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WORKING WITH EMOTIONAL EATING & BINGE EATING DISORDER


With Emma Murphy MIACP
Disordered Eating Specialist Psychotherapist



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Housekeeping

Confidentiality
Handouts

- Diagnoses criteria
- All tools covered
- Printout of the slides
- Audio file

Q&A – note them down!
Certificates of Attendance

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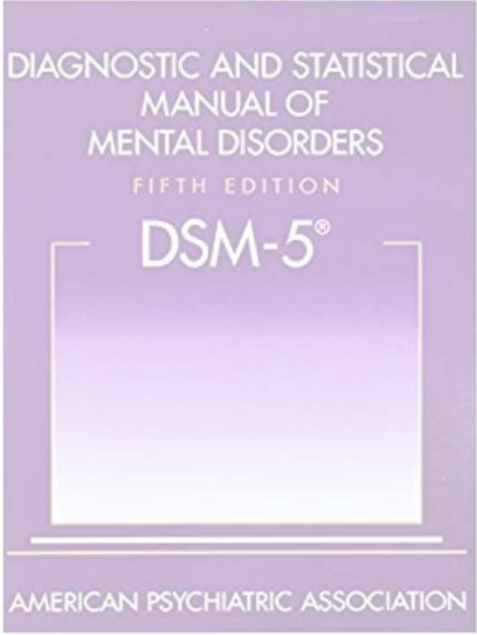
Eating Disorder Diagnoses

Anorexia

Binge Eating Disorder

Bulimia

OSFED



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All About Anorexia

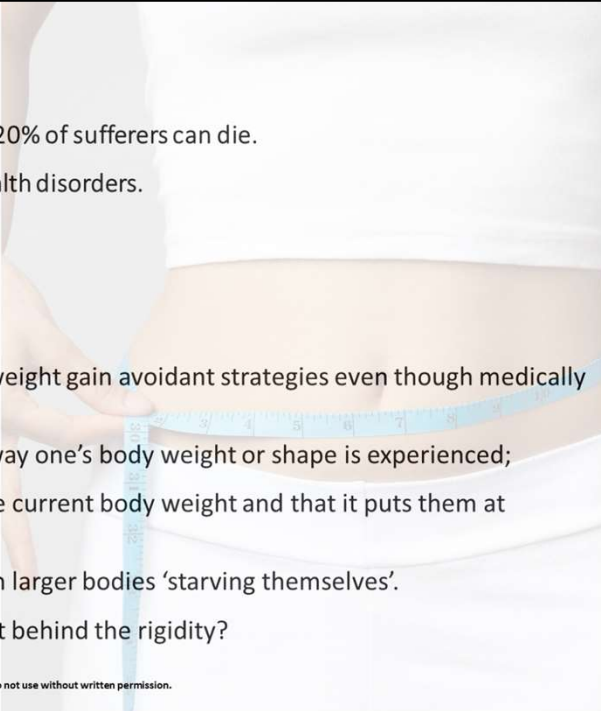
Serious consequences up to and including death, up to 20% of sufferers can die.

Anorexia has the highest mortality rate of all mental health disorders.

- Intense, sustained restriction of food;
- Significantly underweight
- Periods have stopped (females);
- Intense fear of gaining weight, plus sustained use of weight gain avoidant strategies even though medically underweight;
- Body Dysmorphia – a disturbance/disconnect in the way one’s body weight or shape is experienced;
- Persistent lack of recognition of the seriousness of the current body weight and that it puts them at significant risk of an adverse health event.

Atypical Anorexia Nervosa on the increase – clients in larger bodies ‘starving themselves’.

Orthorexia – seemingly healthy, but what is the intent behind the rigidity?



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All About Bulimia

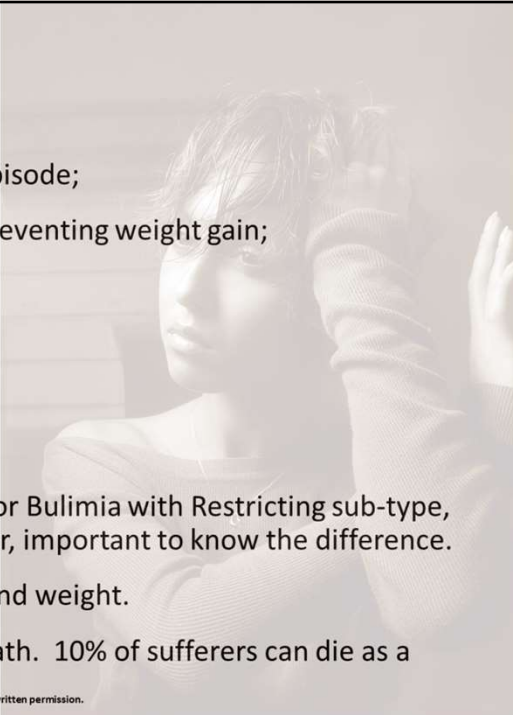
Repeated episodes of binge eating;
A sense of a lack of control over eating during the episode;
Inappropriate compensatory behaviours aimed at preventing weight gain;

