

## *Treating eating disorders during COVID-19: Considerations for evidence-based treatment in youth*

Stephanie Eken, MD, FAAP, and Nicholas Farrell, PhD

Thursday, June 4, 2020



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## *Disclosures*

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

Aside from this financial relationship, **Nicholas Farrell, PhD** and **Stephanie Eken, MD**, have each declared that s/he does not, nor does his/her 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 Eken have each declared that s/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 key components of CBT and FBT for eating disorders as well as one area of overlap between the two in a manner that can be easily understood by patients and families.
2. Describe two maintaining effects of familial accommodation on eating disorders symptoms in youth.
3. Modify at least two CBT and FBT techniques such that they can be delivered in a virtual format (i.e., telehealth) with youth and their families.

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## *What we'll cover in this webinar*

### **Cognitive behavioral therapy (CBT) for eating disorders in youth**

- Key tenets of CBT
- Application of CBT to youth with eating disorders
- Modifications to CBT in response to COVID-19

### **Family-based treatment (FBT) for eating disorders in youth**

- Key tenets of FBT
- Application of FBT to families affected by eating disorders
- Modifications to FBT in response to COVID-19

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## What we'll cover in this webinar

### Areas of overlap between CBT and FBT

- Emphasis on behavioral change
- Confronting anxiety-evoking situations
- Reduction of familial accommodation

### Effectively addressing familial accommodation

- Providing education about the maintaining role of familial accommodation
- Guiding families in reducing and eliminating accommodation
- COVID-19-related influences on accommodation

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## CBT for eating disorders in youth

- Key tenets of CBT
- Application of CBT to youth with eating disorders
- Modifications to CBT in response to COVID-19



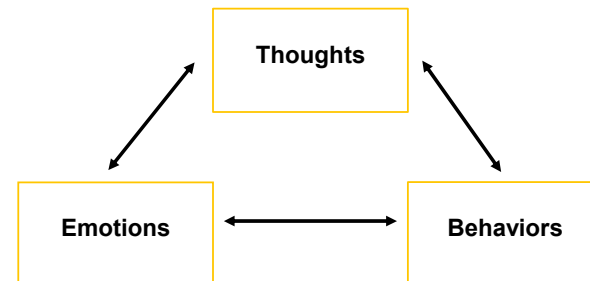
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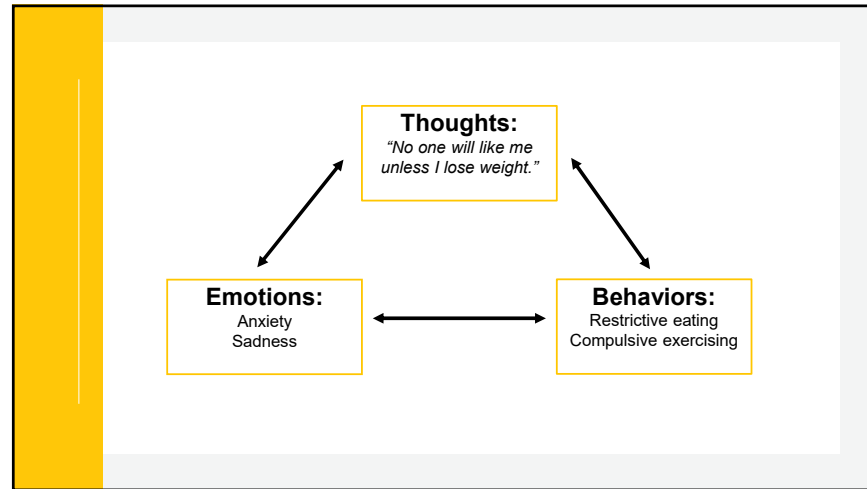
## Key tenet #1:

Our thinking, feelings, and behaviors interact with and influence one another.

