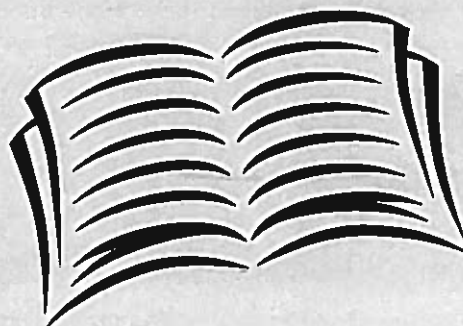


The Personal Notebook:

A Self-Help Guide



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Mental Health and Wellbeing

The Personal Notebook: A self-help guide
Second edition

Acknowledgements

Maggie Young, Sheffield Eating Disorders Service Team Co-ordinator and Sue Martindale, Clinical Psychologist produced the first edition of the Personal Notebook in 1999 with contributions from other colleagues including Wendy Curtis, Clinical Nurse Specialist and Liz Jolley, Dietician.

Amy Wicksteed, Clinical Psychologist and Helen Frain, Assistant Psychologist have considerably updated the original publication to include a number of new pages while maintaining the existing format. The booklet however remains a collaborative effort and includes contributions and comments from the original contributors as well as colleagues in Primary Care and from South Yorkshire Eating Disorders Association.

We are indebted to our colleagues working nationally in the field of eating disorders who have pioneered the development of eating disorders self-help manuals. These manuals have been researched in clinical trials and shown to be effective in helping a significant proportion of people with eating disorders. We would like to thank the following colleagues who have influenced the approach used in this booklet:-

Professor Janet Treasure and Dr Ulrike Schmidt of the Institute of Psychiatry, London
Professor Peter Cooper of the University of Reading
Professor Christopher Fairburn of the University of Oxford
Professor Arthur Crisp formerly of St George's Hospital, London
Dr Christopher Freeman of the Cullen Centre, Edinburgh

We would also like to thank colleagues involved in the Eating Disorders in Primary Care Project who have pioneered the use of Guided Self-help in the Primary Care setting in Sheffield. In particular thanks are due to:-

Dr Alison James, GP and Helen Root of the University of Sheffield Health Service
Dr Jo Buchanan, GP and Lorraine Tilsley of the Porter Brook Medical Centre, Sheffield
Christine Taylor and Alexis Kilgariff of South Yorkshire Eating Disorders Association

The Project won the Northern and Yorkshire Regional Modernisation Award in Nov 2002 and this second edition of the Personal Notebook has been funded as a result of the Award. Proceeds from the sale of the booklet will be used to fund further updates of the booklet and ongoing Eating Disorders Training for Primary Care staff.

Ordering further copies of the booklet

Further copies can be ordered from the Sheffield Eating Disorders Service. The cost of the booklet is £5.00 (plus postage & packing). Reduced prices of £4.00 per booklet may be negotiated for bulk orders of 10 booklets or more. Contact:
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INTRODUCTION

The self-help programme outlined in this booklet is designed for use either as part of treatment at the Eating Disorders Service or with support from a health professional e.g. GP, Practice Nurse, Mental Health Worker or Counsellor. The booklet can also be used on a self-help basis possibly while attending a self-help group or whilst awaiting professional help.

Who is the booklet for?

The booklet is for people who are experiencing the eating disorders Anorexia Nervosa, Bulimia Nervosa or Binge-Eating Disorder. Many people experience a combination of difficulties known as Eating Disorder Not Otherwise Specified. **People who are very low weight, pregnant, have diabetes or other medical or mental health problems will require additional support.** If you fall into any of these categories please discuss the suitability of the programme to meet your needs with your GP.

Anorexia Nervosa is characterised by:

- significant weight loss
- fear of weight gain or fatness
- disturbance in body-image
- loss of menstrual periods in females
- low weight for height
- binge eating/purging may be present

Bulimia Nervosa is characterised as:

- recurrent episodes of binge-eating followed by compensatory behaviours to prevent weight gain, e.g. self-induced vomiting, laxatives, diuretic use, excessive exercise or extreme dieting.
- self-esteem is unduly influenced by body-shape and weight.

Binge Eating Disorder is characterised as:

- recurrent episodes of binge eating in the absence of compensatory behaviours generally leading to weight gain.

How should the booklet be used?

The booklet provides a personal notebook that can be used in conjunction with one the following self-help manuals (listed below). A health professional or someone who is supporting you will help you to decide which is the most suitable self-help book for you.

Cooper, P. (1995) *Bulimia Nervosa and Binge Eating: A Self-help Guide using Cognitive Behavioural Techniques*. Constable Publishers: £7.99. [ISBN – 1854871714]

Crisp, A.H. et al (1996) *Anorexia Nervosa: the wish to change*. Psychology Press: £11.95 [ISBN – 0863774083]

Fairburn, C. (1995) *Overcoming Binge Eating*. Guilford Press: £13.95 [ISBN – 0898621798]

Freeman, C. (2002) *Overcoming Anorexia Nervosa: A self-help Guide Using Cognitive Behavioural Techniques*. £7.99 [1854879693]

Treasure, J. (1997) *Anorexia Nervosa. A Survival Guide for Families & Sufferers*. Psychology Press: £11.95 [ISBN – 0863777600]

Schmidt, U. and Treasure, J. (1999) *Getting Better Bit(e) by Bit(e): A survival kit for sufferers of Bulimia Nervosa and Binge Eating Disorders*. Psychology Press: £11.95 [ISBN – 0863773222]

WHAT ARE EATING DISORDERS?

It is estimated that over one million people in the UK suffer from an eating disorder. Anyone can develop an eating disorder (regardless of age, ethnicity, gender, or background) but the most vulnerable group are young women. However, the number of males with an eating disorder is increasing. Although eating disorders appear to be about food and the body, they often mask feelings of emotional turmoil. When an eating disorder is severe, it can become a focus for life itself, so that other problems fade in comparison to eating or not eating.

How does an eating disorder develop?