- Self-Induced Vomiting
- Medication & Laxative Abuse
- Compulsive Over Exercising
- Restricting* - 'dual diagnosis'
 - Anorexia with Purging sub-type, or Bulimia with Restricting sub-type, one is more serious than the other, important to know the difference.

Self-evaluation is unduly influenced by body shape and weight.

Serious health consequences up to and including death. 10% of sufferers can die as a direct result of Bulimia.

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All About Binge Eating Disorder - 1

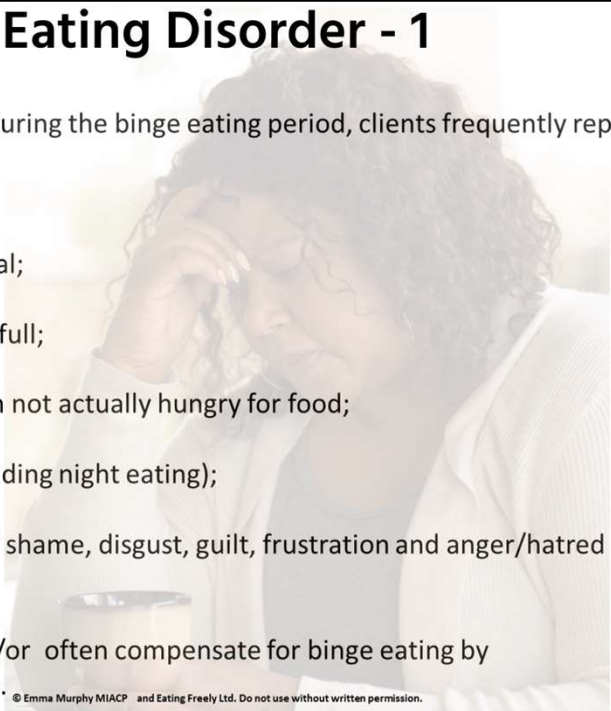
- Regular episodes of Binge Eating
- A feeling of being out of control during the binge eating period, clients frequently report an 'out of body' experience';

Binge Eating Is:

- Eating far more quickly than normal;
- Eating until feeling uncomfortably full;
- Eating large amounts of food when not actually hungry for food;
- Eating alone or secret eating (including night eating);
- Experiencing significant feelings of shame, disgust, guilt, frustration and anger/hatred of self.

Clients are often 'Serial Dieters' and/or often compensate for binge eating by restriction/dieting, but do not purge.

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All About Binge Eating Disorder - 2

Binge Eating Disorder does not involve purging, but can be 'counterbalanced' by restriction. Up to 30% of adults engaged in 'serial dieting' meet the criteria for Binge Eating Disorder.

- By far the most common Eating Disorder;
- Impacts women and men almost equally – 60/40;
- Significant health consequences but few if any directly attributable deaths.

Co-morbid health issues – some linked to BED, some commonly co-occurring but not as a direct result of BED. Some health conditions can be triggers for BED.

IBS / Colitis	Endometriosis / PCOS
Reflux	Gall Bladder Removal
Leaky Gut	Thyroid conditions – more commonly underactive
Nausea	Inflammatory conditions – Rheumatoid Arthritis, Fibromyalgia, Lupus
Constipation	Coeliac Disease
Type II Diabetes	Diabetes

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Any Questions?



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Personality type of Disordered Eating Clients... and why it matters!

- Perfectionistic, black/white “all or nothing” thinkers – either doing it All Right or All Wrong;
- People Pleaser – terrified of rejection/being seen as weak/vulnerable;
- Shame – “If anyone knew”;
- Deep seated unworthiness, often from old trauma;
- Logical, cognitive, “Heady” - lacking emotional intelligence;

Model of intervention is designed to keep clients relatively comfortable as we move from Head to Heart at a steady, incremental pace.

