

ABOUT THE RENFREW CENTER

- First residential treatment facility in the nation for eating disorders, opened in 1985.
- Provides expert treatment for anorexia, bulimia, binge eating disorder and related mental illnesses.
- Established as a family-run business, currently operating with multi-generational leadership.
- Accepts 430+ insurance plans across the country and is a preferred provider for many insurance companies.
- Incorporates The Renfrew Center Unified Treatment Model for Eating Disorders®, integrating our relational approach with the latest scientific research.
- Offers residential, day treatment, intensive outpatient, and outpatient services including virtual therapy.

WE HAVE 35 YEARS OF EXPERIENCE

TREATED MORE THAN 85,000 PATIENTS

19 LOCATIONS IN THE UNITED STATES

LOCATIONS NATIONWIDE
CA | FL | GA | IL | MA | MD | NC | NJ | NY | PA | TN

The Renfrew Center of Philadelphia - Spring Lane is located on a picturesque 23-acre wooded estate.

The Renfrew Center of Florida is located on a 10-acre former horse farm in Coconut Creek, near Boca Raton.

CONNECT WITH US

For more information about The Renfrew Center's programs and services, please contact **1-800-RENFREW (736-3739)** or visit **www.renfrewcenter.com**

THE RENFREW CENTER
CELEBRATING 35 YEARS

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THE 2022 ANNUAL RENFREW CENTER EDUCATION CONFERENCE FOR PROFESSIONALS

RENFREW CONFERENCE 2022
Feminist Perspectives and Beyond

Teaching Eating Disorders Through COMPASSION & INCLUSION

Beginning Virtually November 11, 2022 - December 30, 2022

YOUR REGISTRATION WILL GIVE YOU ACCESS TO:

- 4 Live Keynote Presentations
- 2 Live Workshops
- 18 On-Demand Workshops
- 9 Special Networking Events & Activities

EARN UP TO 36 CE/CME/CONTACT HOURS!

More information coming soon! For questions, please contact conference@renfrewcenter.com

Register NOW!


FEATURED KEYNOTE SPEAKER:

Bruce Perry (MA)

ADDITIONAL KEYNOTE SPEAKERS INCLUDE:

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THE RENFREW CENTER FOUNDATION
THE WAY TO LIFE IS THROUGH IT

POST PANDEMIC ADOLESCENTS: CHALLENGES AND OPPORTUNITIES

Ashley Moser, LMFT, CEDS
Clinical Education Specialist
The Renfrew Centers

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Agenda




- Explore the impact of the COVID-19 Pandemic on adolescent mental health
- Identify challenges specific to adolescent eating disorder presentations
- Learn evidenced-based treatment practices to treat eating disorders in adolescents
- Discuss special considerations for family therapy, group therapy and the therapeutic relationship


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Complexities of Adolescent Mental Health

Adolescent Brain Development



Adolescents behavior is guided more by the emotional and reactive amygdala and less by the thoughtful and logical frontal cortex



American Academy of Child & Adolescent Psychiatry

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Complexities of Adolescent Mental Health

Adolescent Brain Development

Based on their stage of development, adolescents are more likely to:

- Act on impulse
- Misinterpret social cues and emotions
- Engage in dangerous or risky behavior


Adolescents are less likely to:

- Think before acting
- Pause to consider consequences



American Academy of Child & Adolescent Psychiatry

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Complexities of Adolescent Mental Health 


Social Media

Multiple studies have linked high levels of social media use in teens with depression and anxiety symptoms


- Disrupted sleep
- Decreased attention span
- Exposure to bullying, rumor spreading, unrealistic views of other's lives and peer pressure


Due to increased impulsivity in adolescents, teens often create posts without consideration of consequences or privacy


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Complexities of Adolescent Mental Health 

Social Media

 **Is Tik Tok fuelling disordered eating and overexercising?**
On top of the jarring 'what I eat in a day' style videos, there's a disturbing amount of triggering pro-ane [pro-anorexia] content on Tik Tok. The 'to ...
3 weeks ago

 **People who use dating apps such as Tinder are more likely to have eating disorders, Harvard study shows**
People who use dating apps are more likely to have eating disorders, abuse laxatives or use other unhealthy weight management practices than ...
May 30, 2019

