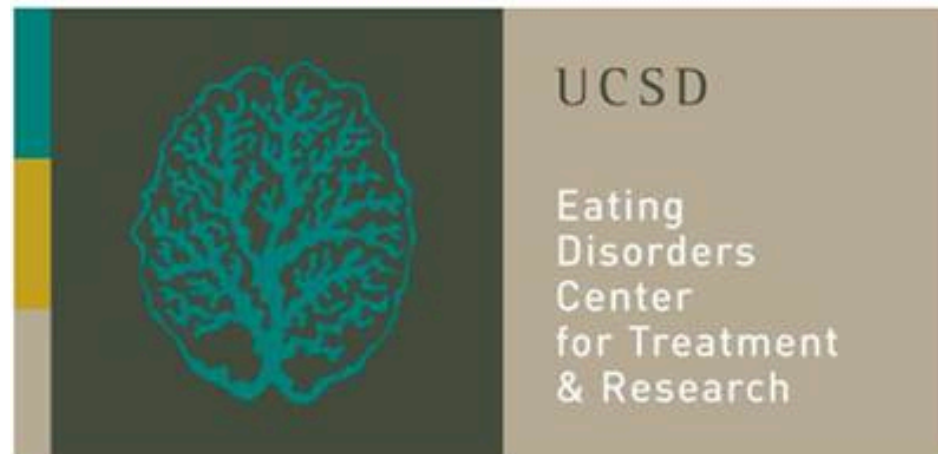


Temperament-Based Treatment

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Overview: From the Scanner to the Session

Translating neuroscience into clinical practice

- Clinical interventions targeting:
 - Alterations in reward processing
 - Heightened anticipation
 - Interoceptive processing



5-day Intensive Treatment Programs

Intensive Family Treatment

“Five day intensive treatment program for adolescents with eating disorders and their families.”

- 📌 Live meal coaching
- 📌 Behavioral contracting
- 📌 Skills training
- 📌 45-50 hours of treatment!

