"DON'T MY FEELINGS MATTER?" – THE DEVELOPMENT OF INTEGRATIVE COGNITIVE-AFFECTIVE THERAPY (ICAT) AS A VIABLE TREATMENT FOR BULIMIA NERVOSA

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LECTURE OUTLINE

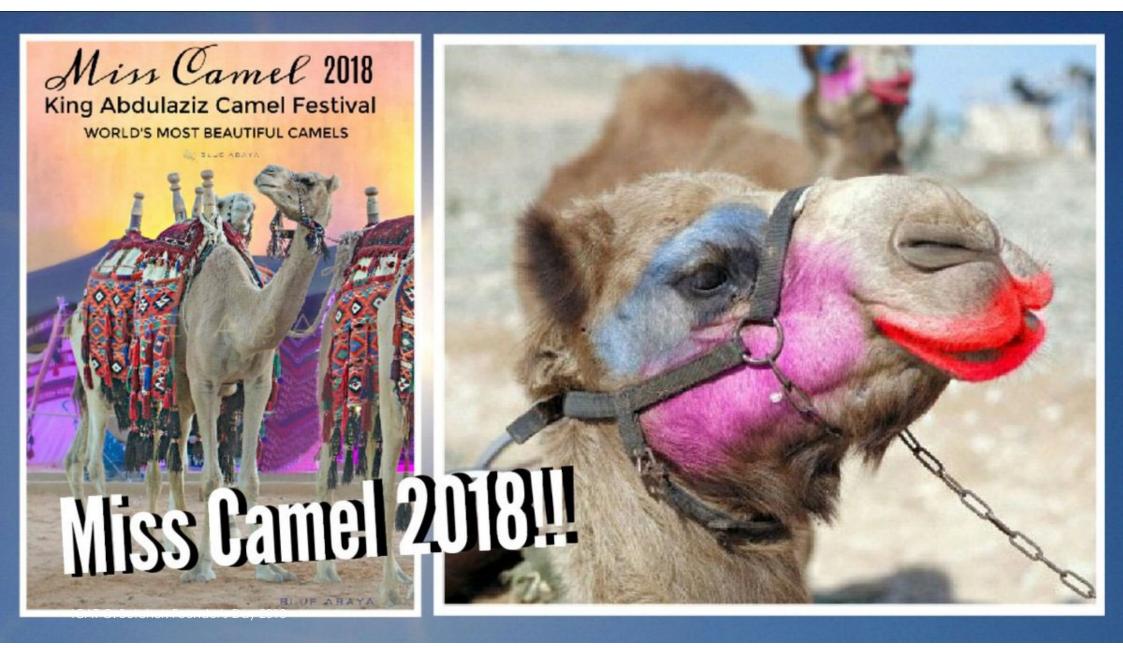
- Role of emotion in eating disorders onset and maintenance
- Development of Integrative Cognitive-Affective Therapy (ICAT-BN) as a viable treatment option
- How does ICAT-BN compare with CBT?

SHOCKING NEWS FROM THE WORLD OF FASHION!

