



# BRE $\Delta$ KTHROUGH!

SESSION ONE: Mental and Metabolic Health Recovery

# Integrated Weight Management Therapy

## **Evidence-based practices include:**

- Motivational Interviewing
- Attachment Theory & Dependency
- Family of Origin Dynamics
- Addiction
- Relationship Dynamics
- Cognitive Behavioral Therapy; REBT\*
- Mindfulness
- Others

\*Rational Emotive Behavior Therapy



# The BreakThrough! Path to Recovery

**Recognition** (new information) provides insight into our behavior and traits. Teaches clients how to make healthy (long-term) choices to help them reach goals

**Resistance** takes advantage of brain plasticity. Affirmative self-talk and new skills help re-wire and re-orient impulsive or emotionally – driven behaviors

**Resilience** is a result of consistent and purposeful resistance. Describes new brain regulation that supports and advocates life-sustaining, healthy choices

**Recovery** encompasses both an improved capacity for optimal regulation as well as a new operating range (instead of set point).

# Alignment: IWMT and the 4 R Approach



## Recognition

New information provides insight into behavior and traits. Teaches clients how to make healthy (long-term) choices to help them reach goals.



## Resistance

Takes advantage of brain plasticity. Affirmative self-talk and new skills help re-wire and re-orient impulsive or emotionally – driven behaviors.



## Resilience

Is a result of consistent and purposeful resistance. Describes new brain regulation that supports and advocates life-sustaining, healthy choices.



## Recovery

Encompasses both an improved capacity for optimal self-regulation as well as a new operating range.



# IWMT: Mind, Mood and Health

**This course explores the psychological conditions that affect our mental and physical well-being.**

- Brain Health
- Brain and Body Connections
- Depression
- Anxiety
- Trauma
- Addiction
- Personality Styles



# Social and Environmental Determinants of Health

**This course also covers the important social and relationship dynamics that affect our well-being.**

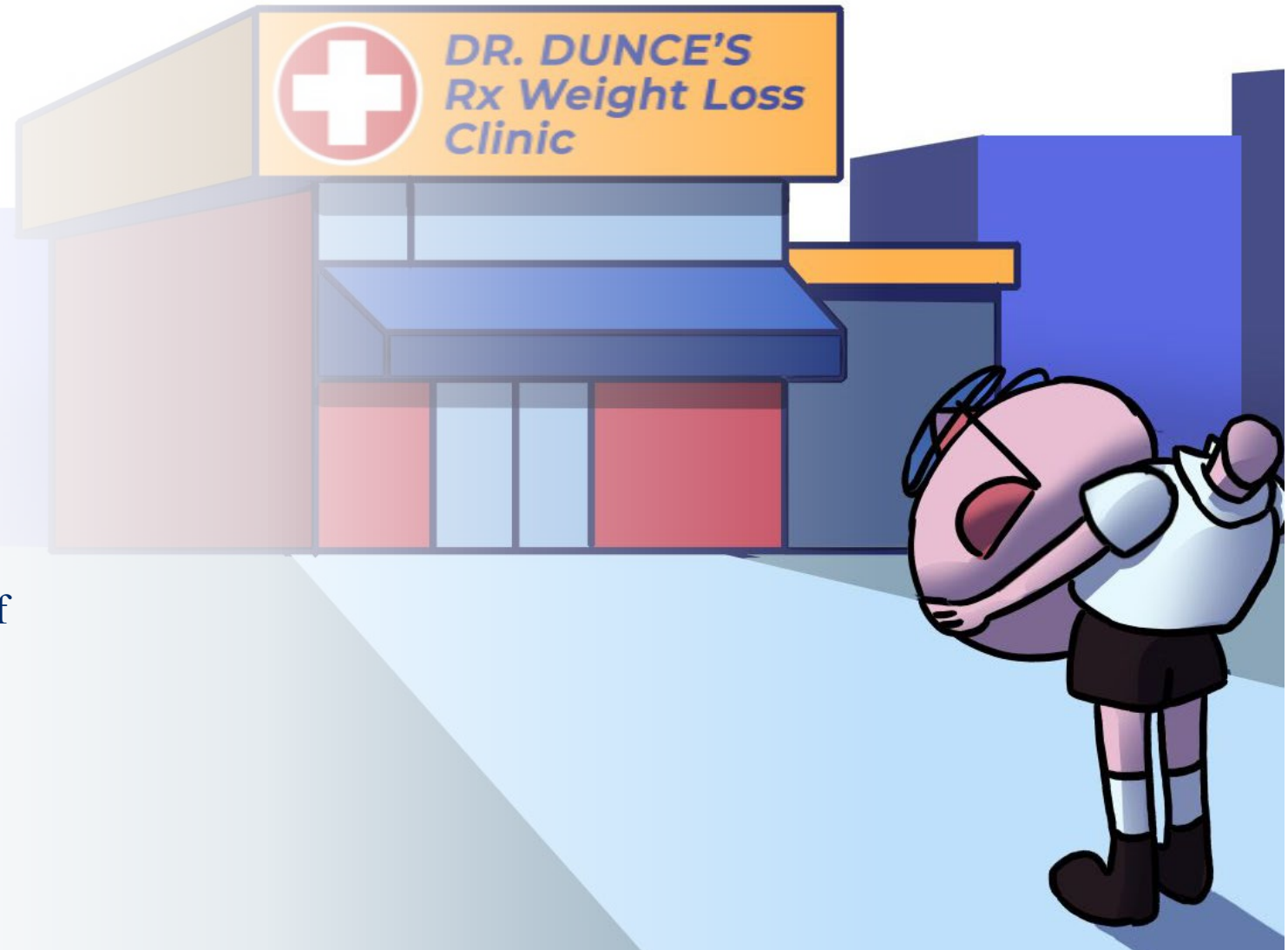
- Primary Relationships
- Communication Skills
- Family Dynamics & Attachment Style(s)
- Social Environment
- Workplace
- Community
- Social Media



