Eating Disorders: Anorexia Nervosa, Bulimia Nervosa & Binge-Eating

Evidence Based Practices (EBP): Integrated System of Care; Universal Dual Diagnosis Capabilities; Principles of Empathy and Hope; Motivational Interviewing Approach; Stages of Change Model Design; Strength Based; Skill Building; Solution Focused; Neurochemistry Based Disorders of the Brain; Symptom Identification; Symptom Management; EBP Curriculum Topics, i.e. Nutrition, Stress Management, Cognitive Behavioral, and more…

Consistency in the Group Setting

The importance of *consistency* in a treatment setting can't be overstated. This is especially true when people are placed in vulnerable situations. *Inconsistency* can, at best, increase uncertainty and insecurity for the person receiving services. At worst, unpredictability can create a sense of helplessness while simultaneously decreasing a person's development of self-reliance. In fact, all human beings benefit from a dependable approach in the treatment of chronic disorders. When a person learns they can rely on consistency, they are less stressed and more relaxed. Consistency in the group setting includes the group structure, psychoeducational material, and the approach.

Each agency or facility will have different requirements – such as group receipts or paperwork – however, consistency can still include a structure similar to the following:

1. Group members pick up: a. Clip Board, b. Paper, and c. Pencil/Pen as they enter the room.
2. Group facilitator picks up the group receipts from each person in the group, and/or the group facilitator passes out the sign-in sheet for the group members to sign.
3. Group facilitator provides a Positive Group Beginning, Consistent Psychoeducational Material, Consistent Approach, and a Positive Group Closure.

Psychoeducational Groups and Crisis Event Processing (when requested)

Notes to Facilitator(s):

1. *The Basics, Second Edition* meets the definitions and goals of Psychoeducational Groups, Skill Building Groups, and Cognitive Behavioral Groups.
2. Group participants who have become accustomed to Interpersonal Processing Groups – as well as staff who have facilitated them – may find it a challenge to now facilitate Psychoeducational Groups.
3. Likewise, facilitators who may have followed a more lecture-style education presentation, may find it challenging to now devote at least 1/3rd of group time to specific topic discussions and interactions.
4. Both types of groups (Interpersonal Processing Groups and Psychoeducational Groups) are extremely important, yet each has different goals and structure.
5. The structure of Psychoeducational Groups, Skill Building Groups, and/or Cognitive-Behavioral Groups in no way means that there will not be *interaction* – far from it. It just means that the interactions, discussions, and exercises will be about the topic(s) of each group.
6. Facilitators *may* – or not – still want to allow time in each group for the group member(s) to discuss a crisis that may have occurred since the last group.
7. We do know, of course, that *every* person in group is typically experiencing many challenges each and every week; however, most of these incidents are often best resolved in ways other than group time where the event does not pertain to every group member.
8. Suggested responses to a challenge, problem, or crisis can also include suggesting the person contact their primary care provider; schedule a 1:1 appointment; reschedule their next 1:1 to an earlier time; or, meet with the facilitator after group to explore options and develop a plan.
9. A facilitator would, of course, not *"grade"* an event as being worthy or not for group time. If a person requests individual time in the group, then that would be accepted as valid and time allotted at the end of the group.
10. Over time, the group begins to understand the differences between a situation, a challenge, a problem, or a crisis and can make decisions to utilize group time or continue with the current psychoeducational topic.

Prepare Professionals

Suggestions for professionals to prepare themselves for group typically includes:

1. Review all content material, appendices, and/or handouts *prior* to group to avoid a lecturing style.
2 Decide beforehand the *key points* to be covered in each group to produce flexibility for group responses, discussions, or questions.
3. Gain an overall understanding of the content so summarizing is possible in order to create an interactive facilitation style.
4. Determine the group structure to achieve the essential balance between education and discussions.
5. Check group room to be sure there are enough clipboards, pencils or pens, and markers or chalk for the board.
6. Make enough copies of any handouts *before* group.
7. Write any group content on the board *prior* to the beginning of group whenever possible.

