

ALSANA

An Eating Recovery Community



Adaptive Care Model™ Relational Dimension

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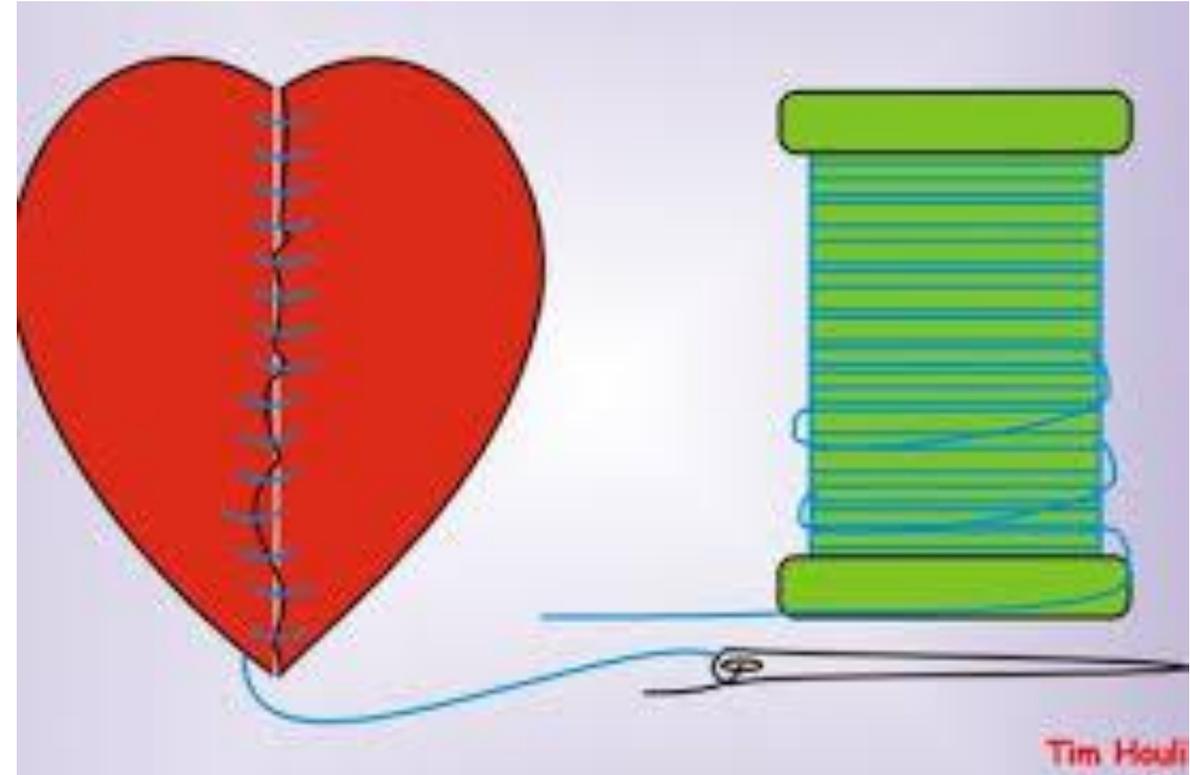
National Clinical Educator

