

Am I Hungry?[®]
Mindful Eating for Binge Eating

Evidenced-Based Treatment
for Binge Eating

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Today's Discussion

Barriers to Effective Treatment

Goals for BED Treatment

Treatment Follows Function

- Address Personality Features

Cognitive Behavioral Therapy


- Dialectical Behavioral Therapy and AIH ME-BE
- Mindfulness Based Therapy and AIH ME-BE

Body Image Considerations



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Barriers to Effective Treatment



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Focus on Obesity

"Binge eating itself is not of public health significance; eliminating it does not address all the potential long term health problems of obesity."

- Kelly Brownell, PhD, Yale Center for Eating and Weight Disorder (2011, pg 5)



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Obesity and BED

Not all people with BED are obese. It depends on compensatory behaviors such as excessive exercise or dietary restraint following a BE episode.

However, severe obesity is a common result of the long term course of the disorder.



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Dietary Restraint is Problematic

Creates feelings of deprivation that leads to cravings, impulsivity and counter regulation, aggravating binge eating. Hawks et al 2008

Creates feelings of shame; more likely to drop out of treatment.

Creates impaired sensitivity to hunger and satiety cues.



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BED is a Psychiatric Disorder

Those with binge eating differ from others seeking weight loss in that they tend to have co-morbid psychiatric disturbances: Mood, anxiety, impulsivity, substance use, and eating pathology.
Half are depressed or have been depressed.
BED more closely resembles Bulimia Nervosa in that they have more weight and shape concerns and dietary restraint compared to those with obesity.

Shapiro 2007, Dingemans 2002, Grilo 2001



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Binge Eating is the Treatment Priority

Abstinence from binge eating is a predictor of successful maintenance and weight loss, which suggests treatment of the eating disorder is the priority over weight loss.
Significantly greater BMI reduction (3.5 - 4.3%) compared to those who continue to binge eat.

Dingemans 2002, Grilo 2011



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Goals for Binge Eating Disorder Treatment



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Goals for Treatment

- Cessation of binge eating
- Improvement in eating-related psychopathology
- Reduction in psychiatric co morbidity
- Improvement in physical health
- Prevention of further weight gain and long-term weight loss (if indicated)



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Treatment Follows Function:

The key to determining effective treatment is based largely on the etiology of binge eating disorder.



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Etiology: Problems with Emotions

- Alexithymia
- Breakdown of emotional regulation
- Predominant emotions before a binge: anger, loneliness, disgust, exhaustion, shame
- Mood accounted for more the 30% increase in total KCal intake
- Emotional eating is a predictor of binge eating disorder

Peterson 2012, Zeeck 2010, Baer 2005



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Etiology: Dissociation

Bingeing is thought to be a form of dissociation

- To escape emotions which are intolerable and seen as pathological
- To escape thinking about the long-term consequences of actions
- To escape one's critical thoughts and feelings of inferiority

Shafraan 2001, Leahy 2002, LaMella 2010



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Disconnected Eating

"Some individuals respond to emotions by eating. Food and the eating process serve to comfort, distract or "distance" oneself from emotions...[this] interferes with the body's natural physical cues of hunger, fullness, appetite and satiety...the result is disconnection from internal cues."

-Moving Away From Diets Kratina, King, and Hayes



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Personality Features

Low self-directedness

- Self-directedness is the ability to regulate and adapt behavior to reach one's goals
- May explain need to seeking weight loss methods Latzer 2003, Dalle-Grave 2012

Perfectionism triggers binge eating Sherry & Hall 2009

Low interpersonal esteem, interpersonal discrepancies, depressive affect

Over-valuation of weight and shape

Apfeldorfer 2001, Latzer 2003, Sherry & Hall 2009, Dalle-Grave 2012



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Cognitive Behavioral Therapy



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Cognitive Behavioral Therapy

Traditional CBT is the most widely researched method of treatment with BN and BED.
CBT has been shown to eliminate binge eating in 50% participating in treatment.


Wilfley, Wilson & Agras 2010



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AIH ME-BE and CBT

Mindful Eating Cycle
TFAR
Reprogram Your Mind
Awareness Journal



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Dialectical Behavioral Therapy

Adapted for use with binge eating; originally designed for Borderline Personality Disorder and self-harm behaviors. Considered a form of CBT.

Dialectics (acceptance and change)

- Seemingly opposite stances can both be true at the same time. Therefore, one can be deemed completely acceptable and at the same time, need to change.

Key to dialectics is the balancing act between validation and pushing for behavioral change.

Moving out of black and white, extreme thinking, into a both/and approach (middle path).

Linehan, 1993, Telch 2001



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Dialectical Behavioral Therapy

DBT for the treatment of eating disorders is designed to improve clients' ability to manage negative affect adaptively and includes training in three of the four skills modules: mindfulness, emotion regulation, and distress tolerance.

Considered an affect regulation model for binge eating.

Behavioral chain analysis slows down impulsivity, so one can make a more adaptive choice in place of bingeing.

Mindfulness is taught to counteract the dissociation.

Rapid response of binge abstinence, continues throughout treatment and at one year follow up with DBT.

