NourishED Research Foundation (NRFi)

Binge Eating Self-Help Workbook

A Stress, Neurobiology, CBT, Trauma (SNCT), Justice, Equity, Diversity, Inclusion, Stigmatization, Access, Marginalization, & Validation (JEDI-SAM)-Informed Approach to Balancing the Nervous System and Finding Therapeutic Healing Approaches in All Environments.

For Eating Disorders, For Everyone!

August 2024

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NourishED Research Foundation, Inc. (NRFi)
NOURISHING KNOWLEDGE, EMPOWERING HOPE

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NOURISHING KNOWLEDGE, EMPOWERING HOPE

Table of Contents

I. Introudction // Message From NRFi Founder, Director, & CEO Brenna Bray, PhD

Greetings!

NourishED Research Foundation (NRFi) is a 501(c)(3) nonprofit research organization that was founded in response to a variety of research lines that underscored:

i. The influence of issues related to social justice, equity, diversity, inclusion, stigmatization, access, marginalization, and validation (**JEDI-SAM**) in contributing to binge-type eating disorders (**BT-EDs**).

ii. The need for **patient-driven data** on eating disorder risk factors, experiences, and barriers to detection, diagnosis, treatment-seeking, and treatment access, especially in non-treatment-seeking populations and in marginalized populations that are historically overlooked and under-represented in research as well as clinically and socio-culturally.

iii. The need to facilitate **education, awareness, and de-stigmatization** around binge eating (BE) and binge eating disorder (BED), at the patient-, provider-, and systemic levels.

iv. The need for **peer-lead, community-based approaches** to research and outreach initiatives in BT-EDs and other JEDI-SAM issues.

v. The need for equal-access options for treatment and health self-efficacy that are:

    a. Free, low-cost, or donation based.

    b. Community-based/local and/or virtually accessible.

    c. Self-paced with scheduling flexibility.

    d. Socio-demographically sensitive, inclusive, and responsive, particularly to JEDI-SAM issues that often contribute to the development and maintenance of BT-EDs.

At NRFi, we use community-based research and outreach approaches to empower breakthroughs in the awareness, understanding, prevention, detection, diagnosis, treatment-seeking, treatment access, treatment outcomes, and lived experiences of individuals with eating disorders and other JEDI-SAM issues.

We achieve these aims through ongoing community-based outreach and research efforts that prioritize the narratives, lived experiences, barriers, and needs of individuals with eating disorders. We also prioritize equal-access options for treatment and health self-efficacy for eating disorders, for everyone.

As a startup 501(c)(3) nonprofit organization, NRFi relies on the support of our staff and group members, who generously volunteer their time and efforts. We are so grateful to have such an amazing team, and if you are reading this document, that team includes you.

THANK YOU!!

In Warmth & Gratitude,

Brenna Bray, PhD
Founder, Director, CEO, & Principal Investigator
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II. NRFi Mission, Motto, & Aims

1. NRFi Mission

NourishED Research Foundation (NRFi) is a 501(c)(3) nonprofit research foundation that uses research to empower breakthroughs in the awareness, understanding, prevention, detection, diagnosis, treatment-seeking, treatment access, treatment outcomes, and lived experiences of individuals with eating disorders and other issues related to social justice, equity, diversity, inclusion, stigmatization, access, marginalization, and validation (**JEDI-SAM**). We do this through ongoing community-based outreach and research efforts that prioritize the narratives, lived experiences, barriers, and needs of individuals with eating disorders. We also prioritize equal-access options for treatment and health self-efficacy for eating disorders, for everyone.

2. NRFi Motto

NourishED Research Foundation (NRFi): Nourishing Knowledge, Empowering Hope, for Eating Disorders, for Everyone!

3. NRFi Aims

At NourishED (NRFi), our overall aims are two-fold and align with our overall mission :

A. Community-Based Outreach Initiatives

Use **community-based outreach initiatives** to empower breakthroughs in the awareness, understanding, prevention, detection, diagnosis, treatment-seeking, treatment access, treatment outcomes, and lived experiences of individuals who experience eating disorders and other issues related to social justice, equity, diversity, inclusion, stigmatization, access, marginalization, and validation (**JEDI-SAM**).

