**COPE Presents:** “Using Dialectical Behavioral Therapy Skills in the treatment of Adult Emotional Eaters with Obesity”

**Abby Braden, PhD**

**October 14th, 2020**

*Moderator: Lisa Diewald, MS, RD, LDN*

*Presenter: Abby Braden, PhD*

WEBVTT

1

00:00:01.469 --> 00:00:06.060

Villanova Webinar 1: Good afternoon. Welcome to October's COPE Webinar for health professionals.

2

00:00:06.480 --> 00:00:15.360

Villanova Webinar 1: In this period of social distancing, we're so grateful that you've chosen to attend what promises to be another informative and insightful virtual continuing education opportunity.

3

00:00:16.289 --> 00:00:24.600

Villanova Webinar 1: We're very excited because we have over 360 health professionals registered for this webinar. So we're excited to get started.

4

00:00:25.380 --> 00:00:32.130

Villanova Webinar 1: According to the American Psychological Association, 27% of adults say they eat as a way to manage stress.

5

00:00:32.550 --> 00:00:40.440

Villanova Webinar 1: Emotional eating, defined as eating and response to negative emotions such as stress, can obviously make weight management particularly challenging.

6

00:00:41.010 --> 00:00:50.130

Villanova Webinar 1: Dialectical Behavioral Therapy (DBT) skills are psychological techniques that may be useful for decreasing emotional eating and promoting weight loss.

7

00:00:50.580 --> 00:01:00.960

Villanova Webinar 1: Yet many health professionals are unaware of this treatment. Today, we will be introduced to this form of therapy and we will learn ways and skills we can incorporate into some

8

00:01:01.710 --> 00:01:04.830

Villanova Webinar 1: of our treatment with adults who struggle with emotional eating.

9

00:01:05.610 --> 00:01:15.090

Villanova Webinar 1: My name is Lisa Diewald. I'm the program manager for the MacDonald Center for Obesity Prevention and Education at Villanova University's Fitzpatrick College of Nursing.

10

00:01:15.570 --> 00:01:18.540

Villanova Webinar 1: I have the pleasure of being the moderator for today's webinar.

11

00:01:19.260 --> 00:01:30.210

Villanova Webinar 1: Villanova University M. Louise Fitzpatrick College of Nursing is home to the first College of Nursing in the country to have a center devoted exclusively to obesity prevention and education.

12

00:01:30.990 --> 00:01:39.270

Villanova Webinar 1: COPE's goals are to enhance nursing education and topics related to nutrition, obesity prevention, and health promotion strategies,

13

00:01:39.720 --> 00:01:56.850

Villanova Webinar 1: to provide continuing education programs such as this webinar on obesity and obesity related diseases for health professionals and educators, and finally to participate in research to expand and improve evidence-based approaches for obesity prevention and education in the community.

14

00:01:59.880 --> 00:02:11.370

Villanova Webinar 1: Before we begin the presentation, I would just like to remind you that PDFs of today's PowerPoint slides are posted on the COPE website at villanova.edu/cope

15

00:02:11.850 --> 00:02:18.030

Villanova Webinar 1: After going to COPE's website, simply click on the webinar description page for this month's speaker.

16

00:02:18.660 --> 00:02:23.370

Villanova Webinar 1: Please use the question and answer box on your screen to submit any questions for our speaker.

17

00:02:23.970 --> 00:02:36.930

Villanova Webinar 1: All questions will be answered at the end of the program as time permits. The expected length of the webinar is one hour. The session, along with a transcript will be recorded and placed on the COPE website within the next week.

18

00:02:38.850 --> 00:02:53.910

Villanova Webinar 1: If you use your phone to call into the webinar today and want the credit for attending the webinar, please take a moment afterwards to email us at cope@villanova.edu and provide your name, so that we can send you your CE certificate.

19

00:02:56.400 --> 00:03:03.570

Villanova Webinar 1: And now the objectives for today's webinar are to understand the link between emotional eating and overweight or obesity,

20

00:03:04.080 --> 00:03:20.070

Villanova Webinar 1: to become knowledgeable about Dialectical Behavioral Therapy skills and how they may be useful for emotional eaters and finally, to adopt practical strategies that can be used in clinical practice when counseling those who struggle with emotional eating.

21

00:03:22.950 --> 00:03:29.760

Villanova Webinar 1: Villanova University M. Louise Fitzpatrick College of Nursing is accredited as a provider of nursing continuing professional

22

00:03:30.240 --> 00:03:47.070

Villanova Webinar 1: development by the American Nurses Credentialing Centers Commission on Accreditation. Villanova University College of Nursing continuing education COPE is also a continuing professional education CP accredited provider with the Commission on Dietetic Registration.

23

00:03:49.080 --> 00:04:08.340

Villanova Webinar 1: Our webinar this month awards one contact hour for nurses and one CPEU for dietitians and DTRs. The suggested CDR performance indicators are 6.2.5 9.1.3 9.6.1 and 9.6.6 and the CDR level of the webinar is 2.

24

00:04:10.530 --> 00:04:15.450

Villanova Webinar 1: And now I have the wonderful privilege of introducing our speaker for today's webinar.

25

00:04:16.110 --> 00:04:25.170

Villanova Webinar 1: Abby Braden PhD is an Assistant Professor and Licensed Clinical Psychologist in the Department of Psychology at Bowling Green State University.

26

00:04:25.710 --> 00:04:37.290

Villanova Webinar 1: Dr. Braden earned her Master of Science and PhD degrees in clinical psychology from Case Western Reserve University and completed a postdoctoral fellowship with a specialty in emotion

27

00:04:37.680 --> 00:04:43.230

Villanova Webinar 1: dysregulation, eating disorders and obesity at University of California, San Diego.

28

00:04:43.860 --> 00:04:51.570

Villanova Webinar 1: Her research interests include identifying the mechanisms of emotional eating and using emotion regulation skills in obesity intervention.

29

00:04:52.230 --> 00:05:03.720

Villanova Webinar 1: Dr. Braden is lead investigator of the balanced eating and emotions laboratory at Bowling Green State University directing behavioral research activities, focusing on obesity and disordered eating.

30

00:05:04.170 --> 00:05:12.420

Villanova Webinar 1: She is an author on numerous peer reviewed journal articles and book chapters and presents frequently on topics related to emotional eating and obesity.

31

00:05:14.040 --> 00:05:23.760

Villanova Webinar 1: While we are preparing for Dr. Braden's presentation to begin, I just wanted to mention that neither the presenter, nor the planners of this webinar program have any disclosures to report.

32

00:05:24.330 --> 00:05:37.410

Villanova Webinar 1: 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.

33

00:05:38.220 --> 00:05:47.220

Villanova Webinar 1: And with that, I welcome Dr. Braden to our COPE webinar program and I am going to turn control over to her for her presentation. Welcome.

34

00:05:47.970 --> 00:05:58.380

Abby Braden PhD.: Alrighty, thank you so much, Lisa, for that very nice introduction. As Lisa said, the title of my webinar is Using Dialectical Behavioral Therapy Skills

35

00:05:59.130 --> 00:06:09.240

Abby Braden PhD.: in the treatment of Adult Emotional Eaters with obesity. I would like to take a minute just to acknowledge Villanova University and the COPE team for giving me the opportunity to present today.

36

00:06:12.120 --> 00:06:12.750

All right.

37

00:06:14.670 --> 00:06:22.440

Abby Braden PhD.: Okay, so we're going to start today with actually a question just to kind of get you thinking about the topic of emotional eating.

38

00:06:23.100 --> 00:06:30.540

Abby Braden PhD.: So what I want you to do is think about your own clinical work and consider how often emotional eating interferes

39

00:06:31.020 --> 00:06:40.170

Abby Braden PhD.: with your patients' ability to adhere to the to the dietary recommendations that you're providing. So we all know that there's lots of different reasons that people

40

00:06:41.010 --> 00:06:48.120

Abby Braden PhD.: have a hard time implementing what we ask them to do. Right. It could be lack of resources, it could be lack of motivation, it could be that they're just

41

00:06:48.540 --> 00:07:02.130

Abby Braden PhD.: really food stimulated by cues in the environment. But how often do you think that it's internal kind of emotional factors that get in the way. So anywhere from never to always, go ahead and make your selection on the pole that's up.

