

The Truth About Food Addiction

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MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

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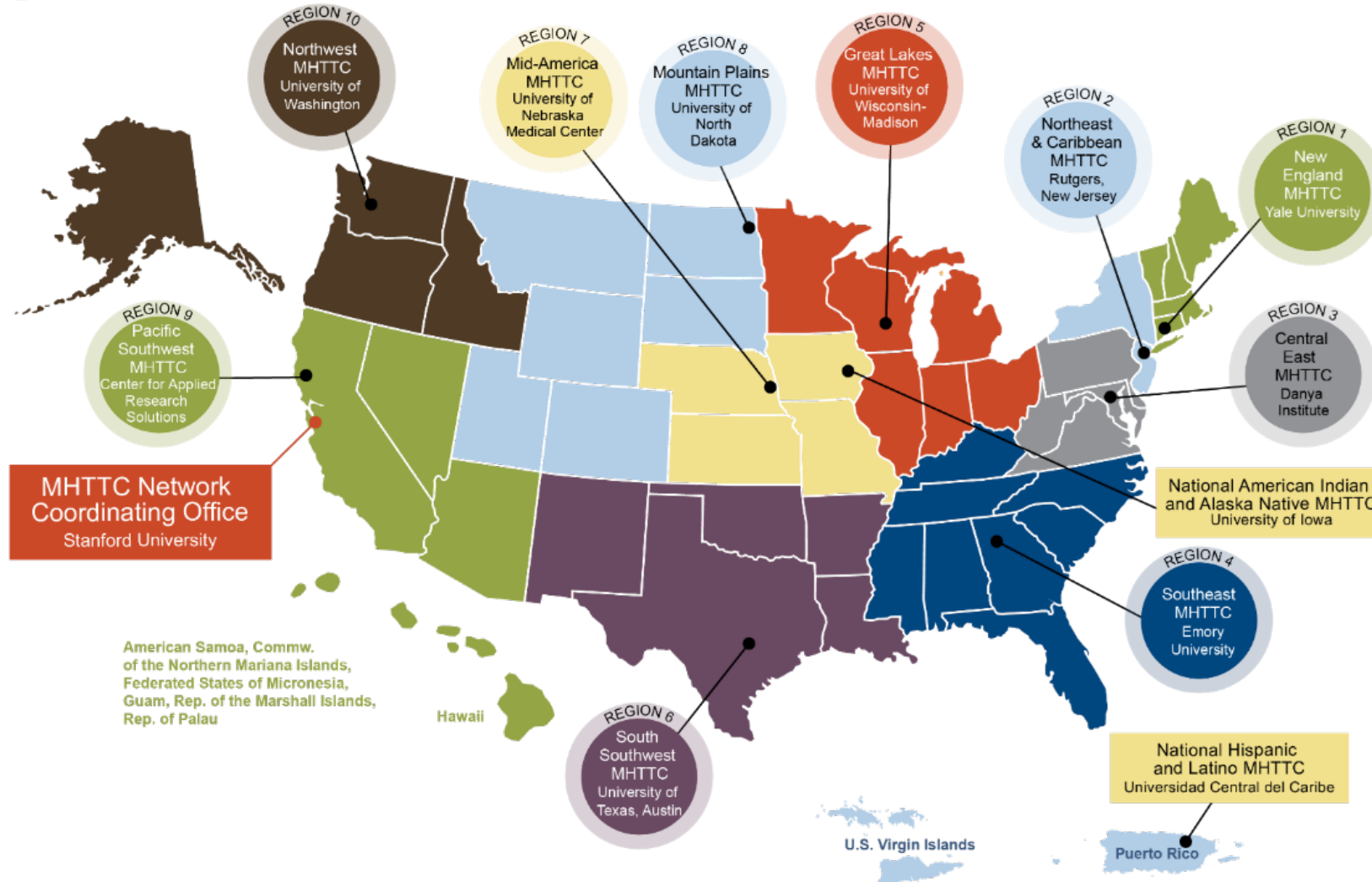


