



GREEN MOUNTAIN

AT FOX RUN



“But I want to lose weight!”

Helping BED Clients Move from a Weight to a Recovery Focus

Presented by:

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WOMEN'S CENTER  
FOR BINGE & EMOTIONAL EATING

GREEN MOUNTAIN AT FOX RUN

# Learning objectives

- Explain why traditional, weight-focused, and restrictive eating interventions do not lead to sustained weight loss or improved health outcomes and may interfere with recovery from BED.
- Describe how Self Determination Theory can guide the delivery of interventions leading to more intrinsic level of motivation for our clients.
- Identify strategies to help those with BED shift their focus from losing weight to gaining health through non-restrictive, mindfulness based interventions and strategies and improved self-care practices.

# Emma's Story

Emma is a 50-year-old woman who has unknowingly struggled with Binge Eating Disorder since she was a teenager.



The background of the slide features a photograph of trees, likely deciduous, with their branches and leaves visible. The entire image is covered with a semi-transparent orange filter, creating a warm, monochromatic aesthetic. The text is centered in a clean, white, sans-serif font.

# Binge Eating Disorder Framework

# Shame and secrecy

- Binge Eating Disorder goes largely unnoticed because people rarely disclose the behaviors
- Weight stigma and bias creates another layer of shame and self loathing



# Bingeing is egodystonic

- All eating disorders are driven by the thin ideal
- In BED —the behavior is counter to their goals and values, making it Egodystonic.
- Eating disorders that use primarily starving or compensatory behaviors are Egosyntonic, that are in alignment with goals and value of thinness

# Internalized thin ideal and restrictive voice

Symptoms are expression of

- Advertising, media and culture
- Public health “obesity” campaigns
- Overvaluation of weight and shape
- Multi-billion dollar diet industry
- Good and bad foods
- Food trends and fads



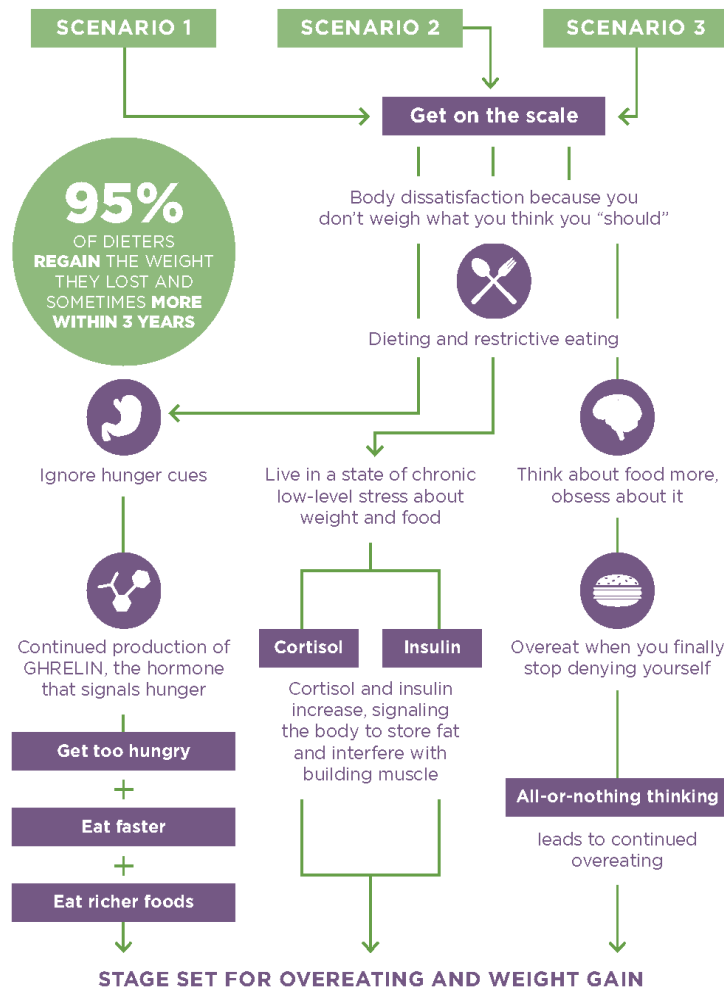


# Impact on eating behavior and weight



# Why focus on weight isn't working

[fitwoman.com/why-scales-harm](http://fitwoman.com/why-scales-harm)



