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UNCONTROLLABLE EATING

Empowering booklet for service users and providers



ABSTRACT

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The aim of this product-based thesis was to create a booklet that offers inspiration and empowerment to Finnish speaking service users who are suffering from uncontrollable eating, but it can also be empowerment tool for service providers helping their clients.

Uncontrollable eating can hinder physical and mental health of a person. Someone suffering from uncontrollable eating can experience social problems and emotional pain. Uncontrollable eating can disturb people coming from diverse backgrounds, levels of education and income. It can burden adults, children as well as young people.

The working life partner of this thesis was R&R project (Ruoka ja riippuvuus –hanke) which provides information and support for people suffering from uncontrollable eating and food addiction. Many of their clients have stated that they have not received the help, time and understanding they need from the public health care sector and social workers. The needs of those clients were the inspiration of this thesis. Four of the R&R project's clients were interviewed and the booklet is based on the advice and experiences shared by them. The booklet contains questions about uncontrollable eating, for example: What are the issues behind your uncontrollable eating, what empowered you on your paths to recovery and what message do you want to deliver to professionals?

The type of evaluation used in this thesis was self-evaluation. The methods used for self-evaluation were project diary, timetables, goals and SMART objectives and SWOT analysis. The different elements in the project plan were compared to project implementation phase, the positive and negative points were analyzed and identified, and the evaluation was based on that. Recommendations for similar future projects include extensive literature and data research prior starting the thesis writing process, investing plenty of time to planning phase and risk management: it is possible that something unexpected happens, and creativity and flexibility is needed.

Keywords: Food addiction, Addiction, Binge eating disorder, Recovery, Ruoka ja riippuvuus –hanke

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1 INTRODUCTION

Uncontrollable eating can cause physical and social problems, but also mental and emotional pain. This topic is important because uncontrollable eating can affect people coming from diverse backgrounds, levels of education and income. It can harm person's overall wellbeing on many levels and can burden adults, children as well as young people. Since uncontrollable eating, and related forms of it, affect a lot more adults than eating disorders like anorexia and bulimia, it is evident that people suffering from uncontrollable eating need more attention (Luova 2013, 23-24).

This product-based thesis contains two parts: the written thesis where the process of creating a booklet is described and the actual booklet. The aim was to create a booklet that works as an empowering and inspiring tool for service users and providers who are dealing with uncontrollable eating. Another aim was to create a product for the working life partner that they find utile.

The long-term goal of the booklet is to offer inspiration and empowerment to service users who are suffering from uncontrollable eating, but it can also be empowerment tool for service providers helping their clients. Ideally this product helps social service professionals to know more about uncontrollable eating, encourage professionals to ask about eating habits and recognize problems related to uncontrollable eating. It can be beneficial for people in general if social service workers know how to empower and offer effective guidance for individuals who come to see them with unbalanced eating habits and uncontrollable eating. Potentially professionals can help individuals to prevent type 2 diabetes for example.

There is currently one service provider in Finland, Ruoka ja riippuvuus –hanke (R&R-hanke), that offers specific support for people suffering from uncontrollable eating and examines the possibility of a food addiction. The name of the project, directly translated into English, is Food and Addiction project and in this thesis, I call it R&R project. The project is part of Myllyhoitoyhdistys ry. (NGO) which is predominantly

promoting recovery from alcohol addiction, but also offers information and viewpoints about addiction recovery in general. R&R project suggests that uncontrollable eating cannot be automatically labeled as an eating disorder or a lack of personal determination; this can be an eye-opening and uplifting perspective for many uncontrollable eaters on their path to better wellbeing. (Ruoka ja riippuvuus –hanke 2019.)

I conducted my Diaconia University of Applied Sciences (Diak) bachelor degree program PRA2, practical placement 2, winter/spring term 2019, with R&R project and I had a chance to interact with considerable amount of their clients during the six months I worked there as an intern. Many clients were saying that they have not received the help, time and understanding they need from the public health care sector and social workers.

The needs of the R&R project's clients inspired me to plan a product-based thesis and have the R&R project as a working life partner. The main aim of this product-based thesis was to create an empowering booklet for service users suffering from uncontrollable eating and the product was created and executed in cooperation with R&R project.

2 BACKGROUND

This chapter explains specific aspects about the working life partner and stakeholders involved in the thesis process. Relevant facts about the context and target group are defined, and some other existing products and services on eating related problems are introduced.

2.1 R&R project

The stakeholders involved in this thesis process were R&R project and their four clients giving interviews for the booklet. R&R project and Diak both provided educational frame, guidance and support for the thesis process.

Since R&R project offers support and information for individuals, professionals and groups, the booklet is available to R&R project's service users and professional contacts who need empowerment and inspiration for recovery path related to uncontrollable eating. The booklet is also available upon request for anybody who is suffering from uncontrollable eating or needs it for professional purposes.

R&R project is part of an NGO called Myllyhoitoyhdistys ry. which is sharing knowledge and education about recovery from alcohol addiction, but also offers information about addiction recovery in general; addiction is defined with details in chapter 3. R&R project operates as an independent project and it applies and gets funding directly from STEA. Funding they receive currently is for the years 2018-2020. (Myllyhoitoyhdistys 2020.)

STEA is The Funding Centre for Social Welfare and Health. Organizations in Finland and non-profit organizations that promote health and social welfare can apply and get financing from there. STEA cooperates with the Ministry of Social Affairs and Health. (Sosiaali- ja terveystieteiden avustuskeskus 2020.)

Myllyhoitoyhdistys ry. was created in Finland in 1983. Their principles are based on The Minnesota Model from USA, and the NGO provides information about addictions

and recovery options. They support people and family members who are suffering from addictions, currently in Finnish only. Myllyhoitoyhdistys ry. coordinates projects and programs promoting addiction free lifestyle and wellbeing and R&R project is one of those projects. Other projects include youth work and employee addiction interventions for work life communities. The background of Myllyhoitoyhdistys ry. is based on The Minnesota Model which was created in Minnesota at the end of the 1940's. Addiction used to be almost "a death sentence" to a person in the past, often leading to imprisonment, mental institutions or homelessness and destitute. The Minnesota Model was developed to deliver a second chance to addicts by offering peer support, therapeutic community living and commitment. (Myllyhoitoyhdistys 2020.)

It is important to underline that R&R project is not part of the public health care system and does not offer therapy or psychotherapy to clients. R&R project does not offer trauma therapy or diagnose eating disorders (or inform how to diagnose eating disorders) or any other disorders. The aim of the R&R project is not to seek official diagnosis for uncontrollable eating.

2.2 Target group and the context

The needs of the R&R project's clients inspired me to plan this product-based thesis including the empowering booklet. The booklet was targeted to Finnish speaking service users, who are adults, and are suffering from uncontrollable eating. The booklet was also produced for professionals working with service users, who have challenges to control their eating habits. The main aim was to provide an empowering and encouraging tool for people dealing with uncontrollable eating, either in their personal lives or professionally, helping someone to recover from uncontrollable eating. This booklet does not contain overall information about R&R project since their website offers the relevant information as well as links to websites offering help and support for people suffering from eating disorders. It is important to point out, that if somebody is diagnosed having an eating disorder or suspects they have eating disorder, it is highly recommended to contact a medical doctor first. If a social service professional suspects their client has an eating disorder, it is advisable that the client is steered to seek medical help. Sometimes the client can receive other appropriate support for their life situation at the same time they receive medical help. However, this chapter

includes a subchapter 2.3, that provides information about service providers offering support for people dealing with questions related to eating disorders.

