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# Introduction

The parent of a child with an eating disorder can often feel confused, scared, helpless, and even angry, about what is happening to their child.

We hope that this booklet will help parents to understand what an eating disorder is, how it develops and is maintained in an individual, and how a parent can support their child in moving towards recovery.

Each experience of an eating disorder is unique – just as each child and each family dynamic is a unique one.

While this resource reflects a broad experience of a child's eating disorder, we hope that it can be of use to anyone who plays a parental role – be it a mother, a father, a relative or a guardian.

There may be no simple answers, but with appropriate help and support, people can and do recover from eating disorders.

We hope that this resource can be a useful tool for you in your child's journey towards that recovery.



# 1. Identifying & Acknowledging an Eating Disorder

## Recognising an eating disorder

A child who is affected by an eating disorder may go to great lengths to hide the disorder, and may be in denial about their condition.

As a parent, you can play a vital role in identifying the eating disorder, and in helping your child to address both the behaviours and any associated emotional distress.

The first step that you as a parent can take is to educate yourself about the nature of eating disorders; to understand the behaviours that you may be looking out for, and to acknowledge the feelings behind those behaviours.

- Read all you can about eating disorders.
- Look for support groups that can give you more information.
- Speak to your family doctor if you have specific medical concerns.
- If you know of someone else who has been through this experience, speak with them and ask their advice.

Understanding the eating disorder means understanding that it is about feelings rather than food. It is important that you try to keep this focus.

The very nature of an eating disorder means that recognising it can be made deliberately difficult by the person affected. Denial, attempts at hiding foodstuffs or evidence of purging, and attempts to disguise weight lost or gained, can be problematic for the parent who is anxious to assess their child's well-being. Try to be patient, and work on observing these behaviours. Try not to judge, or become angry.

## *Distinguishing between an eating disorder and 'normal disordered eating'*

One of the greatest challenges in identifying a child's eating disorder is attempting to distinguish between the 'picky' eating which is common amongst young people, and disordered eating which may be becoming problematic.

If you are developing concerns about your child's eating behaviours, one of the first things you can do is observe their eating habits. This should be done discreetly at first.

### Some questions you can ask yourself:

- Is your child's behaviour having an impact beyond meal times?
- Is their behaviour impacting on their personality, or on the rest of their day-to-day life?
- Does your child see food as a source of energy and nutrition, or is some other value being attached?
- How does your child react to mealtimes? Is there an overly emotional response?

Your ability to answer these questions will be heavily dependent on their age and on other factors around your lifestyles.

### There are a number of specific signs to look out for that do not relate directly to food behaviours:

- Weight loss
- Evidence of low self-image
- Pre-occupation with weight and body shape
- Pre-occupation with food, and in particular with preparing food for others that they themselves won't eat
- Excessive exercising
- Withdrawal from regular activities and social situations

If you are noticing some or all of the above signs, your child may have an issue that you will need to talk to them about.

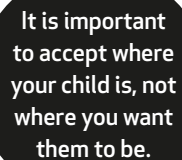
## How to speak to your child about eating disorders

If you believe that your child may be developing an eating disorder, it is important to speak with them about it as early as possible.

Try to remember that eating disorders are not really about food, and that your child's emotional well-being must be the focus.

Beginning a conversation with your child may seem impossible, however in acknowledging the potential seriousness of the situation it is important to take the opportunity to address it as early as possible.

It may be useful to create some opportunities for your child to be around you with no specific focus, so that they can open up to you if they feel able to. Try to be as available and as visible to them as possible, so that they may approach you with ease.



**It is important to accept where your child is, not where you want them to be.**

## When speaking to your child:

- Do be honest.
- Do speak from your own perspective.  
*E.g. "I'm worried about how you've been feeling lately..."*
- Do remember that your child may feel extremely vulnerable.
- Do be prepared for:
  - Denial
  - Resistance
  - False reassurance
  - Silence
  - Emotional outbursts
- Do reassure them that you care about them and value them for who they are, not what they look like.
- Do speak in specifics: mention behaviours you have noticed, and explain why you are concerned about those behaviours.
- Do show that you understand the eating disorder is their coping mechanism.
- Do remember to listen as well as speaking – balancing your concerns with their responses is important at this stage.
- Do encourage them to speak as openly as possible.
- Do communicate a belief that recovery is possible.
- Do ask them to come to the family doctor with you.
- Don't ask for immediate changes in behaviour.
- Don't make accusations.
- Don't list off all your fears and concerns at once, as this may be overwhelming for both of you.
- Don't demand that they 'just eat' or 'just stop'. This is too much to ask of them in the early stages.

Communication between a parent and a child is inherently complex. There is no one 'right' way to discuss a difficult issue with your child, but you should try to strike a balance between feeling free to discuss what is happening, and at the same time being careful of your child's feelings and perspective.

It is important to remember that your child may feel protective of their eating disorder, and while part of them may acknowledge and appreciate your concern, another part of them may interpret your concern as a threat to their coping mechanism.

Your initial conversation with your child is the first step towards a much broader process of support and recovery. The eating disorder is now out in the open, and that acknowledgement may change things for both you and your child. In this context it is a good idea for you to reflect on how you both felt after the conversation.

- Be prepared to feel underwhelmed, deflated or even frustrated, if it seems the response you have gotten is not the one you may have wanted.
- Your child may feel more apprehensive than before if they think that their coping mechanism (the eating disorder) is under threat.
- A follow-up conversation a few days later may be useful to reassure you both that you are being fully supported, and that you are going to work together to overcome the eating disorder.

**At this stage it is important that your child feels that you can take some control of the situation for them, and guide them towards the next step.**

## **Distinguishing between the eating disorder and your child**

The natural response to your child's eating disorder is to see it as an unwelcome invader of your family.

While feelings of anger are perfectly understandable, in confronting the eating disorder and in supporting your child on their road to recovery, it is important to distinguish very clearly between the eating disorder itself, and the child who is experiencing that eating disorder.

It is particularly important in the context of your relationship with your child that they see your anger as being directed at the eating disorder and not at them.

### **Ways of making this distinction:**

- Avoid labelling your child  
*E.g. describe your child as 'having' or 'being affected by' an eating disorder, as opposed to 'being anorexic'*
- Be clear that you are not assigning blame to your child
- Encourage your child to make these same distinctions

Separating out your child from the eating disorder can allow you and your child to unite in the struggle against the eating disorder.

This is a slow process as it can take time for your child to build up the courage to trust you, and to listen to you rather than the eating disorder. There will be times when your child will only listen to the eating disorder thoughts and will struggle against you, so patience and understanding on the parent's part is crucial.



## Eating disorders at different ages

The age of your child will have an impact on a number of aspects of the identification and treatment process.

In younger children, it can be more difficult to distinguish between 'picky' eating and a variety of behaviours around food that might be of greater concern. It can also be more difficult to discuss the issue with your child if they are not yet of an age where they can express themselves adequately, particularly in relation to emotional issues.

