


# Support Group Outline







*“Owning our story can be hard  
but not nearly as difficult  
as spending our lives running from it.*

*Embracing our vulnerabilities is risky  
but not nearly as dangerous as  
giving up on love and belonging and joy –  
the experiences that make us the most vulnerable.*

*Only when we are brave enough  
to explore the darkness  
will we discover  
the infinite power of our light”.*

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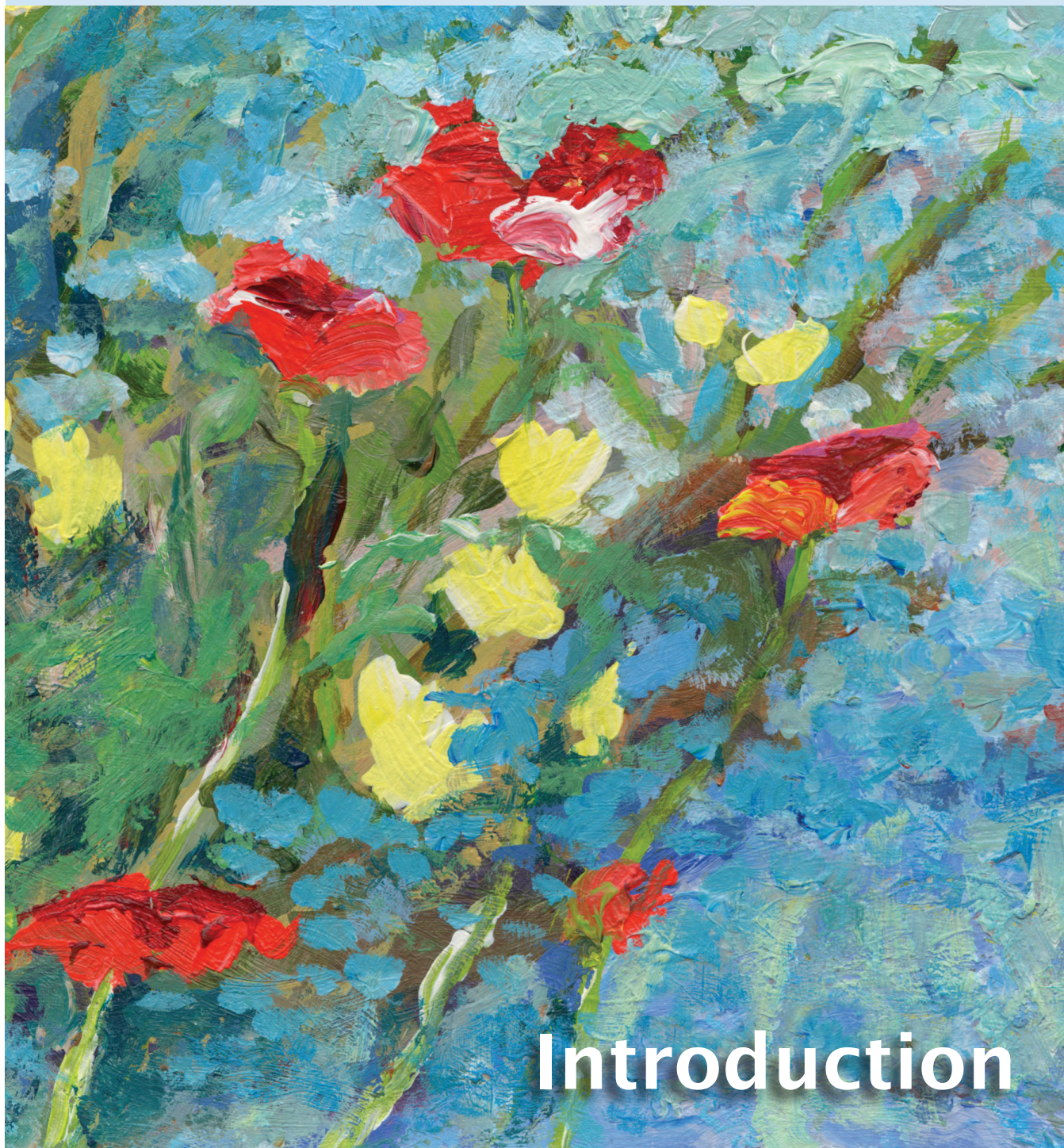


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# Introduction



# Campus Support Group

In this resource guide, session outlines highlight issues often seen within this clinical population. Our experts focus on four key areas: *Increasing Self-Esteem*, *Healthy Eating*, *Managing Body Image Distress*, and *Relapse Prevention*. Though designed as a short-term group, staff may consider implementing other topics (or extending the number of sessions) based on the specific needs of current members. Potential themes might include: *Maintaining Recovery on Campus*, *Assertiveness Techniques*, *Overcoming Perfectionism (CBT Skills)*, *Regulating Emotions (DBT Skills)*, *Navigating Relationship Issues*, *Dating Concerns*, *Trauma / PTSD Considerations*, and *Effective Stress Management Strategies*. For those considering these additional clinical areas, please review our resource section at the end of this manual. (Some materials are recovery-focused, while others are geared primarily for group leaders searching for skills-building exercises for the students in their care). We hope these recommendations will prove useful while preparing for your on-campus support group.

Establishing outpatient group therapy on behalf of your university counseling center can be a challenging endeavor. One primary goal will be to balance educational content with more process-oriented discussions. Become familiar with recently published research articles on group therapy, which can inform your clinical approach. (To learn more about group therapy theory and practice, click [here](#)). Reach out to colleagues at other institutions, to request copies of their support group materials. Also, for those who have considered sharing their own personal story within this setting, consult first with peers regarding the risks of doing so. Recovery presentations by co-leaders can be quite impactful, if clinically appropriate.

It is imperative for campus administrators and clinicians to focus on other aspects of group preparation, apart from determining format and educational content. Before the initial group, create a clear mission statement with specified goals and objectives. Establish a confidentiality policy and group guidelines, which can then be shared with members during their first session. It is recommended to have a seasoned clinician leading this group. For the co-leader role, perhaps consider a graduate student in training - undergraduates will appreciate the “Student Perspective”, and find the feedback offered by this individual relevant to both their personal lives and social environment. These staff members in particular could highlight how to balance academic expectations and prioritizing one’s emotional well-being.

The structure of your group will be dependent upon many factors. However, certain components have proven effective for most on-campus initiatives. In our experience, two 6-week group cycles per semester works well. This timeline gives students time at the beginning of the year to settle in and the ability to plan for an increased workload at the end of each semester (as well as a brief break between group cycles). In terms of length, 90-minute sessions provide space to both address a particular issue in depth and offer check-ins with each individual member. Finally, co-leaders should consider a closed group, which provides a setting for students to build trust with the group itself and one another, reducing the concern and anxiety that often arises when new members are brought into the group with limited notice.



# Campus Support Group

For those practitioners new to this therapeutic support, it can be a daunting task to address many of the challenges that occur during sessions. Co-leaders may be confronted with a lack of participation, certain individuals monopolizing the group conversation, and students in imminent crisis reluctant to enter higher levels of care. (Please refer to “Support Group Tips” on pages 8-9, for guidelines on addressing common challenges encountered in group therapy. And for assistance in effectively approaching students experiencing varying levels of distress, elicit colleagues experienced in group therapy to provide ongoing consultation and supervision). Another crucial area to consider and plan for involves termination - of the group itself, as well as with individual members. There is no set rule as to how this should be accomplished; however, this process should be reflective of the unique dynamics of your particular group. It is strongly recommended that clinicians fully understand the anxiety students might feel at this time, along with concerns of moving forward without the support of their peers and/or group leaders. Perhaps end your final session with a few questions: *How will you practice self-care and incorporate recovery-focused activities in the days and weeks ahead? What has been the most positive aspect of this peer group experience?* In addition, as clients leave this final group, share a printed list of updated resources on- and off-campus.

Within any group structure, one must also incorporate an evaluation component. Take time to speak with your co-leader about each of your experiences. Identify difficult group interactions and brainstorm alternative strategies to utilize when similar concerns arise. If group supervision is not available, request time during staff meetings to inform colleagues about your group, soliciting feedback on logistical or clinical concerns. With group members, request a brief exit interview utilizing open-ended questions to assess their overall therapeutic experience. During this meeting, determine if students feel comfortable with their current support system and provide on-campus referrals if requested. (Written evaluations can also prove useful in improving upon future group efforts).

Regardless of evaluation method, be sure to emphasize appreciation for participation in this group program as well as the impactful support these members have offered to their peers. It is important to note that although co-leaders are invested in reducing debilitating symptoms of anxiety, depression and eating disordered behaviors, emphasis must also be on showing students in a very genuine way that they are not alone in their struggle. Recognize that it takes immense courage to reach out and share one’s recovery journey with peers (and professionals). Incorporating these suggestions throughout group sessions will ultimately enhance each member’s overall satisfaction with this program.

After finalizing your on-campus group, turn to outreach efforts designed to advertise this resource to your student body. This may include: creating flyers and posters placed in one’s health center, counseling department, campus center, and/or recreational facility. Announcements in the school’s online newspaper, social media posts and notices shared with residential life staff are also common forums for group flyers to be shared. Don’t underestimate the importance of proactively promoting this initiative - pursuing all of these areas is crucial in creating an awareness of and interest in your upcoming support group.



# Campus Support Group

Research has clearly shown that support groups are often a critical component of any client's overall treatment plan. Ultimately, the primary goal of any group is to foster hope and instill faith in the fact that full recovery is indeed possible. For a wonderful recovery presentation by **Eliza Lanzillo**, *Program Director of Advocacy Initiatives*, please click [here](#). In this webinar, Eliza shares the "student perspective" about her lived experience of having an eating disorder while in college. Other speakers in this online training discuss the prevalence of eating disorders in university populations, risk factors, and evidence-based approaches for addressing eating disorders.

Hynes Recovery Services is honored to have some of the top eating disorder clinicians in the field share their expertise in order to create this **Support Group Outline**. Our team would like to personally thank the following individuals for participating in this important project: **Sherrie Delinsky, Ph.D.**, **Emily Gordon, Psy.D.**, **Valerie Gurney, Ph.D.**, **Caitlin Nevins, Ph.D.** and **Heidi Schauster, MS, RDN, CEDRD-S**.

For those utilizing this resource, be mindful of the following learning objectives: *learn how to prepare meals in advance if eating with peers and/or in environments which cause anxiety; understand the impact of cognitive distortions and strategies to overcome these negative thought patterns; become a critical viewer of social and media messages; identify internal criticisms and judgments; create affirming thoughts to combat negative self-talk; clarify motivating factors for maintaining recovery; identify warning signs of a slip and steps to take to prevent a full relapse; determine potential high-risk situations in the future along with effective coping strategies; and create an individualized strategic plan in addition to establishing both a personal and professional support system.*

It is our hope that this guide will enhance your group therapy program. Feel free to incorporate your own exercises throughout these group sessions. Also, take time to review the extensive list of books and workbooks our team has compiled, which offer detailed templates focused on areas of concern to students with body image and/or eating issues. Please don't hesitate to reach out if your campus would like some guidance with utilizing any of these support group materials.



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# Support Group Guidelines

For counseling centers, group sessions offer a cost-effective approach to providing students with resources and support. For students, groups can provide a safe, relatable space for them to share about their experiences and learn from others, helping them to maintain their recovery goals while on campus. Struggling with eating behaviors is often an isolating experience and groups offer an opportunity to decrease shame and increase self-esteem and validation around the unique challenges of managing eating disorder recovery as a college student.

Groups also present the unique challenge of balancing the needs of each individual student, while also supporting the culture of the group as a whole. Below, tips and suggestions are provided on how to lead and maintain a successful support group on campus.

**Group Accessibility:** Group accessibility pertains to addressing both the logistical factors of offering a group, and to more abstract considerations such as stigma and privacy. College students lead busy lives and may be more able to attend groups in the evening hours, outside of class time. The group title may also go a long way in ensuring students don't feel labeled. Group names that have "eating" or "disorder" in the title may be less appealing to students than group titles geared towards wellness or support.

