Nourish

Student Workbook

Cal Poly Counseling Services
(805) 756-2511
counseling.calpoly.edu
# Table of Contents

**Welcome**  
Page 3

**Treatment of Eating Disorders at Counseling Services**  
Page 5

**Frequently Asked Questions**  
Page 8

**In Session Worksheets**  
Page 10

**Session 1 Worksheets**  
Page 11
  - Session 1: Eating Disorders Statistics  
  Page 12
  - Session 1: Eating Disorders Risk Factors  
  Page 13
  - Session 1: Benefits of Your Eating Disorder  
  Page 14
  - Session 1: Costs of Your Eating Disorder  
  Page 15
  - Session 1: Decisional Balance Worksheet  
  Page 16
  - Session 1: Stages of Change  
  Page 17
  - Session 1: Homework Assignment  
  Page 18
  - Session 1: Letter to ED  
  Page 19
  - Session 1: Daily Food Log  
  Page 20

**Session 2 Worksheets**  
Page 27
  - Session 2: Reviewing Your Food Logs  
  Page 28
  - Session 2: Signs and Symptoms of Malnutrition  
  Page 30
  - Session 2: Restrict/Binge/Purge Cycle  
  Page 31
  - Session 2: Restrict/Binge/Purge Cycle Personal Example  
  Page 32
  - Session 2: Feelings Wheel  
  Page 33
  - Session 2: Plate Planner  
  Page 34
  - Session 2: Nourishing Eating Cycle  
  Page 35
  - Session 2: Self-Compassion Exercise  
  Page 36
  - Session 2: Homework Assignment  
  Page 37
  - Session 2: Daily Food Log  
  Page 38
  - Session 2: Restrict/Binge/Purge Cycle Blank  
  Page 43
  - Session 2: Self-Compassion Exercise  
  Page 46

**Session 3 Worksheets**  
Page 47
  - Session 3: Review of Last Week’s Homework  
  Page 48
  - Session 3: Hunger Scale  
  Page 49
  - Session 3: Conscious Eating Guidelines  
  Page 50
  - Session 3: Signs that You’re Ready to Try Intuitive Eating  
  Page 51
  - Session 3: Triggers for My ED Behaviors  
  Page 52
  - Session 3: Externalizing ED  
  Page 53
  - Session 3: Disagree and Disobey  
  Page 55
  - Session 3: Personalized Action Plan  
  Page 56

**Appendix**  
Page 60
  - Eating Disorders Diagnostic Criteria  
  Page 61
  - Important Facts about Eating Disorders  
  Page 65
  - Medical Complications of Malnutrition  
  Page 66
  - Criteria for Medical Hospitalization  
  Page 67
  - Psychological Levels of Care for Eating Disorders  
  Page 68
Welcome!

Welcome to Nourish. We hope that you find this workshop helpful in learning how to recognize and better manage your eating disorder symptoms. Concerns related to body image, shape and size, and nutritional intake are prevalent in contemporary American society, as well as within many other cultures around the globe. Levels of body dissatisfaction have increased substantially over the past 50 years, and with it, the number of people who meet criteria for a diagnosable eating disorder. Additionally, even more people display signs of disordered eating (eating behavior that is problematic, but does not reach the level of an eating disorder diagnosis).

The main goals of Nourish are to allow you to develop more awareness of the impact of your eating disorder and to develop tools to begin to heal. Since treatment for eating disorders tends to be multi-faceted (e.g., individual psychotherapy, group psychotherapy, monitoring by a medical provider and registered dietician, etc.) and may require longer term treatment, Nourish is considered a supplement to individual therapy and focuses on providing psychoeducation about eating disorders, discussing your own motivations for change, and starting to design treatment strategies that are specific to you.

It is important for Nourish participants to at least attempt the exercises that are done in group in order to get a feeling for them. Although some amount of discomfort is inevitable throughout any change process, we also want you to take care of yourself and silently excuse yourself from an activity if it feels like it is “too much.” You can simply sit quietly while the rest of the group finishes the exercise and re-join when you feel comfortable. If at any time you feel like you cannot be in the Nourish session any longer, please notify your Nourish session leader or Counseling Services’ front desk staff.

As you begin your journey, remember that change is not linear. Be prepared for setbacks. Snags can be due to any number of factors, including difficult situational events, changes in motivation, sliding back into old habits, fear of the unknown, etc. Many people find that they take one step back for every two steps forward. That’s okay. We encourage you to embrace this as a natural rhythm of the change process and focus on the positive changes you have made.
If, at any time, you feel that you need additional support, please let your Nourish seminar leader or individual counselor know, or contact Counseling Services at 805-756-2511 (24/7). You may also find additional resources online at: counseling.calpoly.edu
Treatment of Eating Disorders at Counseling Services

Many people with eating disorders require a multifaceted approach to treatment. To attempt to meet these needs, CS provides a variety of different types of services for students with diagnosable eating disorders and eating disordered behaviors. Your provider will most likely recommend a combination of the below services in order to meet your specific needs. The level of care recommended for you is based on a variety of factors including your current weight, how drastically your weight has fluctuated recently, the frequency and severity of your symptoms, and if you are following recommendations and making progress in treatment. If there is a form of treatment in which you are interested but not currently engaged, please speak with your initial consultation provider about this.