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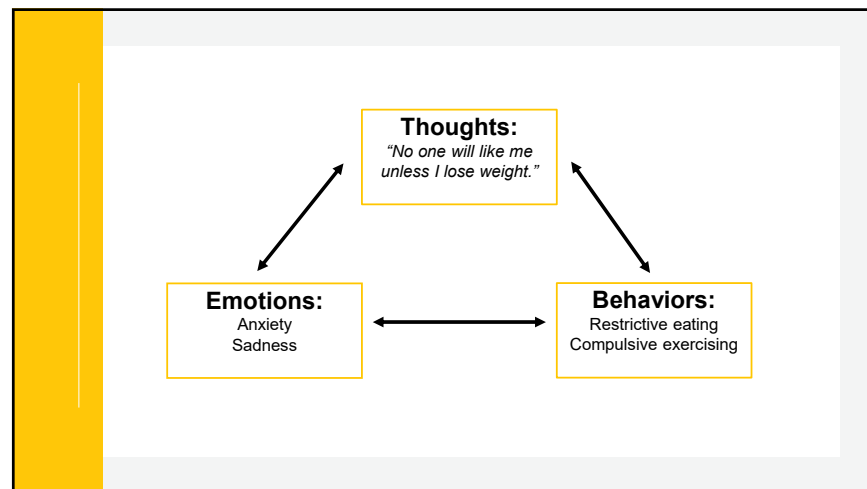
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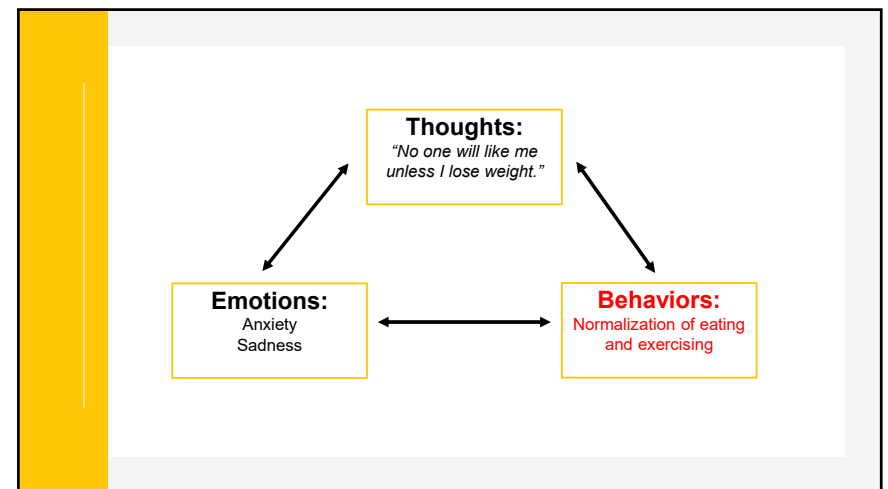
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**Key tenet #2:**  
Strategic changes in behavior can be used to elicit changes in thinking and feeling.

