

INTRODUCTION

This manual is designed to provide people with binge eating disorder helpful tools they can use to gain control of their eating behavior. The manual focuses on individuals with the following characteristics:

- a) Both men and women. Binge eating disorder affects both genders and the material in this manual, while it will emphasize to some extent female issues, is applicable to both men and women.
- b) Adults. Children or adolescents with binge eating disorder are probably not appropriate candidates for the use of this manual.
- c) Those interested in controlling binge eating. Some individuals with binge eating disorder are normal weight and some are overweight. This manual was designed to help individuals gain control of binge eating behavior and establish a more healthy eating pattern. Research to date has shown that while individuals who are able to control their binge eating are less likely to gain weight in the future, most do not experience significant weight loss by controlling their binge eating. Therefore, it is possible that if you do not lose significant amounts of weight after controlling your binge eating. You may wish to turn to other strategies for weight loss later.

Making a Commitment to Change

Binge eating is a difficult problem to overcome for several reasons:

- a. The habitual binge-eating cycle in some ways resembles that of dependence on chemicals but, unlike chemical dependency where one ceases to use the chemical, one cannot stop eating.
- b. The behavior may reduce unpleasant feelings. Many people find that the binge eating is relaxing, stress reducing, or in some way reinforcing.
- c. The feelings and behaviors associated with binge eating are perpetuated by some maladaptive thoughts and misconceptions about food, weight, and our bodies.
- d. Many people who binge-eat have had previous failures in treatment or on their own and fear having another failure. This program is designed to give maximum chance for successful elimination of such behaviors.
- e. When binge eating is discontinued, individuals often experience emotional ups and downs and other unpleasant symptoms. Without a clear understanding of such symptoms, stopping the behavior may become exceedingly stressful.

HOWEVER, there are reasons to be hopeful. Many people can successfully stop binge eating and eat regular well-balanced meals.

This program is based on treatment concepts that have helped others recover. Recovery is a lot of hard work and need to be top priority. You increase your chances for success if you make your treatment the #1 priority in your life right now.

The reading assignments, daily plans and therapy sessions are designed to help you gain control over your eating behavior.

Development of Support

How To Use This Manual

This manual has 15 sections. We ask that you set aside at least 2 hours per week (perhaps a half hour in the evening at least 4 evenings a week) to read this manual and complete the enclosed homework assignments. You need to develop a regular schedule of doing this, since it is easy to forget. Much of the material is complex and you may have to read it several times for it to make sense. Many individuals find it useful to go back and re-read parts of the manual periodically, particularly those that they found most helpful and revealing about themselves. It may be tempting not to fill out the homework assignments since nobody will be checking. It is part of the commitment to change. Make a promise to yourself to complete all the assignments in the booklet as indicated, adding additional sheets as necessary.

SESSION 1: WHAT IS BINGE-EATING

- I. Clinical Characteristics of Binge-Eating Disorder
 - A. Occurrence
 1. Occurs in 20-40% of overweight women.
 2. Occurs in 1-4% of general population.
 3. Affects more women than men.
 - B. Binge-Eating Disorder
 1. Binge eating – Rapid consumption of a large amount of food in a discrete period of time.
 2. A feeling of lack of control over eating behavior during eating binges.
 3. Repeated dieting to lose weight.
 4. Remorse and guilt after binge eating
 - C. Negative Consequences
 1. Cognitive and Emotional
 - a. depression, anxiety
 - b. irritability
 - c. problems concentrating
 - d. self-criticism
 2. Social
 - a. financial – loss of savings, borrowing from friends
 - b. family and friends – isolation
 - c. work and school – decreased productivity, poor attendance
- II. Factors Important to Our Understanding of Overweight Binge-Eating
 - A. Psychosocial Factor
 1. Social-cultural
 - a. preoccupation with thinness and stigma against obesity
 - b. emphasis on “youth”
 - c. pressures to succeed

2. Psychological
 - a. body image disturbance
 - b. sense of self-worth
 - c. ability to cope with stressful situations
 - d. impulsivity

B. Physiological-Nutritional Factors

1. Food deprivation – excess dieting
2. Issues of “set point”

III. Goals of Outpatient Treatment

- A. To interrupt binge-eating
- B. To establish healthy eating patterns
- C. To identify and restructure maladaptive thoughts and negative feelings
- D. To identify more effective coping strategies

What to Expect as you Change your Eating Behavior

The following is a brief list of changes that you can expect to experience as you change your eating behavior. For some people, these changes will be very mild; for others, they will be more troublesome. If any of these changes are a problem for you it is important that you talk about them at your sessions.

1. Changes in Thoughts and Feelings

For many people, binge eating serves to “stuff” or numb unpleasant or inappropriate thoughts and feelings. When the binge eating stops, so do the anesthetic qualities of these behaviors.

As a result, you will probably become more aware of these unpleasant thoughts and feelings. Common changes to expect include feeling demoralized and becoming increasingly more aware of emotional pain, anger, loss, sadness, anxiety and confusion. This feeling of confusion is often associated with being unclear about what you want for yourself and how you are feeling.

These unpleasant thoughts and feelings will decrease as you learn healthy responses to replace them.

2. Questioning Uncertainty and Anxiety

Whenever you are faced with something new, you can expect to experience some anxiety and to question the outcome. This is especially true when you are learning a behavior where the outcome is uncertain - - that is, when you have never experienced the outcome, or you are unsure of the outcome.

Another way to help you overcome this anxiety is to remind yourself of the reasons for learning this new skill. These reasons include:

- (a) being able to control many of the cues that trigger your unhealthy eating habits.
- (b) having a flexible framework for controlling your eating behavior and maintaining a healthy weight.

Alternatives to Binge-Eating

One of the most powerful things you can do as a way of avoiding binge eating is to engage in some alternative behavior around the time of the binge eating, when you were tempted to binge eat, or during periods where you are at high risk for binge eating. Below are listed some alternatives to binge eating that have been helpful for some people. Do you think any of these would work for you? Please add additional things you think have or may serve as useful alternatives to binge eating.

1. Call a friend. Keep calling until you reach someone.
2. Write the binge instead of eating it.
3. Take a bath or shower.
4. Take a walk.
5. Do a non-food related activity outside the kitchen. Stay out of the kitchen.
6. Go to a meeting.
7. Do a relaxation exercise or meditation.
8. Distract yourself with a craft project, book or TV program.
9. Read something inspirational or positive.
10. Go to a movie, play, etc.
11. Listen to music.
12. Clean or organize a room
13. _____
14. _____
15. _____

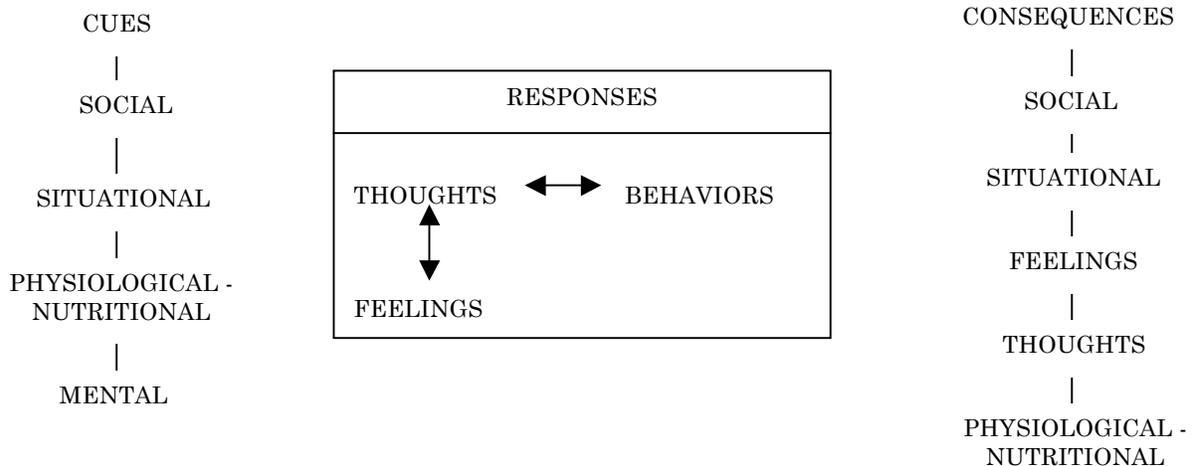
SESSION 2: CUES AND CONSEQUENCES, Part I

Our responses are cued by what happens before them. The word **CUE** refers to events that occur before responses (thoughts, feelings or behaviors).

Our responses are encouraged or discouraged by their results, or by those things that occur after the responses. The **CONSEQUENCES** refers to events occurring after responses.

Cues and consequences can be grouped into the following categories:

For the time being, think of responses as **BINGE-EATING BEHAVIORS**.



Possible Cues That Trigger Binge-eating Behaviors

<u>Categories</u>	<u>Cues</u>
Social	<ol style="list-style-type: none"> 1. Social isolation (boredom and loneliness) 2. Interpersonal conflict (anger, frustration, self-blame) 3. Social holidays and celebrations 4. Observing others eat excessively
Situational	<ol style="list-style-type: none"> 1. Advertisements in magazines, on TV, etc. 2. Passing by a bakery, or fast-food restaurant 3. Eating “forbidden” or “fattening” foods 4. Cooking dinner

- | | | |
|----------------|----|--------------|
| Physiological- | 1. | Hunger |
| Nutritional | 2. | Fatigue |
|
 | | |
| Mental | 1. | Memory |
| | 2. | Mental Image |

Possible Consequences That Result From Binge-eating Behaviors

Consequences may be similarly separated into categories. Your unhealthy eating responses result in some positive consequences or they would not be maintained and in negative consequences or there would be no need to change. It is helpful to specify these differences as follows:

<u>Categories</u>	<u>Positive Consequences</u>	<u>Negative Consequences</u>
Social	1. Avoiding interpersonal Conflict or rejection	1. Social withdrawal 2. Lying and lack of trust in Relationships 3. Social problems from being overweight
Situational	1. Distraction from boring Unpleasant tasks 2. Avoiding responsibility sexually, or independence	1. Occupational problems, Procrastination 2. Financial problems
Feelings	1. Relief from tension, Stress, anger 2. Relief from boredom 3. Emotional numbing 4. Feeling nurturance or pleasure	1. Depression, guilt, shame, irritability, mood swings
Thoughts	1. Distraction from uncomfortable thoughts	1. Increase in negative self-esteem or guilt related thoughts
Physiological/ Nutritional	1. Reduces hunger	1. Weight gain

The binge eating is maintained because positive consequences resulting from binge-eating behaviors are more immediate than the negative consequences.

