

EATING DISORDERS, SUBSTANCE USE & *THE UNDERLYING TRAUMA*



**INTEGRATIVE
LIFE CENTER**

Robyn Cruze

Author of *Making Peace with Your Plate*
National Eating Disorders Recovery Advocate



Who We Are

Integrative Life Center (ILC) is the premier trauma-focused treatment program for mental health, substance use, eating disorders, and intimacy disorders located in Nashville, Tennessee. ILC is committed to addressing the underlying trauma that is at the root of most addictions, disorders, and destructive behaviors. It is our hope that by providing the following information, we can support more people who are suffering with co-occurring mental illnesses experience a richer, more meaningful recovery long after treatment.

Integrative Life Center is a part of Integrative Life Network's family of trauma-focused programs.



Did you Know?

Eating disorders affect 28.8 million Americans (9% of the U.S. population)¹

Eating disorders have the second highest mortality rate out of mental illness (second to opioid overdose)

50% of individuals with an eating disorder will be susceptible to a substance use disorder (5 times higher than the general population)²

35% of individuals struggling with a substance use disorder will be susceptible to a eating disorder (11 times higher than the general population)³

10,200 deaths each year are the direct result of an eating disorder—one death every 52 minutes⁴

A relationship between trauma and eating disorders, particularly bulimia nervosa and binge eating disorder, has been linked within participants in various studies⁵

- Types of trauma that can be associated with eating disorders including neglect, sexual assault, sexual harassment, physical abuse and assault, emotional abuse, emotional and physical neglect (including food deprivation), teasing, and bullying⁶
- Women who reported sexual trauma have a higher rate of both PTSD and eating disorders⁷

¹ Deloitte Access Economics. The Social and Economic Cost of Eating Disorders in the United States of America: A Report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders. June 2020

² The National Center on Addiction and Substance Abuse (CASA) at Columbia University. Food for Thought: Substance Abuse and Eating Disorders. The National Center on Addiction and Substance Abuse (CASA) Columbia University; New York: 2003.

³ Burke S. C., Cremeens, J., Vail-Smith, K., & Woolsey, C. L. (2010). Drunkorexia: Calorie restriction prior to alcohol consumption among college freshman. Journal of Alcohol and Drug Education, 54(2), 17-35.

⁴ Deloitte Access Economics. The Social and Economic Cost of Eating Disorders in the United States of America: A Report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders. June 2020

⁵ Brewerton 2007.

⁶ Brewerton 2007.

⁷ Brewerton 2007.

What is an Eating Disorder?

As defined by the DSM-5 the following eating disorders diagnostic criteria are as follows:

Bulimia Nervosa (BN)

Recurrent episodes of binge eating, as characterized by both: Eating, within any 2-hour period, an amount of food that is definitively larger than what most individuals would eat in a similar period of time under similar circumstances. A feeling that one cannot stop eating or control what or how much one is eating.

Binge Eating Disorder (BED)

An episode of binge eating is characterized by both of the following: Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances.

Anorexia Nervosa (AN)

There are currently three criteria for AN:

- Restriction of energy intake relative to requirements, leading to a significant low body weight in the context of age, sex, developmental trajectory, and physical health (less than minimally normal/expected).
- Intense fear of gaining weight or becoming obese, even though underweight.
- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

Other Specified Feeding or Eating Disorder (OSFED)

Present with feeding or eating behaviors that cause clinically significant distress and impairment but do not meet the full criteria for any of the other disorders.

The following are further examples for OSFED:

- **Atypical AN:** All criteria are met, except despite significant weight loss, the individual's weight is within or above the normal range.
- **BED (of low frequency and/or limited duration):** All of the criteria for BED are met, except at a lower frequency and/or for less than three months.
- **BN (of low frequency and/or limited duration):** All of the criteria for bulimia nervosa are met, except that the binge eating, and inappropriate compensatory behavior occurs at a lower frequency and/or for less than three months.
- **Purging Disorder:** Recurrent purging behavior to influence weight or shape in the absence of binge eating.
- **Night Eating Syndrome:** Recurrent episodes of night eating. Eating after awakening from sleep, or by excessive food consumption after the evening meal. The behavior is not better explained by environmental influences or social norms. The behavior causes significant distress/impairment. The behavior is not better explained by another mental health disorder (e.g., BED).

For more reading on the "Warning Signs and Symptoms" of eating disorders and other disordered terms and conditions, please visit and support the National Eating Disorder Association (NEDA.)

Who is Affected by Eating Disorders?

