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Treating eating disorders with high complexity and co-morbidity: The Schema therapy approach

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A considerable proportion of those with eating disorders (EDs) either relapses or fails to respond at all to standard treatments. CBT outcome studies for bulimia nervosa (BN) commonly report drop-out rates of between 20 to 40% and at follow-up typically only half of participants are abstinent. Evidence to support the effectiveness CBT for anorexia nervosa is scant (AN). Many individuals with EDs express denial over the seriousness of their illness and are highly resistant to change due to deep-seated fears of weight gain, thereby interfering with compliance and motivation to change within standard treatment programs. Schema Therapy (ST) is arguably ideally suited to the treatment of eating disorders, particular for those with complexity and co-morbidity. ST is an integrative therapeutic approach developed to address entrenched interpersonal and self-identity difficulties, including personality disorder. This model addresses change not only at an intellectual/cognitive level, but also incorporates techniques which lead to emotional & behavioral change. ST techniques specifically target the rigid belief systems & high levels of avoidance characteristic of eating disorders & other complex problems that frequently interfere with progress in traditional treatments. In this paper we will present the rationale and treatment model for ST for eating disorders and describe preliminary results of recent and ongoing research trials in the field.

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Civil commitment in the treatment of eating disorders: Practical and ethical considerations

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Eating disorders, especially anorexia nervosa and bulimia nervosa, can be life threatening and debilitating syndromes. Usually developed during adolescence and early adulthood there is the potential for disrupting family relationships, academic progress, social development and psychological functioning. As a psychiatric problem, eating disorders, if addressed early can be treated effectively. However, this syndrome can develop a variable course with waxing and waning interference and in some cases become a life-long obstruction. As a consequence of the development of an eating disorder, individuals begin to lose their objectivity regarding their need for intervention and often (as can be seen in anorexia nervosa) there can be a complete denial of the disorder. When this occurs family, significant others, and health care providers may need to consider the use of compulsory treatment to interrupt the destructive course of the disorder. This workshop is intended to focus on how medical complications, a high risk of mortality, and impaired judgment can contribute to treatment refusal which may be a factor leading to a severe and enduring form of an eating disorder. The workshop will present a history of civil commitment and how is has been enacted with eating disorders. Empirical data on use and benefit of civil commitment will be presented to help the reader understand the research impact and provide insight into the patient experience of compulsory treatment. A discussion of the use and misuse of persuasion and coercion will be highlighted with an emphasis on how and when these concepts are applicable. General ethics of civil commitment as well as ethics specific to civil commitment and eating disorders will be reviewed. Focus will be on paternalism versus autonomy and how this is understood and integrated into treatment. As an alternative to civil commitment Psychiatric Advanced Directives will be presented in the context of eating disorder treatment. This will address what psychiatric advanced directives are, how they work and the potential role they have in treatment with special emphasis on severe and enduring eating disorders

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