TREATMENT OF EATING DISORDERS & BODY IMAGE CONCERNS WITH UNIQUE AND CULTURALLY DIVERSE COLLEGE POPULATIONS: A MULTIDISCIPLINARY APPROACH

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WHY IS THIS IMPORTANT?

• Eating Disorders are on the rise and do not discriminate

• College students are at a high risk for eating disorders:
  • Away from home for the first time
  • Increased financial and academic stress
  • First time making their own food choices
  • Myth of “Freshman 15” which pressures weight loss/restriction

• Eating Disorders have the highest mortality rate among any mental illness
INTEGRATED TREATMENT APPROACH

• Regular Treatment Team Meetings
  • Weekly, biweekly, depending on case load

• Individualized for each client

• Treatment team on a college campus might include:
  • Mental Health Care Provider
  • Dietitian
  • Psychiatrist
  • Recovery Center Staff
  • Health Care Center Staff
  • Athletic Staff, if applicable
TEAM CONSULTATION

• Benefits of team consultation:
  • Gather perspectives from multiple approaches/lenses
  • Gather feedback and brainstorm creative approaches to treatment
  • Research shows a multidisciplinary approach is most effective for treating eating disorders
    • Enhances communication of the treatment team
    • Provides consistent treatment goals/standards of treatment
TEAM CONSULTATION

Determine if Higher Level of Care (HLOC) is warranted

• Markers for HLOC:
  • Medical markers: cardiac dysfunction, low blood pressure, extremely low weight and inability to increase food intake, dehydration, electrolyte abnormalities
  • Seen for therapy at outpatient level and no improvement or symptoms are worse (e.g. rapid weight loss; multiple episodes of binge/purge behaviors with little to no reduction)
  • Long history of ED and no previous treatment history
  • Highly risky suicidal thoughts, gestures, or self-injury behaviors
  • No support system, abusive family situation, or support system sabotaging treatment
  • Inability to perform daily activities of living
  • Increase in other impulsive behaviors, such as drugs, risky sexual behavior, shoplifting
ROLE OF THE THERAPIST

• Thorough Assessment
  • Eating behaviors and compensatory behaviors
  • Client history
  • Co-occurring conditions

• Increase Insight and Awareness of Behaviors & Functions
  • Provide psychoeducation around eating disorders
  • Explore and identify possible functions
  • Address cultural forces contributing to ED

• Increase Motivation and Reduce Denial

• Increase Alternative Coping Strategies

• Case Management
  • Engage outside support
  • Referral for medical evaluation, nutritional counseling, community resource
ROLE OF THE REGISTERED DIETITIAN

• Nutrition Assessment
  • Evaluate the nutritional adequacy of client’s current intake
  • Physical assessment for safety

• Nutrition Education
  • Encourage client to understand the importance of their intake
  • Label & explore thoughts & fears about foods
  • Challenge thoughts & fears about foods
  • Meal planning, portion sizes, food groups education

• Food Exposures/Meal Experientials
  • Actively challenge foods and/or environments where the client struggles
EATING DISORDERS DO NOT DISCRIMINATE

POPULATIONS OF INTEREST

1. Transgender and Gender Nonconforming Students
2. International Students
3. Male Students
4. Students on the Autism Spectrum
TRANSGENDER AND GENDER NONCONFORMING (TGNC)

• Transgender students are more than 4x more likely to report an eating disorder diagnosis compared to cisgender straight women.

• This population at a higher risk for a variety of reasons:
  • Societal norms
  • Body Image
  • Identity Issues
  • Perceived control/to regain control
  • Feeling undeserving of nourishment
  • Desire to suppress or accentuate gender
TRANSGENDER AND GENDER NONCONFORMING (TGNC)

• Trauma & Violence faced by trans people often leads to unhealthy coping mechanisms due to:
  • Minority Stress
  • Discrimination
  • Violence
  • Victimization
  • Pressure of concealing identity
  • Social alienation & isolation
  • Internalized social stigma
  • Poor self-esteem
  • Structural forces such as poverty, racism, ableism, homelessness and underemployment
1. Disconnection from their body
2. Potential hatred towards their body
3. Belief that if they change their body they will adapt to “liking” it
4. Suppress their sex assigned at birth
5. Another way to avoid their emotions, body, or fears

“I felt like I wanted to diet my gender away completely, or like, dispel it altogether. I have to starve myself because otherwise I’ll start looking like a woman again.”
TRANSGENDER AND GENDER NONCONFORMING: TREATMENT CONSIDERATIONS

