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Overcoming Disordered Eating

Information Pack A

Take Charge ... Initiate Change

Module 2

How Ready Am I to Change?

Introduction	2
How Ready am I to Change?	2
Worksheet: Change Process Balance Sheet	4
What Kind of Treatment is Right for Me?	5
Treatment of Eating Disorders	6
Module Summary	8
About This Module	9

This is the second 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 unhealthy 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*



Introduction

In Module 1 we provided information about the unhealthy impact of eating disorders. We introduced BMI (Body Mass Index) and showed you how to calculate your current BMI and your healthy weight range. We helped you identify whether or not you had an eating disorder or disordered eating of any kind. In this module we will help you identify the pros and cons of changing, and work out whether or not you are ready to change. We will help you decide whether this type of self-help is appropriate for you or whether you need treatment from a professional. We will then describe the approach taken throughout this information pack.

How Ready Am I to Change?

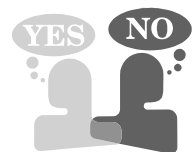
Research has identified a number of stages in the process of readiness for change. First, there is **pre-contemplation**, where someone is not ready or willing to consider change. (An example of this is a young woman who has lost a lot of weight, but won't admit she has a problem.) Secondly, there is **contemplation**, where the person has begun to consider changing, but hasn't yet taken any action. (This might be when the young woman realises she has a problem but is reluctant to go for help, as she is terrified of putting on weight.) Thirdly, there is the **preparation** stage, where someone is preparing to make a move towards change. (Here, the young woman has got the phone number of a local clinic, but hasn't had the courage to call them for an appointment.) Lastly, there is **action**, when the person is actively involved in change. (The young woman is engaged in treatment.)



How ready are you to change? Which stage are you in? It's not always that simple, as you can switch from one stage to another in minutes! And just because someone has started to have therapy for an eating disorder, it doesn't necessarily mean s/he is in the *action* mode. S/he may have gone back into the *preparation* or even *contemplation* stage. Write down some of your thoughts about where you are in this process.

Ambivalence

There is probably a part of you that is eager to get healthy, and another part that is terrified of giving up your disordered eating. This can be seen as an internal battle between the *healthy you* and the *eating disordered you*. We do understand this, and we refer to this as *ambivalence*. We know that people who have eating disorders find it hard to change and hard to give up their disordered eating. Some people see their eating disorder as a friend, or a lifeline.



We hope to show you that disordered eating is dominating your life in an unhealthy way. While you are in the middle of your disordered eating, you are listening to messages from the eating disorder mindset. For example, if you are giving yourself messages such as: "I'm a pig, if I eat that I'll get fat", it is not going to make you feel good about yourself. What we are offering is a new set of messages, to build up a more positive sense of self and to replace the old eating disordered messages with a new constructive mindset. (We will say more about "Mindsets" in Information Pack B.)

Is this the right time?

It's easy to say that there is never a 'right time' to embark on a challenge, and it's easy to put off change indefinitely. However, this is often an excuse. We urge you to take up the challenge of improving your health by improving your eating and weight control behaviours.



However, there *can be* a ‘wrong time’ to start your change programme. Examples of a wrong time are: a serious illness diagnosed in yourself, a family member or friend; the death of a loved one; an accident or injury; losing a job; having to move home. These can be traumatic, and it is reasonable that such an experience might mean you aren’t ready to focus on your disordered eating. If you are in the midst of turmoil and you don’t think you can commit fully to this endeavour now, then wait until you are ready and take up the challenge then, with renewed vigour. Set a date when you will re-read this module and write it down as a commitment to yourself. Make a plan (e.g., come back to it in 3 months; write a reminder in your diary).



A word about weight and weight loss

The goal of weight loss is incompatible with recovering from an eating disorder. If you are serious about working on your disordered eating, you mustn’t be trying to lose weight at the same time. This is because if you are trying to lose weight, you will be tempted, however subtly (and maybe not so subtly!) to restrict your food intake. In the next module we will show how this would lead to overeating and/or binge eating, and the cycle of your disordered eating would be maintained.

Most people of average weight (with a BMI of 20-25) who follow eating guidelines such as those provided in this information package find that their weight stays within about 1 kg of where they started. Some people actually lose weight once they stop binge eating. Even if you REALLY want to lose weight now, we recommend that you suspend that goal, at least temporarily. If you work through this information package and still want to lose weight at some point in the future, then you can go ahead (with advice from a dietitian or your doctor). But you must decide: “What do I want NOW? Do I want to work on my disordered eating, or do I want to lose weight, even if it means continuing with my disordered eating?” You can’t do both at the same time. *Remember, even if you are in the ‘healthy weight range’, if you are engaging in vomiting or laxative misuse, you should see your General Practitioner for a medical check-up.*

