THE VICTORIAN CENTRE OF EXCELLENCE IN EATING DISORDERS

Harm Reduction Principles for Individuals with Eating Disorders

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Acknowledgement of Country

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Webinar Outline

What is Harm Reduction?

When to use Harm Reduction Strategies

General Guidelines

Further Considerations

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WHAT IS HARM REDUCTION?

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Definitions:

*"Harm reduction approaches 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."*

"Harm reduction does not remove a person's primary coping mechanisms until others are in place"

(Marlatt, 1996)

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Definitions:

*"By adopting a comprehensive response to lifestyle problems that includes sub-stance use, sexual practices, exercise, nutrition, and other personal and interpersonal habits (both helpful and harmful), harm reduction can offer an attractive, low-thresh-old gateway to welcome anyone who is willing to "**come as they are.**"*

(Marlatt, 1996)

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Risk Management	Harm Reduction
• A process to establish, implement and review policies/processes/ checklists/actions in place to address risk	• Empowering and individual to take responsibility for their safety, with support of the care team

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Rationale: A challenge that services face

Physical and nutritional rehabilitation are generally accepted as central aspects of physical and mental recovery for people experiencing an eating disorder

However…

A substantial proportion of individuals who engage in risky or harmful eating behaviours are engaged in mental health services are not ready or do not feel able to embark on physical and nutritional rehabilitation

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Rationale

Harm reduction is routinely used to address harms related to substance use

Supports meaningful engagement in self-care and professional support

Invites the examination of values, aspirations and wishes, enhanced health, and improved quality of life

Provides opportunities to safely experiment with small changes that can increase suitability for more intensive treatment options

Harm reduction actions could save someone's life

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6 key principles

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 individuals understand that the consequences of harmful health behaviours are their own*

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WHEN TO USE HARM REDUCTION STRATEGIES

(Hint: at all stages!)

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A note on Severe and Enduring Eating Disorders and Harm Reduction

- Poor physical and psychiatric health from severity and duration of ED
- Significant impact on psychosocial functioning, and relationships with families and loved ones
- Sense of failure from poor treatment outcomes
- Clinicians aiming for full recovery can be a mismatch with the individual's goals, and can actually reinforce a lack of hope
- However, many people with a Severe and Enduring ED are motivated to improve their QoL, and are capable of making small changes to improve wellbeing

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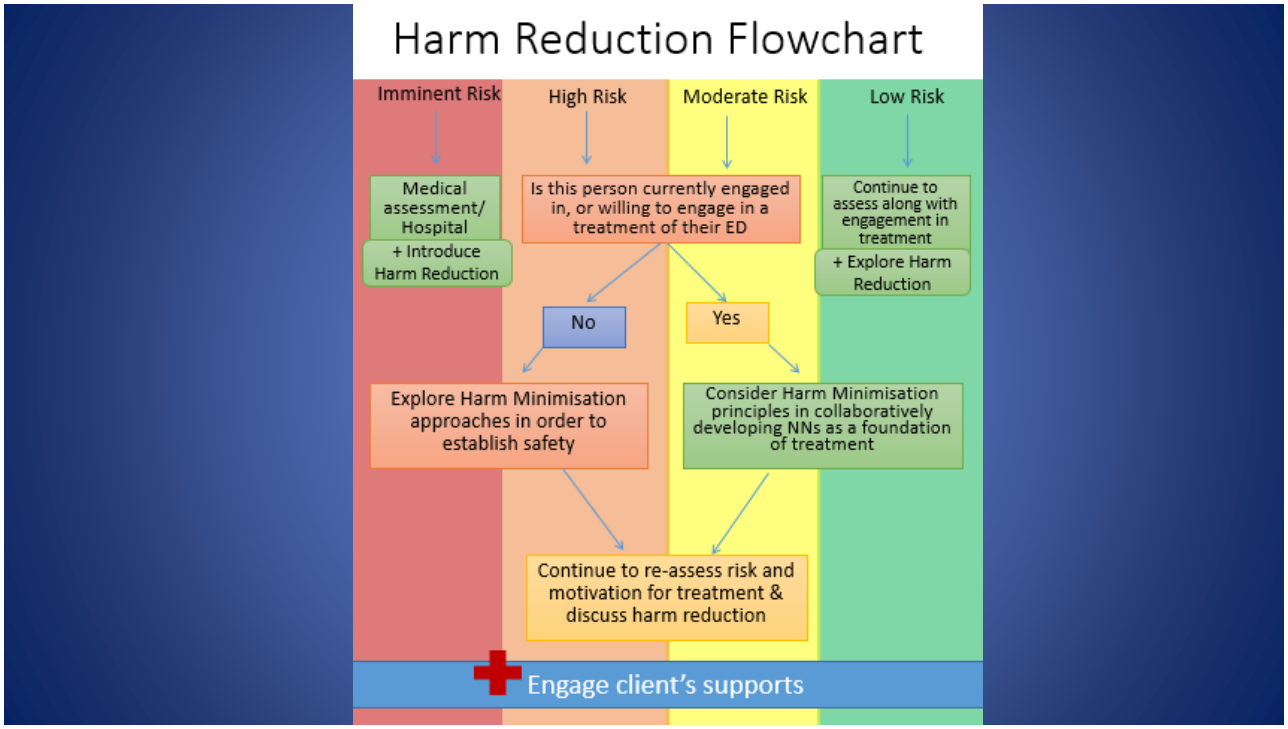