The long-term goal of the booklet was to share experiences of those who have suffered from uncontrollable eating but have recovered from it or feel better now. The booklet was written in Finnish and it contains true-life stories about the elements that helped people to feel better and experience recovery from uncontrollable eating. The four individuals interviewed for the booklet had received inspiration and support from R&R project during the past two years. It was important to approach people who had received sufficient amount of services from R&R project, so they had enough experience and knowledge about the support R&R project offer; those service users had more relevant information to extend to other people suffering from uncontrollable eating.

2.3 Existing products and services on eating related problems

There are some NGOs, public services and private businesses in Finland that offer help to people dealing with eating disorders but only one service provider, R&R project, that is focusing merely on problematics of uncontrollable eating and a possible connection to food addiction.

Well established service providers in Finland dealing with eating disorders, offering also support to people suffering from uncontrollable eating, are for example Syömishäiriöliitto- SYLI (NGO), HUS- Helsinki University Hospital (public sector) and Syömishäiriökeskus (private sector). They all share information and deliver booklets about challenges related to eating. However, there is no specifically targeted empowering booklet produced in Finland revealing clients' own stories about uncontrollable eating and what elements helped he or she recover from it. There are possibly hundreds of international projects about uncontrollable eating since obesity is a big problem globally and in western countries particularly, but I chose this bachelor level thesis to aim attention at the recovery from uncontrollable eating in Finland.

Good example about supportive products like e-booklets and booklets produced in Finland can be found from Syömishäiriöliitto- SYLI's website. Syömishäiriöliitto-

SYLI translated into English is The Eating Disorder Association of Finland. One can order SYLI's products via postal services or download material from their website. They carry a guidebook targeted to professionals and it costs seven euros but most of their booklets are free of charge. Out of their nine free products there are two booklets that have similar elements with the product I created for R&R project. SYLI's two booklets are called *Voisit olla onnellinen- Rohkaisun sanoja Sinulle, joka olet kohdannut syömishäiriön* and *Syömishäiriö. Sairaus josta voi toipua*. Those titles translated freely into English are *You could be happy- Encouraging words to you who is facing an eating disorder* and *Eating disorder. An illness you can recover from.* (Syömishäiriöliitto- SYLI.) It is important to remember, that uncontrollable eating examined in my thesis process is not considered as a disorder but rather an eating problem.

Another good example of existing services one can find support for uncontrollable eating is Mielenterveystalo.fi online tool produced for the most part by HUS. It does not emphasize uncontrollable eating being an eating disorder and that is why it has a similar aim compared to my product. The online tool on Mielenterveystalo.fi (link to service administered by HUS) provides a program that one can do by him- or herself and there is information and exercises related to the topic. (Mielenterveystalo. Irti ahminnasta.)

There are also several Facebook and social media forums that are connecting people who are suffering from uncontrollable eating. R&R project is also highly active on social media. The aim of those forums is to provide peer support, encouragement and platform to share feelings and thoughts about the topic. The aim of my booklet is similar; to provide empowerment and share real life stories about steps towards better wellbeing.

3 KEY CONCEPTS

This chapter examines and explains key concepts related to uncontrollable eating and food addiction. Those concepts are addiction, how to define a food addict, BED- Binge eating disorder and recovery. This chapter also introduces information provided by the World Health Organization's ICD-11 and Current Care Guidelines (Käypä hoito in Finnish) to bring wider perspective to problematic eating behavior. This chapter offers the reader a better understanding of the thesis topic as a phenomenon, and the references were chosen to give reader a deeper understanding of the importance of the topic. Potentially this thesis will bring forth awareness about uncontrollable eating and educate what reasons can cause problematic eating behavior and what elements support recovery process of a person and his/hers better wellbeing. It is important to emphasize that uncontrollable eating examined in this thesis process is not considered as a disorder but rather an eating problem.

This thesis will not analyze addiction or examine eating disorders in detail simply because they are wide and complex topics to cover in a bachelor level thesis. However, it is relevant that doctors, health care and social service professionals understand what the ICD-11 and Finnish Käypä hoito, Current Care Guidelines are, and what information can be found from them regarding diagnosis of eating disorders, addiction or addictive behavior. It is important to stress that R&R project program and the booklet does not contain any information about diagnosing or inform how to diagnose any disorders. The aim of the R&R project is not to get official diagnosis for uncontrollable eating. (Ruoka ja riippuvuus –hanke 2019.)

3.1 Current Care Guidelines for uncontrollable eating

The World Health Organization, WHO, has developed and is managing ICD-11 which is the International Classification of Diseases. The ICD-11 was released in 2018 following the ICD-10. The ICD-11 will be effective in 2022 and after that WHO will take relevant reports regarding the Classification from the Member States. (World Health Organization. Classifications 2020.)

Uncontrollable eating may or may not be considered as an addiction, but often similar elements related to addiction or addictive behavior can be identified in uncontrollable eating. It is also important to understand that if someone is suffering from uncontrollable eating, it does not automatically mean that the person has an eating disorder. In Finland only a licensed doctor can give the diagnoses. (Ruoka ja riippuvuus –hanke 2019.)

Uncontrollable eating can have the characteristics of addictive behaviors. In the ICD-11 food addiction can be found and linked to Mental, behavioral or neurodevelopmental disorders (6A00–6E8Z). Disorders due to addictive behaviors are mental and behavioral disorders that develop due to specific repetitive rewarding and reinforcing behaviors. (World Health Organization. Disorders due to substance use or addictive behaviours 2019.)

When examining ICD-11, uncontrollable eating may or may not be linked to Feeding or eating disorders (06 Mental, behavioral or neurodevelopmental disorders). It is defined in ICD-11 that those disorders include eating and feeding behaviors that are considered atypical, not typical behavior, and reason for the behavior is not caused by different health problem. It is possible that a person suffering from uncontrollable eating can be overly focused on food, weight and body issues the same way as a person with Feeding and Eating Disorder diagnoses. (World Health Organization. Feeding or eating disorders 2019.)

Finnish Käypä hoito, Current Care Guidelines in English, is similar to ICD-11 but providing national instructions to cover issues concerning health, medical treatments and preventing disease specifically in Finland. Current Care Guidelines are based on evidence and medical studies. The Current Care Guidelines define addictions and eating disorders equivalently compared to ICD-11, however Current Care Guidelines provide information about addiction and dependency being part of substance abuse and concentrate less on behavioral dependency issues. The Current Care Guidelines point out that uncontrollable eating habits can be related to ability to control his or her emotions or identifying and naming one's own emotions (Käypähoito 2020).

Similarly, one of the main focal points in R&R's work is identifying emotions and ability to deal with them in a healthy manner. Other important focal points R&R

project has identified in their studies and work are values, eating frequency, as well as setting goals and commitments.

It was important to study and connect the information related to uncontrollable eating by the World Health Organization's ICD-11 and Current Care Guidelines because it gave me a wider perspective to the problematic eating behavior. It is important for health care and social service professionals to understand different reasons why somebody is suffering from uncontrollable eating: if we want to help someone, we need to understand the problem completely.

3.2 Addiction

It was vital to define addiction for this thesis work because R&R project states that in some cases uncontrollable eating can be considered an addiction, for example when all or most of the characteristics of an addictive behavior can be found from somebody's eating patterns and life choices.

R&R project uses often in their educational presentations Gabor Maté's definition to describe addiction in general. The Hungarian-born Canadian physician and addiction specialist defines addiction being any behavior a person craves, finds temporary relief or pleasure in. A person has impaired control over the habit and cannot give it up even though he or she suffers from negative outcomes as a result. It is important to remember that addiction is not restricted to drugs, tobacco and alcohol but can indicate to almost any human behavior, for example sex, food, shopping, gambling, extreme exercising, compulsive internet use or watching TV etc. (Dr. Gabor Maté 2017.).