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Average 'Inner Critic' Conversation for our clients.

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Asking the right questions!

1. **Do you eat for emotional reasons, or binge eat?**
OR 'Do you eat for emotional reasons?
If yes, 'Would you ever call it binge eating?'
 If yes: how often? / What does that look like?

2. **Do you ever purge?**
 If yes: how often? / What's the pattern?

3. **Do you regularly restrict your food or diet?**
 If yes: to what extent? What does that look like?



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Client Feedback:
Q: What age are you?
Q: How long have you been struggling with food, your weight and/or your body image?

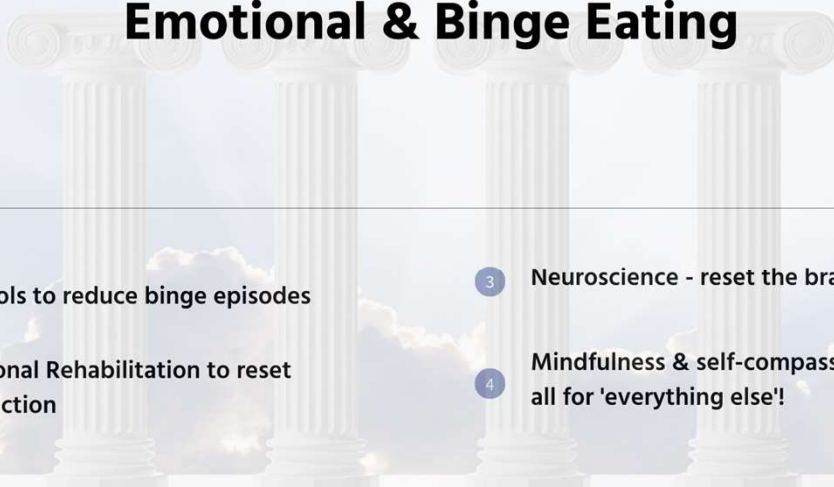
44 "As long as I can remember. Became aware of it in my teenage years."	47 "As long as I can remember".	34 "All my life but mostly from 16, remember having negative feelings at 13"	51 "Since Childhood"
58 "38 years"	35 "For as long as I can remember. It's been a battle my whole life".	36 "Since I was a teenager"	42 "At least 10 years"
39 "31 Years"	49 "Oh dear, since I was a pre-teen"	40 "Since the age of 8"	

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The 4 Core Pillars of Support for Emotional & Binge Eating



- 1 CBT tools to reduce binge episodes
- 2 Nutritional Rehabilitation to reset gut function
- 3 Neuroscience - reset the brain!
- 4 Mindfulness & self-compassion: catch all for 'everything else'!

All within a trauma informed context

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1 CBT

Practical tools to reduce episodes of bingeing

Breaking the 'All or Nothing' Thinking


Creating a space to bring consciousness to the decision

Causing conflict in the brain

meeting the client where they are at:

- a) In crisis around food
- b) Cognitive, 'heady' thinker

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Handout

Delay, Distract, Decide

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Delay, Distract, Decide

Delay	Delay the decision to binge for 25 minutes. The craving will pass, and your brain will become engaged in something else in the meantime. I will delay for _____ Write down the number of minutes, so you are actively committing to it yourself.
*Distract	Do something that will occupy your thoughts and grab your attention, and that will give you satisfaction <u>to have</u> done. List your options here (Use a separate sheet if needed): Make it as easy and enjoyable as possible – play your favorite playlist, ask someone to help you, promise yourself a treat for getting it done.
Decide	After the set time, decide whether or not to binge. Remind yourself of all the... Advantages of not doing it: Disadvantages of doing it: Reasons I want to stop: My life goals:

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Ask yourself: Will this nourish me or punish me?
 Ask yourself: How do I want to feel when I go to bed? How do I want to sleep? How do I want to feel when I wake up?