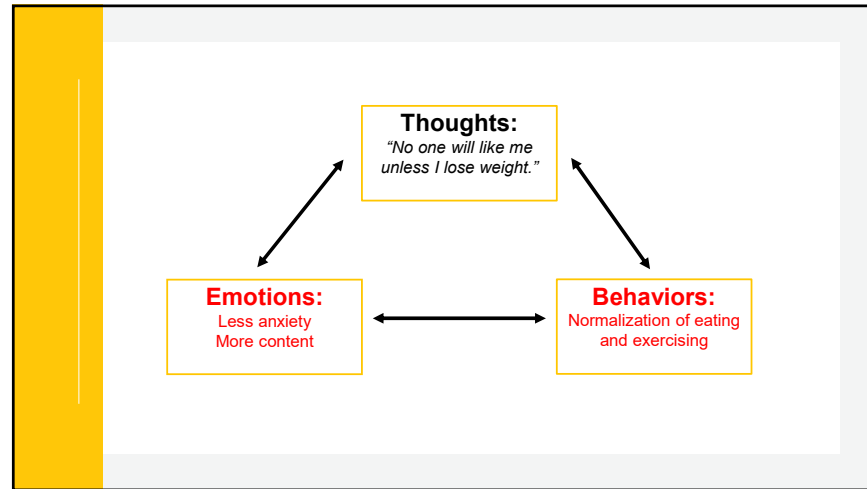
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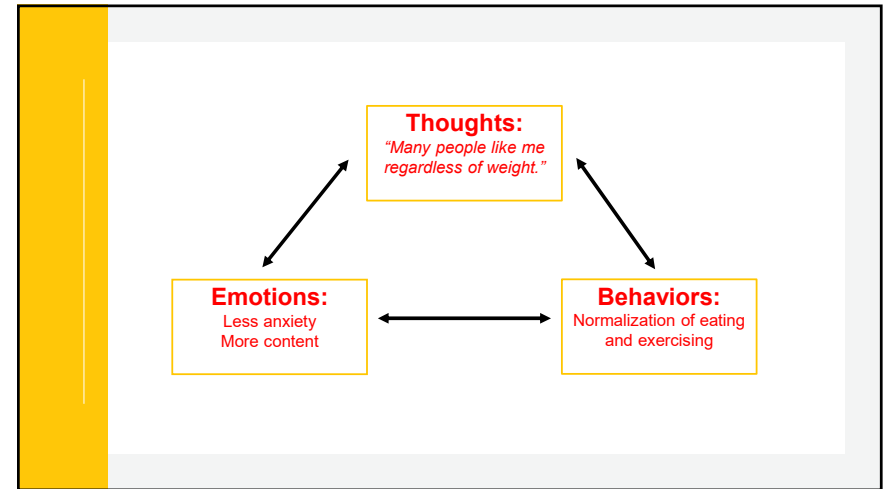
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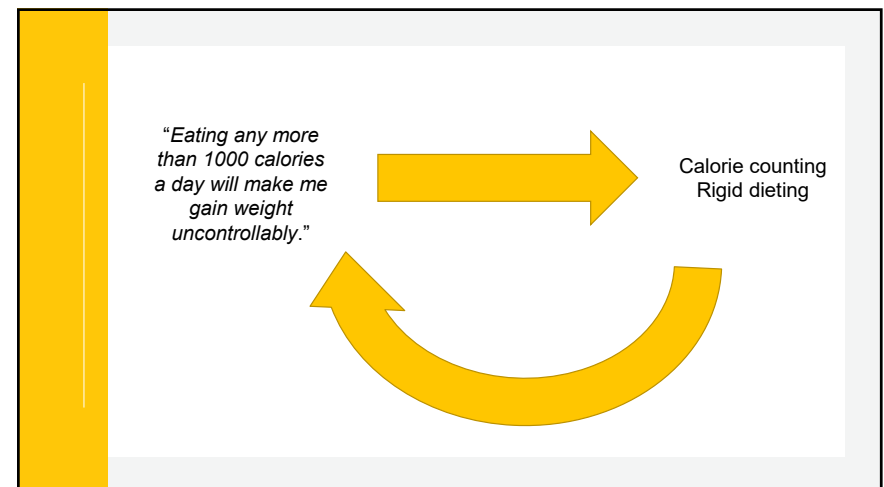
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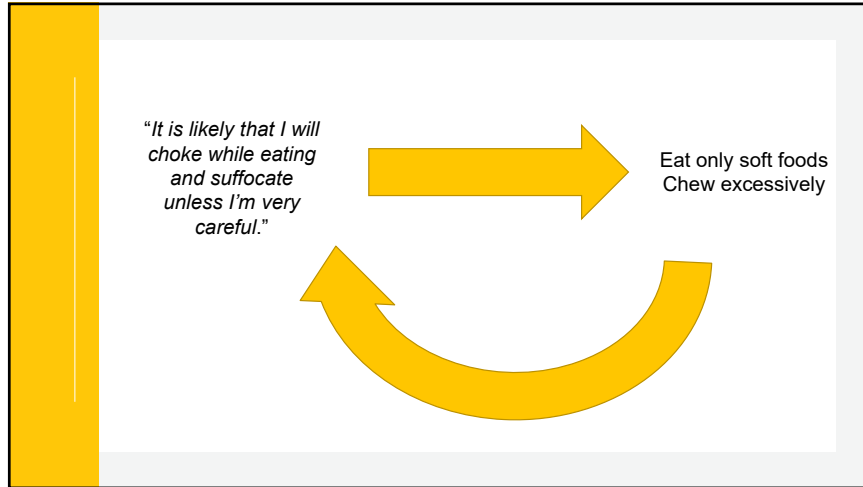
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**Key tenet #3:**  
Maladaptive cognitions underlying eating disorders are *maintained* by specific behavioral responses.