Individual Psychotherapy
Counseling Services at Cal Poly is an outpatient center that focuses on short-term counseling, and this center not a specialized eating disorder clinic. Typically, we see students individually once every one to three weeks, if we recommend individual counseling at all. If your symptoms are more severe, we may recommend that you consider a higher level of care. Depending on your level of severity, this recommendation could range from seeing an off-campus psychotherapist in the community to medical hospitalization.

Emotional Wellbeing Workshops
Emotional Wellbeing Workshops are designed to help you grow and learn by doing. Topics range from managing anxiety and depression to relationship concerns. All of the Emotional Wellbeing Workshops include three weekly sessions of 50 minutes each. All workshops come with a student workbook that will allow you to practice your new skills in between sessions. A list and description of Emotional Wellbeing Workshops can be found at https://hcs.calpoly.edu/counseling/Emotional-Wellbeing-Workshops

Be Body Positive Group
The Be Body Positive Model was developed to teach people how to overcome conflicts with their bodies to lead happier, more productive lives. The group uses a solution-focused, whole-person model that offers positive messages of
hope and freedom and provides an alternative to the mainstream weight-focused health model. The goal is for people to gather information from a place of trusting their own intuitive wisdom in order to develop balanced and lasting self-care practices so they can focus on the parts of life that have purpose and meaning. The content of the group is influenced by the 5 Core Competencies developed by The Body Positive (https://www.thebodypositive.org/): Reclaim Health; Practice Intuitive Self-Care; Cultivate Self-Love; Declare Your Own Authentic Beauty; and Build Community.

**Group Psychotherapy**
Group Therapy is when a group of no more than 8-10 students meet weekly with one to two therapists for 60-90 minutes. We offer a variety of groups including therapy groups (i.e., support groups, psychoeducational groups, interpersonal process groups) and drop-in groups. Some groups are time-limited with a specific focus, while others are broader and open-ended. A list and descriptions of groups available at CS can be found at https://hcs.calpoly.edu/content/counseling/groups

**Consultation with a Registered Dietician**
A registered dietician can evaluate your current eating habits, discuss any gaps in nutritional intake, and work with you to develop a healthier eating plan. Referrals may be made to registered dieticians either on or off-campus. A registered dietician is usually an essential part of eating disorder treatment.

**Consultation with a Medical Provider**
Because eating disorders can involve various, and sometimes serious, health complications, a referral to a medical provider may be recommended in order to monitor physical complications. It is possible for some health issues to be present even if you are not aware of them; thus, this recommendation may be made to you even if you are feeling physically fine. Again, a medical provider is generally an essential component of the recovery process for eating disorder treatment.

**Consultation with a Psychiatrist**
Many people who experience eating disorders also have a co-occurring condition such as anxiety, depression, substance abuse, etc. If your symptoms
are making it difficult to engage in treatment, your provider may recommend a referral to a psychiatrist to discuss psychiatric medication. Referrals may be made to psychiatrist either on or off-campus. Alternatively, some medical providers also feel comfortable prescribing psychiatric medication.

**Referral to an Off-Campus Provider or Higher Level of Care**
If your symptoms are more severe and require more frequent contact, we may recommend that you consider a higher level of care, ranging from off-campus outpatient services with a psychotherapist in the community to medical hospitalization. Please refer to the Appendix for a list of the types of higher levels of care based on risk.
Frequently Asked Questions (FAQs)

What is Nourish?
Nourish is a three-week workshop that focuses on psychoeducation about eating disorders and their impacts. Also, this workshop will provide information and skills that will help in your journey of healing your relationship with eating and food. Nourish is designed for students with both diagnosable eating disorders as well as disordered eating behaviors.

Why does Nourish use a three-session model?
Teaching this workshop over the course of three sessions allows you sufficient time to understand the concepts and to practice skills in between sessions. Limiting the workshop to three weeks allows you to find time in your busy schedule to learn the information taught in this workshop.

What if I need more than three weeks to learn the model?
You are not alone. Many people with diagnosable eating disorders and eating disordered behaviors will require additional treatment. The skills taught in Nourish can be challenging and take time to build. Feel free to complete this workshop more than once. If you need more resources, we encourage you to follow-up with your referring clinician.

