Integrated Approach to Trauma in Eating Disorders Treatment

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Overview

- Trauma and Eating Disorders
- Cognitive Processing Therapy (CPT)
- Prolonged Exposure Therapy (PE)
- Schema Therapy
- Integration of CPT, PE, and Schema Therapy
- Questions & Comments
Trauma and EDs

• Rates of PTSD in ED samples range between 1-52%
• National Comorbidity Survey- Replication
  – Women:
    • AN (16.09%)
    • BN (39.81%)
    • BED (25.74%)
  – Men:
    • BN (66.19%);
    • BED (24.02%)

(Gleaves et al., 1998; Mitchell et al., 2012; Turnbull et al., 1997; Tortolani, 2014)
Cognitive Processing Therapy (CPT)

- Manualized EBT for PTSD
- Based on Information-processing model of PTSD
- 12 sessions

(Resick et al., 1992)
1: Intro and Education, Impact Statement
2: Meaning of the event
3: Identification of thoughts/feelings
4: Remembering the Traumatic Event (trauma account)
5: Identification of stuck points
6: Challenging Questions
7: Patterns of Problematic Thinking
8: Safety Issues
9: Trust Issues
10: Power/Control Issues
11: Esteem Issues
12: Intimacy Issues & Meaning of the Event

(Resick, Monson & Chard, 2010)
Prolonged Exposure Therapy (PE)

- Meta-analysis: Highly effective, large effect sizes
- 10 sessions
- Clients are exposed to imagery of their traumatic memories, as well as real-life situations

(Foa et al., 2008; Powers et al., 2010)
Prolonged Exposure Therapy (PE)

• Session 1: Overview of Treatment, Orientation to the rationale for exposure, assessment
• Session 2: Construct a hierarchy of avoided situations & activities, begin in vivo exposure
• Session 3: First imaginal revisiting of the trauma memory
• Session 4-9: Continue imaginal and in vivo exposure, focus on “hot spots”
• Session 10: Final Session
Schema Therapy

• Evidence-based treatment designed to treat a variety of long-standing emotional difficulties

• Combines cognitive, behavioral, attachment, object relations, and experiential approaches
<table>
<thead>
<tr>
<th>Maladaptive Schemas</th>
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<tbody>
<tr>
<td>1. ABANDONMENT / INSTABILITY</td>
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<td>2. MISTRUST / ABUSE</td>
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<td>3. EMOTIONAL DEPRIVATION</td>
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<td>4. DEFECTIVENESS / SHAME</td>
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<td>5. SOCIAL ISOLATION / ALIENATION</td>
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<td>6. DEPENDENCE / INCOMPETENCE</td>
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<td>7. VULNERABILITY TO HARM</td>
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<td>8. ENMESHMENT</td>
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<td>9. FAILURE</td>
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<td>10. ENTITLEMENT</td>
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<td>11. INSUFFICIENT SELF-CONTROL</td>
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<td>12. SUBJUGATION</td>
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<td>13. SELF-SACRIFICE</td>
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<td>14. APPROVAL-SEEKING</td>
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<td>15. NEGATIVITY / PESSIMISM</td>
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<td>16. EMOTIONAL INHIBITION</td>
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<td>17. UNRELENTING STANDARDS</td>
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<td>18. PUNITIVENESS</td>
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### DBT-PE Protocol
1. Ability & willingness to experience intense emotions without escaping
2. PTSD= highest priority target for client and wants tx now
3. No serious therapy-interfering bx
4. Ability to control life-threatening bx in the presence of those cues
5. No life-threatening behavior for 2 mo
6. No imminent risk of suicide

### Adapted Protocol
1. ED bxs relatively under control
2. <SAME>
3. <SAME> + 85% IBW or above
4. <SAME>
5. No life threatening bx during course of trauma tx
6. <SAME>

(Anderson, Siegfried, Tortolani, & Trim, 2016)
Integrated Trauma Treatment Session Overview

