Recovery And Relapse Prevention
For Eating Addiction: Based On
The Eating Addiction Workbook

Presented By
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Director of Training For The Gorski-CENAPS® Corporation

Eating Addiction

* Otherwise Known As Binge Eating Disorder
* Not “Diagnosable”
* Not Reimbursable By Insurance Companies
* Not Parity Diagnosed As ED NOS

Types Of Eating Addiction

* Food Addicts
* Binge Eaters
* Compulsive Overeaters

Stages of Addiction

* Learning/Experimentation
* Social/Recreational
* Seeking/Reaching
* Habitual/Ritual
* Abuse/Dependency

How Do You Think That This Applies To Eating Addiction?
Recovery & Relapse Prevention
For Eating Addiction

CENAPS® Developmental Model Of Recovery

Assessment & Treatment Planning

Abuse Transition Stabilization Early Middle Late Ongoing

DMC Denial DMC + PRC Primary Tools Primary Tools + RPC High Risk Tools RPT Relapse Therapy

Coexisting Disorder Treatment

Developmental Model Of Recovery

- Pretreatment (Using/Abusing)
- Transition
- Stabilization
- Early Recovery
- Middle, Late, And Ongoing Recovery
- How Do You Think That This Applies To Eating Addiction?

Remember! You Have To Be In Recovery Before You Can Relapse

Being in recovery requires...

- Understand eating addiction
- Apply that understanding to self
- Accept the painful feelings due to being addicted
- Having hope & belief recovery is possible & preferable than the old way
- Doing the B.P.S.S. recovery footwork needed
- Follow A Healthy Living Plan ~ 60 to 90 days

Tools For Moving Into Early Recovery

Moving from stabilization to early recovery requires...

1. Identifying and managing stress
2. Normalizing and managing cravings
3. Identifying and managing high risk situations
   - Also know as Relapse Justifications

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Reviewing The Relapse Cycle
Moving from being stable in recovery to becoming dysfunctional and relapsing into dysfunctional eating patterns

I Commit To Stabilize
I Return To Denial
I Stop Growing
My Old Thinking Returns
Stress & Problems Increase
My Old People, Places & Things
Pain & Problems Increase
Addictive Thinking Returns
HRS & Loss Of Control

The Eating Addiction Workbook
By: Dr. Stephen F. Grinstead & Dr. Shari Stillman-Corbitt

Goals of Eating Addiction RPC
1. Develop A Healthy Living Plan
2. Define Abstinence
3. Decision Making & Addiction Problem Checklist
4. Develop A Healthy Living Contract
5. Develop A Relapse Intervention Plan
6. Identify Eating Addiction High Risk Situations
7. Map Eating Addiction High Risk Situations
8. Manage Eating Addiction High Risk Situations
9. Manage Problematic Decision Points
10. Develop A Bio-Psycho-Social-Spiritual Recovery Plan

Healthy Living Plan?
- Jumping Off The Diet Roller Coaster
  - Diets Don’t Work
- Leaving the Magical, Spiritual Solution Behind
- Daily Balance—Sleep, Eat, Exercise, Sunlight
- Creating Accountability

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Defining Abstinence Can Be Confusing

- What Does Abstinence Mean To You?
- Developing A Plan Of Eating
- Identifying Your Bottom Line(s)
- Developing A Healthy Living Plan

The RPC Treatment Plan

1. Problem Title: High Risk Situations
2. Problem Description:
   The client has made a commitment to stop dysfunctional eating patterns for a period of time and is facing high risk situations that could cause them to start using those dysfunctional patterns again in spite of that commitment.