**Group Guidelines:** It's important that group members and leaders all understand the guidelines and structure of the group. It is necessary to establish these expectations at the start of the group, but also to review the guidelines periodically. Examples of guidelines include respecting confidentiality, not talking over other group members, using respectful language, etc. Group structure may be more focused on the flow of each group session. For example, does each group member check in at the beginning or is this voluntary? Will the group discussion end 5 minutes early to leave time for review and agenda items for next week? As with all supportive services, the group may evolve over time, but it is helpful for each group member to understand the general guidelines.

**Check in Around Group Progress:** Group members invest a lot of time and energy into attending and participating in group each week. It is important to elicit feedback from group members around how they feel the group is going, what feels useful, and what may need to be changed. Use this information to help the group evolve and adapt to the needs of group members. For example, at some points in time group members may appreciate more didactic instruction around a certain topic, while other group cohorts may appreciate a more unstructured, supportive environment.

**Problem Solving and Validation:** Group members may be attending group for a variety of reasons and their needs are equally diverse. Establishing a healthy group environment often includes asking each group member what is helpful for them after they check in. When a group member shares about a difficult issue, it can be useful to ask whether they are looking for problem-solving feedback, or if they would prefer validation and support. These two types of responses are not mutually exclusive, but the student's response can provide useful information as to what they need in that moment.



# Support Group Guidelines

**Balancing Group Participation:** In any group, there will be varying levels of comfort around participation and being vocal in group. If a group member appears to be monopolizing the group conversation, it's useful to respectfully but directly shift the participation. Examples of how to do this are listed below:

- [Student name], thank you for sharing all of that. I'm wondering if any other group members can relate or have a different perspective to share?
- [Student name], can we loop back to this next point you've brought up, after we have had a chance to let the rest of the group members check in?

**Support Less Vocal Group Members:** Students can certainly benefit from group as a passive participant, listening and reflecting on the discussion independently. However, helping them build confidence in sharing can be a useful tool for learning to decrease isolation and connect with others. Examples of how to engage less vocal students are listed below:

- [Student name], I noticed you're nodding along. What are the ways you're relating to this topic?
- [Student name], we didn't get to hear much from you today. Can we make sure to start with your check in next week?

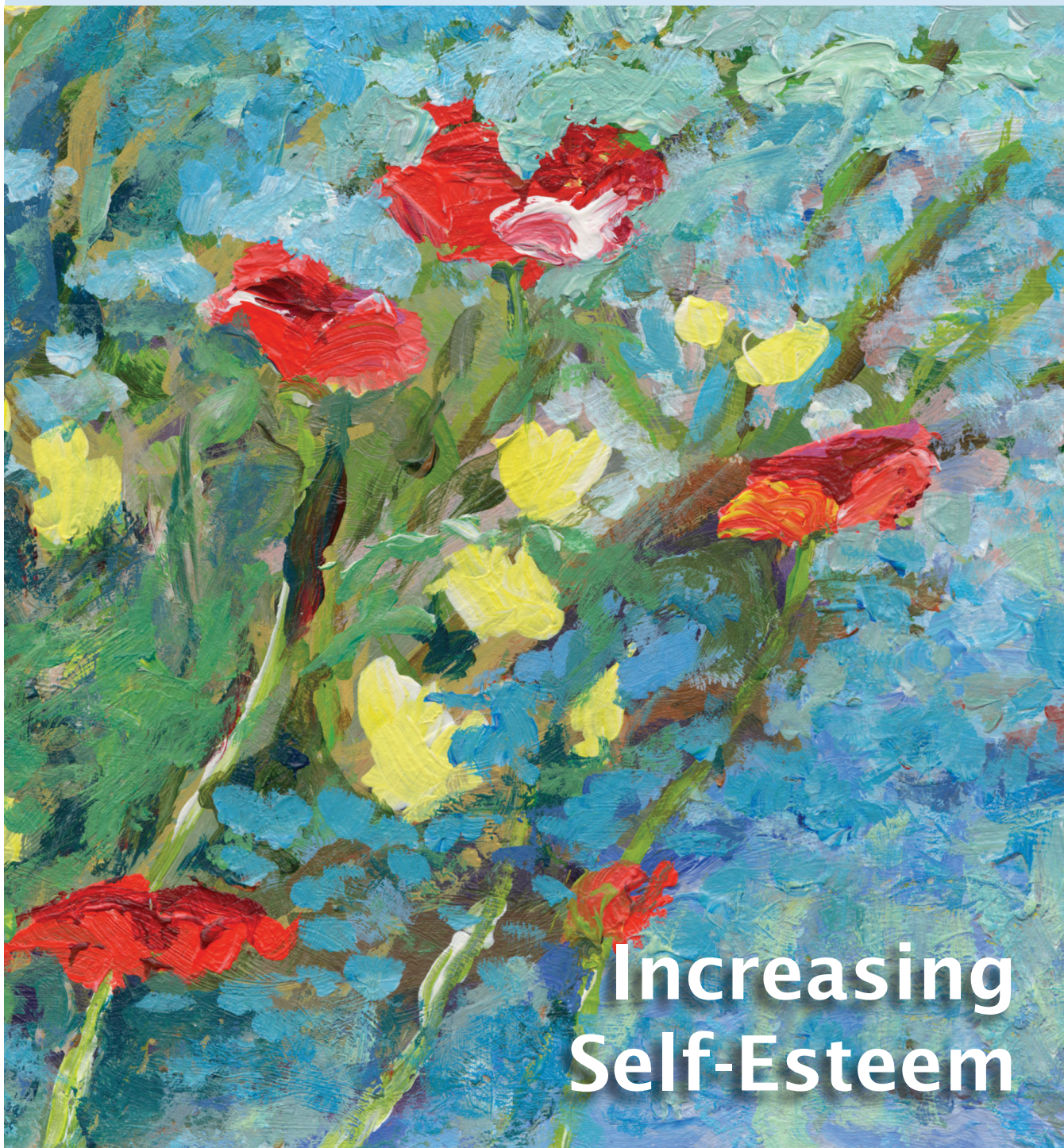
**Manage Conflict:** Ideally, group will be a safe space for students to express a range of emotions in a respectful manner. At times, frustration may be expressed towards other peers, treatment providers or the institution. In these moments, it's important to validate the student's feelings and ensure that they are reflecting on how they feel, rather than making accusatory statements. Identifying the student's experience can help shift from a place of blame to a place of validation and support moving forward.

**Encourage Connection:** Students struggling with eating behaviors are often concerned about sharing too much or acknowledging that they are struggling. An effective support group will provide a place for the students to feel supported by the counseling and connected with peers who share similar experiences. Having a safe space where students can be honest and open will increase the likelihood of them seeking additional support when needed.



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# Increasing Self-Esteem



## Poem

### Manifesto of the Brave and Brokenhearted

*There is no greater threat to the critics and cynics and fearmongers than those of us who are willing to fall because we have learned how to rise.*

*With skinned knees and bruised hearts; we choose owning our stories of struggle, over hiding, over hustling, over pretending.*

*When we deny our stories, they define us. When we run from struggle, we are never free. So we turn toward truth and look it in the eye.*

*We will not be characters in our stories. Not villains, not victims, not even heroes.*

*We are the authors of our lives. We write our own daring endings.*

*We craft love from heartbreak, compassion from shame, grace from disappointment, courage from failure.*

*Showing up is our power.  
Story is our way home.  
Truth is our song.  
We are the brave and brokenhearted.  
We are rising strong.*

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# Increasing Self-Esteem

Self-Esteem is a concept central to all human development and well-being. It can be defined as one's own sense of value, worth, and capacities. Self-esteem naturally grows out of our life experiences, and similarly, one's sense of self can influence both future experiences and our life circumstances.

Self-esteem develops because human beings possess the ability to be self-aware. And while self-awareness can lead to emotional growth and happiness, it can also lead to disappointment and/or dislike of oneself due to judgment and self-criticism (McKay & Fanning, 2000).

When an individual suffers from low-self-esteem, it can become more difficult for them to participate in various social activities, and to then feel good about participation in these activities. For example, when students don't have a positive view of themselves, it can be difficult for them to take risks in school and/or peer related activities. Furthermore, it can be quite challenging to be genuine, to express oneself and to stand up for one's own thoughts and feelings in social relationships. These challenges can have an exponential negative effect, in that low self-esteem can accompany life experiences, and then the negative internal attributions and conclusions can lead to even lower feelings of self-worth. This is one of the many reasons why it is so important to interrupt the negative-feedback loop that occurs in those with low self-esteem.

The college years can be a very exciting and dynamic time, yet also feel quite stressful. For many, the experience of leaving the safety and comfort of a known environment for a new physical and social surrounding can be quite challenging. In addition, social pressures and the academic stress of figuring out one's identity, as well as determining one's strengths and forging a clear path to success, can be significant.

Though living on campus surrounded by peers can often be affirming and empowering, this is not always the case. For certain students, the constant comparisons can prove difficult and be exhausting. Young adults in this unique setting (and the campus providers supporting them) must be vigilant to the fact that all of these amazing opportunities do not automatically translate into happiness and well-being. This is especially true for those students who are vulnerable to low self-esteem, resulting in a college experience that is too intense, leading to self-imposed isolation, and subsequent increases in feelings of anxiety and/or depression. It is well known that poor self-esteem often predates the appearance of eating disorder symptoms (Garner, Vitousek & Pike, 1997).

# Increasing Self-Esteem

Eating disorder behaviors can be a way for individuals to try to feel better about themselves when other more adaptive methods are ineffective. One particular challenge when trying to address eating disorder symptoms and low self-esteem is that often the weight control or behavior itself (restricting, purging, exercise, etc.) provides a source of positive self-regard. This means that as you are trying to decrease the eating disorder behavior, it is critical to understand the perceived benefit of such behaviors and work toward identifying other behaviors, values, and accomplishments that lead to a positive sense of self.

It has been shown that decreased eating disordered symptoms were correlated with increased self-esteem (Berg, Frazier & Sherr, 2009). This suggests that if we teach students skills to help improve their self-esteem, we can also be helping them to decrease their need for subsequent eating disorder behaviors.

For all these reasons, it is essential that any recovery-focused group include skills to build a positive sense of self. Students need specific strategies and skills to help decrease the need for eating disordered behavior and to allow them to work toward and then maintain their recovery and overall health.



**Emily Gordon, Psy.D.** is a Licensed Clinical Psychologist. She graduated from Northwestern University and then completed her Masters and Doctoral degrees at Ferkauf Graduate School at Yeshiva University. Dr. Gordon began her career as a post-doctoral fellow in the Child and Adolescent Program at McLean Hospital, where she then stayed on in a leadership role at the Adolescent Residential Treatment Center. Currently, she provides assessment and consultation, as well as psychotherapy services for individual clients and family therapy in her private practice in Natick, MA. Areas of expertise include: Eating Disorders, Body Image Concerns, Adolescent and Young Adult Development, Parenting, Anxiety, and Depression. Dr. Gordon enjoys teaching, speaking and providing supervision.



# Self-Esteem Group

**Text for Group Leader:** Today, we are going to talk about the concepts of Self-Esteem and Assertiveness. You may hear these words a lot, but we want to make sure we understand exactly what they mean and how important they are for recovery. We are also going to work on identifying our internal negative and critical voices and try to create kinder, gentler ways of talking to ourselves.

**Note:** There are many options listed below for talking points and specific exercises. Depending on the time-frame for your group, the number of groups you have available to you, and the group dynamics of the particular group members, you may want to select certain items to focus on or begin with. I recommend you read through the materials before the group begins to decide how best to proceed.

## Definition

Ask the group, *What does it mean to have high/good self-esteem?* - Write the responses on the board and then identify one summary statement that includes all the responses from the group. This will be the “group definition” for self-esteem moving forward. Then ask, *If we agree that self-esteem is essential for recovery (which it is!), how then do we work on improving self-esteem and ensuring that we all view ourselves in more positive ways?*

## Identify Goals/Values

Ask group members to consider what kind of person they want to be. For example, you might say: *What do you hope to accomplish in life?* - Once members have pondered this question and shared some of their thoughts, then ask: *How does your size/appearance impact (or not impact) these goals and values?* - They can either answer these questions verbally, or write their responses down on a piece of paper.