What if I don’t feel comfortable in groups?
Many people feel anxious about the idea of participating in a group. Nourish is structured to be curriculum-driven, like a class. Sharing some of your reactions to the exercises and topics allows all the participants to learn and support one another. However, you are not required to speak at all during group if you do not feel comfortable doing so. You can still benefit from the information presented. The Nourish facilitators respect each participant’s right to share only what they are comfortable sharing and never require you to share sensitive or potentially embarrassing information about yourself.

What if I have problems describing my eating disorder or disordered eating concerns?
Nourish can be particularly helpful in building insight about your ED behaviors or disordered eating. Nourish is designed to help you begin treatment regardless of what is causing your concerns.

**What if my eating disorder is the result of a biochemical irregularity?**
Even with an identified psychiatric condition that has a biological basis, an approach that focuses on building skills to manage symptoms can be helpful. Plus, research suggests that various psychotherapies change the brain in positive ways, even where there is a biochemical irregularity.

**What if I have an urgent need to see a counselor during Nourish?**
Simply let the workshop facilitator or Counseling Services’ front desk staff know, and they will facilitate you getting the help you need.
IN SESSION WORKSHEETS
SESSION 1:
EATING DISORDER
BENEFITS AND COSTS
Eating Disorders Statistics

#1 Killer
Eating disorders have the highest mortality rate of any mental illness

ONE PER HOUR
Nearly one person dies from an eating disorder every 60 minutes

18 TO 25
The majority of eating disorders begin between 18 and 25

OVER 70%
will not seek treatment due to stigma, misperceptions, lack of education, diagnosis and access to care

50 - 80%
Percentage of risk factors for eating disorders that are genetic and heritable

13%
of women over the age of 50 have eating disorder symptoms

EATING DISORDERS DON’T JUST IMPACT WOMEN
ONE IN FOUR
Approximate number of men in the U.S. who will face an eating disorder in his lifetime

25%
of children have dieted by age 7

EATING DISORDERS DON’T DISCRIMINATE
They can affect people of any age, race, gender or sexual orientation

Most sufferers are NOT UNDERWEIGHT

AVERAGE AGE OF ONSET FOR BINGE EATING DISORDER IS 25
But most people are prescribed dieting for years (even decades) before being diagnosed

Binge eating disorder affects approximately 2.4 X the number of people with anorexia and bulimia combined

BINGE EATING IN POST BARIATRIC SURGERY PATIENTS IS AS HIGH AS 25%

There is hope for recovery.
Eating Recovery Center – the only national health care system dedicated to the treatment of serious eating and related disorders at any stage of the illness – is committed to providing innovative approaches to improve patient outcomes and facilitate lasting recoveries.

To learn more, visit www.eatingrecovery.com or call 877-825-8584 for a free, confidential assessment by a master’s-level clinician.

There is hope for recovery.
Eating Disorders Risk Factors

Instructions: Check off all of the risk factors that apply to you, even if you do not think this particular risk factor contributed to your eating disorder. If there are factors that you believe contributed to your eating disorder that are not included here, you can add them in “Additional Risk Factors” at the end of the list.

<table>
<thead>
<tr>
<th>Biological Risk Factors</th>
<th>Other Risk Factors</th>
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<td>___ Female-identified individuals</td>
<td>___ History of dieting</td>
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<td>___ Early sexual maturation (for females)</td>
<td>___ Major life transition</td>
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<td>___ Age (12-35 years)</td>
<td>___ History of bullying/teasing</td>
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<td>___ Transgender</td>
<td>___ History of physical abuse</td>
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<tr>
<td><strong>Psychological Risk Factors</strong></td>
<td>___ History of emotional abuse</td>
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<tr>
<td>___ Perfectionism</td>
<td>___ History of sexual abuse, assault, or objectification</td>
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<td>___ Anxiety disorder</td>
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<td>___ Obsessive-compulsive disorder (OCD)</td>
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<td>___ Depressive disorder</td>
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<td>___ Low self-esteem</td>
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<td>___ Achievement-oriented</td>
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<td>___ Body image dissatisfaction</td>
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<td>___ Behavioral rigidity/inflexibility</td>
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<tr>
<th>Familial Risk Factors</th>
<th>Additional Risk Factors</th>
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<tr>
<td>___ Biological relative with eating disorder history</td>
<td>___ Other:____________________________</td>
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<tr>
<td>___ Focus on body weight/shape by family members</td>
<td>___ Other:____________________________</td>
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<th>Cultural Risk Factors</th>
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<td>___ Exposure to thin ideal</td>
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<td>___ Exposure to mass media</td>
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<tr>
<td>___ Current or past engagement in activity where body weight/shape is emphasized (e.g., dance, wrestling, fashion, cross-country, gymnastics, etc.)</td>
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Benefits of Your Eating Disorder

Instructions: Check off any of the following roles that your eating disorder serves in your life:

