

## **Episode 236 - Dr. Tasha Ford: Emotional Eaters and Cultural Competency: A Collaborative Practice (part 2 of 2)**

[00:00:08] Welcome to inSocialWork. The podcast series of the University of Buffalo School of Social Work at [www.inSocialWork.org](http://www.inSocialWork.org). We're glad you could join us today. The purpose of inSocialWork is to engage practitioners and researchers in lifelong learning and promote research to practice and practice to research. We educate. We connect. We care. We're inSocialWork

[00:00:38] Yeah we're a research intensive public university but we also play and compete. This year both our women's and men's basketball teams had terrific regular seasons. The men won the Mac League Tournament Championship and along with that an automatic bid to the NCAA March Madness tournament. Our women had their best season ever and received their first invitation to the women's NCAA a championship in our schools history Go Bills! I'm Peter Sobota in the second of a two part podcast. Our guest Dr. Tasha Ford continues her discussion about emotional eating. Here the focus is on conceptual frameworks and strategies to help clients change their eating behavior. Dr. Ford goes on to discuss the role of social work education and multidisciplinary approaches mindfulness and grassroots activities in addressing both the individual and social cultural impacts on emotional eating and behavior change. Tasha Ford Ph.D. LCSWS is a private practitioner who also has an appointment as a social work instructor at Bowling Green State University Firelands. Our guest was interviewed in January of 2018 by Carrissa Uschold LCSW who is with university counseling services here at the University at Buffalo

[00:02:07] Often when I work with clients I sort of talk with them about the role of addiction and whether emotional eating or food body image eating disorders are you know related to or similar to addiction and what we sort of look at is when somebody in let's say has an addiction to heroin they go to potential detox rehab and then a lot of the work begins. But they're encouraged to stay away from maybe their old friends or places or old haunts related to drug use or overuse. How do you sort of do that with food. Because I'll tell clients you can't stay away from your food friends or family or food in general because food is something that we need to survive right.

[00:02:54] Right. Right. It's essential.

[00:02:56] Absolutely. So how to manage that with clients or patients.

[00:03:01] It's it's really teaching them to be honest with themselves about what they're feeling what they want to eat and why they want to eat it. And quite honestly if that's going to give them the outcome that they want now sometimes on the front end that's a lot to try and focus on when you're in your emotional state. You're standing in front of your vice. But as I have said even when talking to people who are struggling with alcohol misuse or whatever you know their drug of choice. Then every moment we are able to make a decision down to the second what we're going to do. And so just because you pick up that fork or that bag does not mean it has to touch your lips. So if that means you have to throw it and run out of the room no matter how you're going to look to anyone else who's in that room. You do whatever is going to save your life at that moment. I think it's really encouraging people to be OK with that. You know especially when you have people who have emotional eating issues and they're overweight and everyone else in their family may be thin or they may be athletic or other people have really good self-control and so there's all of this condemnation dialogue coming from all angles and it's really just teaching them to say I can't stop eating but I can choose what to eat so that I can feel better not just physically but emotionally. And when you think about that emotional release will the carrots and celery give me the same emotional release as the cake. Not probably not the first 100 times. I honestly think they honest but it may be that one hundred and one time.

[00:04:51] Right. Right.

[00:04:53] That first moment where you're like oh my gosh. At my end. OK I'm going to take the character and you're like oh this is really quite right. I don't like it. I like the way I feel emotionally physically I'm getting full it's almost like claiming your emotional palette once you start to do things differently you start to realize there's another way to live life and in this other way to live life my addiction or my strong hold that food has on me starts to dissipate a little bit more with every better decision that we make. And I think as long as people understand you know as we tell people when they start therapy things may get worse before they get better. That's just that's the way that the ball kind of balances that's the reality of the process. It's the same thing with changing how you eat and your emotions that are connected to it. It's going to it. Without question it's going to get worse because that's what we're used to. We're used to having the cookie stash or knowing which store sells our favorite candy. And I say that with guilt because I love chuckles and they've recently come back to my life when I think about that process of teaching people how how to just be honest about what that food makes them feel. To me the gift of change can come in that process.

