



DBT Skills to Address Eating Disorders

PETER M. DOYLE, PHD

CO-DIRECTOR

EATING DISORDERS CENTER

EVIDENCE BASED TREATMENT CENTERS OF SEATTLE

Disclosures

- ▶ I am a paid faculty member of the Training Institute for Child and Adolescent Eating Disorders

Agenda

- ▶ Comorbidity of eating disorders (ED) and emotion dysregulation
- ▶ Approaches to comorbid treatment
- ▶ Treatment model in adults
- ▶ Case example
- ▶ Treatment model in adolescents
- ▶ Summary

Emotion dysregulation + eating disorders

- ▶ Populations many clinicians don't want to treat
 - ▶ Eating Disorders
 - ▶ Borderline Personality Disorder (or significant BPD traits)
- ▶ “Complex clinical presentations”

Comorbidity of BPD & ED

- ▶ Approximately 20-30% of individuals with BPD have co-occurring ED
- ▶ Likewise, 20-25% of individuals with ED have co-occurring BPD
- ▶ Many more exhibit sub-clinical levels of these disorders
- ▶ Many disordered eating behaviors may be ineffective methods of regulating emotion
 - ▶ Binge eating
 - ▶ Purging
 - ▶ Caloric restriction

Approaches to comorbid treatment

- ▶ Sequenced intervention
- ▶ Combined intervention
- ▶ Individual intervention

Approaches to comorbid treatment

- ▶ Sequenced intervention
 - ▶ Prioritization based on severity/clinical necessity
 - ▶ Informed consent of patient that only one disorder is the focus of treatment at that time
 - ▶ Can be difficult to adhere to a single intervention unless course of illness remains consistent

Deciding when to sequence

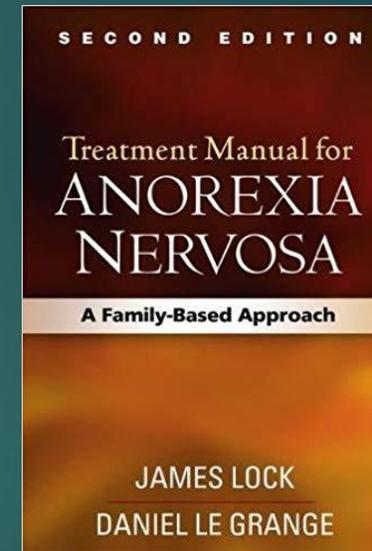
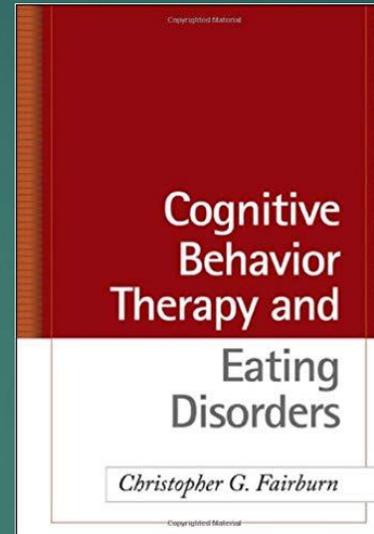


Approaches to comorbid treatment

- ▶ Combined intervention
 - ▶ Utilize multiple empirically supported treatments concurrently
 - ▶ Can be difficult if underlying theories of treatments differ
 - ▶ Can be A LOT of new material to learn