Session 1:
- Overview of PTSD symptoms
- Education on Development of PTSD
- Education about Impact of Trauma on Schemas
- Overview of Sessions
  - Assign Impact Statement
  - Administer PCL-S (administer weekly)

Session 2:
- Review Impact Statement
  - Identification of Schemas (Schema Inventory) and Stuck Points (Umbrella Diagram)
  - Stuck Point Worksheet in session
  - Assign Stuck Point Journal
  - Assign How Did Trauma affect the development of my Schemas

Session 3:
- Review Journal – identify relationship of stuck points to schemas
- Review “How Trauma affected the development of my Schemas”
- Assign Schema Flash Card
- Assign “How do I continue to reinforce my schemas?”

Session 4:
- Review “How do I continue to reinforce my schemas?”
- Review Flash Cards and have client continue doing flash cards over the next week
- Educate and Assign Breathing Retraining
- Provide education on STRESS
- Construct In vivo hierarchy
- Begin in vivo exposure

Session 5:
- Review flash cards and in vivo exposure
- Assign Trauma Account #1
- Continue in vivo exposure & flash cards

Session 6:
- Review Trauma Account #1
- Review in vivo exposure & flash cards
- Assign Trauma Account #2
- Continue in vivo exposure & flash cards

Session 7:
- Review Trauma Account #2
- Review in vivo exposure & flash cards
- Assign: Write letter to self right after trauma occurred
- Continue in vivo exposure & flash cards

Session 8:
- Review in vivo exposure & flash cards
- Review letter
- Assign: Rewrite impact statement

Session 9:
- Review impact statement and Identify continued hot spots/stuck points and use remainder of sessions to address those areas (Safety Issues, Trust Issues, Power/Control Issues, Esteem Issues, Intimacy Issues)

Session 10: Hot Spot area

Session 11: Hot Spot area

Session 12: Hot Spot area
- Assign: Rewrite impact statement. Before this work I believed.... Now I believe....

Session 13: Review Final Impact Statement
Integration- Session 1

• Administer PTSD Checklist (PCL-S)
• Overview of PTSD symptoms
• Education on Development of PTSD
• Education about Impact of Trauma on Schemas
• Overview of Sessions
• Assign Impact Statement
Recovery from Trauma in PTSD and NON-PTSD

- PTSD
- NON-PTSD
Integration- Session 1

How did I develop PTSD?

TRAUMATIC EVENT

Schemas
Stuck points

AVOIDANCE

PTSD
IMPACT STATEMENT - (SESSION 1)

• Please write at least one page on why you think your traumatic event(s) occurred. You are NOT being asked to write specifics about the traumatic event(s).

• Write about what you have been thinking about the cause of the worst event(s).

• Also, consider the effects this traumatic event(s) has had on your beliefs about yourself, others, and the world in the following areas: safety, trust, power/control, esteem, and intimacy. Bring this with you to the next session.
The overall feeling of what it means to have been assaulted is the feeling that I must be bad or a bad person for something like this to have occurred. I feel it will or could happen again at any time. I feel only safe at home. The world scares me and I think it unsafe. I feel all people are more powerful than I, and am scared by most people. I view myself as ugly and stupid. I can’t let people get real close to me. I have a hard time communicating with people of authority, so plainly I haven’t been able to work. I don’t trust others when they make promises. I find it hard to accept that these events have happened to me.”
Integration- Session 2

- Review Impact Statement
- Identification of Schemas (Schema Inventory) and Stuck Points (Umbrella Diagram)
- Stuck Point Worksheet in session
- Assign Stuck Point Journal
- Assign: “How Did Trauma affect the development of my Schemas?”
Maladaptive Schemas

Assessed by the Young Schema Questionnaire

Items of Significance:

NEGATIVITY / PESSIMISM (NP)
A pervasive, lifelong focus on the negative aspects of life (pain, death, loss, disappointment, conflict, guilt, resentment, unsolved problems, potential mistakes, betrayal, things that could go wrong, etc.) while minimizing or neglecting the positive or optimistic aspects. Usually includes an exaggerated expectation— in a wide range of work, financial, or interpersonal situations — that things will eventually go seriously wrong, or that aspects of one's life that seem to be going well will ultimately fall apart. Usually involves an inordinate fear of making mistakes that might lead to: financial collapse, loss, humiliation, or being trapped in a bad situation. Because potential negative outcomes are exaggerated, these patients are frequently characterized by chronic worry, vigilance, complaining, or indecision.

