Appetite Awareness Based CBT for Bulimia
Case Report: Client Ann (identity disguised)
Therapist: Linda W. Craighead, Ph.D.

Background Information

Ann is a 22-year-old Caucasian woman, an only child from an intact family, currently living at home while attending a large state university. She is in her junior year, majoring in exercise physiology. She reports that this is a difficult curriculum for her, but that she has been able to earn adequate grades. Both parents work full-time in professional positions and provide some financial support but they do require Ann to work part-time while in school. Ann teaches gymnastics in an elementary afterschool program and works at a gym. Ann reports that her father is generally supportive and she has a positive relationship with him, but she has always had a fairly ambivalent relationship with her mother whom she perceives to be critical of her and not very supportive. Her mother has always been normal weight and enjoys a lot of "snack" foods, which she insists on keeping easily accessible in the house even though Ann has asked her repeatedly to keep them out of sight. Her mother's attitude appears to be that Ann should just not eat them. Ann is free to keep whatever foods she wants at the home, generally prepares her own food, and rarely eats with her parents. Ann is currently in a serious romantic relationship of 1 ½ year's duration with a young man who is a few years older than she. He is working in the mortgaging business. They plan to become officially engaged soon and move in together as soon as they can buy a house. She reports having a number of personal friends and they socialize as a couple.

Ann reports that she has been bingeing and purging since about 7th grade as a way to influence her weight. She had never been objectively overweight, but she has always been muscular and on the high side of normal so perceives herself to be a bit too "big". Ann has not sought treatment previously for any psychological issues. She told her mother about the purging when she was in high school. Her mother told her to just stop and threatened severe consequences if she did not, including removing access to her car. She stopped purging for about a year but she gained weight so she resumed purging and excessive exercising. She was very secretive so her mother did not detect this. She lost about 35 pounds and was at a BMI of 19 for a while before she decided to focus more on healthy eating habits and became involved in extensive fitness training. She is currently at a BMI of 24 but has very low body fat due to her intensive exercise.

Ann is currently involved in training for "fitness and figure" competitions through her gym and is preparing for her first competition, which will be in about 6 months. She has a training coach who provides guidelines for healthy eating which she follows except for her binge-purge episodes. She is fairly satisfied with her current weight and shape although she would prefer to be thinner. Despite the fact that she knows she mostly eats healthy foods, whenever she does eat anything she considers unhealthy or eats too much, which occurs about 4 to 8 times a week, she feels compelled to purge, as she is unwilling to gain any weight. These episodes typically occur when she is alone at home with access to food or when she eats out. Typically she starts to eat because she is hungry, but then she realizes she has eaten a "bad" food or eaten too much. Then she "decides" to eat a lot more so she can purge. She endorsed a sense of loss of control early in the process when she can't prevent herself from eating things she knows she should not eat but the bingeing feels more deliberate. She is generally able to purge

by simply tensing her stomach. She cannot tolerate the feeling of a very full stomach so if she is eating out, she will often go purge if she eats too much at the beginning of the meal so she can go back and eat the rest of her meal.

Although her training coach initially put her on a fairly restrictive, i.e. low-fat diet, she talked with him about her need to modify that to some degree to prevent triggering binges, and he has been willing to work with her. He does not want her to count calories or to lose weight, but she has very clear rules about what types of food are recommended to. She believes that she can (and really wants to) continue this involvement while she stops the purging. However, the competition does require a few weeks of very restricted intake, called "cutting", right before the event to enhance muscle definition. She recognizes that her participation in this activity and especially the event itself might interfere with her progress in therapy. She indicates that she would be willing to withdraw if necessary, but believes that in general her commitment to training is positive for her.

Ann had not told anyone about her current purging even though people generally know that she is a very restricted eater because of her fitness involvement. Her boyfriend recently confronted her in a fairly supportive way and she admitted that she purged. He encouraged her to seek treatment. He told her that she must address her problems before they get engaged as they want to have children and he believes this is a health issue. He generally supports her in eating healthy but does not exert pressure on her to be thinner. Ann attempted to stop on her own for about 6 weeks but was not able to do so. Her boyfriend saw the advertisement for our program and encouraged her to participate. She did tell her parents that she still had a problem with her eating and was seeking treatment. They were surprised as they thought she had been maintaining a healthy weight through her training. They did not understand why she couldn't stop on her own, but they did support her seeking treatment.

Ann reported that she was highly motivated to stop purging for herself as well as for the boyfriend. She had just put off dealing with it thinking that she could stop whenever she decided to. She is very concerned about her health, noting that she has frequent colds and sore throats, and she is very embarrassed by the fact that she is responsible for training other people in healthy eating and exercise habits yet isn't able to do this herself. She intends to have a career in the fitness field and feels that she must be a responsible and healthy model herself.

