

ALSANA

An Eating Recovery Community

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**Birmingham
Huntsville
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**St. Louis
Missouri**



**Monterey
California**



**Westlake Village
California**



**Santa Barbara
California**



What Causes Eating Disorders and Hope for Recovery

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What Causes Eating Disorders?



Neurodevelopmental Model of etiology for the ED.

EDs develop based on a biological predisposition that is triggered by a behavioral activator

- The biological predisposition is the result of a genetic predisposition and interpersonal neurobiological development
- The behavioral activator is disordered food behavior
- Symptoms are maintained based on their emotional, relational, and neurological **adaptive** function

Neurodevelopmental Model of EDs



Predisposing Factors

- Genetic Factors
- Temperament
- Early interaction with Attachment Figures
- Neurochemistry

Precipitating Factors

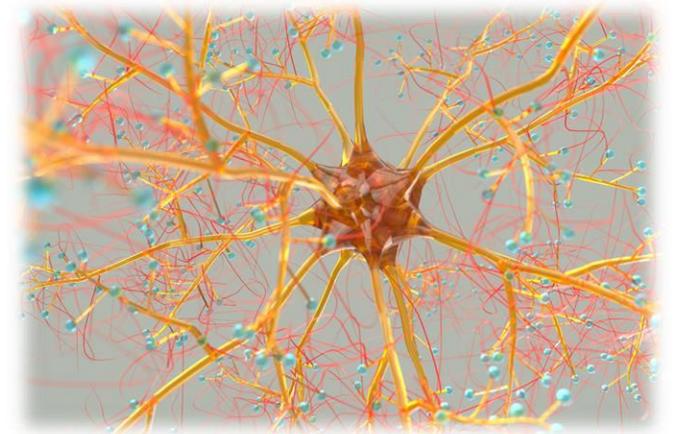
- Food behaviors

Perpetuating Factors

- Emotional
- Relational
- Neurological/ neurochemical
- Cognitive

Predisposing Factors

- Genetic/Biological Vulnerability
 - Heritability of eating disorders as high as 70%
 - Twin studies show higher concordance rates of EDs in identical twins (who share 100% of their genes) as compared to fraternal twins (who share 50% of their genes).
 - Children of individuals with EDs are up to 11.3 times more likely to develop an ED than the general population.



Predisposing Factors



Temperamental Factors:

- Harm Avoidance
- Novelty Seeking
- Perfectionism
- Persistence/Perseveration

Predisposing Factors

- Early relationship with attachment figures
- Interpersonal Neurobiology (IPNB):
 - a theory and practical working model that describes human development and functioning as a product of the relationship between the body, mind and relationships. Also referred to as relational neuroscience, IPNB describes how the brain and mind are shaped, or developed, and how they function based on the interplay of genes in the context of relationships.



Predisposing Factors

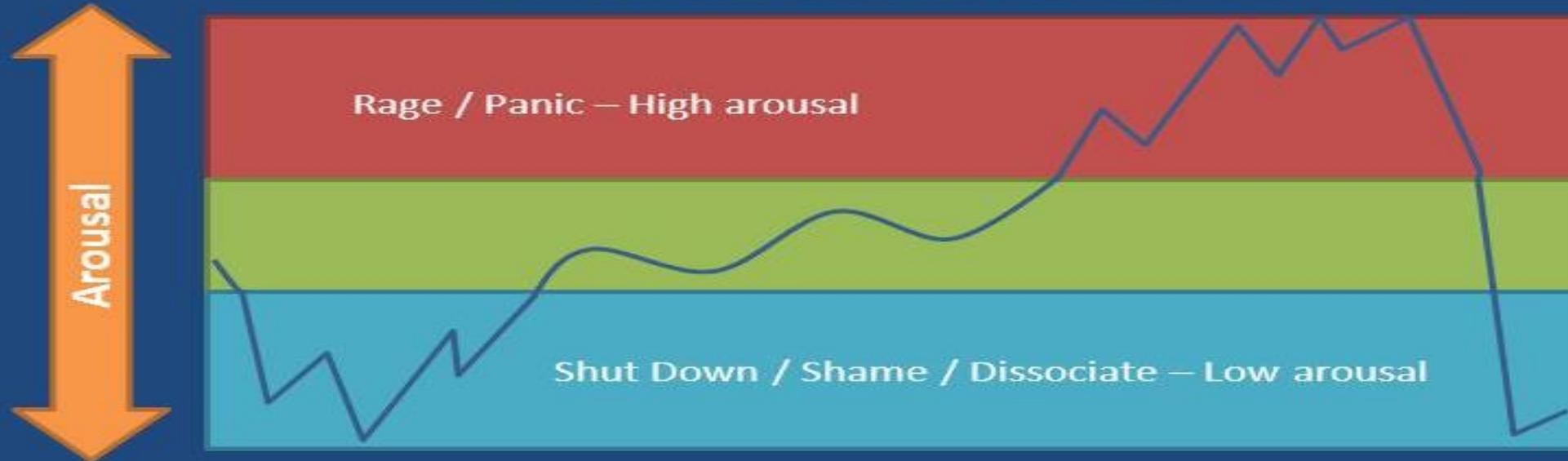


Based on Interpersonal Neurobiology we develop the ability to internally regulate emotion. Each of us has a Window of Emotional Tolerance.