B. Community-Based Research

Use **community-based research** to empower breakthroughs in the awareness, understanding, prevention, detection, diagnosis, treatment-seeking, treatment access, treatment outcomes, and lived experiences of individuals with eating disorders and other issues related to JEDI-SAM. We do this through ongoing community-based research efforts that prioritize the narratives, lived experiences, barriers, and needs of individuals with eating disorders and other issues of JEDI-SAM.

III. What is Binge Eating Disorder?

Brenna Bray, PhD

Binge eating disorder (BED) is an autonomous (independent) DSM-5 mental health diagnosis characterized by two-hour episodes of rapidly consuming objectively large amounts of food due to loss of control associated with feelings of distress, disgust, guilt, and shame, occurring at least once per week for at least three months (1). **It is "a real thing," and it is not an issue of being "fat," "lazy," or "lacking discipline."**

Diagnostic criteria for binge eating disorder are shown in Table 1 below and screening resources are available in Chapter 13.

BED is the most prevalent eating disorder globally, affecting nearly 3 million adults in the U.S. alone [1*]. Globally, approximately 4.5–31% of the population experiences BED at some point in their lifetime (that we know of)(2, 3). **If you are experiencing binge eating or binge eating disorder, you may feel like you are the only one who experiences this. You are not alone.**

BED is also associated with a complicated health sequelae that can include anxiety, depression, obesity, cardiovascular disease, diabetes, low self-esteem, and significantly impairs quality of life (2, 4-8).

The impacts of binge eating and BED are often minimized. Approximately 95% of folks who experience BED never receive a formal diagnosis and report feeling that they "should be able to fix or manage this on their own."

In reality, the impacts of BED on one's physical, mental, emotional, social, and spiritual health cannot be overstressed. If you experience binge eating or BED, you may be aware of this already.

We hope to validate your experience and the many hardships that may have brought you *to* binge eating or BED and that often accompany it. These hardships are not punishments that you "deserve." They are often complex impacts of a variety of environmental harms (as

addressed in chapter). They often require a full team of support and there is no shame in that.

Probably, there were external factors that prompted the development of your binge eating or BED, so it's reasonable to assume there may need to be external support factors to support your recovery and healing too.

Standard of care interventions for BED include psychological interventions (e.g., cognitive behavioral therapy (CBT), CBT-self-help, interpersonal therapy, and psychodynamic therapies), medications (antidepressants, anticonvulsants, and anti-obesity/weight loss medications), nutritional counseling, and behavioral weight loss (9).

A variety of additional evidence-based practices are also gaining increasing use in the context of BED, including family-based therapy and other psychodynamic therapies (FBT) (which do have some guideline support in the context of BED)(9, 10) as well as humanistic therapy,(10) dialectical behavioral therapy (DBT), and DBT guided self-help (11, 12).

Unfortunately, all of these interventions have low treatment success rates (38.3–43.6% (2, 4)), high recurrence rates (49–64% (2, 13)), high treatment dissatisfaction (14), and early discontinuation of care (14).

For example, CBT has a 50% success rate in fully alleviating BED symptoms [13,14]. Pharmacotherapy for BED is less effective than CBT and does not enhance the success of CBT in BED symptom alleviation [13,14]. For this reason, currently available pharmacotherapies are not recommended for treating BED [13] and novel treatment approaches are needed [15].

Moreover, studies find that 93.4–96.8% (15, 16) of individuals who meet DSM criteria for BED never receive a formal diagnosis, 67.3% do not perceive the need for formal treatment (15), and 56.4–86.8% never receive or pursue standard treatment (2, 15) due to a variety of possible reasons.

MORE FROM TX BARRIERS HERE. **If you are one of the 5% of folks with BE or BED who recognizes that you have an eating disorder and want to pursue treatment, there may be a variety of barriers that prevent treatment access and engagement. These can include factors**

related to time, costs, insurance coverage, geographic access, transportation, stigmatization, and shame (to name a few).

This educational textbook and workbook aim to provide you with a "starter pack" of resources that can support you on your journey until such time as you can identify and access the clinical support that feels good for you.

NOTE: Add legal text here. BED is a real thing. It often requires clinical support. This textbook and workbook is not intended to be used instead of clinical support. Rather, it is intended to complement clinical support and can also be integrated into clinical support.

