

DBT for BED using Guided Self Help

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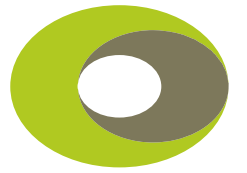
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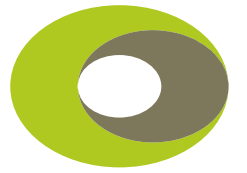
Homework day 2



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

Common Errors in Chain Analysis

(Alec Miller, 2010)



Not enough detail, too few links

No focus on emotions

Cognitions identified as emotions

Covers multiple days

Little/no collaboration

Chain not linked to client's goals

Chain is presented as aversive

Therapist judgmental of behaviour

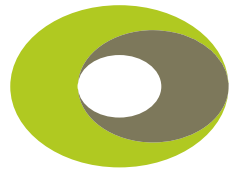


The DBT[®] SOLUTION for EMOTIONAL EATING

A PROVEN
PROGRAM

TO BREAK THE CYCLE
OF BINGEING AND
OUT-OF-CONTROL
EATING

Note:

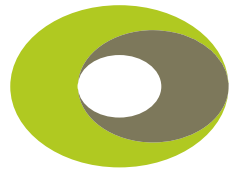


Slides are an adaptation of talks given by Dr. Debra Safer, one of the developers of the DBT for BN/BED approach.

Joint effort between Dr. Safer and Dr. Wisniewski

**Thank you to Dr. Jaqui Carter for sharing slides and videos
For the GSH.**



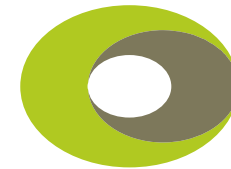


DBT for BED efficacious when delivered face-to-face over 20 sessions by highly trained therapists

However, access limited by:

- Geography
 - Finances
 - Time
-
- Even if no barriers, very few ED therapists actually deliver evidence-based treatments (e.g., von Ranson & Robinson, 2006; Wallace & von Ranson, 2012)

Why Investigate if DBTgsh is Effective?



CBTgsh is efficacious (e.g., Carter & Fairburn, 1998; Wilson et al., 2010; DeBar et al., 2011)

DBTgsh may also be efficacious

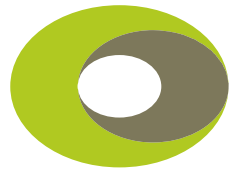
- Can investigate treatment matching
 - Patients responding better to affect regulation versus dietary restraint model or vice-versa
- Greater individualization of patient care

Hence, wrote initial DBTgsh manual

- Pilot study compared orlistat alone versus orlistat with adjunctive DBTgsh

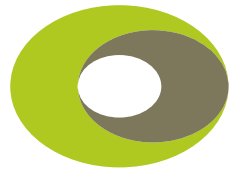
Needed to test DBTgsh manual in RCT

What, why and how: guided self help? (GSH)



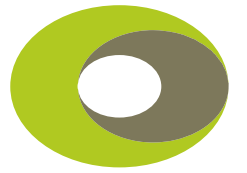
- What is GSH:
 - Self-help *plus* the support of another person or facilitator
 - may not be a professional eating disorder therapist.
- Why GSH for ED:
 - If cannot find a specialist provider
 - if difficulty accessing treatment due to cost or location
 - Resources
 - Maybe stepped care?

What, why and how: guided self help? (GSH)



- How is GSH delivered?
 - In-person, over the phone or internet, or by text message.
 - Frequency varies -- usually less than weekly psychotherapy.
- Session focus encourages individuals to
 - work through the self help manual
 - problem solve
 - use the tools and strategies that are helpful
 - clarifying any misunderstandings from the manual (Carter & Fairburn, 1998; Wilson et al., 2010)

Before you start



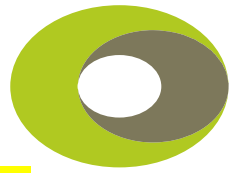
Setting Up Your Own Guided Self-Help Program

So far, research has not told us exactly which elements make guided self-help effective. It's not clear, for example, if the therapist needs to be trained in the treatment. From what we know from the available research, we suggest that you do the following when you look for a therapist (or other trusted, supportive person) to work with you:

1. Tell the therapist your plan to work through this program while meeting with him or her at least every 2–3 weeks.
2. Ask for support in the following areas:
 - Setting a schedule for reading through the self-help program and sticking to the schedule.
 - Identifying any obstacles that are getting in the way of your use of the program and problem solving a plan to address these. For example, a typical obstacle we help our patients with is not using the skills and strategies when they need them.
 - Talking through how to apply the skills to your specific situation, such as by reviewing a behavioral chain analysis.
 - Talking through parts of the program if you don't understand them.

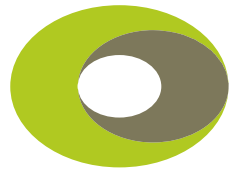
If the therapist agrees to focus on these areas and you feel you have a good working relationship, you will be in a good position to work on this program with support. Having a therapist or other trusted person to help you be accountable can be very helpful.

Before you start:



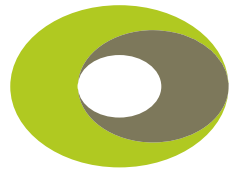
- **A complete evaluation will have been conducted by the time a therapist meets a client for Session 1.**
- **Therapists must thoroughly review their clients' baseline assessment file prior to the first session**
- **It is appropriate (recommended) to let the client know you reviewed the assessment, summarize his/her impressions, and ask the client for clarification and feedback.**

NB: this conserves valuable time and provides the client with a sense of continuity between the assessment process and treatment.



- What would the client like to achieve
 - Goals of the program: overcome BE by helping to manage stress (and other negative emotions) in a healthy way
 - What if their goal is to lose weight?
 - Not eh goal of the problem
 - May have to accept a weight that is higher than she/he would like.
 - If medically overweight: have to work on BE first.

Explaining what treatment involves



Cannot overcome BE by just reading the book

Must practice the skills!

Therapists job

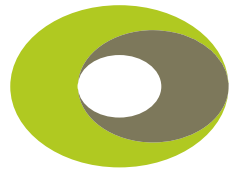
- to oversee this
- monitor progress
- discuss problems pertaining to the program and help come up with solutions

Patient is in the drivers seat.

Structure of Tx: 6 GSH sessions over 12 weeks.

- First two sessions are one week apart
- Every other week afterward

Before you start: Know what is in the Chapters



Chapter 1: The DBT Approach to Stop Binge Eating

Chapter 2: Making a Commitment to Stop Binge Eating

Chapter 3: Discussing Program Goals and the Tools to get There

Chapter 4: Learning to Become your own DBT Coach Behavioral Chain Analysis, Diaphragmatic Breathing, Wise Mind

Chapter 5: The Benefits of Dialectical Thinking and Being Mindful

Chapter 6: Becoming a More Skillful Observer

Chapter 7: Keeping on Track

Chapter 8: Mindful Eating and Urge Surfing

Chapter 9: Mindfulness of your Current Emotion and Radically Accepting your Emotions

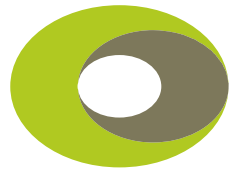
Chapter 10: Reducing Vulnerability to Emotion Mind and Building Mastery

Chapter 11: Building Positive Experience – Steps for Increasing Positive Emotions

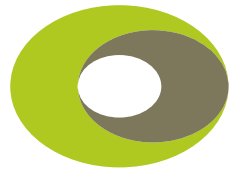
Chapter 12: Distress Tolerance

Chapter 13: Planning for the Future and Avoiding Relapse

How to Use DBT Guided Self-Help for BED



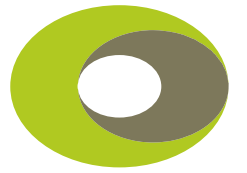
- In the research study, GSH consisted of **six, 30-minute** individual sessions via videoconference over **12 weeks**
 - Therapists were graduate students in clinical psychology
 - Supervised by registered psychologist
 - All sessions videotaped and segments reviewed in weekly group supervision meetings



General session structure :

- Brief check-in
- Discussion of concepts learned and skills used since last session
- Discussion of challenges in implementing the program (e.g., how to make it “do-able” in day-to-day life)
- Assignment of chapter(s) for next session

DBT e-GSH: *Role of the therapist*

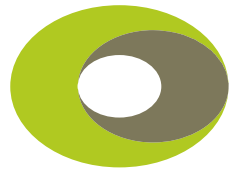


- Therapists accomplished this through
 - Warm interpersonal style
 - Focusing on building and maintaining rapport
 - Common factors
 - Socratic questioning (but focus on the manual)
 - Validation
 - Reflections, summaries, etc.
 - Acknowledgment of the book as the therapist

What is therapist's role?

- Structure the session
- Monitor progress
- Set the pace
- Identify and discuss obstacles
- Encouragement, praise all signs of progress
- Stay on task
- Help keep participant motivated
 - Validation and Encouragement (e.g., It's hard to change and you can do it.)

Session Frequency and Duration



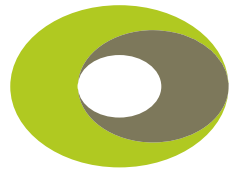
Each session has a similar format and lasts no longer than 30 minutes (although it may be shorter).

In the MUN Study, therapists should inform participants at the first session that there will be a maximum of six sessions over the following 12 weeks

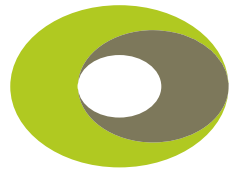
**– typically 2 weekly sessions
followed by 3 bi-weekly sessions and
a wrap-up session during week 12.**

Encourage the patient that they will complete the program in 12 weeks (6 sessions).

A typical guided self-help session has the following components:



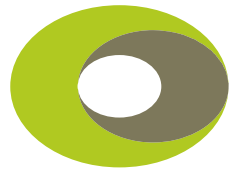
1. Assessing the client's progress
2. Identifying any challenges with following the self-help program and praising all signs of progress
3. Discussing the challenges identified and the stage of the self-help program that has been reached
4. Encouraging the person to identify solutions to any identified (and foreseeable) challenges and offering suggestions where appropriate
5. Setting new homework tasks



1. Read the manual once all the way through
2. Review chapter the day of the session
3. Ok to tell them “I need to look”

The actual treatment





Week 1 – Session 1 - Intro and Chp 1

Week 2 – Session 2 – Chp 2 & Chp 3

Week 4 – Session 3 – Chp 4 & Chp 5

Week 6 – Session 4 – Chp 6 & Chp 7

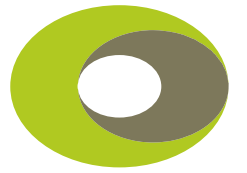
Week 8 – Session 5 – Chp 8 & Chp 9

Week 12 – Session 6 – Chp 10 – 13

Sessions intervals may be adjusted to accommodate schedules and vacations.

Session 1: check list

- Explain nature and structure of GSH
 - Maximum 6 GSH sessions over the next 12 weeks (including today)
 - typically 2 weekly sessions followed by 3 bi-weekly sessions and a final session during week 12
 - Each session maximum 30 minutes
- Purpose of sessions and your role, etc.
- Might be tempted to rush through book.
 - Explain that it is not enough to just read the book
 - Encourage them to work their way through one chapter at a time.
 - Important to read in order because skills build on each other
 - Importance of written exercises and practicing the skills in the Toolbox
 - Therapists should use the language used in the book
- Get to know the person a bit
 - Background information (e.g., age, work, relationship, children)
 - Could you take me through a typical day?
 - Could you tell me about a recent typical binge episode? Typical triggers?
- Did they read Intro and Chp 1?
 - Did they complete written exercises?
 - Discuss experience with this.

