



**Mental Health
Treatment In Recovery
from Obesity**

DR. HEATHER HAMILTON
Counselor, PhD, LPC, DCC, NCC

Obesity and Mental Health

The pillars of obesity treatment (OMA 2022) set forth an integrated approach for the treatment of obesity to include behavioral health.

Currently, there's a severe shortage of available resources & tools to address the underlying mental health conditions that contribute to obesity & T2 diabetes. However, integrated health is now mandated at a federal and state level.

Dr. Heather Hamilton developed the hybrid learning program ***Breakthrough!*** to meet this gap. The program endorsed by the ACA, & NBCC, provides a resource for healthcare professionals to address & integrate core mental health components of patient care.

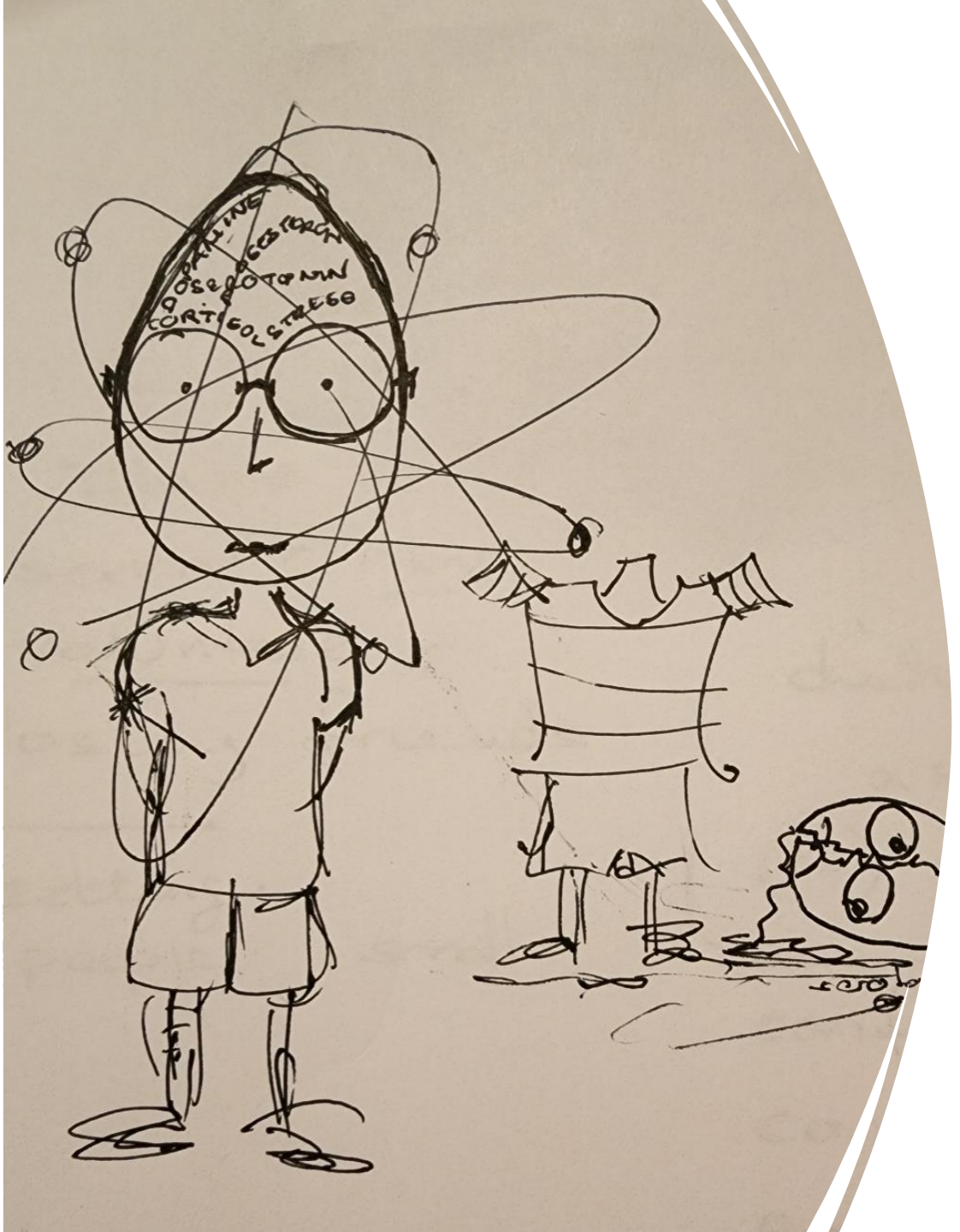


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Mental Health Support for Patients in Recovery from Obesity

Key Presentation Points

- The pillars of obesity treatment (OMA 2022) set forth an integrated approach for the treatment of obesity to include behavioral health, which is mandated at federal and state levels.
- Mental Health disorders contribute to the development of unhealthy eating behaviors, obesity & diabetes.
- Obesity increases the likelihood of suffering from dementia and significant health problems
- Resource support and/or availability for patients suffering with co-occurring mental health disorders and serious health conditions is extremely limited
- *BreakThrough!* addresses core mental health components of patient care.



Integrated Care Benefits Everyone

- The body & mind heal (or suffer) together
- Most illnesses and mental health disorders are bi-directional.
- Cross-discipline teams can successfully treat obesity even in remote environments.

Mind - Body Everything is Inter-related

DEPRESSION

Higher incidence of obesity and increased risk for developing Type II Diabetes

ANXIETY And STRESS

Higher incidence of dysregulated eating

TRAUMA

Higher likelihood of developing obesity

ADDICTION

Food takes over as a mood-altering drug

PERSONALITY

Self-view influences thoughts, behaviors and emotions

CONFLICT

Relationships and other conflicts are fuel for emotional eating

CULTURE

Family dynamics encourage food in place of emotional support

DIET CHOICE

