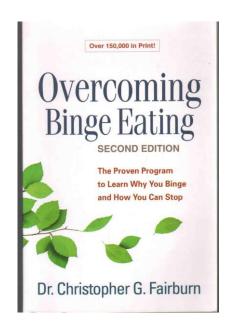
# Cognitive Behavioral Therapy for Eating Disorders

Presented by Tina Coco Lai, ACSW, LMSW

Heartland Social Work Conference, March 11, 2022

#### **Guidelines for Presentation**

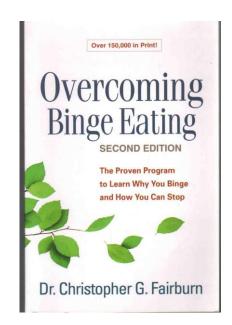
- 1. Interactive format
- 2. Chat box
- 3. Pause for questions
- 4. "You" = Person with unhelpful eating habits



#### **Disclaimer**

This presentation serves to *introduce* how CBT techniques are used to treat clients with eating disorders.

This is information that I learned from a course on eating disorders. I myself have not practiced these techniques. The material presented is for educational purposes only. Be sure you receive proper training and supervision to practice this therapy.





#### **Our Roadmap**

- Psychoeducation
- 2. Review of eating disorders in DSM-5
- 3. CBT-E Interventions
- 4. Resources
- 5. Open discussion!

#### The experience:

"It starts off with my thinking about the food that I deny myself when I am dieting. This soon changes into a strong desire to eat. First of all, it is a relief and a comfort to eat, and I feel quite high.

But then I can't stop, and I binge. I eat and eat frantically until I am absolutely full.

Afterwards, I feel so guilty and angry with myself."

(from Overcoming Binge Eating)

### What causes people to have unhelpful eating behaviors?

- Genetics
- Trauma
- Asserting control over oneself
- Cultural pressures: Thinness for women, muscularity men
- Stress or emotional eating
- Being alone; boredom

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Q&A: Have you worked with clients who experienced eating disorders?

If yes, how many clients?

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#### Mythbusters!

#### True or False:

1. Our bodies are mostly water. In fact, about 60% of our weight is water.

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2. Our weight fluctuates throughout the day, and from day to day.

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#### True or False:

1. Our bodies are mostly water. In fact, about 60% of our weight is water.

2. Our weight fluctuates throughout the day, and from day to day.

3. Vomiting or using laxatives removes most of the calories that have been recently consumed.

#### **Eating disorders in DSM-5**

#### 1. Binge-Eating Disorder

(Prevalence: 2.8%)

- Binge eating: Eating large amounts of food in a short time, with the sense of a loss of control.
  - Type of food
  - Overweight
- Diagnostic threshold: At least once a week for 3 months



#### Eating disorders in DSM-5

- 2. **Bulimia Nervosa** (Prevalence: 1%)
- Compensatory behavior: vomiting, laxatives, fasting, excessive exercise
- Extreme fear of gaining weight. Intensely unhappy with body size and shape.
- Can fall within normal range for weight



#### Eating disorders in DSM-5

3. Anorexia Nervosa

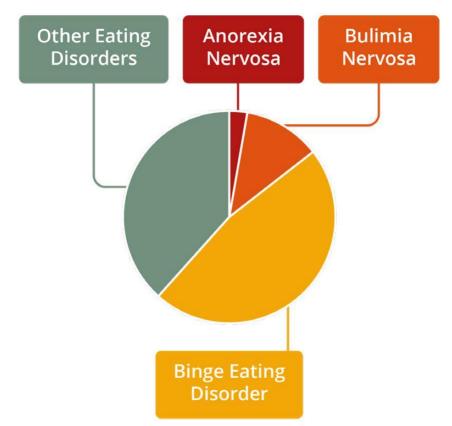
(Prevalence: 0.6%)

- Extreme restriction in food intake
- Intense fear of gaining weight
- Distorted body image
- May be <u>restricting</u> type, or <u>purging</u> type
- Body mass index 17kg/m<sup>2</sup> or less. Example: 5'4" less than 110

pounds is considered underweight

	lbs	90	100	110	120	130	140
	kgs	41	45	50	54	59	64
ft/in	cm						
4'8"	142.2	20	22	25	27	29	31
4'9"	144.7	19	22	24	16	28	30
4'10"	147.3	19	21	19	25	27	29
4'11''	149.8	18	20	22	24	26	28
5'0"	152.4	18	20	21	23	25	27
5'1''	154.9	17	19	21	22	25	26
5'2"	157.4	16	18	20	22	24	26
5'3"	160.0	10	10	10	21	23	25
5'4"	162.5	15	17	19	21	22	24