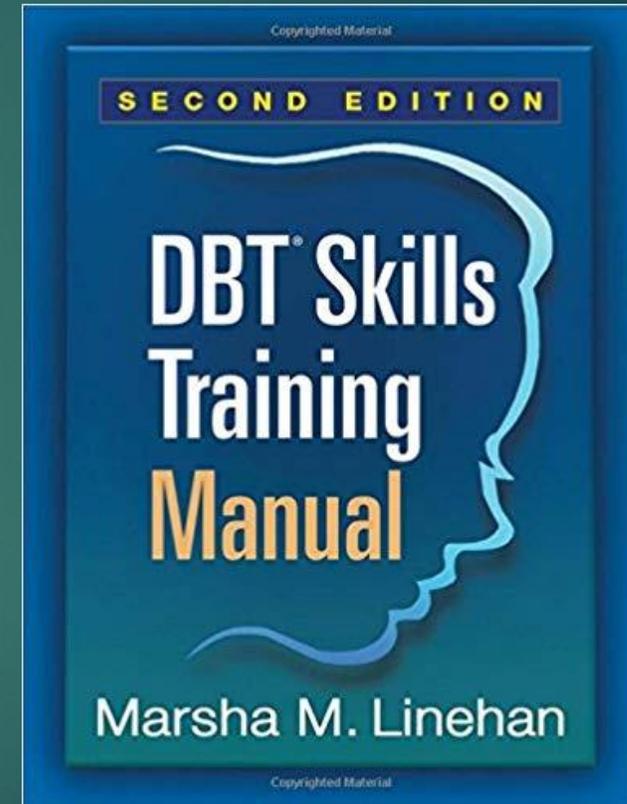
Treatment for ED

- ▶ Front line treatment of adult ED is enhanced cognitive behavior therapy (CBT-E)
- ▶ Front line treatment of adolescent ED is family based treatment (FBT)
 - ▶ Sometimes called the “Maudsley Method”



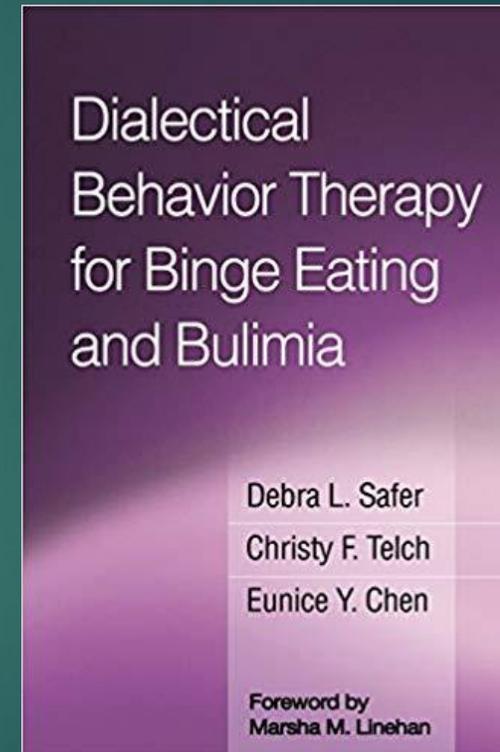
Treatment for BPD

- ▶ Front line treatment for BPD and disorders of emotion dysregulation is dialectical behavior therapy (DBT) by Marsha Linehan
- ▶ “Full-package” includes:
 - ▶ Individual therapy
 - ▶ Skills training class
 - ▶ In vivo skills coaching
 - ▶ Consultation Team