 **BBC News**
Instagram eating disorder content 'out of control'
But the BBC has found that posts, hashtags, images and search terms ...
And Dr Gerard does not advocate removing pro-eating disorder ...
Mar 20, 2019

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Complexities of Adolescent Mental Health 

Family

- Impacts the lens in which we see the world
- Impacts our ability to form and maintain relationships
- Impacts the core beliefs we have about ourselves and others


ATTACHMENT


SAFETY


TRUST


CONSISTENCY


MORALS

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Complex Family Presentations

Family members do not believe in mental health

Family members have active mental health symptoms

Family members actively engage in eating disorder behaviors

Family members hold beliefs consistent with weight stigma/bias/discrimination

Family members do not accept or acknowledge trauma history


Family members have participated in the experience of trauma

Family members do not accept or acknowledge identity or orientation

Family members are absent

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The COVID-19 Pandemic



669,682
New cases reported worldwide, Aug. 16

4,377,248
Total deaths reported worldwide


210,168 in U.S.
Total deaths

4,740,121,562
People have administered at least one COVID-19 vaccine

+30%
Change in daily reported cases of people who tested since Jan. 23, 2020

The Delta Variant Is the Symptom of a Bigger Threat: Vaccine Refusal

There are several key reasons for vaccine hesitancy and refusal that are unique to our times. But the evidence is clear: For the sake of ending the pandemic, we must get more people vaccinated.



Over 44.2 million Americans have filed for unemployment during the coronavirus pandemic

Over 44.2 million Americans have filed for unemployment during the coronavirus pandemic, according to a new report from the U.S. Bureau of Labor Statistics. The report shows that the number of people who have filed for unemployment has increased by 1.2 million since last month.

CDC recommends masks for all U.S. students, even those who have been vaccinated

CDC recommends masks for all U.S. students, even those who have been vaccinated.

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Impact of COVID-19 on Adolescent Mental Health

In 2021 more than a third (37%) of high school students reported they experienced poor mental health during the COVID-19 pandemic and 44% reported they persistently felt sad or hopeless during the past year.

Youth with poor mental health struggle with

- School and grades
- Decision making
- Physical health
- Risk of drug use, experiencing violence and high risk sexual behaviors

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Impact of COVID-19 on Adolescent Mental Health


Adolescent Brain Development

- Inefficient ability to process difficult circumstances such as the stressors and motivation to practice social distancing
- Negative coping skills

School Connectedness

- Youth who felt connected to adults and peers at school were significantly less likely than those who did not to report persistent feelings of sadness or hopelessness, that they seriously considered attempting suicide or attempted suicide
- Only 47% of youth reported feeling close to people at school during the pandemic

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Impact of COVID-19 on Adolescent Mental Health


Findings on the pandemic and families:

More than half (55%) of teens reported they experienced emotional abuse by a parent or other adult in the home including swearing at, insulting or putting down the student.

11% experienced physical abuse by a parent or other adult in the home including hitting, beating, kicking, or physically hurting the student.

More than a quarter (29%) reported a part or other adult in their home lost a job.

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Impact of COVID-19 on Adolescent Mental Health

Findings on the pandemic and LGBTQ+ adolescents:

Lesbian, gay and bisexual youth and female youth reported greater levels of poor mental health; emotional abuse by a parent or caregiver and having attempted suicide than their counter parts

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Impact of COVID-19 on Adolescent Mental Health

Findings on the pandemic and racial injustice:

Over one third of students said they experienced racism during the COVID-19 pandemic

Black Americans are 2.8 times as likely to be hospitalized for Covid-19 as white Americans are, and twice as likely to die from the disease. Black Americans also saw a steeper drop in life expectancy during the pandemic than white Americans did

Black students will be returning to the classroom this fall with disproportionate amounts of trauma and heightened mistrust of education, resulting from the coronavirus pandemic and continued instances of racial injustice.