UCSD: adolescents and young adults

CBL: adults of all ages

5-Day Treatment for Eating Disorders

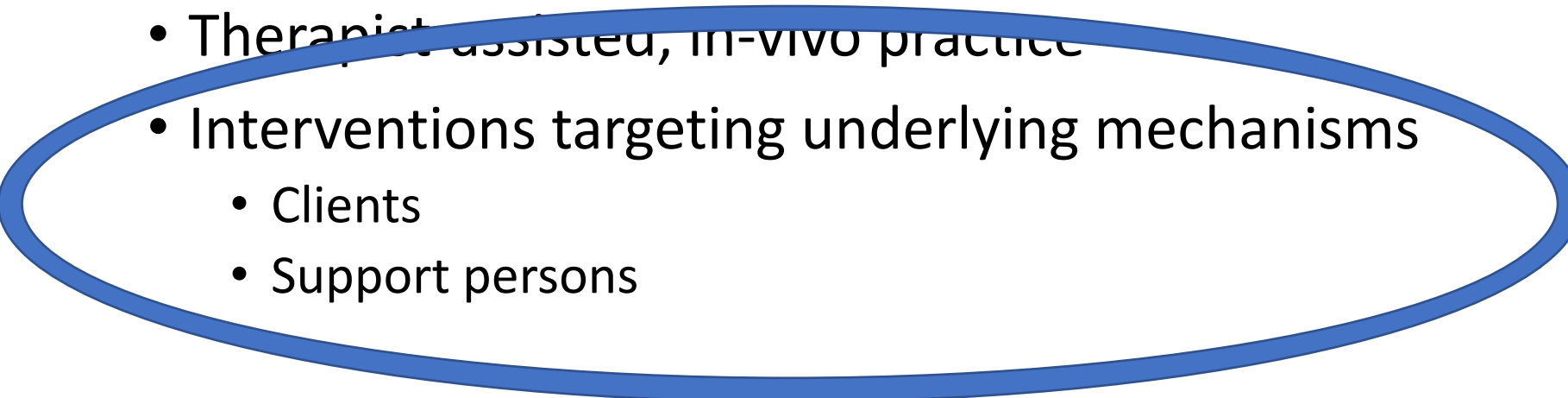


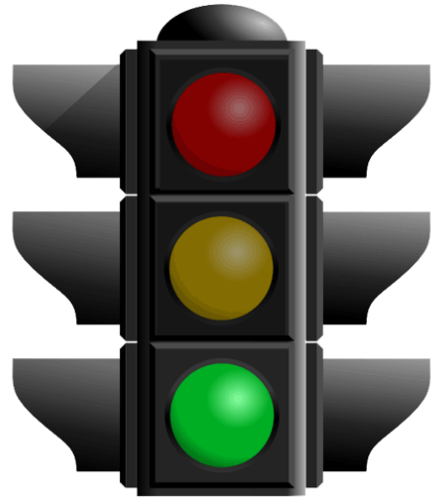
What clients/families are saying after attending the 5-Day Program:

“The quality of care and personal attention to detail is unparalleled to any other treatment facility.”

Neurobiologically-based treatment for individuals ages 16+ who have identified traits and eating disorder symptoms
Family/supports attend entire week with client

Intensive Treatment Components

- Brain-based psychoeducation
 - Involvement of support persons
 - Therapist-assisted, in-vivo practice
 - Interventions targeting underlying mechanisms
 - Clients
 - Support persons
- 