Possible marginalization, misunderstanding, or poor treatment of trans identity and gender diversity by medical health institutions, ranging from lack of competency to harassment and denial of care

• Create an affirming environment
  • Consult with a TGNC expert/group
  • Mirror individual’s names and pronouns
  • Do not assume someone’s gender identity
  • Affirm and embrace all types of gender expression
  • Have affirming and inclusive signage and forms in your office
  • Be aware of images they may be consuming in their process

• Research shows that eating disorder symptoms improve with exploration of gender dysphoria and pursuing confirmation procedures
• Body dissatisfaction is more pronounced in affluent countries where people have a more Western lifestyle
  • Research has shown an increase in body dissatisfaction with an increase in media

• International students are potentially at an increased risk of developing an eating disorder as they assimilate to US culture

• Stress of feeling like an outsider in a new place, combined with extreme ideals of thinness, promotes body image disturbance in eating disorders
INTERNATIONAL STUDENTS: COMMON FUNCTIONS OF THE EATING DISORDER

A way of coping due to:
1. Acculturation stress
2. Minority stress
3. Isolation & Homesickness
4. Language barriers
5. Wanting to fit in
Often professionals do not understand cultural factors that influence eating disorders among communities of color and indigenous and migrant women

• Also less likely to diagnose eating disorders due to misconception that they only affect white women

• Address cultural stigma/barriers to seeking mental health services

• Be sensitive to language barriers and how these can make communication difficult; tailor interventions to this

• Be aware that eating disorders may be considered “taboo” by family or culture and thus others have not known how to respond or define the current struggles
MALE STUDENTS

• Body image concerns among males have increased over the past three decades with approximately 43% of men reporting dissatisfaction with their bodies.

• New research suggests 25% of people with EDs are males.
  • Potentially an equal number of males & females suffer with Binge Eating Disorder.

• Important to note sameness between eating disorders in men and women, as well as differences.

• College life and culture may evoke challenges for men who are susceptible to an eating disorder:
  1. Involvement with high-risk athletic group
  2. Sexual orientation and identity exploration
  3. Muscle dysmorphia and muscularity ideals
  4. Potential comorbid chemical dependency
Male Students:
Common Functions of the Eating Disorder

Often revolved around culture’s unrealistic expectations of masculinity:

• Pursue the ideal body shape
  • Body dissatisfaction manifested in obsession around body building/muscle mass

• Need to be in control

• A way to cope with history of obesity/overweight and subsequent bullying and low self-esteem
Cultural stigma around eating disorders being a “woman’s issue” leads to individual not pursing therapy and/or diagnosis being missed

- Research shows doctors fail to recognize male EDs, despite identical behaviors

**Important to recognize common warning signs in men:**

- Preoccupation with body building, weight lifting, muscle toning
- Lowered testosterone
- Anxiety and stress over missing workouts
- Muscular weakness
- Decreased interest in sex
- Possible conflict over gender identity or sexual orientation
- Using anabolic steroids

**Inform and validate not only a woman’s issue!**
AUTISM SPECTRUM DISORDER (ASD)

• “Autism might be a particular risk factor for developing a restrictive eating disorder”

• Common behavioral patterns and personality traits between Anorexia and ASD
  • Research suggests that the two conditions share genetic and neurobiological links
  • Strong interest in details in systems
  • Tendency to be self focused
    • Difficulties understanding and interpreting social cues
  • Inflexible behaviors and attitudes
    • Crave rules, routines, and rituals
    • Rigid patterns of thinking
AUTISM SPECTRUM DISORDER: COMMON FUNCTIONS OF THE EATING DISORDER

A way of coping due to:

1. Way to feel in control of anxiety and world in general

2. Highly selective eating requirements or particularly sensitive to textures, look, smell, or sound of foods

3. Potential lack of self-care in general
   - Inability to feed themselves by means of cooking and grocery shopping

4. Social Isolation
   - Social aspects of eating may be challenging
   - Restricting food/thinness may be the only means to connect to others or seem desirable to others
AUTISM SPECTRUM DISORDER: TREATMENT CONSIDERATIONS

Client may present with very low energy, malnutrition, arrested growth or weight loss due to restrictive behaviors

- Explore client’s current level of functioning and the possible varying functions of disordered eating behaviors for ASD

- Increase client’s overall daily functioning
  - Create schedules and structures around meals, sleep habits, etc.

