

SECOND EDITION

EATING DISORDERS

THE JOURNEY TO RECOVERY WORKBOOK

Laura J. Goodman
Mona Villapiano

ROUTLEDGE



Eating Disorders

The widely updated second edition of *Eating disorders: the journey to recovery workbook* helps those struggling with eating disorders in their recovery, guiding the reader through a greater consideration of body image, compulsive exercising, and personal and societal relationships based on Prochaska's Stages of Change Theory. The workbook explores complicated issues having a direct effect on the eating disorder, including trauma, depression, abuse, and the media. Updated to include the acknowledgement of binge-eating disorder, selective eating, and avoidant restrictive food intake disorder (ARFID), this second edition encourages self-paced learning and practice adjunct to one-on-one and group therapy from two seasoned clinicians in the treatment of eating disorders.

Laura Goodman, LMHC, has spent the past 25 years working as a licensed mental health counselor, specializing in the treatment of eating disorders. In addition to psychotherapy services, Ms. Goodman's practice also includes consultation services, in-service trainings, and speaking engagements in the field of eating disorders and related fields.

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Eating disorders

The journey to recovery workbook

2nd Edition

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To our many courageous clients, we dedicate this book. You have taught us much about your unique journeys to recovery. As others traverse their roads, know that your wisdom will guide and your hope will light their way.



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Introduction

When we began to think about writing this workbook, it was with these thoughts in mind. People with eating disorders need more support than we, as therapists, can give due to the restrictions on available time and resources. Even if all the time and resources needed were available to each client, much of the work to be done must be the work of learning, reflection, practice, integration, and connection within each person's outside world. This cannot all be done in the therapist's office. People with eating disorders need to feel empowered in their recovery process and in their world. They need to own and embrace their steps toward recovery; otherwise, gains and movement toward health will be fleeting and environmentally dependent.

People with eating disorders, like all people, flourish when they feel a sense of agency. This means they feel empowered as agents of their own change process while accepting and understanding the natural process of things. Recovery is personal. It unfolds at the pace and timing of the individual guided by some predictable and understandable principles of change. All people suffering with eating disorders benefit if they are supported at each stage of their recovery process. They must be allowed and encouraged to experience the full impact of their feelings and needs at each step along the way. They will not benefit if their process is short-circuited or circumvented by those who are in too much of a hurry to let the process unfold. The caveat to this, of course, is that if any individual is in medical or psychiatric crisis, treatment providers, families, or the courts must take over to protect their life until they are ready to protect their own. Except in cases of imminent risk, all individuals will travel their own journey to recovery at their own pace and time. Each treatment provider and loved one's task is to support and enhance the process . . . the unfolding of this journey.

Our second thought was how can we help all people with eating disorders understand where they are along the stages of change? Where are they in their process? What is the natural unfolding that should occur if we support them at each stage? If we are loved ones, how can we know what will be supportive and helpful at each stage? If we are treatment providers, how can we adapt our interventions to each individual's needs at each step along their personal journey?

Our answers came from the work of James Prochaska and his colleagues (Prochaska, Norcross, & DiClemente, 1994). Dr. Prochaska determined, through years of research on people who were trying to overcome smoking and alcohol addictions, that all people change in expectable ways. The stages of change are the same no matter what problematic behavior people are trying to overcome. Most importantly, all people must go through each stage. No one stage is more important than another, and often people need to cycle through the stages multiple times before change for good can occur.

This stage theory, with its research support, seemed to bolster what we already knew but lacked empirical support for until now. This stage theory gave credence to those most uncomfortable stages of change where clients want and need to hold onto their symptoms in the face of declining health. It gave solace and support to treatment providers, loved ones, and even to those with eating disorders themselves that wanting and needing a symptom, despite powerful evidence of its destructive quality, must be understood, affirmed, and digested before it is possible to move onto the next stage of change.