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Decide	After the set time, decide whether or not to binge. Remind yourself of all the... Advantages of not doing it: Disadvantages of doing it: Reasons I want to stop: My life goals:
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Delay, Distract, Decide	
Delay	<p>Delay the decision to binge for 25 minutes. The craving will pass, and your brain will become engaged in something else in the meantime.</p> <p>I will delay <u>for</u> _____</p> <p>Write down the number of minutes, so you are actively committing to it yourself.</p>
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Decide	<p>After the set time, decide whether or not to binge. Remind yourself of all the...</p> <p>Advantages of not doing it:</p> <p>Disadvantages of doing it:</p> <p>Reasons I want to stop:</p> <p>My life goals:</p>
---------------	--

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*Ask yourself: Will this nourish me or punish me?
Ask yourself: How do I want to feel when I go to bed? How do I want to sleep? How do I want to feel when I wake up?*

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2 Nutritional Rehabilitation

Breaking the Diet Cycle – Nutritionally Dense Eating

Separating bingeing & emotional eating from regular eating

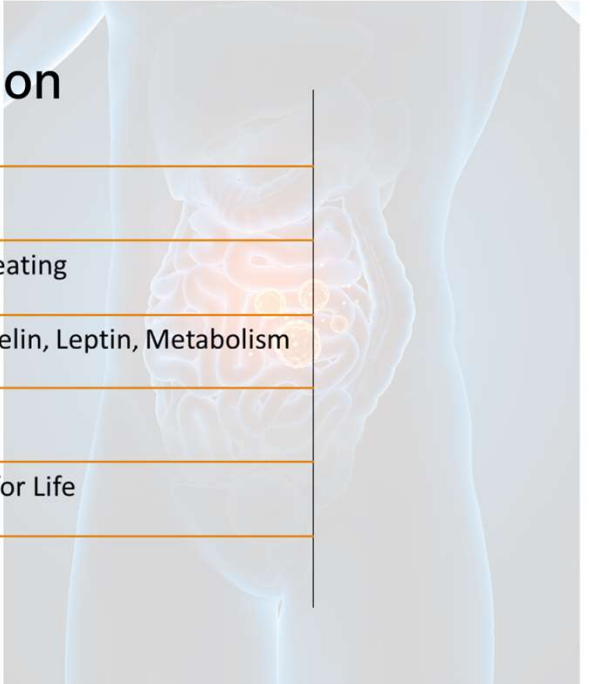
Gut Rehabilitation Cortisol, Serotonin, Melatonin, Ghrelin, Leptin, Metabolism

Unlearning old, unhelpful food rules

Identifying barriers to implementing new Eating Plan for Life

Ambivalence!

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Nutritional Rehabilitation

WHAT WE DO

- Undo all the old Food Rules
- Move from 'diet' thinking to 'eating for life'
- Restriction vs Abundance
- All Calories are not equal
- Food is fuel, food is medicine, food is necessary!
- Repair the gut, restore hormonal function, reduce cortisol, increase serotonin, increase melatonin, restore hunger/fullness cues.

WHAT WE DON'T DO!

- Cut out food groups
- Use dieting, calorie control, weighing or measuring of any description
- Overwhelm clients with the Gold Standard Plan
- Start by introducing Mindful/Intuitive Eating – too soon.



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Nutritional Rehabilitation

Common Options

- Testing for allergies or sensitivities – eliminating foods/food groups
- Cutting out ‘common culprits’– Dairy, Gluten
- Trying to implement Intuitive and/or Mindful Eating straight away

Common Assumptions

- Assuming client has competency in cooking!
- Assuming Client processes information as you do

Common Problem!

- Lack of awareness around barriers to implementing new plan.

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3 Neuroscience

Explains Autopilot and Habit Loops;

Reduces self-blame and guilt;

Introduces mindfulness in a practical and implementable way.

Empowers client to break old habits and do something different;

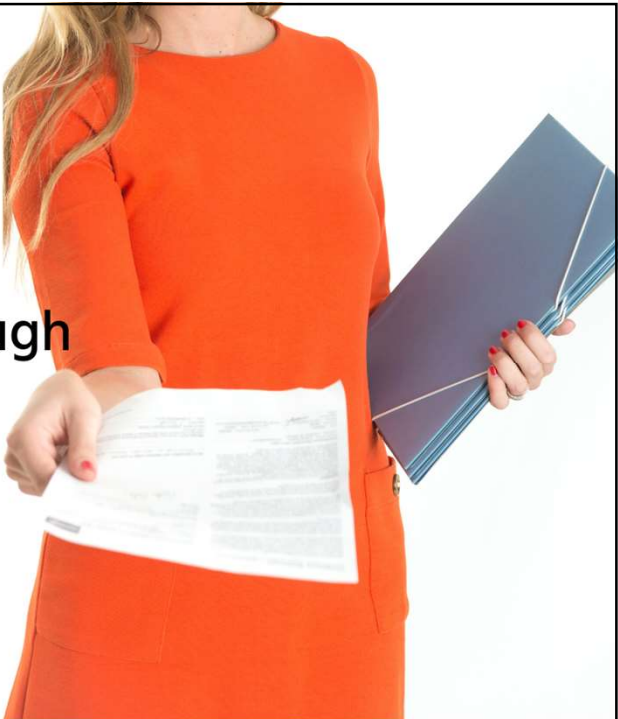
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Let's Try Something!

