

PsyflixTR



SERTİFİKALI



PSİKOTERAPİ KURSLARI



BİREYSEL VE
KURUMSAL ÜYELİK İÇİN

kimpsikoloji.com

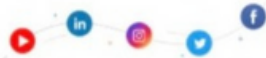


BİREYSEL VE
KURUMSAL ÜYELİK İÇİN

kimpsikoloji.com



Irvin Yalom önderliğinde organize edilen ve dünyaca ünlü terapistlerin ve terapi kuramı kurucularının, ekollerin en önemli temsilcilerinin psikoterapi seanslarını video olarak izlemek ve seans hakkındaki yorumlarını dinlemek ve bu kursları (American Psychological Association (APA) başta olmak üzere Social Workers (ASWB) New York State Social Workers (NYSED BSW) New York State Mental Health Practitioners (NYSED MHP) Certified Counselors (NBCC) Addiction Counselors (NAADAC) MFTs and LCSW (CA BBS) California Nurses (BRN) Canadian Counsellors kurumlarından CE (Continuing Education-Sürekli Eğitim) akreditasyonlu sertifikayla belgelendirmek isterseniz veritabanımıza bireysel veya kurumsal olarak erişmek için bizimle iletişime geçebilirsiniz.



@PsikoTerapiVideolari
psyflix.com.tr



kimpsikoloji.com
@kimpsikoloji



Akademi.KimPsikoloji.com

YAYINDA



SERTİFİKALI



PSİKOTERAPİ KURSLARI



BİREYSEL VE
KURUMSAL ÜYELİK İÇİN

kimpsikoloji.com



BİREYSEL VE
KURUMSAL ÜYELİK İÇİN

kimpsikoloji.com



Irvin Yalom önderliğinde organize edilen ve dünyaca ünlü terapistlerin ve terapi kuramı kurucularının, ekollerin en önemli temsilcilerinin psikoterapi seanslarını video olarak izlemek ve seans hakkındaki yorumlarını dinlemek ve bu kursları (American Psychological Association (APA) başta olmak üzere Social Workers (ASWB) New York State Social Workers (NYSED BSW) New York State Mental Health Practitioners (NYSED MHP) Certified Counselors (NBCC) Addiction Counselors (NAADAC) MFTs and LCSW (CA BBS) California Nurses (BRN) Canadian Counsellors kurumlarından CE (Continuing Education-Sürekli Eğitim) akreditasyonlu sertifikayla belgelendirmek isterseniz veritabanımıza bireysel veya kurumsal olarak erişmek için bizimle iletişime geçebilirsiniz.



@PsikoTerapiVideolari
akademi.kimpsikoloji.com



kimpsikoloji.com
@kimpsikoloji /kimpsikoloji



Instructor's Manual

for

COGNITIVE THERAPY FOR WEIGHT LOSS: A COACHING SESSION

with

JUDITH BECK, PHD

Manual by

Ali Miller, MFT and Erika L. Seid, MFT



The Instructor's Manual accompanies the DVD *Cognitive Therapy for Weight Loss: A Coaching Session with Judith Beck, PhD* (Institutional/Instructor's Version). Video available at www.psychotherapy.net.

Copyright © 2010, Psychotherapy.net, LLC. All rights reserved.

Published by Psychotherapy.net

150 Shoreline Highway, Building A, Suite 1

Mill Valley, CA 94941

Email: contact@psychotherapy.net

Phone: (800) 577-4762 (US & Canada)/(415) 332-3232

Teaching and Training: Instructors, training directors and facilitators using the Instructor's Manual for the DVD *Cognitive Therapy for Weight Loss: A Coaching Session with Judith Beck, PhD* may reproduce parts of this manual in paper form for teaching and training purposes only. Otherwise, the text of this publication may not be reproduced, stored in a retrieval system, or transmitted in any form or by any means—electronic, mechanical, photocopying, recording or otherwise—without the prior written permission of the publisher, Psychotherapy.net. The DVD *Cognitive Therapy for Weight Loss: A Coaching Session with Judith Beck, PhD* (Institutional/Instructor's Version) is licensed for group training and teaching purposes. Broadcasting or transmission of this video via satellite, Internet, video conferencing, streaming, distance learning courses or other means is prohibited without the prior written permission of the publisher.

Miller, Ali, MFT & Seid, Erika L., MFT

Instructor's Manual for Cognitive Therapy for Weight Loss: A Coaching Session with Judith Beck, PhD

Cover design by Julie Giles

Order Information and Continuing Education Credits:

For information on ordering and obtaining continuing education credits for this and other psychotherapy training videos, please visit us at www.psychotherapy.net or call 800-577-4762.

Instructor's Manual for

**COGNITIVE THERAPY FOR WEIGHT LOSS:
A COACHING SESSION WITH JUDITH
BECK, PHD**

Table of Contents

Tips for Making the Best Use of the DVD	4
Beck's Approach to Cognitive Therapy for Weight Loss	7
Reaction Paper Guide for Classrooms and Training	10
Related Websites, Videos and Further Readings	1
Discussion Questions	1
Session Transcript	1
Introduction	15
Session	15
Discussion	5
Video Credits	85
Earn Continuing Education Credits for Watching Videos	67
About the Contributors	68
More Psychotherapy.net Videos	69

Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS

Make notes in the video **Transcript** for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during and after the video.

2. FACILITATE DISCUSSION

Pause the video at different points to elicit viewers' observations and reactions to the concepts presented. The **Discussion Questions** provide ideas about key points that can stimulate rich discussions and learning.

3. LET IT FLOW

Consider playing the sessions all the way through at once, rather than hitting the pause button frequently, so viewers can appreciate the way they flow together. It is best to watch the video in its entirety since issues untouched in earlier parts often play out later. Encourage viewers to voice their opinions; no therapy is perfect! What are viewers' impressions of what works and does not work in the sessions? We learn as much from our mistakes as our successes; it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

4. SUGGEST READINGS TO ENRICH VIDEO MATERIAL

Assign readings from **Suggestions for Further Readings and Websites** prior to viewing. You can also schedule the video to coincide with other course or training materials on related topics.

5. ASSIGN A REACTION PAPER

See suggestions in **Reaction Paper** section.

6. CONDUCT BODY-ORIENTED EXERCISES

After watching the video and reviewing **Judith Beck's Approach to Cognitive Therapy for Weight Loss and Maintenance** in this manual, break participants into pairs and have them role-play a therapy session

following Beck's approach to dieting. Direct one person to start as the therapist and the other person as the client/dieter, and then invite participants to switch roles. "Clients" may discuss actual dieting issues in their own lives, or may role-play a friend, acquaintance or client of their own.

As a basic instruction, suggest to therapists that they actively lead the session, beginning with obtaining a brief diet history from the client, and as demonstrated on the video, have clients describe a "good day" and a "bad day" of dieting. Therapists should then guide clients through the process of making a list of all the reasons they have for losing weight, and talking about how they are going to follow through with the first skill: reading the list at least once per day. Encourage therapists to offer education, motivation, problem solving and encouragement throughout the session. Time permitting, have participants switch roles. If there is not enough time to cover all of this in two role-plays, one member of the dyad can be the therapist for the history taking, and then participants can switch roles to create the list of reasons for losing weight. .

After the role-plays, have the pairs come together to discuss their experiences. First, have the clients talk about what the session was like for them, and then have the therapists talk about their experiences with it. Finally, open up a general discussion of the strengths and the challenges in applying Beck's approach.

An alternative is to do this role-play in front of the whole group with one therapist and one client; the entire group can observe, acting as the advising team to the therapist. Before the end of the session, have the therapist take a break, get feedback from the observation team, and bring it back into the session with the client. Other observers might jump in if the therapist gets stuck. Follow up with a discussion on what participants learned about using Beck's Cognitive Therapy approach to dieting.

PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff than therapy

in practice. Therapists may feel put on the spot to offer a good demonstration, and clients can be self-conscious in front of a camera. Therapists often move more quickly than they would in everyday practice to demonstrate a particular technique. Despite these factors, therapists and clients on video can engage in a realistic session that conveys a wealth of information not contained in books or therapy transcripts: body language, tone of voice, facial expression, rhythm of the interaction, quality of the alliance—all aspects of the therapeutic relationship that are unique to an interpersonal encounter.

Psychotherapy is an intensely private matter. Unlike the training in other professions, students and practitioners rarely have an opportunity to see their mentors at work. But watching therapy on video is the next best thing.

One more note: The personal style of therapists is often as important as their techniques and theories. Therapists are usually drawn to approaches that mesh well with their own personality. Thus, while we can certainly pick up ideas from master therapists, students and trainees must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.

PRIVACY AND CONFIDENTIALITY

Because this video contains actual therapy sessions, please take care to protect the privacy and confidentiality of the client who has courageously shared her personal life with us.

Beck's Approach to Cognitive Therapy for Weight Loss and Maintenance

Barbara G. Boden, Director of the Beck Institute for Cognitive Therapy, developed an approach to dieting that incorporates Cognitive Therapy techniques to teach dieters how to change their thinking so that they not only lose weight, but finally have the tools to keep the weight off. The key components to her approach are: Education; Self-monitoring; Problem-solving; Accountability and support; Change in eating habits; Responding to sabotaging thoughts; Experiments to decrease fear and increase tolerance of hunger and cravings; and Maintenance.

EDUCATION

According to Dr. Beck, most people struggle with losing weight and keeping it off because no one ever taught them how to do it. In working with clients, Beck offers education about dieting, food, eating, and maintenance. She teaches clients how to alter their attitudes about eating and weight loss, as well as giving them concrete information about metabolism and other biologic processes. Beck builds on this educational foundation to help clients increase hope and maintain their motivation for weight management over time.

SELF-MONITORING

Beck encourages dieters to choose a nutritious diet program and to self-monitor with regard to their food intake, weight, and exercise. She encourages clients to follow their food plan, write down what they ate, and give themselves credit every time they stick to their plan.

PROBLEM-SOLVING

Beck helps clients anticipate and solve problems that would otherwise derail them, such as finding time and energy for dieting and exercising, and dealing with "food pushers," uncooperative family members, eating out, and eating while traveling. She also teaches clients skills to solve psychological problems related to dieting, such as feelings of overwhelm, deprivation, discouragement, and stress.

ACCOUNTABILITY AND SUPPORT

To help her clients stay motivated, build their self-confidence, solve problems, and be accountable, Beck encourages them to find a diet coach. Initially, this can be a role filled by the therapist, and later by a supportive, problem-solving-oriented friend or family member.

CHANGE IN EATING HABITS

Studies show that people eat less when they eat slowly, because the brain has time to register that they are full. Beck gives dieters specific tips for how to slow down while eating, such as paying attention to the body to look for signs of fullness. Emphasizing mindfulness, Beck teaches dieters to eat sitting down and to enjoy every bite so that they feel psychologically satisfied at the end of meals.

RESPONDING TO SABOTAGING THOUGHTS

Using standard cognitive therapy techniques, Beck teaches clients to become more aware of their thinking patterns and to respond successfully to sabotaging thoughts. She helps clients create response cards—index cards that contain compelling answers to their sabotaging thoughts—and encourages people to read these cards every morning and as needed. She also teaches clients how to get back on track the moment they make a mistake, by doing such things as acknowledging the slip, recommitting to the diet, giving oneself credit for stopping, and learning from the mistake.

EXPERIMENTS TO DECREASE FEAR AND INCREASE TOLERANCE OF HUNGER AND CRAVING

According to Beck, dieters often fear hunger and overeat to avoid feeling uncomfortable. She has clients experiment with deliberately postponing meals occasionally (health permitting) to prove to themselves that they can tolerate hunger and craving, to see that it is only mildly uncomfortable compared to other discomfort they have experienced in their lives, and that it actually comes and goes.

