Chapter 1

Integrated Weight Management Therapy

Integrated weight management therapy (IWMT; Hamilton, 2015) evolved from the inpatient treatment of individuals diagnosed with two or more conditions affecting their mental and physical well-being. For these individuals a single psychological or medical intervention often failed to adequately address or resolve the complexity of compounding problems.

People who seek counseling rarely identify a single problem or challenge. Rather, they tend to present with a blend of compounding (or confounding) problems such as depression, anxiety, trauma, or personality issues that may be further impacted by self-defeating behaviors such as isolation or addiction[1]. Confounding (individual) problems are those challenges that may arise from issues associated with our family, gender, race, culture, relationships, spirituality, sexual orientation, and of course, body image.

IWMT Theoretical Foundation

IWMT is a structured approach that draws from evidence based psychological theories and research to explore why we eat the way we do. The course and workbook provide participants with the opportunity to develop insight, awareness, and effective tools for behavioral change. This chapter discusses IWMT with the goal that we will gain an understanding of the process and application of psychological inquiry as it relates to behavioral change.

[1] Addiction in this context may be viewed as any activity, obsession, or substance use that significantly interferes with daily responsibilities and relationships

Motivational Interviewing

IWMT begins with concepts and techniques drawn from Motivational Interviewing (MI) to assess readiness for change and surface concerns that group members may have with regard to motivation or readiness, self-view, weight management, and self-defeating patterns. MI is a form of therapeutic inquiry that aligns with where a person is on their journey toward making change. MI is an approach that supports identification and recovery from self-defeating and self-destructive behaviors.

Everyone has a unique sense of their readiness or "dreadiness" for embarking on significant life change. Because of that, initial motivation can range from denial to apathy, apprehension, resistance, openness, willingness - all the way to enthusiastic commitment! Let's review some of the questions asked during the BreakThrough! screening process to gauge your readiness for change.

Are you ready for change at this time in your life?

What benefits would motivate you to try something different?

On a scale of 1-10, 1 being "heck no!" and 10 being "bring it on!" Where are you on the spectrum from apathy to enthusiasm? If you're not particularly enthusiastic, what might help you to move up the scale?

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) is most often the intervention of choice for effective behavioral change and weight loss. CBT is based on the

principle that dysfunctional thinking gives rise to the development and maintenance of psychological distress. A simple way of looking at this is that ***what we think is keeping us stuck!*** The emphasis of CBT is to help people examine self-defeating beliefs and behaviors and explore how these may be affecting day-to-day functioning and relationships with others. CBT does not particularly focus on the past, but is present directive with specific goals, and techniques designed to promote behavioral change. A more recent development, solution-focused brief therapy (SBFT) is very effective at addressing specific situations such as quitting smoking or planning your strategy to distribute lottery winnings (see mailing information on page 8).

Adler and the Family of Origin

Family of Origin Theory (FOT) is based on Adler's observations that our early family environment and experiences significantly influence the development of our personality, our thoughts, emotions, preferences, and behaviors. Adler recognized that parents, mentors, teachers, and peers play a critical role in the development of our identity, resilience, drive, and ultimately, our happiness.

For various reasons, (including the questionable mental health of our own parents), some of us may have endured, rather than enjoyed childhood and adolescence. Unfortunately, the resulting low self-esteem, harsh inner critic, and mood disturbances (such as pervasive depression, anger, or anxiety) often follow us when we leave home. Unchecked, this negative legacy can continue to shadow our lives and influence behaviors and preferences. If we look introspectively at the factors that shaped our identity it becomes easier to recognize our vulnerability to psychological distress. It also becomes easier to identify the situations or emotional triggers that can lead to impulsive (mood-altering) behavior.

How would you describe your early influences?

Attachment Theory

Attachment theory (AT) focuses on a child's bond with their mother through early stages of development (0-5 years). Because food is one of our earliest attachments understanding basic AT is significant. As infants we associate the feelings of comfort and security with the provider of food (usually the mother). It's the type of care and responsiveness by the provider that largely determines the nature of the attachment. **Without intervention, the attachment style that develops during infancy and childhood typically endures.**

Four attachment styles have been identified: secure, anxious-preoccupied, dismissive-avoidant, and fearful-avoidant. Research suggests that the three insecure styles give rise to an external (vs. internal) locus of control or sense of well-being. An external locus of control means that we have a tendency to rely on the approval (or positive attention) of others to feel good about ourselves.

