

Navigating Eating Disorders within Recovery Communities

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Texas Tech University Center for Collegiate Recovery Communities

Texas Tech CRC

- **Established 1986**
- **Center for Collegiate Recovery Communities facility**
 - **Basement including: meditation room, computer lab, seminar room, TV room, game room, and a student kitchen**
- **Scholarships for all members**
 - **\$500 per semester for first year students**
 - **\$500-\$1500 per semester for returning students**

Texas Tech CRC

- **TTU Course credit each semester**
 - 1-2 credit hours of seminar
- **The Association of Students About Service**
 - **Three main pillars**
 - **Homelessness and Recovery**
 - **Outreach and Education**
 - **Fun in Recovery**
- **Student Trips**
- **CCRC Study Abroad**
 - **Prague, Czech Republic**



Concerns within the TTU CRC

- **Overuse of workout supplements**
- **Frequent fad dieting**
- **Obsession and/or fixation with physical changes in recovery**
- **Lack of awareness and accurate knowledge of eating disorders (EDs)**



Literature Highlights

- **Students may feel isolated and/or stigmatized because of their substance use disorder (SUD) recovery which may lead to new symptoms of depression or anxiety or the worsening of preexisting conditions** (Perron, et al., 2011).
- **A lack of healthy coping mechanisms in stressful environments is a risk factor for mental health issues** (Michopoulos, et al., 2015).
- **People in recovery from SUDs are particularly vulnerable to EDs, weight concerns, disordered eating and excessive weight gain** (Czarlinski, Aase, & Jason, 2012).
- **Women in recovery from SUDs have high prevalence rates of EDs** (Baker, et al., 2013).
- **Alcohol dependence creates a significantly greater risk of developing an ED** (Piran & Gadalla, 2007).

Why do we need ED support in CRPs?

- **In a 2010 study of CRPs** (Wilkes, Harris & Kimball, 2014)
 - **N = 148**
 - **5% of students reported ED as their primary or secondary addiction**
 - **Over 40% of students scored greater than the cutoff of 60 for the CHEDS**
 - **ALMOST HALF of the students could benefit from specialized help with their disordered eating symptoms**

Why do we need ED **support in CRPs?**

- **In a 2012-2014 study of CRPs in the US**
(Laudet, Harris, Kimball, Winters, & Moberg, 2012-2014)
 - **N = 486**
 - **15.6% are in recovery for ED**
 - **5.5% listed ED as their primary addiction**
 - **10.9% listed ED as their secondary addiction**
 - **11.3% engaged in a problematic level of disordered eating in the past 90 days**

Texas Tech CRC ED Program



- **Students with EDs in the TTU CRC are in various places:**
 - **Spectrum of EDs****
 - **Spectrum of recovery**
 - **Previous recovery time**
 - **New to recovery**
 - **Severe disordered eating**

**** Please reference handout for disordered eating and eating disorder spectrum.**

- I am not concerned about what others think regarding what and how much I eat.
- When I am upset or depressed I eat whatever I am hungry for without any guilt or shame.
- I feel no guilt or shame no matter how much I eat or what I eat.
- Food is an important part of my life but only occupies a small part of my time.
- I trust my body to tell me what and how

- I pay attention to what I eat in order to maintain a healthy body.
- I may weigh more than what I like, but I enjoy eating and balance my pleasure with eating with my concern for a healthy body.
- I am moderate and flexible in goals for eating well.
- I try to follow Dietary Guidelines for healthy eating.

- I think about food a lot.
- I feel I don't eat well most of the time.
- It's hard for me to enjoy eating with others.
- I feel ashamed when I eat more than others or more than what I feel I should be eating.
- I am afraid of getting fat.
- I wish I could change how much I want to eat and what I am hungry for.

- I have tried diet pills, laxatives, vomiting, or extra time exercising in order to lose or maintain my weight.
- I have fasted or avoided eating for long periods of time in order to lose or maintain my weight.
- I feel strong when I can restrict how much I eat.
- Eating more than I wanted to makes me feel out of control.