There have been many studies completed regarding the cause and effect of the pandemic on mental health. A paper quoted from the National Library of Medicine states the following: "Eleven papers examined changes in ED symptom pre vs post-COVID-19 lockdowns, and one study included a following re-opening period. Women and young people had greater concern about their body image and appearance⁸, faced more difficulties in regulating eating⁹, and had a greater risk of worsening eating disorder symptoms during the COVID-19 lockdown¹⁰. In general, all studies concluded that the pandemic lockdown was associated with a worsening of eating disorders, and it led to higher levels of anxiety and depressive symptoms in ED patients."

And yet, while **eating disorders affect 28.8 million Americans** (9% of the U.S. population¹¹) and are the second highest mortality rate of any mental illness, as shown by the table below from the National Institute of Mental Health (NIMH), they are most often accompanied with other mental health issues.

Lifetime Co-Morbidity of Eating Disorders with other Core Disorders Among U.S. Adults
Data from National Co-Morbidity Survey Replication (NCS-R)

	Anorexia Nervosa (%)	Bulimia Nervosa (%)	Binge-Eating Disorder (%)
Any Anxiety Disorder	47.9	80.6	65.1
Any Mood Disorder	42.1	70.7	46.4
Any Impulse Control Disorder	30.8	63.8	43.3
Any Substance Use Disorder	27.0	36.8	23.3
Any Disorder	56.2	94.5	78.9

For more reading and statistics, please visit and support the National Association of Anorexia Nervosa and Associated Disorders (ANAD).

⁸ Williamson et al. 2004; Robertson et al. 2021

⁹ Robertson et al. 2021

¹⁰ Pierce et al. 2020

¹¹ Deloitte Access Economics. The Social and Economic Cost of Eating Disorders in the United States of America: A Report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders. June 2020

Substance Use and Eating Disorders

A Word to the Substance Use Disorder Professional

Behavioral Signs:

35% of those dealing with substance use disorder will be susceptible to eating disorders, so it can be no surprise when a client starts exhibiting eating disorder behavior during SUD treatment. It is common for substance use to mask eating disorder behaviors or be a part of an eating disorder pattern. However, as individuals with substance use behavior and/or other compulsive tendencies move towards recovery from substance use, an onslaught of emotions may arise. There, those working to overcome substance use disorder may find themselves in the clutches of disordered eating behaviors to numb and medicate themselves just as they did with their substance of choice.

Risk Factors:

There are common risk factors¹² between those who struggle with an eating disorder and those with a substance use disorder.

- Brain chemistry
- Family history
- Low self-esteem
- Depression
- Anxiety
- Social pressure

Recognizing Eating Disorders and Disordered Eating Behaviors in the Substance Use Population:

What we are challenged with in recovery, regardless of a diagnosed eating disorder, is to find a healthy relationship with the very thing that the person fears the most: food and their body. We cannot eliminate food or the body in the recovery process like we can with substances, so the trajectory for recovery and resolution may take longer and have more ups and downs. While abstinence is critical for addressing substance use, individuals with both SUD and ED will need additional specialized support to recover from both simultaneously.¹

¹² The National Center on Addiction and Substance Abuse (CASA) at Columbia University. Food for Thought: Substance Abuse and Eating Disorders. The National Center on Addiction and Substance Abuse (CASA) Columbia University, New York: 2003.

Whether or not an individual struggles with a diagnosed eating disorder or disordered eating, the assessment of co-occurring, subthreshold eating problems may facilitate earlier intervention to prevent later development of a full-blown disorder.

If you suspect that you (or if you're a therapist, your client) may have a co-occurring eating disorder/disordered eating, you may observe the following behaviors and seek additional support.

Eating Disorder Behaviors:

- Consistently leaving the table within ten minutes after mealtime
- Playing with food and spreading it around the plate instead of eating it
- Skipping meals consistently
- Skipping meals and overeating at others
- Withdrawal from social activities based on food, such as restaurant outings, dinner parties, etc.
- Consistently fatigued
- Life goals are consistently based around their body and getting “healthy”
- Compulsive exercise
- Exercising despite physical injury
- Expressing concerns about being or becoming fat
- Inordinate amounts of conversation about food, weight, the body, and calorie intake
- Rigid eating patterns
- Obsessively and repetitively weighing themselves or body checking

Get Curious:

If you notice one or more of the behaviors above, use these as a gentle red flag to investigate further.

Staying Neutral:

Many of us have our own opinion, rules, and weight bias around food and body shape. It is important to refrain from including those opinions in the screening process.