It is thought that a combination of factors acts together and contributes towards the development of eating problems. Eating disorders can begin during adolescence or when a person faces a new life stage and may express a conflict about change.

Personal factors that may contribute to an eating disorder include having low self-esteem, being a high achiever, striving to meet unrealistic expectations and facing life stresses such as exams, work pressure, relationship problems, loss or difficult decisions about the future.

Family factors that may be linked with eating problems include feeling over-protected or neglected during childhood or experiencing family relationship difficulties.

Social factors associated with eating disorders relate to the conflicting messages about food, weight and socially desirable body shapes conveyed by Western popular culture.

What does it feel like?

Anorexia nervosa can, to some extent, provide a way of feeling in control of one's life. In this sense, anorexia nervosa 'gives': it provides increased self-confidence because will power is rewarded by changing body shape and sensations of achievement. At the same time, anorexia nervosa 'takes': the effects of food restriction include low mood, social withdrawal, an increasing preoccupation with food, reduced body functioning and consequently metabolic rate. Feelings of desperation arise from any failure to control the natural desire for food and any weight gain can seem like the end of the world. Overcoming these problems often requires specialist help and always involves a lot of courage but it can be done!

Bulimia nervosa can lead to feelings of isolation, loneliness and shame. Food may be used to block out painful feelings and the sufferer becomes trapped in cycle of dieting, bingeing and purging. However vomiting and laxative abuse are both ineffective as a means of weight control and cause serious health risks (see overleaf). Bulimia may also be associated with loss of control in other aspects of life such as alcohol, drug use or self-harm. A sense of loss of control over life may lead to renewed attempts to exert control through the eating disorder.

Binge eating disorder shares many similarities with bulimia, however purging usually does not occur and therefore the problem often leads to weight gain. The person with binge eating disorder may feel deeply ashamed of gorging on food and may end up in a cycle of failed attempts to diet. Self-esteem is usually low (though on the outside they may appear confident) and food is often used for emotional reasons as a comforter, which compounds the problem.

Eating disorder not otherwise specified is when the sufferer has a combination of eating disorder difficulties. Although less well recognised, these difficulties can be very serious.

THE PHYSICAL EFFECTS & DANGERS ASSOCIATED WITH EATING DISORDERS

- **Malnutrition** - caused by eating an inadequate diet leads to deficiencies in energy, protein and/or micro-nutrients (e.g. vitamin A, iodine and iron). These can cause severe health risks including respiratory infections, kidney failure, blindness, heart attack and death.
- **Dehydration** - caused by the depletion or lack of intake of fluids in the body. Food restriction, vomiting and laxative abuse are the prime causes. Symptoms include dizziness, weakness, or darkening of urine. It can lead to kidney failure, heart failure, seizures, and brain damage.
- **Electrolyte Imbalances** - electrolytes are essential for muscle contractions and nerve impulses. Imbalances can be caused by food restriction, vomiting and laxative abuse. As the heart is a vital muscle, severe electrolyte imbalances can be fatal.
- **Dental Problems** – Tooth enamel and gums can be damaged through contact with stomach acids and enzymes (from vomiting) alongside vitamin D and calcium deficiencies. To help minimise these problems a mouthwash can be used (rather than brushing teeth) after vomiting.
- **Osteoporosis** - Thinning of the bones due to depletion of calcium and bone protein, this can increase the chance of future bone fractures.
- **Reduced Basal Metabolic Rate (BMR)** - When malnourished, the body will conserve energy by cutting back on some body functions (e.g. hair & nail growth, menstruation). Since BMR uses up 70% of energy expenditure, these changes mean that the body will burn significantly less calories. The body only increases the energy it puts into these processes when it returns to being adequately fed on a regular basis.
- **Dry Skin and Hair, Brittle Hair and Nails, Hair Loss** - caused by malnutrition (see above), vitamin and mineral deficiencies, and dehydration.
- **Irregular Periods** - malnutrition leads to hormonal changes that can result in irregular periods or menstruation ceasing altogether (see 'Reduced Basal Metabolic Rate').
- **Lanugo** - soft downy hair on face, back and arms. This is a protective mechanism built-in to the body to help keep a person warm during periods of malnutrition.
- **Digestive Problems** – malnutrition can result in the stomach shrinking and feeling very full after eating. It can also slow the digestion process resulting in constipation.
- **Oedema** - swelling of the soft tissues as a result of water retention. It is most common in the legs/feet and abdominal area.
- **Weakness and Fatigue** - caused by malnutrition, electrolyte imbalances, vitamin and mineral deficiencies, depression, malnutrition, and heart problems.
- **Mood Changes** - physiological factors associated with malnutrition can lead to low mood, mood swings and sleep problems. Starvation has been found to reduce levels of concentration, motivation, sociability and sexual interest.

If you are using laxatives or vomiting you should see your GP for routine blood tests.

The majority of these difficulties will resolve when adequate nutrition is restored.

CONSIDERING CHANGE

This personal notebook is based upon cognitive behavioural principles. Cognitive behaviour therapy is a kind of psychotherapy. It is based upon a framework that explores the relationship between how we think, feel, and behave. There are many different techniques to help people improve how they feel by changing their thinking and behaviour.

The journey towards change involves several steps. First of all you need to recognise the possibility of changing your eating patterns. A useful starting point can be weighing up your attitude to change (see overleaf). The next stage is to identify the nature of your problems and to determine some definite aims and goals.

Step One: Motivational work

Exploring and building your motivation to change.



Step Two: Monitoring

Keeping a diary of how often you eat and how often you binge, purge, or exercise.
You might also write down your thoughts and feelings in your diary.



Step Three: Establishing a Meal Plan

Establishing healthier eating patterns.
Looking at practical ways to help you achieve and maintain this.



Step Four: Identifying Patterns and Intervening

Looking for patterns and identifying times you may be vulnerable to restricting, bingeing etc.
Developing strategies to help you intervene on these occasions.



Step Five: Managing Anxiety and Problem Solving

Learning how to recognise and manage anxiety.
Defining the problems that cause you difficulty and developing strategies to deal with them.