Strategies for Change - - Focusing on the Cue

A major goal of treatment is to change your unhealthy eating habits. One way to change these habits is to take control of the cue by breaking up the relationship between the cue and your binge-eating responses. This is done by **a)** rearranging cues and **b)** changing your responses to cues. Some methods for breaking up the cue-to-response relationship are listed below:

Rearranging Cues

1. **AVOIDANCE** - - The simplest method of rearranging cues is to avoid the cue entirely. If a particular cue is a potent trigger for binge-eating behaviors you can restructure your environment to remove the cue. (e.g., don't walk by the bakery on the way to work if you are trying not to snack, restructure your route to avoid this cue; avoid candy, etc.)
2. **RESTRICTED STIMULUS FIELD** - - If you wish to reduce the frequency of problem behavior, restrict the cues that trigger the behavior. (e.g., eat only at the table apart from other cues, such as TV, eat in the same room each time).
3. **STRENGTHEN CUES FOR DESIRED BEHAVIOR** - - Expose yourself to existing cues that lead more frequently to healthy behavior (e.g., binge eating while studying at home, but not in the library - - spend more time in the library). Also strengthen new cues by consistently associating them with responses that result in healthy consequences.

Changing Your Response to Cues

1. **BUILD IN A PAUSE - - DELAY THE RESPONSE** - - Building in a pause allows time to pass and breaks up the cue from the automatic behavioral response (e.g., eating a candy bar is often a cue to binge-eat; create a pause after eating the candy bar of about 15 minutes). Try to introduce increasingly longer pauses between the cue and binge eating.
2. **ALTERNATIVE BEHAVIORS** - - Replace a maladaptive behavior with a competing behavior that is adaptive. This method allows a more adaptive behavior to be associated with the high-risk cue. (e.g., When a stressor triggers a desire to eat, go for a walk or call someone)

3. **EXPOSURE AND RESPONSE PREVENTION** – Structure your environment so that binge eating is unlikely or impossible, following exposure to a cue (e.g., bring no money to work and you can't buy candy from the snack machine; eat with family or friends and take a walk afterwards).

Strategies for Change - - Focusing on Consequences

Another goal of treatment is to rearrange consequences of behavior so that appropriate behaviors are rewarded and inappropriate behaviors are not. Some methods for using consequences to manage your own behavior are listed below:

1. **GUIDELINES FOR THE USE OF REWARDS** - - a) the reward must follow rather than precede the behavior, b) the reward must be contingent on the occurrence of the behavior (no behavior, no reward), c) the reward should follow the behavior as quickly as possible, d) reward behavior in small steps.
2. **THERE ARE TWO TYPES OF REWARDS:** Mental and Material or Activity.

MENTAL REWARDS:

It is important to congratulate yourself when you are making progress toward your goal. Tell yourself that you are succeeding, that you are doing a good job. Be sure to do this whenever you score even a minor victory. Telling yourself that you are making progress (when you are) can help you continue your gradual success.

Mental Rewards are things that you imagine or say to yourself. They can be:

1. compliments about something you have done,
2. some characteristics of yourself that you value,
3. imagining something pleasant

In other words: mental rewards involve saying something positive to yourself about yourself, or thinking about something pleasant.

Mental Rewards are useful because:

1. they can be used anytime, anywhere
2. they can be totally tailor-made because they come directly from you.
3. they can be given immediately after you accomplish a goal

MATERIAL OR ACTIVITY REWARDS:

Treat yourself to something fun or pleasurable when you have accomplished your goal.

Select activities that are easily obtainable and tailor-made for you.

Maximizing Healthy Behaviors and Minimizing Binge-Eating Behaviors

Rearranging Cues and Consequences and Changing your Responses to Cues

Think of three cues that are frequently associated with binge eating. Then consider strategies that you can use to rearrange the cue to minimize the occurrence of the binge-eating behaviors.

Cue: _____

Strategy: _____

Cue: _____

Strategy: _____

Cue: _____

Strategy: _____

Rearranging Consequences – Goal Setting and Self-Rewards

Self-rewards are an excellent way to encourage healthy behaviors. Setting up an effective reward System involves the following steps:

1. Define the goal behavior that you would like to achieve. Be specific in describing this goal behavior. Also, it is important to spell out when and how frequently you will want to accomplish this goal.

Illustration: My goal behavior is to go for a walk after dinner

2. Specify the reward for meeting your goal.

Illustration: If I meet my goal, then I will take a bubble bath.

We encourage you to set weekly goals with rewards. Be sure to set realistic goals and to reward yourself immediately after reaching them.

SESSION 3: CUES AND CONSEQUENCES.

Hunger as a Cue: How to Normalize Eating Behaviors

Many individuals with binge eating disorder identify hunger as a frequent cue of binge eating episodes. One of the causes of extreme hunger is severe dietary restriction. Many people report that the onset of their binge-eating behavior occurred following a prolonged period of dieting.

Research conducted in the late 1940's has helped us understand the nature of binge eating following food restriction. Dr. Keys conducted a study at the University of Minnesota in which healthy adult males (with no history of eating problems) were placed on a restricted calorie diet. As a result of this semi-starvation, these men exhibited preoccupation with food, mood disturbance (depression, anxiety, irritability), proneness to feeling cold, and concentration impairment. When allowed to eat normally again, these men engaged in binge eating episodes. In addition, they gained weight above their original pre-dieting weight. Eventually, after returning to normal eating habits, the men stopped binge eating and returned to their previous body weight.

Based on the Keys study, it has been hypothesized that binge eating is a “natural” response to starvation and may have evolved in humans as a form of self-protection. For instance, if an organism existing in the wilderness experiences a shortage of food; it is adaptive for the animal to overeat when food then becomes available in order to “store up” energy for the next food storage. Although this adaptation to starvation is considered unnecessary in our modern society (in which food tends to be abundant), the tendency to binge eat in response to starvation or semi-starvation was probably a biological necessity in the past and served to “protect” the human species.

The Keys study suggest that prolonged dieting may “trick” our body into believing there is a shortage of food, resulting in a tendency to binge eat at a later time. There is also some evidence that dieting may slow down an individual's metabolism, making them more prone to regain weight, although this is usually transient.

Another set of studies indicate that there are psychological risks of dieting as well. Research about what's called Restraint Theory has found that when individuals deprive themselves of food in a restrictive manner, they are more likely to overeat these "forbidden" foods when eventually exposed to them.

Individuals with binge eating disorder often describe a vicious cycle in which they diet, binge eat, feel guilty, attempt to diet, and end up binge eating again. An important component of recovering from binge eating is to normalize your food intake.

Recommendations for Healthy Eating

1. Break the binge eating/fasting cycle. We recommend eating three meals and two snacks each day to prevent the occurrence of extreme hunger. Often, it is helpful to focus on consuming regular meals and snacks first, then to focus on modifying their content.
2. Try to include all types of foods in your diet. Although we recommend following the “food pyramid” model to determine types and amounts of healthy food, it is important to avoid restricting yourself or “forbidding” consumption of certain foods. In our view, all foods can be eaten in moderation.

However, early in treatment when you are first getting control of binge-eating disorders, you may find it helpful to avoid certain foods (sweets, high fat) that tend to trigger your overeating episodes. You can reintroduce these foods to your diet later in treatment when your binge eating is under control.

3. Experiment with meal planning. Often, individuals with binge eating disorder end up having problems with overeating when forced to make decisions about what to eat at the spur of the moment. For this reason, planning the times and content of your meals and snacks can be helpful in normalizing eating. Most people prefer to write out food plans for the following day the night before, although others prefer to plan meals and snacks for the entire week. In addition to limiting on-the-spot decision making, writing your food plans on paper helps you plan in advance for high-risk times.
4. Many people fear gaining weight from eating regular meals. Although you may experience some weight fluctuations when you first start to normalize your eating, most people with binge eating disorder do not gain weight as a result of treatment. By reducing the frequency of binge-eating episodes as well as maintaining a healthy metabolism, regular food consumption does not usually lead to weight gain.

5. Many people who have binge eating problems are overweight. Some people find that weight loss follows the elimination of binge eating, while others do not. We do know that it is quite difficult to lose weight while binge eating. If weight loss is one of your goals, we suggest that you first try to control your binge-eating behavior. At the end of treatment, we will provide additional information for individuals who are interested in further weight loss. In general we recommend regular exercise and limiting (but not eliminating) fat intake as the most effective strategies for weight management.

Rearranging Cues, Part II

Identify three cues related to hunger that are associated with your binge eating episodes, or that interfere with a normalized eating pattern. Then consider strategies that you can use to rearrange or alter these cues.

Cue: _____

Strategy: _____

Cue: _____

Strategy: _____

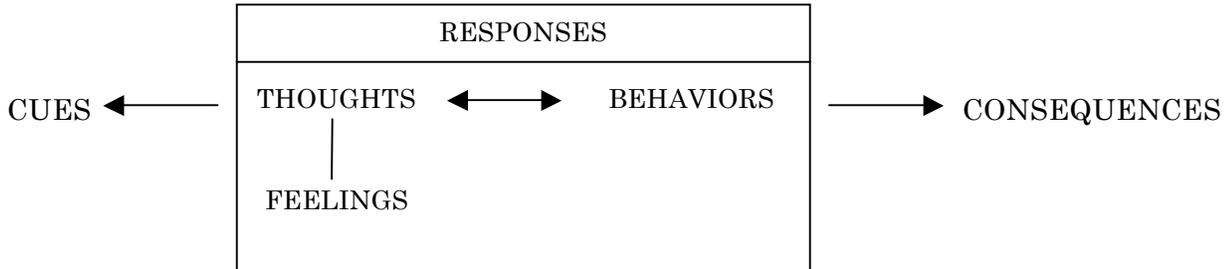
Cue: _____

Strategy: _____

SESSION 4: THOUGHTS, FEELINGS AND

Introduction

In the previous lecture we discussed how specific cues trigger responses which lead to specific consequences. Cues trigger three types of responses. External responses are the BEHAVIORS (actions you do that can be observed by others). Internal responses are the THOUGHTS and FEELINGS that are usually “private” and are often difficult for you to identify, or for others to observe. Thoughts are particularly important in determining how a person reacts to a situation or cue. That is, the thought you have regarding a particular situation or cue can influence how you feel and behave. Today, we will focus on how your thoughts about a situation or cue linked to your feelings and behaviors.



Thoughts, Feelings and Behaviors

You may have observed that different people react to the same situation or cue in a variety of ways. The various ways that people react to a situation are linked with their thoughts about the situation. For example, let's say there are two people passing by a bakery after a stressful day at work. One person has a history of overeating, whereas the other person does not have a history of an eating problem. These two people may have very different reactions to this shop. It is very likely that the person without a history or an eating problem may either pay no attention to the bakery or stop and buy rolls or an after-dinner dessert. In contrast, the persons with such a history may feel tense, experience cravings and urges to binge-eat, and then begin planning and buying binge-foods for the evening. Thus, the two people have reacted to the same situation or cue differently. The difference in their reaction is related to the thoughts they have had with regards to the bakery shop. The one person may have thought, “It would be nice to have good rolls or dessert for dinner as a treat”. On the other hand, the other person may have thought. “I

haven't had anything to eat all day, I deserve something sweet", "I need to binge-eat after a hard day", Nothing will help me relax except a binge", "I have to binge to get through the night".