# Mental Health is Metabolic Health

## Bi-directional Illness

- Our mental health is inseparable from our physical health.
- Taking a singular to recovery approach (diet, medication, exercise) from metabolic or cardiovascular disorders invariably fails.
- Team approaches to wellness include mental, physical, and social support.
- We can't treat the brain, body and psyche as if they're not connected!



# Mind – Body Everything is Interrelated

## DEPRESSION

Higher incidence of obesity and increased risk for developing type II diabetes

## ANXIETY & STRESS

Higher incidence of dysregulated eating

## TRAUMA

Higher likelihood of developing obesity

## ADDICTION

Food takes over as a mood-altering drug

## PERSONALITY

Self-view influences thoughts, behaviors and emotions

## CONFLICT

Relationships and other conflicts are fuel for emotional eating

## CULTURE

Family dynamics encourage food in place of emotional support

## DIET CHOICE

Poor nutrition increases likelihood and early-onset of cognitive disorders such as dementia and alzheimer's



## 1.2 Attachment Theory (AT)

**AT focuses on a child's bond with their mother through early stages of development.**

AT is significant as one of our first attachment experiences is food. As infants we associate a provider (usually the mother) with feelings of comfort and security.

### **Four attachment styles:**

- Secure
- Anxious-preoccupied
- Dismissive-avoidant
- Fearful-avoidant

Some of us with insecure styles may rely on the approval of others to feel good about ourselves or isolate to avoid pain and feelings of rejection..





# 1.2 What Fits? Self-Identifying Early Emotional Features

**BREAKTHROUGH!**



the style (or blend of styles) that develop mature into adulthood. Our style in turn relationships and friendships. So in a way it's important we develop an awareness of what we can do to change behaviors that

Four basic attachment styles are dismissive-avoidant, and fearful-avoidant however most people will have a blend of an external (vs. internal) locus of control simply means that we're more likely to rely on others to feel good about ourselves.