- Helps cope with negative thoughts and feelings (depression, anxiety, etc.)
- Relieves or manages stress
- Protects your self-esteem
- Controls your weight
- Suppresses traumatic memories
- Helps you feel in control
- Helps you hold the family together
- Gives comfort
- Helps you receive attention from family members and/or friends
- Gives you a unique identity
- Gives you time for yourself
- Relieves boredom
- Helps you deal with anger by channeling emotion inward
- Allows you to procrastinate on overwhelming tasks
- It feels familiar (companion, habit)
- Helps you strive for perfection
- Focuses and distracts you from more difficult issues
- Acts as an excuse for failed expectations
- Gives you discipline or punishment (“I don't deserve to eat”)
- Gives you momentary freedom (play, escape, high, “temporary amnesia”)
- Numbs your emotions
- Buffers your relationships (removes emotion)
- Purging allows you a perception of normalcy – allows for “normal eating”
- Acts as an excuse for escape from daily stress
- Helps you fit ideal of society
- Gives you a sense of accomplishment
- Other: ________________________________
- Other: ________________________________
- Other: ________________________________
- Other: ________________________________

Costs of Your Eating Disorder

Instructions: List all costs associated with your eating disorder, even if they seem minor.

Physical Costs:  
(Examples: fatigue, stomach pain, etc.)
___________________________________
___________________________________
___________________________________

Psychological Costs:  
(Examples: depression, mood swings, etc.)
___________________________________
___________________________________
___________________________________

Familial Costs:  
(Examples: arguments with family members, unable to attend family gatherings, etc.)
___________________________________
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Academic Costs:  
(Examples: difficulty focusing, missing class, etc.)
___________________________________
___________________________________
___________________________________

Social Costs:  
(Examples: not being able to attend social events with food, concern of friends, etc.)
___________________________________
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Other Costs:  
___________________________________
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### Decisional Balance Worksheet

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<tr>
<th>Decision</th>
<th>Short-term Costs</th>
<th>Long-term Costs</th>
<th>Short-term Benefits</th>
<th>Long-term Benefits</th>
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<tr>
<td>Continuing with eating disorder</td>
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<td>Working toward recovery</td>
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Based on the above description of the stages of change, which stage do you think you currently fall into? Explain how you fit this stage. If applicable, discuss how you move back and forth between the different stages.

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Homework Assignment

1. Write a letter to ED.
2. Maintain a food log for at least 3 days (does not need to be consecutive).
3. Discuss Eating Disorders Diagnoses Self-Assessment with your individual clinician (if you have not already done so).
Letter to ED

Instructions: Write a letter directly to ED. Begin your letter by addressing “Dear Ed.” Things you may want to include in your letter are why ED entered your life at a particular time, what made you vulnerable to ED’s influence, how ED helped you through difficult times, why you are starting to doubt ED’s benefit to you, how ED has harmed you, and what relationship you ultimately want to have with ED.

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**Daily Food Log**

Instructions: Keep a food log for at least 3 days. There are extra charts in case you want to record more days. Record the time of day that you eat, all of the food and liquid you consume at this time (do not include water unless you are specifically drinking water to feel full or to avoid eating), the location where you eat and the people present, and whether you had an urge (U) or actually acted (A) on restricting, binging, purging, or exercise. Lastly, record any thoughts of feelings that came up at these times.

Date:

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<thead>
<tr>
<th>Time</th>
<th>Food and Liquid Consumed</th>
<th>Location and People Present</th>
<th>Restrict U=Urge A=Acted</th>
<th>Binge U=Urge A=Acted</th>
<th>Vomit or Laxative U=Urge A=Acted</th>
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# The Overcoming Bulimia Workbook

**by McCabe, McFarlane & Olmsted. © 2003. New Harbinger Publications.**

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SESSION 2:
FOOD IS THE MEDICINE
**Reviewing Your Food Logs**

Instructions: Take some time to review the three days of food logs that you recorded. Answer the following questions in the space provided.

What patterns do you notice?

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What do you notice about the connections between your eating, your thoughts, your feelings, and your behaviors?

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What are the common triggers?

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What times in the day or days of the week are your symptoms more likely to occur?

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Signs and Symptoms of Malnutrition

Instructions: Put a mark next to the ones you have experienced.

Weight loss/gain/fluctuations (>5 lb. change)  Low sex drive
Cold intolerance  Stress fractures in bones
Weakness  Infertility
Fatigue or lethargy  Seizures
Dizziness  Fine hair growth on body/face
Fainting  Hair loss
Hot flashes, sweating episodes  Yellowish skin
Chest pain  Depressive symptoms
Heart palpitations  Anxiety symptoms
Oral lacerations  Self-harm
Dental erosion or cavities  Suicidal thoughts/plans
Salivary glad enlargement  Insomnia
Low blood pressure  Memory loss
Abdominal discomfort/bloating  Poor concentration
Shortness of breath  Dry/brittle hair
Swelling  Feeling full early/easily
Reflux  Blood in vomit
Hemorrhoids  Constipation
Absent or irregular menses
Restrict/Binge/Purge Cycle

Restriction of food intake: e.g., I didn’t eat until 4 PM

Compensation for binge: I felt terrible after the binge, so I decided to exercise for three hours and skip breakfast in the morning

Overwhelming hunger: I tried to ignore hunger sensations for most of the day. Eventually, the sensations grew too strong.