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How does Harm Reduction fit in with evidence-based interventions?

- 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**.

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Harm Reduction approaches consider the function of the behaviour

- **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.
- **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.
- **A harm reduction approach will help the person understand these dynamics and validate the challenge of change.**

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GENERAL GUIDELINES

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Checklist

General Risk Management

- Assess Disordered Eating Behaviour, Understand the features of the behaviour
  - Frequency, typical patterns etc.
- Identify level of risk and appropriate immediate response (if necessary)
- If Initial Assessment: Establish care team
- In Subsequent Sessions: Communicate with Care Team
- If Initial Assessment: Identify parameters for step-up and step-down in treatment
- In Subsequent Sessions: Revise parameters for step-up and step-down in treatment
- Seek to understand the function of the behaviour
- Agree with the client on appropriate strategies to reduce harm for the individual

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Assess Disordered Eating Behaviour

- Identify Behaviours
- Frequency of Behaviours
- Severity of behaviour
- Patterns of behaviour, how behaviours occur separately and together

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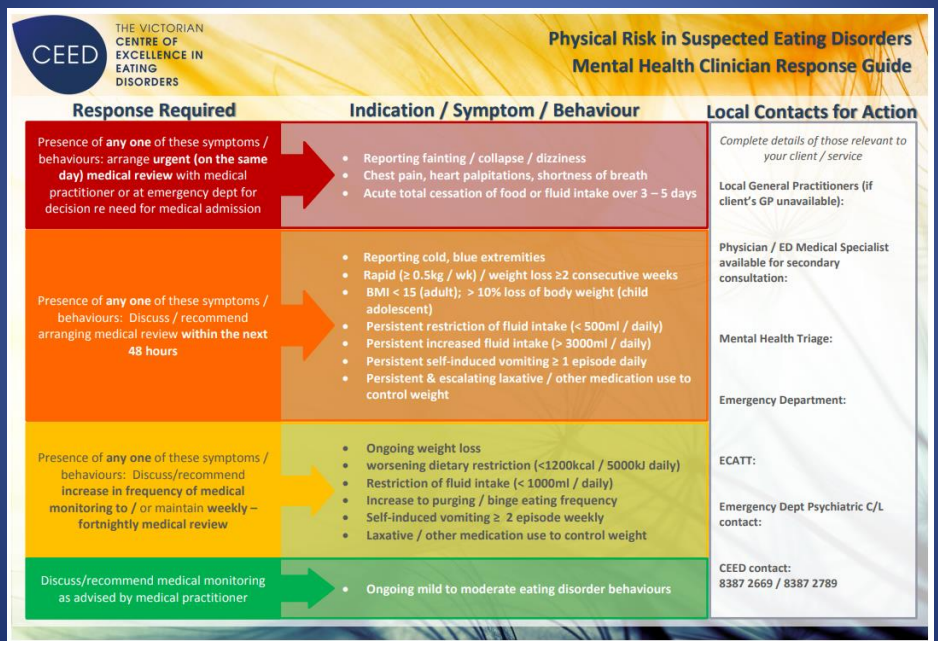
Identify Level of Risk



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Establish Care Team

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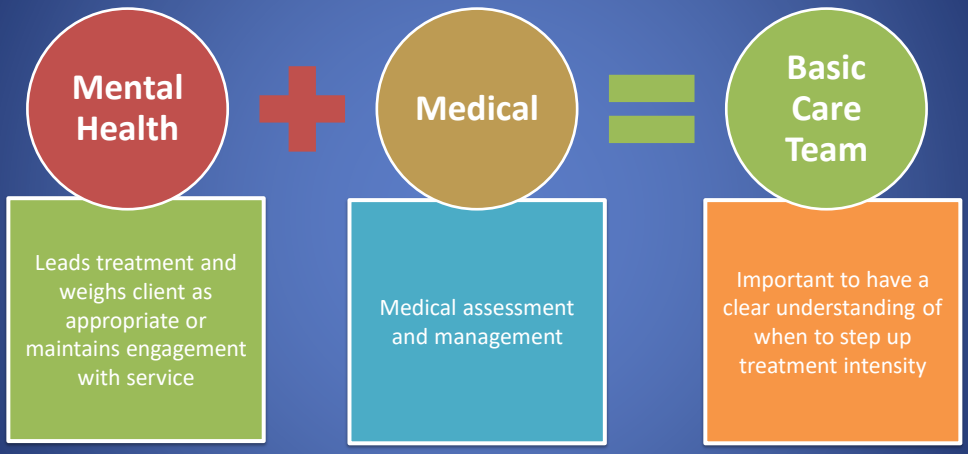

