Myth-busting and Skill-building for Treating Binge Eating Disorder

Heather Clark, LCPC, LPC, MA
Clinical Director
Rock Recovery

March 28, 2024

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Substance Abuse and Mental Health Services Administration

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Objectives

- Define binge eating disorder (BED) and identify common symptoms to look out for in patients
- Identify harmful stereotypes associated with BED, as well as personal biases, that can prevent clients from getting proper care
- Learn evidence-based treatment approaches for BED that can be applied with clients who struggle
- Identify ways to measure client progress

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What is *Binge-Eating Disorder?*

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DSM-5 Criteria

Criterion 1

Recurrent episodes of binge eating, characterized by BOTH:

1) Eating a significantly large amount of food in a discrete amount of time
2) Sense of lack of control over what or how much one is eating

Criterion 2

Binge episodes are also associated with 3 or more of:

a. Eating very rapidly
b. Eating until significant physical discomfort occurs
c. Eating large amounts in the absence of hunger
d. Eating alone out of shame
e. Feeling disgusted with oneself, depressed, or guilty afterwards

DSM-5 Criteria

Criterion 3

The client demonstrates significant distress regarding binge eating

Criterion 4

Binge eating is not associated with the regular use of inappropriate compensatory behavior (self-induced vomiting, fasting, excessive exercise), and does not occur exclusively during the course of anorexia or bulimia.

Criterion 5

Binge eating occurs, on average, at least 1 time per week, for 3 months

Severity

- Mild: 1-3 episodes of binge eating per week
- Moderate: 4-7 episodes
- Severe: 8-13 episodes
- Extreme: 14+ episodes

