

## **Overcoming Disordered Eating**

### Information Pack A

Take Charge ... Initiate Change

#### Module 9

## **Progress Review & Barriers to Change**

Introduction	2
Reviewing Your Progress	2
Worksheet: Progress checklist	4
Barriers to Change	6
Worksheet: Change process balance sheet	9
The Way Forward	10
Summary of Information Pack A	11
Module Summary	12
About This module	13

This is the final module of Information Pack A, which provides information about disordered eating and offers strategies to help you start changing the *behaviours* associated with your disordered eating and weight control habits. We suggest you read through all the modules of this Information Pack, in order, before embarking on change.

If you do think you might suffer from an eating disorder, it is important that you talk to your General Practitioner, as there are many physical complications that can arise from being at an unhealthily low weight or from losing weight very quickly, or from purging. We advise you to seek professional help with working on an eating disorder.

If you use any extreme weight control behaviours — even rarely — you should also see your General Practitioner for a full medical check-up, as your health might be compromised. Such extreme measures include:

- extreme food restriction/fasting (and/or rapid weight loss)
- purging (self-induced vomiting, misuse of laxatives or diuretics)
- extreme exercise

The information provided in this document is for information purposes only. Please refer to the full disclaimer and copyright statement available at <a href="http://www.cci.health.wa.gov.au">http://www.cci.health.wa.gov.au</a> regarding the information on this website before making use of such information.





## Introduction

At this stage in the process of working through our Information Packs, you may find it useful to review the progress you have made. We began by outlining the different types of eating disorders and you identified your own disturbed eating habits and weight control behaviours. We looked at your readiness to change, and introduced the central principles of Cognitive Behaviour Therapy. We examined the mechanisms that maintain your disordered eating. This gave you an understanding of how your eating problem developed, what kept it going, and what you needed to change in order to break its cycle. We initiated self-monitoring, regular eating and regular weighing. Implementing these behaviours was the first step in positive behaviour change. We addressed binge eating and associated compensatory behaviours. You were encouraged to address these behaviours in your own life by tackling anything you identified as a cause of your binge eating/compensatory behaviour, especially dietary rules, which we then covered in more detail.

In this module you will be encouraged to rate your progress on changing your *behaviours*, before we move on to changing your *thoughts*, or cognitions (thought patterns). Remember, it is the unhelpful thinking, such as the excessive emphasis on controlling eating, shape and weight, that is central to maintaining disordered eating and weight control measures. We will be dealing with changing cognitions in Information Pack B.

As you moved through the previous modules, you may have found it hard to change some behaviours. This is your chance to identify the causes of these difficulties. Firstly, we will examine each of the goals addressed in previous modules and identify areas that need improvement. Secondly, we will identify possible barriers to change. We will then be ready to move on to challenging cognitions (thoughts).



# **Reviewing Your Progress**

We will now evaluate each of the tasks addressed in previous modules. This is your chance to consider how well you have been performing, and identify areas you find especially challenging. Remember that no one expects you to be perfect. You are breaking ingrained habits and this process takes time. Congratulate yourself on tasks that you are performing well, and do not berate yourself over tasks that still need work.

#### **Self-Monitoring**

In Module 4 we encouraged you to make daily food intake records. Now is the time to review your progress on this task. You may find it helpful to consider how well you have addressed the following points:

- Do you always make your food records in "real-time"? If not, what are your reasons? For example, do you find it hard to complete food records when eating with friends? Or do you find it hard to carry your food records with you at all times?
- Are you honest in your food records? If not, have you been ashamed of recording some of your actions?
- Are you making food intake records every day? If not, why? Are you finding it hard to motivate yourself? Or does it interfere with other tasks? Are you having trouble finding time?
- Are you writing in that right-hand column, about your thoughts and feelings and the situation? Are you
  critically reviewing your food records to identify important issues? If not, why?

Carefully consider your performance on each of these self-monitoring goals. If you aren't fulfilling some of these goals, identify the reasons why. Evaluate your progress and write your thoughts in the space below.