3. Goal:
   The client will be able to follow a healthy living plan by identifying & effectively managing the immediate high risk situations that can cause going back into dysfunctional eating
   - Start Date: Date Tx Plan Was Started
   - Target Date: Anticipated Completion Date
   - Actual Date: Actual Date Of Completion

4. Action Plan:
   The client will use the following activities to learn how to identify & manage their high risk situations...
   - Education Classes
   - Group Therapy
   - Individual Therapy
   - Supervised Study Halls
   - Self-help Group Meetings

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The RPC Treatment Plan

Step 1: Healthy Living Contract
Making The Commitment To Follow A Healthy Living Plan

The client will agree to …
Stop using dysfunctional eating patterns for a specified period of time (often the duration of treatment)

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The RPC Treatment Plan

Step 2: Relapse Intervention Plan
Planning To Stop Relapse Quickly

The client will have a plan for stopping a relapse episode quickly should it occur.
This plan will describe his or her responsibilities, and those of the clinician as well as at least three appropriate significant others.

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Step 3: High Risk Situation Identification
Becoming Aware Of Slippery People, Places, & Things
AKA Playmates, Playgrounds, & Playthings

Client will identify immediate high risk situations that can cause them to start a relapse process in spite of their commitment not to by:
- Reviewing A High Risk Situation List
- Identifying Immediate High Risk Situations
- Writing Personal Titles & Descriptions Of High Risk Situations for Use in Self-monitoring

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Step 4: High Risk Situation Mapping
Identifying The Exact Sequence Of Events

The client will be able to objectively describe the sequence of events that are part of their personalized immediate high risk situations.

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**Step 5: High Risk Situation Management**

*Identifying Points For Change*

The client will be able to identify three decision points within the high risk situation (near the beginning, middle, & end of the situation) where they can do something different to avoid using dysfunctional eating patterns.

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**Step 6: Decision Point Management**

*Learning New Coping Skills*

The client will identify new and more effective ways of managing their thoughts, feelings, urges, actions, and relationships (TFUAR’s) at each decision point in the high risk situation (HRS).

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**Step 7: Recovery Plan Development**

The client will develop a schedule of recovery activities that supports the ongoing identification and healthy management of high risk situations.

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**Step 8: HRS Management Skill Evaluation**

The client will complete a personal evaluation of current skills at managing high risk situations.
Formula For Success

A Rational, Directive, Supportive Approach

<table>
<thead>
<tr>
<th>Disaster</th>
<th>Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Judgment</td>
<td>Understanding</td>
</tr>
<tr>
<td>+ Insensitivity</td>
<td>+ Compassion</td>
</tr>
<tr>
<td>+ Confrontation</td>
<td>+ Challenge</td>
</tr>
<tr>
<td>Power Struggle</td>
<td>Collaboration</td>
</tr>
</tbody>
</table>

Active Listening

1. Ask A Focused Question
2. Listen To The Answer
3. Give Same Word Feedback
4. Do An Accuracy Check
5. Paraphrase (Give Feedback In Other Words)
6. Do An Accuracy Check
7. Ask The Next Question

Making The Commitment To Stop

1. List Problems Forcing You Into Treatment
2. Clarify Relationship To Dysfunctional Eating
3. Clarify Consequences Of Continued Dysfunction
   • Best  • Worst  • Most Likely
4. Clarify Consequences Of Stopping Dysfunction
   • Best  • Worst  • Most Likely
5. Ask For A Commitment To Follow A Healthy Plan
6. Identify High Risk Situations (HRS) That Could Cause Dysfunctional Eating Patterns
7. Get A Commitment To Manage Those High Risk Situations

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Making The Commitment To Stop

<table>
<thead>
<tr>
<th>Current Problems</th>
<th>Relationship To Dysfunction</th>
<th>Consequences Of More Use</th>
<th>Payoffs Of Stopping</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Problems I Want To Solve To Make My Life Better.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. What Do You Want Dysfunctional Eating To Do For You?
2. Are You Getting What You Want? If Yes, At What Cost?
3. Are You Willing To Stop Using These Until We Complete RPC?