Poor nutrition increases likelihood and early-onset of cognitive disorders such as dementia & Alzheimer's

Obesity: Mental & Behavioral Health

- Behavioral Health (BH) focuses on what people can do to improve health outcomes. BH offers guidance on exercise, nutrition, and to a limited extent, overcoming triggers/cues for unhealthy eating behaviors.
- Mental health (MH) focuses on the identification and treatment of psychological conditions and disorders. In this context, MH explores the cognitive & emotional patterns that lead to emotional eating and unhealthy eating habits.
- **Similarities:** A focus on goal-oriented change. MH takes a deep dive into client history, self-view, & self-efficacy, to develop the insight and skills that facilitate cognitive restructuring & enduring change. BH is more present-focused and offers clients tools to recognize & resist unhealthy impulses and desires.

Together, MH and BH promote wellness.

OMA – 2022 Behavioral Therapy Guidelines



Optimal behavior therapies are ones that are:

1. Feasible
2. Efficacious
3. Measurable
4. Promote self-ownership

“Efficacy is enhanced via frequent encounters with qualified medical professionals, education, stimulus control, **cognitive restructuring**, goal setting, self- monitoring, behavioral contracting, problem solving, social support, and other contingencies.”

OMA – 2022 Guidance: Cognitive Restructuring



- A process intended to replace unhealthful and unproductive thoughts and perceptions with more healthful and more productive thoughts and perceptions.
- A plan to counteract unhelpful or dysfunctional thinking to support more healthful behaviors and actions.
- A focus on realistic weight-reduction in terms of medical and mental health, and not simply body appearance.
- Using skills that encourage patients to acknowledge that they're capable of positive thoughts and behaviors (MI)
- Patients practice behavior therapy skills between clinician encounters

Enrolling Patients in the Change Process

Provider Willingness

Provider willingness to integrate behavioral health care with primary care treatment is improving. That said, most practitioners don't have the time to become experts in the mental health disorders and interventions that lead to recovery from emotional eating and self-sabotage.