Along with this theory and empirical evidence, we also embraced the work of another pioneer in the world of treatment. This is the work of Dr. Marsha Linehan (1993). Dr. Linehan concluded, after years of research and clinical study, that many of her clients did not know how to tolerate and cope with the distress of life. Although she was looking specifically at clients with borderline personality disorder, her conclusions are relevant to many people with other psychiatric diagnoses or other problematic behaviors. In fact, learning to tolerate distress is a skill all people need to learn. One need not have been diagnosed with a psychiatric disorder to find benefit from her work. So too, a psychiatric diagnosis is not needed to find benefit and relevance in the work of Dr. Prochaska and his colleagues.

We, therefore, set out to provide, in workbook form, information, exercises, and growth-producing challenges for people with eating disorders. People at all stages of change will find strategies and skills to enhance their ability to tolerate the distress of life without reverting to the destructive and hurtful behaviors and conclusions of the past.

We also wish to provide hope to those of you who are now suffering with eating disorders. We hope this workbook will be your benevolent companion as you work to counteract the negative and destructive internal voices of the eating disorder. We encourage you to use this workbook between therapy sessions (or as one of your supports if you are not in therapy), to assist you in becoming the loving and caring agent of your own life.

How this workbook works

Workbooks are meant to provide you with information and practice. This workbook asks you to be an active participant in your recovery process. If you read this book it may be helpful. If you read and *interact* with it, doing

the exercises and sharing some of the tasks with a family member or loved one, it will be even more helpful.

Because this workbook is meant to provide information and participatory exercises to many different people at many different stages of change, all the information and all of the exercises may not be relevant or helpful to you at this time.

We encourage you to read and do what you are ready to read and do – to sample what the workbook has to offer. We do not encourage you to attempt to digest this workbook all at once. Interestingly, this workbook can be rejected, ingested, spit out, or thrown up like food. You can eat too much at once and feel ill or you can long for more and refuse yourself another bite.

Watch your approach to this workbook – it may parallel your approach to food. Know that you can come back to certain sections at a later date; if some of it is too hard, you either need help and support with it, or you need to leave it and take in a part of it that is more digestible. It is best eaten in small, manageable chunks.

Eventually you may ingest the whole thing, if it is the right thing for you. Or you may take in the portions that are right for you and leave the rest. Invite others you trust to sample it with you.

As you sample this and other offerings in your life, you will find the right pace and timing for your work. We wish you a safe and productive journey to recovery.

References

- Linehan, M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford.
- Prochaska, J., Norcross, J., & DiClemente, C. (1994). *Changing for good*. New York: William Morrow.

Preface

Over the years we have worked with hundreds of people with eating disorders. For many of our clients, the struggle to overcome these illnesses was intense, exhausting, and immensely challenging. For others, the battle for health and life continues.

What we noticed was that many clients have the energy, will, and motivation to work between sessions to learn new information, practice strategies, and master skills for living. Some clients are able to find and assimilate information on their own. Others are lost and out at sea, not knowing what to do. Many are so seduced by the eating disorder's voice that they cannot learn or try anything that might challenge the eating disorder's pre-eminence in their lives.

Furthermore, many treatment providers are trying to get more done in less time. They do not have the availability of intensive treatment programs that introduce clients and their loved ones to the psychoeducational information about their illnesses or the strategies and skills needed to combat the eating disorder's control over their lives. People with eating disorders don't have as much time to practice their newfound skills in safe treatment settings.

Therefore, we wanted to develop a workbook that would encourage self-paced learning and practice for people with eating disorders. If you are in therapy, you might discuss with your therapist whether or not to use this workbook between your therapy sessions to augment information gathering and the process of your therapy. For those of you who are attempting to understand whether or not you may have an eating disorder, or if you do not have access to treatment, this workbook may help you better understand your illness and guide you to steps you might take on your own journey to recovery.

For therapists and other treatment providers, this workbook offers: ready-made between-session tasks for your clients to practice, topics for discussion within the session, and opportunities to help your clients widen their network of support in the community. For many, this workbook, with its anecdotes and personal accounts from many people who have struggled with eating disorders, may offer hope, a sense of connection, and direction.

