

ALSANA

An Eating Recovery Community



Adaptive Care Model™ Relational Dimension

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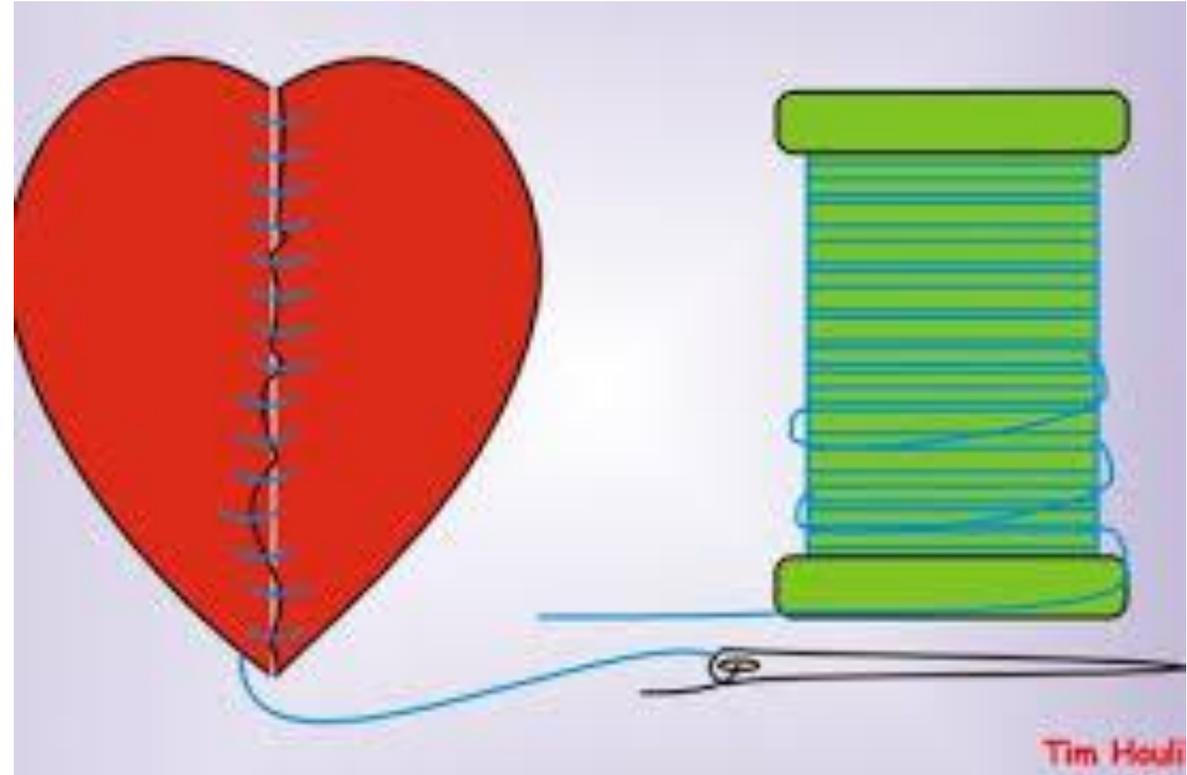
Sr Director of Clinical Programming & Training