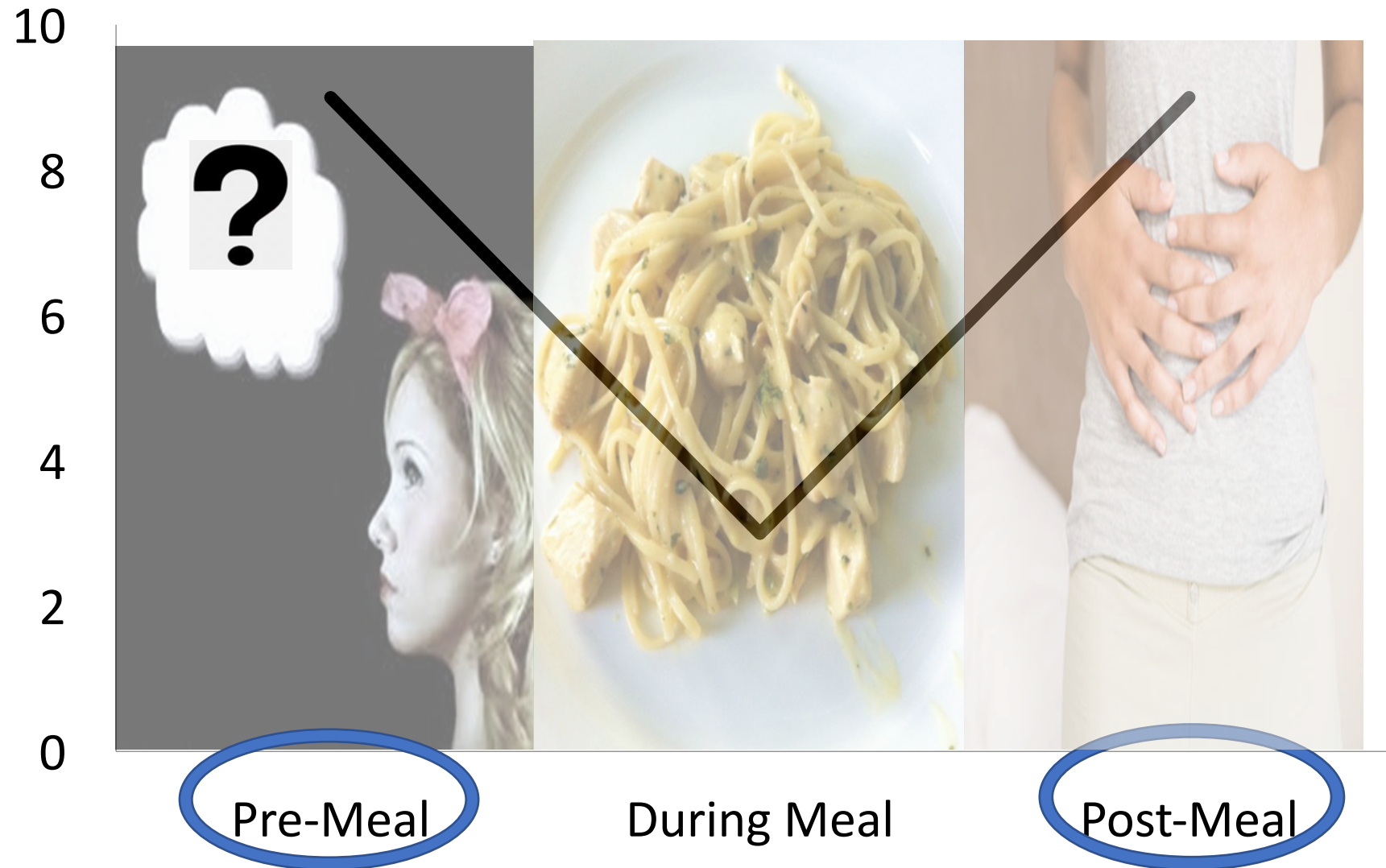


Alterations in Reward and Inhibition

Anxiogenic Effects of Food Anticipation and Consumption

- Food consumption causes anxiogenic response
- Temperament bias towards anticipating risk/future consequences, causing inhibition and anticipatory anxiety

Anxiogenic Response to Food Anticipation and Consumption



Clinical Interventions: Pre-, Post- Meal Anxiety



Athletes

PRE-GAME RITUAL

1. *Listen to music (20 mins)*
2. *Arm swings (8X)*
3. *Splash face with water*
4. *Adjust goggles*
5. *Step on block*



Anorexia

PRE-MEAL ROUTINE

1. *Take a walk (10 mins)*
2. *Take a shower (15 mins)*
3. *Play the piano (10 mins)*
4. *Listen to music (5 mins)*



Summary of Findings

- Reward circuits not engaged in brain in response to hunger

Clinical Interventions: Lack of Reward Signaling

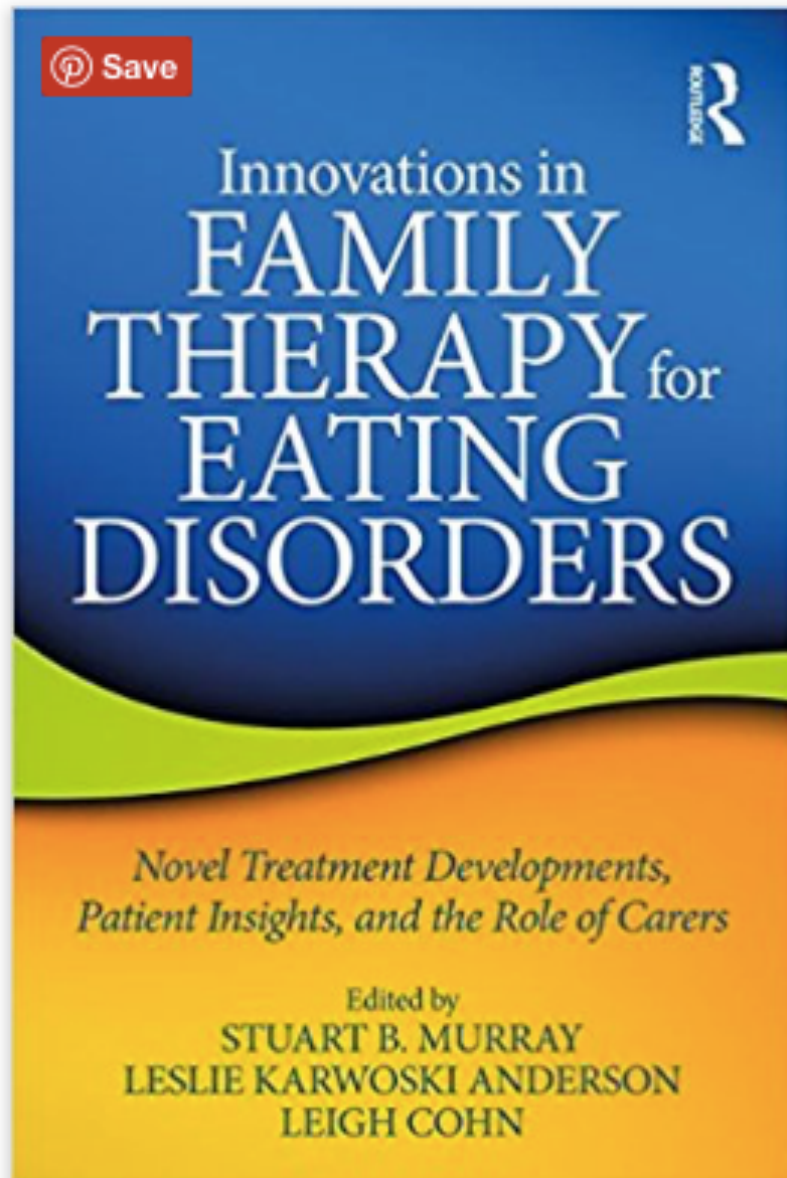
- Rely on external meal cues rather than by treatment team versus internal cues
- Change food lexicon
 - Ex.'s "Getting sufficient" **INVOLVE SUPPORT PERSONS!**
- Incentivize eating with **INVOLVE SUPPORT PERSONS!**
 - Identify and structure salient rewards in meal plan
 - Clarifying/operationalizing consequences for not doing so. **
- Train in effective ways to assist with inhibition
 - Prompting successive approximations of behavior
 - Providing clear and firm directions