SAUDI ARABIA

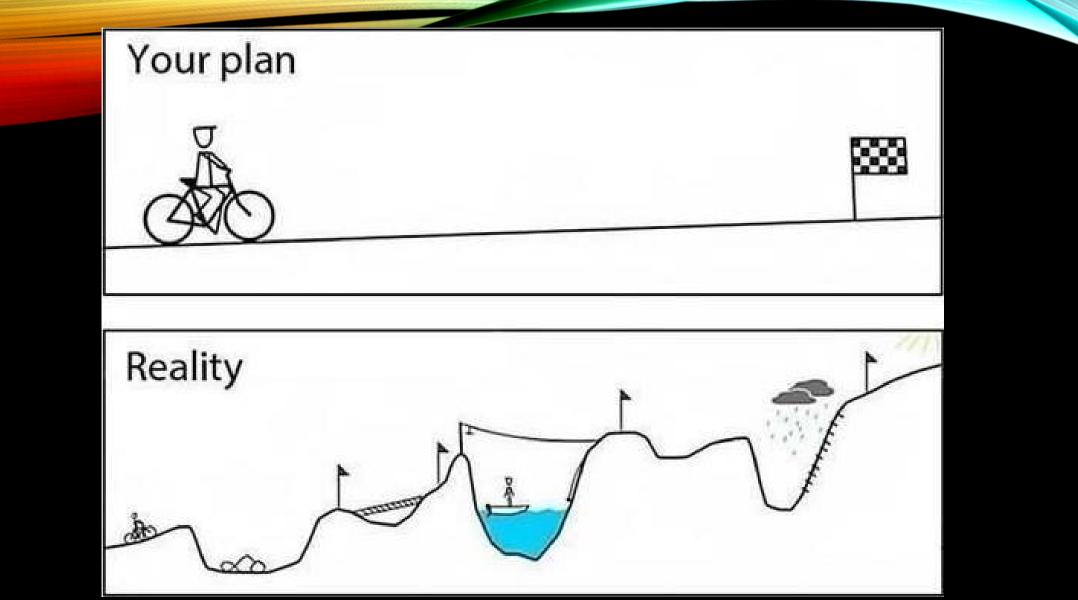
- Arabian Business News - Jan 22, 2018
- 300,000 people attend annual month-long camel festival.
- Camel beauty contest





12 CAMELS DISQUALIFIED BECAUSE THEIR HANDLERS USED BOTOX TO MAKE THEM MORE HANDSOME

olcher. Founder's Day 2018



4TH IRISH NATIONAL EATING DISORDERS CONFERENCE - IN COLLABORATION WITH BODYWHYS

- Date: Friday, February 22nd 2019 (09:30-16:30)
- Venue: Trinity Gas Building, D'Olier Street, Dublin 2.
- Primarily for health care professionals interested in eating disorders, though anyone affected by an eating disorder is welcome to attend.
- In addition to the conference itself, there will be a separate, concurrent session in the afternoon for those affected by an eating disorder.
- Cost: €110 (includes lunch) or €100 (without lunch)
- Booking, etc. www.conferencenetworking.ie

4TH IRISH NATIONAL EATING DISORDERS CONFERENCE

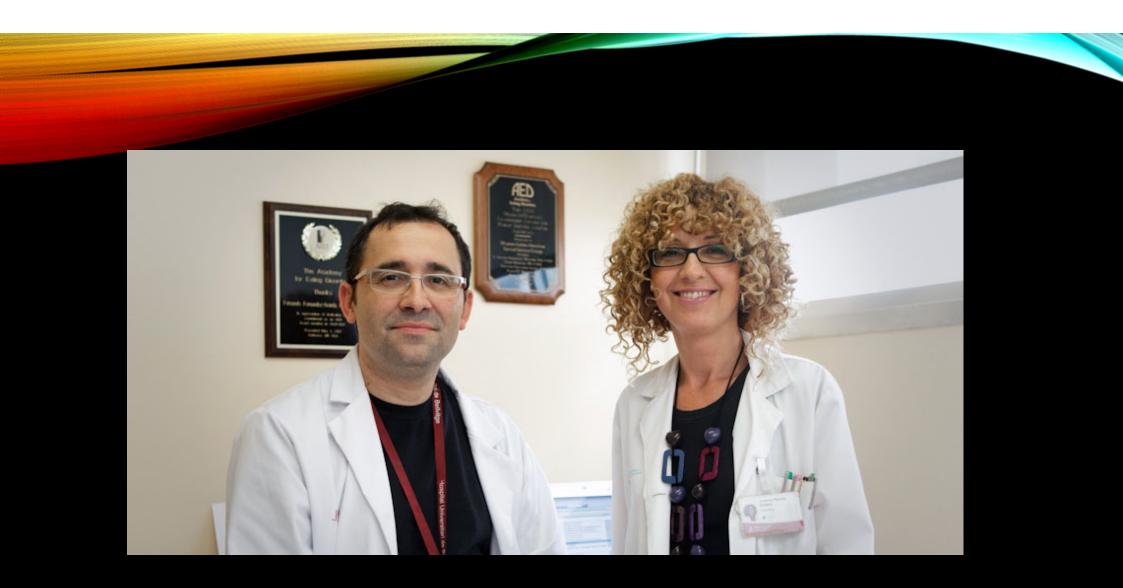
- Keynote Speakers: Department of Psychiatry, University Hospital of Bellvitge, Barcelona, Spain
- Prof Fernando Fernández-Aranda, Head of Eating Disorders Unit; Editor European Eating Disorders Review; past President of AED
- Topic: "The challenge of impulsivity in eating disorders; research and practical management approaches"