Other Presentations of Binge-Eating

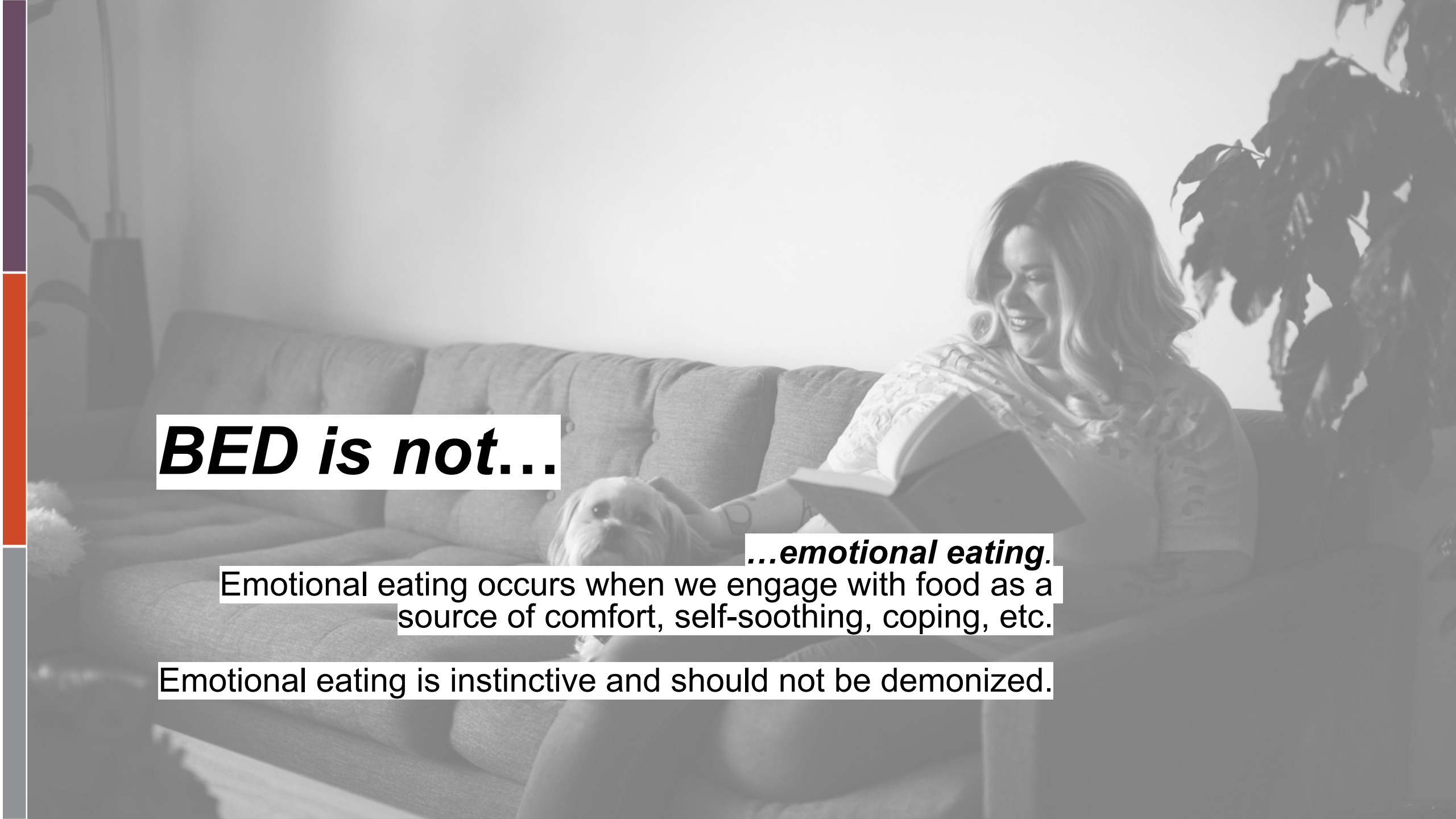
THAT ARE **NOT** DIAGNOSED AS BED…

- In clients with anorexia, binge-purge type
- In clients with bulimia
- In clients with Night-Eating Syndrome (under OSFED diagnosis)
- In clients who do not meet the full criteria for any other specific ED

What does this look like in practice?

BED is not…

…someone eating more food than you are used to people eating, or more food than the client has been told they ought to eat.

