

Treating Binge Eating and Bulimia with DBT

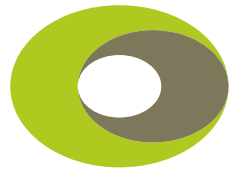
Lucene Wisniewski, PhD, FAED

Chief Clinical Officer, Center for Evidence Based
Treatment Ohio

Case Western Reserve University



Note:

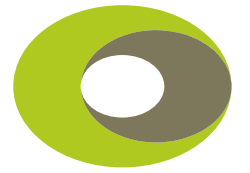


Slides are an adaptation of talks given by Dr. Debra Safer, one of the developers of the DBT for BN/BED approach.

This training is a joint effort between Dr. Safer and Dr. Wisniewski



Outline of Talk: Four Sections



Section 1. Why Apply DBT for Eating Disorders?

Section 2. Pretreatment and Early Sessions (1& 2):

A. Brief Introduction to DBT

B. Commitment and Orientation to the Model and Targets

Section 3. Application of the Skills within an Adapted Three Module Program

A. Mindfulness Module

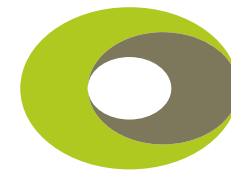
B. Emotion Regulation Module

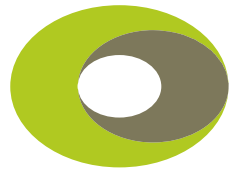
C. Distress Tolerance Module

Section 4. Termination and Relapse Prevention

Questions/Discussion!

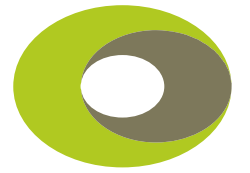
How Did I Become Interested in DBT?





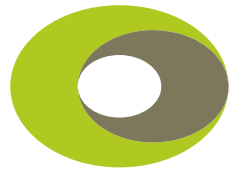
- Use DBT in your practice on a regular basis?
- Treats patients with binge eating and bulimia on a regular basis?
- Uses DBT as adapted for patients with binge eating and bulimia?

Why Apply DBT for Eating Disorders (EDs)?: Overview



- Basic Definitions
 - Binge episode, Binge Eating Disorder, Bulimia Nervosa
- Current Leading Treatment Models for BED and BN
 - CBT and IPT Models
 - Treatment outcomes post CBT or IPT
- Introduction to Affect Regulation Model
 - Rationale for Adaptation of DBT to BED and BN
- Research Findings

History of “Binge Eating Disorder”



Stunkard (1959) observed “binge eating” among some patients with obesity

- characterized by the consumption of “enormous amounts of food... in relatively short periods” (p. 289)
- occurred more frequently during stressful periods, and linked to “self-condemnation and shame related to the behaviour” (p.289)

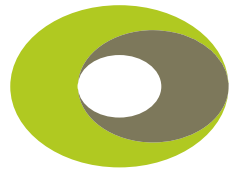
Spitzer (1991) was the first to coin the term “binge eating disorder”

- developed diagnostic criteria intended for DSM-IV 1996
- listed as example of Eating Disorder Not Otherwise Specified (ED-NOS).

DSM 5 2013

- BED achieved recognition as a formal Eating Disorder diagnosis

Binge Eating Disorder (BED): definition



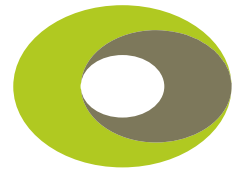
1. Recurrent episodes of binge eating

- at least once per week
- abnormally large amount of food given the context
- loss of control
 - (e.g., eating much more rapidly than normal, feeling disgusted with oneself, depressed, or very guilty after overeating)

2. Absence of compensatory behaviors

3. Marked distress regarding binge eating

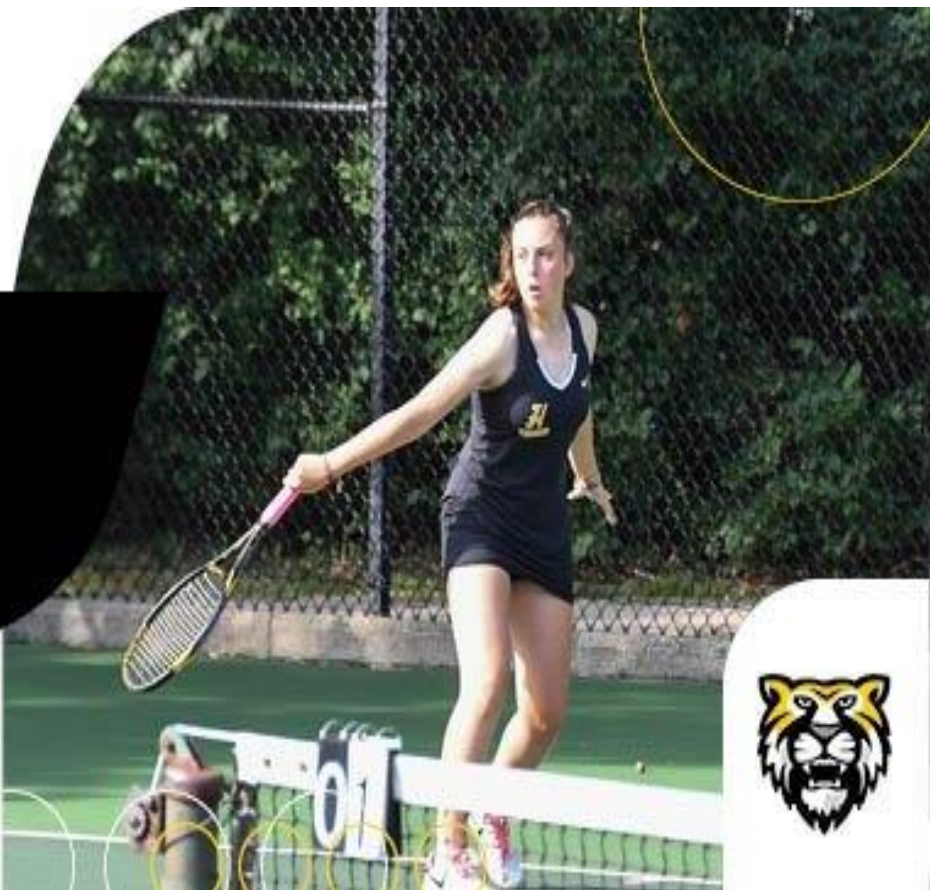
Is that a binge? A story about pizza....

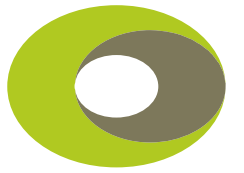


HEIGHTS HIGH SCHOOL

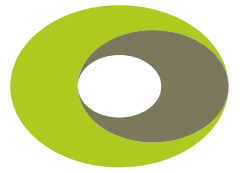
GOOD LUCK!

SECTIONAL
QUARTER-FINAL



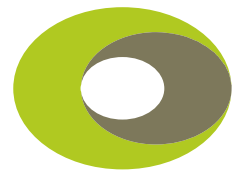


How to Define a Binge Episode?



- a discrete period of time (e.g. within any 2-hour period),
- eating an amount of food that is definitely larger than most people would eat
 - during a similar period of time
 - and under similar circumstances
- A sense of lack of control over eating during the episode
 - a feeling that one cannot stop eating or
 - cannot control what or how much one is eating

How to Define a Binge Episode?



More than 1 pint



More than 4 regular candy bars

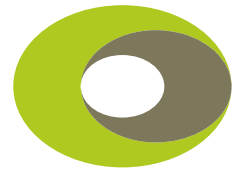


More than 5



More than 4 or 5 depending on size

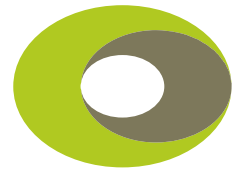
Binge Eating Disorder (BED)



Recurrent episodes binge eating

- At least 1/week for 3 months
 - Binge episodes are associated with 3 or more:
 - Eating much more rapidly than normal
 - Eating until feeling uncomfortably full
 - Large amounts of food when not feeling physically hungry
 - Eating alone because of being embarrassed by how much one is eating
 - Feeling disgusted with oneself, depressed, or very guilty after overeating
 - Absence of compensatory behaviors

Bulimia Nervosa: Definition



Binge eating:

- Rapidly eating large amounts of food
- Over discrete time period (usually < 2 hours)
- Lack of **control** (i.e., unable to stop)

Purging

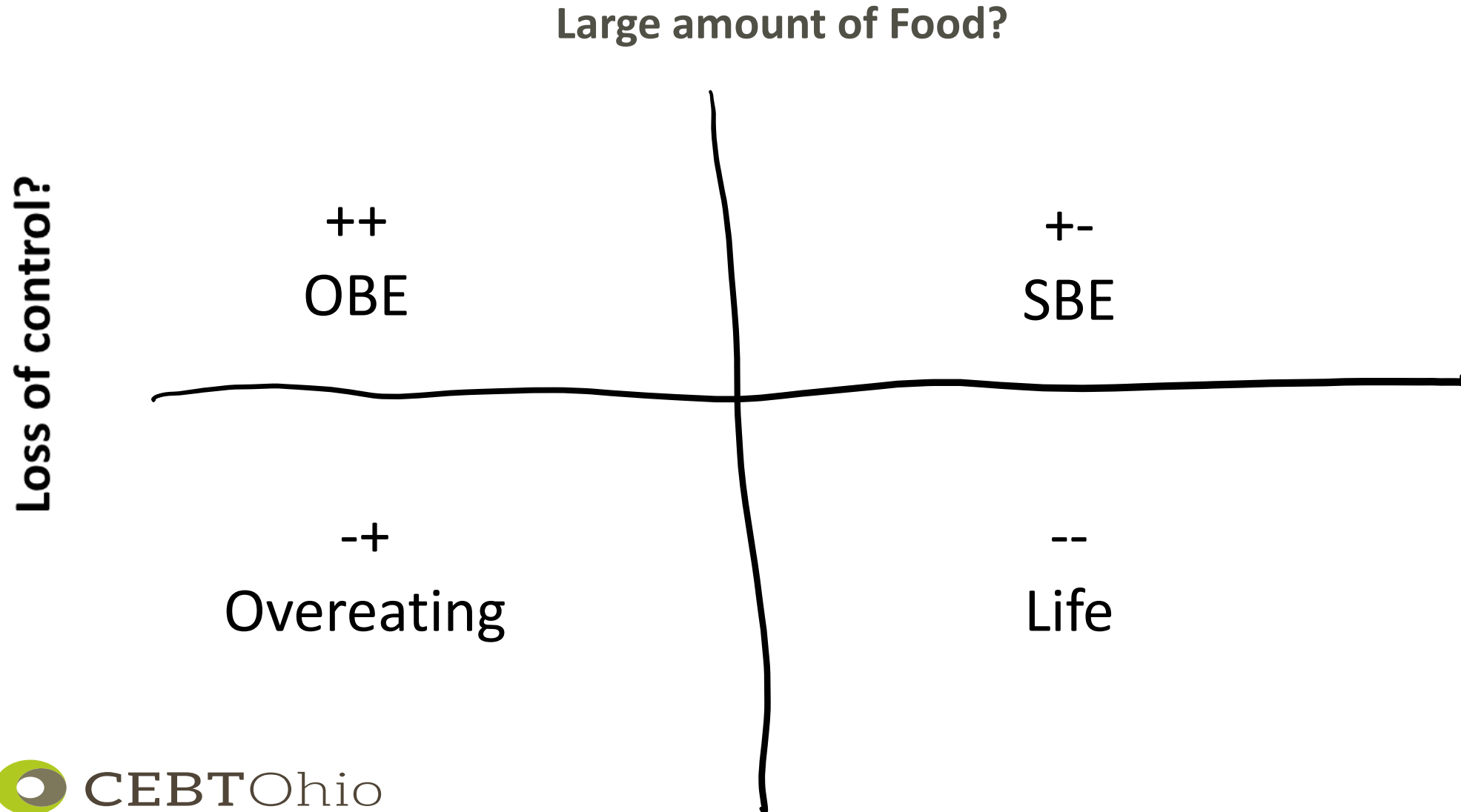
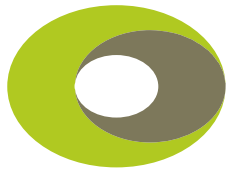
- Compensatory behavior to prevent weight gain
 - Vomiting, Misuse of laxatives & diuretics, Over-Exercise, Fasting

Frequency:

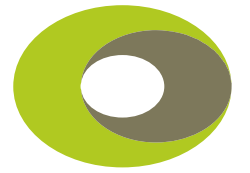
1 binge/purge episode per week for at least **3 months**



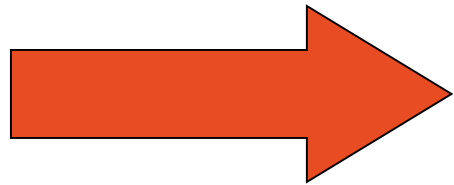
Binge eating vs. Over eating



CBT for BN/BED: FOCUS Reducing Dietary Restraint



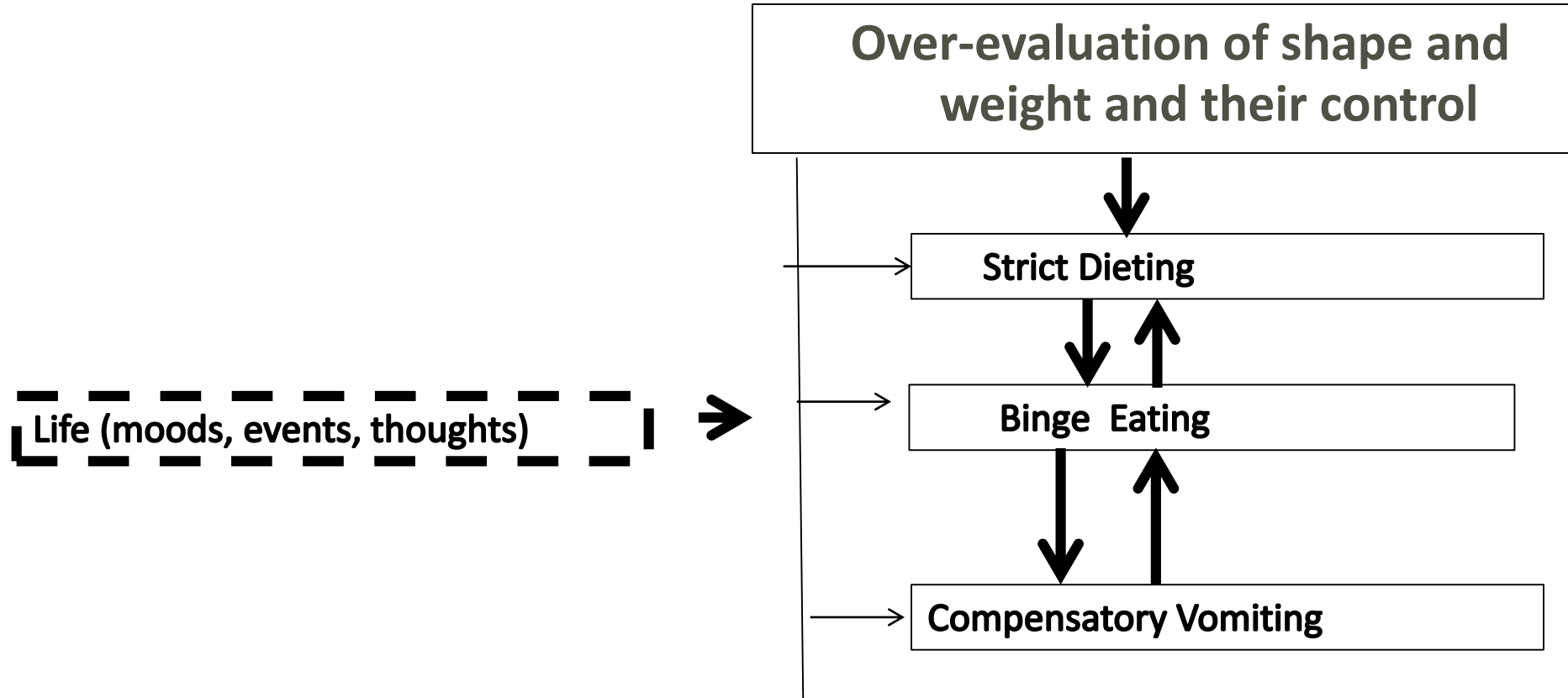
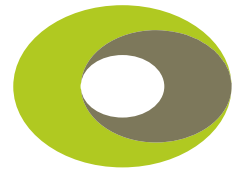
Extreme dieting driven by **dysfunctional beliefs** about the importance of **weight and shape**



