

## **Binge-eating Disorder Group Proposal**

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Binge-eating disorder (BED), consuming large amounts of food over what is necessary and not having power over the urge, is the most widespread eating disorder (Lydecker et al., 2016). This disorder is in contrast to Bulimia Nervosa (BN) in that there is an offsetting behavior to the binge eating in BN. BED is characterized by eating within a set amount of time, “an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances” and loss of control, which may include eating faster than normal, eating more than is comfortable, eating when not hungry, eating alone from embarrassment, and feeling guilty or shame after eating (APA 2022). BED also includes distress from eating, at a frequency of two days a week for six months or one day a week for three months (APA 2022). Studies have shown BED has less racial inequality in its pervasiveness and the rate at which people seek help than other eating disorders (Lydecker et al., 2016). In other words, the frequency of the disorder and the percent at which people reach out for help is similar across racial backgrounds.

This counselor would like to meet the need for this disorder by initiating a therapy group for clients who might meet these criteria. Clients will be screened using the Eating Disorder Examination (EDE) interview and questionnaire version (EDE-Q), since the test appears to be the best tool available, however some more research needs to be done to examine cultural discrepancies. Some research shows the test to be fairly credible with African American Women however (Lydecker, White & Grilo, 2016). The addition of the EDE-Q was added to offset any interview-based disparities (Lydecker, White & Grilo, 2016). A physical will be discussed at the intake in order to ensure no assumptions are made as to any physical issues the client may or may not have. Also a nutritionist will be involved and made available to the clients throughout

treatment. Confidentiality will be stressed especially due to the shame and guilt associated with this disorder.

The design of the group will follow group psychodynamic interpersonal psychotherapy (GPIP) since it is a therapeutic method designed to treat patients with BED (Tasca, Mikail, & Hewitt, 2005). Cognitive Behavioral Therapy will also be included along with Motivational Interviewing. A “multimodal group” has shown to be successful for bulimia nervosa and can be applied here including teaching, learning new ways to cope in a group setting allowing relationship building as well (Yalom et al., 2020). Meta-analyses also confirms group therapy is effective for binge-eating (Yalom et al., 2020). Goals will be written out individually and in group and used periodically for group accountability.

Group therapy for eating disorders has been shown to be very effective at addressing many factors beginning with the shame that leads people with these disorders to suffer alone and believe they are the only one with this behavior which in turn accentuates the disorder and fuels the cycle (Yalom et al., 2020). Members of groups in this area have been shown to feel relief at not being alone which is why group therapy would be ideal (Yalom et al., 2020). Studies have shown correlation between lower Socioeconomic Status and BED. Group will meet in a building in an area which is attainable by public transportation in an area of a lower SES with flyers placed locally and in health offices and populated areas.

In the beginning of GPIP, the client is motivated to initiate positive relational behaviors within a safe group developed by the counselor (Tasca, Mikail, & Hewitt, 2005). Next the therapist and hopefully group members, assist each other in changing maladaptive patterns with more healthy behaviors in an effort to disrupt the negative feelings and actions that lead to binge-eating (Tasca, Mikail, & Hewitt, 2005). And finally, any progress will be encouraged and

reinforced. This theory will be used along with Cognitive Behavioral Therapy (CBT) since it has been shown to be effective for eating disorder groups with diverse clientele by education, individually tailoring, relying on evidence and identifying current behaviors (Schneider et al., 2018). Techniques from CBT will be used throughout the therapy to alter the maladaptive patterns, negative feelings, and actions identified in group.

People experiencing eating disorders have been shown to believe the group experience is important; however, they may also not want to give up their eating disorder (Yalom et al., 2020). Motivational Interviewing has been shown effective with eating disorders and can address this (Schneider et al., 2018). Research has shown the level of motivation a client possesses, directly correlates to success of treatment in many areas including eating disorders, which has been found to commonly have great resistance to change (Yalom et al., 2020). Highly resistant populations (intimate partner violence) show Motivational Interviewing to have promise in boosting long-term success, which can be applied to other resistant populations (Carbaiosa et al., 2017). Motivational interviewing “focuses attention on the gap between the client’s preferred way of being and their actual behavior,” (Yalom et al., 2020).

The group will meet once a week on Monday nights from 7-8:30pm and be open to female adults with open enrollment in an effort to connect women from different stages of recovery. Group can begin once four members have signed up to ensure the group is still a group even if a member or two cannot make group, although intakes can happen prior to the group being established and individual counseling occur until the group begins. The group session can begin with a short time of education then move into cognitive-behavioral where distorted thinking is examined and new coping skills are learned and end with a time of sharing on how the clients are doing implementing what they are learning in their lives. Recommended times

vary from 12 to 24 sessions so the group will be on-going and individuals can decide with their counselor how long they will need to attend group (Yalom et al., 2020).

Clients, when appropriate, will be asked to keep a journal that documents what they were feeling and what happened before the binge behavior. Basic interpersonal techniques will be discussed and alternatives to binge eating explored. Research has shown groups outside of group therapy are also effective with eating disorders such as Overeaters Anonymous and clients will be encouraged to participate in these groups (Yalom et al., 2020). Ideas from these groups will be welcome to be shared in group to encourage the clients to help each other since “moderate support” has been found in self-guided treatment for BED (Ghader et al., 2018).

In conclusion, this BED group will have a group psychodynamic interpersonal psychotherapy framework with cognitive behavioral therapy and motivational interviewing techniques used throughout. Some studies have explored abandoning the “medical model” of BED where the focus is on weight loss and instead focusing on the messages women are getting from society and social media that lead to fat shame (Brown-Bowers, Ward & Cormier, 2017). Therefore, this group would seek to include a focus on providing “individuals with tools to identify and resist fat stigma and oppression” (Brown-Bowers, Ward & Cormier, 2017). Success or effectiveness of meeting stated group goals will be evaluated monthly by discussions in group as well as anonymous handouts periodically throughout treatment and individual counseling sessions as needed.

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