[00:06:32] Absolutely. I'm thinking of two things so I've done a lot of work in Dialectical Behavior Therapy thinking of Marshall and a ahimsa ideas surrounding emotional vulnerability and a lot of that occurring in childhood then I'm also thinking of the book in eating in the light of the moon by Dr. Anita Johnson. And in that book she talks about cravings cravings in relation to potential potentially from childhood. Have you encountered that with any clients that they have particular cravings that they always go to or foods that they always choose when they're emotionally over eating.

[00:07:14] Yes a lot of people tend to go towards chocolate potato chips and I've had quite a few people tell me like candy bars and ice cream for quite a few people. It was always connected to what they were given as children when they were feeling a particular way or if a family member who was an emotional eater would stop by the store and they would get everybody something they wouldn't just get their own advice but they would get everybody something and bring it home. And so I don't think honestly that I have I have not met anyone yet who admitted to being unemotional either eater who who did not have an adult in their life who taught them you know how to use sweets in particular sweets and potato chips as as a soothing device. Yeah definitely moving into forms of coping for sure. Absolutely. So what is the role of higher education and preparing future practitioners especially in social work with emotional eaters. Well I think that we have to start teaching our social work students just that empathic response when it comes to eating behaviors because I think a lot of times our students are really sometimes very concrete in the way they think about food. You know they don't always it's back to that the beginning of our conversation about you know how people have been trained to understand what an eating disorder or what eating disturbances look like. A lot of times people do not. Our students don't always look at emotional eating as something that is difficult to overcome and that will just make a different decision. Well you know that's like telling someone who's been smoking cigarettes for 30 years to make a different decision. It's not always that simple. And so I think our curriculum has to start incorporating moments where students are interacting with literature and with people who struggle with emotional eating and people who are overweight and who are obese because once they're out and practicing especially if they're practicing someplace that's under a medical model and if they've never been taught to attend to this issue differently then they're going to fall right in line almost with starting to blame the victim all over again and having clients you know begin to feel despondent and they won't they won't want to try. So I think it's important that we make that a priority. Do you think that other areas of study so thinking of the medical model do you think that there is a lot of blame for the patients sort of this idea that you know you can take care of this yourself. You know just change what you're eating. Stop being so lazy. Where do you think those messages come from in those fields of study. I do. I think I think for lack of a better way to put this you know the system is set up

to be reactive. You come in for a band or for surgery after you're already well over 400 pounds. I think if we could get a more proactive system in place to where nursing physicians social workers even you know thinking about your occupational and physical therapists if during our programs if we start to pay more attention to what used to be considered outliers but in my in my framework is more the norm of people who who misunderstand how to engage with food if we start to look at that and and start to have our programs and our health care policies to reflect the realities of how people eat and what people even have access to so that they can learn some healthier eating strategies. To me that's the key. That and having other disciplines onboard you know your food and nutrition programs being able to help shape how our communities look in the stores and what people have access to. To me we will not have any sweeping change and until some of those basics are shifted. Absolutely. I know a lot of the standard treatment and eating disorder treatment is a multidisciplinary approach. At the university we have a comprehensive eating disorder treatment team with counseling medical doctors nutritionist psychiatry group individual therapy. So how do you think we social workers can build a better collaborative effort across disciplines both in curriculum and practice arenas.

[00:12:35] I think it starts with if we can really start to look at say if someone's area is research and they love doing research find some colleagues across colleges who are interested or are willing to do a collaborative research project in your area of interest so if you're interested in some farm to table or you know a healthy eating initiatives whatever that may look like. Getting to know people in other schools and putting together those projects to be able to get the literature out there so that practitioners can start to see different lens through which to look at this experience because I think when you practice we know what we're taught it whether it's VR programs or our clients and as we start to synthesize those two worlds sometimes what we learn from our clients unfortunately can get lost because the overwhelming message is people just need to make different choices. And it's just not always that easy. So I think we have to across disciplines start to look at some of those more complex issues that impact a person's ability to even take that first step to make a different decision. You know what are the hurdles that are in the way. You know what. What's stopping you from being able to even see it differently. Well I think sometimes as clinicians and educators we we miss that because we're just kind of I know what I know and I know that if I can get you to do this you can get here. But sometimes we miss really understanding that person's story. And I think that's that's a lot of what we miss.

