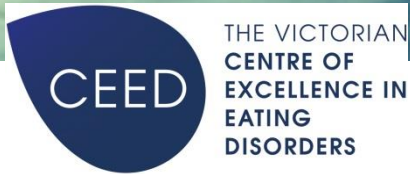


# MANAGING CRISES AND DISTRESS

*A Resource for Families and Support People*



Call 000 for emergency services if there is a threat of violence towards others or risk to self

With an eating disorder there is often distress and sometimes extreme distress. This resource is based on strategies designed to manage heightened **Physiological Arousal** (Fight or Flight response/Internal alarm system). It is recommended that distress tolerance plans are discussed with family members when people are calm, so that an appropriate plan can be outlined in advance and implemented when distress emerges. Reasoning with distress within an eating disorder can be ineffective.

## MANAGING RISK AND DANGER

Around the clock supervision of your loved one may be necessary at times. It will be useful to have a trusted person who you can call for help, and a plan for managing this

Risk of harm to self and others are not uncommon among those with eating disorders. When risk is present, it is necessary that safety is prioritised, while refeeding continues

"We slept with her for months, to not only to reduce her excessive exercising, but to keep her safe. I also felt safer"

"We hid any objects around the house for his safety, so they were not accessible and we made a plan that if anyone in the house was in danger, we would have to call the police"

"I created a box of distraction items for her to go to when she had urges of self harm. I could see when she was more distressed and going to it more, then I could fill it to help keep her safe"

## MANAGING EXTREME DISTRESS



### Temperature

- Activate dive reflex\* by holding breath while: placing face in cold water, placing a cold cloth over face
- Can also help: Having a cold shower, cold cloth on wrists or neck



### Intense Exercise\*\*

- Get Heart rate to 70% of maximum to produce endorphins and reduce anxiety
- Push-ups, star jumps, running for 1-5 mins



### Paced Breathing

- Slow breathing by making Exhale longer than inhale



### Progressive Muscle Relaxation

- Tense muscle groups while breathing in and release while breathing out

Indicators of extreme distress are a high physiological arousal (heart rate, breathing rate), and an inability to engage in distractions, discussions or more difficult skills, but there is no physical risk present.

See: <https://dialecticalbehaviortherapy.com/distress-tolerance/tipp/>

TIPP skills are effective to change the body rather than feel better and they don't last long, have a soothing or distraction strategy close by

"When things were really extreme, I would put XX clothed under the cold shower"

"We also did progressive relaxation. Tighten your muscles, hold to 5, release. Also while doing this we inhale through the nose and out through the mouth"

\* Can be dangerous for people with heart conditions, check with a GP first and use less intense option

\*\* Only when the team agrees that exercise is ok, make sure this is kept short: <5mins

## MANAGING MILD-MODERATE DISTRESS: SELF-SOOTHING

When Physiological arousal is high, but not extreme, soothing using the five senses can help to reduce arousal. This is best paired with a distraction so that arousal does not increase again.

See: <https://dialecticalbehaviortherapy.com/distress-tolerance/self-soothing/>



Cuddle a soft blanket or pet, warm bubble bath, weighted blanket, some may appreciate a massage or hug, stress balls, wheat bags, kinetic sand



Music, calm voices/reading, podcasts, reduced noise, simple conversations, laughter, instruments, rain, waterfalls



Burn relaxing oils, scented candle, fresh flowers, soaps, rain, cinnamon perfume, rain



Get out into nature, making a photo album of friends, art, ocean, landscapes, buildings, candles



Mints, cordial, ice cream, tea, chewing gum, comfort foods. Soothing through taste may not always be appropriate

"She enjoyed using henna cones as she had to focus and also be still for a period of time whilst it dried"

"After a meal there was not only distress but also discomfort. A wheat bag helped to comfort her, she hugged the warmth of the bag and it eased how uncomfortable she felt after eating"

## KEEPING DISTRESS DOWN: DISTRACTION

### Activities

- Colouring, knitting, cleaning, TV, YouTube, movies, conversation, crafts, lego, organising things, colouring, walking/light exercise (if medically cleared to do so)

### Opposite Emotions

- Something that triggers a different emotion: Funny YouTube clips, comedy sketch, Sit-com, jokes

### Thoughts

- Something that uses our brain: Puzzles, sudoku, homework, board games, counting anything, audiobooks, podcasts

### Sensations

- Strong physical sensations will overcome strong emotional sensations: Ice cube, cold drinks, hot drinks, stress ball, rubber band around wrist, "Wreck-it journal," pluck hairs

Keeping the brain and body busy can stop distress escalating

Activities that engage different parts of the brain and hands are particularly helpful.

"We played UNO when we went out for dinner, it may have looked strange but it we managed to eat out. When my daughter recovered my son said he missed UNO whilst out together"

**\*\* Not all of these skills will work for everyone, and strategies that work one day may not work the next. It is recommended that families have a handful of different strategies available.**

See: <https://dialecticalbehaviortherapy.com/distress-tolerance/distracting-activities/>

"She watched A LOT of TV, it kept her still and rested. Sometimes we would get her doing an activity such as colouring in mandalas"