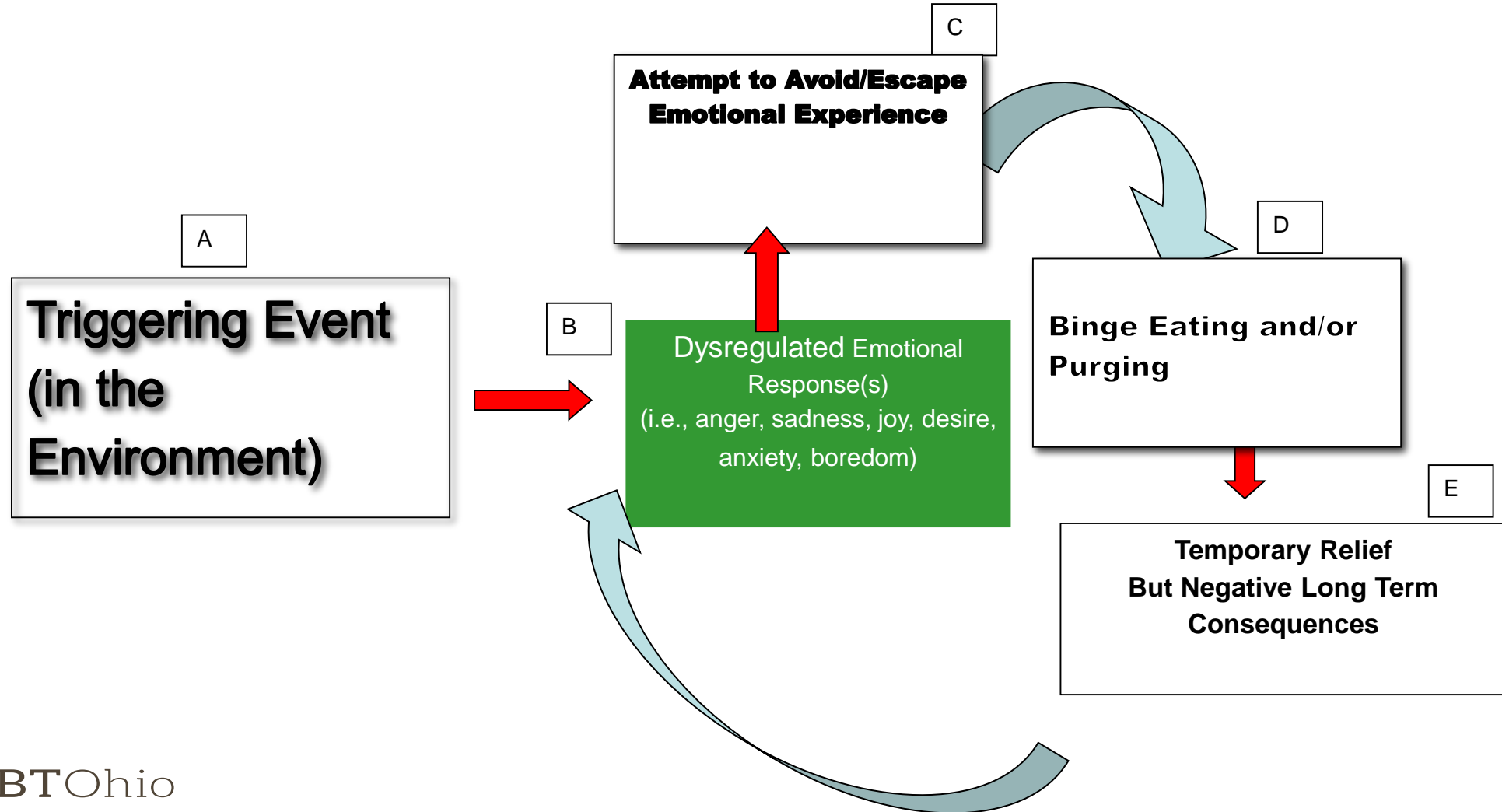


Chapter 1: The DBT Approach to Stop Binge Eating

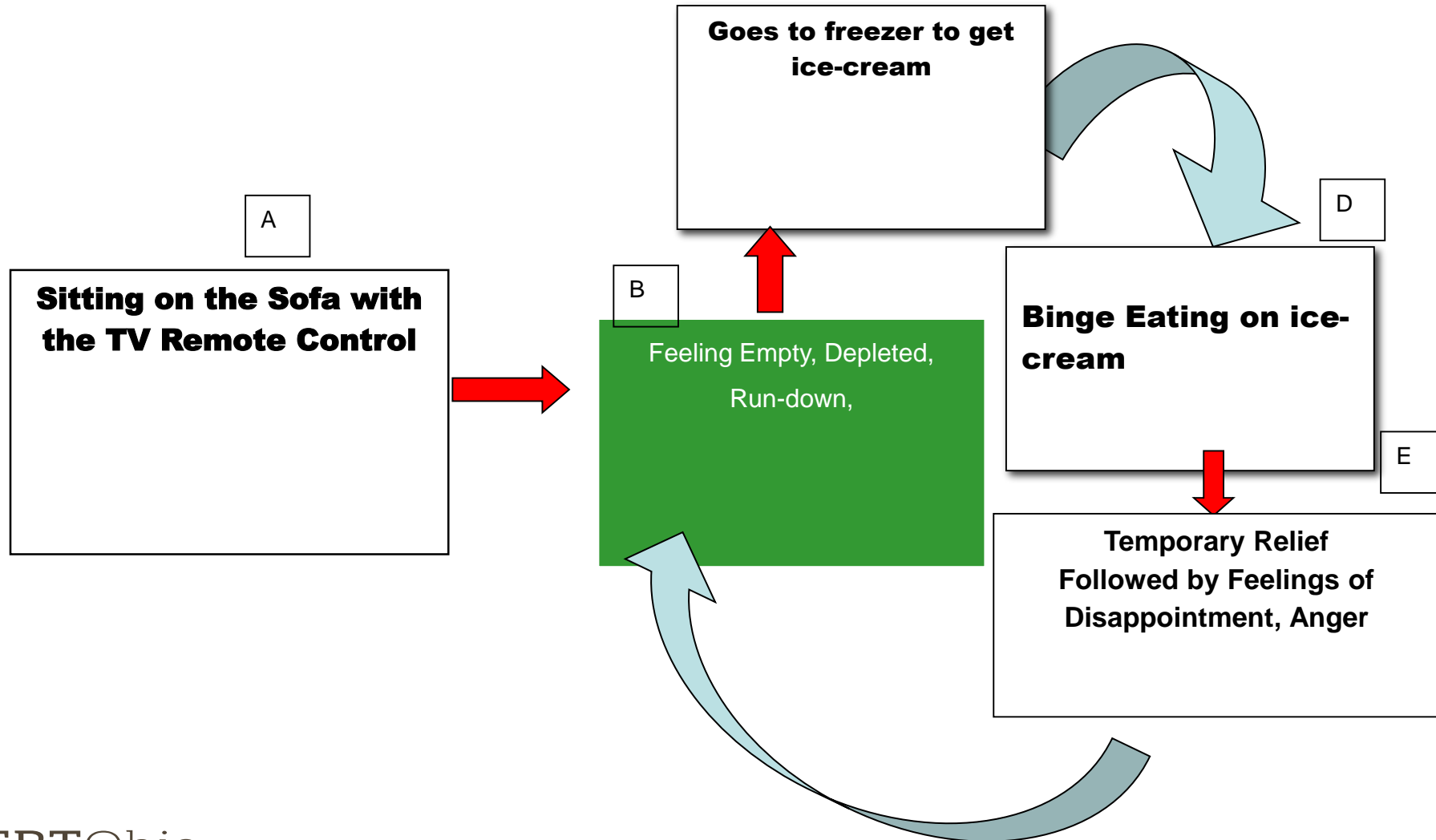
Introduction to affect-regulation model, biosocial theory:

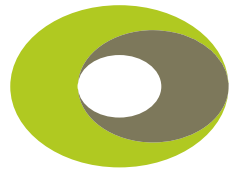
- Exercises help patients explore whether models are a good fit— is their binge eating connected to their emotions?
- Is the biosocial model a good fit?
 - Hedonic eating
 - Temporal discounting

Affect Regulation Model



Affect Regulation Model: John





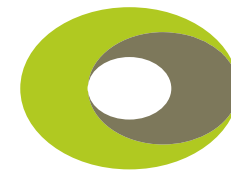
Exercise 1: Does the DBT model of Emotion Regulation Fit your experience?

Emotion vulnerability Quiz

Homework Exercise 1a: Filling in the DBT emotion Regulation Model for an Episode of Being Eating

Homework Exercise 1b: Reactions fo Learning about the DBT Emotion Regulation Model and Biosocial Theory

Homework Exercise 1c: Being More aware of your emotions and their connections to binge eating this coming week and beyond



Emotional Vulnerability Quiz

1. Would you say you are more sensitive or more easily upset than others (whether or not you let others know what you're feeling)?

Yes

No

2. Do you think you respond more intensely to your emotions than others (whether or not you express your emotions outwardly)?

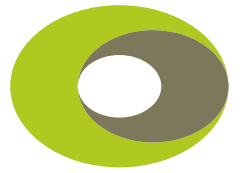
Yes

No

3. When you feel yourself become emotional or upset, do you tend to stay that way longer than others?

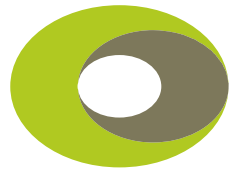
Yes

No



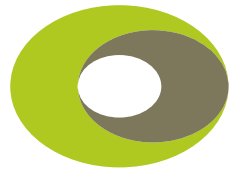
Other Homework for Session 1:

The client should be asked to read Chapter 3 & 4 of the manual before the next session and practice the skills in it, and the therapist should schedule Session 2 in one week.



These sessions are devoted to working through the remaining chapters of the DBT self-help manual. Subsequent sessions will take place every other week for 6 weeks and then the final session will be at week 12 (i.e., 6 sessions in total). The intervals may be adjusted to accommodate schedules and vacations as long as the client receives six sessions over the 12 weeks.

The content of the subsequent sessions are dictated by the client's progress at following the DBT self-help program.



1. Ask

how s/he has been doing homework tasks and practicing the skills learned so far.

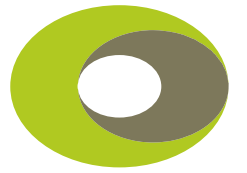
2. Discuss

what the client is learning from the chapter his/her experience with practicing the skills/using the toolbox.

3. Ask

identified any particular challenges or problems reading the manual or practicing the skills/toolbox.

Session Structure after Session 1



If the client did not complete the reading and/or practice skills, **assess** the reason(s) for this.

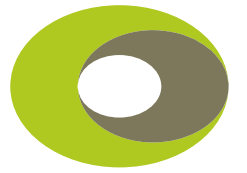
Discuss

challenges or problems identified
and progress with the stage of the self-help program that has
been reached.

Encourage

identify solutions to identified (and foreseeable) problems and
offer suggestions where appropriate

Set new homework tasks [i.e., next chapter(s)].

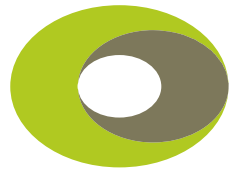


Chapter 2: Making a Commitment to Stop Binge Eating

Commitment to treatment and abstinence

- Review history of binge eating, advantages and disadvantages of stopping binge eating
- Reflect on values and how binge eating may interfere
- Commit to using the book and to stopping binge eating

Chapter 2: exercises and activities



Exercise 1: Looking at your attempts to stop Binge Eating

- a. what have you tried and why hasn't it worked?
- b. what helped you stop binge eating (even temporarily)?

