

**COGNITIVE BEHAVIOR THERAPY (CBT) EFFECTIVENESS IN
OVERCOMING BINGE EATING DISORDER (BED) IN ADOLESCENTS****Frisca Putri Dorkas Wardani Sitompul**Faculty of Psychology, Universitas 17 Agustus 1945 Surabaya, East Java, Indonesia
Email: friscaputri.mpsi@gmail.com**Abstract**

This study aims to see the effectiveness of Cognitive Behavior Therapy (CBT) in reducing binge eating disorder (BED) in adolescents. The research method used is an experimental study, namely a single experimental design in a home setting, where the subject is treated with CBT (Cognitive Behavior Therapy) techniques to overcome Binge Eating Disorder (BED). Data collection in this study used the methods of observation, interviews and psychological tests (DAP, BAUM, HTP, and SSCT). Data analysis in this study used an evaluation which was also continuously monitored using a monitoring table during the implementation of the intervention. Thus, the success of the CBT intervention was seen based on the achievement of the targets previously agreed upon by the subjects, especially in the Binge Eating Disorder (BED) eating disorder. The results showed that the intervention process in the form of cognitive behavior therapy (CBT) which was carried out for 10 days got satisfactory results. This is also consistent with the good prognosis of the subjects. Subjects were able to control their excessive appetite, and even changed their snacks to healthier foods, so as not to interfere with their health.

Keywords: Binge Eating Disorder (BED); Cognitive Behavior Therapy (CBT); eating disorders

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INTRODUCTION

Deviant eating behavior or commonly called eating disorders is a complex eating behavior disorder and has an effect on physical or mental health or both (Didie & Fitzgibbon, 2005). This usually occurs due to excessive attention to weight and body shape. Deviant eating behavior has a fairly serious influence on its prevalence and has the potential to affect growth, mental development and physical activity (Doll, Petersen, & Stewart-Brown, 2005). According to the Mental Health Guidelines there are three categories of deviant eating behavior, namely anorexia nervosa, bulimia nervosa and eating disorder not otherwise specified (EDNOS) which includes binge eating disorder (Foote, Smolin, Kaplan, Legatt, & Lipschitz, 2006).

Eating disorders, such as anorexia nervosa and bulimia nervosa, are generally experienced by women and are associated with several other health problems. In patients with anorexia nervosa chronic hunger can cause endocrine gland abnormalities, less than optimal growth during adolescence, osteoporosis, anemia, hypothermia, sinus bradycardia, and several other diseases (McIntire & Lacy, 2007). Fairburn and Brownell (2005) state that people with anorexia will generally experience amenorrhea. According to a journal released by the National Institute of Mental Health (NIMH) in 2007 people with anorexia nervosa have a mortality rate ten times higher than those without this disorder.

The effects that can be suffered by binge eating are high blood pressure, high cholesterol levels, coronary heart disease,

diabetes mellitus (Association, 2013), and Gallbladder disease (Smith, Marcus, Lewis, Fitzgibbon, & Schreiner, 1998). People with binge eating disorder often end up being overweight or obese which will later develop into hypertension and heart disease (NIMH, 2007).

In Indonesia, there are still not many studies and publications that report on eating behavior deviations. A study among adolescents conducted by Tantiani and Syafiq (2008) proved that 34.8% of adolescents in Jakarta experienced eating behavior deviations, with specifications 11.6% suffering from anorexia nervosa and 27% suffering from bulimia nervosa. Another study conducted by Putra (2008) on students of SMAN 70 South Jakarta, it was found that 88.5% of respondents tended to deviate from eating behavior with a distribution of types of deviation tendencies, 11.8% tended to anorexia nervosa, 23.3% tended to bulimia nervosa, 5% on Binge Eating Disorders and 48.5% on Eating Disorder, Not Other Specified.

The binge eating is generally done quietly even though the patient feels full and includes foods with high caloric value. In contrast to the previous two categories of eating disorders, BED patients were found to have no excessive desire to achieve lean body proportions, or compensatory behaviors after binge eating, such as trying to vomit, overly restricting diet, or using laxatives to expel food that has been eaten.

In general, people with eating disorders are people who have low self-confidence, feelings of helplessness, and feelings of not being comparable to others. They use food and diet as a way to deal with problems in their lives. Many of them think that food is a source of comfort or stress relief while weight loss is seen as a way to be accepted by friends and family (Rooslain, 2013).