Adaptive Care Model™



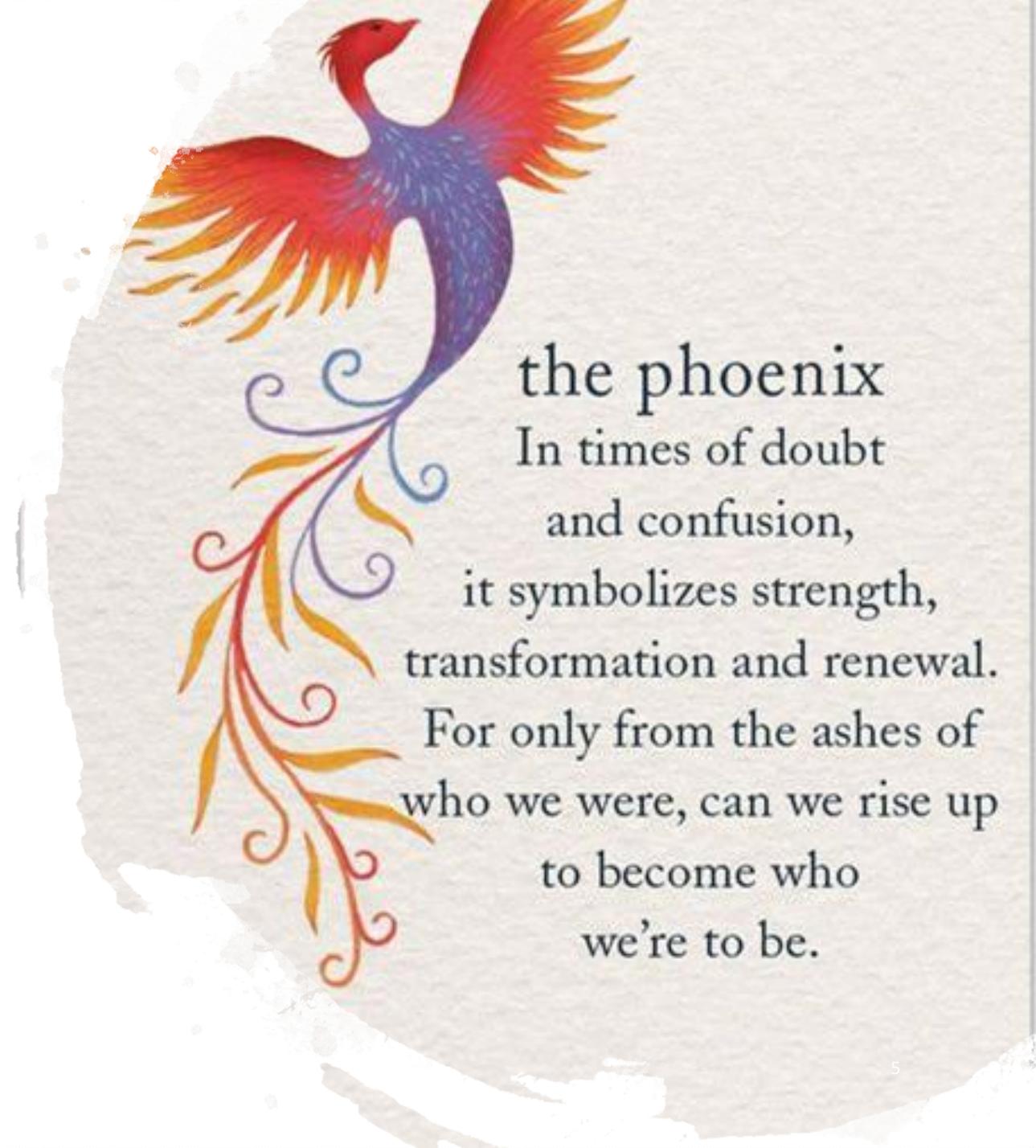
Relational Dimension

- Relationship with self
- Relationship with others
 - Family
 - Support network
- Relationship with something “more”
 - Why would I recover?
 - What is on the other side of my eating disorder?
 - What is my personal value system?
 - If I am a spiritual person, how is my relationship with my higher power?



Relational: Spirituality

- Recovered clients report that faith, spirituality, meaning, and purpose were important in their recovery process.
- However, the spiritual dimension is often neglected in treatment.
- Clients often shift or lose sight of core values when they are active in their eating disorder. The recovery process opens up space to explore value systems.