Exercise 2: Identifying the advantages and Disadvantages of Binge Eating

Exercise 3: Comparing the Advantages and Disadvantages of Binge Eating

Exercise 4: Identifying your values

Exercise 5: what would your life be like without Binge Eating

Exercise 6: writing out your commitment to stop binge eating

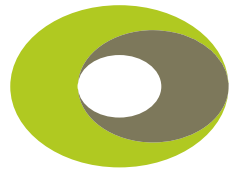
Homework Exercise 2a: Creating a Wallet-Sized Pros/Cons of Binge Eating Card

Homework Exercise 2b: Creating a Commitment Card

Homework Exercise 2c: Creating a motivation Card

Homework Exercise 2d: Practice Using Your Cards

Exercise 4: Values



We now ask you to turn your attention to the values that are most important to you. By values, we mean your principles or standards of behavior, what you judge as important in life. Below we have included examples of some values that people may hold.* If your most important values are not on the list, please add your own. At the end of the list we will ask you to choose the five values you believe best represent you. Example values:

*Adapted from Personal Values Card Sort by William R. Miller, Janet C'de Baca, Daniel B. Matthews, and Paula L. Wilbourne (2001). Albuquerque: University of New Mexico. Public domain.

Achievement: to accomplish important goals

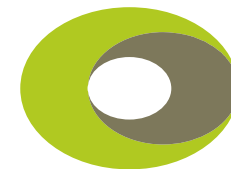
Adventure: to have new and exciting adventures

Authority: to be in charge and responsible for others

Autonomy: to be self- determined and independent

Beauty: to appreciate (and create) beauty

Challenge: to take on difficult tasks and problems



HOMEWORK EXERCISE 2-B

Creating a Commitment Card

On another 3" × 5" index card or other piece of paper, copy some or all (depending on space) of what you stated as your commitment to stop binge eating **and turn to this program first, instead of turning to food, as a way of coping with emotional distress.** You may also wish to copy this onto your smartphone.

On her Commitment Card, Kat wrote:

In order to honor the value of my life, binge eating is NOT an option. When I turn to binge eating, I'm not really living. I want to know who I truly am before I die. Binge eating is denying difficult feelings so I can make it through my life and not create waves. But I want to be truly alive, even if that means experiencing difficult feelings. The oblivion of binge eating, though tempting in the short run, is ultimately a heartbreaking waste of my opportunity to live fully and authentically.

- ☐ I have created a Commitment Card (that I can carry with me) to remind me that I am committed to stopping binge eating and turning to the program as opposed to turning to food.

HOMEWORK EXERCISE 2-C

Creating a Motivation Card

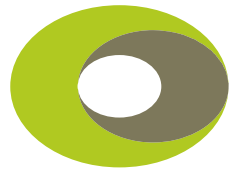
If there was anything that particularly struck you while reading the chapter that you think will help with your motivation, copy that down on a 3" × 5" index card or foldable piece of paper you can carry with you so you can remind yourself of it.

This too may be valuable to copy onto your smartphone. You can leave space so you can add to this card during the program.

Kat wrote on her Motivation Card:

Sometimes I might need a witness to help me keep from getting lost, to help me keep to this program and my commitment. This is so important because the oblivion binge eating offers can be tempting. My values are too important to lose sight of.

☐ I have made a Motivation Card with my notes of anything else from this chapter that will help keep me motivated.

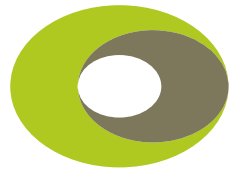


Chapter 3: Discussing Program Goals and the Tools to get There

Orientation to Treatment Targets, Diary Card

- Explain hierarchy of treatment (e.g., stop behaviours that interfere with treatment, stop binge eating), introduce diary cards
- Introduction to Mindfulness, learning Wise Mind and diaphragmatic breathing

Chapter 3: exercises and activities



Exercise 1: Start using your diary card today

Exercise 2: When your emotions are in control

a. think of a time when your emotions were in control and led to behaviors that were helpful to me.

b. think of a time when your emotions were in control and led to behaviors you regretted.

Exercise 3: Finding your wise mind practice

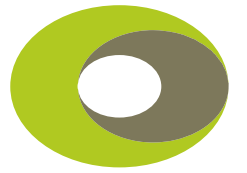
Exercise 4: Diaphragmatic Breathing Practice

Homework Exercise 3a: Fill out your diary card each day

Homework Exercise 3b: Accessing and using your wise mind

Homework Exercise 3c: Maintaining Connection with Your Wise Mind

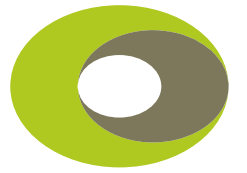
Homework Exercise 3d: Practicing Diaphragmatic Breathing Twice a Day



Chapter 4: Learning to Become your own DBT Coach Behavioral Chain Analysis, Diaphragmatic Breathing, Wise Mind

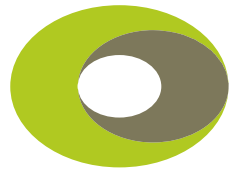
- Understand how binge eating is part of a chain of events, including vulnerabilities, prompting events etc. that ultimately culminate in a binge.
- Thinking about breaking chain by doing things differently

Chapter 4: exercises and activities



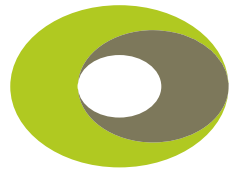
Exercise 1: Behavior Chain Analysis Form

Homework Exercise 4a: Filling out at least two behavioral chain analyses



Chapter 5: The Benefits of Dialectical Thinking and Being Mindful

Introduction to dialectical thinking versus rigid/black and white thinking. Also learn DBT skill of “observe”



Exercise 1: Practice shifting from Rigid to dialectical thinking

- a. what might you say to a loved one
- b. use of the word AND

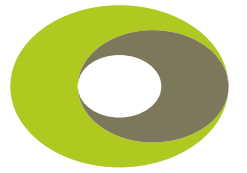
Exercise 2: Applying dialectical thinking to accept yourself and change

Exercise 3: Accepting contradictory feelings about stopping binge eating

Exercise 4: An experiential exercise to introduce observing

Homework Exercise 5a: Creating a dialectical thinking card (from the exercises above)

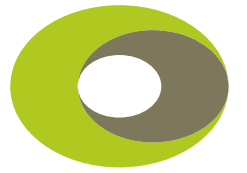
Homework Exercise 5b: Practicing Observing over the Coming Week



EXERCISE 1 Practicing Shifting from Rigid to Dialectical Thinking

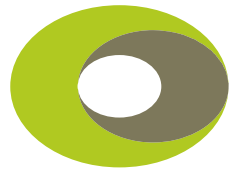
Think of times you typically get stuck at a “point of no return.” These are the times when your emotion mind pushes you toward black-and-white or rigid, perfectionistic thinking. For Leticia, this “point of no return” is often after she has eaten something unplanned and her emotion mind says: “I can’t stand it that I already messed up, so I have to binge.” To practice dialectical thinking, she needed to step back and, like John, think about what she might say to encourage a friend or loved one facing a similar situation. She would never judge them for “messing up” and tell them their only option was to binge. We suggested she use dialectical thinking to stretch her mind by using “and” between seemingly contradictory viewpoints, allowing failure and success to coexist. Practicing dialectical thinking, Leticia could say: “Yes I messed up and ate more than I’d planned and I will feel so much better tomorrow by recommitting right now to stopping binge eating.” Or “I can feel bad and not have to make myself feel even worse by continuing to overeat.” Or “This

is my opportunity to be like an Olympic athlete by falling and getting right back up.” Practice applying dialectical thinking to one or two things your emotion mind tells you that typically push you toward rigid thinking and a “point of no return.” Start by writing down what your emotion mind says to you. Then use dialectical thinking by adding an “and” to help you develop a flexible mindset. (Note: Homework Exercise 5-A provides additional opportunities to practice dialectical thinking to help you shift out of your emotion mind’s rigid, perfectionistic mindset.)



Chapter 6: Becoming a More Skillful Observer

“How” skills of Non-judgmentally, One Mindfully, and Effectively



Exercise 1: Observing Judgements on a Conveyor Belt

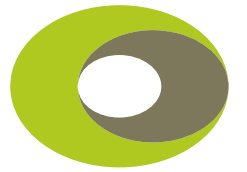
Exercise 2: Practicing Adopting a nonjudgmental stance

Exercise 3: Practicing Focusing on one thing in the moment

Exercise 4: Understanding being effective.

Homework Exercise 6a: Practice adopting a nonjudgmental stance over the coming week.

Homework Exercise 6b: Practice being effective with a current situation

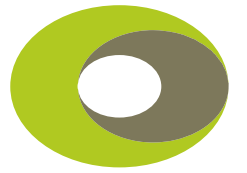


Chapter 7: Keeping on Track

Review of progress at “halfway through”

- Review treatment targets and any behaviors interfering with treatment (reading chapters? Completing homework? Practicing skills? etc.)
- Has binge eating decreased, increased, or remain unchanged? Suggestions made accordingly

Chapter 7: exercises and activities



Exercise 1: Strategies to overcome factors that interfere with your using this program

Exercise 2: Plotting binge eating episodes over time

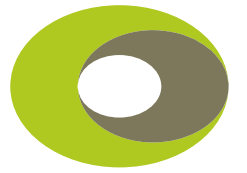
Exercise 3: Describing your binge eating trend over time

Exercise 4: Plan to increase Using skills that are already working

Exercise 5: The role of triggering/prompting events when your binge eating has increased or not changed.

- a. most common prompting events
- b. identifying controllable triggers
- c. reducing the likelihood of encountering triggers/prompting events.
- d. identifying triggers that you cannot control or reduce.

Homework Exercise 7a: Taking the opportunity to review skills/concepts from earlier chapters.

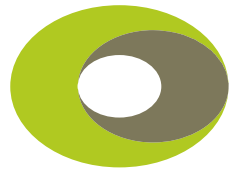


Chapter 8: Mindful Eating and Urge Surfing

Mindful Eating and Urge Surfing

- Learn mindfulness skills of mindful eating and urge surfing (borrowed from DBT for substance abuse)
- Help reader understand that urges can be experienced without acting on them

Chapter 8: exercises and activities



Exercise 1: Can a Binge Be Mindful?

Exercise 2: Experiencing Mindful Eating

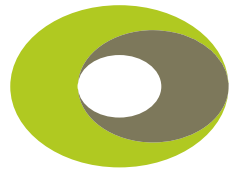
Exercise 3: Imaginal Mindful Eating

Exercise 4: Practicing Urge Surfing

Exercise 5: Planning ways to use Mindful Eating and/or urge surfing to prevent a binge

Homework Exercise 8a: Mindful eating practice over the coming week.

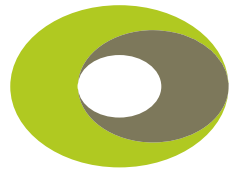
Homework Exercise 8b: Urge Surfing practice over the coming week



Chapter 9: Mindfulness of your Current Emotion and Radically Accepting your Emotions Introduce Emotion Regulation module

- Become more aware emotional experiences, accepting emotions

Chapter 9: exercises and activities



Exercise 1: Practicing Mindfulness of your current emotion

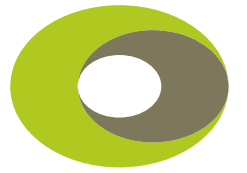
Exercise 2: Identifying the Emotion you currently find hardest to accept

Exercise 3: Practicing Radically accepting your emotions in an imaginary situation

Exercise 4: Practicing Radically accepting your emotions about a situation you have difficulty accepting

Homework Exercise 9a: Practicing being mindful of your current emotion this coming week.

