


Am I Hungry?[®]
Mindful Eating for Binge Eating

Motivational Theory
Kari Anderson DBH, LPC

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Today's Discussion

- Theory of Reasoned Action and Planned Behavior
- Dialectical Behavioral Therapy Paradigm of Change
- Transtheoretical Model (Stages of Change)
- Resistance and Change
- Motivational Interviewing
- Self-Determination Theory



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Reasoned Action
and Planned Behavior



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Theory of Reasoned Action and Planned Behavior

- The best predictor of behavior is *intention*
- Behavioral intention is the perceived likelihood of performing that behavior
- Intention is determined by:
 - Attitude (feelings toward or against)
 - Influence (whether people will approve or disapprove)
 - Perceived control (reasons for or against adherence)
 - Self-efficacy (has the knowledge and skill to do it)

Fishbein & Aizen 1975, Aizen 1985



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Dialectical Behavior Therapy Paradigm of Change



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The problem with change

“An unremitting focus on change can increase perceptions of unpredictability and loss of control, increasing anxiety or anger so that the processing of new information is shut off.”


Validation of the patient’s experience increases self-acceptance and thereby facilitates a willingness to explore attempts at change.

Linehan, 1996



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Dialectical Philosophy
of Treatment



Both

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DIALECTICAL



Problem Solving Validation

Change *Acceptance*

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Validation

The essence of validation is communicating to the other person and yourself that their/your feelings, thoughts and behaviors are understandable and reasonable.

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Validation and Eating Disorders

I've never met anyone who didn't have a great reason for having an eating disorder.

- Kari Anderson DBH, LPC



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Functions of Validation

- To strengthen clinical progress
 - *Be careful what you validate*
- Use acceptance to balance change
- To strengthen self-validation
- As feedback
- To strengthen the therapeutic relationship



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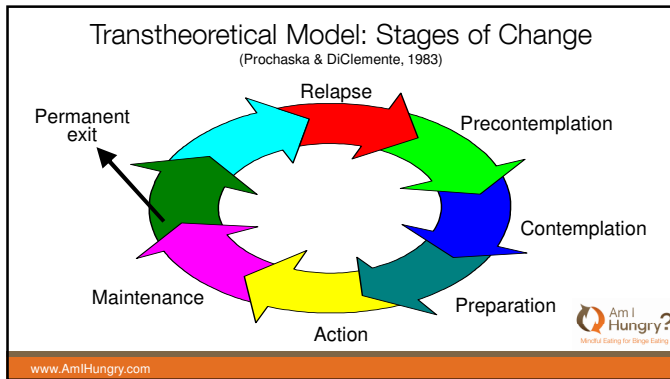
Transtheoretical Model (Stages of Change)



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Intervention Toolbox

Precontemplation

- Validation/Acceptance
- Non-Judgmental
- Create Cognitive Dissonance/Ambivalence
- Explore Personal Value System
- Provide Data Relevant to Patient

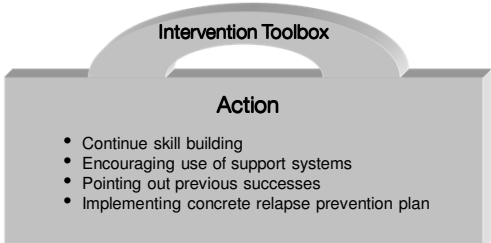
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Intervention Toolbox

Contemplation

- Explore the patient's ambivalence
- Work toward strengths
- Skill building
- Clarify the function of the eating disorder
- Pros & Cons

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Intervention Toolbox

Action

- Continue skill building
- Encouraging use of support systems
- Pointing out previous successes
- Implementing concrete relapse prevention plan

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Resistance and Change

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Resistance and Change

Resistance is something that occurs only within the context of a relationship or system.

