

## New Maudsley Skills Workshops for Carers

### Additional Capsule – Coming Out of Lockdown RESTORE model

**We know that lockdown has been incredibly difficult for families affected by eating disorders. Problems relating to sourcing the right food choices, exercise routines, school or college or work routines, social isolation, being alone or cooped up with the same small family group – and more. Many of you have reported that your loved ones have reverted to some of their old eating disorder behaviours as they seek to have some sense of control and to feel safe. In addition many of the issues of lockdown have resulted in increased anxiety and intense emotions. On the other hand we also know that many of you have now adjusted and found some positive aspects such as more time to relax, slow down, notice and enjoy nature.**

Now we are faced with coming out of lockdown and all the challenges that might come with that. Fear of a second wave, fear of infection, lack of clarity about the new rules. Through the Charlie Waller Memorial Trust I have come across a model called RESTORE which has been created by a collaboration of Head Teachers, consultants, researchers and charities working in and with schools to implement and embed a restorative approach as schools start to see more students and are planning for full re-opening in the Autumn. You can see the full model at [www.restoreourschools.com](http://www.restoreourschools.com).

It is such a powerful model that I have adapted it for any families affected by eating disorders (not just those with school age children). When I described this model to a group of carers last week they reported that it helped them to understand more about the challenges their loved ones will be facing as we emerge from lockdown.

RESTORE has seven key themes. The first four (Recognise, Empathise, Safety and Trauma) refer to what has happened and the effect on us.

The last three (Opportunity, Relationships and Engagement) are key to how we are going forward into a new normal.

The model is not meant to be linear, rather it is a fluid model so that each theme overlaps in some way with the others.

In this capsule I illustrate how we can use our motivational language within the RESTORE framework in order to support our loved ones through these challenging times.

## **RESTORE**

**Recognition** of what has happened. Whilst everyone's experiences are unique there are also some key themes – social isolation, increased anxiety, fear, uncertainty, boredom, frayed tempers, family conflicts, bereavement, loss of daily routine, trauma. Be curious not furious when your loved one loses control – “Help me understand....” is a good opening, perhaps coupled with “it's ok not to be ok”.

**Empathy** for the mix of emotions our loved ones might be feeling. Empathy is a key part of the New Maudsley Model, as is the ability to recognise and validate both our own emotions and those of our loved ones. “I know it is really tough and I can see that you are really struggling, you seem angry/anxious/sad/ashamed .....”

**Safety** both emotional and physical. Medical risk is something that all families affected by eating disorders worry about and rightly so. During lockdown many eating disorder sufferers have deteriorated to the extent that they have needed emergency admissions. Families should never shy away from calling on the emergency services when medical risk is high. Emotional safety is also of paramount importance and carers should always respond to signs that their loved one might be experiencing acute anxiety, depression and suicidal ideation. The Medical Risk capsule looks at this area in more detail, providing carers with a checklist and ideas of how to communicate their concerns to their loved ones in a compassionate and supportive manner.

**Trauma** is now a collective as well as an individual experience. Think of your herd of elephants (support network). How has lockdown affected you, your family, friends, access to medical services, school, college, work, clubs, social life? If trauma is not recognised, identified and processed it can bury itself deep inside our minds only to re-emerge with great force at a later unexpected time. Our loved ones with eating disorders might be being traumatised right now by a very loud eating disorder voice. This is a voice that loves all the uncertainty and confusion that has come with lockdown. As carers we need to double check that we are engaging with our loved one in a supportive way – rather than getting into furious arguments with the ED voice.