For those of you who provide treatment and know that your clients need more than you, or any treatment provider, could provide, the use of this

workbook could help your clients proceed with their work, develop a sense of mastery and accomplishment outside of the therapeutic office, and foster connection with the outside world in meaningful and supportive ways. Such an adjunctive piece of work will likely enhance your clinical work and foster each client's efforts at recovery in the world.

We hope clients and therapists alike will find this workbook a helpful adjunct to your work together.

To those of you for whom this workbook is your first effort, or one of many efforts, at understanding or confronting your eating disorder, we hope it will guide you toward the help and compassionate understanding that you need to begin your Journey to Recovery.

Acknowledgements

Eighteen years after the publication of our first workbook, I approached my colleague and friend, Mona Villapiano, with a plan for a revised and updated second edition. With Mona's interest, we began work on this updated version.

With the help of so many, we have successfully turned this second version into a reality. Unfortunately, I cannot individually acknowledge everyone who has helped us, but I would like to extend a personal thank you to the following individuals: first and foremost, I would like to thank my former and current clients for all you have taught me over the years. Without you, this book would not have come to fruition! To Maddie Shea, thank you for the time and energy spent on designing the book cover. Your talent, and commitment to this project, while managing the academics and demands of junior year of high school is truly commendable! I would also like to thank Dr. Nancy Hurley for her help with the section of the physician in the treatment team chapter. My gratitude also extends to those individuals who devoted their time and energy to share their personal stories, poems, and illustrations. Your works are truly inspiring and are an invaluable component of this book! To David Gangi, thank you for helping me find my passion for writing. To Taylor, Jessica, and Madison, words will never adequately express my love for you! Thank you for your patience and support these past few months, and Taylor, Mona and I will never be able to thank you enough for the help you gave us with the editing of this book! Finally, to my dear friend and colleague, Mona Villapiano, writing this book has been an experience I will always treasure! I thank you for your commitment to the field of eating disorders, and all I have learned from you over the years.

Laura J. Goodman

During the preparation of this book many people were helpful, encouraging, and supportive. To my own, and my colleagues', clients who wrote personal stories and shared their poetry, and to those whom I don't know but who were willing to share their personal stories with me, I wish to express my sincerest thanks for your courage and generosity.

To my husband, daughters, sons-in-law, and baby grandson, thank you for supporting me in writing this second edition. It has allowed me to share 35 years of clinical experience with those who continue to suffer. May you find recovery. To my co-author and dear friend, Laura Goodman, thank you for asking me to participate in this project with you. It was an arduous but exceedingly worthwhile journey.

Mona Villapiano



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1 How to use this workbook

Before you begin your journey to recovery, it is important to understand Stages of Change Theory, and how this information will be used throughout the book. In 1997, Prochaska and Velicer developed the “transtheoretical” model of treatment, based on various theories of psychotherapy with its focus on *change as a process*. The philosophy behind Stages of Change Theory is that the individual must journey through a series of stages in order to achieve success. Prochaska’s research was initially focused on addiction, but his research and theory has been shown to be instrumental in the treatment of eating disorders (and other psychological struggles) as well.

The impetus for us in writing this book was our own awareness of the increased incidence of relapse upon discharge from inpatient treatment programs for individuals with eating disorders. It was the late 1990s, and, at the time, there were few “partial” or “intensive outpatient programs.” In attempting to understand the high relapse rate for our clients, we saw that they were able to do well when in a highly structured and supportive environment, but on discharge, if they were not in what Prochaska coined the “stage of action,” they were increasingly vulnerable to relapse, which, in turn, brought increased feelings of frustration, disappointment, depression, and anxiety, for both the individual and loved ones. It was this realization that caused us to take a new approach to eating disorders. We believed, and continue to believe, that in order to successfully overcome an eating disorder, we must make sure the individual is truly “ready” to recover.

