# Treating eating disorders during COVID-19: Effective cognitive behavioral therapy (CBT) for adults

Nicholas Farrell, PhD, and Brad E.R. Smith, MD

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ROGERS Behavioral Health

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## Disclosures

**Nicholas R. Farrell, PhD,** receives royalties from Oxford University Press for his book *Exposure Therapy for Eating Disorders*.

Aside from this financial relationship, **Nicholas R. Farrell, PhD,** and **Brad E.R. Smith, MD**, have each declared that he does not, nor does his family have, any financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the presentation. Drs. Farrell and Smith have each declared that he does not have any relevant non-financial relationships. Additionally, all planners involved do not have any financial relationships.

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## Learning objectives

Upon completion of the instructional program, participants should be able to:

1. Present at least two components of an empirically supported model of eating disorders in a manner that can be easily understood by patients and families.
2. Describe at least three specific ways that cognitive behavioral therapy can be effectively applied to address key transdiagnostic features of eating disorders.
3. Modify two cognitive behavioral therapy techniques such that they can be delivered in a virtual format (i.e., telehealth).

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## What we'll cover in this webinar

**Application of CBT to eating disorders**
- Main theoretical underpinnings
- Exposure to feared stimuli as a chief behavioral change strategy
- Application of exposure to key transdiagnostic features of eating disorders

**Assessment and management of medical morbidities**
- Overview of common medical complications in eating disorders
- Discussion of how cognitive behavioral therapy goals address these complications

**Telehealth considerations**
- Addressing patient and therapist concerns
- Communicating written materials
- The impact of environmental changes

**Modifications to CBT in response to COVID-19**
- Making changes to eating habits
- Exposure to feared social scenarios
- Open weighing
- Body image therapy

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## Application of CBT to eating disorders

- Main theoretical underpinnings
- Exposure to feared stimuli as a chief behavioral change strategy
- Application of exposure to key transdiagnostic features of eating disorders

Q&A

**Please use the Q&A feature to send your questions to the moderator.**

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## Theoretical underpinnings of CBT

- Beliefs, behavior, and emotions influence one another

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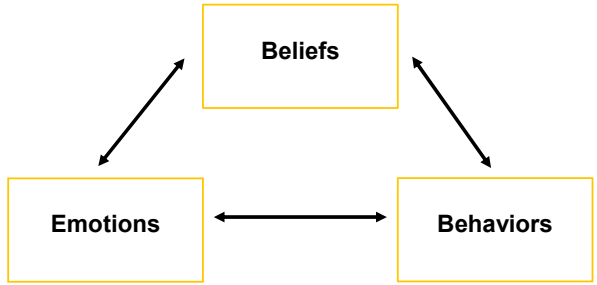


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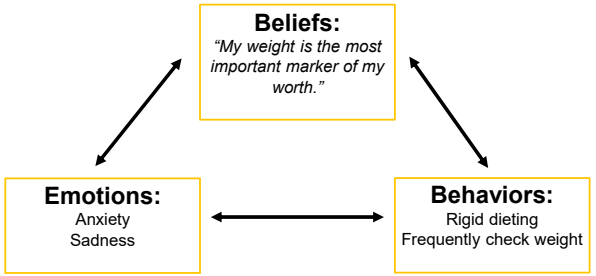


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## *Theoretical underpinnings of CBT*

- Beliefs, behavior, and emotions influence one another
- Beliefs and emotions can be difficult to change, so behavioral change is often used to indirectly change beliefs and emotions

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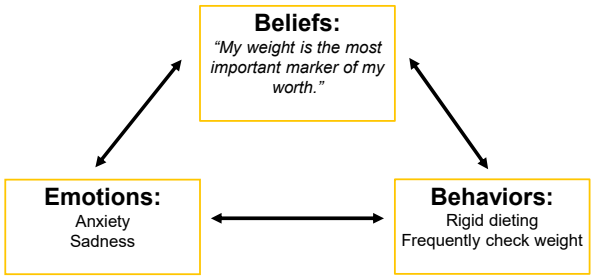


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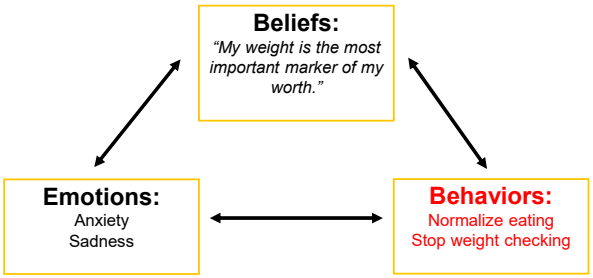


