Less involved in shopping, cooking, serving
  - Decrease/remove choice and responsibility
  - NOTE: what patients say they want may be what the eating disorder wants; the health part of them may want the opposite.

Post meal - A time for anxiety, guilt and pain

- For many, after eating can be just as bad, or worse, than the eating itself - They may feel guilt, anxiety, and pain
- Distract, support, and supervise to try to minimize compensatory behaviours such as excessive exercise, purging, or self harm
- Supervise and support youth after meals to help them manage feelings

Approach to medications:

Indication	Class
Eating disorder related anxiety and dysphoria	Benzodiazepines Second Generation Antipsychotics First Generation Antipsychotics Antidepressants
Eating disorder related dysregulation	Benzodiazepines Second Generation Antipsychotics First Generation Antipsychotics
Primary anxiety/depression	Antidepressants Antipsychotics (second before first generation)
ARFID related anxiety, low appetite, sleep problems	Mirtazapine Olanzapine

For help with prescribing (specific medication, dosing), consider calling BCCH Compass Line: 1-855-702-7272

Other Factors to Consider…

- Benzodiazepines (lorazepam, clonazepam)
  - Anticipated duration of treatment
  - History of substance use: personal, family
- Antidepressants
  - BN – fluoxetine high doses (70-80mg)
  - ARFID – mirtazapine

Other Factors cont…

- Antipsychotics (baseline metabolic monitoring labs and measurements):
  - Second Generation – prn vs once daily dosing
    - Olanzapine – risk of increased binging/purging; tolerance of increased appetite
    - Quetiapine – prolonged QTc
    - Risperidone – consider if ASD comorbidity, aggression, irritability
    - Aripiprazole – consider if OCD comorbidity to combine with SSRI
  - First Generation – may be used in hospital (loxapine, nozinan)

Thank you…

We hear how tired and frustrated you are; because of the severity of our patients' illnesses, because of the need for more resources, and because you just want to help them get better.

We wish there was more help for everyone.

THANK YOU for all that you do. We see you.