Expanding your Tool Box: Coping Skills in Eating Disorder Recovery

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What we will be covering today:

- Basic principles of Relapse Prevention & how to apply those principles
- The importance of family/primary support systems
- Slips vs. Relapses
- What do you do in case of a relapse
- Coping Skills that actually work
Relapse Prevention Model (Gorski, 1990)

- Self-regulation
- Integration
- Understanding & Self-Knowledge
- Coping Skills*
- Change
- Awareness
- Significant others*
- Maintenance
Self Regulation

- Physical, psychological and social stabilization
- Abstinence from symptom use
- Defining what is within the “healthy range” and then regulating behaviors into that range
Integration

● Self-assessment of problems, symptoms and recovery/relapse history

● Looking at the big picture … how did I get to this place in my life?
Understanding & Self-Knowledge

- Educate yourself about recovery & relapse prevention

- Identify the warning signs or “red flags” of a relapse
Coping Skills*

● Being able to utilize a specific intervention or tactic to prevent a relapse situation.
● Responding to the warning sign or a “red flag” in a way that promotes recovery (often in a way that is different from your usual tactic)
Change

● It’s one thing to say you want to change, it is another thing entirely to actually do it.

● 1\textsuperscript{st} step: remove yourself from triggering situations/things that are toxic to recovery
Awareness

● Take a daily inventory:
  ○ What are you struggling with day to day?
  ○ What situations trigger your urges to symptoms?
  ○ Do you feel urges more at certain times of the day?
Significant Others*

- Utilizing support is essential!
- Support can come from family, friends, co-workers, treatment team, recovery-focused support groups
Maintenance

- You need to regularly assess & adjust your recovery plan
- Ongoing treatment (in some form) is absolutely essential for sustained recovery
So why not use the Model as is?

- The primary treatment goal is Abstinence.
- Due to the complex nature of Eating Disorders, abstinence in its truest form is not feasible.
Shades of Gray

There are complicating factors that contribute to the fact that Abstinence (in and of itself) is not an option

- **Restriction**: what is normal portion control/weight maintenance vs. restriction?
- **Purging**: it is not always easy to determine if vomiting is self-induced vs. involuntary (anxiety reaction or legitimate medical problem)?
- **Exercise**: what is normal, healthful exercise pattern vs. excessive exercise pattern?
- **Emotional Eating**: what is normal celebratory eating & socially acceptable vs. compulsive eating?
“Finding the balance” and navigating through the shades of gray can be particularly difficult for those that struggle with perfectionism.
Multidisciplinary Tx Team is Essential

- The **therapist** is the foundation of the treatment team
- **Nutritional** guidance & oversight is a MUST!
- Psychiatry/Medical Monitoring will also be important for many.
- **Family therapist** is also a great addition
Family & Primary Support

- Recovery does not occur in isolation

- Highly recommended that you give therapist authorization to speak with family/primary supports
- Involve support system in creating contract
Ways to Provide Support

- Educate yourself*
- Participate in Family Therapy & be open to change
- Attend family support groups
- Speak out about diet industry messages & challenge stereotypes in the media
- Remain actively involved
What TO DO as a family member?

- Ask “How can I support you?”
- Point out the positive (non-appearance based) qualities
- Be a good role model
- Seek help from a professional
- Remain focused on recovery
- Be positive!
What NOT TO DO as a family

- No food/weight/body talk
- Don’t change the entire family’s eating patterns to accommodate the ED
- Don’t let the ED consume you
- Don’t blame yourself
- Don’t fall into the “how do I look?” trap
- Don’t ignore struggles
- Don’t assume that relapse is inevitable
Family Mealtime Tips

● Plan ahead: Meal & how to handle the meal.
● Discuss only neutral topics
● No food/weight/body talk
● If struggling, offer support
● Check-in AFTER the meal. Intervening during the meal can create greater conflict & distress
Slips vs. Relapse

Slip = the presence of an ED symptom that occurs with mild frequency and followed by getting back on track with the recovery plan.

- Slips are expected and can be good practice for using identified coping skills.
  - restricting a fat during a lunch one time
  - a binge
  - over exercising twice per week
  - skipping an appointment

- A time-limited event
Relapse = the presence of ED symptoms that occur frequently or daily.

- Binging/purging daily
- Restricting most meals
- Exercising to the point of nearly fainting every time s/he goes to the gym
What to do in case of a slip?

- Call therapist: maybe make the appointment earlier
- Talk about what may have caused the slip (with support system & therapist)
- Pull out list of identified coping skills and explore new coping skills.
- Use it as a “teachable moment”
  - If processed properly and you are able to “get back on the horse”, a slip can be a great confidence builder
- Remember that a slip DOES NOT destine someone to relapse
What to do in case of a Relapse?

● Seek medical attention
● Reach out to family & support system
● Work with therapist to establish treatment contract
  ○ Example: If I am not able to maintain my weight above 90% IBW, I will seek re-admission to higher level of care
● Consider seeking a higher level of care
When is a higher level of care necessary?

- When medical consultation indicates that weight, lab values, or other medical conditions indicate need for closer supervision and/or intervention
- When ED behaviors continue to escalate
- If the individual is engaging in high-risk behaviors and/or has potential for harm to herself or others.
How do I go about getting more intense treatment

- Ask therapist for recommendation on where to seek care
- Contact recommended treatment provider and schedule an assessment and identify what is the most appropriate level of care
- If ambivalence is getting in the way, ask family or therapist for support and to hold you accountable
Coping Skills that actually work

Some things to remember:
○ Not every coping skill works for every person
○ Not every coping skill will be helpful for every situation
○ The skill should be “adaptive,” meaning that it should not create a different problem in the effort of avoiding an unpleasant thought, feeling or behavior.

Example of a “maladaptive” coping behavior: Using drugs to avoid urges to binge eat.
Goals & Values

● Developing a “Goals & Values” Statement is a good first step in Relapse Prevention planning.
Creative outlets

● Art
  ○ Coping skills box
  ○ Containment box
  ○ Painting, drawing, collage

● Music
  ○ Writing original music
  ○ Ipod playlist of uplifting songs
Physical activity

- Dance/Movement
- Yoga (no “hot” yoga!)
- Stretching
- Short walks outside, take your dog for a tour of the neighborhood
- With any movement or exercise, moderation is key. ALWAYS get approval from your nutritionist before starting any exercise regimen.
Writing Exercises

- Write a Goodbye Letter to your ED
- Write in the 3rd person
- Write down everything you are thankful for
- Write an inspirational quote repeatedly – or use it as inspiration for a journal entry
- Post affirmations around the house
- Use message boards/chat rooms on PRO-recovery sites
Spiritual exercises

- Meditate
- Pray
- Deep breathing
- Enjoy nature
- Attend religious/spiritual services
- Read spiritual/self-help books that you find inspiring
Self Care

● Take a bubble bath
● Treat yourself to a spa service
● Use your voice. If you are struggling, ask for support
● Embrace your inner child! Try something you enjoyed as a kid (the park, zoo, playing with animals)
Final thoughts

● Recovery does not occur in isolation
  ■ Individual
  ■ Family/supports
  ■ Treatment Team

● Be hopeful. Don’t give up & let frustration get the best of you when slips or struggles occur.
The Road to Recovery is a process
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Recommended Readings