42

00:07:09.900 --> 00:07:11.370

Abby Braden PhD.: I'll give you a minute to do that.

43

00:07:21.480 --> 00:07:41.670

Abby Braden PhD.: Okay, so let's go ahead and end the poll and see what the results are. All right, so it looks like you are seeing emotional eating in your patients, which does not surprise me. So our most common response was usually. 54% of you said that you see it actually more than half of the time.

44

00:07:42.750 --> 00:07:54.750

Abby Braden PhD.: About half of the time another 30% and then 10% of you feel like emotional factors always get in the way. So I think this is just clearly a meaningful and relevant topic to discuss.

45

00:07:56.400 --> 00:07:57.000

Abby Braden PhD.: Alright.

46

00:07:58.080 --> 00:08:09.090

Abby Braden PhD.: Let me go ahead and provide the outline of the talk for today. First, I'm going to provide a brief overview of emotional eating. Then I will talk about Dialectical Behavior Therapy.

47

00:08:10.140 --> 00:08:19.440

Abby Braden PhD.: Next I'll describe our Live FREE: Freedom from Emotional Eating program. And then finally, I will review practical strategies that I hope will be useful for you in your work.

48

00:08:23.130 --> 00:08:34.650

Abby Braden PhD.: Alright, so I'm going to give a definition of emotional eating to get us started. We know again that people eat for many reasons, and not all of which are based on true physical hunger.

49

00:08:35.610 --> 00:08:42.420

Abby Braden PhD.: So emotional eating is one of those reasons, eating in response to emotions as opposed to a physiological need for food.

50

00:08:43.140 --> 00:08:48.990

Abby Braden PhD.: Again, there's lots of reasons why people eat right. They may eat just because of the time of day or

51

00:08:49.620 --> 00:09:05.370

Abby Braden PhD.: because you walk by a vending machine and something catches your eye or you smell a food that that's really appetizing. But what I'm really focusing on is that, again, that the emotional or internal experiences that prompt the desire to eat.

52

00:09:09.210 --> 00:09:24.270

Abby Braden PhD.: Alright, and researchers and clinicians think that it's important to actually distinguish between positive and negative emotions and their role in terms of eating behavior. Positive emotions also trigger eating right, so celebrations, wanting to

53

00:09:25.380 --> 00:09:35.760

Abby Braden PhD.: reward yourself for something, and then also we maybe most commonly think of emotional eating as being kind of eating when we're stressed or eating when we're overwhelmed or bored

54

00:09:36.960 --> 00:09:45.720

Abby Braden PhD.: or lonely. Even though there is this distinction, I think it's good to be aware that positive and negative emotions can trigger the urge to eat.

55

00:09:46.680 --> 00:10:00.240

Abby Braden PhD.: We do think that negative emotional eating is actually more of a problem. It's more common and associated with more negative outcomes, particularly for people who have overweight and obesity than positive emotional eating.

56

00:10:03.630 --> 00:10:07.530

Abby Braden PhD.: In addition to that distinction between positive and negative,

57

00:10:08.430 --> 00:10:20.040

Abby Braden PhD.: researchers have also distinguished between different emotion, specific emotions and their influence on eating. There was a study done back in 2012 with college students.

58

00:10:20.820 --> 00:10:29.490

Abby Braden PhD.: These researchers conducted a factor analysis, which is basically a statistical method that allows you to test the theory. And what they found is that

59

00:10:29.850 --> 00:10:45.120

Abby Braden PhD.: there were kind of three unique types of emotional eating. I will say they didn't examine positive emotions in this study. What they found was that depression, anxiety, anger and boredom are kind of unique emotional eating types.

60

00:10:47.040 --> 00:10:47.490

Alright.

61

00:10:48.870 --> 00:10:55.170

Abby Braden PhD.: A little bit more about kind of why we should care about emotional eating, but it seems like you guys don't really need to be convinced.

62

00:10:55.890 --> 00:11:03.960

Abby Braden PhD.: We know that emotional eating is really common. Even among, you know, people of a variety of weight ranges, a variety of BMI.

63

00:11:04.470 --> 00:11:12.210

Abby Braden PhD.: experience emotional eating. Anywhere from a quarter to a half of general samples of people endorse frequent emotional eating.

64

00:11:12.780 --> 00:11:21.180

Abby Braden PhD.: And then, not surprisingly, these rates are higher in people who have overweight or obesity. So about 60% is what we tend to see in in published studies.

65

00:11:21.990 --> 00:11:30.630

Abby Braden PhD.: Then, of course emotional eating is related to negative psychological and physiological outcomes and poor dietary habits.

66

00:11:31.290 --> 00:11:45.570

Abby Braden PhD.: Emotional eating is related to higher BMI. It's related to weight gain over time, greater waist circumference. People don't typically emotionally eat carrots. Right. So people are often going for a high calorie, high fat foods.

67

00:11:46.680 --> 00:11:49.890

Abby Braden PhD.: And just snacking more frequently, if they are emotional eaters.

68

00:11:53.670 --> 00:12:01.080

Abby Braden PhD.: Alright, we know that emotional eating is a problem for weight loss. It makes it harder when we look at clinical trials.

69

00:12:01.710 --> 00:12:12.540

Abby Braden PhD.: People who report high levels of emotional eating prior to a weight loss intervention lose less weight and this is in behavioral and surgical interventions for weight loss.

70

00:12:13.560 --> 00:12:28.290

Abby Braden PhD.: In a study that we published a few years ago, we also found that decreasing emotional eating during treatment is maybe not surprisingly associated with better outcomes in terms of weight loss. If we can help people reduce their emotional eating, they may do better with weight loss.

71

00:12:32.220 --> 00:12:38.010

Abby Braden PhD.: Alright, I'm going to talk a little bit about the theory of emotional eating and kind of why we think that people

72

00:12:38.820 --> 00:12:46.650

Abby Braden PhD.: engage in this behavior. This figure up here is actually a figure that I use with my patients. And I'm just going to walk you through each of the boxes.

73

00:12:47.490 --> 00:12:55.500

Abby Braden PhD.: If you look on the top left, the first box here says event and that can be internal or external. And what that means is there can be

74

00:12:55.830 --> 00:13:02.310

Abby Braden PhD.: something external that happens. So maybe you get, you have a conflict with a partner or just a really rough day at work.

75

00:13:02.970 --> 00:13:12.450

Abby Braden PhD.: But something externally happens to prompt them, an emotion or it could be an internal event. It could be a thought or a memory that you have that triggers an emotion.

76

00:13:13.290 --> 00:13:19.950

Abby Braden PhD.: And these emotions, as I mentioned, can be positive or negative and emotions naturally come with the need to kind of be regulated.

77

00:13:21.330 --> 00:13:31.260

Abby Braden PhD.: In the third box here that says limited emotion regulation skills, this is kind of a premise of this model that for whatever reason, and I'll actually talk about some of those reasons in a little bit,

78

00:13:31.680 --> 00:13:42.510

Abby Braden PhD.: that people who engage in emotional eating just have limited skills for regulating or managing their emotions. They just didn't learn how to manage their emotions in a healthy way.

79

00:13:43.740 --> 00:13:53.790

Abby Braden PhD.: And because of that, over time, people don't really feel good about their ability to manage emotions. They don't expect that they're going to be able to respond to their emotions effectively.

80

00:13:54.330 --> 00:14:01.350

Abby Braden PhD.: The emotions are there, right, they're not really being regulated. They increase in intensity and it becomes overwhelming.

81

00:14:02.040 --> 00:14:10.140

Abby Braden PhD.: There's a need to do something to stop those kind of intense emotions. Emotional eaters end up kind of landing in this box here

82

00:14:10.500 --> 00:14:16.740

Abby Braden PhD.: where they engage in an almost what feels like an automatic behavior of selecting emotional eating

83

00:14:17.220 --> 00:14:27.180

Abby Braden PhD.: as a way of responding to that emotion. I always mention here in this box, you can imagine lots of different behaviors going here, right. So we're talking about emotional eating.

84

00:14:27.900 --> 00:14:42.210

Abby Braden PhD.: But, you know, this could also be substance use, or compulsive spending or even something like using humor routinely or maybe even inappropriately, because all of those behaviors can serve a similar function.

85

00:14:43.590 --> 00:14:49.230

Abby Braden PhD.: The emotional eating works. This is an important point, this short term relief.