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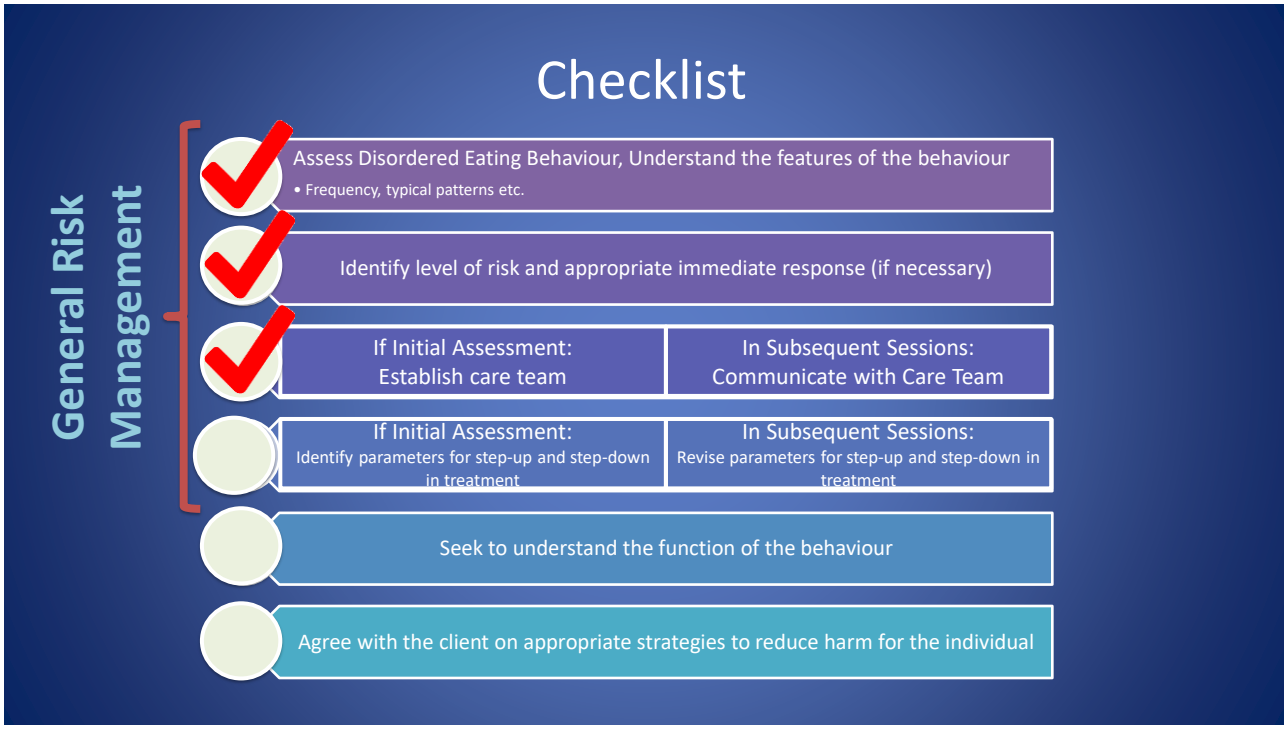
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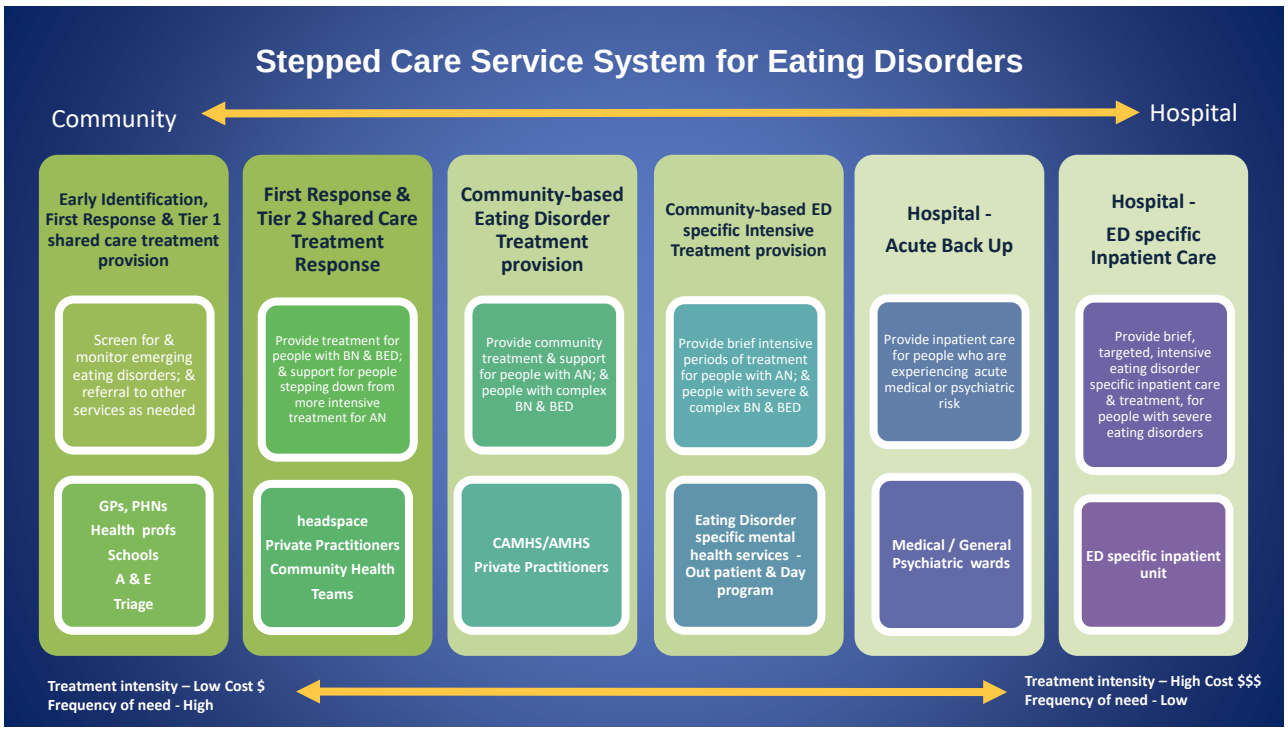
Stepped Care Service System for Eating Disorders
Community
Hospital
Early Identification, First Response & Tier 1 shared care treatment provision
Screen for & monitor emerging eating disorders; & referral to other services as needed
GPs, PHNs
Health profs
Schools
A & E
Triage
First Response & Tier 2 Shared Care Treatment Response
Provide treatment for people with BN & BED; & support for people stepping down from more intensive treatment for AN
headspace
Private Practitioners
Community Health Teams
Community-based Eating Disorder Treatment provision
Provide community treatment & support for people with AN; & people with complex BN & BED
CAMHS/AMHS
Private Practitioners
Community-based ED specific Intensive Treatment provision
Provide brief intensive periods of treatment for people with AN; & people with severe & complex BN & BED
Eating Disorder specific mental health services - Out patient & Day program
Hospital - Acute Back Up
Provide inpatient care for people who are experiencing acute medical or psychiatric risk
Medical / General Psychiatric wards
Hospital - ED specific Inpatient Care
Provide brief, targeted, intensive eating disorder specific inpatient care & treatment, for people with severe eating disorders
ED specific inpatient unit
Treatment intensity – Low Cost $
Frequency of need - High
Treatment intensity – High Cost $$$
Frequency of need - Low

