

Mindful Eating and GLP-1 Use

In this presentation, we will explore whether GLP-1s can become a mediator of behaviors instead of just a pharmacological intervention.



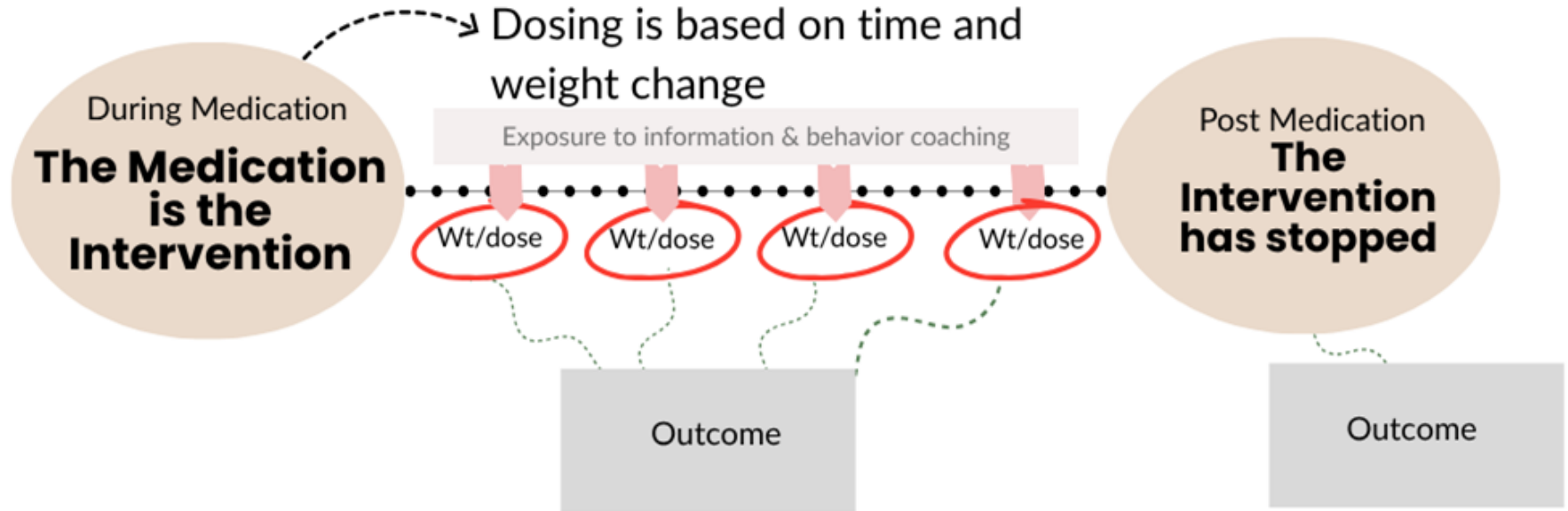
What we will cover

- The typical GLP-1 process, and a proposed behavior-centered alternative
- What the evidence says about pairing GLP-1s with behavioral support
- Can mindful eating be used to build skills
- What we know vs. what we do — agency, autonomy, and belonging
- What mindful eating is, and what the evidence says about it
- Tools that build hunger/fullness awareness
- Teaching pausing, awareness, and insight through Motivational Interviewing
- How mindful eating can shape the GLP-1 experience itself
- Measuring effectiveness and outcomes
- What happens to behavior — and weight — after medication stops
- The systems (HIPP) that support — or block — skill development

What you will leave with

- Explain how reframing the medication as a mediator shifts the outcome from weight to behavior
- Describe what the evidence shows about pairing GLP-1s with behavioral support, and where that evidence stops short
- Distinguish agency from autonomy, and explain why striving can undermine belonging
- Define mindful eating and name its three skill domains: pausing, awareness, insight
- Use at least one Motivational Interviewing question for each domain
- Identify a hunger/fullness tool to support client awareness (and receive the handouts)
- Explain why weight and behavior change are vulnerable to reversal after GLP-1 discontinuation — and why skill-building is what's meant to persist
- Name systemic (HIPP) barriers that can affect a client's ability to build these skills

Typical GLP-1 process



GLP-1 Research

The STEP 3 trial, which used semaglutide combined with **intensive behavioral therapy, including 30 counseling sessions with an RDN**

Results: 16% weight loss

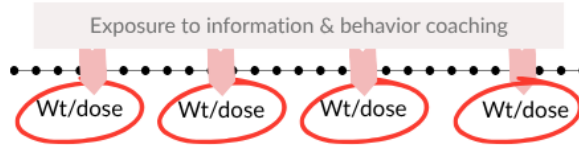
GLP-1 Research

SURMOUNT-3 – Tirzepatide after intensive lifestyle intervention in adults with overweight or obesity. *Everyone completed a 12-week intensive lifestyle intervention first, then was randomized to tirzepatide or placebo – behavior support as the on-ramp, medication as what comes after.*

94.0% of the tirzepatide group maintained **$\geq 80\%$** of the 12-week lead-in weight loss, vs. **43.8%** on placebo

What we know vs what we do

Dosing is based on time and weight change



Let's get curious about being taught to limit calories

- Why are we eating less?
 - Is it to get something?
 - *Is that something for us* or someone else?
- Will we feel better?
 - **What if** eating less isn't pleasant?
 - **What if** in the past, eating less was associated with unpleasant experiences?

What we know vs what we do

They aren't the same thing

- What is Agency: I am bright and able
- What is Autonomy: I have choices
 - Being told what to do works for a while, and then it doesn't.
 - Our "Inner Teenager" often wakes up.
 - They can grab the wheel of our lives
 - Because they are trying to reclaim agency and autonomy



Weight Loss Focus

This can feel like you are trying to **get something**
rather than trying to help yourself.

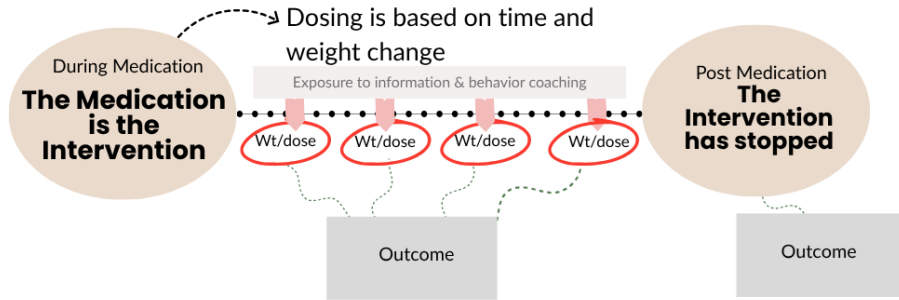
This is where **STRIVING** can become a
treadmill.