86

00:14:50.640 --> 00:14:57.510

Abby Braden PhD.: There is a purpose to the emotional eating because the food tastes good and it provides in the short term, it does help us feel better.

87

00:14:58.680 --> 00:15:09.000

Abby Braden PhD.: However, as we know, so this box right here, there are consequences. In the short term is nice, but in the long term, it creates that, why did I do that again. I'm

88

00:15:09.360 --> 00:15:21.150

Abby Braden PhD.: feeling shame and guilt and weight gain well. And then a final point on this figure that I think is important is this box down here, which is avoidance of adaptive mood regulation.

89

00:15:21.690 --> 00:15:30.690

Abby Braden PhD.: Essentially, when people engage in emotional eating, I like to say that they miss an opportunity to do something productive with that emotion.

90

00:15:31.080 --> 00:15:45.090

Abby Braden PhD.: Emotions actually serve a really important function and they're necessary for our survival. If we are eating kind of to manage the emotion, to avoid the emotion, we're not giving that emotion a chance to guide our behavior in productive ways.

91

00:15:48.630 --> 00:16:02.430

Abby Braden PhD.: A key point about this theory that I really can't emphasize enough is that emotional eating does not occur because of a negative emotion, but because of an inability to regulate that emotion effectively.

92

00:16:02.940 --> 00:16:11.010

Abby Braden PhD.: So again, emotions including negative emotions, even though they're uncomfortable, they're necessary and they're part of being human.

93

00:16:11.640 --> 00:16:25.890

Abby Braden PhD.: We're not trying to get rid of negative emotions. What we're trying to do is address that kind of deficit or insufficiency in regulating the emotion. That's considered the problem, not the negative emotion itself.

94

00:16:29.700 --> 00:16:40.410

Abby Braden PhD.: Alright, so why do emotional eaters have difficulty with weight loss? Well, in traditional weight management, standard behavioral weight management programs,

95

00:16:41.970 --> 00:16:47.850

Abby Braden PhD.: there is very little, if any emphasis on teaching people how to manage their emotions in a healthy way.

96

00:16:52.680 --> 00:17:00.060

Abby Braden PhD.: Because of this, because emotional eating interferes with weight loss and because standard behavioral weight loss programs

97

00:17:00.480 --> 00:17:09.450

Abby Braden PhD.: don't focus on emotions, there have been attempts to kind of develop these new approaches to weight loss. In these new approaches to weight loss,

98

00:17:10.020 --> 00:17:24.210

Abby Braden PhD.: there's a focus on teaching people about thoughts and feelings to interfere with weight management behaviors and I have a picture here of an abstract. This is from a systematic review and meta-analysis that was just published in 2020.

99

00:17:25.410 --> 00:17:35.160

Abby Braden PhD.: What they found in this study is that these newer treatments produce better outcomes in terms of weight loss at post-treatment.

100

00:17:35.520 --> 00:17:43.530

Abby Braden PhD.: 12 months post treatment and at 24 most months post treatment compared to your standard behavioral weight loss treatments.

101

00:17:44.430 --> 00:17:57.570

Abby Braden PhD.: This gives us kind of some confidence that maybe these newer approaches that focus on emotions and thoughts to interfere with eating may actually outperform our more standard treatment.

102

00:17:58.590 --> 00:18:01.920

Abby Braden PhD.: An important point here is that I keep saying

103

00:18:02.670 --> 00:18:12.270

Abby Braden PhD.: these new approaches include a range of psychological treatments. In this review, there were only two studies that examine dialectical behavior therapy.

104

00:18:12.720 --> 00:18:25.230

Abby Braden PhD.: Even though we feel like, okay, these new approaches may be useful, we still don't know much about DBT or dialectical behavior therapy and its usefulness in terms of targeting weight loss.

105

00:18:28.590 --> 00:18:45.480

Abby Braden PhD.: Alright so let me tell you about DBT. DBT was designed by Marshall Linehan back in the 1990s, and it is a psychological treatment. It was originally designed for suicidal adults, people who were considered difficult to treat.

106

00:18:46.560 --> 00:18:57.000

Abby Braden PhD.: Since its inception, it's been adapted for a variety of different patient populations. So it now in psychology. It's not just used for people with suicidality

107

00:18:57.270 --> 00:19:07.110

Abby Braden PhD.: But it's also used for people who have a trauma history or who have significant anxiety or substance use. Again, you see this

108

00:19:07.830 --> 00:19:14.940

Abby Braden PhD.: adaptation for a range of clinical issues and settings as well. But what makes DBT unique

109

00:19:15.780 --> 00:19:31.020

Abby Braden PhD.: is that there is a simultaneous focus on change and acceptance. So we teach people how to change their emotions and things about their life that can be changed, but at the same time, we use validation and acceptance of what cannot be changed.

110

00:19:35.610 --> 00:19:35.970

Abby Braden PhD.: Okay.

111

00:19:36.990 --> 00:19:49.920

Abby Braden PhD.: I told you I was going to tell you kind of why we think emotional eating might develop and that's where I'm at now. I'm going to tell you about the biosocial model that was developed by Marshall Linehan.

112

00:19:50.940 --> 00:19:57.120

Abby Braden PhD.: And as I said, she's the founder of DBT. I'm just going to read this to you first, and then all kind of unpack it.

113

00:19:57.660 --> 00:20:06.390

Abby Braden PhD.: So the Biosocial Model indicates that it's a combination of emotional reactivity and emotional invalidation

114

00:20:06.900 --> 00:20:12.510

Abby Braden PhD.: that leads to problems with emotional regulation which contributes to problematic behaviors.

115

00:20:13.050 --> 00:20:18.510

Abby Braden PhD.: Okay, so let me let me define those terms. So when I say emotional reactivity, what I'm talking about is

116

00:20:19.050 --> 00:20:34.140

Abby Braden PhD.: that some people are just born with an emotionally sensitive temperament. Okay, so they're just born with a greater likelihood of experiencing emotions, of experiencing them more intensely and they tend to stick around longer.

117

00:20:35.190 --> 00:20:45.960

Abby Braden PhD.: Some of you may be able to relate to this, even for yourselves. And I always like to say that emotional sensitivity is not always a bad thing. There are some real benefits to being an emotionally sensitive person.

118

00:20:47.220 --> 00:20:56.940

Abby Braden PhD.: That's emotional reactivity and then the term emotional invalidation. So this refers, typically we think of caregivers when we're talking about invalidation.

119

00:20:57.630 --> 00:21:15.780

Abby Braden PhD.: And this refers to when caregivers are either responding negatively to a child's emotions or ignoring the child's emotions. Invalidation can be more overt, like experiencing abuse and neglect of a child but it can also be much more subtle.

120

00:21:16.800 --> 00:21:29.610

Abby Braden PhD.: It could even be well intentioned efforts by parents to try to make their kid feel better. So if a child says I'm upset and the parent says, oh, it's fine, you don't need to be upset, everything's okay.

121

00:21:31.110 --> 00:21:38.100

Abby Braden PhD.: Even that response can be invalidating because it's not acknowledging the child's emotions.

122

00:21:38.550 --> 00:21:47.820

Abby Braden PhD.: Another good another example I like to give to try to clarify this a little bit more is the experience of thirst. Okay, so if a child says to their parents,

123

00:21:48.690 --> 00:21:56.370

Abby Braden PhD.: "I'm thirsty" and the parent says, you're not thirsty, then the child starts to question why am I thirsty. What is thirsty?

124

00:21:57.360 --> 00:22:07.290

Abby Braden PhD.: And again, there's confusion. Children then have a hard time acknowledging, labeling their emotions and then responding to them appropriately.

125

00:22:08.070 --> 00:22:20.550

Abby Braden PhD.: Then emotion regulation, the third, italicized term there and I've used this quite a bit already, but this just refers to being able to have a respond to regulate, manage emotions.

126

00:22:21.150 --> 00:22:29.430

Abby Braden PhD.: So what we think is when there's this combination, when somebody has this high level of kind of that how they were born emotional sensitivity

127

00:22:30.240 --> 00:22:38.100

Abby Braden PhD.: and you add to that, in an environment that's invalidating, then they're more likely to have difficulties regulating their emotions

128

00:22:38.520 --> 00:22:51.720

Abby Braden PhD.: and then develop some problematic behaviors. And as I said, emotional eating is one of those. But there's many different behaviors that people could develop. We do have some evidence in a recent study that we just published that this model may explain emotional eating.