Patient Participation

in recovery from emotional eating begins as early as intake. It's important however, that patients self-assess & identify their challenges with food addiction, readiness for change, and other mental health concerns.

Insight

Patients know they're overweight, but not always the reasons why. Patients often confuse their identity ("I'm fat, lazy, & ugly") with making healthy choices (I can learn to eat differently). *BreakThrough!* offers tools and encouragement to learn what can they can do to support their wellness & well-being.

BRE Δ KTHROUGH!



Breakthrough! is endorsed by the ACA, NBCC, and NADAAC.

This program includes:

- ✓ 192 Page Workbook
- ✓ Online Courses
- ✓ Group Session Facilitation Guide



The *Breakthrough!* Approach

- **Integrated Care.** *BreakThrough!* is an innovative solution for integrated MH care in the treatment of obesity, Type 2 Diabetes and related illnesses.
- **Patients do the work.** Some may need referrals for more intensive counseling, but online groups are a beneficial starting point for developing recognition and recovery skills, as well as social support.
- **Develops patient self-awareness.** Every client we onboard completes the [Yale Food Addiction Scale](#), as well as measures more specific to depression, anxiety, quality of life, and trauma when indicated.

Typical 4 Month Integrated Care Program

	Intake	WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8	WK 9	WK 10	Units
MD	0.25						0.25				0.25	0.75
RN	0.25					0.25			0.25	0.25		1
Therapist	1				1		1			1		4
Nutritionist			1					1*				2
Group		1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	15
Med Asst			0.25		0.25			0.25			0.25	1
E-Learn		1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	0
Admin	0.25									0.25		0.5
Weekly Totals		1.5	2.75	1.5	2.75	1.75	1.75	1.75	1.75	3	2	24.25

Yale Food Addiction Scale

Clients and curious prospects are encouraged to take the YFAS assessment on the *Breakthrough!* online learning platform.



BREAKTHROUGH!

The Psychological Program for Weight Loss and Mental Health Wellness

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Welcome to the BreakThrough! Online Learning Platform

Your Journey to Recovery Begins Here

[View Courses](#)

MH Recovery Topics - Obesity

- Integrated Weight Management Therapy – evidence-based practices
- The Brain and Behaviors - Daily Reflection
- Willpower is not Enough!
- Addiction
- Depression
- Anxiety
- Complex Trauma
- Personality & Thought Patterns
- Relationships
- Our Environment of Food

BRE^ΔKTHROUGH!

4R Path to Cognitive Restructuring

Recognition

New information provides insight into our behavior and traits. Teaches clients how to make healthy (long-term) choices to help them reach goals.

Resistance

Takes advantage of brain plasticity. Affirmative self-talk and new skills help re-wire and re-orient impulsive or emotionally – driven behaviors.

Resilience

Is a result of consistent and purposeful resistance. Describes new brain regulation that supports and advocates life-sustaining, healthy choices.

Recovery

Encompasses both an improved capacity for optimal regulation as well as a new operating range (instead of set point).



IWMT (Evidence Based Practices) & 4R Approach

- **Recognition**

Psychoeducation, Family of Origin, Attachment Styles, Identification of Eating Behaviors (DR), Inner Critic, Brain Chemistry