There are a number of thoughts regarding your body, food and yourself, which are associated with binge-eating/fasting behaviors. Examples of these thoughts are:

"I'll get fat if I eat that cookies."

"I need to diet."

"I've eaten one bite so I might as well eat the whole thing".

Automatic Thoughts

You may not always be aware of some of your thoughts in response to certain situations. In fact, most people think automatically in response to situations or cues. For example, have you sometimes driven a car and couldn't remember how you got from one place to another? Obviously you were thinking, otherwise you could not have reached your destination – but you were not aware of the behaviors and thoughts associated with the driving. Similarly, you may find that you are upset or emotionally troubled, but may be unaware of the thoughts, which led to these feelings. If you are responding in a way that is unhealthy, it is important to first become aware of your thoughts and then to change these thoughts that lead to maladaptive feelings and behaviors.

How would you react to the following situation?

Cue or situation: You just ate an extra slice of cake that was not on your meal plan.

What are your thoughts associated with this situation? What are you saying to yourself?

What are your feelings associated with this situation? _____

How might you behave in this situation? (what you do and/or say) _____

Styles of Thinking

With time, you may become aware that you have developed particular styles of thinking. There are some styles of thinking that lead to maladaptive responses. The following are examples of maladaptive styles of thinking.

1. Overgeneralizations – Extracting a rule on the basis of one event and applying it to other situations.
 - a. Nobody likes me.
 - b. I'm never going to be able to control my eating.
 - c. I always feel like binge eating.

2. Catastrophizing – Embellishing a situation with a surplus meaning that isn't supported by objective evidence. Seeing certain situations in an extreme way.
 - a. I've eaten more than is on my meal plan – I'm a failure.
 - b. I'm going to be late – this is terrible.
 - c. I binged. I've spoiled everything I've done in treatment.

3. Dichotomous – All-or-none, black-and-white thinking.
 - a. I've had one bite too much; I might as well binge.
 - b. I've binged. The entire day is downhill from here.
 - c. If I gain one pound, I will continue to gain weight.
 - d. I'm either in complete control or out of control

4. Minimization – Discounting or minimizing the positive when evaluating one's self.
 - a. I may have done well today, but it won't matter unless I don't binge all week.
 - b. I did well during the presentation at work, but any one could have done it.
 - c. My eyes might be pretty, but it doesn't matter because my legs are still fat.

5. Rationalization – Finding excuses to engage in an unhealthy behavior
 - a. I'm just tasting the food so it won't count.
 - b. I had a bad day – I deserve to binge

6. Mind Reading – Assuming to understand what others are thinking without adequate information.
 - a. My friend seems upset – she must be mad at me.
 - b. That person just looked at me – they’re thinking I’m fat.
 - c. My boss thinks I’m incompetent.

7. Self-fulfilling Prophecy – Making predictions about the outcome of one event and acting in ways to ensure it will come to pass.
 - a. I won’t be able to control by eating at the party.
 - b. I’ll always be overweight

8. Over-reliance on the Opinions of Others
 - a. If I am overweight, I don’t want to go out or be seen.
 - b. If some one says that I’ve gained weight, I don’t know what I’ll do.
 - c. If I’m feeling down, I don’t want to be a burden on my friends so I’ll stay home.

It is important to begin recognizing your particular styles of thinking in response to situations and to begin challenging these thoughts.

RESTRUCTURING THOUGHTS WORKSHEET

CUE

RESPONSES

CONSEQUENCES

	THOUGHTS				
	FEELINGS				
		REVISIED THOUGHTS		REVISIED BEHAVIORS	REVISIED CONSEQUENCES
	REVISIED FEELINGS				

RESTRUCTURING THOUGHTS WORKSHEET

CUE

RESPONSES

CONSEQUENCES

	THOUGHTS	BEHAVIORS	
	FEELINGS		
	REVISED THOUGHTS	REVISED BEHAVIORS	
	REVISED FEELINGS		

RESTRUCTURING THOUGHTS WORKSHEET

CUE	RESPONSES		CONSEQUENCES
	THOUGHTS	BEHAVIORS	
	FEELINGS		REVISED THOUGHTS
	REVISED FEELINGS		

SESSION 5: RESTRUCTURING YOUR

Introduction:

In the last session you learned the first step in how to restructure your thoughts that are associated with your problem eating behaviors—that is, to become aware of your thoughts, feelings, and behaviors that are triggered by a particular cue and result in specific consequences.

The second step is to evaluate your thoughts associated with the cue to determine whether they are accurate or reasonable. There are two ways that you can determine the accuracy of your thoughts. The first way is to challenge your thoughts by questioning them. The other way is to conduct experiments which test for the accuracy of your thoughts.

Method 1: Challenging maladaptive thoughts by questioning them.

In other words, ask yourself if your thoughts are really accurate. The primary questions that help you to evaluate your thoughts, are:

1. What is the evidence to support or refute my thoughts?
2. What are the implications of my thoughts?
3. What are the alternative explanations for my thoughts?

The third step is to change your thoughts. After evaluating your thoughts, consider what you would change about your thinking to make it more accurate or possible alternative explanations.

The fourth step is to evaluate how your revised thoughts may change your feelings, behaviors, and consequences.

EXAMPLE:

Step 1: Identify the problem

Cue: I ate a chocolate chip cookie.

Thoughts: “I’m going to get heavier. I might as well binge-eat. I blew it. The cookie isn’t on my meal plan – I’ve eaten more than I planned to”

Feelings: Guilty, anxious, depressed.

Behaviors: Binge-eating, followed by fasting.

Consequences: Self-disgust, more depressed, avoid going to friends’ house, social isolation

Step 2: Evaluate your thoughts

What is the Evidence? Supports – (none)
Refutes - - Eating one cookie will not make me gain weight.
If I fast, I’ll be more likely to binge-eat later.

What are the implications? It will not ruin my life. Eating one chocolate chip cookie
Will not lead directly to weight gain.

What are the alternative explanations? (none)

Step 3: Change your thoughts

What are the revised thoughts? Even though I have eaten the cookie, it is better not to binge eat since it will set me up for feeling depressed and continuing to binge. It’s okay to have a cookie. It does not make me a bad person, and it does not mean I will gain weight. I can modify my meal plan for today.

Step 4: Determine the effects of your revised thoughts.

What are the revised feelings? Less anxious, less depressed.

What are the revised behaviors? Not binge-eating or fasting.

What are the revised consequences? Sense of achievement, sense of being in control; go to friend’s house as planned, increased self-esteem.

Method 2: Challenging maladaptive thoughts by testing them.

Another method of challenging thoughts is to test them by setting up experiments to determine their accuracy. For example, suppose that you believe eating three meals a day will lead to a 10-pound weight gain. The best way to determine whether this is an accurate belief is to actually eat three meals a day for a week and determine whether a weight gain occurred.

How can you test the following thought: “In order to be liked and successful, I need to be thinner”?

Are there any maladaptive thoughts that you can test? What are these?

How can you go about testing these thoughts?

It is possible that in testing some of these thoughts, some way, in fact, be accurate. For example, most women think of weight as a significant issue. However, the extent to which your weight influences your likability and success may be exaggerated in your own mind, and the best way for you to be able to control your weight is to learn to eat regular balanced meals.

UNDERLYING BELIEFS

The following examples show how you can learn to understand your attitudes or personal rules by looking at your thoughts. The left column lists some thoughts expressed by three different people. The right column lists the corresponding attitude or personal rule that underlies the person's thoughts. It is important to develop an understanding of the beliefs underlying specific thoughts, in order to challenge and test these beliefs as well as thoughts.

Examples of Thoughts and Attitudes

Thoughts	Underlying Attitude or Rule
"I get a reaction whenever I eat processed foods."	If I eat even a small amount of a desirable food, I won't be able to stop, and I'll get fat.
"I can eat only plain foods"	
"I can't eat a normal meal"	
"Pizza is a forbidden food." "I am afraid of lasagna." "Hunter's stew - -I could never eat that!"	Combination foods are frightening because I believe that I have no control over the ingredients they contain.
"I only like to drink grapefruit juice." "I don't drink milk - -it's empty calories." "I can't eat breakfast - -it makes me sick." "I need to watch what I eat." "I can't gain weight - -actually, I could lose a few pounds." "I feel terrible when I gain even a pound."	Since my self-worth is based on my weight and body image, I need to control what I eat.

Restructuring Your Thoughts

Instructions: Using the worksheet on the next page:

1. Copy a situation or specific **CUE** that you have listed in Step 1 of your last assignment, as well as the **THOUGHTS, FEELINGS, BEHAVIORS** and/or **CONSEQUENCES**.
2. Evaluate your thoughts using the three questions mentioned. Write in these new **THOUGHTS** in the Revised Thoughts column.
3. Now imagine yourself in the same situation (listed under the first column). Given your new way of thinking how do you think you would respond now to this **CUE** or situation? Write in you new Revised **FEELINGS** and **BEHAVIORS** in the appropriate column. What would be the **CONSEQUENCES** to these new responses? Write in the revised **CONSEQUENCES** under the last column.