129

00:22:53.280 --> 00:23:01.890

Abby Braden PhD.: This is one reason actually why we think DBT might be a good fit in terms of treating emotional eating because of this theoretical overlap.

130

00:23:05.100 --> 00:23:16.230

Abby Braden PhD.: Alright, I'm going to tell you a couple more reasons why I think DBT could be a particularly good treatment for targeting emotional eating. The first is that

131

00:23:16.950 --> 00:23:36.870

Abby Braden PhD.: DBT really uses kind of a very skills based didactic approach and it includes practical concrete therapeutic interventions. This I think is a really good fit for behavioral weight loss, which is very similarly structured and kind of educational in nature.

132

00:23:38.550 --> 00:23:45.840

Abby Braden PhD.: The next point on kind of why we think DBT is a good fit for emotional eating is because DBT has demonstrated widespread appeal.

133

00:23:48.180 --> 00:23:54.810

Abby Braden PhD.: Since it was developed as I said, it's been adapted and used in a variety of settings and also with a variety of professionals

134

00:23:55.410 --> 00:24:08.520

Abby Braden PhD.: with kind of a range of professional experiences. Everything from counselors to case managers to people working in schools have found DBT skills to be useful and kind of able to teach them themselves.

135

00:24:09.660 --> 00:24:15.090

Abby Braden PhD.: Again, given that behavioral weight loss requires that multidisciplinary team, I think

136

00:24:16.170 --> 00:24:18.450

Abby Braden PhD.: DBT kind of makes sense for that.

137

00:24:21.780 --> 00:24:24.180

Abby Braden PhD.: Then the last point here is that

138

00:24:25.380 --> 00:24:33.390

Abby Braden PhD.: we do have evidence that diabetes is useful in decreasing emotional eating among adults with overweight and obesity.

139

00:24:34.140 --> 00:24:51.210

Abby Braden PhD.: From some of these pilot studies listed here, what these studies did not do was actually also simultaneously target weight loss. So DBT, again, it's been used to treat emotional eating effectively in these pilot studies. But we don't know about weight loss.

140

00:24:54.000 --> 00:25:05.940

Abby Braden PhD.: Alright and building off of this research, we developed this program Live FREE: Freedom from Emotional Eating Program and it is a 16 session group-based intervention.

141

00:25:06.660 --> 00:25:17.130

Abby Braden PhD.: It includes two components that are sequentially delivered. The first nine sessions of the program, all we do is teach DBT skills.

142

00:25:18.390 --> 00:25:25.110

Abby Braden PhD.: Starting at session 10, we target weight loss in addition to the emotional eating piece that we target at the beginning

143

00:25:26.250 --> 00:25:30.750

Abby Braden PhD.: using the traditional behavior weight loss techniques.

144

00:25:33.540 --> 00:25:45.840

Abby Braden PhD.: The premise of this program is that if we can first teach patients how to learn appropriate emotional eating strategy or emotion regulation strategies and essentially decrease their emotional eating,

145

00:25:46.680 --> 00:25:59.610

Abby Braden PhD.: that this may promote improved implementation of weight loss techniques again. So just kind of repeating myself that you know if we initially just focus on that emotional training and

146

00:26:00.090 --> 00:26:08.280

Abby Braden PhD.: that by the time we get to what we know works for weight loss that people will be better equipped to essentially adopt those strategies.

147

00:26:12.180 --> 00:26:22.590

Abby Braden PhD.: Alright. Going back to our figure here and just I added some text here to show you where we're intervening, so our treatment with our DBT skills

148

00:26:23.610 --> 00:26:30.540

Abby Braden PhD.: is designed to essentially give people these emotion regulation skills so that they don't land here.

149

00:26:34.770 --> 00:26:38.400

Abby Braden PhD.: Alright, I'm going to talk to you about a series of studies that we've done that have

150

00:26:39.420 --> 00:26:42.630

Abby Braden PhD.: investigated this program., the Live FREE program.

151

00:26:44.880 --> 00:27:00.900

Abby Braden PhD.: When we started this, we had kind of a layout of our sessions and we knew which topics we wanted to focus on. But we knew that once we piloted the study that there would be some changes. So our primary aim of this preliminary investigation was simply to refine our treatment protocol.

152

00:27:04.080 --> 00:27:11.310

Abby Braden PhD.: We recruited a very small sample of adults from the local community.

153

00:27:11.760 --> 00:27:23.250

Abby Braden PhD.: 10 adults with a BMI of at least 25 and they also endorsed high levels of emotional eating. So they were self-identified emotional eaters and we also administered

154

00:27:24.240 --> 00:27:42.180

Abby Braden PhD.: objective measures of emotional eating. In addition, for our studies, participants could not be in any formal weight control program or be having any sort of psychological therapy and that was among some other specific inclusion and exclusion criteria.

155

00:27:45.720 --> 00:27:57.030

Abby Braden PhD.: So a little bit about our procedures: we brought our subjects in and we administered a baseline assessment. At this assessment, we measured height, weight, and had everybody complete some self-report questionnaires.

156

00:27:57.750 --> 00:28:09.570

Abby Braden PhD.: I completed a 30 minute pretreatment session with each person individually. Then we had our 16 weekly group sessions that were led by myself and a graduate student co-leader.

157

00:28:10.770 --> 00:28:12.480

Abby Braden PhD.: After the 16 weeks, we

158

00:28:13.530 --> 00:28:19.710

Abby Braden PhD.: administered the post-treatment assessment in which we measured height and weight again and have them fill out the questionnaires.

159

00:28:20.730 --> 00:28:29.430

Abby Braden PhD.: Then we did administer a $25 gift card for completion of each assessment at baseline and post-treatment.

160

00:28:32.880 --> 00:28:38.250

Abby Braden PhD.: As I mentioned, these are 16 sessions and they were 90 minutes in length.

161

00:28:39.840 --> 00:28:46.500

Abby Braden PhD.: We administered again the DBT material in those first nine sessions only.

162

00:28:48.000 --> 00:28:52.380

Abby Braden PhD.: Then it's starting with session 10, we picked up with the behavioral weight loss

163

00:28:53.400 --> 00:29:00.660

Abby Braden PhD.: techniques and these are just some of the resources that we used to guide our intervention here above on the slide.

164

00:29:04.470 --> 00:29:12.480

Abby Braden PhD.: I'm going to tell you a little bit more about the treatment. We spent about 30 minutes at the beginning of each session kind of checking in with our participants.

165

00:29:12.930 --> 00:29:22.170

Abby Braden PhD.: Then we used a didactic approach to teaching new material which I said is kind of standard DBT or is typical of DBT.

166

00:29:22.770 --> 00:29:31.440

Abby Braden PhD.: And we used handouts each week to teach a new skill. We incorporated discussion and personal examples of our group members as well.

167

00:29:31.920 --> 00:29:46.650

Abby Braden PhD.: And then we covered those DBT skills and in first nine sessions and then behavioral weight loss skills in starting with session 10. We did measure participants weekly. Although, weight loss was not really a focus or a goal until we got to session 10.

168

00:29:51.450 --> 00:29:57.930

Abby Braden PhD.: Alright, so a little bit more about the treatment itself. This shows our session topics for each week.

169

00:29:58.890 --> 00:30:10.950

Abby Braden PhD.: In our DBT sessions, we asked the participants to complete a daily diary card and on this diary card, participants record their eating behaviors, including emotional eating.

170

00:30:11.730 --> 00:30:25.710

Abby Braden PhD.: They also record emotions and skills practice. And this slide shows the various DBT skills that we taught and we taught skills from each of the four main areas of DBT.

171

00:30:26.070 --> 00:30:36.660

Abby Braden PhD.: I'm going to give you a just a simple definition of each one. The first area is mindfulness and mindfulness refers to paying attention to the present moment non-judgmental.

172

00:30:38.250 --> 00:30:46.320

Abby Braden PhD.: We taught skills from emotion regulation, which focuses on teaching people how to label their emotions and how to change emotions when they can be changed.

173

00:30:47.820 --> 00:30:58.230

Abby Braden PhD.: We talked to stress tolerance skills which give people skills for managing emotions when they're really intense and also for accepting things about our life and ourselves that cannot be changed.