Step Six: Eliminating Dieting

Widening the range of foods you allow yourself to eat.



Step Seven: Changing the Way you Think

Identifying some of the beliefs that underlie your difficulties with eating and attempting to modify them.



Step Eight: Improving Self-esteem and Body Image

This involves looking at your body image and self-esteem and challenging negative thoughts you have about yourself.

STEP 1 – BUILDING MOTIVATION FOR CHANGE

When considering the possibility of change and recovery, it is useful to consider the **perceived** pros and cons of your eating disorder both for yourself and others. It is also useful to consider the implications of change and how this will affect you and those close to you. Often there are aspects of recovery that you want, and other aspects of your condition that you are reluctant to give up. Change becomes possible when the benefits of change outweigh the costs of your eating disorder. Thinking and talking about these issues may help shift the balance. Below you will find some example pros and cons of both staying the same and recovery. Tick any of these examples that you agree with and add your own in the spaces provided.

Eating Disorder: Costs and Benefits

Staying the same

Pros	Cons
<ul style="list-style-type: none"> • <i>Feeling in control</i> 	<ul style="list-style-type: none"> • <i>Might end up in hospital</i>
<ul style="list-style-type: none"> • <i>Feeling cared for by those who are concerned about me</i> 	<ul style="list-style-type: none"> • <i>Pushing others away through having a front on all the time</i>

Making changes

Pros	Cons
<ul style="list-style-type: none"> • <i>I'll be more healthy</i> 	<ul style="list-style-type: none"> • <i>I'll lose my 'special' identity</i>
<ul style="list-style-type: none"> • <i>Life won't revolve around food and meals</i> 	<ul style="list-style-type: none"> • <i>I may have more time for thinking about my worries</i>

IDENTIFYING PROBLEMS

There are various steps towards thinking about change and recovery. Often people initially find it difficult to accept that they have a problem, or even if they do recognise may still feel undecided about whether they want to change. One of the first steps of recovery is to try and identify some the main problem areas and think about the changes that you would like to make within each. These problem areas may be in the form of behaviours, difficult thoughts or distressing emotions.

It is important to try and agree on the main problem areas and discuss these with someone who is supporting you. Treatment for an eating problem often has a dual focus. Disordered eating and constant pre-occupation with food and weight often functions as a smoke screen to block out underlying difficulties that led to the eating problem in the first place.

Use the following space to identify the key problem areas, considering food-related difficulties, problems with self-esteem and self-image, and problems in relationships.

Main Problem Areas

A. Food-related symptoms *e.g. I binge and vomit every day*

1.
2.
3.
4.

B. Self-perception/self-image *e.g. I am too self-critical*

1.
2.
3.
4.

C. Interpersonal relationships *e.g. I can't tell my friend she is hurting my feelings*

1.
2.
3.
4.

PERSONAL AIMS AND GOALS

Setting aims and goals follows on directly from the identification of problem areas. Think about the problems you have identified and reformulate these as aims considering the following areas.

A. Food-related symptoms

e.g. To develop a regular eating pattern

1.
2.
3.
4.

B. Self-perception/self-image

e.g. To improve my self-confidence

1.
2.
3.
4.

C. Interpersonal relationships

e.g. To be more open about my feelings

1.
2.
3.
4.

Review your aims regularly and discuss your progress. Looking back on aims you have set helps you to recognise your progress. Remember change takes time and it is important to take a step at a time.

STEP 2 – STARTING MONITORING

Purpose of a food and feelings diary

The **initial** purpose of keeping a food and feelings diary is to monitor your eating habits prior to introducing any changes to your daily food intake. Keep the diary for a minimum of one week to provide a baseline of your eating pattern and your eating difficulties. The diary is useful to identify patterns, e.g. starving in the day and eating chaotically at night. Use of the diary can also help to identify specific triggers and danger times prior to a binge or a phase of under-eating. At this stage it is useful to discuss your diary with a professional or someone who is supporting you.

How to keep a food and feelings diary

- Use the diary on a daily basis to record where, when and what you eat.
- Try and complete after every time you eat (it can be hard to remember later in the day).
- Use a different coloured pen or use a highlighter to indicate foods that you felt it was okay for you to eat.
- If you consider the food eaten to have been a binge – put a tick in the column marked B.
- If you vomited after eating the food - put a tick in the column marked V.
- If you used laxatives or diuretics after eating the food - put a tick in the column marked L.
- If you exercised to compensate for eating - put a mark in the column marked E.
- Use the thoughts/feelings/emotions column to describe what was going on and how you were feeling both before and after you ate. This can be useful for pinpointing any triggers for binges or phases of under-eating. These may be related to a specific situation e.g. a walk past the corner shop or to emotions such as anger, anxiety or loneliness.

Finally notice the consequences of your behaviour. Although bingeing, vomiting or use of laxatives may block out problems temporarily, in general the consequences are negative. Food has many emotional connections and turning to food can often express neediness and feeling of deprivation. However food is a fuel and ultimately cannot help with emotional problems. The identification of cycles of behaviour is the first step in finding solutions to the underlying difficulties associated with the eating problem.

How long do I carry on with the diary?

- Initially keep the diary for a week to provide a baseline of your eating pattern.
- When you progress to Step 3 you will be asked to monitor how well you are able to eat to a meal plan. At this stage a different diary format is introduced (see page 13), whereby you record the food on your meal plan at the top left hand side of the food diary.
- Bracket off or use a different coloured pen to identify the foods eaten that were on your meal plan and which were acceptable to eat. This makes it easier to identify binge eating episodes or food intake that was clearly unplanned and out of control
- Continue using a food and feelings diary until eating behaviour is under control. Keeping a diary, although time-consuming, often provides some structure and helps with establishing a regular eating pattern. It may be a practice you choose to return to especially at times of stress or when a relapse seems likely.
- If extra diary pages are required, please photocopy or devise your own format.

