

- Compulsive eating
- Under-eating
- Food addiction
  - Anorexia
  - Bulimia
- Binge eating
- Overexercising

No matter what the problem with food, we can provide ongoing support to your patients or clients.

### **Complement Your Care with Overeaters Anonymous**

OA works, in part, because it offers an ongoing support system for members and encourages them to help one another, thereby weakening their isolation and loneliness.

Many members consider OA a complement to the professional services they receive. In fact, OA claims no medical, nutritional, or psychological expertise and suggests that interested members contact qualified professionals for help in these areas.

*“I have served in teaching, counseling, and nursing capacities in the health professions for more than forty years. I received a solution in Overeaters Anonymous, and I have had the opportunity to point others to the OA way.”*

—N. J., R.N., M.H.S

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# PROFESSIONAL COMMUNITY COURIER

OA News and Information for the Professional Community

Issue IV

## Integrating OA Within a Clinical Setting

—Marty Lerner, PhD

Several seasoned eating disorder professionals have long relied on OA as an invaluable resource. Certainly I have been among them for more than thirty years. Doing so has made all the difference for patients enjoying long-term recovery versus those on the merry-go-round of repeated relapse. In fact, having OA as a support group and combining it with professional intervention is usually a game changer.

OA has evolved since its inception in 1960 into a diverse and inclusive fellowship. Its members present several “flavors” of disordered eating—bulimia, binge eating, food addiction, and some forms of anorexia. It has a rich tradition of asking only that attendees have a sincere desire to end their compulsive or addictive relationship with food, and in some instances, compulsive dieting. Many of us on the front lines credit OA with beating the odds and doing for our patients what we could not do alone.

As such, I strongly advocate that all the medical students and health care professionals we train be exposed to twelve-step groups to better understand the nature of addiction. Attending a few “open” OA meetings can clearly show how valuable the program can be. To be sure, some patients can recover with OA alone, while others greatly benefit from the combination of treatment and ongoing OA attendance.

As the founder and director of an eating disorder clinic in Florida, I find it helpful to distill a recovery program into a simple formula. Independent of the flavor of disordered eating, here are the basics we proffer: (1) following a reasonable and healthy food plan, preferably prescribed by an experienced dietitian or eating disorder professional, (2) adher-



ing to a moderate and recommended schedule of exercise, (3) striking a realistic balance between work, play, and self-care, and (4) practicing the principles of an ongoing recovery program, OA in particular, plus engaging with community-based and family support, and for some, continuing professional care. At our center, we use the acronym SERF to teach the importance of Spirituality, Exercise, Rest, and a Food Plan. SERF has been adopted by our clinic as an add-on to another twelve-step acronym indicating the precursors of relapse: Hungry, Angry, Lonely, Tired or HALT.

Regarding the great food (plan) debate, I tend to look at the overeating types of eating disorders (compulsive overeating, binge eating disorders, bulimia, and b/p subtypes of anorexia) as addictive illnesses, much like alcoholism, drug addiction, and compulsive gambling. All have in common a physical and emotional constellation of factors that need to be addressed. For those utilizing a twelve-step program like OA, spirituality becomes the “third leg of the stool” and provides impetus to expand recovery beyond an obsessive focus on self. (To

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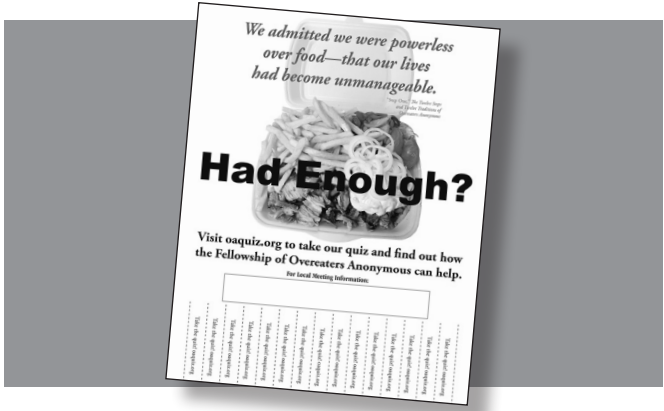
Article: Integrating OA Within a Clinical Setting

be clear, identifying the specific emotional and physical aspects of an eating disorder is beyond the scope of this article, and, in fact, remains a topic of considerable controversy.)

At this juncture, I would refer the professional to read the food plans described in *Dignity of Choice* (#140 at bookstore.oa.org) to see what OA offers as a suggested path to the food piece in recovery. It's not so much "one size fits all" for crafting a recovery food plan or a matter of practicing the twelve steps of OA on a fixed schedule. OA is not a diet support group; it offers participants a comprehensive prescription for physical, emotional, and spiritual change. It begins and never ends with self-honesty and the humility of accepting the helping hand of OA.