#### Distribution of eating disorders: 9% pop.



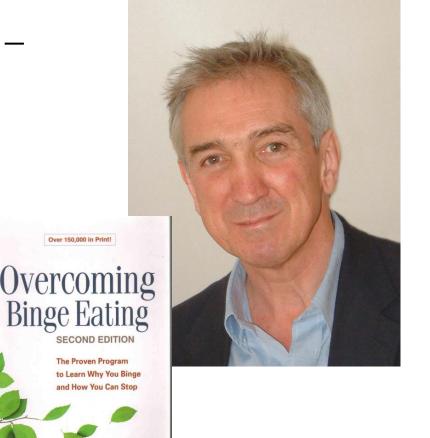
The experience:

Unhealthy eating behavior

#### Pause and Check-in:

**Observations?** 

**Questions?** 



Dr. Christopher G. Fairburn

### Meet Dr. Christopher Fairburn

- Professor of Psychiatry at University of Oxford. Researched eating disorders for over 40 years.
- Developed "Enhanced cognitive therapy" known as CBT-E to treat eating disorders. Program has 8 treatment modules.

Published self-help book in 1995.
 Second edition in 2013.

### Timeline of CBT-E treatment, 20 sessions in 4-6 months

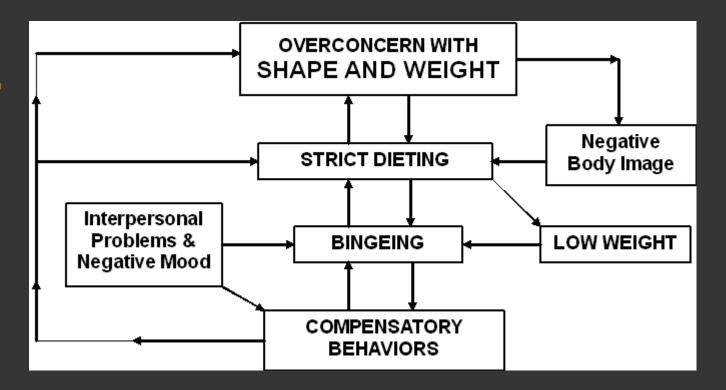
Meet with coach 2 times a week (8 sessions)

Meet with coach once a week (12 sessions)

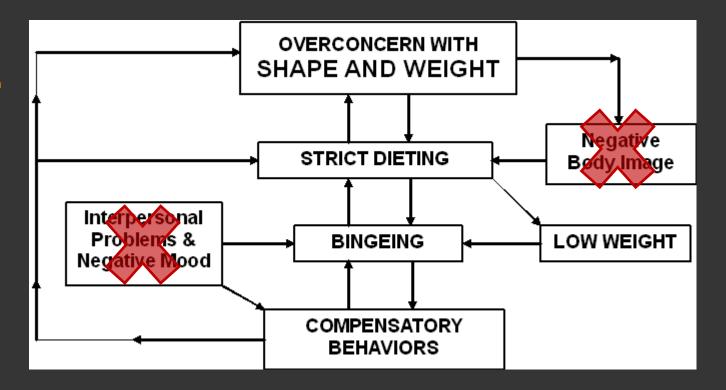
Month 1

Months 2-4

## Eating disorder cycle



## Eating disorder cycle



#### \_\_\_

### CBT-E program

#### Step 1: Starting Well Self-monitoring Weekly weighing

#### Step 2: Regular Eating

Establishing a pattern of regular eating Stopping vomiting and misusing laxatives or diuretics