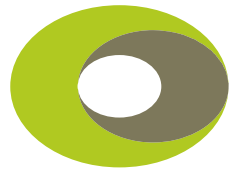
Homework Exercise 9b: Radical Acceptance, Letting go of emotional suffering



Chapter 10: Reducing Vulnerability to Emotion Mind and Building Mastery

- Assess vulnerability, develop plans to attend to physical illness, balance eating, avoid or reduce mood altering substances, balance sleep, get exercise, engage in mastery activities
- Discusses how excessive dieting and focus on weight loss at this stage interferes with top goal of stopping binge eating

Chapter 10: exercises and activities



Exercise 1: Identifying Connections between Specific Vulnerability Factors and Binge Eating

Exercise 2: How does **Ignoring Physical Illness** Affect your Emotional Vulnerability and Binge Eating?

Exercise 3: How does **Imbalanced Eating** Affect your Emotional Vulnerability and Binge Eating?

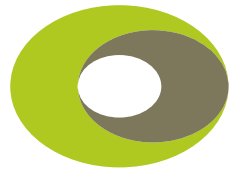
Exercise 4: How do **Mood Altering Substances** Affect your Emotional Vulnerability and Binge Eating?

Exercise 5: How does **Imbalanced Sleep** Affect your Emotional Vulnerability and Binge Eating?

Exercise 6: How does **Physical Activity** Affect your Emotional Vulnerability and Binge Eating?

Exercise 7: How does **Building Matery** Affect your Emotional Vulnerability and Binge Eating?

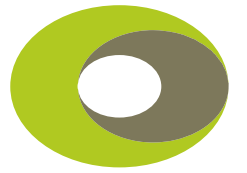
Homework Exercise 10a: Filling out the worksheet “Steps for reducing vulnerability to emotion mind” over the following week.



Chapter 11: Building Positive Experience – Steps for Increasing Positive Emotions

Teaches steps for increasing positive emotions

Chapter 11: exercises and activities



Exercise 1: Building long term positive goals.

Exercise 2: Impact of Binge Eating On your Relationships

Exercise 3: Plans to attend to relationships.

Exercise 4: Avoid Avoiding

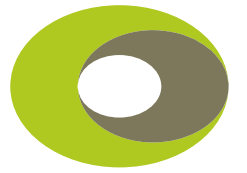
Exercise 5: Interrupting Positive Emotions with Guilt, Worry and Self Criticism

Exercise 6: Identifying Positive Emotions you Want to Increase

Exercise 7: Getting the Most Out of Your Positive Experiences

Homework Exercise 11a: Planning Pleasant Activities for this Coming week.

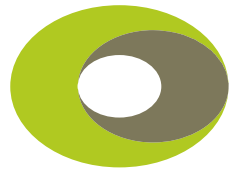
Homework Exercise 11b: Worksheet for Increasing Positive Events



Chapter 12: Distress Tolerance

Acceptance skills (e.g., Half-Smiling) and Crisis
Survival skills (e.g., Self-Soothing)

Chapter 12: exercises and activities



Exercise 1: Practicing Half Smiling.

Exercise 2: Your current crises.

Exercise 3: Using the distraction skills.

Exercise 4: Avoid Avoiding

Exercise 5: Using Self Soothing skills.

Exercise 6: Practicing thinking about Pros and Cons

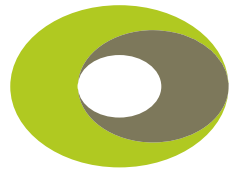
Homework Exercise 12a: Practicing Half-Smiling.

Homework Exercise 12b: Practicing thinking of Pos and Cons

Homework Exercise 12c: Practicing Crisis Survival Skills

Homework Exercise 12d: Card Listing Most Effective Crisis Survival Skills.

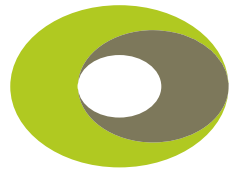
Homework Exercise 12e: Continuing to reduce vulnerability to emotion mind



Chapter 13: Planning for the Future and Avoiding Relapse

- Reflect on commitment to stop binge eating
- Review most useful skills
- Make plan of how to avoid high risk (for binge eating) situations
- Discuss long term goals, plan out how to deal with a lapse or relapse if it occurs.

Chapter 13: exercises and activities



Exercise 1: Skills You Currently Find Especially Helpful.

Exercise 2: Skills you Plan to Use More Often

Exercise 3: Plotting Binge Episodes since Completing Chapter 7.

Exercise 4: Describing your Binge Eating Trend over Time

Exercise 5: What Have you Learned about Your Binge Eating and your Typical Triggers. Vulnerabilities and Links since the Halfway Point.

Exercise 6: Practicing Coping Ahead

Exercise 7: Plan for Coping Ahead if you Start Binge Eating Again (or if Your Binge Eating Worsens Significantly)

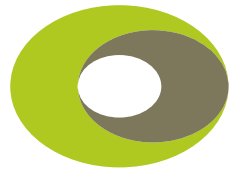
Exercise 8: Barriers to Living the Life you want to have

Homework Exercise 13a: Committing to the Future.

Providing DBT GSH potential problems

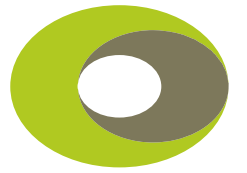
Main Challenges

- Not doing written exercises, just reading the chapter
- Not reading the assigned chapters
- Not practicing skills/tools
- Preoccupied with weight loss
- Cancelled session/Non-attendance/Drop-out
- Significant events, Crises
- Others?



- If did not do his/her reading or practice skills determine the reasons and address them as appropriate
- Help client to deal with any practical issues (e.g., finding time, preventing interruptions) that interfered with the assignments.
- If found the homework frustrating, normalize suggest ways to reduce this (e.g., take it in smaller steps, don't worry about doing things perfectly).

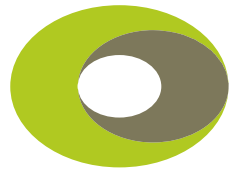
When Clients continue to focus on weight



- Be active and directive in helping obese clients put aside their weight loss goals.
- Express empathy for their wanting to diet
- Remain firm that overcoming binge eating and trying to lose weight are conflicting goals at this stage
- Socratic questioning is useful here to temper a client's over-eagerness to diet
- Example

DBT e-GSH: Case Examples

Case Example #1 - Laura



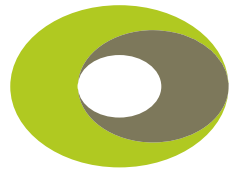
Middle-aged Caucasian female

Responded to an online advertisement for the trial

Expressed an interest in decreasing her binge eating, and stated that it negatively impacted

- Mood
- Mental health
- Self-esteem

Laura - Background

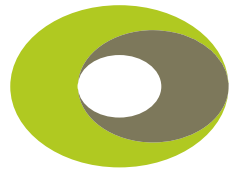


Had been struggling with binge eating since her early 20's

Regularly tried to dieting in order to lose weight or control her eating, but often found that this led to increased BED symptomatology

In the 3 months pre-baseline

- 46 self-reported days with an objective binge episode
- 66 objective binge episodes



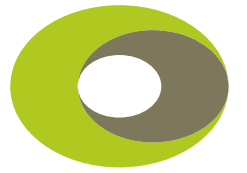
In first session, reviewed the emotion regulation model of binge eating
Laura felt like the model was “written about her”

- “Argument” anecdote

Through reviewing the biosocial theory, Laura identified herself as a
“naturally emotional” person who grew up in a competitive
environment

- Two smaller sisters

Prioritizing the Program

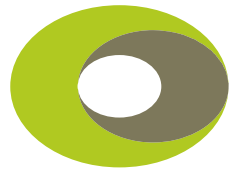


In the early days, Laura struggled with committing to the program

- e.g., getting through the material in a timely fashion
- Apparently Irrelevant Behaviors

To help Laura, I emphasized the therapist's function as a "problem solver"

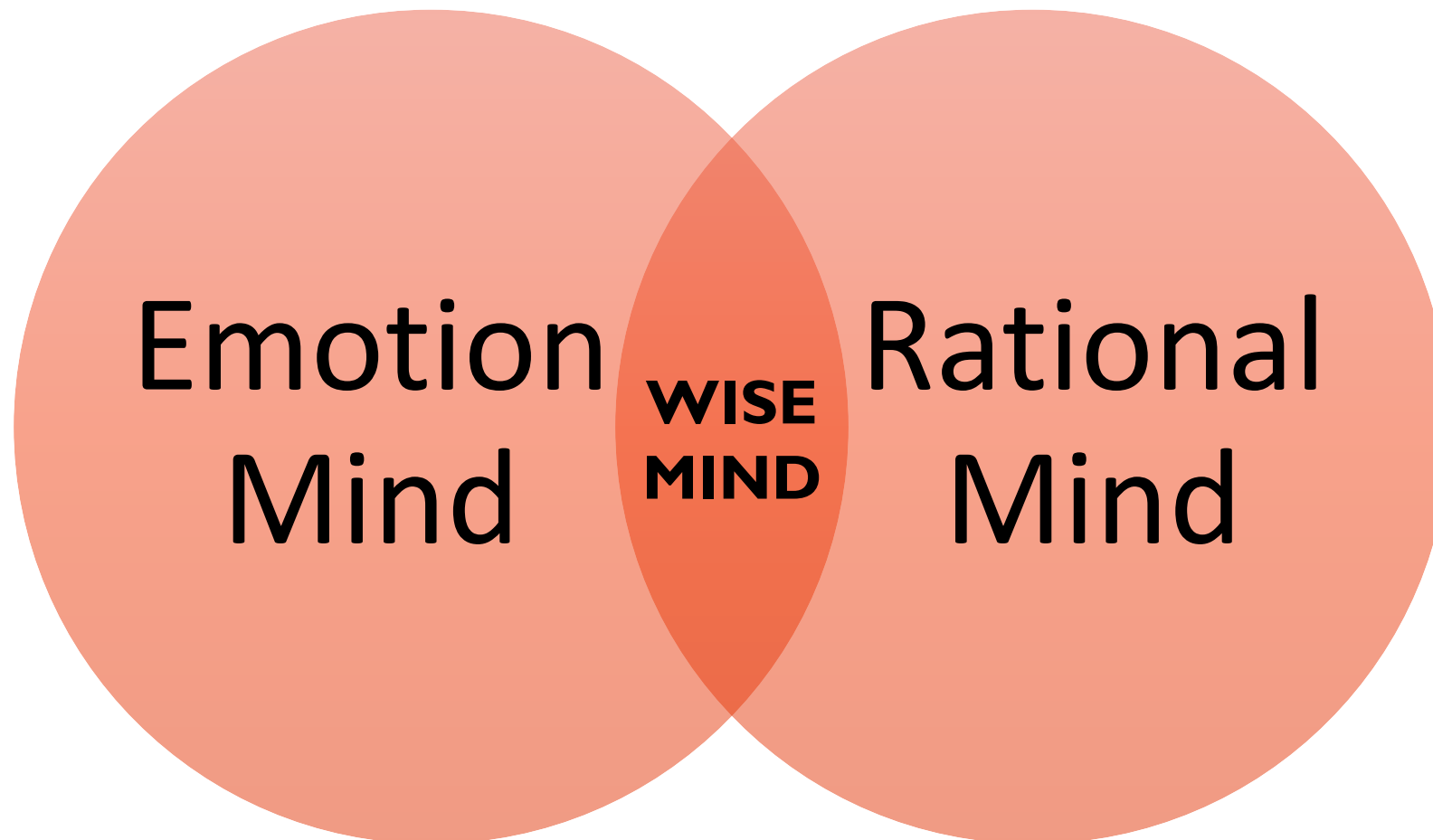
- Still managing to use skills

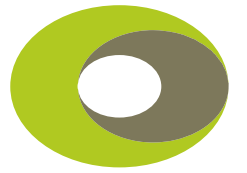


Therapist did this through Socratic questioning about relevant skill use

- Making a commitment
- Wise Mind

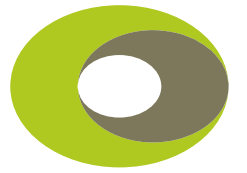
Video





This clip emphasizes

- The “practical” nature of the e-GSH therapist’s role
- The emphasis on problem-solving and program implementation psychoeducation/teaching DBT concepts
- The use of skills learned in the manual to solve problems