Anxious - Preoccupied

- Early attachment needs were unsatisfied or inconsistent
- Left craving love, nurturing and intimacy
- Doubts they're worthy of love
- Conditional approval - makes it difficult to trust
- Desperate but unsuccessful attempts try to please a parent
- Alternates between distancing in resentful hurt and anger and desperately wanting attention
- Hypersensitive to criticism
- Emotions may escalate quickly if demands or need for reassurance is unmet
- Past experience with abandonment, rejection, or inadequacy can cause emotional flooding
- Sometimes hard to separate what happened in the past and the reality of a present situation

Do any of these describe your early interactions? Which ones?

Do any of these still trigger unpleasant emotions?

Dismissive-Avoidant

- Early attachment needs were unsatisfied or met inconsistently
- Makes the decision that close relationships with others are unnecessary and messy
- They distance or attempt to wall off painful memories from an early age
- Struggle to develop emotional intelligence or sensitivity
- Willingly put on a suit of armor that shines with confidence but effectively hides deep insecurities and social awkwardness
- Professional endeavors are likely to be successful but left unchallenged it's easy to develop compulsive of self-centered traits
- May turn to partners who do not need authentic intimacy to meet their needs
- With maturity recognition that they settled can be painful, frustrating and lead to the onset of deep depression

If this describes your early attachment style, do any of these cause problems for you now?

What would you want to change?

Fearful Avoidant

- Early attachment needs were unsatisfied or inconsistent
- This individual still wants to have meaningful and deep relationships with others
- May have experienced maternal neglect, abuse or significant instability such as abandonment, divorce, or foster care placement
- Maternal figure is avoidant and discouraging of dependency
- A pervasive fear of rejection, a deep-seated distrust of others, and low self-worth, hampers the development of relationships
- Wants to be close with others but when the vulnerability and fear takes over they withdraw
- Feel as though they can never escape a sense of emptiness
- Feel that they can never do or be "enough"

If the fearful avoidant style seems a fit for you, what affects you most now?

What would you like to change?

Dependency

The dependent styles (those with an external locus of control) whose needs are not met by others, may turn to behaviors such as excessive volunteering,

gambling, smoking, hedonistic eating, gaming, shopping, substance abuse, or infidelity because this provides temporary mood-altering relief. The cycle of emotional dysfunction that leads to mood-altering behavior further contributes to feelings of inadequacy and hopelessness. To overcome destructive and self-defeating patterns, it's critical to identify the emotional trigger points where intervention, awareness, and new coping skills can lead to healthy choices and positive behaviors.

Do you act out or self-sabotage if your needs are not met by others?

How do you feel afterwards?

Addiction and "Enough"

In an era of social influences that glorify excess, it's difficult to appreciate the concept of "enough." The concept of "enough" however, is very important to our sense of well-being**. If we don't have a realistic self-view, a sense of purpose, and meaningful relationships, we may feel as though we're "not enough."** That we haven't accomplished "enough" or that we never have "enough"…regardless of what "enough" might be.

A colleague of mine (30 years sober) leads large groups of physicians in recovery from addiction. A former addict, her opening introduction is directly on point:

"My name is X, and my drug of choice is MORE!"

She would remark that during her addiction, even if a shipping container of opiates pulled up to her back door, she would still feel as though there was not enough. The sense of emptiness (which may be felt as depression or anxiety) that accompanies the unconscious thought of "I'm not enough" or "I'm not okay the

way I am" is painful and debilitating. Statistically 15 % of the population will problematically seek relief though the use of alcohol or drugs, but for most of us food becomes the comfort mechanism for reducing psychological and physiological distress. Many participants in BreakThrough! groups share the experience that:

"For a little while, food fills a void in me.

When I feel full, I don't feel the pain."