### OA Preamble

Overeaters Anonymous is a Fellowship of individuals who, through shared experience, strength, and hope, are recovering from compulsive overeating. We welcome everyone who wants to stop eating compulsively. There are no dues or fees for members; we are self-supporting through our own contributions, neither soliciting nor accepting outside donations. OA is not affiliated with any public or private organization, political movement, ideology, or religious doctrine; we take no position on outside issues. Our primary purpose is to abstain from compulsive eating and compulsive food behaviors and to carry the message of recovery through the Twelve Steps of OA to those who still suffer.



**Free: Awareness and Self-Evaluation Posters for Treatment and Waiting Areas**

OA offers free, downloadable 8.5" x 11" posters that can help patients and clients recognize their compulsive eating and compulsive food behaviors and find a solution in the fellowship of Overeaters Anonymous. Go to [oa.org/document-library](http://oa.org/document-library) and select the "PI Posters" category to download.

Some designs direct patients and clients to OA's Fifteen Questions, a self-evaluation tool found via [oaquiz.org](http://oaquiz.org), and all posters can be customized to include local or online OA contact information.

Professionally printed, full-color posters are also available for purchase. Search item number 759 at [bookstore.oa.org](http://bookstore.oa.org).

## A Certified Nurse Midwife Speaks

Because we deal with pregnancies, we weigh and measure our patients each time they visit," says Laura H., a certified nurse midwife. "We discuss weight with them and its effect on pregnancy. Many of our patients come from poverty and are overweight. They have very difficult lives and no role models. They could really benefit from a program like OA."

When considering making a referral to OA, however, Laura admits to having to walk a careful line with patients because she acts as their primary caregiver only during pregnancy.

"It can be hard to recommend specific programs, so I often talk instead about eating more fruits and vegetables and making better choices."

Occasionally, she mentions to a patient that she has found support herself through OA.

"I try to let them see that they are not alone; I struggle with this too."

Laura first learned about OA through a newspaper advice column. She has attended OA meetings and feels strongly that many of her patients would benefit from adopting a twelve-step way of living, which addresses more than weight.

"My patients make the same life mistakes over and over, and one goal of my provider group is to empower them. They have no patterns and no direction to solve problems, so they use food as a solution. My patients could benefit from the structure of the twelve steps and the group support offered

in OA, which add up to a pattern and example of how to live life."

Laura sees many ways that clinic staff can incorporate OA referrals into their practice.

"In my clinic, the nurse and nurse practitioner see patients during weigh-and-measure times. If they know about the OA program, these staff members can suggest it to patients in a casual setting. Office staff and medical residents are also good candidates to observe open OA meetings to get useful information. They can get a real sense of what our patients sometimes go through—their thoughts, feelings, and struggles—and see the solutions OA offers.

"OA has made a huge contribution to my everyday life and professional success," she says. "I know it can help others."

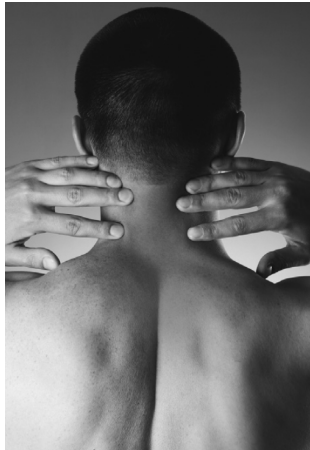
# A Chiropractor's Testimonial: Back-to-Back Healing

—Dr. Julia M.

I am a chiropractor, and I take care of people of all ages; my primary focus is musculoskeletal complaints like pain in the lower back, neck, and joints.

I use a holistic approach with my patients, combining chiropractic adjustments with nutritional counseling, because people have pain for many reasons—stress, chaos, being overweight—and sometimes pain is caused by the foods they choose to eat. I educate my patients about how food choices can be contributing factors to inflammation and how inflammation causes pain. Most of my patients are addicted to sugar and starchy carbohydrates, and I hear about their struggles and failures when trying to cut back or quit or trying a new diet. They gain the weight back and can't seem to keep it off.

Chiropractors believe in congruence between our



personal and professional lives. This means we have to walk the talk, so during my patient discussions, I tell them my story: how I found peace with my food choices through working the twelve steps of OA. I tell them how OA restored my body from swelling and pain to ease and health. OA has given me emotional and spiritual support to lose the compulsion to overeat, to lose weight without dieting or gimmicks, and to maintain my weight loss with confidence and peace. I speak to them about hope and the promise that if they decide to become open to healing physically, emotionally, and spiritually, OA can teach them how, just one step at a time. I keep OA's *Where Do I Start?* pamphlet (#705 at bookstore.oa.org) in my office to give them if they ask for more information, and I offer them a list of all local meetings in their area. Feedback has been amazing, and my patients come back and thank me for sharing my story with them.