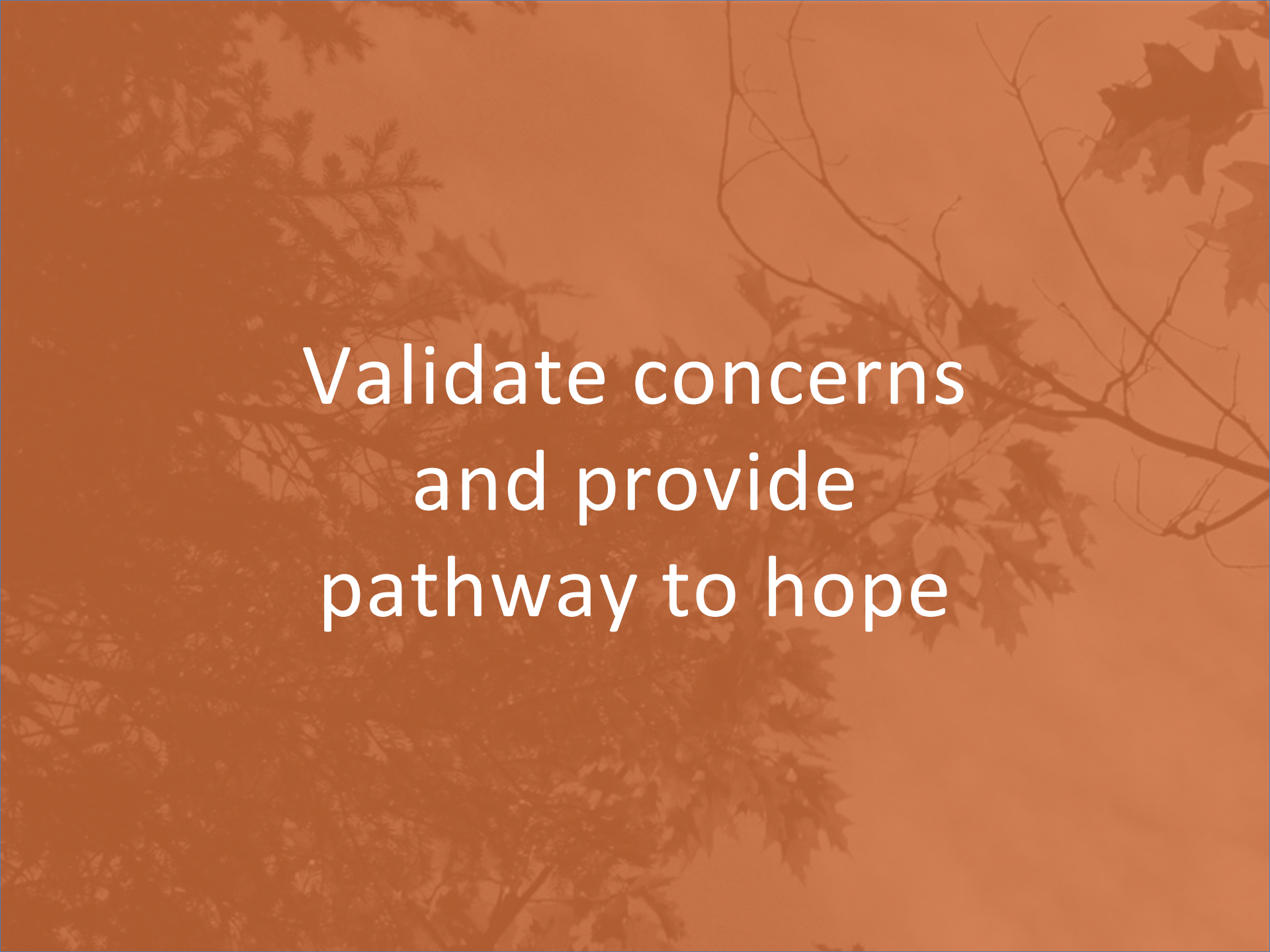
# The problem with change

“An unremitting focus on change can increase perceptions of unpredictability and loss of control, increasing anxiety or anger so that the processing of new information is shut off.”

— LINEHAN, 1996

# The brain...on stress



The background of the slide features a photograph of trees, likely in autumn, with some leaves visible. The entire image is covered by a semi-transparent orange filter. The text is centered in white.

Validate concerns  
and provide  
pathway to hope

# Remember it's her/his experience

- An unwillingness to validate the desire to lose weight in an effort to avoid reinforcing weight bias may undermine the therapeutic bond
- Forcing an agenda of size acceptance too soon may be interpreted as “they don’t get it”, especially if the clinician is “normal” weight



# Scope of practice

- Are we fishing in the wrong pond for those who need help if we don't discuss weight issues?
- Clients may not self identify with having an eating disorder at first

# Talk their language

- Other terms related to Binge Eating Disorder
  - Stress Eating
  - Emotional Overeating
  - Compulsive Eating
  - Food Addiction
- Normalize emotional eating, yet introduce severity of symptoms found in Binge Eating Disorder

# Validate client's experience

Of course!

Essence of validation:

Communicating that  
feelings, thoughts and behaviors are understandable  
and reasonable

Never met anyone who didn't have good reason for an  
eating disorder

# Wanting vs. Liking : It's a Brain Thing

- Explain
  - the neuroscience of the brain reward system -- those with BED may have an exaggerated “wanting” and decreased “liking” or satisfaction
- Empower
  - Skills and strategies for changing habits
  - Neuroplasticity of the brain inspires hope

# Validate functional behavior

- Continually manage shame and fear
- When assessing for and suggesting possibility of an eating disorder, return to validation of behavior

# Self compassion

- Disengages the fear response (stress)
- Creates positive, safe environment for change
- Based in validation of experience
- Compassionate responses to automated critical voice
- Modeled by therapist and peers until internalized
- Reinforced by mindful meditation



# Grieving the prescription

- Acknowledge that a non-restrictive approach isn't exciting or even supported by our traditional health care system
- Shifting focus isn't giving up and “letting ourselves go”; it's turning to an inside out approach that is the only sustainable method of behavior change

Mindfulness bridges the gap from  
external to internal motivation



Experimentation / Feedback / Choice

# Mindfulness supports

- Heightened ability to simply observe feelings and experiences
- Take charge of decisions, disengaging automatic reactivity
- Present moment awareness without judgment