In the case of older children and adolescents, other difficulties may emerge. The privacy which is naturally sought by teenagers as they begin to emerge into adulthood can cause a particular strain in the parent-child relationship.

It is often assumed that teenagers are naturally uncommunicative or 'difficult'. However, it is important that you feel able to trust your instinct, and if you suspect that their behaviour is of greater concern, you should feel able to address the issue with them at an appropriate time.

## Eating disorders in boys

Parents of boys and young men who develop eating disorders may face particular difficulties.

Because of the misconception of eating disorders as a 'female issue', it can be particularly difficult for a male to admit that they may be affected by an eating disorder.

Young men may feel embarrassed and fear being seen as effeminate if the diagnosis of an eating disorder is made.

There may also be an issue around recognition by medical professionals, as a set of symptoms that in a young girl might be acknowledged as suggestive of an eating disorder might not be as readily identified in the case of a young boy.

**In this context it is particularly important that parental support be forthcoming and that the eating disorder is acknowledged as being a serious issue as opposed to a phase of any sort.**

Eating disorders can often manifest themselves quite differently in boys. For example, a boy affected by anorexia nervosa may be more likely to engage in an excessive level of exercise in order to keep weight down and/or develop a muscular physique.

**Despite these differences, in your role as parent the focus remains very much the same. Your child's emotional state should be the focus, and the part you can play in supporting your child as he or she faces into the process of recovery is very much the same.**



## 2. Understanding Eating Disorders

From the outset it is important to understand that an eating disorder is a complex mental health condition, not a form of extreme dieting and in particular not “all about food”.

Disordered behaviours around food can frequently be the most visible sign of an eating disorder, but the real root of the disorder is the underlying, and largely invisible, emotional issues your child may be struggling with.

In this section, the main features and physical manifestations of eating disorders will be discussed, so that you can be better prepared to understand what your child is experiencing.

Equally, if not more, important are the emotional issues which may be applicable to your child and which ultimately can offer the greatest insight into the cause of, and potential solution to, their eating disorder.

### **What eating disorders are – and aren't**

One of the greatest challenges in recognising and acknowledging an eating disorder which your child may be experiencing is the large amount of misinformation available about the nature of eating disorders.

An eating disorder can be understood as the physical manifestation of emotional distress. Rather than confronting an emotional issue that may be affecting them, your child may find comfort in certain behaviours around food.

This can be confusing as it will seem like they are fully focused on food, and food only, however in supporting your child it is important that you acknowledge the bigger issues involved.

An eating disorder can best be described as a coping tool. Your child may see food and meal times as one of the few aspects of their lives which they can have some control over, and so this may become the way they try to establish some control over other aspects of their lives.

This may seem illogical to you at first, however we all have some issues that arise in our lives that are beyond our control. It may be that your child is yet to develop alternative coping mechanisms – this may form an important part of the treatment and recovery process at a later stage.

In developing your understanding of eating disorders, it is vitally important that you acknowledge that your child has not chosen to develop an eating disorder. This can be particularly important in terms of not assigning ‘blame’ to your child.

Equally, in order to assist your child towards recovery, it is important to understand and acknowledge that an eating disorder is not a 'phase' that will go away of its own accord.

**An eating disorder is a very serious mental health condition, and must be treated as such.**

## **Where eating disorders come from – understanding the emotional background**

The onset age for the majority of eating disorders comes during adolescence, and the reasons for this are multiple.

The teenage years can be particularly challenging, as the physical changes in a child's body can be confusing, and can lead to a sense of 'difference' from peers which did not exist previously.

Self-esteem can come under attack from a variety of outside forces, and for the first time a child's body image may become a focal point for them.

Specific traumas may also occur in a child's life that can have an impact on the development of an eating disorder.

### **These may include:**

- The death of a family member
- The breakup of a relationship
- Bodily changes, including those that occur around puberty
- Problems around school and bullying
- Experience of physical, emotional or sexual abuse

While the underlying emotional issues may be the most difficult aspect of an eating disorder to address, ultimately full recovery can only be achieved in the context of a multidisciplinary approach which deals specifically with this aspect.

## ***Issues around parental responsibility***

When a child develops an eating disorder, the initial parental reaction tends to be a search for someone to blame, and all too often that search can lead to blaming yourself.

Blaming yourself for your child's eating disorder, while often a natural reaction, is not constructive in helping your child to recover.

There are a wide variety of potential triggers for an eating disorder, and each person affected by an eating disorder will have a very personal, individual experience. A parent's

focus should be on trying to understand all the possible reasons why their child has developed an eating disorder and how those issues can now be addressed.

People with eating disorders are often extremely sensitive to how other people are feeling, and may avoid causing tension, upset or anger at any cost to themselves. If you blame yourself for the development of their eating disorder, your child may feel concern for you which may result in them shutting you out of what they are experiencing in order to protect you.

By showing that you are trying to understand what is happening to them, and by reassuring them that you can cope with and manage your own feelings, you can help your child to feel confident about letting you into their world.

## **The main eating disorders**

When we talk about 'eating disorders', there are three main conditions involved – anorexia nervosa, bulimia nervosa and binge eating disorder. Each has its own characteristics in relation to behaviours around food and other co-existing symptoms and behaviour.

Equally, if not more, significant is the category of 'Eating disorder not otherwise specified' (EDNOS). These conditions involve a variety of behaviours and symptoms from across the spectrum of the other specifically defined conditions, but do not meet the diagnostic criteria for one of those classifications.

While the physical symptoms of each eating disorder may vary, it is important to remember the underlying psychological symptoms which tend to be similar.

### **These symptoms can include:**

- Low self-esteem
- Over sensitivity to other people's feelings
- Preoccupation with food or dieting
- Irritability and mood swings
- Problems dealing with social situations
- Feelings of guilt or inadequacy
- Depression and related symptoms

## **Anorexia Nervosa**

Anorexia nervosa is perhaps the most readily identifiable of the three defined eating disorders.

Anorexia is characterised by a person who wishes to attain a body weight lower than the healthy weight for their age, sex and height.

### **Behaviours may include:**

- Severely restricting the intake of food
- Excessive levels of exercise
- Abuse of laxatives
- Intense fear of putting on weight – this fear is not lessened by weight loss
- Preoccupation with body weight, shape and size

A person experiencing anorexia will often have a very low body weight, and will show the physical signs of starvation.

### **Physical symptoms may include:**

- Low body weight
- Poor circulation
- Increased sensitivity to cold
- Dry, thinning hair
- Dry, discoloured skin
- Growth of fine, downy hair on the face and body
- Loss of periods

Alongside these visible symptoms, there are health consequences that must be considered. Ongoing restriction of food intake can lead to the body being starved of nutrients.

### **Health consequences may include:**

- Severe dehydration
- Muscle weakness
- Slower heart rate
- Low blood pressure
- Heart and kidney failure
- Osteoporosis

**It is in the context of these long-term consequences that early intervention is particularly important.**

## ***Bulimia Nervosa***

A person affected by bulimia will become caught in a cycle of dieting, bingeing and purging. They will consume more food than is required by their body at any one time, and will then engage in a variety of behaviours in order to rid their bodies of that food.

