Recovery & Relapse Prevention (aka recovery protection)

Weight as an indicator of recovery

Is weight a good measure of therapeutic success?

Objective

May be a misleading sign of recovery

Success can be intangible especially in the early stages before patients are ready to make significant changes

Indicators of recovery - 3

Regarding self

Regarding family

Regarding relationships

Indicators regarding self

Self esteem

Unconditional love and acceptance

Imperfectionism

Support network

Validation of feelings

Responsibility

Approval – internal

Personal belief system

Relaxation, Play, Spontaneity & Joy

Humor

Indicators regarding family

Family role

Grieving

Relationships w/ parents

Relationships w/ siblings

Parenting

Indicators regarding relationships

Expression of feelings

Intimacy

Collaboration

Trust

The storm

When recovery happens

“You’ll just know”

Challenges of recovery - AN

50% recover

20-30% show moderate improvement

14-20% chronically ill

2-6% die

Negative Prognosis - AN

Older age at onset

Duration of illness\*

Chronicity (> 5 yrs)

Lower social class

Male

W/ binge/purge

< 60% IBW

Premorbid obesity

Psychopathology in family (ETOH, depression, OCD, anxiety)

Premorbid difficulties w/ interpersonal relationships

Poor psychosexual development

Borderline personality DO\*

Family hostility toward patient\*

Lack of constructive therapist/patient relationship

Positive Prognosis - AN

Taking responsibility for own recovery\*\*\*

Ability to emotionally separate from parents

Establish support network of peers

Early intervention & Tx

Being single

Insight into illness

Relatively small weight loss

Age of onset below 30 years

Challenges of recovery - BN

Little is known about long-term recovery

Short term studies

40% binge/purge free

30% reduced behaviors by half

30% showed little change in behaviors

Often see an increase in ETOH or tobacco use

More severe binge/purge -> more severe substance abuse

Negative Prognosis - BN

Impulsive behavior

suicide attempts, cutting, substance abuse, stealing

Absence of closeness w/ father

Suicide attempts during Tx

Positive Prognosis - BN

Young age < 16 y.o.

Tx soon after onset

Low degree of neuroticism

High degree of self-defensiveness

Those who get well vs. stay sick

Willingness to take risks

Willingness to trust therapist

Willingness to let go of the belief that they can control their environment and people

Self-acceptance

Supportive people to lean on

Desire to recover

Willingness to take meds

Lapse vs. relapse

Prevention:

Need to help pts form realistic expectations

Expecting to be symptom-free increases vulnerability to relapse

Even when symptoms resolve, temptation is still there for many years

But temptation and resumption of behaviors are different

Prepare with:

Positive self-talk in high-risk situations

Plan alternative coping mechanisms

Re-check possible distorted thinking

Teach tools needed for self-coaching “Tool Box”

Encourage pts to interpret reappearance of ED thoughts as signs of emotional distress or indicator that self-reflection is needed

Be sure they are clear that dieting is risky

It can trigger the eating-disorder cycle

Teach pts signs of impending relapse, such as loss of menses, changes in body wt

When to return to therapy

Returning to nutrition therapy is not a sign of failure

Make clear criteria for return for treatment

> 5lb wt loss for AN

initiation of purging for BN

Remember that lapses provide opportunity for developing more effective coping strategies = recovery protection

Commitment to Recovery

Individual’s choice & determination are more important than type of Tx, chronicity, age of onset, family situation & skill of therapist.

“Individual who makes the decision that she will do whatever is necessary for however long it takes in order to recover will do so.”

Unfortunately for some, the process of healing takes so long that they get entrenched in their behaviors and the ED identity that they choose to stay sick.