




COPE Webinar Series for Health Professionals
October 14, 2020

Using Dialectical Behavioral Therapy Skills in the Treatment of Adult Emotional Eaters with Obesity




Moderator
Lisa K. Diewald MS, RD, LDN
Program Manager
MacDonald Center for Obesity Prevention and Education
M. Louise Fitzpatrick College of Nursing

VILLANOVA NURSING

VILLANOVA UNIVERSITY
M. LOUISE FITZPATRICK COLLEGE OF NURSING
MacDonald CENTER FOR OBESITY PREVENTION AND EDUCATION

1




Finding Slides for Today's Webinar

www.villanova.edu/COPE
Click on Braden
webinar description page

VILLANOVA NURSING

VILLANOVA UNIVERSITY
M. LOUISE FITZPATRICK COLLEGE OF NURSING
MacDonald CENTER FOR OBESITY PREVENTION AND EDUCATION

2



Today's Webinar Objectives

Understand the link between emotional eating and overweight/obesity.

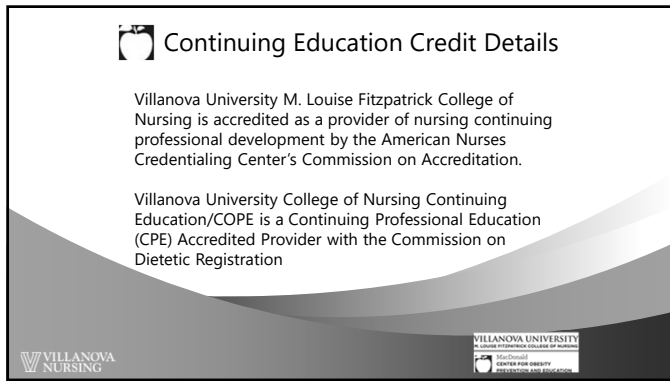
Become knowledgeable about Dialectical Behavioral Therapy skills and how they may be useful for emotional eaters.

Adopt practical strategies that can be used in clinical practice when counseling emotional eaters.

VILLANOVA NURSING

VILLANOVA UNIVERSITY
M. LOUISE FITZPATRICK COLLEGE OF NURSING
MacDonald CENTER FOR OBESITY PREVENTION AND EDUCATION

3



Continuing Education Credit Details

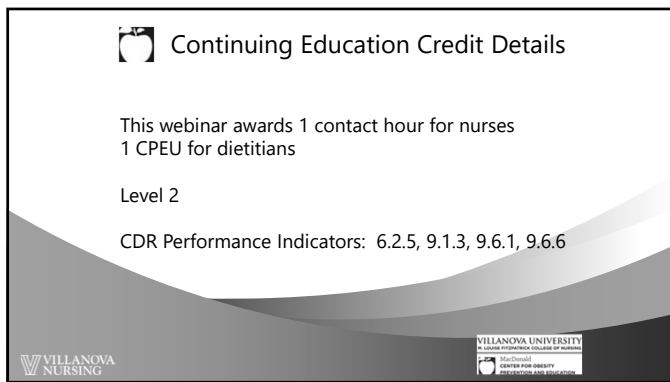
Villanova University M. Louise Fitzpatrick College of Nursing is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

Villanova University College of Nursing Continuing Education/COPE is a Continuing Professional Education (CPE) Accredited Provider with the Commission on Dietetic Registration

VILLANOVA NURSING

VILLANOVA UNIVERSITY
M. LOUISE FITZPATRICK COLLEGE OF NURSING
MacDonald
CENTER FOR OBESITY
PREVENTION AND EDUCATION

4



Continuing Education Credit Details

This webinar awards 1 contact hour for nurses
1 CPEU for dietitians

Level 2

CDR Performance Indicators: 6.2.5, 9.1.3, 9.6.1, 9.6.6

VILLANOVA NURSING

VILLANOVA UNIVERSITY
M. LOUISE FITZPATRICK COLLEGE OF NURSING
MacDonald
CENTER FOR OBESITY
PREVENTION AND EDUCATION

5



Using Dialectical Behavioral Therapy Skills in the Treatment of Adult Emotional Eaters with Obesity


 **Abby L. Braden, Ph.D.**
Assistant Professor
Licensed Psychologist
Department of Psychology
Bowling Green State University

6

VILLANOVA NURSING

VILLANOVA UNIVERSITY
M. LOUISE FITZPATRICK COLLEGE OF NURSING
MacDonald
CENTER FOR OBESITY
PREVENTION AND EDUCATION



6



Disclosures

The planners and presenter of this program have no conflicts of interest to disclose.

