

Case study: adolescent issues and interventions



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The purpose of this paper is to discuss eating disorders in adolescents and proposed interventions used to treat the disorders. This paper will examine five articles focusing on the study of eating disorders in male and female adolescents. Eating disorders such as compulsive overeating, binge eating disorder, anorexia nervosa or bulimia nervosa can cause dramatic weight fluctuation and may interfere with their daily activities. Studies have shown that female adolescent going through puberty are concerned about their identity and how they look to others.

Eating disorders are a group of conditions characterized by abnormal eating habits that may involve either insufficient or excessive food intake to the detriment of an individual's physical and emotional health. There are several eating disorders linked with adolescent issues; binge eating disorder, bulimia nervosa, and anorexia nervosa as being the most common. Though primarily thought of as affecting females, eating disorders affect males as well

http://en.wikipedia.org/wiki/Eating_disorder.

The causes of eating disorders are complex and poorly understood, though it is clear that they are often associated with other conditions and social situations; for example, one study found that girls with ADHD are many times more likely to develop certain eating disorders and another found that women raised in foster care are many times more likely to develop bulimia nervosa. It is generally thought that peer pressure and idealized body-types seen in the media are also a significant factor

http://en.wikipedia.org/wiki/Eating_disorder.

Many of the eating disorders can be treated properly; however, the consequences of eating disorders can be severe, and could possibly be life threatening. Treatments for eating disorders usually involve psychotherapy, nutrition education, family counseling, medications and hospitalization <http://www.mayoclinic.com/health/eating-disorders/DS00294>. Most adolescents do not understand the severe consequences associated with the eating disorders. According to Berk, 2010, severe dieting is the strongest predictor of the onset of an eating disorder in adolescence and the two most serious are anorexia nervosa and bulimia nervosa. With anorexia nervosa, young people starve themselves and have extremely distorted body images. They appear very malnourished and weak. Bulimia nervosa is when young people, mainly girls, engage in strict dieting and excessive exercise accompanied by binge eating, often followed by deliberate vomiting and purging with laxatives. Bulimics usually feel depressed and guilty about their weight and abnormal eating habits and wants help badly. With both eating disorders pathological anxiety about gaining weight exist (Berk, 2010).

Oftentimes, parents and relatives of these individuals who suffer from the eating disorder are not aware of the disease. However, there are social warning signs which may include isolation or withdrawal from friends and family because of excess work or preoccupation with exercise, avoidance of social or recreational activities due to a compulsive need to maintain exercise and dieting schedules, and a desire to hide one's compulsive behaviors from family and friends (Berk, 2010).

Research shows that nearly 10% of adolescent girls experience threshold or subthreshold anorexia nervosa, bulimia nervosa, or binge eating disorder. <https://assignbuster.com/case-study-adolescent-issues-and-interventions/>

These eating disorders are marked by functional impairment; medical complications; mental health service utilization; and increase risk for future obesity, depression, suicide, anxiety disorders, substance abuse, and health problems (Stice, Rohde, Gau, & Shaw, 2009). However, the female-to-male ratio of eating disorder diagnoses in non-clinical populations has been estimated at 10: 1. Even though a convergence in eating disorders prevalence is being seen between sexes, a sex difference still exists. This can be attributed to environmental and genetic factors including sociocultural pressures to be thin in females and reproductive hormones (Baker, Maes, Aggen, Lissner, & Lichtenstein, 2009).

Psychological treatment of eating disorders is an important component to helping adolescents overcome this illness. According to Wilson, Grilo, & Vitousek, 2007, significant progress has been made in the development and evaluation of evidence-based psychological treatments for eating disorders over the past 25 years. Cognitive behavioral therapy is currently the treatment of choice for bulimia nervosa and binge-eating disorder and the use of family therapy has been found to support adolescents with anorexia nervosa.

Other studies have suggested that morningness-eveningness and eating disorders in adolescent girls are associated with each other. However, it is important to note that the morningness-eveningness preference changes over the lifespan of children (Schmidt & Randler, 2010). This concept distinguishes between children who are morning oriented and children who are evening oriented. Data has been presented showing that activity during the evening is linked with eating disorders because girls scoring high on <https://assignbuster.com/case-study-adolescent-issues-and-interventions/>

eveningness or having later bedtimes scored high in body dissatisfaction and in drive for thinness (Schmidt & Randler, 2010).

According to Stice, Nathan, & Spoor, 2008, eating disorders are followed by medical complications, functional impairment, and mortality. It was also noted that even subthreshold eating pathology produces impairment, distress, and increased risk for future onset of obesity, depression, substance abuse, health problems, and mortality. The use of Dissonance-based therapy has proven to be very effective in treating both anorexia nervosa and bulimia disorders. A study was performed by Karen S. Mitchell involving 93 females. The therapy involved group discussions that focused on topics like the negative consequences of the “thin-ideal” and media images of women. At the end of the study, the women showed improvements in measures of body image, unhealthy eating and weight-control habits, and anxiety. In conclusion, dissonance therapy can aid eating disorders [http://www. reuters. com/article/idUSPAR28255420070302](http://www.reuters.com/article/idUSPAR28255420070302).

Early intervention is vital to the prevention and recovery of eating disorders. The prognosis is very good for childhood and adolescent eating disorders if they are treated soon. However, if these disorders are not treated, they may become chronic conditions with harmful physical, emotional, and behavioral consequences (Berk, 2010). Other proposed interventions that could be used to reduce the risk of developing an eating disorder with an adolescent who is still experimenting with food reduction are: launch a Eating Disorder Prevention Program at middle and high schools, train school counselors and teachers on ways to identify at risk students for eating disorders, and educate parents on symptoms, risk factors and warning signs of eating <https://assignbuster.com/case-study-adolescent-issues-and-interventions/>

disorders. With the onset of recognizing the disorder, the individual can be referred to a psychologist for counseling. Dissonance intervention, in which adolescent girls with body image concerns can engage in verbal, written, and behavioral exercise in which they can critique the ideal of being thin. These activities can produce psychological discomfort that motivates individuals to reduce the ideal of being thin, which decreases body dissatisfaction, dieting attempts, negative affect, and eating disorder symptoms. A health weight intervention program is another intervention that promotes lasting healthy improvements to dietary intake and exercise as a way of improving body satisfaction (Stice, Rohde, Gau, & Shaw, 2009).