[00:14:25] Absolutely. I really think about it when I meet with clients I sort of ask them Do you wake up every day wanting to overeat wanting to binge wanting to purge wanting to emotionally over eat. Is that something you think will be great. And they say no. So it's really sort of looking at you know some of your research addresses of how to teach people to help individuals make different choices and implement more effective coping.

[00:14:55] Absolutely. That's the heart of it. You know you can not walk into a situation and listen to a person's story. And at the end of it. OK well you just need to do this right. Well thank you. Because that's right unbreaking right. So you know you start to think about seriously teaching people how to be honest about their struggle. You know there's been in different formats all sorts of shame and dismissive comments and things like that when it comes to food and weight the social dialogue around it is if you want to be thin you need to eat less and work out.

[00:15:39] But again it goes back to if you look at doing some interdisciplinary research it or having the gift of those interdisciplinary team meetings where you talk about the complexities of that person's world and what they've tried what are they afraid to try. What are they interested in doing but fear has them paralyzed. Where have they succeeded it's looking at all of those things to be able to take that strength's approach and to say you know how can I not do it for you as typically sometimes we want to do well let's prescribe this you know as a social worker I'm going to do this

referral I'll come by. This is what we're going to do. How can I partner with you to look at what your strengths and your abilities are so that you yourself can start to feel empowered to do it differently even if it's small things. Every day every moment their gains. And if you have a gain and a win that's awesome.

[00:16:41] Right.

[00:16:42] And how can we capitalize on those

[00:16:44] And that really really increases positive self-esteem right.

[00:16:49] Absolutely it does. I mean you talk about a person centered approach where do we have goals. Absolutely. But if your goal is so far from where you are in reality there's no better way to be a social worker and meet someone where they are ready to just say OK you know we want to be able to walk around the block and go to the farmer's market. OK. But you can't right now. So you. You and I will go together. If I transport I'll pick you up. If not I will meet you there. I'll be at the entrance. Maybe you need a wheelchair or scooter. I'll make sure that's there for you. It's about helping people to access what they need until they can fly on their own. You don't do it for them but you partner right and find ways to help them find success. So then that way when it's time for you to leave they've got it and they can make this thing happen long after you've terminated services.

[00:17:47] Sure. So definitely collaboration collaborative approach in the therapeutic relationship.

[00:17:51] . Absolutely it's essential it's essential.

[00:17:57] So what do you think the role of mindfulness and mindful eating is in regard to emotional eating or overeating.

[00:18:05] I think people people honestly have to be able to stop and attend to what they're feeling they have to be able to kind of breathe and say at this moment I'm standing here on the corner. I can smell the bakery. Muffins are fresh and I know they're absolutely delicious. When they are fresh out of the oven as you had them before right I've had that before and I love the way that you know the smell of that lemon makes me feel. Oh that would be bliss. If I could just go and buy fresh lemon muffin. OK. You're being mindful you're in the moment right. So what's happening. And then you say but when I'm going to do is enjoy this aroma I'm going to sit here out deep breathe. I'll look at the trees I'll look at the clouds and I'll enjoy the moment. But I'm going to take this homemade granola out of my bag and I'm going to eat it. I'm going to feel the sensation of the raisins and the oats and I'll taste the honey whatever those dynamics are. It's honestly teaching people to break those things down right into those lowest moments of enjoying everything in that moment. So if it's true physical hunger in the moment the granola will suffice right. Absolutely. And if it's an emotional hunger it might get the muffin right or if if we can't get them honestly to to really connect and to buy into doing it differently they'll eat their granola and they'll feel angry and no say I want them to understand their emotions their understanding their emotions their knowledge it they're being true to who they are they're meeting themselves where they are right and they're going to stay in spite of how I feel about that muffin. I'm going to choose to be satisfied with this granola and live in this moment and enjoy it and then I'm going to get up and go on with my day. So helping them fully understand the present moment is the only moment. To me it has to be that way. It is really a true transformation to be able to be in that moment and to say this is what I really want. But attending to what my goals are. This is what I'm going to do instead. It's making that conscious choice. We talk to clients all the time about being informed and making informed decisions. Well if you want to teach someone about informed consent and being informed about their decisions about how they eat while teaching people to be informed and consenting to being healthy and not