DATE:

MONITORING SHEET

Time	Place	Food eaten	B	V	L	E	Thoughts Feelings Emotions

KEY
B - Binge L - Laxatives V - Vomit E - Exercise

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STEP 3 – ESTABLISHING A MEAL PLAN

Possibly you have been restricting your food intake or eating in a chaotic way. Before starting to try and make any changes to what you are eating, it is important to try and re-establish regular eating patterns.

- Aim to eat three meals per day with at least two snacks - do not allow more than four hours to pass without eating (a planned meal or snack).
- Plan meals and snacks ahead (this will cut down the anxiety at mealtimes and reduce the possibility of 'picking').
- Remember to put the food onto a plate. Try to take your food to a room where you can sit and relax whilst eating.
- Eat a variety of foods to provide your body with the energy and nutrients vital for life.

You may well find it difficult to think about returning to a structured eating day or have lost sight of portion sizes. You may no longer recognise your body's natural signals - letting you know when you are hungry and when you are full. These will need to be re-learnt.

What to eat: To eat a balanced diet, chose foods from each of the following groups:

1. **Carbohydrates** (aim for 5 portions) examples of portions include:

- bread (1 slice)
- breakfast cereals (4 tbs/2 weetabix)
- potato (1 medium)
- crackers (x2)
- rice (2-3 tbs)
- pasta (2 tbs)
- scone (x1)

2. **Dairy produce** (aim for 2-3 portions) examples of portions include:

- milk (300mls)
- cheese (45g)
- yoghurt (150g pot)
- cottage cheese (120-145g)
- custard (1 teacup full)

3. **Proteins** (aim for 2-3 portions) examples of portions include:

- meat (70-100g)
- fish (150g)
- eggs (1-2)
- beans (2-3 tbs)
- lentils and nuts (1 handful)

4. **Fruit and vegetables** (aim for 5 portions) examples of portions include:

- fruit juice (1 glass)
- cooked or raw vegetables (2-3 tbs)
- dried fruit (1-2 tbs)
- fresh fruit (1 apple/orange/banana)

5. **Foods containing fat and sugar**

These foods should be eaten in moderation, but we do need fats and sugars in our diet. Fats help to keep us warm, provide vitamins and essential fatty acids, and help to control hunger. Sugars provide energy for activity. Remember no food in moderation is unhealthy.

Examples of portions include:

- piece of cake
- small packet of crisps
- chocolate bar
- ice-cream

Sources of vitamins in foodstuffs:

Vitamins A and D prevent dry skin and help build healthy bones and are found in margarine, liver, oily fish and dairy products.

Vitamins B1, B2, B3 and B6 are found in milk, meat, cereals, yeast, green vegetables, eggs, fish and poultry. Lack of these vitamins can lead to muscular weakness, skin problems, diarrhoea, anaemia and depression.

Vitamin C is found in citrus fruits, cabbage, potatoes and salad. Deficiency can cause scurvy, sore gums and capillary bleeding.

Vitamin E and Folate is important for healthy blood cells and is found in vegetable oils, margarine, green vegetables, liver and fortified cereals.

Vitamin K is found in green vegetables, potatoes, tomatoes, liver and liver oils and is necessary for normal blood clotting.

A suggested daily meal plan

Breakfast	Glass of fruit juice Cereal and milk and/or toast with spread
Snack	Piece of fruit, biscuits or alternative snack
Mid-day	One of the following: <ul style="list-style-type: none">• Sandwiches, or toasted snack (e.g. baked beans on toast)• Omelette with tomatoes, herbs, vegetables• Soup with bread or crackers• Jacket potato with filling Salad or vegetables can be added to all of these dishes Plus: Yoghurt and/or fruit
Snack	Piece of fruit, or biscuits, or alternative snack
Evening	Meat/fish/eggs/lentils/soya etc. with potatoes, rice or pasta. Plus: vegetables or salad Plus: pudding/fruit/yogurt

More detailed advice on meal planning is contained in:

Cooper, P. (1995) *Bulimia Nervosa and Binge Eating: A Self-help Guide using Cognitive Behavioural Techniques*. (Step 2). Constable Publishers: £7.99. [ISBN – 1854871714]

Crisp, A.H. et al (1996) *Anorexia Nervosa: the wish to change*. (Chapter 4) Psychology Press: £9.95 [ISBN – 0863774083]

Treasure, J. (1997) *Anorexia Nervosa. A Survival Guide for Families & Sufferers*. (Chapter 7) Psychology Press: £9.95 [ISBN – 0863777600]

Developing a Meal Plan: The Beginning...

Use the space below to record (a) the foods you eat now

BREAKFAST
SNACK
LUNCH
SNACK
DINNER/TEA
SNACK

(b) changes you can make to improve your daily eating pattern

BREAKFAST
SNACK
LUNCH
SNACK
DINNER/TEA
SNACK

- Initially it is not possible to rely on feelings of hunger to tell you when to eat. Feelings of hunger and fullness will return at a later stage.
- It is important to eat enough, as hunger can trigger binge eating.
- It is important to learn to eat on a regular basis and to accept that the body needs nourishment.

MEAL PLANNING & MONITORING SHEET

DATE:

Breakfast:
 Snack:
 Lunch:
 Snack:
 Dinner:

Time	Place	Food eaten	B	V	L	E	Thoughts	Feelings	Emotions

KEY B – Binge L – Laxatives V – Vomit E - Exercise
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STEP 3 - IDENTIFYING PATTERNS

As a result of keeping a food and feelings diary, it should be possible to identify triggers and danger times when you are particularly vulnerable to having difficulties with your eating. The nature of these difficulties will vary, but may include one or more of the following:

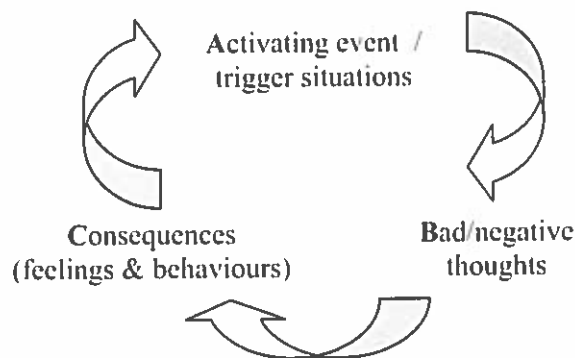
- Cutting back on food
- Excessively exercising
- Binge eating
- Vomiting
- Abusing laxatives

If any of these are difficulties for you, try to pinpoint what the triggers may be. Triggers may include trying to manage difficult thoughts, emotions or situations. Identifying these can help with learning alternative strategies to manage such situations. Look back over your food diary and use the space below to identify triggers and danger times, e.g. being alone, feeling low, eating a fattening food.