Karhunen defines addiction concisely in the journal article *Ruoka-addiktio –totta vai tarua?* (2017, 1): Addiction is something that a person has to do or experience in order to reach somehow pleasurable state of being or a goal.

3.3 Food addiction and uncontrollable eating

Being addicted to food is clearly different than someone enjoying food. What is the difference between an “ordinary eater” and a food addict, or somebody who is suffering from uncontrollable eating? Ordinary eater can be described as somebody who is hungry and gets satisfaction out of a balanced meal. Contradictorily food addict continues eating, or eats, often to the point that they are feeling sick. Another sign of a food addict is that they think about food almost constantly. (Tarman and Werdell 2014, 46-47). Binge eating psychological factors publication (2009, 36) states that binge foods do not typically include fruit and vegetables but rather foods that are low in nutrients and high in calories. Nonetheless, it is possible that uncontrollable eating includes also healthy and normal, daily consumed food.

Based on these findings it can be hard to separate a food addict from someone suffering from uncontrollable eating, but the most important starting point seems to be the way the client defines his/her own problem: is it an addiction or uncontrollable eating? Person who suffers from food addiction experience negative physical, psychological, or social effects more extensively compared to somebody who suffers from uncontrollable eating: this viewpoint can be used as a guideline by professionals.

3.4 Binge eating disorder

This thesis explains BED, Binge eating disorder, briefly even though similar elements and behavior are found from uncontrollable eating. It is important that social service professionals know binge eating does not automatically mean a person has BED, and uncontrollable eating can be considered an eating problem rather than a disorder. In the publication Binge eating psychological factors (2009, 36) BED is characterized by recurrent binge eating, meaning consuming large amount of food in a short time while feeling a loss of control or compulsive eating, emotional eating or overeating; all these include often recurring episodes of binge eating as well as feeling guilt and shame afterward. BED means the consumption of large amounts of food without the so-called compensation behavior for example vomiting and/or using laxatives. A person suffering from BED experiences several negative physical, psychological, or social effects more extensively rather than somebody who suffers from uncontrollable eating.

As mentioned earlier, uncontrollable eating deserves and needs more attention from social service sector and health care workers. Uncontrollable eating and different forms related to it, affect a lot more adults than eating disorders like anorexia and bulimia, so it is evident, that people suffering from uncontrollable eating call for more attention (Luova 2013, 23-24).

3.5 Recovery

When talking about empowering people suffering from uncontrollable eating it is beneficial to define recovery in general. Defining recovery models or recovery approaches are constructive when a person is overcoming challenges with mental health issues or substance dependency, and uncontrollable eating can have similar elements related to those.

Mental Health Foundation states that recovery models often involve goal setting and taking steps towards the intention. Successful recovery contains developing relationships and skills that support a positive, better life. Important steps on the recovery process can be for example good relationships, satisfying and meaningful employment or activity (or volunteer work, hobby), personal growth (building self-esteem) and positive living environment. It is valuable if the person recovering has a support system involving family, friends, professionals, health services, and ideally the community. It is important the service professional to recognize that recovery may or may not mean a complete recovery and this applies to uncontrollable eating as well. Successful recovery process often includes connectedness, hope and optimism, identity building, meaning and purpose, and empowerment. (Mental Health Foundation 2020.)

Understanding recovery-oriented models were significant knowledge for this thesis process because it encouraged me to believe in recovery from uncontrollable eating. It is beneficial to name and understand the problem, and if possible, understand reasons behind the challenging behavior. It is also important to believe to the potential of recovery because it creates hope. Recovery demands flexible mind from the professional and from the person, who's recovery is being supported, because recovery journey is personal and there is no one set outcome. Coping skills are important with recovery process, and every individual has their strengths and weaknesses related to them, but

coping skills can be improved and developed. Coping skills include physiological, spiritual, intellectual, creative, emotional and social abilities. (MIELI Mental Health Finland ry 1995.)

4 PROJECT DESIGN

The elements that were needed to create an implementation plan for the project is introduced in this chapter. It includes detailed information about the project cycle and timeframe, SMART objectives, budget and ethics. The details of the actual execution and the risk management, including SWOT analysis, are explained in chapter 5.

Successful project plan should define all necessary steps, elements and background features involved with the potential project, for example target group, stakeholders, goals, objectives, project management cycle, initial timetable, budget, ethics and risk management. The purpose of the good project planning is to break the project into smaller components, action steps, that provide additional details about that specific phase and increases the understanding of the component. (Dobson 2015, 8-19.)

4.1 Project cycle and timeframe

This subchapter clarifies the project cycle and timeframe. It describes the most important steps that helped me to plan and develop the project.

Project cycle was used as a guideline in this thesis process. It is constructive to break down the lifeline of the process into groups that are initiating, planning phase, implementation, editing and reporting/evaluating. (Hyttinen 2017, 16.)

The project work contained two parts: the written thesis where the process of creating a booklet is described, and the content of the actual booklet, that is described in chapter 5. The project cycle and timeframe report, Table 1, contains details about planning both, the process of creating a booklet and the thesis process.

TABLE 1. Project cycle and timeframe for the booklet and thesis process

Project management cycle	Tasks and details
Initiating December 2019	-Introduced the idea paper about the booklet to R&R project 11.12.2019 -Initial approval received from R&R project (oral agreement)11.12.2019
Planning phase January-May 2020	-Project plan created and developed further by gathering and examining material and data -Thesis plan presented in Diak 12.2.2020 -Update meeting held with R&R project manager 5.3.2020 -Feedback received from Diak and R&R project -Adjustments and corrections made to the plan
Implementation June-September 2020	-Cooperation agreement for thesis work document signed with R&R project and approved by Diak 10.6.2020 -Interview questions created and reviewed with R&R project -Confirmed interview times with participants via e-mail (cover letter and consent form) 10-17.8.2020 -Conducted interviews with four participants, 13-22.8.2020 (consent form confirmed)
Editing August-September 2020	-One-on-one meeting took place with the supervising teacher in Diak 31.8.2020 -Made adjustments and corrections to the thesis based on the feedback from Diak -Final version of the booklet ready
Evaluating September 2020	-Wrote the evaluation -Evaluation with R&R project -Submitted manuscript 9.9.2020 -Manuscript presentation held 16.9.20 -Made corrections to the thesis
Reporting/ evaluating September-October 2020	-Registered for thesis submission 5.10.2020. The final deadline to get the thesis submission accepted for the registration is by the end of the year 2020: 28.9.2020. -Submission of thesis for preliminary assessment sent 26.10.2020. -Made corrections to the thesis

Initiating phase happened in December 2019. I introduced my idea about the booklet to R&R project and received their initial approval.

Planning phase took place in January-May 2020. I created a project plan and developed it further. I gathered and examined more relevant material and data. I adjusted and made corrections to the plan in cooperation with R&R project.

Implementation phase was executed in June-September 2020. The thesis Cooperation agreement for thesis work was signed with R&R project and Diak. I wrote down interview questions and got them approved by R&R project. I got in touch with the interviewees, arranged meetings and I interviewed all four participants in August 2020. All interviews were done and documented on Word document. Booklet was designed by using Power Point. Text and design were ready to get published by the end of September.

R&R project will decide in the future, if they want to print a booklet, and when it happens, they will cover all possible printing costs. Due to COVID-19 e-booklet version is used for now.