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Eating Disorders and the Pandemic

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Pandemic Sparks Dramatic Rise in People Struggling With Eating Disorders

Author: Daphne Salt
June 29, 2021 at 4:37 pm
Filed Under: coronavirus, Eating Disorders, Local, Philadelphia News

ORIGINAL ARTICLE | [Free Access](#)

Early impact of COVID -19 on individuals with self-reported eating disorders: A survey of ~1,000 individuals in the United States and the Netherlands

Jed D. Temorshulzen MSc, Humna J. Watson PhD, Laura M. Thornton PhD, Sina Borg MSc, Rachael E. Flatt MA, Casey M. MacDermod BA, Lauren E. Harper BS, Eric F. van Furth PhD ... See all authors →
First published: 28 July 2020 | <https://doi.org/10.1002/eat.23353>

Abstract
Anxiety From The Covid-19 Pandemic Could Be Making Eating Disorders Worse

Key Points
"Steady ways it's been disastrous", COVID pandemic provides perfect storm for Americans with eating disorders

Related
Eating disorders 'thrive in isolation': Coronavirus quarantine has led to a nearly 80% increase in calls for help, experts say

COVID and the eating disorder crisis
The COVID-19 pandemic has disrupted lives in ways that have never been experienced before. For many people with eating disorders, the pandemic has created a perfect storm for worsening symptoms.

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Eating Disorders and the Pandemic


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- Food Insecurity
- Appearance/Body Image Concerns: Virtual Platforms “On Camera”
- Isolation: “Disorders of Disconnection”
- Navigating the Unknown/Uncertainty
- Controlling the Uncontrollable
- Diet Culture Media Messages
- Pressure to Lose Weight to Resume Life In Person

Go ahead, turn your camera off. Video calls are breeding 'Zoom dysmorphia' and hurting productivity.

Anna Markov Miller | [Mar 1, 2020, 10:30 AM](#)

[f](#) [t](#) [in](#) [e](#)



— Crystal Cox Proctor

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Impact of COVID-19 on Eating Disorder Presentations



- Increased acuity
- Increased severity of eating disorder symptoms
- Lower weight presentations
- Increased medical complications
- Increased severity of co-morbid symptoms (depression, anxiety, OCD, substance use, PTSD)
- Increased suicidality: ideation, attempts, completed

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Impact of COVID-19 on Adolescent Suicides



Suicide is a leading cause of death among young people

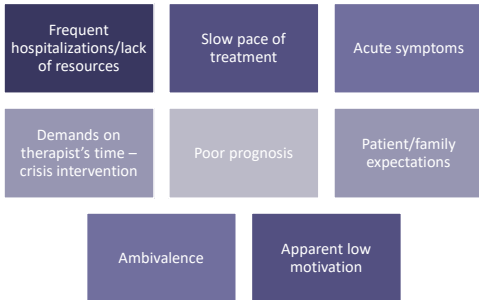
Adolescents account for a larger share of suicides in 2020 than they did over the previous five years

In February and March 2021, visits to emergency rooms for suspected suicide attempts were 50 percent higher among girls ages 12 to 17 than in 2019

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Complex Patients & Clinical Challenges



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Where Do We Start?!?

The Regency Center Foundation
FOR EATING DISORDERS

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Eating Disorders and Emotions

Eating Disorders are Emotional Disorders

Emotions are heightened due to systemic pandemic stressors

Common Emotions Experienced During the Pandemic:

- Anxiety
- Fear
- Hopelessness
- Helplessness
- Anger
- Guilt/Shame

The Regency Center Foundation
FOR EATING DISORDERS

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A Transdiagnostic Approach to Adolescents

Unify proven treatment principles to treat the same shared underlying problems that drive different emotional disorders

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The Unified Protocol Evidence-Based Principles

- Re-evaluating maladaptive cognitive appraisals
- Changing maladaptive action tendencies associated with emotions
- Preventing emotion avoidance
- Utilizing emotion exposure procedures to promote tolerance
- Increase psychological flexibility in emotion regulation

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The Renfrew Unified Treatment Model for Eating Disorders



From its inception, Renfrew has utilized a **relational approach (RCT)** to understanding the cultural, interpersonal and intrapsychic forces impacting patients and their eating disorder

Emotion Science research indicates specific evidenced-based approaches, such as **the Unified Protocol (UP)**, as being most effective for individuals with emotional disorders

The careful integration of the **Relational Approach** and the **UP**:
The Renfrew Unified Treatment Model for Eating Disorders (UT)[™]

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The Renfrew Unified Treatment Model

Engaging: "Take it in"


- Nature/function of emotions in context
- Motivation enhancement
- Label emotions
- Objective monitoring

Acquiring: "Dabble, apply it"

