The Workbook Relapse Prevention

According to research 31% of the patients relapse into their eating disorder after having received successful clinical treatment. That is a terribly high percentage, and it is the reason why we want to work with you in preventing a relapse. Research also reports that the greatest chance of relapsing is in the first two years after discharge. If you get through this period without a relapse, the chance of relapsing in the future is very small. It is therefore very important to stay relapse-free after your discharge. Your therapist has proposed that you draw up a Relapse Prevention Plan. Its goal is to gain more control over your eating disorder. You work on it independently as much as possible, with the assistance of people in your immediate social surroundings. Using the Relapse Prevention Plan enables you to quickly identify a threatening relapse and to implement actions that prevent subsequent relapse, hence, it helps you to take up the reins.

Relapse

Before you start using the workbook, we would first like to explain exactly what relapse is. Relapse means that the symptoms of the eating disorder return after they have been more or less under control. Relapse progresses in different stages. Usually there are one or more precipitating factors that set the process of relapse into motion. We call these precipitating factors “triggers”. Examples that comes to mind are the absence of structure while on holiday, seeing a television program about dieting, or comments made by others about your body or clothing. These triggers are the impetus that set the process of relapse into motion. More and/or stronger signals of a relapse become increasingly visible. These signals are called “early signs” because they precede the eventual relapse. Early signs are visible in different ways.

- Feelings: for example, 'I feel very fat' or 'I have the feeling that other people do not accept me'.
- Thoughts: for example, 'I think I would gain a lot of weight if I ate two biscuits'.
- Behaviours: for example, 'I'll take the long route with my bike to burn more calories' or 'I throw my food away at work'.
- Physical signals: for example, 'I always feel worn out'.

When the early signs increase in number and/or severity, the chance of a severe relapse become increasingly greater. At first the early signs are mild, but they will increase in severity if no actions are undertaken to stop the road to relapse and to recover your equilibrium. This whole process is represented in the following diagram:
We can categorize the following stages of relapse with anorexia nervosa.

**Stage 1:** **Stable:** You are at a healthy weight appropriate for your age and height. You feel good/stable in your own surroundings and you do things that you like. Eating-disorder thoughts might be present, but you do not act on them.

**Stage 2:** **Mild relapse:** There is an increase of eating-disorder thoughts and the first early signs of relapse occur, for example, occasionally choosing 'safe' products or refusing to snack.

**Stage 3:** **Moderate relapse:** Eating-disorder thoughts predominate and you increasingly act on them, for example, by eating less, weighing yourself more, or even compensating by vomiting or taking laxatives. These activities are (partially) visible to the people in your social surroundings. There is a visible decrease in your weight.

**Stage 4:** **Complete relapse:** You have a weight loss below 85% of your normal weight and menstruation fails to occur. The eating-disorder thoughts constantly predominate and take over your life. You exhibit compensating behavior in the form of self-induced vomiting, abuse of laxatives, diuretics or enemas, or you binge eat.

Don't be so quick to think 'that won't happen to me anymore' or 'I don't want that anymore'. A relapse can always occur! But when you recognize the triggers and early signs soon enough, and can also take actions to react effectively, you are then in control of the disease and the disease is no longer in control of you! The chance of complete relapse would then be hopefully smaller.
The aim of this workbook is to ultimately draw up a Relapse Prevention Plan (see Appendix 1), in which triggers, early signs and actions are described in an orderly way. This plan can help you improve the way you deal with the eating disorder in your daily life, and in particular, to help you quickly intervene against the threat of a relapse into the eating disorder.

Your workbook

Your workbook comprises the following parts.

- (1) Network members
- (2) Strong sides
- (3) Factors associated with relapse and additional illnesses
- (4) Triggers
- (5) Early signs
- (6) Actions
- (7) Motivation
- (8) Relapse Prevention Plan

These topics are described further and elaborated on below. The workbook offers the opportunity to work out the different parts tailored to you personally. Your therapist will help you with this and will also give you assignments in order to draw up a good plan. You can also ask people in your social surroundings such as your partner/parents/brothers/sisters/housemates and friends to help you. Eventually you will have a conveniently arranged Relapse Prevention Plan. Appendix 2 of this workbook has a page to write down the agreements that you make with your therapist and assignments you are given.

We wish you great success making the Relapse Prevention Plan!

1) Network members

Network members are people in your social surroundings who can help you draw up and carry out the Relapse Prevention Plan. They can help you recognize the signals of a relapse. They can also help you carry out the actions from the Relapse Prevention Plan. It is necessary to engage network members because experience has shown that people with an eating disorder tend to want to solve everything by themselves. Moreover, it is often difficult to admit that things are not going very well. In addition the network members do not yet know how to react effectively when you have relapsed. In this section you are going to search for your important network members so that you can eventually invite one of them to help you fill in this workbook and draw up the Relapse Prevention Plan.