MHTTC

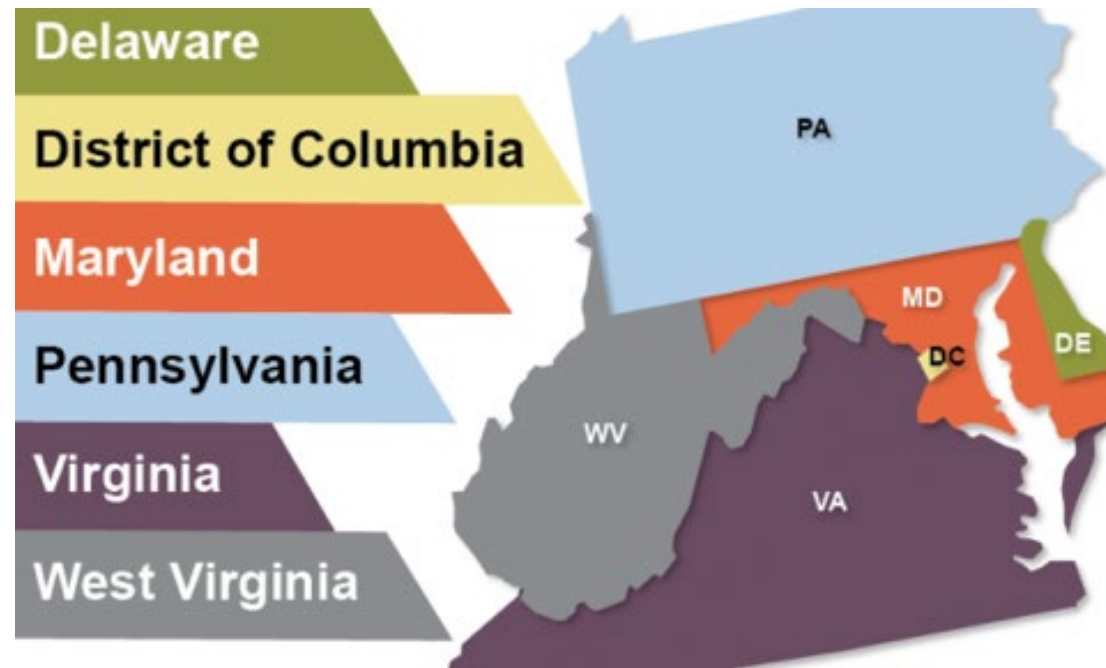
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Central East Region 3



Central East (HHS Region 3)

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Acknowledgment

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the views of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Presented 2023

Rock Recovery Overview

ABOUT US

Rock Recovery is a 501(c)(3) nonprofit organization that frees people from disordered eating by bridging the gap in existing treatment options and offers community outreach and education.

MISSION

Rock Recovery's mission is to support the journey to freedom from disordered eating through individual recovery and community empowerment programs.

VISION

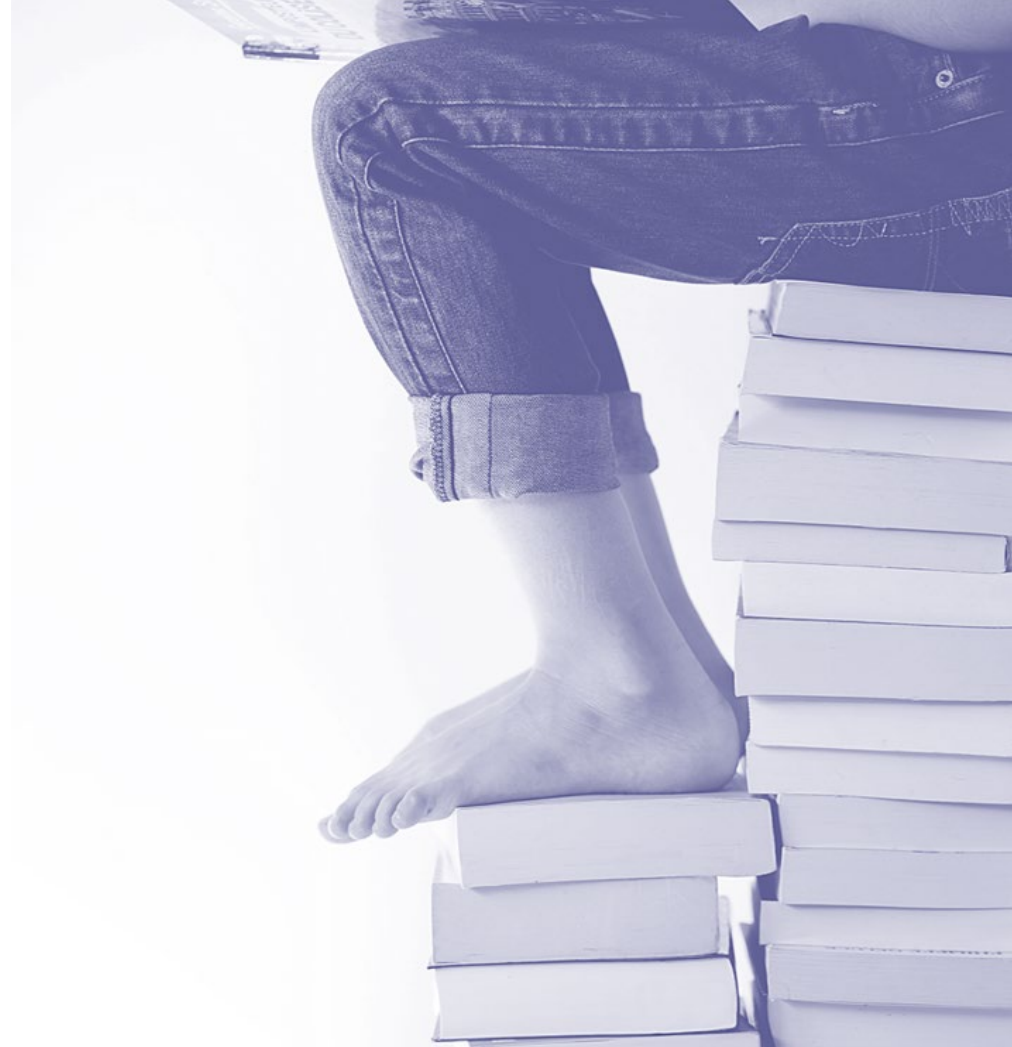
A world where disordered eating is understood, and the journey to freedom is fully supported.