Ann met criteria for Bulimia Nervosa, Binge-Purge Type. She also reported one period of relatively low weight during high school but she is now in the normal weight range. At the present time she reports having objective binge episodes about 2 to 4 days a week, with repeated episodes within a binge day. She estimates 23 episodes in the past month. She also has a subjective binge episode about twice a week. She reports no episodes of overeating and follows a healthy, high protein "training" diet that restricts food type fairly severely. She reports the age of onset as 13, and she has not had any periods free from purging for at least 2 weeks within the last year and a half. Currently she states that her goal has been to improve fitness rather than trying to lose weight, but she also states that her ideal weight would be about 30 pounds thinner than her current weight (BMI of 24). On the PEWS, Ann reported thinking about eating, weight and shape about 80% of the day, and that these thoughts were highly distressing, difficult to stop and interfere with concentration. On those questions she scored an average of 4.9 on a 6-point scale, which is similar to scores reported for individuals with bulimia nervosa assessed in our research with college students.

She did not meet criteria (past or current) for any other Axis I disorder except for a specific phobia regarding needles/injections. Her BDI-II score was 13 indicating mild depression. She has no history of significant depression or of suicidal ideation. She will occasionally have a drink on a social occasion but has never had issues with alcohol or other substances. She reports no significant medical concerns.

Treatment

Ann received 12 sessions of a structured intervention, DBT-AF, for bulimia nervosa. Although her condition had been chronic for about 8 years, her prognosis was good because she had not tried treatment before, she did not have significant co-morbid difficulties and she was highly motivated for treatment. Thus, she was an appropriate candidate for a time-limited intervention and did not need referral for medication.

At the first session, the rationale for treatment was explained to Ann. Ann felt the treatment would be a good fit for her, as she needed skills to stop binge eating and purging. Ann demonstrated little insight into the triggers for her binges and stated that it is just a long-standing habit that she has not been able to control. Appetite monitoring was explained to her (see sample) and she was very receptive to trying this. The first week's assignment is to become aware of hunger and fullness and try to eat "in the green" as much as possible, i.e. do not get hungrier than a 2.5 before eating or fuller than a 5.5 before stopping. Mindfulness skills were introduced as well. Each subsequent session included a review of the appetite monitoring, teaching AAT skills and DBT skills and identifying significant issues that needed to be addressed.

A major issue that needed to be addressed was her mother's insensitive and hurtful comments. Ann typically responded in an angry way that escalated the conflict or walked away and avoided her mother, which often leads to negative confrontations at later point. Ann identified that a similar pattern occurred with friends and her boyfriend. She had always considered herself to be very emotional, sensitive to criticism and easily irritated. She recognized that she tended to be unassertive with most people because she is afraid that she cannot say anything without overreacting, but with family and friends she will try to put with the problem but will ultimately explode in an unhelpful way. Ann responded well to empathic assertion training and was able to bring up her concerns with her mother and boyfriend when she was calm rather trying to respond when she was angry. When she is angry, she is not able to get into "Wise Mind". She became able to give corrective feedback when people made unhelpful comments. She was also able to ask her boyfriend for specific support around food issues so she could handle high-risk situations such as eating at his parents' house and eating out with their friends. She made progress establishing better boundaries with her mother. On her own initiative, Ann talked to her boyfriend about the skills she was learning. He tried some of them and found them useful as well. They both feel that it has been a useful way for them to communicate with each other and to support each other in using the skills. For example, he is now better able to respond to her when she is angry about interactions with her mother.

Gradually, Ann was able to make the connection between her emotions and her urges to binge and purge. This had not been obvious to her because there was often a considerable delay between the upsetting event such as an argument with her boyfriend and urges to binge later that night or the next day when she would be bored or alone. Using chain analysis, she was able to see her patterns and identify when she could use skills to intervene and get back on track.

By the sixth session, Ann had reduced her binge/purge episodes to a couple of times a week. She realized that she tended to wait too long, or not have foods available that she could feel good about eating. She set up a more effective eating pattern that would prevent getting too hungry, and she practiced mindful eating when she was in social situations to prevent getting overfull. While it was difficult, she also started practicing tolerating the full feeling without purging when she would inadvertently eat a little more than she planned. Ann had a lapse for 3 days in week 8. She had midterms and she found out that a high school friend had committed suicide. She was able to see how stress increased her vulnerability to binges and to use self-compassion to recover from the lapse. Ann became aware of her harsh self-judgments and how she had learned this pattern from her mother who was quite judgmental.