#### Step 3: Alternatives to Binge Eating

Substituting alternative activities Identifying changes in weight

#### Step 4: Problem Solving Practicing problem solving

#### Step 5: Taking Stock Reviewing progress

Deciding what else needs to be tackled

#### Dieting Module

Tackling strict dieting

#### **Body Image Module**

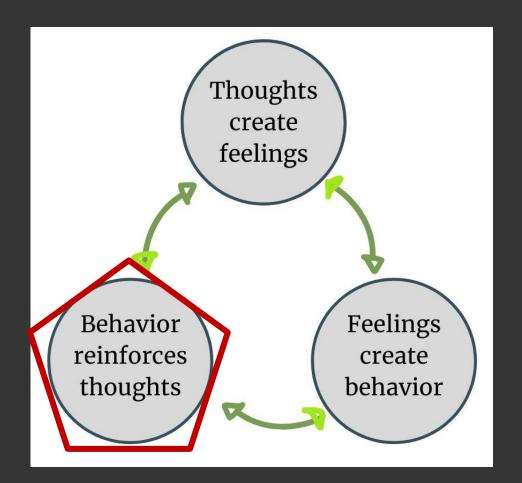
Addressing shape concerns, shape checking, shape avoidance, and feeling fat

#### **Ending Well**

Maintaining progress Addressing setbacks

## Cognitive behavioral therapy:

Behavioral modification



## Week 1 and duration of treatment:

<u>Step 1)</u>

Monitoring sheet

Day		Date							
Time	Food and drink consumed	Place	*	V/L	Context and comments				

## Sample monitoring sheet

Time	Food/Drink	Place	*	V/L	Content, Thoughts, Feelings
7:30 am	Black coffee w/ splenda	Car			I am running late for work and I feel like I'm starting a bad day.
1:30 pm	Greek yogurt	Desk			So far, so good. Pleased with my self control.
2:30 pm	~20 chocolate chip cookies	Break room	*	V	Ugh!! Cookies left over from holiday party. I was out of control and could not stop until I finished the whole plate—why do I always do this??
5:00 pm	Cocktail and appetizer (2 egg rolls)	Bar			I don't need dinner.
8:30 pm	Family size bag of potato chips, one pint of ice cream	Kitchen	*	V	Before I opened the bag of chips, I knew I was going to binge and I ate the ice cream to help with the purge. I'm disgusting. I ate WAY too much and I don't need breakfast tomorrow.
10:00 pm					Went to the gym to run 4 miles.

<sup>(\*)</sup> Represents a binge episode, (V) represents vomiting, (L) represents laxative use

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## Rise Up & Recover App



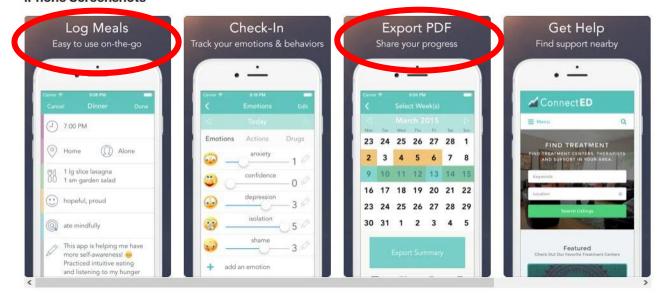
Rise Up + Recover: An Eating Disorder Monitoring and Management Tool for Anorexia, Bulimia, Binge Eating, and EDNOS 12+

Recovery Warriors L.L.C.

\*\*\*\* 4.7 • 222 Ratings

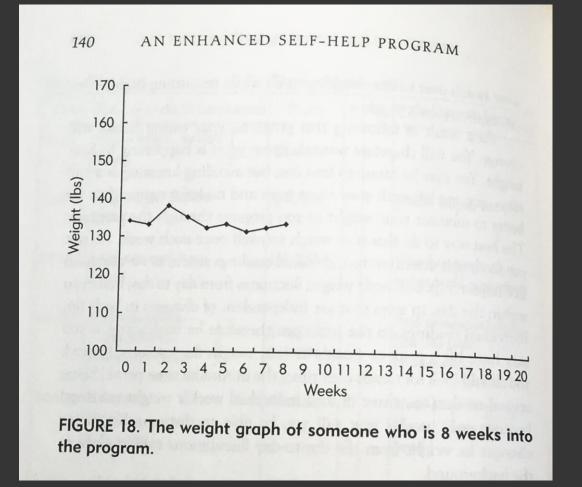
Free

#### iPhone Screenshots



## Week 1 and duration of treatment:

Step 2) Weigh only ONCE per week



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### Week 2 or 3:

<u>Step 3)</u>

Begin regular eating and STOP compensatory behaviors

#### "Regular Eating"

#### Pattern of eating

- Breakfast
- (Mid-morning snack)
- Lunch
- Afternoon snack
- Evening meal
- Evening snack

