

# **Overcoming Disordered Eating**

### Information Pack A

Take Charge ... Initiate Change

### Module 4

### **Self-Monitoring**

Introduction	2
Self-monitoring	2
How to complete your self-monitoring sheet	3
My self-monitoring sheet (example)	4
Worksheet: My self-monitoring sheet for baseline (blank)	6
What is a binge?	7
Worksheet: My self-monitoring sheet (blank)	8
Module summary	9
About this module	I

This is the fourth 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

In this module, we will begin to help you move into 'Action' mode. You will learn how to break the vicious cycle of your disordered eating by initiating a positive eating behaviour, self-monitoring. Self-monitoring will become an important part of improving your eating habits. This behaviour was mentioned in Module I, but will now be explored in greater detail.

## **Self-Monitoring**



### What is Self-Monitoring?

Self-monitoring involves recording your daily food intake, and any eating disordered behaviours, plus any thoughts/feelings you were having at the time. You do this by completing daily self-monitoring sheets. This might be a scary prospect. We will therefore explain why this is important and then, hopefully, you will understand the benefits of self-monitoring.

### Why is Self-Monitoring Important?

You may be asking yourself: "Why in the world would I want to write down all the awful food I eat, and then what I do with it, then think about how I'm feeling, and then look at it?" It may seem like a huge task, but it is extremely useful in overcoming disordered eating. Completing daily records of your eating behaviours provides you with information about your problem. You can become a kind of detective, searching for clues: What triggered the disordered eating? What did I eat? What did I do then? What was I thinking and feeling at the time? What conclusions can I draw?

Recent research has shown that people who begin using self-monitoring sheets early in the change process have the most positive outcomes. This is because the self-monitoring sheets allow people to have the most accurate picture of how the disordered eating keeps itself going and how it can be changed. It is important that you make an honest and accurate record. This may feel uncomfortable, but you will come to find this a useful tool for overcoming your disordered eating.

Self-monitoring encourages you to analyse the thoughts that influence your eating and helps you to identify influential thought patterns. For example, thinking negatively about yourself and your self-worth may lead to overeating. By recording your thoughts you become conscious of this pattern and can begin to counteract these thoughts. Self-monitoring also helps you to identify situations that lead to disordered eating. For example, you may be in the habit of skipping meals all day, getting home in the afternoon feeling extremely hungry, and then binge eating. By recording this behaviour, it becomes easier to become aware of the harmful patterns that maintain your disordered eating.

Once you become aware of what is going on, you will find it easier to change, because you will know what needs changing! Also, once you become aware of your behaviours and begin to see patterns, you will start realising that these behaviours are not just arbitrary and automatic, but CAN be changed. You will find that self-monitoring becomes an important part of correcting your disordered eating. Initially, you may find that recording your food intake makes you feel uncomfortable. Most people who feel this way become more comfortable with the process over time and find self-monitoring a useful tool for improving their eating. You may also fear that writing everything down will make you obsess MORE about food, and this may be the case – but only in the short term. For long-term change it is very helpful.





# How to complete your self-monitoring sheet

As part of making changes to your eating, you will need to complete a self-monitoring sheet that details your food intake each day. The self-monitoring sheet records the time you ate, what you ate, where you ate, if you considered the event to be a binge, if you engaged in vomiting or laxative use, and the situation and feelings that accompanied your eating. Overleaf you will find an example of a completed self-monitoring sheet, and it might help you to look at it in order to get an idea of what a completed self-monitoring sheet looks like.

There are some important issues to consider when you start self-monitoring:

- **Be accurate and honest with yourself.** You may feel tempted to omit food items or behaviours out of feelings of shame or guilt. However, not being completely truthful will only limit your progress. Remember that this is your record, and being honest with yourself is an important step in changing your behaviour.
- Complete your self-monitoring sheets in "real-time". Do not wait until the end of the day to try to remember what you ate. Recording your food intake while you eat (or immediately afterwards) will help you get a more accurate record of your thoughts and feelings, and the content of your meal. It will also help you analyse your thoughts and the situations that encourage you to eat.
- Do not record calories.
- Carry your self-monitoring sheets with you wherever you go, to assist you in making records. However we realise that it can be difficult to carry your self-monitoring sheets all the time. Some people find it helpful to carry a mini-notebook or jot down notes in their diary then transcribe these into their self-monitoring records later that day.

The point of self-monitoring is not to add up your food intake at the end of the day. Self-monitoring will help you understand why you eat, and the processes and thoughts that lead to your disordered eating. Your self-monitoring sheets are important and it is crucial that you complete them honestly and accurately.