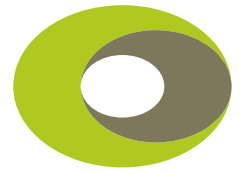
**Binge eating
and/or purging**



CBT Model of Eating Disorders



Affect Regulation Model for Binge Eating and Bulimia



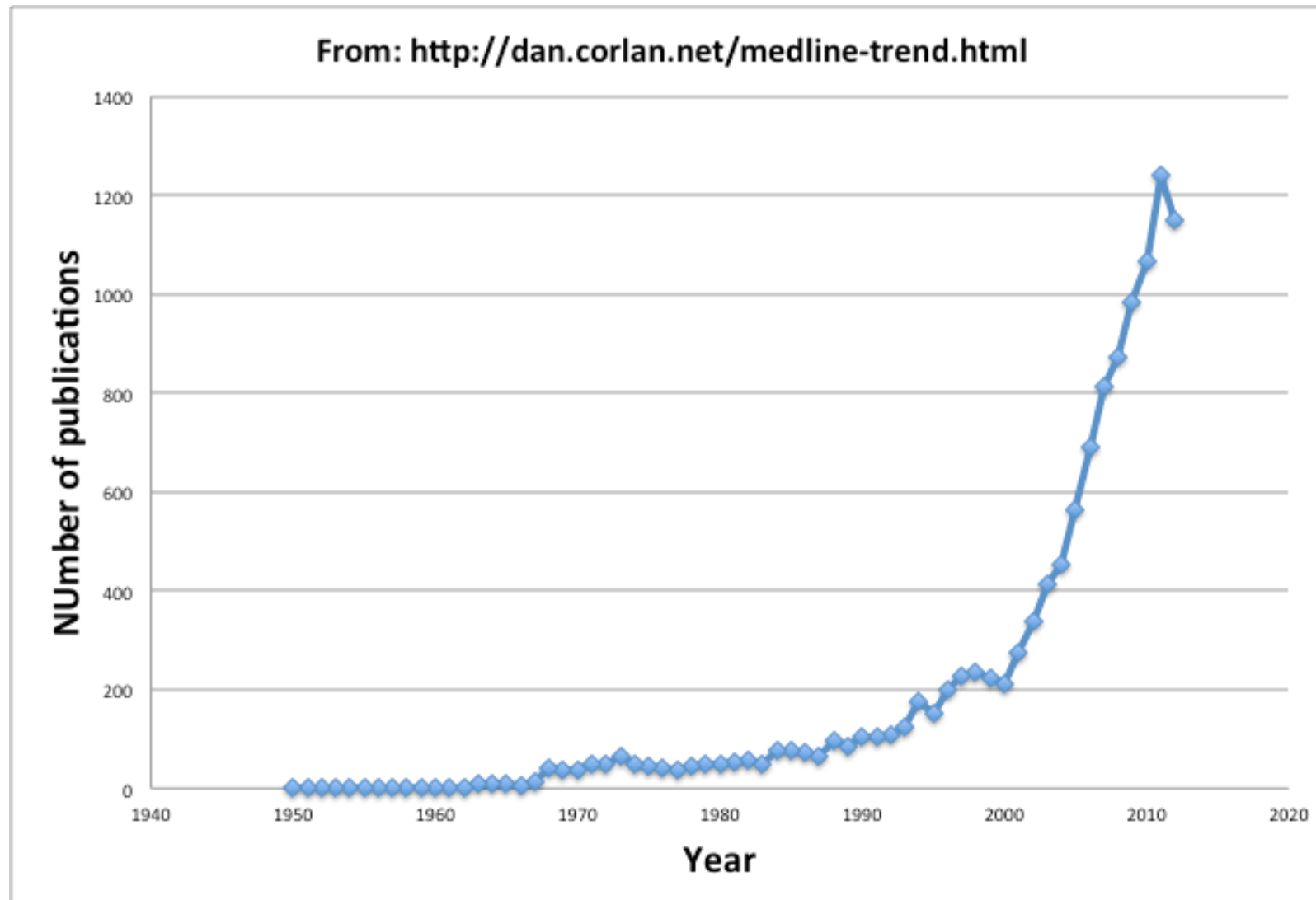
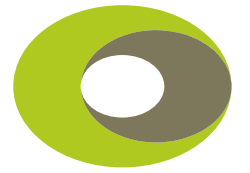
Inability to regulate intense emotions

(whether triggered by thoughts about food, body image, perfectionism, or interpersonal situations)

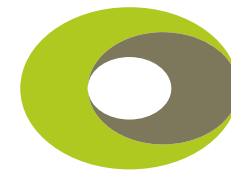
Binge eating and/or **purging**



Number of Research Publications/Year on Emotion Regulation



Affect Regulation Theory for Binge Eating: Key Hypothesis



- Pts lack skills to adaptively/effectively cope with negative affect
 - ED behaviors function to modulate, escape, or numb intense emotions
 - Provide temporary relief from negative affect
- BE: can result in secondary emotions
 - Shame or Guilt
 - then prompt further binge eating and purging episodes



Affect Regulation Theory for Binge Eating: Key Hypothesis



Patients with binge eating and/or purging lack skills to adaptively and effectively cope with negative affective states

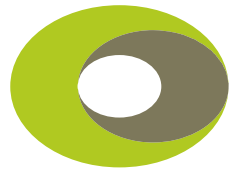
- Binge eating, purging, and other problematic eating behaviors function to modulate, escape, or numb intense emotions
- Provide temporary relief from negative affect

Binge eating may result in secondary emotions such as shame or guilt

- These emotions can then prompt further binge eating and purging episodes



Support for Affect Regulation Model in Binge Eating

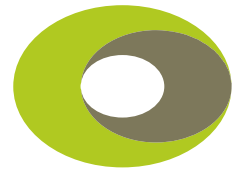


Negative mood -most frequently cited precipitant of BE (Polivy & Herman, 1993).

Inducing a negative mood (compared to a neutral mood) in the laboratory significantly increased loss of control over eating and the occurrence of self-defined binges in women with BED (Telch & Agras, 1996; Agras & Telch, 1998).

Negative mood plus restrictive dieting in BN did worse in CBT treatment (by more than 50%) than BN who were purely restrictive dieters (Stice & Agras, 1999).

Consider DBT!



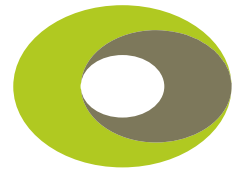
Emotional dysregulation seen as core problem in borderline personality disorder (BPD)

Self-destructive impulsive behaviors



Temporary relief from intense emotions

Why “Standard” DBT was Adapted for Eating Disorders: Rationale



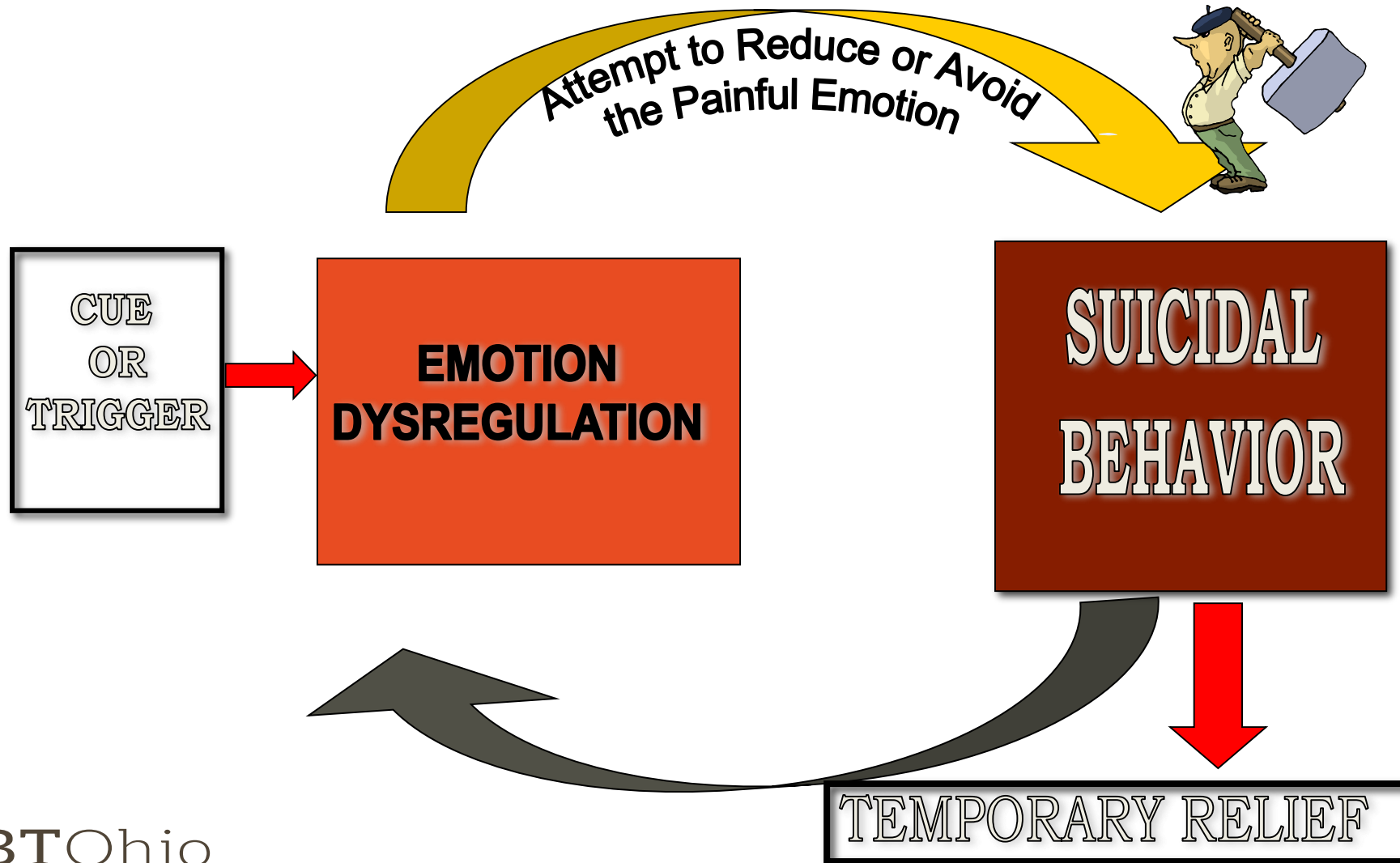
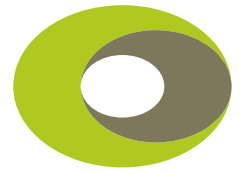
Binge eating → Relief of negative affect

In a Similar Way That

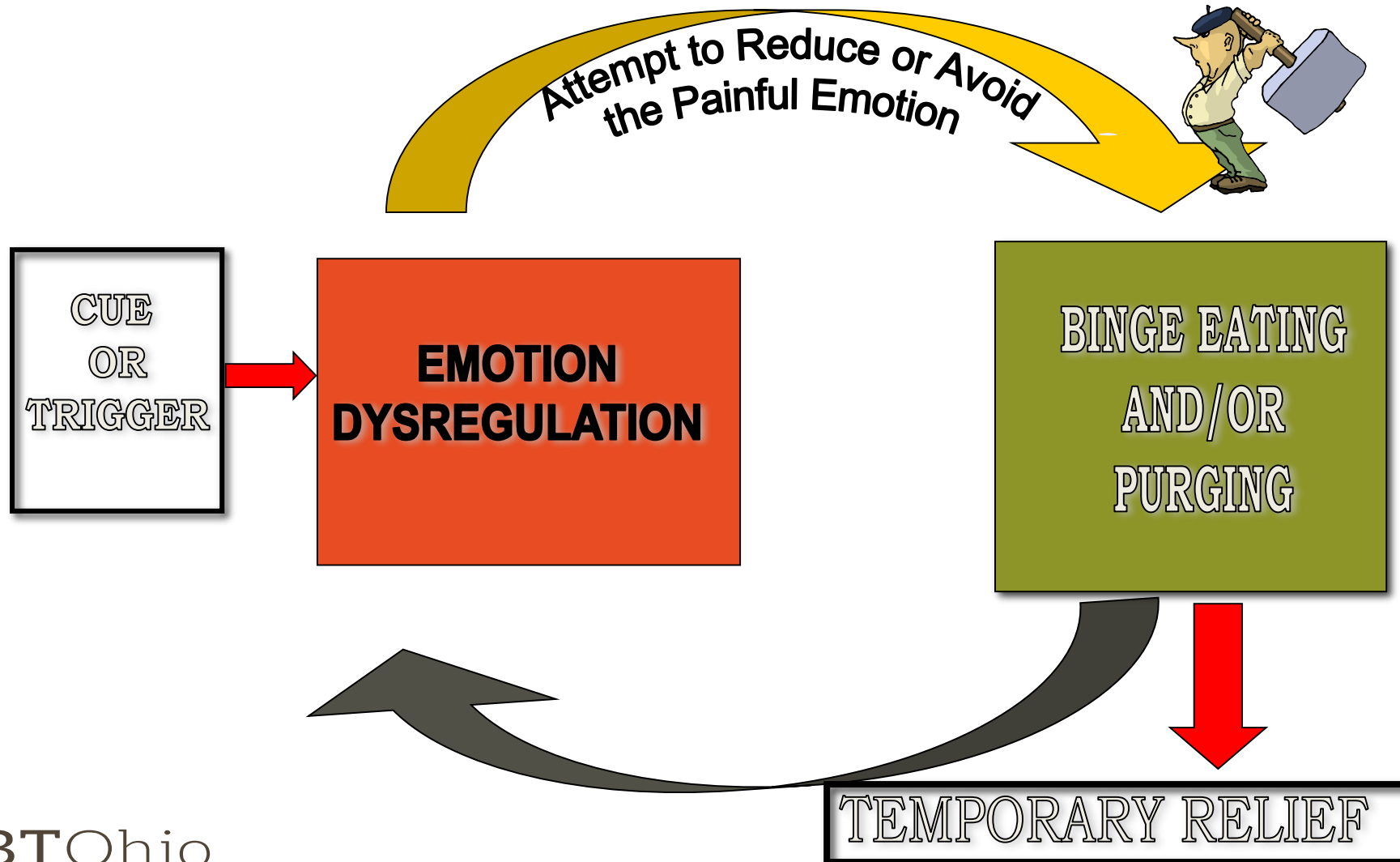
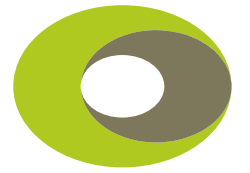
Self-harm behaviors → relief of negative affect

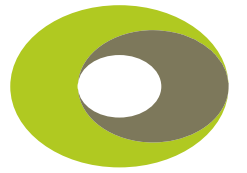
(Mcabe et al. Wisniewski et al., 2003; Telch et al., 1996)

DBT Avoidance Paradigm To Explain Suicidal/Self-Harm Behaviors

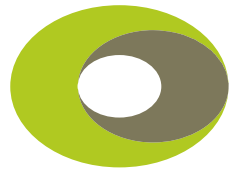


DBT Avoidance Paradigm To Explain Suicidal/Self-Harm Behaviors



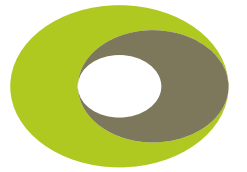


1. Up to 50% of clients still symptomatic after treatment with standard empirically derived therapies (e.g. CBT, IPT) for BED and BN
 - Predictors of poor outcome include co-morbid personality disorders or other Axis I disorders
 - Severity of symptoms



2. DBT, unlike CBT or IPT, is based on affect regulation model

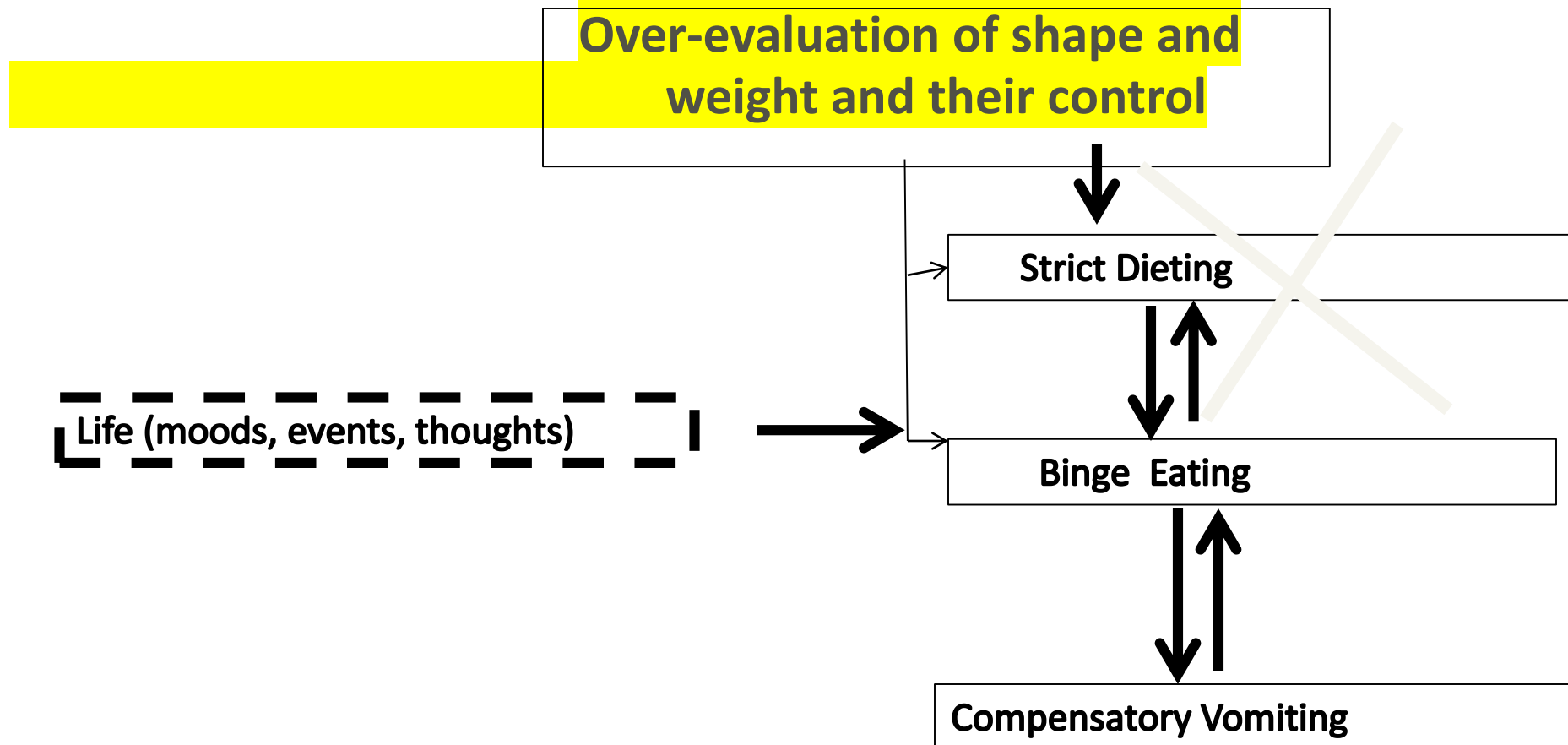
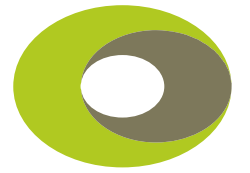
- Negative affect is most frequent precursor to binge eating (cf. Greeno, Wing, & Shiffman, 2000)
- EDs, like suicidal behaviors, may function to regulate affect
- DBT is specifically designed to teach adaptive affect regulation and to target behaviors resulting from emotional dysregulation