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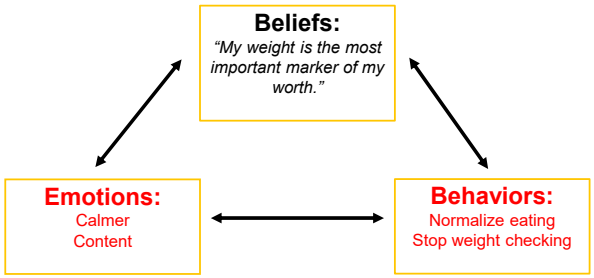


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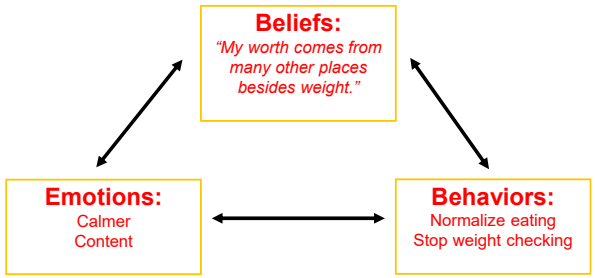


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## Theoretical underpinnings of CBT

- Beliefs, behavior, and emotions influence one another
- Beliefs and emotions can be difficult to change, so behavioral change is often used to indirectly change beliefs and emotions
- Changing behavior, which can alter beliefs and emotions, will disrupt the maintenance of the eating disorder

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## How do we pursue behavior change in CBT?

- Most individuals are nervous/anxious about behavior change
- **Exposure therapy** can address this
  - Individuals confront distressing changes in a planned, often-gradual manner
  - Emphasis on reduction and elimination of "safety behaviors"
  - Increases self-confidence and sense of agency over changes
  - Reduces anxiety and avoidance in the long term

Agras, Fitzsimmons-Craft, & Wilfley, 2017; Becker, Farrell, & Waller, 2019

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## Key transdiagnostic features of eating disorders

- Eating-related fear and avoidance
- Weight and body image anxiety and avoidance
- Recurrent binge eating
- Why address these features vs. diagnoses?
  - Typical individual experiences mix of different features/symptoms
  - *Diagnostic migration* is common in eating disorders
  - These features are chief maintaining factors in eating disorders

Farrell et al., 2019

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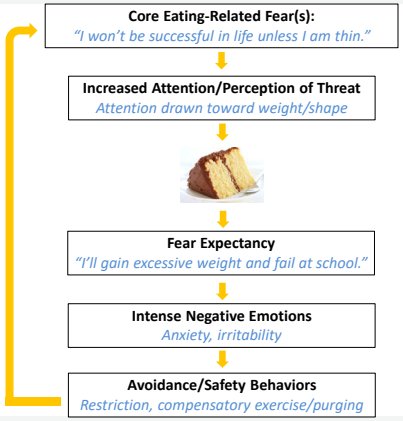


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## Exposure to feared foods and eating scenarios

### Rationale

- Many individuals fear eating certain types or quantities of food
  - Most common feared outcome is significant, uncontrollable weight gain
  - Many individuals believe they cannot tolerate their distress
  - Other fears include choking, vomiting, or other health-related problems
- Avoidance of eating normalized quantity and variety of food perpetuates these fears
- Food and eating exposure is effective in reducing these fears

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## Exposure to feared foods and eating scenarios

### Major components

- Functional assessment
  - Identify: (1) what individual fears, (2) why they fear it, and (3) how they try to prevent feared outcomes
- Develop treatment plan (e.g., food hierarchy)
  - Arrange feared stimuli/scenarios in order from lowest to highest fear
  - Create separate hierarchies for different domains (e.g., social eating)
- Doing exposure in and between sessions
  - Guide individual in completing exposure activities and observing: (1) intensity of fear, and (2) whether feared outcome occurs

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## Exposure to feared foods and eating scenarios

### Important considerations

- Preventing "safety behaviors" (e.g., purging) is crucial to success
  - Individual learns behavior not necessary to prevent feared outcome
  - Individual develops confidence in ability to tolerate distress
- Encouraging variability in exposure will help learning to generalize
- Treatment gains are augmented via open weighing
  - Individual receives once-weekly feedback about weight trend
  - Disconfirms fears of uncontrollable weight gain and improves trust of one's body