## Identify Strengths/Assets

Ask each group member to create a list of genuine strengths and other positive characteristics. (NO criticisms). Encourage students to consider what others who know and love them would say, how they might be viewed by friends and loved ones. If this proves too difficult, suggest that they start with a close friend or loved one and create a list of that person’s strengths and assets, and then they can “pretend” they are that person and are asked to come up with this list for themselves.

# Self-Esteem Group

## The Negative Critic

Unfortunately, many of us struggle with an internal critic. It is all too easy for the judgments we have of ourselves and even our day-to-day, moment-to-moment self-talk to be harsh and critical. Often we do not realize how fast and negative our internal dialogue can be. Although it can be very difficult to feel good about one-self and work toward recovery from an eating disorder with this ongoing negative monologue, it is imperative that we address this negative self-talk and learn kinder, more positive ways of talking to and seeing ourselves.

**Note:** In the second edition of *Eating Disorders: The Journey to Recovery Workbook*, authors **Laura J. Goodman** and **Mona Villapiano** address this topic in “**The Power of Positive Self-Talk and Affirmations**” (pages 92-94). Group leaders can either share a printed version of this outline ahead of time or they can work on this exercise in session. Either way, after introducing the topic, providers can ask students to share some of their responses with their peers which will be highlighted on a white board for all members to consider. (It is likely many group members will share similar thoughts and identify with peers in regards to holding such a negative view of themselves). Once this section is completed, co-leaders can then focus on reframing the negative thoughts shared and/or identifying new affirming statements for each student.

## Self-Compassion

One alternative to negative self-talk is self-compassion. Self-compassion can help us be more kind, caring and forgiving toward ourselves, and it can also help us be less fixated on our perceived failures, imperfections and self-criticisms. For those of us who are not used to being kind to ourselves, it can take a little time to practice and learn this skill, but I think we can all agree that a little caring and kindness can't hurt!

## Assertiveness

Behaving in an assertive way involves self-awareness. You need to know how you think and feel and to not have any negative judgments or criticisms of yourself. When people are able to act in assertive ways, it can lead them to feel good about either their own behavior, the potential outcome of the situation or maybe even both! In other words, assertiveness can - and often does, lead to positive self-esteem.



# Self-Esteem Group

## **Assertive behavior can be defined as:**

- Expressing your feelings clearly and directly
- Asking for what you both need and want
- Balancing your own rights with the rights of the other person
- Not hurting others while doing the above

## **Aggressive behavior can be defined as:**

- Loud and/or violent ways of expressing feelings, especially anger
- Dominating others while attempting to get one's own needs met
- Ignoring the rights and needs of other people in the process

## **Passive behavior can be defined as:**

- Not directly expressing feelings of anger or anything else
- Denying your own feelings and needs while often times prioritizing the needs of others

## **Assertive Skills:**

### **I-Statements**

This entails expressing feelings and needs clearly. For example, complete the sentence below:

"I feel \_\_\_\_\_ when you \_\_\_\_\_. I would like you to instead \_\_\_\_\_."

### **Broken Record**

This approach indicates calm persistence (calm, monotone repetition of what you want, need or feel). There is no increased volume or physical gestures.

### **Mantras**

With this approach, take deep breaths, and repeat a mantra to say over and over again in your head that is personally affirming. For example: "I am entitled to feel this way (ask for this)".

**Note:** To practice and reinforce assertiveness skills, try a few different exercises. As a group, members can create a list of situations which establish the need for assertive behavior, and ask for brave volunteers to act out a role play utilizing these skills. Or, break the group up into smaller sub-groups, asking them to both come up with their own examples of challenging situations, and practice using newly acquired skills in order to increase confidence in their daily lives when stating their needs. When the group is back together, elicit reflections from all members on what it was like to do this exercise and what they may have learned from this experience.

# Self-Esteem Group

## Summary

As a group, we have now completed the part of the group that focuses on self-esteem. Can we summarize the skills we learned in order to be less negative and critical toward ourselves, more compassionate toward ourselves and others and more assertive in our behaviors?

Ask group members to answer the following two questions:

*Which strategies we've discussed will be most relevant and helpful to you?*

*What are some potential barriers to utilizing these assertive techniques and how can we manage these challenges?*

Please remember, these concepts and skills can be used anytime and anyplace, as positive self-esteem is always an important component of overall well-being.

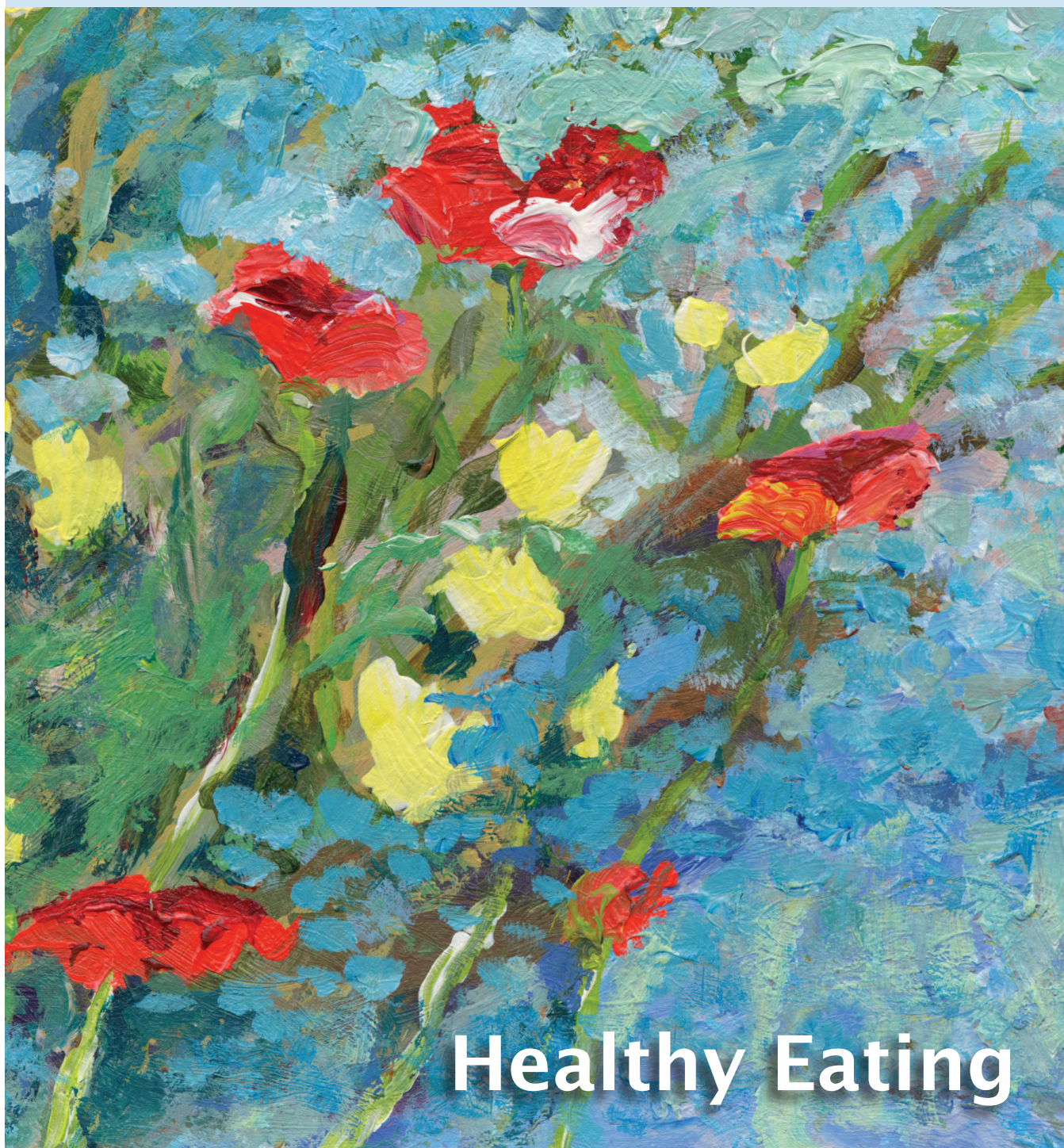
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# Poem

## The Hunger

*I'm weary of filling the void in my life, anxiety is devouring my soul  
I numb myself from hand to mouth the hunger is taking its toll*

*But if I stop to see who calls will fear have locked the door?  
Where is the key to that part of me that knows life is so much more?*

*It's buried deep as deep can be beneath the layers of pain  
My inner light is barely bright for my heart is drenched with rain*

*We all have our methods of coping - we all have our weapons of choice  
If we cast them aside and get off the ride can we free our inner voice?*

*We have much for which to be grateful, yet at times it seems we don't care  
Our inner berating and self-medicating consumes us with despair*

*We cannot fight this battle alone or we're sure to lose the war  
If we retreat we're admitting defeat without knowing what it was all for*

*If we close our eyes and open our minds we'll open ourselves to joy  
And bit by bit without knowing it, ego we'll start to destroy*

*And as its hold on us loosens, so do the knots it has tied  
And so we'll find as our truths unwind we no longer need to hide*

*We'll be free to shine for the world to see, free to live our dreams  
Forever we'll know that whenever we go, it's never as dark as it seems*

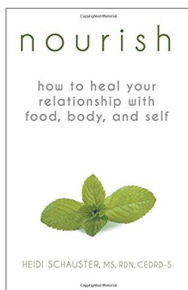
*If we reach out a hand will help us, if we speak our call will be heard  
Amazing grace puts us back in the race we have only to say the word*

*We all have a flame within us, though at times we don't always see  
That spark of life between joy and strife is what's joining you and me.*

**Margot Sampson**

# Healthy Eating

For group leaders interested in incorporating a “nutrition” group into their curriculum, one option can be to share the **“Ten Tips for Managing Your Eating on Campus”** found on the opposite page. Start by initiating an open discussion on the “tip” that seemed the most challenging to each of the group members. Having students share strategies that have helped them manage challenging situations can be very powerful, providing hope that these dining experiences can be dealt with, and in time, become enjoyable experiences. Also, it is important to dispel many of the myths that exist in this area as there is an abundance of misinformation online and in nutrition related books. Providing a list of blogs, websites and other resources that you’ve found useful for the college student population will help them maintain their healthy eating on campus and for the rest of their lives. (For further information on the most up-to-date information regarding nutrition, healthy eating, and other related topics, please see the resource below).



The ten chapters or “Steps” of *Nourish* are not meant to be linear. I’ve put the Steps in a certain order because it’s a progression that made sense to me and that seems to play out in my work with clients. They were certainly cornerstones in my own journey and for many who consider themselves to have worked on and obtained a healthy relationship with food. It doesn’t mean that we don’t struggle with self-compassion or body acceptance anymore. It means that we have ways to deal with issues when they come up instead of restricting, dieting, or overeating. It also doesn’t mean that we never under- or overeat. We sometimes eat mindlessly or in an un-attuned way. When we do, we get curious—not critical—about it. We notice it happening, check in, learn from the episode of unhealthy eating, and ultimately let it go.

The first chapter or Step 1 involves ditching dieting: The important foundational step of intuitive eating. Step 2 is about body acceptance. We will delve into the research-supported world of Health-At-Every-Size® (HAES®) and bust up the weight-loss mindset that so often wrecks our eating and takes us away from caring for our bodies well. Step 3 is about developing awareness of our relationship with food, and its challenges, before trying to change anything. Step 4 is about body trust. I describe mindfulness and practices for tuning in to hunger and fullness, and I discuss the role meditation can play in this process. Step 5 is a “meaty” chapter about mindful eating choices and nutritional common sense. Step 6 invites you in to conscious, joyful movement of your body. Step 7 delves into the Acceptance and Commitment Therapy (ACT) principle of values clarification. We will look closely at universal human needs and how we nourish our souls. Step 8 encourages us to build sustainable self-care practices and deal with stress. Step 9 involves developing a self-connected eating style. In this chapter, I’ll talk about questions that often come up in my practice around vegetarianism, gluten, other food sensitivities or allergies, food addiction, and “clean” eating. Lastly, Step 10 encourages you to know the company that you keep and build a tribe of support around you during the healing and growing process.