Accredited status does not imply endorsement by Villanova University, COPE or the American Nurses Credentialing Center of any commercial products or medical/nutrition advice displayed in conjunction with an activity.

7

Using Dialectical Behavioral Therapy Skills in the Treatment of Adult Emotional Eaters with Obesity

Abby Braden, Ph.D.
Assistant Professor
Psychology Department
Bowling Green State University
abbym@bgsu.edu

8



9

Outline

- Overview of emotional eating
- Describe Dialectical Behavior Therapy
- Describe Live FREE: Freedom from Emotional Eating
- Practical strategies for emotional eaters

10

Eating in response to
emotions as
opposed to a physiological
need for food.

Amow, Kenardy, Agras, 1995

11



Geliebter & Aversa, 2003

12

Specific emotions and eating

Depression

Anxiety/Anger

Boredom

Koball et al., 2012

13

Emotional eating

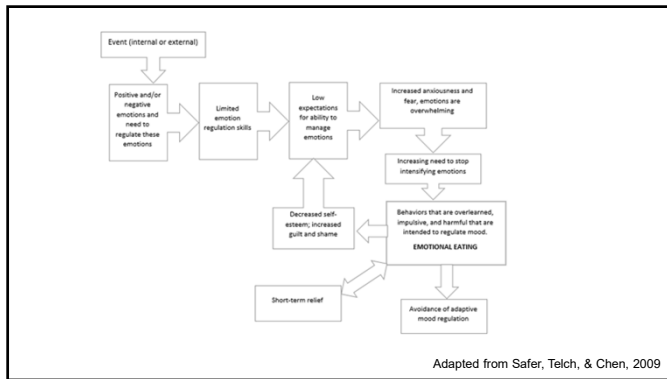
- Prevalence:
 - $\frac{1}{4}$ - $\frac{1}{2}$ of general samples (Gibson, 2012)
 - Approximately 60% of adults with overweight/obesity (Ganley, 1989; Peneau et al., 2013)
- Emotional eating is related to negative psychological and physiological correlates and poor dietary habits.

14

Emotional eating and weight loss

- Emotional eating prior to weight loss treatment is predictive of less weight loss in behavioral (Niemeier et al., 2007) and surgical (Canetti et al., 2009) treatments.
- Decreased emotional eating during treatment associated with better outcomes (Braden et al., 2016).

15



16

Theory - Key point

- Emotional eating does not occur because of a negative emotion but because of an inability to regulate that emotion effectively.

17

Why do emotional eaters have difficulty with weight loss?



18

New approaches to weight loss

WEIGHT MANAGEMENT/BEHAVIOUR

WILEY

Third-wave cognitive behaviour therapies for weight management: A systematic review and network meta-analysis

Emma R. Lawlor¹ | Nazrul Islam¹ | Sarah Bates² | Simon J. Griffin^{3,4}
Andrew J. Hill⁴ | Carly A. Hughes^{3,4} | Stephen J. Sharp³ | Amy L. Ahern¹

Yale University School of Medicine, University of
Cambridge, Cambridge, UK

School of Health and Behavioral Research,
Faculty of Medicine, Dentistry and Health,
University of Sheffield, Sheffield, UK

Translational Care Unit, Institute of Public Health,
University of Cambridge, Cambridge, UK

Division of Psychological and Social Medicine,
School of Psychiatry, University of Leeds,
Leeds, UK

Yale-New Haven Medical Practice, New Haven, UK

Harvard Medical School, University of East
Anglia, Norwich, UK

Segment

[illegible]

evidence

found moderate- to high-quality evidence suggesting that 3xCTxCT had greater weight loss than standard behavioural treatment [80] at post-intervention [standardised mean difference (SMD) = -0.09, 95% confidence interval (CI) = -0.22, 0.04; N = 17; P = .378], 12 months [SMD = -0.17, 95% CI = -0.36, 0.01; N = 5; P = .378], and 24 months [SMD = -0.21, 95% CI = -0.42, 0.00; N = 2; P = .02]. Network meta-analysis compared the relative effectiveness of different types of 3xCTxCT that were not tested in head-to-head trials up to 18 months. Acceptance and commitment therapies (ACT) had the greatest weight loss with the most consistent evidence of effectiveness. Only ACT had BCI evidence of effectiveness beyond 18 months. Meta-regression did not identify any specific intervention characteristics (dose, duration, delivery) that were associated with greater weight loss. Evidence supports the use of 3xCTxCT for weight management, specifically ACT. Larger trials with long-term follow-up are needed to identify any specific intervention characteristics that have their most effective components, and the most cost-effective method of delivery.