Part 1: Literature Review

In this section:

- Summarize existing research
- Identify limitations of existing research



Source

“Food addiction” is a concept created by researchers. It is not a clinical term or a recognized diagnosis. Yale researchers have created a validated assessment instrument to measure “food addiction.” However, there is significant overlap between “food addiction” and other clinical conditions that have already been identified and defined.



Features of the existing literature

1. There is significant **disagreement** amongst researchers and clinicians regarding the validity of the construct of “food addiction.”

E.g.: **Pro**: Treasure, J., Leslie, M., Chami, R., & Fernández-Aranda, F. (2018). Are trans diagnostic models of eating disorders fit for purpose? A consideration of the evidence for food addiction. *European eating disorders review: The journal of the Eating Disorders Association*, 26(2), 83–91.

Anti: Kirschenbaum, D. S., & Krawczyk, R. (2018). The Food Addiction Construct May Do More Harm Than Good: Weight Controllers Are Athletes, Not Addicts. *Childhood obesity*, 14(4), 227–236.

Disagreement: Whatnall, M., et. al. (2021). Symptoms of Addictive Eating: What Do Different Health Professions Think? *Behavioral sciences*, 11(5), 60.

2. Common study **limitations** include: animal trials only, very small sample size, & mismatch between conclusions and results.

E.g.: Rostanzo, et. al. (2021). Sample size of 5. No follow-up after 21 weeks. Called very low-calorie ketogenic diet “effective.”

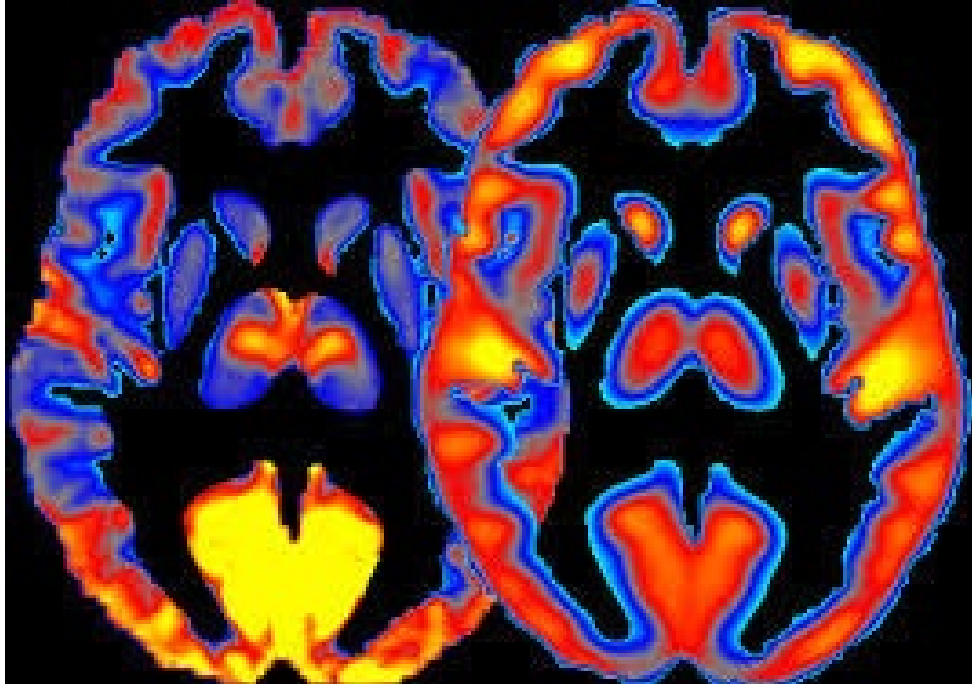
Features of the existing literature (cont.d)