allowing you know their emotions to dictate how and when they eat. To me that is a strength builder and it teaches people to take control over their lives again and they just start to feel empowered to say wow I did it this time. Because I was honest in the moment about what I felt but I just I made a different choice. They take pride in that.

[00:21:38] So it's truly giving them agency.

[00:21:41] Absolutely.

[00:21:42] So Dr. Ford what are some grassroots level activities that could address this issue.

[00:21:46] I think being able to look at some civic engagement activities being able to partner and to collaborate with you know whether it's local rec centers to host education nights and activities partnering with with maybe like a local for age club and extension programs to show people different things that they can do even being able to partner with organizations like that to say what type of programming can we put in place to where we're teaching people how to get up and get active and in some non-threatening ways non-invasive ways. You know sometimes going to a gym can be very scary for people. But teaching people to use what's around them parks being able to get out and to be active and to do things to me at a grassroots level even partnering with maybe a biology professor and class being able to to look at people in a community who have land who are willing to do community gardens and getting people out and helping them to plant the food that they will later eat to me movements like that. That's really where it can begin to shift. Because when I think about what people have access to and reality that makes it sometimes even more difficult just with some of the food equity when it comes to healthy options. When you think about where people live and being able to help them to take control and build gardens whether it's in the community or even in their home you know within their window sill or on their back porch. To me those are places that we can start to do it differently. And while you're doing that to teach people to pay attention to what they're feeling and going back to mindfulness how does that feel when you're working in the dirt and then you're planting. What thoughts are you having in this moment. How does it feel having the sun shining down on your skin as you're engaged in this activity teaching them to connect some positive emotions to the overall eating experience eventually that started with them making a healthy choice. Sure and I would believe that with the disengagement and connection and service to others that increases positive emotion as well. Absolutely absolutely. There's science to support you know the fact that giving back is you know it helps with longevity and overall mood improvement. And so when you when you think about people who are emotional eaters. If you have an opportunity to participate in something that that is a community wide collaboration then you're having an opportunity of a look at well not only am I setting myself up for an opportunity to be healthier but you think about the people who are observing what what's going on other people who may become involved as well as a result. You know it's it's about finding some some small consistent ways to make change.

[00:24:49] You know we used to have a wonderful farmers market here in my community and I used to take my kids and we were right our bikes and we would go up to the farmer's market with our little baskets. And now the farmer's market is gone and I think about just that impact that that experience had upon my children. And then they go to school and they they talk to their friends about that you know. Would you do this weekend. Well this is what we did. We went to the farmer's market. It's setting a tone. You know that dialogue in the community around health and well-being. And to me if we can get that going more consistently I think we will see a lot of positive change.

[00:25:35] Absolutely. People are definitely committed to their health then. So what are you hoping to do with your research.

[00:25:43] Oh you know I'm I'm hoping to be able to encourage people to know that it is it is hard sometimes but it's not impossible to revise how you engage with food that it's not impossible to learn how to be aware of what you feel and that you can attend to that. And the real and honest with yourself so that you can engage in lifelong change for health across the lifespan. It is just so important to me that people recognize that it doesn't matter how you started this journey with food regardless of how you were socialized if you were socialized to use food to help you feel better. I want people to know that you can learn to do it differently. You know social learning is a powerful mechanism. And I think that if we can just get people including business owners you know stores you know local markets to carry fresh food to me. I'm hoping to make a difference in that way to be able to get local groceries to be able to say OK you know it is worth if it's only bananas and oranges. OK. It's a start it's something just for people to look at it and be willing to do it differently because I think we can do better. I think we've come a long way. So I definitely do not want to downplay the strides and the gains that have been made. But when I look at the number of babies who are overweight. You have children in fourth grade who have cardiac issues and then they're going home to families who just may not know how to do it differently. My heart would just like to see a community that understands that there are people out here social workers who get it who understand and who are willing to partner with them to make a change.