Throughout this book, we are going to ask you to look at your own stage of change. The stage may be different, depending on the symptom at hand. For example, you may find yourself in the stage of action as it pertains to binge-eating behaviors, but in the stage of contemplation for restrictive eating. We hope that understanding readiness for change may help you better understand why certain journeys are more successful than others. In doing so, we also hope that you will be able to hold onto compassion for yourself while developing a greater understanding of the areas that are holding you back from

2 *How to use this workbook*

recovery. In order to use this workbook most effectively, it is first going to be important for you to understand Prochaska's stages of change:

- **Precontemplation:** The person refuses to believe there is a problem or is aware of the problematic behavior but refuses to change.
- **Contemplation:** The person is aware of the problematic behavior but afraid of change. At this stage, it is important to focus on the pros and cons of change.
- **Preparation:** The person is ready to make changes and is exploring the steps needed to change.
- **Action:** The person has created a plan to challenge and change the problematic behaviors.
- **Maintenance:** The person has been successful with the action plan for at least six months, and is working to prevent relapse.
- **Termination:** The person has little to no concern for a return to problematic behaviors.

The Stages of Change Theory takes into consideration issues of relapse, and although not a "stage" in recovery, relapse helps the person re-focus on the stage of action.

Treatment focus based on stage

- **Precontemplation.** The person in this stage should receive education on the impact the behavior has on the self and others. It is further encouraged that this person become mindful of the decisions made with regard to behavior and the benefits in changing their behavior.
- **Contemplation.** The person at this stage should focus on the "cons" of change along with the pros. This awareness, also referred to as the "fear" of change, is critical to understand in order for successful change to take place.
- **Preparation.** The person at this stage should first create a supportive social network that will help them with behavioral change. The plan for behavior change will be met with concern for failure. The greater the support and awareness of how to act before, during, and after change will likely result in increased readiness for change, thus increased likelihood to keep progressing.
- **Action.** The person at this stage has experienced some mastery over the behavior and has as the focus the need to fight the urge to slip back. In doing so, techniques learned in the stage of preparation will be important to pay extra attention to during this stage. It will also be important for the person to avoid situations and people that may challenge their current behavioral successes.

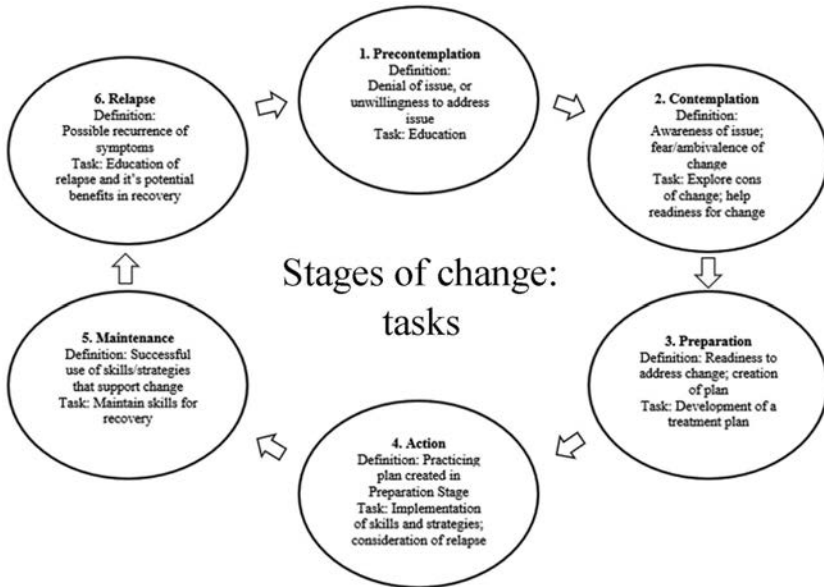


Figure 1.1

Stage of precontemplation

If you find yourself in the stage of precontemplation, the education provided in this chapter will be used as your starting point. We hope it will provide the education needed to help you understand that your views of food and weight are concerning, and could result in significant physical, emotional, and social struggles. If you are already aware of the impact your behaviors and relationship with food are having on you, and yet you do not feel ready to make changes, we ask that you share your awareness with your physician, therapist, or trusted friend/family member. Gaining understanding of the role the eating disorder serves, as well as its impact, is significant to address if you are either in denial of the problematic behaviors or you are aware but and resistant to change.