Below are some guidelines for completing your self-monitoring sheet:

- Day and Date: note the day and date (one self-monitoring sheet per day)
- **Time:** Record the time you began the meal or snack.
- **Food & liquid intake:** Record both food and liquid intake, including water, soft drinks, coffee or tea, or alcohol. Bracket foods together when you consider them to be part of the same meal/snack.
- **Location:** Be specific about the location of your eating. If you are at home eating on the couch, write 'couch at home' rather than 'home'. This extra information may give you more insight into your eating habits.
- **Binge:** If you considered the meal or snack to be part of a binge episode, record an asterisk (\*) in this column of your self-monitoring sheet. (See Page 7 for examples of what constitutes a binge.)
- **Vomiting or laxative use:** If you vomit, record a 'V' in this column. If laxatives are used, record an 'L' in this column and write down how many you took. If the vomiting or use of laxatives do not occur in conjunction with food intake, record the event leaving the food intake column empty.
- **Situation/feelings/thoughts:** We ask you to record the situation, thoughts or feelings associated with your eating. Behaviours such as weighing and shape checking should also be recorded. This will give you the chance to consider what triggered your eating, how you felt about your eating, and how your eating made you feel about yourself.
- **Exercise:** If you exercise, record the time period you exercised and the type of exercise you engage in, as well as any thoughts or feelings associated with the exercise.





Below is an example of a completed record:

# **My Self-monitoring Sheet**

Day <u>Monday</u>	Date 22/01/07
-------------------	---------------

ieces of toast with rgarine ] ung of coffee ] an of diet Pepsi g of coffee g of coffee Ogm packet of chips ] oughnut ] oughnut ]	Kitchen table  At work  At work  At work  Home, in front of the	(Binge)	L	7:00am: Weighed myself. 65kgs Less than last night. Pleased.  Cake in the staffroom for colleague's birthday. Pleased I didn't eat any.  Only coffee for lunch, trying to make up for breakfast
rgarine ] ung of coffee ] an of diet Pepsi g of coffee g of coffee Ogm packet of chips ] oughnut ]	table  At work  At work  At work  Home, in			Less than last night. Pleased.  Cake in the staffroom for colleague's birthday. Pleased I didn't eat any.  Only coffee for lunch, trying to make up for breakfast
rgarine ] ung of coffee ] an of diet Pepsi g of coffee g of coffee Ogm packet of chips ] oughnut ]	table  At work  At work  At work  Home, in			Cake in the staffroom for colleague's birthday. Pleased I didn't eat any. Only coffee for lunch, trying to make up for breakfast
ung of coffee ]  an of diet Pepsi  g of coffee  g of coffee  Ogm packet of chips ] oughnut ]	At work At work At work Home, in			colleague's birthday. Pleased I didn't eat any. Only coffee for lunch, trying to make up for breakfast
an of diet Pepsi g of coffee g of coffee Ogm packet of chips ] oughnut ]	At work At work Home, in			colleague's birthday. Pleased I didn't eat any. Only coffee for lunch, trying to make up for breakfast
g of coffee g of coffee Ogm packet of chips ] oughnut ]	At work At work Home, in			colleague's birthday. Pleased I didn't eat any. Only coffee for lunch, trying to make up for breakfast
g of coffee Ogm packet of chips ] oughnut ]	At work Home, in			didn't eat any. Only coffee for lunch, trying to make up for breakfast
g of coffee Ogm packet of chips ] oughnut ]	At work Home, in			Only coffee for lunch, trying to make up for breakfast
)gm packet of chips ] oughnut ]	Home, in			make up for breakfast
)gm packet of chips ] oughnut ]	Home, in			
oughnut ]				
oughnut ]				
oughnut ]				Cation from t aft / whom I got
· ·	I pora of the	*		Sat in front of TV when I got home. Felt bored, tired and
Jugranu	$\tau \nu$	*		hungry. Started eating.
an of diet lemonade ]		*		ruurigi y. Suur teu eucurig.
hocolate biscuits				
of ice cream ]				
an of diet lemonade		*		
ieces of toast,		*		
rgarine and jam ]				5:45pm: Weighed myself.
,				66.7kgs. Disgusted with myself.
		*	ν	Vomíted.
g of tea				Depressed about binge.
				Resolved not to eat for the rest
				of the night.
iece of toast, vegemite]				Mum called and said she
urge glass wine ]				wanted to go clothes shopping
ieces of toast,		*		together on the weekend. Felt
rgarine & vegemite ]		*		anxíous. Started to eat. Too
old apple pie ]		*		depressed to stop.
acket of chocolate chip		*		
kíes ]				Felt awful, couldn't look in the
			$\nu$	mírror. Vomíted.
i i i	rge glass wine ] eces of toast, rgarine & vegemite ] ld apple pie ] ucket of chocolate chip	rge glass wine ] eces of toast, rgarine & vegemite ] ld apple pie ] ucket of chocolate chip	rge glass wine ] eces of toast, rgarine & vegemite ] * ld apple pie	rge glass wine ] eces of toast,  rgarine & vegemite ] dd apple pie ] sucket of chocolate chip kies ]