STRIVING → can undermine **BELONGING**

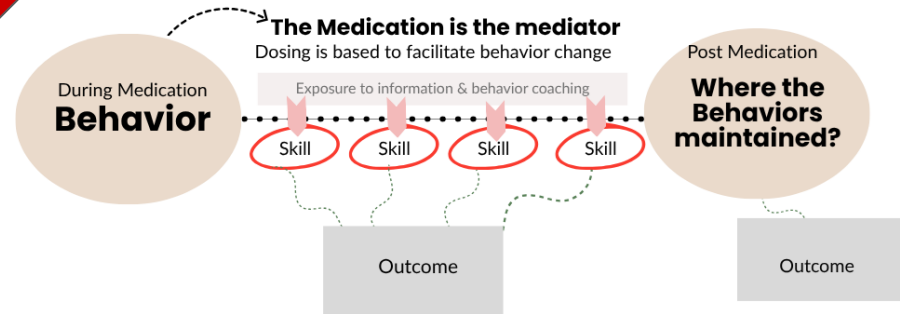
BELONGING is essential for sustainable
self-care



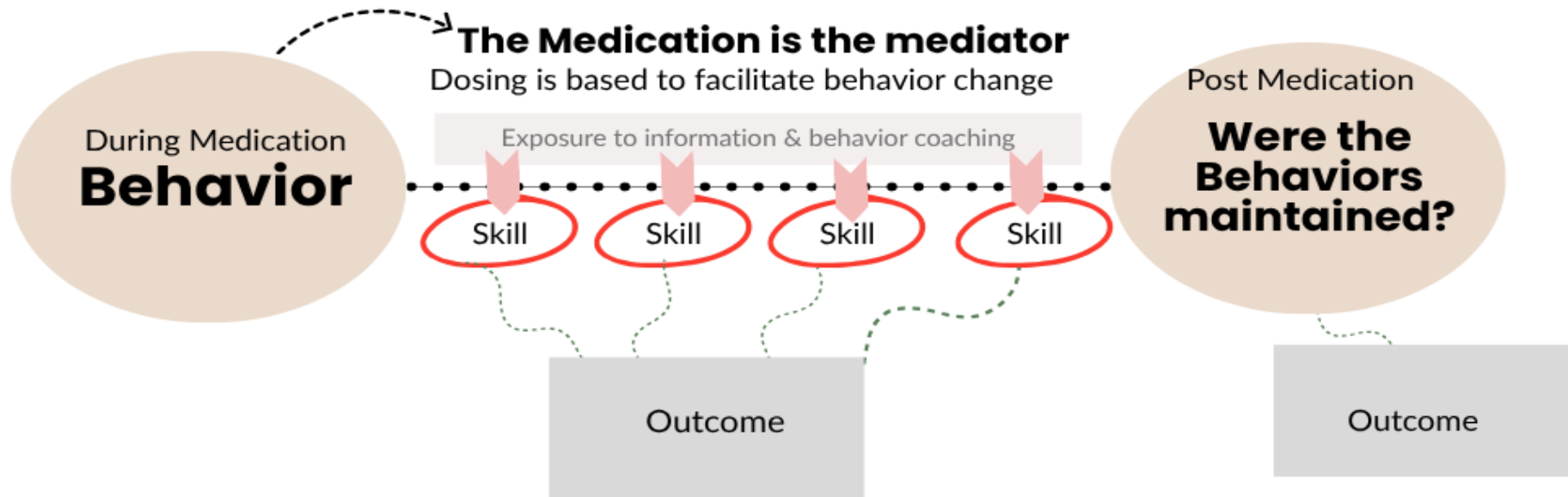
Typical GLP-1 process



Possible change to the GLP-1 process



Possible change to the GLP-1 process

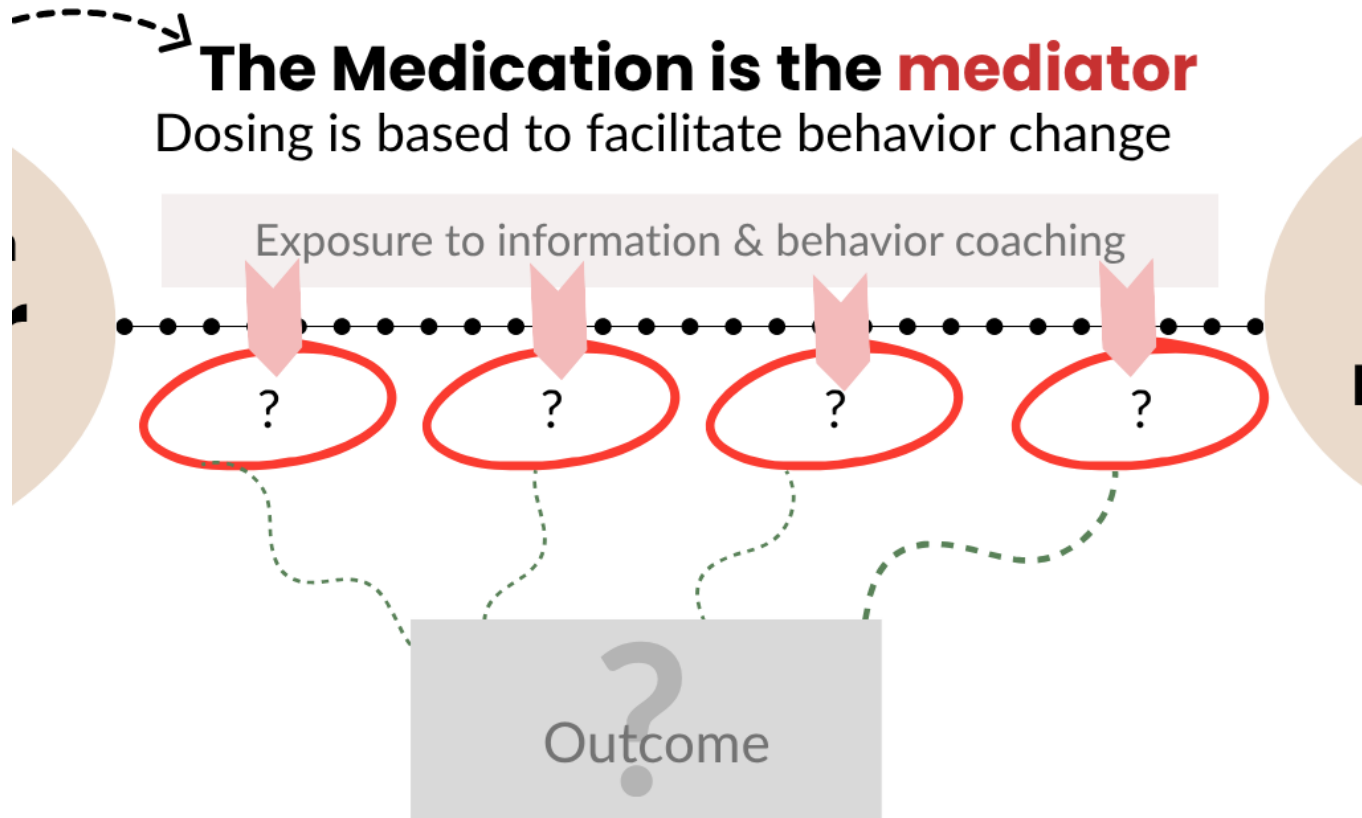


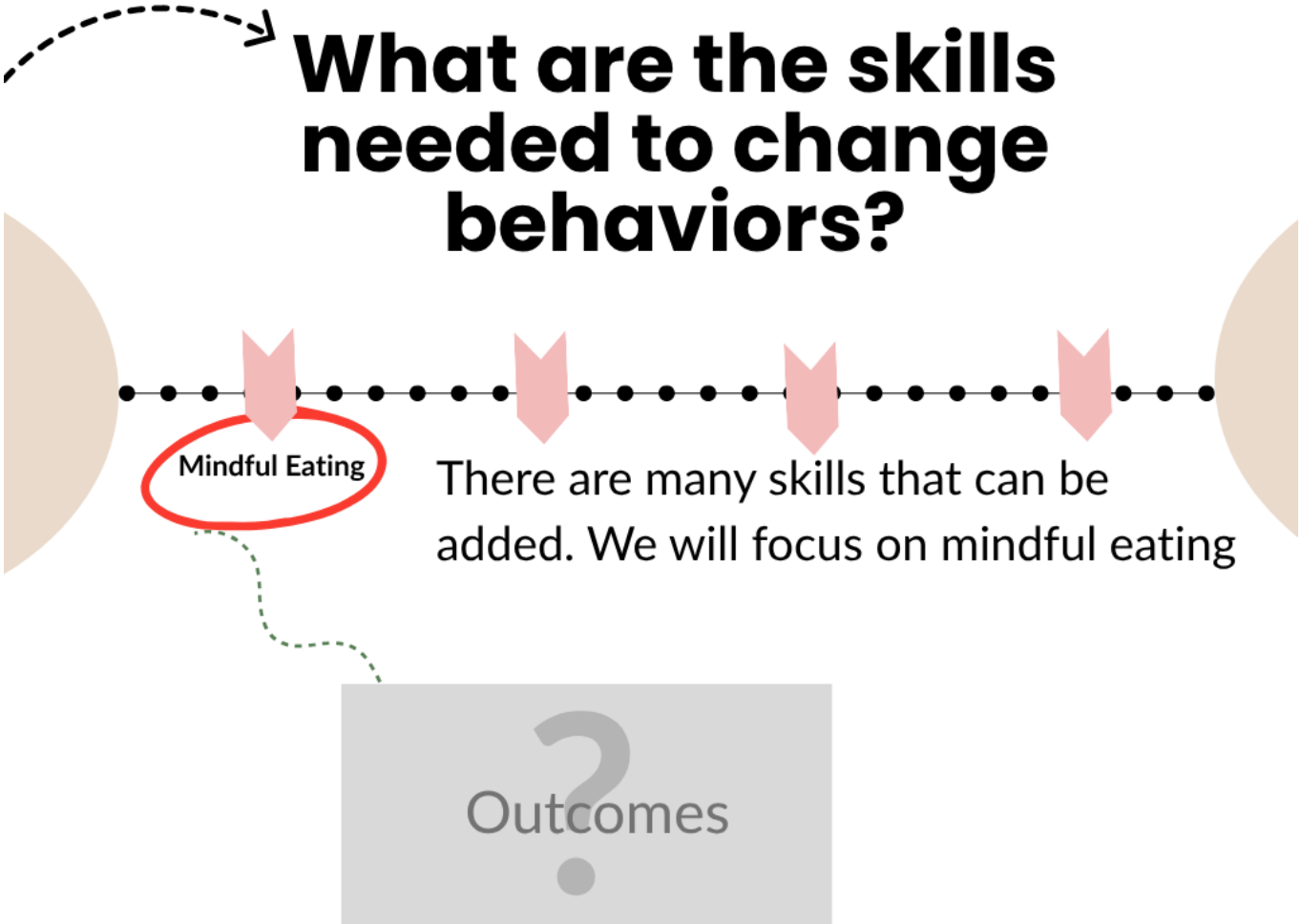
Potential mechanisms for change in diabetes prevention programs: A systematic review

Diabetes Medicine: 2026 Jun;43(6):e70249. doi: 10.1111/dme.70249. Epub 2026 Apr 3.

- Few DPP studies investigate why these interventions work.
- No compelling evidence supports any specific mechanisms, mediators or moderators (MMMs) in DPPs, and no evidence suggests that weight loss drives the benefits.
- The included studies were of good methodological quality, but tests of mechanisms were rarely pre-registered;
- 46% of the included studies were drawn from three datasets.

Possible change to the GLP-1 process





What are the skills needed to change behaviors?

Mindful Eating

There are many skills that can be added. We will focus on mindful eating

Outcomes



What is Mindful Eating Exactly?

- There is no single definition for mindful eating
 - *A practice that entails a purposeful and attentive, non-judgmental awareness of the present moment (Kabat-Zinn, 1982) + when eating*
- Awareness and curiosity of our direct experience

This is the goal, so what is the behavior?

Compassionately returning to the present moment when eating.



What are the benefits of Mindful Eating exactly?

- Increase pleasure and enjoyment
- Decoupling shame from eating *"I am bad for eating X"*
- Changes in food choices and moderate portion size