Binging on food: I felt out of control while eating and ate a much larger amount of food than I wanted

Famine Response

Shame, relief, resolve

Anticipation

Shame, discomfort, sleepiness

Anxiety, anger, frustration
Restrict/Binge/Purge Cycle Personal Example

Instructions: Please give an example of when this cycle happened to you recently. Write down details for each part of the cycle in the boxes given. Also, write the associated emotions you felt next to the arrows. Refer back to the example model if needed. If you need some help identifying emotions, you can reference the Feelings Wheel on the next page.
Bad and Good Food Beliefs

List some foods that your mind tells you are BAD:
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Where did these beliefs come from? How were they created?
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List some foods that your mind tells you are GOOD:
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___________________________________________________________________________________________________________
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Where did these beliefs come from? How were they created?
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Nourishing Eating Cycle

- Hunger
  - Anticipation
  - Satisfaction
- Procure Food
  - Relief
- Eat
  - Pleasure
- Stop when Full
  -
Self-Compassion Exercise

What would you say to a friend going through a similar struggle? What would your tone be with this person?

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Now think about how you typically talk to yourself around similar struggles? What do you say and do? What is your tone?

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Now talk back to that critical voice. Practice talking to your struggling self in the same compassionate way you would with a friend. What would be a compassionate statement to say to yourself that could help you in a time of struggle?

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Homework Assignment

1. Keep a daily log of your food intake. Blank food logs are provided in your workbook starting on page 39. Also, feel free to use the Recovery Record app.

2. Elaborate on at least one restrict/binge/purge cycle on page 43. We gave you a couple extra copies in case you want to do more.

3. Continue to practice self-compassion. To help you practice, we have included a self-compassion exercise on page 46.
Daily Food Log

Instructions: Keep a food log for at least 3 days. There are extra charts in case you want to record more days. Record the time of day that you eat, all of the food and liquid you consume at this time (do not include water unless you are specifically drinking water to feel full or to avoid eating), the location where you eat and the people present, and whether you had an urge (U) or actually acted (A) on restricting, binging, purging, or exercise. Lastly, record any thoughts of feelings that came up at these times.

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Restrict/Binge/Purge Cycle Blank

Restriction of food intake:

Compensation for binge:

Famine Response

Overwhelming hunger:

Binging on food:
Restrict/Binge/Purge Cycle Blank

Restriction of food intake:

Compensation for binge:

Famine Response

Overwhelming hunger:

Binging on food:
Restrict/Binge/Purge Cycle Blank

Restriction of food intake:

Compensation for binge:

Overwhelming hunger:

Famine Response

Binging on food:
Self-Compassion Exercise

Self-Compassion Break

Another good exercise to help you improve your understanding and love for yourself is the Self-Compassion Break. It will only take a few minutes, but it can make a big difference.

To begin, bring to mind a situation in your life that is causing you stress or pain. Think about this situation and how it makes you feel, both emotionally and physically.

When you have this situation in mind and get in touch with the feelings associated with it, say the following things to yourself:

- “This is a moment of suffering.”
  This will activate mindfulness; other options include “This hurts,” “This is stress,” and, simply, “Ouch.”

- “Suffering is a part of life.”
  Saying this helps you realize that you have this in common with all other human beings on the planet – suffering is an unavoidable part of life. You can follow this up by putting your hands over your heart or using whatever soothing self-touch feels right to you. Other options include “Other people feel this way,” “I’m not alone,” or “We all struggle in our lives.”

- “May I be kind to myself.”
  Alternatively, you can use other phrases that may apply better in your current situation, such as “May I forgive myself” or “May I be patient.”

Great relief can come from simply affirming that you are experiencing suffering, a difficult but natural part of life, and stating your intention to be kind, patient, or accepting of yourself.

Taken from positive psychology.com
SESSION 3:
DISAGREE AND DISOBEY
Review of Last Week’s Homework

What did you notice from using a food log and tracking a restrict-binge-purge cycle?

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What self-compassionate statements did you try and how was it?

