

From Surface-Level Recovery to Deep Healing

Navigating Both the Eating Disorder and the Trauma

Eating disorders rarely exist in isolation. This article explores the complex relationship between eating disorders and trauma, offering guidance for healthcare providers working with these interconnected conditions.

The Connection Between Trauma and Eating Disorders (ED)

Studies have consistently shown that multiple forms of trauma are associated with the development of eating disorders. Sexual trauma, emotional abuse, and physical neglect are particularly significant predictors of disordered eating. Understanding this connection is crucial for providing effective treatment.

Key Principles for Treatment

Early Identification

Complex cases should be detected early and matched with appropriate high-intensity interventions. During initial assessments, clinicians should:

- Assess for trauma in a way that is thorough but without asking leading questions
- Be familiar with common co-occurring presentations
- Remember they are treating a whole person, not just an eating disorder
- Communicate the significance of trauma without overwhelming the client
- Communicate confidence to the client. Convey to clients that while their trauma may be significant, they are not too complex for treatment or for recovery

Treatment Approach

When working with clients who have both eating disorders and trauma, consider these guidelines:

1. Collaborative Decision-Making

- Include patients in choosing evidence-based treatment frameworks
- Be transparent about benefits and limitations of different approaches, being careful not to 'oversell' the effectiveness of any one approach
- Recognise that client buy-in significantly impacts treatment success

2. Balanced Integration

- Early on address both immediate eating disorder behaviours and underlying trauma
- Consider whether to alternate sessions between ED-focused work and trauma psychoeducation and coping skills, or integrate the two
- Alternate between approaches based on client needs and stability
- Delegate different aspects to appropriate specialists when possible



3. Trauma-Informed Care

- Prioritise the clients emotional safety as well as their physical
- Build trust through transparency
- Offer choices and collaborate with clients
- Empower clients in their recovery journey
- Respect diversity in all its forms
- Integrate peer support when appropriate
- Respect the clients right to make choices that may seem unhelpful without penalty or withdrawal of warmth or care

Practical Strategies

Assessment Considerations

- What is the client's current state of change regarding both their eating disorder and trauma?
- Are there immediate medical risks that need addressing?
- What issues most affect the client's quality of life?
- What previous treatment approaches have been tried?

Treatment Planning

- Identify high-risk ED behaviours early
- Begin psychoeducation about both trauma and disordered eating
- Explore underlying issues as they relate to ED development
- Build rapport through understanding the client's unique experience
- Consider whether starvation symptoms might impact therapy engagement

Risk Management

- Assess for immediate medical risks from ED behaviours
- Monitor trauma symptoms that might lead to dangerous coping mechanisms
- Develop safety plans that address both ED and trauma-related risks
- Maintain regular communication with the treatment team

Conclusion

Successfully treating co-occurring eating disorders and trauma requires a nuanced, individualised approach. There's no one-size-fits-all solution, but by maintaining a trauma-informed perspective while addressing eating disorder behaviours, clinicians can help clients work toward comprehensive healing. Remember that full recovery from eating disorders often requires expressly addressing trauma symptoms, making integrated treatment essential for long-term success.

