

HOW TO HELP
YOUR LOVED ONE



PREVENTION TIPS

- Keep the topic of eating positive
- Offer a variety of foods to children rather than categorizing foods as “good” or “bad”
- Never put your child on a weight loss diet
- Cook and bake with your family
- Keep comments about larger people positive
- Encourage exercise only for the physical and mental health aspects not weight control. Consider getting rid of the word “exercise”

PREVENTION TIPS

- Praise kids for reading their body hunger and satiety signals
- Enjoy eating desserts together
- Stay positive about your own body image
- Beware of health, exercise, diet, and fitness media
- Stay positive about the normal weight gain that females usually experience between the ages of 9-11 (*growth charts)
- Ellyn Satter's Book "Your Child's Weight, Helping Without Harming"

SOME REMINDERS ABOUT FOOD FROM THE DIETITIAN

- All foods fit within a healthy lifestyle
- Food is not fattening!
- We need food for energy
- Consume a variety of foods (think the color of the rainbow!)
- Don't fall for health food trends
- Let's discuss some of these trends (gluten, dairy, veganism, intermittent fasting)
- SUGAR is not addictive....let's explore how sugar and food is talked about in your household?

SOME THINGS TO REMEMBER WHEN TALKING TO YOUR LOVED ONE

- Being seen is powerful!
- The ED will tell them that they aren't "sick enough" or even sick at all
- Validation is so important
- Never minimize, empathize!
- Medical results such as labs are often normal

HOW TO CONFRONT THEIR BEHAVIOR

Open the conversation by asking if they
have a moment to talk

*Example A) I have something I'd like to
say which may be touchy to bring up. I'm a
little nervous about saying this in a way
that comes out right...*

*Example B) I've been thinking about you
lately and I'd like to share some thoughts
about some things I'm seeing...*

-Francie White, MS, PhD Candidate in Consciousness &
Transformative Studies



HOW TO CONFRONT THEIR BEHAVIOR

- Then kindly speak about 2-3 observations you have made re: their behavior.
- Be specific and objective. In other words don't go directly to your interpretation of their behavior.
- *Example A) I noticed you picking at your food the other night and leaving most of it on your plate.*
- *Example B) I noticed you got up from the table the last few night right after we ate and went into the bathroom. I began to wonder what might be going on...*
- *Example C) Lately you've been getting up before dawn to go running. This is new for you, and then I noticed you going back to the gym in the evenings...*
- *Example D) I noticed that there has been food missing from the cupboards, and it made me wonder what might be happening.*

HOW TO CONFRONT THEIR BEHAVIOR

- After stating the observations with concern, and kindness, frame your observations as evoking curiosity in you about what might be signs of their eating disorder. State that your intention in this sharing is to ask them how they are doing and how treatment is going.
- Check in as to what it is like hearing the observations and concerns you stated. This invites them to share, and a chance for you to reflect back what it is they are saying. This “active listening” technique will help them feel understood by you, and whether or not they take action right away, it contributes to a positive experience toward being honest in the long run.

WHAT TO DO DURING MEALTIMES

- Practice distraction
- Light dinner topics
- Often making the food decisions help rather than giving your loved one too many choices (this differs between parents of underage kids versus adolescents and adults that are differentiating)
- For our younger clients being kind and firm with boundaries is essential
- Family Based Treatment is the gold standard for young clients with EDs but it can also work for adults

WHEN IS TREATMENT NECESSARY

- When symptoms begin to interfere with functioning in any way treatment should be considered
- You do not need to meet the DSM criteria to qualify for help. Any amount of suffering counts
- The earlier we intervene the better the outcome

TREATMENT LEVELS OF CARE

- Outpatient (OP)
- Intensive Outpatient Program (IOP)
- Partial Hospital Program (PHP)
- Residential Treatment Center (RTC)
- Inpatient Treatment (IP)

INSURANCE COVERAGE

- Insurance coverage is contingent on the type of plan you have, e.g. private versus public insurance, the specific policy including what deductible and co-insurance
- Higher level of care treatment (HLOC) is frequently covered at least to some extent
- Authorization for insurance coverage is not the same as having the coverage benefit. They still require a review of all clinical information and many concurrent reviews in order to cover treatment
- Insurance coverage tends to cut out before a treatment team and the client feels ready to discharge

WHAT DOES TREATMENT ENTAIL

- Most HLOC treatment will entail the following:
- The combined efforts of an interdisciplinary treatment team that includes at minimum a therapist, a dietitian and MD. Many teams also include a psychiatrist, nurse, and other support staff.
- Group as well as individual support
- Therapeutic meals
- Education for the client and family
- Collaboration with outpatient providers including a discharge plan
- The use of different therapeutic modalities including CBT, DBT, ACT, ERP

WHAT IS EXPECTED IN TREATMENT

- Treatment provides education and support
- The work has to be done by the client and often, their support system
- We are not here to “fix” the person suffering with the ED
- They may or may not discover exactly what caused their disorder. And it may not matter
- They may not recover 100% before they leave treatment
- Recovery looks different for everyone
- Recovery versus Recovered...

HOW TO IMPROVE YOUR OWN RELATIONSHIP TO FOOD

- First become aware of what your belief system is around food
- Describe your relationship to food
- Describe your relationship to your body
- Explore what your own self-worth is based on. Is it conditional or unconditional?

For additional information please reach out to your
treatment team.
There is HOPE
&
RECOVERY HAPPENS 😊



REFERENCES/RESOURCES

- National Eating Disorder Association (NEDA) <http://nationaleatingdisorders.org>
- **Dieting and restrained eating as prospective predictors of weight gain**, MR Lowe, SD Doshi, SN Katterman... - Frontiers in psychology, 2013 - frontiersin.org
- Dr. Lindo Bacon, PhD www.lindobacon.org
- National Association of Anorexia Nervosa and Associated Disorders (ANAD) www.anad.org
- My blog © <https://www.marlenatanner.com/blog>
- Book "Sick Enough"; A Guide to the Medical Complications of Eating Disorders by Dr. Jennifer Gaudiani, MD, CEDS, FAED
- International Foundation of Eating Disorder Dietitians (IFEDD) <http://www.eddietitians.com>
- International Association of Eating Disorder Professionals (iaedp) <http://iaedp.site-ym.com/search/custom.asp?id=4255>
- Central Coast Treatment Center in SLO offers OP, IOP, and PHP LOC www.centralcoasttreatmentcenter.com