IV. Stress & Trauma in BE & BED

Brenna Bray, PhD

Informational/Educational Component: Different forms of trauma (e.g., childhood trauma//adverse childhood experiences (ACEs), acute (one-time) trauma, chronic trauma, acute-on-chronic trauma, adverse life experiences (ALEs)); impacts of trauma on the brain and body (e.g., impacts on the glucocorticoid (cortisol) stress system in the body and brain); forms of trauma relative to binge eating disorder (e.g., ACEs, food insecurity or scarcity, especially in childhood, weight stigmatization, childhood bullying, cyberbullying, discrimination and stigmatization based on race, ethnicity, sex/gender identity and preferences).

1. Impacts of Stress & Trauma on the Body, Brain, & Behavior

Brain and body think "there is a bear near; we need to mobilize and run."

- **Adrenal secretion of cortisol** (stress hormone) throughout the body.
- **Activation of the sympathetic nervous system** ("fight, flight, or freeze").
- **Glucose secretion into the blood stream** (energy to run).
- **Vasoconstriction** (blood vessels and pupils get smaller), pushing blood into the muscles (preparation to run) and narrowing our field of vision (to help support single-minded focus on running away from the bear and avoid other distractions in our surroundings).
- **Hyperfocus.** "Now is not the time to notice the color of the leaves; now is the time to focus only on running away from the bear").
- **Inflammation.** The body's inflammatory system serves to prevent us from infection and other forms of death. If the body thinks we might be chased by a bear, it will turn on our inflammatory system, so that we can rapidly fight infection if the bear does in fact create an open wound, exposing our insides to the outside world).

- **Blood clotting.** Stress hormone induces release of blood clotting factor into the blood. If the body thinks we might be chased by a bear, the blood clotting factor can help prevent us from "bleeding out" (dying form blood loss) if we are in fact wounded.

- **Brain pathway crystallization.** "Now is not the time to try anything new that might not work, and that might result in falling, failing, and getting eaten by a bear," the brain and body say. "Now is the time to double down on small repetitive actions that you are comfortable and familiar with." And the brain enacts some specific "systems" to help that, including crystalizing the most-used pathways in the brain and shutting down the processes we might use to form new connections and pathways.

- **Memory engagement of environmental cues & hypersensitive responses** (brain thinks "we need to take an imprint a snapshot of the environment we were in when we first saw the bear, and always be on the alert for anything in our environment that is similar to the environment we were in when we saw the bear. If we detect any of those environmental factors (e.g., colors, patterns, sights, sounds, smells, feelings, changes in sensation/perception, etc.) we will activate a rapid alert fire-alarm system for immediate response so that we can remove ourselves from another potential bear attack immediately.

- **Desensitization & de-prioritization of non-vital functions**. When being chased by a bear, the brain and body don't care so much about how you are feeling. In fact, your feelings can be a liability (as can anything that might distract you from running away from the bear). Your emotional state doesn't matter. Your ability to reproduce doesn't matter. How you look on the outside and feel on the inside don't matter. It doesn't matter if you have to go to the bathroom. It doesn't matter if you're dehydrated. It doesn't matter if you're hungry or full. Your primary need is to escape the bear. So, to help you focus, your body really turns down (or off) the volume on all of the other functions and messages that your body might otherwise relay to your brain. Nothing matters to your brain and body except running away from that bear.

These days, the stressors we encounter in our daily lives generally do not actually require us to run away from a bear. However, our brain and body do not recognize that. The same response is often initiated and experienced, as we will address further below.

2. Forms of Stress and Trauma

There are a variety of different forms of stress and trauma that can initiative the stress response described above. Some of these are under-recognized. Here are a few:

- **Childhood trauma and adverse childhood experiences (ACEs)**. Description. Refer to ACES from Cory's book.
- **Acute (one-time) trauma**. Description.
- **Chronic trauma.** Description.
- **Acute-on-chronic trauma.** Description.
- **Adverse life experiences (ALEs).** Description.

3. Forms of Stress and Trauma that Can Contribute to- and Maintain BE & BED

Trauma (including "big T" and "little t" trauma) and aversity (hardship) often contributes to the development and maintenance of BE and BED when present.

VERBIAGE FROM BED IS SOCIAL JUSTICE ISSUE.

There is no finite list of the types and forms of trauma and adversity that can contribute to BE and BED development and maintenance.

Some of the more commonly cited forms of trauma and adversity that can contribute to BE & BED include:

- **Abuse.** Description.

- **Neglect.** Description.
- Copy/paste list from "BED is social justice issue".