Healthy Living Contract

- Agree To …
  - Abstain From Dysfunctional Eating Patterns
  - Report High Risk Situations
  - Report Desire To Stop Treatment
  - Report Relapse (Episodes of Using Dysfunctional Eating Patterns)

- Explain …
  - Consequences of Getting Caught Using Dysfunctional Eating Patterns

Relapse Prevention Counseling

1. Healthy Living Contract
2. Relapse Intervention Plan
   - Planning To Stop Relapse Quickly
3. 
4. 
5. 
6. 
7.

Relapse Intervention Plan

Goal
To Develop A Plan To Stop The Use Of Alcohol & Other Drug Use Quickly If Relapse Occurs
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What Clients Can Do To Stop A Relapse

1. Recognize That You Started Using Dysfunctional Eating Patterns
2. Acknowledge That Dysfunctional Eating Patterns Can Lead To Serious Consequences
3. Stop Using Those Patterns Immediately
4. Get Out Of The Situation That Supports Dysfunction
5. Immediately Call For Help & Get Into A Sobriety Supportive Environment

Planning To Stop Relapse Quickly

1. The Client’s Plan To Stop Relapse
   “What will you do if you start to use dysfunctional patterns and want to stop before having serious consequences?”
2. The Counselor’s Plan To Stop Relapse
   “What Am I (The Counselor) supposed to do if you start to use dysfunctional patterns?”
3. Involving Significant Others
   Identify Appropriate Significant Others Who Support Your Sobriety “What are they supposed to do if you start to use dysfunctional patterns?”

Intervention Letter Template

Dear _____, If you see me in trouble with my recovery or actually using addictive eating behaviors I want you to do the following:

1. X
2. Y
3. Z
4. Show me a copy of this letter

Signature: ______________ Date: __________

Relapse Prevention Counseling

1. Healthy Living Contract
2. Relapse Intervention
3. Situation Identification
   Becoming Aware Of Slippery People, Places, & Things
4. 
5. 
6. 
7.
Identifying High Risk Situations

1. Ask About High Risk Situations?
   What situations could cause you to use dysfunctional eating patterns in spite of your commitment not to?"
2. Review The High Risk Situation List
   Review the list of common high risk situations that have caused others to use dysfunctional eating patterns." 
3. Personalize The High Risk Situation
   Write a personal title and description
   Start Description With: I know I’m in a HRS when ... I think or do something that causes pain & problems and I want to deal with it by using dysfunctional eating patterns.

How The Brain Works

1. The Brain Is A Habit Forming Computer
   Automatic Thoughts
   Automatic Feelings
   Automatic Behaviors
2. The Brain Organizes Information
   Using A Conceptual Pyramid

Conceptual Pyramid

Belief ——> Perceptions ——> Values

Self Awareness

Most People Are Not Consciously Aware Of Their Inner Processes
- Never Learned About It
- Culturally Not Valued
- Never Practiced The Habit Of Awareness

Conscious Awareness Is Needed For …
- Judgment
- Impulse Control
- Self-Motivation

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Teaching Self-Awareness

- Consciously …
  - Notice The High Risk Situation
  - Label It (Give It A Title)
  - Reflect On It (Describe It)

Teaching Self-Awareness (Continued)

- Consciously …
  - Map It Into Sequential Steps (Tell The Story)
  - Identify Critical Decision Points
  - Break Decision Points Into Parts
    - Thought Statements
    - Feeling Statements
    - Urge Statements
    - Action Statements (Behavioral Descriptions)
    - Relationship Statements

Defining A High Risk Situation

- Any Experience That Can Activate The Urge To Use Dysfunctional Eating Patterns In Spite Of the Commitment Not To

Testing A High Risk Situation

- It Occurs At A Specific Time
- It Has A Beginning, Middle, & End
- It Is Time Limited (Usually 24 Hours Or Less)
- It Involves Specific People, Places, Or Things
- It Activates Craving Or Using Dysfunctional Eating Patterns
Making The Distinction
- A Single High Risk Situation
- OR
- A General Sequence of Events

Relapse Progression
- Irrational Thinking (*Unnecessary Pain*)
- Self-Defeating Behaviors (*Unnecessary Problems*)
- Addictive Thinking (*Dysfunctional Eating As Solution*)
- Addiction-Seeking Behavior (Acting Out)
- High Risk Situation That Activates Craving
- Eventual Dysfunctional Eating Patterns

Relapse Prevention Counseling
- Healthy Living Contract
- Relapse Intervention
- Situation Identification
- Situation Mapping
  - Identifying The Sequence Of Events
- 5.
- 6.
- 7.