- Decreases cognitive restraint AKA: food noise
- Improvement in their relationship with food, confidence in food choices, and insight into why they are eating, which can decrease emotional eating

Three skills mindful eating offers



Mindful Eating

Pausing

- Prior to making a choice
- Pause during a choice
- Pause after a choice
- Pause to notice patterns
- Pause to notice +/- situation
- Pause to notice direct experience

Awareness

- **Awareness of our own direct experience**
- Can include awareness of emotional states
 - Joy and enjoyment
 - Guilt
 - Shame
- Or body cues
 - Hunger
 - Fullness
 - Satiety

Insight

- **Behaviors, motivations & intention**
- Our needs
 - Physical, emotional, mental
- Emotional states
- Body cues influence behaviors
- Effectiveness
 - Metacognition

Mindful Eating

What tools can help us transition to build awareness?

Hunger/fullness scales that name the felt sense

- Helping clients understand physically what hunger & fullness feel like

StreetSmart Nutrition



overly hungry	1	RAVENOUS - VERY DISTRACTING
	2	VERY HUNGRY - EAGER TO EAT
.....	3	HUNGRY, BUT NOT STARVING
starting to notice hunger	4	SLIGHTLY EMPTY STOMACH
	5	NEUTRAL - NOT HUNGRY OR FULL
starting to notice fullness	6	SLIGHTLY FULL STOMACH
	7	COMFORTABLY SATISFIED
.....	8	LITTLE BIT TOO FULL
overly full	9	UNCOMFORTABLY FULL
	10	PAINFULLY FULL

Adapted from the Intuitive Eating Workbook

www.streetsmartnutrition.com



What tools can help us transition to build awareness?

Connecting a hunger/fullness scale to hypoglycemia

- Helping clients understand how hunger/fullness is connected to diabetes





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What tools can help us transition to build awareness?

