

Supporting Your Teen with an Eating Disorder

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Agenda

1

Share common signs/symptoms of eating disorders

2

Challenge common myths and beliefs

3

Share treatment options/support

4

Discuss strategies to promote a healthy relationship with food and our body at home

Eating Disorder Diagnoses

Anorexia Nervosa/Atypical
Anorexia Nervosa

Binge Eating Disorder

Bulimia Nervosa

ARFID

OSFED (Other Specified Feeding
and/or Eating Disorder)

Prevalence

- At least 30 million people suffer from an eating disorder in the US. They affect people across all ages, genders, ethnicities, races, and socioeconomic statuses.
- Eating disorders have the highest mortality rate of any mental illness.

National Association of Anorexia Nervosa and
Associated Disorders, 2017

Signs and Symptoms

- Restriction
- Lying about food/exercise
- Cutting food into small bites
- Pushing food around on the plate
- Hiding food/wrappers
- Wearing baggy clothes
- Compulsive or overexercise
- Binging
- Purging
 - Laxatives
 - Enemas
 - Diuretics
 - Diet Pills
- Excessive Caffeine Use
- Insulin Misuse
- Stimulant abuse
- Excessive Fluids
- Thyroid Medications
- Sugar Free Gum
- Isolation
- Significant changes in mood
- Isolating or avoiding social situations that may involve food
- Avoiding foods, they have historically always enjoyed
- Weighing self often
- Tracking calories, reading food labels

Myth

"Eating disorders are a choice."

FACT

Eating disorders are actually complex medical and psychiatric illnesses that patients don't choose and parents don't cause. Research shows that biological factors play a significant role in the development of an eating disorder.

Parent toolkit. National Eating Disorders Association. (2015). Retrieved from <https://www.nationaleatingdisorders.org/parent-toolkit>.

Myth

"As long as someone isn't emaciated, they are not sick."

FACT

Most people with an eating disorder are not underweight. Although most people with eating disorders are portrayed by the media as emaciated, you can't tell whether someone has an eating disorder just by looking at them. These perceptions can perpetuate the problem and may cause distress in people for fear of not being "sick enough" or "good enough" at their disorder to deserve treatment.

Parent toolkit. National Eating Disorders Association. (2015). Retrieved from <https://www.nationaleatingdisorders.org/parent-toolkit>.

Myth

"Strick rules about eating or fad diets aren't a problem."

FACT

What appears to be a strict diet on the surface may actually be the beginning of an eating disorder. Even if the symptoms do not meet the criteria for a clinical diagnosis, disordered eating can have serious medical consequences, such as anemia and bone loss. Chronic dieting has been associated with the later development of an eating disorder, so addressing these issues right away may prevent a full blown eating disorder.

Parent toolkit. National Eating Disorders Association. (2015). Retrieved from <https://www.nationaleatingdisorders.org/parent-toolkit>.

Myth

"It's just an eating disorder. That can't be a big deal."

