

# **Journaling for a teenager with a sever Anorexia Nervosa**

**By Melissa Schurmeier**

## **The case**

Kelsey (Nick name), 13, had severe anorexia nervosa. She spent one month in a specialized hospital in Arizona and upon discharge her weight increased to the level it had been before the onset of her illness. However, six months after discharge, she was left with very painful, prolonged binges, which happened daily. She induced vomiting, leading to complaints of a hurt throat and stomach, several times a day and recently has been caught shoplifting.

When questioned, Kelsey says she feels lonely and says she “doesn’t like herself.” She strives to be thinner to make herself happy and to gain a boyfriend. She finds daily events in life stressful and doesn’t handle them well. Kelsey is a good student but has trouble keeping friendships. She is involved with clubs at school and plays on the volleyball team. She has two dogs and says that someday would like to become a veterinarian. Her parents are very supportive of her and understand her daily struggles, but she does not get along with her only sibling, her older sister. Kelsey enjoys dancing, tennis, reading, and going to the movies.

### ***Who:***

Kelsey M

### ***Why admitted:***

Painful daily binges and inducing vomiting several times a day; has been caught shoplifting.

### ***Subjective:***

Kelsey is just barely a teenager and the youngest in her family. She is sad and lonely and very unhappy about the way she looks through her own eyes. In daily interactions she feels stressed. She has trouble keeping friendships, but does find enjoyment in volleyball, dancing, tennis, reading, and going to the movies. Kelsey is having trouble seeing the positive and wonderful things about herself. Her parents are supportive but there seems to be some tension between Kelsey and her older sister.

### ***Objective:***

Kelsey internalizes stressful events, which grow through rumination and physical self-destruction. Her control issues are manifested in severe weight loss. In persons with bulimia, bingeing and purging habits are attempts to satisfy control over self image. Due to negative feelings about herself, Kelsey has a low self- concept. Her shoplifting is a way

to relieve the guilt associated with bingeing, purging, and starvation. Due to her low self-esteem there could be difficulties developing trusting relationships, and relationships that do form may only exist on an “all or nothing” basis. This “all or nothing” mentality implying that there is no middle ground in relationships, and that others are idolized or completely disliked.

***Assessment:***

Kelsey currently has bulimia nervosa, which is characterized by eating in a discrete period of time an amount of food that is larger than most people would eat during a similar period of time and under similar circumstances. She also has a low self-concept, evident through the interview and is presently in remission for anorexia nervosa. Kelsey has obvious conflicts with her sister and unresolved issues with friends at school. Overall, she claims to not find enjoyment in her life. Kelsey does find enjoyment in dancing, tennis, reading, and going to the movies. She finds life itself very stressful and has problems coping with every day problems. She finds recreation and leisure activities enjoyable, which can prove to be very helpful in her treatment.

***Strengths:***

1. Parental support
2. Good student
3. Enjoys recreational activities
4. Positive personal future outlook

***Needs:***

1. Ability to gain trust and friendship expectations
2. Improve relationship skills; primarily with sister
3. Develop positive self-concept
4. Efficiently handle stressful events

***Long Term Goals (within one month):***

Upon completion of specified plan, client will:

1. Self-Concept. Develop a realistic self-concept.
2. Leisure Awareness and Guidance. Increase leisure and recreation repertoire.
3. Coping Techniques. Develop effective coping techniques to stressors (through the use of a journal).
4. Friendship Skills. Improve interpersonal communication.

### ***Specific Objectives:***

Over the course of intervention, client will:

1. Self Concept.
  - a. Identify three barriers (situations or events) to positive self –worth.
  - b. Completely participates in using feeling words to discuss problems (Co-treat with psychologist).
  - c. Internalizes successes from body art project.
  - d. When prompted can identify at least 5 positive characteristics of one’s self.
  
2. Leisure Awareness and Guidance
  - a. Attend two self-initiated leisure activities in unstructured time.
  - b. Give at least two positive statements about one’s performance, after participating in each leisure activity.
  - c. Make a recreation schedule for after client’s release.
  - d. Choose two community resources in her area from the center’s resource guide.
  