- **Resistance**

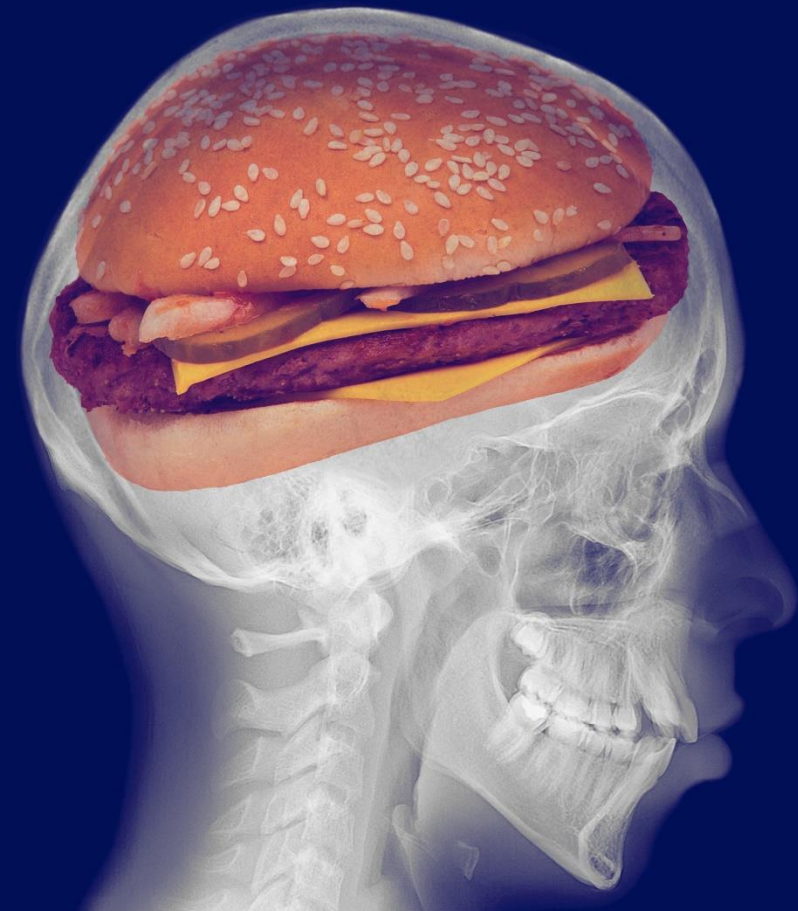
CBT – REBT- Active Cognitive & Emotional Restructuring

