Recovery Process

ADA Position Paper

Fitcher & Quadflieg

Outline

How it all started

4 phases of recovery

Treatment approaches

Started out as behaviors that seemed normal & healthy…

“Being thin is healthy”

“A lot of exercise is better than none”

“I’m fine”

“Everyone diets”

“It’s part of my routine”

“That is definitely not me”

Put the ED self out of a job Assumptions about EDs

ED behaviors are symptoms of underlying issues within the person or family

If issues are resolved, food relationships will normalize

Recovery is more than just behavior change; it involves personal growth & life mgmt skills

Without resolving underlying issues, recurrence of symptoms is likely

A binge episode recurrence indicates a need for new problem solving

Even w/ BED, wt loss is not an indicator of recovery

The Recovery Model

Phase 1: Symptom Development

Phase 2: Denial

Phase 3: Need for Behaviors

Phase 4:

Decreasing Need for Habit

Cessation of Food- and Weight-Related Behaviors

Recovery

Phase 1: Symptom Development

Experimenting with food- and weight-related behaviors

Usually 6 months to one year

In the beginning, person may not have ED

By end, often does have ED

Key factor– does the behavior yield benefits?

“Yes” -> begins to need the behavior

Fusion – progressive process of need intertwined with behaviors

Phase 2: Denial

Behaviors are no longer just physical, but now done for emotional reasons

Psychological patterns meet the criteria for ED diagnosis

The person does not perceive need for the behavior; may view them just as wt control

No conscious awareness of underlying psychological & emotional issues

Phase may last 6 mos to 30+ yrs

Each confrontation may chip away at “wall of denial”

Phase 3: Need for Behaviors

Ready to **learn** about recovery & behavior change, but not ready to alter behaviors

“Need” = psychological adaptation that provides security for the person, but at the same time, has negative consequences

Person starts treatment after emotional or physical distress greater than benefits

Preoccupation with and obsessive thinking about food, wt, hunger and body image

Relatively stable, high freq of behaviors

Phase 4: Decreasing Need, Recovery

Decrease in food and weight-related behaviors

Change usually occurs when person resolves enough psychological issues -> less need for behaviors

Change usually short-lived

Indicators the person is ready to participate in **cognitive restructuring** about food & wt

Peaks and valleys help isolate specific psycho-therapeutic issues that require further discussion

Phase 4: Decreasing Need, Recovery, cont.

Behaviors continue due to combination of continuing need and habit

Eventually only habit portion of behavior remains

Frequency of behavior is deminishing

May experience sudden temporary increase due to stressful events, or painful issues in therapy

“relapse prevention” v. “recovery protection”

Eventually cling to just a small number of behaviors before finally becoming “behavior-free”

Phase 4: Decreasing Need, Recovery, cont.

Cessation of behaviors occur before recovery is completed

Remaining psych, relational or emotional issues need to be addressed & resolved

If treatment stops too early, relapse is likely

Absence of behavior does not indicate end of treatment

therapist must discuss remaining issues

Continue therapy to discuss recovery protection

Wt is stable and healthy, eating is more flexible and balanced

Long-term Stability of ED Fitcher & Quadfleig. (2007) Int J Eat Disord. 40:s61-S66

Treatment Philosophy & Approaches

Evidence-based treatment

Based on models and definitions

In combination with medical monitoring and treatment

Psychodynamic Therapy

Cognitive Behavioral Therapy

Interpersonal Therapy

Dialectical Behavioral Therapy

Acceptance and Commitment Therapy

Professionals with Personal Recovery

Phases of Nutrition Therapy

2 phases

**Educational** & **Experimental**

Educational- starts as soon as nutrition therapy initiated, usually end of Denial Phase or beginning of Need for Behaviors Phase 3

ends about ½ way through Phase 3

Experimental phase- when educational phase ends or when team determines person is ready to experiment with changing behaviors

Educational Phase

Teach key concepts and principles needed for recovery

Normalized hunger

Metabolic rate

Set-point

Food consumption patterns

Provide a mental image, and prepares client even before client is really able to change

Educational Phase

5 main objectives:

Collect relevant info concerning person’s relationship with food, wt history, cognitive distortions, current food consumption pattern...

Establish a collaborative relationship

Define & discuss principles & concepts of food, wt, body image, self-esteem...

Symptoms of starvation

Healthy wt range

Optimal food intake

Ability to understand fluid weight gain vs. fat & muscle weight gain

How metabolic rate is affected by starvation

What “normal” eating is

Educational Phase

4. Present examples of typical hunger patterns, food patterns and caloric intake

5. Educate the patient & family about the “process” and that change takes time

Regular contact with the therapist is critical during this time. Increased awareness of the progress being made in therapy as she/he approaches the “decreasing need for behaviors” phase

Experimental Phase

Nutrition therapists primarily responsible for treatment during this phase

4 primary objectives - all needed for full recovery:

Separating food and wt-related behaviors from feelings & psychological issues (decoupling)

Changing food behaviors in incremental fashion until eating is normalized

Learning to maintain a wt that is stable, provided the person is eating a balanced & adequate diet

Feeling comfortable eating in social settings

Professionals w/ Personal Recovery

Based on “been there, done that”

Not generally flaunted:

people who have previously suffered, gotten well & want to help others

Pros & cons

Pros: builds confidence in patient, role model, offers hope

Cons: can, in patient’s mind, make behavior appear normal

The best nutrition therapists are those who are well-trained & empathetic, regardless of past ED experience