3. Coping Techniques
  - a. Journal at least three stressful situations.
  - b. Record daily use of three relaxation techniques practiced in session in journal.
  - c. Employ one coping technique outside of session.
  - d. Use log to keep record of stress levels before and after participating in stress-reduction activities.
  
4. Friendship Skills
  - a. Demonstrate trust by allowing one to be caught during the trust fall activity.
  - b. Verbalize three assertive statements during role-play.
  - c. Says “no” to non-preferred activities, one time per session.
  - d. Initiate two conversations with other clients during animal assisted therapy session.

### **Plans:**

#### ***Interventions***

- Client will keep a journal, with five sections. Recording: stressful situations, effectiveness of coping techniques, binges/purges/times of starvation, list of positive characteristics of oneself, and nightly reflections.

- Client to attend animal assisted therapy group three times a week for one-hour sessions.
- Client to attend dance-movement therapy group twice a week for one-hour sessions.

***Therapeutic Approaches:***

1. Self- Concept
  - a. Give many compliments
  - b. Encourage positive self-statements
  - c. Use feeling words
  - d. Reinforce positive behaviors
2. Leisure Awareness and Guidance
  - a. Give variety of experiences and multiple options
  - b. Emphasize stress-reduction in already enjoyed recreation activities (volleyball and tennis)
  - c. De-brief to show how to conquer adversity
  - d. Encourage internalization of positive behaviors
3. Coping Techniques
  - a. Facilitate many different coping techniques
  - b. Encourage use outside of sessions
  - c. Close by asking “how” does that make you feel?
4. Friendship Skills
  - a. Exemplify trusting relationship qualities
  - b. Give client opportunities to say “no”
  - c. Provide opportunities to make choices
  - d. Model appropriate social interaction
  - e. Give animal assisted therapy animal appropriate breaks

**Research Evidence**

Journaling

It has long been believed that the expression of emotion is beneficial to mental health and can lead to an emotional catharsis. Whereas repressing those negative feelings can be detrimental to a person’s health. Donnelly and Murray (1991) found that journaling about stressful or traumatic events can be directly related to decreased distress. It was also noted that journaling about stressful or traumatic events is related to improvements in self-reported health, psychological related to improvements in self-reported health, psychological well being, physiological functioning, and general functioning (Ulrich & Lutgendorf, 2002). It is in these processes of writing that a client can involve both emotional expression and cognitive processing, which best explain effects of disclosure. Emotional and cognitive involvement may play complementary

roles in processes associated with adjustment to traumatic events. By having the journal articles focus about past traumatic experiences on two levels, both cognitive and emotional events, clients have showed the greatest amount of improvements in health (Ulrich & Lutgendorf, 2002).

Central to eating disorders are ineffective coping skills to life's stressors. Using relaxation techniques such as deep breathing, repetitive prayer, meditation, imagery and progressive muscle relaxation can help deal with the stress and prevent abnormal eating behaviors. Exposure to and adoption of comprehensive stress management can also be preventive measures. This can include the incorporation of regular physical activity, art and music therapy, journal writing, creative writing, humor and role-playing, which are all powerful mechanisms to the treatment of eating disorders (Robert-McComb, 2001). It is for these reasons that it was decided that journaling about Kelsey's life will provide focus on the cognitive aspects of stressful situations, binges/purges/times of starvation. In addition, it would also focus on the emotional aspects of effectiveness of coping skills, a reflection section, and keeping an ongoing list of positive characteristics of oneself. Each session would focus on a different part of the client's journal and would build upon the other sections. It is a journal that Kelsey could make as a personal keepsake. Journals such as this can be a reminder of where the client has been, where they are now, and where they are going.

### Animal Assisted Therapy

Animal Assisted Therapy uses animals to solve human problems. It is goal oriented and focuses on assessment and evaluation procedures (Fine, 2000). According to the Delta Society, in mental health settings effective AAT goals are: to increase verbal interactions between group members, increase attention skills, develop leisure/recreation skills, increase self-esteem, reduce anxiety, reduce loneliness (Howie, 2000). There is evidence that the presence of a dog, either temporarily or permanently, can increase social behaviors including smiles, laughs, looks, leans and touches. Batson, McCabe, Baun, and Wilson performed a study in persons with Alzheimer's, and found that activity such as social interaction, the frequency of smiles, physical warmth, praise and duration of looks, and verbalization all increased through the use of Animal Assisted Therapy (Wilson & Turner, 1998). Beck, in 1986, found that interpersonal socialization is found to increase with the presence of birds, compared to those in the same room without birds (Fine, 2000). A study by Bardill (1997) found that the presence of a dog acts as a catalyst for interactions, improved self-esteem, a good distraction, and provides a sense of safety (Fine, 2000, p. 25).

