Eating disorders

Health & Medicine, Disease

A MentalHealthdiagnosis that I would like to focus on for this paper is the eating disorder of Anorexia Nervosa. Eating Disordersbecame a recognized topic of subject due to health difficulties that later caused many people to die in America.

According to Ekern (2017) Eating disorder is an illness that is characterized by irregular eating habits and serve distress or concern about body, weight or shape (Ekern, 2017). When dealing with an eating disorder, it can involve lacking or having very smallfoodintake which can eventually harm a person's health.

The most well-known types of dietary issues incorporate Anorexia Nervosa, Bulimia Nervosa, and binging. The topic of discussion for this paper is Anorexia nervosa (also known as Anorexia). According to Attia and Walsh (2007), Anorexia nervosa has been recognized for centuries. Sir William Gull coined the term anorexia nervosa in 1873, but Richard Morton likely offered the first medical description of the condition in 1689.

Despite its long-standing recognition, remarkably little is known about the etiology of, and effective treatment for, anorexia nervosa. Prevalence rates for anorexia nervosa are generally described as ranging from 0. 5% to 1. 0% among females, with males being affected about one-tenth as frequently (Attia and Walsh, 2007).

According to the site National Eating Disorders (2018), Anorexia nervosa is an eating disorder characterized by weight loss (or lack of appropriate weight gain in growing children); difficulties maintaining an appropriate body

weight for height, age, and stature; and, in many individuals, distorted body image.

People with anorexia generally restrict the number of calories and the types of food they eat. Some people with the disorder also exercise compulsively, purge via vomiting and laxatives, and/or binge eat (National Eating Disorders, 2018). I believethat when a person is heavily bothered by making sure he or she meets their specific ideal weight, he or she will do whatever it takes to have that ideal weight for whatever desires they may want to have it for.

According to Attia and Walsh (2007), Anorexia nervosa commonly begins during middle to late adolescence, although onsets in both prepubertal children and older adults have been described. Anorexia nervosa has a mortality rate as high as that seen in any psychiatric illness and is associated with physiological alterations in virtually every organ system, although routine laboratory test results are often normal and physical examination may reveal only marked thinness (Attia ; Walsh, 2007).

I've even seen people who would not even appear as though they are fat and will end up suffering from Anorexia nervosa. This is one of the reasons why a person should not judge someone even if he or she may be thin. If a person believes that they are truly fat, then that individual may have a higher risk of suffering from this Mental Health diagnosis.

According to Attia and Walsh (2007), DSM-IV describes two subtypes of anorexia nervosa—the restricting subtype, consisting of those individuals

whose eating behavior is characterized by restriction of type and quantity of food without binge eating or purging behaviors, and the binge-purge subtype, consisting of those who also exhibit binge eating and/or purging behaviors, such as vomiting or misuse of laxatives (Attia and Walsh, 2007).

Having a loved one, patient, or client who is battling with this eating disorder must know that eventually that person will need to seek help in the future. There are many cases where there is a friend, family, or counselor whom is concerned about someone's well-being. This is where they will have to have an intervention and/or treatment group for that person.

There are many behavioral counseling and therapy sessions such as support groups, psychoeducation therapy, cognitive therapy, andeducationon nutrition for clients whom are battling with Anorexia nervosa. According to Attia and Walsh (2007), The course of anorexia nervosa is highly variable, with individual outcomes ranging from full recovery to a chronic and severe psychosocial disability accompanied by physical complications and death.

Intervention early in the course of illness and full weight restoration appear to be associated with the best outcomes (Attia and Walsh, 2007). According to Attia and Walsh (2007), Adolescent patients have a better prognosis than do adults. One-year relapse rates after initial weight restoration approach 50%.

Intermediate and long-term follow-up studies examining clinical samples find that while a significant fraction of patients achieve full psychological and physical recovery, at least 20% continue to meet full criteria for anorexia

nervosa on follow-up assessment, with many others reporting significant residual eating disorder symptoms, even if they do not meet full criteria for anorexia nervosa (Attia and Walsh, 2007).

Treatment for Anorexia NervosaIndividuals who suffer from Anorexia nervosa often need guidance, treatment and support from others to get through their mental illness. However, some individuals may feel as though there is no one there to help them during their time of need. A person suffering from this disorder may often hide what he or she may experience on a daily basis from fear of embarrassment or judgement from others.

According to Knapp (2017) Eating disorders are multidimensional disorders that impact physical, mental, social, and spiritual aspects of a person's life. As a result, people often require several types of interventions in order to recover (Knapp, 2017). This section will explore how a social worker will form a treatment group with someone who may suffer from Anorexia nervosa.

According to Sequential Stage Theory, the social worker will use 5 different stages known as the Forming, Storming, Norming, Performing and Adjourning. These stages move group members from an immature state to a more mature state. This will be a Closed- Group due to the hypersensitive diagnosis of Anorexia Nervosa meaning that this is a group not meant for just anyone to come into.

In the first stage, the social worker will work on Forming the Treatment Group. The social worker will work on setting the structure of the group i. e. what to keep inside the group. The social worker will understand that she is

working with someone who suffers from a Mental Health Diagnosis of Anorexia Nervosa, so this means that rules will be discussed in this stage.

Acceptance of the group members is being built in this stage. Each group member will introduce themselves and begin to build relationships. The second stage is known as the Storming stage. This stage is also known as the testing stage in which the group members are getting a feel of what to expect. Some members will be dominating and/or controlling where as other members may not be as talkative.

As learned from documents in the class, the group members will have to bend and mold their feelings, ideas, attitudes, and beliefs to suit the group. The third stage is called the Norming stage. As learned from documents presented in this class, in order to move to the next stage, the group members will have to change their mentality from a testing mentality into a problem-solving mentality for treatment.