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Understand the function of behaviour

- Why is someone doing what they are doing?
- Show empathy and understanding of the person's experience.
- Provides a safe, non-judgemental environment

- Builds a foundation for exploring safer alternatives for an individual
- In line with the principle of Individualism: Everyone has their own needs and strengths

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Empower the individual to consider what they may need to increase and maintain their own safety

Explore motivation for safety (rather than recovery)

Engage supports to assist in maintaining safety

Think pragmatically about what is needed, and what can be done

Allow the individual to have agency in the safety decisions that we make

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Support the person to reduce harms:

Make a plan

- Know when to stop: e.g. feeling dizzy, abdominal pain
- Know when to go to hospital: e.g. fainting, difficulty walking, and palpitations, and make sure others in the persons network of support know this too
- Regular medical reviews, blood tests and ECGs

Reduce risk of dehydration and malnutrition:

- Replenish fluid intake, (electrolyte drinks/Gatorade chocolate milk, pho for hydration)
- Continue meal/eating plan despite purging

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Reducing harms by increasing coping

Build in other coping skills

- Psychoeducation & addressing binge/purge cycle. Ineffectiveness of purging
- Offer post meal support: sit with the person
- Distraction/ relaxation techniques to manage urges to induce vomiting

Reduce impact on medication absorption:

- Take prescribed medications or nutritional supplements when least likely to purge (i.e. at night time before bed) to avoid purging medications.

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FURTHER CONSIDERATIONS

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How might harm reduction fit with:

- 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

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THANK YOU!!

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