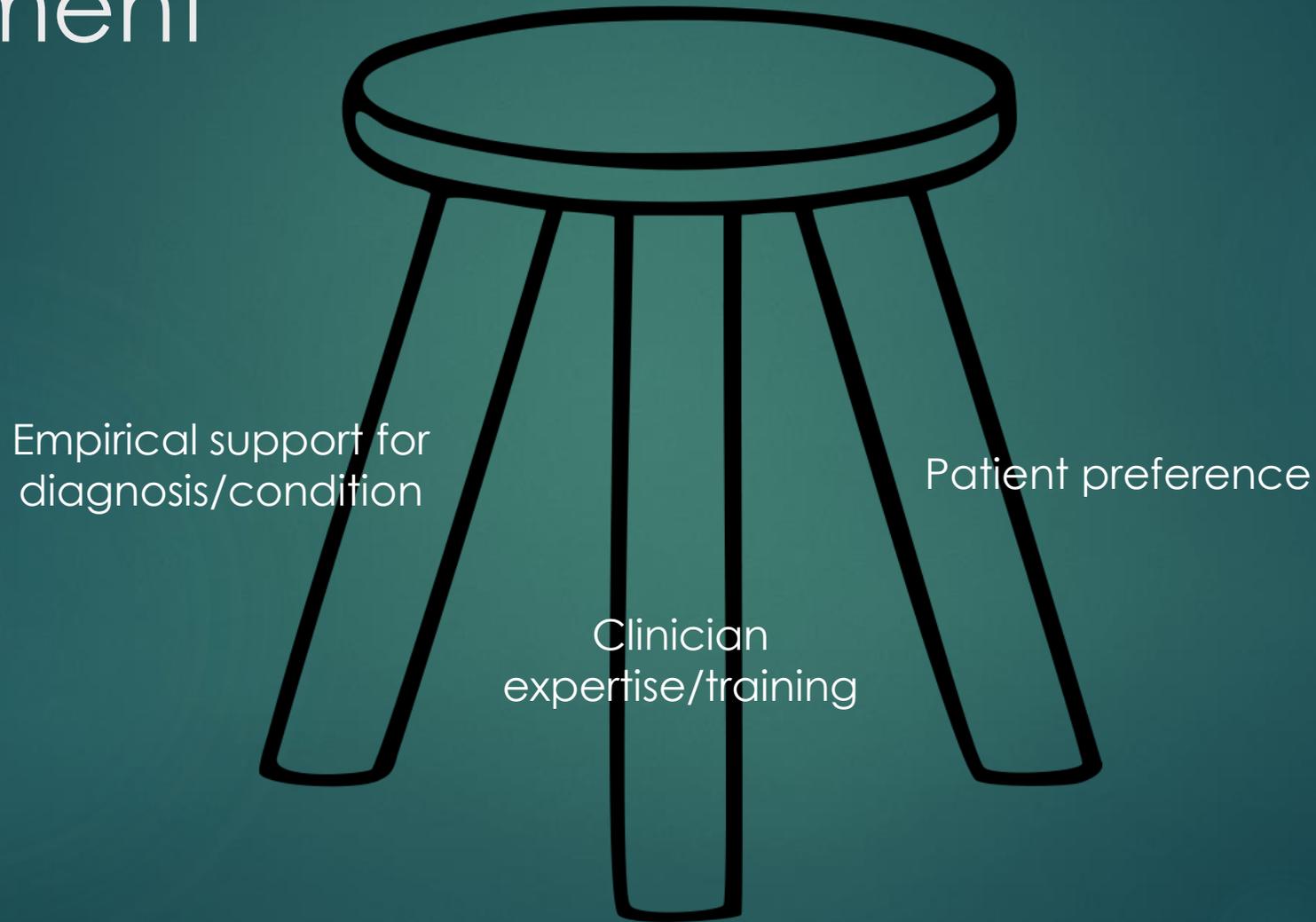


Treating both simultaneously

- ▶ Model for utilizing DBT in the treatment of eating disorders
- ▶ Developed for binge eating and bulimia nervosa
- ▶ Useful in targeting these ED symptoms
- ▶ Assumes preexisting knowledge of DBT and ED treatments



3-legged stool of evidence based treatment



Approaches to comorbid treatment

- ▶ Individual intervention
 - ▶ Typically a combination intervention
 - ▶ Specific to the individual patient
 - ▶ Specific to the individual clinician
 - ▶ Informed consent and collaborative process with patient

Approaches to comorbid treatment

- ▶ Individual intervention
 - ▶ Fitting the 3-legged stool
 - ▶ Accounting for all “legs” suits both patient and clinician well
 - ▶ Empirical support for diagnosis/condition means the clinician has a clear direction and structure
 - ▶ Clinician expertise/training means the clinician can feel more confident in their ability to help
 - ▶ Patient preference means more buy-in from patient

How can you
create an
individualized
intervention?