Clients with eating disorders often have a narrow Window of Tolerance

- They are unable to tolerate emotions outside of the window
- They utilize food-related behaviors to regulate their window

Narrow Window of Tolerance



Wide Window of Tolerance



Flexible and Responsive Arousal

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Predisposing Factors



- Neurochemistry
 - Specific neurochemical and neurobiological findings have been identified in eating disorders
 - Problems in Reward System
 - Problems in Decision Making
 - Problems in Perseveration
 - Problems in Interoception
 - Problems in Perception of Body Size

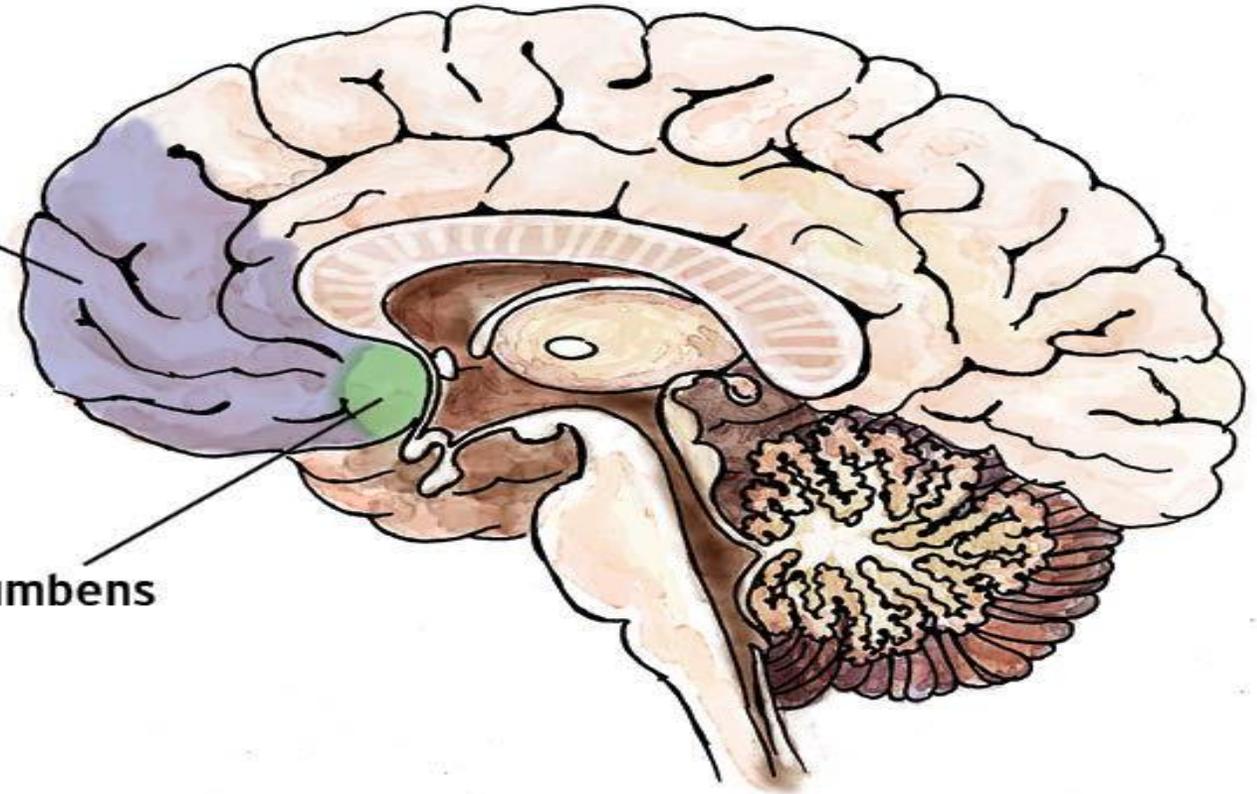
Predisposing Factors

- Problems in **Reward System**

**NUCLEUS
ACCUMBENS**

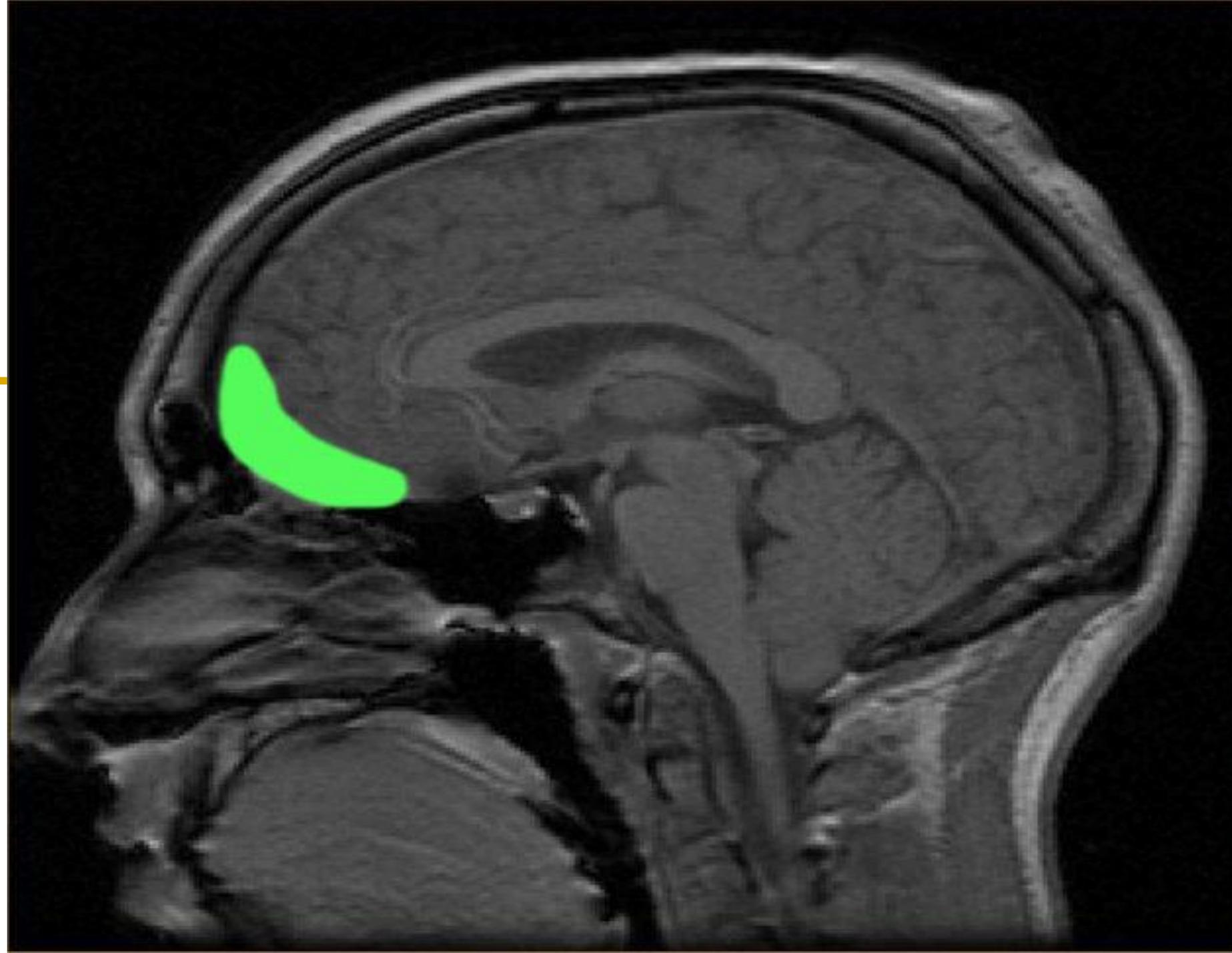
Prefrontal cortex

Nucleus accumbens



**ORBITO
FRONTAL
CORTEX**