When / Then vs Even Though

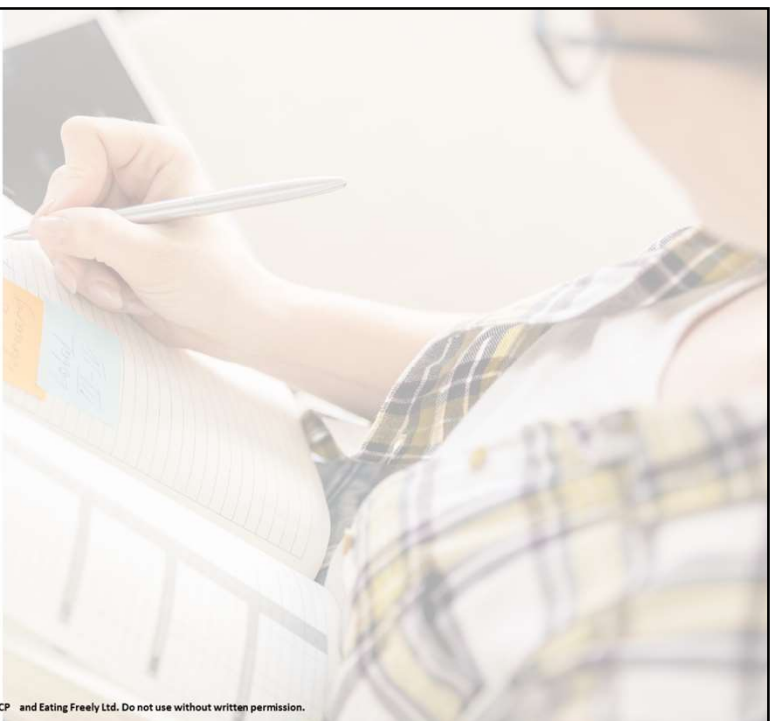
A woman with long blonde hair, wearing a bright orange long-sleeved dress, is shown from the waist up. She is holding a blue folder in her left hand and a white document in her right hand. The background is plain white.

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When...

Then...

A close-up shot of a person's hands writing in a spiral-bound notebook. The person is wearing a plaid shirt. The notebook has some sticky notes on it. The background is blurred, showing what appears to be a laptop screen.

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When...


Then...

REFRAME:

Even Though...

I can still...

If I want to.



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WHEN I lose the weight / resolve my emotional eating

THEN I'll be able to

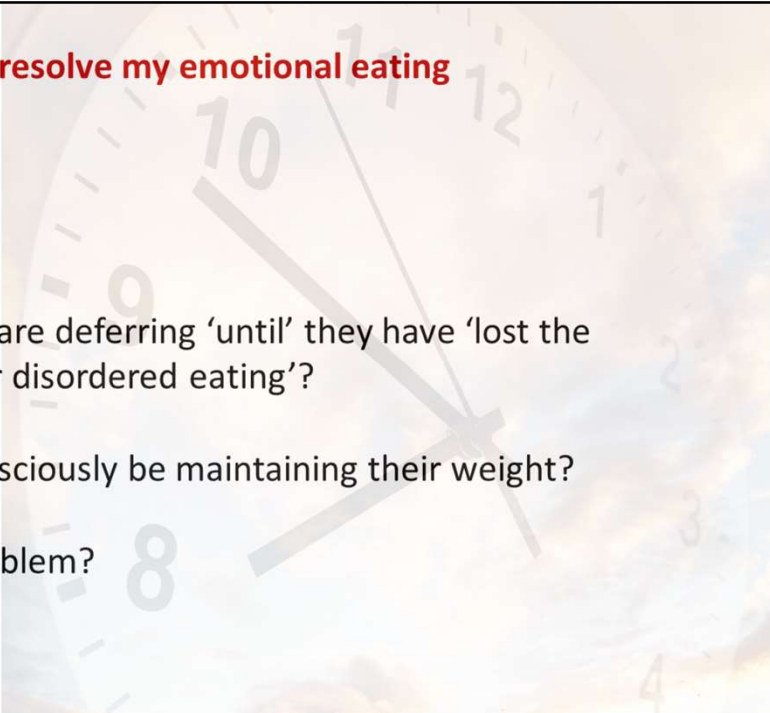
Questions:

What do you think clients are deferring 'until' they have 'lost the weight' or 'overcome their disordered eating'?