I have been in OA for a year now and it has changed my life completely. I am grateful that I was invited to my first meeting, so I talk about my experience to as many of my patients as possible. I want for them what OA has done for me. There is hope. OA is the answer.

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## Interview with Omega "Meg" J. Galliano, MFT, LADC, LP

As a specialist in addiction, therapist Meg Galliano recommends OA to appropriate clients. We asked her to share her experience.

### ***How did you first learn about OA?***

I have worked with addictions since 1978, when I did my psychology internship, and I was first introduced to OA through my educational experiences.

### ***Do you refer clients to OA?***

I do because it is a solid program. Throughout my professional career it always made sense to me that people benefit not only from counseling but also from like-minded support networks. Throughout the years this has proven to be factual. Many of my clients have been successful using the OA program, and I have learned a lot from their experiences.



### ***How have you seen OA benefit your clients who are in the program?***

Clients feel empowered to take charge of their lives by having a support network readily available to them. Self-esteem and confidence rise whether or not weight loss happens—and it is not all about weight loss, as we all know. People have

an easier time staying focused on the task at hand when they have additional accountability, and they gain a belief in their individual ability to achieve success as they define it.

### ***What do you think would be the best way for OA members to reach other health care professionals?***

A couple of times a year, each OA member should take materials to their providers, including a list of local, telephone, and virtual meetings. Most providers have a referral book and could place this information in their books to benefit future clients.

### ***Thank you, Meg.***

Thanks for being there for the clients I send your way!

# Client Counseling and OA: A Talk with Jeffrey N. Blaine, LCSW, LLC

My work as a therapist is easier when a client is in a twelve-step program. Clients are more willing to explore hard issues or bring them up themselves when they wouldn't otherwise," says Jeffrey N. Blaine, a licensed clinical social worker and addiction counselor who has been in practice since 1974. He now has his own private practice in Chicago.

Blaine is highly enthusiastic about Overeaters Anonymous, having seen it work for his patients who have an eating compulsion or addiction.

"I do refer clients to OA," says Blaine, "even to the point of sounding like a broken record. Client concern about weight and appearance is very common, but many times clients also need structure. They often have trouble relating to themselves, to others, and to a higher power, and they have a relationship with food that is out of control. Their problems are bigger—about living and not just about food—but despite obvious adverse consequences, they continue their behaviors. I explain that OA can change their quality of life, improve their relationships with self and others, and



enable them to walk without shame. I emphasize that I am excited about extending a gift. I tell them, 'You won't understand now, but you will receive benefits you can't imagine.'"

Having observed open twelve-step meetings, Blaine knew what clients could expect there, but when he first learned about OA, he was confused about its concept of "abstinence." OA defines abstinence as "refraining from compulsive eating and compulsive food behaviors while working towards or maintaining a healthy body weight."

"People with compulsive food behaviors still have to eat and face

food at least three times each day," Blaine says.

He could relate because a member of his family had overeating issues. Though Blaine once used a popular weight-reduction program to lose a few pounds himself, it has long been clear to him that a diet program is different from a twelve-step program. Through personal investigation, conversation with colleagues, and continued training, Blaine researched OA, learning more about how members put parameters on their food and about other aspects of the program, which has benefitted him personally and professionally.

"My job as a therapist is to make myself obsolete by giving my clients the skills to deal with life on life's terms. At times, when clients address an issue, I ask if they have discussed it at a meeting, and I encourage them to bring it up to get input from members of their OA group. I recommend that everyone, including medical professionals, students in health care, and counseling professionals, observe open OA meetings in order to learn how the program works."

## Downloadable Pamphlets for Professionals

Read more about how OA supports patient recovery from compulsive eating and compulsive food behaviors. Visit [oa.org](http://oa.org) and click "Professionals" at the bottom of the page for these free downloadable materials:

- **2017 Membership Survey Report**—Aggregated self-reporting from a random sample of OA's membership that summarizes the types of problems OA members have with food; weight-loss and healthy body weight outcomes in recovery; and overall experience finding physical, emotional, and spiritual recovery from compulsive eating and compulsive food behaviors.
- **When Should I Refer Someone to Overeaters Anonymous?**—With answers to such questions as What is OA? and How Do Members Achieve and Maintain a Healthy Weight?, this pamphlet explains how OA complements professional care. OA's Fifteen Questions are included to help professionals, such as doctors, therapists, nutritionists, teachers, clergy, and others, know if referring the person they're concerned about is appropriate.

These materials and more are also available for purchase at [bookstore.oa.org](http://bookstore.oa.org).