MAINTENANCE

Beck teaches clients skills to motivate themselves to adhere to a maintenance diet and exercise program for life, by continually

reminding themselves about the benefits of weight loss. She supports them in creating a written plan containing the diet strategies they've already learned, to prepare them for days when the scale goes three pounds or more above their maintenance weight.

Overall, Judith Beck's approach focuses on helping clients identify and change sabotaging thoughts (i.e., thoughts that lead people to stray from their diets) to helpful thinking that will truly support the dieter in losing weight and keeping it off. She emphasizes laying the groundwork before dieters begin to change their eating habits to prepare their minds for dieting, by becoming aware of thought patterns related to food, eating, and dieting and how these thoughts affect their behavior. Clients are taught cognitive and behavioral skills to solve both practical and psychological problems that in the past may have interfered with successful weight loss. According to Beck, these are all skills and habits that take some time to really learn, but once dieters practice them over and over again, dieting becomes much easier.

Reaction Paper for Classes and Training

Video: *Cognitive Therapy for Weight Loss:*

A Coaching Session with Judith Beck, PhD

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.
- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards, or use the questions as a way to approach the discussion. Respond to each question below.
- **Length and Style:** 2-4 pages double-spaced. Be concise. Do not provide a full synopsis of the video. This is meant to be a brief paper that you write soon after watching the video—we want your ideas and reactions.

What to Write: Respond to the following questions in your reaction paper:

- 1. Key points:** What important points did you learn about cognitive therapy? What specific points did you note about applying the approach to the problem of weight loss? What stands out in how Beck works?
- 2. What I found most helpful:** As a therapist, what was most beneficial to you about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?
- 3. What does not make sense:** What principles/techniques/strategies did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working? Explore these questions.
- 4. How I would do it differently:** What might you have done differently than Beck in the therapy sessions in the video? Be specific in what different approaches, strategies and techniques you might have applied.
- 5. Other Questions/Reactions:** What questions or reactions did you have as you viewed the therapy in the video? Other comments, thoughts or feelings?

Related Websites, Videos, and Readings

WEB RESOURCES

Judith Beck's books and resources

www.beckdietsolution.com

Beck Institute for Cognitive Therapy and Research

www.beckinstitute.org

Association for Behavioral and Cognitive Therapies

www.abct.org

International Association for Cognitive Psychotherapy

www.the-iacp.com

VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

Cognitive-Behavioral Therapy with Don Meichenbaum

Cognitive-Behavioral Therapy with John Krumboltz

Cognitive Therapy for Depression

Cognitive Therapy for Addictions

Couples Therapy for Addictions: A Cognitive-Behavioral

Approach Mixed-Anxiety and Depression: A Cognitive-Behavioral

Approach Reality Therapy with Robert E. Wubbolding, EdD

BOOKS

Beck, J.S. (2008). *The complete Beck diet for life*. Birmingham, AL: Oxmoor House.

Beck, J.S. (2007). *The Beck diet solution: Train your brain to think like a thin perso.*, Birmingham, AL: Oxmoor House.

Beck, J.S. (2005). *Cognitive therapy for challenging problems: What to do when the basics don't wor.*, New York: Guilford.

Beck, J.S. (1995). *Cognitive therapy: Basics and beyond.*, New York: Guilford.

Discussion Questions

Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

INTRODUCTION

1. Why People Fail: Do you agree with Beck's assessment that many people fail on diets because they do not know how to diet? Why or why not? What challenges have you or your clients faced with dieting?

SESSION

2. "It's not your fault": What do you think of how Beck repeats throughout the session with Anne that it's not her fault that she has had trouble in the past losing weight? How do you think Anne was impacted by Beck's repetition that it's not Anne's fault that she hasn't been able to keep weight off? What impact did this intervention have on the therapeutic relationship and on the session? How have you responded to clients who blame themselves when they haven't been able to keep weight off or make the behavioral changes they are trying to make?

3. Diet History: What did you think of Beck's decision to begin with gathering Anne's diet history? What do you think the benefits might be of asking about her past experiences with dieting? In what ways did this approach seem to be an effective way to begin with Anne? Have you ever gathered this kind of history from clients before? If so, how did it contribute to the therapy?

4. Past and Present: How did you react when Anne spoke about having had to steal to get food during her childhood? If you were the therapist in this session, how else might you have responded to Anne upon hearing this? What did you think of Beck's statement in the commentary that her goal is to get a broad picture of what's going on in the present with Anne and that she might or might not focus on childhood events?

5. Instilling Hope: What was your reaction to Beck's comment that most dieters have a profound sense of helplessness and that they need some hope that this time can be different? Did you like how Beck attempted to instill a sense of hope in Anne in this session? How has it been for you to work with clients who present with a profound sense of helplessness? Is there anything you are taking from this session that you might apply to your work with clients who are feeling helpless?

6. Gathering Data: What did you think of the level of detail Beck went into with Anne regarding her eating habits?

How do you think it contributed to the session to focus on the details of Anne's day? Can you see yourself going into this much detail with your clients? Why or why not?

7. Master Skills: What do you think of Beck's view that Anne should master the behavioral skills before she changes her eating habits? What skills did you observe Anne attempt to master in this session? If you had been the therapist, are there other skills you would have recommended she focus on first?

8. Be Good to Yourself: What was your reaction to Beck's encouragement to Anne that she be good to herself? What do you think of encouraging clients to reward themselves for learning new behaviors, as opposed to waiting until they lose weight to be good to themselves? What are some specific ways you might apply this strategy with your own clients?

9. Prevention: How did you react when Beck pushed Anne to predict circumstances that might derail her from sticking to the skills? In what ways do you think these pointed, detail-oriented questions and suggestions were helpful to Anne, and in what ways may they have been unhelpful?

DISCUSSION

10. Other Problems First: What did you think of Beck's comment that she prefers to focus on weight loss with clients after they are already functioning well in their day-to-day lives? Have you come across any challenges in working with clients who

have other problems that need attention other than weight loss? How do you prioritize what issue to focus on first?

11. Approach: How is Beck's approach to working with clients who want to lose and keep off weight similar to and different from how you have worked with clients with the same goal? As you think about your own style as a therapist, what do you think would be most challenging for you about using this approach? What are some of the techniques from this session that you would be most likely to adapt? Are there some techniques that would feel awkward or uncomfortable to you? If so, why? How do you imagine you would feel if you were a client in a session with Beck? Do you think she would be effective with you? Why or why not?

12. Overall Reflections: What did you learn from both Beck and Anne about the difficulties of dieting and maintaining weight loss? Was there any information that surprised you or stood out for you in any way? Have you had experiences in the past helping clients with weight loss? What approaches have you used? Have you had any success? If so, what did you attribute this to?

Complete Transcript of *Cognitive Therapy for Weight Loss: A Coaching Session with Judith Beck, PhD*

INTRODUCTION

Dr. Victor Yalom: Hello, I'm Victor Yalom, and I'm pleased to be here today with Dr. Judith Beck. She's one of the foremost educators and practitioners of cognitive therapy. She's Director of the Beck Institute for Cognitive Therapy and Research, as well as the author of several influential and widely read texts in the field, including *Cognitive Therapy: Basics and Beyond*, *Cognitive Therapy for Challenging Problems*, as well as a book intended for the public, for people struggling with weight loss and weight management, *The Beck Diet Solution: Train Your Brain to Think Like a Thin Person*. In a few moments, we'll have a chance to see her conduct an actual session with a client struggling with weight loss. But first, let's meet her. Welcome.

Dr. Judith Beck: Thanks for having me.

Yalom: I think at this point in time, cognitive therapy has been widely known and dispersed throughout the profession. We know enough about the basic principles of it, thanks to the important work of your father and of yourself, and countless other therapists and researchers. So I think we can skip the discussion of the general principles of cognitive therapy. And I want to ask you, why did you get interested in using cognitive therapy specifically for weight loss and weight management?

Beck: Well, I was interested in weight loss ever since I was 16. And for many years until I applied the principles of cognitive therapy to myself, I would go up and down the same 10 or 15 pounds. And what I really discovered was that people were failing on diets for a couple of reasons. One was that they really didn't know how to diet—that they needed a set of skills before they ever changed their eating, so that

they could be successful once they did change their eating. The other thing I found was that there just was not enough emphasis in the field on cognition. If you think about it, before you put anything into your mouth, you have a thought about it—“That looks good,” “I’d like to eat that,” “I’m hungry.” And people just weren’t paying attention to the importance of cognition. Most dieters have had the experience of losing weight, at least a few pounds, and sometimes many, many times. They don’t need any of the skills that I suggest in order to lose weight, but unless they make changes in their cognitions, in their thoughts and in their beliefs, they generally cannot keep up the behavioral change that they need to keep the weight off.

Yalom: As you know, there are thousands if not tens of thousands of books on dieting and on diets out there. What made you feel that there was need for yet another one?

Beck: Well, in the first book, I don’t even mention food. I say, “You choose whatever healthy diet you want. Here are the skills you need—it’s a six-week program—here are the skills you need to stay on your diet virtually for your whole life.”

Yalom: This is The Beck Diet Solution.

Beck: This is The Beck Diet Solution. So there was a set of skills that I taught people. Then after the publication of that book, I got several thousand emails, and I also eavesdropped online when people would blog about it or write about it in community support groups. And I found that another major reason that people were failing on diets was that they just weren’t eating in a healthy enough way. And so in a later book, The Complete Beck Diet for Life, I worked with a registered dietitian, and in addition to the cognitive-behavioral program, also included a diet.

Yalom: All right. So, let’s jump in and see the session right now. And throughout the session, you’ll be adding some commentary explaining what you’re doing and what your cognitions are as the therapist, and then at the end you and I will meet again and discuss what happened.

Beck: Great.

Yalom: All right.

SESSION

Beck: Well Anne, thanks so much for coming in today.

Anne: I'm glad to be here.

Beck: What I'd like to do first is tell you what I'd like to cover today, and then see if you have anything you want to add. Is that okay?

Anne: Sure.

Beck: Okay. So in a few minutes, I'm going to ask you for a few sentences about your dieting history. And then I'm going to ask you about what a good day is like when you diet. And then I'm going to ask you what a bad day is like.

And then I'll start teaching you some skills that I hope you'll be able to use at least one of them today, and tomorrow. And I'll also be taking notes that I'll send home with you so you can remember. But most of the things I'm going to talk about today are in one of the books that I've written. Have you read any of those?

Anne: I have not.

Beck: Okay. That's perfect. But I want you to know that you don't have to memorize anything we're talking about today. You can go back to the books and you'll have the notes. This is a consultation, so I'm willing to try to accomplish a lot today—much more so than were I to see you, say, 10 or 12 times on an ongoing basis. We'll cover a lot but you'll have resources to go back to. All right?

Anne: Okay.

Beck: All right. So can you tell me maybe in about four or five sentences about your diet history?

Anne: History starting from childhood?

Beck: Yeah.

Anne: I had, let's say, a challenging childhood. And, through being adopted and put in an orphanage and then into adoption and then living with a family that was really expecting me to earn my keep, I found myself hungry a lot. And really even having to steal...

Beck: Wow. Yeah.

Anne: To get food.

Beck: Wow.

Anne: So it was quite a precious commodity.

Beck: Yeah.

Anne: And through then into high school when I became more outside of the home, I found that I would have some outrageous diet practices like, you know, dill pickle and...