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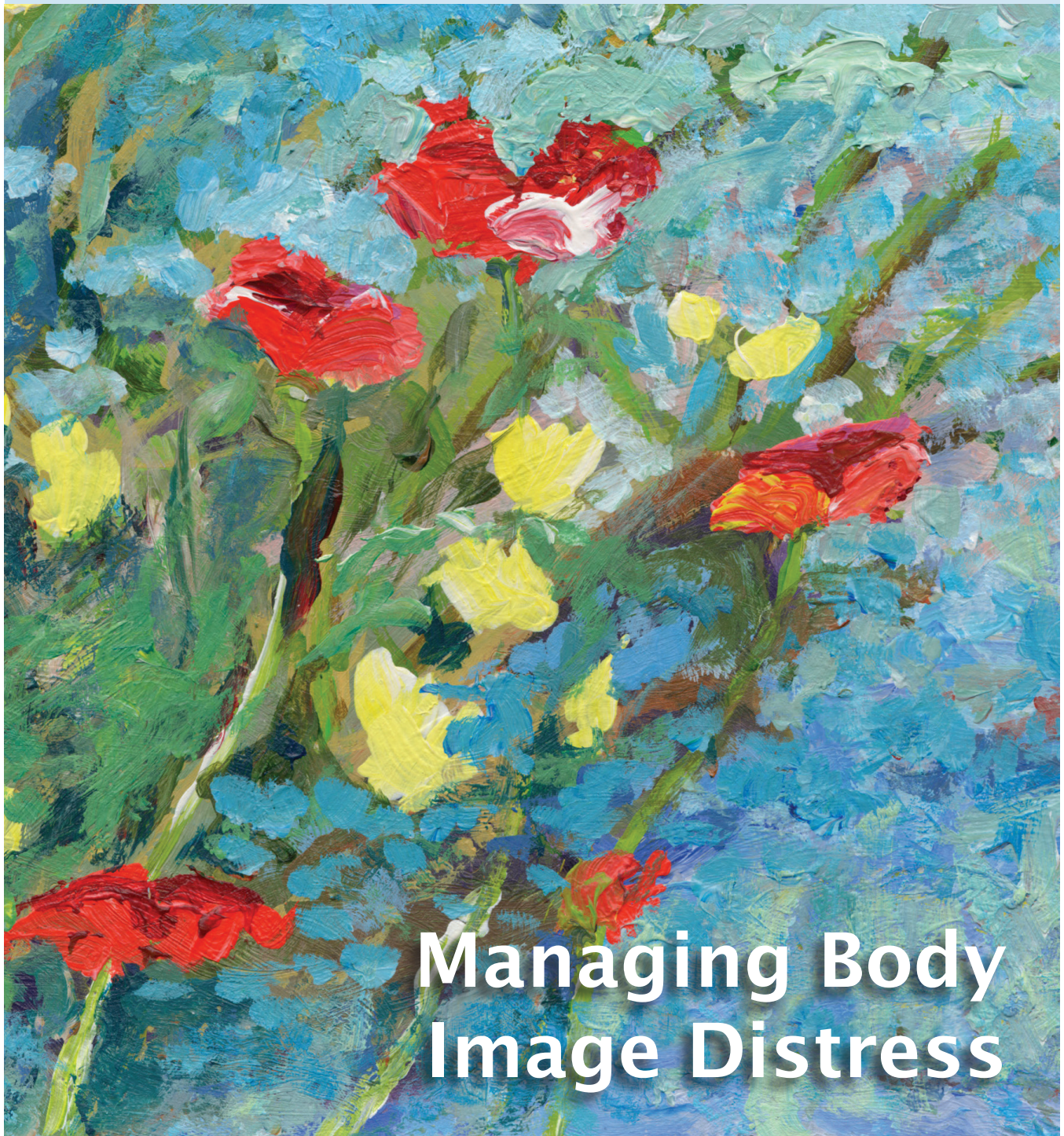


# Ten Tips for Managing Your Eating on Campus

- **Eat regularly.** College students are notoriously erratic in their eating. Some may be able to do this without much consequence. However, if you struggle with disordered eating, not eating regularly can send you into a tailspin of over- or under-eating.
- **Breakfast isn't optional.** Waiting too long before you eat your first meal of the day can lead to an early-day blood sugar crash that can be almost impossible to recover from as the day goes on – and can potentially set you up for rebound overeating later in the day. Even if you have to keep some breakfast food in your room, or eat on the run, don't skip this important meal.
- **Watch out for dining hall pitfalls.** The all-you-can-eat buffet style meals can be overwhelming and hard for someone with disordered eating to navigate. Until you have the skills to be spontaneous and balanced with this type of eating, plan out your meals so that you know what you are going to eat before arriving at the dining hall. Being prepared can often prevent anxiety around your upcoming meal.
- **Be mindful of fast food.** It's common for college students to rely on fast food to fill gaps in their eating, especially if they are up late studying or socializing. Don't let this be an excuse to undue your recovery work. Balance and moderate eating is an important approach to eating in this campus environment.
- **Exercise moderately.** "Moderate exercise" varies for the individual, whether you are a casual mover or a collegiate athlete. When you find that you can't take a day off or you exercise even when your body says it's too tired, then there's a good chance that you aren't exercising at a healthful level.
- **Think carefully about whether to have food in your dorm room.** If you struggle with binge eating, having extra food around could be challenging. Ask yourself if you might find yourself binging more with lots of food nearby. Conversely, having food in your dorm room could also be helpful and keep you from feeling deprived. Perhaps having a snack before you dine out with friends could prevent the overeating that often occurs when you go out very hungry.
- **Choose your dining friends wisely.** If you struggle with eating, it may help to have an encouraging, non-judgmental friend with you at meals (carefully consider which friends and roommates make you feel most comfortable during mealtimes).
- **Beware of alcohol and other substances.** Not only can these possibly derail your progress around eating, but they can have dangerous and mood-altering effects that hamper your overall recovery and sense of well-being.
- **Listen to your body.** This requires extra effort when eating in communal spaces. If you find that it's a challenge to eat a balanced, healthy meal with friends, find a quiet space to eat on your own. Take good care of yourself first, and work toward being able to eat socially, if you need to. Practice the skills of listening to your hunger and fullness. If you need help, ask a registered dietitian who specializes in eating disorders to assist you with this important skill.
- **Request help to stay on track with eating.** Again, if you find yourself struggling with your relationship with food and your body, a registered dietitian/nutrition therapist can provide varying levels of support. It's particularly important to find a nutritionist who understands and works with eating disorders. In addition, having a treatment team of supportive professionals nearby (therapist, nutritionist, medical doctor, etc.) can help you navigate the challenging environment that is campus living.

Heidi Schauster, MS, RD, CEDRD-S  
Registered Dietitian in Private Practice





# Managing Body Image Distress



# Poem



## Reflections

*What if our reflections  
Really aren't what they seem?  
What if they're the guardians of  
A mirror's dangerous dream?*

*What if our reflections  
Protect us from our very eyes?  
Maybe they hide our true faces  
And all we see are lies.*

*What if our reflections  
Only show us what we want?  
What if, underneath we're not so good,  
And our face is just a front?*

*And what if our reflections  
Skipped and took off for a day?  
Maybe then we'd accept our own unique beauty  
And stop hiding behind a cliché.*

**Grace Dockstader**



# Body Image

Body image is a multi-dimensional subjective experience, comprised of perceptual, affective, cognitive and behavioral dimensions. (These dimensions will often interact and influence one other). Our perception is based on the mental images we have of our appearance, as well as the sensations of being in our bodies. Sometimes our perception is accurate—that is, our mental image matches up with the reality of our appearance and how others perceive our appearance—but sometimes it is distorted and we see something very different from what others see. When perception is distorted, we may overestimate our overall body size or size of body parts or evaluate our bodies differently than others—usually more harshly or with a magnified focus.

The feelings associated with body image can run the emotional spectrum, but in body image disturbance, they tend to take the form of shame, disgust, fear or sadness. Such feelings may be a constant backdrop, causing significant distress and preoccupation. Cognitions are beliefs about our appearance (e.g., “being too big or round”), as well as about the meaning of our appearance (e.g., “therefore, I am unacceptable or worthless”). In body image disturbance, individuals tend to equate appearance with overall self-worth. Consequently, if these individuals are dissatisfied with their appearance, they are dissatisfied with themselves as a whole. This is one of the defining characteristics of clinical body image disturbance which differentiates it from “normative discontent,” the typical dissatisfaction women feel about their “flawed” bodies.

Finally, behavioral aspects of body image involve excessive checking and body avoidance. Body checking can take many forms, such as weighing, measuring, pinching, or looking in the mirror. Body checking is driven by the desire to get information or reassurance about one’s appearance or body size in an attempt to alleviate anxiety. On the opposite end of the spectrum is body avoidance, which involves avoiding exposure (of the self or others) to one’s appearance, through wearing baggy clothes, avoiding mirrors, not being touched, etc. The purpose is to avoid upsetting information about one’s appearance or body size and is fueled by dissatisfaction and the sense that one’s body is unacceptable. Both body checking and avoidance are common in individuals with body image disturbance and part of a cycle of distress and preoccupation.

Body image disturbance can negatively impact one’s life in myriad ways. First, it is linked to negative emotions such as self-consciousness, shame, and sadness, and can contribute to clinically significant anxiety or depression. Second, body image disturbance can be very preoccupying and distract from focusing on other topics, which can result in educational or occupational impairment. For individuals with body image disturbance, thoughts about appearance persist throughout the day and might detract from concentration or enjoyment of everyday activities. Further, such individuals may avoid important recreational activities such as exercising with others, heading to the beach, clothes shopping, etc., or endure these activities with much distress because of their extreme self-consciousness and self-criticism. In extreme cases, individuals will diet or restrict their eating significantly, or perhaps engage in other disordered eating behaviors such as excessive exercise, purging, diuretic or laxative abuse - all in an effort to “fix” their appearance.

# Body Image

Body image concerns require intervention when the distress is so extreme that it negatively affects mood, quality of life, or causes impairment. This is qualitatively different than the typical woman's dissatisfaction, which is usually comprised of fleeting concerns and desire for a "better body."

Questions to ask are: *How miserable do you feel about this?, How much of your day does this take up?, How would your life be different if you felt better about your body?, What things do you avoid or endure with distress because of how you feel about your body?, What behaviors do you engage in to try to improve your body?, and How much has your weight or shape influenced how you feel about yourself as a person?*

Two issues should be highlighted about body image concerns among college students. First, body image disturbance is a risk factor for the development of an eating disorder, such as Anorexia or Bulimia Nervosa. Eating disorders typically start in adolescence, so college is a high-risk period, and body image disturbance and related disturbances should be evaluated and monitored closely. Second, the college environment in particular may promote body image disturbance. Female students may feel overwhelmed by comparisons to each other and may attempt to deal with the stress of college by focusing on an aspect of their lives and identities that they feel they can "control" and "improve", namely, their bodies.

As for clinical approaches to work through these concerns, cognitive behavior therapy has empirical support as an effective treatment for body image disturbance, both among individuals with eating disorders and BDD, as well as individuals without diagnosed disorders. Cognitive behavior therapy can also be applied in a self-help format (e.g., a self-help workbook) or delivered as part of group or individual therapy. This intervention can be very effective in helping to improve one's overall body image.