After 8 sessions, the frequency of sessions was reduced to every other week. Ann felt comfortable that she could identify when she went into Emotion Mind, could do a chain analysis by herself, and could come up with an alternative action. Her major triggers were arguments or conflict with her boyfriend, comments by her mother and feeling guilty about breaking rules or being "mean" to someone. Ann also identified feeling controlled as a trigger and used Alternate Rebellion and assertion to counter those feelings. She handled an argument with her boyfriend and a negative interaction with a teaching assistant in her class quite effectively. By the eleventh session she reported having gone 13 days without purging and said she felt positively about most of what she was eating. She was continuing with her competition preparation but felt that was still going well and was not triggering urges to binge. She was also able to participate in a tryout for a professional cheerleader position without getting triggered to restrict further.

At termination (after 12 sessions), Ann was having only an occasional binge/purge episode, and she was able to get back on track on her own to prevent a lapse turning into a relapse. She felt confident she could maintain her progress and had a clear plan for how she would prepare for her upcoming competition as well as the days right afterward that might be a trigger for bingeing. We agreed to schedule a follow-up session after the competition and she agreed to call for a booster session if she started having difficulties before that point. Ann identified needing to work on her relationship with her mother, but felt she had done as much as she could on her own. She wanted to ask her mother to attend some family therapy with her to work on improving their communication and their relationship. Ann recognized that she had a very different relationship with her future mother-in-law, who was a very warm and nurturing person. Ann was motivated to improve her relationship with her own mother to forestall future difficulties she anticipated regarding her future husband and children. Her mother was unwilling to commit to therapy but was willing to come in for a consultation session, which turned out to be productive. Ann was able to communicate with her mother how she was very sensitive to comments about her clothes, her size and how she ate because she felt "large" even though her mother didn't think she was. More importantly, Ann was able to explain to her mother how she generally felt like she was a bother and a burden to her mother. Her mother was able to explain how she was very sensitive to Ann's negative comments to her, as she generally believed that Ann didn't think she was a very good mother. Both were able to affirm their desire for a closer relationship to the other and to discuss ways in which they could be more sensitive to "pushing each other's buttons".

At follow-up 6 weeks later, Ann reported that she was doing well. She reported only two purging episodes and each time she had been able to recover right away and not let the slip become a more extended period of purging. She has been more able to tolerate her urges to purge when feeling a bit full. She reports that she does not feel deprived even though she still eats a

fairly restricted range of foods. She had participated in her competition successfully and had followed her plan for the "celebration" afterwards so that she did not overeat. She was feeling confident that she was going to be able to maintain her lifestyle, which involved this significant emphasis on fitness (and to some extend appearance) without resorting to purging to manage her weight. She was more satisfied with her relationship with her mother although she recognized that this relationship was never going to be as nurturing and close as she would like. She has been responding more effectively to her mother and feels that her mother is really trying to be more sensitive to her needs.

Summary

Ann, a junior in college, presented to treatment with an 8 year history of chronic bingeing and purging that often occurred within an extended period of multiple episodes within one day. She found the AAT model of eating to be a useful way for her to understand her maladaptive patterns. In terms of eating skills, she made the most progress by establishing a more regular pattern of eating that coincided with her natural hunger cues and learning to eat mindfully so that she could stop before getting to the point that urges to purge were triggered. She also learned to tolerate a slightly full feeling without purging by reminding herself that the purging maintained lack of awareness of moderate fullness and would prevent her from learning to stop at moderate fullness. In terms of emotion regulation, Ann made significant progress in identifying the emotions that triggered urges to binge and in using alternative skills to address those issues or to tolerate the feelings without purging. Ann's major interpersonal conflicts centered around her mother and her boyfriend. Assertion training and setting boundaries were used to address these issues. Ann's commitment to a career in the fitness field posed a challenge for treatment as she continued to restrict type of food, but Ann was able to relax her rigid rules to a moderate extent so that she was able to tolerate occasional, moderate consumption of other foods, especially in social settings, without having to purge. However, her ongoing involvement in this field puts her at increased risk for relapse. By the end of treatment, Ann had made significant changes in her relationships with her mother and her boyfriend. She did not feel she needed further treatment at this time. She was feeling confident that she could handles lapses, but recognized that she remained vulnerable to excessive restriction. Ann agreed that she would obtain booster sessions or re-enter treatment at the first sign of a relapse rather than waiting until her prior patterns got too firmly re-established. At 6 week follow-up Ann was continuing to do well and had not needed additional treatment.

Appetite Awareness Based CBT for BED
Case Report: Client Glenda (identity disguised)
Therapist: Carolyn Aible, Ph.D.