According to a study by Barker and Dawson (1998) patients with mood disorders (ex. depression, bipolar), psychotic disorders (ex. schizophrenia, schizoaffective), and other disorders (anxiety, cognitive, personality, and somatization) that participated in a single animal-assisted therapy had a significant mean decrease in their anxiety level. In this session they encouraged discussion about patients' pets as the dog moved freely around the room interacting with the patients or carrying out obedience commands (Barker & Dawson, 1998). Therefore, it is desirable to have Kelsey participating in an Animal Assisted Therapy program three times a week for one-hour sessions. The patient

will benefit from the socialization created by an animal and can work with the animal giving commands. The patient does have experience with dogs, and since the clinic's AAT dog only responds to assertive commands it will prove a useful practice tool for being direct with the animal. Not only will AAT help in these aspects, but it also is found to decrease anxiety, which can be good for creating a positive atmosphere and therapeutic relationship.

### Dance/Movement Therapy

Dance movement therapy is an important therapeutic tool for it is based on the fact that the body, mind, and spirit are interconnected. Affecting a positive change through the body can create positive changes in the mental state. Mental illness, therefore, has an equivalent bodily manifestation. Therefore, both the body and mind are equally important in the healthy functioning of an individual (Nemetz, 1995). Dance therapy has proven effective and allows participants to become familiar with their own anatomy, physiology, can work to create body awareness, and help client's to learn to love their own body. These dance/movement therapy activities are focused on four central ideas: "body image, self awareness (including feeling the sensations of hunger, satiety, tension, and relaxation), thinking patterns and how they relate to negative or positive feelings about oneself and to increased or decreased levels of tension, and the influence of individual creativity on positive self-esteem and control over the healing process" (Robert-McComb, 2001, p.376). After participating in an 8-week multidisciplinary bulimia intervention program consisting of small group discussions, movement improvisation, and relaxation techniques there had a significant reduction in anxiety following the intervention program as compared to the control group (McComb & Clopton, 2003).

Kelsey currently enjoys dancing. It is believe that by associating positive feelings about herself and an enjoyable activity of dancing can help her develop a positive self-concept. Dancing can lead to more familiarity between understanding movements and physiology of the body. It will be very beneficial to her health status and creating loving feelings about her body and create self-awareness for her to attend these sessions twice a week for one hour. It will also be useful as a source and release of tension and can be used to decrease her stress.

### **Theoretical Foundation for the Intervention**

I feel that my theoretical foundation takes an eclectic approach to treatment. As Austin states, TR is best through "the utilization of approaches and techniques drawn from several sources " (Austin, 1999, p.8). I believe that each client has their own special needs and certain theories work better in accentuating the strengths of clients and meeting their needs. Therapeutic recreation is characterized by employing this approach (Austin, 1999). By utilizing a behaviorist approach with this client using reinforcement techniques of immediately giving positive reinforcement after attempts and successes will work to create a good self-concept. I also believe that modeling is important for exemplifying a trusting relationship and encouraging that development in Kelsey.

I also would like to employ a cognitive-behavioral approach to help this client “identify thoughts and beliefs they hold about themselves and the world, to examine the validity and usefulness of these cognitions, and if deemed necessary, to change the way they think about themselves and their environments” (Austin, 1999, p. 27). Currently a cognitive behavioral approach is being used and found to be most effective, which involves challenging the image distortions, all or nothing cognitions, perfectionism, and self-esteem. This approach involves role-playing, group intervention, and behavioral exercises (Flett & Hewitt, 2002). Overall I believe that primarily, Kelsey’s approach needs to be very cognitive-behavioral focused, because she has distorted thought patterns that are central to her disorder, and by encouraging discussion of those irrational thoughts she can take steps to establish new thought patterns.

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