- Identify and challenge less adaptive cognitive appraisals
- Increase cognitive flexibility
- Identify and reduce avoidance
- Modify patterns of emotional responding

Transforming: "Take it out"


- Increase tolerance & acceptance of uncomfortable physical sensations
- Opportunities for new learning (corrective information)
- Emotion exposures




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Application with Adolescents


UT Skills Address
Brain Development



Psychoeducation
on emotions



Short and long
term consequences




Cognitive flexibility

UT Addresses
Relational Connectedness


Treatment is anchored within a collaborative relational context which emphasizes the development of self empathy, dismantling power-over strategies, self efficacy and **interpersonal connection**


Developing positive relational connections with staff and patients provides a platform for helping patients make significant changes in eating disorder thoughts, feelings and behaviors



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Emotion Education and Awareness







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Emotions 101


- All emotions are good
- All emotions are adaptive
- Even so-called bad emotions aren't always bad—it can be appropriate to feel sad, anxious or angry, and it's necessary because those feelings can prompt us to actions that we should take
- Emotions are your body's way of saying "hey, something's going on here"





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Adaptive Responses to Emotions

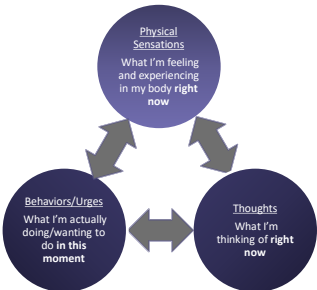


- Fear → escape, fight
- Joy → continue behavior
- Sadness → slow down, withdraw
- Anxiety → vigilant, focused
- Shame → appeasement, social reconciliation
- Anger → defend, attack

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3-components of an emotion





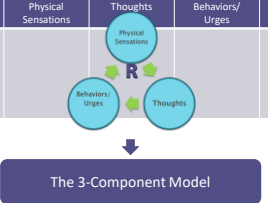
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"The ARC" of an Emotional Experience



(Emotion =)

Date/ Time	Situation or Trigger	Physical Sensations	Thoughts	Behaviors/ Urges	What happens next?
	A		R		C



Helps develop an **understanding** of the antecedents and consequences of common emotional experiences

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Application with Adolescents



- Adolescents often react quickly to uncomfortable emotions. Emotion awareness skills build time to press pause
- Adolescents often do not think of the consequences of their behavior. Emotion awareness skills allow the examination of the consequences of multiple responses
- Adolescents often have difficulty reading emotional cues. Emotion awareness skills increase understanding of themselves and give a frame work to understand others
- **Goal of the ARC:** monitoring experiences → gaining a better understanding of these experiences → enabling you to respond more adaptively & realistically

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Cognitive Flexibility



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Automatic Appraisals



Automatic appraisals:

- Our thoughts are automatic
- Our thoughts are subjective
- Our thoughts can be judgmental
- You can't "unthink" a thought

Identify and re-evaluate thinking patterns

- Recognize when you are falling in a thinking trap

GOAL: Increase **flexibility** in appraisals. Open to possibilities beyond your initial, automatic thought

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Reappraisal strategy: Countering Probability Overestimation

- learning how to re-evaluate jumping to conclusions.
- realistically examine the probability of that outcome. look for evidence from the past or present to test how likely it is.



"If I eat this pizza, I will have really bad diarrhea & painful stomach cramps"

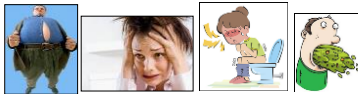
How can I be sure? Has this happened in the past every single time I've eaten pizza?
If I have had diarrhea in the past, could there be another explanation?
Is my fear of getting diarrhea driven by the intense emotions I'm experiencing now?
How much does it *feel* like I'll get really bad diarrhea?

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Reappraisal strategy: Decatastrophizing

- learning to re-evaluate thinking the worst.
- realistically examine the evidence based on **how you have coped in the past** if something the same or similar has occurred. example:

"Eating 100% wreaks havoc with my body" (my stomach will explode, I'll have a panic attack, I'll be constipated for a week, I'll vomit etc.)



What is the worst that could happen if you ate 100% of this meal?
How bad is that?
Has it happened in the past?
If yes, how did you cope with it? How did you handle it?
If it's never happened in the past, how do you think you'd cope or handle it now?