Triggers and Danger Times

1.
2.
3.
4.

You may experience your eating difficulties as a vicious circle in which certain situations activate thoughts and images that leave you trying to manage difficult emotions.



It is not always easy to identify A's, B's and C's – on the following page there is a table you can fill in to help you identify what happens during a trigger situation. Each column on the table has some questions to act as prompts and an example has been provided.

Distinguishing Between Thoughts & Feelings

It can at first seem hard to distinguish between thoughts and feelings, because we often use the word feeling to describe a thought (e.g. “I feel useless”). Feelings are emotions such as anger, sadness, anxiety, depression, guilt and panic. Thoughts are the things you tell yourself such as “I am no good”, “No-one cares about me”.

A	B	C
Trigger Situations	Negative Thoughts	Consequential Feelings & Behaviours
<ul style="list-style-type: none"> • When was it? • Where were you? • Who are you with? • What were you doing? • What were you thinking about? 	<ul style="list-style-type: none"> • What were you saying to yourself? • Were there any negative images? • What were you thinking about yourself? 	<ul style="list-style-type: none"> • What feelings did you have? • What did you do?
<p style="text-align: center;"><i>e.g.</i></p> <p><i>Alone at home after a difficult day at work</i></p>	<p style="text-align: center;"><i>e.g.</i></p> <p><i>"I did not do a good job"</i> <i>"I am useless"</i></p>	<p style="text-align: center;"><i>e.g.</i></p> <p><i>Feeling depressed I binge to block it out</i></p>

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STEP 4 - INTERVENTION STRATEGIES

The next step is learning how to manage times that are difficult for you. This may be coping with feeling uncomfortable after eating a meal, or experiencing the urge to binge or vomit. Eating a nutritious diet at regular intervals is an important factor in managing both of these problems.

- If food is limited, the digestive system shrinks and slows down. This can lead to discomfort and bloating when you first start to eat more regularly.
- If you are not eating regularly and not providing your body with the nutrients it needs, this can lead to cravings that leave you vulnerable to bingeing.

Have a list of activities to do and work through the list during these difficult times. These are things that other people have found helpful to include on their lists:

- Activities that use your hands like knitting, sewing, cross-stitch, painting or playing an instrument.
- Activities that take you away from your eating places – outdoor activities, going for a walk or a bike ride.
- Activities that you might see as a treat. Go to the pictures, buy your self something nice, have a long hot bubbly bath.
- Talking to friends, in person or on the phone.
- Keeping a diary of your thoughts and feelings.
- Try detaching from difficult thoughts; instead of thinking, for example “I am really fat” or “I really want to binge”, instead think “I am feeling this way at the moment but it will pass”.
- Wave Surf - remind yourself that the anxiety you feel or the urge you have to binge is like a wave, it will initially get bigger but won't keep getting bigger, it will subside.

Some activities may be less helpful;

- Watching TV or reading a magazine are not good ways to block out difficult thoughts. Both may also contain unhelpful images of food, models, dieting etc.
- Don't plan to do tasks you dislike. You should want to do the things on your list, as they are a way to get you through a difficult time.

MY ACTIVITY LIST

1 _____	6 _____
2 _____	7 _____
3 _____	8 _____
4 _____	9 _____
5 _____	10 _____

STEP 5 – MANAGING ANXIETY

Anxiety and stress are common in people with eating disorders. Restricting your eating or bingeing may have become a way of managing this. It is helpful to learn about anxiety and how to cope with it without avoidance or turning to food.

What is anxiety?

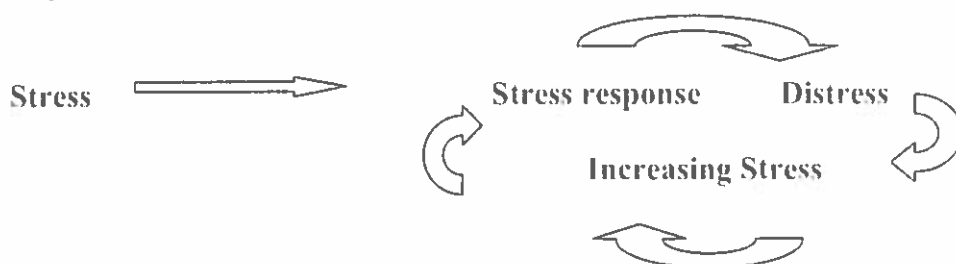
Anxiety is the feeling we experience when faced with a frightening situation. Hormones are released to prepare our bodies to fight the danger or run away. Our muscles tense ready for action, our heart beats faster to pump the blood to the muscles and we breathe faster to take in oxygen to provide energy where it is needed. We call this the ‘fight or flight’ response. When the danger has passed our body usually returns to its normal state, though we might feel a little shaken and tired. The ‘fight or flight’ response was essential to human survival in the days of the cave men. Nowadays we rarely need to fight or run away from stresses but our bodies still respond as if they do. The intense feelings of anxiety usually pass quite quickly but the experience can be very frightening if we don’t understand them and often make us feel worse.

What are the symptoms of anxiety?

