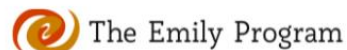


Inviting the Body Back: When and How to Re-introduce Intuitive Eating in Eating Disorder Treatment

Hilmar Wagner, MPH, RDN, LN, CD
Clinical Education Specialist



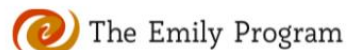
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Objectives

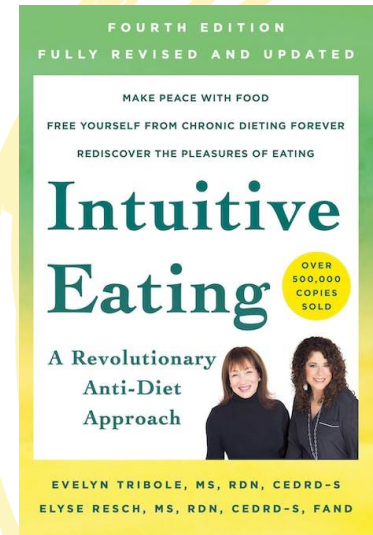
- Delineate what is meant by intuitive eating, compare and contrast similar terms and approaches.
- Discuss the barriers and contra-indications to the use of intuitive eating earlier on in ED treatment
- Describe how to know when a client might benefit from intuitive eating, how to implement and ways to know if it being successful

The Importance of Defining Terms



Intuitive Eating

- Often used interchangeably with Mindful eating
- Coined by Evelyn Tribole, MS, RD and Ellyse Resch MS, RD to include a broader philosophy, which “includes physical activity for the sake of feeling good, using nutrition information without judgment, and respecting your body, regardless of how you feel about its shape.”
- 10 Principles
 - Reject the diet mentality
 - Honor your hunger
 - Make peace with food
 - Challenge the food police
 - Discover the satisfaction factor
 - Feel Your Fullness
 - Cope with Your Emotions with Kindness
 - Respect your body
 - Movement - feel the difference
 - Honor your health – Gentle Nutrition



Another definition of Intuitive eating

- Intuition is “an immediate understanding or knowing something without reasoning.” (Merriam-Webster)
- Intuitive eating: “agreeing with what seems naturally right” (Merriam-Webster).
- Here is the question – if Intuition is “an immediate understanding or knowing something without reasoning” and “Intuitive eating is “agreeing with what seems naturally right”, then ***can we truly be intuitive eaters?***”
- Let’s use a case study to illustrate

Case Study



Case Study



Factors that negatively impact true intuitive eating

- Introduction of foods which have been enhanced in taste, flavor or appearance for the purpose of increasing hedonic value or visual desirability
- Restrictions in when food can be consumed and often which foods and how much
- Introduction of food judgements by others, including social/cultural messages
- Language used to describe foods