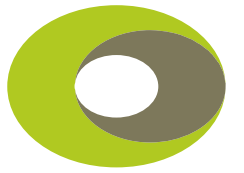


3. Many ED patients are ambivalent about their symptoms and treatment

- DBT's focus on acceptance-based and change-based strategies captures this tension
- Acceptance focus is equally important for therapists and family members by providing framework for relinquishing control over time course of change
- DBT involves sophisticated use of commitment strategies

Reminder: CBT Model of Eating Disorders

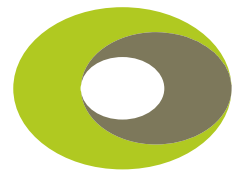




Treatment Outcomes:

- about 50% are **abstinent** from binge eating and/or purging after CBT or IPT (Wilson, Grilo, & Vitousek, 2007)
- 50% of eating disordered patients **remain symptomatic** after CBT or IPT
- Important to develop **alternative theoretical conceptualizations/ treatment** models of binge eating and/or purging, such as the **Affect Regulation Model**

Randomized Controlled Trials for DBT-BED and DBT-BN



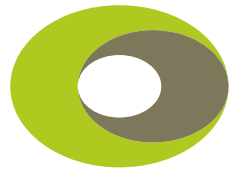
DBT for BN- One RCT

- 31 women randomized to 20 weeks individualized DBT for BN (1 hour/week) or wait-list control (Safer, Telch, & Agras, 2001)

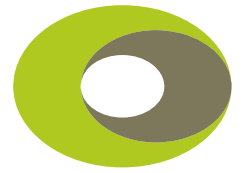
DBT for BED- Two RCTs

- 44 women randomized to 20 weeks of DBT for BED, group format (2 hours/week) or wait-list control (Telch, Agras & Linehan, 2001)
- 101 men and women randomized to 20 weeks of DBT for BED or an active supportive psychotherapy control. (Safer, Robinson, & Jo, 2010)

Weight Changes Associated with Maintenance of Abstinence (2001)



- Mean weight loss over the initial 20 week course of treatment was 1.9 kg, or 4.2 pounds (SD=12.13) for all participants
- At 6 month follow-up, the 23 (71.9%) participants who maintained abstinence had lost an additional 3.3 kg or 7.2 pounds (SD = 8.6)
- The 9 (28.1%) who relapsed lost an additional 0.7 kg, or 1.5 pounds (SD = 3.0) (Safer DL, Lively TJ, Telch CF, Agras WS., 2002)



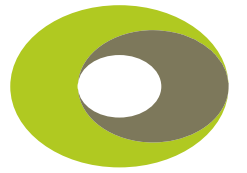
Important Caveat: DBT-ED Findings Based on Selected Sample (e.g., Non-Suicidal Patients)

Exclusion Criteria:

- **Current Suicidality**
- **Current Substance abuse/dependence**
- Psychosis
- Concurrent psychotherapy or weight loss treatment
- Use of any psychiatric medications (Telch et al., 2001) or unstable 3 month med regime (Safer et al., 2010)
- Medical illness affecting weight/shape (e.g., insulin dependent diabetes)

Note: While borderline personality was not an exclusion factor, few met full criteria for BPD (Telch et al., 2001- 0% and Safer et al., 2010-3%)

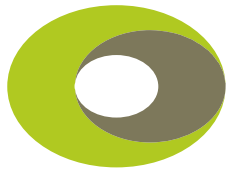
Some groups are particularly responsive to DBT for BED



Patients with

- Avoidant Personality Disorder
- Higher Depression Scores
- More Difficulty Achieving Goals When Emotionally Dysregulated

Have fewer binges at post-treatment and/or 1 year follow-up if randomized to the more specialized treatment, DBT-BED, versus comparison control



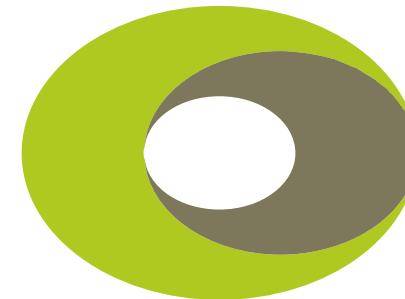
When **NOT** to use DBT for Binge Eating/Purging

With BED or BN clients with:

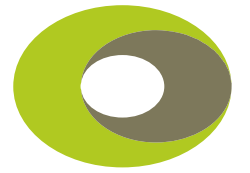
- Severely chronic multiple symptoms
- Active suicidality
- Combined borderline personality disorder and active substance abuse/dependence

The ORIGINAL comprehensive multimodal DBT program would be the treatment of choice for such clients (see, e.g., Wisniewski, Safer & Chen, 2007)

What is the Structure: DBT for BED and BN



“Standard” DBT VS Adapted DBT for BED and BN: Similarities vs. Differences

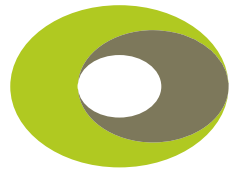


Structure of Treatment

Combines aspects of “Standard” DBT Individual and Group Skills Training combined into SINGLE weekly session

- (e.g., 1-hour individual session or 2-hour group session)
- **First half**
 - Review Diary Cards, Chain analyses, Skills homework
- **Second half**
 - Instruction on New Skills
 - Pre-Treatment Orientation Session (20-30 minutes)

Treatment Structure: Three (Not Four) Skills Modules



Mindfulness module

Emotion Regulation module

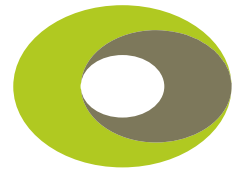
Distress Tolerance module

Interpersonal Effectiveness module omitted

- Research-related Rationale
 - Time limit of only 20 sessions
 - CBT and IPT for BED effective within 20 2-hour sessions
- Theoretical overlap of Interpersonal Effectiveness module and IPT

In non-research setting: No reason to omit Interpersonal Effectiveness module

Treatment Structure: 20 DBT for BED & BN Weekly Sessions



PRE-TREATMENT ORIENTATION: Meet with each group member individually to orient to model (20-30 Minutes)

INTRODUCTION (Sessions 1-2): Introductions, Orientation to model and treatment targets, Group rules and agreements, Commitment strategies

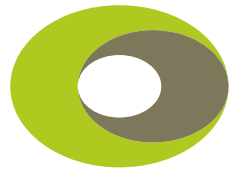
MINDFULNESS SKILLS (Sessions 3-5): Increase awareness and experience of the current moment without self-consciousness or judgment

EMOTION REGULATION SKILLS (Sessions 6-13): Help participant identify emotions, understand their function, reduce vulnerability to negative emotions & increase positive emotions

DISTRESS TOLERANCE SKILLS (Sessions 14-18): Crisis Survival skills (e.g. distraction) and acceptance skills to help tolerate distressing emotional states that cannot, in that moment, be changed.

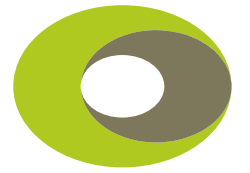
REVIEW & RELAPSE STRATEGIES (Sessions 19-20)

Similarities and Differences Between “Standard” DBT and Adapted DBT for EDs



- Treatment Structure
- **Theoretical Foundation:**
 - DBT core theories & Strategies
 - Dialectical strategies
 - Balance validation and change
 - Problem and solution analysis
 - Self Monitoring and BCA
 - Biosocial model
 - **Extending notion of Biological and Invalidating Environment**

A Dialectical Approach Involves Balancing:



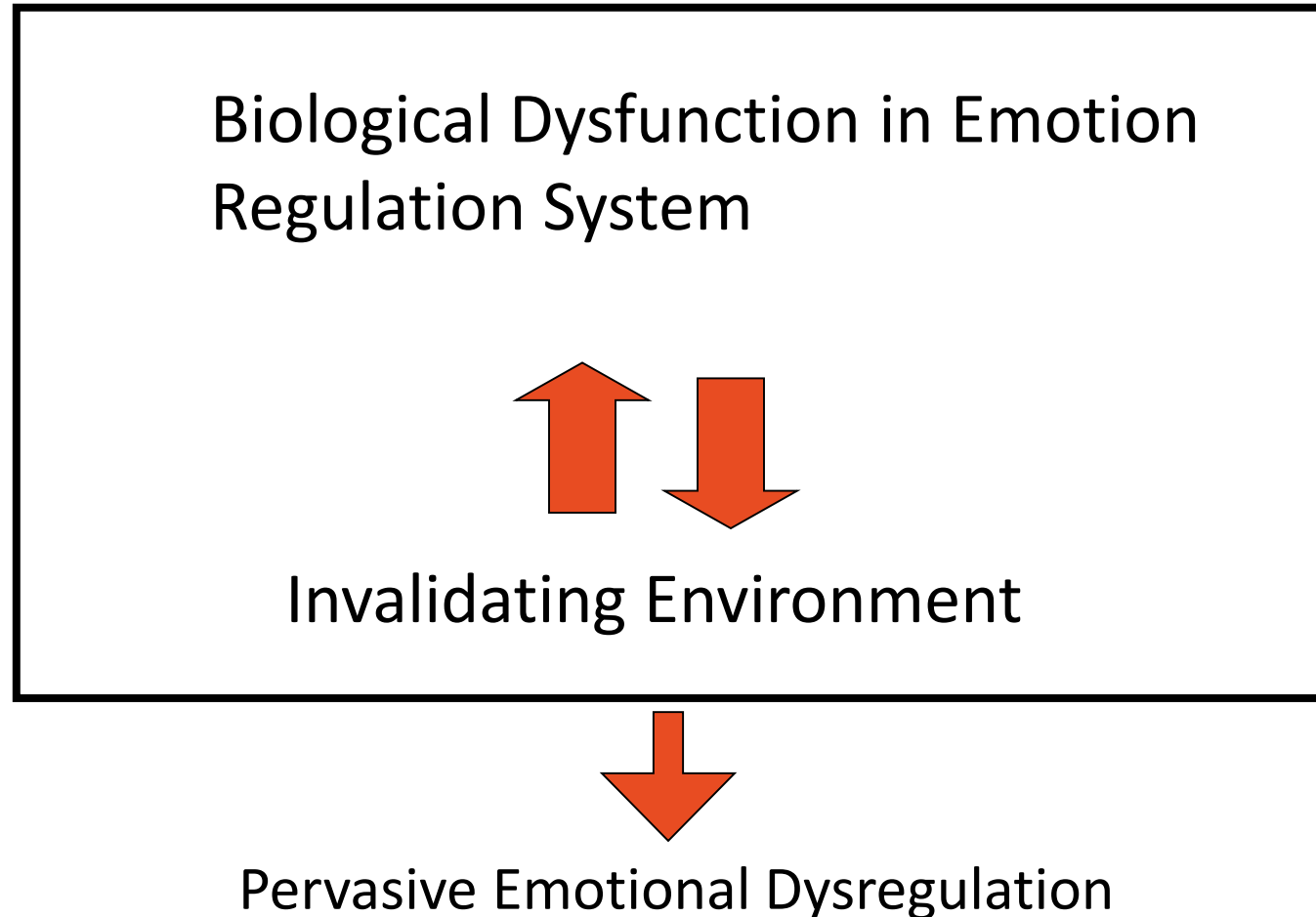
**Change
Problem Solving**

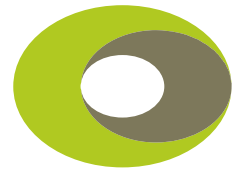
**Acceptance
Validation**



DBT's Biosocial Model

DBT Biosocial Model of Borderline Personality Disorder





Biosocial Model: Biologically-Based Emotional Vulnerability

High Sensitivity

- Immediate reactions
- Low threshold for emotional reaction

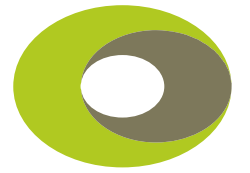
High Reactivity

- Extreme reactions
- High arousal dysregulates cognitive processing

Slow return to baseline

- Long-lasting reactions
- Contributes to high sensitivity to next emotional stimulus

Biosocial Model: Invalidating Environment



Self-generated behaviors and communication of private experiences are rejected as invalid

- It's no big deal, get over it

Emotional displays and/or pain behaviors met by punishment and escalation met by erratic, intermittent reinforcement

- I'll give you something to cry about...

Ease of problem solving and meeting goals is oversimplified

- We'll just get you a new one





Biosocial Model: Consequences of Invalidating Environment

Because of invalidation, person is NOT taught to:

- Trust experiences as valid responses to events
- Effectively regulate emotions

By punishing and intermittently reinforcing,

NOT taught to:

- Communicate emotional pain effectively

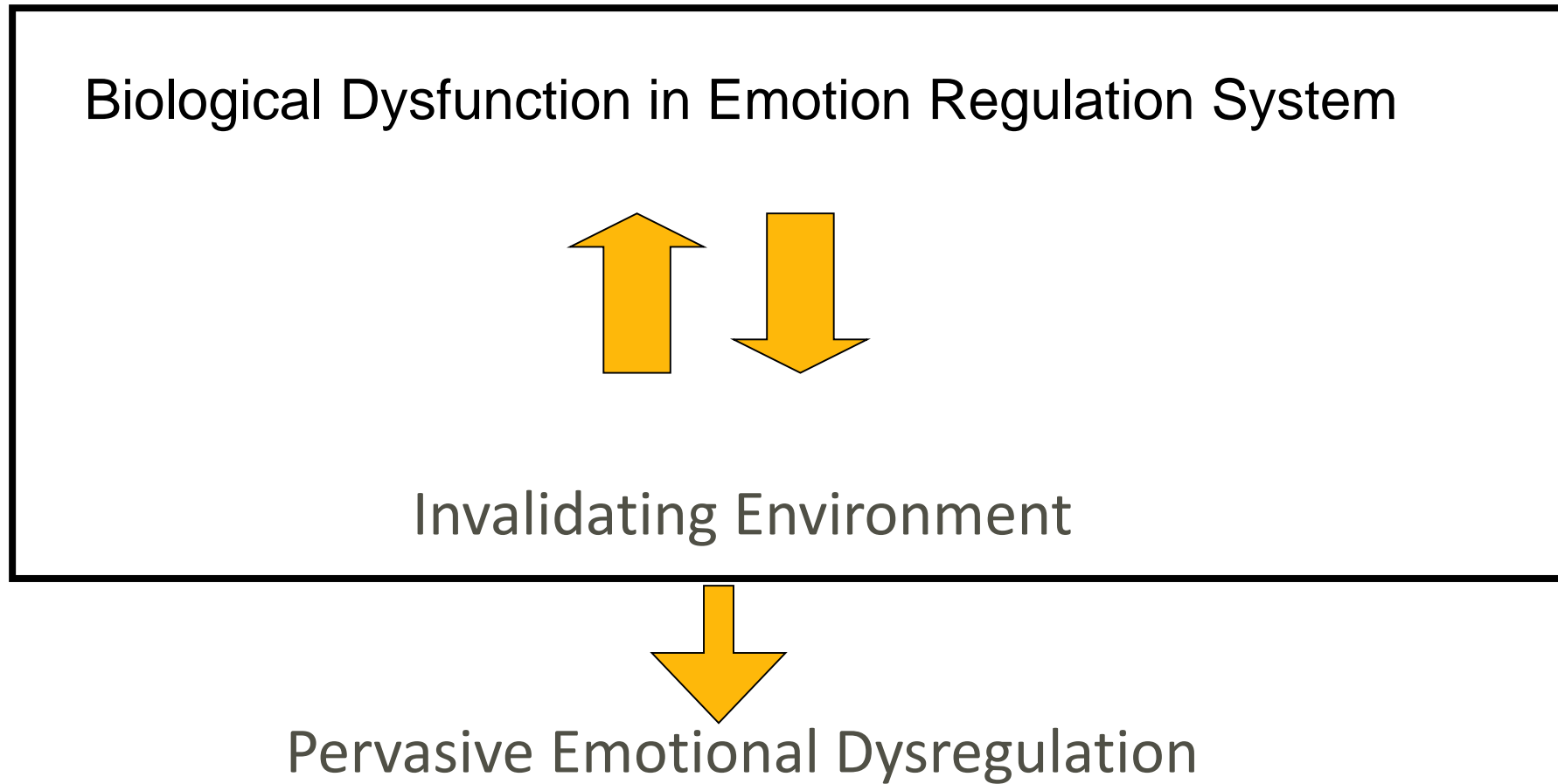
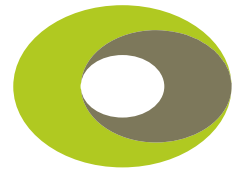
Because of oversimplifying, NOT taught to:

- Tolerate distress
- Solve difficult problems in living

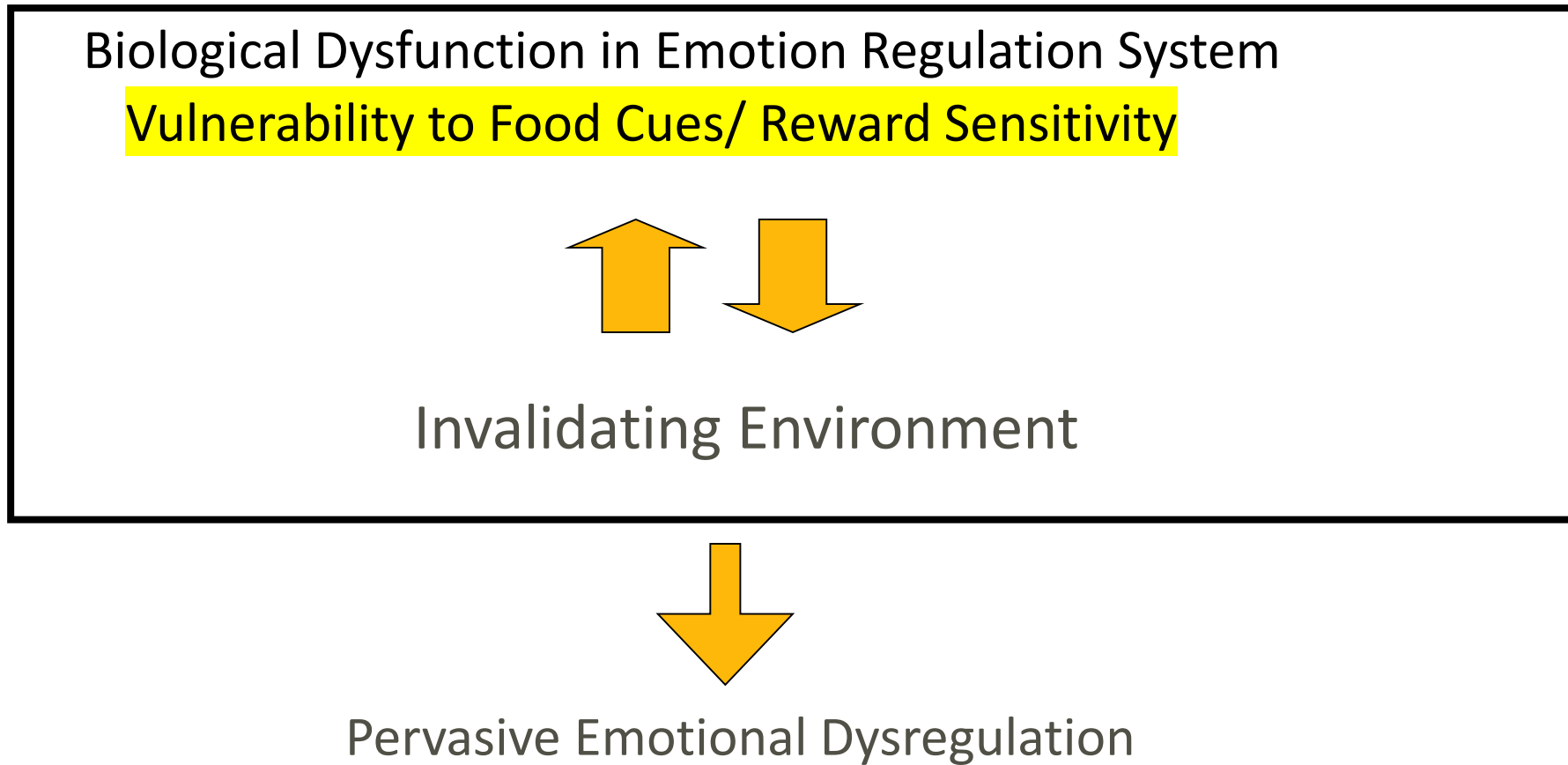
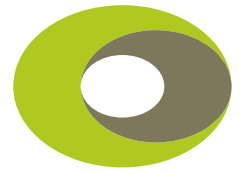
Instead, person is taught to form unrealistic goals

- Consequently becomes highly distressed by failure

DBT-BD/BN Extension of Standard DBT Biosocial Model



DBT-BD/BN Extension of Standard DBT Biosocial Model



DBT-BD/BN Extension of Standard DBT Biosocial Model

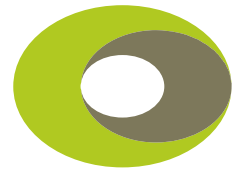


Temporal Discounting: Type of cognitive deficit involving difficulty resisting short-term rewards (such as tempting binge foods) in favor of long-term goals. Value of future rewards is **steeply discounted**. Higher in BED and BN, obese.

e.g., it won't matter if I just eating this one.....

Hedonic Hunger: Increased appetite drive or preoccupation with highly palatable food when not physically hungry. Higher in patients with BED, BN. Associated with increases in body weight.

e.g., wondering what is for dinner at breakfast



Increased Reward Value of Palatable Foods Under States of Negative Affect : Seen in BED, BN. Increased connectivity between emotion centers (e.g., amygdala) and reward centers.

e.g., I just LOVE food and eating

Reduced Reward Activation to Actual Taste of Food: Seen in BED, BN, obese. Despite higher anticipated reward, decreased neural response to actual taste. Binge eating perhaps an attempt to match anticipated taste

e.g., looks like at 10, but brain responds/tastes like a 6.

Deficits in Inhibitory Control: Deficits in ability to efficiently recruit inhibiting control processes within cortex. Deficits seem specific to food. Seen in BED, BN, obese

e.g., I can't NOT pas up that candy dish

DBT-BD/BN Adaptations to Standard DBT Biosocial Model (con't)

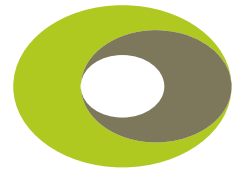


“Addicted” to Food? Ongoing debate in research literature.

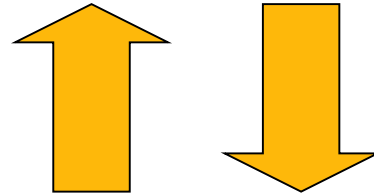
May be valuable to point out:

Even if not addictive, intense emotional experiences clearly increase the reward value of food.

So you will still need emotion regulation strategies whether or not “addicted” to food.



Biological Dysfunction in Emotion Regulation System
Vulnerability to Food Cues/ Reward Sensitivity



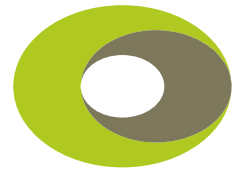
Invalidating Environment

Invalidation via Mixed Media Messages

(Recipes for desserts vs. Articles on latest diet)

Weight related-teasing

Invalidation by Western cultural expectations for beauty (“Thin= Success” average model vs. average woman)



Similarities and Differences Between “Standard” DBT and Adapted DBT for EDs: **Core DBT Strategies**

Behavioral Analysis Strategies

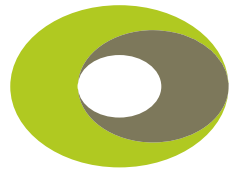
- ED-Specific Treatment Targets/Therapy-Interfering Behaviors
- Monitoring and analysis of Problem Behaviors
 - ED-Specific Chain Analysis
 - ED-specific Diary Card

Solution Analysis strategies

- Skills Training
 - Skills acquisition, strengthening, generalization

Dialectical Strategies

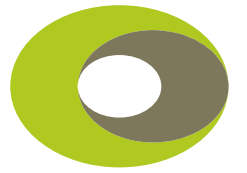
- Balance Problem Solving with Acceptance



ED-Specific Behavioral Analysis Strategies

- ED-Specific Targets
- **Monitoring and analysis of Problem Behaviors**
 - ED-Specific Chain Analysis
 - ED-specific Diary Card

ED-Specific Behavioral Chain Analysis



Monitoring and Analysis of Problem Behaviors

Problem behavior

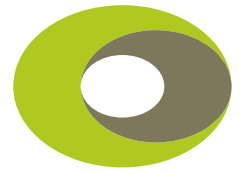
- Choose highest on “Path to Mindful Eating” Hierarchy
- e.g. Binge Eating and/or Purging > Mindless Eating > Food cravings, urges, preoccupations > Capitulating > Apparently Irrelevant Behaviors

What prompted the behavior?

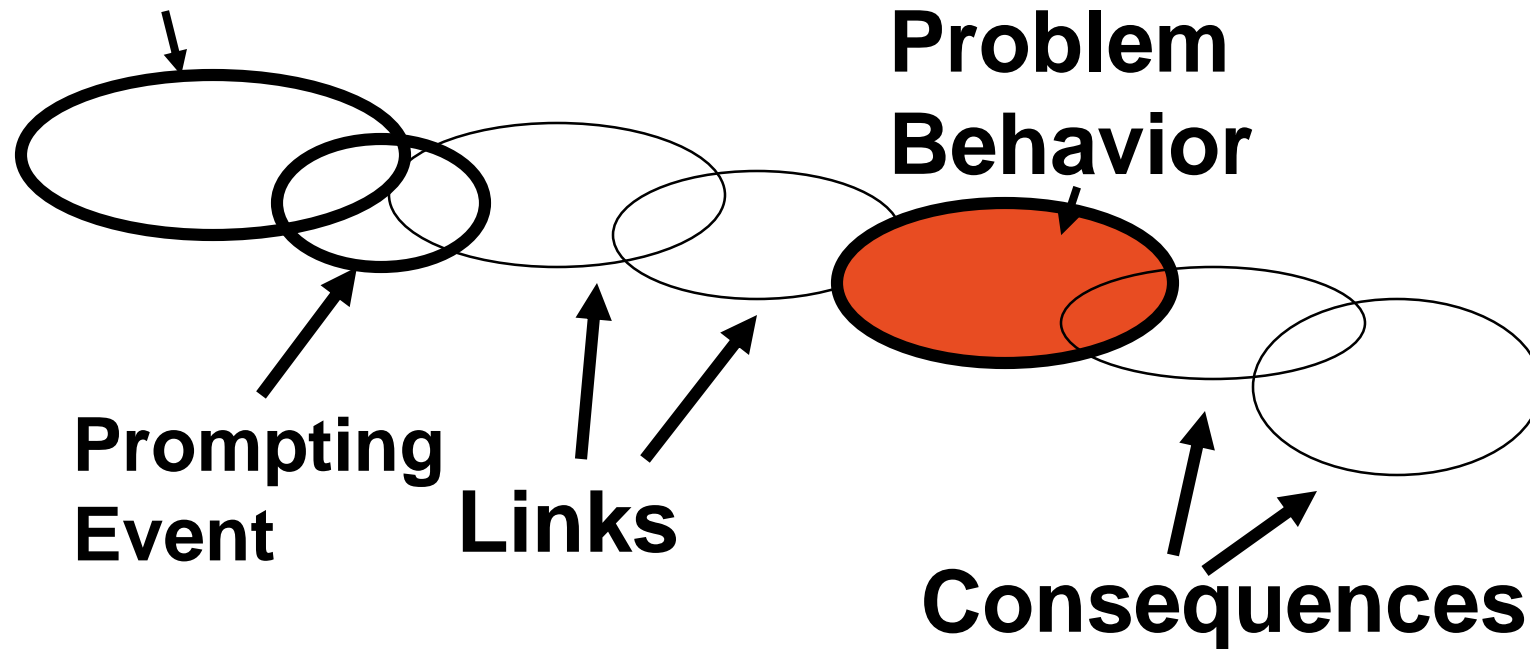
What made me vulnerable?

What were the consequences of the behavior?

Behavioral Chain Analysis



Vulnerability



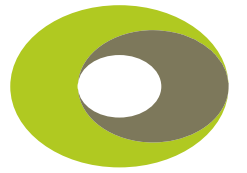
Dialectical Behavior Therapy for Binge Eating and Bulimia

Debra L. Safer
Christy F. Telch
Eunice Y. Chen

Foreword by
Marsha M. Linehan

The Treatment!

Case Example



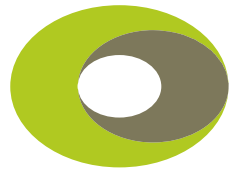
46 y. o. married woman, full-time mother of two.

Twenty-five lbs overweight.

Began binge eating in adolescence

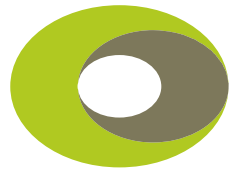
Binge eating worsened over past year when elderly mother had a stroke and moved in to live with patient's family.

Pre-Treatment Interview



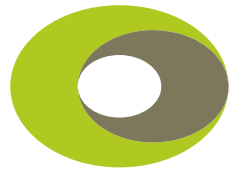
1. Individual meeting with therapist
20-30 minutes
2. Introduce Emotion Regulation Model
 - Review recent binge of the client
 - Does model apply?
3. Review Treatment Targets
4. Review Client and Therapist Agreements

Goals of Pre-Treatment Interview



- Develop a therapeutic alliance
 - Ask about client's prior treatment experience
- Understand the patient's general, overall eating difficulties
- Provide clients with a rationale for DBT treatment
 - Assess the model's personal relevance and fit for the client
- Orient client to treatment and obtain commitment
 - Targets

Goals of Pre-Treatment Interview



Review treatment expectations for the client and the therapist

- Appendices 3.3 - 3.5

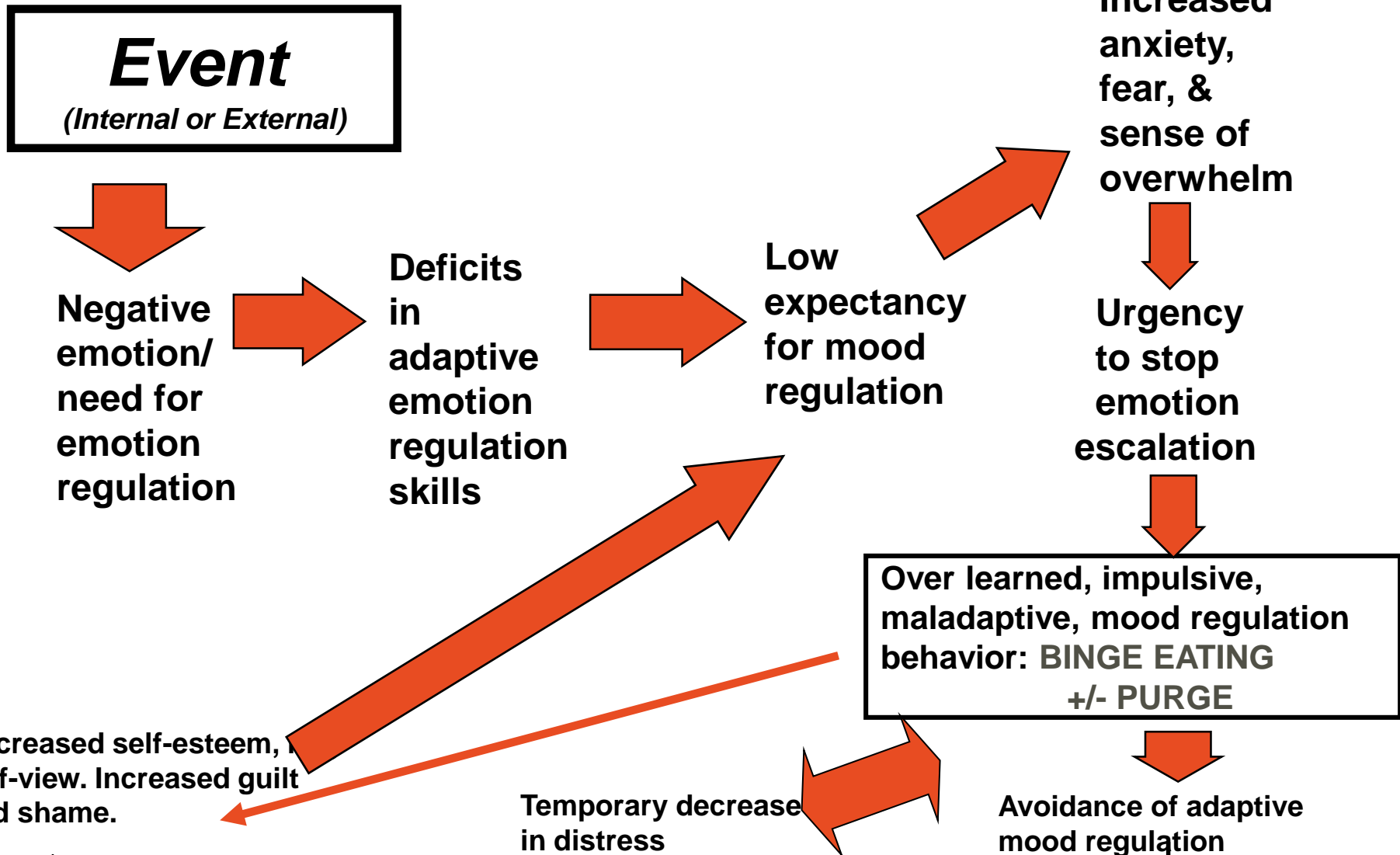
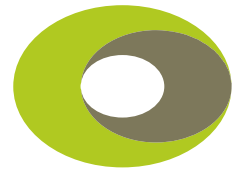
Provide logistical information

- Dates and times of sessions
- Expectations about missed sessions
- Opportunity to ask questions

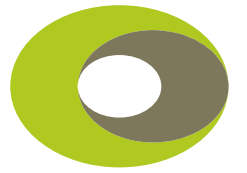
Convey enthusiasm

- Value of treatment
- Confidence in the client's ability to succeed

Pre-Treatment Orientation to DBT Model for Maladaptive Emotion Regulation



Important points to make when discussing ER



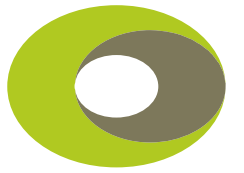
Emotions are reactions to internal or external events

Emotions (whether positive or negative) can be uncomfortable

For whatever reason, client has not developed skills to manage emotions

Food is one way you have found to manage emotions

- Using food in the past has led to a **LOW EXPECTANCY** that you can handle emotions any other way.
- You believe that BE/P is your only option to manage emotions
- They work **TEMPORARILY** to help you distract or avoid

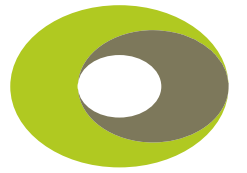


But once those feelings subside...