We make a distinction between active and passive network members.

- **Active network member:**
  - This is someone from your immediate social surroundings whom you trust to ask for support. The contact is a two-way street, in other words it is not so that you alone can ask for support when needed, but the active
auxiliary can also take initiative and offer support when he/she thinks it is necessary.

My active network members are:

- 
- 

My active network members can undertake the following actions when they suspect or detect a relapse in my eating disorder:

- 
- 
- 

- **Passive network member:**
  - This is someone whom you approach when you need that.

My passive network members are:

- 
- 

Contact your network members and explain to them this role that they will fulfil regarding drawing up and working with a Relapse Prevention Plan. Also ask them if they want to take this roll on. If the network member agrees, invite him or her for the first session in which the therapist explains about relapse prevention.

In the context of relapse prevention it is necessary to have regular conversations with your active network members regarding how things are going when your Relapse Prevention Plan is complete. There is a good chance that the contact with this person will dwindle if this does not happen. Asking for help will then become more difficult and avoidance becomes a lurking danger. In other words, you and your active network member have to make solid agreements about when you will discuss the Relapse Prevention Plan and when you will carry it out. It is important that you explain the content and the method of the Relapse Prevention Plan to everyone involved. An important item to include during these discussions is also mentioning the things that are going well, what you're satisfied with, and what you're proud of!

### 2) Strong sides

Your strong sides are among the things discussed during the preparation consultation with your network members. It is important that you gain good insight into your strong sides. This is where your strength lies and you can use that. It is important to engage the strong sides especially when there is threat of relapse.
Write down your strong sides here below:

✓
✓
✓

2) Factors associated with relapse and additional illnesses

More and more research studies are presenting factors associated with relapse. An overview of all factors significantly associated with a higher risk of relapse is presented in table 1.

Table 1: Factors associated with relapse.

<table>
<thead>
<tr>
<th>Eating disorder variables:</th>
<th>Process treatment variables:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concern about weight present?</td>
<td>Longer duration of treatment?</td>
</tr>
<tr>
<td>Concern about shape present?</td>
<td>Did you receive inpatient treatment?</td>
</tr>
<tr>
<td>Is there a desire to have lower weight?</td>
<td>Did you have previous specialised treatment for your eating disorder</td>
</tr>
<tr>
<td>Is there a misperception of body present?</td>
<td>Did you have therapeutic contact for longer than one year?</td>
</tr>
<tr>
<td>Is there eating concern present?</td>
<td>Did you receive additional psychiatric treatment?</td>
</tr>
<tr>
<td>During treatment, were there sudden drops in weight?</td>
<td>Did you receive additional medical treatment?</td>
</tr>
<tr>
<td>Do you have the BP subtype of AN?</td>
<td>Did you receive treatment in a non-specialised hospital?</td>
</tr>
<tr>
<td>Is there still a high level of exercise present?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comorbidity symptoms:</th>
<th>Demographic variables:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there checking behavior present?</td>
<td>Was your age above 18 years at the start of treatment?</td>
</tr>
<tr>
<td>Do you have washing compulsions?</td>
<td>Is the duration of your illness longer than five years?</td>
</tr>
<tr>
<td>Do you have problems with rumination?</td>
<td></td>
</tr>
<tr>
<td>Is problem avoidant behavior present?</td>
<td></td>
</tr>
<tr>
<td>Is there a decrease in motivation to recover present?</td>
<td></td>
</tr>
<tr>
<td>Do you have a low self-esteem?</td>
<td></td>
</tr>
<tr>
<td>Do you have difficulty dealing with stress factors in life?</td>
<td></td>
</tr>
<tr>
<td>Do you have a history of childhood physical abuse</td>
<td></td>
</tr>
<tr>
<td>Do you have a history with suicide attempts?</td>
<td></td>
</tr>
</tbody>
</table>

Explore these risk factors with your therapist. Are there any of these factors in your situation then check the box in front of the factor associated with relapse. Next, try to specify these by describing them for your own situation.

Specify your factors associated with relapse:
Additional illnesses:

Do you have any other illnesses, such as an anxiety disorder, depression, or personality problems? It is not uncommon to have an eating disorder that is accompanied by these other problems.

Write down below how this might be in your case:

3) Triggers

Triggers are factors that induce the eating-disorder behaviour and therefore contribute to the risk of relapse; for example, people sometimes relapse into their eating disorder because:

- someone has made a comment about his/her appearance;
- daily structure falls away while on holiday; and
- someone in the social surroundings is on a diet, or relapses into her own eating disorder.