**incentive,
inhibition, &
Impulse**



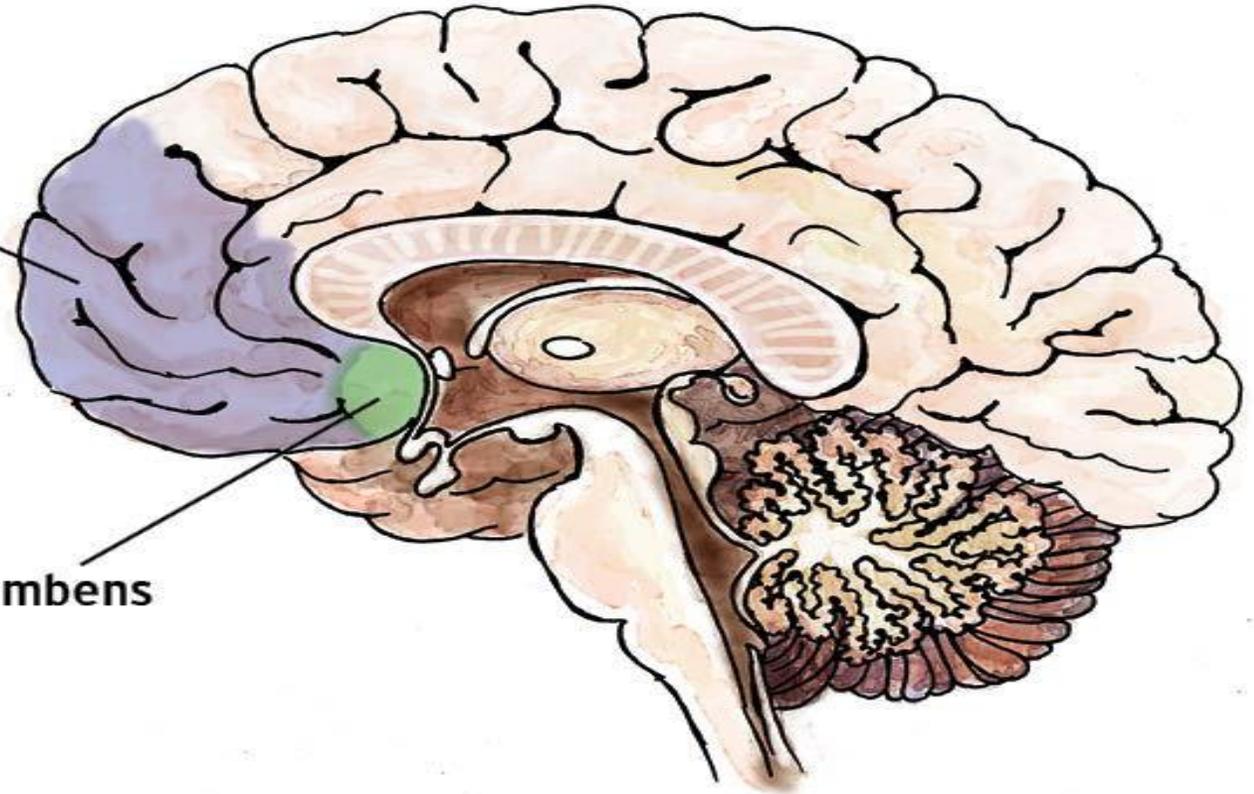
Predisposing Factors

- Problems in **Decision Making**

**NUCLEUS
ACCUMBENS**

Prefrontal cortex

Nucleus accumbens



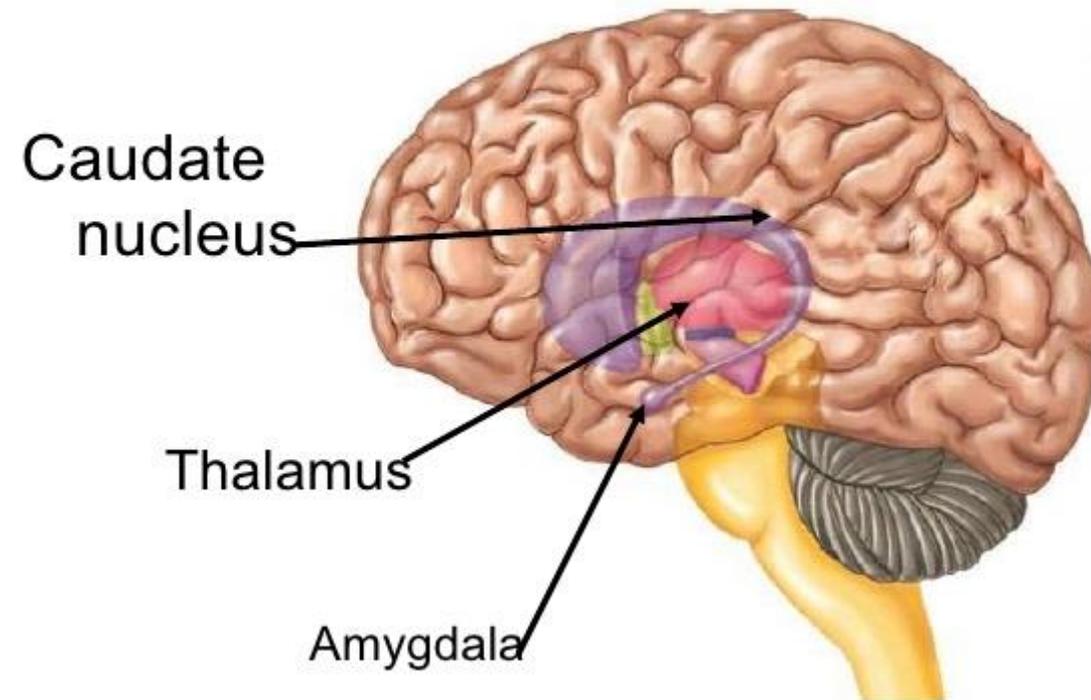
Predisposing Factors

- **Problems in Perseveration**



Predisposing Factors

- **Problems in Perseveration**



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Predisposing Factors