Why might clients subconsciously be maintaining their weight?

Is 'the weight' the real problem?

What is the real barrier?



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What is being triggered, where and why

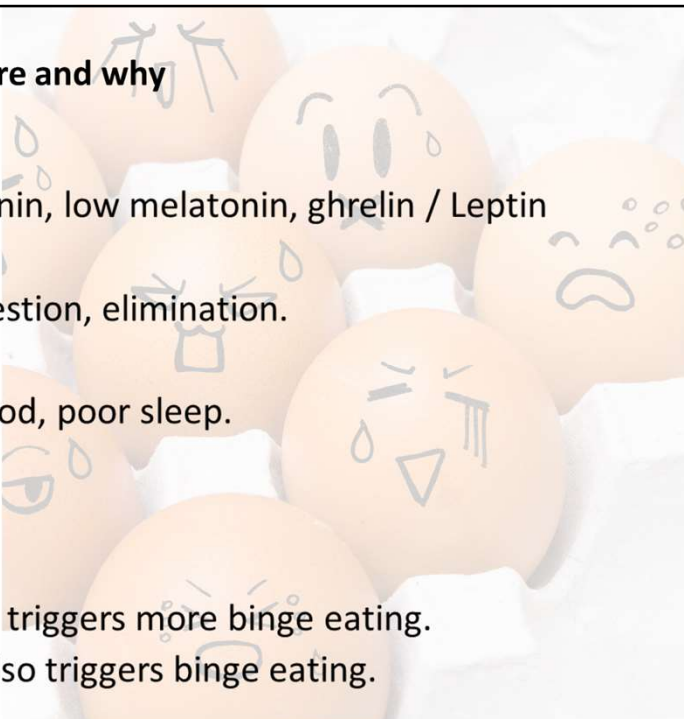
Hormonal: High cortisol, low serotonin, low melatonin, ghrelin / Leptin

Physical: Metabolism, gut flora, digestion, elimination.

Psychological: High Anxiety, low mood, poor sleep.

The Vicious Cycle

High anxiety/low mood/ tiredness triggers more binge eating.
Failure to 'stick to the diet/plan' also triggers binge eating.



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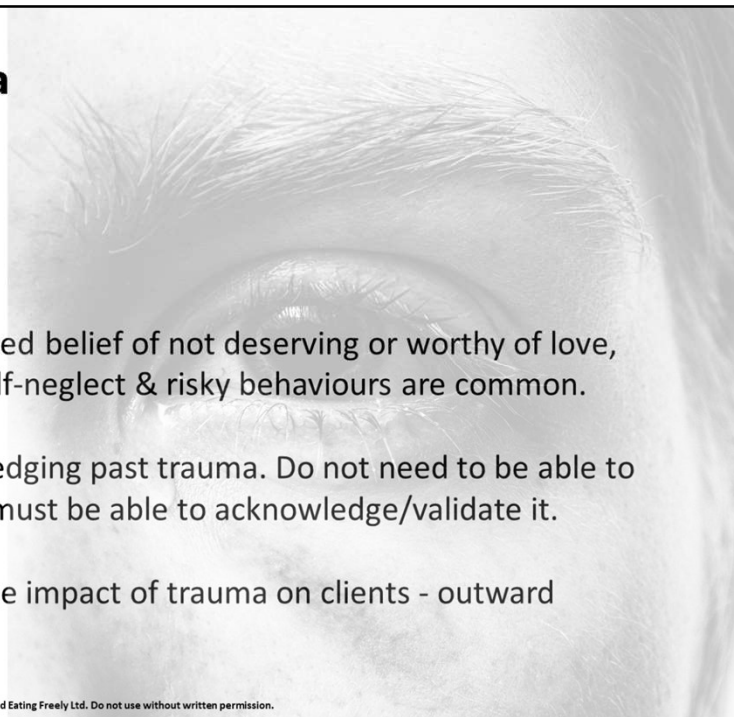
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The Impact of Trauma

- Negative Critical Voice;
- Ambivalence;
- PTSD/Trauma impact – internalised belief of not deserving or worthy of love, happiness or even basic care. Self-neglect & risky behaviours are common.
- Almost always involves acknowledging past trauma. Do not need to be able to work with the past trauma, but must be able to acknowledge/validate it.
- Also important to be aware of the impact of trauma on clients - outward presentation vs inner fragility.