These painful experiences resonate with loneliness, rejection, and feeling different. Being overweight carries a unique stigma, and at times, paralyzing pain; the **deep-seated fear that we're constantly being judged for our appearance**. Unchecked, this pain can lead to a semi-functional form of agoraphobia. In past BreakThrough! groups, **8 in 10 patients reported spending the majority of their non-work time at home.** If they went out for a walk, it was after dark when there was less likelihood of being seen by others. More than one person has said that they shop late at night because the stores aren't as crowded and there are less people in line to scrutinize what they're buying. Others haves shared stories of situational anxiety related to public places such as restaurants or crowded venues. Convinced that when they walk through the door or try to find their seat on a crowded bus or plane, all eyes are judging them with a mixture of hostility and disgust.

Try to identify any ways that your weight may have caused you to avoid activities or places you used to enjoy

Relationships

An entire chapter of this workbook discusses relationships and the associations with emotional eating; however, there are some other factors that often surface early in group discussions. An unusual trend that emerged in earlier work is that a high percentage of women diagnosed with obesity were rejected or abandoned by a parent at an early age. This may seem like an intuitive source of pain. However, many times what came out in session was that the pain was unconsciously projected onto the relationship with the remaining parent, partner, or a caregiver. If that relationship was unhealthy, it could be in itself a significant source of ongoing emotional triggers that resulted in emotional eating.

When the fear of inadequacy is present, it's difficult to have authentic, meaningful, and supportive relationships with others. There's a constant fear of being judged or found "wanting" in some way coupled with the thought:

"If you really knew me…you wouldn't like me."

If you have ever felt this way, what impact have feelings like these have on your friendships or relationships?

Patients often report that these kind of shame-based beliefs stem from their childhood experiences, feelings of inferiority, and for some, guilt. Many times these negative beliefs are a product of toxic conditional love (I love you but…). However, sometimes these beliefs are reinforced by intentional neglect, emotional, physical, and sexual abuse.

If you experienced toxic conditional love or abuse, does this still affect how you feel about yourself?

The child who's raised in an abusive home internalizes an additional message…not only am I not enough…I don't matter...and what I want doesn't matter. There are very few internal beliefs more painful than "I don't matter." Working through these messages/beliefs and others is a key component to understanding and reframing our sense of identity and purpose through the BreakThrough! program. This work gives us the opportunity to process unconscious self-defeating beliefs from the perspective of our mature mind and prepares us to move forward in the process of behavioral change.

Ellis - Rational Emotive Behavioral Therapy

Rational Emotive Behavioral Therapy (REBT; Ellis 1960) is a practical approach designed to foster behavioral change. Basically, Ellis's theory was "If we change how we think about ourselves; everything else changes in turn." This may be overly simplistic, but this is one of the key concepts to building a positive, engaged, healthy sense of self.

REBT focuses on several components: Action, Beliefs, and Consequences.

Action + Beliefs = Consequences

When we pair what we **B**elieve with **A**ction of some sort, there will be **C**onsequences. The key here is examining how our **B**eliefs manifest **C**onsequences. For example, if we (unconsciously) **B**elieve we will fail, we may not put forth the **A**ction required to succeed. The **C**onsequence? A less than desirable outcome. It's critical to identify negative, self-defeating beliefs we have about ourselves.

What self-defeating beliefs or thoughts have you experienced recently?

Our thoughts affect our happiness and certainly our potential. While in BreakThrough! you'll be encouraged to evaluate beliefs you have about yourself. After **A**, **B**, and **C** have been explored, Ellis adds "**D**" to the equation. **D** is the technique of **D**isputational Analysis (more simply known as disputing). This is where we recognize we may have an inner critic that says nasty stuff to us, but because we've examined our **B**eliefs we know there's no place for that mean voice in our life now. Disputing is essentially the technique of saying to ourselves…"That may have been true at some point, but it's not true now." For those of you who like algebra; DB = AC.

Transactional Analysis

Berne introduced Transactional Analysis (TA) as a therapeutic theory and brought attention to concepts such as the games people play, roles individuals may assume within or outside the family dynamic, as well as phenomenal tools for understanding conflict and communication styles in relationships. TA is featured in Chapter 9 and helps us explore if there are games, positions, or roles that are keeping you stuck in a painful relationship dynamic. Anything that causes emotional instability can result in the desire to mood-alter or self-soothe through the consumption of food.