- Increase awareness and begin to challenge rigid thoughts or rules

- Be aware of potential lack of emotional connection and/or insight to the eating disturbance
  - Utilize more creative interventions vs. talk therapy
INTERVENTION: COUNSELING

• Working with Thoughts & Behaviors

• Cognitive Behavioral Therapy (CBT): Help clients learn to recognize core beliefs & cognitive distortions, such as all-or-nothing thinking, overgeneralizing, assuming, magical thinking, and personalizing → all of which are well recognized in clients with EDs and influence their bx
  - Client is taught to either choose not to act on these thoughts or replace them with more realistic and positive ways of thinking

• Acceptance and Commitment Therapy (ACT): Help clients replace avoidance/control strategies with constructive, values-consistent bx’s
  - Client is taught to obtain psychological distance, create goals, and increase willingness (i.e. committed actions- “I’m done with that!”)
  - Also taught to clarify and take a committed action toward valued domains outside weight and shape
INTERVENTION: COUNSELING

• Separating self from the Eating Disorder
  • Help client separate themselves from their ED identity:
    • Client often can believe ED self is “just who they are”
    • Therapist helps distinguish the healthy self from the eating disorder self
      • “I can tell the eating disorder self is very much with you today”
      • Help clients recognize ED voice themselves (e.g. challenge fusing, write a letter, have dialogue in session)
    • Life Without Ed- By: Jenni Schaefer

• Strengthen Healthy Self
  • Increase coping in dealing with dysphoric thoughts
  • If identity dysphoria present, work with this additional layer of these thoughts
    • Find ways to decrease discrepancy between internal self identity and physical body
INTERVENTION: COUNSELING

• Exploring Emotions & Functions behind ED

  *Most importantly, work from a culturally sensitive lens!!*

  • Explore intersectionality of ED and other cultural variables (e.g. growing up with a variety of stressors, such as racism, homophobia, poverty, sexism, abuse)

  • Provide behavioral structure/interventions

  • Help client explore and verbalize what they are feeling or trying to communicate at the time they engage in their ED thoughts/behaviors

  • Emphasize having feelings without self-judgment
    • Helps a client feel, label, understand, accept, and express their own emotion without judgments (this also helps with fostering self-acceptance)

  • Teach clients to avoid avoidance: EDs are disorders of avoidance, help them to learn about this and its seductive yet short-lived rewards
INTERVENTION: NUTRITION

• **Nutrition Education**
  • Focus on foods consumed abundantly in American culture
    • Fast food, doughnuts, vending machines, frozen meals, etc.
• **Portion Sizes**
  • Visual aids, especially if language barrier
    • i.e. pictures, food models
• **Balanced Meal Approach**
  • Might consider using exchange method to simplify meal plan to client
INTERVENTION: NUTRITION

• Mindfulness
  • Pre-Meal Ceremony
  • Can encourage a client to be more present during the meal and find appreciation for the food
    • Practiced in abundance across cultures
    • Might want to consider researching common practices around food within your client’s specific culture/country of origin
    • Can be individualized for the client
  • “Eating for her body, not for his” was created by a student who identifies as a trans woman
INTERVENTION: NUTRITION

• Role of Cultural Foods and Practices
  • Important to consider physical safety if a client is wanting to fast for religious reasons
    • In most cases, there are accommodations that can be made within religious groups around fasting. Consult with client’s religious leader if applicable to see if an exception can be made due to health reasons
  • Family Dynamics can put extra strain on a client’s eating behaviors
    • Expectations of the client to eat according to religious beliefs of the family
    • Cultural beliefs around what is “healthy”
      • Ex. Many international students have a belief that soy is going to promote feminine qualities if consumed by males
INTERVENTION: NUTRITION & COUNSELING

Recovery Record

- Individualized meal plans
- Clients share photos of meals and feelings about foods
- Able to gauge client’s readiness to change and find patterns in their eating behaviors
- Able to track client’s emotions around eating and behaviors
- Affirm and redirect clients
ORGANIZATIONS

• http://www.transfolxfightingeds.org/
• http://www.thickdumplingskin.com/
• http://waragainsteatingdisorder.com/
• http://nalgonapride.tumblr.com/
• http://mengetedstoo.co.uk/
• http://namedinc.org/
• https://www.nationaleatingdisorders.org/marginalized-voices
QUESTIONS?

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REFERENCES