174

00:30:58.830 --> 00:31:08.490

Abby Braden PhD.: Then the last set of skills in our personal effectiveness is really kind of communication techniques, teaching people how to get their needs met in relationships.

175

00:31:11.880 --> 00:31:21.540

Abby Braden PhD.: Starting with session 10, we then had people begin recording their food intake every day. In addition to recording food intake, they were

176

00:31:22.650 --> 00:31:32.070

Abby Braden PhD.: provided with the calorie range and asked to decrease calorie intake. We recommended increased physical activity and also twice weekly self-weighing.

177

00:31:32.610 --> 00:31:45.630

Abby Braden PhD.: Then you can see here we taught them the most important key components of standard behavioral weight loss, including dietary and physical activity education and behavior modification techniques.

178

00:31:49.320 --> 00:31:59.700

Abby Braden PhD.: As I mentioned when I first started talking about this preliminary investigation, our number one goal here was to refine our treatment protocol. Although we

179

00:32:00.300 --> 00:32:08.490

Abby Braden PhD.: received positive feedback from the participants and it seemed like they liked the program and we did walk away with some useful

180

00:32:09.240 --> 00:32:21.060

Abby Braden PhD.: kind of critiques that allowed us to refine the intervention, the first critique was that the amount of skills that we taught during the sessions was at times excessive.

181

00:32:22.890 --> 00:32:34.110

Abby Braden PhD.: We were able to modify that by deciding that moving forward, we needed to extend our sessions from 90 minutes to 120 minutes, which is actually a standard DBT skills group.

182

00:32:34.890 --> 00:32:45.210

Abby Braden PhD.: So we added more time. We also decided to pare down the skills that we taught and focus more on depth instead of breath. So really focusing on the central skills.

183

00:32:45.780 --> 00:32:59.010

Abby Braden PhD.: We eliminated the interpersonal effectiveness skills from our future iterations of the treatment and just focused on the core mindfulness, emotion regulation, and distress tolerance skills.

184

00:33:00.480 --> 00:33:11.310

Abby Braden PhD.: Then another takeaway that we had is that we needed to continue reviewing diabetes skills during that behavioral weight loss portion of the intervention.

185

00:33:12.750 --> 00:33:22.530

Abby Braden PhD.: And we figured out a few ways to do this. One was by having participants continue recording their emotions, their eating behavior, and their skills practice

186

00:33:23.190 --> 00:33:36.240

Abby Braden PhD.: while they were in that DDT, or I'm sorry, in the behavioral weight loss session. So they're recording their food intake and calorie intake, but they're also continuing to record emotions and record whether they emotionally ate,

187

00:33:36.750 --> 00:33:53.940

Abby Braden PhD.: and their skills practice. In addition to that, we added some time at the end of each session to review DBT skills and how they could really be used in helping them achieve their behavioral weight loss goals as well.

188

00:33:56.280 --> 00:34:03.810

Abby Braden PhD.: Alright. At this point, we had a finalized treatment protocol and we were ready to do another trial with more participants.

189

00:34:04.710 --> 00:34:12.480

Abby Braden PhD.: The goals of this study were, the primary aim is to examine feasibility unacceptability which basically means:

190

00:34:12.900 --> 00:34:19.200

Abby Braden PhD.: Can we do this trial? is it feasible? Are we going to get participants? Is it acceptable. So how do people like it.

191

00:34:19.770 --> 00:34:29.520

Abby Braden PhD.: Then, secondarily, we were hoping to start to get a sense of the initial advocacy meaning. Does this treatment work? Does it work for decreasing emotional eating and weight?

192

00:34:32.310 --> 00:34:41.310

Abby Braden PhD.: We recruited adults with same sample here, a BMI of at least 25 and elevated emotional eating.

193

00:34:42.420 --> 00:34:42.930

Abby Braden PhD.: This

194

00:34:44.340 --> 00:34:55.290

Abby Braden PhD.: table here shows you our sample. We have 39 adults. What I want to point out about our sample is that it was heavily female 97% and also white.

195

00:34:55.770 --> 00:35:08.280

Abby Braden PhD.: These are important limitations to keep in mind because these results that I share with you may not apply to more racially diverse groups. And also males as well.

196

00:35:09.660 --> 00:35:24.480

Abby Braden PhD.: This is a single group design, meaning we did not have a control group at this point and assessments were administered at baseline post-treatment and post-treatment. We also followed people at

197

00:35:25.470 --> 00:35:36.450

Abby Braden PhD.: six months after the intervention. Alright. This slide kind of gives us an indicator of feasibility that yes, we can do this. We were able to enroll 39 adults into the program.

198

00:35:37.140 --> 00:35:45.510

Abby Braden PhD.: We had initially assessed at 87 and they were excluded for various reasons. But yes, we were able to get the sample that we wanted for this.

199

00:35:47.370 --> 00:35:54.990

Abby Braden PhD.: In terms of acceptability people really liked the program. 86% said they loved the program. So that's encouraging.

200

00:35:55.560 --> 00:36:07.260

Abby Braden PhD.: We also have further evidence of acceptability and feasibility when we look at the number of sessions that people attended. On average, out of the 16 sessions people attended 14 of them.

201

00:36:08.760 --> 00:36:13.920

Abby Braden PhD.: The vast majority of participants completed the intervention, 35 out of 39. Then,

202

00:36:15.150 --> 00:36:24.150

Abby Braden PhD.: most people also come to the follow-up assessment, so 32 out of 39. This tells us that we had good retention in the study.

203

00:36:25.830 --> 00:36:37.830

Abby Braden PhD.: Let's look at our initial efficacy in terms of does this treatment work. On average participants lost 3.22% of their initial body weight.

204

00:36:39.360 --> 00:36:48.660

Abby Braden PhD.: The average was about three kilograms of weight loss. Then, on average, participants lost 2.89% from baseline to follow up.

205

00:36:49.350 --> 00:36:56.880

Abby Braden PhD.: You'll see in a minute that the weight loss was happening during the behavioral weight loss sessions. I'll show you that on the next slide, but

206

00:36:57.420 --> 00:37:10.590

Abby Braden PhD.: people were losing weight those last six weeks of the treatment. They did maintain it at follow up and we also saw a decrease in their waist circumference measurement as well on average of 4.23 centimeters.

207

00:37:13.470 --> 00:37:24.510

Abby Braden PhD.: This is a table showing our change on our key outcome measures. So we calculated repeated measures and ANOVAs and you can see,

208

00:37:24.960 --> 00:37:30.540

Abby Braden PhD.: it's helpful to look at the mean columns or mean at baseline or mean at post-treatment and our mean follow-up.

209

00:37:31.350 --> 00:37:38.100

Abby Braden PhD.: Again, what we see with BMI, we don't see change from baseline to week 10. But after that, people

210

00:37:38.850 --> 00:37:43.920

Abby Braden PhD.: again, at that latter portion of treatment, people are losing weight, and they're maintaining it follow-up.

211

00:37:44.820 --> 00:37:50.610

Abby Braden PhD.: The same thing with our emotional eating indicators, except for positive. We did not see a change in positive emotional eating.

212

00:37:51.120 --> 00:37:58.950

Abby Braden PhD.: The emotional eating and response to depression, boredom, and anxiety and anger changed in the direction you would expect, and were maintained follow-up.

213

00:37:59.550 --> 00:38:07.620

Abby Braden PhD.: DBT skills. So we measured their use of the skills, over the course of the intervention which is increased as we expected and maintained over time.

214

00:38:08.220 --> 00:38:18.540

Abby Braden PhD.: And then the DERS measures emotion regulation, its difficulties and emotion regulation. So that went down as we expected and also was maintained at our six month follow-up.

215

00:38:21.510 --> 00:38:25.500

Abby Braden PhD.: Alright, I'm going to tell you a little bit about a case study that we published. This is

216

00:38:26.340 --> 00:38:34.530

Abby Braden PhD.: using one of our participants from the clinical trial that I just told you about. I think this is just a nice illustration that kind of brings to life the topic a little bit more.

217

00:38:35.100 --> 00:38:47.940

Abby Braden PhD.: This woman's name is Amy. Just so you know, she did give us permission to share this case study, but we did eliminate personal identifying information so that her identity would not be revealed.