There are also forms of trauma and adversity that are less recognized or more easily overlooked more broadly that often contribute to BE & BED when present. Some examples include:

- **Food Insecurity & Food Scarcity.** Description from "BED is a social justice issue".
- **Nutrition Scarcity.** Description from "BED is a social justice issue".
- **Economic Precarity (Low Income).** Description from "BED is a social justice issue".
- **Government Assistance Use (Yes, "Poor People" Can Have BED).** Description from "BED is a social justice issue".
- **Bullying** around body weight/shape/size and/or eating/exercise behaviors or patterns. This can come from siblings, peers, social media, stagnant images, overt and covert messages. Description from "BED is a social justice issue".
- **Bullying & Cyberbullying** for any reason. Description from "BED is a social justice issue".
- **Hyperawareness and hyperattention** from others around body weight/ shape/size and/or eating/exercise behaviors or patterns. This can come from parents, siblings, peers, peers' family members, friends, teachers, colleagues, social media, stagnant images, overt and covert messages – at any age and in any race, ethnicity, sex/gender identity and preference. Description from "BED is a social justice issue".
- **Weight stigmatization and discrimination.** Description from "BED is a social justice issue".

- **Stigmatization & Discrimination based on race, ethnicity, sex/gender identity or preference,** or any other form of "identity." Description from "BED is a social justice issue".

- **Exclusion.** Being excluded, at any age, in any way/shape/form. This can range from being left out of a group (e.g., at school or work), not invited to an event or meeting (e.g., a birthday party, social gathering, work lunch, or work meeting), intentionally left out of a conversation or communication, or any variety of actions or signals that you are "not remembered/forgotten," "not wanted," or "not included/don't belong." Description from "BED is a social justice issue".

- **Invalidation.** Description from "BED is a social justice issue".

- **Neglect.** Description from "BED is a social justice issue".

Read on to find out more about how these specific forms of hardship and adversity might impact you and your BE/BED.

V. Genetic & Epigenetic Factors that contribute to BE & BED

Brenna Bray, PhD

Intro here to “Nature vs. Nurture” (e.g., genetics vs. environment) with a new plot twist: “impacts of nurture on nature// epigenetics).

1. Genetics: “The Cookbook For You”

Genetics as cookbook analogy. The Cookbook with all the recipes for making your body and regulating its functions.

2. Epigenetics: Changes Made to the Family Cookbook Over the Years

Epigenetics: Environmental modifications that happen "upon the genome" (e.g., that are made to the cookbook) that can be passed down from generation to generation AND that can also be reversed) (e.g., if your grandmother makes any of the following changes to the cookbook, they will be handed down to your mother and you and your children etc. unless someone reverses them:

- **Crosses out a particular ingredient** (e.g., no salt).
- **Changes a measurement or ingredient in the recipe** (e.g., crosses out the amount of salt in a recipe and writes in a different amount with a pencil; crosses out “milk” in a recipe and writes “almond milk” instead**).**
- **Ear-tabs a particular recipe** so it becomes more likely to be used more frequently or over-used.

- **Accidentally gets some gum on page,** causing it to stick to the page next to it, rendering the recipe inaccessible unless someone takes the time to clean the gum away).

3. How epigenetics relates to BE & BED

(E.g., maternal neglect can result in dysregulated stress system that is handed down generationally; discrimination, persecution, and oppression based on race, ethnicity, sex/gender identity or preferences (e.g., if your ancestors were enslaved, persecuted, or victims of genocide (e.g., African slave trade, Native American genocide, enslavement, persecution, etc.; holocaust victims), that can result in epigenetic dysregulation of one's stress system that can - in theory - result in an inability to regulate one's emotions, enhanced stress dysfunction, enhanced physical inflammatory processes that can result in binge eating to cope); d) A message of hope: Epigenetics are not permanent. You may not be responsible for the epigenetic modifications you might have received, but you CAN reverse them and impact the genetic fabric (and cookbook) that you pass on to your children.

VI. Cognitive Behaivoral Therapy: "Gold Standard Intervention for BE & BED"

Angela Nauss, LMFT

1. What Is CBT & Why is it the "Gold Standard" for BED?

CBT Description here.

Reference: Fairburn's CBT for ED, CBT for BED, Guided Self-Help CBT. Resources for these and workbook. USE BED BOOK ALSO (Angela: I can help contribute to the specifics on CBT in BED; I also have a great overview book I can lend).