3. Much of the research that is meant to support the concept only finds addiction-like behaviors in the context of **intermittent access**.

“We find little evidence to support sugar addiction in humans, and findings from the animal literature suggest that addiction-like behaviours, such as bingeing, **occur only in the context of intermittent access** to sugar. These behaviours likely arise from intermittent access to sweet tasting or highly palatable foods, not the neurochemical effects of sugar” (Westwater, Fletcher, & Ziauddeen, 2016).

4. “To date, it is too **premature** to draw conclusions about the clinical significance of the concept of food addiction” (Hauck, Cook, & Ellrott, 2020).
5. Most research does not control for food insecurity, which mimics intermittent access, or other potentially **confounding variables**.

A word on reward circuitry...



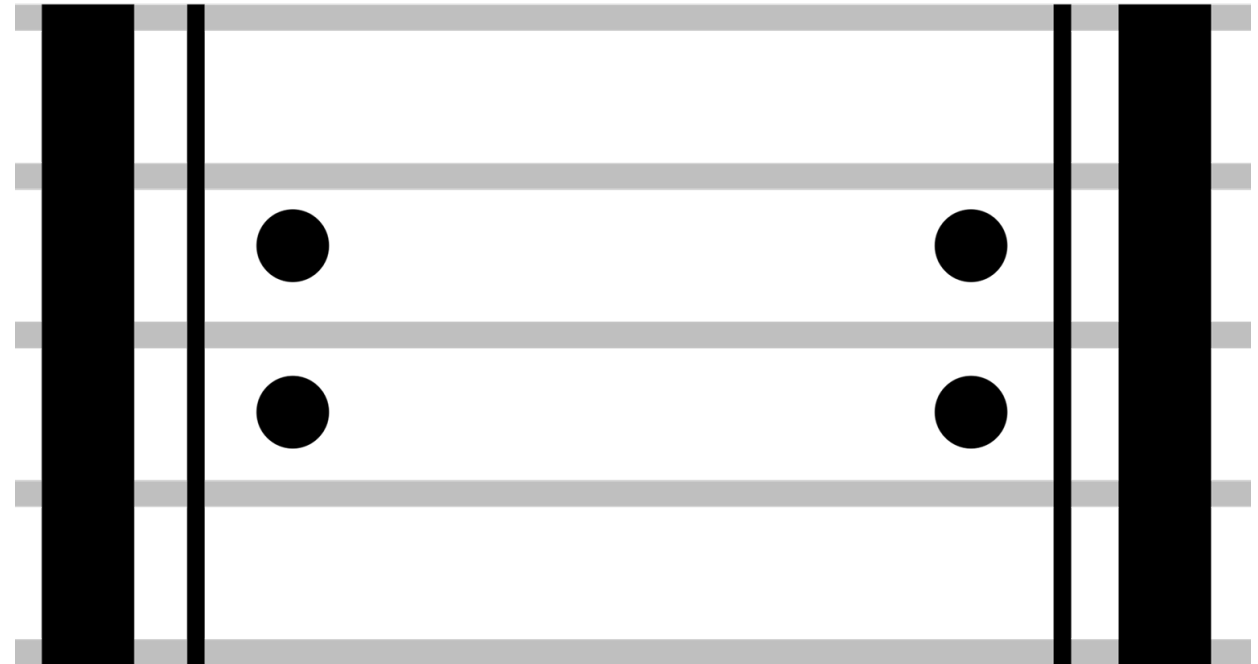
[Image Source](#)