### **Behaviours may include:**

- Regular binges  
E.g. consuming more food than is required by the body at any one time
- Purging behaviours  
E.g. making themselves sick, particularly after meals
- Disappearing to the bathroom after meals in order to get rid of food
- Secret hoarding of food
- Secret disposal of vomit
- Abuse of laxatives
- Excessive exercise

### **Physical symptoms may include:**

- Frequent changes in weight
- Tiredness and insomnia
- Digestive problems including cramps and constipation
- Poor skin condition
- Sore throat and mouth ulcers
- Calluses on the fingers
- Irregular periods
- Enlarged salivary glands
- Erosion of tooth enamel

Frequent vomiting and the use of laxatives can seriously affect the body's ability to function properly. All organs can be affected, though the heart is particularly at risk.

### **Health consequences may include:**

- Severe dehydration
- Depletion of electrolytes
- Ongoing digestive problems
- Sore throat and mouth ulcers
- Irregular periods

Bulimia is also particularly associated with other risk-taking behaviours including alcohol or drug abuse, shop-lifting, promiscuity and self-harm.

Bulimia nervosa is more common than anorexia, but is not as easily identifiable. It is important to note that a person affected by anorexia can often go on to develop bulimia.

**A person affected by bulimia may maintain a normal body weight**, and when this is combined with the denial that is common amongst those experiencing an eating disorder **this can make it very difficult to identify bulimia in your child.**

## ***Binge Eating Disorder***

Binge eating disorder (or '*compulsive overeating*') is characterised by periods of binge eating or overeating. The person affected by binge eating disorder may diet frequently, however they will not engage in purging behaviour after a binge. Over time this can, but may not always, result in significant weight gain.

### **Behaviours may include:**

- Out-of-control eating
- A general feeling of discomfort around food
- Eating more than the body needs at any one time
- Eating much more quickly than usual during bingeing episodes
- Eating until uncomfortably full
- Eating large amounts of food, even when not hungry
- Eating alone (often due to embarrassment at amount of food being eaten)

### **Physical symptoms may include:**

- Significant weight gain
- Digestive problems
- Joint and muscular pain
- Breathlessness
- Poor skin

### **Health consequences may include:**

- Digestive problems such as bloating, stomach cramps, constipation or diarrhoea
- The primary impact on health is related to significant weight gain:
  - High blood pressure
  - High cholesterol levels
  - Heart disease
  - Diabetes
  - Gallbladder disease

A person experiencing binge eating disorder may find themselves trapped in a cycle of dieting, bingeing, self-recrimination and self-loathing. They can feel particularly isolated which can contribute to the prolonging of their experience.



## ***Eating Disorders Not Otherwise Specified (EDNOS)***

Your child may engage in a variety of the behaviours described above, but may not be easily categorised into one of the disorders as opposed to another.

It is important at this point to acknowledge the individual experience your child is having, and equally acknowledge that applying a label to that experience is not necessarily helpful.

One of the major issues which you may have to confront if your child falls into this category, is the potential difficulty of getting a definitive diagnosis, and corresponding treatment, from medical practitioners.

In this context, it is particularly important that you communicate with your child and that you support each other in seeking treatment options.



# 3. The Road to Recovery

## Diagnosis

Obtaining a formal diagnosis is a major step towards getting the right kind of treatment for your child.

Depending on the age of your child, you are most likely to begin the process with a visit to your family GP, or in some cases a child psychiatrist.

### What the GP may do:

- Physically examine your child  
*Looking for some of the symptoms described in section 2*
- Ask about behaviours around food and diet
- Explore any potential emotional issues  
*Which may be an underlying cause*
- Perform a selection of tests to determine a diagnosis:
  - Measure Body Mass Index (BMI)
  - Blood tests to examine blood counts, liver and thyroid function, hormone levels and levels of sodium, potassium, calcium and magnesium
  - Refer for a DEXA scan to test bone density
- Refer your child on to a specialist

The doctor who has made a diagnosis, while acknowledging your child's condition, will now be in a position to assist you in finding the appropriate assistance to help your child.

At the same time it is important that you inform yourself about the options open to you.

**It's a good idea to give yourself time to explore your options before making a commitment to any one course of action.**

### ***What it means: first steps***

If your child has been diagnosed with an eating disorder, this means primarily that they meet certain diagnostic criteria which define the conditions anorexia nervosa, bulimia nervosa or binge eating disorder.

While this may be an upsetting time, a diagnosis is in fact a positive step towards treatment and, ultimately, recovery.

The most significant implication of a diagnosis is that the eating disorder can now be seen as a concrete 'fact' - something is going on, and some action needs to be taken.

Acknowledging that there is an issue is the single biggest step that can be taken towards recovery, and presents an opportunity for you and your child to speak more openly about how you are both feeling and how you can tackle this together.

### **First steps**

- **Ask Questions.** You may feel confused or scared by the diagnosis you have received, so it's important that you ask the doctor any questions you have when you have this opportunity.
- **Speak to your child.** Take time to reassure your child, and to ensure that you both understand and can discuss the diagnosis. It is important at this stage that your child does not feel isolated by complex medical terms.
- **Speak to the rest of your family.** The diagnosis of an eating disorder will have an impact on the whole family, so it's a good idea to sit down together and talk things through at an early stage to avoid any unnecessary issues arising later on.
- **Get as much information as you can.** The more you find out about the diagnosis and your treatment options, the better prepared you will be to support your child.
- **Trust yourself.** Acknowledge that you know your child, and that you are best placed to make decisions with them about the next step.
- **Include your child.** It is vital that your child feels included in the process from the very beginning. Speak with them about treatment options, share any information you find with them, and ensure you are actively taking their views on board.
- **Continue to separate your child from the eating disorder.** At the point of diagnosis it is particularly important that you can make this distinction and maintain it.

### ***Issues around a child unwilling to seek help***

The very nature of an eating disorder may mean that your child is in denial, which may mean they are unwilling to seek help of any kind.

It is important to understand that their eating disorder is their means of coping – of maintaining some control – so when you are asking them to speak with a doctor or counsellor in order to get treatment, you are in fact asking them to let go of their primary coping tool.

Your child is likely to feel threatened or afraid if you try to push them towards a change they do not feel ready for. This is why negotiation is crucial at this stage.

### **Negotiating with your child:**

- **Focus** on specific issues which you are concerned about; this may be a behaviour, or a physical symptom that you have observed.
- **Explain** that you need them to address these issues with you and with your doctor.
- **Reassure** your child that you are not asking them to change their behaviours today.

If your child agrees to go with you to your family doctor, it is vital that you respect your agreement and do not put pressure on them for immediate change.

**Even in the face of a diagnosis, you must acknowledge that recovery can be a long and difficult process,** and that throughout that process your child must be able to trust you.

## **Treatment**

In approaching the issue of treatment it is important to re-emphasise the distinction between your child and the eating disorder.

The process of treatment is about trying to encourage your child's sense of themselves while at the same time working to weaken the eating disorder's grip.