Beck: I see.

Anne: You know, just, you know, “I’m going to lose 10 pounds in two weeks,” and this kind of thing.

Beck: Yeah.

Anne: Just the rollercoaster.

Beck: Right.

Anne: But battling the weight. And then in places where I could be well fed, just like, can I hold onto... get the little extra because I don’t... that old story of will there be enough?

Beck: Yeah.

Anne: Is there going to be a time when...?

Beck: Is that still in your head now, do you think?

Anne: It pops up. I recognize it from time to time.

Beck: Yeah.

Anne: Will there be enough?

Beck: So one of the things I’d like to talk about today is hunger and looking at it in a different way.

Anne: That’s another thing—the hunger.

Beck: Yeah.

Anne: One time—it’s important in all this—this has been an ongoing challenge to maintain. It’s been up and down and up and down.

Beck: Right.

Anne: But one period of time I discovered—I realized for myself that I wasn't hungry. So I decided to stop eating. I felt myself not very disciplined about the whole thing, you know?

Beck: Right.

Anne: And shame on me. So, I just, "Well, I'm going to stop eating until I'm hungry again." I went 15 days without food.

Beck: Wow.

Anne: With just water.

Beck: That's really something.

Anne: And tea. And I still wasn't hungry. But, my spirit...

Beck: But you lost weight.

Anne: Oh yeah, I lost 25 pounds.

Beck: And then you put it back on?

Anne: Oh, not right away, but yes.

Beck: Yeah.

Anne: It all came back and more.

Beck: Yeah. So about how many times in your life do you think you've dieted?

Anne: Oh Lord.

Beck: Tens of times. Dozens of times.

Anne: Dozens of times.

Beck: Dozens of times.

Anne: Yes.

Beck: Yeah. And...

Anne: But it's been like a marathon when I do. Okay. I'm going to lose this.

Beck: Yeah.

Anne: And then not have the way to maintain and not to do it with balance.

Beck Commentary: Anne has brought up two really intriguing periods of her life—one was when she was younger, and she had such a traumatic childhood, and actually had to steal food, and then here’s another time when she actually fasted, or at least probably partially fasted, for a period of time. So these are intriguing, and I might be tempted to go into these right now, but my overall goal is to get a broad picture of what’s going on right now with Anne so I can teach her the skills that I think she needs to start using today. In ongoing treatment, I might or might not circle back to those things. I’d have to figure out whether I thought that they were important and would impede her being able to make changes in the here-and-now.

Beck: Yeah. So have you had the idea, “Well, I’ll diet in kind of a strict way and then I’ll lose weight and it’ll only be for a period of time and then I’ll be able to eat more”?

Anne: Very much, for a lot of years, it was that “I’m going to get down and then I’ll be able to eat.”

Beck: Yeah.

Anne: Like a... or I won’t have to sacrifice that...

Beck: Yeah.

Anne: Dessert or then I’ll be able to have it back.

Beck: Yeah.

Anne: But...

Beck: Well, let me...

Anne: More recently there’s—it’s been a little more, “No, I really have to change my lifestyle.”

Beck: Do it in a balanced way.

Anne: Yeah. Because it’s not...

Beck: I’m so glad that you discovered that.

Anne: It's not going to work anymore.

Beck: Yeah.

Anne: So now I'm doing something a little bit different.

Beck: You know, if you think about it, if let's say you lose weight at 2,000 calories and then you start to maintain your weight. You've maintained your weight for months at 2,000 calories. The minute you go up to 2,100 calories is the minute you start to gain weight back.

Anne: Oh yeah.

Beck: So if you lose at a certain calorie level and you want to maintain your weight, you have to always eat at that level. I don't know if that had ever kind of occurred to you before?

Anne: Oh sure.

Beck: Yeah.

Anne: Sure. It won't stay.

Beck: Yeah. Exactly.

Anne: Yeah.

Beck: So, one of the really important things to do is to figure out how you can eat, what foods, what quantities that you can eat that you can keep up for the whole rest of your life.

Anne: And you've also hit on another very important point for me. I've never been willing to count calories.

Beck: Yeah.

Anne: Numbers just don't work for me. So I'll say, "I can have a half of cup of this."

Beck: Yeah.

Anne: Or "I can have one of those. And I can exercise more."

Beck: Yeah.

Anne: I can stop eating but after 7 o'clock.

Beck: Yeah.

Anne: I can do those things and not have to count, you know, calories.

Beck: Right. And in fact, counting calories doesn't work for everybody. And in the Complete Beck Diet for Life, I have a diet in there where you--it's very straightforward. You choose a protein from column A and a vegetable from column B and things like that. And at first, you do have to measure your food so that you can make sure you have the right portions. But you never have to count the calories.

Anne: Yeah. That's great. I'll keep measuring cups and I'll just....

Beck: Yeah.

Anne: You know, that sort of thing.

Beck: The other important thing about the diet is that it says you should have at least one of your favorite foods every single day.

Anne: Oh, I like that.

Beck: So for example, a lot of people like candy. And they have candy, about 250 calories worth or something like that, every single night. Now, that's the only junk food they have during the day. But all through the day, they can say to themselves, "No, I think I won't have those cookies that someone brought into the school because I would much rather be able to eat my candy bar tonight." So whatever diet that you end up with, you're right, it has to be well balanced. But it also has to have your favorite foods.

Anne: I'd like that.

Beck Commentary: In this segment, I want to give Anne some education about dieting and the fact that whatever diet she chooses is basically the one she's going to need to stay on for her whole life. Now, I want to give her some hope about this and tell her that she can eat her favorite food at least once a day. And I also work with her around this notion of calories, and she says this is something she doesn't do well. Then I propose an alternative to her. And this is very important with dieters, is to try to figure out what kind of diet plan, what kind of foods there are going to be, how they're going to determine portions, so that you can individualize the diet for each person.

Beck: Okay. Now, before I ask you about a typical day, I'd like to point out to you that it's not your fault that you've had trouble losing weight or keeping it off in the past. You just never knew how. I mean, did anyone ever teach you how to motivate yourself every day? How to get yourself to eat everything slowly and enjoying every bite? How to stick to your plan? How to get right back on your plan if you make a mistake? What to do when you're craving? What to do when you're hungry?

Anne: Not really.

Beck: Nobody ever taught you that. And that's—these are the skills that I have in the Beck Diet Solution. And a really important part of the book is learning all of these how-to-diet skills before you ever really change your eating very much. It's too hard to follow a diet and to learn all of these skills at the same time.

Beck Commentary: Most dieters have a profound sense of helplessness. Most of them have lost weight 10, 20, sometimes 30 times before, and yet they've always gained it all back. Now, I think it's really important to tell dieters that it's not their fault that they've had trouble losing weight. Most of them have such a profound sense of helplessness that they need some hope that this time can be different. Now, some people might say, "Yes, but aren't you saying that therefore they don't have to take responsibility for what they did?" And what I'm saying is really a very different thing, which is once they have the right skills then they'll be able to take the responsibility.

Beck: So at the beginning, for example, one of the things you're going to learn to do is to motivate yourself every day. And you're going to master that skill before you move onto the second skill, which is eating everything sitting down. And you're going to master that skill before you move onto the third skill, which is learning how to give yourself credit for these things.

Anne: I can already hear the hard one, sitting down.

Beck: So we'll get...

Anne: My life is so full.

Beck: We're going to get to that, then. Definitely we're going to talk about sitting down to eat. But you learn all of these skills before you change your eating.

Anne: What a great idea.

Beck: And...

Anne: I never thought of it that way.

Beck: And it's not your fault you've had trouble. No one ever taught you these skills before. So.

Anne: That's true.

Beck: Okay. Can you tell me very briefly what a typical good day of eating is like for you?

Anne: Actually, not skipping breakfast.

Beck: Okay. And what would you have for breakfast, then?

Anne: Typically the quick and easy for me is a portion of a nonfat yogurt.

Beck: Yeah.

Anne: And half a cup of blueberries.

Beck: Okay. Anything else for breakfast?

Anne: No.

Beck: And then do you have a—on a good day—do you have a snack between breakfast and lunch?

Anne: No, I don't usually.

Beck: Okay.

Anne: That's something along the ways that I shouldn't snack.

Beck: Okay.

Anne: So.

Beck: We'll talk about that later. It's quite possible that you should snack. Okay. How about...

Anne: I had a trainer who said I should have five small meals a day.

Beck: Yeah.

Anne: But I could just never fit them in because I'm in the classroom and I'm not going to eat in front of the children.

Beck: Right.

Anne: So.

Beck: Well, we have to figure out what works with your lifestyle too.

Anne: Yeah. Yes.

Beck: Now how about lunch?

Anne: And then lunch would—a good day would be my husband will treat me to a spinach salad with grilled chicken.

Beck: Yep.

Anne: Get that for me.

Beck: And what else?

Anne: Just that.

Beck: Just that. Okay. And then do you eat between lunch and dinner? Okay. And on a good day, what's dinner like?

Anne: On a good day, there's, well, our favorite restaurant in town has salmon and steamed broccoli and either half of a baked potato or I just double broccoli and a cup of vegetable soup.

Beck: Okay.

Anne: And that's it.

Beck: And then on a good day...

Anne: Usually water.

Beck: Okay. On a good day, what do you eat after dinner?

Anne: Usually don't.

Beck: Okay.

Anne: On a good day.

Beck: Okay. That was great.

Beck Commentary: I ask Anne about a typical good day of eating and a typical bad day of eating because it's very important to have the data. Many dieters eat way too little on a quote-unquote good day, which just sets them up for, either the next day or within a couple more days, of eating way too much. So I want to know what a good day of eating is like, because often I have to suggest that dieters eat a little bit more, and I need to know about a bad day of eating so I can see where really the trouble spots are for the dieter. The dieters often, when they are telling me a typical day, don't really give me enough detail spontaneously, so I keep on asking to make sure that I get the full picture, as I did here with Anne to see what it is that she ate after dinner.

Beck: So now a very brief description of a bad day of eating.

Anne: That day no breakfast.

Beck: Okay.

Anne: Sometimes no lunch.

Beck: Okay.

Anne: And then really, really hungry at night.

Beck: Yeah.

Anne: And then eating too late and too much.

Beck: And so what's a typical dinner like on kind of a bad day?

Anne: Well, fast food, you know, like...

Beck: And what would you eat beside the fast food? Would you eat until you went to sleep?

Anne: When I've gone through periods of depression, I will... popcorn or...

Beck: Okay.

Anne: Ice cream is my downfall.

Beck: Okay.

Anne: I don't have it now because I know...

Beck: Right.

Anne: I'll probably want to eat it. You know the little cups?

Beck: Yeah.

Anne: I'll eat the whole thing myself.

Beck: Right.

Anne: Instead of sharing it.

Beck: Right.

Anne: That's my weakness, is ice cream.

Beck: And so in the long run, what I'd like you to be able to do is after you've mastered these skills and after you've started to change your eating, is to bring in single-serving portions of ice cream into your house and have one every single night if you want.

Anne: Wow.

Beck: It might mean, if you can't find the single serving portions that are just one...

Anne: Just make it. Yeah.

Beck: Is either make it yourself or, you know, go to the grocery store, buy the box, throw out all of them except for one and just bring one home if you think that you'd be too tempted to eat more than one. But then you gradually will learn how to be able to have ice cream at home and be able to limit yourself. But that's kind of a later skill.

Beck Commentary: Now, I know Anne really loves ice cream, and it's unlikely that she's going to give it up forever, so I want her to learn how to eat it in a measured portion. Sometimes this does take some creative problem solving with clients, and even teaching them how to throw out food until they're ready to be able to keep larger portions in their house.