Mindful Eating

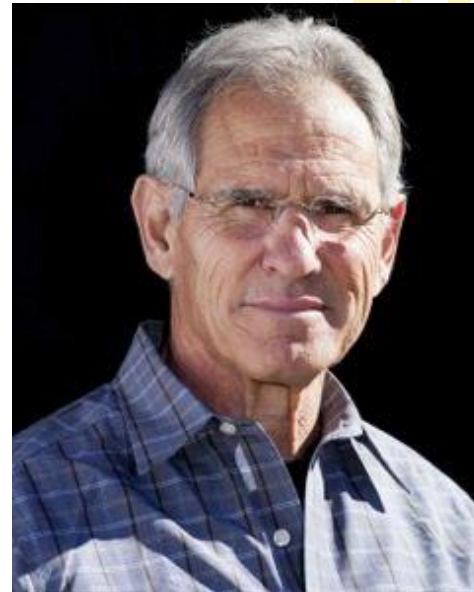
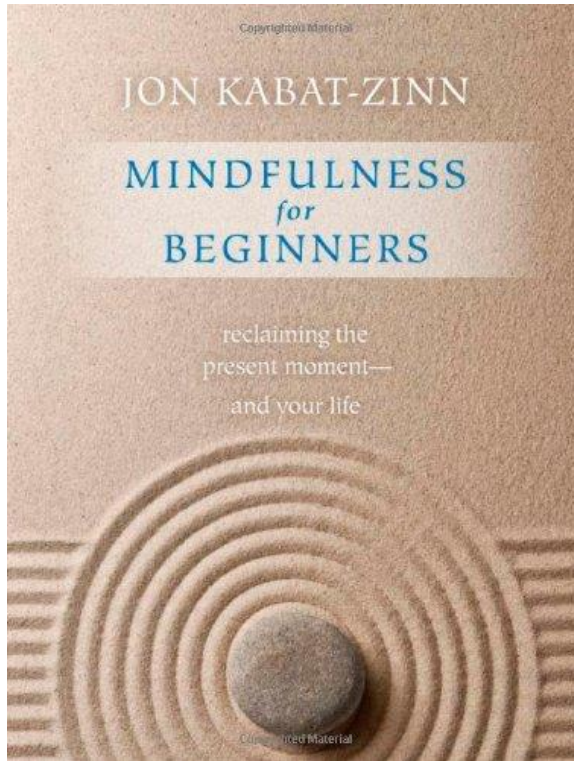
- The Center for Mindful Eating (TCME)
 - Allowing yourself to become aware of the positive and nurturing opportunities that are available through food preparation and consumption by respecting your own inner wisdom.
 - Choosing to eat food that is both pleasing to you and nourishing to your body by using all your senses to explore, savor and taste.
 - Acknowledging responses to food (likes, neutral or dislikes) without judgment.
 - Learning to be aware of physical hunger and satiety cues to guide your decision to begin eating and to stop eating.

Mindful eating

- **Mindfulness:** sustained and non-evaluative moment-to-moment awareness and attention to perceptible physical and mental states and processes
- **Mindful eating:** non-judgmental attention and awareness of physical and emotional cues related to the starting of, process of and cessation of eating