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# Body Image Group

The following outline provides a cognitive-behavioral approach to improve body image. There are topics for discussion and exploration as well as directed activities for students to practice on their own. The focus is on the “here and now” and ways to feel better about and be more accepting of one’s body as it is. There are eight components to address within this group: ***Perceptual Distortion, Body Avoidance, Clothing, Body Checking, Body Comparisons, Cognitive Distortions, Body Ideals, and Promoting a Positive Relationship with Your Body.***

**Perceptual Distortion:** Perception refers to how you picture your body, what you see when you look in the mirror or at photographs of yourself, and the experience of being in your body (the space you take up, your body composition, etc.). In subsequent sections, the processes that promote perceptual distortions (such as selective attention) will be explained. In this section, let us explore how you might experience perceptual distortions.

- *Do people say that you look different than you think you do?*
- *If so, are there any common themes? What do they tend to say? Could there be any truth to what they are saying?*
- *Are you surprised to see how you look in photographs?*
- *Are you surprised to learn that something fits you that you didn’t think would?*
- *Are you surprised to learn your size relative to someone else?*
- *Have you ever caught glimpses of yourself and thought, “I don’t look like I thought I did or as big as I imagined.”*
- *Have you ever had any other experiences that suggest your perception of your appearance differs from how others likely see you?*

**Body Avoidance:** With regards to this component, consider the following:

- *What activities, clothing, people, or places do you avoid because you feel self-conscious about your body?*
- *How does it feel to avoid? (Think about this in relation to short and long-term consequences).*
- *What are the functions of avoidance? (Although avoidance might alleviate the immediate anxiety, it also perpetuates future feelings of anxiety and preoccupation). Share examples of how avoidance operates in your life and also what it allows and/or doesn’t allow.*

Explain the alternative to avoidance. Yes, this is exposure! And it works via habituation, a natural reduction in anxiety over time, which students can graph in order to view their progress. Have members create a graph of their habituation experiences (i.e., the experience of acclimating to anything that was scary or overwhelming at first, such as driving on the highway, sleeping away from home or anything else that once provoked significant anxiety which they have “gotten used to” or “overcome”). Reflect on how this process occurred.

**Research has shown that the solution to body avoidance and its associated distress is gradual, systematic exposure.**



# Body Image Group

**Exposure assignment:** Identify one item of clothing (e.g., shorts, fitted jeans, tank top) that you avoid wearing and would probably be a “50” on a scale of distress (1-100, with 100 being the highest level of anxiety). The goal of this activity is to wear the item, and then mindfully observe your anxiety level over time.

Questions group leaders can pose to student members:

- *What was it like to wear the article of clothing you had chosen?*
- *Did your anxiety go up or down over time?*
- *What about when you wore it a 2nd, 3rd, or 4th time?*
- *Overall, what did you learn from this exposure?*

We often need repeated practice to become comfortable with a difficult exposure. With this in mind, ask group members:

- *What exposure goal can you set for yourself this coming week?*
- *How can you challenge thoughts that might get in the way?*
- *How can you reward yourself for doing this difficult, but important task?*

**Clothing:** Having clothing that fits your body as it is and makes you feel good about yourself (rather than feeling like you need to hide yourself) goes a long way toward body satisfaction. To support yourself in this situation, take time to think through the following:

- *Are there items which you avoid wearing that you need in your wardrobe (e.g., jeans, because you’ve only been wearing leggings or pants with elastic waistbands?).*
- *Do you need clothes that fit you better right now (versus lots of stuff in the closet that is not quite the right size)?*
- If you answered yes to either of the two questions above:
  - ◇ Set a goal for one item you specifically need at this time (e.g. bathing suit).
  - ◇ Identify a store (or several stores) that you’ve done well in, when selecting clothes to supplement your wardrobe.
  - ◇ Shop with a support person who is unlikely to make negative comments during this shopping excursion.
  - ◇ Aim to find items that fit comfortably (not constricting/tight, but also not too baggy).
  - ◇ Bring multiple sizes into the dressing room so one ill-fitting item doesn’t create additional distress. Wear or try on nice complementary pieces (e.g., top/shoes - so you can look at the “whole picture” of the new outfit rather than focusing too much on one particular item).
  - ◇ Avoid reassurance-seeking from your support system. (i.e. “*Do I look fat in this outfit?*”).

Create a hierarchy for wearing this new item (perhaps new jeans first with sweater, then with loose-fitting top, then with regular top, etc.). Be open to positive feedback! Also, don’t argue or minimize compliments from others.

# Body Image Group

**Note:** Oftentimes, there are several pieces of clothing in our closet that either don't fit properly or make us feel badly when wearing them. For example, when you see certain items, it's possible you are thinking, "If only I could wear that and look good.". If so, it might be time to donate these particular items. If you have misgivings because of the financial investment, remember that feeling comfortable with yourself is priceless, and no item of clothing is worth the stress of dealing with this upsetting situation.

**Body Checking:** For many students with body image concerns, body checking can be a time-consuming and distressing experience. To address this issue, create a list of these types of behaviors which have been most problematic for you in the past. Some common behaviors in this area include: repeated weighing, frequent mirror use, reassurance-seeking, trying on special clothes, repeatedly comparing yourself to "perfect-looking" person, etc. Indicate how often you engage in these checking behaviors (always, sometimes, rarely, never). Then, ask the following questions:

- *During periods of body checking, what are you trying to determine from these behaviors?*
- *How often do you check physical features you either like or are neutral about? (Is it less often than the checking of your "negative" parts?).*
- *Does checking make you feel better? If so, in what ways?*

What is the relationship of body checking to self-esteem for you? For most individuals, research shows that body checking is associated with lower self-esteem and more eating disordered behaviors. (The impact of body checking is so powerful that when women in an experiment were instructed to scrutinize disliked body parts for 15 minutes, they reported subsequent feelings of "fatness", self-critical thoughts and/or body dissatisfaction).

Throughout this exposure activity, consider the following:

- **Selective attention:** Paying more attention to certain features while simultaneously ignoring or overlooking other features – this leads to a change in perception.
- Research shows that women dissatisfied with their appearance spend much more time looking at their self-perceived "negative" features than women who are satisfied with their looks.

Research shows that we cannot detect changes in an object due to overactive top-down processing, so this constant checking yields no new, useful information. If checking is an issue for you, how can you reduce this behavior?

- **Remove Opportunities:** Put away the scale, discard clothing that no longer fits comfortably, and/or move the full length mirror out of your bedroom.
- **Reduce and Limit:** Only allow 3 outfit changes when getting dressed and/or 5 minutes in front of the bathroom mirror to check on your outfit. Also, it might be helpful to set some other guidelines to follow which will also minimize distress.
- **Delay Rituals:** Attempt to delay these behaviors until later and see if the urge decreases after about 15-20 minutes without checking your appearance.
- **Distract:** Do something enjoyable to get your mind off of the checking urges, possibly something that uses your hands if you tend to pinch or poke parts of your body.

# Body Image Group

Make a firm commitment to reduce body checking. Keep track of your progress and how it might have impacted your body image and level of self-esteem. Utilize the strategies just mentioned and know that it is possible to alter your behavior and is well worth your efforts!

**Body Comparisons:** Body comparisons are a specific form of body checking. In this group today, we will generate ideas of who you typically compare yourself to (e.g., friends, peers at school, teammates, students at the local gym or on the street, work colleagues, etc.). Then, we will ask you to consider the following:

- *Is this a representative sample of your age/gender, or are they a select/atypical group?*
- *Is it possible this sample is biased in some way? If so, in what ways?*
- *Do you compare yourself mostly to very thin, young, or overly attractive people? Also, do you notice or make comparisons to those who do not have these specific attributes? If not, why not?*

Remember, women (in particular) with body dissatisfaction typically compare themselves to other women that they perceive as “better” in some way - rather than with those who seem to be satisfied with their bodies and overall appearance. (This is known as upward comparisons). Think about how you use social media for comparing yourself to others (Facebook, Instagram, Tumblr, blogs, etc.). *Who do you tend to look at? What conclusions can you draw from these comparisons?*

Research also indicates that after viewing social media like Facebook, people tend to feel worse about themselves (lower self-esteem) and find themselves in a more negative mood state. These negative effects of social media become more significant in relation to how compulsively people use it (i.e., those that are “addicted” feel the worst about themselves). Remember, individuals are very selective about what they post (presenting themselves in the best possible light). Do you see others highlighting their low moments? Probably not! Social media has become a hall of mirrors, and it is impossible to know what’s real and what’s more of a perceptual distortion.

It’s also important to pay attention to how you assess other people versus how you may judge yourself. *For example, if you look at photos of others (fashion models or friends), what are the first 5 things you notice or pay attention to? / Do you look at overall appearance or specific body parts? / Do you assess them in the same way you assess yourself (intense scrutiny versus brief glance?)*

Individuals with body dissatisfaction tend to make more superficial and less critical judgments of others (i.e., not finding the flaws in others). Notice the impact of comparisons. *How do you feel afterward?* If worse, this is likely because the way you compare makes you perceive yourself as less attractive than you really are, while the way you see others renders them more attractive.

What can individuals do about body checking, if it’s a common experience for them?

- Make a goal to stop (or reduce) comparing!
- Reduce bias: Broaden the types of people to whom you compare yourself.



# Body Image Group

Those with higher self-esteem tend to make downward comparisons (i.e., they notice when they are doing better or compare favorably to others; this is protective to one's self-esteem). If this occurs, try one of the following activities: 1) Start picking a more random sample of people to compare yourself to (e.g., 10 people next to you on the train); 2) Compare yourself on other attributes on which you might excel more than your peers. Remember, no one is perfect.

**Cognitive Distortions:** As we travel through life, we encounter numerous ambiguous situations. In order to make sense of them, we make interpretations and “fill in the blanks”. This is often an automatic process, and most of the time we aren't even aware of what we are thinking. Here is an example: You are walking down the hall and see a male acquaintance. You make eye contact and say hello, but this individual does not reciprocate. *How do you feel? What are you saying to yourself?* If you are thinking, “Gee, I wonder what I did to make him dislike me?”, you might be a bit upset. However, if your interpretation is less personal and somewhat negative, your response might have been: “Hmm, I wonder what's going on with him today.”. This scenario demonstrated that our thoughts and interpretations of ambiguous situations have very powerful effects on our emotions. And most of this happens outside of our conscious awareness. Sometimes we get into bad habits with our thoughts. That is, we tend to interpret things negatively (“this is disastrous”), personally (“because of me”), and/or globally (“and it will always be like this”). Cognitive Distortions are ways of thinking that misconstrue evidence or distort the realities of situations, usually reflecting biases in how we process information. Below are some common appearance-related examples:

**All-or-Nothing Thinking:** You see yourself as either a model or a monster. If any part of your body falls short of perfect, you see your entire appearance as totally unacceptable.

**Handicapping:** You tell yourself that you literally cannot do something (e.g., wear a bathing suit) because of a perceived flaw in your appearance.

**Magnification:** You exaggerate the importance of a single body part and focus with “tunnel vision” on its perceived defectiveness.

**Fortune Telling:** You anticipate that, due to some perceived flaw in your appearance, things will turn out badly for you in the future.

**Mind Reading:** You arbitrarily conclude that someone has a negative view of your body, even though you have no way of knowing what that person really thinks.

**Personalization:** You view a perceived defect in your appearance as the cause of a negative event, even though you have no way of determining the actual cause.

**Discounting the Positive:** You reject positive aspects of your appearance because they “don't count” or don't seem as important as your perceived flaws.

**Emotional Reasoning:** You assume that if you “feel fat,” then you are fat.

# Body Image Group

**Therapeutic activity:** What are some things you say to yourself about your appearance? If it is hard to choose a theme, pick something recent or a time that stands out because you felt particularly bad about your appearance.

- *Can you identify the cognitive distortion?*
- *What is the evidence for and against this belief?*
- *Would you have this same thought about a friend?*
- *Is this thought 100% true, 100% of the time?*
- *Can you view this on a continuum (rather than on an “all or nothing” basis)?*
- *Can this perceived flaw be rephrased in a more neutral way?*
- *Are you tending exclusively to upward comparisons?*
- *Are you overlooking positive aspects of your appearance, or other positive non-appearance-related talents that you have?*
  - ◊ *Can you try this out and see what happens? Check the possibility that your negative prediction does NOT come true. If the thought still “feels true...” - how will believing this thought affect your life? Does your belief in this thought create a self-fulfilling prophecy?*

Remember, there are certain beliefs that research shows don't hold water: Shockingly, thinness and happiness are NOT actually correlated. Copious research proves this, despite what many people assume. The thin ideals you may believe are universal are actually not universal. There is much research showing that men's preferences for body ideals are not nearly as thin as women predict; similarly, there is much cultural and historical variation in ideals. Give this some thought!