Treatment should not focus solely on weight gain/loss, or normalising food behaviours, as a measure of recovery. The underlying factors that may have contributed to your child developing the eating disorder should also be taken into account.

Treatment should also focus on working to build your child's self-esteem and self-worth, by helping your child to find new coping mechanisms and by building up their sense of themselves so that they no longer need the eating disorder to cope.

Challenging the eating disorder, and showing your child that the eating disorder is a harmful and destructive coping mechanism, may mean:

- Regular health checks with a family doctor
- Counselling therapies
- Working on the thought processes which are at the root of the eating disorder

It is important to maintain a balance so that your child feels secure enough to let the eating disorder go bit by bit, and also to ensure that they feel supported through those times when the eating disorder intensifies due to the challenges faced in recovery.

Working with your child to build a sense of themselves that is not dependent on the eating disorder means:

- A focus on the support available within the family
- Building self-esteem
- Building self-worth that is not based on maintaining the eating disorder
- Addressing any problematic issues or situations in your child's life  
*E.g. If there is an issue with bullying, address this with the school or look at moving your child to a different school*
- Allowing your child to grow and change in ways that are both appropriate and productive

Eating disorders are highly individual conditions, and as such it is important to find the route to recovery which is most suited to your child. While the process can seem slow, it is important that it be taken at a pace that suits your child, with your child's input being valued throughout the process.

## ***Treatment options***

The following are the primary treatment options available for your child. It is a good idea to find out as much detail as you can about each option before making a decision as to what may work for you.

### **GP**

The family doctor is often the first step towards recovery, and can play a crucial role in the diagnosis of an eating disorder.

Depending on your doctor's level of expertise in the field of eating disorders, they may involve themselves more or less in the treatment process.

If your child is comfortable speaking with their doctor, this may be a very useful outlet for your child to access professional assistance.

The GP can also make referrals directly to a hospital, to a paediatrician, or to one of the other professional services listed below.

### **Counselling & Psychotherapy**

This can take many different forms, including:

- One-to-one counselling
- Cognitive behavioural therapy
- Group therapy
- Family therapy

Counselling/therapy usually involves committing to a series of regular sessions of about an hour in length over a period of time.

The aim is to address the psychological and emotional factors that are underlying and sustaining the disorder. Family involvement in therapy can be particularly valuable in the case of younger people.

It is important to note the difference between a psychologist, a psychotherapist and a counsellor.

- A psychologist is trained in the study of human behaviour and may provide therapy and psychological testing.
- A clinical psychologist has a specialist qualification in mental health, and is involved in assessment and counselling therapy – usually as part of the mental health team in a hospital or treatment unit.
- A psychotherapist will usually have completed extensive post-graduate training and as a result the counselling provided tends to be more in-depth.
- Some counsellors may be trained psychologists though many are not – for this reason **it is important that you clarify the qualifications and/or accreditation of the person you and your child have chosen to work with.**

### **Dietary advice or nutritional counselling**

A dietician or clinical nutritionist is a health professional who works, normally in a hospital environment, in the area of dietary health and nutrition. They combine knowledge of food, nutrition and other related disciplines to promote health, prevent disease and aid in the management of illness.

A nutritionist is a person who applies a scientific understanding of nutrition to enhance the impact of food on a person's health and well-being.

The aim of nutritional counselling is to educate both you and your child and to allow you both to begin making choices necessary to restore healthy eating habits.

### **Psychiatric assessment**

A psychiatrist is a medical doctor specialising in mental health. They will usually work as part of a community care team, in a psychiatric hospital or unit, or in a private practice.

Sometimes a psychiatric assessment may be required for an eating disorder and related or co-existing problems. This can also sometimes be necessary when a diagnosis is not straightforward. A referral may be needed, depending on the service provider.

### **Specialist treatment**

Your family doctor will be able to advise you on the different options available to you if specialist treatment is deemed necessary. You may need a referral from your doctor to access these services.

## **Child & Adolescent Mental Health Services**

There are a range of Child and Adolescent Mental Health Services (CAMHS) throughout the country, which your child may be referred to by your family doctor once a diagnosis has been made.

Depending on your child's physical health, there may be a need for hospitalisation in which case they will be referred on from the CAMHS.

### **Self-Help & Support**

In conjunction with the above treatment options, it is important to maintain ongoing support for your child within their family unit.

Equally it is important that you continue to support yourself, so that you are better able to support your child.

There are a wide variety of books and other resources available that you may use yourself or work on with your child. Your local library can be a good start in exploring these options.

## **Recovery**

### ***What is 'recovery'?***

Recovery means something different for everybody. 'Recovery' is a very subjective idea, and one which is impossible to define in a concrete way which is applicable to every individual.

In the case of your child's eating disorder, there are some signs that you can look for. These include:

- Return to normal Body Mass Index (BMI)
- Change in attitude towards food/eating/exercise
- Increased sense of self-esteem and self-worth
- Ability to express themselves, particularly in relation to issues which may have contributed to the development of the eating disorder

Recovery is a gradual process and one which will not come to conclusion overnight. Behaviours which have previously been observed may have stopped, but certain thought patterns may remain.

At this time it is vital that you show an understanding of, and compassion for, your child's experience.



Recovery at any stage should be treated with sensitivity as it can bring mixed feelings for the person with an eating disorder. While on the one hand they will feel pleased and relieved to have made progress, it also takes time for the person to fully allow themselves to feel these things, and they may be extremely sensitive to comments made about their progress towards recovery.

As a parent, you may feel a great sense of relief, however it is important to maintain an awareness of your child's mixed feelings. While it is crucial to acknowledge this progress between yourselves, focusing on progress too much can be experienced as frightening for your child.

Your child will benefit from being given the time that s/he needs to recover at their own pace and to address any lingering issues in their own time.

## ***Stumbling blocks and relapse***

In the case of a person recovering from an eating disorder, it is particularly common for some level of relapse to occur during that recovery process.

'Relapse' refers to a return to a previous state, of mind or of behaviour, which a person may feel they had left behind them.

This can be extremely frustrating both for the person experiencing relapse and for their family members.

It is crucial to be prepared and to recognise that relapse is a natural part of the recovery process, and, as such, if you and your child approach the relapse in a positive way, it can be used as an opportunity rather than a setback.

Developing an awareness of what may trigger a relapse is an important part of dealing with that relapse. During the recovery process it may be useful to establish a strict routine around mealtimes to remove any potential stressors in that area. Equally it may be important to manage exercise in a balanced way.

### **Potential trigger events:**

- Special occasions (birthdays, Christmas, etc.)
- In between sessions with doctor/therapist
- Returning to school
- Socialising with friends (particularly where 'dressing up' is a factor)
- Sports activities
- Meals at a friend's house

A key factor in managing an incidence of relapse is that you maintain open communication with your child. **In essence you must allow your child the freedom to relapse, and the freedom to learn from it.**

## **After the eating disorder**

Just as labelling your child as 'eating disordered' (e.g. 'anorexic', 'bulimic') can be stigmatising and damaging, the label of 'recovered' can bring pitfalls of its own.