- **Resilience**

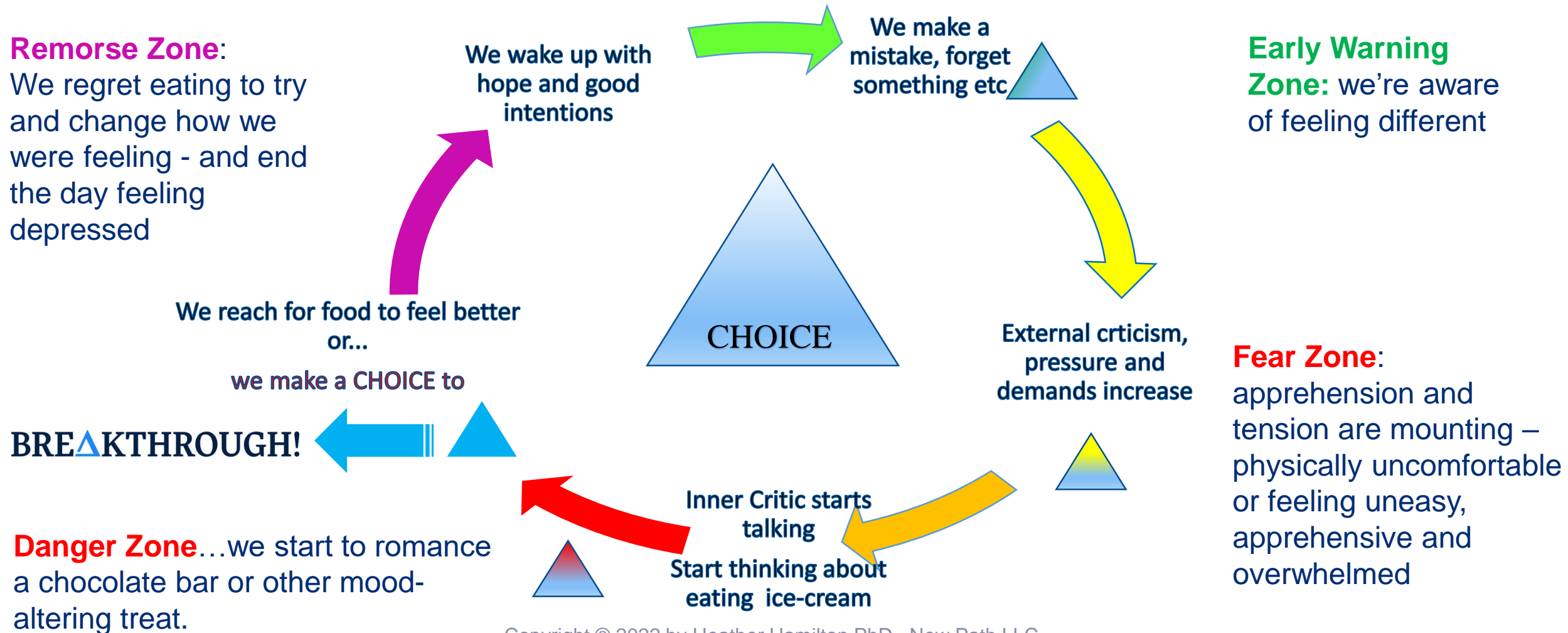
REBT – Mindfulness – Relapse Prevention

- **Recovery**

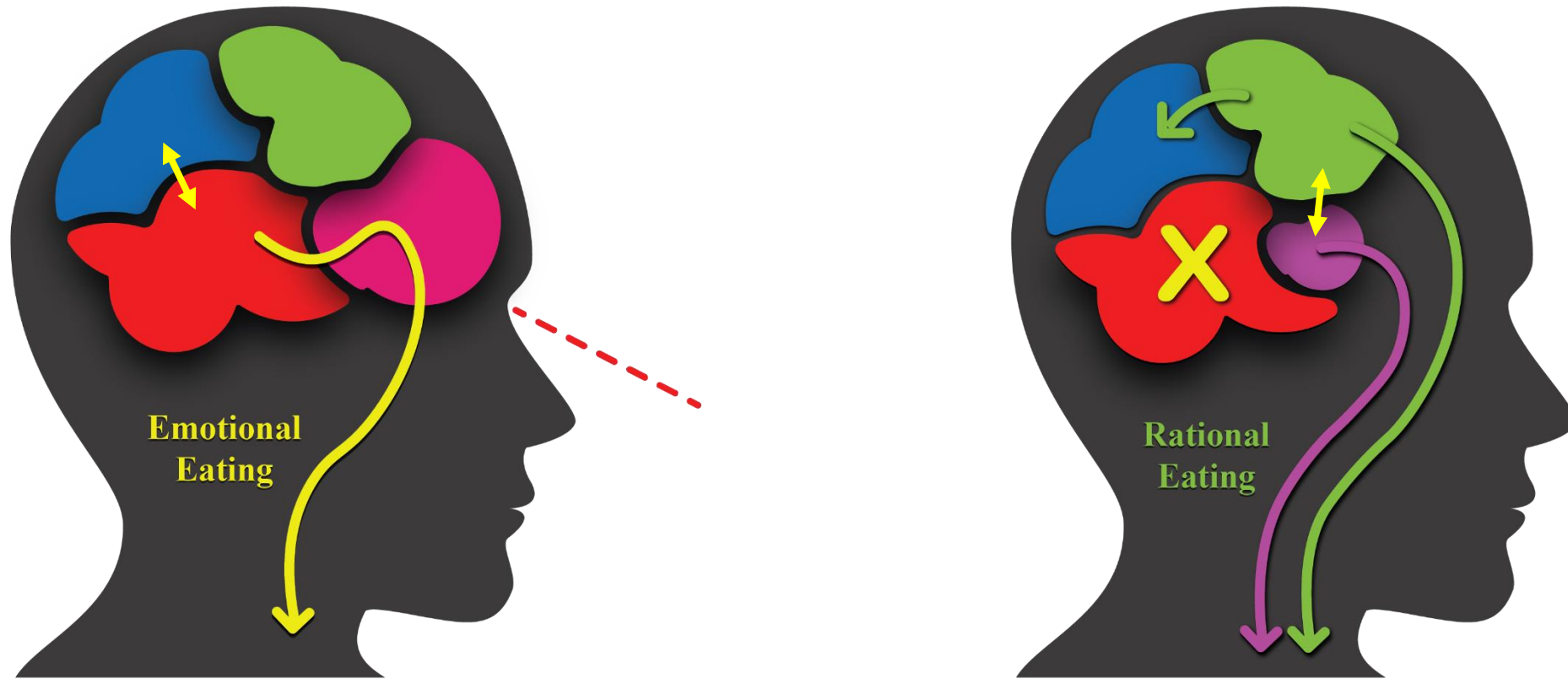
Inner Coach



Cycle of Emotional Eating



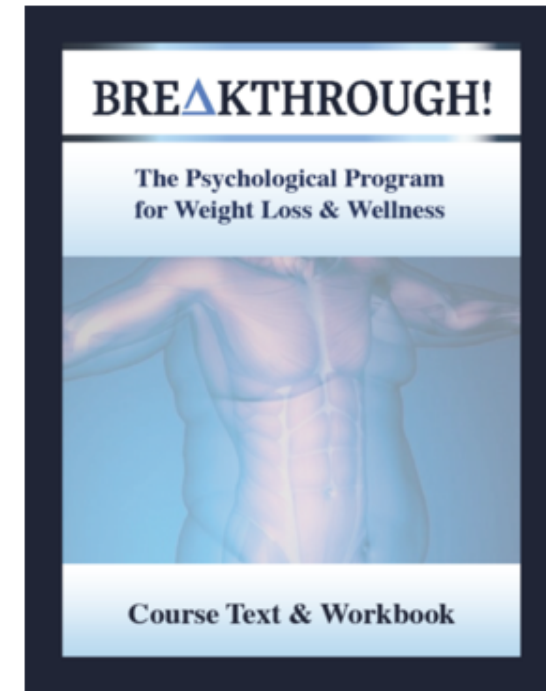
We (humorously) Discuss the Brain & Eating Behaviors



Clients Self-Identify Moods & Behaviors

BREAKTHROUGH!	
Daily Reflection	
BEHAVIOR	
<input type="checkbox"/>	EATING FOOD I KNOW IS UNHEALTHY
<input type="checkbox"/>	EATING MORE THAN I HAD PLANNED
<input type="checkbox"/>	EATING ON THE RUN
<input type="checkbox"/>	EATING TO CHANGE EMOTIONAL STATE
<input type="checkbox"/>	EATING LATE AT NIGHT
<input type="checkbox"/>	EATING FOR REWARD
<input type="checkbox"/>	HEDONISTIC BINGE EATING
<input type="checkbox"/>	ON TARGET / MINDFULL
<input type="checkbox"/>	OTHER
MOOD STATE	
<input type="checkbox"/>	TIRED
<input type="checkbox"/>	BORED
<input type="checkbox"/>	STRESSED / RUSHED
<input type="checkbox"/>	SAD / HURT / LONELY
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Daily Reflection

Daily Reflection Tool

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Daily Reflection	
BEHAVIOR	
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RECOGNITION

- ▶ **How Do I Feel**
- ▶ **What Am I Doing?**
- ▶ **Where Am I Vulnerable?**
- ▶ **What Are My Healthy Choices?**

Develops Resistance With Practice

BRE Δ KTHROUGH!

We Discuss Key Concepts for sustained RECOVERY

- Delay of Gratification
- Self-Regulation
- Functional Concept of “Enough”
- Changing perceptions of emotional reward
- Resisting mood altering behaviors (with food)
- Challenging self-defeating thought processes





“For a little while, food fills a void in me; when I feel full, I don’t feel the pain. When the pain comes back, I just eat more and more. Even knowing how crazy this sounds - I can’t stop myself; I feel like I’m losing my mind”

We Talk About Addiction

Addiction in the context of food can be simply defined as a brain disorder caused by repetitive consumption of high fat and sugar foods (HFS) that alters normal functioning of the central nervous system and results in behavioral abnormalities (Melis, et al., 2005).