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## Body image exposure

### Rationale

- Body image anxiety and avoidance plays a central role in the development and maintenance of eating disorders
- Post-treatment body image anxiety is a consistent predictor of relapse
- Exposure to feared/avoided scenarios (e.g., mirror exposure) improves body image and lowers risk for relapse

Becker, Farrell, & Waller, 2019

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## Body image exposure

### Major components

- Functional assessment
  - Identify commonly-avoided stimuli (clothing, people, places, activities, etc.) that evoke anxiety
- Develop treatment plan (i.e., hierarchy)
  - Develop "approach" activities (e.g., look at self mirror, wear tank tops)
  - May also encourage exposure to feared body sensations (e.g., fullness)
- Doing exposure in and between sessions
  - Frame activities as opportunity to build tolerance of body size/shape

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## Body image exposure

### Important considerations

- Distress toleration (i.e., being able to endure body image anxiety while pursuing valued life activities) may be more helpful and realistic goal than distress elimination
- Different types of mirror exposure
  - Pure – encourage individual to mindfully observe thoughts and feelings
  - Nonjudgmental – guide individual to describe body in only neutral terms
  - Dissonance – encourage selective focus on favorite areas of body while making positive descriptions

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## Cue exposure

### Rationale

- Stimuli that immediately precede binge episodes become conditioned to elicit physical response experienced as "craving"
  - Seeing, smelling, and/or tasting foods
  - Negative emotional antecedents
  - Physical locations where binges have occurred
- Even if nutritional needs are met, binge-eating may continue due to conditioned stimuli cueing strong cravings to overeat
- Confronting cues without bingeing weakens intensity of cravings

Becker, Farrell, & Waller, 2019

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## *Cue exposure*

**Major components**

- Functional assessment
  - Identify common cues that elicit binge-eating cravings
  - Individual may need to self-monitor (location, time, thoughts, feelings)
- Develop treatment plan
  - Planned exposure to cues without engaging in binge-eating
  - Helpful to pair multiple cues together in same exposure activity
- Doing exposure in and between sessions
  - Encourage individual to confront cues without any "safeguards"

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## *Cue exposure*

**Important considerations**

- Individual may experience emotions outside of anxiety/fear
  - *Positive* expectancy about eating highly palatable food
  - Disappointment over lack of fulfillment
- Clinician presence may artificially weaken cravings
- May need to consider approach to gradually "fade" presence
  - Phone contact with individual
  - Independent exposure

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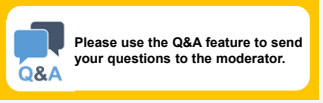
## *Assessment and management of medical morbidities*

- Overview of common medical complications in eating disorders
- Discussion of how cognitive behavioral therapy goals address these complications

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## *Eating disorder complications*

- Death
- Mortality is one of the highest of any psychiatric diagnosis
  - 12 times higher than the annual death rate for women 15-24 years of age
  - **30-40% of deaths are due to medical complications**

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## Mortality risks

- Lower BMI at first presentation
- Duration of illness
- Concomitant alcohol and drug abuse
- Comorbid mood disorders
- Comorbid medical conditions
- History of psychiatric hospitalization
- History of suicide attempts and self harm

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## Anorexia nervosa: Medical complications

**Whole body:**

- low weight, dehydration, hypothermia, cachexia, weakness, fatigue

**CNS:**

- apathy, poor concentration, cognitive impairment, anxious, depressed, irritable, seizures, neuropathy, impairment of neurotransmitter production

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## Anorexia nervosa: Medical complications

**Cardiovascular:**

- palpitations, lightheadedness, dizziness, weakness, SOB, chest pain, cold extremities, bradycardia, orthostatic, weak pulse

**Endocrine:**

- fatigue, cold intolerance, diuresis, hypothermia, thyroid dysfunction

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## Anorexia nervosa: Medical complications

**GI:**

- gastroparesis, vomit, pain, bloating, constipation, distension with meals, parotid swelling, dental caries, diarrhea

**GU:**

- changes in urinary volume, kidney failure

**Hematology:**

- fatigue, cold intolerance, bruising

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## Anorexia nervosa: Medical complications