# Motivational path

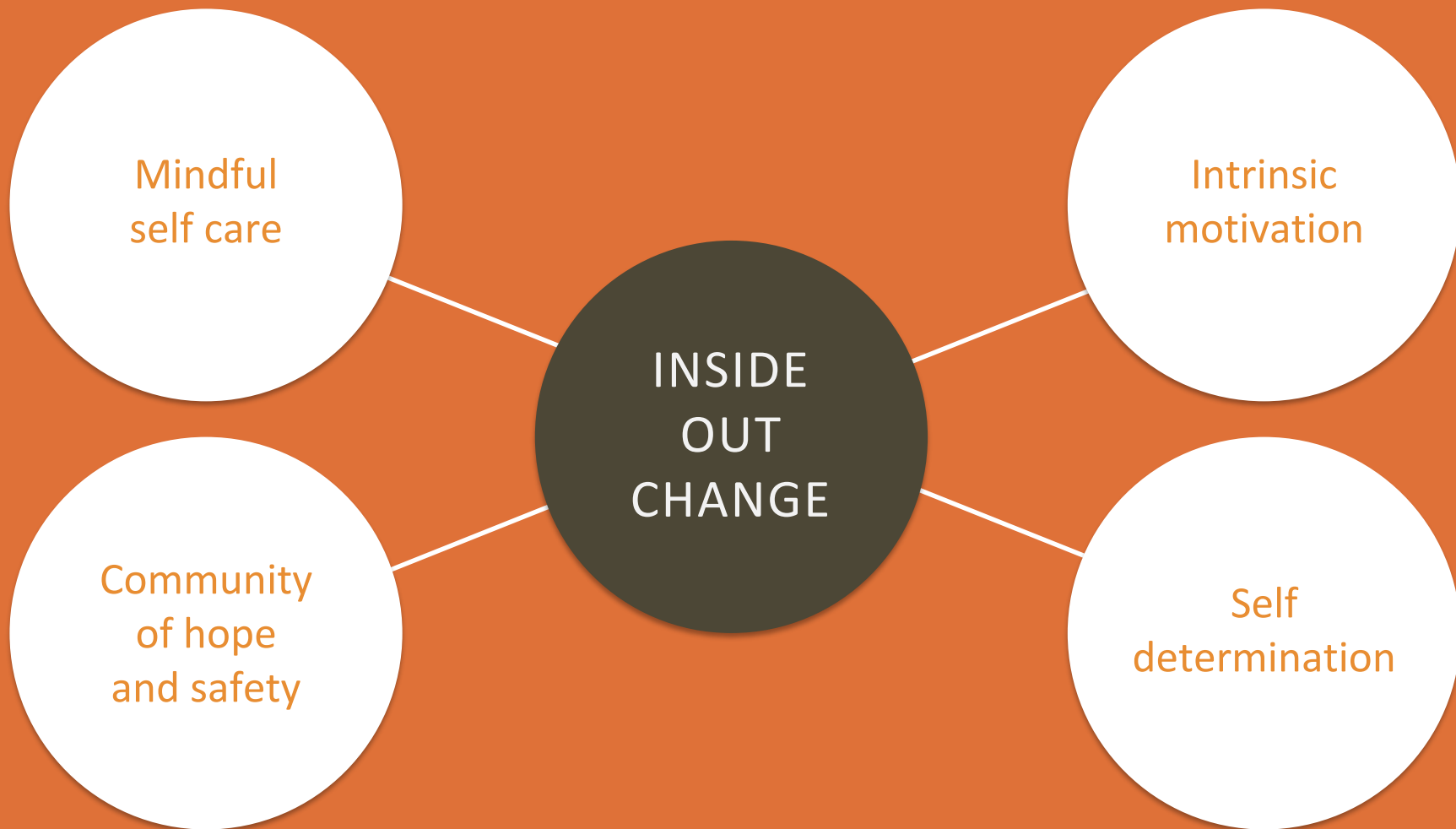
- **Introjected Motivation** -- driven by guilt and self loathing  
“I can’t stand myself, I can’t live like this anymore.”
- **External Motivation** -- focus on goal or outcome imposed by others or removed from daily experience or individual control  
“I want to lose 50 lbs before my next birthday.”
- **Internal Motivation** -- focus on experience, a state of being reinforced by choices within one’s control  
“I feel happier, more energetic and can walk further without pain.”