Support Persons

- Construct a recovery contract with support persons and engage them in delivering contingencies
- Ensure that support persons who live with clients can assist/oversee a structured, consistent meal plan and recovery “rules” (as is done in treatment)
- Explain brain basis for behaviors to reduce blame and increase empathy.





HOW I PRACTICE:

Behavioral Contracts for Eating Disorders

A Tool to Enhance Motivation and Elicit Change

Stephanie Knatz Peck

Client Objectives: **Commit to My Meal Plan**

- Plan meals with ED dietitian
- Pre-pack lunch ___ daily, or every ___ days
- Pre-pack dinner ___ daily, or every ___ days
- Identify who will help me prepare my meals/snacks:
 - Myself Myself with _____
 - Family/support person _____
- Eat 100% of (#) ___ meals and (#) ___ snacks daily (based on treatment team's recommendation)
- Finish all meals within ___ minutes
- I agree to not negotiate or change the meals
- I will include identified drinks such as liquid yogurt, probiotic drinks, milk, Gatorade, juice, etc. as part of my meal plan
- Drink ___ oz. of water per day
- Be with someone ___ minutes following the meal

Name: _____



Interoceptive Processing

Summary of Findings

- Difficulty adapting to state changes, desire to maintain homeostasis
- Heightened anticipation, prediction error

BEFORE EVENT



DURING EVENT



MOST OF THE THINGS
YOU WORRY ABOUT
NEVER HAPPEN!

Clinical Interventions

- Reduce uncertainty by creating a predictable, consistent, and routine recovery structure
 - Consistent medication management
 - Predictable food and nutrition
 - Predictable relationships with support persons and loved ones
- Create recovery “rules” and agreements to reduce uncertainty and enhance predictability amongst support persons.
- Teach about prediction error; encourage distraction versus attending

**INVOLVE SUPPORT
PERSONS!**

Support Persons

- Enhance consistency and predictability amongst support persons
- Train in most effective ways to manage anticipatory anxiety
 - Redirect/distract DON'T engage
 - Validate DON'T rationalize
 - “Broken record” statements

Take-aways for Clinical Practice

- Provide brain-based education of mechanisms underlying behavior to enhance buy-in to treatment
- Consider involving support persons to provide brain-based psychoeducation
- Construct a recovery contract involving support persons or treatment team (templates included in materials)
- Teach and practice distraction techniques to manage anticipatory anxiety