Beck: Okay. So, you're on a good day of eating. It looks to me as if you're probably not having enough calories.

Anne: Since the thought is you have to have less calories if you're

going to lose.

Beck: You do have to eat fewer calories. That's true. But what I'd like you to do is to start with as many calories as you possibly can and still lose on average about half a pound a week. Now, it's different for everyone, but for you, it might be 2,400 calories a day. And this certainly doesn't look like 2,400.

Anne: That seems like so much. I know there were times when I was counting calories and I could go down to 500 calories a day.

Beck: Yes.

Anne: And still not lose weight.

Beck: Yes. And...

Anne: And still not lose.

Beck: And was... and for how many days did you keep up 500 calories?

Anne: Two, three weeks. Before it would start, I'd start to lose.

Beck: And before it would kick in. So 2,400 may be too high for you. On the other hand, if you have 2,400 calories, or let's say 2,200 or 2,000 calories, but you do it day after day after day, month after month after month. Then what I'm hoping is that you'll see this very, very slow but steady weight loss.

Beck Commentary: Some people are surprised that I suggest that dieters start at as high a calorie level as they can and still lose about half a pound a week. The reason for this is that I don't want their metabolism to slow. I also want them to be able to eat a substantial diet that they can really keep up, at least for a while until they plateau. What dieters often do, as it sounds like Anne did, is to cut calories very drastically. Then their metabolism slows and it's much harder to lose weight. Also, when dieters say that they've cut their calories drastically, sometimes what they're talking about is that on good days, the calories are very low, but on bad days, the calories might be two or three times as much.

Anne: Yeah. That, yeah. I would certainly need to work on patience.

Beck: Yeah. Yes. Right.

Anne: I have no patience. If I'm going to lose, I want, now I... the program I put myself on on November 1st, I've lost nine pounds.

Beck: Hey.

Anne: And I'm bicycling five to seven miles a day—five, five to six days out of seven. But the more exercise... the being sedentary...

Beck: Yeah.

Anne: Has been really difficult. Before I was very active and more muscle mass.

Beck: Yeah.

Anne: And so it was like in... for my 60th birthday, I climbed Mount Whitney in one day.

Beck: Wow. Fantastic.

Anne: Yeah. Because I trained for it and I focused on it. And I was eating, you know, the way the trainer said and everything.

Beck: Yeah.

Anne: But it hit the goal and then don't maintain the...

Beck: Exactly.

Anne: Program.

Beck: So, what I wrote down for you and what I'm writing down are notes that I'd like you to read every single morning. And perhaps every single afternoon. We'll talk about that later. "Losing weight should be slow. Losing quickly has never worked for me." Is that true?

Anne: It's true.

Beck: So, if you keep on trying to lose quickly, what's likely to happen?

Anne: It'll keep coming back.

Beck: It will just keep coming back. Right. So we already know that doesn't work.

Anne: Yes.

Beck: Got to try something different.

Anne: So there's this thing about, you know, you keep doing the same thing and expecting different results.

Beck: Exactly. Exactly. Okay. And the other thing I said was exercise every day, at least a five-minute walk. I want you to have in...

Anne: Oh.

Beck: And are you already exercising every day?

Anne: Well, I say I'm bicycling five days, five or six days out of seven.

Beck: Wow.

Anne: And I live up 17 steps. So I...

Beck: Wow. That's great.

Anne: Force. You know, force. I tell myself to take them as aggressively as possible.

Beck: Terrific.

Anne: You know, so use the steps.

Beck: Okay. In addition to that, I'd like you to have a lifelong habit of at least taking a five-minute walk every day if you're not already bicycling or doing some other exercise.

Anne: And it, if, at least.

Beck: At least five minutes. And that's fine. It's just that to have in your mindset that exercise is essential and you need to do it every day. Even if it's only five minutes, you need to do it every day.

Anne: Wow.

Beck: And I think that helps people get away from the all-or-nothing exercise.

Anne: Yeah.

Beck: "Well, I didn't exercise today so, you know, I'll have to start again tomorrow." And then tomorrow is when "I don't kind of feel like it today" or whatever.

Anne: Yeah.

Beck: So we get you in this lifetime pattern.

Anne: The habit.

Beck: Yeah.

Anne: Is the thing, isn't it?

Beck: The habit is the thing. Yeah.

Anne: Yeah.

Beck Commentary: A typical mistake in thinking that many people commit is all-or-nothing thinking. Either something is one way or it's the other. So all-or-nothing thinking is a mistake that we work on just generally in cognitive therapy, and it certainly applies with Anne. It applies with most dieters too—they might be very all-or-nothing about exercise, they may be all-or-nothing about following their eating plan.

Anne: And you've actually hit on something important because I'll think, "Oh, if it's not a half an hour, it's not enough."

Beck: Right.

Anne: So I don't do the five minutes.

Beck: Exactly.

Anne: Got it.

Beck: So this gives you that permission at least a five-minute walk every day.

Anne: Permission.

Beck: Great. And five minutes is so much better than zero minutes. Not in terms of losing weight and not necessarily in terms of...

Anne: Or cardio....

Beck: Or cardio or anything like that, but in terms of establishing the lifelong habit. So I better add that to it.

Anne: Yeah.

Beck: To establish the lifelong habit.

Anne: And we keep going back to that. It's really to find something

that becomes so habitual that it is my lifestyle.

Beck: Exactly. Exactly.

Anne: Yeah.

Beck: Okay. So let's start talking about the first skill, which is all the reasons you have for losing weight. So can you rattle off some to me?

Anne: Well, to be more vital, more energetic. I believe with weight loss...

Beck: Yeah.

Anne: I'll be more comfortable in my body.

Beck: Yep.

Anne: More presentable.

Beck: Yep.

Anne: I have work to do that I really need to get out in the public to do. And, it's, that would be a benefit, to just feel better in my body.

Beck: Yeah. So "benefit my work." Now...

Anne: And I also know that it's harder on the organs and so on. I really want to live comfortably for as long as possible.

Beck: Yeah. So that's "be healthier."

Anne: Yeah.

Beck: "Live as long as possible in a healthy way."

Anne: The quality of life.

Beck: Yeah. "With good quality of life." Are there some situations that you now avoid doing?

Anne: Oh yeah.

Beck: For example?

Anne: Swimming.

Beck: Okay. What else do you avoid?

Anne: Well, wearing sleeveless clothes.

Beck: Yep.

Anne: So certain styles that I might want to but...

Beck: Yeah. Certain styles of clothing.

Anne: Yeah. So I'm... kind of hide in my clothes.

Beck: Are there some situations in which you feel self-conscious because of your weight?

Anne: I would say yes.

Beck: For example?

Anne: When I am doing even exercise or, you know, going to the gym and...

Beck: Yes.

Anne: You know the little girls in there. You know, size 0s and you know, they're out there....

Beck: Yep. So, less self-conscious when exercising at the gym.

Anne: And, generally being in public, like going to a party or something. I find myself looking around to see if I'm the biggest one in the room. You know?

Beck: Yep. So not noticing if I'm the biggest one in the room. Okay. This is a great list to start. And what I'd like you to do is to continue this list at home.

Anne: Okay.

Beck: And think of as many reasons as you possibly can to lose weight. The other thing I'd like you to do is to break down big reasons like "I'll be more energetic," and ask yourself, "Well, if I were more energetic, what would I be doing differently?" Or a big one is, "Be less self-conscious," as we were talking about. So if you were less self-conscious... what kind of situations would you feel less self-conscious?

Anne: Yeah. There's things that I won't give myself. I don't buy new clothes.

Beck: Right. So you'll be able to...

Anne: Because I have to...

Beck: That's another one.

Anne: Get to a certain size before...

Beck: Yeah.

Anne: I'll buy new clothes.

Beck: Well I'd like you to start buying clothes this minute. As long as you're starting this program of reading this list every single day then you deserve to, and you really need to, feel good about yourself along the way. Because it takes a lot of psychic energy really to do this. Well, I can see the little tears in your eyes. Yeah. You have a hard time being good to yourself sometimes? Yeah.

Beck Commentary: The first skill that I teach dieters is to write a long list of reasons that they have for losing weight, because they really need to remind themselves of these reasons day after day after day, whenever they're tempted. Now, she gave me a pretty good list, and her assignment is going to be to try to make that list even longer. One way of really getting into some of the very important reasons is to ask questions such as, "And what kinds of things do you avoid doing? Which kinds of things do you do but you feel very self-conscious in?" And that helps open up a whole new arena of reasons that Anne might have for losing weight. I'm writing down these reasons for Anne and she'll take the list home and add to it. And one of the things that I suggest is that people take the list and add each reason to a separate 3x5 card or a business-size card. That way they can shuffle the deck whenever the ideas seem to be getting stale, and they get a fresh perspective on it.

Beck: Okay. So buy new clothes. I'm going to put this as a homework assignment. Be good to yourself. Buy new clothes now.

Anne: Can I tell you what would...

Beck: Yeah.

Anne: What would...

Beck: To feel good about yourself along the way.

Anne: When I get down to a certain size, I want to get leathers. My husband and I have his-and-hers Harleys.

Beck: Oh really?

Anne: And I have not been willing to buy myself leathers because I want to be, you know.

Beck: Yes.

Anne: Sharp-looking in it.

Beck: “Buy new clothes now to feel good about myself all along the way. Can get rid of clothes when they get too big.”

Anne: Oh yeah. Big closet.

Beck: Yeah.

Anne: All those...

Beck: But I, it's okay. I mean I'd like you...

Anne: And then I've got the small clothes that I'm going to get back into.

Beck: Yeah.

Anne: That I always liked but...

Beck: See I'd like you to have the formula that once you are mastering these skills and using them every day, then that's the point to buy yourself new clothes. Don't wait for the weight loss. Let's concentrate on the behaviors. You don't wait to lose weight. You give yourself credit for learning the behaviors. And that's going to be so important. How does that sound to you?

Anne: Yeah. That's the hard part.

Beck: It is the hard part. Do you think you'd be able to? Let's... maybe we'll talk about a few behaviors that you could learn. Do you think that once you mastered these behaviors you could go out and get the leathers that you want?

Anne: Oh, I would.

Beck: Would you

Anne: Yeah.

Beck: That's great. So it's not going to be determined on the number on the scale. It's going to be learning the behaviors.

Anne: Yeah.

Beck: Yeah.

Anne: It's always been I have to earn that treat or that...

Beck: Well, I would like you to treat yourself but we're still talking about earning it. We're talking about earning it by doing the behaviors.

Anne: Yeah. This is a whole different way of looking at it. It's just really very interesting.

Beck: Well that's good because if I was telling you to do all of the things that you've already done your whole life, then I would say, "Well, gee, I'm not sure that this way would help." But it does sound like these are some new things to think about.

Anne: Yeah.

Beck: Great. Okay. So we have this great list—starting list—of reasons to lose weight. Now do you think you could read it every morning?

Anne: Yes, I can.

Beck Commentary: In a cognitive therapy session with a depressed patient, I would have really seized on the fact that the patient is feeling more emotional and then expressed an automatic thought such as, "I don't deserve good things," because that would probably be a really important part of helping the patient overcome her depression. It might be—I'd have to conceptualize, have to ask questions to find out. But I really want to focus just on the dieting here. And Anne is a very psychologically healthy person, so I don't want to spend too much time on that, but rather just make a suggestion that she overcome this idea and go ahead and treat herself, using the behaviors as the marker as to whether or not she's earned it. What I want to do with Anne is to reinforce the fact that she deserves rewards when she follows the behaviors and not

necessarily when she loses weight—really important for Anne to feel good about herself all along the way. Then she'll have more psychic energy to be able to put into the dieting practices.