Helping the mind shift from unpleasant to comfortable eating experiences

- Helping clients become aware of their emotional state





What tools can help us transition to build awareness?

Compassionate Curiosity can
sound like asking:
“Am I comfortable?”



How can we teach pausing using MI?

Mindful Eating

Motivational
Interviewing is
an effective way
to present
mindful eating

Learn if pausing/slowing
down is possible

When is slowing down or
pausing possible?

Get curious: ask, "What
would slowing down and
pausing look like for you?"

Remain curious: ask, "What
has helped you in the past
slow down and pause
before eating?"

Stay curious: ask, "What
might help you pause?"

Staying curious: ask, "What
might stop you from slowing
down/pausing?"

How can we affirm pausing using MI?

Mindful Eating

Motivational Interviewing is an effective way to present mindful eating

"What, if anything, about **slowing down** and **pausing** is working?" *Client's response*

"How is it helping you...(X behavior)" *Client's response*

"Doing X is helping you do X, Y, Z." *Client's response*

"You are seeing the value of pausing and slowing down." *Client's response*

"What ideas would make it easier for you to slow down and pause?" *Client's response*

How can we foster awareness using MI?

Mindful Eating

Motivational Interviewing is an effective way to present mindful eating

Learn what is helping the client become aware.

Remain curious: ask, "Why X and not Z?"

Reflect: "Slowing down helps you notice your direct experience."

Stay curious: ask, "How confident are you that you can keep checking in with your h/f?"

Get Curious "In what ways is becoming aware of your h/f helpful?"

Staying curious: ask, "What helps you remember to slow down and check in with your h/f?"

How can we foster insight using MI?

Mindful Eating

Side note: I will ask clients to keep a journal to record their wisdom when working with me

Reflect: "You are gaining insight about what works for you."

Get Curious: "What tool in your toolbox are you finding the most helpful?"

Affirm: "Congratulations. What change helped you achieve this goal?"

Stay curious: ask, "How confident are you that you can keep using this tool?"

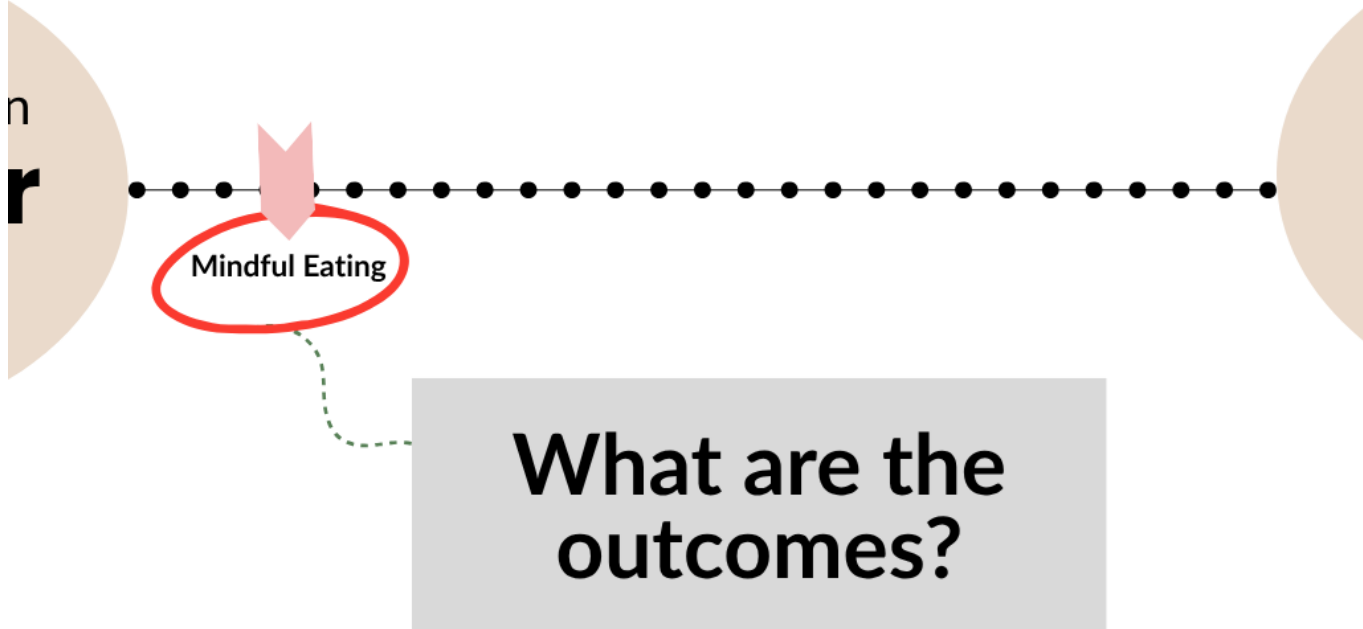
Staying curious: ask, "What helps you remember to reach for X?"

➤ How can Mindful Eating improve the client's GLP-1 experience





How can we measure the effectiveness of Mindful Eating?





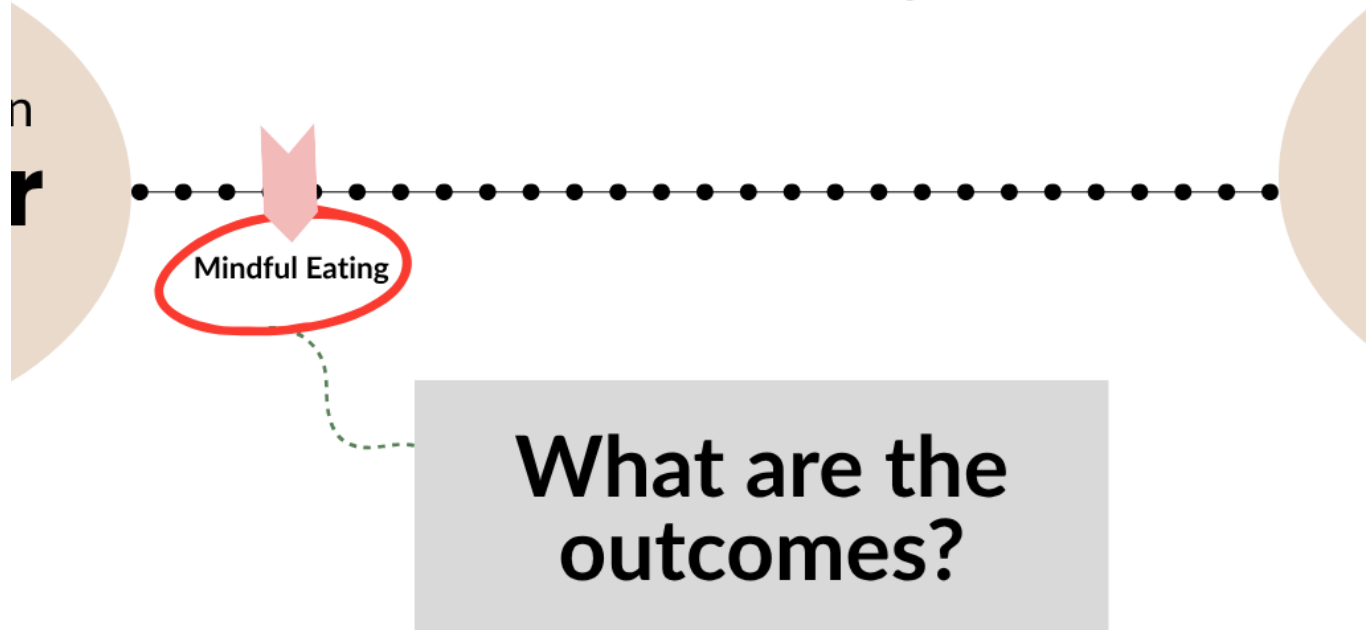
Mindful Eating

How can we measure Mindful Eating?