- I regularly stuff myself and then exercise, vomit, or use diet pills or laxatives to get rid of the food or calories.
- My friends/family tell me I am too thin.
- I am terrified of eating fat.
- When I let myself eat, I have a hard time controlling the amount of food I eat.
- I am afraid to eat in front of others.

FOOD IS NOT AN ISSUE

CONCERNED/WELL

**FOOD PREOCCUPIED/
OBSESSED**

**DISRUPTIVE EATING
PATTERNS**

EATING DISORDERED

BODY OWNERSHIP

BODY ACCEPTANCE

**BODY PREOCCUPIED/
OBSESSED**

**DISTORTED BODY
IMAGE**

**BODY HATE/
DISASSOCIATION**

- Body image is not an issue for me.
- My body is beautiful to me.
- My feelings about my body are not influenced by society's concept of an ideal body shape.
- I know that the significant others in my life will always find me attractive.
- I trust my body to find the weight it needs to be at so I can move and feel confident about my physical body.

- I base my body image equally on social norms and my own self- concept.
- I pay attention to my body and my appearance because it is important to me, but it only occupies a small part of my day.
- I nourish my body so it has the strength and energy to achieve my physical goals.
- I am able to assert myself and maintain a healthy body without losing my self-esteem.

- I spend a significant amount time viewing my body in the mirror.
- I spend a significant amount time comparing my body to others.
- I have days when I feel fat.
- I am preoccupied with my body.
- I accept society's ideal body shape and size as the best body shape and size.
- I believe that I'd be more attractive if I were thinner, more

- I spend a significant amount of time exercising and dieting to change my body.
- My body shape and size keep me from dating or finding someone who will treat me the way I want to be treated.
- I have considered changing or have changed my body shape and size through surgical means so I can accept myself.
- I wish I could change the way I look in the

- I often feel separated and distant from my body—as if it belongs to someone else.
- I hate my body and I often isolate myself from others.
- I don't see anything positive or even neutral about my body shape and size.
- I don't believe others when they tell me I look OK.
- I hate the way I look in the mirror.

Warning Signs

Observable and Non-Observable

- Does anything to avoid hunger and avoids eating even when hungry
- Is terrified about being overweight or gaining weight
- Obsessive and preoccupied with food
- Eats large quantities of food secretly
- Counts calories in all foods eaten
- Disappears into the bathroom after eating
- Vomits and either tries to hide it or is not concerned about it
- Feels guilty after eating
- Is preoccupied with a desire to lose weight
- Must earn food through exercising
- Uses over exercise as punishment
- Is preoccupied with fat in food and on the body
- Increasingly avoids more and more food groups
- Eats only nonfat or "diet" foods
- Becomes a vegetarian (in some cases will not eat beans, cheese, nuts, and other vegetarian protein)
- Displays rigid control around food: in the type, quantity, and timing of food eaten (food may be missing later)
- Complains of being pressured by others to eat more or eat less
- Weighs obsessively and panics without a scale available
- Complains of being too fat even when normal weight or thin, and at times isolates socially because of this
- Always eats when upset
- Goes on and off diets (often gains more weight each time)
- Forgoes nutritious food on a regular basis for sweets or alcohol
- Complains about specific body parts and asks for constant reassurance regarding appearance
- Constantly checks the fitting of belt, ring, and "thin" clothes to see if any fit too tightly
- Checks the circumference of thighs particularly when sitting and space between thighs when standing

Using substances that could affect or control weight such as:

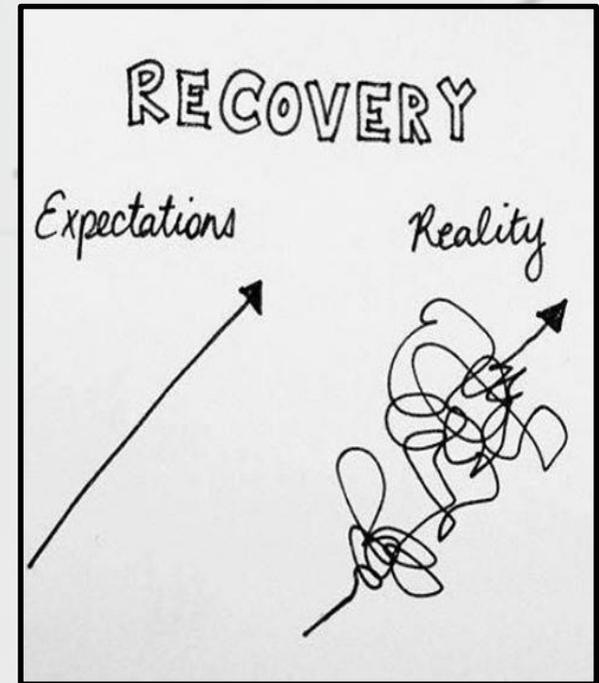
- Laxatives
- Diuretics
- Diet pills
- Caffeine pills or large amounts of caffeine
- Other amphetamines or stimulants
- Herbs or herbal teas with diuretic, stimulant, or laxative effects
- Enemas
- Ipecac syrup (household item that induces vomiting for poison control)

Texas Tech CRC ED Program

- **Bi-weekly seminar meetings for credit hours**
 - **One seminar to support SUD recovery**
 - **One seminar to support ED recovery**
- **Example topics and activities for ED seminar:**
 - **Relationships with self, food and others**
 - **Self-care**
 - **Body image**
 - **Self-esteem and self-worth**

Texas Tech CRC ED Program

- **Weekly meetings with staff person who specializes in ED**
- **Example topics:**
 - Overall check-in
 - Overall recovery
 - Treatment provider referrals for campus and community
 - Body image, identity, self-image, self-worth, coping skills, recovery/school/life balance, etcetera



Texas Tech CRC ED Program

- **Weekly nutrition counseling with a Registered Dietitian Nutritionist specialized in ED**
- **Examples of topics and activities:**
 - **Assess intake for adequacy and progress**
 - **Balance food intake**
 - **Meal planning**
 - **Mindful eating**
 - **Challenge food fears/misconceptions**
 - **Evaluate supplement use**
 - **Troubleshoot over/under eating secondary to emotions**
 - **Promote positive body image**

References

- Baker, J. H., Thonton, L.M., Strober, M., Brandt, H., Crawford, S., Fichter, M.M., ... Bulik, C.M. (2013). Temporal sequence of comorbid alcohol use disorder and anorexia nervosa. *Addictive Behaviors* 38, 1704-1709.
- Costin, C. (2007). *The eating disorder sourcebook: A comprehensive guide to the causes, treatments, and prevention of eating disorders* (3rd ed.). New York: McGraw-Hill.
- Czarlinski, J. A., Aase, D. M., & Jason, L. A. (2012). Eating disorders, normative eating self-efficacy and body image self-efficacy: Women in recovery homes. *European Eating Disorders Review*, 20, 190-195.
- Laudet, A., Harris, K., Kimball, T., Winters, K. & Moberg, D. P. (2012 – 2014) Relapse Prevention of College Campuses: Current models and student characteristics. funds awarded by the National Institute of Health to study current collegiate recovery programs across the nation and recovery student's characteristics.
- Michopoulos, V., Powers, A., Moore, C., Villarreal, S., Ressler, K. J., & Bradley, B. (2015). The mediating role of emotion dysregulation and depression on the relationship between childhood trauma exposure and emotional eating. *Appetite*, 91, 129-136.
- Perron, B.E., Grahovac, I.D., Uppal, J.S., Granillo, M.T., Shutter, J., & Porter, C.A. (2011). Supporting students in recovery on college campuses: Opportunities for student affairs professionals. *Journal of Student Affairs Research and Practice*, 48(1), 47-64.
- Piran, N.T., & Gadalla, T. (2007). Eating disorders and substance abuse in Canadian women: a national study. *Addiction*, 102(1), 105-113.
- Wilkes, M.T., Harris, K.S., & Kimball, T.G. (2014, March). Collegiate recovery programs and eating disorders in emerging adults: Transitioning from treatment to higher education. Paper presented at the International Conference on Eating Disorders meeting of the Academy for Eating Disorders, New York, NY.



Questions?