Stage of contemplation/preparation/action

If you find yourself in any of the stages listed above, we hope that this chapter has helped you not only have a better understanding of the impact food/weight has on your physical, emotional, and social being, but that it has also provided a starting place for you to explore your fears of letting go of your behaviors, while also considering the acts that you are going to employ in order to work toward change and recovery. In the pages to follow, you will find some

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exercises to help you with your journey from contemplation through action! This is not a linear process, so if you find yourself vacillating between stages, please know this is a common process in recovery.

The goal of the next chapter is to help you develop your own personal plan for normalizing your eating, normalizing your weight, stopping purging behaviors, and restoring your physical and emotional health. It may be difficult at first but the strategies and plans provided have been proved to help people with eating disorders move into recovery.

References

- Prochaska, J., Norcross, J., & DiClemente, C. (1994). *Changing for good*. New York: William Morrow.
- Prochaska, J.O. & Velicer, W.F. (1997). *The transtheoretical model of health behavior change*. S.l.: S.n.

2 Guiding your journey

The tree, the web, and the box

Before you begin your own journey to recovery, it is important to understand the role your eating disorder has served. That is, although coined an *illness*, eating disorders are *coping mechanisms*. As destructive as they are, eating disorders serve individuals by leaving them feeling protected from something larger and more terrifying than the eating disorder itself.

The “tree”

Eating disorders themselves are never the issue; they are *symptoms* of a larger issue. Have a look at the diagram of a tree you will find in Figure 2.1. In the diagram, you will notice the tree has many roots; some will be exposed (like those in the deep woods), and some will be covered (like those in a landscaped yard). We have placed the eating disorder in the middle of the trunk of the tree.

In the spaces provided, write what you believe are the roots (some underlying issues) of your eating disorder. Some may be well hidden like the covered roots. Others may be easily seen and understood like the exposed roots. Please feel free to draw grass to cover those roots you feel are not exposed. On the branches, write how the eating disorder has had an impact on you (e.g., weight loss, weight gain, isolation, diminished sexual thoughts and feelings, greater control). Also on the branches write the purposes of the eating disorder. For example: “It decreases my sexual thoughts and feelings”; “I feel powerful and superior when eating less than others”; “I feel finally in control of something in my life”; “Now my ‘outside’ matches my ‘inside’”; “I feel empty and devoid of warmth”; “I feel fat and repulsive”; “I’m drying up and dying”; and “I finally feel free of others’ expectations.”

Once you have diagrammed your tree, look carefully at the words that you have written on the roots. These are the reasons for the eating disorder, as you understand them. The eating disorder has protected or shielded you from these issues. Now look carefully at the words you have written on the branches. The branches represent the purposes or the “pros” of the eating disorder. This is why your eating disorder may be hard to give up. It has served one or many purposes.