THE ORIGINAL PROBLEM IS STILL THERE !

And now you have the guilt/shame/problems that come from binge eating and or purging!

What is Skillful Emotion Regulation?



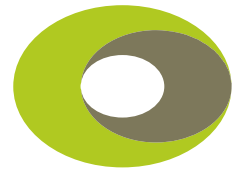
Ability to monitor, evaluate and modify emotional reactions

Accept and tolerate emotional experiencing when nothing can be changed immediately

Allows you to manage your emotional experiences so you can achieve your life goals.

DBT will help you to have skills to manage emotions effectively.

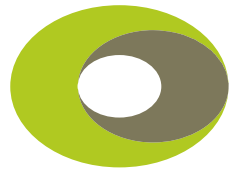
Pre-Commitment: Client's Treatment Agreements



1. I agree to arrive at sessions on time.
2. I agree to attend sessions each week and to stay for the entire (2 hour) (50 minute) session.
3. I agree to call ahead of time if I will miss or be late for a session.
4. I agree to practice the skills taught.
5. I agree to do my absolute best to stop binge eating (and purging_.
6. I agree to complete the homework assignments and bring them with me to each session.
7. [Note: If applicable] I agree to complete the research questionnaires and interviews that are part of this treatment program.

Client's signature _____ Date _____

Pre-Commitment: Therapist's Treatment Agreements

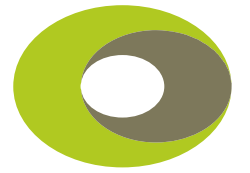


1. I agree that I will keep confidential the information discussed, including the [names of group members]
2. [Note: If applicable] I agree not to form private relationships with other group members outside of group sessions.
3. I agree to arrive at sessions on time.
4. I agree to attend sessions each week and to stay for the entire [2 hour] or [50 minute] session.
5. I agree to inform the group if I will miss or be late for a session. [If applicable] If I miss a session I agree to listen to the recorded (e.g. audiotaped/videotaped) session.
6. I agree to practice the skills taught.
7. I agree to do my absolute best to deliver the best treatment that I can to help [group members] stop binge eating [and purging].

Therapist's Signature

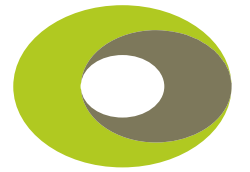
Date

Session 1



- Introductions
- **Commitment to Abstinence from Binge Eating/ Pros & Cons of Binge Eating**
- Orientation to Treatment
 - Emotion Regulation Model/Biosocial Model
 - Review of targets
 - Treatment interfering behavior/Path to Mindful Eating/ Treatment agreements.
 - ED-specific diary card
 - ED-specific chain analysis
 - 3x5 card
 - Side 1= Top 5 negative consequences of binge eating
 - Side 2= Top 5 positive consequences of stopping binge eating

Commitment to Binge Abstinence



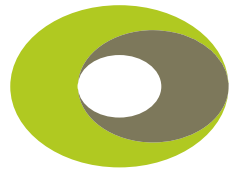
Elicit pros/cons of Binge Eating

Devil's Advocate Strategy:

- **“Therapist: “Help me understand. Why can’t you have a high quality of life and stay a binge eater?”**
 - Members state “cons” of binge eating
 - Therapist presses for “pros”
 - “There must be some benefits . . . Or you wouldn’t be doing this.”
- **Therapist: “You haven’t convinced me. Why can’t you continue to binge and still have a high quality life?”**
- **[Polarize argument]**
 - “By having a high quality of life we don’t mean one in which you simply get by or minimize pain. It’s one that’s deeply rewarding, where you feel fully alive and *very very* good about yourself”

Group members make verbal commitment to abstinence from binge eating

Typical Pros and Cons to Binge Eating



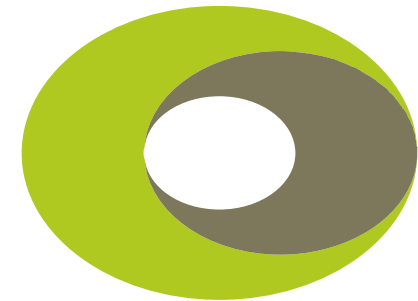
• **Pros**

- Tastes good!
- I deserve it!
- Escape from stress
- Time for myself
- Other people get to eat ...

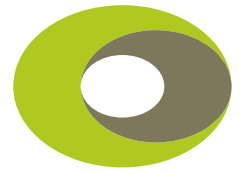
• **Cons**

- Lower self confidence
- Feeling out of control
- Gaining weight
- Health issues
- Not solving the original problem

Targeting in DBT for BED/BN



Adapting DBT for Eating Disorders: Treatment Targets



Treatment Goals: **Stop Problematic Eating Behaviors**

Treatment Targets:

1. Stop any Life Interfering Behavior
2. Stop any behavior that interferes with treatment
3. Stop or decrease any Quality of Life Interfering Behavior

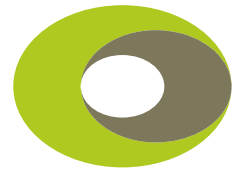
Path to Mindful Eating

- A. Stop Binge Eating and/or Purging
 - B. Eliminate Mindless Eating
 - C. Decrease Cravings, Urges, Preoccupation with food
 - D. Decrease “Capitulating” (i.e., closing off options to not binge eat and/or purge
 - E. Decrease “Apparently Irrelevant Behaviors”
4. Increase Skillful Emotion Regulation Behaviors

What is mindful eating?

Eating with awareness, in the present moment

It is the opposite of binge eating!



I *donut* know why I'm always eating. It's like I have a hole in my stomach!

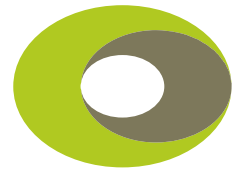


I'm always *stuffed*...



Eat when you're physically hungry, and stop when you're full! Mindful eating is listening to your body and paying attention to what, why, how, and how much you're eating.

Stop any behavior that interferes with treatment



Stop or decrease any Quality of Life Interfering Behaviors Path to Mindful Eating

- A. **Stop Binge Eating and/or Purging**
- B. Eliminate Mindless Eating
- C. Decrease Cravings, Urges, Preoccupation with food
- D. Decrease “Capitulating” (i.e., closing off options to not binge and/or purge
- E. Decrease “Apparently Irrelevant Behaviors”

Mindless Eating



Refers to not paying attention to what you are eating

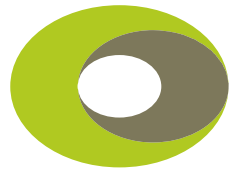
Do not experience the sense of loss of control of binge episodes

Example:

- Sitting in front of the TV and eating a bag of microwave popcorn or chips without any awareness of the eating
- “Suddenly notice” food is gone and only vaguely aware of having eaten it
- Did not feel a sense of being out of control during the eating episode



Decrease Cravings, Urges, Preoccupation with Food



Attention absorbed or focused on food-

- “Can’t turn it off”
- “calls my name” until it is gone

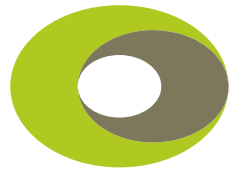
Function of behavior

- To distract from distressing emotions
- Hunger?

And, because it is ineffective

- Intensity builds
- Can lead to binge eating and/or purging

Decrease Capitulating



Acting as if there is no other option or way to cope than with food

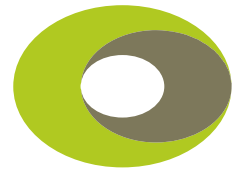
May appear to be passive behavior

But is an active decision to shut down

- Give up on goal to stop binge eating and skillfully cope with emotions

Always have a *choice* to binge or not to

Decrease Apparently Irrelevant Behaviors (AIB)

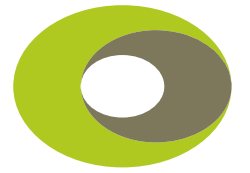


Behavior that

- Initially appears irrelevant to binge eating and/or purging

Convince oneself behavior “doesn’t matter” or “won’t really affect” goal to stop binge eating

- Upon closer examination, it is an important component in the sequence of events
- Examples of typical AIBs
 - Buying several boxes of “charity biscuits”, telling yourself you just want to help raise money for the school
 - Buying food “for company”
 - Buying extra “just in case”
 - Saving leftovers because you don’t want to waste (“waist”) food



Behavioral Analysis Strategies: Adapted DBT for EDs

Treatment Targets

Treatment Goals: **Stop Problematic Eating Behaviors**

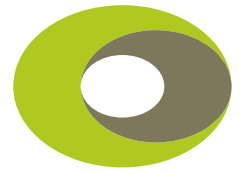
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Path to Mindful Eating

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 - E. Decrease “Apparently Irrelevant Behaviors”
4. **Increase Skillful Emotion Regulation Behaviors**

Increase *Skillful* Emotion Regulation Behaviors



MINDFULNESS SKILLS

- increase awareness and experience of the current moment without self-consciousness or judgment

EMOTION REGULATION SKILLS

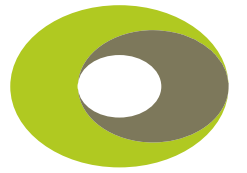
- help client identify his/her emotions, understand their function, and reduce his/her vulnerability to negative emotions

DISTRESS TOLERANCE SKILLS

- help clients more effectively tolerate painful emotional states that cannot, in that moment, be changed through distraction, self-soothing, or acceptance

REVIEW & RELAPSE STRATEGIES (Sessions 19-20)

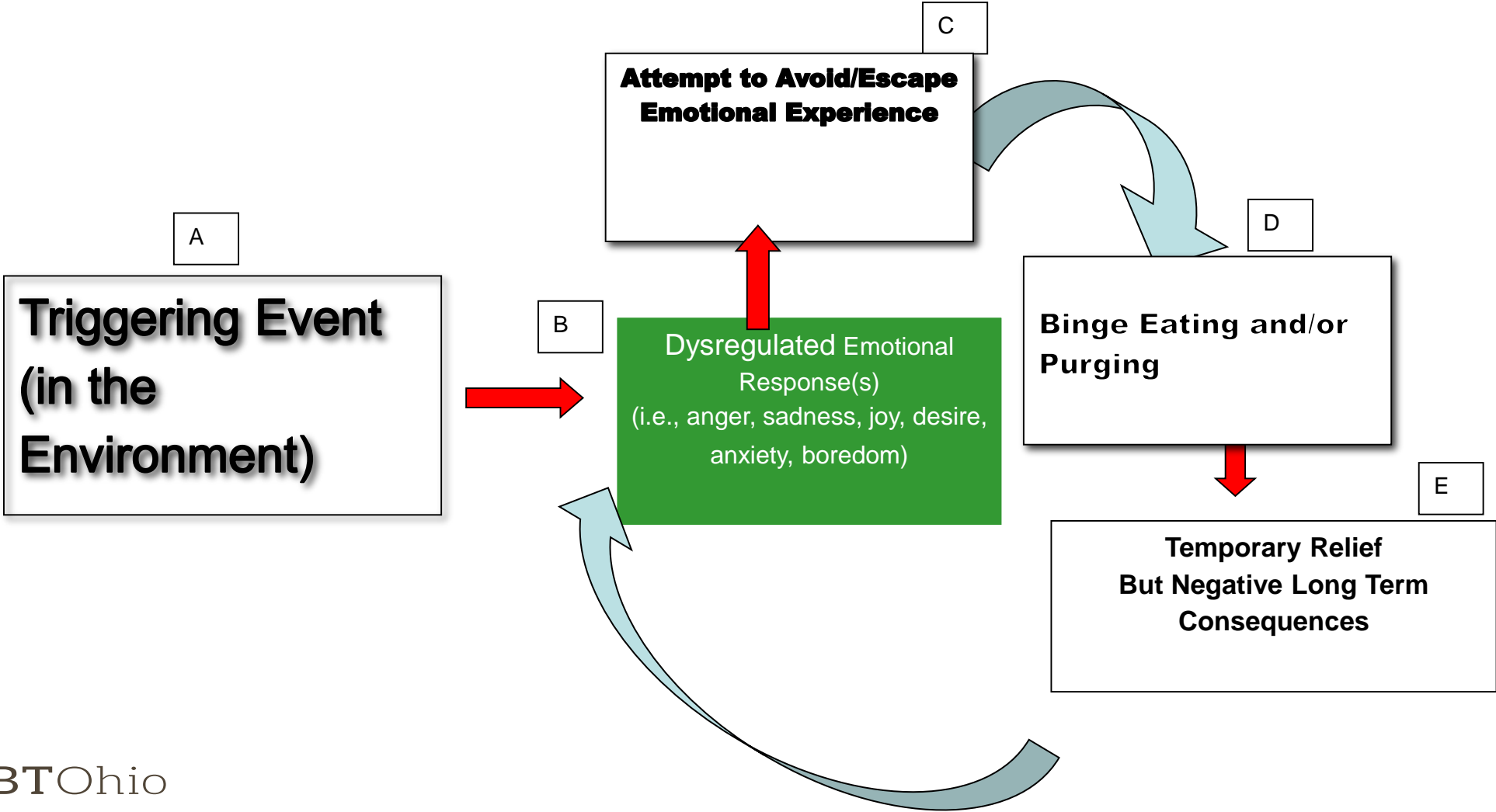
End of day 1

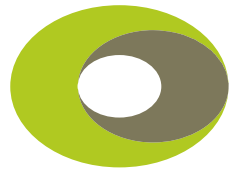


Day 1 : homework

with a current BED client: explain the ER model of BE to that patient and see if they think it fits for them

Affect Regulation Model





Introductions

- Commitment to Abstinence from Binge Eating/ Pros & Cons of Binge Eating
- Orientation to Treatment
 - Emotion Regulation Model/Biosocial Model
 - Review of targets
 - Treatment interfering behavior/Path to Mindful Eating/ Treatment agreements.
 - **Introduce ED-Specific Diary Card, ED-Specific Chain Analysis**
 - 3x5 card skill
 - Side 1= Top 5 negative consequences of binge eating
 - Side 2= Top 5 positive consequences of stopping binge eating

Diary Card (page 1 of 2)

Week beginning ____/____/____ ending ____/____/____

This week I filled out this section: Daily 4–6× 2–3× Once

Highest urge over past week to quit program/engage in program-interfering behaviors (0–6)*: ____

Date I weighed myself: ____/____/____

Weight: _____

Day	Eating and Other Behaviors					Emotion										Other (fill in) _____ _____ (0–6)
	Urge to binge*	Binge episodes		Any other eating and non-eating-related problem behaviors**?	Any AIBs**? (apparently irrelevant behaviors)	Anger (0–6)	Sadness (0–6)	Fear/ anxiety/ restlessness (0–6)	Shame (0–6)	Embarrassment (0–6)	Guilt (0–6)	Boredom/ loneliness (0–6)	Pride (0–6)	Happiness (0–6)	Contentment (0–6)	
		Number of large episodes	Number of small episodes													
Mon				Y N	Y N											
Tue				Y N	Y N											
Wed				Y N	Y N											
Thu				Y N	Y N											
Fri				Y N	Y N											
Sat				Y N	Y N											
Sun				Y N	Y N											

*Rate from 0 to 6 the highest rating for the day or week (0 = did not experience it—the urge, thought, or feeling—to 6 = experienced it intensely).

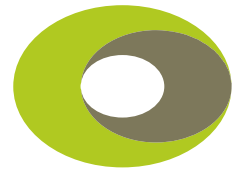
**Describe other problem behaviors and AIBs: _____

Instructions: Circle the days you used each skill.

This week I filled out this section: Daily 4–6× 2–3× Once

	Day						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Renewing my commitment (pros/cons)							
Wise mind							
Diaphragmatic breathing							
Dialectical thinking							
Observing: Just noticing							
Adopting a nonjudgmental stance							
Focusing on one thing in the moment							
Being effective							
Mindful eating							
Urge surfing							
Mindfulness of my current emotion							
Radically accepting my current emotion							
Decreasing vulnerability/building mastery							
Building positive experiences (avoiding avoiding)							
Being mindful of positive emotions							
Half-smiling							
Crisis survival skills							
Coping ahead							

Chain Analysis Work-Sheet



What exactly is the Problem Behavior?

Binged on dessert foods bought at grocery store on Friday

What was the Prompting Event?

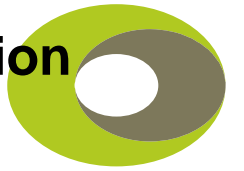
Sister called requesting I drive mother to a doctor's appointment at the last minute

What things in my myself and my environment made me vulnerable?

Tired, anxious about an upcoming social event, not feeling close to husband

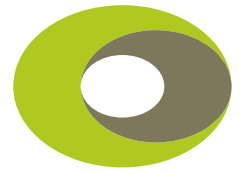
Links of Behavior (p.2 of Chain Analysis)

A-Actions
B-Body Sensation
C-Cognitions
E-Events
F-Feelings



Sister calls	E	New Skillful Behavior Observe Non-Judgmental
Felt angry	F	
Tell myself I should be nice	C	
Feel anxious	F	
I think: "It's not fair. I do everything."	C	
Chest tight, hands/feet tingly	B	
Drive to store	A	
Anxious, Tell myself "Who cares?"	A	
Buy dessert items. Binge	F C A	

Chain Analysis Work-Sheet (p. 3)



What were the **CONSEQUENCES**?