**BREAKTHROUGH!**

**Anxious – Preoccupied**

- Early attachment needs were unsatisfied
- Left craving love, nurturing and affection
- • Begin to doubt that they're worthy
- Trained to expect conditional approval
- • Desperate but unsuccessful attention
- • Alternates between distancing in relationships and craving attention
- • Hypersensitive to criticism
- • Emotions may escalate quickly in relationships
- • Experience with abandonment, rejection
- • Sometimes hard to separate what's real from what's imagined

**Dismissive-Avoidant**

- Early attachment needs were unsatisfied
- • Makes the decision that close relationships are not worth the effort
- • They distance or attempt to wall themselves off
- • Struggle to develop emotional intimacy
- • Willingly put on a suit of armor to avoid vulnerability
- Professional endeavors are likely to be successful
- May turn to partners who do not challenge them
- With maturity recognition that they are not as self-reliant as they thought
- Onset of deep depression

**Fearful-Avoidant**

- Early attachment needs were unsatisfied or inconsistent
- • This individual still wants to have meaningful and deep relationships with others
- May have experienced maternal neglect, abuse, or significant instability such as abandonment, divorce, or foster care placement
- Maternal figure is avoidant and discouraging of dependency
- • A pervasive fear of rejection, a deep-seated distrust of others, and low self-worth, hampers the development of relationships
- • Wants to be close with others but when the vulnerability and fear takes over, they withdraw
- • Feel as though they can never escape a sense of emptiness
- • Feel that they can never do or be "enough"

**Recognition:** Place a checkmark beside any of the attributes that describe your early interactions. Identify any associations to people past and present.

• ... unpleasant reactions or emotions?

# Features of Anxious- Preoccupied

---

Early attachment needs were unsatisfied or inconsistent.

---

Left craving love, nurturing and intimacy.

---

Doubts of being worthy of love.

---

Conditional approval - makes it difficult to trust.

---

Desperate but unsuccessful attempts to try and please a parent.

---

Alternating between distancing in resentful hurt and anger and desperately wanting attention.

---

Hypersensitive to criticism.

---

Emotions may escalate quickly if needs for validation or reassurance aren't unmet.

---

Experience with abandonment, rejection, or inadequacy can cause emotional flooding

---

Sometimes hard to separate what happened in the past and the reality of a present situation.

---

# Features of Dismissive- Avoidant

---

Early attachment needs were unsatisfied or met inconsistently.

---

Feels that close relationships with others are unnecessary and messy.

---

Tries to distance or attempt to wall off painful memories from an early age.

---

Developing emotional awareness or sensitivity is challenging.

---

Willingly puts on a suit of armor that shines with confidence but effectively hides deep insecurities and social awkwardness.

---

Professional endeavors are likely to be successful but left unchallenged it's easy to develop compulsive or self-centered traits.

---

May turn to partners who do not need authentic intimacy to meet their needs.

---

With maturity the recognition that they settled can be painful, frustrating and lead to the onset of deep depression.

# Features of Fearful- Avoidant

---

Early attachment needs were unsatisfied or met inconsistently.

---

Still wants to have meaningful and deep relationships with others.

---

May have experienced maternal neglect, abuse or significant instability such as abandonment, divorce, or foster care placement.

---

Maternal figure is avoidant and discouraging of dependency.

---

A pervasive fear of rejection, a deep-seated distrust of others, and low self-worth, hampers the development of relationships.

---

Wants to be close with others but when the vulnerability and fear feels overwhelming wants to withdraw or flee.

---

Feels as though there's no escape from a sense of emptiness.

---

Feels as though there's no way to ever "do or be enough."

---



## 1.3 AT and Emotional Dependency

**When our relationship / nurturing needs aren't satisfied, we may turn to other behaviors such as excessive volunteering, gambling, smoking, eating, work, gaming, shopping, substance use or even infidelity.**

- When we're down its our natural coping strategy to do things that might make us feel better.
- When we act out, we will feel internal conflict.
- Internal conflict increases feelings of hopelessness, anger or despair. If this goes on long enough, we may develop depression or other mental health conditions.