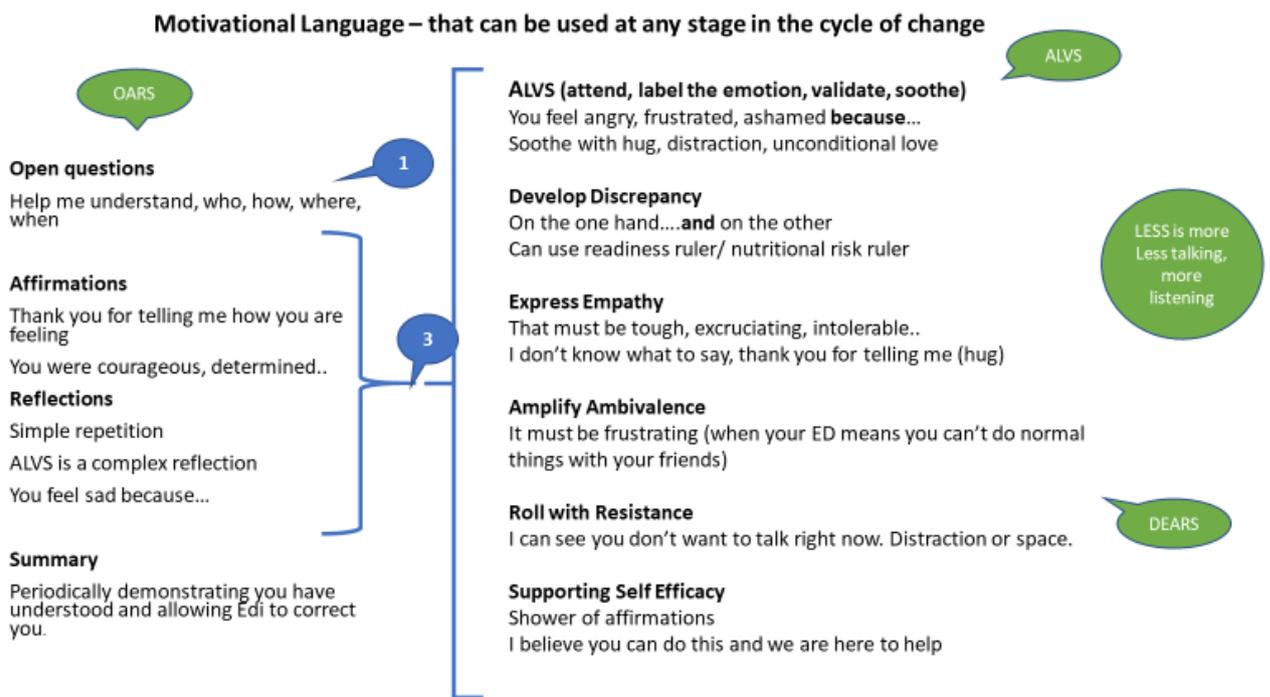
**Opportunity** to change what needs to be changed whilst acknowledging there are things we can't change. What can we learn from our experiences of lockdown? Many families have reported that lockdown has actually resulted in less anxiety for their loved one as the pace of life has slowed right down. Many sufferers have found that they prefer counselling sessions on line in the comfort of their own home, thus avoiding lengthy journeys and the trauma of sitting in a clinic waiting room. If we can recognise the positives of lockdown we can lock them in to our future daily lives.

**Relationships** are key. Humans have always needed other human beings. Many families have reported that their loved ones are worried about rebuilding relationships that have been fractured by lockdown. Self esteem and self confidence may be at rock bottom so we can use our language to help to start to rebuild a sense of self, and self confidence as the world emerges from lockdown.

**Engagement** in our own health and well being. Carers who can role model self care and compassion can really encourage their loved ones to do the same. There is no rush, it has to be an individual thing. We all know that trying to force someone to make changes rarely works – if ever. We all need to learn to re-engage with our new normal at our own comfortable pace. If your loved one is struggling acknowledge the challenges, empathise, provide distractions and offer unconditional love and support.

## The New Maudsley Model and the Restore Model

The chart below summarises our motivational communication techniques:



### Guidelines:

- a) For every one open question try to give back three affirmations or reflections.
- b) You don't have to start a conversation with a question. A reflection or affirmation is often more successful in encouraging Edi to respond.
- c) The advanced techniques of ALVS and DEARS are all types of reflection or affirmation.
- d) Try not to be put off if your loved one doesn't respond straight away.
- e) Don't be put off by silences or pauses. Give Edi time to think and respond.
- f) Try not to give advice, if Edi really wants advice remember to ask permission, and base your advice on a higher authority (doctor, book etc) or what has worked for other people. If you convey you are the expert this can quickly shut down a conversation.

