A CIRCLE OF SAFETY: PREVENTING AND COPING WITH RELAPSE

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INTRODUCTIONS

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WHAT IS A RELAPSE?

A. Relapse is defined as “a deterioration in health following a period of improvement.”

B. For the purposes of this presentation, we define relapse as a “return of eating disorder symptoms for a sustained period of time following a period of remission.”

C. Relapse must be differentiated from a “slip” or a “lapse.”
   1. A slip or lapse may involve one or two occurrences of eating disorder behaviors, or one eating disorder symptom in the absence of any other eating disorder symptoms, or a weight that is slightly below ideal range for a brief period of time.
   2. A relapse involves a pattern of change in thoughts, behaviors, emotions, and/or health over a period of several weeks or months.
   3. An eating disorder relapse may involve the emergence of new symptoms that were not present during the initial period of illness.
How Common is a Relapse?

AN – 35-41%
BN – 46%
OSFED – 41%
BED – 20% - 50%
**WHEN DO PEOPLE RELAPSE?**

- The risk of relapse is always present.
- Relapse is most common during the first 18 months after initial recovery.
**Why Do People Relapse?**

- Eating disorders are chronic illnesses.
- The factors that predispose people to developing eating disorders (e.g., genetics, temperament) are immutable.
- The situations and events that often precipitate episodes of eating disorders (i.e., “triggers”) are common throughout the lifespan. Some are avoidable (e.g., dieting, participation in activities that encourage thinness) but others may be unavoidable (e.g., accidental weight loss, interpersonal stressors, medical issues, life transitions).
- Our culture, which idealizes thinness, normalizes or encourages ED behaviors, and creates a toxic environment for recovery, is unlikely to change anytime soon.
Predictors of Relapse

- Age 19 or older at time of discharge from treatment
- Longer duration of illness
- Receiving inpatient or residential treatment
- Stressful life events (especially for BN and OSFED)
- Greater body image disturbance at the end of treatment
- For AN – lower BMI at discharge from treatment
- Binge-purge subtype of AN
- Premature discharge from treatment
PROTECTIVE FACTORS AGAINST RELAPSE

- Age 18 or younger at time of discharge from treatment
- Achieving full weight restoration before discharge from treatment
- Strong social support system
- Receiving exclusively outpatient treatment
- Receiving family-based treatment (FBT)
How Does Relapse Occur?

- Eating disorders do not spiral out of control overnight. Relapse develops gradually over the course of weeks or months.
- CBT Model of Relapse, initially developed for substance abuse, can also be applied to eating disorders
How Can We Prevent Relapse?

- Spend a few sessions at the end of treatment discussing how relapse occurs and how relapse can be prevented.
- Balance the acknowledgement that relapse is a real risk with the knowledge that people can take concrete steps to mitigate risk.
- Patient works collaboratively with clinicians, family members, and other loved ones to create a written relapse prevention plan.
**Relapse Prevention Planning**

WHAT: Relapse prevention plans create a **circle of safety** around a patient in the following ways:

- Facilitating open communication between patient, family members, and clinicians. Close, frequent, open communication is ESSENTIAL to preventing relapse.
- Helping all parties identify early signs of struggle so that early intervention can occur.
- Providing clear guidelines to family and clinicians regarding when, how, and under what circumstances to intervene.
RELAPSE PREVENTION PLANNING

WHEN: Ideally, relapse prevention planning should occur after eating disorder is in remission but before discharge from treatment.

• Plans should be revised periodically (e.g., every 6-12 months) as recovery is solidified and life circumstances change.
Relapse Prevention Planning

WHO: Should be collaborative and should involve active participation from patient, parents, other close loved ones (e.g., spouse or significant other) and all clinicians on the patient’s treatment team.
HOW: Relapse prevention plans should always be in writing and all parties (patient, each family member, each clinician) should have copies.
**Relapse Prevention Planning**

**WHY:** Relapse is common
- Many relapses are foreseeable and preventable
- Intervening early in the course of a relapse can reduce the length of the relapse, reduce the patient’s suffering, reduce the cost and extent of life disruption.
- Anosognosia often prevents patients from recognizing signs of relapse in themselves.
- Shame, guilt, anxiety, or fear of disappointing parents may prevent patients from reaching out for help when they begin to struggle
- Relapse prevention plans can be empowering and useful to patients and their families.
ELEMENTS OF WRITING A RELAPSE PREVENTION PLAN

PART 1: ASSESSMENT TOOL

• Should contain objective signs and subjective signs to help patient, family, and clinicians determine a patient’s status.