#### Points to note

- Eat these meals and snacks, but do not eat between them
- Do not skip any meals or snacks
- Do not go more than four hours without eating
- Eat what you like in the meals and snacks, so long as you do not vomit or take laxatives to compensate
- Always know when (and roughly what) you are next going to eat

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### Week 2 or 3:

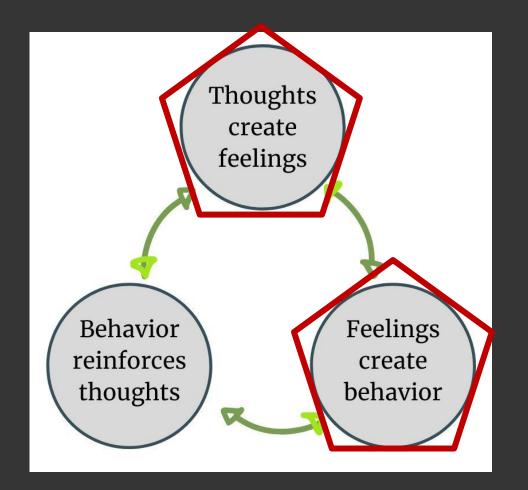
Step 3)

Plan weekly meals ahead of time



## Cognitive behavioral therapy:

Cognitive distortions & feelings



### Ongoing weeks:

<u>Step 4)</u>

Identify cognitive distortions

Catastrophizing: "What if I start eating regularly and lose control?"

All-or-nothing: "I'll mess up my eating schedule and binge eat, so why bother trying!"

Fortune telling: "I'm going to gain X pounds from eating like that."

Ongoing
weeks:
"STOP
compensatory
behaviors?
How?"

Step 5) Develop alternative activities



# Review: Weigh only ONCE per week

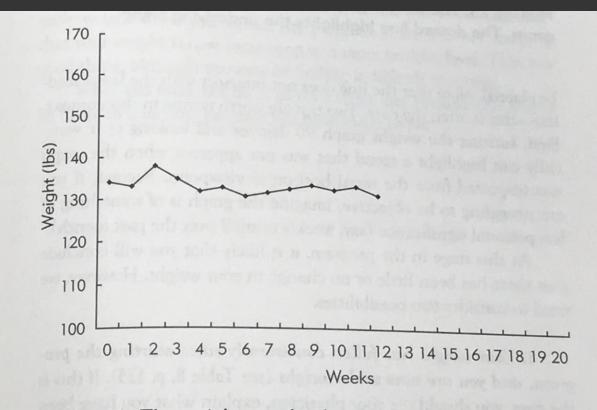


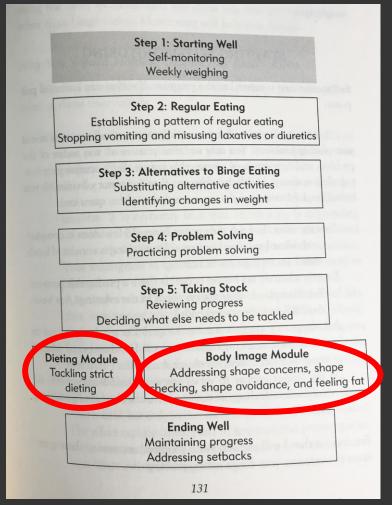
FIGURE 22. The weight graph of someone 12 weeks into the program.

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#### Pause and Check-in:

#### **Questions? Observations?**

### CBT-E program



#### Dieting module

#### 3 Types of dieting:

- Delaying eating for long periods of time
- Restricting overall amount you eat
- Trying to avoid certain foods

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### Month 3:

Step 6)

Start introducing forbidden foods to your meals



## Body image module

- Distortedbody image
- Seeing flaws, overly critical



### The experience:

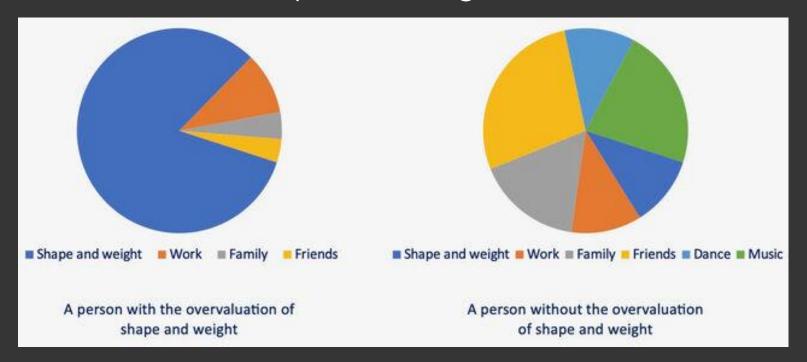
"My confidence and self-worth are deeply rooted in the idea that I must be physically attractive, thin. When I put on weight, even one pound, I risk being unattractive, and I see my future as bleak and lonely.