**Body Ideals:** A lot of times we feel badly about our appearance because there is a discrepancy between our perception (how we think we look) versus our ideals (what we think we should look like). Consider the following questions:

- *Where do the “shoulds” come from? (Media? Friends? Parents / Siblings?)*
- *Who sets the standard?*
- *What are the sources of your ideals?*
- *Have societal standards changed over time?*
- *Have your standards changed over time?*
- *How realistic is the media ideal? (Remember this statistic: The average fashion model is thinner than 90% of women and meets criteria for Anorexia Nervosa).*

# Body Image Group

Most images we see are altered (even non-professional images). *What specific aspects of photos online do you imagine being photoshopped? How is this related to beauty ideals?* (Note that not even all models meet the beauty ideal).

Also, messages that “thinner is better” are pervasive! Look through magazines (People, Self, Shape, Glamour, etc.) and find:

- Probable airbrushing
- Underweight models (whose body mass index is likely <18.5)
- Weight loss promotions

*How can you interact with media in a healthier way?*

Avoid looking at celebrity weights, diet and exercise tips, and other weight-focused information. Remember a lot of this activity just keeps you locked in a cycle of comparisons and preoccupation. Instead, read articles that have actual content, are positive in tone, or have educational value (even if education is about fashion trends, shopping advice, or celebrity updates). If you cannot avoid being sucked into a negative mental space with your media use, this indicates that you need to take a break from these activities.

## **Promoting a Positive Relationship with Your Body:**

Bodies are merely the outer packaging of our beings (heart, mind, and soul).

- *Do you think your body equates to who you are as a person? If so, why? Why not?*
- *Does this apply to all individuals? (All body types?)*
- *What does it mean if someone’s body undergoes a change (e.g., through aging or something traumatic, like losing a limb?).*

Sometimes when people focus so much on what they don’t like about their bodies (i.e., perceived flaws they are trying to change, imperfections they are trying to hide), they miss out on the positive aspects of their bodies.

Let’s redistribute attention to the positive aspects of your body – especially what it can feel and do, not just how it looks.

There are two types of positive activities:

- Mastery: increases your sense of accomplishment (e.g., a well-placed serve in tennis).
- Pleasure: increases your sense of well-being (e.g., soaking up the sun on a warm day).

Both types of activities can improve your body image. However, if you’ve been focusing a lot of mastery on activities such as compulsively exercising, pleasure activities are especially likely to be more helpful at first.



# Body Image Group

Let's generate some ideas of how students can redistribute negative feelings about themselves. One recommendation is to focus instead on specific ways to find pleasure in their body itself. Another suggestion is to acknowledge and be grateful for what physical activities their bodies actually allow them to do – actions which ultimately will lead to improved health, happiness and emotional well-being.

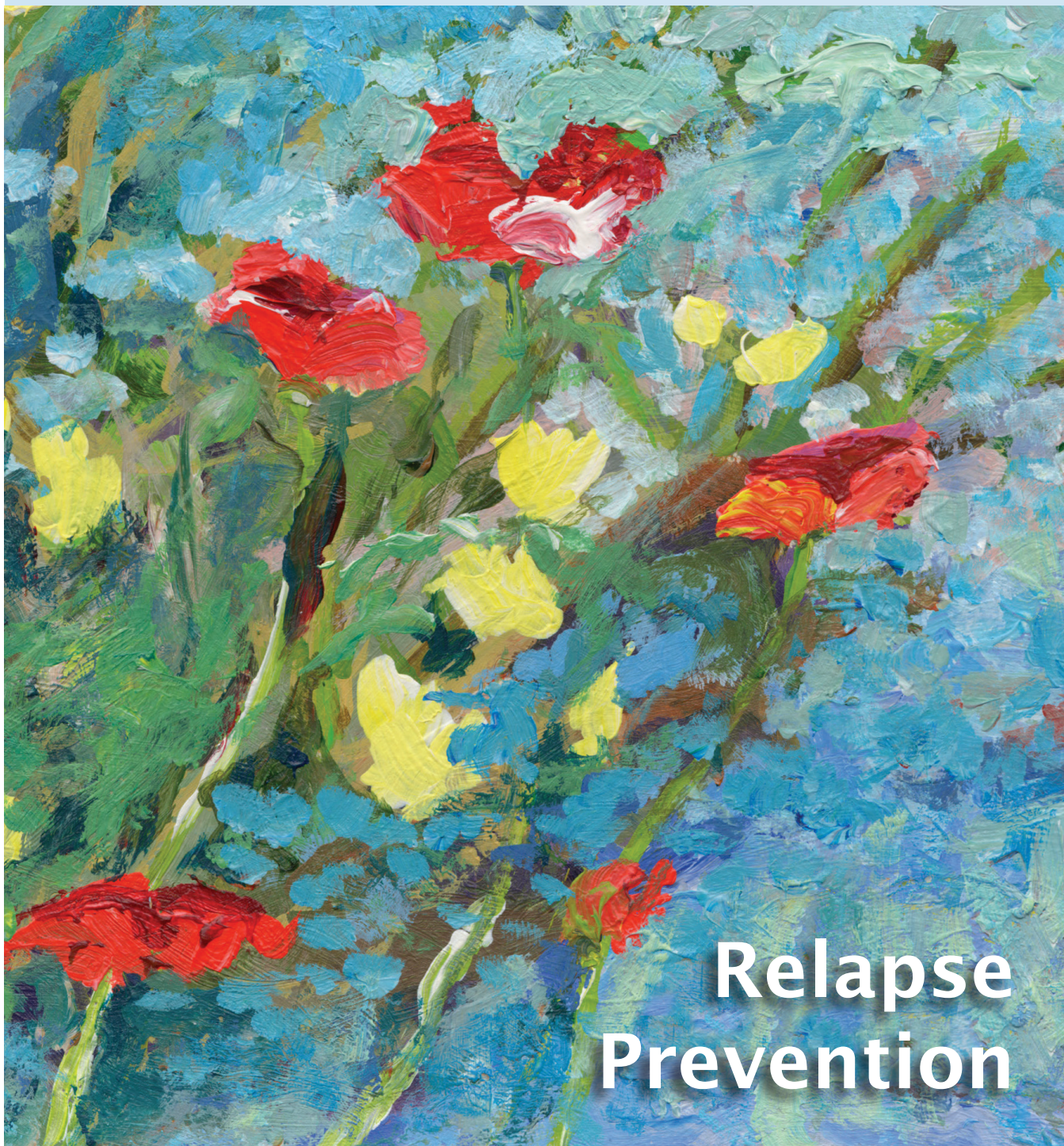
- Sensation:
  - ◇ Your body has millions of specialized sensory cells to help you experience sensations that we often take for granted. *What would be some pleasurable experiences in terms of hearing? Smell? Taste? Touch?*
  - ◇ Some examples may include: taking a bath; having a massage; hair brushing; using body lotion; lighting scented candles; drinking herbal tea; baking, reading in front of a fireplace; and/or petting an animal.
- Self-care oriented:
  - ◇ Doing nice things for yourself in a positive, rather than “must-fix” kind of way.
  - ◇ Some examples may include: going for a manicure or pedicure; trying a new/different style of clothing, listening to / playing music, heading to the beach during sunset, scheduling “quiet time” without any devices.
- Physical:
  - ◇ *What physical activities will help improve your mood, manage stress, and/or socialize with others?*
  - ◇ Some examples may include: mindful, leisurely walking; having fun in the water (swimming, paddle boarding, kayaking, canoeing, fishing, snorkeling, sailing); sports (tennis, skiing, racquetball, squash), other activities such as: roller-blading, ice-skating, golf, hiking, bowling, horseback riding, bike riding, dancing, gymnastics, yoga, and/or stretching.

Based on the brain-storm above: *What specific activities would you like to try more often?*

Set intentions and schedule these activities. Then, log your follow through in a journal.

*When you are involved in these activities, how does it make you feel? How can you implement these physical activities more often?* Establish a weekly routine of physical activity, along with a plan to overcome obstacles, and give yourself permission to practice self-care on a daily basis.

Managing body image distress will be a process. It will take time to explore the origins of your discomfort in this area. However, this is a critical first step before you can begin to challenge negative thoughts regarding your appearance. Remember that these feelings you've had may have been in place for some time. However, it is possible to begin seeing yourself in a new light, ultimately learning to be at peace with your body and the freedom to enjoy life without these time-intensive and harmful behaviors. Always remember to be kind to yourself!



# Relapse Prevention



# Poem

## A Creed To Live By

*Don't undermine your worth by comparing yourself with others:  
It is because we are different that each of us is special.  
Don't set your goals by what other people deem important:  
Only you know what is best for you.*

*Don't take for granted the things closest to your heart  
Cling to that as you would your life, for without them life is meaningless.  
Don't let your life slip through your fingers by living in the past or the future.  
By living your life one day at a time, you live all the days of your life.*

*Don't give up when you still have something to give  
Nothing is really over ... until the moment you stop trying.  
Don't be afraid to admit that you are less than perfect:  
It is the fragile thread that binds us to each other.*

*Don't be afraid to encounter risks:  
It is by taking chances that we learn how to be brave.*

*Don't shut love out of your life by saying it's impossible to find.  
The quickest way to receive love is to give love:  
The fastest way to lose love is to hold on too tightly;  
And the best way to keep love is to give it wings.*

*Don't dismiss your dreams; to be without dreams is to be without hope.  
To be without hope is to be without purpose.*

*Don't run through life so fast that you forget where you've been,  
But also where you're going.*

*Life is not a race, but a journey to be savored every step of the way.*

**Anonymous**



# Relapse Prevention

Many college students and their families believe that once they have completed treatment they have successfully “beaten” the eating disorder. This mindset alone makes them particularly vulnerable to relapse. The reality is that early recovery is a process, not an endpoint. Those who suffer from an eating disorder need to make a continued, consistent effort to maintain their recovery in order to stay healthy. This is particularly true for the college student who lives in an environment that is filled daily with triggers (academic stress; large amounts of food in the cafeteria, vending machines, and dorm rooms; diet and weight talk among peers; social media that promotes a thin, fashionable appearance; and dating relationships).

In the long-term, students can attain full recovery and lead lives that do not revolve around food or weight concerns. However, there are many challenges ahead during the recovery process. Students must learn to reconnect with others, identify new interests, and rebuild a life that does not include the eating disorder. This may prove very challenging to the college student who has previously isolated in order to use eating disorder behavior, exercised compulsively to avoid loneliness, and/or used bingeing to cope with writing assignments or studying. For each challenge presented, the student must find a new alternative way of coping in order to prevent a return to eating disorder symptoms.

During times of stress or change, students may be at particularly high risk. It is at these times that they feel tempted to use their eating disorder again to cope. Often, this is not a single dramatic choice to return to the eating disorder, but rather it is the slow inching back of many seemingly minor choices (a skipped snack, looking at an online fashion magazine, or missing a therapy appointment to study). If students haven’t been prepared using Relapse Prevention Planning to look for these small “slips” and intervene immediately, they often will not notice until they have fully “relapsed” or returned to their eating disorder behavior on a regular basis. Once a student has “relapsed”, they will likely require a return to a higher level of care which is very disruptive to their academic and social functioning.