4TH IRISH NATIONAL EATING DISORDERS CONFERENCE

- Dr Susana Jiménez-Murcia, Head of Pathological Gambling Unit, Department of Psychiatry
- Topic: "A trans-diagnostic perspective on food addiction: clinical and management strategies"









WWW.ECEDPARIS2019.COM



EATING DISORDERS : A TRANSDISCIPLINARY APPROACH TO UNDERSTANDING AND CARE

ECED BELFAST 2021 SEPTEMBER 23-25

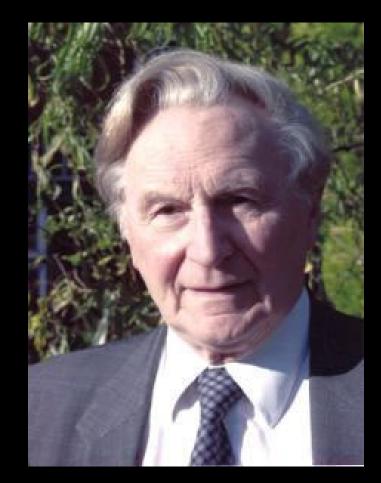
- Opening Ceremony: Belfast City Hall
- Main Conference: Assembly Buildings
- Gala Evening: Titanic Museum



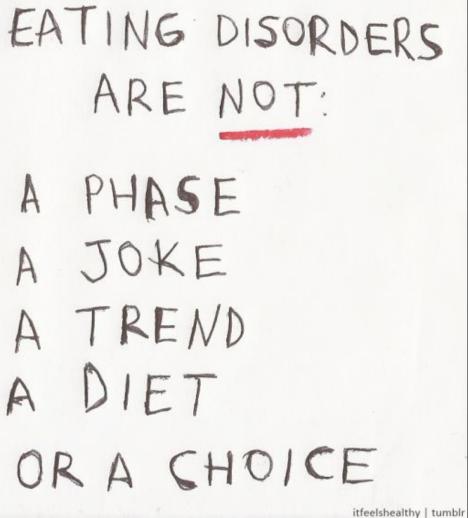


GERALD RUSSELL (1928-2018)

 "He was not content to consider that he had found 'the answer'; rather, he inspired those who learned from him to hold a strong spirit of scientific curiosity and humility." – Prof. Janet Treasure







CHALLENGES IN EATING DISORDERS TREATMENT

- Improve treatment outcome (especially in Anorexia Nervosa)
- Identify the most appropriate treatment for a particular individual (what works for whom, when and in what circumstances?)
- Increase treatment efficacy
- Increase access to effective treatment and training

EATING DISORDERS: THE WAY FORWARD?