Symptoms of binge eating disorder (BED) were discovered by a psychiatrist named Stunkard in 1959. The diagnosis of

BED was included in the Diagnostic and Statistical Manual of Mental Disorders (DSM) IV. BED is a separate condition from bulimia. This condition is considered a general disorder due to food, but is defined in DSM IV as a part of EDNOS (Eating Disorder Not Otherwise Specified).

According to DSM-IV, the criteria for binge eating disorder (BED) consist of episodes of binge eating, the same as Bulimia Nervosa (BN), but the difference is that BED does not involve actions to combat overeating behaviors, such as vomiting back food, using laxatives and fasting regularly. excessive. People with EDNOS are people who eat uncontrollably and often secretly.

In PPDGJ-III, this BED is found at F50.4, i.e. overeating associated with other psychological disorders.

- a) Overeating as a reaction to things that create stress, resulting in "reactive obesity", especially in individuals with a predisposition to gain weight.
- b) Obesity as a cause of various psychological disorders is not included here (obesity can cause a person to be sensitive to his appearance and increase lack of confidence in interpersonal relationships).
- c) Obesity as a side effect of using drugs (neuroleptics, antidepressants, etc.) is also not included here.

Adolescents in psychology are introduced by other terms such as puberty, adolescence and youth. The Indonesian dictionary explains that adolescence is related to puberty. WHO defines adolescents based on their chronological age. If a child has reached the age of 10 to 18 years, it can be said to be a teenager. Meanwhile, according to Law no. 4 of 1975, adolescents can be categorized as individuals who are not yet 21 years old and unmarried (Budiyono, 2017).

Developments in adolescence occur dynamically both physically, psychologically, intellectually and socially related to puberty problems. This period is a transition period from childhood to adulthood. This

characteristic pattern of rapid growth and development causes adolescents to have a great curiosity, like adventure and challenges and tend to dare to take risks without careful consideration (Tamza & Suhartono, 2013).

According to Beck, Davis, and Freeman (2015) CBT is a counseling approach designed to solve individual problems at this time by restructuring cognitive and deviant behavior. The CBT approach is based on the formulation of cognitive, disruptive beliefs and behavioral strategies. The counseling process is based on an individual's conceptualization or understanding of specific beliefs and individual behavior patterns. The hope of CBT is the emergence of distorted cognitive restructuring and belief systems to bring changes in emotions and behavior for the better (Edy, 2019).

Cognitive therapy is therapy that focuses on how to change negative thoughts or beliefs (Antony & Swinson, 2000; Beck, 1979). CBT is very effective for treating various problems, including mood, anxiety, personality, eating, substance abuse, and psychotic disorders (Anisa, 2016).

Based on several things that have been described previously, it can be seen that the case of eating behavior deviation among adolescents is one of the disorders. One way to deal with adolescents with BED disorders is to use interventions with CBT techniques.

METHOD

The research method used is an experimental study, namely a single experimental design in a home setting, where the subject is treated with CBT (Cognitive Behavior Therapy) therapy to overcome Binge Eating Disorder (BED). The stages of therapy used are:

- 1) Initial assessment and diagnosis, building report cards with clients and obtaining commitment, and determining therapeutic targets.
- 2) Find the root cause of the problem that comes from negative emotions, thought

process deviations, and main beliefs related to the disorder.

- 3) Develop an intervention plan by providing positive and negative consequences to the client
- 4) Making monitoring tables
- 5) Establishing the formulation of status, therapeutic focus, and follow-up interventions
- 6) Relapse prevention
- 7) Evaluating the results of the intervention

Data collection in this study used the method observation, interviews and psychological tests (DAP, BAUM, HTP, and SSCT).

Data analysis in this study uses evaluation which is also continuously monitored using a monitoring table during the implementation of the intervention. Thus, the success of the CBT intervention was seen based on the achievement of the targets previously agreed upon by the subjects, especially in the Binge Eating Disorder (BED) eating disorder.

RESULTS AND DISCUSSION

Based on previous research conducted by Indrawati (2021) CBT was applied to clients who experienced Binge Eating Disorder in adulthood, were working, and lived with their parents. Meanwhile, in this research, the client is still in his teens, still in school, and does not live with his parents.

Sally, Kuntjara, and Sutanto (2020), analyzed clients with Binge Eating Disorder were given a food diary mobile app based on Android as a tool to help cognitive behavior therapy. While in this study, the authors only use CBT and table monitoring as a tool that helps to monitor overeating behavior in clients.