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Why Clients can't or don't 'stick to the plan'

- ADHD
- Autism/Aspergers
- Trauma
- GI Issues
- Neglect
- Impulsivity
- Anxiety / Depression

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Research 1: Over 80% of patients scheduled for bariatric surgery had at least one adverse psychological event during their childhood or early adulthood;

Research 2: Studies showed higher rates of neglect and emotional abuse associated with BED than among overweight and obese participants without disordered eating.

Neurodivergent clients need additional support. Challenges include:

- Impulsivity control
- Sensory processing– may only eat a very limited range of foods
- Time tracking – literally forgetting to eat
- Intrusive thoughts (triggering binge eating to self-soothe)
- Routine

The Venn diagram consists of three overlapping circles. The top-left circle is labeled 'TRAUMA', the top-right is 'NEURO DIVERGENCE', and the bottom is 'DISORDERED EATING'. The intersection of Trauma and Neuro Divergence is shaded yellow and labeled '% OF CLIENTS'. The intersection of Trauma and Disordered Eating is shaded green and labeled '% OF CLIENTS'. The intersection of Neuro Divergence and Disordered Eating is shaded pink and labeled '% OF CLIENTS'. The central intersection of all three is shaded a darker yellow.

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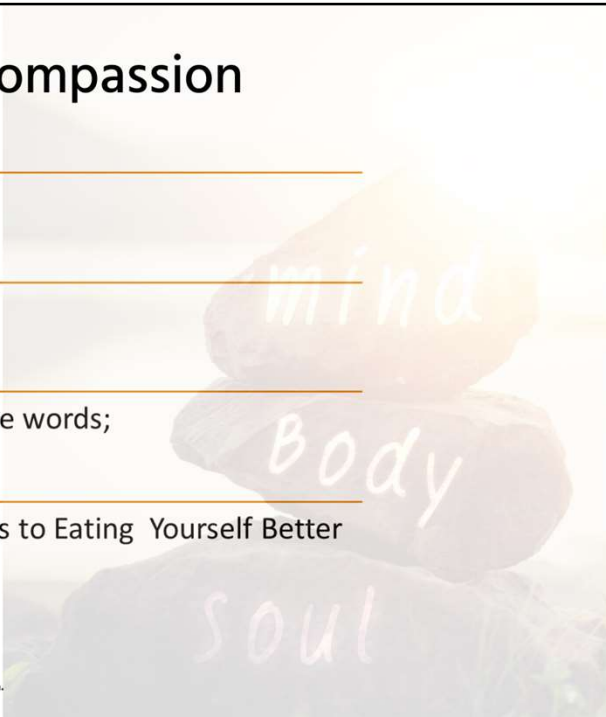
4 Mindfulness & Self-Compassion

Brings client into present moment awareness;

Become an observer of their thoughts;

Replace old, negative criticism with more positive words;

Understanding that Treating Yourself Better leads to Eating Yourself Better
– choose Nourish over Punish.



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Four Pillars of Support for Transformational Change

1

Stepping back to look at the full picture;

Taking responsibility for themselves and their choice to change, or not;

2

Letting go of what no longer serves them;

Moving on to a new way of being in the world – better boundaries, better self-care and self-love, instead of fear.

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Competency and Referring On


Binge Eating Disorder IS a defined eating disorder listed in the DSM V.

To work with Binge Eating Disorder, at least some specialist training is required. To work with Bulimia and Anorexia it is essential.

Emotional Eating is on a spectrum – pre-assessment and consultation to determine required level of support and check your competency.

When in doubt, always check with your professional accrediting body and/or your professional indemnity insurer.

Consider the worst-case scenario and make your decision from there.