2. CBT Modules (Guessing?)

Text here.

3. CBT Worksheets (Guessing?)

Text here.

4. CBT Activities (Guessing?)

Text here.

5. CBT Resources (Guessing?)

Reference resources in End Chapters/supplementary material. Fairburn's CBT for ED, CBT for BED, Guided Self-Help CBT. Resources for these and workbook.

VII. Complementary, Integrative, & Alternative Health Interventions in BED

Brenna Bray, PhD

Angela Nauss, LMFT

Ellie Grey Ashton, MS, PhD Candidate (Co-Author)

What are they and why do they work? (CL: BB. Educational component: mostly c/p/adapt from "CIH in BED" publication and narrative.

Provide opportunities for "safe space container" that enables the nervous system to calm, stress system to turn "OFF," stress in the brain to reduce, signaling to the body "we are not being chased by a bear right now. It is OK. We can relax. It is safe to try new things. And I am safe too.")

1. Eye Movement Desensitization Reprocessing (EMDR)

Ellie Grey Ashton, MS, PhD Candidate (Co-Author)

Angela Nauss, LMFT

Educational component. What is it? How does it work? Exercises or referrals?

2. Yoga and Meditation

Brenna Bray, PhD

Melissa Lago, MS (Yoga Section; to be confirmed)

Jordan Quaglia, PhD (Meditation/Mindfulness section; to be confirmed)

Reina ??? (Yoga, to be confirmed)

Educational component. What is it? How does it work? Exercises or referrals?

3. Compassion & Self-Compassion

Brenna Bray, PhD

Sucandra (Alina) Gripass

Khanh-Nang Thich-Nu

Educational component. What is it? How does it work? Exercises or referrals?

4. Plant Medicines

Brenna Bray, PhD

Co-Author (TBD. Matthew Hicks?)

Educational component. What is it? How does it work? Exercises or referrals?

5. Herbs & Supplements: A Cautionary Tale

Brenna Bray, PhD

Educational component. From “CIH in BED.”

VIII. Trauma-Informed Therapy in BE & BED

Brenna Bray, PhD

Angela Nauss, LMFT

Ellie Grey Ashton, MS, PhD Candidate (Co-Author)

Intro.

1. What it Is & Why it Works

Brenna Bray, PhD

Angela Nauss, LMFT

Educational component. What is it? How does it work? Helping to let the stress system settle down.

2. Modules (Guessing?)

Angela Nauss, LMFT

Ellie Grey Ashton, MS, PhD Candidate (Co-Author)

Text here.

3. Exercises/Activities (Guessing?)

Angela Nauss, LMFT

Ellie Grey Ashton, MS, PhD Candidate (Co-Author)

Text here.

4. Worksheets (Guessing?)

Angela Nauss, LMFT

Ellie Grey Ashton, MS, PhD Candidate (Co-Author)

Text here.

5. Additional Resources

Angela Nauss, LMFT

Ellie Grey Ashton, MS, PhD Candidate (Co-Author)

References here and in final chapters.

IX. Social Justice, Equity, Diversity, Inclusion, Stigmatization, Access, Marginalization, & Validation (JEDI-SAM) in BED

Brenna Bray, PhD

Educational chapter on the JEDI-SAM factors that contribute to the development and maintenance of BE & BED (e.g., invalidating environments, ACEs, food insecurity or scarcity, especially in childhood, weight stigmatization & discrimination, childhood bullying, cyberbullying, discrimination and stigmatization based on race, ethnicity, sex/gender identity and preferences).

X. Social Justice, Therapy in BE & BED

Brenna Bray, PhD

Rivers Fleming, LPC, PhD (Confirmation Pending)

Seann Goodman, MS (Confirmation Pending)

Educational component: What is it? How might it work? Helping to recognize activating components of one's environment and how to navigate them therapeutically; module and exercises/worksheets; ideal if pulled from Naropa's JEDI-100 class).

1. What it Is & Why it Works

Brenna Bray, PhD

Rivers Fleming, LPC, PhD (Confirmation Pending)

Seann Goodman, MS (Confirmation Pending)

Educational component. What is it? How does it works? Helping to recognize and navigate activating environments.

2. Applications (Maybe?)

Brenna Bray, PhD

Rivers Fleming, LPC, PhD (Confirmation Pending)

Seann Goodman, MS (Confirmation Pending)

Maybe section on who might benefit from this intervention?