Sometimes when you are feeling really stuck it is useful to think about the concept of LESS is More:

**Listen** – Annie, help us understand, we are listening

**Empathy** – Annie we understand how tough this is and we are right behind you. We know we can't rush you.

**Support** – Annie we are here to help. Help us understand how best we can help, and if there are things we are doing that are not really helpful

**Share in non ED activities** – Lets plan some family activities to do at the weekend. Do you fancy watching that documentary on whale sharks? Do you fancy coming for a dog walk? What would you like to do this afternoon?

Having tried the LESS is More approach you might find Edi is much calmer, and more able to think about next steps. Edi may be able to reflect on the progress she has already made.

In this next section we consider examples of how the motivational language might be used in each key area of RESTORE. As noted above this is a non linear flexible model that helps you to support your loved one with the complex issues that will inevitably come from lockdown rules being eased.

## 1. Recognition

*Scenario: James age 16 has been on a refeeding programme throughout lockdown. He has gained 3kg over the past twelve weeks. The eating disorder service would have liked him to gain 6kg, but realise how difficult lockdown has been for everyone. James's parents are so proud of the fact that he has gained any weight given how stressful he has found lockdown. He is desperate to get back to some sort of normality. He says to his Dad "I just want to get my life back. I know I need to gain more weight but it is so hard. Sometimes I feel like I just can't do it. This lockdown has made me realise how much Rex (his name for his ED) has taken over my life. Rex never lets up. When is this going to end Dad?"*

Dad uses **reflections and affirmations** to show that he is listening, he cares and that he believes James has all the resources to win his battle with Rex:

"James thank you for telling me how you are feeling, I wish I could magic Rex away but we know that isn't going to happen. James I am here as your ally in your battle with Rex and I know you have the resources to stand up to him however much he is screaming in your ear. I know lockdown has been really difficult for you. Despite all the challenges you have managed to gain some weight – a fantastic achievement in such difficult conditions. You are so determined to beat this, you have showed resilience and courage in the face of Rex's constant onslaught. When you are feeling exhausted we know Rex can get the upper hand and we have worked out that the best thing we can do to quieten Rex is to keep talking, to keep calm, and to have lots of distractions. We have also worked out that if we make plans for the week ahead that can be really helpful. Lets sit down later and start to visualise coming out of lockdown. We can think about anything that might trip you up and make contingency plans. I know you are going to win this battle and we are right behind you."

## 2. Empathy

People with eating disorders often feel that nobody understands them, they are totally alone and this is a terrifying position to be in. Carers can come alongside their loved ones and try to step into their shoes. Imagining what they are feeling, and listening carefully to their responses can be a useful way of expressing empathy.

I highly recommend watching a short video that compares empathy with sympathy – Youtube: Search Brene Brown on Empathy. In it she states “empathy fuels connections, sympathy (can) drive disconnection”.

*Scenario: Louise is 17 and has binge/purge type anorexia. She has struggled with lockdown, partly because she feels she has no privacy, but has settled into a new routine in the last few weeks. She has gained several kg through lockdown and outwardly seems to have coped well with that. When her mum tells her she will be going back to school part time next week she feels really panicky. She has completely lost her self confidence and is also worried she might catch coronavirus and then infect her great grandmother who lives with them.*

*Louise can feel her anxiety bubbling over and one afternoon Louise attacks her mum with a tirade of verbal abuse:*

*“Mum you have no idea what you are putting me through, this is all your fault. You are the worst mum ever. I hate you. If you hadn’t interfered, I could have lost the weight I wanted to lose, so I could be like my friend Yvonne, and I would be happy. You have made me into a disgusting fat blob. I hate everything about me, I hate you and it is all your fault! I simply can’t go back to school looking like this”*

Mum could really try to put herself in Louise’s shoes to try to understand what happened. She might use the ALVS approach which is so effective when emotions have been running high and things seem to have become out of control. Mum could consider how to construct a useful conversation with her daughter, acknowledging the challenges of recovery. She might not even have the conversation with Louise, as just imagining it can be useful to be better able to reconnect with Louise

**ALVS** (Attend, Label, Validate, Soothe is a complex reflection)

**Attend to signs** – Louise you said some really hurtful things earlier, that I am a terrible mum, it is my fault you are ill and that you hate me.