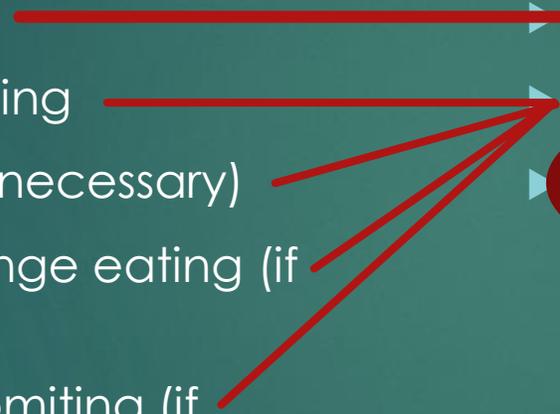
DBT and ED Treatment for Adults

CBT-E Components

- ▶ Self-monitoring
- ▶ Normalized eating
- ▶ Weight gain (if necessary)
- ▶ Cessation of binge eating (if applicable)
- ▶ Cessation of vomiting (if applicable)

DBT Components

- ▶ Self-monitoring (via Diary Card)
- ▶ Behavioral tracking
- ▶ Effective skill usage

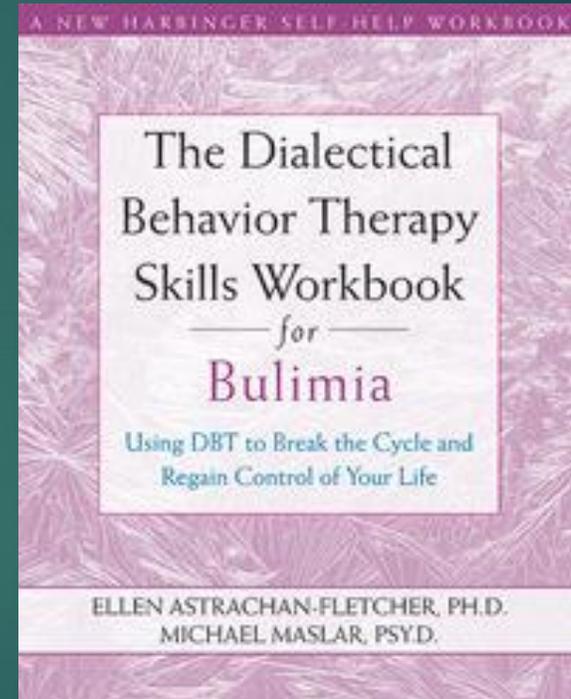


Full DBT versus DBT skills

- ▶ But I don't/can't/won't/please don't make me ... do full-package DBT!
- ▶ Research supports the use of DBT skills as a stand alone intervention for ED, showing:
 - ▶ Reductions in ED behaviors
 - ▶ Reductions in ED cognitions
 - ▶ Improvement in related areas (e.g., appetite awareness)

DBT skills for bulimia nervosa

- ▶ Specifically for bulimia nervosa, the DBT skills workbook published in 2009
- ▶ Teaches how to apply all 4 core skill sets to bulimic symptoms





Okay ...this all
sounds great ...
but now
**TELL ME WHAT
TO DO!**

Treatment Model

- ▶ Utilize DBT skills as primary treatment
- ▶ Include a diary card for self-monitoring/tracking
- ▶ Link ED behaviors/thoughts/related emotions to skills

DBT Skills overview

- ▶ Distress tolerance
- ▶ Emotion regulation
- ▶ Interpersonal effectiveness
- ▶ Mindfulness

DBT Skills Overview

- ▶ Distress tolerance
 - ▶ Get through the distressing situation or crisis without making things worse or adding to problems
 - ▶ Changing physiology
 - ▶ Distraction
 - ▶ Self-soothing
 - ▶ Accepting reality
 - ▶ Awareness of thoughts