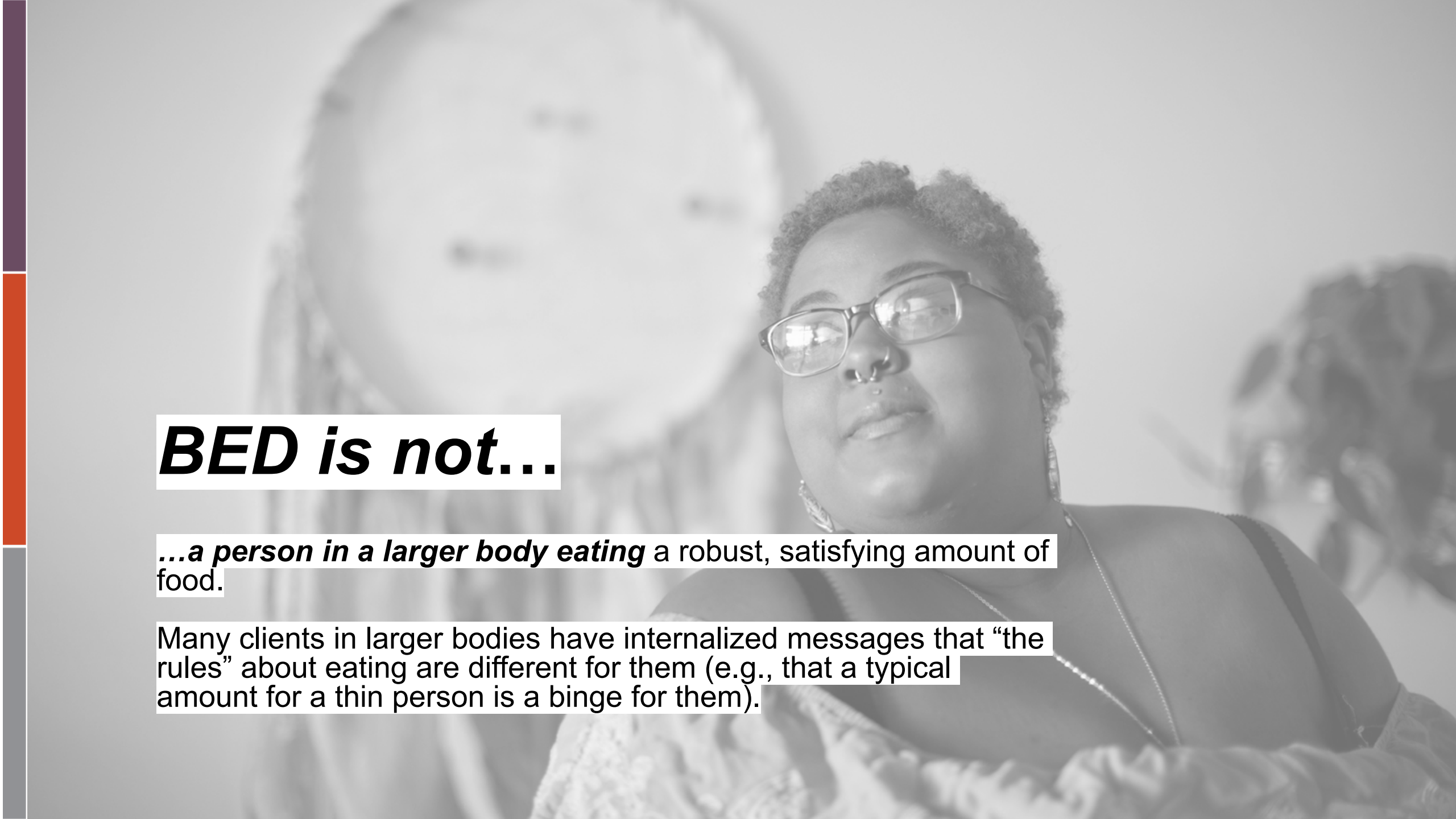


BED is not…

…emotional eating.

Emotional eating occurs when we engage with food as a source of comfort, self-soothing, coping, etc.

Emotional eating is instinctive and should not be demonized.



BED is not…

…a person in a larger body eating a robust, satisfying amount of food.

Many clients in larger bodies have internalized messages that “the rules” about eating are different for them (e.g., that a typical amount for a thin person is a binge for them).

BED is not…

…eating beyond fullness.

Occasionally eating to a point of physical discomfort is a normal part of typical eating.

BED is not…

…***the opposite of restriction***, rather they typically go hand in hand.

Misunderstanding BED

Many people (including providers) misunderstand binging to be a matter of willpower or impulse control.
Draw on your existing understanding that the other conditions you treat are far more complex than this, to help recalibrate your understanding of BED.

- You wouldn't frame anorexia as a matter of willpower to eat
- You wouldn't frame depression as a matter of willpower to engage and cheer up
- You wouldn't frame anxiety as a matter of will power to calm down

BED is the most common eating disorder

- BED affects three times the number of adults diagnosed with Anorexia Nervosa and Bulimia Nervosa **combined**.
- An estimated 3.5% of women, 2% of men can be clinically diagnosed with Binge Eating Disorder.
- Approximately 40% of those with binge eating disorder are male.
- Three out of ten individuals looking for weight loss treatments show signs of BED.

Barriers to care for BED

Medical anti-fat bias

Not all BED clients are in larger bodies, but those that *are* may have inadequate access to ethical, respectful care, and may understandably distrust providers and feel unsafe in treatment settings

Many people have stories of anti-fat bias in ED treatment!

Underrepresentation in treatment, both among patients and providers, can decrease felt safety and welcome in treatment.

Barriers to care for BED

Research Limitations:

- Defining “recovery” in terms of weight loss
- Lack of long-term follow up past 6 or 12 months
- Conflicts of interest
- Jumping from correlation to causation
- Lack of RCT’s and even control groups
- Small sample sizes

Barriers to care for BED

Food Addiction Model…

…and why we don’t condone it.

Barriers to care for BED

Insurance and Cost:

- Too few in-network providers
- Cost-prohibitive out-of-network care
- Insurance difficult to navigate
- Insurance reimbursements unsustainable
- More financial assistance needed

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Skills for Treating *Binge-Eating Disorder*