FACT

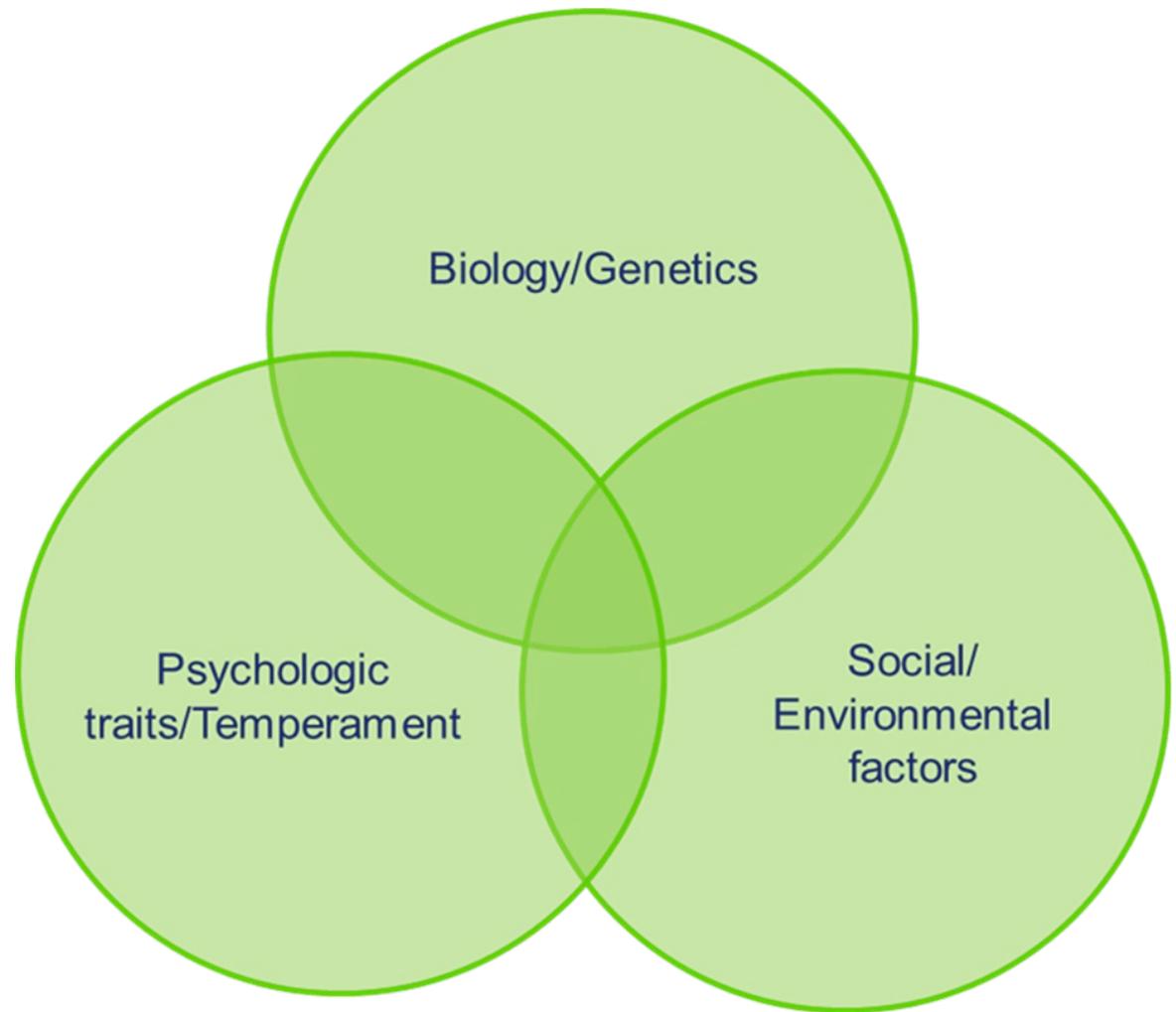
Eating disorders have the highest mortality rate of any psychiatric illness. Up to 20% of individuals with chronic anorexia nervosa will die as a result of their illness. Community studies of anorexia, bulimia, and other specified eating disorder (OSFED) show that all eating disorders have similar mortality rates. People who struggle with eating disorders also have a severely impacted quality of life.

Parent toolkit. National Eating Disorders Association. (2015). Retrieved from <https://www.nationaleatingdisorders.org/parent-toolkit>.

- Myth: I have a son. I don't have to worry about eating disorders because they're a "girl thing."
- Fact: Eating disorders can affect anyone, regardless of their gender or sex. Although eating disorders are more common in females, researchers and clinicians are becoming aware of a growing number of males who are seeking help for eating disorders. A 2007 study by the Centers for Disease Control and Prevention found that up to one-third of all eating disorder sufferers are male. It's currently not clear whether eating disorders are actually increasing in males or if more males who are suffering are seeking treatment or being diagnosed. Because physicians don't often think that eating disorders affect males, their disorders have generally become more severe and entrenched at the point of diagnosis. There may be subtle differences in eating disorder thoughts and behaviors in males, who are more likely to be focused on building muscle than on weight loss. They are also more likely to purge via exercise and misuse steroids than females are. Although gay, bisexual, and transgender males are more likely to develop an eating disorder than straight males, the vast majority of male eating disorder sufferers are heterosexual.

- Myth: As a parent, there's not much I can do to help my child recover.
- Fact: Research continues to consistently find the opposite is true: parental involvement in a child's eating disorder treatment can increase chances of recovery. Some forms of treatment, like Family-Based Treatment (FBT) (also known as the Maudsley Method), require that parents temporarily take control of the child's eating and monitor for purging until a healthy weight and regular eating patterns are established. Other loved ones can continue to provide support to the eating disorder sufferer by helping to reduce anxiety over eating and reminding them they are more than their illness. Even if you decide FBT isn't right for your family, there are still plenty of ways for you to be involved in your child's or loved one's treatment

Biopsychosocial Model of Eating Disorders



i.e., Campbell et al., 2011; Steiner et al., 2003

Treatment Team

- Medical
 - Closely monitor labs, vitals, weights, EKG, etc and my prescribe medication.
- Psychological
 - Support the patient and family in developing a plan and teach skills to help manage distress/emotion regulation.
- Dietician
 - Supports the patient and family in meeting nutritional needs as well as helping to educate.