Distress Tolerance in ED

- ▶ Urges to binge or purge
- ▶ Urges to weigh yourself
- ▶ Sitting with yourself after eating
- ▶ Body acceptance
- ▶ Acceptance of the need for treatment can reduce drop-out
- ▶ Costs and benefits of ED behaviors

DBT Skills Overview

- ▶ Emotion regulation
 - ▶ Understanding emotions and their function
 - ▶ Separating actions from emotions (“I am not my emotion”)
 - ▶ Problem solving challenging situations
 - ▶ Increasing positive events in life
 - ▶ Taking care of all physical needs
 - ▶ Set yourself up for emotional success

Emotion Regulation in ED

- ▶ Understanding emotions can help with alexithymia
- ▶ Urges to do ED behavior can exist without acting on it
 - ▶ Validating emotion while also changing behavior
- ▶ Increasing positive activities and social connections
- ▶ Focus on physical needs, including eating
 - ▶ Normalized eating in CBT-E dovetails well

DBT Skills Overview

- ▶ Interpersonal effectiveness
 - ▶ Balancing goals while maintaining relationships and not damaging your own self-esteem
 - ▶ How to skillfully ask for what you want or say no to unwanted requests
 - ▶ Determining goals and priorities in interpersonal situations
 - ▶ Validation of self and others
 - ▶ Interact with others in a way that gets you to your goals

Interpersonal Effectiveness in ED

- ▶ Often social interactions or social feedback can be a prompting event for ED behavior
- ▶ Maturity fears can lead to childlike behavior being reinforced
- ▶ Often interpersonal situations are seen in black/white terms
- ▶ Quiet/passive rebellion

DBT Skills Overview

- ▶ Mindfulness
 - ▶ Core skill for everything in DBT
 - ▶ Learning to focus our awareness where we want and when we want
 - ▶ Slowing down our experiences to see component parts (thoughts, emotions, urges, actions, etc.)
 - ▶ Noticing the series of events that make up a seemingly immediate action or response
 - ▶ Can be applied in any aspect of life

Mindfulness in ED

- ▶ Helps to prevent emotional avoidance
- ▶ Helps behavior to be more intentional
- ▶ Describing experiences allows others to give alternate opinions
- ▶ Helps to begin separating “ED thoughts” from other thoughts

Treatment Model

- ▶ Utilize DBT skills as primary treatment
- ▶ Include a diary card for self-monitoring/tracking
- ▶ Link ED behaviors/thoughts/related emotions to skills

Diary Card

- ▶ Kept by patient each week and reviewed in session
- ▶ All target behaviors are included
- ▶ Urges to engage in target behaviors are included
- ▶ Emotion tracking
- ▶ Skill usage tracking

Treatment Model

- ▶ Utilize DBT skills as primary treatment
- ▶ Include a diary card for self-monitoring/tracking
- ▶ Link ED behaviors/thoughts/related emotions to skills

Case example: "Tammy"