Physical	Psychological	Behavioural
<ul style="list-style-type: none"> • Racing heart • Chest pains • Tingling or numbness in toes and hands • Tense muscles • ‘Butterflies’ • Fast breathing • Sweating • Feeling restless • Headaches • Tiredness • Aches and pains • Dizziness • Difficulties sleeping 	<ul style="list-style-type: none"> • Difficulties concentrating • Racing thoughts • Constant worrying • Feeling nervous, wound up • Increased irritability • Feeling pessimistic • Feeling very emotional • Lacking confidence • Difficulties making decisions 	<ul style="list-style-type: none"> • Avoiding worrying situations • Putting off social activities • Pacing up and down • Unable to relax • Smoking too much • Drinking too much • Eating too much

The Anxiety Cycle

What starts as a normal response to stress can become problematic when we get caught in a cycle that maintains or adds to the original stress. The cycle might be driven by bodily responses, our ways of thinking or our behaviours.



STEP 5 - MANAGING ANXIETY

By breaking into the vicious cycle you can begin to reduce and manage your anxiety. Using this book you will learn to understand what causes you anxiety and how you respond (step 2). You will learn techniques to manage anxious thoughts (steps 4 and 7) and change behaviours (steps 5 and 6). Whilst focusing specifically on your eating difficulties the techniques can be applied to manage other anxieties.

Managing physical sensations

Controlled breathing

Often it is difficult to breathe when we are anxious and there is a tendency to breathe very quickly, causing dizziness and subsequently more worry. Practice the following exercise:

- Place one hand on your chest and one on your stomach.
- Breathe through your nose, allowing your stomach to swell. This means you are using your lungs fully. Try to make your chest move as little as possible.
- Breathe out through your nose slowly.
- Repeat, aiming for a rhythm of 8–12 breaths per minute (in and out = 1 breath).

Relaxation

Muscular tension caused by anxiety can lead to many uncomfortable sensations, such as headaches, churning stomach, aches and pains. A good way to control this is to learn to relax your body (and subsequently your mind) in response to anxiety. You can learn to relax by progressing through four structured relaxation techniques. Take time to practice and master each stage.

- Progressive Muscular Relaxation (PMR)**– work through each of the muscle groups, starting at your feet, ending with your whole body, in the following way:
Tense your muscles, without straining and concentrate on the feeling of tension. Hold it for five seconds, then let go of the tension, allow the muscles to relax and notice the difference. Repeat in any areas that still feel tense.
- Shortened PMR** – shorten the previous routine by missing out the ‘tense’ stage, systematically relax each muscle group. Adapt your routine so you can use it in a range of environments, for instance at work or college.
- Simple relaxation** – when you become more experienced in using relaxation you can use this short exercise. You will need to identify a calming thought, for example: a picture, word, sound or colour.
 - Sit comfortably with your eyes closed. Imagine your body becoming heavy and more relaxed.
 - Breathe through your nose, be aware of your breathing as you inhale, think about your calming thought as you exhale
 - Do this until you feel relaxed. Take your time before resuming your normal activity.
- Cued Relaxation** – By now you will be able to use your skills throughout the day. For cued relaxation you need something that will catch your eye regularly, for example: a picture or a clock, to remind you to:
 - Release your muscles
 - Check your breathing
 - Relax

STEP 5 - PROBLEM SOLVING

It is likely that you avoid food or binge-eat as a response to problems or stresses in your life. An important part of overcoming your eating problems is starting to tackle any problems you may be experiencing. Problem-solving techniques may be applied to any everyday problems eg. how to get on with a difficult work colleague or whether to carry on with a college course. The problem-solving cycle is a process that can be repeated. If the problem is not solved, go back to step one and redefine the problem more precisely.

Problem Solving Method

- Step 1** Define the problem as clearly as possible. One big problem might be a combination of two or three different problems. If so, break the larger problem down into smaller more manageable issues.
- Step 2** Identify a range of solutions to the problem, consider every possible option, even if at first some strategies seem unlikely or unrealistic.
- Step 3** Think about all the different options and try to find the strategy that suits you best. It may be necessary to weigh up the pros and cons of following different courses of action.
- Step 4** Choose the solution which you feel most comfortable with. Start thinking about the necessary steps to put this into practice and act on your decision.
- Step 5** Evaluate the solution to find out if the original problem has improved or been resolved. If not go back to Step 1 and redefine the problem.

Use the following space to apply the problem-solving cycle to one of your difficulties:

Step 1
Step 2
Step 3
Step 4
Step 5

STEP 6 – ELIMINATING DIETING

You may have noticed from your monitoring that there are some foods that you feel safe eating and other foods that can make you feel very anxious. These ‘unsafe’ foods are foods that you may have ‘rules’ about not eating, and breaking these rules may make you very concerned about weight gain or make you feel vulnerable to bingeing.

Some people find it helpful to use the analogy of traffic lights to divide foods up into groups.

- Green Foods - Foods that feel ‘safe’ to eat – this may be a few or the majority of foods.
- Amber Foods – Foods that can make you feel anxious, you might only eat these occasionally or in small amounts.
- Red foods are those you find very scary; you might try to avoid these.

Green Foods – Foods which feel safe to eat
Amber Foods – Foods which can make you feel anxious
Red Foods – Foods which are too scary and eat and you avoid

- Once you have a regular meal plan based on “green/safe” foods, gradually start introducing foods from the amber list, perhaps initially choosing the ones that are least difficult first or starting by only eating a small portion of the food.
- Keep a note in your food diary of your thoughts and feelings when eating these foods.
- Try to notice whether your thoughts and feelings about these foods change over time.
- Some foods from the amber group may start to feel safer as you begin to eat them more often. Use the techniques to manage anxiety to stay calm as you try these foods.
- When you can eat all the food from the amber group, try and repeat the process for foods from the red group.

STEP 7 – CHANGING THE WAY YOU THINK

There are certain ways of thinking that are commonly employed by people with low self-esteem and eating problems. Sometimes these styles of thinking can be unhelpful as they limit the options and alternatives you perceive to be available to you. Consider the following examples and note down any that are familiar to you:

- **Black-and-white thinking** – thinking about a situation in ‘all or nothing’ terms – e.g. “either I starve myself or I will overeat and be obese”.
- **Negative bias** – only focusing on the ‘bad’ or negative aspects of a situation and ignoring any positive aspects. Often this style of thinking contributes to being self-critical.
- **Catastrophic thinking** – magnifying the negative consequence of an event – e.g. “I have eaten a bar of chocolate, I will be huge by tomorrow”.
- **Blaming yourself** – taking on personal responsibility for difficult situations, and therefore feeling guilty even when completely innocent.
- **Over-generalisation** – drawing general (often negative) conclusions from individual instances – e.g. “I ate more than I meant to at lunch – I have no will-power at all”.