The main editing phase of the booklet was carried out in August-September 2020. Thesis manuscript presentation took place 16.9.2020. Evaluating and reporting phase happened in September-October 2020. Self-evaluation was used for this thesis work. I evaluated the success of the project and wrote a summary about it. Reporting was finalized in October 2020.

4.2 Goals and SMART objectives

The long term goal of this product was to provide empowering material to service users and providers as well as material for the R&R project's own use, for example they can use quotes from the booklet on their social media forums. This goal can be measured in the future, for example sending a questionnaire to R&R project's employees and asking how much they have used the booklet for their social media platforms. However, how beneficial have the service users, professionals or even the R&R project employees found the booklet to be, cannot be measured and reported in this thesis process due to lack of time. The extensive evaluation was not possible to execute during this thesis process, therefore it was not included to the goals.

Ideally the booklet works as a tool, that shares experiences of those who have suffered from uncontrollable eating, and by sharing these experiences, the booklet can empower those who are experiencing challenges with uncontrollable eating. Potentially the booklet can provide inspiration and guidance to service users or service providers

working with clients. I understood the path to recovery is different for everybody, but it can be beneficial to listen to those who have found ways to feel better, possibly even recover from it and overcome their challenges.

Objectives were the essential steps to take in order to reach the goals I had set for the project, and Table 2 shows the SMART objectives I had set for this project with R&R project's manager. Each letter stands for a certain objective. The first stage was to think about more general goals and then I defined objectives with more details. The Table below has the breakdown titled SMART objectives for the booklet producing.

The SMART objectives are a tool that can be used in projects in goal setting. Using SMART help to define objectives for a process and benefit the plan to be as clear as possible. SMART aid to make sure the goals are achieved, timetable kept, and it helps everybody involved with the project to understand how objectives are reached. The SMART objectives guide the team to focus their efforts, clarify ideas, manage time and resources wisely, and ideally achieve more. (Project-Management 2020.)

TABLE 2. SMART objectives for the booklet producing

SMART	Booklet producing for R&R project: steps and details
S- Specific	Booklet produced in co-operation with R&R project. Empowering booklet is targeted for Finnish speaking, adult service users who are suffering from uncontrollable eating. Project plan and project cycle steps are followed carefully.
M- Measurable	Evaluation and reporting will be done. All objectives are compared with the planning and evaluated in chapter 6. All possible variations and corrections are analyzed and reported.
A- Achievable	Realistic schedule with some flexibility. Committed stakeholders. Detailed plan with risk assessment. Large client base in case one of the interviewees drop out. Small budget needed if any.
R- Relevant	The topic is important and current. It is needed tool for R&R project.
T- Time-bound	Initiation meeting in December 2019. Booklet finalized in September 2020. See Table 1. for the schedule details. The project completed within the time frame set by me.

SMART objectives method helped me to set objectives and communicate them to my working life partner. SMART was a useful tool when I was working on clarifying the idea of producing a booklet to myself and stakeholders. The method helped me to focus and use my time wisely. SMART method helped me to evaluate how my objectives were achieved. The evaluation is disclosed in chapter 6.

4.3 Budget

As mentioned in chapter 2, R&R project is part of an NGO called Myllyhoitoyhdistys ry. R&R project operates as an independent project and it applies and gets funding directly from STEA, The Funding Centre for Social Welfare and Health, and the details about STEA are explained in the subchapter 2.2. The funding R&R project receives currently is for the years of 2018-2020, and the money is carefully targeted and calculated to cover their costs. (Ruoka ja riippuvuus –hanke 2019.)

R&R project did not have any funds available for thesis projects. Luckily only small budget was needed to this project and I covered the costs from my own pocket. I met one interviewee in a café in Helsinki and bought coffee and sandwiches for both of us. There were no travel costs for me because I used my monthly bus pass. The other three participants I met online and over the phone. To manage a “no cost budget” was part of this thesis and product plan as stated in the SMART objectives Table 2, section A-Achievable.

The reason why I chose to do a product-based thesis and be a project manager, is because I have experience in low to no cost material and event producing. I am also generally speaking interested in producing materials, for example booklets and videos about important topics, therefore I believe my experience and knowledge can be utilized the best way in product-based venture. Unfortunately, there is not a lot of money available for student projects these days.

4.4 Ethics involved in the process

This thesis project was following the ethical rules and recommendations for thesis writing process. Social service workers ethical guidelines were respected in the process. The ethical goal was to act in accordance with principles that are based on social workers core values, for example social justice, dignity and worth of the person, importance of human relationships, integrity and competence. (The National Association of Social Workers 2017.)

I interviewed four people, and that way collected material for the booklet and the thesis. All the interview material collected was stored in a safe, password protected computer, and anonymity of the interviewees were protected. Consent form was signed with participant, Appendix 1. It is stated in the publication Ethical recommendations for thesis writing at Universities of Applied Sciences and Ethical guidelines for thesis work (2019, 8) that when conducting research, including thesis writing, it is important to be honest, careful, open, and to respect the work of other researchers. Research, conducting an interview and thesis writing process is carried out in a planned manner. Possible sources of funding must be disclosed and managed well. In addition to these common ethical guidelines, thesis dealing with collecting data from people should be in accordance with ethical principles; respect for the right to self-determination, avoid causing harm as well as protect privacy and data. It is important to use password protected computer with no possibility for third party use.

It is recommended to be familiar with the ethical guidelines of the thesis work in Universities of Applied Sciences in Finland in general. From the student's perspective it is vital to remember the writing process involves accuracy and respect of the sources used and all parties involved. Quoting has been extremely careful in the thesis because plagiarism is a serious offence regarding any thesis process. (Ammattikorkeakoulujen rehtorineuvosto Arene ry. 2015.)

In this thesis process the ethical guidelines were respected and followed carefully, like do no harm, confidentiality, and participant can leave the process at any time they want to. Participant were informed in the consent form that they can see the material at any time. All participants understood why the product was created and that anybody can have access to it and read it. Participants took part in the process willingly and their real names or any personal details did not appear in the booklet or during the thesis reporting process. All participants were aware of the ethical points prior to the

interview and understood all aspects fully. The consent form written in Finnish, and it was sent to participants via e-mail and then discussed verbally with every individual prior to the interview.

5 PROCESS DESCRIPTION

Elements involved with the implementation of the thesis process are described in this chapter. Every step of the project development was followed and discussed with R&R project's representative or teacher from Diak when distinguished attention was needed. The implementation phase of this process followed the project plan and ethics. This chapter includes the specifics of the risk management, interview questions, step-by-step timetable of the project implementation as it turned out, and the description of the content of the booklet.

According to Martin (2010) implementing a project demands different skills and knowledge compared to creating a project design. Implementing phase demands management know-how and ability to complete the project within the set schedule. (Martin 2010, 338.) It is valuable to be aware of these facts when implementing a project plan.

5.1 Risk management and SWOT

The possible risks in this project included problems with the schedule, budget and differences of opinion or expectations between the responsible person of the project (me), R&R project, interviewees and Diak. Due to the ongoing coronavirus pandemic there was a slight possibility that I was not able to complete the booklet or project in time, also R&R project could have dropped out and not have the interest or resources to publish the final product. One of the interviewees could have dropped out for some reason, as it turned out happening. Dealing with all possible risks involved flexibility, creative thinking skills and resilience particularly from the person in charge of the project.

Project risk management is an important part of the project management. It is the process of identifying, analyzing and responding to the risks involved (Heagney, 2012). Risk management includes identifying the possible risk, analyzing the possible impact and how to prevent risk factors from happening. The risks involved can be analyzed by asking questions like what can go wrong, if something does not go as planned, how badly it can damage the project and what action needs to take place to

avoid risks? These questions can help to measure the impact when something is not going as anticipated. SWOT analysis and the risk management questions helped R&R project manager and me to be aware of possible setbacks and make sure that this thesis process does not fail.