Beck: Okay. So how are you going to remember to read it?

Anne: I would put it out the night before, like right by my bed. So, like, it's the first thing I do when I get up...

Beck: Okay. Now....

Anne: Before I go off to do everything else.

Beck: Yeah.

Anne: And make it a first.

Beck: Okay. That sounds great. What might happen that would prevent you from reading it?

Anne: Forgetting to set the alarm or, you know, just running suddenly late or an emergency. But other than that, there'd be...

Beck: Right.

Anne: There should be, I can't think of a reason not to.

Beck: Well, one of the things I'd like you to do, after you make the list, is to read it and to time yourself to see how long it takes to read. My guess is it will take well under a minute.

Anne: Oh.

Beck: So, what I'd like you to have in your mind is, "Even if I'm running late, this is..."

Anne: I've got a minute.

Beck: "This is so important." Right. "I've got a minute."

Anne: Yeah. I've got a minute.

Beck: "And so if I'm a minute later, so what?"

Anne: Yeah.

Beck: Right? Okay. So, are you 100 percent sure that you'll read this every morning?

Anne: Yes.

Beck: Okay.

Anne: Yes.

Beck: Now a lot of people have an interfering thought, which is “I don’t have to read it because I know what’s on the list.” Do you think you might have that thought?

Anne: If I get to the point where I feel like I’d memorized it.

Beck: Okay. So let’s talk about that for a minute.

Anne: Okay.

Beck: One of the things that you can do is to take the list and put each reason on a 3 x 5 card or on a business-size card. You can get blank business size cards at the office supply store.

Anne: Yes.

Beck: And then you can shuffle them. And so then they’re in different order.

Anne: Oh.

Beck: And there are other things that you can do. And this is in the Complete Beck Diet for Life. Other things that you can do are to go through the deck and pick out the three most compelling reasons to you that day and put them on top. So as you’re going through you have to think to yourself, “Well, how compelling is this one? How compelling is this one?” It really makes you think about it.

Anne: Yeah.

Beck: And there are a number of other strategies in there so that you can try to keep the list fresh for yourself.

Anne: I like those ideas.

Beck: Okay.

Anne: Yeah.

Beck: Okay. So now, usually it’s helpful for people to read this list at least twice a day. Is there a time of day when it’s the.... you think it’s

going to be the most difficult for you to stick to an eating plan?

Anne: Oh well, yeah, I know exactly when that is.

Beck: When is that?

Anne: Right at the end of the day when I make the transition from—take off the administrative hat...

Beck: Yes.

Anne: And start to come home. Then is when I go back into, “Okay, am I going to eat something before dinner?”

Beck: Yes.

Anne: My problem isn’t after dinner so much as...

Beck: Right.

Anne: Eating, already eating before dinner.

Beck: Yes.

Anne: You know, because I’m hungry.

Beck: Okay. I have two solutions.

Anne: So right then would be the time it’s...

Beck: So it’s while you’re still at work, then.

Anne: I actually live in the same place where I’m working.

Beck: Oh. I see. Okay.

Anne: So it’s that 17-step commute and then....

Beck: I see.

Anne: I’m by the refrigerator.

Beck: So every morning and as soon as I enter the kitchen.

Anne: And complete the day.

Beck: Oh. Or maybe it should...

Anne: As soon as I complete the day.

Beck: Should it be as soon as you enter the kitchen or should it be before you go up the 17 steps that you read this list?

Anne: Actually, before I start up the steps.

Beck: Right.

Anne: Yes.

Beck: And....

Anne: I keep them in... I should keep them in my office.

Beck: Yep. And....

Anne: Because then I've already made the decision before...

Beck: At end of...

Anne: I go.

Beck: Exactly. At end of workday.

Anne: That's smart.

Beck: Before I go upstairs. Okay.

Beck: An essential part of cognitive therapy is getting patients to do homework, and we tell them, "The way that you get better is by making small changes in your thinking and your behavior every day." But it's incumbent upon the therapist to set up the homework assignment in such a way that the patient is extraordinarily likely to do it. And that's why I go into so much detail with her about when she's going to do it, how she's going to get herself to do it, where she's going to keep the list, what interfering thoughts might get in the way, and so forth.

Beck: What I want you to do, though, is to have in mind exactly what snack you're going to have when you go upstairs. You're hungry. You should have a snack. Do you have any ideas of what snack you'd like to have?

Anne: What I'd like to have? I do have a favorite other than ice cream.

Beck: Yes.

Anne: Not before dinner.

Beck: Right.

Anne: Even me, no, not before dinner.

Beck: Yeah.

Anne: They're sweet-and-salty trail bars.

Beck: Okay. So you're going to have a trail bar.

Anne: And I....

Beck: And I would like to have you have it, like an optional fruit. Do you like fruit?

Anne: I like fruit. I've been told with my type that I should eat minimal fruit.

Beck: Okay.

Anne: Just stick more to vegetables and...

Beck: Okay. How...

Anne: But...

Beck: And do you like raw vegetables?

Anne: Oh yeah.

Beck: Okay.

Anne: I like carrots.

Beck: So, "Plan a snack to have immediately when I go upstairs."

Anne: May I ask a question though?

Beck: Sure.

Anne: The office also, there's a kitchen area in the facility. I could do that before I go up.

Beck: Absolutely. Whichever one you think works best. So I'm going to put...

Anne: Because my stumbling block is I get up there and I go, okay, now. While I'm thinking about fixing something or...

Beck: Yeah.

Anne: Waiting until we're going to go out and have dinner. And right there, so if I avoid that...

Beck: So I'm going to put, "Experiment with having the snack

downstairs versus upstairs.” And just see...

Anne: Yeah.

Beck: Which works better for you.

Anne: Yeah.

Beck: Okay. The other thing is you have to have the snack ready, though.

Anne: Yes.

Beck: So can you get the snack ready every morning or every night for the next day?

Anne: Oh, it can be waiting. Yeah.

Beck: Okay.

Anne: It would be.

Beck: So I'm going to put, "Snack must be ready." Okay. Now you don't have to make this change in your eating right away if you don't want to, because I really want you to focus on the skill of motivating yourself every day, of reading this list of reasons. If you want to institute this change right away, you can, but you don't have to. The more important thing are the behavioral skills.

Beck Commentary: First we start talking about when Anne should read the list, and we establish it should be in the morning and also before she goes upstairs at night. Then we start talking about the problem of her eating everything in sight when she first goes up, and we settle on a plan for a snack that she's going to make herself in advance. Then I tell her that she doesn't have to institute the snack solution right away, because what I really want her to focus on are the behavioral skills. It's so important for people to master these skills before they spend much time and energy trying to change exactly what they eat. It's just very difficult to do both at once. One of the biggest problems I've found is that people are trying to change their diet, what they eat, at the same time as trying to master the skills, and it's just too much. They really need to master the skills first.

Anne: Well, let me ask you this. Since the inconsistency has been my downfall...

Beck: Yeah.

Anne: My concern here is that my, I felt in myself, I'd say okay...

Beck: Yes.

Anne: I want to start. Well, what if then I don't continue?

Beck: Yes. So I'm going to say—

Anne: So.

Beck: Don't make this change until I've mastered the skills.

Anne: And how will I know that I've mastered them? How will I know when it's time for me to start?

Beck: In the... both in the Beck Diet Solution, and there's a workbook that goes along with that, or the Complete Beck Diet for Life, there are daily checklists that list all of the skills. And so after you've been able to learn all of the skills and you are practicing them faithfully for a week, so you're now practicing every skill for a week. Then you'll know you're ready to start making some changes in your food.

Anne: Oh. It doesn't have to be a long time to, just give myself a week to do the skills.

Beck: Oh. It's going to take, it's going to take you at least a couple of months to learn all these skills.

Anne: Oh.

Beck: So you may not make any changes in your eating for quite a long time. Some people, it takes a couple of months to learn all these skills. Some people it can take...

Anne: Oh.

Beck: Many months to learn all of these skills. The important thing is to really master them before you change your eating so that what, the changes you do make in your eating, you can make them very consistently.

Anne: Yeah. I think that's....

Beck: Yeah. That's really the key. So I'm going to...

Anne: The key is consistency.

Beck: So "Don't make this change until I've mastered the skills." I'm going to say, "See checklists."

Anne: Thank you.

Beck: At the back of the book. And this is repeated in the book too. Okay. So, we talked about making this list of reasons. We talked about reading it every morning. We talked about reading it before you go upstairs. Even...

Anne: I'm going to keep it in two different places.

Beck: You're going to keep it in two different places. Do you want, should I write that down?

Anne: Yes. Yeah.

Beck: So keep...

Anne: Because I plan it that way, make two sets.

Beck: List of reasons. Did you say in the office you're going to keep that?

Anne: Yes.

Beck: "Reasons in the office." And I'm going to say, "See book for how to keep list fresh."

Anne: Okay.

Beck: Okay. And this change with the snack you're not going to make until you've mastered the skills, so that once you do change, you can make it really consistently.

Anne: Okay.

Beck: Great. Okay.

Anne: Yeah. It sounds like the things here are, they're safeguards, kind of to keep me from having to fall back on, "Oh, I wasn't ready for this," or "I don't have the time."

Beck: Exactly.

Anne: No. It makes it so easy.

Beck: Yeah.

Anne: Because yeah, I've got a minute.

Beck: Right. That's right.

Anne: Yeah.

Beck: That's it exactly.

Anne: And I'm always, "Well I haven't got a half an hour or I don't have an hour to go ride." Or "I don't have an..." you know? So, but something you can do that's a minute....

Beck: Right.

Anne: That can make this big of a change.

Beck: Yeah.

Anne: My goodness.

Beck: Yeah. I want to... the next skill really is learning how to eat everything sitting down. But I also want to get to hunger. And, well, maybe we'll try to get both of those in.

Anne: Yeah.

Beck: Okay.

Anne: Hunger is, as I said, that I've struggled with... I wasn't hungry this morning.

Beck: Yeah.

Anne: But I'll make myself eat it. Because once I'm eating it then I realize, "Oh, there is a feeling there."

Beck: Yes.

Anne: But, I've got myself into believing that the hunger was here, not here.

Beck: Right.

Anne: And that I shouldn't eat when the hunger is in my head. I should not eat. I'm not...

Beck: Yeah.

Anne: Hungry until the stomach is growling.

Beck: Yeah. And how well has that been working for you?

Anne: It's left me in confusion, actually.

Beck: Exactly. So let me...

Anne: So confused.

Beck: Let me relieve your mind.

Anne: Okay.

Beck: What I've found is that most people never get really good at telling the difference between hunger and non-hunger. We tend to call everything hungry. Even I mix it up, so I know...

Anne: Because I want something, then I'm hungry for it.

Beck: Exactly.

Anne: You know? No.

Beck: Even I mix it up, so I might have a really nice dinner and have my snack. And then half an hour later, I might think, "Well. I'm hungry for ice cream." And then I have to think to myself, "How does your stomach really feel?" And I have to really consciously think of that. And I...

Anne: Yeah.

Beck: And when...

Anne: Because my taste buds want it...

Beck: Exactly.

Anne: But the stomach...

Beck: If it's coming from your mouth or throat, that's just, that's the desire to eat. That's not hunger. So because people, most people with a weight problem will never get good at differentiating those two things, that's why it's going to be important to learn how to just eat on a regular basis.