Since the client was a child, the client felt that he was always treated differently from his older sibling. The client is a polite person, has no trouble starting new topics of conversation even with new people, likes to joke, and so on. Every time they meet with practitioners, clients almost always bring their

snacks. The client always does not stop chewing the food in front of him. It is very visible when the client tells things that make him upset, it will be more and more quickly the client feeds food into his mouth. Clients also almost always respond warmly to practitioners. In communicating, the client is also quite active and uses appropriate feedback. Similar to the attitude of the client when the practitioner explains everything, the client always listens well, is quite excited to learn new things, and is cooperative, so that everything goes quite smoothly.

Behind the treatment of her parents, especially mothers who treat clients unfairly, but her mother is often always looking for clients when her mother is having problems. Her mother shared stories about the difficulties her mother had experienced. This sometimes makes clients confused, because her mother often ignores her, but when a problem strikes, it's still the client she is looking for. In fact, at that time the client had moved to settle down with one of his aunts. Clients who are still not mature enough often feel confused about what their mother is complaining about, and often clients are required to comply with her mother's wishes, as if she has no right to say no.

His mother often used him as a trash can to make the client jealous of his sister. The client feels why he, who is still younger in status, is required to understand his parents' situation rather than his older brother who is more mature than him as if he is justified in being indifferent to whatever condition his parents are in at that time. The client also said that at that time her sister was only busy in her own world, having fun, dating, traveling with her friends, going to the salon, and so on. Some of the things that often happen that then make the client finally be able to compare people who can really love him sincerely and who don't. Clients also feel that not always those who have brotherly ties have more sincere love and affection than others. Because in fact, the client only felt the warmth and love language after he

lived with his aunt, and also his grandmother. Until finally the client feels grateful because there is still love for him.

The treatment of his parents was considered unfair. The absence of warmth that he gets at home is also one of the factors that cause clients to not feel at home. According to the client's statement, at that time both of his parents were busy working. The client's parents work from morning to evening, and it is not uncommon for the mother to come home late at night when she is working overtime. The client's mother and father work as private employees. Because the client's mother has an important role in the company, communicating with her mother is quite difficult. In fact, for their daily meals at home, the two brothers subscribe to catering, because the mother does not have time to cook food for her two children.

The client said that he was a moody type of woman. The client's mood in a full day is often changing and erratic. Sometimes a happy and cheerful mood can turn bad in an instant just because he gets into an argument with someone he doesn't like while shopping at the cafeteria. Therefore, again and again the client vent it through eating together with his friends. In fact, it is not uncommon for clients to finish their friend's food, or even take half a portion of their friend's food who is not too hungry. However, according to the client's statement, most of his friends at school are also the type of people who like to eat, it's just that his friends have body proportions that are still quite ideal.

The client said that he had difficulty controlling his appetite, especially when the client's mind was in a state of chaos. The more pressure and emotion the client feels, the more food the client consumes. Clients almost never leave their food. Clients always finish their food. Between eating and drinking balanced, even every time he walks, the client never misses a moment of eating. According to the client, he not only consumes heavy food, but he also consumes light food.

Based on the results of psychological tests that have been carried out, the results obtained that the client fulfills the symptoms of Binge Eating Disorder (BED). Based on the results of the graphical test given, the client has a personality that is quite easy to interact with in the new environment, because the client is a person who tends to be extroverted. The client's way of thinking is still immature, so the client is still less stable, both in terms of affection and emotion, so that the client is quite easily offended.

In socializing, the client has aggressive indications, but the client does not want to show it for fear of hurting others and losing sympathy from the surrounding environment if he shows such aggressiveness. This is also seen in the daily lives of clients who when they are feeling upset about something, the client will tend to take it out on food with the excuse that no other party feels hurt and harmed behavior binge eating in the client. This is because clients are still able to channel what they need without having to violate the norms that apply in the environment.

The client is a realistic person and quite confident in his abilities. However, the client still finds it difficult to control the impulses that exist within him. Clients still tend to be controlled by the subconscious, are less able to think for the long term, are less consistent, and tend to follow their heart's desires, so they tend to be impulsive in their actions. This is also in accordance with the behavior of binge eating found in the client. Clients prefer to vent all the emotions they feel on food. The more pressure or negative emotions the client feels, the more food the client consumes.

Based on the HTP test kit that the client is working on, it shows that the client feels that he has less role in his family. Clients feel less trusted, less cared for, and less valuable. Therefore, there is a desire in the client to leave the activities in his family. This then made the client decide to leave his parents' house and prefer to live with his aunt. Similar to the results of the SSCT, which

states that the client has conflicts with the past, guilt, fear, father, mother, and family life.