**Immune:**

- infections, reduced febrile response to infections

**Integument:**

- changes in hair, hair loss, dry/brittle hair, yellow skin, lanugo, acne

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## Anorexia nervosa: Medical complications

**Muscular:**

- weakness, aches, cramps, muscle wasting

**Pulmonary:**

- reduced aerobic capacity, wasting of respiratory muscles, shortness of breath

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## Anorexia nervosa: Medical complications

**Reproductive:**

- arrested development of sex characteristics and psychosexual maturation, loss of libido, loss of menses, regression of sex characteristics, fertility problems, pregnancy complications, sex hormone depletion

**Skeletal:**

- bone pain, short stature and arrested skeletal growth, osteopenia, osteoporosis

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## Bulimia nervosa: Medical complications

**Whole body:**

- fatigue, weakness, fluid shifts

**CNS:**

- apathy, poor concentration, cognitive impairment, anxious, depressed, irritable, seizures, peripheral neuropathy, impairment of neurotransmitter production

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## Bulimia nervosa: Medical complications

**Cardiovascular:**

- palpitations, arrhythmias, cardiomyopathy, pericardial effusion

**GI:**

- heartburn, reflux, blood in vomit, pain, constipation, bloating, gastric or esophageal rupture, perforation, enlarged salivary glands, esophageal erosions, pancreatitis, colonic dysmotility

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## Bulimia nervosa: Medical complications

**Integument:**

- scarring on dorsum of hand (Russell's sign), petechia, conjunctival hemorrhages after vomit

**Metabolic:**

- weight fluctuations, muscle cramping, pitting edema

**Muscular:**

- weakness, myopathy

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## Bulimia nervosa: Medical complications

**Oropharyngeal:**

- dental decay, pain in pharynx, swollen cheeks and neck, dental caries

**Reproductive:**

- fertility problems, spotty menstrual periods

**Skeletal:**

- bone pain, arrested skeletal growth, osteopenia or osteoporosis

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## Binge eating disorder: Medical complications

- Obesity
- Heart Disease
- Diabetes
- Hypertension
- High Cholesterol
- Gallbladder Disease
- Sleep Apnea
- Degenerative joints
- Irritable Bowel Syndrome
- Cardiovascular Disease

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## Medical signs of an eating disorder

- Rapid fluctuation in weights
- Patient always cold
- Consistent high heart rates
- Consistent low heart rates
- Low BPs and asymptomatic
- Chronic constipation in otherwise healthy patient
- Bilateral Parotid gland swelling
- It's a lot more difficult to identify if not looking for it

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## Hospitalization parameters

**Vital sign and cardiac abnormalities**

- Temperature: < 35 C
- Bradycardia: HR < 40 bpm
  - Strongly consider for HR < 50 bpm
- Hypotension: systolic BP < 85mmHg

**Organ dysfunction: Cardiac**

- QTc> 500msec, arrhythmias, rhythm other than sinus

**Hypoglycemia**

- blood glucose is < 60 mg/dL

**Electrolyte abnormalities**

**Organ dysfunction: GI**

- Hepatitis and severe constipation

**Rapid weight loss with severely restricted kcal intake**

- Risk of refeeding syndrome

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## CBT and medical complications

- Nutritional stabilization: attempt to meet the patient where they can manage and progressively challenge them in terms of variety, volume, settings while preventing safety behaviors
- Fluid stabilization
- Interoceptives – fullness, somatic sensations
- Binge and purge cue challenges
- Exercise reduction plan and re-introduction exposures
- Gradual exposure to medications
- Respiratory control, deep muscle relaxation

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## COVID-19: Special considerations

Immunocompromise

Vitamin deficiency

Atrophy of respiratory muscles

Weakness/fatigue

Bodily fluids

Medication absorption

Telehealth

Needing to be in hospital/residential care

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## Telehealth considerations

- Addressing patient and therapist concerns
- Communicating written materials
- The impact of environmental changes


**Please use the Q&A feature to send your questions to the moderator.**

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## *"Business as usual"*

- Use the protocols explicitly
- Maintain key elements of sessions
- Professional dress, appearance
- Timeliness
- Stay on track (no distractions)
- Take extra steps to ensure professional experience

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## Patient concerns

- Switched from in-person to telehealth: frame it as progressing to more patient responsibility
- Initial objection: explore concerns and predictions, pose it as behavioral experiment, reality of limited other options
- Be aware of over-support or enabling avoidance or lack of change