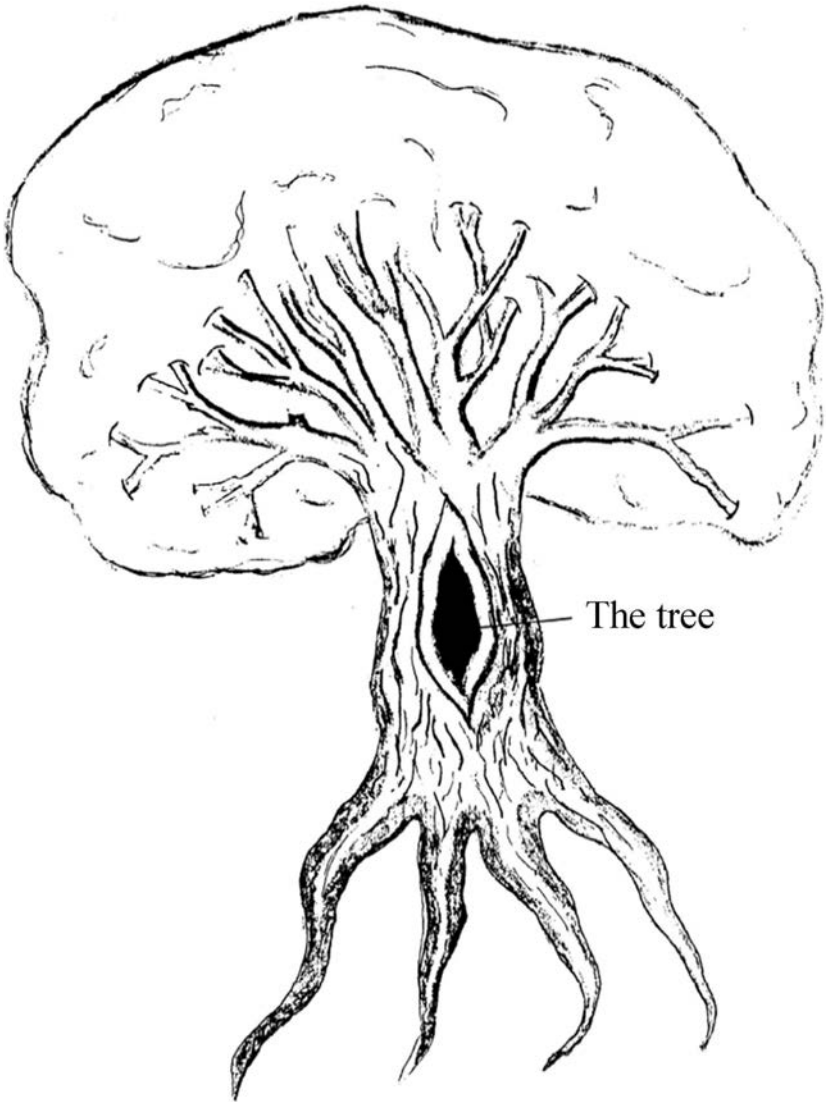


Figure 2.1

Sadly, your eating disorder (i.e., your protection . . . your shield) does not come without cost. For some, its cost weighs in forms such as loss of friends, or a missed prom or other events. For others, it results in lost wages, financial distress, or miscarriages. Although it serves a purpose, its costs can be dear and long lasting.

The “web”

In the next figure, you will find the beginnings of a *web* (Figure 2.2). At its core is your eating disorder. The boxes growing out of the core of the web depict its various “costs.” The illustration will help you draw your web. Our goal is to help you see the costs, or the “cons,” of your eating disorder. What have you lost as a result of your eating disorder?

The web will help you see what price you pay for the eating disorder. We hope your journey to recovery will eliminate the costs and reap you bountiful rewards in health, safety, and happiness. However, this won’t happen until you find another, more healthy and adaptive way, to protect and shield yourself (as represented by the roots) and meet the purposes or pros the eating disorder was meant to meet (as represented by the branches). Your journey through this workbook will help you find more healthy ways to protect yourself while furthering these purposes. As well, it will eliminate the costs you now pay for meeting these needs.

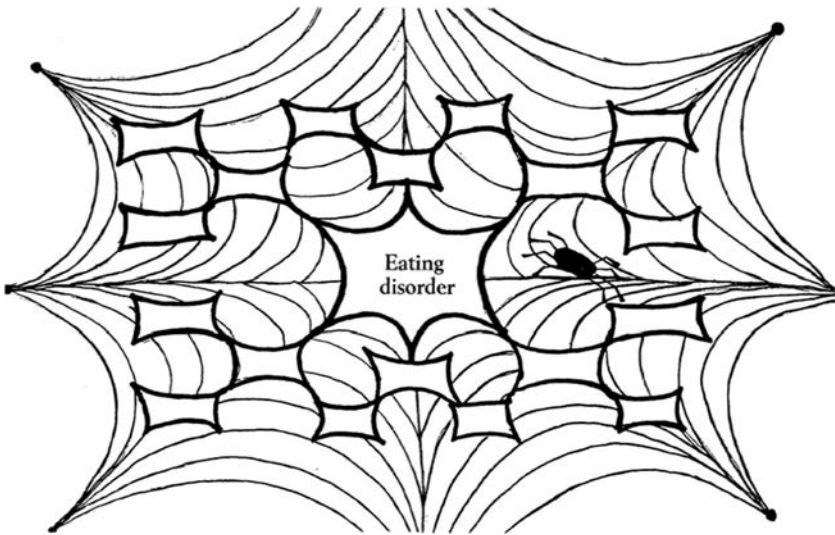


Figure 2.2

The “box”