 'Can I try to be more of a walking question mark, than a stampeding exclamation mark?' (Lask, 2013:185)



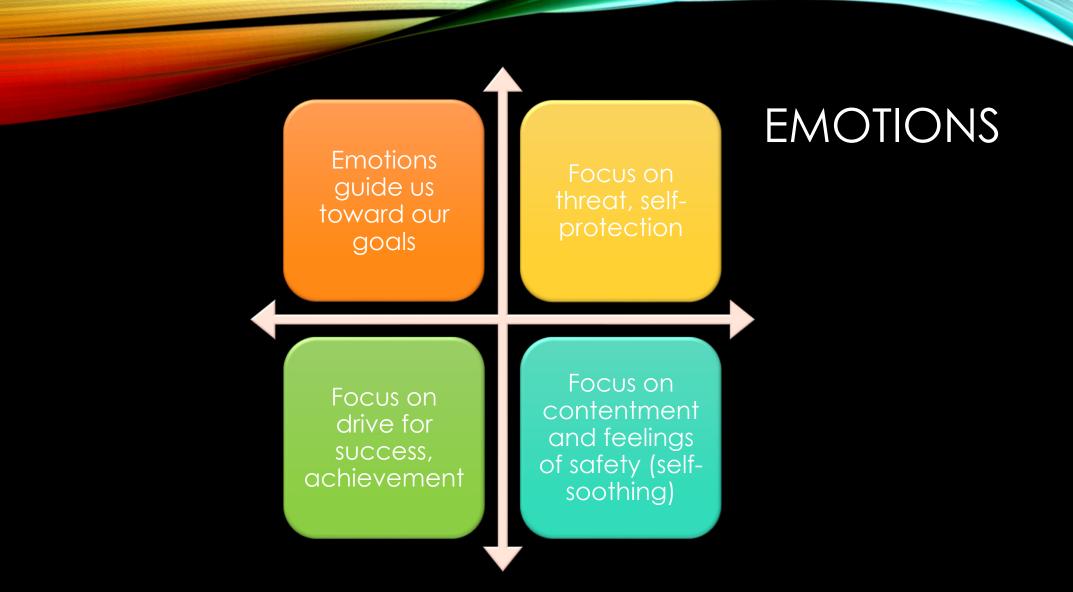
Prof Bryan Lask (1941-2015)

WE'VE GOT TO DO BETTER!

- Waller (2016)
- Over recent years substantial consolidation and development of evidence-based psychological therapies for eating disorders.
- Specific forms of CBT (focused and broad) and family-based treatment have consolidated and extended their positions as treatments of choice.
- IPT, DBT and guided self-help also effective
- Substantial deficits in our treatment of eating disorders
- Significant need for further development of appropriate treatments



Glenn Waller, University of Sheffield



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PIXAR MOVIE - INSIDE OUT



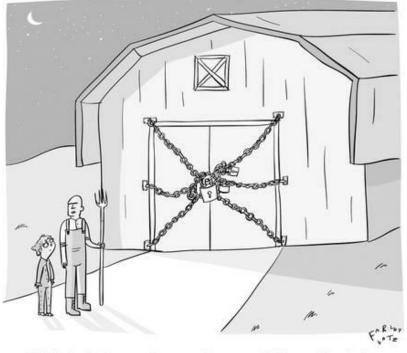












"This is the barn where we keep our feelings. If a feeling comes to you, bring it out here and lock it up."

CORE MESSAGE

- 1. Intense negative emotional states figure prominently in the occurrence of individual episodes of bulimic behaviour (Wonderlich et al, 2015:33)
- 2. CRUCIALLY it is the MOMENTARY experience of emotions in the minutes and hours prior to a bulimic episode that has clinical significance in the maintenance of bulimia nervosa functional relationship between emotional states and bulimic behaviour.
- 3. Intentional targeting of these emotional states is central to treatment using Integrative Cognitive Affective Therapy (ICAT)

NORMAL LIFE EXPERIENCES

CRITICISM





REJECTION





NORMAL LIFE EXPERIENCES

- Criticism, social comparison, rejection, loss
- Interact with temperamental predispositions
- Produce mental representations of the self and others that are strongly associated with emotional states
- Organise and guide future interpersonal perceptions and behaviour.