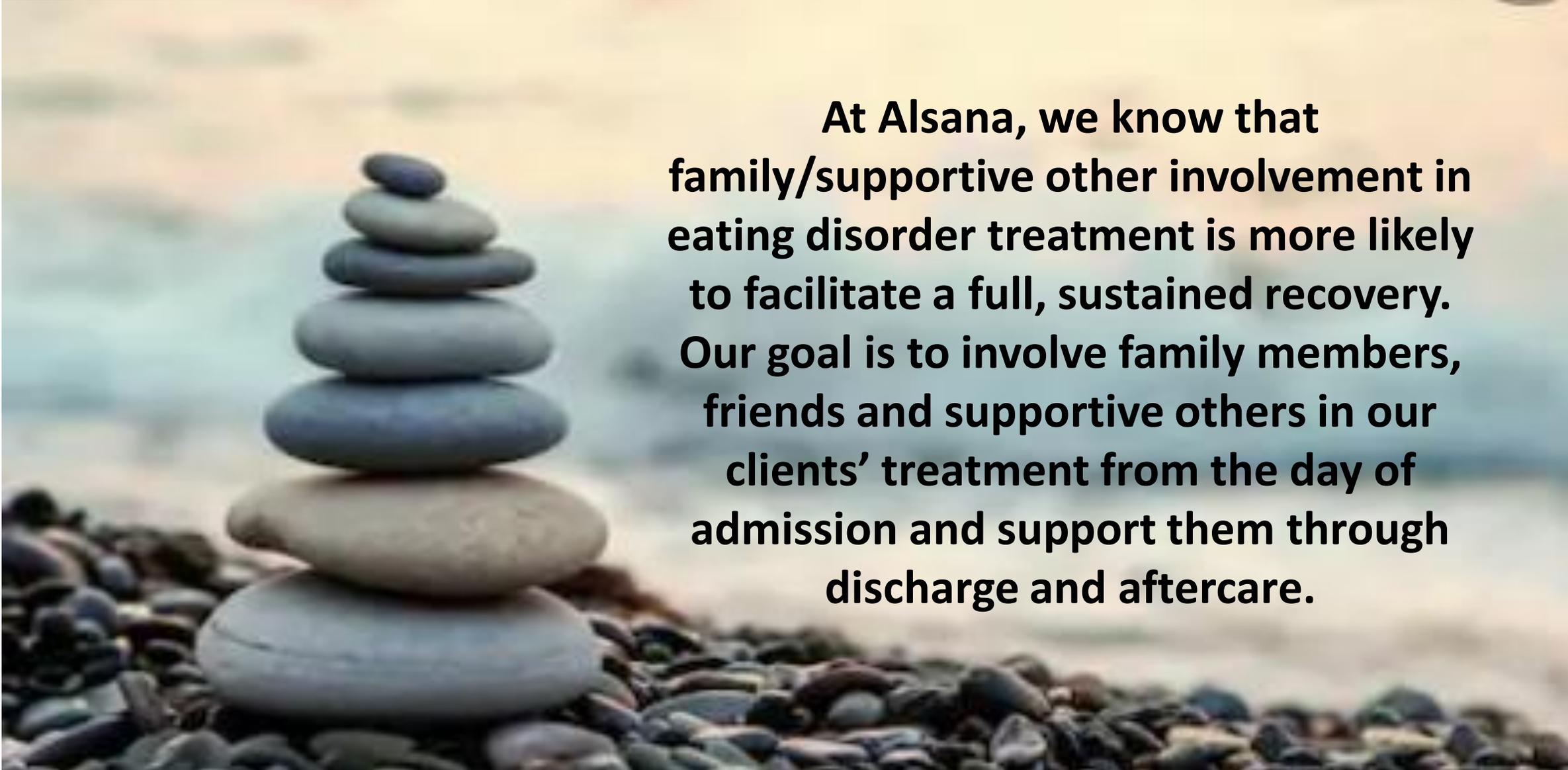


the phoenix
In times of doubt
and confusion,
it symbolizes strength,
transformation and renewal.
For only from the ashes of
who we were, can we rise up
to become who
we're to be.