**Label** (guess the emotion) – Louise you seemed really furious with me and I am guessing you are feeling really anxious about going back into school

**Validate the emotion** – You were furious **because** you feel I am not able to help you in your battle against your ED voice, **because** I have made things worse for you and, **because** your ED voice makes you really hate me. It must be terrifying to feel like that. I would feel very lost and alone and scared in such a situation. Added to this you are feeling really anxious **because** you have to go back to school and because you are worried it might not be safe. Lots of students are feeling like that.

These are natural emotions to have with these conflicting and confusing things going on. I feel so sad **because** I really want to help you. I want to be your ally against this demon that is causing you so much pain and grief.

Note : the more **because**s the more powerful the validation is.

**Soothe:** Louise we are trying to really understand the challenges you are facing. On reflection I realise that my reaction to your outburst didn't help matters. I would really like you to help me work out how I can be a better mum, more supportive when you are feeling so upset. We are here to help in whatever way we can (unconditional love and empathy). Let's focus on some other things for now (whatever Louise is able to do that is non eating disorder related – reading, yoga, meditation, art, gardening, short walks. These are all non eating disorder related distractions). Later on, we can talk about all your worries about going back to school, and what the school is putting in place to make sure you all feel safe.

**3. Safety** both emotional and physical. In the previous example Louise is worried about how safe school will be in terms of protecting the staff and students from the risk of contracting coronavirus. Louise might also be worried about the reaction of her fellow students to her weight gain, in fact this can be terrifying and Louise's ED voice is likely to be constantly reminding her that the ED keeps her safe and to stick with her ED behaviours.

As mentioned previously medical risk is something that all families affected by eating disorders worry about and rightly so. I have recently added reference to [Medical Care Standards Guide](#), published by the Academy for Eating Disorders' (AED) Medical Care Standards Committee to my Medical Risk Capsule. AED recommends carers print it off and highlight the relevant parts.

Be prepared to step in quickly if you are concerned that your loved one might be in danger, don't hesitate to call an ambulance, or go to A&E if necessary. If your loved one strongly resists going to A&E, which is common, then think outside the box – how can we get appropriate care for our loved one?

*Scenario: Gemma is 27 and has struggled with her eating disorder and depression and anxiety for nearly ten years. She has moved back in with her parents for lockdown, and tried to make the best of the time, putting on a brave face most of the time. When she hears that lockdown is easing, she panics at the thought she might have to go back to her inner city flat she feels totally overwhelmed and out of control. She attempts to take her own life. Her mum discovers her sobbing in her bedroom. Gemma assures her she feels better now and it was just a momentary panic. Her mum can see she is very low and so calls her own GP who recommends they take Gemma to A&E in the hope that there will be an emergency mental health professional who can assess her. Gemma refuses point blank to go. She has had terrible experiences in the past of going to A&E, sitting around for hours, and then being sent home with no support. She has felt patronised, misunderstood and that nobody can help her.*

Mum and Dad decide to look into other options:

- Try to get an assessment with the local eating disorder service via Skype
- Try to get an appointment with a therapist Gemma used to see a few years ago

- Try to get an appointment with a local psychiatrist who has been recommended by other carers in the carer support group they have been attending.

They discuss this with Gemma, setting boundaries around safety whilst also using reflections and affirmations, showing their unconditional love and compassion:

“Gemma we can see that you are really struggling and we do need to discuss with you options around helping you to get professional input. We understand your reasons for not wanting to go to A&E and we support your decision in this regard. Thank you for being so honest and open with us about how you were feeling in that moment – overwhelmed and out of control. It must be excruciating for you to feel so desperate. We love you so much, you are such an important member of this family and we will do anything we can to help you feel safe. We understand you are terrified about going back to your city flat and we will support you to do this, but only when you are ready. You have been so diligent with your work ethic whilst working from home and your manager has given you lots of positive feedback on your input to the team throughout lockdown.”

