Break Free from ED

An Active Guide to Recovering from Your Eating Disorder

Module 4

Self-Monitoring

Introduction	2
Self-Monitoring	2
How to Complete Your Self-Monitoring	3
Example Self-Monitoring Form	4
Common Barriers to Self-Monitoring	5
Helpful Tips for Self-Monitoring	6
Reviewing Your Self-Monitoring	6
Blank Self-Monitoring Form	8
Weekly Progress Tracker	9
Module Summary	10

If you are restricting your food intake, using self-induced vomiting, over-exercising, laxatives or diuretics for weight-control, or have lost weight recently, it is important that you talk to your medical practitioner and get a full medical check-up, as there are many physical complications that can arise as a result.

This information provided in this document is for information purposes only. Please refer to the full disclaimer and copyright statements available at www.cci.health.wa.gov.au regarding the information on this website before making use of such information.

Introduction

In Module 3 we discussed the factors that impact the number on the scale and corrected some myths about weight. We also introduced weekly weighing, which encourages you to consider patterns of weight over four weeks, rather than interpreting a single number. In this module, we aim to help you gain a better understanding of your eating patterns by introducing another strategy called **self-monitoring**.

Self-Monitoring

What is self-monitoring?

Self-monitoring is a way of recording your patterns of food and fluid intake throughout the day. It includes recording what you ate, where you ate and any eating disorder behaviours you may have engaged in (e.g., vomiting, misusing laxatives). It also captures information about what you were doing, and your thoughts and feelings at the time.

Why is self-monitoring important?

The aim of self-monitoring is to **increase your awareness** of the situations, thoughts, feelings, physical sensations and behaviours that keep your eating disorder going. Stepping back to develop this awareness will help you work on doing things differently in the moment, to see what happens as a result.

We can liken self-monitoring to a sportsperson reviewing gameplay with their coach to see what went well, where the plan didn't work out and identify areas for improvement. In doing so, the sportsperson is in a better position to try new strategies aimed at defeating their opponent. You might be working through this with a health care professional who can act as your coach. Or you might be your own coach reflecting on what happened at the end of each day.





How to Complete Your Self-Monitoring

Self-monitoring is designed to be completed in real-time (i.e., during, or immediately after eating), every day, while you are working through these modules. We are going to ask you to record everything you eat or drink across the day, and also note down your thoughts, feelings and any eating disorder behaviours.

An example self-monitoring sheet is provided on the next page. Below are descriptions of each heading on the self-monitoring sheet to help you fill in your own records.

- Day and Date: record the day and date in the space provided so that you can keep your self-monitoring sheets in order. The sheets are designed to be completed one per day.
- Time: record the time you began a meal or snack.
- **Food and liquid intake:** record your food and liquid intake, including water, coffee or tea, or alcohol. Do not record calories. Do not measure your food. Record approximate quantities only (e.g. "handful of nuts", "small bowl of pasta").
- **Location:** be specific about the location of your eating. If you are at home eating on the couch, write 'couch in the living room' rather than just 'home'. This extra information may give you more insight into patterns that maintain your eating disorder.
- **Binge:** place an asterisk (*) in the binge column if you consider the event to be a binge episode (i.e., you think you ate more than what someone would in a typical sitting AND you felt out of control).
- **V/L:** if you vomit, record a 'V' in this column. If you used laxatives, record an 'L' in this column and write down how many you used. If you vomit or use laxatives outside of an eating occasion, record this and leave the food intake column empty.
- **Situation/thoughts/feelings:** record any other relevant information about what was happening, the way you were feeling, and the thoughts that popped up through the day that are relevant to your eating disorder. You may also include behaviours such as weighing yourself or checking your body.
- Exercise: if you exercise, record when, how much and what type of exercise you engaged in.





Example Self-Monitoring Form

Day: ____Thursday____ Date: _18_ / _03_ / _2022_

Time	Food & liquid intake	Location	* (Binge)	V/L	Situation/thoughts/feelings
11am	Low fat yoghurt and fruit	Kitchen			Feel good about this meal. Healthy.
1pm	Cup of tea, fruit and 4 biscuits	Mum's house			Didn't want to have the biscuits because I'm going out later but Mum brought them out so I had some. Only planned to have two but ended up having four.
8pm	Garlic bread (3 slices) Pasta (mine and half of my friend Sharni's) Sticky date pudding and ice cream	Restaurant	Kind of?		So much food! I couldn't stop eating until the waiter took everyone's plates. How do people just leave it? Feel guilty about all of the carbs
9рт	2 rows of chocolate	In bed, watching TV			Not even hungry? Why am I like this?
9.10pm	More chocolate, ice-cream, 2x pce toast	In bed	*	V	WHYYY?
9.30pm	2 more pce toast More ice cream	In bed	*	V	Stuff it, today is a write off. I'll get back on track tomorrow.