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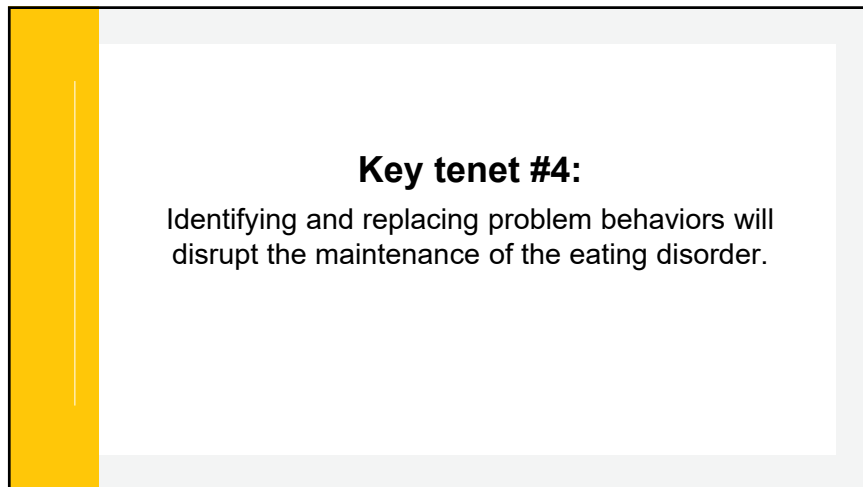
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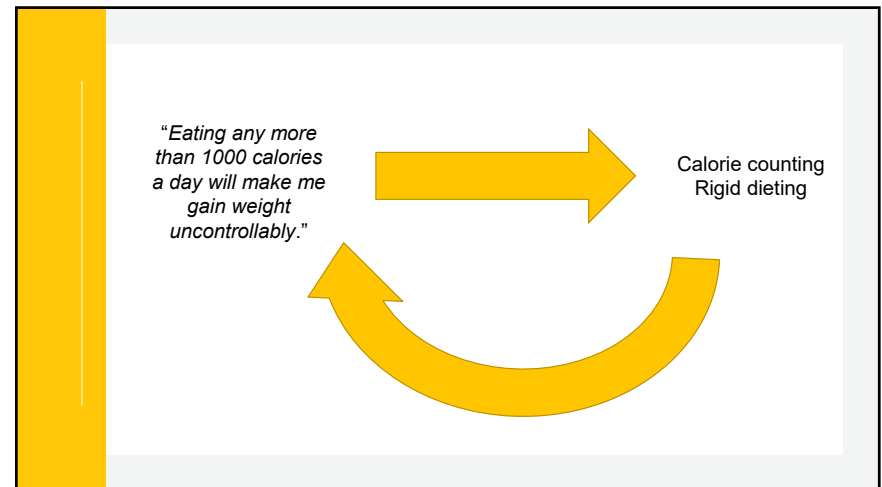
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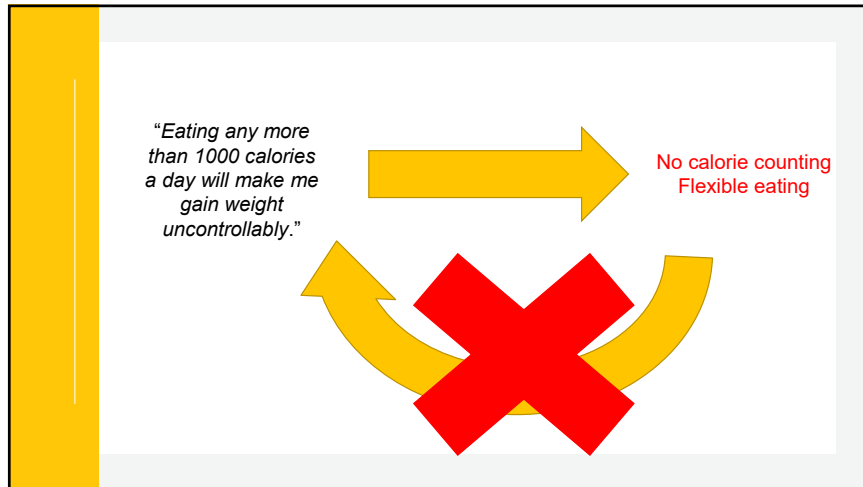
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### Core components of CBT