This thought fills me with despair, so I force myself to eat as little as possible."

(from Overcoming Binge Eating)

### **Body image module:**

Overvaluation of shape and weight



# Body image record:

<u>Step 6)</u>

Monitoring sheet

Time	Checking, etc	Place	Context, thoughts and feelings

# Body image record:

# Sample client

Time	Checking, etc.	Place	Context, thoughts, and feelings
6:30	Looked at reflection in mirror (2 mins)	Kitchen	My face looks really fat
7:00	Looked in mirror while getting dressed-kept turning round and round (5 mins) Pinched my fat rolls (2 mins)	Bedroom	Ughh my stomach is so gross
8:30	Checked to see if my backside looks big in this skirt (5 mins)	Bathroom at work	How can ( be so fat already? ( have only eaten breakfast!
10:00	Looked down at stomach while snacking (2 mins)	Desh	Cannot believe that my stomach is so big-it is making me grossed out to look at it-why can't I just be skinny?

### **End of treatment:** The <u>C</u> in CBT-E

#### Challenging and changing eating disorder thoughts

"ED SAYS"	"RECOVERY SAYS"
Don't eat the oatmeal or any carb at breakfast	Eat a serving of oatmeal or an equivalent grain at breakfast
I can only allow myself XXX calories today	Follow the meal plan you agreed to with your dietitian
I have to exercise today	I will let my body rest
I can only eat XX foods	I will eat a variety of foods

(Lee, 2019)

# Timeline of CBT-E treatment, 20 sessions for 4-6 months

Meet with coach 2 times a week (8 sessions)

Meet with coach once a week (12 sessions)

Month 1

Months 2-4

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# How to achieve best outcomes with CBT-E?

Client?

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Client?

Social worker?

- Devote 20 weeks to the treatment = 5 months

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- Work with a trained social worker or coach

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- Experimental mindset: Release the grip on controlling thoughts and say, "Let's try this and see what happens..."

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- Work with a trained social worker or coach
- Experimental mindset: Release the grip on controlling thoughts and say, "Let's try this and see what happens..."
- Accept relapses as opportunities to practice coping skills

## Critiques of CBT-E

1. Paternalizing tone

2. Oversimplified section on "Problem solving"

3. Need skillsbuilding on interpersonal skills and distress tolerance (DBT).

### Cognitive Behavior Therapy and

Eating Disorders

Christopher G. Fairburn

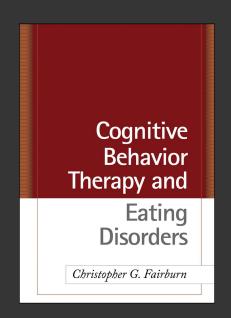
#### **Book for clinicians**

- Clinician's manual published in 2008

## CBT-E Resources: Fairburn's website with CBT-E handouts (https://www.credo-oxford.com/4.4.html)

#### Handouts from Cognitive Behavior Therapy and Eating Disorders

- F2.3 CBT-E formulation of bulimia nervosa
- F2.4 CBT-E formulation of "restricting" anorexia nervosa
- F2.5 Transdiagnostic CBT-E formulation
- T4.2 Points to make when describing CBT-E
- T5.1 Topics to cover when assessing the eating problem
- F5.2 CBT-E formulation of eating disorder NOS in the patient's own words
- T5.2 Instructions for self-monitoring
- F5.3 Blank monitoring record
- T6.1 Topics to cover when educating patients about eating disorders