Isolated and watched TV, didn't interact with children or husband (immediate). Felt full, fat; Doctor's appointment felt unimportant

Ways to reduce my **VULNERABILITY** in the future?

Speak up to sister. Do more self-care activities

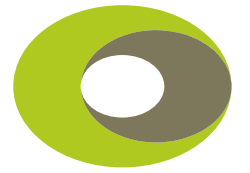
Plans to **REPAIR, CORRECT, and OVER CORRECT**

Fill out this chain analysis. Promise try 3 skills next time .

My deepest thoughts and feelings about this

I'm sick of doing this. I'm sick of myself

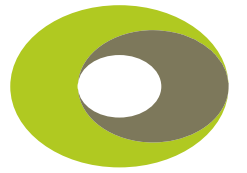
Session 1



Introductions

- Commitment to Abstinence from Binge Eating/ Pros & Cons of Binge Eating
- Orientation to Treatment
 - Emotion Regulation Model/Biosocial Model
 - Review of targets
 - Treatment interfering behavior/Path to Mindful Eating/ Treatment agreements.
 - Introduce ED-Specific Diary Card, ED-Specific Chain Analysis
 - 3x5 card skill
 - Side 1= Top 5 **negative consequences** of binge eating
 - Side 2= Top 5 **positive consequences** of stopping binge eating

Session 1: 3 X 5 Card



Side 1= Top 3 positive consequences of stopping binge eating

- 1.
- 2.
- 3.
- 4.
- 5.

Side 2= Top 3 negative consequences of continuing to binge eat

- 1.
- 2.
- 3.
- 4.
- 5.

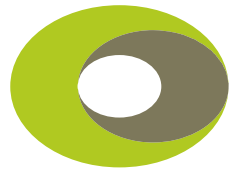
HOMEWORK EXERCISE 2-D

Practice Using Your Cards

Practice using your cards! This is vital in making lasting changes in your mindset and your behavior. As mentioned, keep the cards in your wallet or purse or other handy place (such as your smartphone) so you can have access to them and **can read them over at least once a day** (we recommend it as one of the first things you do as you start your day). In addition, you'll want the cards nearby so you can turn to them when experiencing an urge to binge eat.

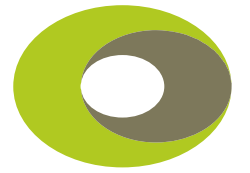
When reading over your Commitment Card, in particular, try to slow yourself down by taking several deep breaths. Try to capture that place deep within you, in your heart of hearts, that is firmly committed to a higher quality of life, that recognizes that using food is costing you more than you can afford to keep paying. Bring to mind how you felt when you wrote your commitment. Try to stay with that feeling, that firm commitment, and the strength and clarity that accompany it.

We realize that depending on how much time it took you to complete the exercises within this chapter, you may not have many days before moving on to the next chapter (if you are aiming to finish one chapter a week). That's OK! The point now is to make your cards so you'll have them available for the rest of this program and beyond.



- ED-Specific Dialectical Abstinence concept
- ED-Specific Diaphragmatic breathing
- Review chain analysis

ED- Specific Concept: **Dialectical Abstinence**



Taken from DBT for substance abuse (Linehan & Dimeff, 1999)

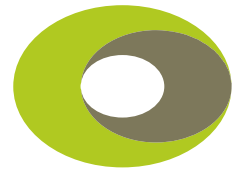
Synthesis of a 100% commitment to abstinence and a 100% commitment to relapse management strategies

BEFORE a patient engages in binge eating, there is an unrelenting insistence on total abstinence.

AFTER a client has binged, the emphasis is on radical acceptance, nonjudgmental problem solving and effective relapse prevention, followed by a quick return to the unrelenting insistence on abstinence.

Metaphor of Olympic Athlete (Telch, 1997)

Olympic Athlete Metaphor



“A good mental picture is an Olympic athlete”

When the athlete is training:

winning and going for the gold.

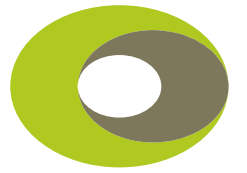
What would happen if the Olympian

Thought a bronze medal would be “fine”?

... training mentality and performance
would be affected.



Olympic Athlete Metaphor (cont.)

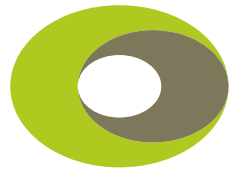


The athlete is similar to the client

- Focus on absolute and total binge abstinence
- Yet of course client must also be prepared for the possibility of failure

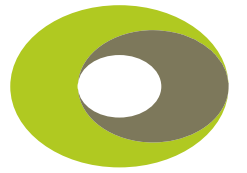
The key is to be prepared to **fail well**





- ED-Specific Dialectical Abstinence concept
- ED-Specific Diaphragmatic breathing
- Review chain analysis

ED- Specific Skill: Diaphragmatic Breathing



Deceptively simple

Rated by many clients as their #1 skill

Always “right under your nose”

Helps relieve emotional distress and physical tensions that have built up and may trigger urges to binge (and purge).

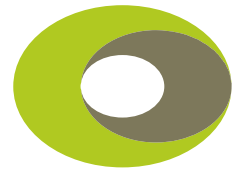
Experiential Exercise

<https://www.youtube.com/watch?v=DwwPiZN7X0M> (in Spanish)

<https://www.youtube.com/watch?v=FxHTbLZ66JY> (in English)

Important to practice daily (when not stressed) in order to build the muscle

Mindfulness Module:(Sessions 3-5)



Session 3: Three States of Mind

(Mindfulness Handout 1)

- Reasonable Mind, Emotion Mind, **Wise Mind**

Session 4: “What” Skills (Mindfulness Handout 2)

- Observe, Describe, Participate
- **Mindful eating exercise with raisins**

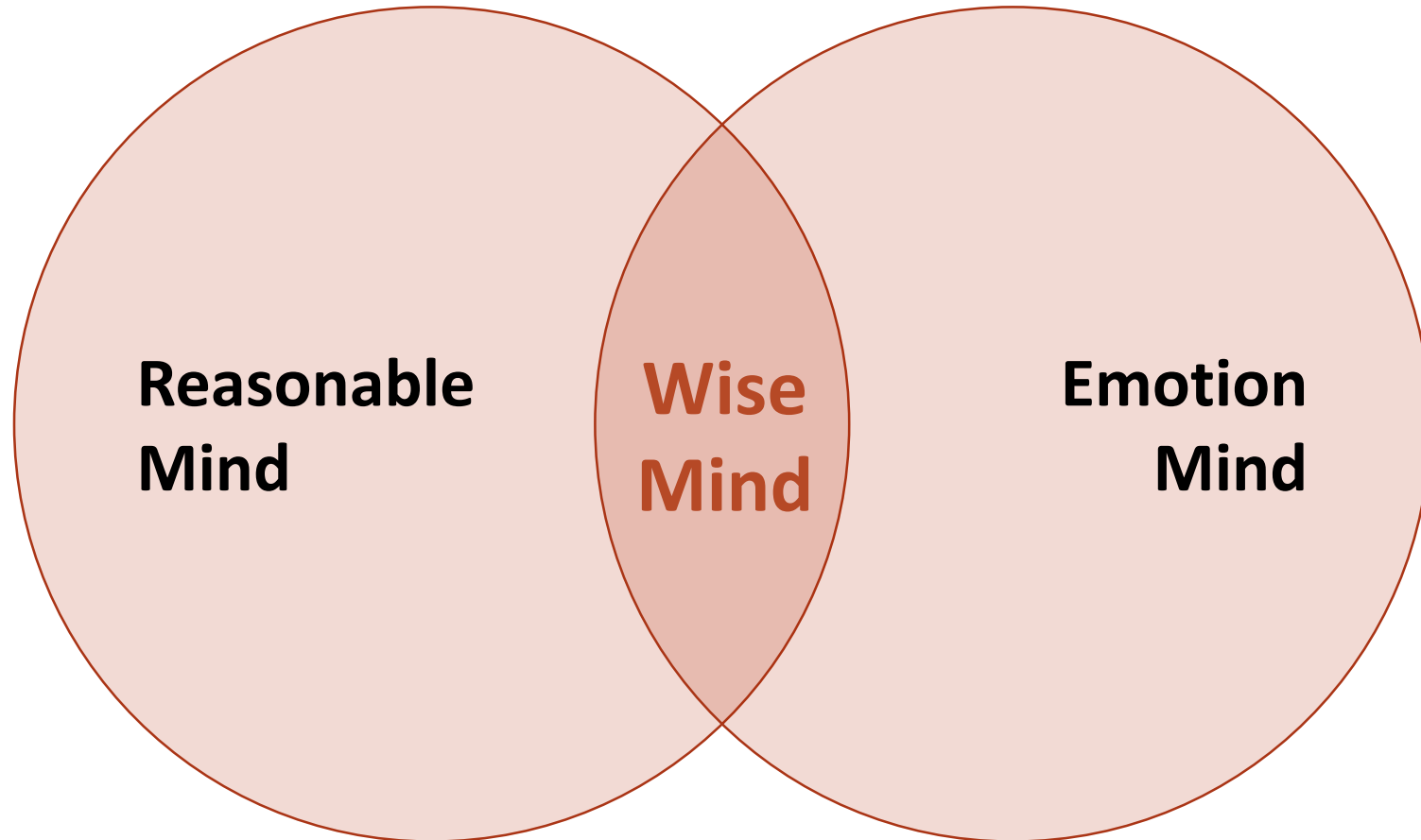


Session 5: “How” Skills (Mindfulness Handout 3)

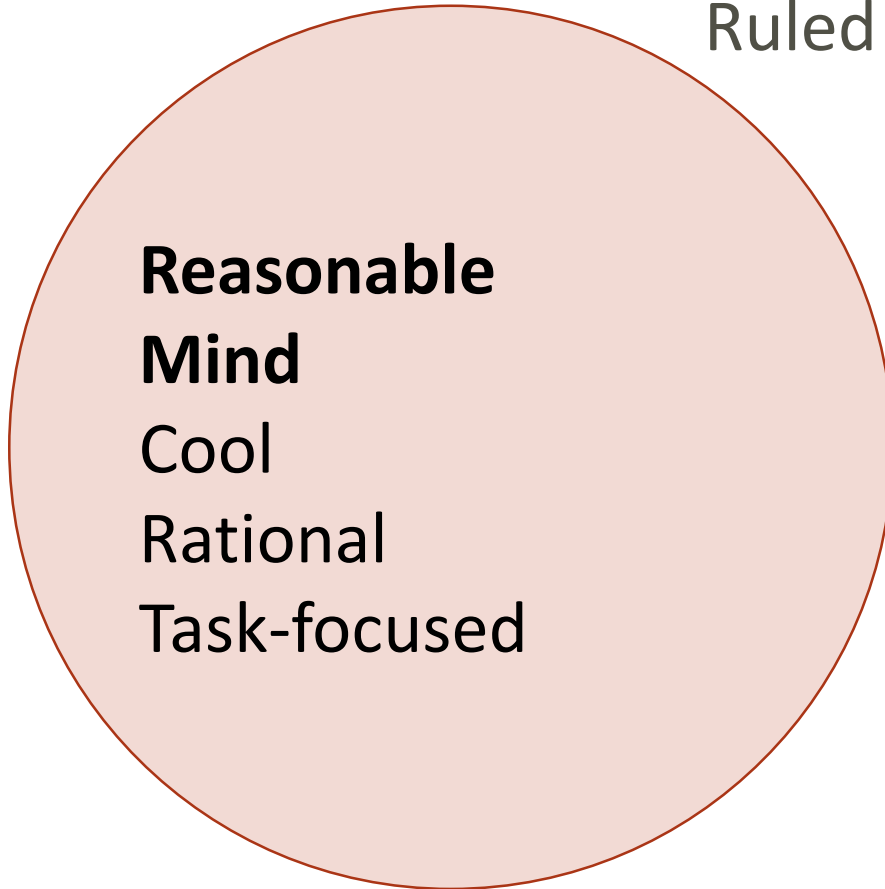
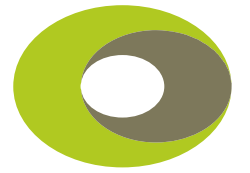
- Non-judgmentally, One-mindfully, Effectively
- **Urge Surfing & Alternate Rebellion**

From Skills Training Manual for Treating Borderline Personality by Marsha Linehan. 1993. The Guilford Press.

Mindfulness: States of Mind



Mindfulness: States of Mind



Ruled by facts, reason, logic & pragmatics.

Values and feelings are not important

Hermione Granger



Mindfulness: States of Mind

Ruled by moods, feelings,
& urges to do or say things.

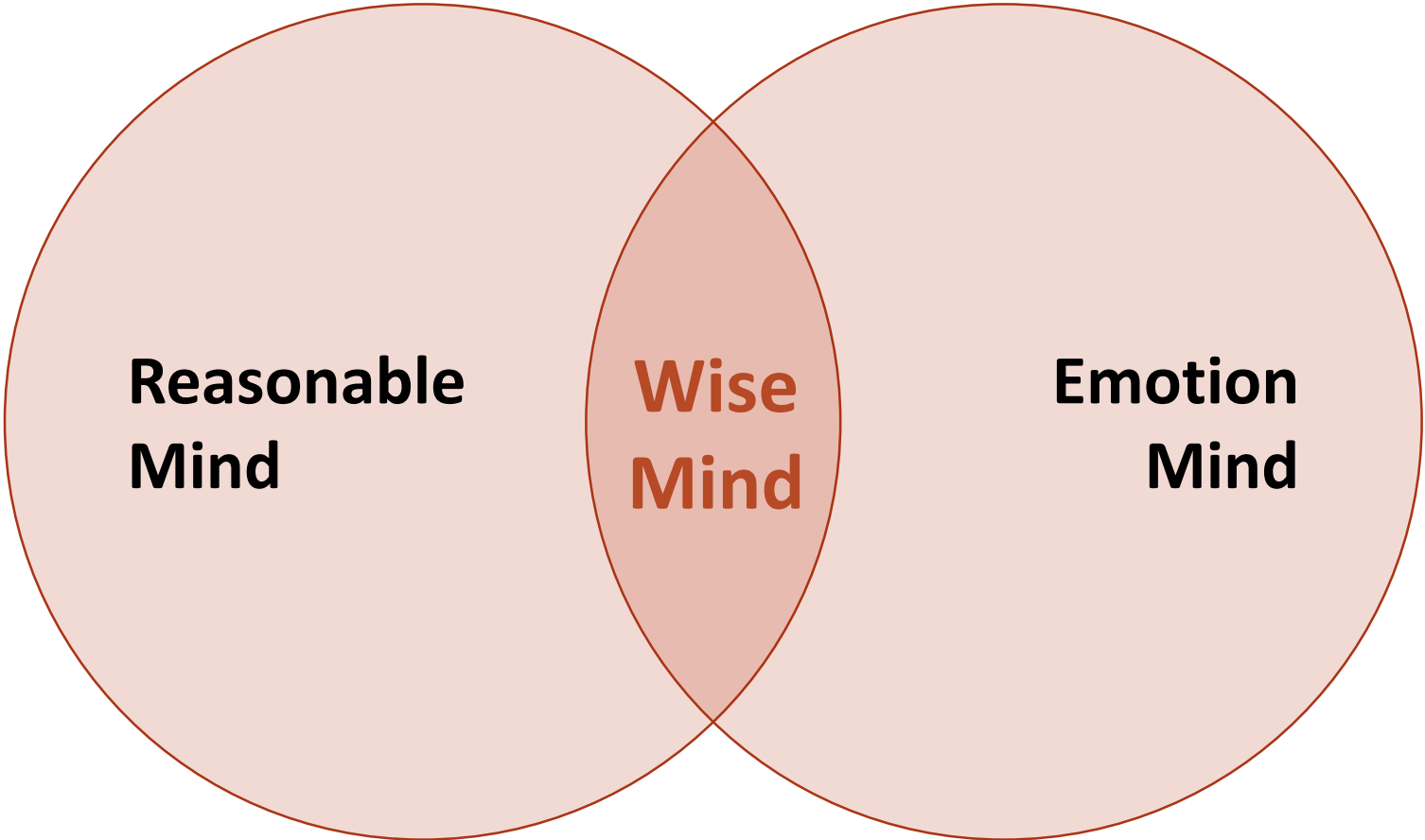
Facts, reason & logic are not important.