Examples of neutral screening for ED behaviors:

What to Say

"What do you think about your body?"

"Do you diet or attempt to lose weight in other ways?"

"Do worries about eating or your body affect your day-to-day life?"

"Do you ever try to make up for or "spend" calories after eating to keep from gaining weight?"

"Do you ever feel out of control when eating or eating for reasons other than being physically hungry?"

What Not to Say

"You do not look like you have an eating disorder"

"I could stand to lose some weight myself"

"You look good"

"You look healthy"

"Just eat healthier foods"

Screening Process:

There are many in-depth eating disorder questionnaires available online that can help your client detect a possible unhealthy relationship with food and body. For your reference, we have added one below. Please note any questionnaire is not a diagnostic tool or a substitute for a comprehensive eating disorder assessment, but rather a way to early detection of eating disorders and disordered eating patterns that would benefit from further examination.

Eating Disorder Screen for Primary Care (ESP)¹³

1. Are you satisfied with your eating patterns?
2. Do you ever eat in secret?
3. Does your weight affect the way you feel about yourself?
4. Have any members of your family suffered with an eating disorder?
5. Do you currently suffer with, or have you ever suffered in the past, with an eating disorder?

- A 'no' to question 1 is classified as an abnormal response
- A 'yes' to questions 2-5 is classified as an abnormal response
- Any abnormal response indicates that the client needs further assessment.

¹³ Cotton M, Ball C, Robinson J. Four simple questions can help screen for eating disorders. J Gen Intern Med. 2003;18(1): 53-56.

A Word on Eating Disorders, Substance Use and Trauma

By Bonnie Brennan, LPC, CEDS-S, CAI
Clinical Advisor, Integrative Life Center

"When we consider the interplay between eating disorders, substance use, and trauma, the primary lens that resonates with those on recovery journeys and that is used in therapies such as those offered at Integrative Life Center's Cato House (refer to service page below) is that behaviors of substance use and eating disorders are reactions meant to manage, avoid, douse the flames and eliminate distress, emotions, overwhelm, and unpleasant sensations in the individual's system. We often use the word "trigger" to describe the unpleasant sensations linked to previous experiences where we felt 'activated' and never sufficiently processed through them. This leaves the body's nervous system in a limbic response of fight, flight, freeze, or fawn. **This is a trauma response.**

While it is important to teach individuals skills for eliminating the behaviors of eating disorders and substance use, it is also crucial to process their trauma responses so that we can help them to reduce the impact of their triggers. When the body is not as impacted by the trigger, the limbic system is quieted, and the individual has access to the decision-making and the individual can finally access the decision-making abilities of the prefrontal cortex. This allows them to more competently choose the direction in which they want to behave. ILC's *Cato House* has made the commitment to doing both – helping build the skills and exposure to cease eating disorders and substance use behaviors while also providing innovative therapies that help individuals work on the issues that activated the behaviors in the first place.

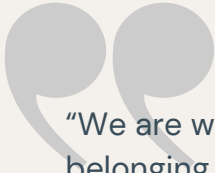
Every individual seeking help for these behaviors needs help in seeing them for what they are – coping mechanisms for managing their pain. They need us to have compassion, understanding, and willingness to witness and walk alongside them when we ask them to surrender their substance or eating disorder behaviors. They need us to have patience as they put to words, perhaps for the first time, what may have been locked in a closet of shame, wrapped up in a ball of anxiety, disconnected in bouts of depression or dissociation, pushed out with anger at the world or kept buttoned up tight for fear of experiencing love or joy and the pain of its loss.

What our clients do with their bodies and food tells part of the story, and it is our honor to witness their story of healing at Cato House.

At first, when our client begins to abstain from eating disordered and body-focused behaviors and substance use, their painful experiences begin to leak out and come to the surface. All the difficult emotions rise to the top. And yet, just like making chicken soup from scratch, when simmering, all the gunk floats to the surface, but it is all part of the deep flavor being created.

At Cato House, we look at the whole system, helping our clients to see and understand, from a place that is heart-centered, how to form new relationships with all the parts of the self, to heal what is there when we take away the unhealthy coping behaviors and strengthen the individual's resilience to take leadership of their own path into self-love and understanding."



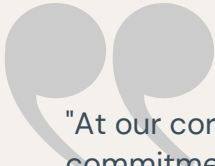


"We are wired for safety, connection, and belonging. In our search for safety and connection, we tend to look outside of ourselves; in that process, we disconnect from our inner wisdom. This creates a fracture and a profound sense of disconnection from our bodies and from our authentic selves.