Through using the A B C chart (page 14) you may have been able to identify some of the thoughts and beliefs you have either about your eating or yourself, that contribute to your eating difficulties. Using the chart on the following page to help you challenge difficult thoughts:

- 1) Write one of the difficult thoughts you have in Box 1.
e.g. If I eat anything ‘bad’ like crisps or chocolate it will immediately turn into fat
- 2) Rate how much you believe this thought (0 – 100 %) in Box 2.
e.g. 90 %
- 3) List all of the evidence that makes you believe this is true in Box 3.
e.g.
 - *Chocolate and crisps are full of calories*
 - *Diets always tell you to avoid these foods*
 - *I have lost weight since I stopped eating these foods*
- 4) List any evidence that suggests this may not be true 100% of the time in Box 4.
e.g.
 - *My friends eat these foods and they are not fat*
 - *No food in moderation is ‘bad’ for you*
 - *I need calories/energy for my body to function*
 - *Your body does not immediately convert food into fat*
 - *No one gets fat overnight*
- 5) Rate how much you now believe this original thought (0 – 100 %) in Box 5.
e.g. 30 %
- 6) Try to write an alternative thought in Box 6.
e.g. Foods like chocolate and crisps may be high calories but are okay to eat in moderation.

Challenging Difficult Thoughts

1) Thought:	2) Belief in thought (0-100%):
3) Evidence for:	4) Evidence against:
5) Belief in original thought (0-100%):	6) Alternative thought:

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STEP 8 – IMPROVING SELF-ESTEEM

Our 'self-esteem' is the opinion that we hold about ourselves. This self-concept is built up throughout our lives, and is largely influenced by the experiences we have had in our relationships with others e.g. parents, teachers, peers etc. As a child, the 'sense' we made of how other people treated us will often have led us to believe certain things about ourselves. As a child we may have had negative experiences such as bullying, physical or sexual abuse. This can lead to low self-esteem as an adult.

Self-esteem also involves our sense of competence or self-confidence in our abilities or skills. Most people have some strong points either related to specific roles or relationships in our lives (e.g. as a mother, employee, student, friend) or related to particular skills (e.g. artistic abilities or sporting abilities). Developing these skills/ strengths, and learning to recognise them, can improve self-esteem and be an important aspect of recovery from an eating disorder.

Ways to improve self-esteem

- Make a list of five things you like about yourself, i.e. your positive qualities. If you have difficulty thinking of positive qualities, put yourself in the shoes of a close friend or someone who likes you. What do you think they like about you?

Positive qualities

- 1)
- 2)
- 3)
- 4)
- 5)

Try to remind yourself of these positive qualities every day.

- List your strengths and skills. Put a star by those that, with increased concentration and practice, have the potential to increase self-confidence and self-esteem.

- 1)
- 2)
- 3)
- 4)
- 5)

Select one or two of your skills or interests and decide how you will develop them to improve self-esteem, for example: by attending an evening class, going for a walk, drawing a picture.

STEP 8 – IMPROVING BODY IMAGE

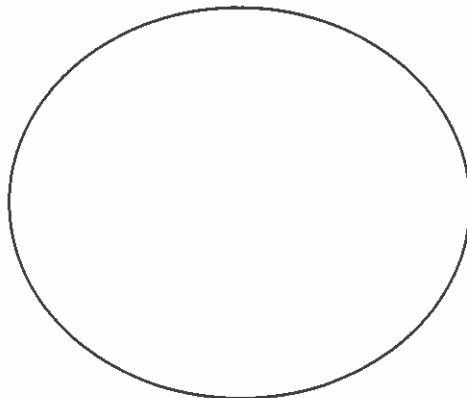
Body image is the mental picture we have of our bodies. Self-image and body image are inextricably linked and both develop as a result of past and present life-experiences. Unrealistic and digitally enhanced media images tend to undermine self-confidence in our body-image. People with eating disorders often measure their worth by how they perceive their body image e.g. If I have gained weight, no-one will like me It can be useful to think about your body image and the influences that shape your attitude to and acceptance of your body.

Body Checking

When people have poor body image they may engage in various 'body-checking' routines such as regularly weighing themselves, looking for 'fat' in the mirror, trying on certain clothes, pinching parts they fear may be 'fat', etc. In many ways, these routines can further undermine an already poor body image.

Research has found that the way in which people with eating disorders look at their body, often does not provide them with an accurate idea of their body size. In a similar way that somebody afraid of spiders may be more likely to notice a spider in a room and more likely to over-estimate its size, someone fearful of finding fat will focus on finding fat on their body and not be able to judge their body accurately. Try to monitor how often you 'check' your body in this way, and try to gradually reduce the number of times a day you do this.

- **Weighing** – Try to only weigh yourself once a week and keep a record of these weights (maybe on a chart). Our weight will always fluctuate, because such a high percentage of our body is made up of water. Over-monitoring does not therefore give you a clear picture and can cause you great anxiety.
 - **Mirror Use** –When using a mirror, avoid focusing just on the parts of the body you dislike. Look at the whole of your image and glance at the background behind you so that you can get a better sense of perspective. Remember to note the parts of your body you like, or find acceptable.
1. Think about all of the various aspects of your life that are important to you and how you feel about yourself (e.g. being a good friend, academic or work success, family relationships, hobbies). Make a pie chart in the circle below to represent the amount of time and energy you spend on eating/weight/shape in comparison to the other aspects of your life. If this appears unbalanced, consider how you would like to change it.