A blank self-monitoring sheet is provided for you to print and complete each day. Click here for an online fillable version.

During your first week of self-monitoring, the goal is to establish a baseline understanding of your eating as it is right now. You do not need to make any changes yet, just observe and notice patterns in your eating.



Common Barriers to Self-Monitoring

The idea of self-monitoring every day in real-time might feel daunting and like we are asking a lot of you. Research shows that individuals who consistently complete accurate, real-time self-monitoring from the time they start treatment are more likely to reduce their eating disorder symptoms than those who do not. So, if you think about it, this is a pretty important part of recovery! Let's address some of the common barriers to completing self-monitoring.

It will make my eating disorder worse

Sometimes, people worry that writing everything about their eating down on paper will backfire and actually increase how much they will be thinking about food, eating, shape or weight. It is not uncommon for people to experience a **short-term** increase in anxiety and preoccupation when they start self-monitoring. Remember, this is the first time you have seen it all on paper - this can be pretty confronting, and your brain is going to want to pay attention to that! But this is the first step in doing things differently. Increased anxiety and preoccupation are not expected to be long-lasting and should reduce as you begin to make changes.

I feel too ashamed or guilty to write it down on paper

People can also feel tempted to avoid recording certain foods or behaviours (such as binge eating) as this can bring up feelings of guilt or shame. Remember these feelings are normal in the early stages of recovery. Whilst it might feel easier to avoid these feelings in the short-term, leaving this information out of your self-monitoring will limit your progress and prevent you from collecting essential information about your eating patterns. If anything, these are the bits that are most important to write down. If you notice these feelings jot them down in your thoughts and feelings column (e.g. 'feel so ashamed').



It is too much work

From the outset, self-monitoring may seem like a lot of effort. The most effortful part will be remembering to complete the forms. Each entry should take no longer than 2-3 minutes, which is about 15-minutes each day. As you practice completing self-monitoring, it will become less effortful. Without self-monitoring, you may find it difficult to overcome your eating disorder.

I have done this before with a dietitian

Self-monitoring can look different when completed with a dietitian. Rather than just focusing on what you eat, this particular self-monitoring is also designed to help you to identify triggers, key thought patterns and emotions, and consider the impact of certain eating disorder behaviours in maintaining problems over the longer-term. Self-monitoring is the foundation upon which all other changes are built. We encourage you to try it and see how it may be different to forms you have completed before.



Helpful Tips for Self-Monitoring

It can be difficult to remember to complete your self-monitoring daily and in real-time. If you complete your forms at the end of each day then it will be difficult to remember back to exactly what was going on at the time of eating. Helpful tips for real-time self-monitoring include:

- Set alarm reminders for every meal and snack you eat for the first 2-weeks, or until you get into the routine of monitoring.
- Take your forms with you wherever you go. If you don't feel comfortable to complete your forms around others, you may prefer to record the same information in a blank notebook or on your phone and copy the information to your monitoring forms later in the day.
- Download a self-monitoring app. There are lots of different self-monitoring apps that are freely
 available to download, however be mindful that some may contain different information than what is
 suggested in this module. Two apps we have found helpful are Recovery Record and Rise Up. Selfmonitoring is such an important strategy, so completing it in our paper format, or through an app, is
 preferred to not completing it at all!

Reviewing Your Self-monitoring

It is important that you review your self-monitoring in detail each week. This review will help you to identify problematic patterns of eating and areas for change, and to notice what happens when you do things differently, or how you are progressing over time. Scheduling a day and time for your **weekly review** will help you to stay accountable to following through with this task. You may also wish to set an alarm reminder!

I will review my self-monitoring each week on:	
Day:	Time:

Once you have spent a week monitoring your baseline eating behaviours, you are ready for your first review. When reviewing your self-monitoring it can be helpful to look out for common patterns that emerge in your eating. For example, are you more likely to binge when you eat less during the day? Are there common emotions that tend to trigger restriction or binge eating? What foods are associated with vomiting or laxative use? How regular is your food intake and what impact does that have on your day?

You'll likely notice even more patterns to your eating as you work through more modules and understand all the factors that keep you stuck. Let's take another look at the example self-monitoring sheet to highlight examples of common patterns, then have a go yourself!