Mental health issues are the physiological and psychological manifestations of disconnection. This fracture causes not only disconnection from our bodies but also causes them to get stuck in states of fight, flight, or freeze. These states then construct habitual patterns to which we give our faith and loyalty.

Healing is about reconnecting with our inherent worth to restore safety, connection, and dignity. From here, we can begin to disentangle from habitual patterns that no longer serve us."

*Carmen Dominguez, LMHC
Chief Clinical Advisor, Integrative Life Network*



"At our core, we are driven by a deep-rooted commitment to healing and transforming lives. For years, we have nurtured a vision of expanding our eating disorder treatment program at ILC, driven by a profound understanding that the journey to recovery is not one-size-fits-all. We recognized that many of our clients, as they embarked on their path to healing from trauma, grappled with the emergence of eating disorder behaviors as a means to cope with their pain. As we endeavored to support these individuals within a mixed treatment setting, we realized that we couldn't provide the specialized level of care they truly deserved during mealtimes without inadvertently singling them out.

Thus, the Cato House program was born—a testament to our dedication to empowering individuals facing the complexities of eating disorders and co-occurring issues. At Cato House, we have created a haven of safety and grounding where individuals can find solace amidst the storm of their struggles. Here, they have the opportunity to access the transformative trauma treatment modalities that our renowned ILC trauma/substance/mood disorder programs offer while simultaneously receiving comprehensive and tailored eating disorder care during their vulnerable meal and snack times.

What sets us apart from other treatment centers is our unwavering commitment to addressing the multidimensional needs of our clients.

We understand that women battling eating disorders often face a myriad of challenges, encompassing mental health issues, unresolved trauma, and substance use disorders. At our center, clients do not have to navigate separate treatment programs or feel fragmented in their recovery journey. We offer a unique and unified approach—a place where they can find healing for their mind, body, and spirit under one roof.

With our intimate, eight-bed home environment, we can provide unparalleled flexibility in meeting each client's specific meal support requirements without singling anyone out. Every individual receives the level and type of support they need to progress towards their goals, fostering a sense of inclusivity, understanding, and belonging. In our care, our clients find solace in knowing that they are not alone and that their struggles are met with unwavering compassion and creativity.

We take immense pride in being the treatment program that dares to confront eating disorders head-on, tackling them from every angle. Our comprehensive approach equips individuals with the tools and support they need to embark on their journey toward lasting recovery. We believe in empowering our clients to heal in a way that prepares them for an authentic, wholehearted life—one that is free from the shackles of their past and infused with hope, resilience, and self-love.

We invite you to join us on this transformative path, where healing awaits and where we stand as a beacon of light and possibility for all who seek a brighter future."

*Mackenzie Reeser, MPH, RDN, LDN
Director of Nutritional Services,
Integrative Life Center*

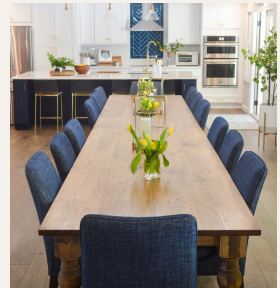
About Cato House

Integrative Life Center's Eating Disorders Program

Integrative Life Center (ILC) offers residential services for eating disorders (ED). Cato House is a specialized, trauma-focused residential level of care designed to help women struggling with primary ED and any co-occurring trauma, substance use disorders, and related mental health issues. The program offers intensive, 24-hour care in a safe, supportive, and healing environment, with a focus on evidence-based therapies and holistic interventions combining trauma-focused care with specialized ED treatment.

Cato House is a women's-only 8-bed healing haven located in the rolling hills of West Nashville. Upon assessment, each client receives an individualized nutrition and treatment plan to meet their unique recovery goals.

Clients receive two individual sessions a week focusing on ED support and trauma processing with an assigned therapist, individual sessions with a Registered Dietitian 1-2 times per week, weekly medical sessions, medication management, nutrition groups, and group therapy that incorporates joyful movement.



We look forward to collaborating with you to help clients heal spiritually, mentally, and physically.