RESTRUCTURING THOUGHTS WORKSHEET

CUE

RESPONSES

CONSEQUENCES

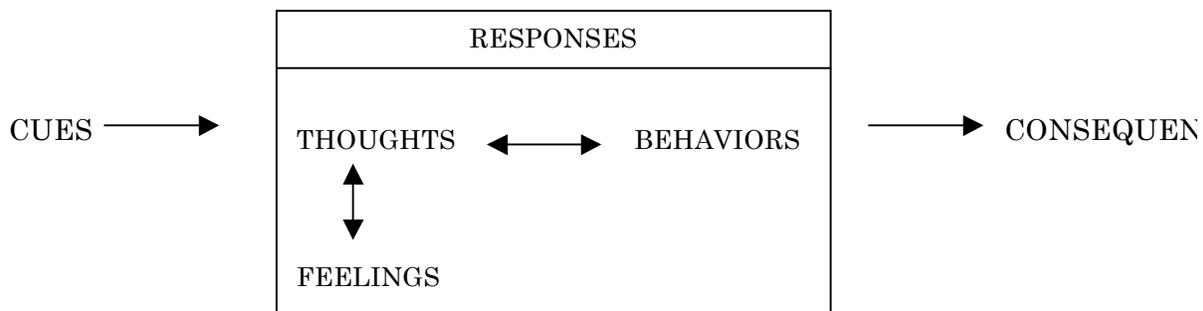
	THOUGHTS				
	FEELINGS				
		REVISIED THOUGHTS		REVISIED BEHAVIORS	REVISIED CONSEQUENCES
	REVISIED FEELINGS				

RESTRUCTURING THOUGHTS WORKSHEET

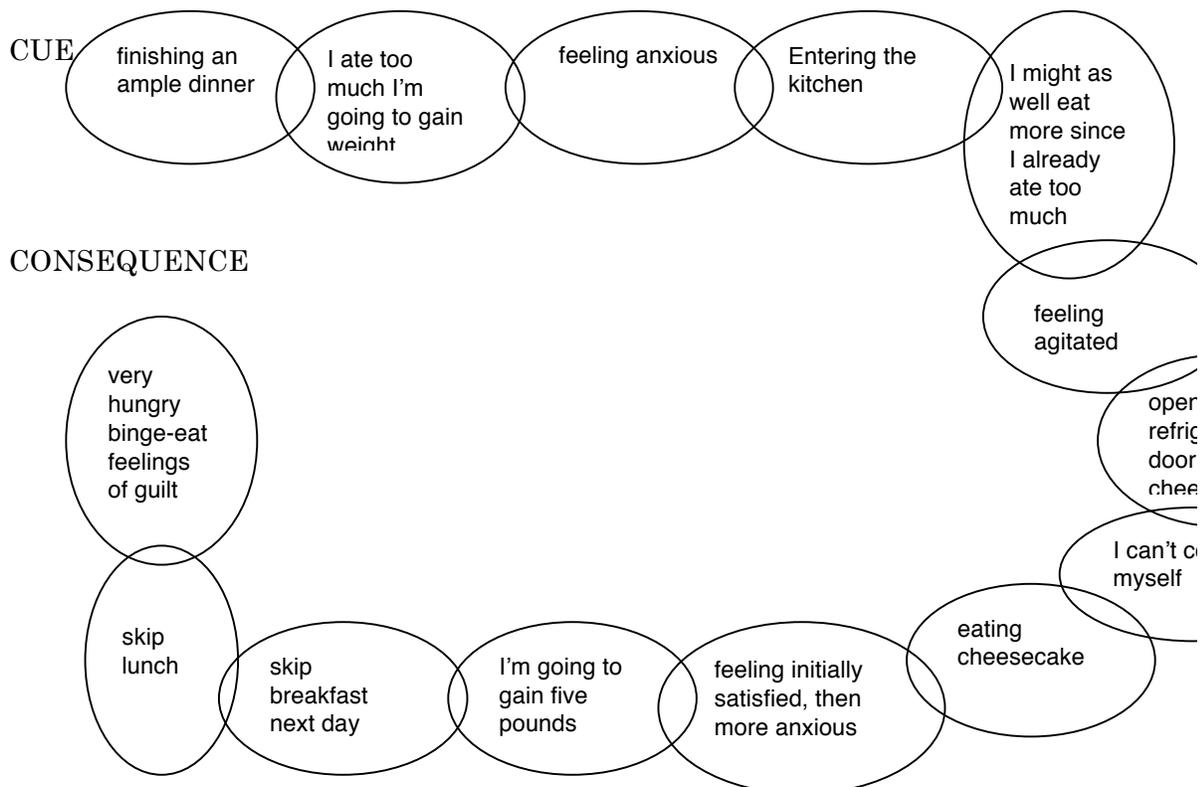
CUE	RESPONSES		CONSEQUENCES
	THOUGHTS	BEHAVIORS	
	FEELINGS		REVISED THOUGHTS
	REVISED FEELINGS		

SESSION 6: CUES AND

We have talked about the occurrence of binge-eating behaviors consisting of 5 components. A cue often leads to responses consisting of thoughts, feelings, and behaviors that lead to consequences.



The occurrence of binge-eating behaviors often does not involve only these 5 components. The time the occurrence of these behaviors consists of a series of components where each component represents one link in a long behavior chain. For example, a cue triggers responses (thoughts, feelings, behaviors) which becomes a cue that triggers another set of responses until the final consequences occur. Writing out a behavioral chain is a helpful strategy for understanding how a particular behavior came about. The following illustrates a behavioral chain.

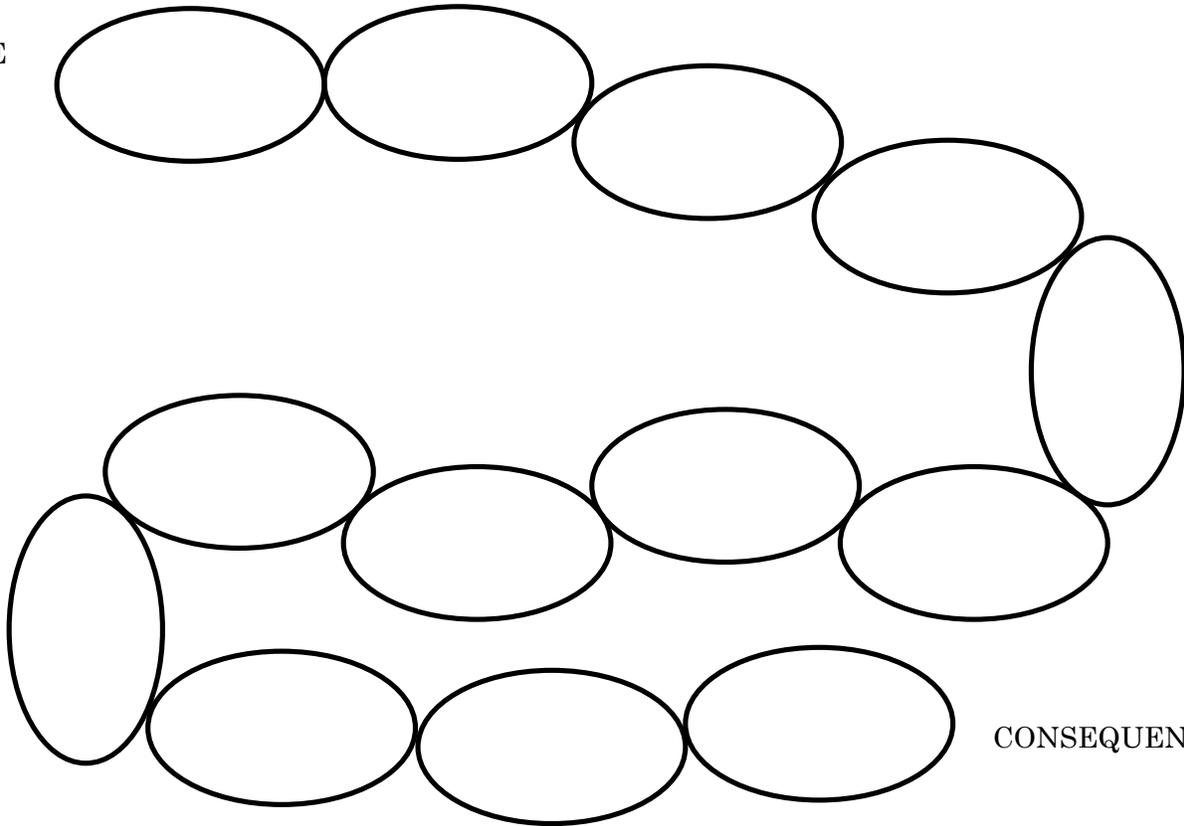


Homework for Session 7

1. Self-monitoring sheets (foods consumed, objective binge or subjective binge, thoughts, feelings, context)
2. EBIV
3. IDENTIFYING BEHAVIORAL CHAINS worksheets
4. Read lecture for Session 7