Example Review of Self-Monitoring Form

Day: ____Thursday____ Date: _18_ / _03_ / _2022_

Time	Food & liquid intake	Location	* (Binge)	V/L	Situation/thoughts/feelings	
Late 11am	Low fat yoghurt and fruit No carbs, diet food Cup of tea, fruit and 4 biscuits	Kitchen Mum's house			Feel good about this meal. Healthy. Didn't want to have the biscuits because I'm going out later but Mum brought them out so I had some. Only planned to have two but ended up having four.	
	BIG GAP (7-HOUR	S)				
8pm	Garlic bread (3 slices) Pasta (mine and half of my friend Sharni's) Sticky date pudding and ice cream	Restaurant Overeating?	Kind of?		Out of control So much food! I <u>couldn't stop eating</u> until the waiter took everyone's plates. How do people just leave it? Feel guilty about all of the <u>carbs</u> Broke my rule	
9рт	2 rows of chocolate	In bed, watching TV			Not even hungry? Why am I such a pig?	
9.10pm	More chocolate, ice-cream, 2x pce toast	In bed	*	V	WHYYY? Purging after sweet food is my pattern	
9.30pm	2 more pce toast More ice cream	In bed	*	V	Stuff it, today is a write off. I'll get back on track tomorrow.	
Exercise	I often crave carbs in the evening I ALWAYS say this!!!					

Your Self-Monitoring Form

Self-Monitoring Form



Day:	Date: / /
Day	Date / /

Time	Food & liquid intake	Location	* (Binge)	V/L	Situation/thoughts/feelings		
Exercise	Exercise (time and type):						

M	y Weekly	Progress	Tracker

From now on, we will ask you to complete a weekly progress tracker, so you can monitor your progress towards reducing your eating disorder symptoms and making behavioural changes. This review also helps you identify patterns in your eating, address any setbacks, and set goals for the next week.

First, complete your symptom tracker:

Eating Disorder Behaviour	Frequency (# days per week)	
Restrict or dieting		
Exercise (including time spent)		
Binge eating	# days	# episodes
Vomiting to control my weight/shape		
Laxative misuse		

Second, reflect on your self-monitoring:

,	nis week? e.g., "when I don't eat enough during the day, I tend e more irritable"; "I'm really struggling to focus with the amoun a binge"	
Third, review your homework from la	st week:	- -
Task	Completed?	

		_	
Finally, set some goals!	What do you war	nt to work on	this week?

(e.g., weekly weighing, complete self-monitoring every d	lay)	



Weekly weighing

Module Summary

- Self-monitoring aims to increase your awareness of the situations, thoughts, feelings, physical sensations and behaviours that keep your eating disorder going.
- Self-monitoring is designed to be completed daily, in real-time.
- Completing a weekly review of your records will support you to identify problematic patterns of
 eating and targets for change, as well as reflect on how you are progressing over time.
- Once you identify these patterns, you can begin to use different strategies to address them and start making changes to your eating in real time.
- While self-monitoring may seem like a daunting task, it is one of the most important tools used in recovering from your eating disorder.

Coming up...Food and Energy



About the Modules

CONTRIBUTORS

Samantha Bank (MPsych) Clinical Psychologist

Dr. Olivia Carter (DPsych) Clinical Psychologist

Dr. Bronwyn Raykos (PhD, MPsych) Senior Clinical Psychologist

Katharina Targowski (MPsych) Clinical Psychologist

Dr. Bruce Campbell (DPsych, MPsych) Consultant Clinical Psychologist

REFERENCES

These are some of the professional references used to create the modules in this information package.

Fairburn, C. G., Cooper, Z., Shafran, R., Murphy, R., & Hawker, D. M. (2008). *Cognitive Behaviour Therapy and Eating Disorders*. Guilford Press.

Waller, G., Cordery, H., Corstorphine, E., Hinrichsen, H., & Lawson, R., (2007). Cognitive Behavioural Therapy for Eating Disorders. Cambridge University Press.

Waller, G., Turner, H.M., Tatham, M., Mountford, V.A., & Wade, T.A. (2019). Brief Cognitive Behavioural Therapy for Non- Underweight Patients: CBT-T for Eating Disorders. Routledge.

ACKNOWLEDGEMENTS

We would like to thank Professor Glenn Waller (University of Sheffield), Professor Tracey Wade (Flinders University) and Dr. Louise Andony for their expert review of these modules. We would also like to acknowledge Dr. Sarah-Ashley Robbins from the Gaudiani Clinic for her review of select medical information and thank the entire Eating Disorders team at the Centre for Clinical Interventions.

IMAGES

All images in these modules were created by Alexi Bailey. Copyright © 2022 Centre for Clinical Interventions. Artwork is not to be used without permission of the owner in accordance with Australian Copyright Law.

"BREAK FREE FROM ED"

This module forms part of:

Targowski, K., Bank, S., Carter, O., Campbell, B. & Raykos, B. (2022). *Break Free from ED*. Perth, Western Australia: Centre for Clinical Interventions

ISBN: 978-0-9757995-2-9 Created: July, 2022