Ron Weasley



**Emotion
Mind
Hot
Mood-Dependent
Emotion Focused**

Mindfulness: States of Mind



Wise Mind

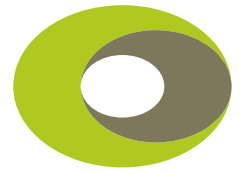
The Wisdom within each person

See the value of both reason and emotion

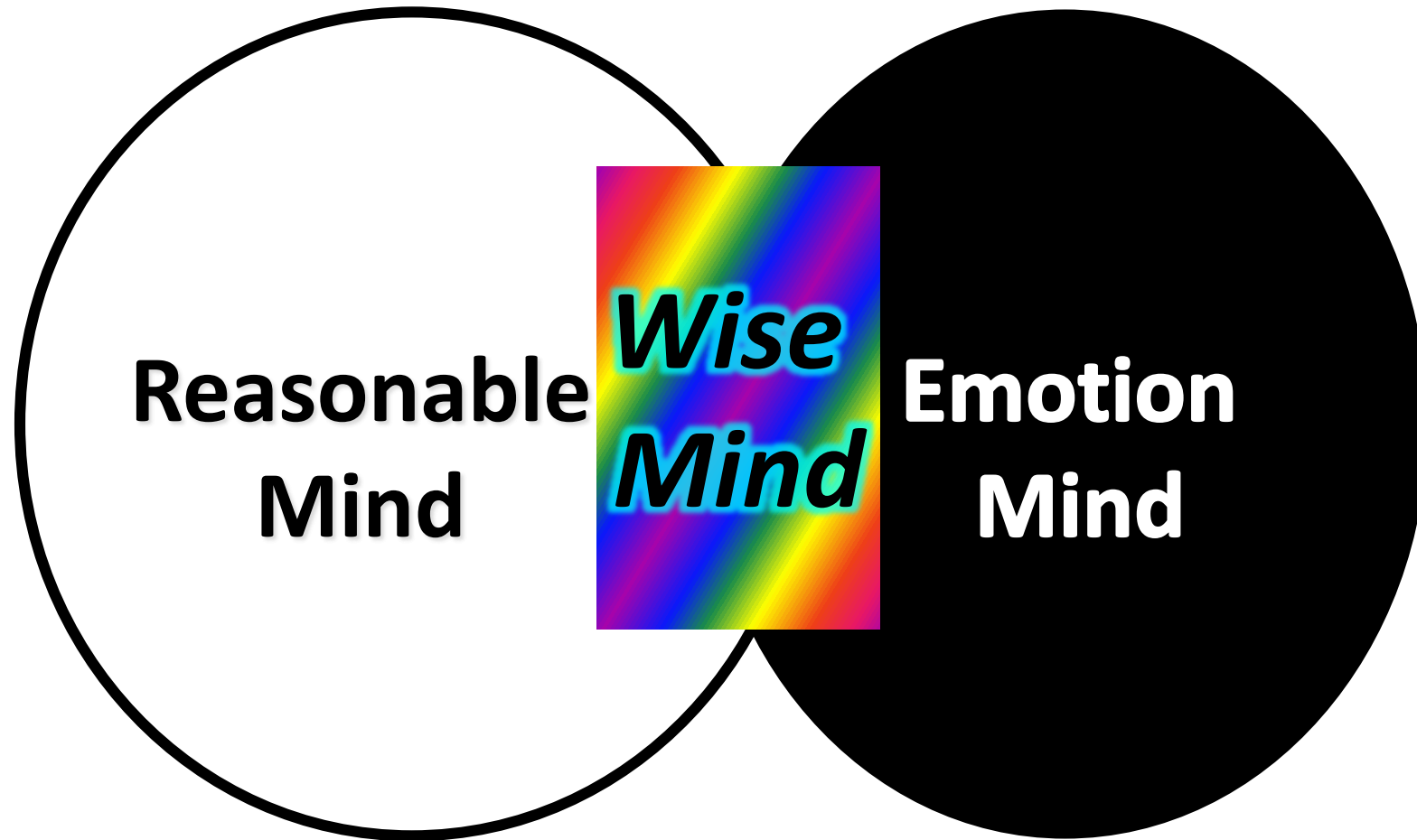
Bring the left & right brain together

The middle path





Wise Mind is **INCOMPATIBLE** With Binge Eating



Main Point: Goals of mindfulness practice

- Reduce suffering and increase happiness
 - Reduce pain, tension and stress
 - Increase joy and happiness
 - Improve physical health, relationships and distress tolerance
- Increase control of your mind
 - Increase your ability to focus attention
 - Improve ability to detach from thoughts, images and sensations
- Experience reality as it is
 - Be present in your own life

Research shows that mindfulness can help...

- Increase emotion regulation
- Decrease bad mood
- Increase activity in certain brain regions (e.g., insula)
- Decrease depression & anxiety
- Increased immune functioning
- Increased sense of well-being

The Road To *Wise Mind* Is Through *Mindfulness*

WHAT Skills

- Observe
- Describe
- Participate

HOW Skills

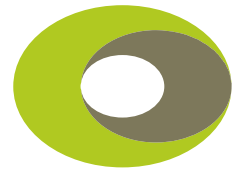
- Non-judgmentally
- One-mindfully
- Effectively

This exercise is simple but incredibly powerful. It is designed to connect us with the beauty of the natural environment, something that is easily missed when we are rushing around in the car or hopping on and off trains on the way to work.

Choose a natural object from within your immediate environment and focus on watching it for a minute or two. This could be a flower or an insect, or even the clouds or the moon.

Don't do anything except notice the thing you are looking at. Simply relax into a harmony for as long as your concentration allows. Look at it as if you are seeing it for the first time. Visually explore every aspect of its formation. Allow yourself to be consumed by its presence. Allow yourself to connect with its energy and its role and purpose in the natural world.

From The DBT Solution for Emotional Eating (2018)



“What” Skills (Mindfulness Handout 2)

- Observe
- Describe
- Participate
- Mindful Eating exercise (with raisins)

From Skills Training Manual for Treating Borderline Personality by Marsha Linehan. 1993. The Guilford Press.



Exercise: Experiencing Mindful Eating (p. 148)

First, choose a food to practice on.

We suggest raisins to start with since they are a food that many people tend to eat by the handful, without ever having eaten just one.

However, you can practice mindful eating with any food. If you find raisins too tempting, choose a small portion of a less tempting food (e.g., a small piece of broccoli, a cup of tea). If all foods seem too tempting outside of a planned meal, you can practice mindful eating with a food during a planned meal or snack.

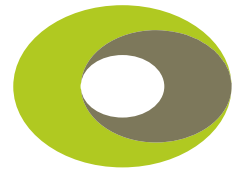
It is also helpful to first practice mindful eating when you are not experiencing strong emotions or are otherwise feeling triggered to binge eat.

What is important is having the opportunity to experience what it means to eat with full awareness.

Take three raisins and hold them in your hand. Begin by observing the raisins in your palm, bringing your attention to each one. Write about what that mindful eating exercise was like for you.

From *The DBT Solution for Emotional Eating* (2018)

ED-Specific DBT Skills: Mindful Eating



Mindful Eating (e.g. a raisin, chocolate kiss)

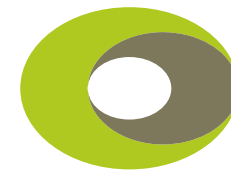
“What” Skills

- Observe and describe the experience
- Notice what comes through your senses -eyes, nose, ears, tongue, body
- Describe the experience in words
- Watch thoughts and feelings, letting them come into mind and slip right out (“Teflon Mind”)

“How” Skills

- Eat non-judgmentally
- One-mindfully
- Effectively





EXERCISE Imaginal Mindful Eating (p.151)

We recommend practicing this exercise beginning with one of your less tempting binge foods and building your way up as you gain confidence.

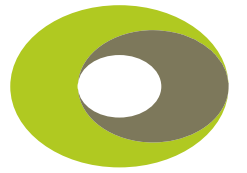
For example, if your favorite binge foods tend to be sweet rather than salty, you might start imagining yourself eating pretzels or chips before doing this exercise with foods you find more tempting, such as candy or sugary desserts.

“Begin by sitting on a chair. Let the chair fully support you, with your feet on the floor and your head aligned as if a string were attached from it to the ceiling. Find a place for your eyes to focus softly that won’t distract you. Take several deep, flowing breaths and imagine a food that you might typically binge on. “Then bring your full, undivided attention to just this food as you did with the raisins. Smell the food, look at it, observe its color. Take one chew at a time, experiencing one flavor at a time—with your full attention on the act of eating, on tasting, on chewing.

“You might be aware of thoughts or emotions. Notice them, but keep your attention on the activity of eating. If your mind wanders, gently bring it back to the activity you’re engaged in, one small swallow at time.” What was your imaginal mindful eating like? Describe it in the space below.

From *The DBT Solution for Emotional Eating (2018)*

ED-Specific Mindfulness Skills: Session 5



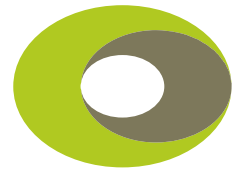
“How” Skills

- Non-judgmentally
- One-mindfully
- Effectively

- Urge Surfing (with chocolate chip, malt ball, etc.)

- Alternate Rebellion

From Skills Training Manual for Treating Borderline Personality by Marsha Linehan. 1993. The Guilford Press.



Urge Surfing

- Nonjudgmental observing and describing of urges to binge
 - Detach from urge, staying fully in the moment “riding the wave” of the urge
 - In-session practice with malt-ball, chocolate, etc.
-
- Borrowed from DBT for Substance Abuse

Practicing Urge Surfing (p.153)

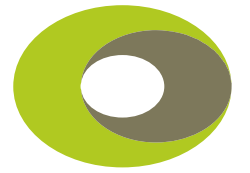


Choose something to practice urge surfing with. For your first experience, you should pick something of relatively low intensity. You may wish to practice with urges that do not involve food, such as your urges to check a text message, to purchase something online, or to keep watching a Netflix show instead of going to sleep.

The image of a wave is a useful metaphor for the experience of being caught up in any urge and noticing a strong pull to act in a way that is consistent with that urge. When you feel more comfortable with your ability to urge surf and are ready to practice with food, practice first with foods that you like but don't have cravings for. If all foods feel too tempting at first, practice urge surfing using your imagination. As you gain experience and confidence, you can build up to practicing with actual foods and then more and more tempting foods.

“Begin by putting the food (or nonfood, if that is how you choose to start) in front of you. If it's a food, don't eat it. Simply observe it with your senses— looking, smelling, listening. Stay mindful of any thoughts, feelings, or judgments that may arise. Be very aware of any action urges, such as urges to eat the food, check the phone, website, etc. Do your best to be open to whatever comes to mind. Remind yourself that the idea is to stay present with the urges without acting on them.

From The DBT Solution for Emotional Eating (2018)



Alternate Rebellion

- Nonjudgmental observation of the desire to rebel or retaliate
- Uses Wise Mind to rebel effectively, without destroying the commitment to stop binge eating or purging

Borrowed from DBT for Substance Abuse



The Road To Wise Mind Is Through Mindfulness

HOW Skills

- Non-judgmentally
- One-mindfully
- Effectively

Non-judgmentally

- Why be nonjudgmental?
 - Judgments can damage relationships
 - Judgments can have negative effects on emotions
 - Changing the causes of things works better than judging
 - Nonjudgmentalness is fundamental to mindfulness

Nonjudgmentally : how to do it?

- Let go of good and bad
 - View and describe reality as “what is”
- Replace evaluations with simple statements of “it is” or with descriptions of what is
- Let go of “should”
- Replace “should” with descriptions of feelings or desires

More nonjudgmentalness

- Nonjudgmentalness does not = approval
- Nonjudgmentalness does not mean denying consequences
- Nonjudgmentalness does not mean keeping quiet about preferences or desires
- Values and emotional responses to events are not themselves judgmental
- Don't judge judging

The point of taking a nonjudgmental stance is to give ourselves an opportunity to observe the same old things that we always observe in our minds or in our environment or about other people, but open ourselves to thinking about it in a different way.

So if I withhold my judgment about what my thought means, but simply observe it, note it and let the thought move away, I have an opportunity to treat myself more gently.

Even if I still have the judgmental thought, I can observe that I had the thought, then let it go. That's the beauty of nonjudgmental stance; all the negative garbage we're so accustomed to telling ourselves is suddenly cut off and a gentleness takes over so that healing becomes possible.

From Skills Training Manual for Treating Borderline Personality by Marsha Linehan. 1993. The Guilford Press

One-mindfully: what is it?

- Being completely present in this one moment
 - The past is over
 - The future has not come into existence
- Doing one thing at a time
 - With awareness
 - Bringing the whole person to bear on this thing or activity

One-mindfully: why do it?

- The pain of the present moment is enough pain for anyone
- Multitasking is inefficient
- Life, relationships & beauty pass you by

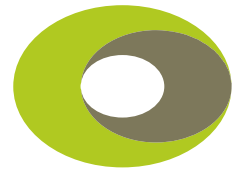
Effectively

- Doing what works and using skillful means!
 - Rather than focusing on what is “right” or “fair”
- In order to reach your goals, to reduce suffering and increase happiness, using effective means is critical
 - Willfulness and pride get in the way

Effectively: how to do it?

- Know the goal or objective: not knowing what we want makes effectiveness hard
 - With ED: eating dinner
- Know and react to the *actual* situation
 - Not what the situation “should” be
- Know what will and won’t work to achieve goals
- “play by the rules” when necessary
- Be savvy about people
 - Start where they ARE not where you think they should be

Emotion Regulation (Sessions 6-8)



Session 6

Goals of Emotion Regulation Training (E.R. Handout 1)

- Letting go of Emotional Suffering (E.R. Handout 9)

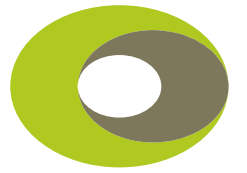
Session 7

- Parts of Emotions (E.R. Handout 3); Ways to Describe Emotions (E.R. Handout 4); Homework observe and describe emotions (E.R. Homework 1)

Session 8

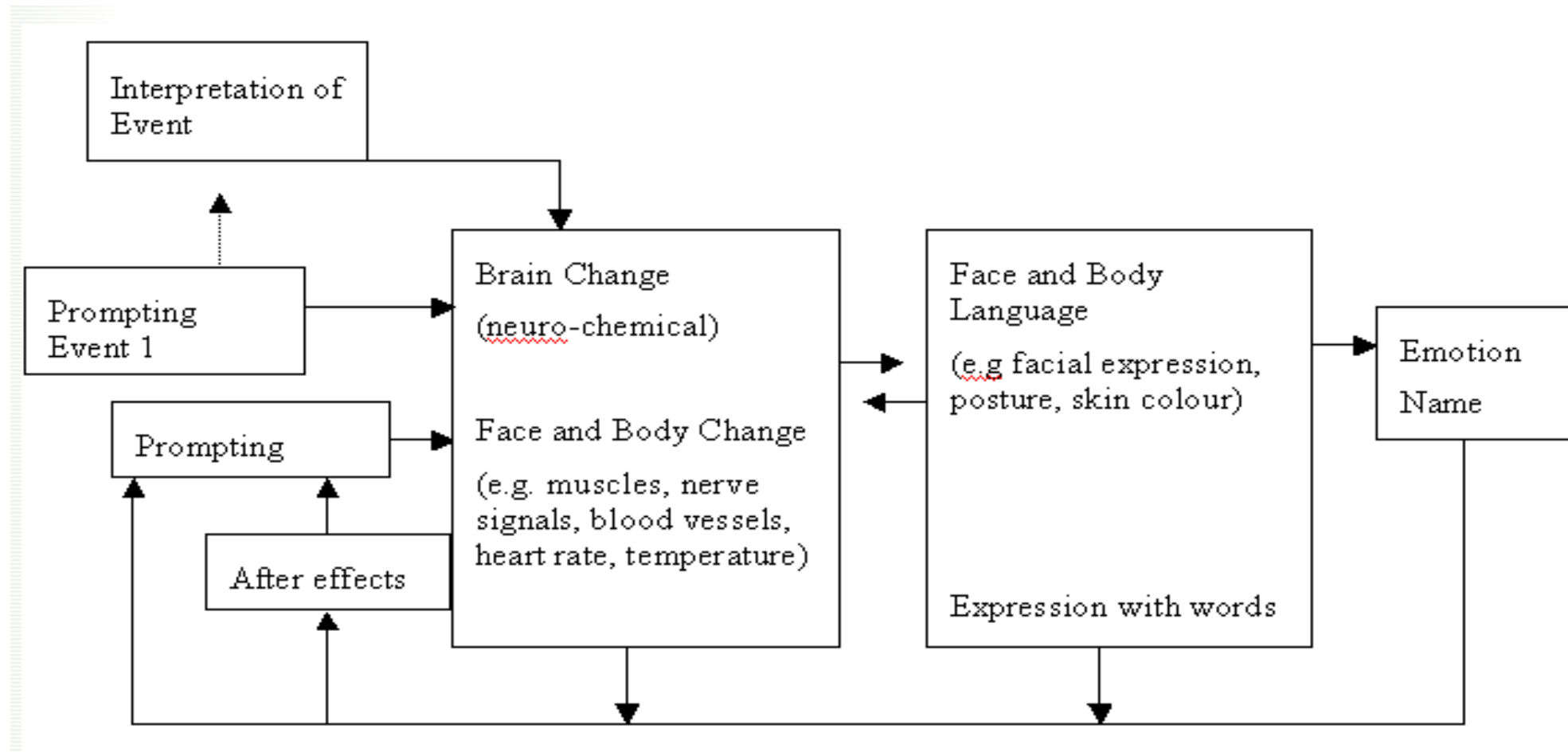
- Function of Emotions (E.R. Handout 5)
- E.R. Homework 1 (Observe/Describe) and E. R. Homework 2 (Emotion Diary) *From Skills Training Manual for Treating Borderline Personality* by Marsha Linehan. 1993. The Guilford Press.