19

Dialectical Behavioral Therapy (DBT)

- Psychological treatment
- Originally designed for suicidal adults
- Adapted for various patient groups
- Focus on *change + acceptance*

Linehan, 2014

Dialectical Behavioral Therapy (DBT)

Biosocial Model

- Combination of *emotional reactivity* + *emotional invalidation* leads to problems with *emotion regulation* which contributes to problematic behaviors (Linehan, 2014)
- Some evidence that this model may explain emotional eating (Braden et al., 2020)



DBT and emotional eating



Swenson, 2000

22

DBT and emotional eating

- DBT for overweight/obese adults without behavioral weight loss (Beaulac et al., 2019; Cancian et al., 2019; Dastan et al., 2019; Roosen et al., 2012)

23

Live FREE: FReedom from Emotional Eating

- 16 session, group-based intervention

Emotion Regulation
Training (DBT)

+

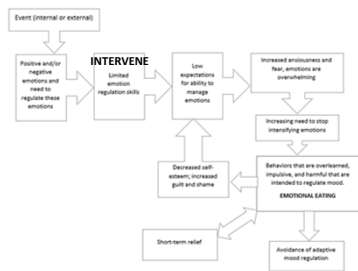
Traditional Behavioral
Weight Loss Techniques

24

Live FREE: FReedom from Emotional Eating

- Premise: learning emotion regulation strategies first may promote improved implementation of weight loss techniques

25



Adapted from Safer, Telch, & Chen, 2009

26

Live FREE: Preliminary Investigation

Primary aim: refine the treatment protocol



Braden & O'Brien, in press

27

Live FREE: Preliminary Investigation

Participants: 10 adults with BMI ≥ 25 and emotional eaters

Braden & O'Brien, in press

28

Live FREE: Preliminary Investigation

Procedures:

- Baseline assessment
- Pre-treatment session
- 16 group sessions
- Psychologist and co-leader
- Post-treatment assessment
- \$25 compensation

Braden & O'Brien, in press

29

Live FREE: Preliminary Investigation



30

Live FREE: Preliminary Investigation

Treatment Overview:

- First 30 minutes to check-in
- Didactic approach to teaching new material
- DBT skills (1-9)
- BWL (10-16)
- Measurement of weight

Braden & O'Brien, in press

31

Live FREE: Preliminary Investigation

Table 1. Live FREE Intervention Components

Session	Intervention	Session Topic
1	DBT	Introduction to Live FREE Behavior Chain Analysis
2	DBT	Dialectical Abstinence Diaphragmatic Breathing
3	DBT	Mindfulness: Wise Mind, Mindful Eating
4	DBT	Mindfulness: What and How Skills
5	DBT	Emotion Regulation: Model of Emotions, Function of Emotions
6	DBT	Emotion Regulation: Opposite Action
7	DBT	Distress Tolerance: Distract, Self-Soothe, Radical Acceptance
8	DBT	Interpersonal Effectiveness: Goals
9	DBT	Interpersonal Effectiveness: DEAR MAN

Braden & O'Brien, in press

32

Live FREE: Preliminary Investigation

10	BWL	Principles of Energy Balance Self-Monitoring
11	BWL	Goal Setting Expectations
12	BWL	Diet and Nutrition
13	BWL	Physical activity, Sedentary Activity, and Lifestyle Activity
14	BWL	Stimulus Control
15	BWL	Planning Ahead for High Risk Situations
16	DBT-BWL	Relapse Prevention

Braden & O'Brien, in press

33

Live FREE: Preliminary Investigation



Braden & O'Brien, in press

34

Live FREE: Pilot Study

Primary aim: feasibility and acceptability

Secondary aim: initial efficacy

35

Live FREE: Pilot Study

Participants:

- adults with a BMI ≥ 25
- elevated emotional eating

36

Live FREE: Pilot Study

Table 1.
Characteristics of Study Sample

	Full sample (n = 39)	Participants who completed the intervention (n = 35)	Participants who dropped out (n = 4)
Mean (SD) age (n = 38)	49.21 (10.91)	49.23 (11.16)	n = 3, 49 (9.17)
Female (n = 39)	97.4%	97.1%	100%
Mean (SD) BMI (n = 39)	35.77 (6.84)	35.40 (6.86)	39.07 (6.67)
Caucasian, non-Hispanic (n = 36)	91.7%	94.3%	n = 1, 0%
Married or living with partner (n = 35)	65.7%	n = 34, 67.6%	n = 1, 0%
College degree (n = 38)	76.3%	74.3%	n = 3, 100%
Working full-time (n = 36)	69.4%	68.6%	n = 1, 100%
Household income (n = 36)			
≥ 75k	44.4%	45.7%	n = 1, 0%
50k – 74.9k	27.8%	28.6%	n = 1, 0%
< 49.9k	27.8%	25.7%	n = 1, 100%

Note: * $p < .001$ for Chi-squared analysis between completers and non-completers, all other differences between groups were non-significant.

37

Live FREE: Pilot Study

Design:

- single-group design
- Assessments at baseline, post-treatment, and 6 month follow-up

38

Live FREE: Pilot Study

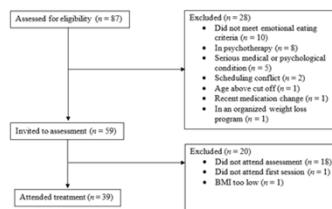


Figure 1. Participant enrollment in the FREE pilot trial.

39

Live FREE: Pilot Study

86% said they loved the program



40

Live FREE: Pilot Study

Treatment Dose:

- Mean # of sessions completed = 14.33 (SD=4.02)
- 35/39 (89.7%) participants completed the intervention
- 32/39 (82.1%) participants completed the 6-month follow-up

41

Live FREE: Pilot Study

Weight Change:

- 3.22% of initial body weight lost (mean of 3 kg)
- 2.89% from baseline to 6-month follow-up

Waist Circumference Change:

- 4.23 cm decrease

42

Live FREE: Pilot Study

Table 2.
Means, Standard Deviations, and ANOVA Results for BMI, Emotional Eating Measures, DBT Skills, and Emotion Regulation Difficulties Between Baseline, 10 Weeks into Treatment, Post-treatment, and Follow-up.

	Baseline		10 Week		Post-treatment		Follow-up		F(1,38)	η^2
	Mean	SD	Mean	SD	Mean	SD	Mean	SD		
BMI	33.77	6.84	35.68	6.98	34.69 ^{ab}	7.02	34.76 ^{ab}	6.99	1013.11	.964
EES-Depression	3.57	.80	-	-	2.46 ^a	1.03	2.66 ^a	.97	493.55	.929
EES-Boredom	3.18	.74	-	-	2.22 ^a	.87	2.33 ^a	.87	500.59	.929
EES-Anxiety/Anger	3.04	.82	-	-	2.31 ^a	.90	2.41 ^a	.85	506.32	.930
Emotional Eating - Positive	4.73	1.11	-	-	4.82	.99	4.62	1.01	1186.28	.969
DBT Skills	2.51	.41	-	-	2.96 ^a	.44	2.95 ^a	.41	2315.02	.984
DEERS	94.74	24.02	-	-	83.10 ^a	21.80	78.15 ^a	22.26	789.26	.954

Note. $N = 39$. All ANOVAs except EE-positive were significant ($p < .001$). Pairwise comparisons: ^a significantly different to Baseline ($p < .05$), ^b significantly different to 10 Week ($p < .05$), all others were not significantly different.