Popularization of Mindfulness in America

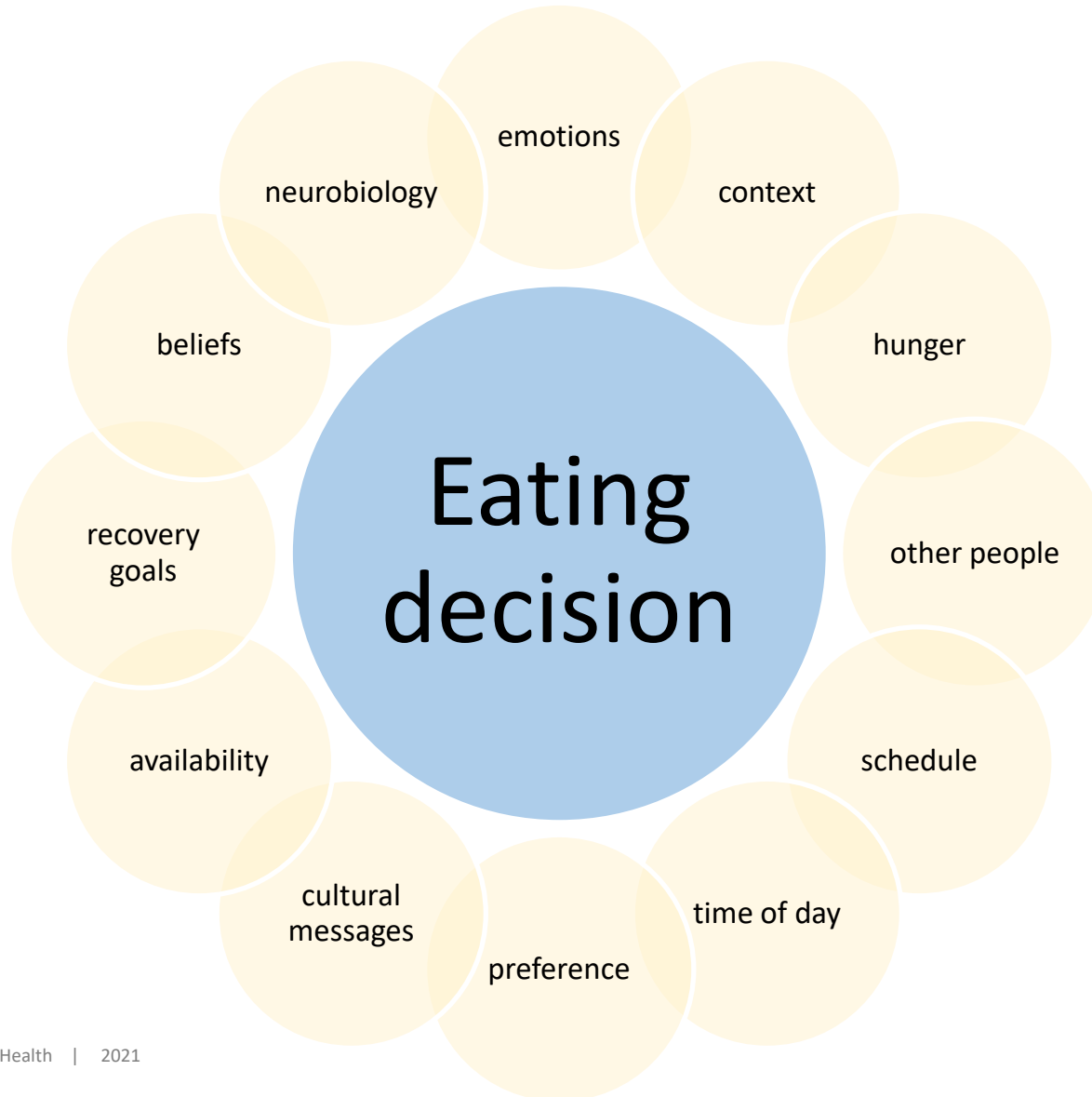
Mindfulness means paying attention in a particular way: on purpose, in the present moment and nonjudgmentally. Jon Kabat-Zinn



Attuned Eating

- Also frequently used interchangeably with intuitive eating
- A 2004 article by Karin Kratina, PhD, RD listed four aspects of attuned eating
 - Eat when you are hungry
 - Do not allow yourself to get too hungry
 - Quit eating when you are satisfied
 - Eat only what you truly want.

Factors that go into eating decisions

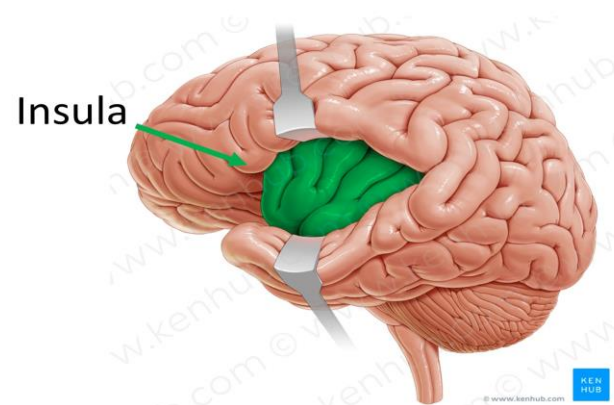


Interoceptive awareness

- *The sense and awareness of the internal state of our bodies*
- Interoceptive accuracy
 - the ability to correctly perceive inner body sensations
- Interoceptive sensitivity
 - self-reported beliefs about inner body perceptions
- “Somatic” and “interoceptive” used interchangeably

Alterations in Interoceptive awareness

- The way we perceive our body defines our experience of life, our perception of self, and our well-being.
- Interoceptive alterations have been found across eating disorder diagnoses.
- In Anorexia, neuroimaging evidence has shown alterations the insula region of the brain along with reduced interoceptive accuracy reduced interoceptive sensitivity



Front. Psychiatry, 17 April 2020 Sec. Psychological Therapy and Psychosomatics Volume 11 – 2020