Glenda is a 45 year-old, divorced, Caucasian woman. She has two grown children who live out of state. Glenda came to our clinic, reporting binge eating episodes 3-5 times a week without compensatory behaviors (e.g. purging or fasting). She also reported weekly overeating episodes and generally feeling out of control about food. Glenda confided that she felt extremely bad about her self-- about her lack of control, about her weight, and about her physical health. She also described feelings of isolation and secrecy as both cause and effect of her binge eating.

Glenda grew up in a strict, Catholic family. She described her mother as perfectionistic and absent and her father as abusive. She was one of five children and reported that her family had a "fend for yourself" mentality. She recalled being teased by her siblings about being "fat", although in retrospect Glenda does not believe she really was fat then. At the time however, Glenda felt ashamed about her weight and began becoming secretive about food. She reported that she began binge eating when she was about 12.

Glenda said that she had previously tried clinical programs that addressed healthier eating and weight loss but that she was not ultimately able to stick with them and be successful. She explained that recording her food intake had felt shameful to her, particularly when the food was part of a binge. For the current treatment, Glenda was introduced to Appetite Awareness Training. During the first session the rationale for the treatment was explained; Glenda responded positively to it. Together we explored the pathways to her binges. For Glenda it appeared that "Ignoring Hunger", particularly lacking awareness of hunger, was her most typical entrance point into the cycle. She also sometimes engaged in "Emotional Eating". Bingeing was then activated by "Ignoring Fullness" and "Lose Control". Glenda reported that she was usually either "starving or stuffed" and didn't know anything in between. The monitoring forms and goals for eating episodes were explained. Glenda seemed skeptical that she would be able to gauge her appetite but also excited about a new way of thinking about eating.

The following week Glenda returned with her forms filled out correctly and completely. Curiously, despite her having stated that she is always "starving or stuffed," her forms showed almost all appetite levels near neutral whether she had not eaten in five hours or had just finished a meal. In discussing the forms and the week, it became clear that Glenda was dissociated from her own internal states; she did not know what it felt like to be hungry or full unless she really was "starving or stuffed". Glenda recorded four binges. By examining the binges, Glenda was able to see her tendencies towards ignoring hunger, eating emotionally (confusing other emotions for hunger), and eating by "rules" that consequently left her feeling deprived. We set as the goal for the following week to try to become conscious of her internal states, particularly her appetite and to use that appetite as a guideline for eating.

Over the next few sessions, Glenda found herself increasingly able to distinguish between different gradations of appetite and between appetite cues and emotional cues. Her bingeing had

decreased in number and intensity. She was averaging 1-2 a week with less food than previously (e.g. a half a pan of brownies rather than the whole pan). In becoming more attuned to her internal states, Glenda discovered that she had held a lot of shame about being hungry and about feeding herself. She understood this as being a product of her past, particularly of having been abused. As Glenda began to better understand her relationship with food, appetite, and how her childhood experiences helped shape these, she began to get a better hold on her eating. Between the 6th and 14th week of treatment, Glenda only had 2 binges, and by the 14th week, she was binge free.

After Glenda renegotiated her relationship to food, she found she also had to renegotiate her relationships to others. Her binge eating had both been supported by and supported her isolation. Around week 13, we began working on helping Glenda to reach out more socially. Feeling better about her self now that she had her eating under control, Glenda found that interacting socially was easier and more rewarding than it had been in the past. In addition, Glenda was encourage to find other ways to fill the spaces that food and binge eating had previously occupied in her life. Glenda had always been a creative person and decided to reengage with her creative side by attending Ichibana classes (Japanese flower arranging). This had the added bonus of a social component, and Glenda was able to work on fostering some new friendships.

Glenda had always been someone who exercised, usually by walking. Around week 10, we began increasing the intensity of her exercise—first, by intensifying the strenuousness of her walking and then by adding weight training. As we began working on the social component, Glenda started walking with a friend once a week and signed up for a Pilates class. By the end of treatment, Glenda's weight loss was modest, 7 pounds. Overall, Glenda did very well in treatment. She terminated at week 23. She had lost some weight and most importantly was no longer bingeing and was feeling in control of her eating. She reported being pleased and surprised that she could "eat like a normal person and not gain weight." Glenda explained that the key to her relapse prevention was to stay conscious of her self and to stay connected to the world. We talked about a relapse plan. Glenda said that should she end up bingeing, she would first analyze the situation and really understand all the factors involved and then "start over the next minute". But, Glenda reported feeling confident in her ability to continue being binge free. She had transitioned from monitoring on the forms to mental monitoring around week 15 and at termination reported feeling no longer needing to visualize the forms as she had internalized them. Glenda planned to continue with her exercise program and hoped she might see some further weight loss.