Gemma agrees that she will talk to the psychiatrist. They secure a phone appointment in which he listens carefully to Gemma, she feels understood, supported and that he might be able to help.

**4. Trauma** is now a collective as well as an individual experience. Think of your herd of elephants (support network). How has lockdown affected you, your family, friends, access to medical services, school, college, work, clubs, social life? If trauma is not recognised, identified and processed it can bury itself deep inside our minds only to re-emerge with great force at a later unexpected time. Our loved ones with eating disorders might be being traumatised right now by a very loud eating disorder voice. This is a voice that loves all the uncertainty and confusion that has come with lockdown. As carers we need to double check that we are engaging with our loved one in a supportive way – rather than getting into furious arguments with the ED voice.

Some tips on using OARS to be curious about possible trauma, not furious when ED behaviours rear their head and impact on your family:

*Scenario: Edward is 21 and in the later stages of recovery from anorexia. He is weight restored but still struggles with compulsive exercise, body image issues and violent outbursts. His parents have observed that he has found lockdown difficult, and now that the rules are being relaxed they have noticed that his exercise levels have escalated out of control, his body checking become obsessive and he has lashed out on several occasions, breaking several things in the process.*

## **OARS**

### **Open Questions:**

Edward what could we do together as a family, that might make things easier for you?

Edward help me understand the challenges you are facing?

Edward I am curious to know how you are feeling about lockdown easing.

**Affirmations:**

Edward you have come so far with determination and courage.

Edward, I noticed you battling your ED voice at lunchtime today. You persevered and completed the meal.

Edward thank you for telling me how you are feeling, you have helped me to understand how traumatised you have been by lockdown and now that lockdown is easing you are terrified about what lies ahead.

**Reflections:**

Edward I am hearing that it is impossible for you stand up to your ED voice at the moment and this means you are exercising and body checking more and more to try to appease that constant nagging

Edward I can sense you are feeling out of control, we are here to help you get through this  
Edward, I know you want to be healthy and get your life back and get back to university, and at the same time you feel compelled to carry on with your eating disorder behaviours of exercise and body checking because they make you feel calmer in the moment. Let's talk about other things that might help you to feel calmer when the ED voice is shouting in your ear.

Edward I can see that you have so many distressing thoughts whirring around in your mind. There is so much uncertainty in the world and these are unprecedented times. It is ok to feel out of control. We are here to help and support you through these challenging times and to get back to some sense of a new normality

**Summary**

Edward, can I check that I have understood correctly? You are excited at the prospect of getting back to university and at the same time you are terrified because there is so much uncertainty. Lockdown has been particularly difficult for people with eating disorders and many sufferers have reported that they have been compelled to revert to some of their ED behaviours because of the trauma of lockdown. We understand that these ED behaviours can make you feel safe and in control in the moment. Edward, you also know that the more you exercise and body check the more the ED is taking back control of you. The you can get so overwhelmed with emotions you feel compelled to lash out. Have I got this right? Thank you for being so open with me. You know we are here for you and will help you every step of the way.

**5.Opportunity** to change what needs to be changed whilst acknowledging there are things we can't change. What can we learn from our experiences of lockdown? Many families have reported that lockdown has actually resulted in less anxiety for their loved one as the pace of life has slowed right down. Many sufferers have found that they prefer counselling sessions on line in the comfort of their own home, thus avoiding lengthy journeys and the trauma of sitting in a clinic waiting room. If we can recognise the positives of lockdown we can lock them in to our future daily lives.

Write down a list of the positive things that have come out of lockdown. Ask your loved one to do the same. These are a few things families have reported thus far:

- Feeling more relaxed without the pressures of the daily school run, daily commute.
- Accepting that life can go at a slower pace.
- More family time, playing games, family debates, family meals.
- Learning to be compassionate with myself when I am feeling overwhelmed by life events.
- Learning how to use Zoom.
- Acknowledging the benefits of working from home.
- Learning to tolerate the distress of lockdown and that as a community we are all in it together.
- More opportunity to observe and enjoy nature.
- Finding new outdoor family activities – new walks, cycle routes, picnics in the park.

