

## Restoring Peace with Food and Body – Disordered Eating

- Disordered Eating Defined
- Cause & Triggers
- Treatment Options
- Case Scenarios

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## Types of Disordered Eating

Symptoms may differ or overlap, and anyone showing these patterns should be evaluated by a health care provider.

- Anorexia Nervosa**
  - Restrictive Subtype – Limit the amount and type of food consumed
  - Binge-Purge Subtype – Cycle of limiting food intake followed by purging cycle.
- Bulimia Nervosa**
  - Recurrent Episodes – Binge eating followed by feeling of lack of control
  - Excessive use of laxatives, fasting, excessive exercise, or combination to avoid weight gain.
- Binge-Eating Disorder**
  - Loss of Control – Recurrent episodes of large food intake.
  - No Purging – No use of dieting, exercise, or weight loss.
- Avoidant Restrictive Food Intake Disorder**
  - Limit Amount / Type of Food Consumption
  - Distorted Body Image – Fear of weight gain

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## Disordered Eating Facts & Statistics

Women

- About **33% of women** reported symptoms consistent with a DSM-5 eating disorder diagnosis
- Higher body dissatisfaction
- Greater pressure related to thinness ideals

Men

- About **19% of men** reported symptoms consistent with a DSM-5 eating disorder diagnosis
- Less likely to seek treatment due to stigma
- Focus more on muscularity and compulsive exercise

Statistics

- Over **28 million Americans** currently live with an eating disorder
- Eating disorders have the **second highest mortality rate** of any mental illness (after opioid addiction)
- Less than **20% of individuals** with eating disorders receive treatment
- Early intervention **significantly improves recovery outcomes**

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### At Risk Groups



- Adolescents and Young Adults
- Appearance-Focused Individuals
- High-Pressure Environments
- Athletes and Performers
- History of Dieting or Weight Stigma
- Anxiety, Depression, Trauma, or OCD
- Chronic Stress, Grief, or Major Life Transitions

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### Signs of Disordered Eating



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| <b>Behavioral Signs</b>                | <ul style="list-style-type: none"> <li>• Skipping meals or rigid food rules</li> <li>• Eating in secret</li> <li>• Frequent dieting or food avoidance</li> <li>• Excessive exercise</li> </ul>                                 |
| <b>Emotional &amp; Cognitive Signs</b> | <ul style="list-style-type: none"> <li>• Preoccupation with food or body image</li> <li>• Guilt or shame after eating</li> <li>• Anxiety around meals or social eating</li> <li>• Low self-worth tied to appearance</li> </ul> |
| <b>Physical Signs</b>                  | <ul style="list-style-type: none"> <li>• Fatigue or dizziness</li> <li>• Gastrointestinal issues</li> <li>• Weight fluctuations</li> <li>• Changes in hair, skin, or menstrual cycle</li> </ul>                                |

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### Cycles & Triggers

Internal or external stressors.

- Anxiety, perfectionism, trauma, or loneliness.
- Family conflict, social media exposure, weight stigma or major life event.



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### Referrals for Disordered Eating

| CBT Therapy & Support Groups  | Treatment Options   | One-On-One Coaching   |
|---|---|---|
| <ul style="list-style-type: none"> <li>Cognitive Behavioral Therapy</li> <li>reImagine / Transformed Group</li> </ul> | <ul style="list-style-type: none"> <li>Inpatient / Outpatient Facilities</li> <li>PCP / Licensed Professionals</li> <li>Psychiatrist</li> </ul> | <ul style="list-style-type: none"> <li>Self Reflection &amp; Awareness</li> <li>Cognitive Restructuring</li> <li>Create a Support System</li> </ul> |



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### How to Relate

- Understand this is a treatable mental disorder and the individual needs a supportive environment to heal.
- Ask questions and help the individual make a recovery plan.
- Refer to support groups in your community.

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### Disordered Eating Communication



Speech bubbles contain the following text:

- "You look fine"
- "Just eat more / less"
- "You're not alone in this."
- "I'm concerned about you."
- "Help is available, and recovery is possible."
- "At least you're disciplined"
- "Your worth is not defined by your body."
- "Why can't you just stop?"
- "I'm here to support you."



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**Perfectionism & Restriction**

Maya is increasing **restriction** as a way to cope with stress and self-doubt

- \* Strong **fear of failure and inadequacy**, especially related to grades and body image


**Cognitive Thinking Traps**

Occasional **binge episodes** following periods of intense restriction, followed by shame and self-blame.

- \* "Bad body days" that lead her to **cancel social plans** and avoid meals with others
- \* **Has not had a menstrual cycle for several months**

Name the Pattern.

- \* Normalize the cycle
- \* Planned Meal
- \* Referral & Safety Plan



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**Binge Episodes & Shame**

James "high-functioning" but emotionally overwhelmed.

- \* Does not identify with common stereotypes of eating disorders.


**Cognitive Reframe & CBT Therapy**

James experiences **recurrent binge-eating episodes**.

- \* "Stress eating" in secret.
- \* Attempts to "reset" through restriction, which increases future urges

Normalize the urge and how to process the feeling.

- \* Reframe feeling of shame / guilt.
- \* CBT Referral.



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**Bad Body Day & Social Avoidance**

Aisha is socially connected and values community, reports frequent "bad body days" that significantly influence her mood and behavior.

**Reframing Stressful Situations**

On bad body days:

- \* Cancels social plans at the last minute
- \* Avoids meals or gatherings involving food
- \* Withdraws from relationships

Create controlled short times of social exposure in a low stress environment.

- \* Create a "Social Media Boundary" to reduce the triggers caused by social media scrolling.
- \* Create a support system



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