If you are objectively overweight (with a BMI of above 30) it might make sense for you to be contemplating losing weight in order to improve your health. If you have been binge eating and now stop this behaviour, it is likely that you will lose weight anyway. But again, we suggest that you put any plans for weight loss on the back burner until you have been able to develop regular eating habits (Module 5) and have stopped binge eating (Module 6). We suggest that you work through all the modules in this information pack before addressing the issue of weight loss. Once you are eating in a healthier manner and have developed healthy habits and helpful coping patterns, you may wish to revisit the notion of weight loss. If you have not lost weight, you may want to get advice from a dietitian for help with a healthy weight-reduction plan. *Remember, if you have a BMI over 30, you should see your General Practitioner for a medical check-up.*

If you are objectively underweight (with a BMI of below 19) it is not healthy to lose more weight. In fact, to become healthy again, you will need to regain some weight. We realise this might be daunting and we hope to help you with this challenge. Once you learn to eat regularly and let go of your dietary rules, it is likely that you will regain your health and attain a weight within the healthy range. *Remember, if you have a BMI under 18, you should see your General Practitioner for a medical check-up.*

Overleaf is a worksheet designed to help you examine the pros and cons of keeping with or changing your disturbed eating habits and weight control behaviours. Please take a few minutes to look it over, and fill in the four sections.



Change Process Balance Sheet

Take a moment to think about your disordered eating...

<p>List the negative consequences of experiencing your current problem. Think about the difficulties that you are currently experiencing. (For example, perhaps you are feeling dizzy, or can't concentrate because of your preoccupation with food.)</p>	<p>List the positive aspects of experiencing your current problem. There are positives and negatives about almost every situation. (For example, perhaps you have been using eating to manage painful feelings.)</p>
<p>List the personal benefits that you expect if you change yourself. Think about a general goal and how you will have to change in order to achieve it. (For example, perhaps you will be able to enjoy eating out with friends if you overcome your disordered eating.)</p>	<p>List the personal costs that you expect if you change yourself. What do you think you'll need to give up in order to change? There are costs and benefits to almost all types of change. (For example, perhaps you'll be expected to do things differently and get out of your comfort zone.)</p>



What did you learn from doing this exercise? How ready for change do you think you are? How willing are you to suspend the goal of weight loss? Take a few moments to jot down your thoughts.



What Kind of Treatment is Right for Me?

If you are reading this far into the module, it is likely that you are at least willing to consider changing your behaviours. You deserve a pat on the back and encouragement. It takes courage to change. Please remember to read through all of the modules before embarking on any serious commitment to change. Change is difficult for anyone, and changing disordered eating is particularly challenging! So we ask you to think very seriously before making a commitment to change. We feel it's important that you are fully aware of what's entailed and how hard it might be at times. We will offer guidance to help you at all stages of this Information Pack, but you need to be prepared to continue, even when the going gets tough. It's like running a marathon: we can be the "coach" behind the scenes, offering advice and direction, and your friends/partner/family can be the "cheerleaders"...but at the end of the day, it's YOU doing the hard work.

This set of Information Packs is designed to help anyone with disordered eating and/or weight control habits. Although the stereotypical person with an eating disorder is a teenager or young woman, what we say here is applicable equally to men of all ages and older women who have eating problems.

Before we go further into describing the kind of help that we offer in this Information Pack, you should ask yourself: Is self-help the best way for me to tackle my problems? Are my problems too serious and do I need professional help?

There are many directions you could take. You could work on these modules on your own. You could work on these modules with a friend. You could get professional help. You could seek professional help at the same time as working through these Information Packs. The main point here is that you recognise that you want to change - even if it's only a tiny part of you that does! At the very least, if working through this Information Pack is a first step that moves you forward, then it will have been useful.

Please note: self-help might be just right for you, but it may not be sufficient and you may need professional help. In any case, we do urge you to get a medical check-up from your General Practitioner. It is important to realise that there are many physical complications from some of the most common weight control methods, especially strict dieting (rapid weight loss, extremely low weight) and purging (self-induced vomiting and laxative misuse). See Pages 6-8 of Module 1 for more details.



Treatment for Eating Disorders

One of the most common forms of treatment for eating disorders is Cognitive Behavioural Therapy (CBT). CBT is designed to change the behaviours and thoughts (cognitions) that keep an eating disorder going. CBT is the leading evidence-based approach to treating eating disorders. It has also been shown to be useful in self-help. In this information package, we follow the principles of CBT. We draw on work by experts in the field of eating disorders, who publish in scientific journals and present their findings at specialist conferences.



The focus of CBT is changing behaviours and challenging the thoughts that keep the disorder going. Being conscious or aware of a behaviour or a thought is vital in order for change to occur. If you aren't aware of something, how could you possibly change it? Obviously, just being aware isn't sufficient, but developing awareness is a necessary first step in changing behaviours. Once you become aware of the behaviours you thought were automatic and out of your control, you realise that they are amenable to change and you CAN gain control over your eating. We will be helping you develop awareness about what you are doing – which may not always be welcome or easy. You may prefer to hide your head in the sand than confront reality...but if you do this, you won't change.