We teach the disease model of addiction and draw similarities between substance & food addiction to establish a common language and scaffold on successful addiction treatment modalities.



We Explore Depression



- Bi-directional with health issues (chicken or egg doesn't matter)
- Low Dopa activity = less motivation, less movement
- Rate of adult obesity increases from 40% to over 55% for those with depression
- Affects 33% of population (lifetime)
- Medication may exacerbate weight management
- Less visible to practitioners than physical attributes of obesity

Similarities - Depression & Metabolic Disorder



- Unhealthy diets favoring energy dense (fat / sugary) foods
- Reduced physical activity and a sedentary lifestyle
- Impaired sleep and/or circadian cycles that deteriorate mood and increase body weight
- Recurrent psychological stress and/or unresolved psychological distress contributes to late-onset of MD and depression
- Bidirectional – each contributes to the other

We Explore Anxiety

- Compulsive or repetitive behavior is often the expression of unresolved:
 - ✓ stress
 - ✓ anxiety
 - ✓ frustration
 - ✓ ruminative, obsessive worry
- Concerns with body-image and physical health contribute to stress which in turn factor into the development of disordered eating and eating disorders such as Bulimia and Binge Eating Disorder (BED).
- Skills for overcoming anxiety & social anxiety are discussed in depth from a 3-part construct.



Similarities – PTSD & Mood Disorders

- The pervasive sense that they're not okay
- An underlying fear that they'll never be the same – never be happy or well again
- The fear that other relationships or situations will never be the same
- Thoughts of being bad or undesirable because of things that have happened
- Feeling alone, lonely, sad
- Feeling misunderstood by others
- Afraid no one will like them if they know what is going on (or happened)



We talk about Personality Attributes, Behaviors, & Thought Patterns

Personality:

- Our personal view or our “story” of self and identity
- How we view ourselves in relation to others
- How our views and behavior are adversely affecting our life, relationships, health and well-being

Thought Patterns:

- What we’d like to change
- What we can do differently

Bias in Thought Processes

- Heuristics and mental shortcuts
- Confirmation Bias
- Hindsight Bias
- Irrational Escalation
- Restraint
- Observational
- Negativity
- Current Moment



Cognitive Reflection - Recognition

- We train clients to listen for negative, self-defeating thoughts. (Conditional thinking)
- By surfacing these thoughts from the realm of automatic responses, they're able to isolate the various elements and challenge them.
- Fill in the Blank. I LOVE MYSELF BUT...
- I LIKE MYSELF BUT...
- The “BUTS” have likely become their SELF-VIEW.
- Clients begin to recover when they recognize that their self-view may be inaccurate!
- An accurate self view (strengths) leads to a sense of efficacy & the drive/desire to make healthy choices.



We Explore Relationships

Relationship Conflict is a significant trigger for emotional eating!

- *BreakThrough!* explores relationships through the lens of Transactional analysis (TA) to uncover dynamics that lead to emotional dysregulation (depression, anxiety etc.).
- Roles in relationships may need to shift (Enabler / Saboteur)
- We review and practice basic non-violent communication skills and techniques for addressing and expressing emotional concerns in a safe manner



We Explore the Environment of Food

- The role of food in early development
- Roles & behaviors we associate with food – mother, wife, husband, provider etc.
- Memories and associations with food
- Four Environments for Change - Home, Work/School. Extended Family, Community
- Fat Shaming
- Targeted marketing, immersive environments and social media.

We Teach Choice Points & Mindfulness

- **Choice points** - those brief moments we recognize where a situation can go one of two ways, and... we have a small window of opportunity to choose or influence the outcome.
- Once patients begin to develop awareness of their thoughts and emotions (vulnerabilities) they can identify some of their **choice points**; mindfulness is integrated into the development of coping skills.
- We teach skills and techniques for stress reduction – guided meditation, body scan, visual imagery, activities etc.