Mindfulness

Mindfulness is integrated into the development of strategies and coping skills once **choice points** have been identified. **Choice points** are those brief nanoseconds we recognize a situation can go one of two ways, and we have a small window of opportunity to choose the outcome. In relationships the **choice point** may be simply recognizing the moment where we can choose peace…or conflict.

With food cravings or binge urges it's that moment when we **recognize the opportunity to choose health over self-indulgence.**

As the concepts from BreakThrough! are assimilated, mindfulness based stress reduction (MBSR; Kabat-Zinn, 1980), Dialectical Behavioral Therapy (DBT; Linehan, 1993) or other similar approaches, provide powerful tools to reinforce the gains that have been made. **Outcome research in the treatment of depression, anxiety, and stress disorders <u>all</u> suggest the use of mindfulness-based skills** (Khoury, et al; 2013). Skills from MBSR and DBT are designed to help us recognize and reduce stressors, as well as increasing our tolerance of negative emotions, decreasing critical self-condemnation, and enhancing our problem-solving capabilities (Mothershill, 2016). Mindfulness is key to **R**ecognition of our state(s), building **R**esistance, and ultimately maintaining **R**esilience and **R**ecovery.

One of the goals in this program is to help you appreciate and enjoy your life as you experience it now; knowing that we're working on dreams and goals at our own pace. **Being present in life and living at the pace of life are gifts that keep us centered** and allow us to give the best of ourselves to others. When we're centered or at peace, we can see things as they are without judgment or preconceived anticipation. We become aware that in most circumstances we have choices. This certainty in turn empowers us to tap into our potential and realize our dreams.

For obvious reasons, there is very little in this course that touches on religion and issues related to faith. This is not an oversight. Faith is a uniquely individual belief system and at last count….there are a few billion people on earth rather precariously held in place by gravity. If you have a specific faith and meditative or prayer practices, you are encouraged to align them with the process of taking your journey through BreakThrough!

Chapter 2

Willpower is not enough!

Physiology, Biology, and Weight Management

The Role of Food in Early Development

Eating behavior describes all the facets of the relationship we have with food from the moment we're born. To fully appreciate this relationship let's consider how our eating behaviors and preferences develop. From birth we're suddenly exposed to a myriad of sensations; noise, light, touch, temperature, and odors that overwhelm our senses. Most of us cry out in indignant protest and we're immediately introduced to a breast or bottle to pacify (and nourish) us.

Over the next few weeks, the emotional connections between unpleasant sensations, our cries of displeasure, and the comfort provided by oral soothing are reinforced for life. As we start to crawl, many of us learn that having something in our mouth provides comfort when we're afraid, hurt, or tired. As our curiosity develops we also discover that oral stimulation not only provides relief from frustration, but at times boredom. Yes boredom…why the heck else would we stick our toes (or everything else) in our mouth?

For many of us oral reward (whether it takes the form of a thumb or lollipop) becomes our primary "go-to" behavior that provides relief from unpleasant experiences, emotions or sensations. We can't exactly talk about what we want so oral reward becomes the easy way to satisfy other unmet needs.

When we think about our development from this perspective it's not surprising then, that as we mature, we continue to turn to food or other oral stimulation (such as smoking or chewing gum) to relieve (dis)stress.

When you're stressed or upset, how often do you use food or oral soothing (smoking, gum, toothpicks) as a distraction or coping technique?

Important Developmental Milestones

Early cognitive milestones that relate directly to lifelong eating habits and weight control are the concepts of **delay of gratification**, **self-regulation** and **"enough."** From the perspective of eating and early development, delay of gratification begins with parental influences. This shift requires more robust yet less frequent feedings.

Delay of gratification is related to learning self-regulation. When parents regulate feeding times and control portion size then self-regulated eating behavior and learning can develop. We will eat what we need to have enough energy to make it to the next feeding. If we don't eat enough; we become hungry and irritable. If we eat too much, or too quickly, we'll likely to redecorate our environment (as well as becoming hungry and irritable).

Do you struggle with self-regulation when it comes to quantity / quality of food?

What are some of your early memories of soothing "comfort" foods?