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What we Covered Today

The four main types of eating disorder, how to screen for them and either work within competence or refer on;

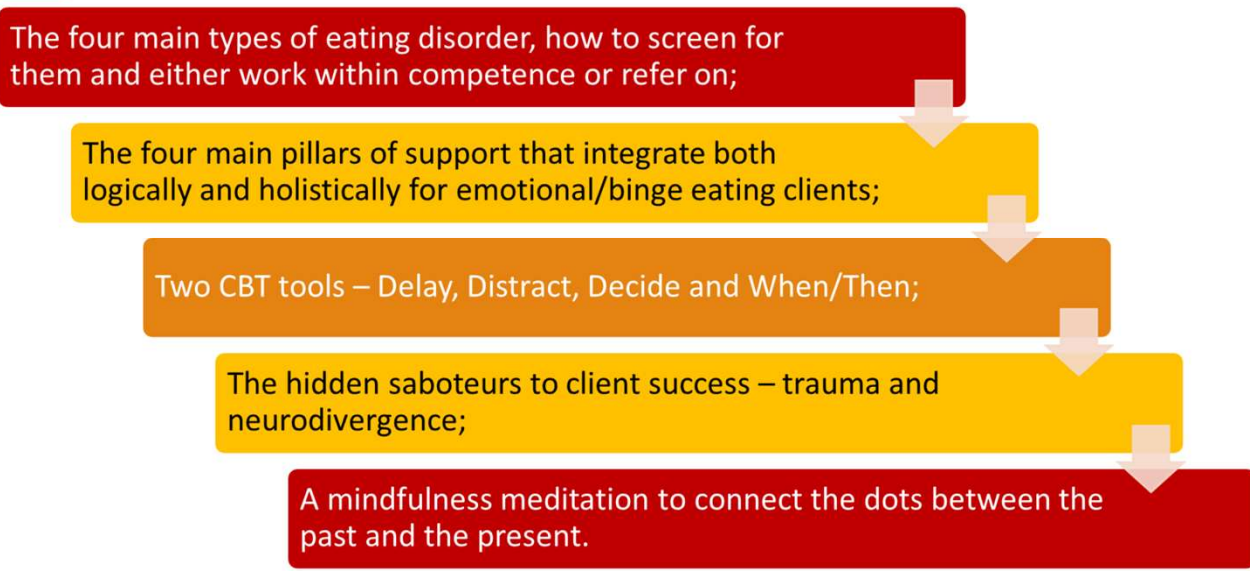
The four main pillars of support that integrate both logically and holistically for emotional/binge eating clients;

Two CBT tools – Delay, Distract, Decide and When/Then;

The hidden saboteurs to client success – trauma and neurodivergence;

A mindfulness meditation to connect the dots between the past and the present.

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Why Train with us and specialise in this under-served, in demand area?

- **Advanced, comprehensive CE approved training**
 - Delivered by active practitioners;
 - High support – weekly 90-minute small group calls – limited to 8;
 - All handouts & resources plus group support throughout.
- **Create specialist packages**
 - Flexible and adaptable – offer 3 – 6 month tailored packages;
 - Income reliability for you with commitment from clients.
- **Stand out as a Specialist in your area**
 - Become an authority and trusted referral source for other professionals.

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Oonagh Peters, Registered Nutritional Therapist

How specialising grew Oonagh's practice to capacity with NO paid marketing!

Before	After
<ul style="list-style-type: none"> - Taking any client with any health issue. - Income was not stable, kept changing direction in an effort to find her niche. - Spending too much time on social media trying to attract clients – unsuccessfully! - Didn't have words/labels for what both herself and her clients were doing, which was emotional/binge eating. 	<ul style="list-style-type: none"> - Specialist in infertility – with the 'secret sauce' of resolving regularly co-occurring binge eating. - Getting so many leads she now turns clients away if they do not fit her specialist niche. - At max capacity with higher income. - No need for social media or paid marketing, clients refer other clients! - Significantly better outcomes in all clients.

"I have the experience and skills now and I'm able to speak to people who might not even know they have an emotional attachment to food, I can speak more knowledgeably to that. The beauty of the Eating Freely program is I'm able to deliver that knowledge to my clients over the course of six months and I'm there to support them throughout.

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What's the Return on my Investment?

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Sample Potential Revenue Year 1		
1:1 clients @ 3 months program @\$1,500	1 new client p.m. @ 9 months	\$13,500
1:1 clients @ 6 months program @\$2,400	1 new client p.m. @ 9 months	\$21,600
My Potential Revenue Year 1		
1:1 clients @ 6 months program @ your estimated fee _____	___ new clients p.m. @ ___ months	_____
1:1 clients @ 3 months program @your estimated fee _____	___ new clients p.m. @ ___ months	_____
Total new revenue: \$ / £ / € _____		

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Your Investment

Pay in full \$2,995
or
12 Monthly Installments of \$295

**Remind yourself of your new revenue
number from previous slide?**



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Any Questions?



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