SWOT stands for strengths, weaknesses, opportunities and threats. It is well known and widely used tool in social service field. The aim of a SWOT analysis is to bring out all the issues, assumptions, hopes and fears that people involved in the project have. (Social Work Processes. How to Use SWOT in Social Care 2020.)

It was important to analyze weaknesses and threats because it provided me answers to questions like what can go wrong, and it is explained with details in Table 3 below. After defining weaknesses and threats, I concluded nothing can completely dismantle the project because R&R project client base is extensive enough and I can use many different communication tools to connect with interviewees. I can avoid risks if I follow the timetable and find alternative ways to do interviews if I cannot meet participants face-to-face.

Making SWOT analysis helped R&R project representatives and me to foresee the possible risks involved with this project. It is important to consider all positive and negative outcomes of the project in order to be prepared of all the outcomes. If we understand and are ready for the risks involved, we can be prepared, and that way avoid possible negative impacts regarding the schedule, cost, ethical issues or expectation conflicts. It is important that all parties and stakeholders are involved with the risk management conversations, meetings and when agreeing on something.

TABLE 3. SWOT analysis of the booklet

<p>STRENGTHS</p> <ul style="list-style-type: none"> -Personal interest in the topic/ motivation -Support from R&R project -Knowing and understanding the principles and values of R&R project -Knowing and understanding the ethical principles of the project -Good planning and time keeping, flexibility -Can interview face-to-face, over the phone or online 	<p>WEAKNESSES</p> <ul style="list-style-type: none"> -Not examining more extensively academic studies and data about the topic/ global spectrum -Relatively small number of interviews/ interviewees -Working mostly by myself. Having a partner could have helped to be even more objective.
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> -Potentially creating an empowering and inspiring product for service providers and users -Increasing recovery among service users -Increasing knowledge among service providers 	<p>THREATS</p> <ul style="list-style-type: none"> -COVID-19 can affect the progress and timetable; may need to cancel interviews -Creating a booklet that does not interest or reach people -Using terms and words that service users and providers do not feel comfortable with or disagree with

Strengths of this product and implementation were the aspects that I can do well. Those included my personal motivation and interest in the topic. R&R project offered me support and their goals were familiar to me. I knew their values and principles well and respected their ethical guidelines. The planning of this process was solid and realistic, and the schedule was followed relatively diligently.

Opportunities of this product can lead me to favorable circumstances in the future. Potentially the booklet is empowering and inspiring for service providers and users, and it enhances recovery among service users and expands knowledge about uncontrollable eating among service providers.

Weaknesses of this product and implementation were aspects that I could have done better or could have improved. There is always a chance that I did not examine the topic extensively enough. I could have examined more academic studies and data about the topic and consider global spectrum more meticulously. This project involved relatively small number of interviews and interviewees. It was a hindrance that I was working mostly by myself; partner could have probably helped me to be more objective.

Threats of this product and implementation are aspects that could have harmed the project or potentially me as a project manager, now or in the future. COVID-19 had the potential to affect the progress and timetable negatively. It is possible that I created a booklet that does not interest or reach people. It is possible that I was using terms and words that some service users and providers do not feel comfortable with or disagree with some of the content of the product or thesis.

Risks and SWOT are examined and evaluated in chapter 6.

5.2 Interview questions

One of the main aims for the booklet was that service user experiences and voice can be heard in the booklet. Questions were created in cooperation with R&R project in June 2020 and they were approved by the working life partner in August 2020.

I wanted to choose clients that have received different type of support for their uncontrollable eating, like one-on-one counselling, weekly support group and/or online support with a kick start weekend. The interview and questions were semi-structured, and as many as possible were open-ended, so the interviewee had a chance to tell about their experiences. The interview questions were created based on the expert knowledge of R&R project. The questions are written in Finnish and translated into English; translations can be found in Table 4 below. Interviewee had also a chance to talk about possible negative experiences about the support they had received since there was an opportunity to get improvement suggestions for R&R project from clients at the same time.

Prior to the interview, it was explained to the participants face-to-face or over the phone, that all seven questions are related to their personal experiences about the services or activities R&R project had arranged. All interviewees had wholeheartedly participated in R&R project's activities for the minimum of five months. Consent form and ethical points were sent to participants via e-mail and explained to them prior to the interviews and signed by both parties.

TABLE 4. Interview questions

Finnish	English
Mikä on jäänyt erityisesti mieleen palveluista?	What was particularly meaningful to you about the services?
Mikä tuki toipumistasi parhaiten?	What supported particularly your recovery?
Miten syömiskäyttäytyminen on muuttunut? Vai onko?	How have your eating habits or patterns changed? Or have they?
Mitä mahdollisia oivalluksia koit syömisestä, itsestä, tunteista, arvoistasi, häpeästä/syällisyydestä tms.?	Did you experience aha moments about your eating, self, emotions, values, shame/guilt, or so?
Koitko oivalluksia, jotka liittyvät tunteisiin ja/tai tuntemuksiin; ehkä vihaan, tylsyyteen, pelkoihin, huoliin, traumoihin tai omaan itseen liittyviin epävarmuuksiin tms.?	Did you get insight about your feelings and/or emotions; perhaps about anger, boredom, fear, worries, traumas or insecurities about self, or so?
Auttoiko prosessi sinua puhumaan avoimemmin syömiseen liittyvistä haasteista läheisille tai muille?	Did the process help you to talk about your eating related problems to your loved ones or others?
Mikä oli erityisen hyvää ja onnistunutta ja mikä ei toiminut/onnistunut?	What worked out particularly well and what did not?

As explained in the subchapter 4.4, when the interview times were confirmed with all four participants and the consent form in Finnish was included to the confirmation e-mail, Appendix 1.

5.3 Execution of the product and the timetable

The process of creating a product, involved several important steps starting with the introduction of the idea to the working life partner, creating a plan for the process and collecting relevant data and facts related to the topic. The execution phase of the product involved creating the interview questions, finding suitable participants for the interviews, and contacting them. The interview questions were created based on the experience and gathered expert knowledge of R&R project. Suitable participants were found from the working life partner's data base. It was important to approach people who had received sufficient amount of services from R&R project, so they had enough experience and knowledge about the support R&R project offer; those service users had more relevant information to extend to other people suffering from uncontrollable eating.

The communication started after assessing the potential participators. The first e-mail to a participant explained the purpose of this interview, details about me, details about Diak thesis process, different opportunities to participate and main ethical points. I received three replies out of four initial contact e-mails. After talking to R&R project's manager I decided to get in touch with another potential interviewee and that person was willing to give me an interview immediately. The time frame for the actual conducted interviews are shown in Table 5 below.

After conducting and documenting the interviews, I begun working on the first draft of the booklet. The second draft of the documentation took more time than originally scheduled due to personal schedule conflicts, so the third and final draft was completed at the end of September 2020. I chose to use Power Point to create the final draft, because R&R project gives expertise lectures and they can use, and have used, Power Point format for lectures and print jobs in the past as well.

Table 5. below shows timetable of the project implementation as it was carried out and executed.

TABLE 5. The implementation timetable of the booklet

Month	Agreements, tasks, development steps
June 2020	-Cooperation agreement for product-based thesis work signed with R&R project (cooperation) and Diak -Wrote down interview questions and reviewed them with R&R project
July 2020	-Continued collecting relevant information and data about the topic -Created the cover letter and consent list/ form
August 2020	-Modified interview questions, final draft, approved by R&R -Confirmed interview times with participants via e-mail (cover letter and consent form) -Interviews conducted with four participants (consent forms confirmed)
September 2020	-The product edited and finalized at the end of September 2020.