It is imperative that relapse prevention planning is addressed during treatment in order to give students the best chance at a full recovery. Recent research by Herzog et al. (2014) indicates that when followed up 7.5 years after being diagnosed, 33% of clients with anorexia had achieved full recovery and 83% had reached partial recovery. The numbers for bulimia are even more encouraging with 74% reaching full recovery and 99% reaching partial recovery. And yet, a full one third of women with both anorexia and bulimia followed during those 7.5 years relapsed after reaching full recovery. A similar relapse rate of 41% was found by Carter et al. (2012) when studying anorexic clients during the 12 months following completion of inpatient or day treatment. Carter et al. (2012) found that the highest risk period for relapse was between 4 and 9 months after finishing intensive treatment. The best predictors of relapse were binge eating, severity of checking behaviors before treatment, and a decrease in motivation during treatment or post-treatment. Overall, this body of recent research suggests that the majority of clients will achieve at least a partial recovery, many will reach full recovery, and all are at risk for relapse, particularly during the first 12 months following treatment.

# Relapse Prevention

As the research indicates, motivational issues may be an important first step in relapse prevention. In addition to addressing motivational issues, relapse prevention focuses on identifying the factors that are helping the client to currently maintain their recovery. Continuing to put focused effort into self-care, meal plans, and attending treatment appointments is a very important step in preventing relapse. After addressing these specific areas, it is very helpful to identify high risk situations, discuss “slips” vs “relapse”, and create a concrete strategy for addressing any potential slips for their future. The college student who has successfully planned for preventing relapse has the best possible chance of finishing their college years healthy and with a solid foundation for their future.

## **References:**

Herzog et al. (2014). Recovery and relapse in anorexia and bulimia nervosa: a 7.5-Year follow-up study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53 (11), 1162-1167. doi:10.1097/00004583-199907000-00012.

Carter et al. (2012). A prospective study of predictors of relapse in anorexia nervosa: Implications for relapse prevention. *Psychiatry Research*, 200 (2-3), 518-523. doi:10.1016/j.psychres.2012.04.037.



**Valerie Gurney, Ph.D.** is a licensed Clinical Psychologist who has treated individuals with eating disorders for over twenty years. After graduating from Cornell University with a B.A. in Psychology, she earned a Ph.D. in Clinical Psychology from Ohio University. Following her graduation, she served as a Postdoctoral Fellow in Eating Disorders at Brown University's School of Medicine. Dr. Gurney then served on the faculty at Cornell University's Weill Medical College. In November 2000, Dr. Gurney moved back to New England and was the first Clinical Director of Laurel Hill Inn, a residential eating disorder program. Since 2003, Dr. Gurney has provided individual therapy and consultation in her private practice in Arlington, Massachusetts.

# Relapse Prevention Group

**Text for Group Leader:** This is our final session. You have probably learned a lot these past few weeks and also worked hard in any individual treatment. You may feel like it is time to put the eating disorder fully behind you and focus on the rest of your life. Except, you can't!

These next few months are a crucial time in your long-term recovery. You are at a particularly high risk for returning to your eating disorder during the first year following treatment. However, if you focus on maintaining your recovery and prepare ahead for any challenges, you will likely be able to continue smoothly on your road to recovery. So, we're going to take some time tonight to prepare for the journey ahead and make sure that you have a strategy in place for dealing with any twists or turns along the road.

**Going on a Road Trip:** Starting this next phase of your recovery is like going on a road trip. You may not have realized it, but all the steps you have taken thus far have prepared you for this trip and now you are just about ready to head out. But there are a few more steps you must take in order to be fully ready for the road ahead.

**Note:** At this time, pass out the **Road Trip to Recovery Worksheet** to each group member. For each section, share the written background explanation, then use group discussions to generate a list of possible answers (writing these on a whiteboard/smart board for the whole group to review). At the end of each section, allow a minute or two for students to write out their own individual plan for that section on their worksheet. The goal is for each student to leave the group with a detailed, individualized relapse prevention plan and a sense of hope and preparedness.

**MOTIVATION:** Before leaving on a trip, one usually has a good idea where they are going and why. Oftentimes, they have given a lot of thought to picking their destination and are excited about the trip ahead. So, let's start there.

**Question:** *What is full recovery? Why do you want to go "there"? What are you looking forward to when you are fully recovered?*

**Note:** Use white board to record group answers. Make sure to make the point that overall, recovery is on a continuum, but full recovery is the endpoint. Try to elicit current improvements such as being able to go out to dinner with friends as well as specific future motivators like wanting to finish college, traveling abroad, getting married and/or starting a family. After the group discussion, ask students to write down the most important motivators for them before moving on to the next section.



# Relapse Prevention Group

**Getting Ready for the Road Trip:** Now it's time to think about getting ready for the trip. For a big trip, most people don't just pick up their car keys and head out the door. There is a certain amount of preparation that goes into planning for such a trip. Usually, you have to pack, print out directions, fill up your gas tank, etc. Also, it's usually a good idea (if it's a long trip) to make arrangements to have someone travel with you. So, let's take a look at getting ready for your upcoming "Recovery Journey".

**MAP:** The first thing you will need is a map - you can't magically arrive at your destination without any idea of how to get there. It is very important to have a step-by-step plan in place which accounts for unexpected obstacles. This might seem overwhelming at first. *How do you know how to get someplace you've never been?* Well, it's mostly by maintaining all the steps that you do now to keep yourself from using eating disorder behavior.

**Questions:** *What steps do you already take on a regular basis to keep yourself from binge eating, purging, and/or restricting? What are the parts of your treatment that are working, which you need to keep doing? What are the other skills and self-care steps that have been keeping you in a good place? Are there any new steps you might consider to consistently keep heading toward full recovery?*

**Note:** Generate a list on the white board and then give students a few moments to write down their own personal list. Continue this process for each of the next sections.

**TRAVEL COMPANIONS:** The next thing you need to consider is who you will take with you on this journey. We know it's no fun to go on a road trip alone! Plus, it can be scary if you get lost and you don't have someone right there to help. On the road to full recovery from an eating disorder, you will need a few different types of people. This includes "expert navigators", which are your treatment team members. These individuals have traveled down this road before and will be very helpful guides when you feel uncertain about next steps or which way to turn. You will also need loved ones from your everyday life who know you well and can be strong supports along the way.

**Question:** *Who are your "expert navigators"/ friends and family who will be healthy supports along the way?*

Keep in mind that various types of people can help in different ways. For example, a friend who has her own issues around food and weight may not be a good meal support but could be great for going out to do something fun when you need to be distracted. Your therapist will be able to give you wonderful guidance if you have a binge, but your partner is the person to call when you are just feeling lonely late at night. It's helpful to hold onto the phrase of "not going to the hardware store for milk". You have lots of people in your life on whom you can depend as you work on your recovery, but they will be helpful in different ways. So please take a moment now and think ahead about how each person on your list can be most supportive.

# Relapse Prevention Group

**CAR:** Before you leave on a big trip, your car usually gets some extra attention too. You might fill up the gas tank and check the oil. You might even put on new tires. In this analogy, your car is like your environment. It is important to make sure your environment is set up for the best possible chance at a full recovery from your eating disorder. This is the time to get rid of the scale in your dorm room, throw out any diet or binge food, remove clothes that are too small, etc. College environments can be particularly tricky, so we need to give this a good amount of thought and planning.

**Questions:** *What parts of the college environment are particularly triggering? Since you can't control everything, what do you need to do to make your environment ready for recovery? Do you need to get rid of clothes that no longer fit, diet or binge food, and/or magazines that are triggering? Also, what can be added to your environment that will support your recovery? (Some examples may include: meditation CD, quote book, or a list of reasons for recovery taped to a closet door).*

**Note:** This is a good time to validate for the students that recovering from an eating disorder in a college environment is truly challenging. After validating the “challenge of the college campus”, try to focus the discussion on those things over which they have some actual control. Remind them that sometimes getting their environment ready also means limiting unhealthy friendships (such as workout or diet buddies).

Generate a list of group ideas on the board before moving to individual plans, as students can learn a lot from one another about how to create a “safe” environment for recovery on a college campus.

**On the Road:** Phew! After all that planning, you're finally ready for the road ahead! While much of the road will be smooth sailing, there are a few things you might encounter along the road which could potentially be challenging. It's best to plan for them ahead of time (in the same way you have AAA in case you get a flat tire!). The three things we need to plan ahead for are: roadblocks, flat tires, and accidents.

**ROADBLOCKS:** In this analogy, roadblocks are high-risk situations during the recovery process. It is really important to be able to identify these high-risk situations before you are in them as it allows time to plan a best course of action. If you ignore them, you are at increased risk of returning to your eating disorder behavior. So, the more we can identify “roadblocks” ahead of time, the better prepared you will be to handle these stressful situations. Some common roadblocks for college students include the holidays, heading home to visit family, taking final exams, attending campus-wide social events, and spending time alone.

# Relapse Prevention Group

**Question:** Let's make a list together. *What are some of the high-risk situations that might make it hard to stay on track with your recovery?*

**Note:** If students have difficulty generating an extensive list, offer them cues such as: *What is it like to return home for the summer? / Any concerns with heading back to campus next semester? / Is it sometimes stressful being in the cafeteria during mealtimes? / Do you get distressed hearing your peers discuss dieting plans?*

Take a moment to write down the high-risk situations which are most likely to trip you up. If you see an individual therapist, he or she may be very helpful in teaching new positive coping strategies for items on your "at-risk" list. In the meantime, let's see if we can begin to generate some good ideas. For example, if a high-risk situation is studying by yourself in your room during the day where you have binged in the past, then a positive coping strategy might be asking a friend to study with you or going to the library so you will be around others. Or, if you anticipate that an upcoming family gathering will be stressful, plan to spend time going for a walk with your favorite relative and then ask for their support around managing the holiday meal and interacting with other family members.

**Question:** Let's help each other out. *Can someone name a few high-risk situations? During these times, which specific skills and/or strategies would be helpful to consider in order to alleviate feelings of stress and anxiety?*

**Note:** If the group is large and you have time, pair off after this initial demonstration. Allow students plenty of time to write out individualized strategies on their worksheet.

**FLAT TIRES ("SLIPS"):** Now let's prepare for that thing we all dread on a road trip—a flat tire! Flat tires are similar to "slips" - which will result in you needing to stop right away to repair it. Ignoring this flat tire will only cause significant trouble down the road.

Here's where many college students run into trouble. They have a slip, which might be missing a meal or having a binge. Because they are busy being a student, they label it as "no big deal" and continue on with life. Unfortunately, this usually leads to a pattern of more frequent slips and eventually back to a full relapse. In the first year after treatment, one is at a high risk for relapse. So, it is very important that you pay attention to slips. Now, this doesn't mean you need to panic! Slips (and flat tires) happen to most of us at some point on the road. It's what you do when they've happened, that is the important piece to remember.



# Relapse Prevention Group

However, this doesn't give you permission to use eating disordered behaviors. But the reality is that most individuals do have several slips on the way to a full recovery. It's best if you can notice you are headed toward a slip even before it happens. Some common warning signs are found below:

- slippery thinking ("I just need to lose a few more pounds, and then I'll be fine.")
- thinking about: skipping snacks or meals / purchasing binge foods
- making excuses to not have meals with friends / family members near campus
- skipping medical appointments
- avoiding discussions related to treatment issues
- sleeping more than usual
- over-exercising
- spending more time alone

One can best avoid slips by planning ahead as much as possible and sharing with your supports if you notice that you're thinking any of the "slippery" things mentioned above. Then, together you can create a plan to get solidly back on track, minimizing the potential for future relapse.

**Question:** Let's take a moment now to write down some individual signs. It could be a missed meal, skipping therapy appointments, etc. *What are some signs that indicate you have had a slip or are clearly on the way to a slip?*

**Note:** If time allows, have students take a moment and think about how they might handle each individual sign. One strategy that often proves helpful is identifying the steps leading up to the slip and then utilizing problem-solving skills to avoid the same pattern in the near future. (If time is limited, move ahead to the overall strategy).

If you do have a slip, remember the 5 R's:

- **Reframe** the episode as a "problem" or "setback", not a "failed recovery".
- **Renew** your commitment to long-term recovery.
- **Return** to your plan of regular eating without restricting or purging.
- **Reinstitute** your **Relapse Prevention Plan** that you've made today.
- **Reach** out to supports!