Fight with
friend

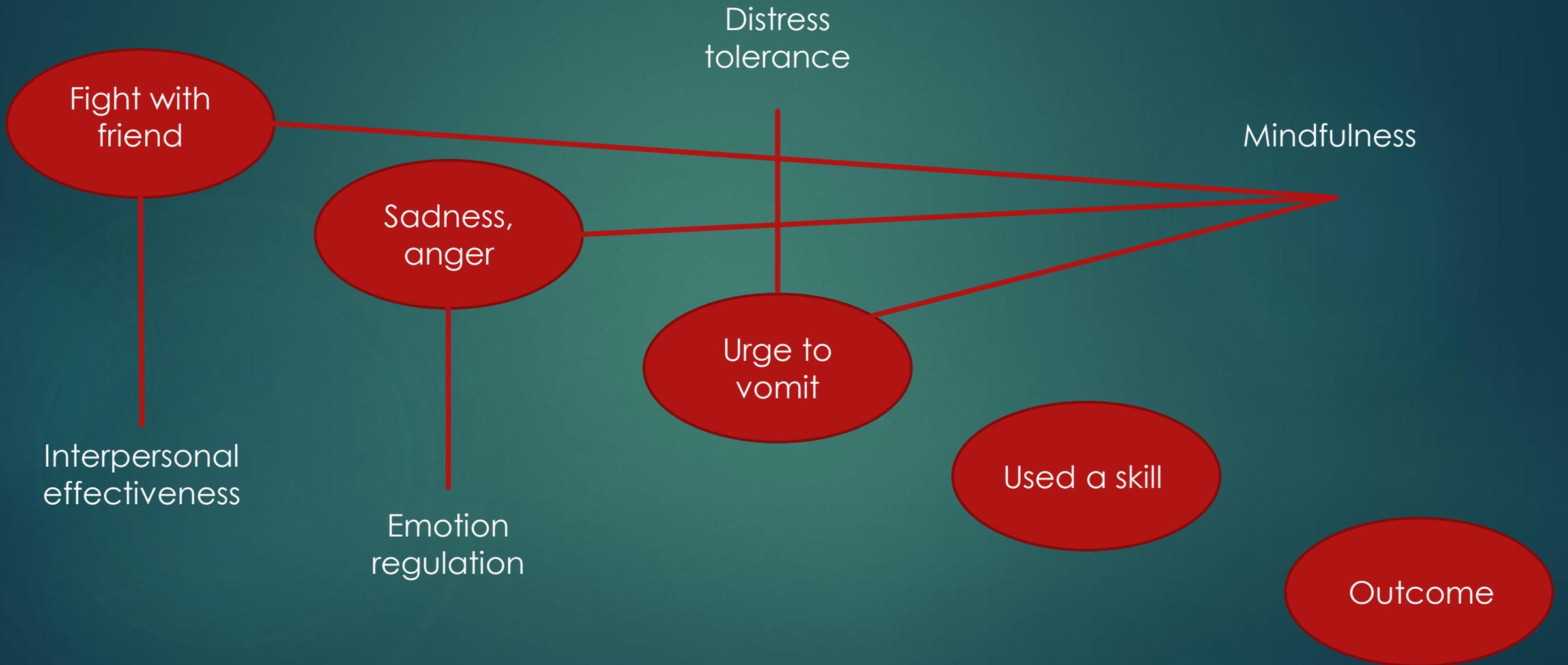
Sadness,
anger

Urge to
vomit

Used a skill

Outcome

Case example: "Tammy"



DBT and ED Treatment for Adolescents

FBT Components

- ▶ Parent management of eating and exercise
- ▶ Developmentally appropriate “apprenticeship model”

DBT Components

- ▶ Self-monitoring (via Diary Card)
- ▶ Behavioral Tracking
- ▶ Effective skill usage

DBT skills + FBT

- ▶ Teach skills to both parent(s) and adolescents
 - ▶ Skills use for parents to manage their own emotional reactions
 - ▶ Skills use for adolescent to reduce push-back
- ▶ Diary Card can be simplified to mainly track ED behaviors
- ▶ Continue linking skills to specific challenges of implementing FBT
 - ▶ Distress tolerance during meals
 - ▶ Radical acceptance for adolescent
 - ▶ Interpersonal effectiveness for navigating intrafamily conflict

DBT Skills for ED

- ▶ Solid evidence base
- ▶ Eases clinician flexibility
 - ▶ More adaptable to a variety of clinical presentations and treatment settings
 - ▶ Reduces burden to train on multiple new treatments
- ▶ Enhances patient engagement
 - ▶ Allows clinician to work on patient goals (not just food!)

DBT Skills for ED

- ▶ Once familiar, you can use these skills “ala carte”
- ▶ Do not **have** to be your primary intervention to still be useful
 - ▶ Incorporate skills that are most relevant
- ▶ Knowledge of skills can be useful beyond treatment of eating disorders or personality disorders



QUESTIONS?

pdoyle@ebtseattle.com