218

00:38:49.110 --> 00:38:57.780

Abby Braden PhD.: As I said she was female. She identified as white and single in middle age. She was employed at the university where we

219

00:38:59.340 --> 00:39:00.900

Abby Braden PhD.: conducted the intervention.

220

00:39:01.950 --> 00:39:05.370

Abby Braden PhD.: When we did the initial phone screen with Amy, she

221

00:39:07.290 --> 00:39:13.290

Abby Braden PhD.: expressed emotional eating a few times per week. She also

222

00:39:15.060 --> 00:39:21.240

Abby Braden PhD.: reported particularly having difficulties with stress, anxiety and boredom and they're triggering her eating.

223

00:39:23.910 --> 00:39:30.750

Abby Braden PhD.: Okay, I'm first going to talk to you a little bit about Amy's progress during that initial part of treatment during those DBT sessions.

224

00:39:31.440 --> 00:39:41.250

Abby Braden PhD.: Amy presented as anxious and a little bit quiet and reserved, but she was focused in the groups and attentive.

225

00:39:41.970 --> 00:39:54.600

Abby Braden PhD.: She also seemed to have difficulty initially with labeling her emotions. As I mentioned, we asked her to and everybody else to monitor their emotions on the diary card and she found this to be really challenging

226

00:39:56.730 --> 00:40:09.810

Abby Braden PhD.: throughout these sessions. She was able to identify factors that seem to trigger emotional eating for her and oftentimes these, she had a work-related situations or work-related stress that prompted eating.

227

00:40:10.800 --> 00:40:17.400

Abby Braden PhD.: Also the included feelings of anxiety, feeling like a failure, feeling kind of inadequate.

228

00:40:19.320 --> 00:40:26.340

Abby Braden PhD.: Yet throughout this work, she was able to really adopt a range of diabetes skills to

229

00:40:27.150 --> 00:40:40.650

Abby Braden PhD.: manage her emotions in a healthier way and ultimately decrease emotional eating. One particular example I'm going to share is when she had received an email from a student and it was accusing her of giving unhelpful advice.

230

00:40:41.520 --> 00:40:50.220

Abby Braden PhD.: Amy was able to use checking the facts and also labeling her emotions to respond to this in a healthier way.

231

00:40:50.610 --> 00:41:04.380

Abby Braden PhD.: And as she checked the facts, she realized that her initial feelings of kind of fear and guilt were not justified, but being concerned about the student was justified. That really allowed her to

232

00:41:05.430 --> 00:41:09.300

Abby Braden PhD.: respond in a calm and helpful way toward the student

233

00:41:10.350 --> 00:41:18.150

Abby Braden PhD.: as opposed to being defensive and angry which she said would have been her typical response. And she really viewed this as a victory.

234

00:41:21.300 --> 00:41:35.460

Abby Braden PhD.: Then we get to and as I mentioned, she had already started improving her emotional eating at this point. Then we get to the behavioral weight loss sessions and Amy did very well with recording calorie intake, decreasing calories. She started

235

00:41:37.110 --> 00:41:41.520

Abby Braden PhD.: planning her meals, packing her lunch more frequently, decreasing eating out.

236

00:41:43.980 --> 00:41:53.940

Abby Braden PhD.: What was really striking to us though was that Amy seemed to actually engage more with the DBT skills once we got to the behavioral weight loss sessions.

237

00:41:54.780 --> 00:42:03.510

Abby Braden PhD.: One example of this was when we asked the participants to weigh themselves twice a week and Amy didn't have a scale. She

238

00:42:03.810 --> 00:42:13.500

Abby Braden PhD.: expressed a lot of resistance to weighing herself, which as you know that scale holds a lot of weight, literally and figuratively for people in terms of

239

00:42:14.400 --> 00:42:27.900

Abby Braden PhD.: the emotions that are tied to this scale for them. Anybody who has issues with body image disturbance. So Amy was resistant. She was able to use opposite action, which is a skill that essentially

240

00:42:28.920 --> 00:42:39.960

Abby Braden PhD.: can be used when an emotion is not justified or not effective. Essentially, it's acting in complete opposite to that emotional urge.

241

00:42:40.380 --> 00:42:47.250

Abby Braden PhD.: So she used opposite action to get the scale and then when she noticed she got on the scale and she noticed

242

00:42:47.640 --> 00:43:02.580

Abby Braden PhD.: again, those uncomfortable thoughts and feelings that are often associated with the scale, she was able to use non-judgmental awareness and checking the facts. Again, other DBT skills to help her with that experience.

243

00:43:07.200 --> 00:43:14.070

Abby Braden PhD.: Okay and I'm just going to show you some slides showing Amy's progress that she made over time.

244

00:43:14.460 --> 00:43:21.840

Abby Braden PhD.: As you can see here, Amy lost significant weight and consistent with what we saw in our pilot study and the larger group,

245

00:43:22.260 --> 00:43:40.200

Abby Braden PhD.: Amy's weight loss occurred during the latter portion of the intervention. So she lost a total of 7.2 kilograms of weight from baseline to post-treatment and then she lost an additional 9.3 kilograms of weight during the follow-up period. And that's not on here, actually.

246

00:43:42.150 --> 00:43:47.940

Abby Braden PhD.: She was really successful in terms of weight loss. She also was really successful as far as reducing emotional eating.

247

00:43:48.750 --> 00:43:57.810

Abby Braden PhD.: You can see here at baseline, she had the most difficulties with eating in response to depression but also endorsed boredom and anxiety, anger.

248

00:43:58.230 --> 00:44:09.210

Abby Braden PhD.: You can see that her emotional eating in each of these specific categories decreased from baseline to post-treatment and again maintained at follow up.

249

00:44:12.000 --> 00:44:20.220

Abby Braden PhD.: Alright. Where does that leave us now in terms of this in terms of our research? At this point, our treatment's been refined

250

00:44:20.760 --> 00:44:27.060

Abby Braden PhD.: and we have evidence of acceptability and feasibility. So we think, okay, people like this treatment and it seems like we can

251

00:44:27.690 --> 00:44:37.530

Abby Braden PhD.: conduct a clinical trial. We have some indication at this point of initial efficacy. But what we really need to do is conduct a randomized clinical trial where we're comparing our

252

00:44:37.830 --> 00:44:45.270

Abby Braden PhD.: intervention to that kind of the gold standard behavioral weight loss treatment and we need a larger and ideally a more diverse sample.

253

00:44:46.890 --> 00:44:47.370

Abby Braden PhD.: Alright.

254

00:44:48.540 --> 00:44:54.510

Abby Braden PhD.: What I would like to end with is some practical strategies. I hope these will be useful for you and your work moving forward.

255

00:44:55.320 --> 00:45:02.310

Abby Braden PhD.: I have several. My first here is to adopt a dialectical approach in your work with your patients.

256

00:45:02.880 --> 00:45:14.340

Abby Braden PhD.: Dialectics really refers to this idea of the synthesis of opposites. So two things that seem to be inconsistent with one another can actually exist at the same time.

257

00:45:14.760 --> 00:45:22.050

Abby Braden PhD.: Right, so my son who just started kindergarten; he can be really nervous about going to school and also excited at the same time.

258

00:45:22.560 --> 00:45:34.350

Abby Braden PhD.: And clients can learn change and acceptance simultaneously. We can encourage them to change and be validating and accepting when they struggle.

259

00:45:34.920 --> 00:45:44.610

Abby Braden PhD.: Many of you probably do that already in your practice, but I think we can more explicitly teach clients this skill of dialectical abstinence is what it's called.

260

00:45:45.180 --> 00:45:55.560

Abby Braden PhD.: What it is wholeheartedly committing to stopping emotional eating while simultaneously being prepared to recommit should one emotionally eat.

261

00:45:56.760 --> 00:46:02.400

Abby Braden PhD.: We see oftentimes when people want to change a behavior, and I think we see this with eating a lot

262

00:46:03.000 --> 00:46:11.220

Abby Braden PhD.: is that they have a plan, right, they're going to change. They're going to stop emotional eating, they're going to start eating healthier. And then the second that they slip up,

263

00:46:12.150 --> 00:46:21.030

Abby Braden PhD.: they fall off completely. And they're like, see, I can't do it again, right I'll start tomorrow, or I'll start next week, or I'll start next year.