### **Preparing Yourself to Start Your Self-monitoring sheets**

Now that you understand the benefits of self-monitoring and how to complete self-monitoring sheets, it is important to start recording! But before you begin recording your eating behaviours, let's take a look at how you're going to manage to complete those records.

now you're going to manage to complete those records.
Take a moment to consider how you will fit self-monitoring into your own lifestyle. For example, if you will be eating with friends or family, what will you do? Devise a plan that makes self-monitoring work for you. Please write your thoughts below.
You will need to make a food intake record for each day. Initially, your self-monitoring will be used to make a record of your current eating pattern. During this period you should continue eating as you have been up until now. This will help you understand your current eating habits, and provide you with a baseline record. This is a record of what you're currently eating, and then you will be able to identify changes in your eating patterns as you work through the modules in this information package.
Your Baseline Records
A baseline record means that we would like you to record your current food intake without making any changes to how much you eat or binge. Start by completing the blank self-monitoring sheet overleaf on Page 6. Start now, whatever time of day it is. Write down everything you eat for the rest of today, and note any disordered eating behaviours, plus any thoughts/feelings you might have at the time. (Go back to Page 3 for instructions and Page 4 for an example of a completed self-monitoring sheet.)
A blank self-monitoring sheet is included at the end of this module (Page 8) to help you make your own self-monitoring records. Print out or copy 4 more blank self-monitoring sheets. Starting from NOW, complete a self-monitoring sheet every day. Make a record of what you eat, when and where you eat it, if you consider it a binge, if you used vomiting or laxatives, and what was going on at the time, as well as your thoughts and feelings.
At the end of 4 days, make some time to look over your self-monitoring sheets. Even if you go ahead now and finish reading this module – and perhaps more modules – make sure you complete your daily self-monitoring sheets and also that you look over them after a few days.
Reviewing Your Baseline Records
Once you have 4 or 5 days worth of self-monitoring forms, set aside about half an hour to review them. What do you see? Can you identify any trends or patterns to your eating and related behaviours? Do you tend to binge on certain types of foods? Do you binge at a certain time of day? After the same events? Accompanied by the same emotions? Write down some observations.

By the end of 4-5 days you will be ready to move on to regular eating and more self-monitoring. Overleaf you will find a blank self-monitoring sheet to start completing NOW.





# **My Self-monitoring sheet**

Day	<del></del>				Date
Time	Food & liquid intake	Location	* (Binge)	V/L	Situation/thoughts/feelings
Exercise	(time and type):				





## **Definition of a Binge**

Sometime it can be hard to determine if you have binged. Remember, to count as a binge,

- 1) The amount of food has to be:
  - larger than others would eat in similar circumstances
  - eaten within a 2-hour period
- 2) You have to feel <u>out of control</u> while eating, as if you couldn't stop even if you wanted to, or you couldn't resist starting.

Here are some examples of LARGE:

cake – 4 regular slices
cereal – 6 cups
chips (packet – potato or corn) – 250 g/8 oz
chips (French fries) – 3 large servings
chocolate – 3 bars if dense, 4 if regular, 8 fun-size
corn on the cob - 4 pieces
croissants or Danish pastries or doughnuts – 4
eggs – 5 (6 if scrambled or omelette)
toast – 6 slices

fruit – 5 pieces hamburgers with bun - 3 hot dogs with bun – 4 ice cream – 6 scoops nuts – 2.5 cups pasta (cooked) – 6 cups peanut butter – 6 tablespoons pizza (large size) – 6 slices popcorn – 3 microwave bags steak – 500g/16 oz



Overleaf you will find another blank self-monitoring sheet that you can copy or print out.



Good luck with your food monitoring!





# **My Self-monitoring sheet**

Day	<del></del>				Date
Time	Food & liquid intake	Location	* (Binge)	V/L	Situation/thoughts/feelings
Exercise	e (time and type):				





## **Module Summary**

- Self-monitoring is an eating behaviour that you will need to start immediately.
- Self-monitoring involves recording your food intake each day. You will need to record the time of
  eating, what you ate, the location of eating, the presence of binge eating, vomiting or laxatives use, any
  exercise and the situation/thoughts/feelings surrounding your eating.
- Self-monitoring sheets should be recorded in "real time".
- Self-monitoring will help you to analyse your eating habits and behaviours. It will also allow you to identify thought patterns or events that lead to disordered eating.

## 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 Module 5 (Regular Eating & Regular Weighing) you will continue to work in 'Action' mode, learning how to address your disordered eating by initiating regular eating and regular weighing.





## **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

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

<sup>3</sup> Master of Psychology (Clinical Psychology)

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

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

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

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:

- 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.

