Harm Reduction for Adults with Harmful Eating and Body Control Behaviours

OVERVIEW of Harm Reduction and Eating Disorders

A Series of Information Resources and Guides for Clinicians

Support all people experiencing eating disorders, their families and supports to address personal safety with dignity & compassion

Eating Disorders involve a range of behaviours that may put the person at risk of physical harm. Persistent, prolonged, or escalating disordered eating behaviours may result in malnutrition, electrolyte disturbance and organ damage that put people at risk of medical instability requiring acute, inpatient medical rescue, chronic health consequences and early death.

Key Features & Considerations

- Physical and nutritional rehabilitation are generally accepted as central aspects of physical and mental recovery for people experiencing an eating disorder
- However, the degree to which these aspects of wellbeing can be addressed varies between people and over time.
- Harm reduction is routinely used to address harms related to substance use, however there is limited guidance about the application of harm reduction approaches to reduce risk of physical harm from disordered eating behaviours.

Clinicians are called to consider how harm reduction approaches fit alongside:

- Supporting improved treatment outcomes via early intervention and early behaviour change
- Supporting nutritional and physical restoration for recovery
- The challenge of neuroprogression and interpersonal perpetuating factors to recovery
- Limited evidence for the effective treatment of severe and enduring eating disorders
- Challenges related to autonomy and decision making

CEED's Harm Reduction Resource Series is designed to support clinicians to empower adults experiencing eating disorders to enhance physical safety, and improve wellbeing and quality of life. Behaviours include:

Eating & Drinking Behaviours
- Dietary restriction
- Binge Eating
- Fluid restriction
- Excess fluid intake

Purging Behaviours
- Self-induced vomiting (physical or substance induced)
- Laxative use

Physical Activity
- Excessive or compulsive physical activity
- Compulsive incidental activity

Substance Use
- Psychoactive substances
- Appearance & performance enhancing
- Appetite suppressants & stimulants

Definitions

Harm reduction approaches (Marlatt, 1996) invite people to reduce the negative effects of behaviours and take steps toward improved safety and greater self-care whilst keeping opportunities for further healing and recovery open.

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▶ Harm reduction approaches keep the door open to recovery.

- Harm reduction can support meaningful engagement in self-care and professional support
- Harm reduction invites the examination of values, aspirations and wishes, enhanced health, and improved quality of life
- Harm reduction provides opportunities to safely experiment with small changes that can increase suitability for more intensive treatment options (Geller et al., 2012)
- Harm reduction actions could save someone's life

A "Back Door" approach to treatment and recovery

"Paradoxically, in helping clients build a more meaningful life for themselves with their ED, they often choose, over time, to decrease its impact in their lives on their terms.
We describe this as a 'back door approach to recovery '"
(Geller et al., 2012).

▶ Harm reduction approaches do not stand alone

Follow general principles and clinical practice standards | Utilise an evidence-based practice framework | Practice trauma-informed care | Offer the most appropriate intervention in the most appropriate setting tailored to the needs of the individual (see NICE Guidelines and Treatment Setting Decision Matrix).

Use harm reduction approaches as an adjunct to evidence-based QoL and readiness interventions for eating disorders where **motivation to change is low and harmful behaviours are present**.

Use harm reduction approaches as an adjunct to evidence-based behaviour change treatments for eating disorders where **motivation to change is moderate to high however harmful behaviours are yet to completely cease**.

▶ Harm reduction approaches consider the function of behaviours

- Eating disorder behaviours help the person to cope.
- Benefits to coping must be thoughtfully considered to understand the balance between harms and benefits that support basic motivation for change.
- **Ego syntonic behaviours** are actions and behaviours that correlate with the goals of the eating disorder.
- These can provide powerful reinforcement such as gaining a sense of control, achievement & success.
- Moving against this cycle can be extremely challenging, and behaviour change can feel aversive.
- **Ego dystonic behaviours** are actions and behaviours that the person may detest but feel unable to stop due their strong compulsive nature (i.e., binge/purge). People may feel distressed, helpless and ashamed.
- **Help the person understand these dynamics and validate the challenge of change.**

▶ The 6 key principles of Harm Reduction in healthcare settings (Hawk et al., 2017)

Humanism
Providers value, care for, respect, and dignify patients as individuals

Pragmatism
None of us will ever achieve perfect health behaviours

Individualism
Every person presents with their own needs and strengths

Autonomy
Individuals ultimately make their own choices about health behaviour

Incrementalism
Any positive change is a step toward improved health, plan for lapses

Accountability w/o Termination
Providers help indiviuals understand that the consequences of harmful health behaviours are their own