Having completed your tree and the web, you should now have a better understanding of some of the underlying reasons of your eating disorder, and its pros and cons. As you continue your journey to recovery, you will find yourself gathering more information, skills, and tools that will aide you in your recovery process. The most difficult part of recovery will be fighting the

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thoughts and feelings that you will face as you work toward change. For long after you make successful changes with your eating behaviors, the “voice” of the eating disorder will be continuing to create and maintain difficult emotions. When we are in a place of emotional distress, it is often difficult to find the clarity to engage in healthy coping strategies; our emotions often take over, resulting in harmful, maladaptive coping responses. The creation and use of a “coping box” can provide a hands’ on solution to healthy management of troubling thoughts and feelings.

How to make a coping box

You will need the following items:

- tissue
- shoe box
- index cards
- items to decorate the box with.

Once you have your box, decorate it to your liking! Make a list of skills you can practice to combat difficult emotions. Examples include: listen to music, talk/text a friend or loved one, play a game, go for a walk (if medically and emotionally appropriate), play with a pet, color/draw, etc. Once you have your list, write each one on a separate index card, and place the index cards inside the box. We recommend you try to have between eight and ten index cards, with no fewer than six. These index cards will help you identify skills in time of need, but will also help you determine your effective coping strategies, as you will see, through practice, what techniques help you work through the feelings and those that do not.

How to use your coping box

When you find yourself wanting to turn to or away from food and/or engage in other eating disordered behaviors, or experiencing difficult feelings such as depression and/or anxiety, we ask that you pull an index card out of the coping box and do what it says to do. Allow yourself 15–20 minutes of engaging in this coping skill. If you find that it has helped you work through some difficult feelings, you have found a new tool for recovery. If after this time, you are continuing to find yourself struggling, we ask that you go back to your coping box, pull out, and practice the new skill recommendation. It is important to note that what may not “work” one time may be the best coping skill under a different set of circumstances. We ask that you practice these skills ten times to have a full sense of whether or not the skill is going to be an effective form of coping for you.

Aimee’s story

I have been struggling off and on with depression, anxiety, and bulimia for the past four years. There have been large periods of time in which

I have been free of behavioral and emotional difficulties, and times in which I couldn't see the forest through the trees! I can remember being asked to make a coping box; at the time I was 16 years old, and I thought it sounded so childish and ridiculous! Pulling an index card from a shoe box was going to help me, how? I was very skeptical. After a very difficult night of bingeing and purging, and feeling so disgusted and ashamed of my behaviors, I decided to give the coping box a try. I decided to decorate the outside of my box with affirmations, as these affirmations would be words of encouragement, even if I chose not to use the box. I filled my box with 12 index cards, each with tasks that I knew I would truly consider practicing, for if this was going to work, I knew I needed to be realistic with what I was willing to try. Below are some examples of the index cards I had placed in my coping box.

I can't say that the coping box helped me right away, but I also believe my resistance to embracing the concept didn't help matters! Once I opened my mind, and reminded myself how badly I wanted to change, I found the coping box incredibly helpful, especially in those moments when I was too irrational to think about how to help myself. To this day, I love adult coloring books! (Aimee, age 20.)

Call/text a friend	Listen to music	Color or draw
Go for a walk	Write in a journal	Meditate or yoga
Play a game	Do a puzzle	Deep breathing

Figure 2.3

3 What you need to know about eating disorders

First and foremost, it is important to know that eating disorders are not about food and weight, no matter how much you may believe that they are! You may believe that if you lose weight you will feel better, thus believing it is about food and weight. In actuality, eating disorders are symptoms of underlying issues, and, in this brief example, despite thinking it is about food and weight, it is really about self-esteem/self-confidence. That being said, this chapter is going to explain the physiological impact of food restriction, bingeing, and purging. The chapters that follow will further address the role emotions, socialization, and culture play in the development and maintenance of eating disorders.

