

Cognitive behavioral therapy in Eating Disorders – Anorexia Nervosa

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Structure of presentation

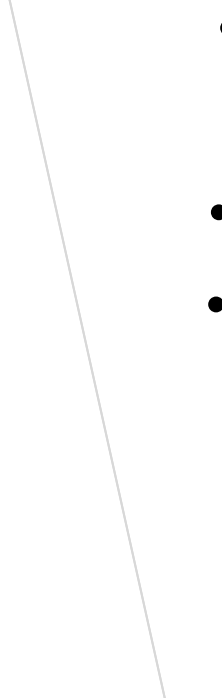
1. Short Brain Storm about your knowledge about eating disorders
2. Some facts about anorexia nervosa (AN): and eating disorders generally (prevalence, types)
3. Criteria ICD-10
4. Cognitive Behavioral Therapy
5. Practical exercises

Brain storm



What do you know about eating disorders?

Type of eating disorders

- anorexia nervosa,
 - bulimia nervosa,
 - orthorexia,
 - purging,
 - bigorexia,
 - pregorexia
 - obesity
 - EDONS
- 
- body dissatisfaction,
 - dieting,
 - extreme picky eating,
 - extreme underweight,
 - weight eating,

Prevalence of eating disorders

0,3 – 1 % of
population suffer from anorexia nervosa

(Russel i Keel, 2002).

Age of onset of AN is typically early to late
adolescence (10-20 years old)

(Keel, 2010).

Common Definition of eating disorders

Include extreme emotions, attitudes, and behaviors surrounding weight and food issues.

Eating disorders are serious emotional and physical problems that can have life-threatening consequences for females and males.

www.nationaleatingdisorders.org

ICD-10

F50-F59

Behavioral syndromes associated with physiological disturbances and physical factors

F50- F50.9 Eating disorders

F50.0 Anorexia nervosa

F50.1 Atypical anorexia nervosa

F50.2 Bulimia nervosa

F50.3 Atypical bulimia nervosa

F50.4 Overeating associated with other psychological disturbances

F50.5 Vomiting associated with other psychological disturbances

F50.8 Other eating disorders

F50.9 Eating disorder, unspecified

F50.0 - Anorexia Nervosa

Deliberate weight loss, induced and sustained by the patient.

The disorder is associated with a specific **psychopathology** whereby a **dread of fatness and flabbiness of body contour persists as an intrusive overvalued idea**, and the patients impose a low weight threshold on themselves.

There is usually **undernutrition** of varying severity with secondary endocrine and metabolic changes and disturbances of bodily function.

F50.0 - Anorexia Nervosa

The symptoms include restricted dietary choice, excessive exercise, induced vomiting and purgation, and use of appetite suppressants and diuretics.

Criteria:

extreme weight loss, fasting or restriction of food intake, body image disturbance, and loss of female's menstrual cycle. Body weight be at 85 % what is expected for one's height, and the fear of fitness or gaining weight despite being severely underweight. Obsessed with the body shape, size and appearance

Personality characteristic:

- perfectionism
- ego-oriented (showing strong fokus on autcome rather process)
- low self-esteem
- overemphasize weight and size
- alexithymia (inability to identyfy and Express feelings)
- a strong need for control
- extreem behavior to take underweight
- individuals: (OCD) or narcisism

(Encyclopedia of eating disorders)

What do you see?

Brige or sail?



Cognitive Behavioral Therapy

Cognitive-behavioral approaches – which view many behaviours, including those which fall within the realm of personality, as being acquired through learning. They also emphasize the effect the mental processes, such as beliefs, thoughts and perceptions, have on behaviour

(„Psychology in counselling and therapeutic practice“ Wilkinson D.J. Campbell E. A.)

Aim of therapy

To help clients to change the way in which they think as well as they behave.

CBT identifies and monitors thoughts, assumptions, beliefs, and behaviours that are related to and accompanied by debilitating negative emotions.

The therapist gives the client tools to replace or transcend inaccurate or unhelpful emotions with realistic and useful cognitive and behavioral tools.

Rules of CBT

- Focusing on goals, restrict by time
- Focusing on particular problem
- Strong relationship between patient-therapist
- Focusing on what is now
- Using techniques
- Education
- Every session has a structure

CBT (four stages)

Excercise 1:

In the group try to (using prepar pices of paper) create the four stages of treatment.

Stage one

-
-
-

Stege two (passing)

-
-

Stage three (main)

-

Stage four

-
-

CBT (four stages) - answers

Stage one:

- To engage the patient in treatment and changes
- To derive a personalized formulation (case conceptualization) with the patient
- To provide education about treatment and the disorder, and to introduce and implement 2 important procedures: collaborative “weekly weighing” and “regular eating.”

CBT (four stages) - answers

Stage two:

- Analysis of Progress/not progress. – encouragement/ the explanation needs to be understood and addressed.
- Next steps of therapy - individual approach.

CBT (four stages) - answers

Stage three:

- Its aim is to address the key processes that are maintaining the patient's eating disorder. The mechanisms addressed, and the order in which these are tackled, depend upon their role and relative importance in maintaining the patient's psychopathology

Stage four:

- Is concerned with ending treatment well

Spectrum of eating disorders include:

- weight control practices
- psychical activity behaviours
 - body image
 - eating behaviours
 - weight status

How do I see myself? – body image

- https://www.youtube.com/watch?v=QN4wF_kHtLI

Techniques using in CBT

- keeping a diary of significant events associated feelings, thoughts, and behaviour
- questioning and testing cognitions, assumption, evaluations, and beliefs might be unhelpful an unrealistic
- gradually, facing activiteis which may have been avoided
- trying out new ways of behaving and reacting, Relaxation, mindfulness and distraction techniques are also common uses.

Techniques using in AN treatment

- What do you see in the mirror?
- How are you feeling?
- Perfect me
- Exercise for the body
- End of the sentence
- Draw your body shape
- Pantomima

Thank you for your attention!