Koch A, Pollatos O. Interoceptive sensitivity, body weight and eating behavior in children: a prospective study. Front Psychol. 2014 Sep 9;5:1003

Barriers to introducing somatically aware eating



Barriers to use of intuitive eating early in recovery

- Somatic sensations often intentionally block or ignored due to perceived threat or unreliability
- Physical sensations often get distorted, or over-coupled with ED-related beliefs and judgements
- Hunger can be perceived as threat, danger, safety or other emotions
- Fullness can be perceived as threat, danger, safety or other emotions
- Severe restriction and binge behaviors can alter the physical association with what either hunger or fullness/satiety naturally feel like
- Awareness of interoceptive sensation often trigger ED behaviors

Contraindications for use of somatic awareness

- Active symptom use, especially restriction (not meeting energy goals), purging, and/or binge behaviors
- Reliance on highly structured meal plan to maintain meet energy needs
- Higher levels of care such as inpatient, residential, or full-day outpatient programs
- Still needing to meet weight goals if underweight
- Under-developed distress tolerance skills
- Higher level of ED preoccupation, engagement with ED thoughts, judgements and beliefs

When is it time to introduce awareness of somatic sensations?

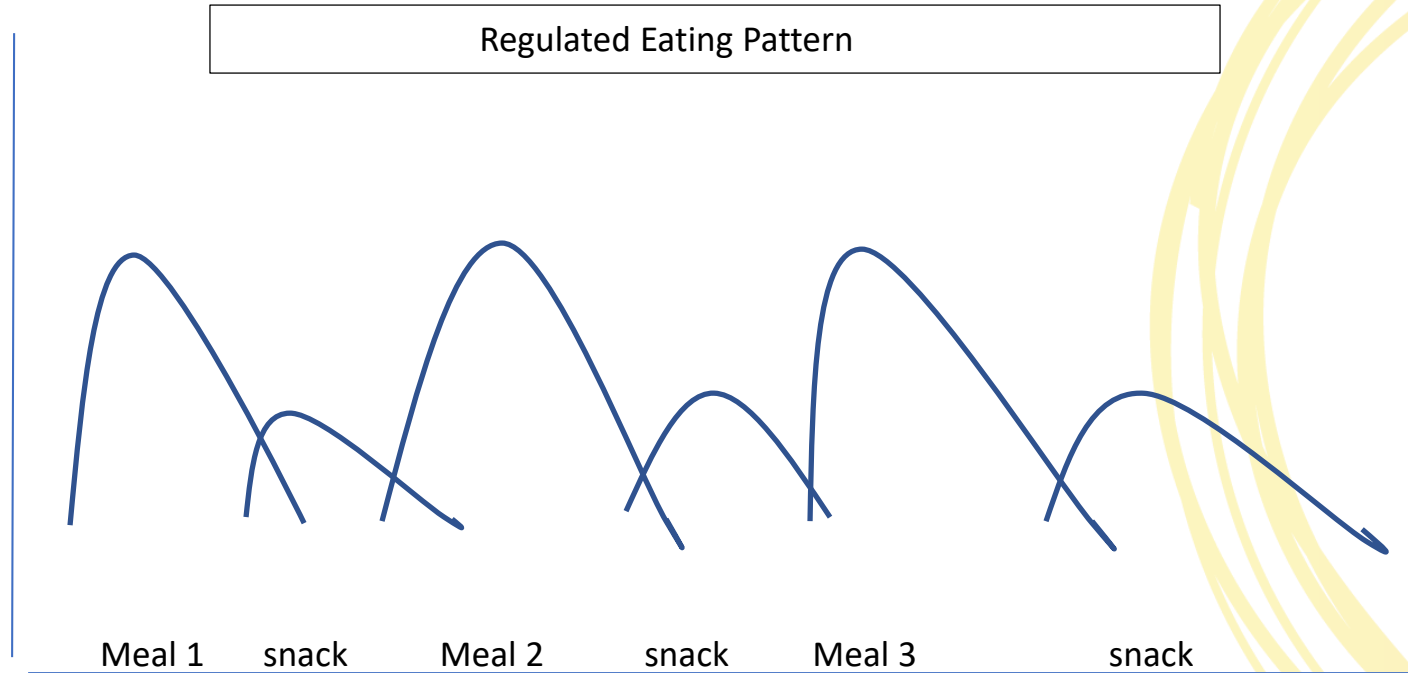
- Successful in regulating eating pattern
- Following eating plan, can demonstrate fair degree of flexibility in variety of foods, timing and environment
- Adequately managing symptoms, has developed insight into drivers of behavior patterns and understanding of purpose
- Adequate degree of self-efficacy, capacity to manage emotions
- Practiced accepting difficult thoughts and emotions
- Feeling more confident and motivated in recovery