264

00:46:21.930 --> 00:46:40.260

Abby Braden PhD.: What dialectical absence does is it tries to prevent people from getting stuck in that place. Instead of getting stuck, I'm just going to get right back on. Right. I'm going to fully commit to stopping emotional eating.

265

00:46:42.300 --> 00:46:49.320

Abby Braden PhD.: At the same time, I know that if I slip, I can immediately get back on and I can immediately recommit.

266

00:46:53.430 --> 00:47:01.620

Abby Braden PhD.: The second tip here is to help clients be more aware of emotions. I think this is a really simple strategy that you could implement in your work with your clients.

267

00:47:02.100 --> 00:47:09.090

Abby Braden PhD.: I'm sure you're having your clients record their food intake. You can ask them to document their emotions on their food blog.

268

00:47:09.690 --> 00:47:12.900

Abby Braden PhD.: You could ask them to record at the end of the day,

269

00:47:13.590 --> 00:47:20.070

Abby Braden PhD.: summarize your emotions from that day. That might work. It may be more effective and helpful for them to actually provide

270

00:47:20.430 --> 00:47:24.450

Abby Braden PhD.: a list of emotions because like I said, some people just don't have the language for their emotions.

271

00:47:24.960 --> 00:47:33.240

Abby Braden PhD.: If you provide, there's no magic list, but if you select five or six emotions, I encourage you to put at least one positive emotion.

272

00:47:33.780 --> 00:47:38.820

Abby Braden PhD.: If there's an emotion that seems to come up a lot for that person, maybe it's guilt.

273

00:47:39.480 --> 00:47:55.590

Abby Braden PhD.: Make sure to include that one, but you can include a list of emotions and you can ask the client to rate the intensity of their emotions each day. Just give them a rating scale of zero to six or something and how intensely did you feel that emotion on that day.

274

00:47:56.910 --> 00:48:02.940

Abby Braden PhD.: Just this simple act of awareness can serve as an intervention, can actually change people's behavior.

275

00:48:06.120 --> 00:48:18.630

Abby Braden PhD.: The third tip here is to help clients see the value in emotions. Alright, so I've said this a few times that our goal is not to get rid of emotions or to get rid of that emotional discomfort. We know that

276

00:48:19.830 --> 00:48:28.380

Abby Braden PhD.: emotions serve a very important function. There are kind of like a survival mechanism for us as humans. So we don't want people to get rid of them.

277

00:48:29.070 --> 00:48:42.630

Abby Braden PhD.: But we do want our clients to think more non-judgmentally, really sticking to the facts of the situation as opposed to getting lost in emotion mind, which is a phrase that we use when our emotions are kind of overtaking our behavior.

278

00:48:43.680 --> 00:48:48.330

Abby Braden PhD.: And a simple strategy, you can use as if you're asking your clients to

279

00:48:49.350 --> 00:48:58.110

Abby Braden PhD.: track their emotions; rather than trying to help them get rid of them, you can ask, well, how can you respond effectively to that emotion.

280

00:49:02.910 --> 00:49:14.940

Abby Braden PhD.: The fourth tip here is to encourage clients to learn and practice diaphragmatic breathing. And I will say diaphragmatic breathing is not unique to DBT. This is a

281

00:49:17.010 --> 00:49:27.750

Abby Braden PhD.: technique used across various psychological interventions. When we are tense or anxious, our breathing tends to be shallow and rapid and diaphragmatic breathing

282

00:49:29.340 --> 00:49:37.290

Abby Braden PhD.: tries to change that. You could always look this up. When you do a quick Google search and find videos of dramatic breathing.

283

00:49:38.310 --> 00:49:43.770

Abby Braden PhD.: Essentially, what you do is you put one hand on your chest and one hand on your stomach.

284

00:49:45.090 --> 00:49:55.650

Abby Braden PhD.: And you try to breathe slowly and deeply and the goal is to breathe into the diaphragm, which is the muscle underneath your lungs. And essentially, you want to feel

285

00:49:56.400 --> 00:50:02.430

Abby Braden PhD.: when you're breathing. You want to feel the hand on your stomach rise and the hand on your chest not rise.

286

00:50:03.120 --> 00:50:11.460

Abby Braden PhD.: Then as you exhale, your stomach should kind of return back to its original position. So it's really belly breathing. Breathing into the stomach.

287

00:50:12.060 --> 00:50:21.270

Abby Braden PhD.: It's good to ask people to practice this daily for 5 to 10 minutes. I like to tell people, don't just use this when you're feeling stressed and kind of

288

00:50:21.660 --> 00:50:32.100

Abby Braden PhD.: hone the skill outside of those situations. Again, maybe it's the end of the day, or right when you wake up and then you can also use it when your emotions are really intense as well.

289

00:50:32.610 --> 00:50:38.550

Abby Braden PhD.: But people love this, you know, your breath goes with you everywhere. It's a skill that can be used anytime.

290

00:50:41.460 --> 00:50:47.730

Abby Braden PhD.: Alright. Number five here is urge surfing with the use of distraction and self-soothing.

291

00:50:48.480 --> 00:51:03.630

Abby Braden PhD.: Alright, so we think of cravings or emotional eating urges as a type of urge that will eventually go away. Urges will go away within about 30 minutes if we don't give in to them. Every time we give in to, let's say, emotional eating,

292

00:51:04.890 --> 00:51:05.940

Abby Braden PhD.: it makes that

293

00:51:07.290 --> 00:51:15.780

Abby Braden PhD.: craving or that urge stronger in the future. The goal here is to tolerate the urge rather than to try and get rid of it.

294

00:51:16.800 --> 00:51:22.410

Abby Braden PhD.: You can kind of think of it, a good analogy is like a wave like an ocean.

295

00:51:22.860 --> 00:51:31.560

Abby Braden PhD.: It very slowly builds. That urge will slowly build and it will eventually peak and it will eventually crest and it will eventually go down.

296

00:51:31.950 --> 00:51:41.490

Abby Braden PhD.: What we're asking people to do is kind of ride that urge or ride that wave, knowing that if we can just let it be and tolerate it, it will go away on its own, but we can't give in to it.

297

00:51:42.300 --> 00:51:51.330

Abby Braden PhD.: What can we do during that time to kind of get through. That's where these distracting activities and self-soothing activities come in handy.

298

00:51:51.720 --> 00:51:58.920

Abby Braden PhD.: There's nothing special about these, but it's really having somebody identify what might be useful or effective for them.

299

00:51:59.310 --> 00:52:07.320

Abby Braden PhD.: For some people, distraction, just going out and taking a walk, putting on their favorite TV show, cleaning, helping somebody.

300

00:52:08.010 --> 00:52:19.560

Abby Braden PhD.: Self-soothing, we really think of as engaging the senses. We don't want to have them engage taste, though, in this situation, but any of the other senses. So lighting a candle,

301

00:52:20.640 --> 00:52:29.850

Abby Braden PhD.: going outside and getting kind of visually lost in nature, taking a warm bath; anything that soothes the senses.

302

00:52:33.210 --> 00:52:38.460

Abby Braden PhD.: Then the last tip here would be to refer clients to a mental health specialist when necessary.

303

00:52:39.420 --> 00:52:45.270

Abby Braden PhD.: If you're working with your client and it just, it appears that emotions or emotional eating are interfering and

304

00:52:46.020 --> 00:52:59.670

Abby Braden PhD.: you're using some of these simple techniques and they're not working, it may just be that that person needs kind of a very sole focus on this in-depth emotion regulation training prior to making dietary changes.

305

00:53:03.480 --> 00:53:13.020

Abby Braden PhD.: Alright, I can't end without giving a special thank you to the members of all of my lab, the balance eating and emotions lab. None of this work would have been possible without them.

306

00:53:13.620 --> 00:53:20.640

Abby Braden PhD.: Thank you all for being such a great audience and I would love to answer any questions you have in our remaining few minutes.

307

00:53:23.340 --> 00:53:23.730

Okay.

308

00:53:25.050 --> 00:53:42.540

Villanova Webinar 1: Thank you, Dr. Braden. This was excellent. I took away one very important point. And that is the timing of DBT and that it is so important to learn emotion regulation strategies as a first step to kind of stack the cards

309

00:53:43.470 --> 00:53:57.360

Villanova Webinar 1: in favor of success going forward. I think sometimes we forget the order of operations is important. So thank you. Excellent. In a moment or two, we'll have a couple

310

00:53:58.470 --> 00:54:04.230

Villanova Webinar 1: minutes for questions. But first I wanted to just remind everyone who has completed the webinar, you will

311

00:54:04.770 --> 00:54:15.630

Villanova Webinar 1: receive an evaluation within the next few days. Please complete it within three weeks so that you can get your CE certificate.