- **Mindful Eating Questionnaire (MEQ)** – Framson, Kristal, Schenk, Littman, Zeliadt, & Benitez (2009)
- **Mindful Eating Scale (MES)** – Hulbert-Williams, Nicholls, Joy, & Hulbert-Williams (2014)
- **Mindful Eating Behavior Scale (MEBS)** – Winkens, van Strien, Barrada, Brouwer, Penninx, & Visser (2018)
- **Mindful Eating Inventory (MEI)** – Peitz, Schulze, & Warschburger (2021)
- **Four Facet Mindful Eating Scale (FFaMES)** – Carrière, Shireen, Siemers, Preißner, Starr, & Falk et al. (2022)
- **Mindful Eating Behavior Scale-Trait and -State (MEBS-T / MEBS-S)** – Mantzios (2023)
- **Mindful Eating Scale (Mind-Eat Scale)** – Van Beekum, Shankland, Rodhain, Robert, Marchand, Herry, Prioux, Touvier, Barday, Turgon, Avignon, Leys, & Péneau (2024)

These are helpful for research

➤ **How can we
measure the effectiveness of
Mindful Eating?**



What are the outcomes?



Skills

- Ability to slow down and pause
- Checking in with physical sensations
- Awareness of needs
- Cognitive flexibility and less rigidity
- Ability to make choices that are more nuanced (and factor in wants, needs, and availability)
- Increase in tolerance of physical and emotional sensations
- Increase resilience
- Curiosity in their direct experience

Consider



**How can we
support skill
development?**

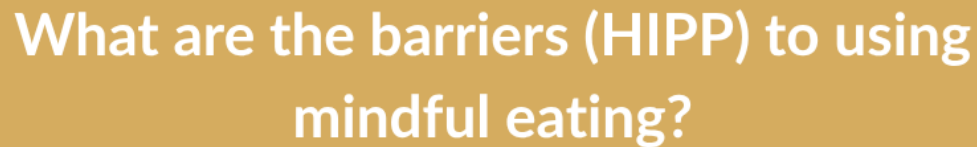
**What are the systems (HIPP) that
can support mindful eating**

Historical, Institutional, Persistent-institutional, Personal



Consider

How can we support skill development?



What are the barriers (HIPP) to using mindful eating?

Historical, Institutional, Persistent-institutional, Personal

GLP-1 Adherence

Adherence is much lower in practice: about 33%–50% at 1 y and 15% at 2 y.

- Do, D., Lee, T., Peasah, S. K., Good, C. B., Inneh, A., & Patel, U. (2024). GLP-1 receptor agonist discontinuation among patients with obesity and/or type 2 diabetes. *JAMA Network Open*, 7(5), e2413172.
- Gleason, P., Urlick, B., Marshall, L., Qiu, Y., Leslie, S., Friedlander, N., Chodroff, M., & Lessen, D. (2024). Real-world analysis of glucagon-like peptide-1 (GLP-1) agonist obesity treatment year-two clinical and cost outcomes. *Prime Therapeutics*.
- Gleason, P. P., Urlick, B. Y., Marshall, L. Z., Friedlander, N., Qiu, Y., & Leslie, R. S. (2024). Real-world persistence and adherence to glucagon-like peptide-1 receptor agonists among obese commercially insured adults without diabetes. *Journal of Managed Care & Specialty Pharmacy*, 30(8), 860–867.
- Rodriguez, P. J., Goodwin Cartwright, B. M., Gratzl, S., Brar, R., Baker, C., Gluckman, T. J., & Stucky, N. L. (2024). Semaglutide vs tirzepatide for weight loss in adults with overweight or obesity. *JAMA Internal Medicine*, 184(9), 1056–1064.

In real-world settings, up to 50% of individuals who initiate an incretin-based therapy discontinue its use within the first year for a variety of reasons.

- Ganguly, R., Tian, Y., Kong, S. X., et al. (2018). Persistence of newer anti-obesity medications in a real-world setting. *Diabetes Research and Clinical Practice*, 143, 348–356.
- Weiss, T., Yang, L., Carr, R. D., et al. (2022). Real-world weight change, adherence, and discontinuation among patients with type 2 diabetes initiating glucagon-like peptide-1 receptor agonists in the UK. *BMJ Open Diabetes Research & Care*, 10(1), e002517.
- Blue Health Intelligence, Blue Cross Blue Shield. (n.d.). Real-world trends in GLP-1 treatment persistence and prescribing for weight management. Retrieved October 8, 2024.

When GLP-1s are discontinued, weight regain is common—with up to two-thirds of the lost weight regained within 1 y.

- Aronne, L. J., Sattar, N., Horn, D. B., Bays, H. E., Wharton, S., Lin, W. Y., Ahmad, N. N., Zhang, S., Liao, R., Bunck, M. C., et al. (2024). Continued treatment with tirzepatide for maintenance of weight reduction in adults with obesity: The SURMOUNT-4 randomized clinical trial. *JAMA*, 331(1), 38–48.
- Rubino, D., Abrahamsson, N., Davies, M., Hesse, D., Greenway, F. L., Jensen, C., et al. (2021). Effect of continued weekly subcutaneous semaglutide vs placebo on weight loss maintenance in adults with overweight or obesity: The STEP 4 randomized clinical trial. *JAMA*, 325(14), 1414–1425.
- Wilding, J. P. H., Batterham, R. L., Davies, M., Van Gaal, L. F., Kandler, K., Konakli, K., Lingvay, I., McGowan, B. M., Oral, T. K., Rosenstock, J., et al. (2022). Weight regain and cardiometabolic effects after withdrawal of semaglutide: The STEP 1 trial extension. *Diabetes, Obesity and Metabolism*, 24(8), 1553–1564.