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Application with Adolescents



- Adolescents often demonstrate rigid thinking. Cognitive flexibility decreases automatic appraisals from thinking traps
- Adolescents often have difficulty reading or interpreting social and emotional cues. Cognitive flexibility skills decrease emotional reactivity by increasing their range of interpretation
- Beneficial to in-person interactions as well as via social media

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Application with Adolescents




Intervention Example:

Have the adolescent client select images or videos from social media accounts or text message via his/her/their phone


Have the client identify automatic appraisals from the image/video/text

Have the client identify additional appraisals or interpretations



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Connectedness



“The best predictor of your current mental health is your current “relational health,” or connectedness. This connectedness is fueled by two things: the basic capabilities you’ve developed to form and maintain relationships, and the relational “opportunities” you have in your family, neighborhood, school, and so forth.” What Happened To You? (258) – Perry & Winfrey

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Special Considerations



- Group Therapy
- Family Therapy
- The Therapeutic Relationship
- ALL Opportunities To Increase Connectedness!

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Group Therapy

Relational Cultural Theory:
 We grow through and toward relationships throughout our lives and that growth-fostering relationships are the source of meaning and empowerment.

- Eating disorders are disorders of disconnection
- Connectedness is key is addressing youth adversities at all times

Group Therapy can be beneficial in supporting healing through connection with others with shared lived experiences

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Relational Practice Groups

Relational practice groups (RPGs) are based on a model of **growth and effectiveness** that suggest that people grow and are more productive in **mutually empathic** relationships.


PURPOSE: Relational Empowerment and increased awareness of self & others

RPG's have been found useful in many settings, including:

- Programs organized around a model of community building.
- Working with parents and children to facilitate communication through the inevitable disconnects of parenting/supporting.
- Mental Health settings where both staff and clients have benefitted from the work on connection building

Jordan & Dooley (2001)

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Relational Practice Groups

- They explore the dynamics and development of growth-fostering relationships which enhance:
- **CREATIVITY; CLARITY; RELATIONAL AWARENESS; SENSE OF VITALITY; AND RELATIONAL INTELLIGENCE**
- Groups embody the notion of mutuality and respect
- Enhance understanding that relationships are characterized by a process of growth and change (connection/disconnection)
- Includes **cultural** context: development occurs within a cultural context
- Encourages participants to approach & deal with, rather than avoid & ignore, the daily disconnections in life
- Can lead to real personal growth and change by helping people develop new ways for understanding their patterns of connection and disconnection.

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Family Therapy


Parent-child relationships change in adolescence as a part of age-appropriate development

- Adolescents seek independence
- Adolescents start making their own decisions
- Adolescents start developing a sense of self and identity separate from family
- Adolescents take risks

Though some amount of conflict between adolescents and their parents is normal, adolescents still rely on parents or caregivers to provide emotional support and set limits, both of which are linked to positive adolescent development and parent-child closeness.

Branje, S. (2018)


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Maladaptive Family Responses

Kangaroo Response

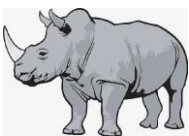
- Protect
- Accommodate



Family members engage in ED behaviors

Rhinoceros Response


- Take control
- Argue/reason



Family members do not believe in MH

Adapted from Skills Based Learning for Caring for a Loved One with an Eating Disorder by Janet Treasure, Grainne Smith and Anna Crane


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Maladaptive Family Responses

Ostrich Response

- Ignore and avoid
- Disconnect and isolate




Family members do not acknowledge trauma or identity

Family members are absent

Jellyfish Response

- Emotionally reactive
- Emotional outbursts



Family members have active mental health symptoms

Family member is part of trauma

Adapted from Skills Based Learning for Caring for a Loved One with an Eating Disorder by Janet Treasure, Grainne Smith and Anna Crane

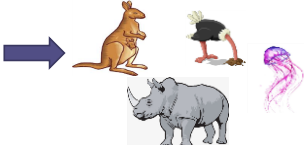
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Understanding Family Responses

The **emotional** response of the family member needs to be acknowledged and addressed in order to elicit change

Common emotional responses


- Guilt, shame, sadness, anger, anxiety, fear

EMOTION → 

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Addressing Family Fears

- One of the most critical components of the family therapy work
- Fears and emotional obstacles will undoubtedly surface for supports
- If ignored, these fears and obstacles will interfere with their caregiving style and ability to be effective in these new roles
- This is common and to be expected – but it needs to be addressed