Anne: Oh. And then the other thing I did want to put in was my

husband and I will, we'll go out and... dessert just once a week. And so we'll split.

Beck: Yes.

Anne: We'll with two forks, you know, and we'll split...

Beck: Right.

Anne: His favorite, chocolate cream pie or something.

Beck: Right.

Anne: And, so that I'm having less of it.

Beck: Yes.

Anne: That way I still get a treat.

Beck: What a good idea. So that can be, your treat for that night might be that.

Anne: Yeah.

Beck: But if you really like that kind of dessert, again, you could plan to have it every single night if you wanted in a smaller, in a reasonable portion.

Anne: A smaller amount. Yeah.

Beck: So I don't want there ever to be foods that are completely off your list. They can be, but you just have to plan them in advance.

Beck Commentary: I found that a big reason that people go off their diets is that they get very tempted by a certain forbidden food, such as ice cream or Boston cream pie. And they succumb, they have a piece of it, and then they think, "Well, I can never have this again, so I might as well just go to town tonight and have as much of it as I want and start again tomorrow." And of course, then that often leads to weight gain. And, so I want people to have in their minds, "I can really have whatever food I want. I just have to plan it, and I can't have too much unhealthy or relatively less healthy food, or high-calorie food, on one given day, but I can always have a moderate piece, and I can always have some more tomorrow."

Beck: Okay. So what most people, what works for most people—but we'll have to talk about the timing of this--is to start out with breakfast, snack, lunch, snack, dinner, snack. It might not work for you. And what you find that you might need to do is breakfast, lunch, snack after work, dinner...

Anne: At least.

Beck: Snack.

Anne: An after-dinner snack?

Beck: Oh, absolutely.

Anne: Whoa.

Beck: I think it's really important for many people, not for everybody, but for most people...

Anne: I won't feel like I'm dieting if I do that.

Beck: That's it exactly. You know you can have a treat every single night.

Anne: Wow.

Beck: For the rest of your life.

Anne: Wow.

Beck: So it's the art of the possible. What some people do, which I don't think will work for you, is breakfast, lunch and dinner and then have two snacks or even three snacks after dinner. But I think you really need one before dinner.

Anne: Yeah.

Beck Commentary: Although Anne is not going to change her food intake now, I give her a preview of how she might organize her meals and her snacks later on. And I give her the message that it's going to be important to do some experiments to see what really works for her.

When she actually gets to the point of mastering the skills and then moves

into

changing her eating, I'll have her plan her meals and snacks in advance,

write them down—usually takes about a minute and a half the night

before or in the morning—and then as she goes through the day, she’s going to check off what she ate, cross off what she didn’t eat, but also, very importantly, write down any food she ate that wasn’t planned. So important for dieters to become accountable and to really notice every bite of food they’re putting in their mouths.

Beck: Let’s talk about hunger for a minute. Now, most people are really concerned with being hungry. Even if they have no background like the one that you’ve had, they’re concerned about being hungry. And what I have them do, just for one day if it’s okay with their doctor, is go from breakfast to dinner without eating. So if I say that to you, does that—but you skip breakfast and lunch sometimes, right? So you—so it doesn’t sound like you have a fear of hunger.

Anne: Not a fear of being—of hunger.

Beck: Yeah.

Anne: Not so much. I know that I was, as a child, I was stealing food because...

Beck: Right.

Anne: Hoarding.

Beck: Yeah.

Anne: If you could. But I don’t feel the hunger.

Beck: Yeah.

Anne: So.

Beck: Now because you mix up, because you’re like everybody else, hunger and desire to eat...

Anne: Yeah.

Beck: You might sometimes have the thought, “Oh, I’m really hungry for this. I have to have it.” And what might be helpful for you to remind yourself is hunger is never an emergency. You know, unless you have a medical condition.

Anne: Oh, the going through, and somebody has sent in goodies for the teachers, you know?

Beck: Yes.

Anne: And I want that.

Beck: Yes.

Anne: And I want... but I want it here.

Beck: Exactly. And so...

Anne: I recognize that.

Beck: What you might want to do is to take it and wrap it up really well, and save it to eat for your nighttime snack.

Anne: Oh.

Beck: You can always do that. That's what I do. People bring stuff into our kitchenette too.

Anne: Yeah.

Beck: And if there's something that I really like better than the candy I have waiting for me at home, I just take it with me.

Anne: I can have it, just not right this minute.

Beck: Exactly. That's it exactly. So I'm going to say, "Save treats for end of day."

Anne: So instead of just denying myself, I could just say, "Yeah, I can have it. I just, not right now."

Beck: That's right. Just not now.

Anne: Okay.

Beck: So, but this is for later. This is for once you start changing your eating. You don't have to focus on that now. Okay.

Beck Commentary: I'm glad this came up in the session because it shows that we therapists make hypotheses, but sometimes our hypotheses are wrong. So I thought that the fear of hunger might be a major problem for Anne. It turns out that it's not, because then I recovered—I remembered that she had said she often skips breakfast and lunch, and that just doesn't happen with someone who has a fear of hunger. But then we start

talking about the fact that she might say to herself, "Oh, I'm really so hungry for such and such," and we came up with a response of what she'll need to tell herself if it's not a time to eat that food.

Anne: There's this impatient me that wants to go do it now because it sounds like such a good idea.

Beck: Oh. No. Well, you....

Anne: Okay.

Beck: You can, but you have to remind yourself, "I may not be able to do this consistently. And that's okay."

Anne: Yeah.

Beck: "I don't... my goal is not necessarily to do it consistently until I get to that point."

Anne: I need to be clear about that because I...

Beck: Yeah.

Anne: I would be hard on myself.

Beck: Yeah.

Anne: If I mess up.

Beck: Yes.

Anne: And I don't do it.

Beck: Oh. I better put down, "I should make mistakes."

Anne: Oh.

Beck: "Because I'm human." And I've gotten pretty good at this whole dieting thing and I still make mistakes. So you should make mistakes.

Anne: That's very freeing.

Beck: But one of the skills that you need to learn is how to limit a mistake.

Anne: Yeah. It's not...

Beck: And how to get yourself right back on track when you make a mistake. So you'll be reading about that in the book.

Anne: Because when making a mistake feels like failure—

Beck: Right. Exactly. Instead of just...

Anne: —that’s devastating.

Beck: Instead of just humanity.

Anne: Yeah.

Beck: Yeah. You’re going to make lots of mistakes in your eating. You’re going to make lots of mistakes in learning these behaviors. Because how could you otherwise? You know, I give people the example of if you wanted to learn how to play the piano and you’d never played the piano before, you wouldn’t expect yourself to sit down and be able to play a beautiful piece of music right away, right?

Anne: Yeah.

Beck: You’d know that you had to take lessons.

Anne: Practice.

Beck: And you’d have to practice. And you’d have to make mistakes. And you’d learn from those mistakes. And eventually you’d be able to move onto the next harder thing and the next harder thing and the next harder thing. It’s exactly the same thing with dieting. There’s this set of skills that you need to learn. And of course, you’re going to make mistakes along the way. But you’re going to learn one skill, like learning how to read your, the reasons to lose weight every single day until you’ve mastered it. Until it’s easy to get yourself to read it twice a day. Then you’re going to move on to the next skill, which is eating everything sitting down. And you’re going to learn that skill and get really good at that before you then move onto the following skill.

And if you want to make some changes in your eating right now, that’s fine. But I’m going to write down something you have to read. If I make changes in my eating now, don’t expect to be perfect. Don’t expect to be 100-percent consistent until I’ve mastered all the... we’ll call them pre-dieting skills.

Beck Commentary: Anne is eager to get started on changing her eating,

but I know from working with so many dieters that it's unlikely that she'll be successful in both learning the skills and changing her eating. So then we go into the idea that if she does try to change her eating, she should not expect perfection. This brings up some emotion in her eyes, and I can see again, one might be tempted to go after that affect and talk to her about what it means to make mistakes, what it means to her to be a failure. But I know that that's not going to help her learn the skills, and so we get back on track and I merely write down a card for her to read that will remind herself that if she does start changing her eating, that she can't expect to be perfect at it.

Anne: One of the things that I have learned in other arenas is to set myself up to win.

Beck: Yes.

Anne: Meaning rather than "I'm going to do this seven days a week," and, you know, and then if I ever don't do it, I've failed. I haven't kept my word.

Beck: Right.

Anne: But if I say "six days out of seven," I've given myself space to be human.

Beck: Yes.

Anne: And make mistakes without feeling that I've failed.

Beck: And I'd like you to see it a slightly different way, because the skills that I'm teaching you are skills that I do want you to do seven days a week.

Anne: Yes.

Beck: But, when you make a mistake—

Anne: Yes.

Beck: —is for you to say, "This isn't failure. This is human nature. And I'll start it, you know. I'll start right now to get back on track." So.

Anne: Okay.

Beck: So there are things that I do want you to have the overall goal of seven days a week.

Anne: Yes.

Beck: But allow yourself to make mistakes.

Anne: Okay.

Beck: And then learn how to recover from them.

Anne: Okay.

Beck: Okay. So let me summarize some of the things that we talked about today. We talked about, in terms of eating, that you're not going to make lifelong commitments in changing your eating until you've mastered the basic skills. You can try to make some changes now if you'd like, but you're also going to practice the skill of talking back to your thoughts that say, "Oh, I'm a failure."

Anne: And what?

Beck: I'm a failure.

Anne: Oh.

Beck: So maybe I better write that down. "If I have the thought, 'I'm a failure,' tell myself that's not true. I just made a mistake." You know what? Doesn't this sound a little bit like Montessori, where you work?

Anne: Well...

Beck: Mastering the skill.

Anne: "You did a mistake, do a retake."

Beck: I love that. I may steal that from you.

Anne: Feel free.

Beck: Mistake...

Anne: Do a retake.

Beck: Do a retake. Perfect.

Anne: Yeah.

Beck: Oh.

Anne: "I don't want it, I really don't want—"

Beck: Oh. I'm going to blog about that one.

Anne: —I don't want to focus on what's wrong here—

Beck: Yeah.

Anne: —but what did you learn and where do you go from here?”

Beck: That's exactly the essence of my book. That is it.

Anne: Oh yeah.

Beck: Exactly. That is it exactly.

Anne: So I teach it to the children. Now I need to get myself permission...

Beck: Just to apply it. Right.

Anne: Live it myself.

Beck Commentary: In cognitive therapy in general, I pay attention to patients' interests, their vocations, their passions, and then I try to use this information in the service of the therapy. So here I've suddenly remembered that she teaches in a Montessori school—she, in fact, has her own Montessori school—and how similar the principles of Montessori are to dieting. So this fits in perfectly. And in fact, I pick up on the fact that she's got her own wonderful phrase: "Mistake? Do a retake." So this is something common that goes on in her everyday life. Now she just needs to apply it to dieting.

Beck: Now I've written down a number of things for you here. And I'll give you the notes. And I'd like you to read these notes every single day for a very long time. Because what we have to do is to set you up for the difficult times. And that's why, again, we don't change our eating right away. We're not on a large-scale basis because we want you to master these skills. Now, you don't need to read all of the reasons to lose weight necessarily every single day, but we don't know what days you're going to need it and what days you're not.

Anne: So.

Beck: So that's why you have to read them every single day for a very long time.

Anne: Yeah. When you step into your day, you don't know what it's

going to be like.

Beck: Exactly. Exactly. So you have to prepare yourself. “Today could be a difficult day so I better practice my skills. I better read these notes.”

Anne: Kind of like mental muscles. You know?