#### Psychoeducation

- Body weight regulation and fluctuations
- Physical complications of eating disorder behaviors
- Ineffectiveness of purging/laxative use in regulating weight

#### Normalization of eating behavior

- Planning for three meals per day with snacks in between
- Eating outside these times is discouraged
- Encourage prevention of "safety" (i.e., compensatory) behaviors

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### Core components of CBT

#### Collaborative weekly weighing

- Child receives feedback about weight once per week
- Clinician guides child in interpreting weight feedback
- Goal: to strike balance between extreme checking and avoidance

#### Self-monitoring

- Thoughts and feelings as barriers to eating
- Eating behaviors and success with making changes to eating
- Success with prevention of any safety behaviors

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### Core components of CBT

#### Exposure to feared/avoided stimuli

- "Forbidden foods"
- Eating-related scenarios (e.g., school cafeteria)
- Body image triggers (e.g., mirrors, tighter clothing, etc.)

#### Involvement of caregivers

- Provide support to child in making changes
- Gain awareness of how own actions (e.g., criticism) influence child
- Identify and eliminate accommodation/enabling behaviors

Becker, Farrell, &amp; Waller, 2019

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## *COVID-19 modifications to CBT*

### **Telehealth**

- Some CBT aspects can be delivered with minimal difficulty (e.g., psychoeducation)
- Other aspects require adjustments
  - Encourage child (and caregivers) to “stick to plan” for eating changes
  - Weekly weighing to be done at home (or physician’s office), preferably with oversight from caregivers, and reported at each session
  - Mirror exposure may require careful positioning of child’s webcam
  - Establish method for exchanging written materials (e.g., screen share)

Waller et al., 2020

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## *COVID-19 modifications to CBT*

### **Navigating food shortages**

- Many kids with eating disorders eat limited range of “safe” foods
- Frame as opportunity to conquer food-related fears
  - Unfamiliar or “forbidden” foods or brands
  - Preparing new food items/recipes
  - Trying new restaurants
- May need to temporarily assist with finding alternative food sources (e.g., ordering groceries online)

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

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## *COVID-19 Modifications to CBT*

### **Increased social isolation**

- Less opportunities to address social fears
  - Eating with family/friends
  - Wearing “revealing” clothing around others
- Encourage opportunities for virtual social connection
  - Meals with extended family via videoconference
  - Snack/coffee with friend via video chat
- Give ideas for socially-distanced practice of body image exposure (e.g., wear tank top and/or shorts at local park)

Waller et al., 2020

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## *FBT for eating disorders in youth*

- Key tenets of FBT
- Application of FBT to families affected by eating disorders
- Modifications to FBT in response to COVID-19



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

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**Key tenet #1:**

Agnostic view of eating disorder: a complex interaction of factors (i.e., “perfect storm”), many of which are outside of family’s control

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***Agnostic view of eating disorder***

- No speculation about specific cause(s) of eating disorder
- Many factors outside of family’s control (e.g., genetic predisposition)
- Shift focus
  - Away from causal factors involved in onset of eating disorder
  - Toward what changes will be made to help child quickly recover
- Aim is to minimize blame for parents and child

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**Key tenet #2:**

*Externalization* of eating disorder used to decrease self-criticism among parents and blaming within the family.

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***Externalization of eating disorder***

- Eating disorder and child are separated from one another
- Eating disorder viewed as unwelcome guest in the home
- Child not in control of eating disorder; they are controlled by it
- Venn diagram illustration can be used to visualize how eating disorder has “covered up” aspects of child
- Key goal is to reduce self-criticism and blame

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**Key tenet #3:**

Parents are empowered to take charge of helping child to properly nourish themselves.

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***Parental empowerment***

- Parents viewed as necessary agents of change
- Clinician instills confidence in parents that they are capable
  - Child was previously well-nourished
  - Other children (if present) are well-nourished
- Parents put in charge of re-establishing nutritional stability
  - *What* food is eaten
  - *How much* is eaten
  - *When* it is eaten

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**Key tenet #4:**

Clinician takes non-authoritarian stance and supports (but does not direct) parents through recovery progress.