HEALTHY EMOTION REGULATION MODEL (GRATZ AND ROEMER, 2004)

- 1. Emotional awareness, clarity and acceptance
- 2. Flexible use of adaptive strategies to modulate (vs. eliminate) intensity of emotion
- 3. In the context of emotional distress resist impulsive behavioural urges; maintain ability to engage in goaldirected behaviours
- 4. Willing to experience emotional distress while pursuing meaningful activities

EMOTION DYSREGULATION IN EATING DISORDERS

- Racine et al (2013) identified multiple forms of emotion dysregulation and difficulties with impulse control in those with Anorexia Nervosa
- Both Anorexia Nervosa and Bulimia Nervosa are characterized by broad emotion regulation deficits (Lavender et al, 2015)

EMOTION DYSREGULATION IN EATING DISORDERS

- " individuals with higher affective lability and stimulus seeking may benefit more from treatment with a greater focus on affective states and self-regulation." (Accurso et al, 2016:178)
- Lerass et al (2018): "stable depressed" group low affective lability and higher affect intensity - evidenced the highest levels of eating psychopathology, borderline personality traits, and childhood trauma history.
- Conclusion: "chronic, intense negative affect may be particularly important to address in treatment" (p. 210)

CONNECTION BETWEEN EMOTIONAL EXPERIENCES AND EATING DISORDER BEHAVIOURS

- Wonderlich et al (2015) -Complicated connection; was negative emotion truly antecedent or a 'post-hoc' explanation for the bulimic behaviours?
- Initially led to education of those with bulimia nervosa about emotional states and how to manage emotions effectively



Stephen Wonderlich, University of North Dakota

ROLE OF EMOTION IN BULIMIA NERVOSA

- Wonderlich et al (2015) participants reported on eating disorder behaviours and experiences in 'real time' in their environment
- Ecological Momentary Assessment (EMA) employs portable measurement strategies and involves repeated assessments over the course of a given timeframe in a participant's natural environment as events of interest occur e.g., affective experiences, eating disorder behaviour (Lavender et al, 2015)

EMA STUDIES REVEAL INDIVIDUALS WITH BULIMIA NERVOSA ...

- Most likely to engage in bulimic behaviours in late afternoon and early evening
- Experience weekends as particularly challenging
- More likely to engage in bulimic behaviour on days when they experience more negative emotion later in the day
- Experience of guilt and shame is particularly potent in terms of eliciting bulimic behaviour

WHAT THEY DIDN'T REALISE?

- In the moments and hours before binge eating and purge behavior occurred, negative affect was rising and positive affect was decreasing. (Berg et al, 2013; Wonderlich et al, 2015)
- Important shift in focus
- Instead of trying to improve general emotional functioning identifying and managing emotions in the moments <u>BEFORE</u> a bulimic episode.
- Interpersonal and intrapersonal situations could trigger emotional changes which then precipitate BN behaviour.

AVOIDANCE OF EMOTIONS RELATED TO FOOD, SHAPE, AND WEIGHT

- Negative emotions distressing, and frequently avoided by individuals with Bulimia Nervosa.
- Many bulimic behaviors function to facilitate such avoidance.
- Skipping meals, exercising, purging, restricting food intake, following rigid rules - minimize intense anxiety about weight, food, and body shape.