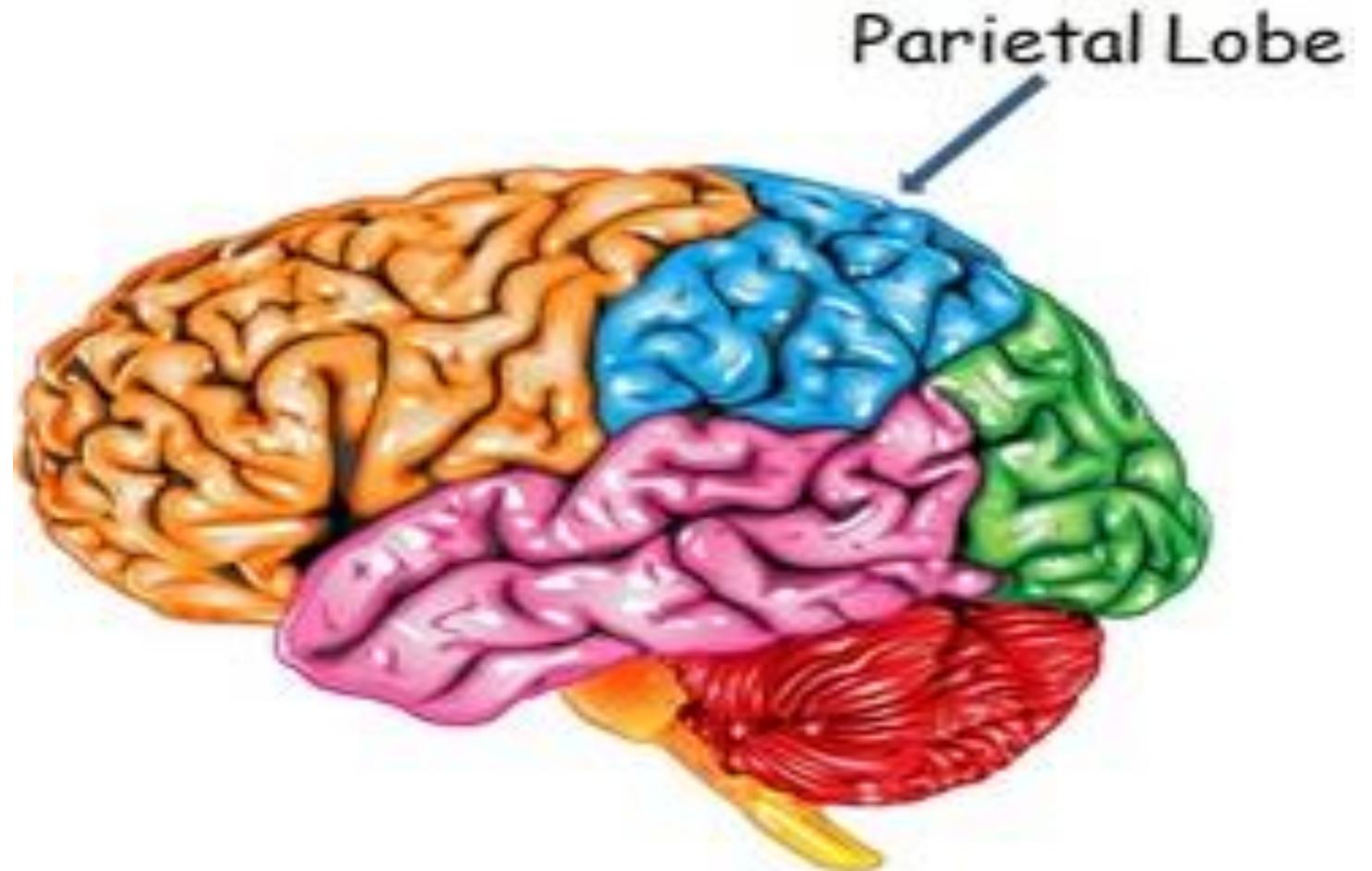
- Problems in **Interoception**

THE INSULA
taste, hunger, &
fullness



Predisposing Factors

- **Problems with Perception of Body Size**



Neurodevelopmental Model of EDs

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Precipitating Factors

- Dieting
 - 95% of people with eating disorders began with dieting
 - 30% of people who diet go on to develop serious ED behaviors
 - Keys study (1948)