Relational: Alumni



- Maintaining support and community after treatment
- Free online support groups
 - Twice a week
 - Life launching and eating disorder support
- Free workshops and retreats
 - Throughout the year
- Connecting resources
- Facebook group community



At Alsana, we know that family/supportive other involvement in eating disorder treatment is more likely to facilitate a full, sustained recovery. Our goal is to involve family members, friends and supportive others in our clients' treatment from the day of admission and support them through discharge and aftercare.



Relational: Spiritual Themes

Spiritual Themes in eating disorders:

- Anguish/despair
- Shame
- Lack of purpose
- Lack of identity
- Disconnection
- Resentment
- Grief
- Hopelessness
- Hungering for more/Hunger
- Fulfillment/Openness v. Punishment/Rigidity

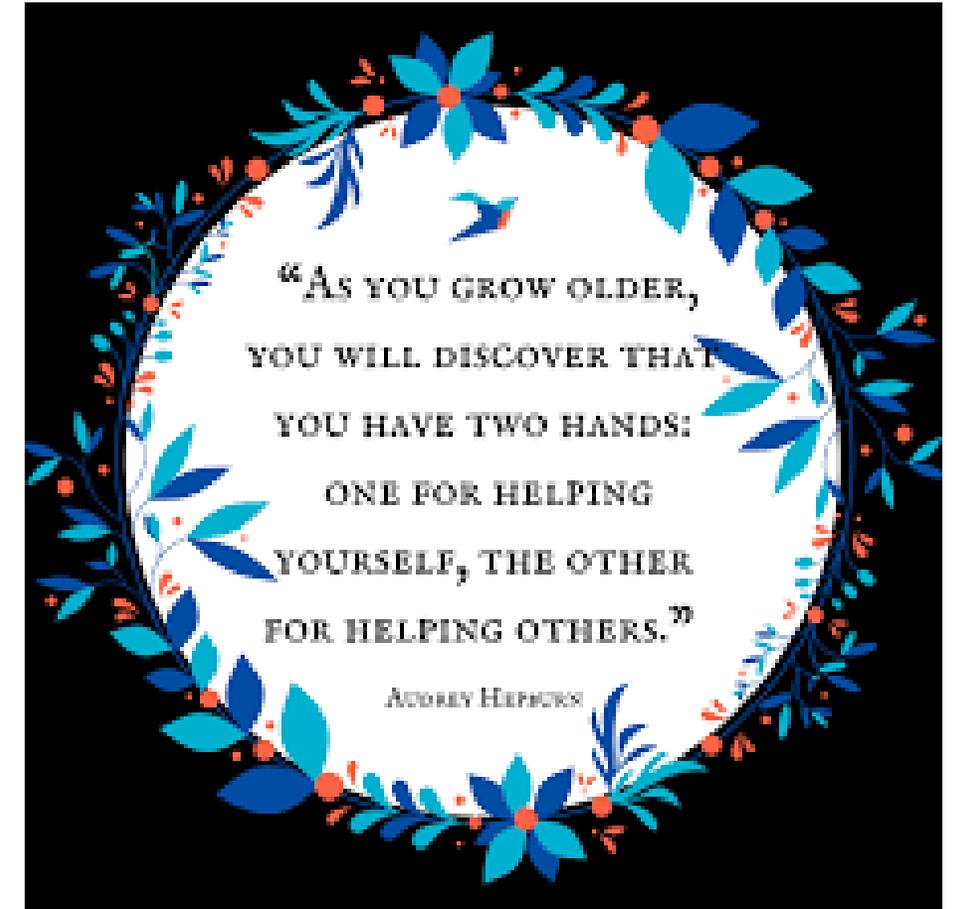


Relational with others: Community

- We are a part of something LARGER.
- What are our clients recovering towards?
- Alsana is a relational community.
- Being relational means living in relation to others in recognition of an interconnectedness with others.
- **Giving** makes us feel happy.
- These good feelings are reflected in our biology. In a 2006 study, Jorge Moll and colleagues at the National Institutes of Health found that when people **give** to charities, it activates regions of the **brain** associated with pleasure, social connection, and trust, creating a “warm glow” effect.