#### **Regular Eating**

In Module 5 you were asked to begin a program of regular eating. At this stage, you should be eating something every 3-4 hours each day. To evaluate your progress on this goal consider the following points:

- Do you ever skip meals or snacks? If yes, why? Do you miss meals or snacks when you are busy? Are
  you scared of weight gain with regular eating? Are you not planning your meals and snacks in advance?
- Do you eat between meals or snacks? If so, are you eating enough in your meals and snacks?

Take some time to evaluate your own regular eating, and identify any obstacles to achieving this go	al.
Weekly Weighing	
In Module 5 we asked you to weigh yourself just once a week. Have you been able to do that? What has it been like? Have you noticed how you react when you see that number on the scale? Take a few moments to evaluate how you're doing in terms of weekly weighing, and identify any obstacles to achieving this goal.	

#### **Progress Check**

If you have been able to make the changes above (self-monitoring, regular eating and weekly weighing), then you should feel proud of yourself. But we realise that this is a huge challenge you have taken on, and that you may still have areas of disturbed eating habits or weight control behaviours. Now is the time to take stock and see how you are doing in these areas.

Overleaf you will find a checklist. Go ahead and fill it out, thinking about yourself during the past week. Doing so will help you identify areas of progress and areas which you continue to find challenging.

Firstly, how is your health? Is being underweight still an issue for you? Are you having regular periods? Are you experiencing other physical complications, such as dizziness, headaches, heart palpitations?

To what extent are you binge-eating, vomiting or abusing laxatives or overexercising? (We will address these again later in this module.) Are you still restricting the times you allow yourself to eat? Restricting yourself to a narrow range of foods? Restricting how much you eat?

How much are you preoccupied with food/eating or shape/weight? Are you spending much time "feeling fat"? Are you still afraid of gaining weight? Are you still weighing yourself frequently or avoiding the scales? Are you engaged in a lot of body checking (such as looking at body parts in the mirror, pinching yourself to check for fat) or avoiding looking at our body? We will address these other concerns in Information Pack B.





# **Progress Checklist**

Please rate yourself on how much these issues are present for you (over the past week):

	No problem	A little	Moderate	A lot	Extreme
Physical health					
Being underweight (BMI under 19)					
Menstruation (irregular/absent)					
Other physical complications					
Disturbed eating habits and weight control	l behaviours				
Binge eating					
Vomiting					
Misuse of laxatives/diuretics					
Over-exercising					
Irregular eating ("when")					
Low variety of foods ("what")					
Undereating ("how much")					
Preoccupation with food/eating					
Preoccupation with shape/ weight & its control					
Feeling fat					
Fear of gaining weight or getting fat					
Frequent weighing or avoidance					
Body shape checking or avoidance					

So, how do you think you are doing? Give yourself a pat on the back for any progress you have made, but don't put yourself down for not having completely overcome your disordered eating! It is good to look at areas of success and issues that are still challenging in order to get useful information. What can we learn? We learn where our strengths lie and where we face the hardest challenges. We learn where we need to prioritise our energies.

Let's look at the first few issues from the checklist. Others will be dealt with in Information Pack B.





#### **Addressing Binge Eating**

If you binge, you will be aiming to cease this behaviour. In Modules 3 and 6 we examined the way people binge eat in response to the physiological effects of hunger. We established the way dietary restriction leads to hunger and preoccupation with food, which then encourages binge eating. To stop this form of binge eating, you needed to stop restricting your food intake.

Now is the time to examine how well you have addressed binge eating so far. To do this, you need to ask yourself some questions. How often do you binge eat now? Has the frequency of this behaviour decreased? Are your binges smaller? Do you still restrict your food intake? If you are still binge eating, do not despair. No one expects you to be able to stop this habit completely overnight.

Take some time to consider what situations and thoughts are associated with your residual binge eating. You may find it useful to consult your food records. Have you started addressing these situations or thoughts that encourage binge eating? How can you address them better in the future? Conversely, if you are having success in addressing your binge eating, identify the positive behaviours that help you in this goal

#### Addressing Purging: Self-induced Vomiting and Laxative Misuse

In Modules 3 and 6 we examined how purging behaviours are used to try to compensate for binge eating. At this stage, you should be aiming to cease all purging behaviour.