43

Live FREE: Case Study



Braden et al., 2019

44

Live FREE: Case Study



Braden et al., 2019

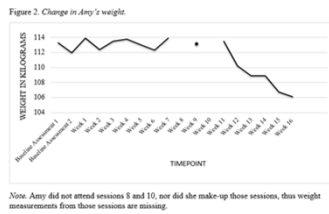
45

Live FREE: Case Study



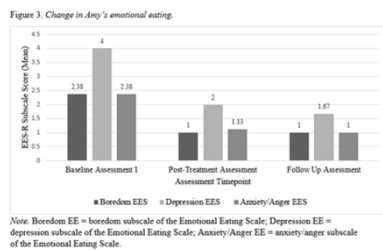
46

Live FREE: Case Study



47

Live FREE: Case Study



48

Live FREE: Conclusions, limitations, future directions

- Treatment has been refined
- Evidence of acceptability and feasibility
- Indication of initial efficacy
- Conduct a randomized clinical trial
- Larger, more diverse sample

49

Emotional Eaters: Practical Strategies

1) Adopt a dialectical approach

- Synthesis of opposites
- Clients can learn change and acceptance simultaneously
- Teach clients dialectical abstinence:
 - *Wholeheartedly committing to stopping emotional eating while simultaneously being prepared to re-commit should one emotionally eat*



50

Emotional Eaters: Practical Strategies

2) Help clients be more aware of emotions

- Clients can document emotions on their food log
- May provide a list of emotions and ask client to rate intensity



51

Emotional Eaters: Practical Strategies

3) Help clients see the value in emotions

- Goal is not to get rid of emotions
- Think non-judgmentally – just the facts
- Emotions serve an important function
- Ask client: *How can you respond effectively?*



52

Emotional Eaters: Practical Strategies

4) Encourage clients to learn and practice diaphragmatic breathing

- Practice daily for 5-10 minutes
- Can also use when emotions are intense



53

Emotional Eaters: Practical Strategies

5) Urge Surfing with the use of distraction and self-soothing

- Cravings are a type of urge that will eventually go away
- Goal is to tolerate the urge rather than try and "get rid of it"
- Distracting activities: walk, favorite show, clean, help someone
- Self-soothe: engage senses



54

Emotional Eaters: Practical Strategies

- 6) Refer clients to mental health specialist when necessary
- If it appears that emotions/emotional eating are interfering
 - Some people need sole focus on in-depth emotion regulation training prior to making dietary changes



55

*Special thanks to the members of the
Balanced Eating and Emotions Lab. ☺*

Thank you!! Questions??

56



To Receive Your CE Certificate

- Look for an email containing a link to an evaluation.
The email will be sent to the email address that you used to register for the webinar.
- Complete the evaluation soon after receiving it.
It will expire after 3 weeks.
- You will be emailed a certificate within 5 business days.

VILLANOVA
NURSING

VILLANOVA UNIVERSITY
BALANCED EATING AND EMOTIONS LAB
CENTER FOR OBESITY
AND EATING AND BEHAVIOR

57



COPE Fall Webinar Series

- **11/11/20 Lauren Sastre, PhD, RD, LDN**
Sharing the "weight" of obesity management in primary care:
Integration of RDs/RDNs
- **12/2/20 Michelle Long, M.D.**
Nonalcoholic Fatty Liver Disease and Obesity Treatment


To register: villanova.edu/cope

1

VILLANOVA NURSING

VILLANOVA UNIVERSITY
A SAINT JOSEPH COLLEGE OF NURSING
MacDonald
CENTER FOR OBESITY
PREVENTION AND EDUCATION

58



Be a part of the CHAMPS Study!

- A study of the experience and self-reported health and well-being of essential workers, first responders, service staff and healthcare professionals who provided support for patients, treatment sites and the community during the COVID-19 pandemic.
- Survey: 15-20 minutes
- See Villanova.edu/cope for more info
- Pass along to colleagues

CHAMPS
Caring about Health for All
A study of the COVID-19 workforce

VILLANOVA NURSING

VILLANOVA UNIVERSITY
A SAINT JOSEPH COLLEGE OF NURSING
MacDonald
CENTER FOR OBESITY
PREVENTION AND EDUCATION

59

Villanova.edu/cope

Pre-recorded Webinars and Conferences

COPE offers an online catalog of webinars and presentations
You can earn CE credits for viewing
Search for topics that interest you
Affordable: 2 CPEU/2 contact hours for \$20


Go to <https://bit.ly/COPEcourses> to access the courses!

VILLANOVA NURSING


VILLANOVA UNIVERSITY
A SAINT JOSEPH COLLEGE OF NURSING
MacDonald
CENTER FOR OBESITY
PREVENTION AND EDUCATION



60

Questions?



Moderator:
 Lisa Diewald MS, RD, LDN
cope@villanova.edu
www.villanova.edu/cope



61