Precipitating Factors

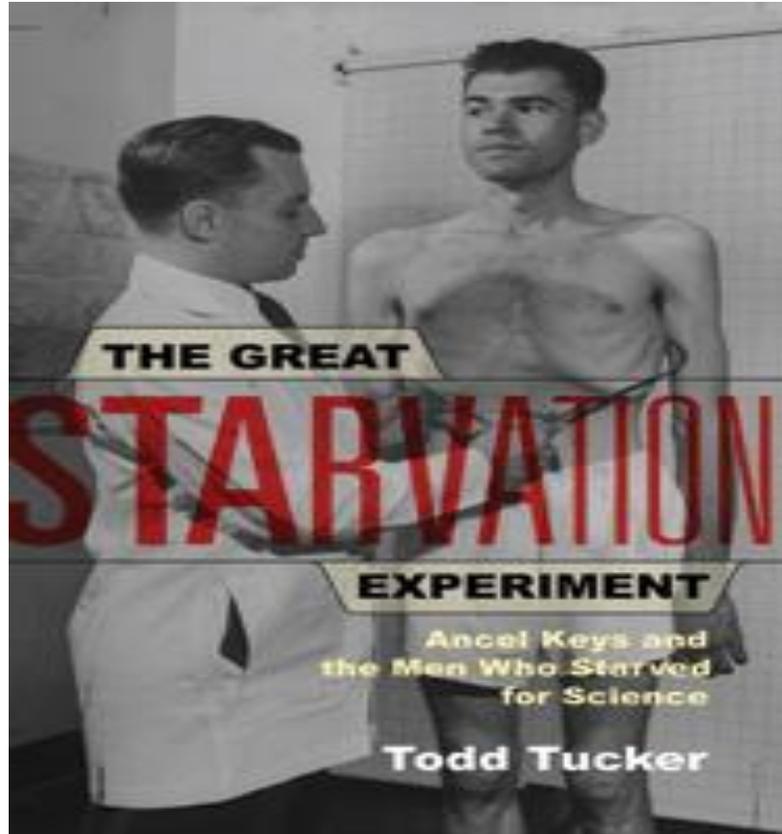


FIGURE 8.6. Minnesota volunteers after weight loss. Photo by Wallace Kirekland. Copyright 1950 by Life-Time-Warner.

Neurodevelopmental Model of EDs



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Precipitating Factors



- Emotional, Relational, Neurological/Neurochemical
- Eating disorders have a “what” and a “why”
 - What the person gets out of it
 - Why the person continues to engage in the ED
 - Functions are different and multiple and evolve over time

Precipitating Factors



- Survival strategy
- Comfort
- Inability to express internal distress to others
- Call for help
- Fear of responsibility & growing up
- Manifestation of unresolved trauma and deprivation
- Having something that is one's own and not controlled by others
- Substitute for love/affection/attachment
- A way to keep others away
- Numbing
- Rebellion
- Coping mechanism
- Substitute for relationship/intimacy
- OCD ritual
- Manifestation of unfinished business (legacy burden)
- A need to care for someone and escape at the same time
- A way to be out of control privately
- Relief for depression/distress

Precipitating Factors



Precipitating Factors



“Imagine yourself standing in the rain on the bank of a raging river. Suddenly, the water-swollen bank gives way. You fall in and find yourself being tossed around in the rapids. Your efforts to keep afloat are futile and you are drowning. By chance, along comes a huge log and you grab it and hold on tight. The log keeps your head above water and saves your life. Clinging to the log you are swept downstream and eventually come to a place where the water is calm...”

Precipitating Factors



"... There, in the distance, you see the riverbank and attempt to swim to shore. You are unable to do so, however, because you are still clinging to the huge log with one arm as you stroke with the other. How ironic. The very thing that saved your life is now getting in the way of your getting where you want to go. There are people on shore who see you struggle and yell, 'Let go of the log!' But you are unable to do so because you have no confidence in your ability to make it to shore."

Neurodevelopmental Model: Implications for Treatment



- Education for clients and families on neurobiology of EDs
- Brain-Based interventions to prime brain for change
- Focus on relationships as vehicle for change
- Stabilization interventions to improve mindfulness, emotional tolerance, and response flexibility
- Stabilization interventions to eliminate behavioral precipitating factors (e.g., dieting)
- Processing interventions to create neuronal integration.
- Integration interventions to create application of strategies to create a life without worth living and without an ED

Hope for Recovery



RECOVERED.

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Voices of Full Recovery



"I just live my new life without much thought to my recovery"

"The eating disorder feels far away, like a distant dream, very separate from my current life"

"Bulimia was in the rear view mirror- a scene getting smaller and smaller the farther we traveled along life's road... until it was a mere dot and then was gone." (from a spouse)

"The ED is no longer the voice in my head"

"I accept myself and my body; I don't use food to resolve problems and I don't let food dominate my life."