Now is the time to evaluate your progress on this task so far. Are you still purging, either through self-induced vomiting or laxative misuse? Take note of any improvements you may have made, such as a decrease in purging since you started working through this information package. Congratulate yourself on such progress; you don't need to make a complete recovery yet to feel proud of your achievements.

However, if you are still struggling with purging, you do need to identify the reasons why. Are you still binge eating? Do you feel uncomfortable with food in your stomach? Do you fear weight gain when you eat? Do you purge to control your mood? Take some time to identify the reasons why you find it hard to stop purging and write your thoughts below. Conversely, if you are having success in controlling your purging, identify the behaviours that are encouraging this positive change.

#### **Addressing Driven Exercise**

This is the final goal that you need to evaluate at this stage. If you have had a problem with excessive exercise, how well have you addressed this issue so far? Do you still exercise intensely for the purpose of extreme weight control or to compensate for binge episodes? Do you prioritise your exercise over seeing friends or having fun? How often do you engage in such driven exercise? If you are still exercising excessively, consider the thoughts or situations that encourage you to exercise. Write your thoughts below.







## **Barriers to Change**

As you evaluated each goal above, you will have identified relevant "barriers to change". Barriers to change can be situational factors, emotional influences, or personal vulnerabilities that prevent you from achieving your goal. We will now briefly examine some of the barriers that you may have identified, and some you may not have considered. If you see barriers that you didn't think of earlier, feel free to go back and examine these in your own progress evaluations.

In Information Pack B we will be addressing the unhelpful cognitions, or thought patterns, that help maintain disordered eating habits and weight control behaviours. These include: preoccupation with food, eating, weight and shape; feeling fat; and fear of weight gain which often results in body checking and/or avoidance (including weighing).

#### **Possible Explanations for Limited Progress**

In order to move forward and make further progress in overcoming your eating disorder, it is helpful to identify what might be holding back your progress. Again, we urge you not to beat yourself up where you find that progress has been thwarted, but to enter this phase in the spirit of enquiry. We want you to act like a detective, looking for clues, drawing conclusions and developing strategies.

First, let's look again at two major components of eating disorders that often continue to maintain the vicious cycle. These first two are major barriers to progress, and we encourage you to tackle them right away if you are still finding them to be a problem for you.

#### **Binges**

Residual binge eating is a major barrier to progress. Until you stop binge eating you will likely find it very difficult to stop purging or engaging in driven exercise. To remove this barrier, you need to address dietary restraint. You must work really hard at stopping all forms of dieting behaviour and strict dietary rules.

#### Fear of Weight Gain

Fear of gaining weight will influence your ability to eat regularly, and subsequently increase the likelihood of dietary restraint and binge eating. It will also encourage purging and driven exercise. You may want to take another look at Module 8.

#### **Other Obstacles**



There may be other factors that are getting in the way of overcoming your disordered eating. We have listed a few here, and we encourage you to read through these to see if any apply to you. Please be honest with yourself, as it's the only way you are going to learn about what might be hindering your progress.

#### **Insufficient Priority and Planning**

To make changes in your behaviour, you need to make dealing with your eating problems a priority. Self-monitoring and regular eating require such priority. Other activities may need to be put on hold to spend time on these tasks. Furthermore, behaviours such as self-monitoring and regular eating require planning.





