

Self-harm behavior in Eating disorders patients: an integrative clinical model with therapeutic utility



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Gempeler, J; Rodriguez, M.

EQUILIBRIO

ABSTRACT

The available clinical evidence confirms the association between self-harm behaviors, trauma and dissociation in ED patients. Nevertheless we do not have specific intervention models to successfully approach this sub group of severely ill patients.

This work presents an integrative evaluation and clinical intervention model. The model is directed towards the clinical intervention of a risk subgroup, constituted by ED patients who self-mutilate and have dissociation symptoms, in which the consideration of at least three hypothesis seem plausible: Bipolar Disorder, Borderline Personality Disorder or Trauma. Starting from those hypothesis, the model suggest the use of different therapeutic tools:

Hyp of TAB. Facing the affective dysregulation, an exploration using DSM IV diagnostic criteria and SCID-1, is recommended. If the hypothesis is rejected, the standard procedure for ED is indicated, if not, pharmacotherapeutic intervention is suggested, using mood stabilizers. Trauma should be explored using in depth interview and narratives.

Hyp of BPD. An exploration using DSM IV diagnostic criteria, SCID-2, MMPI or Roshard (or other measures) is recommended. If the hypothesis is rejected, the standard procedure for ED is indicated, if not, pharmacotherapeutic intervention is suggested, using mood stabilizers. If this hypothesis seems more probable, DBT could be the alternative treatment. Trauma should be explored using in depth interview and narratives

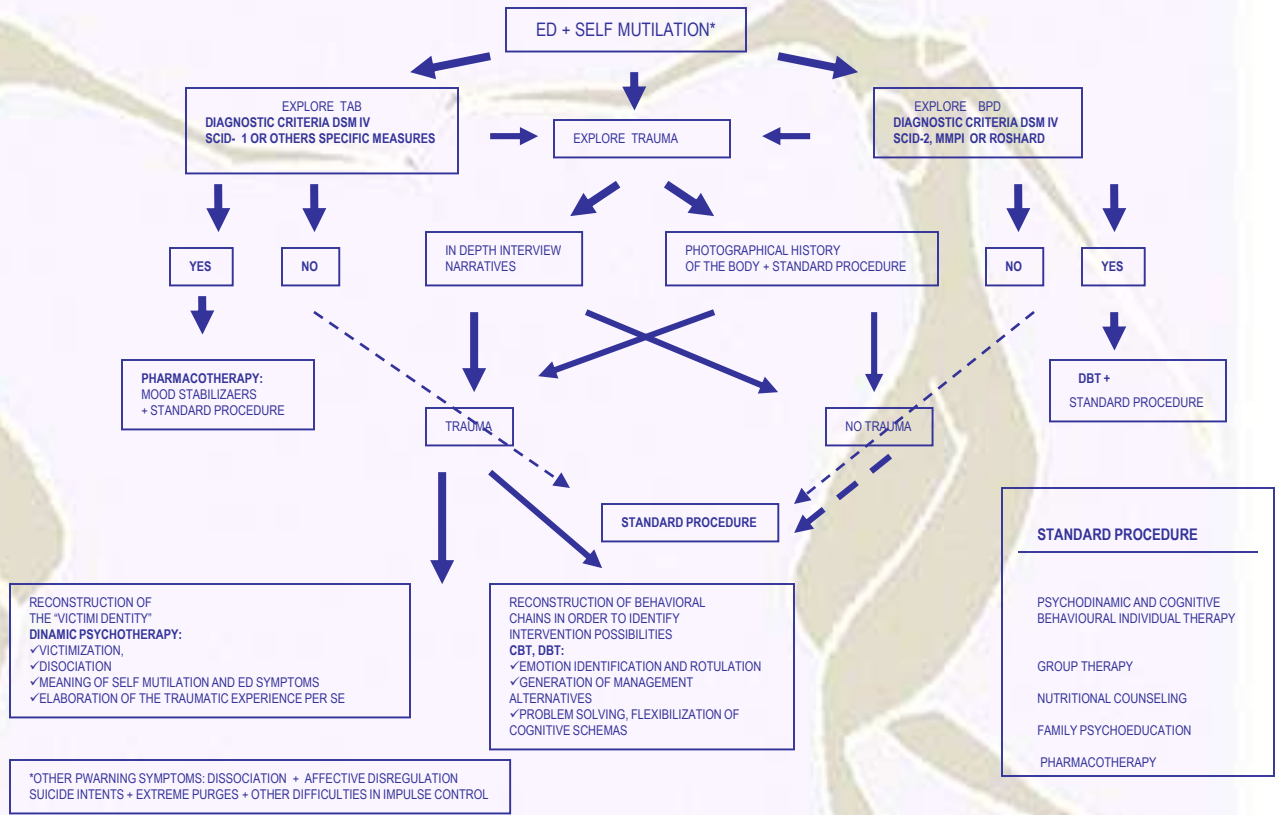
Hyp. Trauma: An in-depth interview to look for the construction and analysis of narratives in order to comprehend the meaning of the symptom, its relation to trauma and eating symptoms and the use of photographs in an intent to reconstruct the photographic history of the body through the vital cycle. This dual approach can contribute to a more quick way to accept or reject the trauma hypothesis.

The narrative analysis can allow the identification of guilt/punishment life experiences, experiences of distressing emotional states relief and its relation with dissociative states, as well as the presence and understanding of ritualistic behaviors. On the other hand, the therapeutic work using the body photographic history through the vital cycle, contributes to the identification and contextualization in time and space, the shameful and humiliating experiences lived with and through the body, identify the experiences of body changes through the vital cycle and its connection with contemporary emotional relationships.

Based on these findings, the specific clinical interventions are oriented from a psychodynamic perspective, to the use of expression and catharsis that allow the identification of the meaning and the role of the symptom in the actual pathology, the identification and clarification of fantasies, feelings, thoughts and actions, repetition patterns and integration of what was dissociated, in the self-harm behavior and ED symptoms.

Additionally, from a cognitive behavioral perspective, the model intends the reconstruction of behavioral chains in order to identify intervention points as emotion identification and labeling, the generation of management alternatives, looking for problem solution and cognitive schemas flexibilization. (CBT)

Future work is required to submit this model to proof, in order to identify indicators that can help to measure its clinical utility.



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