# Self-determination theory

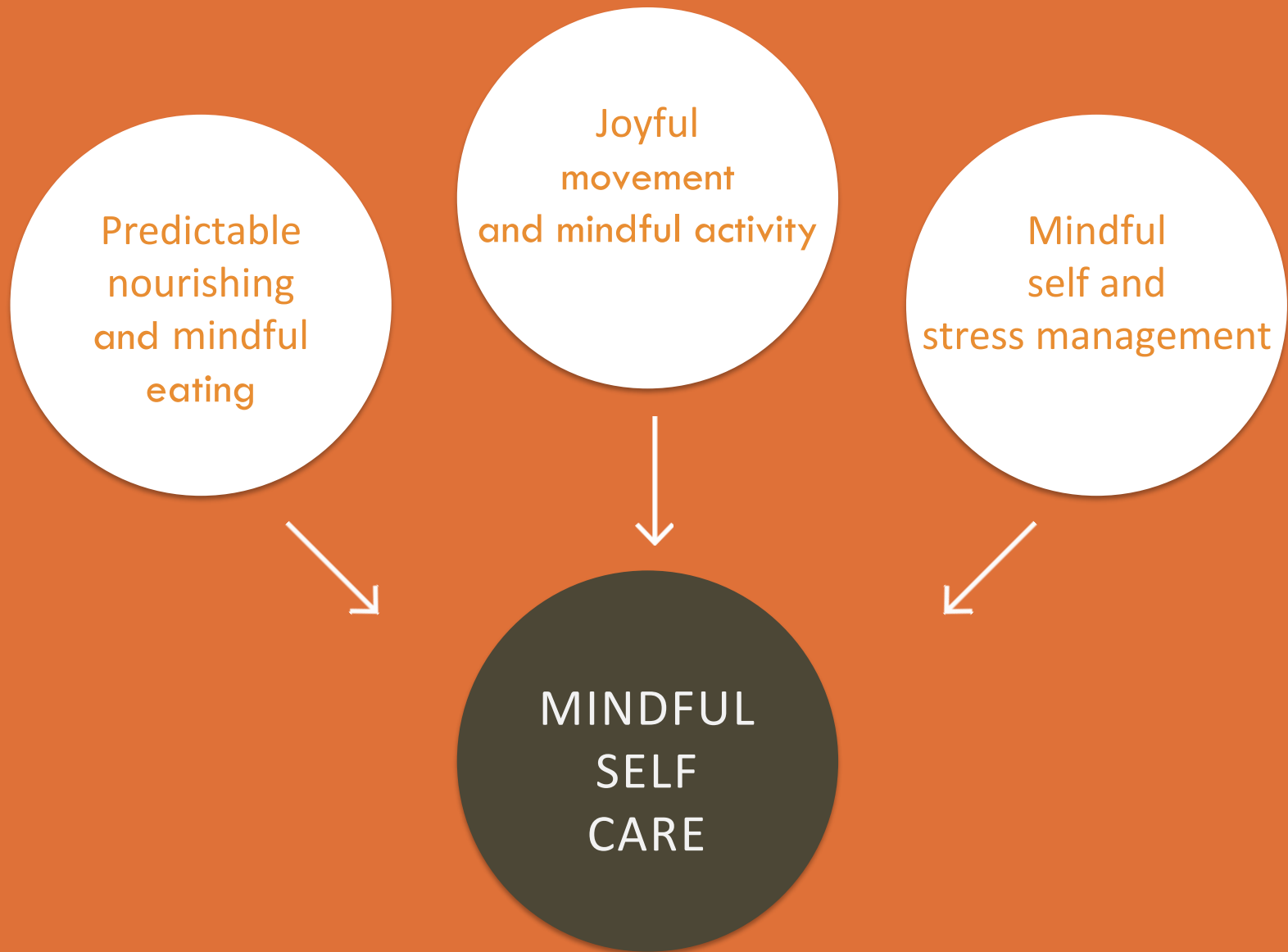
Change framework based on three basic needs:

- **Autonomy** -- to feel in charge of own choices, the originator of one's actions and choices
- **Competence** -- to feel capable -- “I can” (to master physical, emotional and environmental stress)
- **Relatedness** -- to feel close and valued by others, to have a sense of belonging to peers, family and community

– Verstuyf







# Redefining Healthy

Shifting the client's focus from weight to  
healing and self care

- Allowing the body to heal and restore balance by addressing its response to physical, emotional and environmental stress
- Accepting and not fighting the body as it heals
- Engaging in practices that make us feel good by paying attention (mindful eating, moving, and living)