Adaptive Care Model™



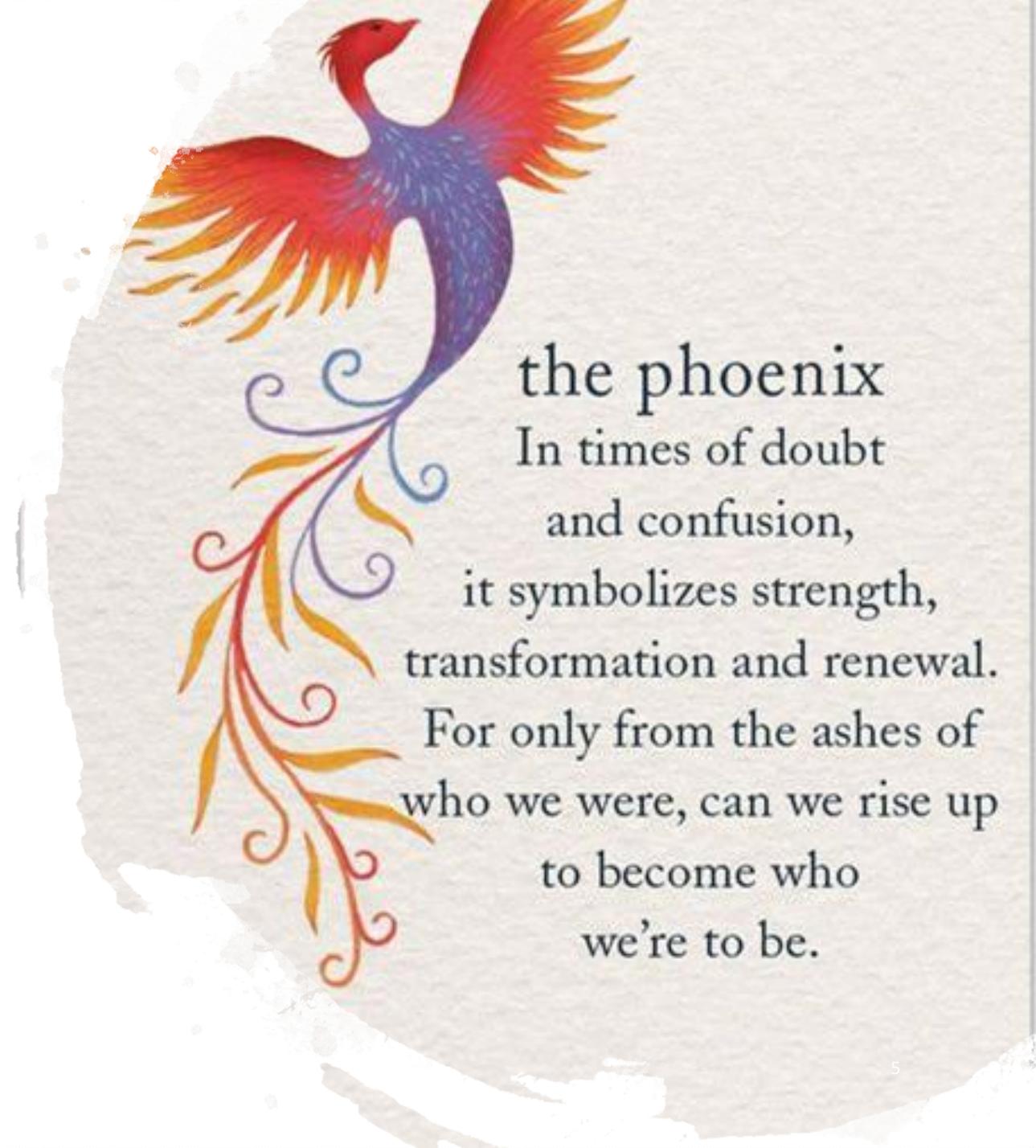
Relational Dimension

- 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 our interconnecting 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.