Goal:

- Each program will have an active, consistent cause so clients can practice “giving back”.
- Our employees find a “cause” that they would like to give time towards and Alsana will support this time.



Relational: With Others: Advocacy



SJTF Committees

• Partners in Pride

- Justin Littleton (Committee Lead)
 - Committee Chairs (representatives from all program/departments)
 - Program level support



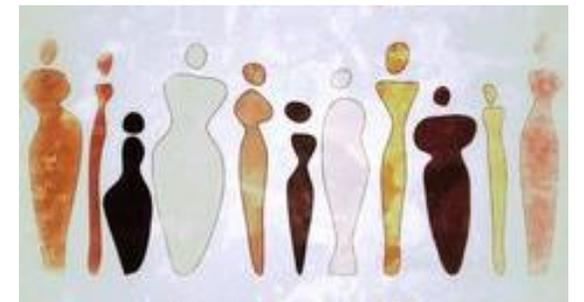
• Anti-Racism

- Mia Harris (Committee Lead)
 - Committee Chairs (representatives from all programs/departments)
 - Program level support



• People of Size: HAES Advocacy

- Mary Elizabeth Akinaka (Committee Lead)
 - Committee Chairs (representatives from all programs/departments)
 - Program level support



Health at Every Size



Navigating Relationships in Recovery



You and Your Loved One & the ED

- How has the eating disorder impacted your relationship with your loved one?
- How was your relationship with your loved one prior to the eating disorder?
- How would you like your relationship to be?
- The eating disorder impacts the entire family system.



Relationship Starting Points & Tidbits



- Practice of Compassion & Empathy
 - Creates space for you and for your loved one.
- Engage in Alsana's weekly support group to learn tangible skills to improve your relationship with your loved on
- Let your loved one explore their personal beliefs associated with life meaning & purpose.
- Sometimes repair & healing is needed before clients are ready to move into this work with open hearts.
 - "Things may get messier before they get better."
 - Distress Tolerance
- Your loved one may not currently have hope OR they may not maintain hope.
 - Your job is NOT to fix them, but you may be the holder of hope sometimes.
- Part of the healing journey may involve redefining *your* relationship. The focus may not be "getting back to normal."
- Periods of hopelessness do not (typically) last forever. They are seasons and have beginnings and ends.

Toll on Relationships



- Each family and each relationship will respond differently and will be impacted differently. There is no “one-right way” to respond.
- It is normal and appropriate for you to feel a multitude of emotions: discouragement, anger, disappointment, sadness, helplessness, fear, fatigue, agitation, hope, powerlessness, etc.
- It is normal for you to:
 - Want to “fix this”
 - Want to avoid
 - Want to motivate your loved one to get better
 - Want to convince your loved one why the ED is not the way they want to live their life
- This conflict between your desire for health and healing v. the client’s push for needing the disorder can cause a lot of turmoil.
- Ultimately, the client must choose healing steps for their recovery.
- You can set limits and boundaries to practice supporting their efforts towards recovery.
 - Limit financial means for college, life spending if the client is not working a recovery program/going to treatment.
 - Do not make a special grocery list to accommodate the client’s eating disorder requests.
 - Encourage “normal” routines in your family system/home.
- It is important that you acknowledge what YOUR process has been during your loved one’s illness.
 - Your mental health is just as important as your loved one.
 - This time has been impactful and you probably have your own “residue”.