3. Modules (Guessing?)

Brenna Bray, PhD

Rivers Fleming, LPC, PhD (Confirmation Pending)

Seann Goodman, MS (Confirmation Pending)

Text here.

4. Exercises/Activities (Guessing?)

Brenna Bray, PhD

Rivers Fleming, LPC, PhD (Confirmation Pending)

Seann Goodman, MS (Confirmation Pending)

Text here.

5. Worksheets (Guessing?)

Brenna Bray, PhD

Rivers Fleming, LPC, PhD (Confirmation Pending)

Seann Goodman, MS (Confirmation Pending)

Text here.

6. Additional Resources

Brenna Bray, PhD

Rivers Fleming, LPC, PhD (Confirmation Pending)

Seann Goodman, MS (Confirmation Pending)

References here and in final chapters.

XI. Twelve-Step Interventions & Facilitation

Brenna Bray, PhD

David Wiss, MS, PhD, RDN

Boris Rodriguez, PhD

Naras Lapsys, PhD, MD(equivalent)

J. Scott Tonigan, PhD

Intro.

7. What it Is & Why it Works

Brenna Bray, PhD

Angela Nauss, LMFT

Can almost copy/paste Bray et al 2020 “OA: Overlooked Intervention for BED” here.

8. Modules (Maybe? If able to access TSF Modules from Tonigan)

Angela Nauss, LMFT

Ellie Grey Ashton, MS, PhD Candidate (Co-Author)

Text here.

9. Exercises/Activities (Maybe/Maybe Not?)

Brenna Bray, PhD

Text here. Maybe something simple like a flow sheet:

1) Go to 3 different types of meetings (OA-HOW, OA, Vision4You, OAPP) (Wks. 1-3).
2) Reach out to RD/RDN who can provide a meal plan that works with this approach.
3) Select 1 home meeting to attend weekly (Wks. 2-5). You don't have to do what they do or join the group. Just attend.
4) Collect contact info and start making calls (Wks. 2-5).
5) Identify a sponsor (Wks. 3-6).
6) High support from clinician/health coach in Wks. 1-10, discussing feelings, experiences, etc.
7) Commit to first 90 days (through step 3).
8) Address nutrition and meal plan.

10. Worksheets (Maybe/Maybe Not?)

Brenna Bray, PhD

Prob have to get permission from OA BUT could do a complementary worksheet for after an OA meeting. Something simple like:

A. Meeting Number

Did you get a sponsor (if meeting #1)?

B. Did you do a service

E.g., greeter, help set up chairs/coffee, volunteer for a reading, tool pitch, or pitch, help put away chairs, etc.?

C. Did you share?

E.g., Identify yourself as a newcomer?

Share your contact information and ask for support?

Take a 24-hour "Chip of Desire?"

Give a 3-minute "Positive Pitch?"

Other?

D. Did you write down contact info?

Did you write down names and phone numbers of people you can call during the week?

Did this include at least one "old timer" (e.g., >1 year of abstinence)?

Did this include at least one "newcomer" (e.g., someone newer than you, first 1-2 meetings?

Did this include someone "similar to where you are" in their program journey?

E. Did you hear someone share an experience that you could relate to?

If so, what?

F. Did someone share an experience that you could not relate to?

If so, what?

G. Did you hear something that can be helpful for you this week?

If so, what?

H. Did you hear something that can be helpful for you long-term?

If so, what?

I. Did you hear something that was hard for you to hear?

If so, what?

J. Did you experience anything that attracted or excited you?

E.g., experience, strength, hope, something that you made you think "yes, this might be for me" or "yes, I want this"?

If so, what?

K. Did you experience anything aversive

E.g., anything that made you think "this is not for me," or "I can't do this?" or "I can't go back" or "I need to leave NOW")?

If so, what?

L. How helpful would you rate your experience overall?

Scale of 1-10?

Why?

M. Are you glad that you went?

Scale of 1-10?

Why?

N. How do you feel about returning to another meeting?

Scale of 1-10?

Why?

O. How likely are you to return to another meeting?

Scale of 1-10?

Why?

11. Additional Resources

Brenna Bray PhD

From BB website www.brennabray.com.