Identifying Behavioral Chains Worksheet

CUE

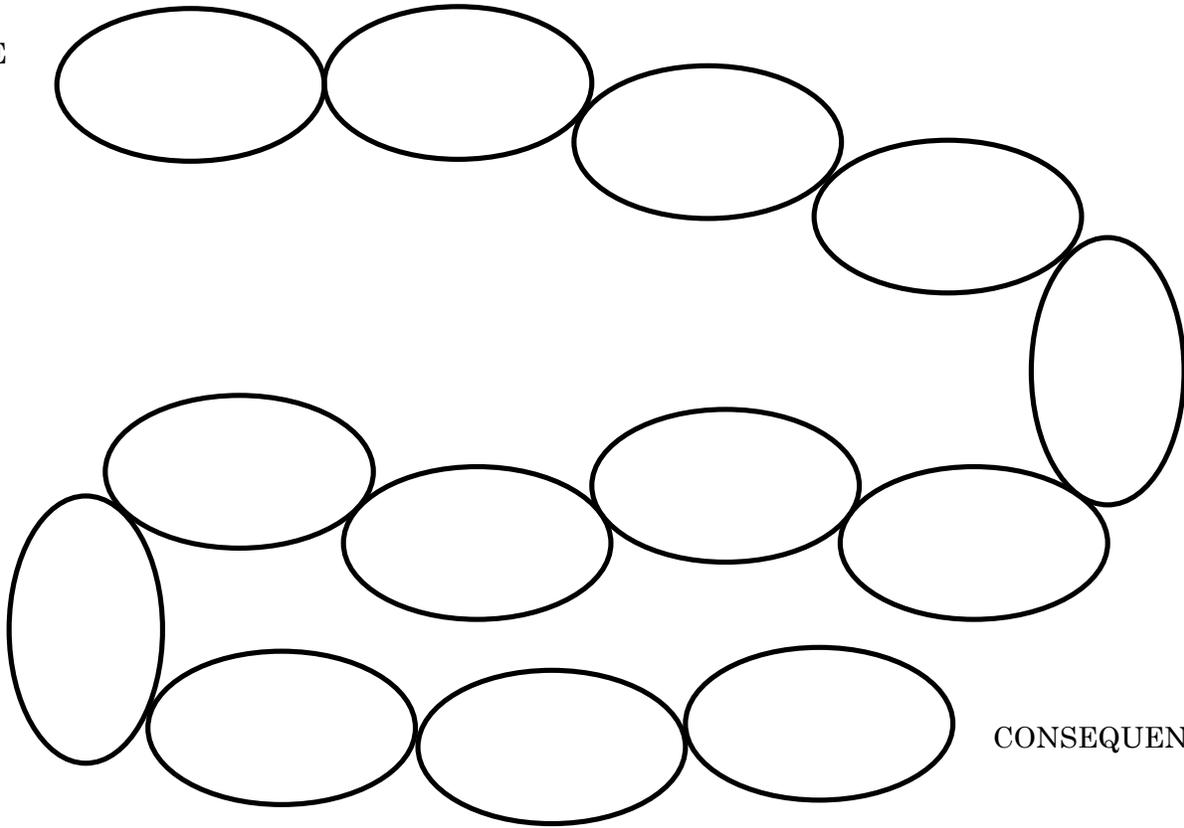


1. What strategies would you use to break this behavioral chain?

2. Indicate on the behavioral chain where you would use these strategies.

Identifying Behavioral Chains Worksheet

CUE

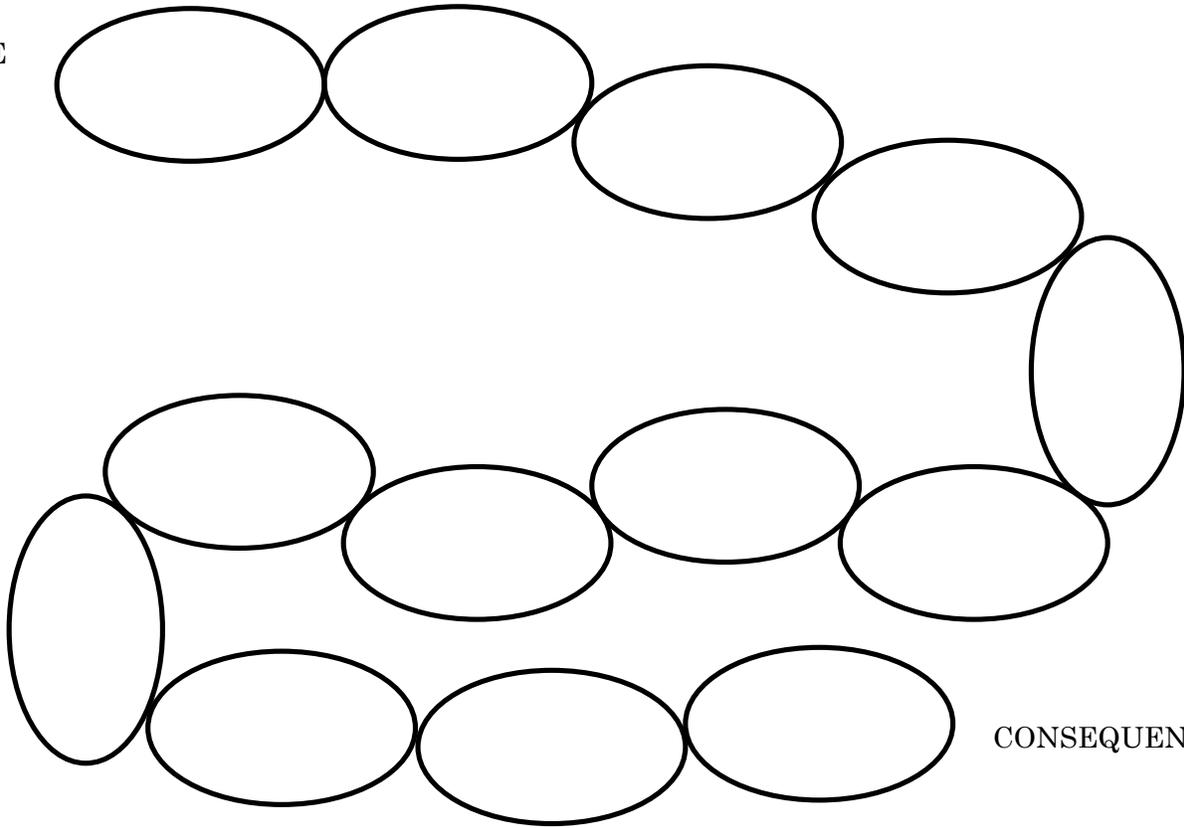


1. What strategies would you use to break this behavioral chain?

2. Indicate on the behavioral chain where you would use these strategies.

Identifying Behavioral Chains Worksheet

CUE



CONSEQUENCE

1. What strategies would you use to break this behavioral chain?

2. Indicate on the behavioral chain where you would use these strategies.

SESSION 7: IMPULSIVITY, SELF-CONTROL, AND MOOD

Introduction: Binge eating episodes are often impulsive acts in which an individual finds he or she is behaving in an unplanned way. Learning strategies to reduce impulsivity and increase self-control can help in managing binge eating behaviors.

- 1) Self-control is a learned behavior. People who are impulsive, whether they have always been that way or have become more like that recently, can learn to be in more control of their lives.

- 2) In what situations are you impulsive? _____

In what situations are you most impulsive? _____

What factors affect how impulsive you are? (e.g. fatigue, deprivation, anger, intoxication)

- 3) Greater self-control can be obtained by learning and practicing new habits. Some of these include:
 - a) Avoid situations that are especially tempting or ones which allow greater impulsivity (e.g. drinking alcohol, bars, being alone, all-you-can-eat buffets.).

 - b) Response-delay: Build in a pause: encourage yourself to wait for some brief period of time before giving into your impulses to eat. Start with 5 seconds, and over time, increase your delay; remember, always choose realistic and attainable goals.

 - c) Self-talk: Talk yourself into staying calm and resisting your immediate impulse.
 1. Verbalize your need to stay calm
 2. Talk to yourself about preparing for the situation
 3. Talk to yourself about not giving into the temptation – think about the consequences, remind yourself you have a choice.
 4. Talk to yourself about staying calm despite distress, excitement or arousal

- d) Reduce your distress or arousal by:
 - 1. Deep breathing
 - 2. Turn away from the temptation and count backwards from 20
 - 3. Bring to mind a calming or distracting image

- e) Engage in alternative activities when you begin to feel impulses or urges to eat or at times when you might be most likely to give into impulsive eating.

- f) Exposure-Prevention: This is similar to response-delay. Place yourself in a situation where there is some temptation for overeating but prevent yourself from doing it, either at all or some time. This might be best accomplished with a friend, but only a friend who understands that you might still give into your impulses at some point and that that's okay.

4. Choose one or more of these approaches to practice this week.

Mood Enhancement

Depressed, anxious, and angry moods are often cues of binge eating episodes. For this reason managing moods can reduce the likelihood of binge eating.

1) Understanding the importance of Pleasant Events

The number of pleasant activities we do is related to our mood. If the number of these events fall below a critical level, mood becomes depressed. It's important to keep a balance between pleasant activities and neutral or unpleasant events. In addition, pleasant activities can be "self-nurturing" and serve as a substitute for binge eating.

2) Increasing Pleasant Events

Pleasant events are a "handle" on your mood. You can learn to control your mood by keeping a balance between pleasant and unpleasant activities.

a) When increasing pleasant activities, there are four steps to follow in developing a pleasant activities plan:

1. **Setting goals:**

- No goal is too small
- Don't choose too large a goal because you may feel set yourself up for failure
- You can always change your goals to make them more realistic and attainable

2. **Select rewards** for reaching your goals:

- Rewards should be things that make you feel good and are available (within your control)
- Rewards should be powerful
- Rewards work best when they are immediately available
- Identify a menu of 10 rewards of different strengths

3. **Making a contract:** make a specific written agreement to reward yourself if you accomplish your goal.

4. **Planning ahead:**

- Schedule your pleasant events on a weekly basis, or
- Schedule your pleasant events a day in advance
- Don't let yourself back out or make excuses

- Designate the time and place
- Make a commitment with another person to help stick to your contract
- Anticipate problems and try to prevent them

3) Follow-up and Evaluation:

During the week as you increase your pleasant events, keep track of the number of pleasant activities you engage in and graph the number of events and your daily mood ratings.

What relationship between mood and pleasant activities do you notice?

REWARD MENU

- A. People: List two people with whom you would like to spend more time each week but don't get a chance to.
- 1.
 - 2.
- B. Places: List two places where you would like to spend more time, but don't get a chance to.
- 1.
 - 2.
- C. Things: List two things you do not own that you would like to have and can afford (book, CD, new shoes, etc.)
- 1.
 - 2.
 - 3.
 - 4.
- D. Activities: List two activities you would like to do more often than you do now.
- 1.
 - 2.
- E. Rewards: Now select from above, three that are the most powerful rewards for you.
- 1.
 - 2.
 - 3.

SESSION 8: BODY IMAGE,

Introduction

What is Body Image?

Body image involves how an individual perceives and experiences her body. There are a number of parts of body image including:

1. how an individual views herself in the mirror
2. how an individual sees her body parts when looking at the directly
3. the mental picture an individual has of her body (in the “mind’s eye”)
4. how the body feels when it is touched
5. how an individual experiences her body spatially (for instance, how much of a bus seat her body seems to occupy)
6. how an individual perceives bodily sensations (hot and cold temperatures, hunger, anger)
7. the thoughts and self-statements (cognitions) an individual has about her body
8. how an individual feel emotionally about her body

In other words, body image is a term that refers to different types of bodily experiences and perceptions. All these different parts of body image influence each other. Improving your body image can involve any number of these components.

What influences body image?

An individual’s body image is affected by many people and events in her environment during both childhood and adulthood. Events that occur at a young age (for instance, being teased about appearance by peers or family members) can continue to affect how we view our bodies as adults. Growing up, we are also influenced by watching how our role models felt about their bodies. For example, if a sister, parent, or friend felt negatively about her body, you may have learned to feel badly about your own appearance from watching them.

Another set of factors that influence an individual's body image are related to the society we live in. Specifically, how an individual evaluates her body often depends on how much it resembles what society considers the ideal appearance. In our present society, for example thinness is seen as attractive. Garner and colleagues found that the average weight of Miss America contestants and winners has decreased over the past decades. In other time periods, larger body sizes were considered more beautiful. The current emphasis on thinness is especially strong for females. For example, by age eighteen, 80% of American girls have been on a diet.

Unfortunately, the current ideal of thinness is unrealistic for most women. Although messages in the mass media tells that an individual can achieve any size she wants to through diet and exercise, the myth does not conform to our biological realities. The pursuit of an unrealistic degree of thinness can result in chronic dieting followed by binge eating, obsessions with body size, and constant dissatisfaction with a healthy body shape.

Women with binge eating disorder are often quite dissatisfied with their weight and body shape. Preliminary evidence indicates that women with binge eating problems are more dissatisfied with their shape compared to women of comparable size without binge eating problems.

Negative thoughts about weight, shape and appearance play a role in the onset and maintenance of binge eating problems. Many women start dieting because of dissatisfaction with their appearance and belief that they should lose weight. As we have discussed in earlier sessions, severe dieting often precipitates binge-eating episodes. Binge eating leads to negative feelings about appearance, which can trigger further binge eating. Thus, body dissatisfaction can contribute to the vicious cycle of binge eating patterns.

How you see and feel about your body will influence how you feel about yourself as a person. An important part of recovery is learning to be more accepting of your own body, regardless of shape and size. While it might be unrealistic for you to go from hating to loving your body, there are ways to improve your body image. First, identify the parts of the body you do feel comfortable with and emphasize these positive feelings. Second, work towards feeling "neutral" about or accepting those body parts you dislike.

As outlined, above, body image has a number of components. As we have discussed in earlier sessions, changing your thoughts can have powerful effects on your feelings and behaviors. For

this reason, targeting your negative thoughts about weight and shape is the most effective way to start to feel more comfortable with your appearance.

We encourage you to explore your thoughts about your body, as well as associated feelings and behaviors. You can use the techniques we have discussed in earlier sessions to restructure your dysfunctional thoughts.

Currently, how do you feel about your body size and shape?

Do you feel more satisfied with some body parts than others?

How much time do you spend thinking about your physical appearance? (for example, how many minutes in an hour do you typically spend thinking about it: 20 minutes? 30 minutes? 45 minutes? 55 minutes?)

Do thoughts about your body serve as cues that lead to binge eating behaviors?

Do you see your body accurately? How do you know you are accurate?

How does your weight and body perception affect your feelings about yourself?

Do changes in your weight and body shape influence your self-evaluation?

How important is your physical appearance to you? Do you value other aspects of yourself?

CULTURAL AND FAMILY INFLUENCES ON BODY IMAGE

A. What are some of the messages, rules, and beliefs about your body parts that you remember hearing from your family and peers? From society and the media?

1. Example 1: People will like me better if I am thin.

2. Example 2: Body fat is a sign of laziness

3.

4.

5.

B. Do these messages or beliefs influence how you feel about your body today? Which ones?

1. Example 1: Yes, I still believe people will like me better if I am thin.

2. Example 2: Yes, If my thighs are fat, it's my fault and it's disgusting

3.

4.

5.

C. How can you change these thoughts to reflect more positive and accurate feelings about yourself?

1. Example 1: Although appearance does seem to be important to some people, I am a likable person regardless of my size. After all, I don't pick my friends because of way they look, so why do I assume others will do this to me?
2. Example 2: Body fat is normal and healthy for females and is necessary for survival and reproduction. The current ideal of attractiveness is unhealthy and unrealistic.
- 3.
- 4.
- 5.

Acceptance of your body is a one-day-at-a-time process. You may be aware that on one day you feel fat and unattractive, and the next day you feel comfortable with your appearance even though your body has not actually changed. These shifts in your body image relate to the things you are saying to yourself. Identifying and restructuring your negative thoughts about your body is essential in improving your feelings about your appearance.

List frequent negative thoughts about your size and shape

1. Example: I'm fat.
- 2.
- 3.
- 4.

Now, challenge each of the above thoughts using the cognitive restructuring techniques we have reviewed in previous sessions (if you have difficulty, try asking another group member for assistance). Try using accurate language to make negative statements more neutral.

1. Example: I'm a size 12. I may feel fat but I'm within my normal weight range for my height.
- 2.
- 3.
- 4.

- D. Another way to begin feeling more positive about your body is to concentrate on what functions your body is capable of. Ask yourself the following:

What does my body enable me to do?

1. Example: My legs enable me to walk.
- 2.
- 3.
- 4.

What does my body allow me to enjoy?

1. Example: My eyes allow me to see beautiful colors.
- 2.
- 3.
- 4.

SESSION 9: BODY IMAGE,

Affirmations

Everyone has positive qualities. Sometimes these are difficult to identify when we are not feeling good about ourselves, or we may be uncomfortable with expressing positive thoughts about ourselves because it is something we are not used to doing. Not only is it okay to speak about your positive qualities, it is essential in order to feel better about yourself. Positive self-talk is a skill one can develop through practice.

How you think about and talk to yourself can improve your body image and your self-image.

To develop healthier self-statements: List 5 positive statements about your body:

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

Now, list 5 positive statements about yourself that do not relate to your physical appearance (personally, sense of humor, etc.):

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

If you have difficulty with either part of this exercise, try to think of how your friends and family might describe your positive qualities.

We suggest that you write your affirmations on index cards that you can keep with you to read aloud and to yourself throughout the day.

SUGGESTIONS FOR IMPROVING BODY PERCEPTION

1. Try to expand your appreciation of normal female body shapes. Visit an art museum or look through art books to see how “beauty” has been represented in other time periods. Look at pictures of movie stars from the 1940’s and 1950’s. Imagine how these “beauties” from years ago would be evaluated by current standards of attractiveness. Keep in mind how dependent the “ideal body” is on specific time periods.
2. Remember how much physical appearance is influenced by your own frame of mind. If you feel better about yourself, it will affect how others view you. Affirmations can be helpful in improving your self-image.
3. Monitor the degree to which your negative feelings about your body relate to your moods. Do you feel “fat” when you are sad about something else? Do you find yourself wanting to be thinner when you are feeling anxious? If so, try expressing some of these feelings directly rather than taking them out on your body. Some ideas: write in a journal, paint a picture, talk to a close friend, create poetry, make a collage.
4. Wear clothes that make you feel self-confident. Discard anything that is too small. Pay close attention to what colors make you feel best, what kinds of clothes help you feel most confident, which fabric textures are most comfortable for you.
5. Make a list of the activities you are putting off doing until you have the “perfect “ body (going dancing, buying lingerie, etc.). Instead of waiting, try doing some of the activities on your list now. Are your fantasies about how weight loss would change your life realistic?
6. Give some serious thought to how much of your energy you would like to devote to your appearance. What are the drawbacks of being obsessed with your body? Can you focus on your personal attributes other than your appearance? Do you judge others’ weight and shape as harshly as you judge your own? Are there aspects of your life you could redirect your energy towards, like social, intellectual, or spiritual growth? We have a choice as individuals in determining how much of sociocultural ideals we choose to accept.
7. Don’t forget that you are not alone in your pursuit of self-acceptance. Many people struggle with feelings, and it can be helpful to share your thoughts with others who can support you.

8. Additional ideas: _____

SESSION 10: SELF-

We define **self-esteem** as the way in which an individual evaluates herself. Self-esteem is one aspect of self-concept, which is a more general term for how an individual defines herself.

Many individuals with binge eating problems have low self-esteem: they tend to evaluate themselves in a negative, self-critical manner. Specifically, they exaggerate their weaknesses and minimize their strengths. Self-esteem problems often contribute to binge eating behaviors, since many individuals end up eating to make themselves feel better or as a form of “self-punishment”. After binge eating, individuals usually end up feeling even worse about themselves.

The techniques used for evaluating the accuracy of your thoughts that lead to binge eating can also be used to challenge and test thoughts that contribute to low self-esteem. The first step is to identify the types of “cognitive errors” you tend to make in evaluating yourself.

Here are some examples of dysfunctional thoughts related to low self-esteem:

<u>THOUGHT</u>	<u>TYPE OF THINKING ERROR</u>
“I’m no good” “I’m a failure” “I never do anything right” “I’m worthless”	Overgeneralizations
“I can’t do it - - I’ll never do it right”	Catastrophizing
“I did it well, but I should have done it better”	Minimization
“If I don’t do well at one thing it means I’ll never be successful”	Black-and-White Thinking
“Everybody thinks I’m fat” “My boss just criticized me - -she thinks I’m incompetent”	Mind-Reading

After identifying the type of errors you make in evaluating yourself, challenge and test the accuracy of your thoughts: What is the evidence? What are alternative explanations? What are the implications? Are their ways of testing the accuracy of this thought? In addition, examine the type of language you use in evaluating yourself by completing the Self-Concept Inventory.

SELF-CONCEPT INVENTORY

- 1) Using the self-concept inventory, please write descriptive comments about yourself for each of the categories. Include both positive and negative comments.

- 2) Now go back through the inventory and separate comments pertaining to your strengths and weaknesses. Rewrite.....
 - a) Strengths: use synonyms, adjectives, and adverbs to elaborate
 - b) weaknesses:
 1. Use non-pejorative language (use neutral instead of negative words)
 2. Use accurate language
 3. Use specific rather than general language
 4. Find exceptions or corresponding strengths

- 3) Write a new self-description, including your revised strengths and weaknesses

- 4) Remembering your strengths:
 - a) Daily affirmations: Write your strengths down on 3x5 cards and read them several times each day.
 - b) Reminder signs placed in your home or at work to cue you to mentally repeat your affirmations.
 - c) Active integration: each day select three strengths from your list and remember situations from the past that exemplify those strengths. Consider as many examples as you can for each strength.

SELF-CONCEPT INVENTORY

NAME:

PERFORMANCE AT SCHOOL/WORK:

PERFORMANCE OF DAILY TASKS OF LIFE:

MENTAL FUNCTIONING:

FRIENDS/ROMANCE/SEXUALITY:

SELF-CONCEPT INVENTORY

NAME:

PERFORMANCE AT SCHOOL/WORK:

PERFORMANCE OF DAILY TASKS OF LIFE:

MENTAL FUNCTIONING:

FRIENDS/ROMANCE/SEXUALITY:

SELF-CONCEPT INVENTORY;
RULES FOR REVISION OF WEAKNESSES

1. Use nonpejorative language

Go through your list and eliminate all words that have negative connotations - - *blabbermouth, wishy-washy, fat, ugly*, and so on. Like piranhas, these negative labels aren't very dangerous when they occur occasionally in isolation. But in large schools they can literally devour your self-esteem.

Old item

"lousy on the phone:

"wishy-washy"

Revised item

"I'm uncomfortable when I can't see people to pick up cues; I feel somewhat nervous on the phone"

"Tend to defer to others who have strong opinions"

2. Use accurate language

Don't exaggerate and don't embellish the negative. Revise the items in your list so that they are purely descriptive. Confine yourself to the facts.

Old item

"fat thighs"

"screw up paperwork"

Revised item

"21-inch thighs"

"occasionally forget to fill in items on my paper"

3. Use language that is specific rather than general

Eliminate words like *everything, always, never, completely*, and so on. Rewrite them so that your description is limited to the particular situation, setting, or relationship in which the trait occurs.

Old item

"can't set limits or say no"

"hate being alone"

Revised item

"difficulty saying no to husband and close friends when they ask for help"

"nervous and restless being alone in the house at eight or nine o'clock"

4) Find exceptions or corresponding strengths

This is an essential step for those items that really make you feel bad about yourself.

Old item

“Mentally lazy”

Revised item

Board by political and philosophical issues, abstract thought. Do like to think about motivations and drives behind human behavior”

“lousy at arguing, debating”

“Don’t have enough facts for a killer instinct. What I like though, is that I don’t have to be right all the time. I don’t get miffed when people disagree with me.”

WEAKNESS

REVISION

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

STRENGTHS (Elaborate using detailed language)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

SESSION 11: STRESS MANAGEMENT AND PROBLEM

Introduction

We are hearing more and more about the effects of stress on our physical and mental health. It is easy to assume that stress is something to be avoided because it is the “enemy”. In reality, stress is a natural phenomenon and essential to life. It is how we respond to stressful events and in particular what we tell ourselves about the stressful event that determines whether we experience stress in a healthy or unhealthy way.

The following information on stress will help you evaluate your attitudes about stress, how you perceive stressful events (stressors), how you choose to respond to (or cope with) these stressors, and how the consequences of stress affect you.

- A. Stress and its components
 - 1. **STRESSOR:** the demand
 - a. Could be of major proportions:
 - moving
 - loss of significant
 - marriage
 - b. Could be of minor proportions:
 - finding a parking place
 - completing an assignment
 - blind date
 - c. Most people recognize and accept the stressors, but minimize the significance of the minor ones. Repetitive minor stressors can accumulate and take on major proportions.
 - d. **IMPORTANT:** Recognize **YOUR** stressors.

2. **STRESS RESPONSE:** involves thoughts, feelings, behaviors and physical states that are triggered by the stress

	Positive Responses	Negative Responses
Thoughts	I like a challenge. I can get it done. Relax, I'm doing what I can	I am incompetent. I must do this perfectly I can't handle this.
Feelings	Exhilaration In control Competent	Anxious Angry Frustrated Sad
Behaviors	Assertive Productive Task-Oriented	Withdrawal Avoiding situations Overreacting
Physical States	Increased pulse rate More strength Increased speech	Knots in stomach Headache Trembling

B. How to Manage Stress

Effective coping means that you are managing the **STRESSOR** and your **STRESSOR RESPONSE** (thoughts, feelings, behaviors, physical states) in such a way that the results (**CONSEQUENCES**) are positive - - balanced and healthy.

1. Managing stress involves at least two tasks.

Task #1: Problem Solving. Dealing directly with the problem or the stressor that is triggering the stress response.

Task #2: Stress Management. Minimizing stressors in your life and managing the Stress response.

Sometimes you will need to deal with the problem first, and then manage your stress response to that problem.

At other times, you will need to handle the stress response first, and the problem later.

Most often, you will be doing tasks interchangeably. That is, first dealing with the problem until the stress response gets you out-of-balance (negative consequences), then managing the stress response until you are back in-balance (positive consequences). You will then be in the position to return to the problem.

2. **PROBLEM SOLVING** (Task #1)

- a. Identify feelings and behaviors.
- b. Define the problem.

What has happened?

What is upsetting about the situation?

- c. Decide what you want and establish goals.

What do I want?

What would I prefer to happen?

- d. Generate several possible solutions.

- e. Evaluate each alternative; choose the “best” alternative, considering possible consequences.

How useful will this outcome be in solving my problem?

How difficult will it be to do it?

Do the benefits of this solution outweigh the possible costs?

- f. **IMPLEMENT** – Try out a solution

- g. Review decision afterwards.
What were the consequences of my action?
Am I satisfied with the results?
If not, return to Step E.

3. **STRESS MANAGEMENT (Task #2)**

a. General Well-Being - - Develop Regular Habits

- 1) Eat 3 adequate, nutritionally balanced meals a day.
- 2) Exercise regularly (but don't overdo it)
- 3) Sleep adequately and regularly
- 4) Listen to your body and relax when needed.
- 5) Provide time for pleasant and rewarding activities in your day - make sure to schedule daily.
- 6) Provide time for peaceful solitude - - for quiet time alone.
- 7) Avoid excessive use of alcohol and caffeinated beverages.

b. Organize Yourself

- 1) Set priorities. (No one can do everything at once. Protect yourself from overload - - mental, emotional, physical, and behavioral.)
- 2) Structure your time. (Plan your day so that you use your time and energy efficiently. Learn to pace your work and activities.)
- 3) Set realistic and practical goals. (Monitor your progress towards these goals.)
- 4) Make decision. (Learn to identify alternatives, evaluate their pros and cons, and choose the alternative that is appropriate for you at that time. Use the problem solving steps described on the previous page. Note: Leaving a decision unresolved is a stressor in itself.)

c. Establish Friendships So That You:

- 1) are emotionally involved with others;
- 2) are exposed to different perspectives or ways of thinking;
- 3) can validate your feelings and check-out your perceptions with people whose feedback you trust and respect;
- 4) have access to information and other resources;

- 5) have opportunity to practice specific skills and receive support and encouragement.

d. Control Your Environment

- 1) Avoid too many changes in your life at any one time.
- 2) Shield yourself when necessary. (Control the amount of stimulation in your environment. Avoid too little or too many stressors at one time.)
- 3) Create a personal stability zone so that there is someone or something that you can fall back on.
- 4) Remove yourself permanently from the stressor. (Change your environment or the situation - - eliminate or avoid the stressful cue.)

e. Manage Your THOUGHTS and FEELINGS (Emotions)

- 1) Divert your attention (or detach yourself by becoming mentally involved in another activity or thought.)
- 2) Examine your expectations or thoughts about your ability to cope with this situation. Are your thoughts reasonable, realistic, and accurate?
- 3) Examine the words that you use. The words “should” and “must” are usually associated with unrealistic expectations – trying to be “perfect” or to have some other superhuman qualities.
- 4) Ask yourself: “What is another way of looking at this situation?”
- 5) Ask yourself: “When I put this situation in perspective of my whole day or my whole life, is my trouble worth it?” Keep in mind that this situation reflects only one small aspect of your entire life.
- 6) Identify, evaluate, and change your faulty or erroneous thoughts. Give yourself positive, accurate statements. Get your thoughts to work for you rather than against you.
- 7) Challenge old thinking habits by recognizing the functions that they served in the past and the dysfunctions that they serve in the present.
- 8) Learn to let go and say “good-bye” to a thought, feeling, or behavior when it is appropriate to do so.

9) Learn to accept what you cannot change.

f. Manage your BEHAVIORS and FEELINGS (Physiological Responses)

- 1) “Unwind”. (Do a short relaxation exercise, meditate, go for a walk, stretch, take a deep breath, etc.)
- 2) “Work off” the stress. (Exercise, garden, play tennis, get involved in another activity, etc.)
- 3) “Drain off” the stress by using heat and/or massage. (Take a hot bath or sauna, etc.)
- 4) Take time out. Take some breaks or do something else for a short period of time.
- 5) “Talk out” the stress with another person.

LEARNING TO HANDLE MISTAKES

- 1) Reframing mistakes
 - a) Mistakes as teachers
 - b) Mistakes as warnings
 - c) Loss of spontaneity
 - d) Allowing a quota for mistakes
 - e) A mistake is anything you do that you, later, upon reflection, wish you had done differently.

- 2) Awareness & Responsibility
 - a) Accepting consequences of your actions
 - b) Limits of your own awareness
 1. ignorance
 2. forgetting
 3. denial
 4. no alternatives
 5. habits

The Nature of Mistake Making

1. Everyone will always make mistakes.
2. No one is perfect.
3. Mistakes do not change a person's good qualities.
4. A person is not the same as his/her performance.
5. People are not bad because they make mistakes.
6. People who make mistakes do not deserve to be blamed and punished.
7. The reasons why people make mistakes are:
 - a. Lack of skill
 - b. Carelessness or poor judgment
 - c. Not having enough information
 - d. Unsound assumptions
 - e. Being tired or ill
 - f. Having a different opinion
 - g. Irrationally

3) Forgive yourself

- a) You made the only decision you could make, given your needs and awareness at the moment you made it.
- b) You have already paid for your mistake by virtue of its consequences.
- c) Mistakes are unavoidable.

Stress Reduction Experiment

Identify a stressor in your life - _____

Choose one technique to cope with or reduce this stressor - _____

Describe the results of your experiment - _____

Principles of Self-Acceptance

1. Human beings are not ratable; there is not a commonly agreed upon definition of “good” or “bad” people.
2. Every person is complex, not simple.
3. I am complex, not simple.
4. Every person is made up of many positive and negative qualities.
5. I am made up of many positive and negative qualities.
6. A person is not all good or bad because of some of his/her characteristics.
7. I am not all good or bad.
8. When I only focus on the negative characteristics of a person, I feel worse about the person.
9. When I only focus on my negative qualities, I feel worse about myself.
10. Focusing only on my negative qualities is irrational. I have other positive qualities.
11. When I think negative, irrational thoughts about myself, I get more upset with myself than if I think positive, rational thoughts.

SESSION 12:

1. Definition – Assertive behavior is the responsible expression of feelings and thoughts without violating one’s own or other’s rights. It may be used to expand one’s choices in a variety of situations, and to develop communication with others. Assertive behavior is the direct and honest statement communicated both verbally and through body language of what one does and does not want.
2. Consider examples of passive, aggressive, and assertive thoughts, feelings, and behaviors in response to specific cues. Evaluate consequences. Fill in the blanks with examples from your own experience.

A. Cue: Conversation with a group of others at a party

1)

thoughts (self-statements)	behaviors	consequences
“My opinion isn’t important.” “I don’t want to sound stupid.” “No one is interested in what I have to say.	passive	avoid making stupid remarks Increased anxiety frustration increased discomfort want to leave party – to escape urge to binge-eat fear of expressing thoughts
feelings		
anxiety afraid		

2)

thoughts (self-statements)	behaviors	consequences
“My opinion is the only right one”. “These people are stupid”.	aggressive	feel satisfied with expressing opinion increased anger alienate self from others
feelings		
frustrated angry		

3)

thoughts (self-statements)	behaviors	consequences
	assertive	
feelings		

3. Nonverbal communications of eye contact, body posture, voice tone, position of hands and feet, etc. Give examples of nonverbal communication for each of the following:

A. Passive Behavior _____

B. Assertive Behavior _____

C. Aggressive Behavior _____

Suggested Assertive Self-Statements

1. “It is okay for me to disagree with other people who feel strongly about their opinion.”
2. “I can tell other people how their behavior negatively affects me, and I can give them suggestions for behaving in a different way.”
3. “When I stand up for myself, I show that I respect myself, and I gain respect from other people.”
4. “I can choose not to assert myself.”
5. “I am not responsible for other people’s happiness and solving their problems.”
6. “I can change my mind about something after I’ve had time to think it over.”
7. “My needs are just as important as someone else’s needs.”
8. “If I tell someone “no” and he/she get angry, it does not mean that I should have said “yes” to that person.”
9. “If I don’t tell other people how their behavior negatively affects me, I am denying them an opportunity to change their behavior.
10. “It is okay for me to ask other people for help, even if they might be inconvenienced.

Thoughts Associated with Assertive and Non-Assertive Behavior

Many people, especially women, learn early that standing up for one's rights is frequently viewed as not okay. What are some messages or rules that you remember hearing from parents, schools, peers and the media?

1. _____
2. _____
3. _____

Which of these messages are underlying how you think today? How do your current thoughts relate to your non-assertive behavior?

1. _____
2. _____
3. _____

How would you change these thoughts so that your behavior is more assertive?

1. _____
2. _____
3. _____

What are the kinds of things you can do to test whether your thoughts associated with non-assertive behaviors are accurate?

1. _____
2. _____
3. _____
4. _____

SESSION 13: WEIGHT LOSS

1. Self-acceptance

-What is a healthy weight for you?

-Consider differences between a healthy weight and media images of ideal body size

Unfortunately, our current societal ideal of beauty emphasizes a thin body type that few women are born with. Although the diet and exercise industries are invested in convincing consumers that any amount of weight loss is possible with the “right” products (e.g., exercise equipment, diet foods, etc.), the scientific data indicate that body weight is determined to a large degree by genetic factors.

For this reason, it is important to determine an ideal weight range that is realistic and healthy.