Thus, in their daily lives, clients often suppress every emotion they feel. The negative emotions felt by clients are often vented to food. The more pressure and emotion the client feels, the more the amount of food consumed by the client. The speed of the client in consuming the food will also be faster when the client is feeling upset and emotional. In addition, the client also has difficulty controlling his overeating behavior even though the client feels that his stomach feels uncomfortable and very full.

After carrying out the intervention process in the form of cognitive behavior therapy (CBT) for 10 days, the practitioner got quite satisfactory results. This is also in accordance with the client's good prognosis. The client is able to control the desire to eat excessively, even the client also changes his snacks to healthier foods, so that it does not interfere with his health.

The intervention can be said to be going well because the client and the aunt who lived with him were cooperative during the intervention. One of the forms of support from the client's aunt is to replace the stock of snacks with healthy foods. Clients also like various types of food, so it is not difficult to replace unhealthy foods with healthy foods, such as vegetables, fruits, yogurt, fruit juices, and so on. The following are the results before and after intervening with the client:

Table 1
The Results of Intervention

Before The Intervention	After The Intervention
The client is not aware of the situation and the disturbance he is experiencing	The client understands the circumstances and disorders he is currently experiencing.
Client Mindset:	
- The client thinks that eating is not wrong. The eating pattern that the client has been doing is still in a	- The client thinks that eating is not wrong, it's just that if the portion and frequency are excessive, it will

<p>normal phase like people in general.</p> <ul style="list-style-type: none"> - The client thinks that the more food the client consumes, the easier it is for the client to find a comfortable feeling. - Clients think that even achieving achievements will not make their parents feel proud and make their parents behave fairly towards clients. 	<p>have a negative effect on the client's health. The client also realizes that his eating pattern has exceeded the capacity of people in general.</p> <ul style="list-style-type: none"> - Clients think that without consuming excessive food can make the client feel comfortable. Consuming food in moderation is much healthier and more comfortable. Foods consumed in excess actually make the client feel bloated, uncomfortable, nauseous, and easily sleepy. - The client thinks that to achieve excellence in the things the client does is to please the client himself, not to please others. Doing what the client likes will make the client happy, and the achievements he gets are a bonus, as are other people's attitudes towards clients. The achievements that clients achieve will add value and pride for themselves in the future. Even if they can't make their parents proud, there are still many people around them who are proud and appreciate every achievement that the client gets. 	<ul style="list-style-type: none"> - The client has no diversion to vent overeating. - The client's aunt stocked up a lot of unhealthy snacks, such as chocolate and light snacks. - The client's aunt replaces the stock of snacks with healthy foods, such as vegetable/fruit salads, fruits, whole wheat bread, and yogurt.
Client Behaviour:		
<ul style="list-style-type: none"> - Consuming food in excess, with frequency and large portions. - Clients often consume fast food, ice cream, chocolate, and so on. Clients never feel bored and full at all, especially on foods such as chocolate and ice cream. 	<ul style="list-style-type: none"> - The client reduces overeating behaviour slowly. - Clients slowly replace these foods and snacks into healthy foods, such as fruits, salads, wheat-based breads, and so on. - The client has another outlet, namely in the form of writing poetry. 	<p>CONCLUSION</p> <p>Based on the explanation that has been described previously, it can be concluded that the client was diagnosed with Binge Eating Disorder (BED) which the client had experienced since adolescence. Therefore, the client is given an intervention in the form of cognitive behavior therapy (CBT).</p> <p>Intervention cognitive behavior therapy that had been carried out for 10 days showed that the client was able to control his excessive eating behavior. Clients are also able to replace their food with foods that are healthier and do not endanger their health. The client has also been able to change his negative thoughts into more positive thoughts. Thus, it can be concluded that cognitive behavior therapy (CBT) intervention is quite effective in controlling overeating behavior in clients with Binge Eating Disorder (BED).</p> <p style="text-align: center;">REFERENCES</p> <p>Antony, M. M., & Swinson, R. P. (2000). <i>The shyness & social anxiety workbook: Proven techniques for overcoming your fears</i>. New Harbinger Publications. Google Scholar</p> <p>Association, A. P. (2013). <i>Diagnostic and statistical manual of mental disorders (DSM-5®)</i>. American Psychiatric Pub. Google Scholar</p> <p>Beck, A. T. (1979). <i>Cognitive therapy and the emotional disorders</i>. Penguin. Google Scholar</p> <p>Beck, A. T., Davis, D. D., & Freeman, A. (2015). <i>Cognitive therapy of personality disorders</i>. Guilford Publications. Google</p>

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