If your child has reached a point of recovery, then you should certainly acknowledge that fact. The experience of supporting each other through this chapter in your lives should be seen very much as a positive thing, from which you have both learned a great deal about each other and about yourselves.

If you have developed a culture of open communication with your child about their experience, then this is the time to nurture that relationship and to ensure that you keep communicating about this and other issues.

Most of all, it is vital that your child is not made to feel like this significant chapter in their lives is gone and must be forgotten.

While your child may wish to move on from their experience, and you should respect that fact, at the same time it is vital that you show a willingness to seek and provide support at a later stage, if and when it is needed.

In times of stress, an eating disorder may re-emerge, and in this context it is vital that your child feels that they can re-open a discussion about these issues at some point in the future if necessary.

## **Supporting yourself and your family**

### ***Seeking support for yourself***

Your ability to support your child will depend on your ability and willingness to seek support for yourself. The experience of a child's eating disorder can take a significant toll on a parent, one which you may not be prepared for.

It is vital that you find your own support mechanisms at this time, so that when your child needs you, you will be ready and able to provide that much-needed support.

### **Ways to support yourself:**

- Try to live your own life as much as you can, and maintain a life outside of the eating disorder and the treatment process.
- Take time out for yourself: give yourself a day off, or a day out, and allow yourself to relax and unwind.
- Acknowledge your own limitations. You cannot make a person better, or hurry the process.
- Identify your own personal support network and allow yourself to lean on those around you.
- Be aware of the potential pressure that may be put on your own personal relationships; take time out to work on these relationships.
- Avoid taking on other burdens during this time. Where possible, minimise additional external activities that may be time or energy-consuming.

While you are researching treatment options for your child, it is a good idea to look at specific supports for parents. There are a range of options, including books, online communities, and carer's support groups.

Carer's support groups can serve as an outlet for you to express your own feelings and concerns about your child's eating disorder and all that goes with it. Sharing your experience with others in the same situation can be hugely beneficial in reassuring you that you are not alone.

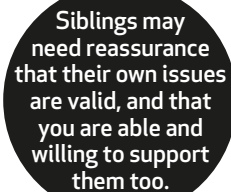
### ***Impact on the whole family***

The experience your child has with an eating disorder is likely to have an impact on the family as a whole, and this is something that needs to be addressed from the very beginning.

If there are other children in the family, they may have difficulty with the perception that all of your focus is on the child who is experiencing an eating disorder.

It can be useful to reinforce general house rules (around homework, curfews, behaviour etc.) at this time, and to ensure that all of your children see that they are being treated equally in this respect.

It is important to include them in any changes that are taking place in the family, and to discuss the eating disorder and related issues with them so that they feel they can participate in, and contribute to, the support network you are building.



**Siblings may need reassurance that their own issues are valid, and that you are able and willing to support them too.**

Working together as a family can provide an exceptional support network for your child. Open communication between family members will be vital at this time to ensure that the pressure being put on individual family members does not lead to further difficulties.

**Take time out with other members of your family to ensure that each family member is feeling supported during this time.**

# 4. Frequently Asked Questions

## Who else do we need to tell?

You may feel that telling other people in your child's life is an important part of tackling your child's eating disorder.

If your child is of school-going age, their teacher(s) will see them for a considerable portion of their day. They may observe behaviours that you are not aware of. They may also be the person that your child confides in about their eating disorder. If this is the case it is important that you respect your child's decision.

Your child's friends may become aware of the eating disorder, either before or after you do. If this is the case, those friends may or may not speak with their own parents about it. You should be aware that other parents may ask you about your child's eating disorder.

The question of who to tell or who not to tell is one that you must address with your child. It is vital that your child feels that they are part of any decision to discuss their eating disorder with others. Equally it is important that your child does not feel that people are talking about them behind their back.

If your child feels that letting others know will help them towards recovery, then it may be appropriate to let people know as much as you are comfortable sharing.

## Is my child's eating disorder treatment covered by my health insurance?

Most health insurance policies do make provision for mental health issues, including treatment for eating disorders. Cover for in-patient or out-patient treatment and for individual counselling sessions can vary depending on your individual policy and the practitioner in question.

If you have any queries you should raise them with your health insurance provider and see what your specific policy covers.



**Always ask for, and keep, receipts when you are paying for treatment – these may be needed for insurance purposes or to claim tax relief.**

## What treatment options are available if you don't have insurance and can't afford to pay for private treatment?

For most people the first port of call is a **GP**. A GP can then advise or make a referral to:

- Psychiatrist
- The local Child and Adolescent Mental Health Service
- Psychotherapist / counsellor
- Dietician

A **psychiatrist** will make a diagnosis and either treat your child themselves or refer to a specific treatment programme.

If a person is referred to a specific treatment programme through the public system:

- They will be referred to the local hospital service. In order for a child to be admitted to a hospital for an eating disorder they may be admitted through the accident and emergency unit.
- If there is no public service available, the NHS may fund a place on a private treatment programme. If this is the case, you may be asked to apply directly to the NHS for funding.

Generally, there is a fee for attending a **counsellor/psychotherapist** in a private capacity. This fee is determined by the practitioner themselves so fees can range from being minimal to being very expensive.

Many therapists state that they have a sliding scale, which means that people pay based on their income or what they can afford to pay.

It is recommended that when you contact a therapist you should ask about their fee structure.

## **I think my child has been visiting pro-ana sites, what can I do?**

If you discover that your child has been visiting pro-ana or pro-mia websites, it is important not to judge or criticise this behaviour. Part of the attraction of these sites is that they allow people experiencing an eating disorder to feel accepted as they are.

Do try to open a dialogue with your child about the sites, and about why they were looking at them. It may be mere curiosity, but it could be something more serious. Be sure to listen to your child's responses, and try to accept their reasons without judgement.

If you can, guide your child towards healthier, more constructive alternatives (e.g. online support meetings, message boards etc. offered by reputable support organisations).

The internet can be a wonderful tool for education and information, but it can equally be dangerous, particularly to younger vulnerable people. As a general rule it may be useful to keep your computer in a public room in the house so that you can monitor activity.

## **Should I ban my child from reading fashion magazines?**

It would be impossible to stop your child from seeing fashion magazines and other media messages and advertisements which may influence them.

However, parents can play a vital role in educating children as to the role of the media and the context of the messages sent out.

Work with your child to develop their media literacy and encourage them to challenge how ads/media make them feel, and why.

## **My son/daughter is starting college this year, what can I do to make sure s/he will be okay?**

Starting college can be a particular challenge for a person with an eating disorder, or a person in recovery, and also for their family.

It is important to give your son/daughter the freedom to explore the new world they are entering, but at the same time maintain regular contact to ensure that they do not feel isolated.

Before the college year starts, it may be useful for you to explore what support services are available both on campus and in the surrounding area. This will allow you both to establish a new support network for your son/daughter which can help you both with the transition.

## **Why are the doctors insisting on re-feeding first?**

If your son/daughter is particularly underweight, it may be necessary for them to return to a healthier weight level before other forms of treatment can commence.