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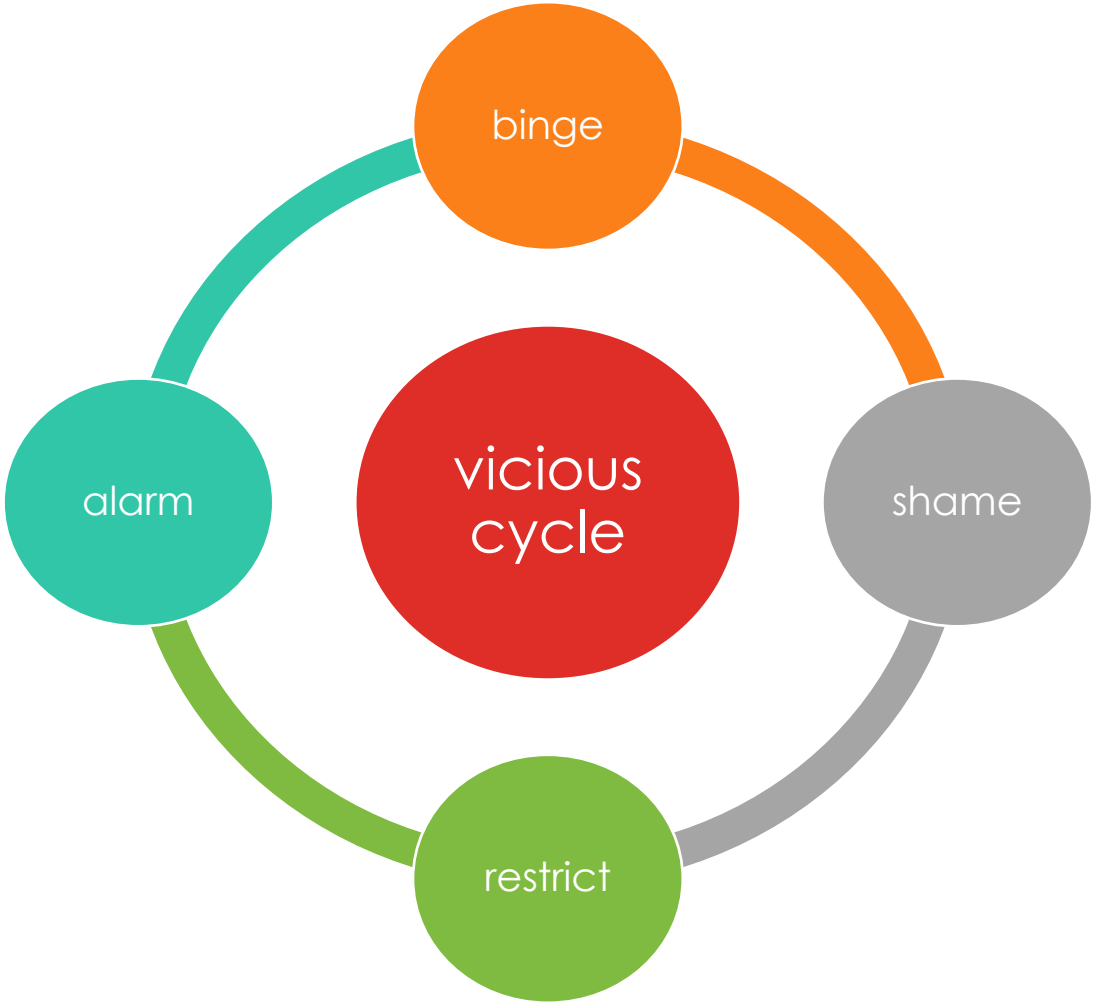
Restriction Cycle



Consistency

- Focus on consistent intake
- Why trying to break the cycle on the binge side actually perpetuates the cycle, instead of breaking it
- Consistency over time teaches your body that you are a trustworthy caregiver
- PATIENCE

Habituation

- Incorporate binge foods
- Weakens associations
- Diminished triggers
- Permission granted!

Emotion Regulation

ACT, DBT, CBT, etc.

- Provide psychoeducation about emotions
- Practice noticing and naming emotions as they arise
- Increase distress tolerance by sitting with emotions
- Emphasize emotional acceptance and non-avoidance

Build Shame Resilience

Changing how you respond and recover after a binge is a key part of the recovery process. As you build shame resilience, you can treat yourself with compassion and care after a binge, rather than tearing yourself down. This also helps you recover emotionally more quickly.

Promote Body Acceptance

Embodiment

Promote experiences of positive embodiment

Your Body Is Your Home

Rather than an object of sight, reframe the body as a constant companion.

Validate, validate, validate

Validate body-related adverse experiences, hold space, and validate the challenges of recovering in diet culture, especially in a larger body

Values & Identity Work

Promote connection to values and identity outside of the body and its appearance

Faithful Care

Facilitate an approach of committed, faithful care for the body, in the midst of any thoughts and feelings about how it looks and/or functions

Sociocultural Work

Explore and process sociocultural dynamics

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Resources

Clinicians:

ASDAH

Food Psych Podcast

The Center for Body Trust – trainings, book

Oliver-Pyatt, W. (2017). *Questions and Answers About Treating Binge Eating Disorder: A guide for clinicians.* Jones & Bartlett Learning

Pershing, A. & Turner, C. (2019). *Binge Eating Disorder: The journey to recovery and beyond*. Routlege.

Clients

MoreThanABody.org (They also have a book by the same name)

The Art of Body Acceptance

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Questions

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References

- American Psychiatric Association. (2013). Binge-Eating Disorder. In Diagnostic and statistical manual of mental disorders (5th ed., pp. 350-353).
- National Eating Disorders Association (n.d.). Statistics and research on eating disorders.
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Appreciation

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Central East (HHS Region 3)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

a program managed by

THE DANYA INSTITUTE

Central East MHTTC website

Oscar Morgan, Project Director

Danya Institute website

Email

240-645-1145

Let's connect: