

Acceptance and Commitment Therapy for Individuals with Problematic Emotional Eating: Case-Series Study



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Overview



- Emotional eating
- ACT Treatment rationale
- Case introduction
- Treatment description
- Outcome
- Implications for future practice & research

Emotional Eating



- The tendency to eat in response to emotions

- Anger, anxiety, boredom, loneliness...

Arnow, Kenardy, & Agras, 1995; Gelieber & Aversa, 2003; Grossens, Braet, van Vleirberghe, & Mels, 2009; van Strein et al., 2007

- Often occurs without awareness

Arnow et al., 1995

- Negative affect does not completely explain emotional eating

- Not just a behavior triggered by particular emotions
- An emotion regulation strategy through which one deals with difficult emotions

Evers, Marijn Stok, & de Ridder, 2010; Gianini, White, & Masheb, 2013; Spoor, Bekker, Van Stien, & van Heck, 2007; Turner, Luszczynska, Warner, & Schwarzer, 2010

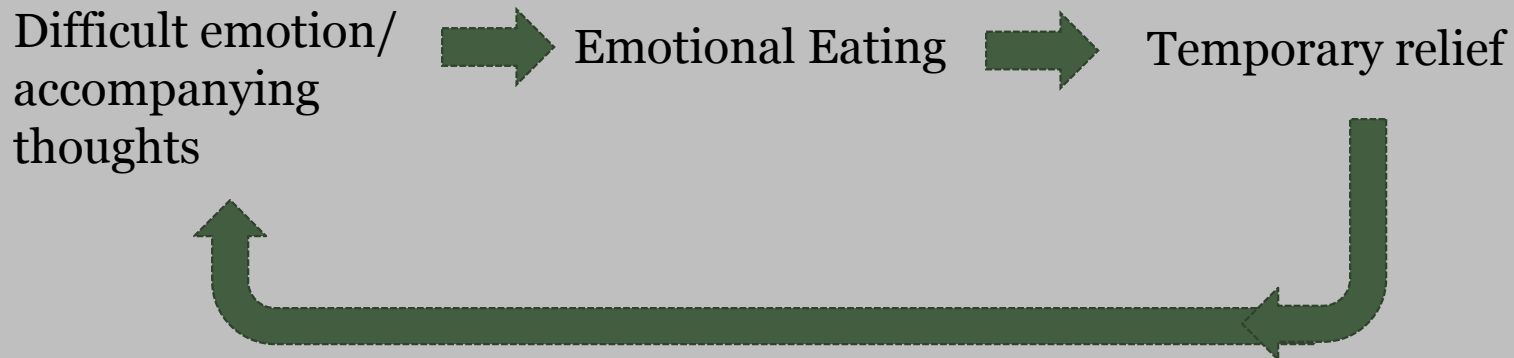
- Emotional eating is a coping strategy for these emotions

Gianini et al., 2013; Sim & Zeman, 2006

Emotional Eating



Earlier account of emotional eating:



Emotional Eating



Earlier account of emotional eating:

Difficult emotion/
accompanying
thoughts



Emotional Eating



Temporary relief



Emotional Eating



Acceptance & Commitment Therapy account:

Difficult emotion/
accompanying
thoughts



Emotional Eating



Constructive, values-
consistent behavior



Acceptance & Commitment Therapy



- The problem is not negative thoughts/feelings but how one responds to them
 - And how this response interferes with life
- These private events do not have to be changed or eliminated
- Learn alternative ways (acceptance/mindfulness) to experience them in order to promote valued, constructive living

Acceptance & Commitment Therapy



- Preliminary evidence suggests that ACT may be beneficial for a variety of disordered eating concerns
 - Case-series of ACT for individuals struggling with AN & subclinical AN
Berman, Boutelle, & Crow, 2009; Heffner et al., 2002; Masuda, Muto, Hayes, & Lillis, 2008
 - Case-series of ACT for individuals struggling with BED
Hill, Masuda, Melcher, Morgan, & Twhig, 2014
 - One-day ACT workshop improved body image flexibility and reduced eating pathology among females with body dissatisfaction
Pearson, Follette, & Hayes, 2012
 - One-day ACT workshop reduced binge episodes and improved quality of life among adults with obesity
Lillis et al., 2009; Lillis, Hayes, & Levin, 2011
 - ✦ The decreases in binge eating were mediated by changes in psychological inflexibility, a maladaptive regulation process
Lillis et al., 2011
 - ACT group added to TAU was successfully used in a residential treatment setting for individuals with a range of eating disorder
Juarascio et al., 2013
 - ACT compared to traditional CBT for disordered eating, ACT produced large decreases
Juarascio, Forman, & Herbert, 2010