Beck: That’s it exactly. It is. It’s developing the mental muscles.

Anne: Yeah.

Beck: That’s it. So, one of the things you’re going to do is to read this list of reasons twice a day. Another thing you’re going to do is to read these notes twice a day. Another thing that you’re going to do is to be gracious to yourself about making mistakes. You’re also going to work on being good to yourself. So as you’re mastering the skills, that’s when you’re going to start buying yourself new clothes. And there are a number of other skills that you’ll see in one of the books. And you’re just going to do one skill, master it before you move on to the next. And when you make a mistake, you’re going to take a retake.

Anne: Okay.

Beck: How does that sound?

Anne: I like it.

Beck: So is there anything we talked about today that doesn’t sit right with you?

Anne: The only place where I felt that anxiety of moving towards something that feels really good and then having that just a little bit of concern. Just that what you’ve been very good about picking up on...

Beck: Yeah.

Anne: That I shouldn’t set myself up to have to do it perfectly—

Beck: Yes.

Anne: —for it to work. Because it, moving in that direction even if I have some mishaps along the way...

Beck: Yeah.

Anne: I could still get there as long as I don’t quit.

Beck: Exactly. So you might think to yourself, “What would I tell my kids?”

Anne: Yeah.

Beck: And then apply that to you. And you’re going to make some mistakes along the way because sometimes you might forget to do that, or it might be hard to do that just like your kids. But what happens with them? They practice day after day after day.

Anne: Yeah.

Beck: And then eventually some things become automatic.

Anne: Yeah.

Beck: And this will for you too.

Anne: Yeah. Like the little ones you see that just learning to walk and....

Beck: Yeah.

Anne: They fall down. They get up.

Beck: That’s right.

Anne: They fall down. They get up.

Beck: That’s right.

Anne: They don’t quit.

Beck: Exactly.

Anne: Because they just have that drive. But there’s enough of the right reasons.

Beck: Yeah.

Anne: Can keep me focused.

Beck: That’s right.

Anne: On moving in that direction. And, it seems to me and I’m looking forward to reading your book and getting further—

Beck: Yeah.

Anne: —clarity of about exactly how to go through the steps and the

checklists. But it seems like this approach is kinder to myself.

Beck: Oh, absolutely.

Anne: Than other things that I've tried many times.

Beck: Yeah. Right. And I think that's one of the problems you've had in the past. And again, it's not your fault that you've had these problems. You just didn't know the formula.

Anne: Yeah.

Beck: Anyway I'm so glad you came in today.

Anne: Thank you so much.

Beck: It's really a pleasure.

DISCUSSION

Yalom: Wow, that was a very impressive session on a number of levels—the amount of detail, I mean, you're clearly very well-versed in the subject matter. But one thing that struck me is just the natural alliance you developed with her. You found a way to really personalize the session. And it dispelled a lot of myths that people have, or I hope it will dispel a lot of myths people have, about cognitive therapy being mechanical or rote or, you know, prescriptive, because that certainly was anything but that.

Beck: You know, it's very important for any client. Whether it's a weight-loss client or someone who's struggling with other problems, it's very important to have a very strong therapeutic alliance with the client. And there are a several things that I think I did during this session. One of the things was that I used positive reinforcement whenever I could.

Yalom: Yes, you did.

Beck: So I'd say, "That's good." I'd say, "Yes, that's it exactly."

Yalom: I remember when she reported climbing, I think it was Mt. Whitney, and you just spontaneously said, "Wow, that's great!" You were clearly genuinely enthusiastic.

Beck: That's right. So I was very genuine with the patient, and I really

did express what I was feeling inside. Another thing that I did was when I interrupted her, I tried to do it gently, and I was watching to make sure that the interruptions didn't bother her. But it was so important to interrupt her at times so that I could keep us on track.

Yalom: Because this is different than an ongoing session. We knew in advance that this was going to be a single consultation or coaching session.

Beck: Actually, I interrupt all of my patients, even when it's ongoing treatment. The patients don't know ahead of time what information I really need and what information I don't. And so I gently interrupt to keep us on course, and then I just watch to see if patients get disturbed by that—then I'll stop and I'll apologize, because I've made a mistake by interrupting too much, and then we'll go on from there.

Another thing I did was to ask for feedback at the end of the session. So I said, "How does this sit with you?" If this had been a regular therapy session, not a weight loss session, I probably would have gone further and just said, "Was there anything you thought I got wrong, or anything I said that bothered you, or anything you want to do differently next time?" And there's one more thing that I did, and that is that I used some self-disclosure. So I wanted her to feel as if I was giving something of myself, and I do that whenever I feel as if it's relevant. But again, that really helps strengthen the alliance.

Yalom: Right. One thing that really struck me is how much of the session you devoted to preparing her—writing the cards, thinking about what to be writing the cards, even planning how she was going to read the cards—many things like that, that you didn't... You told her it may take quite a bit of time before she's even ready to diet. But a lot of preparatory work.

Beck: That's right. So in the general scheme of things, I have in my head that she's been unsuccessful so many times in the past, it's going to be really crucial that she be successful this time. So I want to teach her these skills before she changes her eating. Really, the thrust of the program is to prepare her for the difficult times. You know, dieting is usually easy for people at first, because when do they start to diet? It's when they feel really highly motivated. And so for the first few

days, the first few weeks, especially when the weight comes off very quickly, their motivation is very high. But dieting gets more difficult for everybody, either within the first couple of days, the first couple of weeks or months. And the thrust of the program is teaching them the skills that they need so that when dieting gets more difficult, they'll know exactly what to do.

Yalom: So you're really preparing them for the long haul.

Beck: I am. And the other thing that's important for people to know is as they practice and master the skills, dieting gets easier and easier and easier. But it periodically gets difficult again for everyone. And probably throughout dieters' life spans, it may get more difficult if they're having more stress in their life, they're feeling more emotional, just different problems are coming up. They maybe have more of a problem in controlling the food because the environment is different. So dieting is supposed to get harder for people, but master the skills and you can always go back to them.

Yalom: One thing I noticed—when you talked about making mistakes, and that was okay and in fact that was to be expected, and that was an example of bringing in skills or principles from cognitive therapy and applying it to her. And specifically because she was someone that struggled with that.

Beck: Yes. You know, this is what happens when dieting gets more difficult for patients. They make a mistake, and then they have this all-or-nothing thinking. "Oh, no, I can't believe I did that. I'm so bad that I ate this food. Oh well, I might as well give everything up and eat whatever I want for the rest of the day, and start again tomorrow." And of course, this is very demoralizing when they get on the scale the next day and the scale has gone up. So I try to prepare patients in advance, that of course they're going to make mistakes in their eating, but they need to just learn the skill of how to get back on track right away, how not to compound one mistake with another. Now, with Anne, it sounded to me as if she is particularly self-critical when she makes a mistake. And my guess is that she probably has this sense of helplessness that kicks in. And I wanted to make sure that when she does make the mistakes, which are only natural, that she won't beat

herself up about it, she won't demoralize herself, but she'll just be able to go on.

Yalom: So one thing I wanted to ask you was, I think many therapists watching this video are doing general therapy practice, they don't specialize in weight loss. Now, they may get clients from time to time that come in and that's a primary presenting problem or concern, but I'm sure very often, I mean, given that a large percent of the population is overweight or struggles with dieting, that that would be one of many issues. It may not be the presenting issue that comes in. But throughout the course, maybe they want to deal with relationship issues, and it turns out their weight and their self-image gets in the way of that. So how does this differ versus if someone is coming in specifically for weight loss, versus that is one of many issues they're dealing with?

Beck: When patients are coming in with a variety of issues, I really want to help them with the other issues first, before we tackle weight loss. You know, one of my strong themes is that it's too hard to learn the skills and diet at the same time. It's also too hard to try to solve other problems...

Yalom: If you're depressed or anxious.

Beck: Or having relationship problems, whatever it is. Too hard to solve those problems and also solve the problem of being overweight. So what I like to do is to postpone the goal of trying to lose weight until the other problems are resolved—they're functioning pretty highly, their moods are pretty good. And then we start tackling weight loss. And when we do that, then, tackling weight loss is really the same whether they came in with other problems or not.

Yalom: That seems somewhat counterintuitive, because sometimes people have to make positive changes in their life, and that's part of even a behavioral orientation, that that's going to make them feel better.

Beck: Yes.

Yalom: So you think if someone's depressed or anxious, and part of that is their body image, you think if you start to lose weight, that may

help them feel better.

Beck: It may. And so what I really have to do is to conceptualize the case. If I have someone coming in with a clinical depression and a major reason the person is depressed is because they're overweight, I still have to look at what's going on in their life. If they're clinically depressed and they've started to isolate themselves, they're not concentrating well at work, maybe they're not sleeping too well, maybe they're not calling on their friends, maybe their household is in disarray, I still want to work on those depression-related problems first and then get to the weight loss—although all along the way, I probably will work with the problem of a poor self-image, and help the patient start to value herself for the positive qualities she has, and help her see that her weight is the most superficial aspect about her. It's not who she is inside. So I will work on the self-view earlier or before we get to the dieting issue itself. But I do want to make sure she's functioning really well in her day-to-day life before we tackle weight loss.

Yalom: That's going to maximize the chance of successful work on weight loss?

Beck: That's right.

Yalom: And will you let them know, like, "Yes, I want to work on this with you, but I think we're going to have more success working on it if we put that off for a bit"?

Beck: Exactly. I give them a rationale for that, and I tell them my experience in working with other patients, and then I say, "How does that sound to you?" Now, if they're really insistent and they want to work on the weight loss, I'll compromise with them and say, "How would it be if we split the sessions, then, and we spend part of the time working on some of these other issues that you're encountering day-to-day, and then we spend half of the time on weight loss?" And sometimes that works quite well. And if doesn't I just will bring that up to the patient and we'll figure out what to do.

Yalom: What would you say are some of the common mistakes, errors, or that general therapists who don't specialize in this issue make when working with people around weight loss or people who

want to lose weight?

Beck: Well, one of the problems is that they give patients homework that is just way too difficult. So they'll go right into a behavioral plan: "I want you to eat everything sitting down and no distractions. I want you to limit yourself to three meals and three snacks a day." And they don't do the preparatory work that will allow people to be able to make those behavioral changes on a very consistent basis. They give them too much to do. They don't specify exactly how they are to do these behaviors. And particularly, they don't look for the cognitions that will get in the way, such as, "Oh, it's okay if I watch TV while I'm eating right now. Later on, I'll follow that behavior that I'm supposed to do."

Yalom: And these are therapists that are already working somewhat specifically, and I would imagine there are a lot of therapists that just say, "Why don't you go to Weight Watchers or something, and report back," but don't even get into that much detail.

Beck: They probably do. And my guess is that their patients do lose weight, or many patients do, anyway, with a program like Weight Watchers. The real difficulty is going to be in the patient's being able to keep that weight off.

Yalom: So, what would you recommend for therapists who want to increase their skill in this, in addition to reading your books, of course?

Beck: Yeah. One thing is—and this is hard for therapists to do completely, sometimes, particularly if they've never had a weight problem themselves—but is to put themselves in the shoes of the client, and to ask themselves, "Gee, if I were the client and had the client's history, the client's current level of functioning, the client's type of thinking and thinking mistakes, would I really be able to follow through with the assignment that I'm giving the client?"

Yalom: Yeah. I think it is hard.... That's something I've never struggled with, and I think it's hard for someone who hasn't to think that this client, as she said, dozens of times in her life has tried to lose weight. And yet that's certainly the basic skill that all therapists should

have, is of empathy and really trying to put ourselves in our clients' shoes, whatever their situation is.