Each HRS Is Composed Of …

1. Internal Factors
   - Biological States
   - Beliefs
   - Perceptions
   - Thoughts
   - Feelings
   - Urges
   - Actions

2. External Factors
   - People
   - Places
   - Things
   - Situations
   - Grave Illness
   - Death & Loss
   - Homelessness
   - Joblessness
   - Poverty
Mapping High Risk Situations

What Situations Should Be Mapped:
- Immediate Future High Risk Situation
- Past High Risk Situations
  - That Are Similar To The Identified HRS
  - One That Ended In Dysfunctional Eating
  - One That Was Managed Without Relapsing

How To Create A Situation Map

- Describe The Exact Sequence Of Events And Behaviors
  - Go Visual, See It In Your Mind
- Clarify All Aspects Of the Situation
- What Did You Want To Accomplish?
  - Getting Into Bad Situations For Good Reasons
  - Did You Get What You Wanted?
  - What Did It Cost?

Clarifying The Big Picture

- What Did You Want To Accomplish By Managing The Situation The Way You Did?
- Did You Get What You Wanted?
  - Yes or No. To What Degree (0 – 10)
- What Was The Price You Paid?
- What Could You Do Differently To Get Your Needs Met In A Healthy Way?

Testing A High Risk Situation

- It Occurs At A Specific Time
- It Has A Beginning, Middle, & End
- It Is Time Limited (Usually 24 Hours Or Less)
- It Involves Specific People, Places, Or Things
- It Activates Craving Or Dysfunctional Eating
  - Has only 6-8 Bullets

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Recall your wedding situation. What was key at decision points?

Situation Identification

Identify 3 decision points where more effective strategies could be used:

• Near the beginning
• Near the middle
• Near the end

What can you do differently at each decision point?

Situation Management

How will that new behavior change the outcome (best? worst? most likely?)

• Identify 3 decision points where more effective strategies could be used
• Near the beginning
• Near the middle
• Near the end

What obstacles could get in the way & what is your plan to overcome them?

Call To Action Exercise

• What is the most important thing that you learned in this section that will improve your ability to help your clients?
• What are you going to do differently as a result of what you learned?
• What obstacles could get in your way & what is your plan to overcome them?
• Are you willing to make that commitment?

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Example #1: Wedding Situation Map

The sequence of events:

Beginning

1. Get invited to wedding
2. Decide to go
3. Show up alone
4. Sit with people who overeat
5. Refuse to overeat
6. Get criticized & feel bad
7. Stay late
8. Start overeating
9. Ending

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Situation Management
- Explore How ToResponsibly Avoid The Situation.
- Explore How Stop Dysfunctional Eating Quickly
  Should It Occur As A Result Of The Situation

What Can You Do Differently To Avoid Using
Dysfunctional Eating Patterns?
- How Can You …
  - Avoid The Situation?
  - Change Something Near The Beginning?
  - Change Something Near The Middle?
  - Change Something Near The End?
  - Stop Quickly Should It Occur?

Relapse Prevention Counseling
- Healthy Living Contract
- Relapse Intervention Plan
- Situation Identification
- Situations Mapping
- Situation Management
- Decision Point Management
  - Managing TFUARs

People Who Relapse
- Can’t Tell Difference
  - Thoughts & Feelings
  - Feelings & Urges
  - Urges & Actions
  - Control Impulses
  - Actions & Reactions

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Managing High Risk Situations

Decide To Go

Decide Not To Go

Go With My Sponsor

Sit With People Who Overeat

Sit With Safe Friend

Get Criticized & Feel Bad

Stay Late

Start Drinking

Go Home Early

R.I.P. OR R.I.P.