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**Hunger Scale**

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<th>Fullness</th>
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1. Extremely hungry, lightheaded, headache, no energy.
2. Still overly hungry, irritable, stomach growling, constant thoughts of food.
3. Hungry for a meal, sensing hunger, thinking about food and what would be good to eat.
4. A little bit hungry, a snack would do, or making plans for eating pretty soon.
5. Neutral: don’t feel hungry or full.
6. A little bit full, not quite satisfied, have not eaten enough.
7. Satisfied and comfortably full, could get up and take a walk.
8. A little too full, happens sometimes, wait until hungry again to eat, but not too long.
9. Overly full, uncomfortable, like what happens on holidays, try to learn from this.
10. Extremely full, painful, likely after an episode of emotional eating or binge eating. Very physically and emotionally distressing.

1. What numbers do you tend to experience? How hungry do you get? How full?

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2. What numbers do you think would be ideal to both start eating_____ and stop eating____? Why do you think these numbers are ideal?

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Conscious Eating Guidelines

1. Be conscious of your hunger. Eat when moderately hungry; don’t wait until you are famished.

2. Eat regularly. Do not skip meals, and if possible, don’t go over four hours without eating.

3. Allow yourself to eat all foods (unless you are allergic or have some other serious health issue).

4. Eat what you want, while also being conscious of how foods make you feel, what you have already eaten, and relevant health issues (for example, candy may not be a good conscious choice if you have diabetes or if you haven’t eaten any protein all day).

5. All calories are equivalent when it comes to weight (that is, a calorie is a calorie).

6. For meals, eat a balance of protein, fat, and carbohydrates. Your body needs all of these to function properly and efficiently. Deprivation of foods or nutrients leads to physical and psychological problems and can actually trigger eating disorder behaviors.

7. Stay conscious of your fullness and your satisfaction. You can eat a lot and not be satisfied. Texture and taste of food is important for satisfaction and eating enough is important so your body registers the experience of being comfortably full. The goal is to feel full and satisfied, but not uncomfortable in any way.

8. If you do overeat (which is normal to do sometimes), reassure yourself that your body can handle the excess food if you simply get back on track. It is OK to wait until you are hungry before eating again, but don’t wait too long.

9. Enjoy food and the pleasure of eating. At times, enhance your eating and dining, using candles, nice dishes and flowers on the table.

10. Make conscious choices to avoid foods that make you physically feel bad after eating them.

From “8 Keys to Recovery From an Eating Disorder” by Carolyn Costin and Gwen Schubert Grabb.
Signs that You’re Ready to Try Intuitive Eating

- You have been following your meal plan successfully.
- Your medical provider is not concerned about your physical health.
- In therapy you are recognizing that you are less invested in your eating disorder.
- You have high motivation to limit/eliminate disordered eating behaviors.
- You’re able to recognize eating disorder thoughts and not act on them.
- Additional signs:

“Intuitive eating is the practice of letting your body guide you in choosing what, when, and how much to eat. Eating intuitively means sensing the signals from your body to tell you what you need, and trusting yourself to make decisions that will nourish your unique body. Rather than relying on external messages to tell you what foods are “good” or “bad,” you take time to ask yourself what foods your body wants in the moment, and do your best to give it what it asks for, no matter how the food is labeled by others”

Triggers for My ED Behaviors

What situations trigger me to engage in ED behaviors?
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What thoughts trigger me to engage in ED behaviors?
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What feelings/emotions trigger me?
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What people in my life trigger me?
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Externalizing ED

(Exercise continued on next page)

If you imagine your ED in your mind, what does ED look like (physical characteristics, human or non-human, etc.)?

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What does ED sound like (tone, volume, high or low-pitched voice)?

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Does ED sound or look like someone or a combination of people from your real life? If so, who and why do you think this might be?

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What kinds of things does ED say to you?

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Is ED with you all the time or are there times when you are free from ED?

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## Disagree and Disobey

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<th>Things Ed tells me:</th>
<th>What I can say to disagree:</th>
<th>What I can do to disobey:</th>
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Personalized Action Plan

My current level in “The Stages of Behavioral Change” model (page 17 in workbook) is ___________ because:

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My reasons for wanting treatment and recovery are (think of costs of your eating disorder, page 15):

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Things that trigger me to engage in eating disorder behaviors are (these can be emotions, situations, and/or thoughts, page 52):

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Coping skills I can use rather than engaging in eating disorder behaviors are (page 58 has a list of coping skills for a reference if needed):

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Things I can say to disagree with ED are (page 55):

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Things I can do to disobey ED are (page 55):

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Self-compassionate statements I can say to myself when I’m struggling are (page 48):

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My treatment team and support system moving forward are (name specific people in your life or people you want to find, such as a therapist, registered dietitian, and medical provider, support/therapy group, and family/friends):

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I will continue monitoring my food intake by doing the following (using smartphone eating disorder recovery app such as Recovery Record, use paper and pen/pencil, etc.):

