

Craving Change Workshop – Frequently Asked Questions

Most of us know that eating an apple is healthier than eating chocolate cake, so why do we often choose the cake? The Craving Change™ workshop uses a cognitive-behavioural approach to help gain self-awareness of eating triggers using a variety of activities and lively discussion topics. You will explore why we eat the way we do and develop concrete strategies to help manage emotional eating and create new responses and strategies. This is not a course about dieting, but about understanding and controlling the behaviours that drive overeating.

Frequently Asked Questions:

1) What makes Craving Change™ different from other nutrition programs?

Craving Change™:

- employs a practical, evidence-based approach.
- addresses emotional eating.
- focuses on the *WHY* of eating. *WHY* do I seem to fall into the same traps with food? *Why* do I always reach for a certain food when I am stressed? *Why* am I overeating? *Why* is it hard to change?
- supports comprehensive lifestyle interventions for weight loss.
- normalizes problematic eating behaviours.
- encourages personal skill building and self-management.
- creates a comfortable environment for group interaction.
- considers different learning styles.
- is taught by a licensed health care professional (registered Social Worker).

2) What does “a cognitive-behavioural approach” mean?

The cognitive-behavioural model is one approach to try to explain human behaviour. The cognitive-behavioural model examines the link between how we behave, how we feel, and how we think. It argues that how we act (behave) is strongly inter-related with our thoughts and emotions. In other words, our eating behaviour is not only influenced by external factors such as portions and availability, but also by internal factors such as how we think and how we feel.

The Craving Change™ program reviews both external and internal factors that have been clearly demonstrated by research to affect what, how much, and when people eat. We know that those who frequently eat in response to internal cues have been shown to lose less weight than those who are influenced more by external cues. These “emotional eaters” are more likely to regain weight they have lost. A 2005 Cochrane review concluded that cognitive-behavioural therapy and behavioural therapy significantly improved the success of weight loss programs. While Craving Change™ is NOT a therapy group; it does teach cognitive-behavioural strategies to cope with triggers to eat problematically.

3) Is Craving Change™ a weight loss program?

No. Research has clearly demonstrated that the most effective weight loss programs include information about healthy eating with an emphasis on portion control, and increased physical activity. Craving Change **does not** include these components.

However, including behaviour modification and cognitive behavioural techniques similar to those used in Craving Change has been shown to enhance weight loss and long-term weight maintenance when combined with weight-loss regimens.

(Turn over →)

4) Is the Craving Change™ program a treatment for eating disorders?

No. The program is not a treatment for someone diagnosed with an eating disorder or someone with a significant psychiatric condition. While many of the techniques used in the program are similar to those found in eating disorder treatment programs, such treatment requires extensive professional training and significant interdisciplinary collaboration.

However, there are a significant number of people who are in distress about their eating habits, yet do not meet diagnostic criteria for an eating disorder. Craving Change™ is an ideal workshop for many of these people.

5) What evidence is there that Craving Change™ works?

Craving Change™ is a program built on solid research. It was developed in Canada by a Registered Dietitian and a Registered Psychologist who were able to translate many years of clinical practice experience and sound evidence-based research into a program taught by health professionals to the public.

6) Can you direct me to some research that backs up the Craving Change approach?

Sure! See below for just a sample, and there are others that we can provide upon request...

1. Byrne, SM, Cooper, Z, & Fairburn, CG. Psychological predictors of weight regain in obesity. *Behavior Research and Therapy*. 2004; 42: 1341-1356.
2. Hollis, JF, Gullion, CM, Stevens, VJ, Brantley, PJ, Appel, LJ, Ard, JD, Champagne, CM, Dalcin, A, Erlinger, TP, Funk, K, Laferriere, D, Pao-Hwa L, Loria, CM, Samuel-Hodge, C, Vollmer, WM, & Svetkey, LP. Weight loss during the intensive intervention phase of the Weight-Loss Maintenance Trial. *Am J Prev Med*. 2007; 35: 118-126
3. Niemeier, HM, Phelan, S., Fava, JL, & Wing, RR. Internal disinhibition predicts weight regain following weight loss and weight loss maintenance. *Obesity*. 2007; 15: 2485-2494.
4. O'Rourke, SK, Del Mar, C, & Kenardy, J. Psychological interventions for overweight or obesity. *Cochrane Database of Systematic Reviews*. 2005; Issue 2 Art. No: CD003818.
5. Stahre, L, & Hallstrom, T. A short-term cognitive group treatment program gives substantial weight reduction up to 18 months from the end of treatment. A randomized controlled trial. *Eating Weight Disord*. 2005; 10: 51-58.
6. Stice, E, Ziemba, C, Margolis, J., & Flick, P. The dual pathway model differentiates bulimics, subclinical bulimics, and controls: testing the continuity hypothesis. *Beh Therapy*. 1996; 27: 531-549.
7. Wing, RR, Marcus, MD, Epstein, LH, Blair, EH, & Burton, LR. Binge eating in obese patients with type II diabetes. *Int J Eat Dis*. 1989; 8: 671-679.
8. Yager, J. Weighty perspectives: Contemporary challenges in obesity and eating disorders. *Am J Psychiatry*. 2000; 157: 851-853.

7) Is Craving Change™ a drop in class?

No. Craving Change™ is taught as a series of workshop sessions and makes the most sense when you attend the sessions in order.