Master Guide & Master Tips to Professionals

Note: *The Master Guide* (located at the beginning of Volume I & II) and the *Master Tips to Professionals* (located at the back of Volume I) have many topics to assist in the group process like Master Tip #39: Suggestions For Managing Handouts For Groups (pages Master Tips 64-67). Other tips include:

1. Master Guide: Interactive Style (pages Master Guide 10-11)
2. Master Tip #1: Suggestions for Beginning Group (pages Master Tips 1-4)
3. Master Tip #3: Empathetic Treatment Approach (pages Master Tips 7-9)
4. Master Tip #4: Promoting Hope (page Master Tips 9)
5. Master Tip #5: Maintaining a Consistent, Nonjudgmental, and Positive Attitude (pages Master Tips 10-13)
6. Master Tip #12: Responding to Requests for Copies of Appendices (pages Master Tips 27-29)
7. Master Tip #13: Depth of Psychoeducational Content (pages Master Tips 29-30)
8. Master Tip #14: Group Closure Suggestions (pages Master Tips 30-31)
9. Master Tip #16: Motivational Interviewing (pages Master Tips 31-32)

Present Curriculum/Topic

1. It is extremely important that each group participant leave every group with more Psychoeducation than they came in with – which may also include discussing a "familiar topic" yet with a "present-day" focus. Psychoeducational Groups are designed to provide education about all areas related to the management of Substance Use Disorders and Psychiatric Disorders. Psychoeducational Groups are not Interpersonal Processing Groups – even though interaction and processing the particular *psychoeducational topic(s)* is essential to individualizing the topic(s) or skill(s) presented.
2. It is recommended that a minimum of 1/3rd of group time be devoted to interaction (therapeutic counseling *topic* discussions). This can be accomplished – depending on the individual style of the group facilitator(s) – by any "present education-interact/discuss – present education-interact/discuss" combination while still structuring the group to include the curriculum/topic education to be covered.
3. The presentation of material will, of course, be modified by the facilitator to match the functioning skills of group participants. It is important to note, however, that *The Basics, Second Edition* was written in a conversational language while taking into consideration a wide-range of symptom acuity and severity. Persons with co-occurring psychiatric and substance disorders benefit from learning about their disorders and how to manage them, as do all individuals with any chronic disorder(s). Each group participant will retain what is meaningful to them at the present time.

Group Beginning Suggestions

A positive group beginning (and ending) is extremely important. There are many ways to begin (and end) a group in a positive way. Suggestions to choose from can include:

1. Reading the Thought For The Day from a meditation book. (Note: Meditation books that also contain an index at the end of the book – such as *Easy Does It* – are helpful in choosing a specific reading that matches the topic(s) presented in group like Self-Esteem.), or
2. Reading an inspirational or humorous curriculum handout from *The Basics, Second Edition*, or
3. Practicing a deep breathing or a stretching exercise, *or*
4. Sharing of one thing that each person is grateful for today, *or*
5. Sharing of one positive thing that he/she did that contributed to their recovery in the past few days, or
6. Reading an AA Slogan with a brief explanation or AA/NA/Dual Recovery inspirational reading.

* Recommended Beginning: Breathing Exercise (located on page Master Tips 3)

Practice Curriculum/Topic

Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.

Eating Disorders: Anorexia Nervosa, Bulimia Nervosa & Binge-Eating
Volume I; Subject Two; Pages: Appendix II-58 – II-62; Subject 2-56 – 2-62

Based on a 2-Hour group: Two 50 minute segments	Time-Frame
Group Beginning	**20 Minutes Total**
Positive group beginning (suggestions are located on the previous page).	5 Minutes
1. Brief Group Introductions: (Note: The *interactions* in a psychoeducational group are discussions about the *topics*, not interpersonal processing or case management questions which do not apply to the entire group.) a. Ask the group members to tell the group their name. b. Welcome any group members who are new to this group or phase. 2. Crisis Processing (when requested and optional): a. Ask the group if anyone has experienced a crisis since their last group, and if they need/want additional time in this group to discuss it, i.e. what happened, how they managed the crisis, and/or explore options and develop a plan. b. Let the person(s) know that you will allow time at the end of this group for them to share their experience and receive support from their fellow group members.	10 Minutes ⇩
<u>Summarize Introduction of the Group Topic and Why It's Important (Subject 5-56):</u> Eating Disorders are characterized by severe disturbances in eating behaviors. Anorexia Nervosa, Binge-Eating Disorder, and Bulimia Nervosa are considered Psychiatric Disorders, in part, because people with these disorders do not feel they are in control of their eating behaviors (Health Center, 2002a).	5 Minutes ⇩