Case Introduction



Participant	1	2
Sex	Female	Male
Age	27	40
Ethnicity/Nationality	White American	Mexican-American
Sexual Orientation	“Queer”	“Gay”
Pre-treatment BMI	49.1	29.8
Relationship Status	In a romantic relationship	Married
Occupation	Student	Student

Case Introduction



- Participant 1
 - Primary concern: “binge eating”
 - ✦ A way to cope with feelings of stress & anxiety often without awareness
 - ✦ Accompanied by “mind fuzziness” & physical lethargy
 - Participant 1 met criteria for binge eating disorder (BED)

Case Introduction



- Participant 2
 - Primary concern: “compulsive eating”
 - ✦ Distracted from “real issues” which often made those problems more difficult later
 - History of MDD, anxiety, body dissatisfaction, disordered eating, compulsive exercise, substance dependence, & other compulsive behaviors

Treatment Description

Individual Therapy for Problematic Eating Habits, Excessive Dieting and Exercise, or Body-Image Concerns



The GSU Psychology Department is seeking those who are struggling with body image problems, excessive diet/exercise, binge eating, purging, laxative misuse, or other related problems to participate in a study investigating the effects of a new psychotherapy, called Acceptance and Commitment Therapy (ACT)

The program will require approximately 30 hours of your time for up to 25 weeks (e.g., the length of self-monitoring period). The program consists of (a) up to 3 weeks of daily self-monitoring, (b) **10 weekly-individual-psychotherapy sessions** plus daily self-monitoring, and (c) a 3-month check-up.

Your participation in this study is completely voluntary, and you may discontinue your involvement at any time. We hope you decide to join the study and help out your faculty!

Treatment Description



Session	Treatment components	Goals/Purpose
1	Orientation to the study & ACT	<ul style="list-style-type: none">• Develop rapport & identify treatment goals
2 – 4	Shifting perspective/Control is the problem	<ul style="list-style-type: none">• Identify coping strategies – their triggers & consequences• Evaluate short- & long-term effectiveness• Consider an alternative to control-focused strategies
5 – 7	Mindfulness & Acceptance	<ul style="list-style-type: none">• Learn to notice & observe internal events• Practice willingness to be open to these experiences
8 – 10	Values clarification & committed action	<ul style="list-style-type: none">• Identify important life areas• Develop goals for working towards them

Treatment Outcomes



Global Emotional Eating and Binge-Eating Episodes Throughout the Course of the ACT Intervention

	Average self-reported weekly EE			EDEQ-Global				Times of eating unusually large amounts in past 28 days				Time eating with the sense of having lost control over eating				Days of such episodes in past 28 days			
	Baseline (2-3 wks)	Treatment (10 wks)	3m F/U (1 wk)	pre	mid	post	3m F/U	pre	mid	post	3m F/U	pre	mid	post	3m F/U	pre	mid	post	3m F/U
P 1	8.33	3.20	2.00	4.01	1.57	0.55	0.78	14	4	0	0	14	2	0	0	14	2	0	0
P 2	10	2.90	2.00	4.24	2.83	1.59	1.2	12	3	2	3	6	2	2	2	6	2	2	3

Note. 3m F/U stands for 3-month follow-up.

^a EDEQ-Global stands for Eating Disorder Examination-Questionnaire.