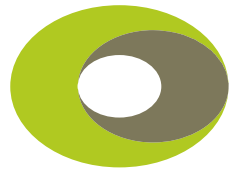


A common theme throughout Laura's sessions was her difficulty with pinpointing her emotions

While she knew that she was "emotional," she could rarely identify what emotion she was feeling

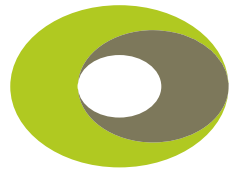
This made it hard for her to identify binge triggers

- Emotion regulation model



Often times, Laura would start feeling “distressed” and proceed to binge

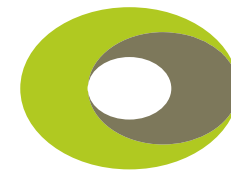
- Described this as happening very quickly
- Found it hard to slow down and consider what might be happening
 - Was she hungry?
 - Was she upset?
- Over time, the general feeling of distress became so linked to food cravings that...
 - Upset = binge

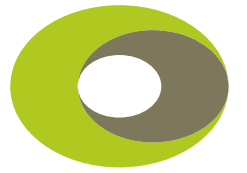


The skill that helped Laura the most in the program is called
“Mindfulness of Your Current Emotion”

Experiential Exercise

[Video](#)





Laura's ability to identify her emotions through DBT skills had a ripple effect

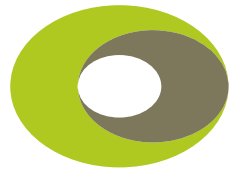
- Decreased binge eating
- Increased intuitive
- Improved self-confidence and self-talk
- Improved self-care

She decreased her binge eating so that, at 3-month follow up, she binged twice in the previous month

Case Example #2

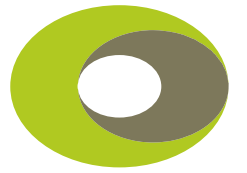


Case Example #2 - Anna



- Middle-aged Caucasian female
 - Funny, kind, and engaging
 - Insightful
- Responded to article on CBC about trial
- Getting married
 - Lose weight → improve health

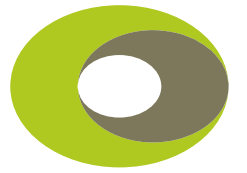
Anna - Background



Struggled with binge eating/emotional eating since childhood

Reported 80 episodes of binge eating in three months prior to trial

- 72 binge days (i.e., binge eating 6 out of 7 days/week or 80%)

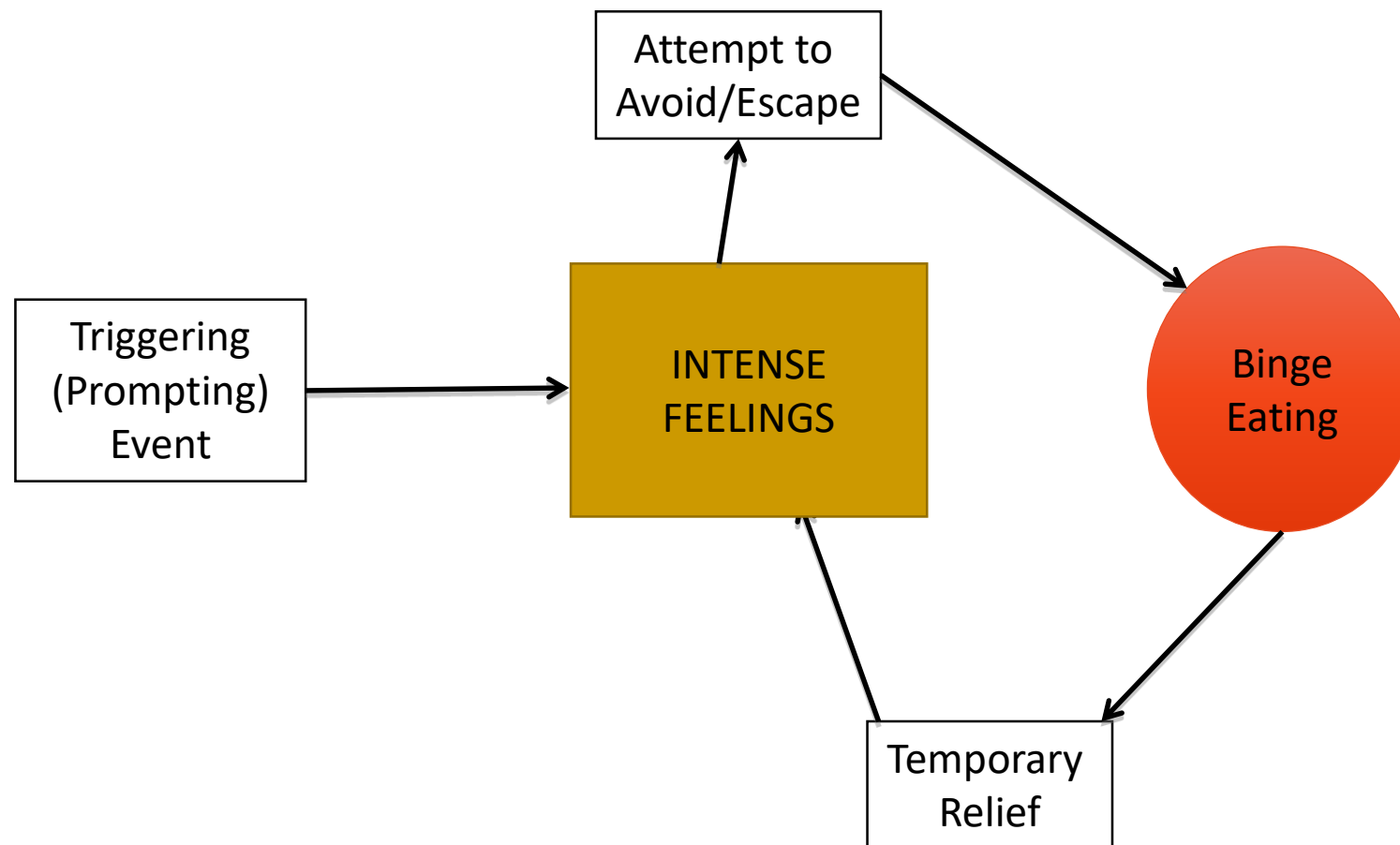


Appeared timid and nervous about session

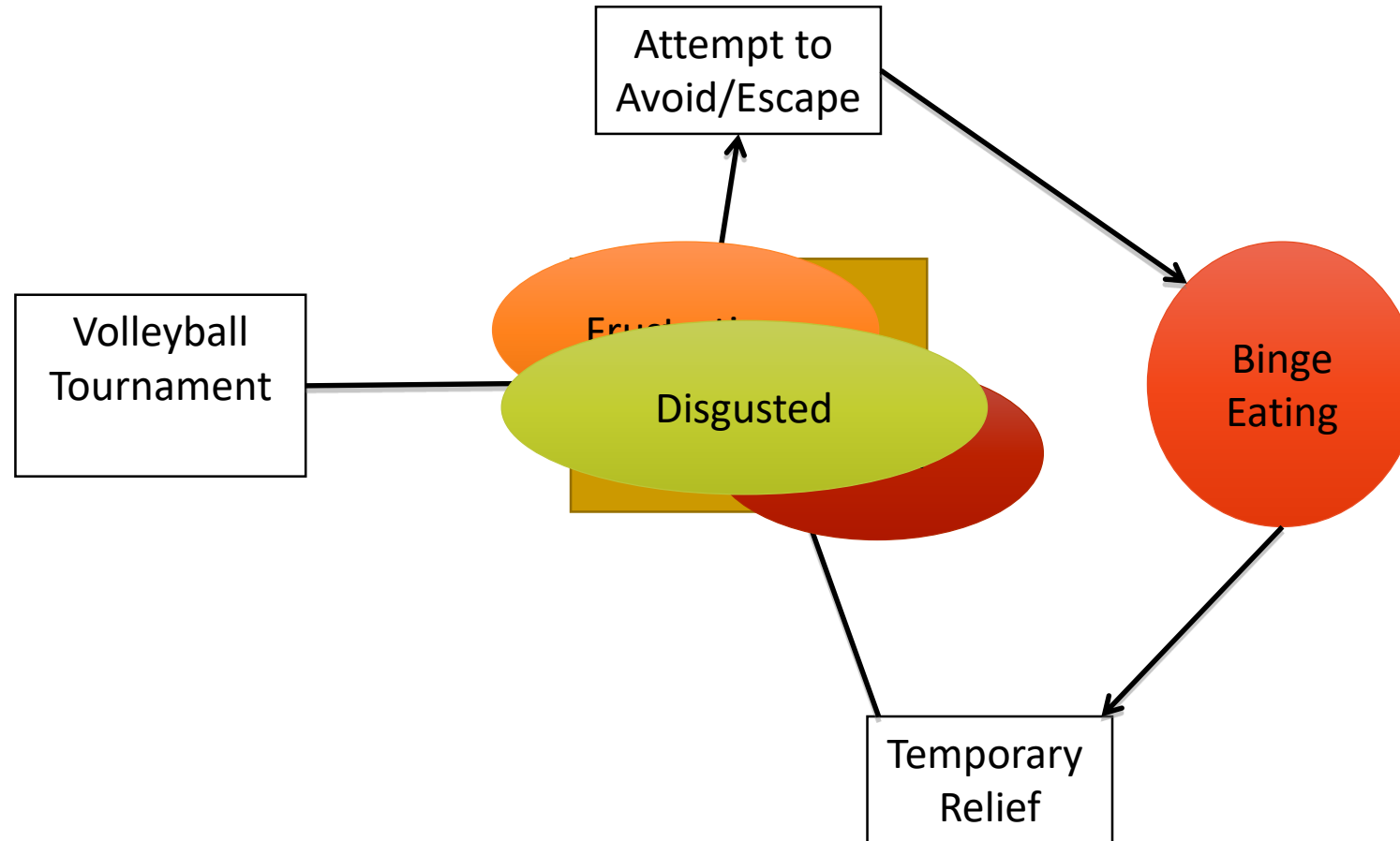
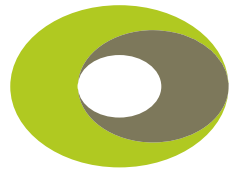
Identified with each of book's 3 illustrative case examples or "characters"

Provided examples when prompted

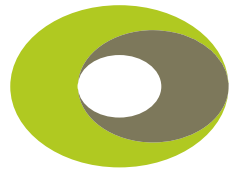
Anna - Example



Anna - Example



Anna's Commitment



“I, Anna, commit to stop binge eating and turn to this program first instead of turning to food as a way to cope with emotional distress

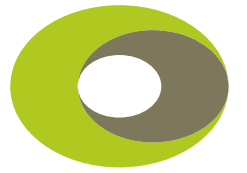
I commit to being more active and listening to my body when it says it's full

I commit to finding more healthy ways to deal and cope with my emotions and feelings

I commit to make better healthy eating decisions for my health and well being

I commit to using my support system and being honest with my struggles with binge eating”

Building Rapport Online



Limited sessions

- Six 30-minute sessions

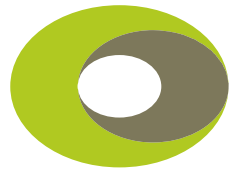
Limited view/cues

- Cannot see all non-verbal cues

Video delay

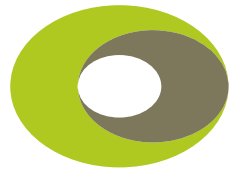
- Not real time

Limited Sessions: Jumping Right In



- Initial phone call
- Frequent email contact and reminders
- Balance between covering material and building rapport
 - Use your therapeutic skills!