[00:27:57] So it sounds like with your research and body of study you can really essentially help people move toward effective change with support and effective interventions.

[00:28:08] I would like to hope that that is the message that I convey in every dialogue that I have because I I don't believe that people can just do it on their own because if they could we we wouldn't have this conversation right.

[00:28:22] Right.

[00:28:23] And I think to me as a social worker this field embodies the importance of that partnership and that collaboration. And you know if you don't know how and if I don't know how is your social worker then guess what I'm going to do some research I'm going to learn how to support you through your journey. And then we're going to sit down together and figure out a way that works for you for your reality for your life to do things differently so that you can have the outcomes for your life that you desire to have even if you can't see it because that's okay if you can't see it but knowing that that's what you want and that there is a way to do it. To me that's that's what this is all about. Absolutely. What do you think you've learned about emotional eaters through this process. I think I think I've learned that sometimes they just feel broken and that they don't like it. It's the same thing I tell my students. You know I've never met a patient who woke up and said Today I want to be diagnosed with bipolar disorder and I want it to be out of control and I want my medications to not work. And I want every intervention that I've ever been taught to use everything in my toolkit to just fall out of the bottom. Sure. I've never met anyone who wakes up that way angry to me it's the same with emotional eaters. People all wake up and decide I want to spend my day taking in more calories than I can probably burn in three or four days. I just have not encountered that. I think that a lot of them are just ashamed of themselves. They have shared with me that they just feel like they're weak and I think they just really need to be supported through the process of changing their dialogue about who they are as a person. It's almost like they attribute every food decision to who they are as a person.

[00:30:27] Right.

[00:30:28] Instead of segmenting it and compartmentalizing it into this was a choice that I made. But it does not have to define who I am as an individual. To me it's important to start to explain to

them and get them to to understand and believe because you know you can understand something is still not believe it to be true for yourself. But getting them to believe in the fact that just because you make a wrong choice right now does that mean necessarily that you are what you eat because if you are making different choices healthier choices more often than not then let's reframe how you look at who you are. Let's rebuild that image and identify your strengths and help you to focus on that and and to talk about out change yourself talk you know change that dialogue even down to the fact that if that means we have to write out however many affirmations and positive statements for you to use or to put in your phone to pull up at any given moment.

[00:31:36] Sure.

[00:31:36] Then to me that's what we do. We sit down and we figure out how to partner with you to to reach that personal level of efficacy to where you believe in yourself to make this happen.

[00:31:49] SO what is next for your research interests.

[00:31:52] You know I actually I want to do some individual case studies on people who are emotional eaters just kind of dig a little more into some personal aspects not so much from from an overarching perspective because I I really I really think that there is something to to that whole dynamic of spending time to observe how they eat how they shop how they cook what type of conversations they have during all of these you know these snippets and time so doing some more individual case studies and also starting to look at the impacts of emotional eating across the lifespan. So looking at seniors how to possibly develop some sort of narrative for younger generation possibly do some things differently. So that's kind of where I am. The area that I'm floating into now.

[00:32:54] That sounds wonderful.

[00:32:56] I'm excited.

[00:32:57] Well thank you for the work that you do and thank you for making a difference and especially supporting this population because I think it's definitely a population that's underserved for sure.

[00:33:09] Definitely. It's it's been it's been a fun start to this leg of my career so it's great.

[00:33:17] Thank you. It's been such a pleasure talking with you today Dr. Ford.

[00:33:22] Thank you. It's been a pleasure for me as well.

[00:33:25] You've been listening to Dr. Tasha Ford discuss emotional eating on inSocialWork.

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