# Nurturing change

- Create safe, compassionate environment
- Reinforce intrinsic measures
- Notice indicators of self trust
- Empower with skills and strategies, opportunities for practice
- Allow for choice and options

# Community of hope

- People who “get you”
- Common experience and desires
- Support autonomous decisions and trust in individual competence to carry out plans



# Treatment Approach

# Treatment targets for binge eating disorder

- Cessation of binge eating
- Improvement in eating-related psychopathology
- Reduction in psychiatric co-morbidity
- Improvement in physical health
- Lifestyle interventions to support health, without focus on weight



# Cease binge eating

- Create structure and safe environment to interrupt binge cycle
- Identify primary role and function of binge behavior
- Equip with tools and strategies to intervene

# Dialectical behavioral therapy

- Challenges dichotomous thinking
  - Affect regulation model for binge eating
  - Mindfulness to counteract dissociation
  - Rapid response of binge abstinence, continues throughout treatment and at one year follow-up with DBT
- Safer & Joyce, 2011

# Psychotherapy

- Interventions to improve self regulation and relational competence
- Opportunity for DBT skills use and practice
- Individual therapy for motivation enhancement and relational modeling
- Group therapy for interpersonal healing

# Improve eating-related psychopathology

Interventions include:

- Improving eating competence and relationship with food
- Address attitudes driving eating psychopathology, including body image-related issues

# Neutralize the thin ideal

- Binge Eating Disorder characterized by eating pathology and dietary restraint related to weight and shape concerns
- Intentional focus on merging mind and body, healing relationship with the body through acceptance and forgiveness techniques and ongoing self-care
- Weight and body neutral approach

# Mindful eating with structure

## Recognize and Manage Physical Hunger

- Predictable eating times
- Balanced meals
- Recognition of internal hunger and fullness cues