Mention that OA resources, including sponsor/sponsee guidelines, we care list, etc. can be found on website

XII. .....

“Food Addiction”

Brenna Bray, PhD

Ashley Gearheardt, PhD

David Wiss, MS, RDN, PhD

Educational component: What is it? How might it work? Helping to recognize activating components of one's environment and how to navigate them therapeutically. PULL FROM “BED IS A SOCIAL JUSTICE ISSUE” pub.

8) Predatory Food Industry Practices & "Food Addiction" (CL: BB; Collaborators: (DAW)). Educational component: What is "Food Addiction" and what evidence is there? How can we identify if it is present (Yale Food Addiction Scale 2.0) and how might we navigate it?

1. What is “Food Addiction?”

Brenna Bray, PhD

Ashley Gearheardt, PhD

David Wiss, MS, RDN, PhD

Educational component. What is it? How does it works? Helping to recognize and navigate activating environments.

PULL FROM “BED IS A SOCIAL JUSTICE ISSUE” pub & Bray et al OA pub.

2. Is “Food Addiction” Real?

Brenna Bray, PhD

Ashley Gearheardt, PhD

David Wiss, MS, RDN, PhD

Educational component. What evidence is there? How can we identify if it is present (Yale Food Addiction Scale 2.0)?

3. How Can I Know If I Have "Food Addiction?"

Brenna Bray, PhD

Ashley Gearheardt, PhD

David Wiss, MS, RDN, PhD

Educational component. How can we identify if it is present (Yale Food Addiction Scale 2.0)? [Maybe this is same as above].

4. Predatory Food Practices & Environments

Brenna Bray, PhD

***

A. The Case of Tobacco Use

B. Big Tobacco Owns Big Food

i. PhD Addiction Neuroscientist Researchers on Staff

ii. Predatory Marketing Practices: Illegal in Tobacco Sector; Not in Food

- Warnings not required
- OK to Target Kids (Hook 'Em Young; Consumer/Addict for Life)
- Demographic Profiling

- Activating Marketing ("Cues up Craving")

C. Hyper-Reward Response (Above What The Brain Can Regulate)

D. Food Deserts, Nutrition Insecurity/Scarcity

E. Economic Factors (Junk Food is Cheap)

5. What Should I Do If I Have "Food Addiction?"

David Wiss, MS, RDN, PhD

Brenna Bray, PhD

Ashley Gearheardt, PhD

A. Abstinence Model/Approach vs. "All Foods Fit" Model

B. DFANG (Wiss et al)

6. Applications (Maybe?)

Brenna Bray, PhD

Maybe section on who might benefit from this intervention/perspective?

7. Modules (Maybe?)

David Wiss, MS, RDN, PhD

Brenna Bray, PhD

Ashley Gearheardt, PhD

Text here.

8. Exercises/Activities (Maybe? DEFANG?)

David Wiss, MS, RDN, PhD

Brenna Bray, PhD

Ashley Gearheardt, PhD

Text here.

9. Worksheets (MAYBE?)

David Wiss, MS, RDN, PhD

Brenna Bray, PhD

Ashley Gearheardt, PhD

Text here.

10. Additional Resources

David Wiss, MS, RDN, PhD

Brenna Bray, PhD

Ashley Gearheardt, PhD

References here and in final chapters. This will largely be YFAS 2.0 and DEFANG

XIII. Overweight & Obesity

Brenna Bray, PhD

***** (BB Co-Author in mind)**

Text here. Clinical Factors in BED publication.

XIV. Stigmatization & Invalidation

Brenna Bray, PhD

***** (BB Co-Author in mind)**

Text here. Clinical Factors in BED publication.

XV. Nutrition

David Wiss, RDN, MS, MPH, PhD

Heather Zwickey (nutrition & inflammation)

Brenna Bray, PhD

Text here. Clinical Factors in BED publication.

1. **DEFANG (Wiss)**
2. **Nutrition & Inflammation (Zwickey?)**

XVI. Movement & Exercise Trauma

Brenna Bray, PhD

*** (BB Co-Author in mind)

Text here. Clinical Factors in BED publication.

XVII. Free Screening Resources

Brenna Bray, PhD

Text here. From www.brennabray.com.

XVIII. .....Support Resources

Brenna Bray, PhD

Angela Nauss, LMFT

Text here.

Impartial sites (NourishED, obviously; NEDA, NEDRF, etc.)

Also Fairburn CBT GSF for BED.