Safer & Joyce 2011



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AIH ME-BE and DBT

Mindful Eating Cycle Analysis (*Behavior Chain Analysis*)

The Grey Area, Yo-yo to Pendulum (*Finding the Middle Path*)

Self-Care Voice (*Validation and Change*)

Awareness Journal (*Diary Cards*)

Self-Care Buffer Zone (*Reducing Vulnerability*)



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AIH ME-BE and DBT Skills

The following self-care skills are *adaptations of DBT skills*

- Mindful Breathing (*diaphragmatic breathing/observing your breath*)
- Mindful Vacation (*Improve the Moment*)
- Watching Thoughts (*Observing and Describing*)
- Mindful Decision Making (*Pros and Cons*)
- Allow Emotions (*Radical Acceptance*)
- Feel Emotions (*Urge Surfing*)
- Shift Emotions (*Self-Soothe*)
- Change Emotions (*Opposite-to-Emotion Action*)



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AIH ME-BE and DBT skills

The following Mindful Eating Strategies and *DBT skills*

- Balancing Eating for Enjoyment and Nourishment (*Wise Mind*)
- Redirect Your Attention (*Distraction*)
- My Activities/101 Things to Do Besides Eat (*Build Positive Experiences*)
- Mindful Eating (*Mindful Eating*)
- Mindful Relationships (*DEAR MAN*)
- Identifying and Describing Emotions (*Mindful of Your Current Emotion*)
- Connecting Emotions to Needs (*Function of Emotions*)



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Mindfulness: The THIRD WAVE in Cognitive Behavioral Therapies

- DBT was considered a second wave CBT therapy which involved Zen philosophies and Mindfulness, but CBT evolved further into Mindfulness-based therapy, a mind-body treatment.
- It has been successfully adapted for use with pain management, stress reduction, substance use, depression, anxiety and eating disorder treatment.
- Basic CBT eliminated binge eating and purging in about 50% participants...but when mindfulness training and acceptance-related procedures have been adapted and introduced to eating disorder treatment we have seen the elimination of bingeing sustained over time. (Safer & Joyce 2011, Anderson & May 2013)
- Evidence-based treatment for binge eating disorder using these mindfulness-based procedures include: MB-EAT (with MBSR) and MBCT



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Mindfulness

The ability to be aware of your thoughts, emotions, physical sensations, and actions in the present moment without judging or criticizing yourself or your experience.

-Jon Kabat-Zinn



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Global Mindfulness

- Non-reactivity to experience and acting with increased awareness.
- Negatively correlated with binge eating frequency and severity of eating pathology.
- Maintained over 1- and 2-year follow-up.



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MB-EAT: Mindfulness-Based Eating Awareness Training

MB-EAT was developed by Kristeller & Hallet (1999) by integrating elements from MBSR and CBT with guided eating meditations.

Eight sessions include: Introduction to mindfulness with raisin exercise, mindful eating exercises, body scan relaxation, mindful exposure to binge triggers, physiological and emotional hunger cues, taste satiety meditation, stomach satiety cues, forgiveness meditation, wisdom meditation.

Improves one's sense of self-control with eating while diminishing depressive symptoms.

Kristeller & Wolevar, 2011



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MBSR: Mindfulness Based Stress Reduction

Although not intended for Binge Eating, MBSR:

- Increases mindfulness
- Improves energy and pain scales
- Decreases trend for binge eating

Smith 2008



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AIH ME-BE and MBSR

AIH ME-BE uses techniques similar to *MBSR*

Body-Mind-Heart Scan

Hunger-Fullness Scale (*pain, energy*)

Mindful Eating, Mindful Focus

Body Mapping (*physical sensations, emotions*)

Story Time (*wandering mind*), Beginner's Mind, Mindful Meditation

Fearless Eating (*turn into the skid*)

Self Care Voice (*loving kindness and forgiveness*)



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Mindfulness-Based Cognitive Therapy

MBCT for Binge Eating Disorder has been explored. The theory is that binge eating is motivated by a desire to escape from self-awareness. Setting high personal standards leads to negative thoughts and unpleasant emotions when these standards are not met.


MBCT uses mindfulness practices to cultivate non-judgmental and nonreactive observation and acceptance of bodily sensations, perceptions, cognitions, and emotions.

Baer 2006



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Body Image Considerations



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Body Image Considerations

Binge Eating Disorder has eating pathology and dietary restraint related to weight and shape concerns.

- Partially due to culture and weight stigma, familial issues, and low self esteem.

AIH ME-BE has an intentional focus on merging mind and body, healing one's relationship with body through acceptance and forgiveness techniques, and ongoing self-care.

AIH ME-BE employs a weight neutral approach.




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HAES: Health At Every Size®

Growing body of research supporting effective treatment of weight-correlated health problems without weight loss.

Activity and fitness levels are more influential on health than weight on mortality rates.

Robinson 2005, Roberts 2009



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Yoga Treatment

- Decrease in quantity of food eaten
- Decrease in speed of eating
- Improvement of food choices
- Healthier connection to food, physical self-empowerment and cultivating present moment awareness

Mclver 2009



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BED and Exercise

Overall goal is to increase movement and activity for enjoyment, decrease focus on exercise.

Mindful Movement is discussed as part of mindfulness and healing relationship with body, rather than for burning calories.

Those with BED who are large size have issues related to exercise apparel, negative appraisal of selves while exercising, focus on weight loss which is discouraging, and become more fatigued by exercise.

Suggestions: Play and enjoyment, increase intention and intrinsic motivation for exercise, increase perceived competence.



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Conclusion

Mindfulness-based approaches provide individuals with a heightened ability to to simply observe feelings and experiences and disengage automatic reactivity.

It cultivates a wiser and more balanced relationship with their selves, their eating, and their bodies.



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