Lafrance, A., Files, N., & Paluzzi, S. (2016)

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Impact of the COVID-19 Pandemic on Families: Collective Trauma

The entire family system has been impacted by the COVID-19 pandemic and the discovery of a loved one's eating disorder is one of many factors influencing their emotional response


Emotions are heightened due to systemic pandemic stressors

Common Emotions Experienced During the Pandemic:

- Anxiety
- Fear
- Hopelessness
- Helplessness
- Anger
- Guilt/Shame

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The Double ARC




Date/ Time	Situation or Trigger	Physical Sensations	Thoughts	Behaviors	What happens next?
10/22/21 6:00pm	Dinner with Family	Trembling Sick feeling Pounding heart	I can't eat this I already had dessert this week Just leave me alone	Delaying Shutting down Bargaining Took a few bites of safe foods	Short term: Felt better, less anxious, family disappointed Long term: Not getting better
10/22/21 6:15pm	Dinner with Family Daughter shut down, not eating Third time this week	Pit in stomach Lump in throat Pounding heart	She has to eat, her health is going to give out Why can't I help her? I'm failing her! I can't even feed my child	Took away dessert Offered to substitute Offered to let her measure and portion	Short term: She ate something, she's less upset, I feel a little relieved Long term: Need to accommodate to keep her alive

Adapted from Building Emotional Tolerance A Transdiagnostic Approach to Understanding and Treating Eating Disorders

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Emotion Coaching



- 1.) **ATTEND** to the emotion
Notice AND pay attention to the emotion
- 2.) **LABEL** the emotion
Give words to the emotions, check in
- 3.) **VALIDATE** the emotion
Accept/allow/validate the emotion
- 4.) **MEET** the **NEED** of the emotion
Meet the emotional need, not solve the problem
- 5.) "Fix/problem solve"


Adapted from © 2013 LaFrance Robinson & Dolhanty

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Ideal Family Responses to Eating Disorders

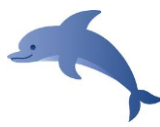
St. Bernard Response


- Calm
- Steady and consistent
- Loving and empathic



Dolphin Response

- Nudges towards safety
- Coaches
- Gently persuades






Adapted from Skills Based Learning for Caring for a Loved One with an Eating Disorder by Janet Treasure, Grainne Smith and Anna Crane

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The Therapeutic Relationship



FOR KATHIE B. BODENSTEIN

In the absence of 'healthy' relational figures, the therapeutic relationship becomes even more vital

The Clinician and Therapeutic Relationship may have to serve as:

- The 'good enough parent'
- An attachment figure

Requiring Clinicians to be capable of:

- Consistency
- Unconditional positive regard
- Relational repair
- Boundaries

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Trauma Informed Care

Trauma Informed Care (TIC) recognizes that traumatic experiences *terrify, overwhelm and violate* the individual. TIC is a commitment not to repeat these experiences and, in whatever way possible, to **restore a sense of safety, power and worth.**

The Foundations of Trauma Informed Care

Commitment to Trauma Awareness

Understanding the Impact of Historical Trauma and Oppression

Agencies Demonstrate Trauma Informed Care with Policies, Procedures and Practices that:

Create Safe Context
through:

- Physical safety
- Trustworthiness
- Clear and consistent boundaries
- Transparency
- Predictability
- Choice

Restore Power
through:

- Choice
- Empowerment
- Strengths perspective
- Skill building


Build Self-Worth
through:

- Relationship
- Respect
- Compassion
- Acceptance and Recognition
- Mutuality
- Collaboration

Image Credit: Trauma Informed Oregon, 2014

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The Therapeutic Relationship



FOR KATHIE B. BODENSTEIN

Adolescent reports of high risk behaviors:

- Eating Disorder Behaviors
- Drug/Alcohol Use
- Self Harm
- Suicidal Ideation
- High Risk Sexual Behavior



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Special Considerations For Clinicians

Clinicians are a part of the collective trauma of the COVID-19 pandemic

Clinicians are being asked to tolerate distress in response to:

- Personal pandemic stressors
- Professional pandemic stressors
- Racial injustice
- Social injustice
- Increased acuity
- Increased volume
- Chronic systemic stressors



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When the rights of women and LGBTQ+ individuals are being threatened, gun violence is a weekly occurrence, and the state of democracy is being threatened but you got to go to work and pretend everything is ok.