- Some of the rhetoric around “food addiction” highlights how the reward circuitry of the brain reacts to foods like sugar, comparing it to how the brain responds to substances such as cocaine
- This can create a false equivalence between drugs and food/sugar, which may support the “food addiction” model in people’s minds
- However many experiences cause this activation of the reward circuitry, about which there is no alarm about addiction: pets, live music, affection
- Furthermore, this comparison is backwards. Drugs hijack the reward circuitry, which is supposed to respond to sugar and palatable foods, not the other way around

Part 2: The Restrict/Binge Cycle

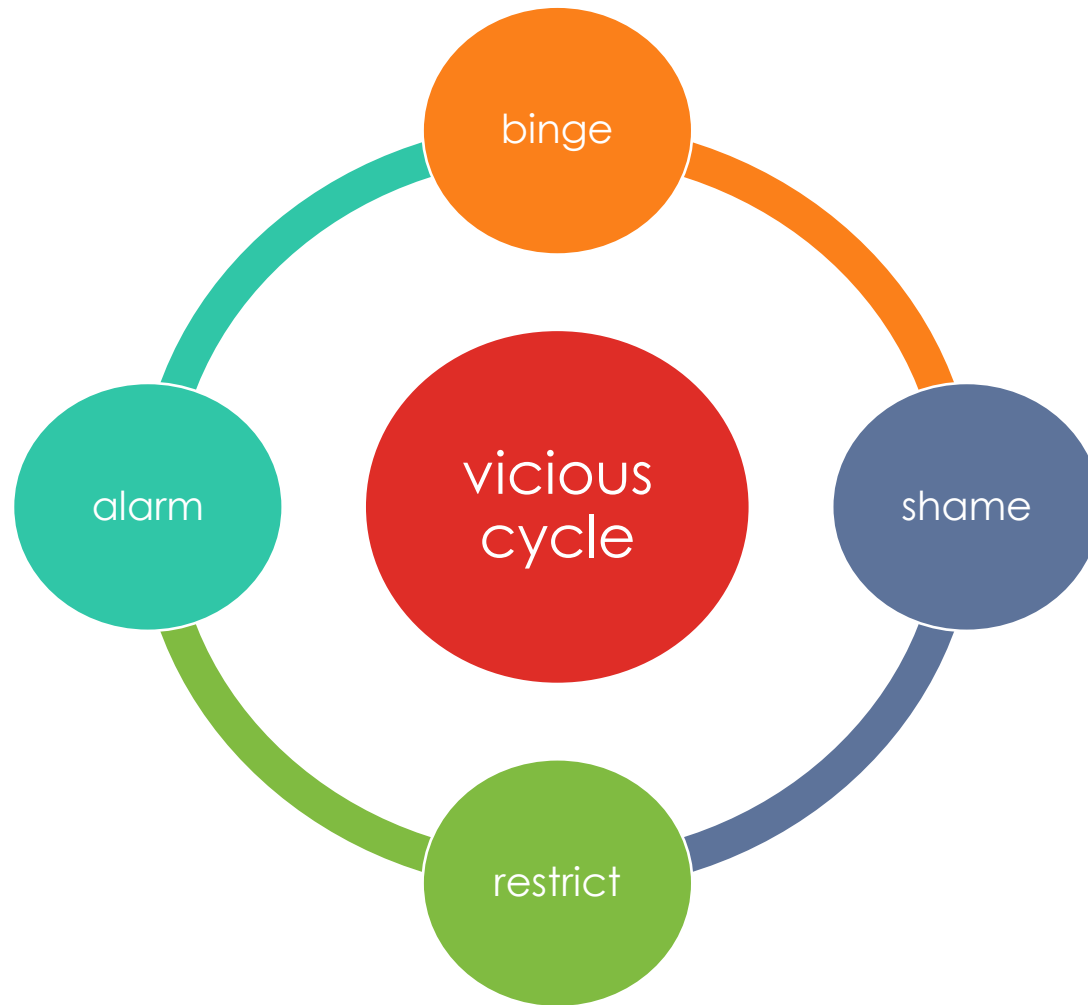
In this section:

- Intermittent access and the Restrict/Binge Cycle
- Learn about the Restrict/Binge Cycle
- Learn how to interrupt the cycle



[Source](#)

The Restrict/Binge Cycle:



Note:

1. How recurring restriction mimics intermittent access
2. How trying to suppress binges can feel to the brain/body/nervous system like more restriction.
3. How the only place to break the cycle is on the restriction side.

The first step in treating clients with compulsive eating symptoms is to help them identify and interrupt **restriction**, which will probably feel very counterintuitive to them (and maybe to you, too)!



But what about their weight?!