CHARACTERISTIC RISK FACTORS FOR ONSET OF BN

- Historical stresses childhood
- Relationships within families
- Negative self-evaluation (perfectionism, doubts about actions, over-concern about mistakes)
- Self-regulation deficits (increased self-criticism and selfcontrol; deficits in self-acceptance, appearance, performance)
- Negative urgency tendency to act impulsively when distressed

BROAD CATEGORIES OF TRIGGERS MAINTAINING EATING DISORDER

- Interpersonal relationships and external stressors (social stresses – work, school, financial)
- Negative self-evaluation (e.g. not meeting personal standards)
- Maladaptive self-regulatory behaviours (e.g. self-criticism)
- Emotionally related urges cued by the presence of food or eating

DEVELOPMENT OF INTEGRATIVE COGNITIVE-AFFECTIVE THERAPY (ICAT)

- Evolved over 20 years as an intervention for Bulimia Nervosa
- Formulate a well-structured plan to modify eating behaviour
- Improve awareness and tolerance of emotional experiences
- Develop skills to reduce likelihood of rash, impulsive behaviours (context negative emotion)

STRUCTURE OF INTEGRATIVE COGNITIVE-AFFECTIVE THERAPY (ICAT)

- Short-term structured psychological treatment for Bulimia Nervosa (BN)
- Minimum 21 sessions; approx 45-50 minutes per session
- Retains key components of previously established evidencebased treatments, particularly CBT (e.g. self-monitoring and prescribed eating patterns)
- However, target "momentary" precipitants of eating disorder symptoms identified as potential maintenance factors in previous empirical studies.

FOCUS OF ICAT THERAPY

- Bulimic behaviours are assumed to reduce aversive emotional reactions
- Explicit focus on proximal risks of BN behaviour interpersonal difficulties, self-evaluation, and self-regulation deficits.
- Targeting of negative emotional states that immediately precede episodes of bulimic behaviours as these strongly influence the occurrence of BN behaviours

PHASES OF ICAT TREATMENT

- Phase I (sessions 1–4; over a 1-2 week period): introduces ICAT and emphasizes motivational enhancement and the importance of emotional responding.
- Phase II (6–8 sessions) nutritional rehabilitation with direct emphasis on modifying eating behaviour, facilitated by structured meal planning and coping skills.
- Phase III (11-12 sessions) focuses on: identifying and modifying precipitants of negative emotional states; addresses interpersonal, self-evaluation and self-regulation problems; food- and eatingrelated triggers of negative emotions
- Phase IV (final 2-3 sessions) emphasizes relapse prevention and healthy lifestyle planning, along with termination

ICAT RESEARCH TRIAL

- A randomized controlled comparison of integrative cognitive-affective therapy (ICAT) and enhanced cognitive-behavioural therapy (CBT-E) for bulimia nervosa. (Wonderlich et al, 2014)
- Conclusion: ICAT-BN was associated with significant improvements in bulimic and associated symptoms that did not differ from those obtained with CBT-E.

CBT VS. ICAT?

- CBT limited view of emotional responding
- CBT less consideration of interpersonal factors
- CBT creates an overemphasis on conscious controlled cognitive processing.
- Weight/weighing and body-image not targeted directly in ICAT-BN?

CBT VS. ICAT-BN?

- What's the same? Intensive opening phase of CBT that encourages self-monitoring and disrupts dieting behaviours.
- ICAT greater emphasis on integration of interpersonal problems, self-evaluation, self-regulation, emotional experience.
- ICAT Momentary behavioural and emotional processes
- Relevance of contemporary emotion theories and application to understanding eating disorder behaviour



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Integrative Cognitive-Affective Therapy for **Bulimia Nervosa**

A Treatment Manual

Stephen A. Wonderlich, Carol B. Peterson, and Tracey Leone Smith, with Marjorie H. Klein, James E. Mitchell,

and Scott J. Crow

ICAT G. Butcher. Founder's Day 2018

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CHOICE

- Emerging research increases our understanding of the onset and maintenance of eating disorders.
- Newer treatments, such as ICAT-BN, develop and enable therapists and patients/clients to select the type of therapy approach most suited to their individual presentation of a disorder.

J. HUBERT LACEY

- Many therapies help, but not all are helped by one therapy approach.
- Understand that resistance to change may simply be due to resistance to a particular treatment approach.



THANK YOU!

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