g	
nø	

to face the situation with confidence. Are you giving enough priority to overcoming your disordered eating? Are you planning sufficiently? Jot down your thoughts about this.
Reluctance to Face the Problem
It is understandable that facing your problematic eating habits may be hard. We realise that many people with disordered eating are ambivalent about change. (See Module 2 for more discussion about ambivalence and readiness for change.) Part of changing is recognising and facing up to the seriousness of your problem. Do you think that you are still shying away from facing the reality of your disordered eating?
What could you do to encourage that healthy part of you to admit that you have a serious problem? Jot down your thoughts about this.
Fear of Change
Change can indeed be scary. We tend to cling to the familiar, and perhaps you feel about your disordered eating: "better the devil you know", or "the lesser of two evils". But remember, disturbed eating habits and weight control behaviours are harmful to your health, your relationships and your social and work/school life, and the alternative might not be as frightening as you think. Often people find that, when they eventually face what they're afraid of, the reality isn't as bad as they'd feared.
What would you need to do to be less afraid of change or to overcome that fear so that you could move on with recovering from your disordered eating? Write down some thoughts.

#### **Not Convinced by CBT Approach**

Another roadblock in your recovery might be that you have doubts about this approach to tackling your disordered eating. Cognitive Behavioural Therapy (CBT) may not be ideal for everyone, but it is helpful to many people and is the most successful treatment for eating disorders. Do you find the approach overly simplistic? Not attending to your individual needs sufficiently? Clearly, self-help materials have to be aimed at a general audience, but we have tried to design these Information Packs so that they are both comprehensive and yet you can tailor them to your particular needs.

However, if you remain unconvinced of the CBT approach and are thinking of abandoning any recovery plan, we would like you to reflect a moment. Might there be anything else going on, such as a reluctance to deal with your problems and looking for a convenient reason to end your efforts at overcoming your disordered eating?





	2	overcoming
		Disordered Eating

if you don't like the approach taken in this information package, are you willing to seek help eisewhere:
You may decide to go for professional help instead, which may be the right solution for you. Jot down any
thoughts that come to mind.

#### **Extreme Self-Criticism**

People who are extremely self-critical will find reasons to blame themselves for not doing better, and will often abandon their efforts altogether. We know that overcoming disordered eating is hard work, so if you are struggling, that is normal. You don't need to feel like a failure and give up. Self-critical people often find it hard to acknowledge any success, seeing only what they describe as "failure". Do you fit this profile? If so, think of the changes and gains you have made, however small, and pat yourself on the back. Jot down any thought you have about this. (Low self-esteem will be examined further in Module 5 of Information Pack B.)

#### **Insufficient Motivation**

Insufficient motivation can impact on all areas of your progress. Any change can be uncomfortable, even when making change for the better. Sometimes it can be hard to find the motivation to make these difficult changes. Are you having trouble with becoming motivated about sticking to your plan?

Take a moment to analyse your disordered eating. This is a good time to take another look at the pros and cons of change. What are the negative consequences of your disordered eating? Does it prevent you spending time with friends, or does it make you anxious? What about the positive consequences of your disordered eating? Maybe it helps you to deal with unpleasant emotions? Now imagine you have recovered from your disordered eating. What are the benefits and what are the costs of this recovery? Do you feel more in control of your life? Or do you feel out of your comfort zone?

Remember the Change Process exercise that we introduced in Module 2? Do you think the negative consequences of your disordered eating outweigh the positive consequences? Change is undoubtedly hard, but do the benefits outweigh the costs? If so, draw motivation from this exercise. Overleaf you will find the change process sheet to complete. If you find this exercise useful, repeat it when needed.







# **Change Process Balance Sheet**

Take a moment to think about your disordered eating ...

· · · · · · · · · · · · · · · · · · ·	List the positive aspects of experiencing your
<b>experiencing your current problem.</b> Think	current problem. There are positives and
about the difficulties that you are currently	negatives about almost every situation. (For
experiencing. (For example, perhaps you are feeling	example, perhaps you have been using eating to
dizzy, or can't concentrate because of your	manage painful feelings.)
preoccupation with food.)	
preoccupation with lood.)	
List the personal benefits that you expect if you change yourself. Think about a general goal and how you will have to change in order to achieve it. (For example, perhaps you will be able to enjoy eating out with friends if you overcome your	List the personal costs that you expect if you change yourself. What do you think you'll need to give up in order to change? There are costs and benefits to almost all types of change. (For example, perhaps you'll be expected to do things differently





#### **External Factors**

Sometimes, even with the best will in the world, there are factors outside us that prevent us from moving forward. Let us consider if you are facing any such problems that are getting in the way of your recovery from disturbed eating habits and weight control behaviours.