Touyz, Lacey, & Hay, 2020; Waller et al., 2020

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## *"Therapy cannot work this way"*

- Positive reinforcement for changes, stress the successes
- Emphasize that 167 hours of the week without therapist is where most of learning and practicing occurs regardless of format
- Review experience at end of each session, reinforce that the necessary material is being covered
- Seek guidance from therapists who have been using telehealth prior to pandemic

Waller et al., 2020

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## Written materials

- Diaries/questionnaires completed as usual – scan/email, email, phone app or log
- Psychoeducation materials freely available for reference
- TinyScanner app
- Online diaries
- Consent and secure communications

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## Environmental change: Gym closures

- Fear of effect on weight/fitness
- Loss of anxiety management technique
- Acknowledge possible negative outcomes
- Emphasize the opportunity to use these environmental changes as time to address misuse of exercise or explore other anxiety management techniques
- Opportunity to learn it is not as essential

Touyz, Lacey, & Hay, 2020; Waller et al., 2020

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## Environmental change: Food supply chain

- Allows review of what is a pattern of healthy eating and that it can be achieved in a variety of ways
- Flexibility
- Exposure to new food or brand

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## Environmental change: COVID-19 fears

- Importance of healthy, balanced diet
- General health and immune system health supported by balanced diet
- Follow guidelines from WHO, CDC, local health authorities
- Emphasize that recovery from the eating disorder is an excellent way to reduce risk
- Opportunity to highlight that we can control choice to recover, cannot control all that goes on in the world with the pandemic

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## Modifications to CBT in response to COVID-19

- Making changes to eating habits
- Exposure to feared social scenarios
- Open weighing
- Body image therapy

Q&A

**Please use the Q&A feature to send your questions to the moderator.**

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## Making changes to eating habits

**Perhaps the most critical aspect of CBT**

- Meeting one's energy needs overall daily
- Eating on a regular schedule and limit long gaps between eating
- Taking in sufficient range of nutrients

**Need to emphasize its importance to patients**
*(versus passively supporting lack of change)*

- "No excuses – you can rise to this challenge."

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## Making changes to eating habits

**Navigating shortages of your patient's "safe foods"**

- Frame as opportunity to confront fear of:
  - forbidden foods
  - preparing new recipes
  - unfamiliar brands or stores
- Assist patient in finding alternative food sources
  - Using online shopping
  - Ordering takeout from local restaurants

Touyz, Lacey, & Hay, 2020; Waller et al., 2020

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## Making changes to eating habits

**Addressing recurrent binge eating**

- Many contributing factors to bingeing are amplified by COVID-19
  - Social isolation
  - Familial/relational conflict
  - Depressed, irritable mood and other emotional distress
  - Boredom due to decreased daily structure
  - Perceived food insecurity
- Stress importance of meeting energy needs in consistent manner
- Use current social climate as opportunity to conduct cue exposure

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## Exposure to feared social situations

**Critical to address avoidance of feared social settings:**

- eating with family/friends
- wearing "revealing" clothing in view of others
- engaging in moderate exercise with others
- shopping for groceries

**Continued avoidance of these settings will:**

- maintain and strengthen fears
- increase depression symptoms

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## Exposure to feared social situations

**Addressing social fears in a time of social distancing**

- Encourage opportunities for virtual eating/drinking with others
  - Family meals via teleconference
  - Speaking with a friend over coffee/snack
- Suggest safe ways to be in view of others while wearing fear-evoking clothing items (e.g., tank top and shorts at park/beach)
- Locating virtual opportunities for live physical activity with others (e.g., yoga classes via teleconference)

Waller et al., 2020

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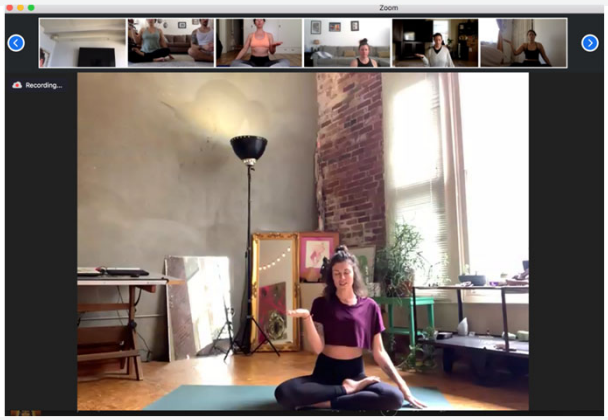