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***Clinician support of parents***

- No “one size fits all” approach to overcoming eating disorder
- Parents viewed as experts on their child and the family
  - Food likes/dislikes
  - Family routines and habits
  - Cultural background
- Clinician does not “prescribe” actions to parents but rather supports and praises parents’ own efforts

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### *Core components of FBT*

#### **Psychoeducation**

- Medical complications associated with the eating disorder
- Biological/genetic underpinnings of eating disorders
- Crucial role of family in facilitating child's recovery

#### **Parents temporarily given task of feeding child**

- Likened to skilled inpatient nursing team
  - Empathizing with child's predicament
  - Consistent, gentle direction to eat food that is plated

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### *Core components of FBT*

#### **Interruption of behavioral symptoms**

- Child eats all meals supported by parents
- Exercise may be temporarily suspended
- Narrow focus on restoration of proper nutrition

#### **Weekly weighing**

- Child weighed at beginning of session and shared with family
- Main index of progress throughout treatment
- Used as indicator of what needs to happen next

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### *COVID-19 Modifications to FBT*

#### **Telehealth**

- Many traditional face-to-face aspects of FBT can be delivered effectively via videoconference
- May be more convenient for family vs. in-office visits
- Webcam positioning allows clinician to
  - Observe family dynamics, particularly between parents and child during family meal
  - Interact directly with each member of family

Anderson, Byrne, Crosby, &amp; Le Grange, 2017

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### *COVID-19 modifications to FBT*

#### **Increased familial tension/conflict**

- More time quarantining at home may lead to
  - More consistent conflict in family
  - Increased depressive symptoms in child and parents
- Parental criticism consistently shows negative impact on outcomes
- Clinician may need to place greater emphasis on
  - Externalizing eating disorder
  - Joining family in shared interests, activities, and pursuits



Anderson, Byrne, Crosby, &amp; Le Grange, 2017

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### *COVID-19 modifications to FBT*

#### **Weekly weighing**

- Parents should be asked to facilitate this at home during sessions
- Scale should be removed at all other times

#### **Returning control and rebuilding healthy identity**

- Child may be given opportunity to have meal and/or snack with friend during video chat
- Parents may also consider appropriate socially-distanced eating opportunities outside of the home

Anderson, Byrne, Crosby, & Le Grange, 2017

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### *Areas of overlap between CBT and FBT*

- Emphasis on behavioral change
- Confronting anxiety-evoking situations
- Reduction of familial accommodation



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

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### *The importance of treatment overlap*

- Eating disorders in youth notoriously difficult to treat effectively
- Need to identify key trans-modality principles and strategies
  - Informs clinicians of which strategies may need to be particularly emphasized
  - Suggests important mechanisms of change
- Refinement of evidence-based treatments
  - Allows for development of integrated treatment approaches

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### *Emphasis on behavioral change*

- Severe malnutrition and other medical consequences need to be addressed efficiently (i.e., as immediately as possible)
  - Normalization of eating habits
  - Restoring weight to appropriate developmental trajectory
  - Prevention of other weight loss efforts (e.g., purging, exercising)
- Gathering history of child's eating disorder
  - Done solely to aid understanding of disorder in its current context
  - Minimal emphasis on exploring origins/causes of eating disorder

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### *Emphasis on behavioral change*

- Primary emphasis in sessions is progress with behavioral change goals
  - Meeting energy needs consistently
  - If indicated, ensuring extent of weight gain is appropriate
  - Increasing autonomy for child in maintaining behavioral changes
- Formation of healthy adolescent development
  - Resuming previous valued social and recreational activities
  - Enhancing life domains of child outside of eating disorder

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### *Confronting anxiety-evoking situations*

#### **Eating disorders in youth involve avoidance of many activities**

- Eating desserts and other calorically-dense foods
- Eating around friends and family
- Wearing clothes that “reveal” physique (e.g., sleeveless shirt)
- Activities emphasizing body image (e.g., physical education class)
- Social activities (e.g., birthday parties)



Becker, Farrell, &amp; Waller, 2019

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### *Confronting anxiety-evoking situations*