"She has an absolutely ordinary relationship with food." (from a mother)

Hope for Recovery



IN RECOVERY	FULLY RECOVERED
Fearful of relapse	Confident in recovery
Vulnerable to major events	Proactive to events
Accept body (still dislike)	Love and accept body
Focus on ED Recovery	Focus on Life
Attempting to Connect	Connections
Moments of Joy and Peace	Joy and Peace
Identity = ED	Truer Identity

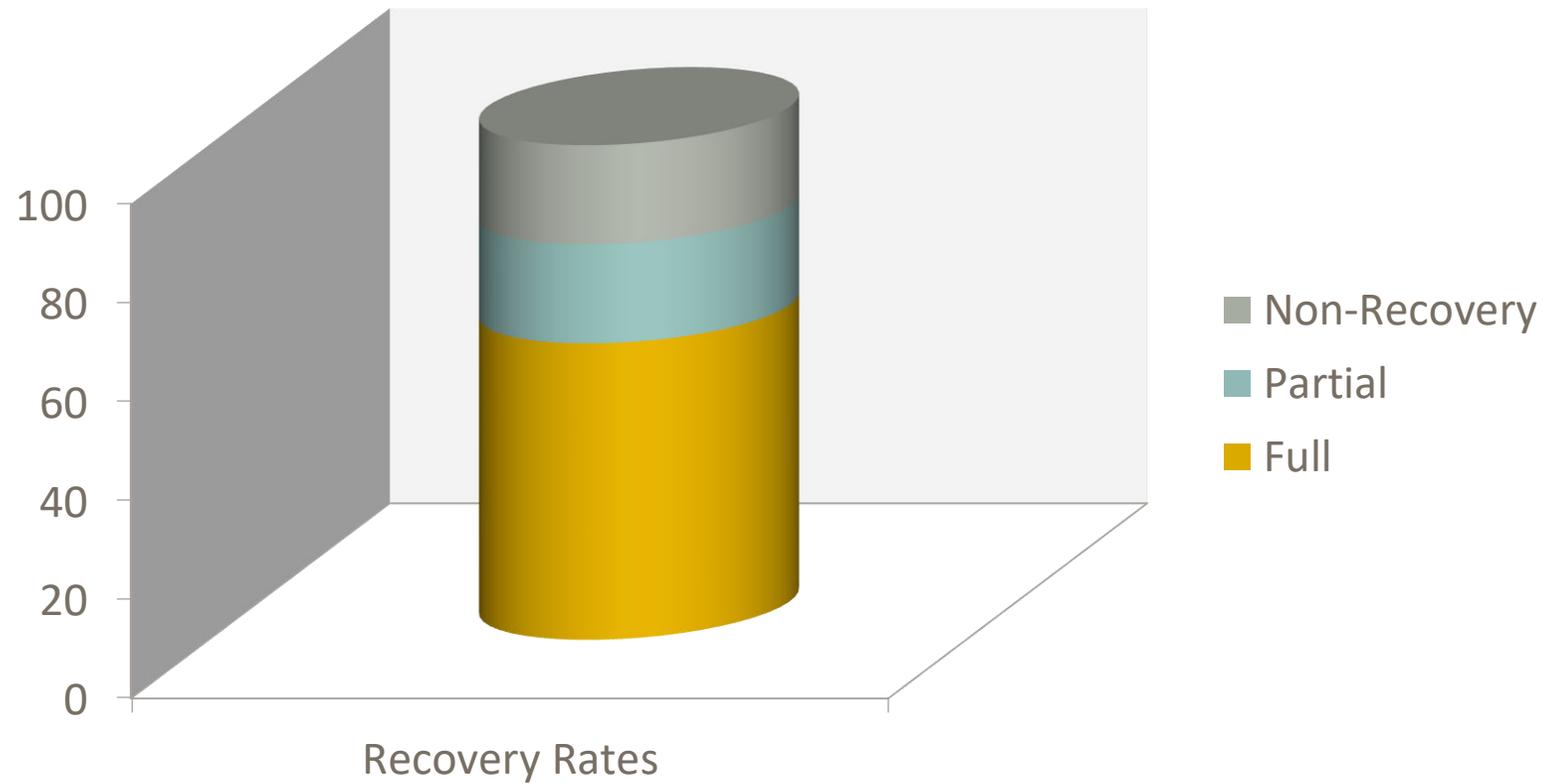
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Hope for Recovery

