



## Eating Disorder Recovery and Stages Of Change\*

The Transtheoretical Model is a widely used model of behavior change. This model outlines a continuum of motivational readiness to change a problem behavior. It incorporates psychological, environmental, physiological, biochemical, genetic, behavioral, and socioeconomic variables---in other words all aspects of the individual's life.

People with eating disorders manifest different stages of readiness to change. The most effective support and caregiving strategies are those that match your loved one's stage of readiness to change.

The following guide will help you assess which stage of change your loved one is experiencing. It also offers recommended strategies and cautionary notes regarding the care and support of your love one during particular stages.

The Transtheoretical Model has been simplified for the purposes of this handout. For further information about this model please consult the references provided.

## Stages of Change

**Precontemplation** – This is the classic stage of denial; or resistance to recognizing or addressing the eating disorder.

This stage is characterized by:

- Inability to see or recognize the problem.
- Action is taken only under pressure or threat from significant sources; when the threat is removed the person reverts to former behavior.
- Your loved one may want to change but shows no signs of willingness to seek treatment or discuss concrete steps to change.

*What you can do to help:*

- Try to connect with your loved one; discuss any non-eating disorder related topic.
- Spend time with your loved one doing things you both enjoy.
- Remain warm and accepting, yet display firm boundaries and limits.
- Avoid a logical argument about the eating disorder – it will not work. The eating disorder is an emotional system. Use only indirect references or inquiries such as “have you noticed that...”, “someone mentioned to me that...”; avoid tones that can create a battle of wills or expertise.
- Protect your family life from being overtaken by the eating disorder.
- Avoid endless loops of reassurance. Encourage your loved one to seek out evidence for her/his irrational fears and to use her/his own powers of logic and reasoning to think through worries and concerns.
- Look after yourself. Maintain your own interests and activities. Encourage all family members to do the same.
- Provide feedback and observations about your loved one's health---draw connections between the eating disorder and its consequences (fatigue, weakness, poor concentration, personality changes, social isolation, moodiness etc.)
- Educate yourself about eating disorders and treatment, medical consequences and nutrition and offer educational materials to your loved one.
- Remember your loved one is not the eating disorder. The eating disorder is an illness that is affecting your loved one.

*What you should avoid:*

- Arguments, excessive pressure, pleading, direct advice, logical challenges. These will only serve to strengthen your loved one's denial and resistance to change.
- Conflict in the home or between you and your loved one will make it more difficult for her/him to talk about their real worries or fears.

**Contemplation Stage of Change** – The “I'm thinking about it”; ambivalence stage. This stage can go on for an extended period of time. Serious consideration about taking steps to change is the central element of Contemplation. Evaluating the benefits of recovery versus the obstacles change will bring.

*What you can do to help:*

- Listen, listen, listen.
- Encourage your loved one to talk to you about her/his thoughts, positive and negative about the eating disorder and recovery.
- Have her/him create her/his own list of pros and cons to recovery; allow your loved one to think on her/his own
- Continue to draw connections between the eating disorder and its consequences
- Explore the difficulties of recovery. Problem-solve alternative strategies.
- Discuss possible plans of action without pressuring your loved one to implement these plans.
- Encourage your loved one to think aloud about the negative consequences of the eating disorder when it occurs.

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**Preparation Stage of Change** – This stage begins to connect intention to action. Your loved one begins to see and experience that the benefits of recovery outweigh the costs of the eating disorder.

*What you can do to help:*

- Ask what she/he finds helpful or unhelpful.
- Offer to help make a concrete plan for symptom reduction or ask if she/he would like to include you in some way (grocery shopping, eating meals together, talking through anxious moments).
- Talk with your loved one about what success would look like.
- Try not to enable her/him to be ill. Keep household routines, activities as much the same as possible.
- Offer to talk about the difficulties of recovery and problem-solve ways to address these difficulties.

**Action Stage of Change** – Your loved one is actively involved in pursuing recovery. She/he is engaged in treatment and is taking concrete steps to change behavior and attitudes and to address underlying issues. Recovery is not a straight line, however, so relapse and setbacks are an inherent part of this phase.

*What you can do to help:*

- Offer to help with treatment strategies and plans.
- Be willing to talk about the difficulties your loved one faces as she/he recovers.
- Allow her/him to take risks, to make mistakes, to experiment, to try and fail. Reassure your loved one that recovery is “two steps forward, one step back”.
- Mirror back any positive changes you have noticed.
- Respect the difficulties and challenges treatment and the path to recovery present.
- Maintain patience and calm support. Avoid rushing your loved one.
- Understand that relapses are part of the recovery process and that there are important skills to learn from each relapse.

**Maintenance Stage of Change** – This phase focuses on relapse prevention and on strengthening and consolidating recovery. Your loved one is rebuilding her/his life during this phase---it takes time!

*What you can do to help:*

- Educate yourself on signs of relapse so that you are not unnecessarily wary or concerned.
- Provide support and encourage coping skills.
- Reinforce the use of support resources. Avoid premature termination of treatment. Cutting this phase of treatment short can leave your loved one without the practice necessary to sustain long term recovery.
- Encourage new interests and pursuits, and independence.

**Relapse** – Relapses are a necessary part of recovery. It is important for the individual to learn from relapses. Relapses are not a sign of failure. They represent an area of difficulty where more practice, support, problem-solving or exploration is needed.

*What you can do to help:*

- Remain calm and encouraging.
- Regard relapse as normal and part of the learning/recovery process.



For more information call **513-536-HOPE (4673)**.

## References

Prochaska, J.O., DiClemente, C.C. and Norcross, J.C. (1992) Applications to addictive Behaviours, *American Psychologist*, 47, 1102-1114

Treasure, J., Smith, G., and Crane, A. *Skills-based learning for caring for a loved one with an eating disorder: the new Maudsley method*, London: Routledge, 2007

\*This handout was adapted from materials that accompany the Collaborative Caring Skills program developed by Dr. Janet Treasure et al, King's College London.