Treatment Outcomes



Disordered Eating Related Outcomes Throughout the Course of the ACT Intervention

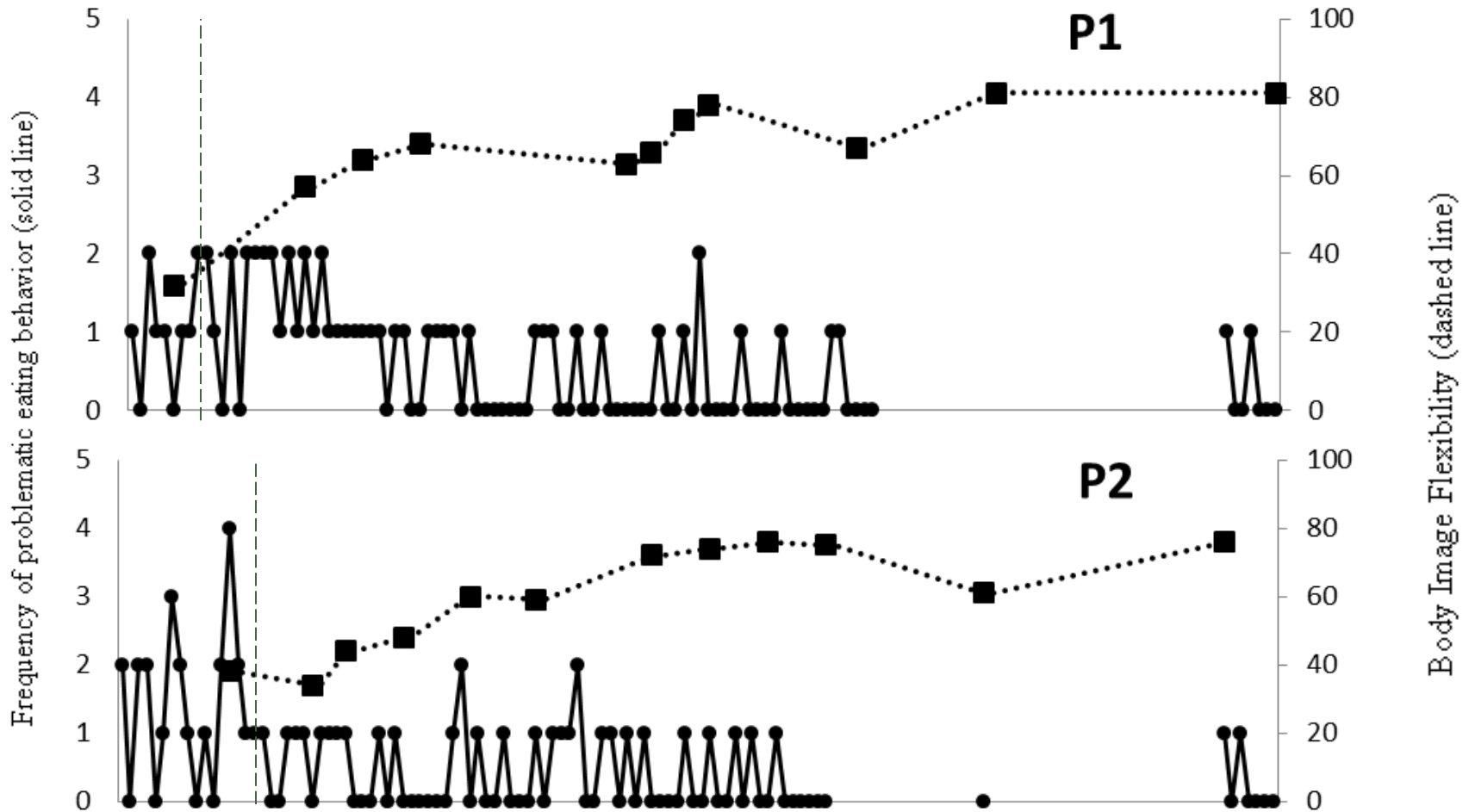
	Diminished Functioning due to DE concerns (CIA)				Emotional Eating: Anger (EES)				Emotional Eating: Anxiety (EES)				Emotional Eating: Depression (EES)			
	pre	mid	post	3m F/U	pre	mid	post	3m F/U	pre	mid	post	3m F/U	pre	mid	post	3m F/U
P 1	23	8	2	4	26	5	1	10	29	10	1	12	16	6	1	7
P 2	31	8	9	5	21	16	13	11	10	10	5	5	13	7	6	5

Note. CIA stands for Clinical Impairment Assessment.

^a DE stands for disordered eating.

^b EES stands for Emotional Eating Scale.

Treatment Outcomes



Daily frequency of emotional eating and weekly body image flexibility in baseline, treatment, and follow-up phases

Treatment Implications



- ACT may be a useful way of conceptualizing disordered eating, like EE, by identifying the function of eating behavior and assessing to what degree it interferes with full, vital living
- Results of the current study are consistent with the emotion regulation literature related to disordered eating
 - Suggests that emotional eating functions as a maladaptive coping strategy to escape/distract from difficult internal experiences

Treatment Implications



- ACT may be useful for treating emotional eating
 - Focus on improving general functioning & engagement with valued activities in addition to promoting alternative responses to distressing internal events
- Experiential exercises were helpful in learning how to relate to negative internal experiences in more adaptive ways
- Because disordered eating, including EE, is a prevalent problem, short-term, cost-effective treatments are important
- Additional research is needed
 - Utilize larger, more diverse samples
 - Randomized controlled trials to investigate the efficacy of ACT for emotional eating