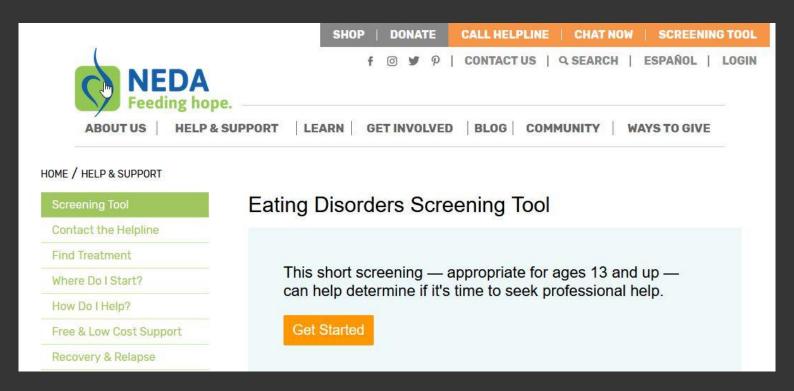


### The experience:

### Recovery

### Resources: Eating disorders screening tool

(https://www.nationaleatingdisorders.org/screening-tool)



#### Resources: "18 Eating Disorder Books"

(https://breakbingeeating.com/eating-disorder-books/)

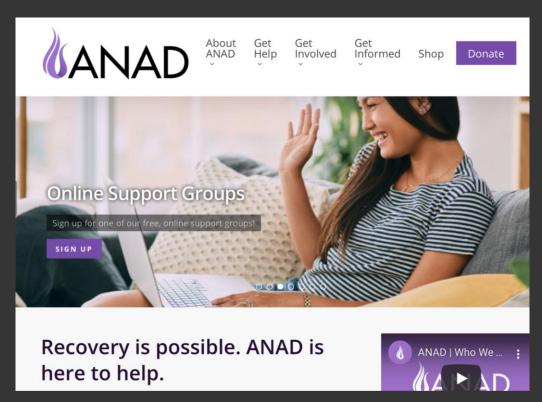


18 Best Eating Disorder Books Of All-Time To Improve Your Eating Behaviors (2022 Update)

## Resources: ANAD (National Association of Anorexia Nervosa and Associated Disorders)

(https://anad.org/)

- Eating disorders helpline (888) 375-7767
- Directory of regional treatment locations
- Peer support groups



#### Resources: ANAD (National Association of Anorexia Nervosa and

**Associated Disorders**)

(https://anad.org/)

- Diversity of peer support groups
- 75-minute Zoom mtg.
- Capped at 20 participants?

#### **Support Group Schedule**

- LGBTQ+ Eating Disorder Support Group Monday at 5pm EST /
   2pm PST
- General Eating Disorder Support Group Monday at 6pm EST / 3pm PST
- General Eating Disorder Support Group Monday at 8pm EST / 5pm PST
- Black, Indigenous, and People of Color (BIPOC) Support Group Monday at 8pm EST / 5pm PST [Starting on Feb 14, this group will meet at 7:30 EST/4:30PST]
- General Eating Disorder Support Group Tuesday at 12pm EST / 9am PST
- Teens and Young Adults Support Group Tuesday at 7pm EST /
   4pm PST

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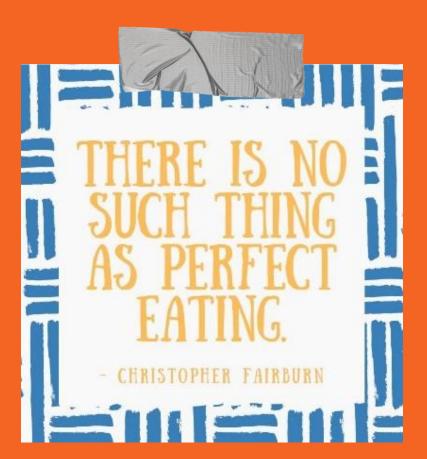
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Tina Lai, Heartland Social World World Control of the Property of the

Tina Lai, Heartland Social Work Conference (March 11, 2022)

# Thank you for your participation!



Tina Lai, Heartland Social Work Conference (March 11, 2022)

#### **Scenarios:**

**Scenario** #1: Alex and his anxiety around cake.

Alex is at his friend's birthday party and is offered a slice of cake. Alex hasn't eaten cake in a year because it was previously a fear food for him and he feels anxious eating.

What tools can he use from the CBT-E treatment?

(Castro, 2018)

### **Scenarios:**

**Scenario** #2: Brenda and her urge to binge eat when depressed.

Brenda is home alone watching TV a few hours after dinner and is feeling sad. She used to binge eat cookies and candy when she was feeling lonely and in-between diets.

What can she do behaviorally to disrupt her mindset?

(Castro, 2018)



Binge video:

https://youtu.be/yWHIAQ84AZM

Recovery:

https://youtu.be/iErtF9lfl6M