312

00:54:16.020 --> 00:54:32.730

Villanova Webinar 1: Once the evaluation is completed, the CE certificate will be emailed separately to you within five business days. And remember, if you did phone into the webinar today please email us at cope@villanova.edu and provide your name, so that we can provide you with your CE certificate.

313

00:54:33.990 --> 00:54:42.540

Villanova Webinar 1: We have an excellent lineup of speakers for the next several months for our COPE webinar speakers series, and we hope you can join us. Our next webinar

314

00:54:42.870 --> 00:54:55.200

Villanova Webinar 1: Is presented by presented by Lauren Sastre, PhD, RD, LDN and she is presenting on Addressing Obesity within Primary Care: Opportunities for a Multidisciplinary Approach.

315

00:54:55.680 --> 00:55:04.890

Villanova Webinar 1: Please remember that you can register for this and any of our webinars on our COPE website, villanova.edu/cope

316

00:55:07.110 --> 00:55:16.980

Villanova Webinar 1: Also Fitzpatrick College of Nursing is thrilled to be studying the impact of COVID-19 on the healthcare workforce and, to this end, we invite you to be part of the nationwide CHAMPS study.

317

00:55:17.580 --> 00:55:24.720

Villanova Webinar 1: If you or someone you know is a health professional, a first responder, an essential worker or support staff in a hospital or nursing home

318

00:55:25.290 --> 00:55:36.120

Villanova Webinar 1: and you are or you did provide support for patients, treatment sites or the community during the COVID-19 pandemic, you are encouraged to participate by completing

319

00:55:36.570 --> 00:55:49.590

Villanova Webinar 1: a survey that takes about 10 or 15 minutes. By hearing from these workers, we can better determine how we can improve services in the future. To find out more, you can visit the COPE website where you can find a link to participate.

320

00:55:50.940 --> 00:56:06.210

Villanova Webinar 1: And finally, COPE offers an online catalog of webinars and presentations, which can provide you with one contact hour or one CPEU. So you just simply search for topics of interest and you can go to the COPE website to find out more.

321

00:56:08.550 --> 00:56:13.890

Villanova Webinar 1: At this point, we have a couple minutes for questions.

322

00:56:14.940 --> 00:56:36.000

Villanova Webinar 1: We will go ahead and do that. Sorry about that. We're going to just leave that there. A couple questions. First of all, did you notice any difference in success in DBT based on BMI, we saw that the BMI levels began at over 25 and

323

00:56:36.000 --> 00:56:37.020

Villanova Webinar 1: continued upwards.

324

00:56:37.200 --> 00:56:38.880

Villanova Webinar 1: Did you notice any differences?

325

00:56:39.090 --> 00:56:48.930

Abby Braden PhD.: That's a great question. And I think that unfortunately because of our small sample size, we were not able to examine that question.

326

00:56:49.980 --> 00:57:02.820

Abby Braden PhD.: The majority of our participants were in a more severely obese category. I think our mean BMI; I showed you guys one of the slides right, baseline was pretty high.

327

00:57:03.300 --> 00:57:09.180

Abby Braden PhD.: But yeah, that that's a good question. And we couldn't, with the small sample of only 39 we couldn't evaluate that.

328

00:57:10.440 --> 00:57:14.160

Villanova Webinar 1: Okay, I'm sorry. The slides are doing their own thing here.

329

00:57:15.570 --> 00:57:19.920

Villanova Webinar 1: Also, how important is the group effect in DBT?

330

00:57:20.040 --> 00:57:21.810

Villanova Webinar 1: In other words, if we're sitting there with

331

00:57:21.870 --> 00:57:22.200

Villanova Webinar 1: a client in our office.

332

00:57:22.710 --> 00:57:24.270

Abby Braden PhD.: Yeah.

333

00:57:25.200 --> 00:57:26.010

Villanova Webinar 1: Can we

334

00:57:26.460 --> 00:57:27.870

Villanova Webinar 1: have a similar effect?

335

00:57:28.860 --> 00:57:34.230

Abby Braden PhD.: Yeah, I mean I think scientifically, I can't answer that for certain.

336

00:57:35.400 --> 00:57:41.070

Abby Braden PhD.: Because I think there is some benefit, just to having that shared support.

337

00:57:42.120 --> 00:57:49.110

Abby Braden PhD.: That being said, as I mentioned, DBT has been adapted for a variety of different patient populations and settings and it has been used

338

00:57:49.800 --> 00:58:06.150

Abby Braden PhD.: in these more of in an individual kind of therapy setting. I wouldn't feel discouraged, like you're not going to find success using this one on one, because it is also used that way, just not in this, not yet in this treatment.

339

00:58:07.890 --> 00:58:22.230

Villanova Webinar 1: Okay. And do you know any of, I'm sure you do. But what the research on using DBT with binge eating disorder, specifically, is that line of treatment possible?

340

00:58:22.800 --> 00:58:33.450

Abby Braden PhD.: Yeah, yeah. So there has been work using dialectical behavior therapy to treat binge eating disorder and the results have been promising.

341

00:58:35.880 --> 00:58:39.810

Abby Braden PhD.: What's interesting though is in those interventions,

342

00:58:40.950 --> 00:58:50.070

Abby Braden PhD.: there was no emphasis on weight loss which is which is fine because the goal again, was to treat binge eating disorder. And we do see improvement in binge eating.

343

00:58:51.060 --> 00:58:55.770

Abby Braden PhD.: I know of one randomized clinical trial where DBT was compared to

344

00:58:56.760 --> 00:59:06.270

Abby Braden PhD.: just a supportive therapy, though, and we saw similar outcomes. Even though we know there's some evidence that DBT is good for

345

00:59:06.540 --> 00:59:14.400

Abby Braden PhD.: binge eating, it's not clear that it's better than cognitive behavioral therapy, for example. It doesn't alone result in weight loss.

346

00:59:14.760 --> 00:59:22.740

Abby Braden PhD.: So that's important and that's similar to what we found, that just using those DPT skills isn't necessarily going to lead to weight loss.

347

00:59:23.790 --> 00:59:27.630

Villanova Webinar 1: Okay, we actually have a ton of questions, but we

348

00:59:27.630 --> 00:59:33.720

Villanova Webinar 1: did run out of time. I will forward questions to Dr. Braden.

349

00:59:33.720 --> 00:59:34.050

Villanova Webinar 1: She can

350

00:59:34.590 --> 00:59:54.600

Villanova Webinar 1: certainly look them over. We appreciate all the questions that you've sent in. We just have the happy problem that we've run out of time. And we have such wonderful interest. I want to give a great thank you, big thank you note and extend our grateful appreciation to Dr. Braden for

351

00:59:56.070 --> 01:00:05.970

Villanova Webinar 1: walking us through DBT and leaving us with some skills that we can use in in our own practice. And you also left us with a view that

352

01:00:06.870 --> 01:00:22.710

Villanova Webinar 1: as I mentioned before, the order of operations makes a difference and that seeking out help from mental health professionals can certainly be something that should certainly be something that we look at as one of our

353

01:00:23.880 --> 01:00:36.900

Villanova Webinar 1: strategies. Thank you very much for joining us today for our listeners. Please remember to complete the evaluation when you receive it so that you can get CE credit. We look forward to you

354

01:00:37.650 --> 01:00:45.510

Villanova Webinar 1: attending future webinars and please, this evaluation that you fill out, you have the opportunity to give us some

355

01:00:46.020 --> 01:01:00.360

Villanova Webinar 1: input on what kinds of ideas, what kinds of topics you'd like to hear. We implement, we use the feedback that you give us regularly and we appreciate it very much. So thank you again, Dr. Braden. Best of luck with your

356

01:01:00.390 --> 01:01:00.780

Abby Braden PhD.: work.

357

01:01:00.810 --> 01:01:02.670

Villanova Webinar 1: We really appreciate you being here.

358

01:01:02.880 --> 01:01:05.760

Abby Braden PhD.: Yes. Have a good day everyone. Bye.