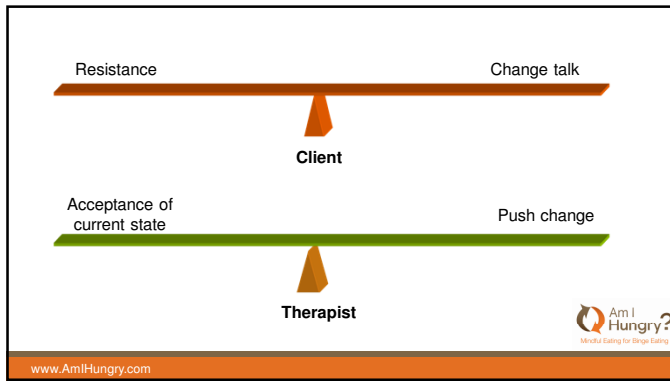
Resistant clients are signal that the therapist needs to shift their approach.

Persistent resistance is not a patient problem, but a therapist skill issue.

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Resistance

Resistance is speech that reflects movement away from a particular change.

Recognize resistance in client:

- Interrupting
- Arguing
- Negating
- Ignoring

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Change Talk

Timing is everything in terms of pushing for change

Let the client lead with cues of readiness:

- Questions about change
- Envisioning hope
- Experimenting

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Resistance

It can take a long time to build trust and intimacy but only a short time to destroy it.

“Good therapists helped me figure out how to change my behavior, rather than attempting to control me.”

Patient comment, VanderKolk, 1989



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Resistance

“If you act like you have only a few minutes, it could take all day to accomplish change, whereas if you act like you have all day, it may only take a few minutes.”

-Monty Roberts



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Motivational Interviewing



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Motivational Interviewing (MI)

Person-centered method of guiding to elicit and strengthen personal motivation for change.

Egalitarian and empathetic “way of being” that is non-judgmental and encouraging, yet builds sufficient discrepancy (cognitive dissonance) to stimulate change.

- Comfort the afflicted
- Afflict the comfortable

Miller & Rollnick, 1991



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Self-Determination Theory



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Self-Determination Theory (SDT)

Assumes that humans are inherently proactive and have the potential to act and master both the internal physical and emotional drives and the environmental forces they encounter, rather than being passively controlled by those forces.

Assumes humans steadily move toward increasing levels of psychological growth and integration, but understand they have a tendency to be affected by their social context both positively and negatively.



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Self-Determination Theory

- Autonomy
- Competence
- Relatedness

Based on these three basic human needs

Deci & Ryan, 1985



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SDT and Eating Regulation

Autonomous Eating

- More concern for the quality of one's food
- More energy, sustained healthy eating

Control Eating

- Drains energy and more concerned for quantity of food

Verstuyf, Patrick, Vansteenkiste & Teixeira, 2012



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SDT and Obese Populations

Effective because it:

- Avoids external incentives, rewards, threats, measures, or deadlines
- Reinforces strengths and progress

Palmeira et al 2007



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Constructs of SDT

Knowledge

- Psychoeducation; workbook of strategies and skills

Contemplation

- Identify barriers and internal conflicts: offer decisional balance; process group with neutral language

Choices

- Menu of options; identify choice points

Competence

- Skill-building; increasing self-efficacy; interactive group with experiential activities



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MI and SDT

Meeting in the Middle: merging clinical practice and theoretical framework

MI = “bottom up” SDT = “top down”

Both are based on autonomy

Autonomy refers to acting with a sense of volition and willingness to instigate self-regulation.



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Continuum of Motivation

Amotivated - without intention to change or feeling unable to change

Extrinsic - rewards and punishments administered by other people

Introjected - internalized self-judgment, shame, guilt, and social comparison

Identification - personally important and meaningful

Integrated - importance linked to own core values and beliefs

Intrinsic - for the inherent enjoyment



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Traditional ED treatment

Focus is on psychotherapy and away from the food yet... still tend to control food with prescribed plans and structured eating times and monitor weight for outcomes.

Focus on food and weight outcomes yield high attrition rates.

Gilden & Walden 2005



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Better Outcomes

Intrinsic goals that are autonomous in motivation have distinctly better outcomes in eating regulation than those with extrinsic motivation and controls.

Pelletier and Dion 2007



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AIH ME-BE Program Design

- Fosters a safe climate for change
- Guides client toward discovering their own structure
- Teaches them to solve their own problems
- Encourages experimentation
- Allows them to make their own correlations



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