The group members will begin to understand the norms of the group and will actually begin to work on ways to reach theirgoals. The group members must now understand in this stage that treatment will be needed to reach their goal of not suffering from Anorexia nervosa any longer. They must be willing to accept that they will no longer suffer from thoughts of worthlessness, anxietyordepression. The fourth stage is called the Performing stage.

This is the stage that the group members will focus majorly on obtaining treatment that will aid them in reaching their overall goal. Evidence- Based Treatments for Eating Disorders, in general, include: Cognitive Behavioral

Therapy (CBT), Dialectical Behavioral Therapy (DBT), Interpersonal Therapy (IPT), Family Based Treatment (FBT), Psychopharmacology (Medicine).

Even though Anorexia nervosa is known as a serious illness, Therapy is a treatment that can help an individual through Anorexia nervosa. According to Knapp (2017), a clinical social worker often will provide psychotherapy while acting as a bridge to connect you to additional resources for a medical evaluation and nutritional assessment/counseling, both of which are also critical arenas for intervention (Knapp, 2017). According to Attia and Walsh (2007), Effective treatments generally assess outcome by weight and behavioral change.

Nonspecific support needs to be paired with expectation of progress in measurable medical, behavioral, and psychological symptoms. Weight restoration is generally associated with improvement in a variety of psychological areas, including mood and anxiety symptoms (Attia and Walsh, 2007).

According to Attia and Walsh (2007), In contrast, psychological improvement without accompanying changes in weight and eating behavior is of limited value. Patients and families should be informed about the physiology of weight gain, including the substantial number of calories required daily (Attia and Walsh, 2007). According to Attia and Walsh (2007), A family-based outpatient treatment for anorexia nervosa, also called the " Maudsley method," may be helpful for younger patients.

This approach empowers the parents of a patient with anorexia nervosa to refeed their child, renegotiate the relationship between child and parents to involve issues other than food, and help their child resume normal adolescent development without an eating disorder. Several preliminary studies have shown promising results for family therapy with adolescent patients (Attia and Walsh, 2007).

There are multiple options of Outpatient Services when it comes to an individual understanding what may work for them to obtain the best treatment plan as a way to get better. According to Knapp (2017), Psychotherapy can be in an individual, couples, family, and/or group format. Many individuals who are seen as an outpatient may require more than one kind of therapy (Knapp, 2017).

Knapp used an example of a student who is in college who is away from home who may attend an individual/ group Psychotherapy session weekly and then also need to have a family Psychotherapy session intermittently. The social worker also may make a referral for the client to see their primary physician or a referreddoctormay evaluate his or her health status and provide treatments, in which they can often provide medical evaluation and follow-up care.

A social worker can also make a referral to a registered dietician who can provide nutrition assessment and counseling. This is extremely essential if the person needs help learning or remembering what normal eating is. Furthermore, if necessary, a social worker can make a referral for the client to have Psychiatric evaluation/follow-up.

It is necessary for some individuals with eating disorders, especially for those who also struggle with depression and anxiety. Antidepressant medications, especially SSRIs (Selective Serotonin Reuptake Inhibitors), are often prescribed to treat depression and possibly to reduce cravings.

If the social worker may find it fitting for their client to be a part of Psychoeducational activities which include specific skills training, such as relaxation or assertiveness training, then the social worker can make a referral for his or her client. They can also include recommended readings about eating disorders and recovery.

A social worker may also feel that it is beneficial for their client to attend Self-Help Groups. Self- Help Groups, for example, 12 Stage programs can offer help and a theory of recuperation. A social worker may find it beneficial to refer their client to Intensive outpatient programs (likewise some of the time called incomplete hospitalization) are typically entire day or night programs that incorporate eating suppers with different residents alongside psychotherapy.

If the client is at a stage to where he/she may get medically worse from their sickness, then the social worker should make a referral for the client to go to a Hospital facility which can incorporate inpatient or potentially/private care specialized in eating disorders.

Furthermore, Hospitalization is vital for the client if he/she is: At the point when a dietary issue has gotten to a state of causing a restoratively perilous condition, when it is related with genuine mental issues, for example,

suicidal ideation, when it has prompted genuine self-damage, or when the power of the confusion does not react to outpatient treatment alone.

It is important to be persistent in seeking treatment for an eating disorder, such as Anorexia nervosa. Factors such as generalstresslevel, other emotional issues, the intensity of the treatment chosen, and readiness for recovery can make a difference in whether a particular course of treatment is successful.

There is also a National Helpline sponsored through the National Eating Disorders Association for clients to talk with someone if need be and the hotline number is 1(800)931-2237. On the website for National Eating Disorders Association, there is also a list of other support resources for the client and/ or his or her family. The final stage is known as the Adjourning stage.

This stage is also known as the termination stage. This stage is looked at as being the stage that the group members feel a sense of accomplishment and treatment has given. During the final stage, group members will learn to say good bye to one another as a form of ending their relationship.

This may also induce feelings of stress and/or anxiety. During this stage, the social worker will also discuss with the group member his or her progression. The social worker should encourage the group member to continue with the progress he or she has made. If needed, the social worker should refer the group member to additional services that may be beneficial to other issues

that he or she may face following termination. It is vital for the social worker to follow-up with the group member once services are terminated.

Follow-up can help the group member from relapsing or even coming back for services. However, the social worker should give the group member the phone number to the agency in case services may be needed again. Conclusively, there are more people than we will ever know who may suffer from the Eating Disorder of Anoerxia Nervosa.

As a social worker working with this population, it is important to understand exactly the signs of someone who suffers from it and ways to treat this particular population in focus. A social worker who conducts a Treatment Group should us the Sequential Stage Theory which is using the five different stages of Forming, Storming, Norming, Performing and Adjourning in order to treat the client.