# 1.7 Cognitive Behavioral Therapy

**CBT is based on the principle that dysfunctional thinking gives rise to the development and maintenance of psychological distress.**

***In other words: What we think is keeping us stuck!***

- Emphasis on examining self-defeating beliefs and behaviors.
- Explore how thoughts are affecting day-to-day life.
- How thoughts are affecting relationships (social & work).
- Is typically directive with specific goals, techniques and skills designed to promote behavioral change.
- Focus is on the present – it doesn't particularly address the past, so it is sequenced with FO exploration.



## 1.9 Rational Emotive Behavioral Therapy

---

Ellis' basic theory behind REBT is:

**“If we change how we think about ourselves; everything else changes in turn.”**

REBT supports the process of constructing a positive, engaged, sense of self

REBT focuses on several components:

Action, Beliefs and Consequences.  $A + B = C$ .

When we pair what we Believe with Action of some sort, there will be Consequences. The key here is examining how Beliefs manifest Consequences.





# 1.10 Choice Points and Mindfulness

---

**Choice points - those brief moments we recognize a situation can go one of two ways, and...we have the opportunity to choose or influence the outcome.**

Once you begin to develop an awareness of your thoughts and emotions (vulnerabilities) you can identify some of your choice points.

Research in the treatment of depression, anxiety, and stress disorders all suggest and endorse the use of mindfulness-based skills for emotional regulation.



## 5.3 Depression and Self View

**From the cognitive and emotional perspective, depression often reflects of our self-view:**

- How we see ourselves,
- Our relationships with others,
- How we think others see us, and
- Whether we believe we can do anything to change these conditions.



## 5.4 Influences on Self-View

Parents, teachers, coaches, family, peers, and mentors influence how we see and feel about ourselves.

This can be a result of what's said to us or conveyed by body language such as disappointment, ridicule, shame, frustration - even anger.

At least until puberty we tend to believe that what we're told about ourselves is accurate.

If the influences are overly negative or relentless critical...it's almost impossible to develop confidence and a positive self-view.

**Betty** didn't start out life as our critic;  
she was trained to be a mean!



## 5.6 Mixed Messages

Some of us grew up with extremely inconsistent parenting influences and “mixed” messages.

This environment can be even more damaging to developing an intact sense of identity than one of purely negative messages.

Say for example, a parent presents the image of success, confidence, and charm outside the home, but turns into a demanding, vicious and abusive alcoholic behind closed doors.

As a child we lack the experience and wisdom to distinguish between extremes of positive praise and abusive belittlement.

Mixed messages make it difficult to define a true sense of identity and reality. Am I a good child or should I consider suicide?

The message in public might be “Oh yes, my daughter Mary is a wonderful young girl.” Hours later with no provocation, the message being screamed at Mary is “I wish you were never born!”

**If you grew up with mixed messages, how do you think these affected your self-view, your confidence, and influenced choices you may have made?**



## 5.7 The Filter of the Past

How we internalize and process messages has a lot to do with our personality and early experiences.

As a coping strategy, most people either automatically **Accept** or **Reject** certain messages.

In part, it depends on the context, how we're feeling at the time **and** the nature of our relationship with the other person.

It's easy to reject or dismiss someone's opinion or judgment **if** we aren't emotionally invested in the outcome of the relationship.