UNRELENTING STANDARDS / HYPERCRITICALNESS (US)
The underlying belief that one must strive to meet very high internalized standards of behavior and performance, usually to avoid criticism. Typically results in feelings of pressure or difficulty slowing down; and in hypercriticalness toward oneself and others. Must involve significant impairment in: pleasure, relaxation, health, self-esteem, sense of accomplishment, or satisfying relationships. Unrelenting standards typically present as: (a) perfectionism, inordinate attention to detail, or an underestimate of how good one's own performance is relative to the norm; (b) rigid rules and "shoulds" in many areas of life, including unrealistically high moral, ethical, cultural, or religious precepts; or (c) preoccupation with time and efficiency, so that more can be accomplished.

PUNITIVENESS (PU)
The belief that people should be harshly punished for making mistakes. Involves the tendency to be angry, intolerant, punitive, and impatient with those people (including oneself) who do not meet one's expectations or standards. Usually includes difficulty forgiving mistakes in oneself or others, because of a reluctance to consider extenuating circumstances, allow for human imperfection, or empathize with feelings.
Stuck Points in 5 Dimensions

**SAFETY**
- I cannot protect myself/others.
- The world is completely dangerous.

**TRUST**
- Other people should not trust me.
- The government cannot be trusted.

**POWER/CONTROL**
- I must control everything that happens to me.
- People in authority always abuse their power.

**ESTEEM**
- I deserve to have bad things happen to me
- People are by nature evil and only out for themselves.

**INTIMACY**
- I am unlovable because of the trauma.
- If I let other people get close to me, I'll get hurt again.
Integration- Session 2

Schemas & Stuck Points

**Schemas:**
- broad pervasive theme or pattern
- memories, emotions, cognitions (**negative core beliefs**), bodily sensations
- view of self and relationship with others
- develops during childhood and adolescence
- elaborated throughout the lifetime
Integration- Session 3

- Review Journal – identify relationship of stuck points to schemas
- Review “How Trauma affected the development of my Schemas”
- Assign Schema Flash Card
- Assign: “How do I continue to reinforce my maladaptive schemas?”
Schema Flash Card

Acknowledgement of Current Feeling:
Right now I feel __________________________________________ or
(emotions)
because __________________________________________
(trigger situation)

Identification of Schemas
However, I know that this is probably my _____________________,
(Relevant Schema)
which I learned through
__________________________.
(Experience(s) that Contributed to Formation of Schema)

Reality Testing:
Even though I’m thinking that _____________________,
(negative belief/stuck point)
the reality is that _______________________________

Adapted from Young et al. (2006). Schema Therapy: A Practitioner’s Guide
Integration- Session 4

• Review “How do I continue to reinforce my schemas?”
• Review Flash Cards and have client continue doing flash cards over the next week.
• Educate on and Assign Breathing Retraining
• Provide education on SUDS
• Construct In vivo hierarchy
• Begin in vivo exposure
Breathing Retraining

• The overall goal of breathing retraining is to pay attention to your breathing and to slow down your breathing