This is because the body requires a certain level of nourishment in order to sustain itself and in order to function at the level required to complete treatment in other forms.

Your support will be particularly important at this time as this can be quite a traumatic experience for your child.

## **My child is self-harming, what should I do?**

Deliberate self-harm (DSH) refers to the various methods in which people may harm themselves, including self-cutting and taking overdoses. Self-harm is extremely serious and potentially very dangerous.

Self-harm may be seen as a mechanism for coping with overwhelming feelings, and can often co-exist with an eating disorder.

If your child is engaging in actively self-destructive behaviour which is harming themselves or others it is vital that that behaviour be addressed immediately.

In the case of self-harming, this may mean bringing your child to the accident and emergency unit for immediate medical treatment.

## **Will my child ever be the same again?**

Every life experience changes a person, and the process of recovering from an eating disorder is likely to have some impact on your child; however recovery is a very positive process, and one which should allow your child to emerge as a more self-confident person with a clearer idea of who they are and a better grasp of the mechanisms required to cope with future hurdles.

## **My son/daughter wants to go on a school trip. What should I do?**

If your child wishes to go away on a school trip, it is likely that the teacher accompanying the class group will have to be informed about your child's eating disorder. You may need to discuss this with your child as a pre-condition of their participation.

If your child wishes to go away without your supervision, it is important that you assess whether or not you feel they are ready. The advantages for them of having a trip away should be weighed against the potential risk of relapse or other difficulties.



Ultimately, if you feel that your child is not ready for such a trip, you should be honest with them. If you decide they are ready to go, it may be useful to discuss potential stumbling blocks with your child in advance to ensure that both you and your child can feel confident about their ability to cope with any issues that may arise.

## **How to handle people (e.g. strangers) making comments about your child's appearance?**

When a person has an eating disorder, or is in recovery from an eating disorder, they can be extremely sensitive to comments made about their weight and appearance.

As a general rule, when a person is trying to recover it is best to avoid making any comments about their appearance in any way.

A seemingly innocent comment (e.g. *"You look well!"*) can be perceived by a person with an eating disorder as having any number of alternative meanings e.g. that they have put on, or lost, weight. They may simply not be ready to appreciate this comment as it was intended.

While it may be possible to ensure that people known to the person recognize this, it is not always possible to ensure that strangers do not make comments about the person's appearance, especially if the person is visibly under/overweight.

A more difficult scenario may be that a comment intended as a concern (e.g. *"That person is far too thin!"*) may be interpreted by your child as a positive affirmation.

If this situation arises it is important to address it with your child as soon as is appropriate. Try to be the voice of reason, and be prepared to counter any distorted thinking.

If the physical effects of the eating disorder are visible, it is important to acknowledge that this is the reality, but that it does not make it any easier for the person to hear a negative comment about their appearance.

It is important to talk with your child about the comment and to be realistic and reassuring about it by putting it in a context and by supporting the feelings your child has around it.

To ignore a comment that the person has heard, runs the risk of allowing it to establish itself in the person's mind, which in turns runs the risk of sabotaging progress that has been made.

## **Our child is about to come out of an in-patient programme – how should we prepare for her/his return, and what can we do to make the transition easier?**

Before your child returns home, ensure that you have had a full and extensive handover and information session with the staff who have been caring for your child. Ask them what issues you need to be aware of and what practical aspects you need to put in place.

### **Things to be mindful of are:**

- Has a routine around food been agreed and negotiated with your child?
- Has a daily routine been agreed with your child and yourselves?
- What are the difficult times of day for your child and what supports can you put in place to help her or him through these?
- What freedoms should you give your child and what do they expect from you when at home?
- Has your child thought about what their expectations are of going home?
- Have you discussed your own fears about coping at home with the healthcare team?
- Have you as a family (including siblings and other important family members) discussed and agreed on what will happen when your child goes home?
- What supports do you have for yourself over the coming weeks?
- How do you deal with possible relapse?
- How do you deal with feeling frustrated by slow progress?
- Most importantly, have you talked with your child about what you can do, and how you can make coming home easier for them to cope with?
- Do you have contact details for someone from the programme in case you have questions or need assistance?

# 5. Terms you may hear or read about

## **Amenorrhoea**

The absence of normal menstrual flow. Diagnosis requires missing at least three consecutive menstrual cycles without being pregnant.

## **Anaemia**

Anaemia is a deficiency of haemoglobin or red blood cells, caused by lack of vitamins and minerals in the diet. This condition is common amongst those affected by anorexia nervosa. Anaemia can cause weakness, fatigue, shortness of breath and heart palpitations.

## **'Anorexia Athletica' or 'Athletica Nervosa'**

The practice of exercising to excess in order to reach and/or maintain a low body weight. Though not a medically defined condition, this form of over-exercising is becoming increasingly common, particularly amongst athletes, dancers and others engaged in weight-focussed activities.

## **Anorexia Nervosa**

Anorexia Nervosa is an eating disorder characterised by the deliberate refusal to eat enough to maintain a normal body weight. As a result, both the body and the mind are starved of the nutrients needed for healthy, balanced functioning. Though anorexia is a serious illness which can be fatal, full recovery is possible with appropriate support and treatment.

## **Arrhythmia**

Any irregularity in the rhythm of the heart; can lead to heart attack and other heart problems.

## **Binge Eating Disorder**

Binge Eating Disorder (or 'Compulsive Overeating') is characterised by periods of compulsive binge eating or overeating. There is no purging (getting rid of the food) but there may be sporadic fasts or repeated diets. Weight may vary from normal to significantly overweight.

## **Bingeing**

'Bingeing', or binge eating is defined as eating larger than normal quantities of food in a short space of time.

## **Body Dysmorphic Disorder (BDD)**

Body Dysmorphic Disorder is a preoccupation with an imagined physical defect in appearance or an over-exaggerated concern about a minimal defect.

The preoccupation causes severe emotional distress and significant impairment in the individual's life. The obsessive concern can relate to facial features, other parts of the body, hair or even odour.

### **Body Image**

Body image is your perception of your own appearance – your ideas and feelings about your body.

People with a positive body image have an accurate perception of their body's natural size and shape and do not believe that it is a reflection of their intelligence or success.

Someone with a negative body image tends to have a distorted view of their size and shape and is more likely to be anxious about their body and compare themselves unfavourably to others.

### **Body Mass Index (BMI)**

Body Mass Index is a measurement of the relative percentages of fat and muscle in the body. The 'normal' BMI range is from 18.5 to 25, although this depends on the age and height of the person. A BMI of less than 17.5 is associated with the diagnosis of anorexia.

### **Bulimia Nervosa**

Bulimia nervosa is characterised by repeated episodes of binge-eating followed by behaviour aimed at compensating for the out of control eating. These compensatory behaviours can include fasting, self-induced vomiting, the use of laxatives and diuretics or appetite suppressants and excessive exercising.

### **Calluses**

Areas of toughened or hardened skin; calluses are often visible on the fingers of a person who has been engaging in self-induced vomiting.