Incorporating intuitive eating

Maintenance of Regular Meal/Snack Pattern

- General CBT guidelines:
 - Eat every 3-4 hours; do not go more than 4 hours between eating
 - 3 meals, 1-3 snacks
 - Eat at regular intervals, not grazing in between
 - Eating in supportive space, clear start/end to meals
 - Don't compensate for what is eaten
 - Experience eating; not distracted by other activities
 - Know when and roughly what you are going to eat next
- Identify barriers, problem solve

Regulated Meal-Snack Pattern



For the client

- Be clear on what to expect. Discuss rationale, benefit of moving towards internal body cues for judging what, when and how much to eat
- Assess for readiness. Proceed slowly
- Dual purpose of re-connecting to internal, somatic signals and exploring E.D. based judgements, beliefs and assumptions
- Discuss importance of having a variety of approaches (mindful, attuned, prescriptive etc.)
- Can be combined with, or a starting point for, mindfulness in other areas of treatment

Testing for readiness

- Collaboratively identify a “test” meal or snack
- Have client practice bringing their awareness to an eating occasion
 - Prior to starting, check in on felt sensations of hunger, fullness, Use hunger/fullness scale to help with intensity of felt sensation
 - Begin eating. At regular intervals, gently “touch into” felt sensation in the body
 - Encourage neutral, descriptive language, push past “full”, or “empty”
 - At end of meal check-in on interoceptive awareness, level of activation and presence of ED-related thoughts

Hunger & Fullness Scale

This tool is intended to help you identify where your physical hunger and fullness might be, so that you may learn how to respond to your body's physical needs. On either end, a five represents extreme hunger or fullness. Zero indicates a more neutral place, likely between meals/snacks.

- 5 - fullness:** uncomfortable, painfully full
- 4 – fullness:** pronounced feeling of fullness, some physical discomfort
- 3 – fullness:** satisfied, comfortable physical fullness, taste lessens
- 2 – fullness:** still hungry, enjoying food, some sense of fullness; not yet satisfied
- 1 – fullness:** Initial hunger is diminished, drive to eat remains high, tastes are strong
- 0 – Not hungry– NEUTRAL (in between meals/snacks)**
- 1 – hungry:** starting to feel hungry, can wait for desire to develop more fully or have a snack
- 2 – hungry:** hungry and the urge to eat food is present, body sending signals to eat
- 3 – hungry:** heightened sense of hunger, stronger physical sensations
- 4 - hungry:** very hungry/famished, physical discomfort, difficulty concentrating
- 5 – hungry:** starving and weak with hunger, may experience disconnection, headache, irritability, and/or lightheadedness

Incorporating Mindfulness

- **Mindfulness:** sustained and non-evaluative moment-to-moment awareness and attention to perceptible physical and mental states and processes
- Mindfulness supports intuitive eating by helping the client be fully present to all aspects of their experience, both internal and external
- Mindfully eating means being fully present with the food
 - Allowing greater awareness of all aspects of eating
 - Identifying the actual characteristics of food
 - Allows opportunity to become aware of emotional overcoupling