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Coping Skills

Externalize ED
Disagree with ED
Disobey ED
Practice self-compassion
Listen to music
Take a relaxing bath
Draw
Go for a walk
Notice what I see around me
Listen to the sounds I hear around me
Engage in a hobby
Clean/organize
Write in journal
Label my feelings
Use a fidget spinner
Squeeze a stress ball
Make a scrapbook
Nature-watch
Interact with animals
Watch TV
Read a book
Do a crossword puzzle

Go for a drive
Call a crisis line
Do volunteer work
Burn incense
Be with friends
Practice deep breathing
Pray/meditate
Play an instrument
Hug/squeeze a pillow
Sit at the beach/watch waves
Drink hot tea
Get a massage
Listen to a visualization tape
Hug someone you care about
Smell a flower
Do some chores
Work on creative project
Plan next adventure
Look at beautiful nature pictures online
Star-gaze
Put on comfy, soft clothes
Eating Disorders Diagnostic Criteria

Anorexia Nervosa
___ A: Restriction of energy intake leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. (See Severity, below, to determine if individual meets criteria for significantly low body weight.)
___ B: Intense fear of gaining weight or becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.
___ C: Disturbance in the way in which one’s body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

Severity (BMI calculators can be founded online):
___ Mild: BMI > 17 kg/m2
___ Moderate: BMI 16-16.99 kg/m2
___ Severe: BMI 15-15.99 kg/m2
___ Extreme: BMI < 15 kg/m2

Bulimia Nervosa
___ A: Recurrent episodes of binge eating. An episode of binge eating is characterized by BOTH of the following:
___ Eating in a discrete amount of time (ex: within a 2 hour period) an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances.
___ A sense of lack of control over eating during an episode.
___ B: Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.
___ C: The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for three months.
___ D: Self-evaluation is unduly influenced by body shape and weight.

Severity:
___ Mild: An average of 1-3 episodes of inappropriate compensatory behaviors per week
___ Moderate: An average of 4-7 episodes of inappropriate compensatory behaviors per week
___ Severe: An average of 8-13 episodes of inappropriate compensatory behaviors per week
___ Extreme: An average of 14 or more episodes of inappropriate compensatory behaviors per week

Binge Eating Disorder
___ A: Recurrent episodes of binge eating. An episode of binge eating is characterized by BOTH of the following:
___ Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances.
___ A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).
___ B: The binge-eating episodes are associated with three (or more) of the following:
___ Eating much more rapidly than normal.
___ Eating until feeling uncomfortably full.
___ Eating large amounts of food when not feeling physically hungry.
___ Eating alone because of feeling embarrassed by how much one is eating.
___ Feeling disgusted with oneself, depressed, or very guilty afterward.
___ C: Marked distress regarding binge eating.
___ D: The binge eating occurs, on average, at least once a week for 3 months.
___ E: The binge eating is not associated with the recurrent use of inappropriate compensatory behavior as in bulimia nervosa.

Severity:
___ Mild: 1-3 binge-eating episodes per week
___ Moderate: 4-7 binge-eating episodes per week
___ Severe: 8-13 binge-eating episodes per week
___ Extreme: 14 or more binge-eating episodes per week
Other Specified Eating Disorders

Note: This category applies when symptoms characteristic of an eating disorder that cause clinically significant distress predominate, but do not meet the full criteria for any of the disorders in the eating disorders diagnostic class.

___ Atypical anorexia nervosa: All of the criteria for anorexia nervosa are met, except that despite significant weight loss, the individual’s weight is within or above the normal range.

___ Bulimia nervosa (of low frequency and/or limited duration): All of the criteria for bulimia nervosa are met, except that the binge eating and inappropriate compensatory behaviors occur, on average, less than once per week and/or for less than 3 months.

___ Binge-eating disorder (of low frequency and/or limited duration): All of the criteria for binge-eating disorder are met, except the binge eating occurs, on average, less than once per week and/or for less than 3 months.

___ Purging Disorder: Recurrent purging behavior to influence weight or shape (e.g., self-induced vomiting, misuse of laxatives, diuretics, or other medications) in the absence of binge eating.

Unspecified Feeding/Eating Disorder:

___ This category applies when characteristics of an eating disorder cause clinically significant distress, but do not meet the full criteria for any of the disorders in the eating disorders diagnostic class.

Important Facts about Eating Disorders

- All eating disorders are serious disorders with life-threatening physical and psychological complications.
- Eating disorders do not discriminate. They can affect individuals of all ages, genders, ethnicities, and socioeconomic backgrounds, and with a variety of body shapes, weights, and sizes.
- Weight is not the only clinical marker of an ED. People who are at low, normal or high weights can have an ED and individuals at any weight may be malnourished and/or engaging in unhealthy weight control practices.
- Individuals with an ED may not recognize the seriousness of their illness and/or may be ambivalent about changing their eating or other behaviors.
- All EDs can be associated with serious medical complications affecting every organ system of the body.
- The medical consequences of EDs can go unrecognized, even by an experienced clinician.