We will now outline some of the key components of CBT for eating disorders. These components will be expanded in subsequent modules. You can use them to help you work on your disordered eating, *but if you have an eating disorder you may also need professional help in overcoming your problems.*

Understanding the Vicious Cycle

We will be explaining in Module 3 how disturbed eating habits develop and what keeps them going. We call this the 'vicious cycle' of disordered eating.

Self-Monitoring



To combat your disordered eating habits you will need to keep a record of your food intake. We call this "self-monitoring", which will be introduced in Module 4. Self-monitoring allows you to identify the type of situations and events that influence your eating or trigger disordered eating. You will find that when you are conscious of your eating habits, you can start to make changes.

Regular Eating

Regular eating is central to overcoming disordered eating. This behaviour will be introduced in Module 5. Regular eating involves eating something roughly every three hours, and usually takes the form of three meals and 2-3 snacks each day. Regular eating will help you to establish a positive eating routine. Regular eating will help to combat infrequent eating, because it will give structure to your eating. Regular eating will also help to combat binge eating, because it will prevent the extreme hunger that can lead to over-eating.

Regular Weighing

Weighing yourself just once a week will help you to gain an accurate understanding about the relationship between changes in your eating habits and changes in your body weight. It is important that you do not weigh yourself more than once a week, because this may lead you to assume, mistakenly, that the fluctuations of normal body weight are associated with particular meals or foods. We will talk more about this in Module 5. We also want you to take charge of your life by focusing on changing your behaviours and not being dependent on the information provided by weighing scales.



Psycho-Education

As you progress through this information package, you will be given information about disturbed eating habits and weight control behaviours. You will come to understand what maintains your disordered eating and how you can use this information to overcome it. You will also learn about the ineffectiveness of dietary restraint and purging as weight control methods, and find out about their negative consequences. This education about disordered eating is central to CBT. When you understand your disturbed eating, you can learn to “outsmart” it. We will give you specific information about disturbed weight control measures in Module 6.

Behavioural Change

Once these preliminary objectives are in place, you will find you can start to address specific disordered behaviours, such as restricted food intake, binge eating, purging and driven exercise. We will begin to combat these behaviours in Modules 6 – 8.

Cognitive Change

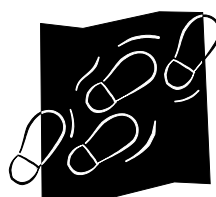
‘Cognitions’ are thoughts. In Information Pack B we will help you identify and change the unhelpful thinking that accompanies disordered eating. We will help you understand how your preoccupation with controlling eating, shape and weight actually keeps it going. *We recommend that you complete Information Pack A (tackling behavioural change) before progressing to Information Pack B.*

Awareness of your thinking patterns (“Meta-Cognitive Awareness”)

The term ‘meta-cognitive’ refers to the process of *thinking about your thinking*. It’s like taking a “helicopter view”, so that you can look down at yourself and your thought processes from a distance, and be more objective about yourself and your thinking. Being aware of your thoughts will help you to challenge unhelpful and dysfunctional thinking. An important part of this process will involve learning about your ‘mindsets’. Everyone has mindsets that influence the way they see the world. However, people with eating disorders have mindsets that lead them to interpret events in a way that reinforces or strengthens their disordered eating. You may recognise such mindsets in your own thinking. For example, if you were told “You look well”, would your mindset lead you to interpret this comment as “You look fat”? When you can recognise your own mindsets, you can begin to challenge the assumptions that support your disordered eating. (We will say more about “Mindsets” and meta-cognitive awareness in Information Pack B.)

Commitment

We encourage you to take this process of change one step at a time. It may take a while, but this is not a race. It is likely you have been experiencing disordered eating and weight control measures for some time, so be patient! Make a commitment to yourself to work on change – and to COMPLETE working through these modules. You will find that it is worth it! Write down your commitment to yourself.





Module Summary

- It is important to recognise any disordered eating you might have, and to identify whether you have an eating disorder.
- It is useful to think about how ready you are to change your disordered eating and to develop healthier eating habits.
- It is common for people with eating disorders to be ambivalent about change. In other words, while there is a healthy part of them wanting to get healthier, there is also another part of them which is afraid to let go of their disordered eating.
- You may wish to seek professional help if you have an eating disorder. This may be instead of, or as an adjunct to, this self-help information pack.
- Cognitive Behavioural Therapy (CBT) is the leading evidence-based approach to Eating Disorders. CBT aims to educate people about eating disorders and alter the behaviours and thought patterns that maintain their disordered eating.
- This information package follows the principles of CBT.

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 3 (How Eating Disorders are Maintained) we'll explore the factors that keep an eating disorder going. We'll also discuss how these factors can result in a vicious cycle of disordered eating.



About This Module

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BACKGROUND

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

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