# Relapse Prevention Group

**ACCIDENTS:** Sometimes, despite your best efforts, the eating disorder pattern may return. When you find yourself restricting, bingeing, or purging on a regular basis, this is typically called a “relapse”, even if it doesn’t seem as bad as your pre-treatment eating disorder.

Some students will try to hide a relapse from their family, friends, and even school officials. You might think that you can “get back on track” yourself. But, just like when you have an accident in a car, you don’t stand in the middle of the highway trying to fix the car yourself. If you reach this point, it’s time to call in the tow truck and get some professional help. For some students, this is simply an increase in the frequency of treatment they are already receiving. For others, they may need to enter a day or evening program to obtain the support they need. The most important thing to remember is to not delay seeking professional help. The longer you wait, the harder it becomes to get back on track, which could result in taking a leave of absence from school.

**Question:** It’s harder to make a plan when you are already not in a good place. So, right now, think about a few steps you might need to take and supports you would reach out to if you were relapsing. *What would these steps be?*

**Enjoying the Journey:** After planning for all of those “worst case scenarios”, you might begin to think this is a journey that is just too hard. While the work of recovery can occasionally be difficult, there are so many benefits. Think about how much better you are already thinking and feeling. Think about how your classes will be so much easier if you have a healthy brain to use! Struggling with an eating disorder affects all the relationships in your life. Relationships with friends, family, and romantic interests will all be much better if you are on the road to recovery. Plus, you’ll be headed in the right direction in the long-term toward the life and career you ultimately desire. While it is challenging to pursue and maintain one’s recovery, it is also well-worth all the effort you will put into it.

But remember, road trips and recovery are also supposed to be fun!! Just like you break a road trip down by looking forward to the next fun stop along the way, it is helpful to break your recovery journey down too. Set small goals during this time and then reward yourself each time you reach a milestone in your recovery.

**Question:** Take a moment to set a few small goals for yourself and some rewards for reaching those goals. *What are three main goals in your recovery journey? Will these be motivating factors in your recovery?*

**Note:** After students finish, take a few minutes to summarize the main points of relapse prevention and wrap up the group.

# Relapse Prevention Group

## Road Trip to Recovery Worksheet

*Overall, what are the primary reasons I have for starting this “road” to recovery?*

### **Preparing for the Trip Ahead:**

**MAP:** *What is my game plan? What steps do I need to take consistently in order to stay on the right track? What things am I already doing to maintain my recovery?*

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**TRAVEL COMPANIONS:** *Include “expert navigators” like your treatment team and healthy supports who will be helpful to have along the way. Next to each person, write how they can be most supportive.*

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**CAR:** *Your car is like your environment. Is this “environment” ready for the road ahead? Do you need to get rid of certain items that are triggering for you? Are there unhealthy relationships you need to terminate? Should you look for self-care items to use when in distress?*

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# Relapse Prevention Group

## On the Road:

**ROADBLOCKS:** List potential high-risk events and skills you'll use to handle these situations.

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**FLAT TIRES ("SLIPS"):** List signs that you might be "slipping". Remember that just like with flat tires, you can stop and address the problem and then continue on your journey. If you ignore it, your car will have major problems down the road, and you'll have to call a tow truck.

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## Use the 5R's to help if you have a slip:

- **Reframe** the episode as a "problem" or "setback", not a "failed recovery".
- **Renew** your commitment to long-term recovery.
- **Return** to your plan of regular eating without restricting or purging.
- **Reinstitute** your **Relapse Prevention Plan** that you've made today.
- **Reach** out to supports!

**ACCIDENTS:** If despite your best efforts, you find yourself off the road in a ditch or in an accident, it's time to call in professional help and notify your supports. What steps will you take to get the additional help you'll need?

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**Enjoying the Journey:** Remember, road trips are supposed to be FUN! Think about some ways you can make the journey enjoyable for yourself. Keep in mind that it's sometimes helpful to set small goals and reward yourself along the way.

# Relapse Prevention Group

## Relapse Planning Worksheet

### Reasons to Maintain Recovery:

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### Healthy Eating Habits:

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### Other Skills I'm Using to Maintain Recovery:

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# Relapse Prevention Group

## Signs that I'm "Slipping":

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## Steps Taken to Get Back on Track:

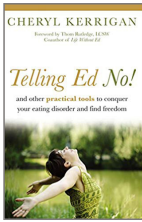
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## Action Steps if Starting to Relapse:

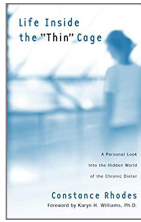
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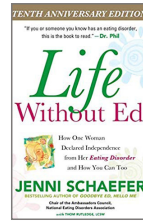
# Recommended Reading



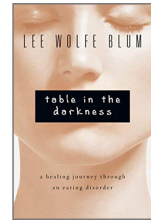
**Telling Ed No! And Other Practical Tools to Conquer Your Eating Disorder and Find Freedom** (Cheryl Kerrigan)



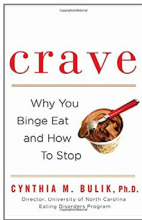
**Life Inside the "Thin" Cage** (Constance Rhodes)



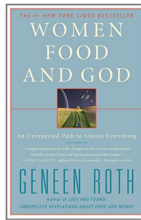
**Life Without Ed: How One Woman Declared Independence from Her Eating Disorder and How You Can Too** (Jenni Schaefer with Thom Rutledge)



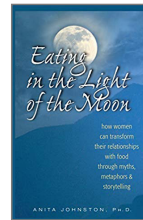
**Table in the Darkness** (Lee Wolfe Blum)



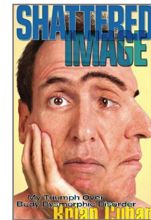
**Crave: Why You Binge Eat and How to Stop** (Cynthia Bulik)



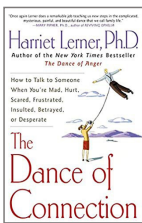
**Women Food and God** (Geneen Roth)



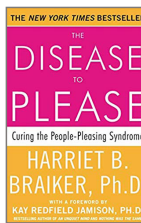
**Eating in the Light of the Moon: How Women Can Transform Their Relationships with Food through Myths, Metaphors and ...** (Anita Johnston)



**Shattered Image** (Brian Cuban)



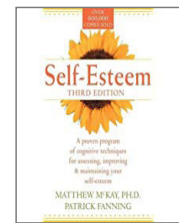
**The Dance of Connection** (Harriet Lerner)



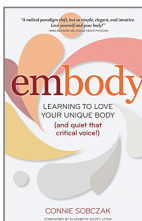
**The Disease to Please** (Harriet Braiker)



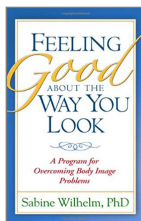
**When Perfect Isn't Good Enough** (Martin Antony & Richard Swinson)



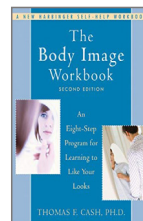
**Self-Esteem** (Matthew McKay & Patrick Fanning)



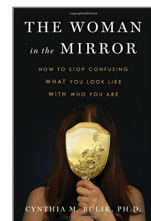
**Embody** (Connie Sobczak)



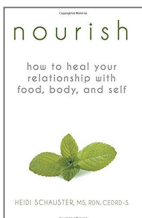
**Feeling Good About the Way You Look** (Sabine Wilhelm)



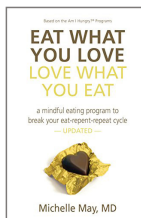
**The Body Image Workbook** (Thomas Cash)



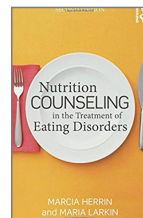
**The Woman in the Mirror** (Cynthia Bulik)



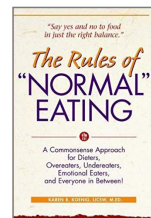
**Nourish** (Heidi Schauster)



**Eat What You Love, Love What You Eat** (Michelle May)



**Nutrition Counseling in the Treatment of Eating Disorders** (Marcia Herrin & Maria Larkin)



**The Rules of "Normal" Eating** (Karen Koenig)

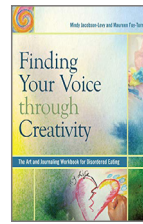
# Recommended Reading



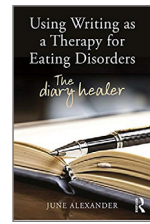
*Self-Esteem Tools for Recovery*  
(Lindsey Hall & Leigh Cohn)



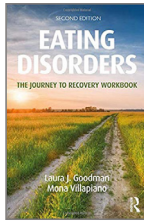
*Ritteroo Journal*  
(Lindsey Hall)



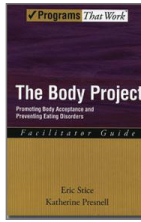
*Finding Your Voice Through Creativity*  
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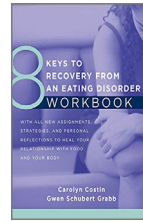
*Using Writing as a Therapy for Eating Disorders: The Diary Healer*  
(June Alexander)



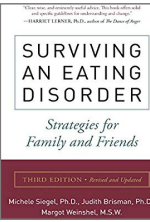
*Eating Disorders: The Journey to Recovery Workbook*  
(Laura Goodman & Mona Villapiano)



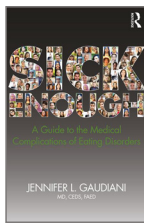
*The Body Project: Facilitator's Guide*  
(Eric Stice & Katherine Presnell)



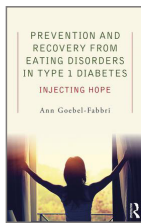
*8 Keys to Recovery from an Eating Disorder Workbook*  
(Carolyn Costin & Gwen Grabb)



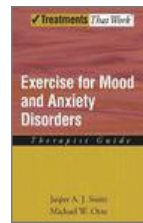
*Surviving an Eating Disorder: Strategies for Family and Friends*  
(Michele Siegel, Judith Brisman & Margot Weinschel)



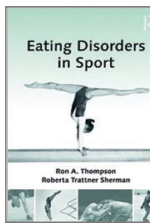
*Sick Enough: A Guide to the Medical Complications of Eating Disorders*  
(Jennifer L. Gaudiani)



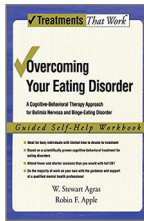
*Prevention and Recovery from Eating Disorders in Type 1 Diabetes*  
(Ann Goebel-Fabbri)



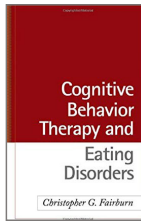
*Exercise for Mood and Anxiety Disorders*  
(Michael Otto & A.J. Smitts)



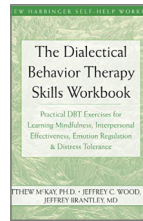
*Eating Disorders in Sport*  
(Ron Thompson & Roberta Sherman)



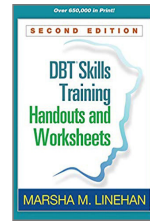
*Overcoming Your Eating Disorder*  
(W. Stewart Agras & Robin Apple)



*Cognitive Behavior Therapy and Eating Disorders*  
(Christopher Fairburn)



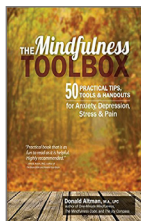
*The Dialectical Behavior Therapy Skills Workbook*  
(Matt McKay, Jeff Wood & Jeff Brantley)



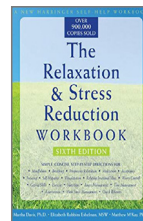
*DBT Skills Training: Handouts and Worksheets*  
(Marsha Linehan)



*Mindfulness: A Practical Guide*  
(Tessa Watt)



*The Mindfulness Toolbox*  
(Donald Altman)



*The Relaxation & Stress Reduction Workbook*  
(Martha Davis, Liz Eshelman & Matt McKay)



*The Group Therapy Treatment Planner*  
(Arthur E. Jongsma)





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