Beck: And I think most therapists are quite competent at doing that, except in the feature of giving clients homework. Because what I've found is that many therapists, not only those who are working with weight loss, but working with any problem, tend to way overestimate what clients are able and willing to do, and they don't uncover the obstacles that might get in the way. And one of the most important questions they fail to ask is, "How likely are you to do this this week?" If clients say, "90- to 100-percent likely to do it," they probably will. If they say "I'm 75-percent likely to do this assignment," it probably means, "I'm not completely sold on this, and I'll do some of it, mostly to please you, but I won't do all of it." And when clients say 50-50, that means "I'm not going to do it but I don't want to tell you that."

Yalom: Right. So you might explore with them why it's that low...

Beck: That's right.

Yalom: Or what would need to change to increase the percentage of certainty.

Beck: "So you're 75-percent sure? What's the other 25 percent?" And I don't want clients to leave my office, whether they're weight-loss clients or not, without being really remarkably sure that the patient is going to be able to go ahead and follow the assignment.

Yalom: Well, thank you so much for participating in this. I think and hope that it will be an important and useful training vehicle for therapists to want to learn more about your approach. And, thanks again.

Beck: Thanks very much.

Video Credits

Producer: Victor Yalom Interviewer Victor Yalom
Director of Photography Corryn Cue Post-Production & DVD
Authoring John Welch
Audio Post-Production June Miller
DVD Artwork Julie Giles
Still Photography Rafal Mietkiewicz

Special thanks to Dr. Judith Beck for sharing her expertise and to Anne for generously sharing her story.

Copyright © 2010, Psychotherapy.net, LLC

Earn Continuing Education Credits for Watching Videos

Psychotherapy.net offers continuing education credits for watching this and other training videos. It is a simple, economical way for psychotherapists—both instructors and viewers—to earn CE credits, and a wonderful opportunity to build on workshop and classroom learning experiences.

- Visit our CE Credits section at www.psychotherapy.net to register for courses and download supplementary reading material.
- After passing a brief online post-test you will receive your **Certificate of Completion** via email. Voila!
- **CE Approvals:** Psychotherapy.net is approved to offer CE courses for psychologists, counselors, social workers, addiction treatment specialists and other mental health professionals.
- **CE Available for your Organization:** Our CE courses can be used for staff training; contact us for details.

Psychotherapy.net also offers CE Credits for reading *online psychotherapy articles* and *in-depth interviews* with master psychotherapists and the leading thinkers of our times.

To find out more, visit our website, www.psychotherapy.net, and click on the *CE Credits* link. Check back often, as new courses are added frequently.

About the Contributors

VIDEO PARTICIPANT

Judith Beck, PhD, Featured Therapist, is the Director of the Beck Institute for Cognitive Therapy and Research in suburban Philadelphia and Clinical Associate Professor of Psychology in Psychiatry at the University of Pennsylvania.

Dr. Beck is internationally renowned in the field of Cognitive Therapy. She wrote the basic textbook, *Cognitive Therapy: Basics and Beyond*, which has been translated into 18 languages, and she has authored several other books and numerous articles and chapters on various applications of Cognitive Therapy. She has presented hundreds of workshops in the United States and abroad, and is a past president of the Academy of Cognitive Therapy.

Judith Beck is involved in many different professional activities. She and her father, Aaron T. Beck, M.D., established the non-profit Beck Institute in 1994. She directs the three major functions of the Beck Institute: education, clinical care, and research. She divides her time between supervision, clinical work, administration, research, program development, and writing. She is a consultant for several National Institute of Mental Health research studies and teaches Cognitive Therapy worldwide.

Victor Yalom, PhD, Interviewer, is the founder, president, and cartoonist of Psychotherapy.net. He maintains a private psychotherapy and consultation practice in San Francisco and Mill Valley, California. He has conducted workshops in the United States, Mexico, and China.

MANUAL AUTHORS

Ali Miller, MA, MFT, is a psychotherapist in private practice in San Francisco and Berkeley, CA. She works with individuals and couples and facilitates therapy groups for women. You can learn more about her practice at www.AliMillerMFT.com.

Erika L. Seid, MA, LMFT, Educational Programs Manager at Psychotherapy.net, is a practicing psychotherapist in the San Francisco Bay Area, specializing in cultural issues and sexual offender treatment.

More Psychotherapy.net Videos

New videos are added frequently. Visit us at www.psychotherapy.net or call (800) 577-4762 for more information.

The Ackerman	<i>Couples and Infertility</i>
	<i>Gender Differences in Depression</i>
Institute Constance	<i>Making Divorce Work</i>
	<i>Couples Therapy: An Introduction</i>
Ahrons	<i>"I'd hear laughter"</i>
Ellyn Bader & Dan Wile	<i>Irreconcilable Differences</i>
Insoo Kim Berg	<i>Treating Alcoholism in Psychotherapy</i>
	<i>Existential-Humanistic Psychotherapy in</i>
Stephanie Brown	<i>Action James Bugental: Live Case Consultation</i>
James Bugental	<i>Trauma and the Body</i>
Tian Dayton	<i>Healing Childhood Abuse through</i>
	<i>Psychodrama The Therapeutic Community</i>
	<i>Exploring Narradrama</i>
George De Leon	<i>Assessing ADHD in the Schools</i>
Pamela Dunne	<i>Classroom Interventions for ADHD</i>
George J. DuPaul & Gary Stoner	<i>Down Every Year: A Demonstration of Depth</i>
Bruce Ecker	<i>Oriented Brief Therapy</i>
	<i>Tools and Techniques for Family Therapy</i>
John Edwards	<i>Coping with the Suicide of a Loved One</i>
Albert Ellis	<i>Rational Emotive Behavior Therapy for</i>
	<i>Addictions</i>
Stephen Feldman	<i>Legal and Ethical Issues for Mental Health</i>
	<i>Professionals</i>
	<i>Cognitive Therapy for Depression</i>
Arthur Freeman	<i>Suicide and Self-Harm</i>
Linda Gask	<i>Invisible Child Abuse</i>
The Glendon Association	<i>Sex, Love and Intimate Relationships</i>
	<i>Understanding and Preventing Suicide</i>
	<i>Voices About Relationships</i>
	<i>Voices of Suicide</i>
	<i>The Psychological Residuals of Slavery</i>
	<i>The Angry Couple</i>
	<i>Coming Out</i>
Ke n ne t h V. H a r d y	<i>Harville Hendrix on the Healing Relationship</i>
Susan Heitler	
Karin Heller & Bill Domonkos	<i>Family Secrets</i>
Harville Hendrix	<i>Children of the Camps</i>
Evan Imber-Black	
Satsuki Ina	

Arnold Lazarus	<i>Arnold Lazarus: Live Case Consultation</i>
Steve Lerner	<i>She's Leaving Me</i>
Ronald Levant	<i>Effective Psychotherapy with Men</i>
Hanna Levenson	<i>Time-Limited Dynamic Psychotherapy</i>
Peter Levine	<i>Resolving Trauma in Psychotherapy</i>
Marco J. D. Maida	<i>Jacob Levy Moreno: His Life and His Muses</i>
Rollo May	<i>Rollo May on Existential Psychotherapy</i>
Monica McGoldrick	<i>The Legacy of Unresolved Loss</i>
Donald Meichenbaum	<i>Mixed Anxiety and Depression:</i>
Scott Miller	<i>What Works in Psychotherapy</i>
Jacob Moreno	<i>Moreno Movies</i>
Zerka T. Moreno	<i>Psychodrama in Action</i>
	<i>Psychodrama, Sociometry and Beyond</i>
	<i>Zerka on Psychodrama</i>
	<i>Encounter Groups for Addictions</i>
Rod Mullen	<i>Explaining PTSD</i>
Frank Ochberg	<i>PTSD and Veterans</i>
	<i>The Counting Method</i>
	<i>Connecting with Our Kids</i>
George Papageorge	<i>Psychotherapy with the Unmotivated Patient</i>
Erving Polster	<i>Art Therapy Has Many Faces</i>
Judith Aaron Rubin	<i>Psychotherapy with Gay, Lesbian and</i>
Ron Scott (Producer)	<i>Bisexual Clients</i>
	<i>Positive Psychology and Psychotherapy</i>
Martin Seligman	<i>Becoming a Therapist</i>
	<i>The Abused Woman</i>
Erik Sween	<i>Therapeutic Communities in Prisons</i>
Lenore Walker	<i>"My Kids Don't Appreciate Me"</i>
Harry Wexler	<i>REBT for Anger Management</i>
Janet Wolfe	<i>The Gift of Therapy</i>
	<i>Irvin Yalom: Live Case Consultation</i>
Irvin Yalom	<i>Understanding Group Psychotherapy</i>

COUPLES THERAPY WITH THE EXPERTS SERIES

Sue Johnson	<i>Emotionally Focused Couples</i>
Pat Love	<i>Therapy Imago Couples Therapy</i>
Gus Napier	<i>Experiential Therapy</i>
Richard Schwartz	<i>Couples Therapy</i>
	<i>Internal Family Systems Therapy</i>

BRIEF THERAPY FOR ADDICTIONS SERIES

Bruce S. Liese	<i>Cognitive Therapy for Addictions</i>
G. Alan Marlatt	<i>Harm Reduction Therapy for Addictions</i>
Barbara S. McCrady	<i>Couples Therapy for Addictions</i>
William R. Miller	<i>Motivational Interviewing</i>
John C. Norcross	<i>Stages of Change for Addictions</i>
Robert E. Wubbolding	<i>Reality Therapy for Addictions</i>
Joan Eileen Zweben	<i>Integrating Therapy with 12-Step Programs</i>

CHILD THERAPY WITH THE EXPERTS SERIES

Jon Carlson	<i>Adlerian Parent Consultation</i>
Janet Sasson Edgette	<i>Adolescent Family Therapy</i>
Gerald Koocher	<i>Psychotherapy with Medically Ill</i>
Terry Kottman	<i>Children Adlerian Play Therapy</i>
Stephen Madigan	<i>Narrative Therapy with Children</i>
Bruce Masek	<i>Cognitive-Behavioral Child Therapy</i>
John J. Murphy	<i>Solution-Focused Child Therapy</i>
Violet Oaklander	<i>Gestalt Therapy with Children</i>
David Scharff	<i>Object Relations Child Therapy</i>
Anin Utigaard	<i>Person-Centered Child Therapy</i>
Robert E. Wubbolding	<i>Reality Therapy with Children</i>

PSYCHOTHERAPY WITH THE EXPERTS SERIES

Insoo Kim Berg	<i>Solution-Focused Therapy</i>
James Bugental	<i>Existential-Humanistic Psychotherapy</i>
Jon Carlson	<i>Adlerian Therapy</i>
Mary Goulding	<i>Transactional Analysis</i>
Kenneth V. Hardy	<i>Family Systems Therapy</i>
Allen Ivey	<i>Integrative Therapy</i>
Jeffrey Kottler	<i>Integrative Counseling</i>
John Krumboltz	<i>Cognitive-Behavioral Therapy</i>
Arnold Lazarus	<i>Multimodal Therapy</i>
Donald Meichenbaum	<i>Cognitive-Behavioral Therapy</i>
Natalie Rogers	<i>Person-Centered Expressive Arts Therapy</i>
Ernest Rossi	<i>Mind-Body Therapy</i>
Jill Savege Scharff	<i>Object Relations Therapy</i>
Lenore Walker	<i>Feminist Therapy</i>
Robert E. Wubbolding	<i>Reality Therapy</i>