Get Invited To Wedding

Show Up Alone

Refuse To Overeat

Sit With People Who Overeat

Get Criticized & Feel Bad

Stay Late

Start Drinking

Go Home Early

R.I.P. OR R.I.P.

Last Resort

#1

#2

#3

#4

TFUARs That Promote Addictive Use

At Each Decision Point

- **Thoughts**: That Support Addictive Use
- **Feelings**: Deprivation Anxiety (F.E.A.R.)
- **Urges**: Craving That Make You Want To Use In Spite of the Negative Consequences
- **Actions**: Dysfunctional Behaviors That Lead You Closer To Dysfunctional Eating Patterns
- **Reactions**: Social & Situational Responses To Addiction Seeking Behavior That Support Your Movement Toward Your Dysfunctional Eating Patterns

Cognitive-Behavioral Response
Can Promote AOD Use or Abstinence

Addictive Thinking

Feelings of Deprivation

Craving (Urge to Use)

Addictive Seeking Behavior

Addiction Enabling Social Reaction

Next Step In The HRS

Sober Thinking

Sober Feeling Management

Craving Management

Soberity Seeking Behavior

Sobriety Supportive Social Reaction

Move Out of HRS

Impulse Control Training At Each Decision Point

- **Thoughts**: 1. Recognition
- **Feelings**: 2. Impulse Control
- **Urges**: 3. Better Alternative
- **Actions**: 4. Self-Motivation
- **Reactions (Social)**

Do Different Action:
The Outcome Is
No Addictive Use

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Making Sober Decisions

**Pause** and notice the urge without doing anything about it;

**Relax** by taking a deep breath, slowly exhaling, and consciously imagining the stress draining from your body;

**Reflect** upon what you are experiencing by asking yourself: “What do I have an urge to do? What has happened when I have done similar things in the past? What is likely to happen if I do that now?”; and then...

Making Sober Decisions

**Decide** what you are going to do about the urge. Make a conscious choice instead of acting out in an automatic an unconscious way.

**Do It** When making the choice about what you are going to do, remind yourself that you will be responsible for both the action and its consequences.

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TFUAR Management

**Keep It Simple**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thinking</td>
<td></td>
</tr>
<tr>
<td>Feeling</td>
<td></td>
</tr>
<tr>
<td>Urges</td>
<td></td>
</tr>
<tr>
<td>Actions</td>
<td></td>
</tr>
<tr>
<td>Reactions (Social)</td>
<td>R.I.P. or R.I.P.</td>
</tr>
</tbody>
</table>

Relapse Prevention Counseling

- Healthy Living Contract
- Relapse Intervention Plan
- Situation Identification
- Situations Mapping
- Situation Management
- Decision Point Management
- Recovery Planning
- Addressing The Whole Person

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A Recovery Plan

Scheduled Activities
- A Schedule of Activities That Can Help A Person To Identify and Manage High Risk Situations.

Behavioral Guidelines
- A Set of Instructions That Shows What A Person Needs To Say & Do During Each Activity To Focus Upon Identifying & Managing High Risk Situations
- Must Include Bio-Psycho-Social-Spiritual

Eating Addiction Affects The Whole Person

Behavioral Guidelines
- A Set of Instructions That Shows What A Person Needs To Say & Do During Each Activity To Focus Upon Identifying & Managing High Risk Situations
- Must Include Bio-Psycho-Social-Spiritual

Treatment Outcomes

Clients Will Understand...
- Eating Addiction
- What Constitutes Healthy Living
- The Recovery Process
- The Relapse Process
- How To Develop A Recovery Plan
- How To Develop A Relapse Prevention Plan

Web Site Resources

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www.terrygorski.com
www.cenaps.com
www.relapse.org

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