• Breathe in normally

• Slowly breathe out, count to 4 on the exhale, then pause

• Begin again

• Practice for 10 minutes, 3 times a day
SUDS: The Fear Thermometer

100
Highest anxiety/distress that you have ever felt

90
Extremely uncomfortable, have to leave

80
Very uncomfortable, cannot concentrate well, want to escape the situation

70
Quite unpleasant, interfering with performance

60
Moderate distress, feels uncomfortable but can continue to perform

50

30
Mild anxiety, no interference on performance

20
Tiny amount of tension/anxiety

10
Alert and awake, concentrating well

0
Totally relaxed
<table>
<thead>
<tr>
<th>Situation</th>
<th>Subjective Units of Distress</th>
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<tbody>
<tr>
<td>Driving on interstate in morning rush hour</td>
<td>100</td>
</tr>
<tr>
<td>Going to store on weekend afternoons</td>
<td>90</td>
</tr>
<tr>
<td>Driving under overpasses</td>
<td>80</td>
</tr>
<tr>
<td>Stopping at intersections</td>
<td>60</td>
</tr>
<tr>
<td>Driving on interstate mid-day</td>
<td>50</td>
</tr>
<tr>
<td>Going to store on weekday evening</td>
<td>40</td>
</tr>
<tr>
<td>Driving on residential roads</td>
<td>25</td>
</tr>
<tr>
<td>Driving on interstate at midnight</td>
<td>20</td>
</tr>
<tr>
<td>Going to store on weekday at midnight</td>
<td>10</td>
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</table>
Integration - Sessions 5 & 6

Session 5:
• Review flash cards and in vivo exposure
• Assign: Trauma Account #1
• Continue in vivo exposure

Session 6:
• Review Trauma Account #1
• Review in vivo exposure
• Assign: Trauma Account #2
• Continue in vivo exposure
Integration - Sessions 5&6

Trauma Account - (SESSIONS 5 & 6)

• Please begin this assignment as soon as possible. Write a full account of the traumatic event and include as many sensory details (sights, sounds, smells, etc.) as possible. Also include as many of your thoughts and feelings that you recall having during the event. Pick a time and place to write so you have privacy and enough time. Do not stop yourself from feeling your emotions. If you need to stop writing at some point, please draw a line on the paper where you stop. Begin writing again when you can, and continue to write the account even if it takes several occasions.

• Read the whole account to yourself every day until the next session. Allow yourself to feel your feelings. Bring your account to the next session.
Integration- Session 7

- Review Trauma Account #2
- Review in vivo exposure
- Assign: Write letter to self right after trauma occurred
- Continue in vivo exposure
Integration- Session 8

- Review in vivo exposure
- Review letter
- **Assign: Rewrite impact statement**
Letter to Self after Trauma- (SESSION 7)

• Please begin this assignment as soon as possible. Write a letter to yourself for right after the trauma occurred. The content of this letter should include what that person who experienced the trauma needed to hear at that time. This letter should come from a place of clarity and compassion. If other thoughts come up during this assignment, you may write them on another sheet of paper or in your stuck point log.

• Read the letter to yourself every day until the next session. Allow yourself to feel your feelings. Bring your account to the next session.
Integration - Session 9

- Review in vivo exposure & flash cards
- Review impact statement and identify continued hot spots/stuck points and use remainder of sessions to address those areas
  - Safety Issues
  - Trust Issues
  - Power/Control Issues
  - Esteem Issues
  - Intimacy Issues
Integration- Sessions 10-13

Session 10 & 11
• Hot Spot areas specific to client needs

Session 12:
• Hot Spot area specific to client needs
• Assign: Rewrite impact statement. Before this work I believed…. Now I believe….

Session 13:
• Review Final Impact Statement
Sample Revised Impact Statement

“What it means to me that I was raped is that an acquaintance intimidated me and took that which was not freely given. Not only did he take sex but he took my trust in myself, eh took my feeling of control and he shattered my self esteem. I will always hate him for that. But one thing I won’t allow him to take is my determination to get them back...

I believed for a long time that the rape was my fault. I don’t believe that anymore and that is a great relief. I know I was frightened and I did what I felt I had to do to survive. I wouldn’t freely do those things normally. There wasn’t’ any tenderness- it was all violently taken. Coming to that realization has brought about a lot of peace of mind and freedom. I am now able to walk my dog in the evening, whereas before I was afraid to be out after dark. I’ll never be the person I was before and a part of me is sad for that, but now I know that healing is possible.”
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