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame
To the Facilitator(s): 1. In the first half of this group we will talk about The Basics About Eating Disorders. 2. In order to finish this section before break – while still leaving 5-10 minutes for comments and questions – you'll need to paraphrase, highlight the main points, briefly summarize the material, or choose to focus on specific sections while skipping others altogether.			30 Minutes
The Basic About Eating Disorders	Appendix II-58 – II-62	Summarize the information in Table One shown below as time allows.	

Table One

1	Prevalence	4	Types	7	Course
2	Men & Women	5	Causes	8	Symptom Severity
3	Risk	6	Onset	9	Co-Occurring Disorders

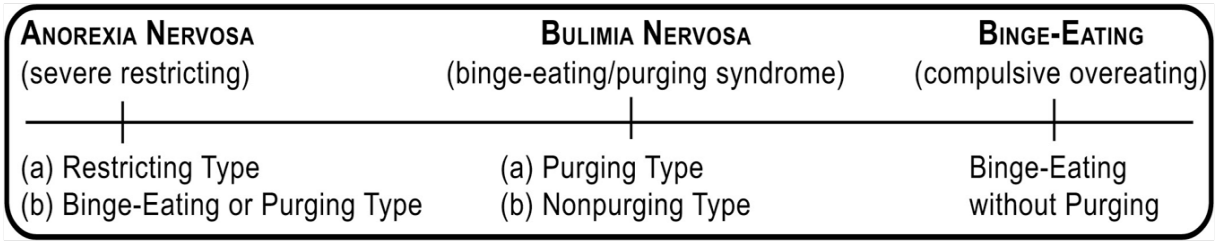
Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group:
1. What comments do you have about this material so far?
2. Do you relate to Eating Disorders in a personal way?`

Break — **10 Minutes**

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Myth and Fact of Body Image in Our Society	Subject 2-56	Summarize the one Myth and Fact shown in the table located in the text.	15 Minutes	20 Minutes
Typical Weight *Concerns* Versus an Eating *Disorder*	Subject 2-56 – 2-57	Summarize three paragraphs.		
The Development of an Eating Disorder	Subject 2-57 – 2-58	1. Summarize one paragraph. 2. Summarize second paragraph and summarize the types of Eating Disorders in Table Two below. 3. Refer to the text for explanations of each.		
Table Two: 1 Binge-Eating Disorder; 2 Bulimia Nervosa; 3 Anorexia Nervosa				
Reluctance to Seek Treatment	Subject 2-58	Summarize two paragraphs.		

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
The Continuum of Eating Disorders	Subject 2-58	Explain the graphic shown below.	continued	continued



Symptoms of Anorexia Nervosa (Refer to Appendix II-63 – II-64 for a more extensive coverage of symptoms.)	Subject 2-59	Summarize symptoms of Anorexia Nervosa shown in Table Three below.		

Table Three

Physical Symptoms	Cognitive/Thinking, Perception, and Emotional Symptoms	Behavioral Symptoms
Amenorrhea: absence of at least three consecutive menstrual cycles in females who have started mentruation; a woman is considered to have amenorhhea if her periods occur only following hormone administration such as estrogen	**Distorted Perception of Body Image:** disturbance in the way in which one's body weight or shape is experienced undue influence of body weight or shap on self-evaluation, *or* denial of the seriousness of the current low body weight **Irrational Fear:** intense fear of gaining weight or becoming fat, even though underweight	**Refusal to Maintain Body Weight At or Above Minimally Normal Weight for Age and Height:** weight loss leading to maintenance of body weight *less* than 85% of that expected; or failure to make expected weight gain during period of growth leading to body weight *less* than 85% of that expected **Types of Anorexia Nervosa:** (a) Restricting Type: during the current episode of Anorexia Nervosa, the person has *not* regularly engaged in binge-eating or purging behavior, like self induced vomiting or the misuse of laxatives, diuretics or enemas; and (b) Binge-Eating/Purging Type: during the current episode of Anorexia Nervosa, the person has regularly engaged in binge-eating or purging behavior.