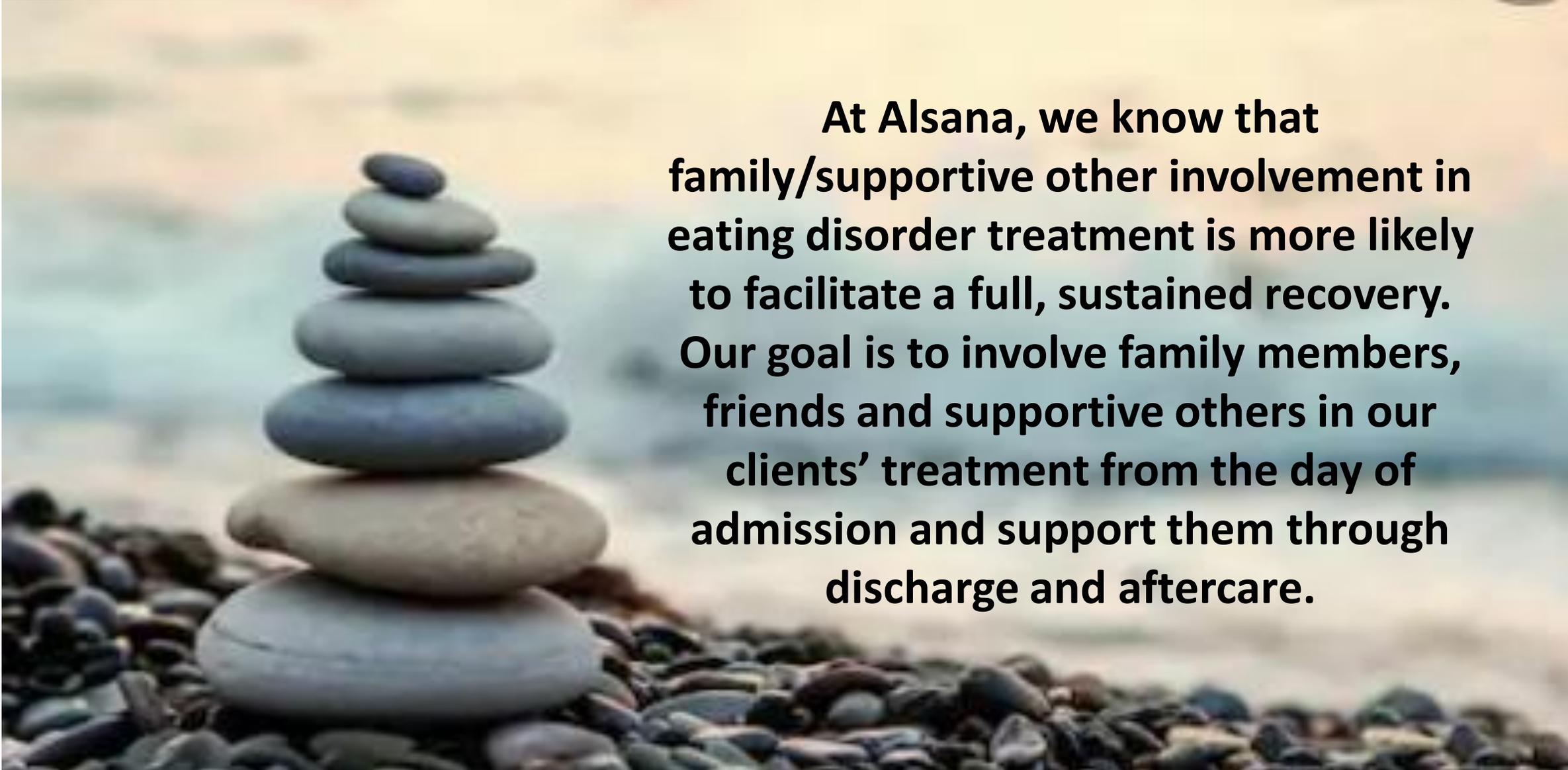


the phoenix
In times of doubt
and confusion,
it symbolizes strength,
transformation and renewal.
For only from the ashes of
who we were, can we rise up
to become who
we're to be.

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 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.



Relational: With Others: Advocacy



SJTF Committees

• Partners in Pride

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



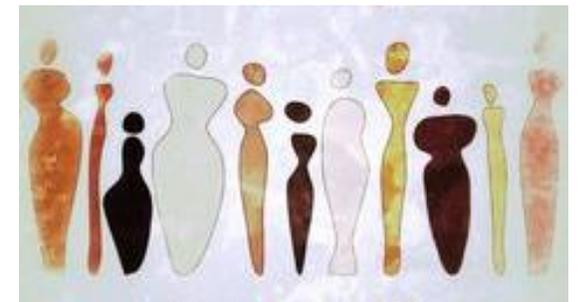
• Anti-Racism

- 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

- You get to have your experience and your loved one will have theirs. There is room for both.
- There is no reasoning with something that is unreasonable.
- If reasoning doesn't work, what does?
 - Validation is the key to helping to slow the brain down enough---broaden the window of tolerance.
- 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.



WINDOW OF TOLERANCE (POLYVAGAL THEORY)

STATE OF HYPERAROUSAL

Sympathetic System Activated: Acceleration of autonomic nervous system response (increased heart rate, blood pressure, blood flow to large muscles, etc.) -HEIGHTENED SENSATIONS

“Flight/Fight” Response Activated: state of hyper-vigilance, anxiety, perception of challenge or danger

Disorganized Cognitive Processing: thinking is rigid or chaotic, poor judgment, racing thoughts, obsessive thoughts & behaviors, Intrusive emotions/images, emotional reactivity, dread

No new learning can take place

Faux WoT

OPTIMAL ZONE OF AROUSAL-WINDOW OF TOLERANCE

Parasympathetic System Stimulated (Ventral Vagal Nerve): Deceleration of autonomic nervous system response, body regulated, State where emotions tolerated and information integrated –NORMALIZED SENSATIONS

Full Activation of Pre-Frontal Cortex: greater access to intuition and insight, calm, alert, relaxed, aware, coherent

Social Engagement System Activated: Self-soothing/emotion regulation system activated, fear modulated

Experience Full Range of Emotions: (joy, grief, anger, etc.) with a sense of control and awareness of options.

New learning can take place

Faux WoT

STATE OF HYPOAROUSAL

Parasympathetic System Activated (Dorsal Vagal Nerve): Extreme deceleration of autonomic nervous system response (decreased heart rate, blood flow to extremities, etc.) –ABSENCE OF SENSATIONS

“Freeze” Response Activated: slowed or disabled thinking process, dissociation of awareness, isolation/withdrawal, depression, numb, hopelessness, shut-down response, disabled defensive responses

No new learning can take place

adapted from Steven Porges

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



Every family will have and need different boundaries based on your family circumstances.

Setting boundaries with a 19-year-old young adult, will be different than setting boundaries with a 37-year-old adult child or a spouse.

What works for one family will not work for another. This is a great discussion for a family session!

Examples of boundaries:

- We will no longer purchase a grocery list for you that is separate from the family grocery list. You can let us know what you want to add to our list.
- We will no longer set mealtimes around when you want to eat; this does not work for the larger family unit.
- We will not pay for college if you do not follow the treatment team's recommendation and see your outpatient team.
- I will no longer engage in discussions with you about your weight or your body shape.

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.