Discuss which triggers are important for you. Take a retrospective look and evaluate which risk factors were causes for worsening your eating disorder in the past. Also ask your network members if they recognize any of your triggers; they are often aware of things that you yourself do not see.

Write down your potential triggers:
Assignment:

Project six months into the future. Think about which changes or difficult things are going to happen in your life in the near future, for example, a change in study or profession. Together with your network members imagine which things could happen in the coming months (falling in love or quarreling with a friend) that could be potential triggers for inducing your eating-disorder behaviour again. By looking ahead you can prepare yourself for these situations.

Write the factors down that could trigger your eating disorder behavior in you in the near future:

4) Early signs

The following stop involves searching for potential early signs. Early signs are feelings, thoughts, behaviours and physical signals that precede a relapse into the eating disorder and therefore could serve as warning signs for an approaching relapse. Discuss what would serve as specific early signs of a relapse for you. Make a distinction among them using these categories:

1. eating pattern;
2. physical characteristics;
3. exercise pattern;
4. thoughts; and
5. social functioning.

Here are a number of general examples.

Table 1: Possible early signs of relapse

<table>
<thead>
<tr>
<th>POSSIBLE EARLY SIGNS OF A RELAPSE:</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category</strong></td>
<td><strong>Examples</strong></td>
</tr>
</tbody>
</table>
| Eating pattern                    | ✓ Choosing 'safe' products  
|                                   | ✓ Regularly eating less than is needed  
|                                   | ✓ Preoccupation with counting calories |
| Physical characteristics          | ✓ Increase of physical characteristics of underweight |
| Exercise pattern                  | ✓ Too much (unhealthy) exercise  
|                                   | ✓ Having less energy |
| Thoughts                      | ✓ Increase of negative thoughts about food, body and weight  
|                              | ✓ Thinking more negatively about yourself                     |
| Social functioning           | ✓ Increase of complaints about eating with other people        
|                              | ✓ Quarrel with family/partner/housemate around eating         
|                              | ✓ Withdrawal from contact with friends                         |

What can help here is looking back on an earlier relapse, if you’ve had one, or reflect on what was happening when your eating disorder first started. What were your feelings then? What thoughts were predominant? What did you do? What were the physical signals?

Write all of these early signs here below as specifically as possible. After you have written them down under each category, we will then work them out in different stages of relapse (Stages 1 to 4).

<table>
<thead>
<tr>
<th>Eating pattern</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
</tr>
</tbody>
</table>

| Stage 1 (Stable) | ✓ |
| Stage 2 (slight) | ✓ |
| Stage 3 (moderate) | ✓ |
| Stage 4 (complete relapse) | ✓ |

<table>
<thead>
<tr>
<th>Physical characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
</tr>
<tr>
<td>✓</td>
</tr>
</tbody>
</table>

<p>| Stage 1 (Stable) | ✓ |
| Stage 2 (slight) | ✓ |
| Stage 3 (moderate) | ✓ |
| Stage 4 (complete relapse) | ✓ |</p>
<table>
<thead>
<tr>
<th><strong>Exercise pattern</strong></th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1 (Stable)</td>
<td>✓</td>
</tr>
<tr>
<td>Stage 2 (slight)</td>
<td>✓</td>
</tr>
<tr>
<td>Stage 3 (moderate)</td>
<td>✓</td>
</tr>
<tr>
<td>Stage 4 (complete relapse)</td>
<td>✓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Thoughts</strong></th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1 (Stable)</td>
<td>✓</td>
</tr>
<tr>
<td>Stage 2 (slight)</td>
<td>✓</td>
</tr>
<tr>
<td>Stage 3 (moderate)</td>
<td>✓</td>
</tr>
<tr>
<td>Stage 4 (complete relapse)</td>
<td>✓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Social functioning</strong></th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1 (Stable)</td>
<td>✓</td>
</tr>
<tr>
<td>Stage 2 (slight)</td>
<td>✓</td>
</tr>
<tr>
<td>Stage 3 (moderate)</td>
<td>✓</td>
</tr>
<tr>
<td>Stage 4 (complete relapse)</td>
<td>✓</td>
</tr>
</tbody>
</table>
5) Actions

Now you can think up actions that can be carried out at the moment when you are confronted with triggers or when early signs occur. If you recognize your triggers or early signs, what are the actions that should then be carried out? This is different for everyone. Here is a list of a number of examples.