# Negative Impact of Family/Friends

Occasionally we find people who are struggling with their problem but are having their efforts thwarted by someone close to them who is sabotaging their progress. Is there anyone in your life who is so negative towards your problems and your recovery that it has knocked you off track? If so, how could you get back on track? How could you deal with that person or those people? Take a moment to think about and write down your thoughts.	(
	_
Adverse Circumstances/Crises	
What we mean by this is when some event in your life has occurred unexpectedly and is so distressing or stressful that you cannot focus on your recovery. Some examples are: a serious illness diagnosed in yourself, a family member or friend; the death of a loved one; an accident or injury; losing a job; having to move home. These can be traumatic, and it is reasonable that such an experience might have derailed you.	

Has something like this occurred in your life? Has it meant that you haven't been able to focus on overcoming your disordered eating? If this is so, we suggest that you do indeed give yourself permission to put aside your recovery – for now. You've got this far, and it would be a shame not to come back to it at a later date. Write down some thoughts about when you might want to come back to this information package and start work again on your recovery. Make a plan (e.g., come back to it in 3 months, write a reminder in my diary).

## The Way Forward

Now you have had the opportunity to look at the progress you have made, and identify any difficulties you may have experienced in this process of change. It is time to take stock, take a step back, and take a broader view, a 'helicopter view' of yourself and your efforts to overcome your disordered eating. The next step is to work through the modules of Information Pack B, which focus on changing your unhelpful thoughts related to controlling eating, weight and shape. How ready are you to tackle this next stage? Write down some thoughts, and create a plan to help you keep moving forward.





# **Summary of Information Pack A**

We hope that this Information Pack has been useful in helping you change the *behaviours* that maintain your disordered eating and weight control measures. We encourage you to continue this challenging work, and to work through the next 7 modules of Information Pack B, in which we will help you change the unhelpful *thoughts* that keep eating disorders going. Research has found that in order to overcome disordered eating, it is necessary to change not only unhealthy behaviours but unhealthy thoughts.

But before you embark on the next stage of your recovery, it might be useful to recap on what you have learned so far in this Information Pack.

In Modules I and 2 we defined eating disorders as disturbed eating habits or weight control behaviours. We described the various kinds of eating disorders and the impact that they have on people's physical health, as well as the emotional and social consequences. We described the theory that guides the information and suggestions in this information pack: Cognitive Behaviour Therapy (CBT). We explained how engaging in disordered eating or weight control behaviours, even rarely, can lead to problems. We helped you identify your own disordered eating and weight control behaviours. We discussed how this information pack might be helpful in moving you back in the direction of health, but we highlighted the limitations of using self-help materials. We urged you to go to your General Practitioner for a check-up if you engage in *any* extreme eating or weight control behaviours and encouraged you to seek professional help if you think you might have an eating disorder.

In Module 3 we looked at what keeps eating disorders going. We showed how people with eating disorders tend to judge their self-worth based on their ability to control their eating, weight and shape. They use various strategies in an effort to control these, including strict dietary rules and purging (vomiting or misusing laxatives or diuretics). Breaking their rules is distressing and may result in "all-or-nothing" thinking and binge eating, plus compensatory behaviours (fasting, purging and/or excessive exercise) often seen in Bulimia Nervosa. Extreme weight loss can result in the "starvation syndrome" seen in Anorexia Nervosa. All this makes up a vicious cycle (of disordered eating and weight control strategies) that keeps itself going.

In Modules 4 and 5 we introduced the strategy of self-monitoring (food records), and stressed the need to complete these in "real time". We highlighted the importance of regular eating, i.e., eating every 3-4 hours. This helps to break certain dietary rules, especially when to eat, and breaks the cycle of restricted eating, hunger and preoccupation with food that leads to binge eating. We also encouraged you to weigh yourself only once a week to reduce your preoccupation with weight and shape and to reduce the impact of misleading information.