### **Cognitive Behavioural Therapy (CBT)**

Cognitive Behavioural Therapy is a specific form of therapy focussing on behaviours and thought processes. CBT is common in the treatment of eating disorders.

*For further information on treatment options see Section 3.*

### **Dehydration**

A condition caused by excess loss of water from the body. Dehydration can be caused by sweating, vomiting or diarrhoea and is usually accompanied by deficiency of electrolytes. If untreated, severe dehydration can lead to shock.

### **Depression**

A mood disorder characterised by feelings of hopelessness, impaired concentration, and a lack of energy or interest in usual activities.

## **DEXA Scan (dual energy X-ray absorptiometry)**

A DEXA scan is a form of x-ray that analyses the strength of bones. It is used to diagnose the potential onset of bone density problems which may lead to the development of osteoporosis.

## **Disordered Eating**

Any of a variety of behaviours around food where a person, through one means or another, controls, restricts, or overeats.

To some extent, everyone engages in some form of disordered eating, however at the higher end of the scale of behaviours, disordered eating can contribute to the development of an eating disorder, and is one of the primary symptoms of an eating disorder.

One way of understanding this distinction is to observe whether the person concerned feels more and more compelled towards eating disordered behaviours.

For example:

- Are they increasingly restricting the amount and variety of food in their diet?
- Do they feel that they have to purge after meals?
- Are they exercising more frequently, and becoming reliant on exercise to make them feel okay?

If some or all of these behaviours are becoming apparent, the person may have entered into eating disorder territory rather than normal disordered or 'picky' eating, and the issue may need to be addressed.

## **Diuretic**

A substance or drug that tends to increase the discharge of urine; may be used as a form of purging.

## **DSM Diagnostic Criteria**

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is published by the American Psychiatric Association and provides diagnostic criteria for mental disorders. The fourth edition was published in 1994.

## **Eating Disorder Thoughts**

'Eating disorder thoughts' is a term used to describe how your child may be experiencing the eating disorder within themselves/their own mind.

This may also be described as a set list of 'rules' the person may have in relation to their eating and/or purging behaviours.

Some examples of these rules:

- If you eat, you must exercise to get rid of the food.
- It's okay for everyone else to eat, as long as you don't.
- If you don't eat, everything will be better.

The longer the eating disorder is maintained, the stronger these thoughts may become and the more difficult it can be for your child to block them out.

While the thoughts may seem unreasonable to the people around them, to the person affected by the eating disorder the thoughts will seem perfectly reasonable.

In separating your child out from their eating disorder, you can work towards communicating with your child and helping them to find their own voice again.

### **Eating Disorder Not Otherwise Specified (EDNOS)**

This is the term applied to those who fit some but not all of the diagnostic criteria of one of the defined eating disorders.

### **Electrolyte (imbalance)**

Electrolytes are body salts that conduct electricity in body fluids, blood and tissue. Electrolyte balance is essential so that the heart and muscles can function correctly. Inadequate intake of food or regular vomiting can cause an electrolyte imbalance which can be very dangerous.

### **Hematemesis**

Vomiting of blood, which occurs after bleeding into the upper gastrointestinal tract. This can occur as a side-effect of ongoing purging behaviours associated with, in particular, bulimia nervosa.

### **Hypoglycaemia**

An abnormally low level of glucose in the blood, which can cause weakness, dizziness and disorientation. Hypoglycaemia may occur as a side-effect of a very restricted diet.

### **ICD-10**

ICD-10 refers to the International Classification of Diseases published by the World Health Organisation. Every health condition is given a unique category and a list of symptoms for that condition is provided. Eating disorders are category F50.

### **Ketosis**

Ketosis is the accumulation of excess ketones (acids) in the blood and urine. This can happen when the body begins digesting its fat stores as a sole source of energy. Ketosis can lead to dehydration, kidney damage and heart arrhythmia.

## **Lanugo**

Lanugo is a fine, downy hair that may grow on the face, back and arms of a person who is experiencing starvation or malnutrition. The hair is the body's mechanism for insulating itself when body fat is lost.

Lanugo is a common physical sign of anorexia nervosa.

## **Laxative**

A food or drug intended for relieving constipation; because laxatives can stimulate evacuation of the bowels, they are sometimes used as a form of purging.

## **Muscle Dysmorphia**

Muscle dysmorphia, also known as reverse anorexia or bigorexia, is a condition in which a person becomes obsessively focussed on feeling that they are too small and not muscular enough.

People with muscle dysmorphia resort to a variety of measures to try to increase muscle mass. These measures may include excessive exercise including weight lifting and other body building exercises, excessive attention to diet, misuse of a high protein diet, misuse of steroids and other muscle-building drugs.

## **Nasogastric (NG) Feeding**

If a person is hospitalised at a very low weight and are unwilling or unable to eat, it may be necessary to feed them through a tube to ensure they can gain sufficient weight to allow for other treatments.

If this is the case, a plastic tube will be inserted through the nose and past the throat into the stomach.

## **Obsessive Compulsive Disorder (OCD) and Eating Disorders**

Research suggests that many people who develop anorexia may also exhibit obsessive and/or compulsive behaviours or tendencies. If this is the case, your doctor will advise you on the appropriate course of action.

## **Osteoporosis**

Osteoporosis is the loss of bone density leading to porous, brittle bones which can cause bone fractures and skeletal deformities. Causes include lack of calcium and lower oestrogen levels.

## **Purging**

Any behaviour driven by the motivation to rid the body of what has been ingested.

## **Tooth Erosion**

The erosion of tooth enamel is a common side-effect of frequent vomiting. Stomach acid that comes into contact with the teeth can wear down the enamel, which over time can cause a marked increase in tooth decay and related problems.

Particularly in the case of a person with bulimia, the person's dentist may be the first person to recognise the eating disorder if they can identify ongoing erosion of the enamel.

## **Thinspiration**

Meaning 'inspiration towards thinness', thinspiration (or 'thinspo') is a culture of striving for extreme thinness and encouraging others through imagery, poetry, and lyrics.

Most thinspiration occurs on websites referred to as pro-'ana' (anorexia) or pro-'mia' (bulimia).

*See FAQ for more information on pro-ana websites.*



# 6. Resources

## Dealing with mealtimes

For a child affected by an eating disorder, and for that child's family, daily mealtimes can be one of the most difficult aspects of the recovery process. Preparing yourselves in advance for potential difficulties can remove some of the stressors from the situation.

### Getting to the table:

- Plan mealtimes in advance, and allow a certain amount of time per meal.
- Decide if the meals should be the whole family or if your child would be more comfortable eating separately for now. As much as you can, try to eat with your child to show by example that eating a meal is a normal and necessary part of the day.
- Try to normalise the act of sitting down to a meal. Your child may feel very anxious about this, and this anxiety needs to be recognised, but it should not be allowed to dictate when or what your child will be eating.
- Try to get your child to talk out loud about the thoughts and fears they are having about sitting down to the meal.