Services the Integrative Life Center Family of Programs Offer

- Polyvagal Theory Therapy
- Internal Family Systems Therapy
- Brainspotting Therapy
- Sensorimotor Psychotherapy
- Narrative Therapy
- TINSA®
- Relational Cultural Theory Therapy
- Motivational Interviewing Therapy
- Intergenerational Trauma Work
- EMDR
- Emotionally Focused Therapy (EFT)
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)



SPECIALTY SERVICES:

- Medically Assisted Detox
- Wim Hof Breathwork
- Wim Hof Ice Baths
- TMS Therapy
- Disclosure Coaching
- Acudetox
- Equine Therapy
- Psychodrama Therapy
- Therapeutic Drumming
- Kali Connection Therapy
- Music Therapy
- Art Therapy
- Trauma Informed Yoga
- Mindfulness and Meditation
- Dance and Movement
- Labyrinth Therapy
- Low Ropes Course

Cato House Admissions Process

Cato House welcomes your admissions call at (615) 805-5983

Availability

Cato House offers one private room, two rooms with two beds, and one bedroom with three beds.

A Unique Offering:

At Cato House, we understand how overwhelming it can be to ask for help. Robyn Cruze, Cato House's National ED Recovery Advocate and author, is available to talk with you or your client if needing any additional support in admitting into Cato House. Call the assessment line above and request a Zoom call.

Insurance:

Integrative Life Center works with most insurance plans on an out-of-network basis. Our dedicated team will act as the liaison between you and your insurance company to get the best rate possible. Being a trauma-focused facility, it is our desire not to add financial trauma to your recovery process. Therefore, our philosophy is grounded in providing you with an estimated fee prior to your treatment, and no matter what the outcome with your insurance company, unless it offers additional benefits, we will not change it.



About Our Family of Programs

Integrative Life Center is a part of Integrative Life Network (ILN). ILN is the premier family of privately owned trauma-focused treatment centers for Mental Health, Substance Use, Eating Disorders, and Intimacy Disorders. ILN provides a full continuum of care, from Residential through Intensive Outpatient (IOP), as well as Intensives and Aftercare, in our programs throughout Tennessee, New Mexico, Colorado, and Vermont. We believe a person is not defined by past traumas or behaviors and lasting recovery is available to anyone who walks through our doors.



Integrative Life Center

Women's Residential: is a trauma-focused program for women suffering from mental health disorders, substance use disorders, addictive disorders, trauma and PTSD, and intimacy disorders.

Cato House: The Cato House incorporates all ILC's services in the women's residential and offers primary eating disorder treatment on a residential level within its own home.

Men's Residential: is a trauma-focused program for men suffering from mental health disorders, substance use disorders, addictive disorders, trauma and PTSD, and intimacy disorders.

IOP: At Music Row IOP Treatment Program in Nashville, TN clients participate in a four-day, 12-hour weekly therapy program with one individual session per week.

PHP: Partial Hospitalization Program (PHP) is the next step following time spent in our residential treatment. It can also be an extended care option from another residential treatment center OR a starting point for those who are just embarking on their healing journey.

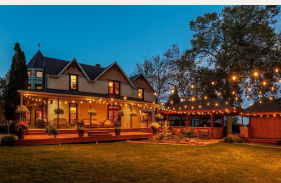
Works with most insurance plans on an out-of-network basis



Mockingbird Detox

An integrative medical assessment and detox center. Mockingbird prioritizes partnerships in the treatment center community and is committed to collaborative referral relationships where clients make their way back to the center that referred them after being in our care.

Works with most insurance plans on an out-of-network basis



Begin Again Institute:

A 14-day live-in intensive program for men struggling with sexual addiction and intimacy disorders.

Cash-Pay Program



Boulder Recovery:

A 14-day live-in Christian intensive program for men struggling with sexual addiction and intimacy disorders.

Cash-Pay Program



Shadow Mountain:

Sprawled across four locations within New Mexico, including Santa Fe, Taos, Albuquerque, and Rio Rancho, Shadow Mountain offers detox, residential and outpatient treatment for adults with substance use disorder.

In network with Blue Cross Blue Shield, Optum Behavioral, Presbyterian Magellan, Aetna, Tricare Health Net, Cigna Evernorth



Sana at Stowe:

This beautiful facility sits at the foot of Mount Mansfield, Vermont, and offers medication-assisted treatment and trauma-informed care to clients with substance use disorder.

In network with Blue Cross Blue Shield, Optum Behavioral

¹ At times, it may be necessary to prioritize stabilization of SUD or ED when symptoms indicate severe medical or psychiatric instability. For example, a person may need an acute medical detox program at ILN to address withdrawal from a substance or eating disorder symptoms may need an inpatient hospitalization to address medical complications from their eating disorder, such as extremely low body weight, heart issues, need for a feeding tube, etc. In cases such as these, the person may need to do a hospital stay to stabilize before admitting to Cato House to begin to address both issues.