Limited Cues: Identifying Emotions



Listen to what is being said and what is not being said

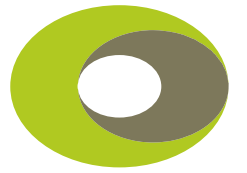
Check in frequently

- “I am hearing you say X. Is this correct?”
- “How does that feel?”

Radical acceptance

Video

Video Delay: “You go.” “No, you go.”



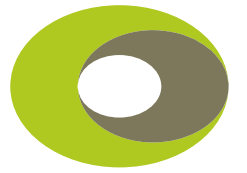
It will happen!

Identify the issue head on

- Humor!!

Don't be afraid to ask the client to repeat

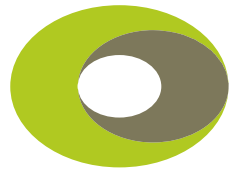
- This will likely happen a LOT more than in a face-to-face clinical setting



Rapport established over video despite challenges

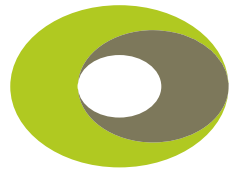
“...I look forward to it now. I remember the first couple I was like I don’t even know why I’m doing this program but then it started to be looking forward to it, to talking about the things we’re learning.”

Video



- Last session
- Post-treatment
 - 13 binge episodes over prior 3 months
 - 13 binge days (i.e., about 1 binge day/week or about 14%)
- 3 month follow-up
 - 0 binge episodes over prior 3 months (i.e., since treatment ended)

Group Discussion



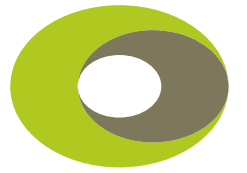
In the following cases identify:

- Possible challenges related to e-GSH
- Possible next steps
- Benefits and disadvantages

Clinical Challenges of e-GSH



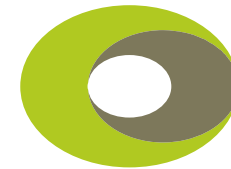
Challenge #1



BED has been found to be comorbid with a number of diagnoses (Bittencourt et al., 2012; Hudson et al., 2012)

As such, individuals with BED often have significant concerns aside from their binge eating

Challenge #1

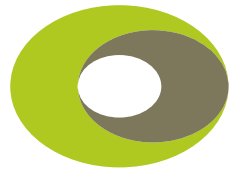


Some individuals in our study had significant comorbidities

Approached this issue by:

- Being open and transparent about intent of program
- Providing suggestions about how to translate DBT skills to other areas/concerns

Challenge #1

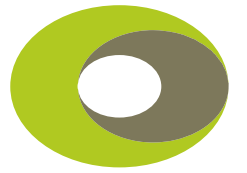


In addition, some participants were more talkative and/or tangential than others

Various approaches used to address this issue

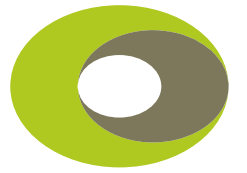
- Warm, respectful interjections
- Asking about how the program relates to their anecdote, etc.
- Having an initial check-in, then increasing session structure

Challenge #2



Research suggests that overvaluation of weight/shape may be equally as significant in BED as in bulimia nervosa (Masheb & Grilo, 2003)

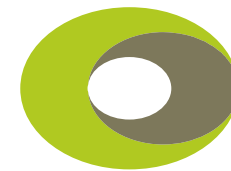
DBT-BED does not explicitly address weight and shape



This could result in issues as clients had weight and shape related issues that they wanted to discuss

- Dietary restraint and/or restriction
- “Food addiction” presentation

Challenge #2

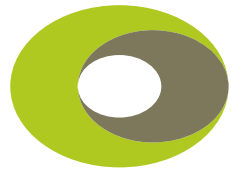


How to address this?

- Suggesting that the individual prioritize binge eating
- Generalize DBT skills to weight/shape concern
 - Dialectical thinking, Non-judgmental

As treatment progressed, and binge eating decreased, an interesting phenomenon occurred

- Less discussion of weight/shape

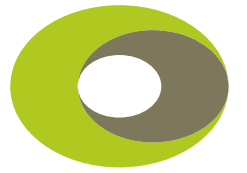


How do I know if my client is suitable for DBT-GSH for BED?

- Fewer comorbidities that require intensive intervention
- Lower overvaluation of weight and shape
 - Has been associated with treatment non-response following GSH (Masheb & Grilo, 2008)
- Client characteristics
 - Laura
 - Anna

Preliminary Results





We have only just begun to examine trial data

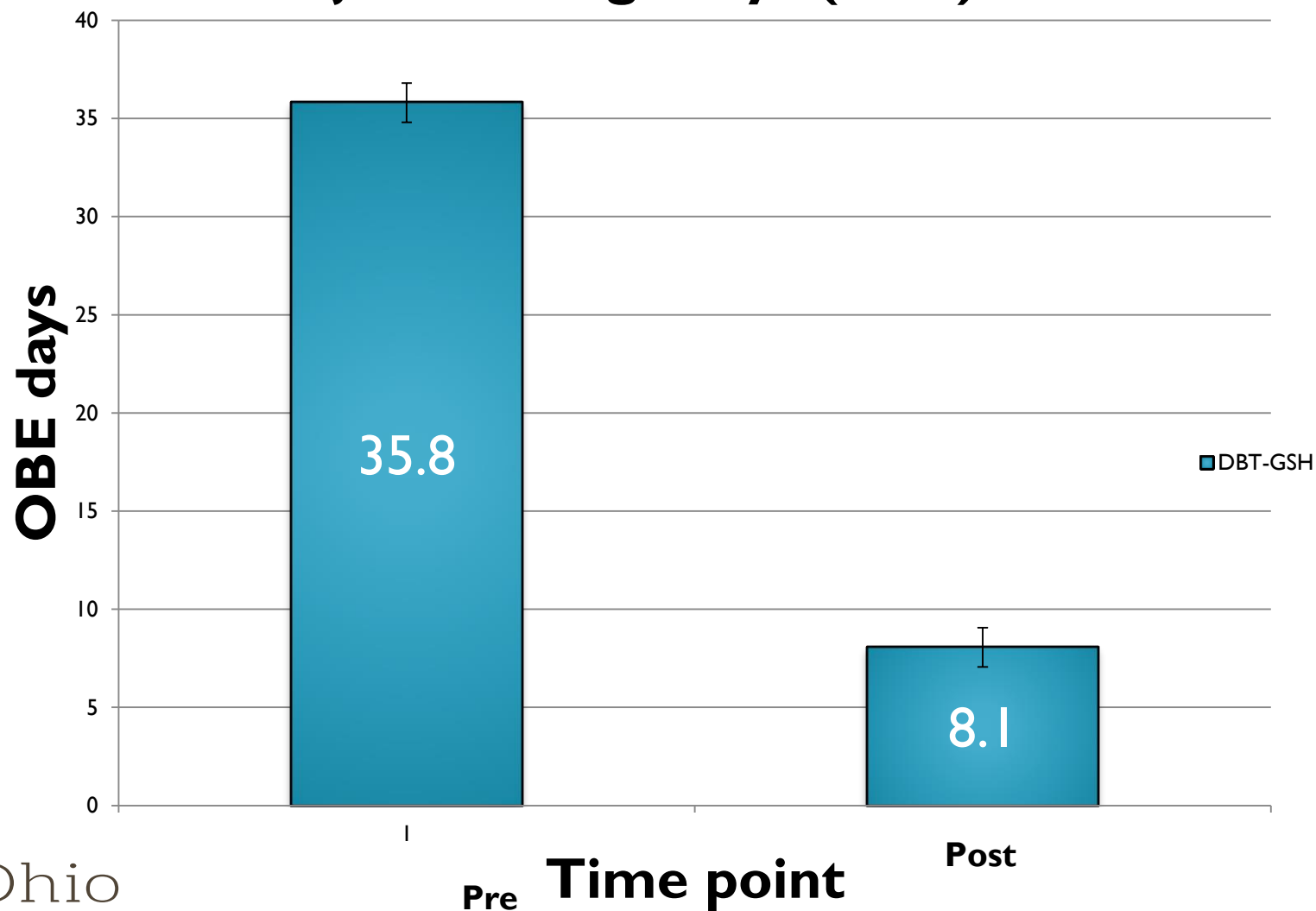
Today we can report on the outcome for e-GSH in terms of impact on binge eating

In the DBT e-GSH condition, there was a significant pre-post decrease in the frequency of:

- Objective binge episodes ($t(15) = 4.696, p < .0005$)
 - Cohen's $d = 1.174$
- Objective binge days ($t(15) = 4.188, p = .001$)
 - Cohen's $d = 1.081$