Weight Regained

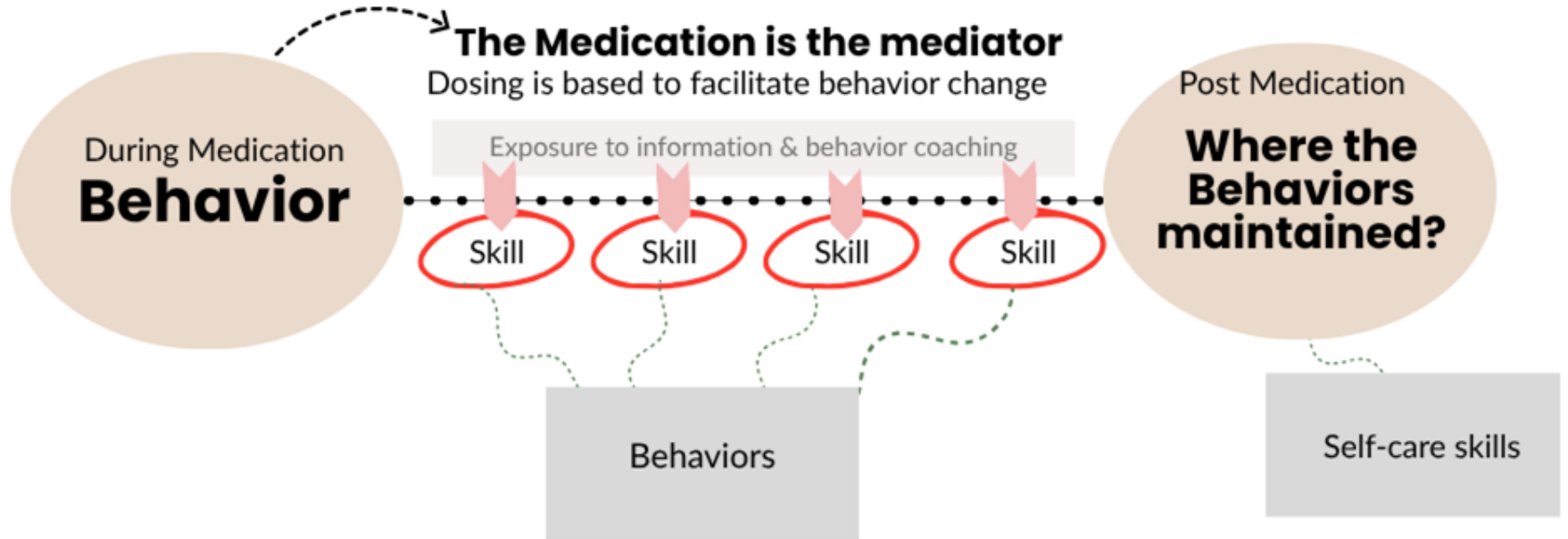
West S, et al.

Weight regain after cessation of medication for weight management: systematic review and meta-analysis. BMJ. 2026. doi: [10.1136/bmj-2025-085304](https://doi.org/10.1136/bmj-2025-085304)

Newer GLP-1 drugs specifically (semaglutide/tirzepatide): regain averaged 0.8 kg/month, returning to baseline weight by ~1.5 years.

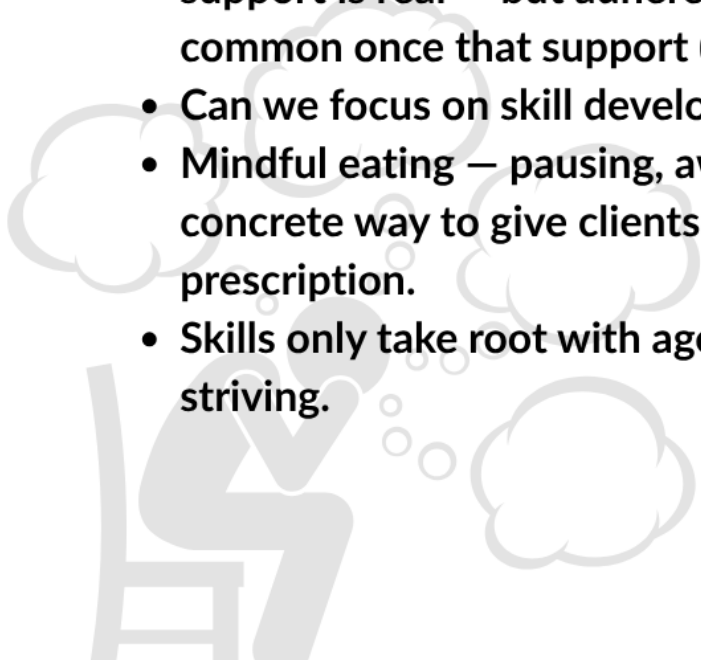
Across all weight-management medications pooled: 0.4 kg/month, baseline by 1.5–2 years — about 4x faster and 0.3 kg/month faster than regain after stopping behavioral-only programs, independent of how much weight was lost initially.

Looking at GLP-1's as a mediator



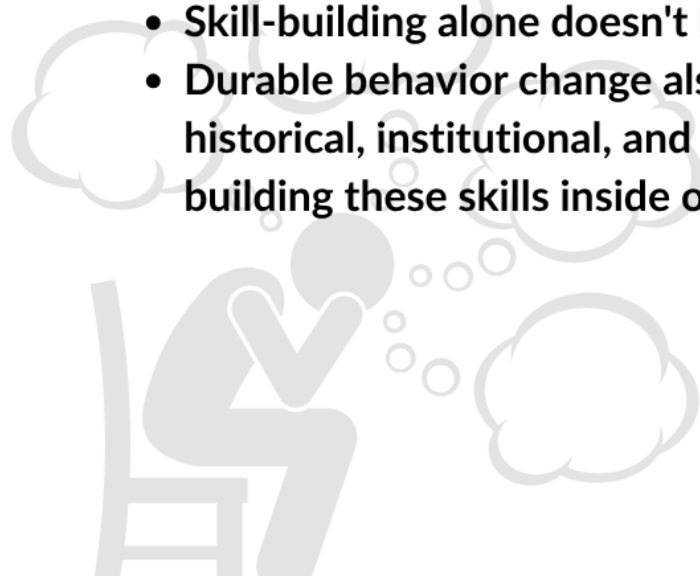
Final Thoughts

- What persists after GLP-1 use stops?
- The evidence for pairing medication with behavioral support is real — but adherence drops and weight regain is common once that support (and the drug) ends.
- Can we focus on skill development instead of compliance?
- Mindful eating — pausing, awareness, insight — is one concrete way to give clients something that outlasts the prescription.
- Skills only take root with agency and autonomy, not striving.



Final Thoughts

- Being told what to do works for a while, and then it doesn't. Durable change comes from choice, not compliance — striving can undermine the belonging that sustainable self-care depends on.
- Skill-building alone doesn't happen in a vacuum.
- Durable behavior change also depends on addressing the historical, institutional, and personal conditions clients are building these skills inside of, not just the skills themselves.



Thank you so much for having me

Questions



Hunger & Fullness



Core Concepts of Mindful Eating Megrette Fletcher M.Ed., RD CDCES, can be copied for educational purposes only

What's your experience?



GLP-1 and GIP/GLP-1 medications: uses, dosing, and titration

Current as of October 2026. Doses follow FDA prescribing information; individual plans are set by the prescriber.

