Navigating Eating Disorders within Recovery Communities

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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 2010, a study of CRPs (Wilkes, Harris & Kimball, 2014) showed:
  - 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.
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


• 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.


Questions?