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## Open weighing

- A key component of CBT (and other evidence-based treatments) for addressing:
  - Weight-related anxiety & avoidance
  - Excessive weight checking/monitoring
  - Fear-based beliefs about weight-related outcomes associated with normative eating
  - Patients' overall safety and ensuring appropriate dietary intake
- Patient provided once-weekly feedback after reviewing eating over past week and making estimate of weight trend

Agras, Fitzsimmons-Craft, & Wilfley, 2017; Becker, Farrell, & Waller, 2019

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## Open weighing

**Initiating open weighing via telehealth**

- Resist temptation to forego open weighing
- May need to (apologetically) ask patient to retrieve scale we have previously asked them to hide/discard
- Encourage patient to:
  - delay self-weighing until your meeting
  - refrain from any further weighing until next meeting
- Consider involving family and/or caregivers for support and accountability in reporting

Waller et al., 2020

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## Open weighing

**Diagraming weekly weight trends**

- Important to plot actual vs. estimated weight trends on same graph
- Use discretion in considering best approach for your patient
  - Electronic diagram (e.g., Microsoft Excel)
  - Paper diagram (may need to use thick marker to plot trend lines)

**Addressing suspicions about patient falsification of weight data**

- Encourage patient to be weighed by medical provider if possible
- Request involvement of family or other support person

Waller et al., 2020

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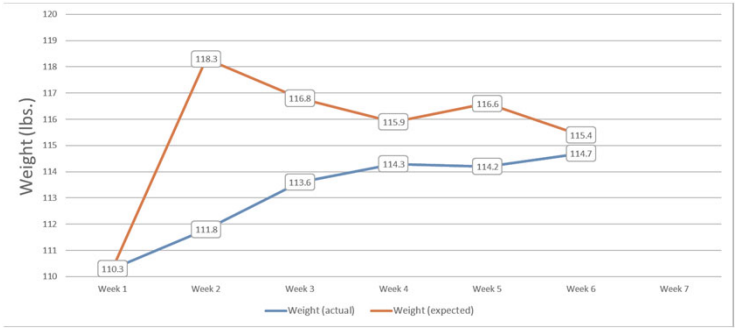
## Open weighing

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## Body image therapy

- Body image disturbances are implicated in relapse after ostensibly successful treatment
  - Body checking
  - Avoidance of body image (e.g., mirrors, clothing, activities, etc.)
  - Anxiety over body shape, physique, contour, etc.
  - Frequent comparisons with others
- Key behavioral techniques
  - Mirror exposure and exposure to other avoided stimuli
  - Experiments to test effects of eliminating checking and comparing

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## Body image therapy

**Conducting mirror exposure**

- Can be done seamlessly via telehealth
- Requires careful positioning of patient's webcam
- Need to emphasize importance of "homework" between meetings

**Behavioral experiments**

- Social isolation removes many common triggers to check/compare
- Frame isolation as "unintended experiment" to assess thoughts and feelings before vs. after quarantine
- Ask about social media as possible cue for checking/comparing

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## Time for questions and answers…


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## Where to get additional information…

https://www.coronavirus.gov

https://www.nih.gov/health-information/coronavirus

https://www.psychiatry.org/

nationaleatingdisorders.org/

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## About the presenters….

*Nicholas Farrell, PhD*

**Campus Clinical Director, Oconomowoc, and Eating Disorder Recovery Services**

Dr. Farrell provides clinical leadership and direction for psychotherapy services, including ongoing development, implementation, and refining of clinical protocols and pathways. He specializes in the use of empirically supported treatments that have been developed based on psychological science. Dr. Farrell has co-authored many peer-reviewed articles and has given presentations on topics related to the cognitive behavioral treatment of eating disorders and anxiety disorders.

*Brad E. R. Smith, MD*

**Medical Director, Oconomowoc Campus, and Eating Disorder Recovery Services**

Dr. Smith is board-certified in adult psychiatry and forensic psychiatry, specializing in the assessment and treatment of eating disorders and other complex or multiple mental health diagnoses. Dr. Smith has lectured to professional and community audiences around the nation on eating disorders and a wide range of mental health topics, including peer-selected presentations for the National Eating Disorders Association (NEDA) annual meetings.

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