Medication	Route and timing	FDA-approved for	Starting dose	Titration	Maintenance dose
Ozempic® semaglutide	Injection Once weekly	Type 2 diabetes; CV risk reduction in type 2 diabetes with heart disease; CKD in type 2 diabetes	0.25 mg for 4 weeks	0.5 mg → may increase to 1 mg, then 2 mg (at least 4 weeks per step)	0.5, 1, or 2 mg
Ozempic® pill semaglutide, formerly Rybelsus®	Oral Once daily	Type 2 diabetes; CV risk reduction in type 2 diabetes	1.5 mg for 30 days	4 mg → may increase to 9 mg	4 or 9 mg
Foundayo™ orforglipron	Oral Once daily	Chronic weight management, adults	0.8 mg for 30 days	2.5 → 5.5 → 9 → 14.5 → 17.2 mg (at least 30 days per step)	5.5 to 17.2 mg
Wegovy® semaglutide	Injection Once weekly	Chronic weight management (adults, 12+); CV risk reduction; MASH with liver fibrosis	0.25 mg for 4 weeks	0.5 → 1 → 1.7 → 2.4 mg (every 4 weeks)	1.7 or 2.4 mg; 7.2 mg (Wegovy HD) for adult weight management
Wegovy® pill semaglutide	Oral Once daily	Chronic weight management; CV risk reduction	1.5 mg for 30 days	4 → 9 → 25 mg (every 30 days)	25 mg
Mounjaro® tirzepatide	Injection Once weekly	Type 2 diabetes (adults, 10+); CV risk reduction in type 2 diabetes	2.5 mg for 4 weeks	5 mg → increase by 2.5 mg as needed (at least 4 weeks per step)	5 to 15 mg
Zepbound® tirzepatide	Injection Once weekly	Chronic weight management; obstructive sleep apnea with obesity	2.5 mg for 4 weeks	5 → 7.5 → 10 → 12.5 → 15 mg (at least 4 weeks per step)	Weight: 5, 10, or 15 mg. Sleep apnea: 10 or 15 mg
Victoza® liraglutide	Injection Once daily	Type 2 diabetes; CV risk reduction in type 2 diabetes with CV disease	0.6 mg for 1 week	1.2 mg → may increase to 1.8 mg	1.2 or 1.8 mg
Saxenda® liraglutide	Injection Once daily	Chronic weight management (adults, 12+)	0.6 mg for 1 week	1.2 → 1.8 → 2.4 → 3.0 mg (weekly steps)	3.0 mg
Trulicity® dulaglutide	Injection Once weekly	Type 2 diabetes (adults, 10+); CV risk reduction in type 2 diabetes	0.75 mg for 4 weeks	1.5 mg → may increase to 3, then 4.5 mg (at least 4 weeks per step)	0.75 to 4.5 mg

Starting doses are for getting used to the medication and are not maintenance doses. Steps are taken only if the current dose is tolerated. CV = cardiovascular; CKD = chronic kidney disease.

Oral semaglutide (Ozempic pill, Wegovy pill) is taken on an empty stomach about 30 minutes before food or other medication. Foundayo can be taken any time of day without food or water restrictions.

Byetta®, Bydureon BCise®, and Adlyxin® are no longer sold in the US and are not shown.

Sources: FDA prescribing information (package inserts) for each medication, Eli Lilly and Company and Novo Nordisk, accessed October 2026.

FDA-approved uses of GLP-1 and GIP/GLP-1 medications

Current as of October 2026

Medication	Class	Route	Type 2 diabetes	Chronic weight management	CV risk reduction	Kidney disease (CKD)	MASH with liver fibrosis	Obstructive sleep apnea
Ozempic® semaglutide	GLP-1	Injection	✓	*	✓	✓	*	*
Ozempic® pill semaglutide (formerly Rybelsus®)	GLP-1	Oral	✓	*	✓	*	*	*
Foundayo™ orforglipron	GLP-1	Oral	*	✓ Adults	*	*	*	*
Wegovy® semaglutide	GLP-1	Injection	*	✓ Adults, 12+	✓	*	✓	*
Wegovy® pill semaglutide	GLP-1	Oral	*	✓ Adults	✓	*	*	*
Mounjaro® tirzepatide	GIP/GLP-1	Injection	✓ Adults, 10+	*	✓	*	*	*
Zepbound® tirzepatide	GIP/GLP-1	Injection	*	✓ Adults	*	*	*	✓
Victoza® liraglutide	GLP-1	Injection	✓	*	✓	*	*	*
Saxenda® liraglutide	GLP-1	Injection	*	✓ Adults, 12+	*	*	*	*
Trulicity® dulaglutide	GLP-1	Injection	✓ Adults, 10+	*	✓	*	*	*
No longer sold in the US (type 2 diabetes)								
Byetta® exenatide	GLP-1	Injection	Brand discontinued Oct 2024					
Bydureon BCise® exenatide extended release	GLP-1	Injection	Discontinued Oct 2024					
Adlyxin® lixisenatide	GLP-1	Injection	Discontinued Jan 2023					

CV = cardiovascular: lowers the risk of heart attack, stroke, and CV death. CV and kidney approvals for Ozempic, Ozempic pill, Mounjaro, Victoza, and Trulicity apply to adults with type 2 diabetes. Wegovy CV approval applies to adults with established CV disease and obesity or overweight. Wegovy MASH approval is accelerated, for moderate to advanced fibrosis without cirrhosis. Weight management applies to obesity, or overweight with a weight-related condition. Lixisenatide is still sold combined with insulin glargine (Soliqua®).

Sources: Eli Lilly and Company, n.d.-a, n.d.-b, n.d.-c, 2026; MedlinePlus, n.d.; Novo Nordisk, n.d.-a, n.d.-b, 2026a, 2026b, 2026c; Optum Rx, 2023; UnitedHealthcare, 2024.