Table 2: Possible actions

<table>
<thead>
<tr>
<th>STAGES:</th>
<th>POSSIBLE ACTIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>✓ I weigh myself every two weeks</td>
</tr>
<tr>
<td>(Stable)</td>
<td>✓ Every two weeks I talk with my active auxiliary about how I am doing</td>
</tr>
<tr>
<td></td>
<td>✓ When I am hungry I make sure that I eat something</td>
</tr>
<tr>
<td></td>
<td>✓ I stop varying my eating pattern</td>
</tr>
<tr>
<td></td>
<td>✓ I eat more when I am going to do extra activities</td>
</tr>
<tr>
<td></td>
<td>✓ If I am feeling melancholic I will go do something fun</td>
</tr>
<tr>
<td></td>
<td>✓ I do fun things with friends</td>
</tr>
<tr>
<td></td>
<td>✓ I contact one of my network members to talk about my eating-disorder thoughts</td>
</tr>
<tr>
<td></td>
<td>✓ I tell my friends that I am having difficulty again with eating</td>
</tr>
<tr>
<td></td>
<td>✓ I hang my Relapse Prevention Plan on the refrigerator</td>
</tr>
<tr>
<td></td>
<td>✓ I hang my motivation list in view</td>
</tr>
<tr>
<td>Stage 2</td>
<td>✓ I agree to eat with somebody else, also at the place where I study or work</td>
</tr>
<tr>
<td></td>
<td>✓ I eat at regular times</td>
</tr>
<tr>
<td></td>
<td>✓ I use an eating checklist to oversee that I eat everything</td>
</tr>
<tr>
<td></td>
<td>✓ I weigh myself every week at my GP</td>
</tr>
<tr>
<td></td>
<td>✓ When I am cold I wear warmer clothing</td>
</tr>
<tr>
<td></td>
<td>✓ I regularly write in my diary in order to clear my mind of thoughts</td>
</tr>
<tr>
<td></td>
<td>✓ I make a set appointment with my network members to talk about my eating-disorder thoughts</td>
</tr>
<tr>
<td>Stage 3</td>
<td>✓ I follow-up on my nutrition advice</td>
</tr>
<tr>
<td></td>
<td>✓ I go to my GP weekly to get weighed</td>
</tr>
<tr>
<td></td>
<td>✓ I stop with physical exercises</td>
</tr>
<tr>
<td></td>
<td>✓ If necessary I stop with my study or work</td>
</tr>
<tr>
<td></td>
<td>✓ I contact my health professionals</td>
</tr>
</tbody>
</table>

Actions by triggers:
We are now going to first look at what is the best thing to do when you are confronted with triggers. What is the best way to react to prevent relapsing into your eating disorder? Also ask your network members how they deal with these triggers in their life.

Write down below what to do when you are triggered:
Actions by early signs:

We are now going to look at what you can do when early signs occur. To do this use the categories in the different stages of relapse. Search for actions that you can carry out in these stages. Involve your network members in this process. What can they do for you?

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>✓</th>
<th>✓</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 2 (slight)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Stage 3 (moderate)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Stage 4 (complete relapse)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Ask your network members if they would also make a list of actions that can be carried out when they see a potential relapse, and they should also make a list of actions that can be carried out to prevent the process of relapse. In other words, what can they do while the situation is stable. Write down their list here below.

Write down the actions of your network members here below:

✓
✓
✓
✓
7) Motivation

You have now mainly look back on all the possible matters regarding your eating disorder. But it is, of course, also important to look at the things that you especially like doing. Make a list of all the things that you like to do. When things are not going so well, and when you don't feel good about yourself, thinking about these things can help you pick yourself up again.

Write these down here below:

✓
✓
✓
✓
✓

8) Relapse Prevention Plan

You have now completely filled in the workbook. The last step is to fill in the most important triggers, early signs, and actions in the relapse prevention plan: see Appendix 1 in this workbook. You can hang up this plan at home in a visible place. It is also useful to disseminate this plan among your network members. This way they too will be aware of the contents of the plan and the agreements associated with it.

Your relapse prevention plan is ready! However, be aware that you change over time, and that's why your plan will also have to change with you. That's why you should regularly take it out and look it over with your network members and your therapist to see if everything is current and if everything is included in the Relapse Prevention Plan. If it isn't, then explore what changes have to be made.

We wish you very much success with working with the Relapse Prevention Plan!
# RELAPSE PREVENTION PLAN

## Triggers:

- Ø
- Ø
- Ø

## Actions for triggers:

## Stages:

<table>
<thead>
<tr>
<th>Stages</th>
<th>Situation description/Early signs</th>
<th>Actions for the early signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Stable, describe how the situation is right now without relapse)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>(Slight)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>(Moderate)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>(Complete relapse)</td>
<td></td>
</tr>
</tbody>
</table>