• Green light signs – indicate that the ED is in remission
  • Examples: maintaining weight within target range consistently, eating independently at an age-appropriate level, getting regular menstrual periods, absence of bingeing and purging, able to eat a wide variety of foods without anxiety or distress, eats out with friends regularly, generally stable mood

• Yellow light signs – suggest some struggle or early signs of ED returning; indicate a need for caution and increased support
  • Examples: weight falls a few pounds below target weight range; weight trends downward below target range for 3 consecutive weigh-ins; 1 missed menstrual period, emergence of compulsive exercise, cutting out bread, one or two episodes of bingeing or purging; mood swings; defensiveness when asked about food or weight

• Red light signs – indicate that relapse has occurred
  • Examples: weight falls more than 5 pounds below target weight range, 3 or more episodes of bingeing or purging, extreme anxiety around food, 2 or more missed menstrual periods
**PART 2: INTERVENTIONS**

- **Green light interventions** – basic self-care to keep the ED in remission
  - Examples: regular weigh-ins, meals with friends X times per week, meeting with therapist on an occasional or as-needed basis, attending yoga class 3x/week

- **Yellow light interventions** – ways of providing extra support when a patient is struggling
  - Examples: more frequent weigh-ins, more frequent meals with parents, return to weekly therapy sessions, adding daily nutritional supplements, short visit home for a young adult living independently

- **Red light interventions** – to stop a relapse ASAP
  - Examples: immediate medical leave of absence from college to return home and engage in treatment, taking the season off from a varsity sport, return to all parent supported meals and snacks
Maintain an adaptive attitude about relapse prevention planning

When one is challenged, OC states of mind emerge

- **Fixed Mind**
  - Change is unnecessary, because I already know the answer.
  - It is like being the captain of the Titanic and your motto is “Full speed ahead, icebergs be damned!”

- **Fatalistic Mind**
  - Change is unnecessary, because there is no answer.
  - The captain of the Titanic, after hitting the first iceberg, retreats to his cabin, locks the door, and refuses to help steer the ship to safety. Determine the next course of action, or if necessary, help passengers safely abandon ship.

- **Flexible-Mind**
  - Synthesis is Flexible Mind
  - The captain of the ship is open to feedback and willing to change course or reduce speed when icebergs are sighted, without abandoning ship or turning completely around at the first sign of trouble.

**FLEXIBLE MIND**
God grant me the serenity
to accept the things I cannot change;
courage to change the things I can;
and wisdom to know the difference.

- Reinhold Niebuhr
TOP TIPS FOR PARENTS ON PREVENTING RELAPSE

• Begin relapse prevention planning after the eating disorder is in remission, but before discharge from treatment.
• Work collaboratively with your child, other family members, and clinicians. Integrate input from all parties.
• Put the plan in writing and ensure that all parties have a copy.
• Maintain close communication with your child and with everyone who is a link in the circle of safety.
• If possible, keep your child at home with you until he/she has been fully weight-restored, medically healthy, and abstinent from eating disorder behaviors for at least 6-12 months.
• Help your child build resilience and recovery skills by providing opportunities for independent eating and symptom management, trial and error, and restoring lost weight independently, BEFORE your child begins living independently.
• Consider having your child meet with a clinician (therapist, dietitian, or physician) periodically for a year or two after the eating disorder has been in remission.
TOP TIPS FOR PARENTS COoping with RELAPSE

• Accept that relapse has occurred and commit to taking effective action.

“When we are no longer able to change a situation, we are challenged to change ourselves.”
- Victor Frankl, MD, Ph.D.
  Austrian psychiatrist, existential therapist, author, and Holocaust survivor
TOP TIPS FOR PARENTS COPING WITH RELAPSE

• Maintain an attitude of compassion and non-judgment towards your child and towards yourself.
• Let your child know that he is not alone – you will be there to support him for as long as needed.
• Act swiftly, soon as relapse is identified – arrange for treatment, supported meals, and other life changes/supports to begin ASAP.
• Remember what worked the first time around. Do what worked.
• Consider altering your approach to some degree based on your child’s age and current circumstances. Do what works now.
• If your young adult child is away at college or living independently, bring them home for a period of time (e.g., one semester, 6 months) until in solid remission.
TOP TIPS FOR PARENTS COPING WITH RELAPSE

• Create or revise a written relapse prevention plan, taking into account lessons learned from the relapse.
• Look for the silver linings:
  • Patients who relapse can gain strength and resilience from overcoming adversity
  • Relapse provides an opportunity to hone recovery skills and self-care practices, which enhance well-being and prevent future relapses
  • Patient may internalize more responsibility for keeping ED in remission
  • Opportunity to slow down and reflect, and perhaps change course in life
• Spending more time with loved ones
THE FOLLOWING QUOTE FROM A GREAT AMERICAN POET SUMMARIZES A
POSITIVE ATTITUDE TOWARDS RELAPSE:

I’M NOT AFRAID TO TAKE A STAND
EVERYBODY, COME TAKE MY HAND
WE’LL WALK TOGETHER THROUGH THE STORM
WHATEVER WEATHER, COLD OR WARM
JUST LETTIN’ YOU KNOW THAT YOU’RE NOT ALONE
HOLLA IF YOU FEEL LIKE YOU’VE BEEN DOWN THE SAME ROAD
Eminem, “I’m Not Afraid”

From his 7th studio album Recovery (2010)

Sequel to this 6th studio album Relapse (2009)
Feel free to reach out to us if questions arise later:

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