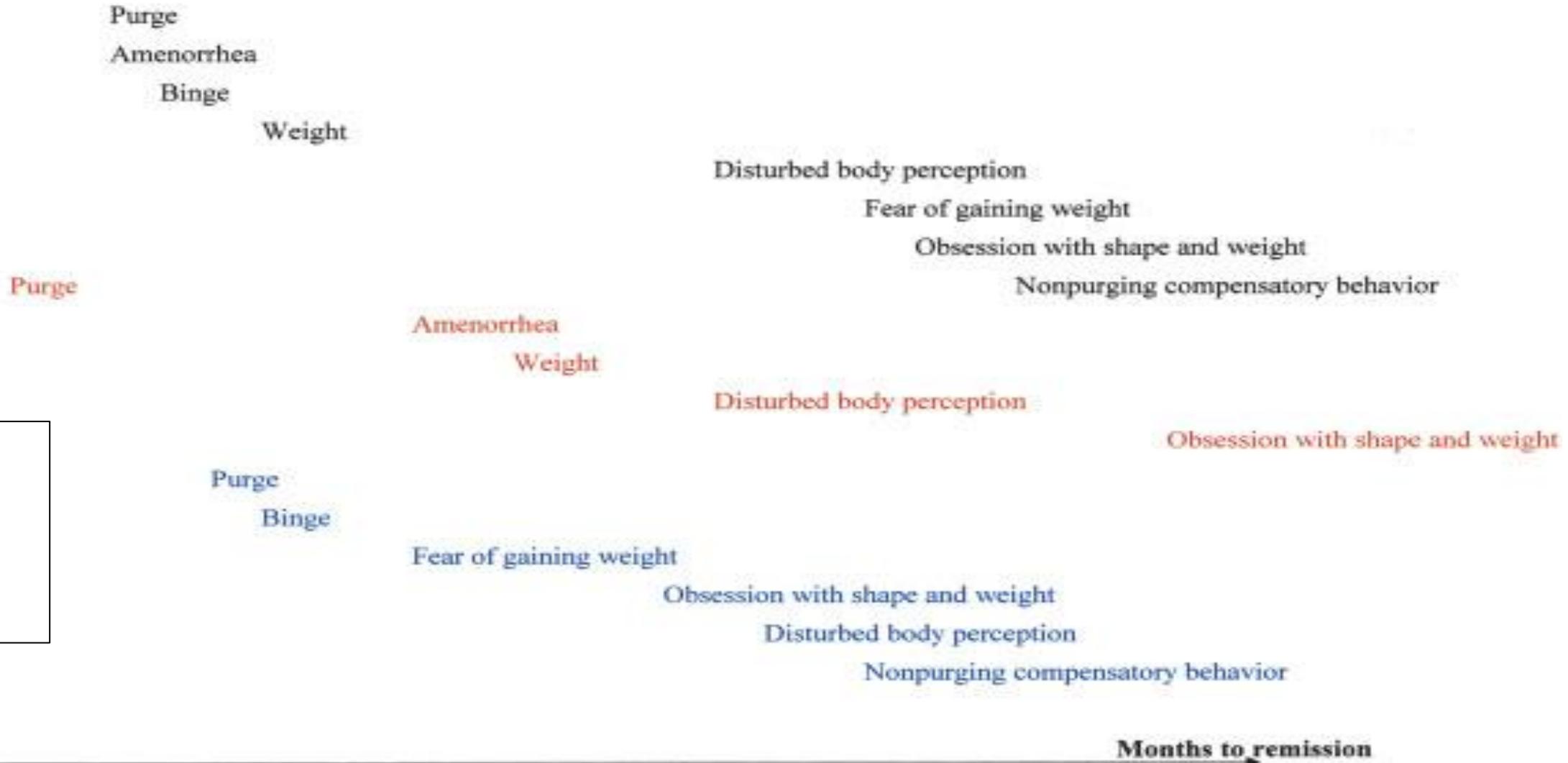


- Partial recovery
 - No longer meets diagnostic criteria for ED
 - Weight restoration
 - No bingeing, purging, fasting within past 3 months
- Full recovery
 - All of the above plus...
 - Psychological recovery (i.e., within 1SD on quality of life measures, psychological functioning, and psychosocial functioning)
- Sustained Recovery
 - Maintained for 12 months or more

Outcome/Course of Illness



Time Course: Symptom Remission



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

Outcomes: Recovery Boosters



Nutritional Rehabilitation and Symptom Reduction Early in Treatment:

Early weight gain and early symptom reduction in treatment predict positive outcome

Length of Illness: Individuals who seek treatment sooner in their eating disorder have a better prognosis

Therapeutic Alliance: A strong therapeutic alignment is predictor of positive outcome for clients with severe and enduring eating disorders (SEED)

Adaptive Care Model™



Medical Treatment
Building health resilience to provide a physical foundation of recovery.

Nutrition
Balance of nourishment and pleasure to restore a nurturing relationship with both food and body.



Therapeutic
Understanding of the complexity of eating disorders and underlying biological, behavioral, and environmental influences.

Relational
Guidance and support for clients to explore and grow their own sense of purpose.

Movement
Redefines the relationship with physical activity and integrates progressive levels of movement as healing for both mind and body.

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Adaptive Care Model: Therapeutic Dimension



Welcoming

- **Motivational Interviewing**
- **Shame Reduction Techniques**

Stabilization

- **Cognitive Behavior Therapies**
 - Cognitive Behavior Therapy (CBT)
 - Dialectical Behavior Therapy (DBT)
 - Acceptance Commitment Therapy (ACT)
 - Exposure and Response Prevention (ERP)
- **Brain-Based Therapies**
 - Cognitive Remediation Therapy (CRT)

Skill Building

- **Somatic Experiencing (SE)**
- **Expressive Therapies**
- **Compassion-Focused Therapy (CFT)**

Integration

- **Values-based therapies (ACT)**
- **Family Therapies**
- **Spiritual Interventions**
- **Relapse Prevention Interventions**

Thank You