2. Make a collage. Collect together some magazines, newspapers and pictures or postcards. Make collages using images and words to represent i) how you see yourself, ii) how you think others see you, iii) how you would like to be.

WHAT NEXT?

The journey to overcoming eating difficulties may be a hard one. You may take steps forward and then backwards. Lapses in your progress are not failures, they are setbacks from which you can learn and move on. Remember that you are now trying to avoid the kind of all or nothing thinking that suggests you have succeeded or failed. It is important to see any step back as an opportunity to learn more about how to be successful next time. You may have worked successfully through the steps in this notebook or you may feel there is still further work to do. You may have struggled to work through this notebook by yourself and feel that you cannot manage alone. If this is the case, your GP can help you find the right kind of help for you.

USEFUL INFORMATION

Eating Disorders Association (EDA)

103 Prince of Wales Rd, Norwich, NR1 1DW

EDA Website: www.edauk.com

Email the EDA on: info@edauk.com

EDA Helpline: 0845 6341414 (Weekdays 8:30am – 8:30pm, Sat 1:00pm – 4:30pm)

EDA Youthline: 0845 6347650 (Weekdays 4:00pm – 6:30pm, Sat 1:00pm – 4:30pm)

South Yorkshire Eating Disorders Association (SYEDA)

Volserve House, 14-18 West Bar Green, Sheffield, S1 2DA

For information and advice call: 0114 2728855 or email: SYEDAVH@aol.com

The office is open 10.30am – 3:00pm Tuesdays and Thursdays

SYEDA provides:

- Information and advice – a range of leaflets and handouts are available
- Monthly support groups for people with an eating disorder
- Monthly support groups for carers/family members

Both groups meet on the first Tuesday of every month from 7:00pm – 8:30pm at St Mary's Church and Community Centre, Bramall Lane, Sheffield.

Sheffield Mental Health Advocacy Service - (0800) 0350396

The Longley Centre, Norwood Grange Drive, Sheffield, S57JT

Sheffield Women's Counselling and Therapy Service – (0114 2752157)

44 Daniel Hill, Sheffield, S6 3JF / email: swcts@swcts.plus.com

The National Institute of Clinical Excellence (NICE) have produced treatment guidelines and a guide to these for people with eating disorders and their carers. You can look online at: <http://www.nice.org> or call 0870 1555455 and quoting N0407 for a booklet.

Online information & support

www.carers.gov.uk - Government website for carers.

www.fstinfo.com – First step information service for Sheffield.

www.sheffieldmind.co.uk – Sheffield branch of Mind (mental health charity).

www.something-fishy.org - A comprehensive website with information and support forum.

www.eatingproblems.org.uk – A good UK based web-site with information.

www.eatingresearch.com – A website that has information for service-users, carers & families, and professionals. The site also details up to date research on eating disorders.

www.patient.co.uk – Information re eating disorders – you have to type in the name of the eating disorder e.g. anorexia nervosa or bulimia nervosa.

BOOK LIST

For professionals

Duker, M. & Slade, R. (2002) *Anorexia Nervosa & Bulimia: How to Help*. Open University Press, McGraw-Hill [ISBN – 0335212034] £23.99

Jacob, F.(2001) *Solution Focused Recovery from Eating Distress Brief Therapy* Press(ISBN 1871697776X) £13.50

Palmer, R. (2000) *Helping People With Eating Disorders: A Clinical Guide to Assessment & Treatment*. John Wiley & Sons Ltd. [ISBN – 047198647X] £26.99

Schmidt, U. & Treasure, J. (1997) *Clinician's Guide to Getting Better Bitte by Bitte: A Survival Kit for Sufferers of Bulimia Nervosa and Binge Eating Disorders*. Psychology Press. [ISBN – 0-86377-730-9] £22.99

Personal Accounts

Hornbacher - Beard, M. (1998) *Wasted*. Flamingo [ISBN – 0006550894] £7.99

Krasnow, M. (1995) *My Life as a Male Anorexic*. Pub Harrington Park Press [ISBN – 1560238836] £10.99

Lindsey, C. (2000) *Conquering Anorexia. The route to recovery*. Summersdale Publishers [ISBN 184024096] £12.99

Oakes-Ash, R. (2000) *Good Girls Do Swallow*. Mainstream [ISBN – 1840184809] £7.99

Paterson, A. (1998) *Anorexic*. Westworld International [ISBN – 0952921529] £6.99

Shelley, R. (Ed.) (1997) *Anorexics on Anorexia*. Jessica Kingsley Publishers [ISBN – 1853024716] £14.95

Self Esteem & Body Image

Cash, T. *The Body-Image Workbook*. New Harbinger. £16.99 [ISBN - 1572240628]

Fennel, M. *Overcoming Low Self-Esteem*. Constable Robinson. £9.99 [ISBN – 1854877259]

Field, L. *60 Tips for Self-Esteem*. Vermillion £6.99 [ISBN - 0091857317]

Grogan, S. (1999) *Body Image: Understanding body dissatisfaction in men, women and children*. Routledge. [ISBN 0415147859] £16.50

Rodin, J. *Body Traps*. (1993) Arrow. [ISBN: 068812836X] £12.00

For Families & Carers

Bryant-Waugh,R & Lask, B. *Eating Disorders- A Parents Guide*. Routledge £9.99 [ISBN – 1583918604]

Smith, G. *Anorexia and Bulimia in the Family*. Wiley. £12.99 [ISBN 0470861614]

Cognitive Behavioural Therapy

Cooper, M., Todd, G., & Wells, A. (2000) *Bulimia Nervosa: A Cognitive Therapy Programme for Clients*. Jessica Kingsley Publishers. £9.99 [ISBN – 1854871714]

Greenberger, D. & Padesky, C. (1999) *Mind Over Mood*. Guilford Press. £16.95 [ISBN 0898621283]

Kennerley, H. (1997). *Overcoming Anxiety. A self help guide using cognitive behavioural techniques*. Constable Publishers. [ISBN – 1854874225] £9.99

All books are available from the EDA bookshop, Waterstone's or other major bookstores.