**6. Relationships** are key. Humans have always needed other human beings. Many families have reported that their loved ones are worried about rebuilding relationships that have been fractured by lockdown. Self esteem and self confidence may be at rock bottom so we can use our language to help to start to rebuild a sense of self, and self confidence as the world emerges from lockdown.

Affirmations and supporting self efficacy are key skills that carers can use to boost self esteem, whilst taking care not to dismiss your loved one's fears around renewing pre lockdown relationships and/or establishing new relationships.

If you are feeling stuck LESS is More can be a great starting point to help the family to become calmer and regain some of their past confidence that they can be a good team working with Hazel in her battle against the ED voice.

*Scenario: Hazel age 18 had her A levels cancelled and hasn't seen any of her school friends at all in lockdown. She knows several of them have been meeting in the park over the last few weeks as lockdown rules have gradually been eased. She wants to join them but her self confidence is at an all time low and her anxiety levels are at an all time high.*

### **Visualising a conversation between her mum Carol and Hazel**

**Listen:** Listening is fairly easy when Hazel is prepared to talk. Carol can use non-judgemental listening skills to reflect back what Hazel has said in a current or previous conversation.

Even in a situation in which Hazel is so agitated she is finding it difficult to talk, Carol can still make it clear that she cares and is interested to know how Hazel is feeling and what Carol can do to help. The concept of reflective listening means that you can notice what is going on even if Edie won't talk to you – "Hazel I notice you have gone very quiet and you don't feel like talking. I would like to help, you know I am here for you. These are difficult times and things will be different for a while"

**Empathy:** “Hazel I can see you don’t want to talk. I know this is really difficult for you. You made so much progress on getting some of your social life back and now you feel overwhelmed by coming out of lockdown and meeting up with your friends to create some sort of post A level social scene. I wonder if we should go back a step, you know when we came up with that menu of options when you were being discharged from the in patient unit, and we used the anxiety hierarchy and you were able to get back some of your social life with small SMART baby steps. Perhaps we could revisit that now we are in a different situation. Let me know if you would like to do that.”

**Share in non eating disorder related parts of life:** “Hazel let’s make some plans for the next few months so that things seem easier and you have more certainty about what you want to do next so you have an idea of what the days look like. We could look at things you can do at home to help you feel more confident and also things you can do to increase your confidence about mixing with your friends in this post lockdown post A level phase.”

**Support:** “Hazel we love you unconditionally. We are here for you whatever happens. These are difficult times for you, we are a strong family and we have already come so far together. You have shown so much determination and courage to get this far and we are all here to support you through the rest of your recovery journey.”

**7.Engagement** in our own health and well being. Carers who can role model self care and compassion can really encourage their loved ones to do the same. There is no rush, it has to be an individual thing. We all know that trying to force someone to make changes rarely works – if ever. We all need to learn to re-engage with our new normal at our own comfortable pace. If your loved one is struggling acknowledge the challenges, empathise, provide distractions and offer unconditional love and support.

**Conclusion - practice, practice, practice:**

Consider how this RESTORE approach might be helpful in your family setting. Imagine conversations with your loved one over the next few weeks and how they might go. Acknowledge the challenges that are coming as the world emerges from lockdown. OARS and LESS is more give you an overriding structure – DEARS and ALVS give you lots of options to develop an array of useful phrases.

Create useful phrases to use when your loved one is upset ( perhaps using empathy, ALVS and rolling with resistance), when your loved one is thinking about the possibility of making changes (perhaps using empathy for the challenges of being in contemplation, developing discrepancy, amplifying ambivalence and supporting self efficacy) and when your loved one has decided she might want to start trying to make changes in order to embrace the new post lockdown era in good health and with hope and optimism (perhaps using empathy, acknowledging the challenges of change and supporting self efficacy).