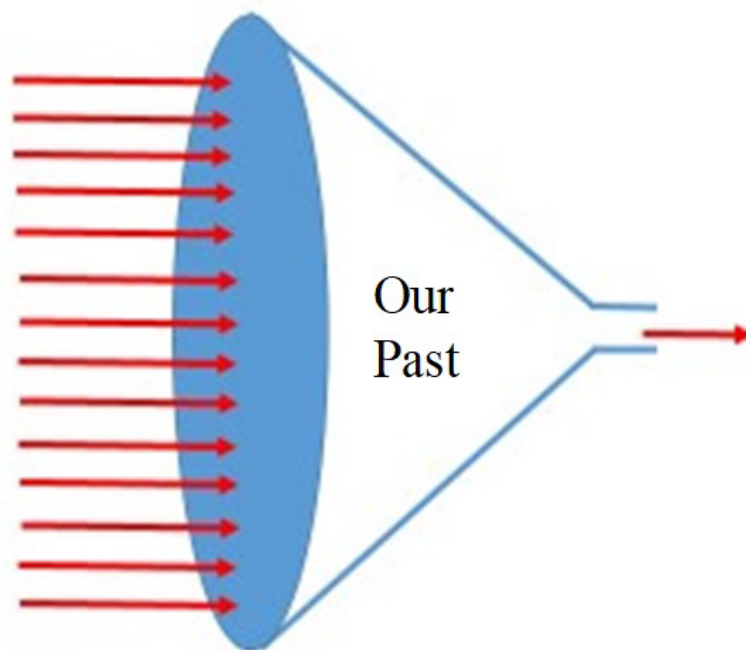
It's much harder to reject a negative comment – say about one's skin color, culture, faith, or appearance, when that negative position, bias or prejudice, is overtly or covertly reinforced within communities and societies.



# *The Filter of the Past Continued*

## JUDGEMENT STATEMENTS

You need to  
You have to  
You should  
You're a \_\_\_\_  
You never  
You don't  
You can't even  
You'll never  
If you don't...



## HOW WE MAY FEEL

I'm worthless  
I'm never good enough  
I must be awful  
I'm not okay  
I'm stupid  
I'm incapable  
I don't do enough  
F@\*7%! You...I give up!  
What I want doesn't matter

## 5.9 Challenging the Cycle of Depression

Write down your thoughts and feelings then ask yourself the following:

Are they helpful?

Are they accurate?

Are they even yours?

How long have you had these thoughts and feelings?

If anything helps you feel better – what is it?



ARE YOU  
KIDDING ME?

REALLY?

NOT  
HELPFUL...

## 5.10 Dispute the Inner Critic! (REBT)

**Disputing is one of the tools we use to help retrain our Inner Critic.**

After you identify the critical thoughts it's time to look at whether they are constructive or defeating.

**New disputing dialog:**

- “Stop it!”
- “That’s not helpful!”
- “Seriously?”
- “Are you kidding?”





## 5.14 Identify Legacy Resentments

**Legacy resentments may include statements like these:**

I resent being told I was stupid.

I resent being hit every time I made a mistake.