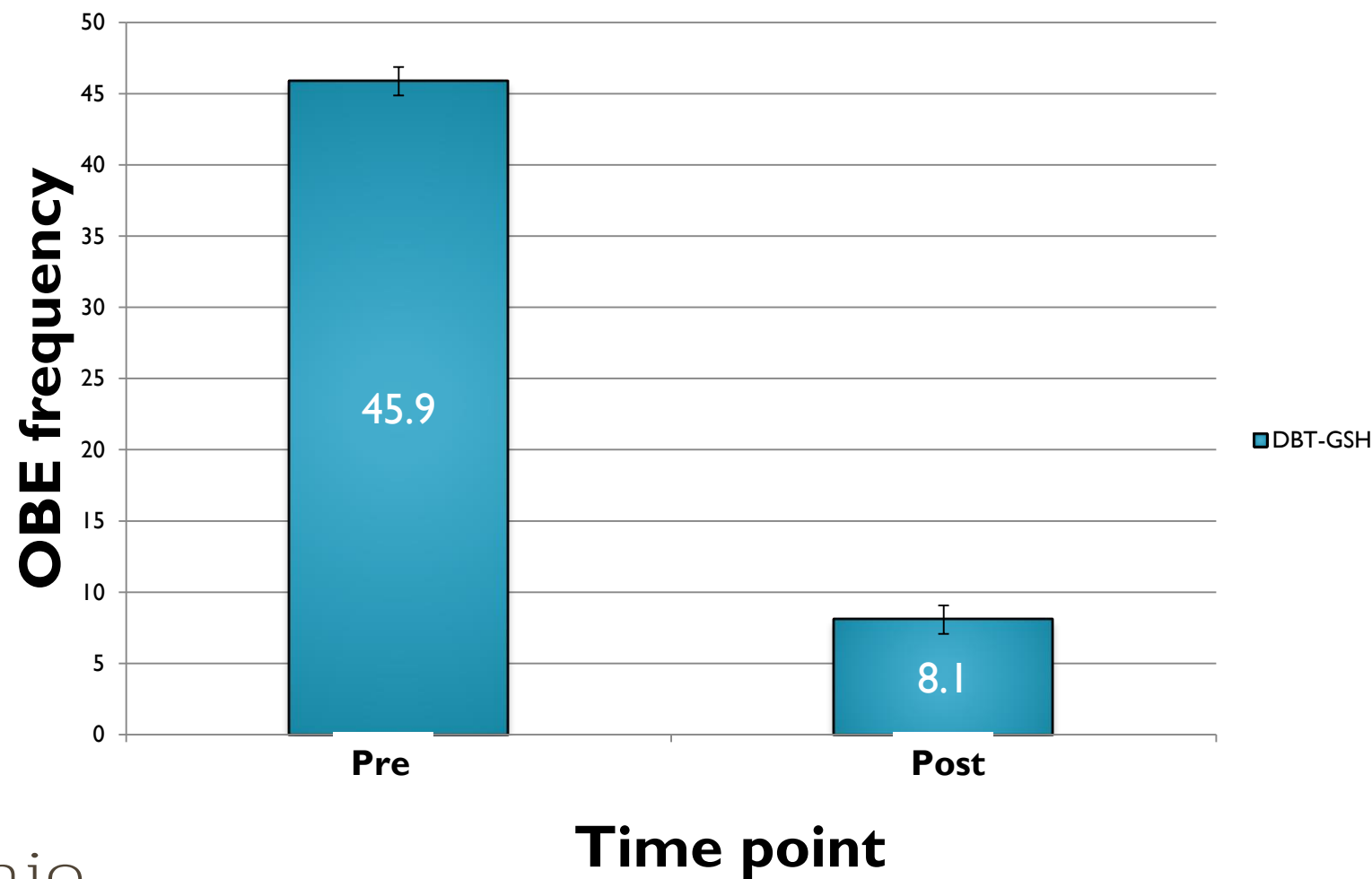


DBT e-GSH pre-post change in mean objective binge days (EDE)

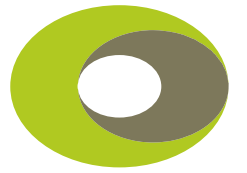




DBT e-GSH pre-post change in mean OBE by condition (EDE)



Summary



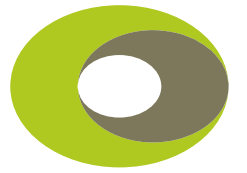
Brief intervention

Used videoconferencing

Novice therapists

Large reductions in binge eating

Do you plan to add DBT for BED/BN to your treatment center?



DBT for BED

DBT for BN

DBT GSH for BED

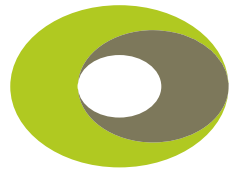
What would be the next steps you need in order to do this treatment?

Break into teams or pairs and talk about this and come up with 3 action items .

Behavior Chain Analysis (BCA)

An exhaustive, step-by-step description of the chain of events leading up, during, and following the unskillful behavior.

Understanding of learning theory is necessary in understanding BCAs



Classical conditioning

- e.g., a person/place/thing associated with the trauma elicits an automatic fear response

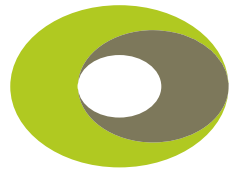
Operant conditioning

- e.g., avoidance of trauma-related cues is negatively reinforced via a reduction in fear

Modeling

- e.g., perpetration of violence is socially learned

Shaping Behavior



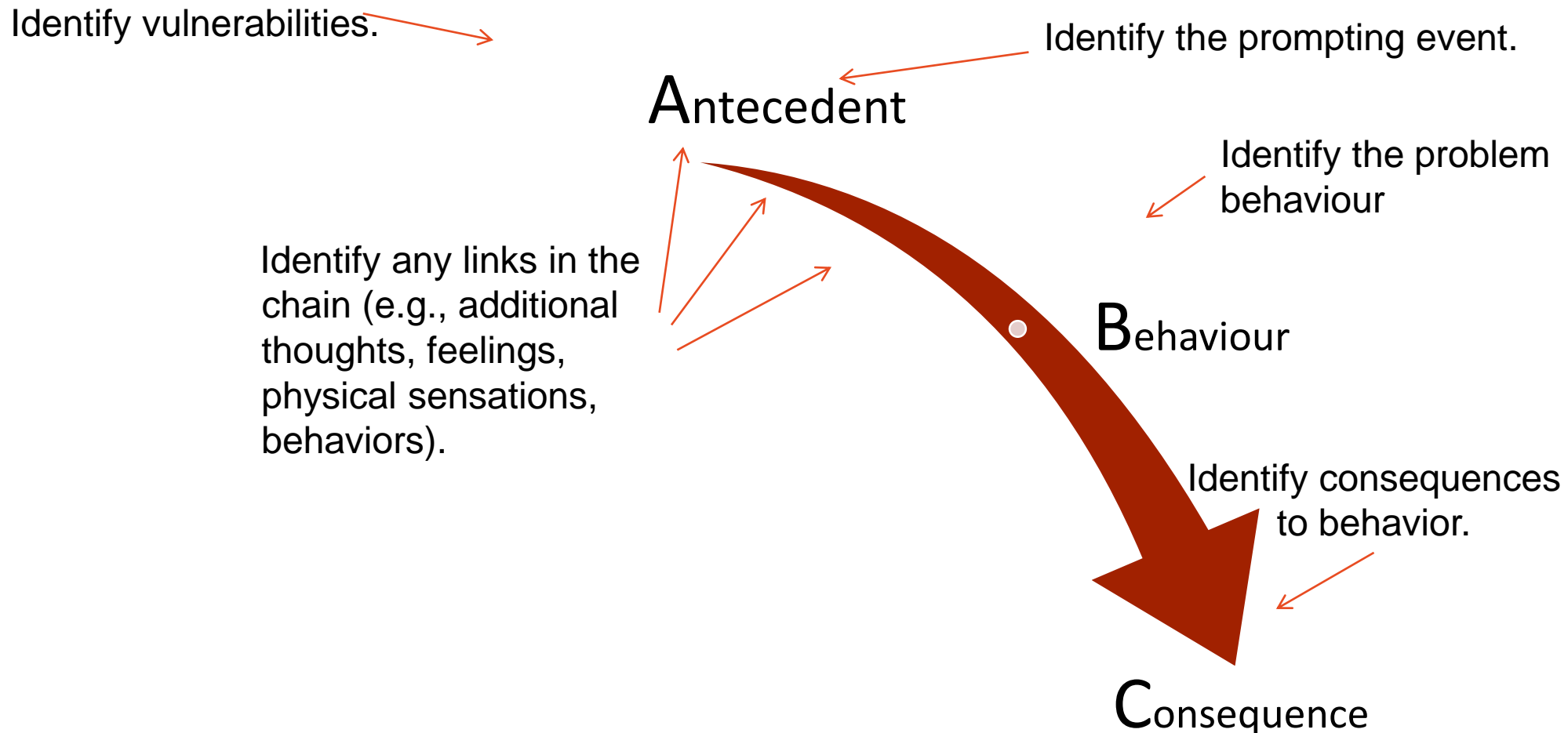
Providing praise and encouragement for getting closer to making a commitment or to any skillful behavior

Helps client gradually build up skill, one small step at a time.

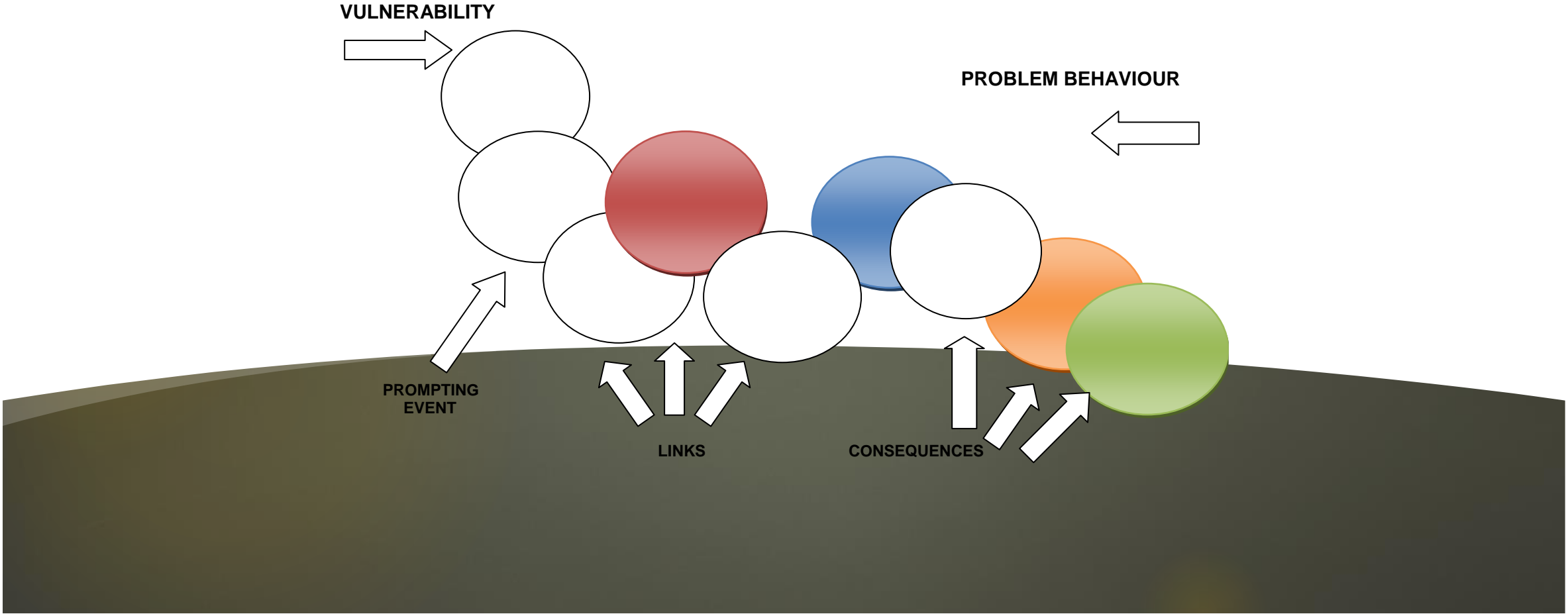
“I can so see that you are not wanting to be sitting here with me today. Really cool that you came anyway. Let’s see what we want to do with our time together”.

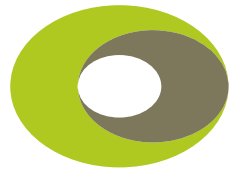


Conducting a BCA



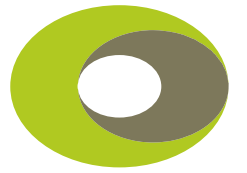
CHAIN ANALYSIS





Easily Translatable for ED behaviors that “happen”

- E.g., Binge eating, Purging, Laxatives, Diuretics, diet pills, exercise
- But what about behavior that does not happen? E.g., restriction?
 - Will talk about MLA later



Must orient to BCA first

Chose the behavior to address

Define the problem behavior

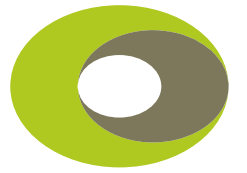
Determine the prompting event

Determine the vulnerability factors

Examine the links

Determine the consequences of the problem behavior

Generate Hypotheses about behavior

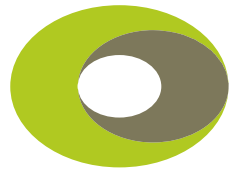


What is a BCA?