Goals of Emotion Regulation Module

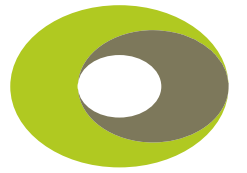


- Identify and label emotions
- Increase the number of positive experiences
- Increase mindfulness to emotions
- Understand the function of emotions
- Learn to change emotions when doing so would be effective

Model of Emotions

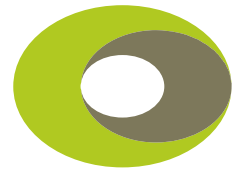


Function of Emotions



1. Emotions Communicate to and Influence Others
2. Emotions Organize and Motivate Action
3. Emotions Can be Self-Validating

Emotion Regulation (Sessions 9-11)



Session 9

- Reducing Vulnerability to Negative Emotions (E.R. Handout 6);
- Increasing Positive Emotions (E.R. Handouts 7, 8); E.R. Homework Sheet 3

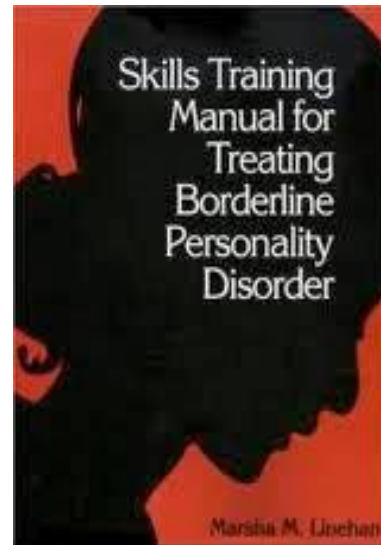
Session 10

- Acting Opposite (E.R. Handout 10)
- E.R. Homework sheets 1 and 3

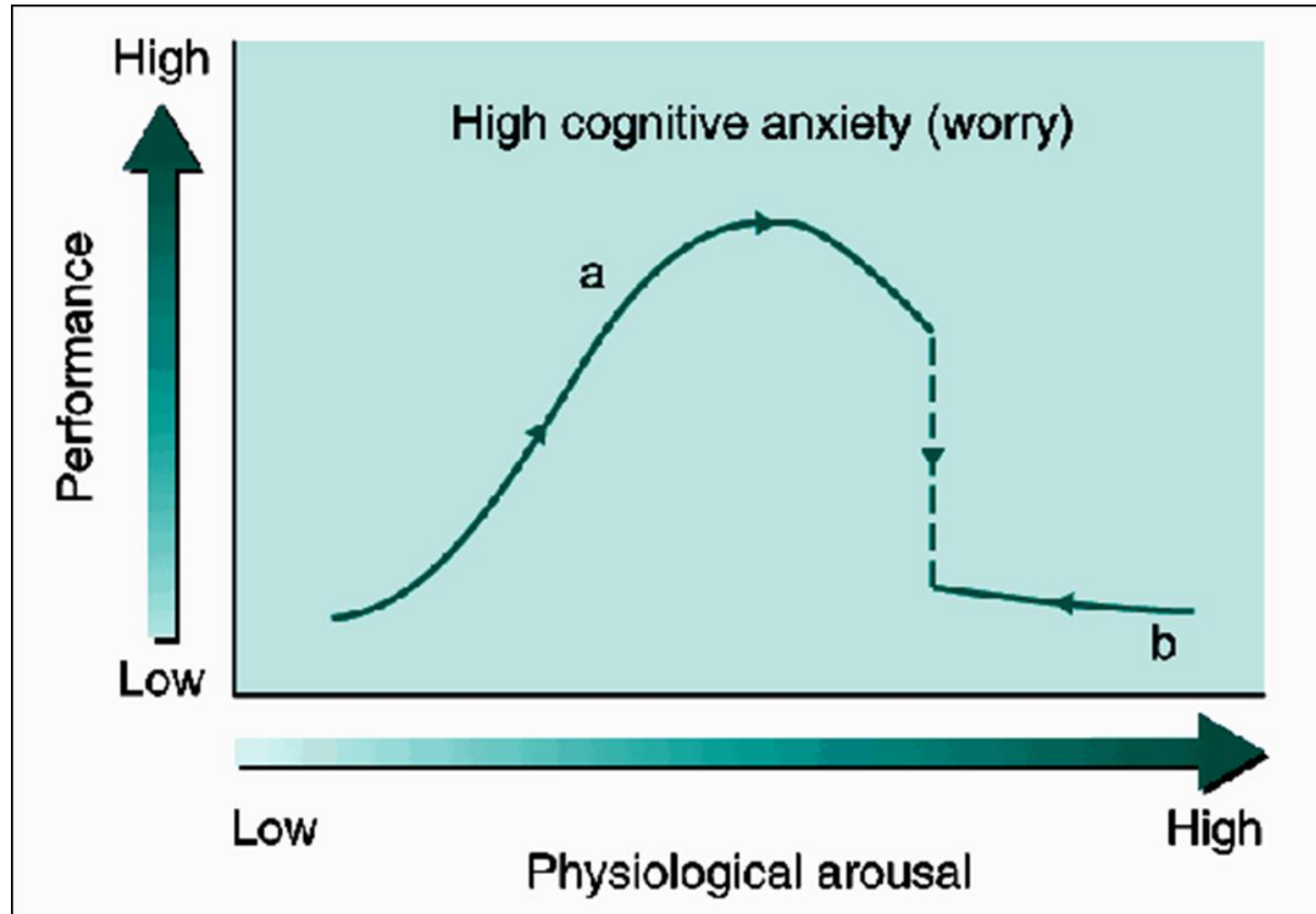
Session 11

- Myths about Emotions (E.R. Handout 2)

From Skills Training Manual for Treating Borderline Personality by Marsha Linehan. 1993. The Guilford Press.



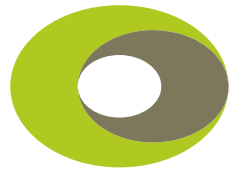
Emotional Exposure Theory



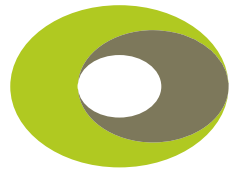
Acting Opposite to Emotion



Fear: justified or unjustified?



Acting Opposite Emotions: FEAR



Do what you are afraid of doing....OVER AND OVER AND OVER.

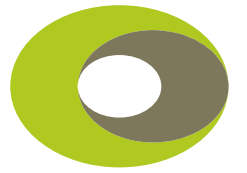
Approach events, places, tasks, activities, people you are afraid of.

Do things to give yourself a sense of CONTROL and MASTERY.

When overwhelmed, make a list of small steps or tasks you can do.

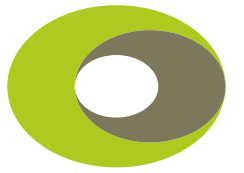
DO the first thing on the list.

Acting Opposite Emotions: Guilt or Shame



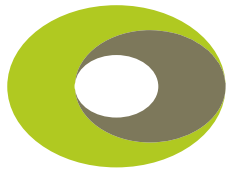
- When guilt or shame is JUSTIFIED (emotion FITS your wise mind values)
 - Repair the transgression.
 - Say your sorry, apologize.
 - Make things better, do something nice for person you offended (or someone else if that is not possible).
 - Commit to avoiding that mistake in the future.
 - Accept the consciences gracefully.
 - Then let it go.

Acting Opposite Emotions: Sadness or Depression



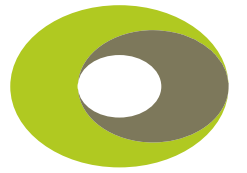
- Get active
 - **Behavioral activation**
- Approach, don't avoid.
- Do things that make you feel competent and self-confident.
 - **Mastery**
-

Acting Opposite Emotions: Anger



- Gently avoid the person you are angry with rather than attacking them
- (Avoid thinking about him or her rather than ruminating).
- Do something nice rather than mean or attacking.
- Imagine sympathy and empathy for other person rather than blame.
 - **Phenomenological empathy**

Reduced Vulnerability To Emotion Mind



Treat physical illness

Balance eating

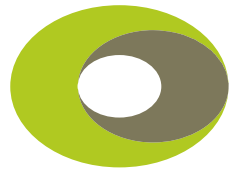
Off Mood-altering drugs

Balance sleep

Exercise

Practice mastery

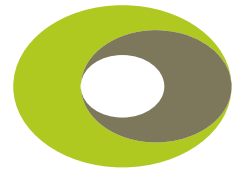
Emotion Regulation Module (con't)



Binge eating (and Purging) as an emotional expression of behavior

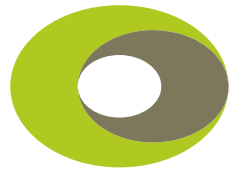
- Part of the “action” component of an emotional response
- Functions (whether intentional or not)
 - Communicating to others
 - Influencing others
 - Communicating to oneself
- Very difficult to change this response, despite client’s strong desire to do so

Emotion Regulation Module (con't)



- Binge eating and/or purging is NOT acting opposite
 - Part of an attempt, albeit maladaptive, to use behavior to change the experience of distressing emotions
- Binge eating is acting consistently with the emotion
 - When angry
 - Binge eating (and purging) may be an expression of aggression even without an outward attack
 - When feeling guilt or shame
 - Binge eating (and purging) may express the urge to self-attack and punish
- Because binge eating (and purging) is more or less consistent with the current emotion, these numbing or escaping behaviors serve to **prolong** the emotion rather than change it

Review: (Sessions 12- 13)



Session 12:

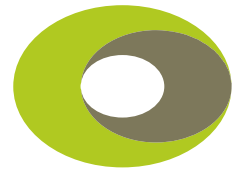
- Review of Emotion Regulation
- Skill Strengthening
 - Review all handouts

Session 13:

- Review of Core Mindfulness Skills
- Skill Strengthening
 - Observe (e.g. Find your lemon on the table)
 - Review all handouts



Distress Tolerance: (Session 14-16)



Session 14

- Orientation to Distress Tolerance
- Guidelines for Accepting Reality (D. T. Handout 2 Observing Your Breath)

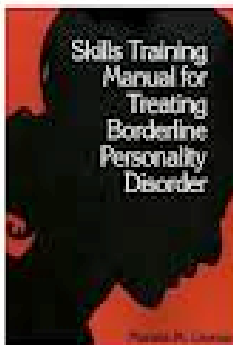
Session 15

- Half-smiling (Distress Tolerance Handout 3)
- Awareness Exercises (D.T. Handout 4)

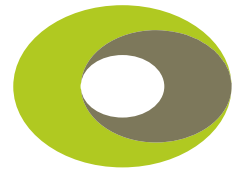
Session 16

- Orientation to Acceptance Skills--Radical Acceptance (D.T.Handout 5); **Burning Bridges**; (D.T. Homework sheet)

From Skills Training Manual for Treating Borderline Personality by Marsha Linehan. 1993. The Guilford Press.



ED-Specific Distress Tolerance Skills **Burning Bridges**



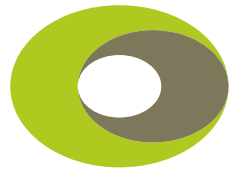
Radically accepting from deep within that one is not going to binge eat, mindlessly eat, or ever again engage in problematic eating behaviors.

One is “burning the bridges” to those behaviors.

- Visualization Exercise



Distress Tolerance: (Sessions 17-18)



Session 17

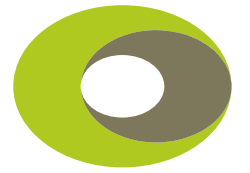
- Crisis Survival Skills- Distracting, Self-Soothing; Improve the Moment; Pros and Cons; (D.R. Handout 1); D.R. Homework sheet 1

Session 18

- Review of Distress Tolerance and Skill Strengthening (Review all handouts)

From Skills Training Manual for Treating Borderline Personality by Marsha Linehan. 1993. The Guilford Press.

Relapse Prevention (Sessions 19-20)



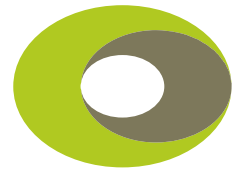
Session 19

- Review of Mindfulness, Emotion Regulation, Distress Tolerance
- **Coping Ahead (Mental Simulation)**
- Planning for the Future
 - Detail specific plans for continuing to practice skills taught
 - Identify 3 emotions that, in your experience, have commonly been difficult to cope with and which often have led you to binge eat. Outline plans for dealing with each of these emotions in the future. Make specific plan for what skills you will use to help you avoid any problem eating behaviors.
 - Write about what you need to do next in your life to continue to building a satisfying and rewarding quality of life for yourself

Session 20

- Discuss plan; Goodbyes

Mental Simulation/Coping Ahead



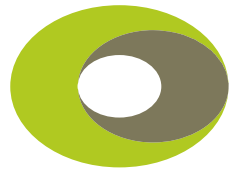
Particularly useful with treatment ending

Turn to this skill when anxious about an upcoming situation and how one may respond

- As opposed to Chain Analysis, where goal is to examine past to better understand what could have been done differently
- Goal of Coping Ahead is to move that analysis into the future

Key with Coping Ahead is to be very specific

The client rehearses in detail what he/she would actually say to themselves and what they would actually do

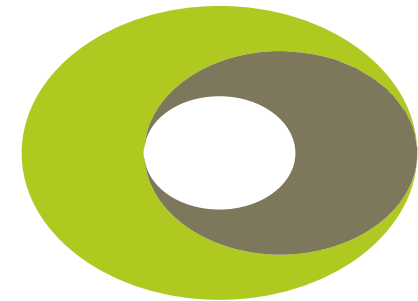


Example of Coping Ahead for Specific Emotions

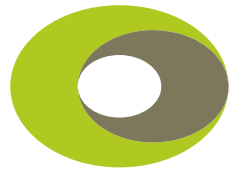
- **Anger**
 - Turn to Wise Mind
 - Alternate Rebellion
- **Hopelessness**
 - Turn the mind, remind don't have to capitulate
 - Look at diary card, remind me of all the skills I know
- **Ashamed/Self-critical**
 - Radical Acceptance
 - Nonjudgmental Stance

Mental Simulation/Planning Ahead

- Experiential Exercise



After 20 sessions . . .



Patient had stopped binge eating and all other problem eating behaviors

Mood much improved, greater confidence

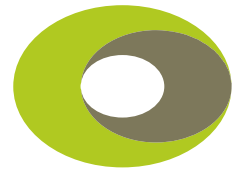
Relationships with husband, children, other family members, and friends much more satisfying.

Lost 10 pounds

Plans in place to prevent relapse

- Keep therapeutic relationship in mind for difficult times
- Growth is ongoing process (skills now are “Life Skills”)

Rapid Response to Treatment: A Robust Construct



A significant early (e.g., within 2-4 weeks) decrease in symptomatology

- RR predicts successful outcome in depression, bulimia, more recently- BED
 - Participants with $\geq 65\%$ reduction in binge frequency between sessions 1-4 showed predicted improved outcome

Mechanism of RR ?

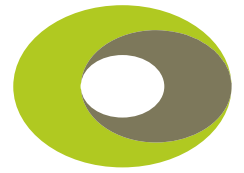
- Unclear
- unable to identify baseline differences between RRs and non- RRs

To date, RR in BED investigated in individual format treatments

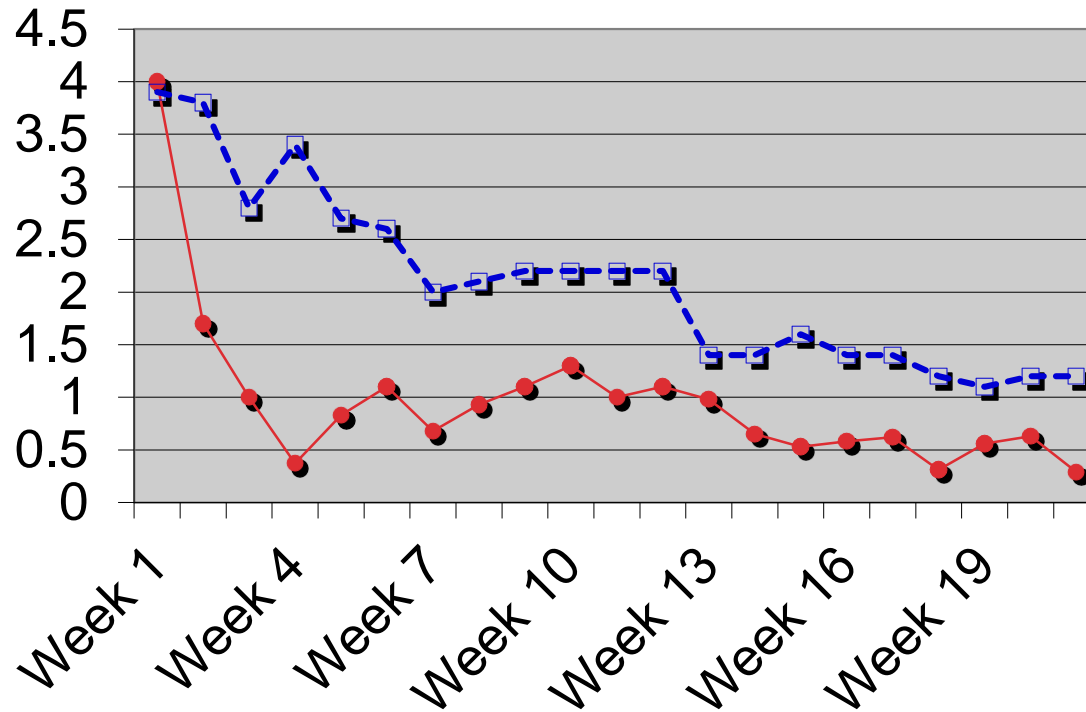
RR had not yet been examined in a group therapy format or with DBT or an active comparison control group therapy as treatment conditions

Ilardi & Craighead, 1994; Fairburn, Agras, Walsh, Wilson, & Stice, 2004; Grilo, Masheb, & Wilson, 2006

Binge Eating Frequency Over Course of Treatment: Rapid Responders versus Non-Rapid Responders



Binge Days in Past Week

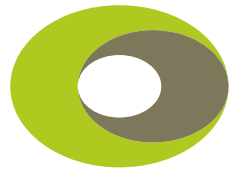


● RRs 41%

■ Non-RRs 59%

RR = $\geq 65\%$ reduction in 4 weeks
 Non-RR = $< 65\%$ reduction in 4 weeks (as per Grilo, Masheb, & Wilson, 2006)

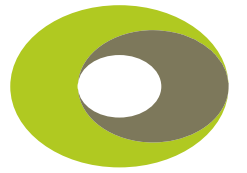
Homework day 2



1. conduct a bca with one of your BED or BN patients
2. Practice breathing skill x2 this week
- 3.

Discussion/Questions

If you want more training



Center for Evidence Based Treatment Ohio

Internet or in person

Individual or groups

WWW.CEBTOHIO.COM

Lwisniewski@cebt ohio.com