### Planning meals:

- Working with your doctor and/or dietician to develop a meal plan can help to regulate mealtimes.
- Establishing a meal plan in advance can also help both you and your child to manage your expectations about what will happen during the meal.
- A meal plan can also remove some of your own anxiety around ensuring your child is receiving sufficient nutrients to aid their recovery.

## Establishing a routine

Establishing and keeping a routine around mealtimes and meals is extremely important, especially in the early weeks of recovery. While this may seem quite rigid to begin with, the routine is important for a number of reasons:

- **The regularity of eating makes things easier in the long run.** If you eat three meals and three snacks one day it is easier to do it the next day, whereas if you skip a meal or snack one day it makes it much harder for your child to have it the next day.
- **Eating regularly also ensures there are no long gaps between meals.** This means that your child will not experience intense hunger, which can trigger feelings of panic and eating disorder thoughts. This helps reduce the risk of skipping meals, but also of the compulsion to binge and purge.
- **Establishing the routine around meals also helps your child to see that food and their feelings can be separated.** It allows them to experience good days and bad days and, because they are eating the same way no matter what kind of day they may be having, they can begin to learn that how they are feeling is not dependent on what they are eating.
- While the routine might seem rigid at first, eventually your child will begin to be able to make small changes to their routine and the routine will become more flexible as recovery progresses.

## Dealing with other family members and siblings:

- It may be necessary to speak with other family members in advance about how to ensure meal times can be as comfortable as possible for the whole family.
- Siblings in particular may feel anxious about what may happen at the table and about how they should behave.
- In particular it is important that siblings avoid 'teasing' of any kind that might inadvertently pressurise the child affected by an eating disorder.
- It is important that families try to avoid putting the focus solely on the food while also maintaining a normality about mealtimes.
  - Don't stop complimenting the chef, expressing joy about eating, or expressing dislikes about food.
  - Do avoid any comments on calorie content, weight and portion size. This will need to be agreed with family members prior to mealtimes.
- Encouraging the rest of the family to act as normally as possible during the meal will help your child to readjust to family mealtimes and can also serve as a distraction from the act of eating.

### What to say, what not to say:

- Do reassure your child that you understand that full meals may be a challenge for them for some time.
- Do let them know that you are there to support them.
- Do allow them to speak openly about their anxiety around mealtimes.
- Don't focus mealtime conversations on food and the eating disorder. Especially if the family is present, try to steer the conversation around unrelated issues and activities.
- Ensure as much as possible that everyone is eating the same types of food.

### What to expect:

- **Tears and anger.** Your child is probably making a huge effort to try to eat normally, but this produces a conflict with the eating disorder rules and thoughts, resulting in tears and anger. Try to get your child to talk out the thoughts in their head, and to express the conflict so that this is out in the open and can then be dealt with.
- **Fear** is probably the overriding feeling your child will have at mealtimes, and this may be what triggers all of the other behaviours you observe. It can help enormously if parents recognise and communicate with their child that they understand that the meal is frightening for them, and that they want to make it okay for them. Getting your child to talk out their fear, to tell you what they are afraid of, and what they feel will happen if they eat, will help your child to deal with their fear.

**Remember – separate your child from the eating disorder, be on your child's side, help and support your child to get through this fear.**

- **Delay tactics to avoid eating.** To deal with this in the early stages, it is important for your child to understand that they will have to eat what has been agreed, and that they cannot negotiate about this. Patience on the part of the parent is very important to make this work in the early stages.
- **'Playing' with food**, e.g. cutting food into smaller pieces, mixing around plate etc. While this is not necessarily to be stopped – it can be your child's way of dealing with the conflict between themselves and the eating disordered thoughts – be watchful to make sure that the agreed amount of food is still eaten.
- **Attempts to hide food** rather than eating it.

### After the meal:

- It can be helpful to sit down with your child after the meal, in a different room, and spend some time together after the stressful encounter.
- This can simply be used as 'down time' or as an opportunity to encourage your child and acknowledge their progress.
- This can also serve as a distraction to ensure that your child is not purging after the meal.

## Meals outside the home:

- Family events and other meals outside the home may be particularly stressful for your child. Consuming any food in the early stages of recovery may be overwhelming, so large portions and pressure at outside events may add to the stress.
- If your child has recovered sufficiently to be comfortable in this environment, you should be prepared for stumbling blocks.
- If your family is going out to eat at a restaurant, be mindful of the type of restaurant you choose. While it may be okay to try a fast food restaurant, it also may not be, so parents need to think about the types of food their child can handle ordering.
- In the early stages of recovery, if you do plan to eat out, try to give your child some notice of this, and also reassure them that it will be okay and that you will try to ensure that they will have something that they consider a 'safe' food.
- Try to be near your child when you are ordering and allow your child enough time to decide what they want. Help your child to decide what they want if they seem to be struggling making the decision.
- Be prepared to ask staff how food is prepared, and how it is served, and try not to make this a big issue. Reassure your child that you will do this for them and reassure them that this is okay to do.
- Be prepared to ask for slight changes in the menu and try to be okay doing this e.g. if potatoes are being ordered for the table, make sure that there is a portion that your child feels okay having, for example, without butter. While this may seem to be giving in to the eating disorder, it is important that these events are experienced as safe, so in the beginning making it as safe as possible is more important than insisting your child eats foods that they are uncomfortable with. However, this does not mean that your child can get out of eating the required amount and food stuffs that are on their food plan.

## Questions for your healthcare practitioner

These are some suggested questions that may serve as a useful starting point in developing a good working relationship with your healthcare practitioner, while ensuring that both you and your child feel comfortable with the treatment plan you are following:

- Have you worked with eating disorders before?
- What tests are you recommending, and why?
- What treatment course would you recommend, and why?
- How involved will you be with the treatment process?
- What role can I play?
- Should we make a repeat appointment with you?
- Where do we go from here?
- What is your policy on the referral process?
- What is your policy on family involvement?
- What is your policy on confidentiality?
- What progress/changes should I/we expect over the coming days and weeks?

**As counselling currently has no statutory regulation, it is important to ask what qualifications and/or accreditation your chosen practitioner holds.**

## Building your child's self-esteem

Working with your child to build their self-esteem can be a positive step towards recovery from the eating disorder, while at the same time encouraging your child's overall sense of self.

### Some tips for building your child's self-esteem:

- Spend time with your child, doing things they enjoy.
- Listen to your child when they are speaking, and show that you value their opinions.
- Ask your child for input or advice on how they think you could deal with an issue and then take their advice and act on it. This helps your child to feel that they can manage issues and that their opinion is valued by you.
- Acknowledge skills and talents your child has, particularly ones that aren't 'physical'.
- Get your child to make a list of activities they enjoy and that make them feel good about themselves.
- Focus praise on your child's personality and individuality rather than on appearance.
- Teach your child to understand and admire difference – explain that all children are born unique.
- Work with your child to identify their friends who support and respect them. Encourage your child to spend time with these friends.
- Discuss bodily changes with your child, particularly around the age of puberty, and keep lines of communication as open as possible.
- Examine your own attitudes to body image, and to yourself: your child will pick up on these.