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Clinicians Are Humans Too



Clinician Emotions

- Most clinicians go into the field to help
 - Make a difference
 - Put patients first
- Common to mistake your distress relief as the best clinical decision for your patient
 - I feel better = Must be the right decision

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Addressing Clinician Fears



If we are uncomfortable with the emotion that a patient or situation is evoking, we may respond out of the desire to stop/avoid/manage our own emotions.

Are your clinical decisions and actions fueled by your need to change your emotional experience?



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Increasing Clinician Awareness



Awareness of Antecedents:

- Has anything happened in my day or week in my personal life that may impact my emotional response?
- Has anything happened in my day or week in my professional life that may impact my emotional response?
- How does my relationship with the patient prior to this situation impact my current emotional response?
- Has this situation happened before? With this patient? Throughout my career?

Primary VS. Secondary Emotions

- Primary emotional response**
- “first” emotional reactions to a situation or memory
 - often functional
 - directly related to the cues in the situation or memory
- Secondary emotional response**
- “Emotions about emotions”
 - tend to be judgmental
 - not based upon information from the present moment
- Influences on Secondary Emotions**
- Interpret the primary emotions as meaning:
- Incompetent
 - Unhelpful
 - Imposter syndrome

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Increasing Clinician Awareness: Example




Date/ Time	Situation	Physical Sensations	Thoughts	Behaviors	What happens next? Consequences
2/10/2020	<p>Patient experiences a panic attack in session after exploring an emotional response impacted by trauma history</p> <p>Antecedents: Patient sees panic attacks as signs of failure- has terminated previous therapist</p> <p>Therapist was late to session-traffic</p>	<p>Hot</p> <p>Sweating</p> <p>Flushed</p> <p>Pit in stomach</p>	<p>"I've pushed too far"</p> <p>"The patient wasn't ready"</p> <p>"The patient can't handle this"</p> <p>"How do I contain/stop this?"</p> <p>"If I can't contain this, I will be late for my next session"</p>	<p>Stop processing immediately</p> <p>Engage patient in mindfulness (breathing, imagery)</p> <p>Change the topic</p> <p>Plan to avoid in the future</p>	<p>Short Term: Patient de-escalates</p> <p>Therapist de-escalates</p> <p>Session ends on time</p> <p>Patient agrees to continue therapy</p> <p>Long Term: Patient does not address issues that could trigger panic</p> <p>Inability to handle emotions is reinforced</p>

Adapted from *Building Emotional Tolerance: A Transdiagnostic Approach to Understanding and Treating Eating Disorders*

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Increasing Clinician Awareness: Example




The Renfrew Center
Foundation
THE PATH OF HOPE

Date/ Time	Situation	Physical Sensations	Thoughts	Behaviors	What happens next? Consequences
2/10/2020	<p>Patient experiences a panic attack in session after exploring an emotional response impacted by trauma history</p> <p>Antecedents: Patient sees panic attacks as signs of failure has terminated previous therapist</p> <p>Therapist was late to session-traffic</p>	<p>Hot Sweating Flushed Pit in stomach</p>	<p>"The patient is really distressed" "The patient can tolerate this emotion" "I can tolerate her emotion" "I know that the emotion intensity will rise and fall all on its own, needing not intervention from me"</p>	<p>Sit with the emotion Attend/Label/ Validate the emotion</p>	<p>Short-Term: Patient distress rises and falls naturally Therapist distress rises and falls naturally</p> <p>Long-Term: Patient learns to tolerate distress Patient generalizes progress Patient trusts therapist with distress</p>

Adapted from Building Emotional Tolerance: A Transdiagnostic Approach to Understanding and Treating Eating Disorders

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Recommendations for Clinicians



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- Increase awareness of your emotions
- Increase awareness of your attempts to avoid/suppress/control your emotions AND the emotions of your patients
- Attend/Label/Validate/Meet the Need of your emotions AND the emotions of your patients
- Ask for help too! Seek consultation and supervision to ensure you are providing best practice to your patients
- Get your own therapy!

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Contact Information



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For more information about The Renfrew Center's programs and services, please call 1-800-RENFREW (736-3739) or visit www.renfrewcenter.com.

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