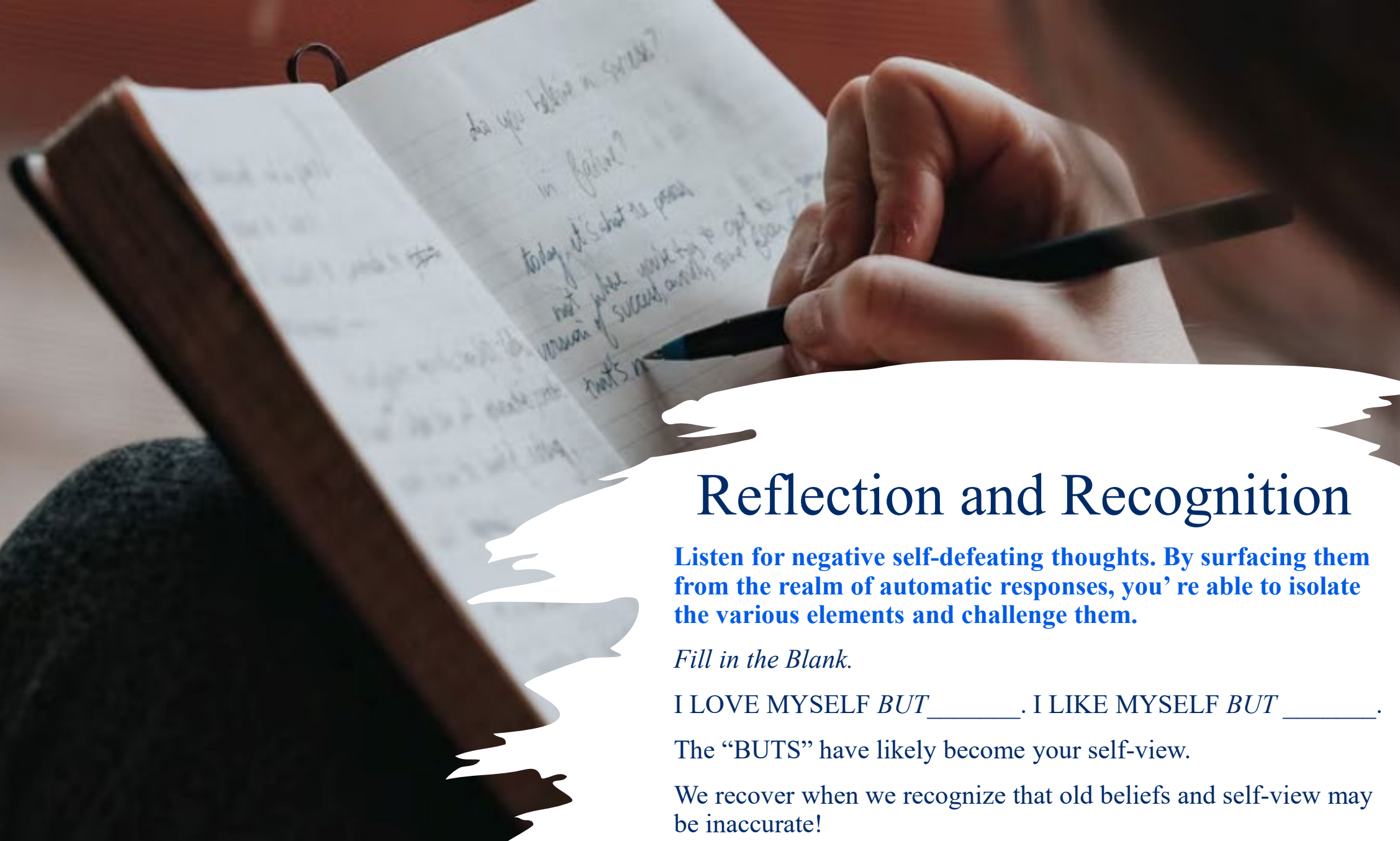
I resent my mother for never protecting me from being molested and later, raped.

I resent my father's insane alcoholic rages.

Other legacy resentments may be those that were experienced in other contexts like school or other activities.

I resent that I was bullied by \_\_\_\_\_ for \_\_\_\_\_

I resent that teachers would \_\_\_\_\_



## Reflection and Recognition

**Listen for negative self-defeating thoughts. By surfacing them from the realm of automatic responses, you're able to isolate the various elements and challenge them.**

*Fill in the Blank.*

I LOVE MYSELF *BUT* \_\_\_\_\_. I LIKE MYSELF *BUT* \_\_\_\_\_.

The “BUTS” have likely become your self-view.

We recover when we recognize that old beliefs and self-view may be inaccurate!

## 5.15 Letting Go

**Letting go does not imply that there needs to be any “forgiveness”. We never have to accept the unacceptable!**

Short statements are helpful at re-wiring our old thoughts into healthy present based thoughts.

Bad things may have happened; they aren't happening today!

Just because someone said \_\_\_\_\_; doesn't mean it's true!

I Matter! What I want matters!

For today, I choose peace of mind.

**To know peace; We stop judging ourselves and our past with the wisdom we have today.**





## Challenging *Bitching Betty*

---

Retraining the inner voice; the clinical process:

- Listen to the automatic thoughts / self talk.
- Write down what the inner voice / critic says.
- Evaluate the beliefs or feelings for accuracy.
- Challenge feelings/reactions by disputing them.
- Develop realistic affirmative thoughts.

**In time we can overwrite the “old” and retrain our inner critic to become our inner coach.**

# CONTACT INFO

## Address

1712 Pioneer Avenue, Ste. 101  
Cheyenne, WY 82001

## Email Dr. Hamilton

doh2014@gmail.com

## Call Us

360-899-6267



Scan to visit our website



[www.breakthroughwmt.com](http://www.breakthroughwmt.com)

# BRE $\Delta$ KTHROUGH!