Medical Complications of Malnutrition

GENERAL:
- Marked weight loss, gain, fluctuations or unexplained change in growth curve or BMI percentiles in a child or adolescent who is still growing and developing
- Cold intolerance
- Weakness
- Fatigue or lethargy
- Presyncope (dizziness)
- Syncope (fainting)
- Hot flashes, sweating episodes

ORAL AND DENTAL:
- Oral trauma/lacerations
- Perimyolysis (dental erosion on posterior tooth surfaces) and dental caries (cavities)
- Parotid gland enlargement

CARDIORESPIRATORY:
- Chest pain
- Heart palpitations
- Orthostatic tachycardia/hypotension (low blood pressure)
- Dyspnea (shortness of breath)
- Edema (swelling)

GASTROINTESTINAL:
- Epigastric discomfort
- Abdominal bloating
- Early satiety (fullness)
- Gastroesophageal reflux (heartburn)
- Hematemesis (blood in vomit)
- Hemorrhoids and rectal prolapse
- Constipation

ENDOCRINE
- Amenorrhea or oligomenorrhea (absent or irregular menses)
- Loss of libido
- Stress fractures due to low bone mineral density/osteoporosis
- Infertility

NEUROPSYCHIATRIC
- Depressive/Anxious/Obsessive/Compulsive symptoms and behaviors
- Memory loss
- Poor concentration
- Insomnia

- Self-harm
- Suicidal thoughts, plans or attempts
- Seizures

DERMATOLOGIC
- Lanugo hair
- Hair loss
- Carotenoderma (yellowish discoloration of skin)
- Russell's sign (Calluses or scars on the back of the hand)
- Poor wound healing
- Dry brittle hair and nails

Criteria for Medical Hospitalization

CRITERIA FOR HOSPITALIZATION
FOR ACUTE MEDICAL STABILIZATION

PRESENCE OF ONE OR MORE OF THE FOLLOWING:
1. ≤ 75% median BMI for age, sex, and height
2. Hypoglycemia
3. Electrolyte disturbance (hypokalemia, hyponatremia, hypophosphatemia and/or metabolic acidosis or alkalosis)
4. ECG abnormalities (e.g., prolonged QTc > 450, bradycardia, other arrhythmias)
5. Hemodynamic instability
   — Bradycardia
   — Hypotension
   — Hypothermia
6. Orthostasis
7. Acute medical complications of malnutrition (e.g., syncope, seizures, cardiac failure, pancreatitis, etc.)
8. Comorbid psychiatric or medical condition that prohibits or limits appropriate outpatient treatment (e.g., severe depression, suicidal ideation, obsessive compulsive disorder, type 1 diabetes mellitus)
9. Uncertainty of the diagnosis of an ED

OTHER CONSIDERATIONS REGARDING HOSPITALIZATION:
1. Failure of outpatient treatment
2. Uncontrollable binging and/or purging by any means
3. Inadequate social support and/or follow up medical or psychiatric care

Psychological Levels of Care for Eating Disorders

Individual Psychotherapy at Cal Poly
Counseling Services at Cal Poly is an outpatient center that focuses on short-term counseling and is not a specialized eating disorder clinic. Typically, we see students individually once every 1-3 weeks, if we recommend individual counseling at all. If your symptoms are more severe, we may recommend that you consider a higher level of care. Depending on your level of severity, this recommendation could range from seeing an off-campus psychotherapist in the community to medical hospitalization.

Individual Psychotherapy with a Community Provider
If you and/or your Counseling Services provider determine that outpatient services are appropriate for you, but that you need to be seen no less than once per week, we will recommend that you begin treatment with an off-campus provider, as these clinicians are usually able to see clients on a more frequent or consistent basis. Additional information about how to locate an off-campus provider can be found here: https://hcs.calpoly.edu/content/counseling/community-referrals

Intensive Outpatient Treatment (IOP)
This usually involves receiving treatment from a specialty eating disorder clinic several hours per week. Meeting 3 hours per day, 3-5 days per week is fairly typical. Treatment may involve a combination of individual and group therapy, as well as medication consultations. Clients can often continue to engage in school or work on a full-time or part-time basis.

Partial Hospitalization Program (PHP)
These programs involve receiving treatment from a specialty eating disorder clinic several hours per day (6 hours is typical), usually 5 days per week. Treatment may involve a combination of individual and group therapy, as well as medication consultations. Clients may be able to continue to engage in school or work on a part-time basis.
Residential Hospitalization
This form of treatment provides 24-hour care from a specialty eating disorder clinic for clients who are medically stable, but need round-the-clock supervision of psychiatric condition. Clients live at the treatment facility.

Medical Hospitalization
This form of treatment is for clients who are not medically stable and require round-the-clock monitoring of their medical conditions. This is often provided in a typical hospital setting.