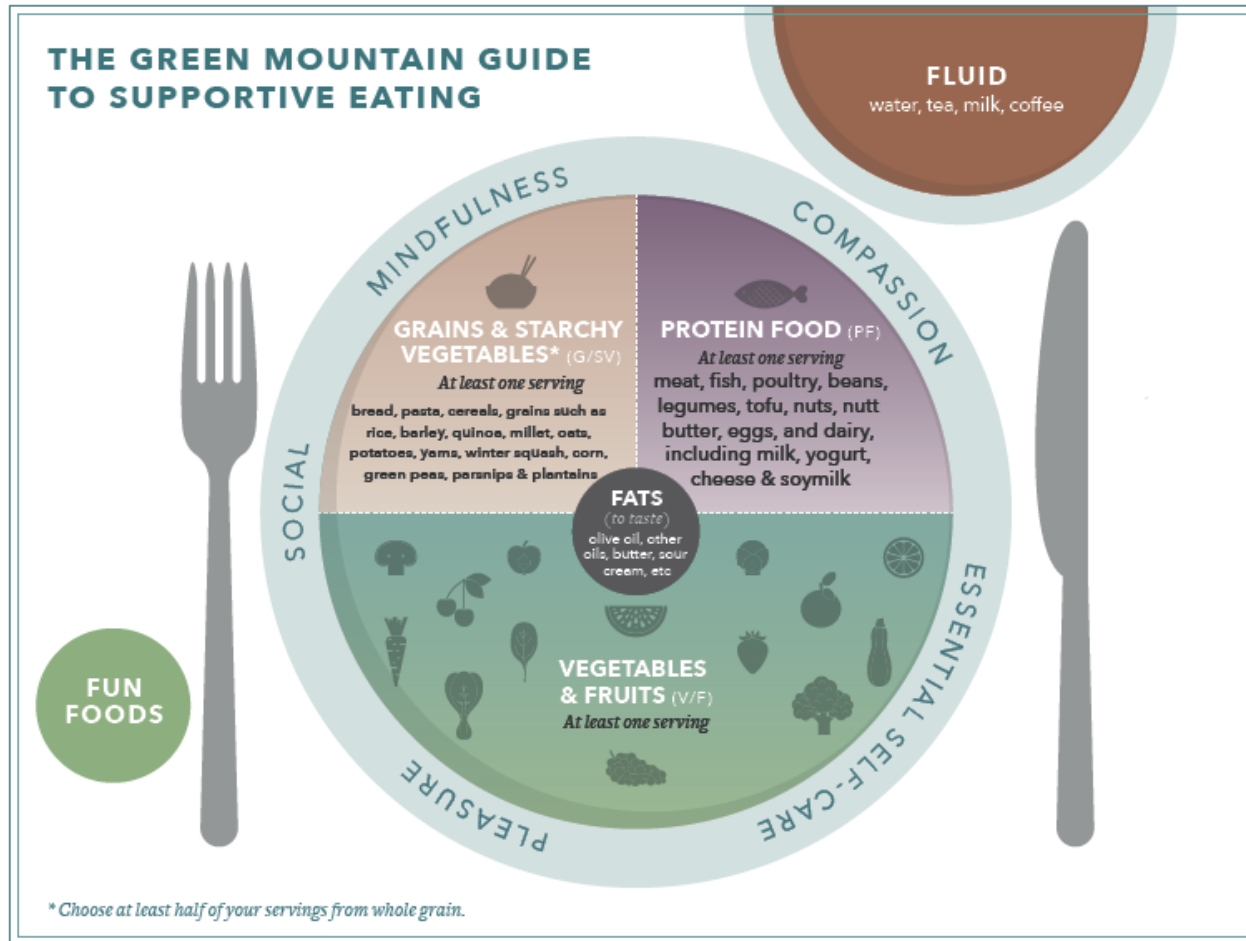
## Give Permission to Eat What You Want

- Disengage deprivation
- Increase flexibility with and variety of food
- Reduce fear around food