The implementation phase of this process followed closely the project design phase which was carefully prepared and thought through. The timetable plan gave me a structure to the process. The actual implementation phase happened as originally planned in June-September 2020 and no delays or major changes or surprises occurred.

5.4 Content of the booklet

The title of the booklet, translated freely into English, came to be Uncontrollable eating- Rehabilitation greetings: Ahaa moments and answers. The booklet was written in Finnish and the title in Finnish is Hallitsematon syöminen – Terveisiä toipujilta: Oivalluksia ja vastauksia to serve the purpose of the R&R project I collaborated with. The booklet is created and produced in cooperation with R&R project and the main goals of the booklet were to provide empowering material to service users and providers as well as material for the R&R project's own use, for example they can use quotes from the booklet on their social media forums.

The booklet's final version became available at the end of September 2020. Every page of the booklet is appended to this thesis report, Appendix 2. The Table 6 explains the content and breakdown of the booklet briefly in English. The comments in chapters 2-6 were selected from the interviews that were conducted with R&R project service users for this booklet.

TABLE 6. Content of the booklet in English

The title of the chapter	The content of the chapter briefly
1. Hello!	Introduction of the product. Why it was done and what is it for.
2. What made you stop, what woke you up?	Some comments from service users: -“I realized that my overall wellbeing improved when uncontrollable eating habits became healthier” -“I understood that childhood experiences were important part of my problems”
3. How have your eating patterns changed?	Some comments from service users: -“Sometimes it is still challenging but I definitely see my eating habits improving, becoming healthier” -“I have realized how stress effects my unhealthy eating patterns, and for that reason uncontrollable eating is not debilitating my life any more”
4. What are the issues behind your uncontrollable eating?	Some comments from service users: -“Shame and guilt. I do not know how to set boundaries” -“I am not good at identifying and dealing with emotions” -“I have challenges with communicating my needs and wishes”
5. What is empowering you?	Some comments from service users: -“Peer support. Do not be left alone with your problems!” -“To understand that it is important to have a good relationship with myself. I deserve to be happy!”
6. Greetings to professionals	Some comments from service users: -“Be encouraged to look for overall better wellbeing, rather than weight loss only” -“Issues are often related to other things than lack of self-control”
7. Questions to professionals to think about	-Why uncontrollable eating is not fixed by eating less and adding more self-control? -How can I help the service user to recognize and manage stress and emotions better?

The main message from the service users to those suffering from uncontrollable eating was to get help and peer support. They also emphasized the importance of identifying and dealing with emotions, stress factors, traumatic experiences and ability to value oneself.

The main message from the service users to professionals was to focus on holistic wellbeing rather than weight management only.

6 EVALUATION

This chapter is about the evaluation of the product and the thesis process. My personal professional development is explained in chapter 7. It is important to evaluate the project, or explain the project closeout, because that way we can be sure the project is properly finalized, and goals and objectives are reached. It is also valuable to report what have been learnt during the process because every project has elements that are useful in the future. It is important to analyze and point out elements that were successful so we can reuse them in similar projects in the future. It is imperative to analyze elements that needed improvement so those can be developed and used for the future projects. (Dobson 2015, 158.)

The type of evaluation used for this project work is self-evaluation. Evaluation is internal because it was done by me; a person who was involved in the project as a project manager. Self-evaluation is reported to be valuable tool for learning and contains critical analysis of the action steps and elements involved in the project. (Arts & Humanities Research Council 2015.) The methods I used for self-evaluation are the project diary, timetables, goals and SMART objectives and SWOT analysis.

In this chapter I compare different elements in the project plan to project implementation and closeout phase, and the evaluation is based on that. Positive and negative findings of the project plan are compared to the project implementation and pointed out.

6.1 Implementation and SMART objectives evaluation

General goals included the booklet being inspiring and empowering tool for some people but that cannot be measured during this thesis process due to lack of time. Measuring would involve getting in touch with those people who has read the booklet and getting feedback from them. The evaluation and reporting of the booklet and thesis process were done according to the timetable because the planning of the schedule was realistic and included some flexibility. The project and process plan were detailed, and the risk assessment was done carefully. R&R project's client base was large, so when

original participant dropped out, it was relatively easy to find another participant to replace a person that had dropped out. Creative solutions and quick thinking helped when things did not go as planned. The topic was motivating to me, and still is, and based on my own observations, it is important, current and relevant to social service professionals. It was quite evident from the beginning, that the product can be completed within the time frame set by Diak, R&R project and me. SMART objectives involved in the booklet producing are evaluated in Table 7 below.

TABLE 7. Evaluation: SMART objectives for the booklet producing

SMART	Booklet producing for R&R project: steps and details	Evaluation
S- Specific	Booklet produced in co-operation with R&R project. Empowering booklet is targeted for Finnish speaking, adult service users who are suffering from uncontrollable eating. Project plan and project cycle steps are followed carefully.	The booklet was produced and completed in September 2020. The thesis was finalized in October 2020. Ideally this thesis should include a report where the impact of the booklet is analyzed: Has this booklet helped someone to feel better or become healthier? This thesis report does not include a study or data analyzing the impact.
M- Measurable	Evaluation and reporting will be done. All objectives are compared with the planning and evaluated in chapter 6. All possible variations and corrections are analyzed and reported.	The type of evaluation used for this thesis is self-evaluation. Changes are reported. The product is self-evaluated but there was no time to collect feedback from the service users.
A- Achievable	Realistic schedule with some flexibility. Committed stakeholders. Detailed plan with risk assessment. Large client base in case one of the interviewees drops out. Small budget needed if any.	Most of the details defined in the plan were achieved. The schedule was accurate, but some flexibility was needed when arranging interview times with the participants. Two participants did not reply to the interview invitation, but two other participants were found to replace them. Only small budget was used in this process (15 euros).
R- Relevant	The topic is important and current. It is needed tool for R&R project.	On a scale of 1-5: 4,5- This thesis process has helped me to grow and develop professionally because I have learnt about producing material to social service sector. 3- This product is a relevant tool for R&R project, however, their website is the most relevant tool for them to deliver information about the topic (based on my observation).
T- Time-bound	Initiation meeting in December 2019. Booklet finalized in September 2020. See Table 1 for the schedule details. The project completed within the time frame set by me.	The product was completed in September 2020 and the thesis was finalized within the timeframe set by me.

When planning a successful project, it is important to have a clear beginning and end and handle communication well. The whole process needs to be achievable and the outcome to be evaluated. (Martin, Charlesworth, & Henderson 2010, 338.) SMART objectives method was useful tool because it helped me to set objectives and communicate them to my working life partner. SMART was a useful when working on clarifying the objectives of the process and product to myself and stakeholders. The method helped me to evaluate how my objectives were achieved, as explained in the Table 7.

6.2 SWOT evaluation

SWOT analysis was explained and examined in chapter 5 and that SWOT analysis is evaluated in Table 8 below.

Fortunately, none of the potential risks identified in SWOT hindered the project or paralyzed the process. It was important to be prepared for risks by identifying them, by analyzing possibility and impact of the risk and having a plan to respond and prevent damage. Making a SWOT analysis helped R&R project representatives and me to foresee the possible risks but also the potential positive outcomes involved with the project.