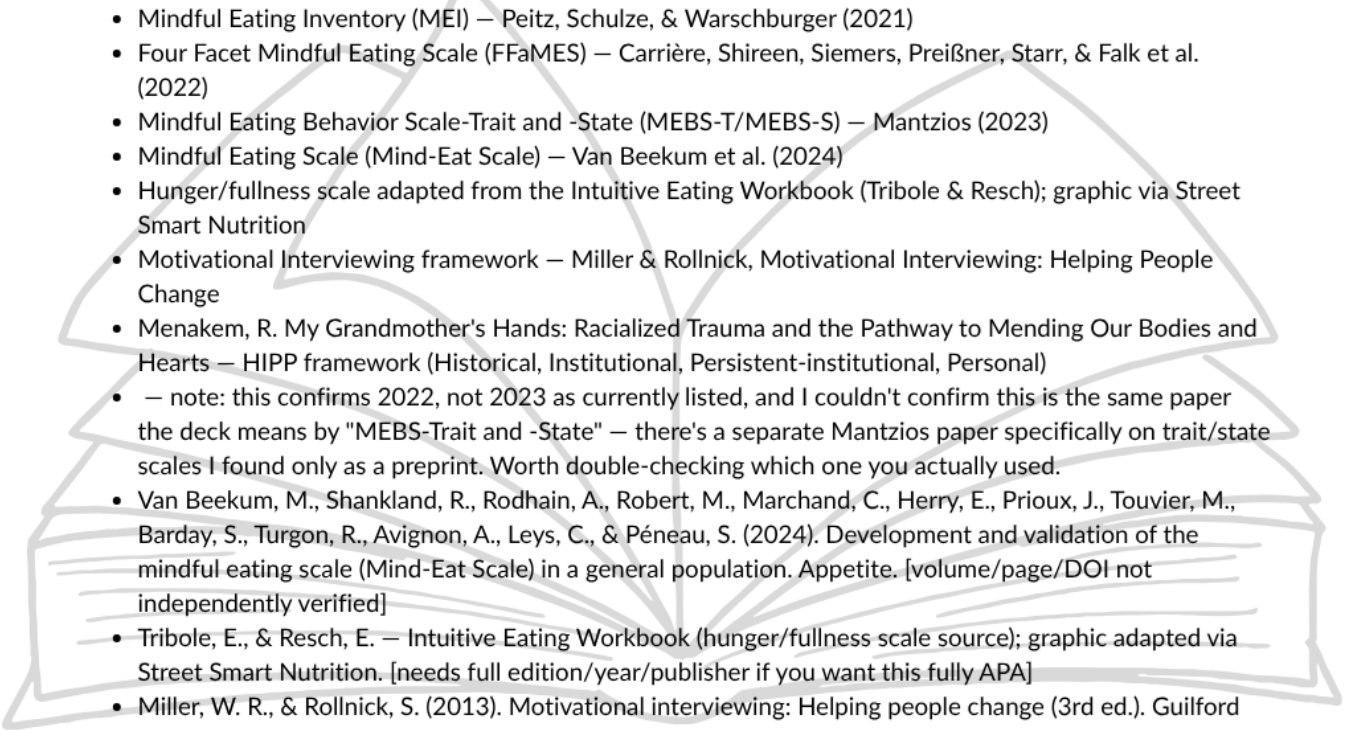
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- Rubino, D., Abrahamsson, N., Davies, M., Hesse, D., Greenway, F. L., Jensen, C., et al. (2021). Effect of continued weekly subcutaneous semaglutide vs placebo on weight loss maintenance in adults with overweight or obesity: The STEP 4 randomized clinical trial. *JAMA*, 325(14), 1414–1425.
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- Mindful Eating Behavior Scale (MEBS) – Winkens, van Strien, Barrada, Brouwer, Penninx, & Visser (2018)
- Mindful Eating Inventory (MEI) – Peitz, Schulze, & Warschburger (2021)
- Four Facet Mindful Eating Scale (FFaMES) – Carrière, Shireen, Siemers, Preißner, Starr, & Falk et al. (2022)

- Mindful Eating Behavior Scale-Trait and -State (MEBS-T/MEBS-S) — Mantzios (2023)
- Mindful Eating Scale (Mind-Eat Scale) — Van Beekun et al. (2024)
- Hunger/fullness scale adapted from the Intuitive Eating Workbook (Tribble & Resch); graphic via Street Smart Nutrition
- Motivational Interviewing framework — Miller & Rollnick, Motivational Interviewing: Helping People Change
- Menakem, R. My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Bodies and Hearts — HIPPA framework (Historical, Institutional, Persistent-institutional, Personal)
- Winkens, L. H. H., van Strien, T., Barrada, J. R., Brouwer, I. A., Penninx, B. W. J. H., & Visser, M. (2018). The Mindful Eating Behavior Scale: Development and psychometric properties in a sample of Dutch adults aged 55 years and older. Journal of the Academy of Nutrition and Dietetics. [journal confirmed; exact volume/page/DOI not independently verified — worth a final check before publishing]
- Peitz, D., Schulze, J., & Warschburger, P. (2021). Getting a deeper understanding of mindfulness in the context of eating behavior: Development and validation of the Mindful Eating Inventory. Appetite. [volume/page/DOI not independently verified]
- Carrière, K., Khoury, B., Günak, M. M., & Knäuper, B. — wait, actually the deck's listed authors are Carrière, Shireen, Siemers, Preißner, Starr, & Falk (2022). Development and validation of the Four Facet Mindful Eating Scale (FFaMES). Appetite. [volume/page/DOI not independently verified]
- Mantzios, M., Egan, H., Wallis, D. J., & Wood, J. (2022). Advancing the assessment of mindful eating: Exploring the psychometric properties and validating the mindful eating behaviour scale in English. Nutrition and Health, 28(4), 501–507. Kabat-Zinn, J. (1982)

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- Mindful Eating Questionnaire (MEQ) — Framson, Kristal, Schenk, Littman, Zeliadt, & Benitez (2009)
 - Mindful Eating Scale (MES) — Hulbert-Williams, Nicholls, Joy, & Hulbert-Williams (2014)
 - Mindful Eating Behavior Scale (MEBS) — Winkens, van Strien, Barrada, Brouwer, Penninx, & Visser (2018)
 - Mindful Eating Inventory (MEI) — Peitz, Schulze, & Warschburger (2021)
 - Four Facet Mindful Eating Scale (FFaMES) — Carrière, Shireen, Siemers, Preißner, Starr, & Falk et al. (2022)
 - Mindful Eating Behavior Scale-Trait and -State (MEBS-T/MEBS-S) — Mantzios (2023)
 - Mindful Eating Scale (Mind-Eat Scale) — Van Beekum et al. (2024)
 - Hunger/fullness scale adapted from the Intuitive Eating Workbook (Tribole & Resch); graphic via Street Smart Nutrition
 - Motivational Interviewing framework — Miller & Rollnick, Motivational Interviewing: Helping People Change
 - Menakem, R. My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Bodies and Hearts — HIPP framework (Historical, Institutional, Persistent-institutional, Personal)
 - — note: this confirms 2022, not 2023 as currently listed, and I couldn't confirm this is the same paper the deck means by "MEBS-Trait and -State" — there's a separate Mantzios paper specifically on trait/state scales I found only as a preprint. Worth double-checking which one you actually used.
 - Van Beekum, M., Shankland, R., Rodhain, A., Robert, M., Marchand, C., Herry, E., Prioux, J., Touvier, M., Barday, S., Turgon, R., Avignon, A., Leys, C., & Péneau, S. (2024). Development and validation of the mindful eating scale (Mind-Eat Scale) in a general population. *Appetite*. [volume/page/DOI not independently verified]
 - Tribole, E., & Resch, E. — Intuitive Eating Workbook (hunger/fullness scale source); graphic adapted via Street Smart Nutrition. [needs full edition/year/publisher if you want this fully APA]
 - Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). Guilford Press.
 - Menakem, R. (2017). *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies*. Central Recovery Press. — note: the title order in your current slide is reversed ("Bodies and Hearts") — the published title is "Hearts and Bodies."