If you are struggling with an eating disorder, or disordered eating, we are pretty sure you know a lot about your body and nutrition. You know the calorie content and numbers of fat grams of almost all foods. You probably know about every imaginable diet, and perhaps some we've never heard of! You have probably also surfed the web, been on various websites, blogs, and even chatrooms in your attempt to educate yourself on dieting and eating disorders. You may have tried many of the diets you have read about, and it's quite likely you're on a diet or thinking of going on a diet right now.

Although you may have much information about nutrition, we want to make certain that you have all the facts. We're also hoping that we will be able to clarify any misperceptions or misinformation, as it is often difficult to differentiate between myth and truth with all the resources out there. Our hope is that by providing you with the proper information, you will have a better understanding of how to adequately take care and nourish your body.

Before we start our journey, I am going to ask you a question that I have asked my clients during their initial assessment with me for the past 15 years! Please do not worry if you get your question wrong, for prior to 2012, only two of my clients had ever gotten the correct answer! Five years later, I have found more clients answering correctly, although I would guess that the percentage of correct answers takes place in less than ten percent of my initial assessments! So . . . the question is: "For you to gain one pound tomorrow, how many calories would you have to eat today?" (You will find the answer at the end of the chapter.)

We begin your journey with an important questionnaire, followed by a few “true” or “false” questions. All answers are included in this chapter.

Clinical criteria for the various eating disorders

Avoidant/restrictive food intake disorder (ARFID)

- A A feeding or eating disturbance (e.g., lack of apparent interest in eating food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following: 1. Significant weight loss (or failure to achieve expected weight gain or faltering growth in children). 2. Significant nutritional deficiency. 3. Dependence on enteral feeding or oral nutritional supplements. 4. Marked interference with psychosocial functioning.
- B The disturbance is not better explained by lack of available food or by an associated culturally sanctioned practice.
- C The eating disturbance does not occur exclusively during the course of anorexia nervosa or bulimia nervosa, and there is no evidence of a disturbance in the way in which one’s body weight or shape is experienced.
- D The eating disturbance is not attributable to a concurrent medical condition or not better explained by another mental disorder. When the eating disturbance occurs in the context of another condition or disorder, the severity of the eating disturbance exceeds that routinely associated with the condition or disorder and warrants additional clinical attention.

Anorexia nervosa

- A Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than minimally expected.
- B Intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.
- C Disturbance in the way in which one’s body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

Restricting type

During the last three months, the individual has not engaged in recurrent episodes of binge-eating or purging behavior (i.e., self-induced vomiting, or the misuse of laxatives, diuretics, or enemas). This subtype describes presentations

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in which weight loss is accomplished primarily through dieting, fasting and/or excessive exercise.

Binge-eating/purging type

During the last three months the individual has engaged in recurrent episodes of binge-eating or purging behavior (i.e., self-induced vomiting, or the misuse of laxatives, diuretics, or enemas).

Bulimia nervosa

- A Recurrent episodes of binge eating. An episode of binge eating is characterized by both:
 - 1 Eating in a discrete period of time (e.g., within any two-hour period), an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances.
 - 2 A sense of lack of control over eating during the episodes (e.g., a feeling that one cannot stop eating or control what or how much one is eating).
- B Recurrent inappropriate compensatory behaviors to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.
- C The binge-eating and inappropriate compensatory behaviors both occur, on average, at least once a week for three months.
- D Self-evaluation is unduly influenced by body shape and weight.
- E The disturbance does not occur exclusively during episodes of anorexia nervosa.

Levels of behaviors are:

- Mild: An average of one to three episodes of inappropriate compensatory behaviors per week.
- Moderate: An average of four to seven episodes of inappropriate compensatory behaviors per week.
- Severe: An average of eight to 13 episodes of inappropriate compensatory behaviors per week.
- Extreme: An average of 14 or more episodes of inappropriate compensatory behaviors per week.

Binge-eating disorder

- A Recurrent episodes of binge eating. An episode of binge eating is characterized by both:
 - 1 Eating in a discrete period of time (e.g., within any two-hour period), an amount of food that is definitely larger than what most