#### **Breaking patterns of avoidance**

- Critical for overcoming fear
- Encouraged in both CBT and FBT

#### **Addressing eating-related avoidance**

- Eating sufficient amount of food
- Eating more consistently (e.g., three meals per day)
- Including appropriate variety in food intake



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### *Confronting anxiety-evoking situations*

#### **Open weighing**

- Some youth with eating disorders are extremely avoidant of their weight
- Others weigh themselves excessively
- Once weekly helps in confronting anxiety about
  - Being aware of weight
  - Only being aware of weight once per week



Becker, Farrell, &amp; Waller, 2019

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### *Reduction of familial accommodation*

- Accommodation (i.e. enabling) in eating disorders
  - Family make lifestyle, behavioral, and interpersonal choices that
    - Temporarily reduce immediate emotional strain for child
    - Ease tension for other family members over potential dispute
    - Maintain eating disorder features in the long run
  - Associated with poor treatment outcomes
- Both CBT and FBT guide families in reducing and eliminating accommodation behaviors

Becker, Farrell, & Waller, 2019; Anderson, Smith, Nuñez, & Farrell, 2019

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### *Effectively addressing familial accommodation*

- Providing education about the maintaining role of familial accommodation
- Guiding families in reducing and eliminating accommodation
- COVID-19-related influences on accommodation



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

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### *The origins of accommodation*

- Psychosocial burden of eating disorders on families
  - High degree of emotional strain
  - Negative caretaking experiences
  - Lower quality of life
  - Heightened incidence of mental health problems
  - Similar degree of burden compared to families of child with OCD
- It is often out of desperation that families feel compelled to accommodate

Becker, Farrell, & Waller, 2019

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### *Educating families about accommodation*

#### **Step 1: Define and describe familial accommodation**

- Family actions that aim to decrease loved one's anxiety about eating, body image, etc.
- Accommodation is a natural reaction to stress/anxiety
  - The intention of family members is often to relieve loved one's suffering
  - Family members often very worried about the loved one's wellbeing
- Despite short term relief, accommodation is associated with
  - Increased duration of eating disorder
  - Suboptimal treatment outcomes

Anderson, Smith, Farrell, & Nuñez, 2019

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### *Educating families about accommodation*

#### **Step 2: Provide examples of familial accommodation**

- Modifying family routine
  - Avoid vacationing unless there is access to a gym
  - Always eating meals at the same time each day
- Following child's eating-related rules
  - Agreeing to not cook with butter or oil
  - Avoid restaurants that serve large portions and/or "forbidden" foods

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### *Educating families about accommodation*

#### **Step 2: Provide examples of familial accommodation**

- Providing reassurance
  - Reassuring child they will not gain weight from certain foods
  - Reassuring child they do not look fat in certain clothing
- "Turning a blind eye"
  - Passively ignoring when food goes missing and/or is thrown away
  - Not intervening when child is suspected to be purging or exercising

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### *Educating families about accommodation*

#### **Step 3: Guide family in responding with "firm empathy"**

- A middle ground between passively acquiescing to eating disorder and being overly forceful
- Involves striking a balance between
  - Empathizing with child over the difficulty of their predicament
  - Gently, yet firmly, explaining why accommodation will not occur
- Family can remain emotionally available to provide support
- Important that family not "cave to pressure"

Becker, Farrell, &amp; Waller, 2019

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### *Educating families about accommodation*

## **Demonstration**

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### *COVID-19 influences on accommodation*

- Increased conflict within family
- Decreased opportunities to exercise
  - Extracurricular activities cancelled
  - Gyms closed
- Diminished options for getting food
  - Grocery stores running out of stock
  - Restaurants closed
- Increased mental health difficulties and/or diminished coping capacity among parents

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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>



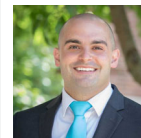
<https://www.psychiatry.org/>



[nationaleatingdisorders.org/](http://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.



**Stephanie Eken, MD, FAAP**  
**Regional Medical Director**

Dr. Eken is a board-certified child and adolescent psychiatrist, adult psychiatrist and pediatrician. She has lectured throughout the United States to professional, academic and lay audiences on a range of topics related to pediatric psychiatry. Her clinical interests include OCD and related disorders, anxiety disorders, eating disorders, ADHD, and depression. She is also interested in how the integration of technology can improve the quality of care.

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