TABLE 8. Evaluation: SWOT analysis

SWOT analysis	Evaluation
<p>STRENGTHS</p> <ul style="list-style-type: none"> -Personal interest in the topic/ motivation -Support from R&R project -Knowing and understanding the principles and values of R&R project -Knowing and understanding the ethical principles of the project -Good planning and time keeping, flexibility -Can interview face-to-face, over the phone or online 	<p>STRENGTHS</p> <ul style="list-style-type: none"> -The topic is still important to me -The flexibility and careful timekeeping helped to carry out the thesis process and conduct interviews even when COVID-19 changed the daily routines for many people.
<p>WEAKNESSES</p> <ul style="list-style-type: none"> -Not examining more extensively academic studies and data about the topic/ global spectrum (goal to consider Finnish perspective only) -Relatively small number of interviews/ interviewees -Working mostly by myself/ partner could have helped to be even more objective 	<p>WEAKNESSES</p> <ul style="list-style-type: none"> -Using more academic studies and data about the topic and examining the global spectrum of the problem would have given more extensive view of the topic (thesis goal was to consider Finnish perspective only) -Conducting more interviews would have given me more objective results.
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> -Potentially creating an empowering and inspiring product for service providers and users -Increasing recovery among service users -Increasing knowledge among service providers 	<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> -There is no opportunity to measure the impact of this product during this thesis process but I am willing to continue working with this topic in the future.
<p>THREATS</p> <ul style="list-style-type: none"> -COVID-19 can effect the progress and timetable/ may need to cancel interviews -Creating a booklet that does not interest or reach people -Using terms and words that service users and providers do not feel comfortable with/ disagree with 	<p>THREATS</p> <ul style="list-style-type: none"> -COVID-19 did not effect the process as much as anticipated. -At this point it is hard to prove weather this booklet provides empowering information to service users and providers. Potentially that can be measured in the future.

SWOT was a useful tool when I was working on clarifying and communicating the idea of a booklet to the people involved and it helped me to evaluate process.

At first using SWOT as a tool for this project felt difficult because I did not see how it could benefit the process, but after making an effort with, it made me understand, how it guided me to identify risks and come up with solutions. I feel that SWOT can set a solid frame to a productive brainstorming session. According to Lock (2013), brainstorming sessions are valuable to project development because they demand involved activity, they help to identify possible risks as part of the risk management process and push to seek solutions for problems. (Lock 2013, 100-101.)

6.3 Identified improvements

Evaluation of this project could have been more extensive. In the future, in similar projects, it is beneficial to get verbal or written feedback from all participants and professionals involved in the project. It is also constructive to get feedback from several service users who have read the booklet to evaluate the success of the project as objectively as possible.

If there was more time left to complete this process, I could have gotten in touch with potential people to give me feedback via e-mail or over the phone. I could have used a form with three to four questions. The working life partner could have suggested who are the best people to get feedback from. Some basic and simple evaluation questions could have been used, for example what positive and/or negative aspects did you find in the booklet and/or in the project and how could the booklet or project be improved?

It is inevitable that getting extensive project feedback from multiple sources plays an important role. The proper evaluation and reporting give better, more improved opportunities to create sharpened products in the future. Using previous project mistakes or improvement suggestions and successes help to build stronger, more projects with favorable outcomes in the future.

I could have contacted other service providers and potentially get another NGO or project involved in this thesis process: that way the results and opportunities for the product would have been more promising.

7 CONCLUSION AND RECOMMENDATIONS

The final chapter is about the importance of the results for the field in general, my own professional development, considerations of the ethical viewpoints and recommendations for further studies and future projects.

Based on this project evaluation and the feedback from the work life partner, the importance of the results for the field in general is the value the experiences of those who have been through recovery process. It is important to create different tools to professionals to deliver advise but also to create alternatives to experts by experience to share their wisdom. Peer support seems to be one of the most empowering elements for the people suffering from uncontrollable eating. Better understanding of one's own emotions, possible traumas, and patterns learned in childhood played a significant role on a path to recovery and better wellbeing.

During the process I realized how many aspects and considerations can be involved in a project or project-based thesis. Regarding my own professional development and growth, it was essential and sometimes challenging to keep the target group's and work life partner's needs in mind. I realized that it can be difficult to set a solid frame to a project, including a schedule, goals, objectives and budget. I discovered that often flexibility, creativity and resilience are needed. When conducting a research or a project, it is important to be objective but at the same time narrow the problem and topic down so the solution can be reader friendly and understandable to people who can benefit from the information. I understood how relevant the extensive process evaluation is for a project: it is important to monitor how well the implementation phase is connected with the project plan and ideally measure the impact of the project

As I found out by interviewing the participants, problems related to eating, feeding and nutrition, can be connected to traumas and emotional issues, so it is recommended ethical considerations need careful attention around probable sensitive topics. Ethical viewpoints should be prioritized and studied carefully already in the planning stage when dealing with uncontrollable eating.

Suggestions for further studies and projects are to pay attention to already existing materials and studies available about uncontrollable eating. It is endorsed that extensive literature and data research is done prior to starting a new study or project. I also recommend investing plenty of time to planning phase and risk management. It is possible that something unexpected happens and creativity and flexibility is needed, like COVID-19 hindered daily routines for many people this year. Effective, fluent and open communication between the stakeholders is highly recommended; that way misunderstandings can be prevented.

It is recommended to use tools like SMART objectives method and SWOT. Those tools were useful when I developed and clarified the project plan, and they were valuable when evaluating how my objectives were achieved and plan executed. They helped me to set objectives, communicate them to the stakeholders, and guided me to identify possible risks and push to seek solutions for problems.

It is recommended that the future products produced in Finland should be translated at least into Swedish and English: that way the product can be available to wider audience.

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APPENDIX 1. Consent list/ form

OHJEKIRJANEN R&R- hankkeelle osana opinnäytetyötä, DIAK, Helsinki**Eettiset säännöt:**

-Haastatteluun osallistuminen on täysin vapaaehtoista.

-Haastattelut kirjataan ja äänitetään (jos se sinulle sopii?). Ne julkaistaan osana DIAKin opinnäytetyötäni (2020) täysin nimettöminä, anonyyminä (sukupuoli, ikä, asuinpaikka jne. suojataan/salataan).

-Vastaukset käsitellään täysin luottamuksellisesti. Taltioinnit salataan ja säilytetään turvallisesti, ja äänitteet tuhoetaan heti kun olennaiset kirjatukset ovat tehty (haastattelupäivän aikana).

-Osallistumisen haastatteluun voit perua milloin tahansa (voit ilmoittaa minulle milloin tahansa, että jotain osaa kertomastasi, tai kertomaasi kokonaisuudessa ei voi käyttää tässä ohjekirjasessa).

-Sinulla on oikeus nähdä ja lukea kirjattu materiaali milloin vaan.

Allekirjoitukset:

APPENDIX 2. The booklet



Hallitsematon syöminen

Terveisiä toipujilta: Oivalluksia ja vastauksia!

-Vertaistukea toipujille ja vinkkejä ammattilaisille-
28.9.2020



Hei!

Tämä e-julkaisu on koottu välittämään kokemusasiantuntijoiden arvokkaita sanoja niille, jotka haluavat toipua hallitsemattoman syömisen otteesta. Tämä kooste avaa myös näkökulmaa ammattilaisille, joiden työnsä koskettaa.

Haastattelin kesällä 2020 neljää henkilöä, jotka ovat olleet tavalla tai toisella mukana Ruoka ja riippuvuus –hankkeen toiminnassa ja saaneet sitä kautta apua ja tukea hallitsemattomaan syömiseen. Terveiset, oivallukset ja vastaukset ovat koottu näiden haastatteluiden pohjalta. Parhaimmat kiitokset heille, jotka antoivat rohkeasti äänensä, kokemuksensa ja viisautensa tähän koosteeseen.