Moving forward

- Progress from momentary awareness to change in sensation over the course of the meal
- Probe if the physical sensation of hunger, fullness or satiety are influenced by the particular food, feelings about that food or the client's degree of activation or distress. (Interoceptive accuracy)
- Explore what emotions, images, sensations arise when holding awareness of physical cues and how they might color or distort the accurate interpretation of felt sensations (Interoceptive sensitivity)

Therapeutic meals

- The use of individual or group eating occasions are very useful in exploring interoceptive sensations
- Set up of the meal can provide specific challenges that the group or individual can explore
- Varying the presentation, plating, serving order and amount plated can all provide rich opportunities to practice paying attention to their internal cues independent of the meal setting

Therapeutic meals

- Examples include:
 - Having the client intentionally over-plate and work on stopping eating based on internal awareness of satiety
 - Intentionally under-plate, paying attention to perceived hunger level throughout the meal, perhaps slowly adding small amounts of neutral (or higher charged foods) until an internal sense of satiety has been achieved. (often helpful to add more food to the plate just so the client is not stopping eating because there is no more food remaining)
 - Serving the meal in reverse order. Have dessert eaten first, then main dish, then starter, relying on internal hunger/fullness to pace and finish based on physical sensation vs meal routine
 - Silent meals, usually a very challenging, and informative process

Addressing impact of feared foods on internal sensations

- Feared, trigger or forbidden foods all create exaggerated perceptions of internal cues
- Set up experiments involving first those foods alone and later in a mixed meal
- Use distress-tolerance skills along with mindfulness to discern physical sensations of hunger/fullness from over-coupled beliefs, associations and judgements
- For those with restrictive eating disorders starting with small amounts of the food and continue eating while paying close attention to accurate body sensation to assess when to stop eating
- For those with under-restrictive eating disorders set up experiment where there is more than generous amount of the food, slowly progress towards satiety using internal cues and mindful awareness of taste and desirability

Broadening Somatic Awareness

- Intuitive, mindful eating increases connection, accuracy and sensitivity to the felt sensations of hunger, fullness and satiety.
- The Autonomic Nervous System (part of the Limbic System in the brain) is responsible for:
 - arousal or activation from a real or perceived threat (parasympathetic activation), resulting the Fight, Flight or Freeze response
 - Settling and de-activation (parasympathetic activation) once the threat has ben resolved, resulting the Rest and Digest response
- Assisting the client in understanding and orienting to their autonomic system responses can deepen their ability to work with felt sensations without exceeding their window of tolerance

Working towards Attuned Eating

- Client is able to employ mindfulness and mindful eating principles
- Client gains proficiency in accurately interpreting their interoceptive cues of hunger, fullness and satiety
- Expand abilities to include the wider context of their life. Being aware of, and in tune with, other factors present when deciding what, when and how much to eat
 - Their emotional state, level of activation or settled-ness
 - What food is available, prep, what they are hungry for, what their body desires are
 - Due to life circumstances do they need to delay eating? Do they need to eat despite not feeling hungry because circumstances that interfere with regular eating patterns?

Attuned Eating

- Eat when you are hungry, stop when you are full
 - Hunger vs desire to eat
- Do not allow yourself to get too hungry
 - Activates para-sympathetic nervous system
- Quit eating when you are satisfied
 - Physiological satiety vs “liking”
 - Might choose to overeat due to a variety of factors
- Eat only what you truly want (when you can)
 - Wise Mind decision making

Is it working?

- Client is able to tune into physical sensations of hunger, full and satiety
- Can demonstrate the ability to be flexible with adjusting timing, food selection/preparation and quantity in response to external environment
- Client is able to articulate the *why* of eating based on a

Not a one-way street

- There will be times where mindful eating and/or being present with internal hunger and fullness cues is not possible
 - Highly stressful situations
 - Gatherings that occur at times not usual to eating
 - illness
- It is not only acceptable but useful to have a specific meal pattern to fall back on, or a structured meal/snack pattern that aims for moderate intake of food at regular intervals

**MAKE PEACE
WITH FOOD.**