Grief & Loss

- Your loved one is here- and present—and not present at all
- Loss of time
- Loss of hopes & dreams
- Grieving the future you thought your loved one might have
- Unmet expectations (for the client & family)
- Grief regarding powerlessness towards healing a loved one's pain
- Loss of relationships



Shifting Roles in Response

- Healthy siblings may feel anxiety and frustration at the extra responsibilities they are expected to take on. Try to regularly set aside a little one-on-one time with your other children. Tell them how much you appreciate their help.
- When one partner has an eating disorder, the relationship dynamic can become complex. Many times, the partner without a diagnosed disorder will assume more responsibilities, at least for the short term. For a person who is already worried about what is happening with his or her partner, having to spend more time maintaining the household or taking care of the children can be especially hard.

Repairing Relationships

WHAT IF.....

- You could focus on and re-ignite aspects of your life that you used to live into pre-eating disorder.
 - What would you want to “reignite” and refocus on?
 - Marriage
 - Other kids
 - Traveling
 - Enjoyment of food
 - Permission for all emotion and expression
- What needs to shift in your life in order to re-focus your life?
- What emotions do you need to acknowledge in order to have PERMISSION to set boundaries with your loved one?
- Do you need to repair other relationships that have been impacted by the role of the eating disorder?



Setting Boundaries

Healthy vs. Unhealthy Boundaries Chart

Healthy Boundaries in a Relationship	Unhealthy Boundaries
You can say no or yes and you are okay when others say no to you	You can't say no, because you are afraid of rejection or abandonment
You have a strong sense of identity. You respect yourself	Your identity consists of what you think others want you to be. You are a chameleon
You expect reciprocity in a relationship—you share responsibility and power	You have no balance of power or responsibility in your relationships. You tend to be either overly responsible and controlling or passive and dependent
You know when the problem is yours and when it belongs to someone else	You take on other's problems as your own. You try to fix other's problems.
You share personal information gradually in a mutually sharing/trusting relationship	You share personal information too soon...before establishing mutual trust/sharing
You do not tolerate any form of abuse or disrespect	You have a high tolerance for abuse and being treated with disrespect.
You know your own wants, needs, and feelings. You communicate them clearly.	Your wants, needs, and feelings are secondary to others and are sometimes determined by others.
You are committed to and responsible for exploring nurturing your full potential	You ignore your inner voice (instinct) and allow others' expectations to define your potential.
You are responsible for your own happiness and fulfillment. You allow others to be responsible for their own happiness and fulfillment.	You feel responsible for others' happiness and fulfillment and sometimes rely on your relationships to create that for you.
You value your opinions, instincts, and feelings as much as (or more than) other people's opinions and feelings	You tend to absorb the feelings of others. You rely on others' opinions, feelings, and ideas more than you do your own.
You know and respect your limits (emotionally & physically). You allow others to define their own limits.	You allow others to define your limits in order to please them or you try to define limits for others.
You are able to ask for help when you need it	You feel that asking for help is a sign of weakness and you avoid it.
You don't compromise your values or integrity to avoid rejection or adversity	You compromise your values and beliefs in order to please others or avoid conflict.

Can we repair? Where do we go from here?

My Responsibility

- My emotional, physical, social, and spiritual health
- My attempts to support the relationships in my life
- My attempts to educate myself
- My personal support system

Client Responsibility

- Personal health
- Relationships
- Personal recovery
- Emotional Capacity
- Meal Plan
- Safety plan and structure



Next Steps & Things to Remember



Next Steps

- Consider ways to create space to discuss parts of relationship that have been ruptured, fractured, and impacted by the eating disorder
- Consider making amends in a family session as a step of repair in the relationship
- Consider structure needed in place within the home to put the focus back onto the family relationship (v. the eating disorder)
- Consider the work you may need to do in order to examine the emotional and relational toll this has taken on you and your family (grief, loss, disappointment, frustration, sadness, anger, etc.)

Things to Remember

- Families are not to blame for the eating disorder
- Each family needs a plan of healing and repair that is specific to the family's needs
- You can not argue and speak logically with someone who is not thinking logically
- Your health and securing a support network- is one of the best things you can do for yourself—and your loved one.
- Empathy and validation can calm your loved one's brain down *enough* to consider other options and perspectives.