In Module 6 we discussed binge eating, purging (vomiting and the misuse of laxatives or diuretics) and driven exercise. We reminded you that dietary restraint results in hunger, which makes it more likely that you will binge. After a binge, many people resort to compensatory behaviours in an effort to rid themselves of the food they have consumed in the binge. We explained how these extreme weight control behaviours are not only ineffective but harmful.

<u>In Module 7</u> we looked at the problem of managing intense negative moods. We introduced some skills to help you cope better with negative emotions without resorting to binge eating (or purging or restricting food or exercising excessively).

<u>In Modules 8</u> we revisited dietary rules, looking at dietary restriction and dietary restraint. These lead to preoccupation with food and physiological hunger, which result in either binge eating or starvation, both of which can be harmful. We examined residual binges and the fear of weight gain.





## **Module Summary**

- At this stage it is useful to review your progress in changing your *behaviours*, in preparation for moving on to changing your *cognitions* (thinking patterns) which we will cover in Information Pack B.
- It is helpful to review your progress on each of the following behavioural changes: self-monitoring, regular eating, and addressing binge eating, purging and driven exercise. Evaluate any problems that are preventing you from making these changes.
- Identify any barriers to progress. These include residual binge eating and fear of weight gain, as well as other obstacles and external factors.
- Identify difficulties in motivation (using our change process balance worksheet).
- Prepare yourself for working on the thought patterns (Information Pack B).

## What I Have Learned in this Module

Think about what you have learned in this module and any useful bits of information, tips or strategies that you want to remember. Write them down below so you can refer to them later.
Think about how you might use the information you have just learned. Write down some ways in which you could make use of this information.

# Coming Up...



In Information Pack B, we'll begin to look at the *thoughts* that keep disordered eating going.





## **About This Module**

#### **CONTRIBUTORS**

Dr. Anthea Fursland (Ph.D.<sup>1</sup>)
Principal Clinical Psychologist
Centre for Clinical Interventions

Dr. Sue Byrne (Ph.D.<sup>1</sup>, D.Phil.<sup>2</sup>) Senior Clinical Psychologist University of Western Australia and Centre for Clinical Interventions Paula Nathan (M.Psych.<sup>3</sup>)
Director, Centre for Clinical Interventions
Adjunct Senior Lecturer, School of Psychiatry and
Clinical Neuroscience, University of Western Australia

Amy Lampard (B.A. Hons<sup>4</sup>) MPsych (Clinical)/ PhD Candidate University of Western Australia

We would also like to thank Karina Allen for her contributions to the presentation of these Information Packs.

#### **BACKGROUND AND REFERENCES**

The concepts and strategies in this module have been developed from evidence-based psychological treatment of eating disorders, primarily Cognitive Behaviour Therapy (CBT). This can be found in the following references:

- Fairburn, C. G. (1995) Overcoming Binge Eating. New York: The Guilford Press
- Fairburn, C. G., Cooper, Z., & Shafran, R. (2003) Cognitive behaviour therapy for eating disorders: a "transdiagnostic" theory and treatment. Behaviour Research and Therapy 41, pp 509-528
- Fairburn, C. G. (2008) Cognitive Behavior Therapy and Eating Disorders. New York: The Guilford Press

#### "OVERCOMING DISORDERED EATING"

This module forms part of:

Fursland, A., Byrne, S. & Nathan, P. (2007) Overcoming Disordered Eating. Perth, Western Australia: Centre for Clinical Interventions

ISBN: 0-975799525 Created: March 2007. Revised November 2010.



<sup>&</sup>lt;sup>1</sup> Doctor of Philosophy (Clinical Psychology)

<sup>&</sup>lt;sup>3</sup> Master of Psychology (Clinical Psychology)

<sup>&</sup>lt;sup>2</sup> Doctor of Philosophy (Clinical Psychology)

<sup>&</sup>lt;sup>4</sup> Bachelor of Arts (Psychology) with Honours