- Compulsive eating affects people of all sizes
 - “A clear continuum was evident for all measures despite no differences in body mass index between the three groups.” Meadows, Nolan, & Higgs (2017). Self-perceived food addiction: Prevalence, predictors, and prognosis. *Appetite*, 114, 282–298.
- Compulsive eating/”food addiction”/binge eating is a behavioral symptom of a psychological issue. This must be our focus
- For some, weight change is a medical complication. However, it is not a necessary criterion for disorder, and does not occur in all cases. Therefore, weight loss cannot be a criterion for recovery

The Five Principles of HAES®



[Source](#)

- Weight inclusivity
- Health enhancement
- Eating for well-being
- Respectful care
- Life-enhancing movement

What HAES® is not

- Saying that everyone IS healthy at every size
- Suggesting that health doesn't matter
- Claiming that all foods are nutritionally equivalent
- Denying the *correlation* between weight and health



Source Unknown

Unlinking weight & health



- Correlation does not equal causation (Flegal et al., 2019)
- Even if they were causally linked, we do not have a reliable, safe way to shrink peoples' bodies
- Intentional weight loss interventions (diets) DO NOT lead to sustained, significant weight loss for most people (Mann et al., 2007)
- We would never prescribe a medication with that kind of failure rate

Even if weight caused poor health outcomes, and people were personally and individually responsible for their weight, people still deserve respect and high-quality, evidence-based treatment.



Benefits of a HAES[®] approach

(Blake et al., 2013; Tylka et al., 2014)

- Increased self-worth
- Increase in positive relationship with body
- Increased engagement in health enhancing behaviors
- Decreased cholesterol and blood pressure
- Increased connection with ongoing medical care
- Improved mental health outcomes



Source

Part 3: Habituation

In this section:

- Define habituation
- Learn how to support clients in habituation practice



[Source](#)

Habituation

- Habituation is the diminishing of a physiological or emotional response to a frequently repeated stimulus
 - For example, habituation is what occurs during exposure and response prevention (ERP) treatment
- Many disordered eating treatment programs utilize a model that includes exposure to triggering foods in a supportive, therapeutic environment, to promote habituation to those foods over time
 - E.g. Meal support therapy groups
- Habituation is the opposite of the addiction model's abstinence approach

Habituation How-To's

- Identify trigger foods
- Create a ranking of trigger foods, beginning with the least triggering, ending with the most triggering
- Collaboratively plan food exposures together with your client, gradually working you way up to the most challenging foods
- Start very small - one meal, snack, or encounter with a food
- Incorporate supportive connection



Additional effective treatment approaches



- CBT
- Mindfulness
- Impulse-control work (focusing especially on the impulse to restrict)
- Emotion regulation work
- Body acceptance work

See reference list

Positive Self-Image & Embodiment

- Positive self-image is an “inside job”
 - Reframe your body as your **home**
 - Find ways to increase your sense of **embodiment**
 - **Practice kindness** toward your body, as you would toward a loved one, no matter how it looks or what its limitations are
 - **Invest** in clothes that fit comfortably and express your style



The goal of these approaches is to support the client's psychological wellbeing, so that compulsive eating episodes become less severe and less frequent. Remember: lapses are a normal part of recovery, and the present a valuable learning opportunity!



Taking Action: The Truth About Food Addiction

- Listen, read, and learn
 - Maintenance Phase podcast
 - The Trouble with Sugar, The Trouble with Calories, Is Being Fat Bad for You?, The Obesity Epidemic, and The Body Mass Index
 - Questions and Answers About Binge Eating Disorder: A guide for clinicians by Wendy Oliver-Pyatt
 - Binge Eating Disorder by Amy Pershing with Chevese Turner
- Help clients identify and interrupt restriction
- Support clients in increasing exposure and habituation to foods they feel compulsive around
- Support clients in growing their emotion regulation skills before and after compulsive eating episodes.

Resources

Rock Recovery - Therapy Services & Faith Support Groups

- <https://www.rockrecovered.org>
 - Individual therapy
 - Meal support & body image groups (virtual/in-person for MD, VA and DC)
 - Faith-based virtual support groups nationwide
 - Rock Referral Guide - Therapists, dietitians and treatment centers in the area

Association for Size Diversity & Health (ASDAH)

- Information on weight inclusivity and Health At Every Size ®
- Community and special events

The Alliance for Eating Disorders:

- <https://www.allianceforeatingdisorders.com>
 - Helpline
 - Resource guide
 - Nationwide support groups

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