Symptoms of Bulimia Nervosa (Refer to Appendix II-65 – II-66 for a more extensive coverage of symptoms.)	Subject 2-59	Summarize symptoms of Bulimia Nervosa shown in Table Four on the following page.		

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing

Table Four

Behavioral Symptoms	
Recurrent Episodes of Binge Eating: eating in a discrete period of time (within 2-hour period) an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances; binge-eating and inappropriate behaviors compensate for binge eating like self-induced vomiting occur, on average, at least 2 days a week for 6 months and causes a person marked stress **Loss of Control Over Eating:** a feeling that one cannot stop eating or control what or how much one is eating	**Recurrent Inappropriate Compensatory Behavior to Prevent Weight Gain:** behavior to make up for, offest, or counterbalance the binge-eating such as self-induced vomiting or the misuse of laxatives diuretics, enemas, or other medications; fasting or excessive exercise **Types of Bulimia Nervosa:** (a) Purging Type: during the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas, and (b) Nonpurging Type: during the current episode of Bulimia Nervosa, the person has used other inappropriate compensating behaviors, such as fasting or excessive exercise but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas

Symtoms of Binge-Eating (Refer to Appendix II-66 for a more extensive coverage of symptoms.)	Subject 2-60	Summarize one paragraph and the symptoms of Binge-Eating located in Table Five shown below.	continued	continued

Table Five

Behavioral Symptoms		
Recurrent Episodes of Binge Eating: eating in a discrete period of time (within 2-hour period) an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances; binge-eating occurs, on average, at least 2 days a week for 6 months and causes a person marked distress	**Loss of Control:** a sense of lack of control over eating during the episode, such as feeling that one cannot stop eating or control what or how much one is eating	**Symptoms of an Episode of Binge Eating:** eating much more rapidly than normal; eating until feeling uncomfortably full; eating large amounts of food when not feeling physically hungry; eating alone because of being embarrassed by how much one is eating; feeling disgusted with oneself, depressed, or very guilty after overeating

The Importance of Treatment	Subject 2-60	Summarize two paragraphs.		

Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group:

1. What comments do you have?
2. Do you personally relate to this information?
3. In what way?

Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Treatment of Eating Disorders	Subject 2-61 – 2-62	1. Summarize one paragraph. 2. Name the seven typical components of treatment shown in Table Six below. 3. Summarize examples and explanations of each located in the table in the text.	15 Minutes	20 Minutes

Table Six

1	Education	4	Family Therapy	7	Harm Reduction or Working toward Abstinence
2	Psychotherapy	5	Support from Friends		
3	Cognitive-Behavioral Therapy	6	Twelve Step Self-Help Groups		

Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group:

1. What comments do you have?
2. How do you relate to these areas of treatment?
3. What areas have you experienced success?
4. Are there other areas you might want to work on improvement?
5. What would you do next?

Crisis Processing	Time-Frame
1. Ask the group member(s) to tell the group what happened. 2. Explore options and/or develop an immediate plan for coping. 3. Allow the group to offer support.	10 Minutes

Group "Paper Work"	Time-Frame
Group participants fill out Group Notes.	5 Minutes

Group Closure	Time-Frame
1. From the list of treatment components, what will you *continue* to experience more success in this week – like Education? Family Therapy? Support From Friends? Twelve Step Self-Help Groups?...what?, *or* 2. Which of the treatment components do you want to make improvement in this week and how would you begin?, *or* 3. Read a daily meditation for the day, *or* 4. Ask each group member to name something they are grateful for today, *or* 5. Ask a group member to read aloud an inspirational reading or message of your choice.	5 Minutes