- Therapeutic tool
- Assess what causes and maintains behaviors
 - Helps patient learn to understand and change their behaviors
 - Part of learning to be his/her own therapist!

NOT designed to be an aversive contingency for problem behavior

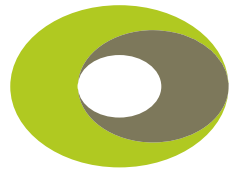
- But sometimes it is
- Be careful not to use it that way



How is BCA used

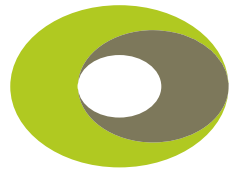
- In **individual session** for all target behaviors (including SH and SI)
- In **group ONLY FOR ED BEHAVIORS**
 - Talking about self harm or suicidality in group is NOT ADVISED
- Formal vs informal BCA

Components of BCA



1. Problem Behavior
2. Prompting Event
3. Vulnerability Factors
4. Links
5. Consequences

1. Identify the Behavior

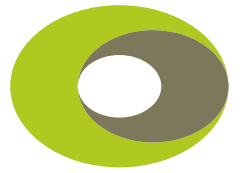


Choose the behavior based on the diary card

Determine if one behavior triggered another

- E.g., Binge triggered a purge
 - Focus on the first behavior first (so conduct bca on binge)

If more than one of the same behavior, choose the one the patient remembers best



1. Identify the Behavior

Need to define the problem behavior

- Can be observable (e.g., binge, purge, cutting food up)
- Can be private (urges, thoughts, emotions)

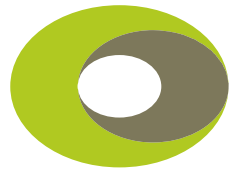
Describe the behavior

- Frequency
- Intensity
- What does it look like
- Duration

Be as specific as possible

- Restriction vs. restricting 4 tallies at lunch yesterday

2: Determine the prompting event

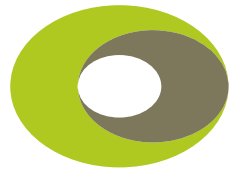


The event **outside of the person** that starts the chain leading to the problem behavior

“The straw that broke the camel’s back”

If it hadn’t have happened, the problem behavior would not have occurred

Make sure prompting event is **outside** of the person



If client says that the PE was a thought,

- look at what prompted the thought

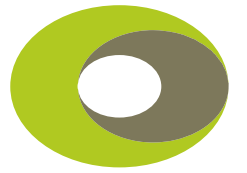
If unsure about the PE

- Ask what was happening around the client when the thought or urge to engage in the problem behavior first occurred

Good questions

- “What time of day was it?”
- “Who were you with?”
- “What were you doing when the thought first went through your mind?”

3: Vulnerability factors



V/F's give power to the prompting event

- Grease the wheel
- Make you more vulnerable to the problem

Cumulative

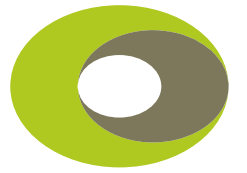
- stress at work

Acute

- illness

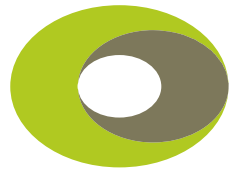
Physical health, stressful events, intense emotions, repeat of behaviors that were stressful in the past, substance abuse

4: Links in the chain



Chain of events that led to the problem behavior

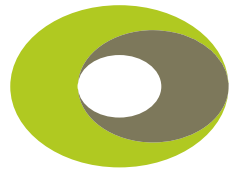
- The whole chain
 - No link is too small!
- Be VERY specific (enough that it could be re-created)
 - What exact thought, feeling, action
 - What next
 - What next
 - What next



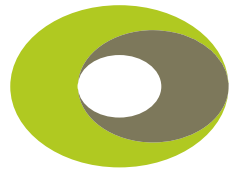
What were the consequences of this behavior

- How did you feel immediately after
- How did others react/feel
- What effect did the behavior have on you or your environment

Chain Analysis: Binge/Purge Behavior



Generate Hypothesis



Use cognitive-behavioral theories to guide you

What are the causal and maintaining variables in the targeted behavior

- That will help you with the solution analysis

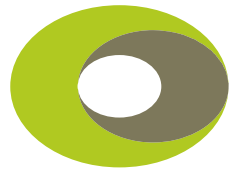
Share your hypothesis

- Be willing to be wrong!
- Be willing to generate more than one hypothesis

Solution Analysis:

The therapist and ideally the client generate alternate behavioral responses and develop a treatment toward changing targeted behavior problems.

Solution Analysis (aka Problem solving)



Discuss goals, needs, wants (don't assume).

Generate solution - different way of coping.

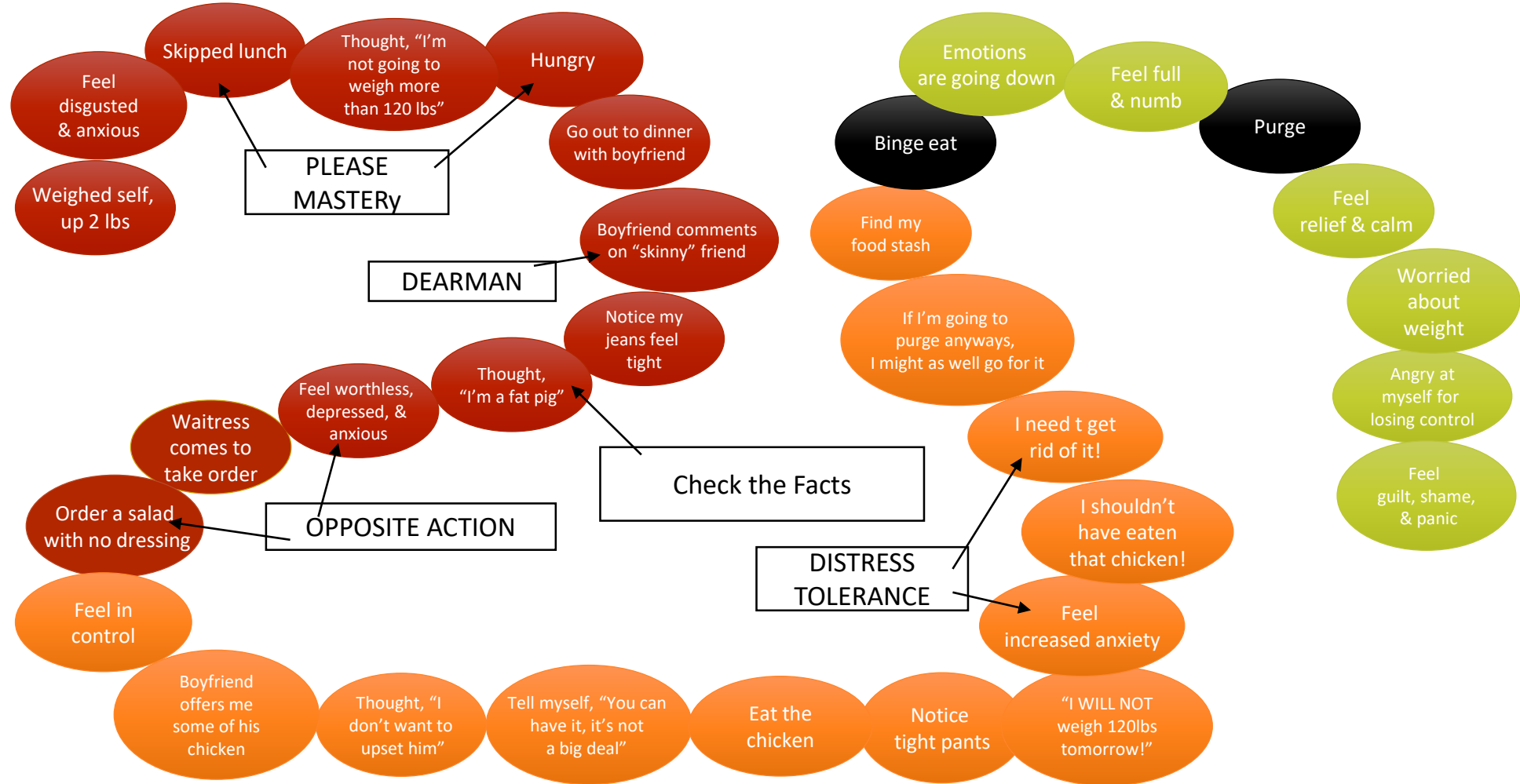
Evaluate feasibility & likely effectiveness of each solution.

Choose one to try - be very specific.

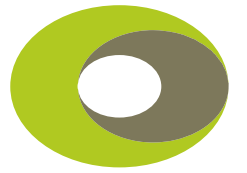
Get a commitment to try

Troubleshoot solution.

Solution Analysis: Binge/Purge Behavior



Common Errors in Chain Analysis (Alec Miller, 2010)



Not enough detail, too few links

No focus on emotions

Cognitions identified as emotions

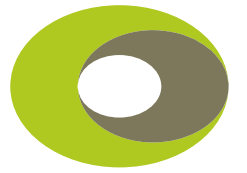
Covers multiple days

Little/no collaboration

Chain not linked to client's goals

Chain is presented as aversive

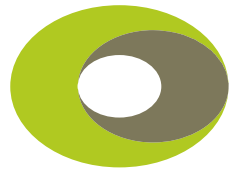
Therapist judgmental of behaviour



Used when the problem is the ABSENCE of a behavior

- Helps to identify what is interfering with effective behaviors that are expected or needed
- Answers the question: what got in the way of behaving effectively?

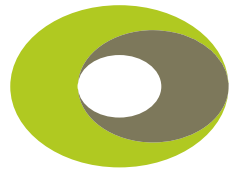
Missing links analysis (general handout 8 & general worksheet 3)



Two types of effective behaviors can be missing

- Expected:
 - you agreed to do something (cover a shift for co-worker)
 - Instructed to do (homework)
 - Planned to do (clean room)
 - Hoped to do (get up earlier)
- Needed behaviors – skillful behaviors that
 - constitute effective responses in specific situations (
 - Address specific problems (getting up on time when alarm clock is broken)

When to use MLA?



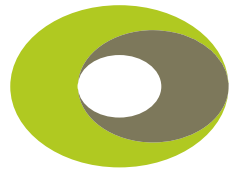
When the problem is not knowing what was expected/needed

Unwillingness to do what was expected/needed

Never having the thought enter your mind to do what is expected/needed

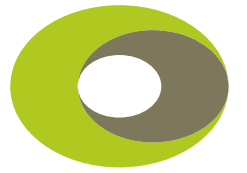
MLA plus BCA may be useful in figuring out the problem when patient knows what the effective behavior is but still don't do it

How to do a MLA?



1. did you know what effective behavior was needed or expected. If no: what got in the way of knowing? Problem solve. If yes, go to Q2
2. Were you willing to do the needed or expected effective behavior? If no: what got in the way of willingness to do an effective behavior? PS for lack of willingness. If yes: Q3
3. Did the thought of doing the needed or expected effective behavior ever enter your mind. If not: ps for getting thought in mind. If yes, Q4
4. What got in the way of doing the needed or expected behavior right away? Ps. What got in the way

If you want more training



Center for Evidence Based Treatment Ohio

internet based

one on one or groups

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