Topics & Discussions are Pragmatic, Straightforward, Humorous, and Insightful

[https://www.breakthrough-lms.com/topics/2-3-our-brain-on-autopilot-2/LMS Brain Demo](https://www.breakthrough-lms.com/topics/2-3-our-brain-on-autopilot-2/LMS%20Brain%20Demo)

Integrating MH & BH Into Primary Care

Challenges to implementing integrated care to comply with state and federal mandates:

- Organization size
- Resource availability
- Provider willingness
- Patient participation
- Economic support
- Under-served & remote communities
- Structure & accountability
- Shared understanding & support across provider team

Organization Size

Organization size, structure & mission present significant challenges.

In order to integrate any program into an existing organization, practical considerations to address:

- Size – cross team education
- Structure & mission – identifying and enrolling patient population
- Support – resources to provide supervision, monitoring & improvement

To be successful, programs or courses have to be standardized; easy to facilitate, flexible, and scalable. Other factors include cost containment and effectively serving rural and under-served communities.

Resource availability is a roadblock to integrated care initiatives and certainly the case for mental health support. Demand for individual mental health care far exceeds practitioner availability. Offering weekly group support – in person or online is more readily implemented with structure and efficient use of resources.

Integrated Care - *BreakThrough!*

- **Programs are** flexible and designed for individual or group intervention
- Participants attend or complete 10-12 sessions over four months - in person or remote through LMS
- Topics and skills are introduced progressively throughout the course.
- Patient materials include a 200 page course manual, LMS access, & cert. of completion.
- Modular design allows for resequencing or open groups if necessary
- On-line program materials are continuously updated to reflect emerging research and best practices
- Cost – affordable and determined by provider, facility size, supervision, etc.

Wrapping up: Compliance & *BreakThrough!*

Example: Washington State's Health Care Initiatives.

Drive toward transformation is predicated on three primary drivers—or strategies:

1. Improve health overall by building healthy communities and people through prevention and early mitigation of disease throughout the life course.
2. Improve chronic illness care through better integration of care and social supports, particularly for individuals with physical and behavioral co-morbidities.
3. Drive value-based treatment across the community

Guiding Principles (WA State)

4. Improve health equity: Reduce health and health care disparities by ensuring equal access to limited high-quality resources
5. Encourage individual responsibility for maintaining and improving health
6. Provide resources and structure for greater accountability
7. Acknowledge and overcome delivery challenges and opportunities in different geographic areas and for different population subgroups.
8. Utilize resource guided and supported e-learning and tele-health for rural or underserved communities and those with disabilities

BreakThrough! Supports WA State Principles

- Treatment expectations are transparent to providers, participants and insurance companies (Principles 1 & 4)
- Program structure increases accountability for participants to ensure adherence to treatment goals ahead of costly (gastric) surgeries (Principle 2)
- *BreakThrough!* programs are designed to integrate evidence-based behavioral health care into the treatment of chronic illness across all communities (IWMT) (Principle 3)
- *BreakThrough!* promotes cost-effective utilization of human resources while maintaining and/or improving health outcomes through data collection (Principles 5 & 6)
- The *BreakThrough!* programs present structured behavioral health programs for efficient and strategic primary care including remote and under served communities. (Principles 7 & 8)

BRE Δ KTHROUGH!

The Psychological Program for Weight Loss and Mental Health Wellness

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Achieve Your Goals for Long-Term Weight Loss & Mental Health Wellness

The **BreakThrough!** course, text, presentations, and tools provide a progressive and structured approach to recover from emotional eating behaviors. Founded on evidence-based practices and integrated weight management theory (IWMT), **BreakThrough!** is an effective treatment for the mental health problems that contribute to disordered eating, and the development of obesity.



BRE Δ KTHROUGH!

The Psychological Program
for Weight Loss & Wellness



Course Text & Workbook



NAADAC 2022

Advocacy in Action

Conference & Virtual Hill Day

April 19 - 21 | A Virtual Experience



<https://www.breakthroughwmt.com/>