Terveisiä toipujilta: Oivalluksia ja vastauksia- julkaisu on osa Diakonia-ammattikorkeakoulun opinnäytetyötäni. Iso kiitos Ruoka ja riippuvuus –hankkeelle yhteistyöstä ja opinnäytetyön mahdollistamisesta.

Oivallusten täyteisiä hetkiä sinulle lukija!

Susanna Vilen
Sosionomiopiskelija, DIAK

Mikä oivallus pysäytti, havahdutti?

-”Kun sain syömistä hallintaan, niin olen sen jälkeen muutenkin voinut kokonaisvaltaisesti paremmin.”

-”En tajunnut aluksi sitä, miten merkityksellinen osa ruoalla on ollut lapsuudessani. Hankala ja häiriintynyt suhde ruokaan tuli isolta osalta syvältä menneisyydestä. Kun sen oivalsin, niin ymmärrys ja lempeys itseä kohtaan kasvoi. Se oli käänntekevä juttu.”

-”Omalla kohdallani oli tärkeää ymmärtää, ettei kyse ole syömishäiriöstä. Mun kohdalla on kyse riippuvuudesta. Näkökulman muutos auttoi siihen, että miten lähdän toipumaan ja miten kulkea tästä eteenpäin. Tän tajusin siksi, koska olen osallistunut myös monelle kurssille, joiden tulokulma on ollut selkeästi syömishäiriö.”

-”Huomasin, opin ja oivalsin omat herkäät paikat. Tunteet löytyivät. Olen opetellut myös olotilojen sietämistä sekä tunteiden tunnistamista ja hyväksymistä. ”

Miten syömiskäyttäytymisesi on muuttunut?

-”On muuttunut, mutta hitaasti ja pikkuhiljaa. Hermot ovat menneet monta kertaa, kun tuntuu, ettei tule edistystä, eikä mitään tapahdu... Mutta sitten jonain päivinä huomaakin, että kyllä vaan sitä edistystä tapahtuu! Nyt en muista, koska minulla olisi ollut ahmimiskohtaus viimeksi.”

-”Takapakkeja on tullut ja syöminen ei ole vieläkään kokonaan hanskassa, mutta ylenpalttinen ”sikailu” on loppunut ja vointi on parempi. Jaksan myös perheen kanssa paljon paremmin.”

-”Syömiskäyttäytyminen on edistynyt, koska olen tiedostanut stressin vaikutukset syömiseen. Tasapainottelun opetteleminen jatkuu yhä. Aikaisemmin koko elämä pyöri syömisen suunnittelun ympärillä, mutta ei enää.”

-”Parempaan suuntaan on menossa, mutta kyllä vieläkin lakupussi houkuttaa. Mutta se on ihan normaalia, osa normaalin ihmisen elämää.”

Mitä syitä ahminnan taustalta löytyy?

-”Häpeä ja syyllisyys ovat tosi vaikeita ja ovat usein ahminnan taustalla. Viha on vaikea, koska lapsena piti olla aina iloinen ja hymyilevä.”

-”Olen huomannut, etten oikein osaa asettaa rajoja. Harjoitukset jotka liittyvät siihen, ovat mulle arvokkaita. Koska en osaa asettaa rajoja, niin huomaan uupuvani helposti.”

-”Tajusin, että olen aivan surkea tunteiden tunnistamisessa ja nimeämisessä. Tunnistin ahdistuneisuuden itsessäni, mutta sehän ei ole tunne sinänsä. Aina kun tulee ahdistus, niin en pääse kiinni siihen, mikä mua ahdistaa. Opin että mun on hyvä opetella sen tunnistamista, että mikä tunnetila ahdistukseni taustalta löytyy.”

-”Olen oivaltanut kommunikaatiovaikeuden. Kommunikaation vaikeus liittyy tunteisiin, ajatuksiin, ja siihen, mitä oikeasti toivoo tai tarvitsee juuri nyt. En enää halua esittää, että kaikki on aina hyvin. On tärkeitä löytää sanoja, joilla kuvata omaa oloa”

Mistä olet saanut erityisesti voimaa?

-”Vertaistuesta. Siinä on erityisen tärkeää, että kohtaa ihmisiä, joilla on samoja haasteita kuin itsellä. Et ole yksin. Yksin potemisessa on se vaara, että tuntee olevansa tyhmä, taidoton, kykenemätön, alhainen, laiska, ruma ja lihava. Kun huomaa, että muilla on samanlaisia kokemuksia, niin oivaltaa, ettei tässä olekaan vaan kysymys mun heikkoudesta. Siitä oivalluksesta minä olen saanut voimaa”.

-”Olen oppinut hyväksymään, että minä olen hyvä ja riittävä juuri tällaisena kuin olen. Tänäpäin olen tässä, tämä on minun elämäni, ja nyt on näin. Nämä ajatukset ovat hyväksymisharjoituksia, ei siinä sen kummallisempaa ole. Niitä on hyvä toistaa aika usein!”

-”Luonto ja sen antama rauha auttaa... Jos joku sohasee arkaan paikkaan, niin hetkellisesti kaikki hyvät ajatukset kaikkoo, mutta kun taas rauhoittuu, niin voi palata siihen rauhalliseen paikkaan, jonka on itselleen rakentanut. Luonnosta voiman vetäminen on älyttömän iso apu.”

-”Meditaatio, musiikki, tanssi ja käsillä tekeminen ovat itselle tärkeitä tukipilareita. Itsensä arvostamisen ja hyväksymisen oivallus oli minulle sitä, että oppii huolehtimaan itsestä, eikä aina muista.”

Terkut ammattilaisille!

-”Monta kertaa on joutunut tippumaan kovaa ja korkeelta, kun ei ole osannut käsitellä pettymyksiä. Mitä sitten tapahtuu? Silloin tulee syötyä siihen tunteeseen kolme täytekkakkaa. Näistä kaavoista irti päästäminen, ja niiden toteaminen on vaikeeta, mutta skarppi ja empaattinen ammattilainen voi auttaa. Ongelman ydin ei oo tahdon voiman puute tai taito osata syödä vähemmän ja liikkua enemmän.”

-”Kun voin olla varma siitä, että tukea ja apua on saatavilla, niin se auttaa jaksamaan. Olen oppinut matkan varrella, että toipuminen on paljon hitaampaa, mitä ihmiset usein toivoo. On tärkeää, että on paikka minne voi palata vaikka olisi hetken poissa tai lomalla, esimerkiksi jatkuvasti kokoontuva ryhmä tai luottoammattilainen.”

-”Ennen piti kaikkea peitellä ja hävetä. Syyllisyys ja häpeä ovat hiipuneet paljon, kun niistä on päässyt puhumaan turvallisen ihmisen kanssa.”

Ajateltavaa ammattilaiselle

- Miksi ”syö vähemmän ja liiku enemmän” ei ole hyvä neuvo hallitsemattomasta syömisestä kärsivälle?
- Miten voin vähentää asiakkaan syömiseen ja painoon liittyvää häpeää ja/tai syyllisyyttä?
- Miten autan asiakasta löytämään ahminnan taustasyitä?
- Miten voin auttaa, ohjata ja tukea asiakasta:

- *Tunteiden tunnistamisessa ja käsittelytaidoissa
- *Traumojen tunnistamisessa ja hoidossa
- *Ongelmien ratkaisutaidoissa
- *Stressinhallinnassa
- *Minäkuvan tervehtymisessä