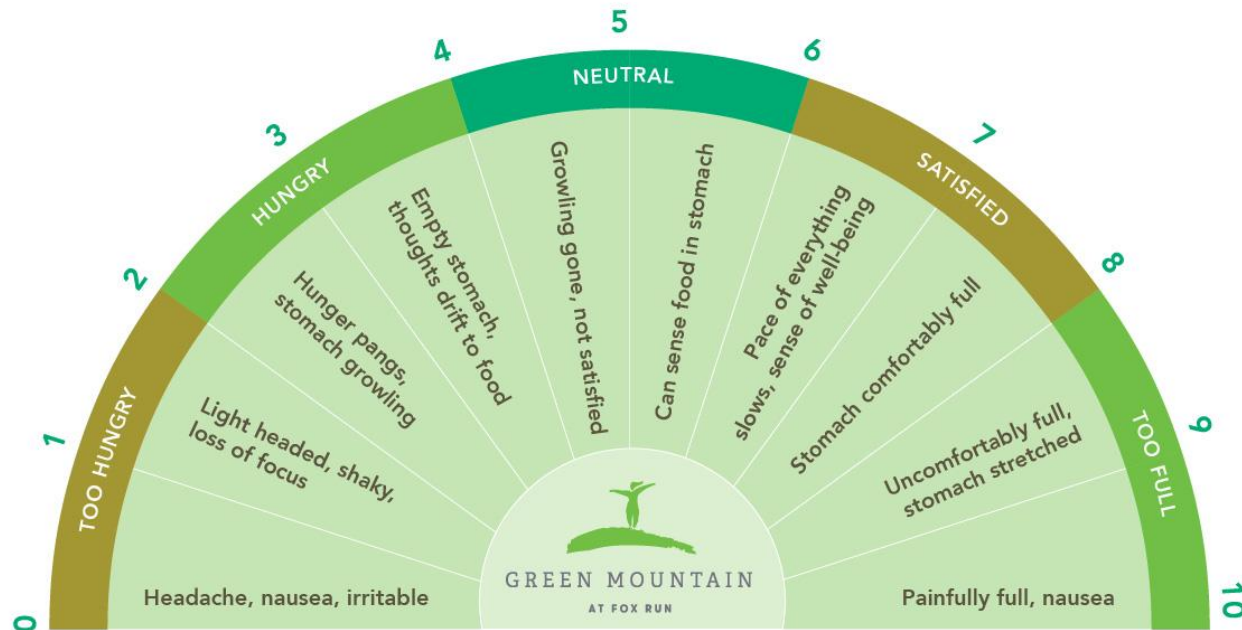
## Focus on the Eating Experience

- Slow down, tune in, engage senses
- Notice reactions to certain foods, quantities, and eating patterns

# Guide to supportive eating



# Hunger and fullness gauge



*Individual appetite cues can vary and these are just suggestions.  
Explore how your body informs you.*

Concept adapted from Learning/Teaching Handout Series CD on Eating Disorders. Sondra Kronberg, MS, RD, CEDRD. Wellness Publishing. 2001.



# Recognizing Hunger

- Chronic dieters may miss subtle hunger cues
- Emphasize that intuitive/mindful eating is NOT the “only eat when hungry” diet
- Help them use “non-stomach” signs of hunger, including:
  - Thoughts of food
  - Feeling irritable or annoyed
  - Difficulty making decisions or concentrating
  - Headaches
  - Dizziness
  - Nausea

# Option approach

## THE OPTION APPROACH FOR OVERCOMING THE DIET MENTALITY

HOW TO PRACTICE GIVING YOURSELF  
PERMISSION TO EAT WHAT YOU WANT

### TELL YOURSELF

This is my Option.  
I can have it if I want it.

### ASK YOURSELF: DO I REALLY WANT IT?

Consider quality, timing,  
hunger, physical reaction.

### IF YES:

Eat mindfully and savor.  
Then, let it be...



# SDT and eating regulation

CONTROLLED EATING (PRESSURE/RULES)	AUTONOMOUS EATING (PERSONAL CHOICE)
Appearance Focus	Health and Well-being Focus
Rigid Eating	Flexible Eating
Avoid Food	Approach Food
Quantity of Food	Quality of Food
Depleted Energy	Sense of Vitality
Having to Change	Wanting to Change

Verstuyf, Patrick, Vansteenkiste & Texeira, 2012

# Yoga treatment

- Quality over quantity
- Eat more slowly
- More supportive food choices
- Healthier connection to food, physical self-empowerment and cultivating present moment awareness

– MCIVER, 2009

# Address psychiatric co-occurring disorders

- Common Co-occurring: Depression, ADHD, Anxiety, PTSD, Substance Use
- Many cognitive behavioral and mindfulness-based interventions will address
- May need Eye Movement Desensitization and Reprocessing or similar modality
- Considerations of psychopharmacology
  - Vyvanse
  - Topomax
  - Wellbutrin
  - SSRIs

# Improve physical health

- Assess and refer to primary care and/or specialists for attention to associated disease states such as cardiovascular and endocrine disorders
- Empower clients to self monitor health issues such as blood sugar, blood pressure and taking prescribed medication
- Address mobility issues related to size or orthopedic limitations

# BED and exercise

- Mindful movement as part of mindfulness and healing the relationship with body, increasing mobility, decreasing pain
- Focus: have fun and reduce stress, rather than burn calories

# BED and exercise

- Those with BED who live in larger bodies have issues related to:
  - exercise apparel
  - negative appraisal of selves while exercising
  - focus on weight loss, which is most often discouraging
  - can become more fatigued and experience pain when exercising



# BED and exercise

- Focus on play and enjoyment
- Adapt and modify movements
- Develop intrinsic motivation for exercise
- Increase perceived competence and social aspect of movement

# Contact Information

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