Motivational Interviewing for Binge Eating Disorder

Stephanie E. Cassin, Ph.D., C.Psych.
Motivational Interviewing (MI)

- Developed in the field of addictions
- Based on the Stages of Change model
- A non-confrontational approach designed to examine and resolve ambivalence
Principles Underlying MI

- Express empathy
- Develop discrepancy
- Avoid argumentation
- Roll with resistance
- Support self-efficacy

"Me, ambivalent?...Well, yes and no..."
Study Rationale:

MI for Binge Eating Disorder (BED)

- Substantial symptom overlap between BED and the addictions for which MI was originally developed.
  - Cassin & von Ranson (2007); von Ranson & Cassin (2007)

- On average, MI is more effective in changing eating behaviours than in changing drug and alcohol use.
  - Burke et al. (2003)

- MI reduces the frequency of binge eating to a greater extent than compensatory behaviours.
  - Treasure et al. (1999)

- BED is a prevalent condition with few treatment options.
  - Grucza et al. (2007); Hudson et al. (2007)
Study Aims

- To develop a single session motivational interviewing protocol focused on binge eating.
- To test the efficacy of the motivational interviewing protocol in a sample of women with BED.
Phase I: Development of MI Protocol

- Discuss interest in study
  - Elicit self-motivational statements

- Explore ambivalence
  - Discuss “good” things and “not so good” things about binge eating

- Discuss life areas affected by binge eating
  - E.g., impact on physical health, mental health, finances, relationships
Phase I: Development of MI Protocol

- Discuss ‘Stages of Change’ Model
  - Brief assessment of client’s stage of change
- Complete decisional balance
  - Benefits and costs of staying the same versus changing
- Bolster self-efficacy
  - Past experiences in which the individual has shown mastery in the face of difficulties and challenges
Phase I: Development of MI Protocol

- Look to the future and explore values
  - Discrepancy between actual life and ideal life, future with and without binge eating
- Assess readiness and confidence for change
- Make a change
  - “If you were considering change, how would you go about making changes?”
Phase I: Development of MI Protocol

- Elicit ideas for behavioural alternatives to binge eating
- Complete “Plans for Change” worksheet
  - Change plan consisting of small, manageable steps (Treasure & Schmidt, 1997)
Phase 2: Efficacy of MI for BED

Participants
- 108 women
- Age 18 and over
- Diagnosis of BED
Recruitment Sources

- Television News
- Newspaper/Magazine
- Database
- Community Event
- Computer
- Radio
- Referred

% of Total Sample

0 10 20 30 40 50
Procedure

- Phone screen to determine eligibility
- In person appointment at university laboratory
  - Pre-intervention measures
  - Intervention
  - Post-intervention measures
- Follow-up assessments conducted by telephone
  - 1, 2, and 4 months
Intervention

Randomized to MI or control group:
- MI: ED assessment + handbook + MI session ($M = 82$ mins.) + letter
- Control: ED assessment + handbook
Demographics

- No differences between groups
- Mean age: 42.5 years ($SD = 12.7$)
- Ethnicity: 89% Caucasian
- Marital Status:
  - 45% Married/Cohabiting
  - 32% Single
  - 19% Separated/Divorced
- Education:
  - 57% completed college/university degree
  - 26% completed some college/university
Baseline ED Variables

- No differences between groups
- Mean BMI:
  - 33.2 kg/m² ($SD = 7.8$)
- Mean BED duration:
  - 15.1 years ($SD = 11.6$)
- Mean binge frequency:
  - 14.1 binges/month ($SD = 7.4$)
Change Ratings

Importance  Readiness  Confidence

(mi) MI (control) Control

Star indicates highest rating.
Self-Efficacy (WEL)

- Negative Emotions
- Food Availability
- Social Pressure
- Activities

Comparison between MI and Control groups.
Binge Frequency (per month)

Note. Significant group x time interaction (p = .001)
## Clinical Significance

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<thead>
<tr>
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<th>MI</th>
<th>Control</th>
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<tbody>
<tr>
<td>Binge Abstinence</td>
<td>27.8%</td>
<td>11.1%</td>
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<tr>
<td>No longer have BED</td>
<td>87.0%</td>
<td>57.4%</td>
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Body Mass Index (kg/m²)

Baseline Month 4

MI
Control

Note. Significant main effect of time ($p = .01$)
Depression (BDI)

Note. Significant group x time interaction ($p = .001$)
Self-Esteem (RSE)

Note. Lower scores = higher self-esteem

Note. Significant group x time interaction ($p = .003$)
Quality of Life (ESWLS)

Note. Significant group x time interaction ($p = .02$)
Satisfaction with Study

![Bar chart showing satisfaction levels for MI and Control groups.]

- **Not at All**
- **Somewhat**
- **Completely**

Legend:
- MI
- Control

The chart indicates higher satisfaction levels for the Control group compared to the MI group, with a notable response for Completely.
Discussion

- Self-help handbook alone improved binge eating, but the addition of one MI session significantly improved treatment outcome.
- Improvement extended to mood, self-esteem, and quality of life.
- It appears that the strength of MI lies primarily in its ability to enhance confidence for change and self-efficacy.
Funding Provided By

Social Sciences and Humanities Research Council of Canada
Conseil de recherches en sciences humaines du Canada

UNIVERSITY OF CALGARY

AMERICAN PSYCHOLOGICAL ASSOCIATION
Questions?