2. Healthy Exercise

Benefits:

1. Increase and maintains metabolism
2. Helpful in promoting positive mood
3. An effective coping strategy for stress, anger, depression
4. Significant health benefits (even limited amounts of regular exercise has been shown to reduce health risks.)

Strategies:

1. Start gradually and increase length of time and intensity slowly
2. Make the experience as pleasurable as possible to maximize rewarding properties (e.g., exercise with friends, wear comfortable clothing, exercise outside when the weather is pleasant, determine what type of exercise you enjoy the most, etc.)
3. Set up a reward schedule for regular exercise. Reward yourself for reaching small and large goals. For example, reward yourself after each session (e.g., with a bubble bath, massage, etc.) and give yourself larger rewards after each week of regular exercise. Some people find graphs that show the amount of exercise useful in maintaining motivation.

3. Dietary Strategies

- Avoid restrictive dieting
- Reduce and limit fat intake
- Experiment with the effect of different food types; for example, some people find that carbohydrates promote satiety and comfortable feelings of fullness
- Pay attention to differences in “biological” hunger vs. urges to eat for emotional or other reasons

4. Don't put your life “on hold” while waiting to lose weight

What are your “fantasies” of how your life will be different weight loss?

How realistic are these expectations?

Write a list of activities, purchases, or risks you are putting off while waiting for weight loss.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Try to incorporate the contents of your list into your life now, rather than waiting for the future.

Healthy Exercise

I. Benefits of Regular Exercise:

A. Reduction of Stress

People who have used binge eating as a way to reduce stress and to relax often find it very helpful to exercise on a regular basis.

B. Mood Elevation

Regular exercise often improves mood and can help in combating depression.

C. Help to reaffirm your commitment to a healthy lifestyle

Regular exercise can contribute to an overall sense of well being as well as provide the individual with a sense of success and accomplishment.

D. Regular exercise is important in regulating metabolism

An individual's metabolic rate may be slowed by a period of food deprivation and dieting, common among women. Exercise can be useful in returning metabolic rate to normal.

E. Exercise is a social outlet and source of fun.

F. What additional benefit do you think regular exercise may have for you?

II. Compulsive Exercise – to be avoided

A. Faulty beliefs that support compulsive exercise:

1. Exercise will prevent the food I've eaten from turning to fat.
2. If I skip a day of exercise, I may never get started again ("all-or-none" thinking).
3. I can make my body into the perfect or ideal body through exercise.
4. All body flesh must be firm. Muscles are ok – flab is not ok.

List of My High-Risk Foods

List below your most troublesome or most feared foods. That is, list those foods that are high-risk for triggering binge-eating behaviors. Start the list with the least troublesome or feared foods for you and end with the most troublesome food.

1. _____ (lowest risk)
2. _____
3. _____
4. _____ (highest risk)

List of My High Risk Situations

List below the situations that are at high-risk for triggering binge eating (list lowest to highest risk). Choose situations that you expect to encounter or be engaged in during the next month.

1. _____ (lowest risk)
2. _____
3. _____
4. _____ (highest risk)

SESSION 14: RELAPSE PREVENTION I – EXPOSURE TO HIGH-RISK

I. Relapse Prevention

A. Have a plan to avoid relapse. To prevent a lapse and the potential for relapse, consider the following:

1. If you decide to pursue weight loss, incorporate the healthy strategies discussed in the previous lecture.
2. Do as much as possible to handle “stress” appropriately (review the materials presented in the Stress Management session).
3. Practice exposure to high-risk situations and high-risk foods.
 - a. To initially control binge eating, it was necessary to avoid high-risk cues that triggered binge-eating behavior (such as foods with sugar). These high-risk cues consist of a variety of foods and situations.
 - b. Once you are in control binge eating, you can begin to re-incorporate these high-risk situations and foods into your daily life. The first step is to develop a hierarchy of these feared and high-risk cues (binge foods and situations). List these feared foods and high-risk situations in order of difficulty with the least difficult first.
 - c. Start with least feared food or high-risk situation and plan to “expose” yourself to the situation (example: incorporate a piece of pie as a dessert after dinner into your meal plan). Be sure that you have structure and/or sufficient environmental support to guarantee success when you expose yourself to these situations and foods. For example, specify the amount of food and where and when you want to eat it. You may need the support of another person to give yourself the optimal chance for success, in which case you may choose to eat with a supportive friend. You may want to schedule a pleasurable activity immediately after you eat in order to Combat anxiety around the situation. Take note of your feelings after you have accomplished a new task. You may choose to discuss these

- thoughts and feelings with a friend. Continue to practice until you are comfortable with going to the next high-risk situation or food.
- d. Certain moods (such as anger) or certain thoughts may make it difficult to expose yourself to a new situation. You may need to delay the exposure until these thoughts or feelings are under control.
 - e. Systematically expose yourself to the high-risk foods or situations until you can handle them comfortably.
 - f. Some people may choose to continue to avoid a few foods. If so, consider your reasons for doing so.
 - g. If some anxiety occurs after any of these practice sessions, it is important not to attempt to reduce the anxiety by using binge-eating and/or fasting. Instead, accept the anxiety and practice an alternative coping behavior (e.g., relaxation, talking with a supportive friend, going for a walk. Remind yourself that the anxiety is only a temporary feeling and will subside with time.

I. Why do people relapse?

A. Excessive dieting and not eating regular meals.

B. Stressful events, negative emotions, self-defeating thoughts, etc.

C. What sorts of problems/situations/thoughts might contribute to your relapse?

II. The definition of a lapse versus a relapse – what do you think a relapse is? What is a lapse?

III. Relapse plan – what you can do if you relapse. The following scenario outlines the details of an example of relapse:

Imagine that you have successfully completed therapy, and then have had to move away from your home. You've been abstinent from binge eating for five months and have been eating regular meals and snacks. You start encountering some problems in your life. It is certainly stressful to be in a new social situation. You are in a new job and are meeting new people. You are finding it increasingly difficult to eat regular meals because of your schedule. You very much want to appear attractive to the people around you and are concerned about your weight. You start skipping meals, losing weight, and begin to binge-eat. During the period of one week you've gone from healthy eating habits to binge-eating behavior again. You are early in the process of relapse. What are you going to do?

A. What do you need to do in terms of your eating behavior and meal planning?

B. What do you need to do in terms of your thoughts toward your weight and body?

C. What do you need to do in terms of social support?

D. What are the chances that these problems will go away on their own?

IV. What overall conclusions can you make about the process of relapse in terms of prevention of relapse, cause of relapse, and management of relapse in terms of your life?

Relapse Plan (Write a step plan that you will carry out if relapse occurs. Focus on not only what you would do, but also how you would change your thoughts.)

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

- 6. _____

Lapse Plan (Write a step by step plan that you will carry out if a lapse occurs. Again, focus on not only what you would do, but also how you would change your thoughts.)

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

- 6. _____

Risk food #1 and #2 on your list of High-Risk Foods.

DESCRIBE FOODS: _____

DESCRIBE MALADAPTIVE RESPONSE: Describe maladaptive behaviors.

1. _____
2. _____
3. _____

Describe any maladaptive thoughts you may have after eating this food.

1. _____
2. _____
3. _____

DESCRIBE YOUR PLAN: What I will do.

1. _____
2. _____
3. _____

How I will deal with maladaptive thoughts.

1. _____
2. _____
3. _____

EVALUATE YOUR PLAN: Consequences

1. _____
2. _____

Ideas about why your plan worked or didn't work.

1. _____
2. _____

List what you would do differently next time.

1. _____
2. _____

Risk Situation #1 and #2 on your list of High-Risk Situations.

DESCRIBE SITUATIONS: _____

DESCRIBE MALADAPTIVE RESPONSE: Describe maladaptive behaviors.

1. _____
2. _____
3. _____

Describe any maladaptive thoughts you may have after attempting this situation.

1. _____
2. _____
3. _____

DESCRIBE YOUR PLAN: What I will do.

1. _____
2. _____
3. _____

How I will deal with maladaptive thoughts.

1. _____
2. _____
3. _____

EVALUATE YOUR PLAN: Consequences

1. _____
2. _____

Ideas about why your plan worked or didn't work.

1. _____
2. _____

List what you would do differently next time.

1. _____
2. _____

SESSION 15: RELAPSE

- I. Building the capacity to confront unexpected, severe, environmental stressors with increasing confidence and self-esteem.
 - A. Adequate grasp of problem solving techniques and priority setting in times of crisis.
 - B. Practicing the skills that have been learned so that they will be maintained at times of crisis, such as relaxation, stress management.
 - C. The value of the cognitive and behavioral approach as models for developing flexibility.
 - 1. restructuring thoughts
 - 2. reduction of dichotomous thinking
 - 3. evaluating expectations
 - 4. satisfaction with body image
 - 5. the ability to analyze the situation and related thoughts at times of stress and engage in healthy action or inaction
 - 6. attitude of control of and responsibility for behavior
 - 7. rearranging cues and rewarding yourself
- II. Developing a support network based on individual needs
 - A. Friends and family
- III. Developing a healthy positive lifestyle with experiences that are unrelated to food or eating.

Healthy Lifestyle Plan

Hours per week	Describe Activities
	Work/School
	Exercise (health promoting activities)
	Time alone, meditation, relaxation
	Educational pursuits
	Social support
	Sleep

Risk food #3 and #4 on your list of High-Risk Foods.

DESCRIBE FOODS: _____

DESCRIBE MALADAPTIVE RESPONSE: Describe maladaptive behaviors.

1. _____
2. _____
3. _____

Describe any maladaptive thoughts you may have after eating this food.

1. _____
2. _____
3. _____

DESCRIBE YOUR PLAN: What I will do.

1. _____
2. _____
3. _____

How I will deal with maladaptive thoughts.

1. _____
2. _____
3. _____

EVALUATE YOUR PLAN: Consequences

1. _____
2. _____

Ideas about why your plan worked or didn't work

1. _____
2. _____

List what you would do different next time.

1. _____
2. _____

Risk Situations #3 and #4 on your list of High-Risk Situation.

DESCRIBE SITUATIONS: _____

DESCRIBE MALADAPTIVE RESPONSE: Describe maladaptive behaviors.

1. _____
2. _____
3. _____

Describe any maladaptive thoughts you may have after attempting this situation.

1. _____
2. _____
3. _____

DESCRIBE YOUR PLAN: What I will do.

1. _____
2. _____
3. _____

How I will deal with maladaptive thoughts.

1. _____
2. _____
3. _____

EVALUATE YOUR PLAN: Consequences

1. _____
2. _____

Ideas about why your plan worked or didn't work.

1. _____
2. _____

List what you would do different next time.

1. _____
2. _____

Positive changes in my thoughts and behaviors since I started treatment

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Positive changes in my thoughts and behaviors that people have noticed in me (ask 1-2 people close to you know of your treatment involvement).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____