Types of Psychotherapy

Family Based Treatment (FBT)

Dialectical Behavioral Therapy (DBT)

Radically Open Dialectical Behavioral Therapy (RO-DBT)

Acceptance and Commitment Therapy (ACT)

Cognitive Behavioral Therapy (CBT-E)

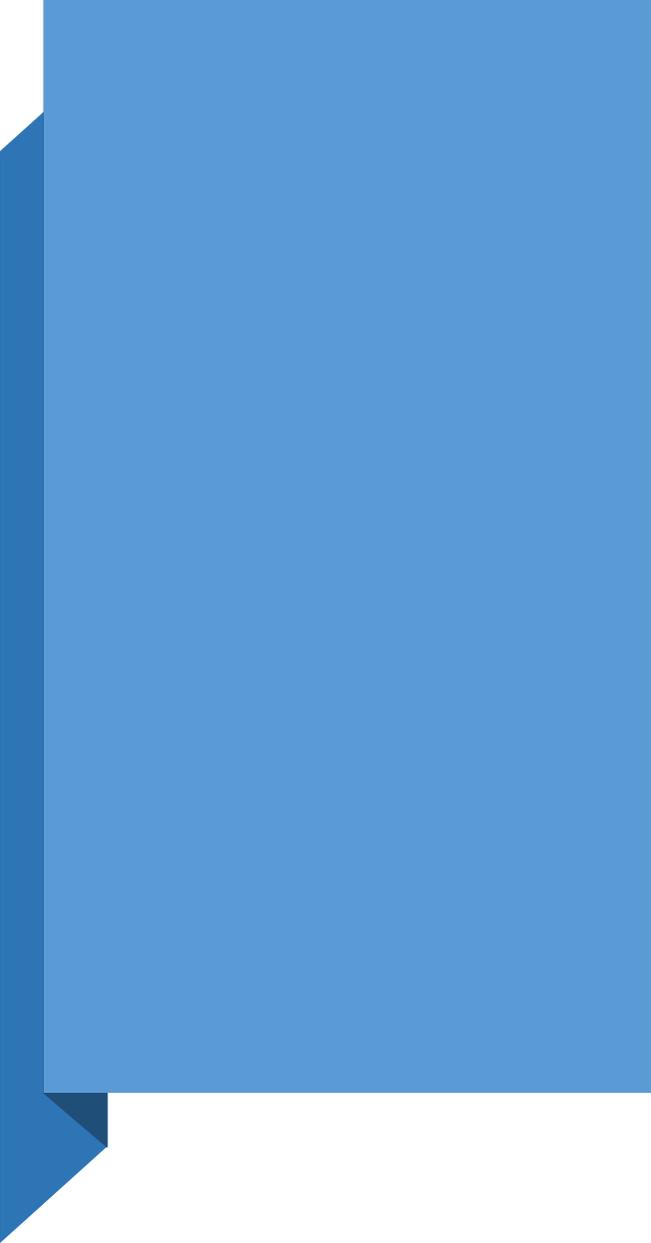
Family Based Treatment

- Emphasizes the biological underpinnings of brain impairment secondary to malnutrition that impedes sound decision making regarding nutritional choices.
- Instead, family is considered the resource for recovery and caregivers are asked to take over all nutrition-related decisions.
- Sessions involve all family members who wish or who can be present.
- Parents are encouraged to take on the role of plating, preparing, and supervising meals.
- Siblings are there for emotional support and healthy distraction but not responsible for supervising meals. (same is true for friends or peers).
- 3 Phases
 - Phase 1: Parents making all nutritional decisions.
 - Phase 2: Patient is weight restored and eating 100%, now may begin to restore some independence.
 - Phase 3: Adolescent has resume age-appropriate responsibility for meals. Other areas of concern may be address at this time.

Lock and Le Grange, 2013

Tips for supporting your teen

- Use “I” statements
- Stick to the facts
- Compassionate yet firm
- Encourage your friend/loved one to see a professional.
- Avoid blame/shame/guilt
- Avoid giving simple solutions (i.e., “You just need to eat.”)
- Express support and validate
- Align with the side of them that wants to get help
- Make sure they get medical care
- Recognize that the patient may see behaviors as normal due to brain dysfunction, not choice!

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- Avoid talk about appearance (i.e., “You look healthy”)
 - Don’t discuss dieting, appearance, exercise, etc. around your loved one
 - Offer support
 - Help distract
 - If you’re a parent:
 - Get rid of scales, mirrors, diet foods
 - Monitor meals/1 hour after meals
 - Work to separate your teen from the eating disorder
 - Do what is effective
 - Self-care

Developing a Positive Relationship with Food and Our Bodies

- All foods are good foods
 - Offer variety
 - Avoid Labeling Foods as good vs bad
 - Avoid the “clean plate club”
- All bodies are good bodies.
 - Bodies come in all shapes and sizes
 - Avoiding weight related comments
 - Consider complimenting aside from appearance related attributes.
- Joyful Movement
 - Encourage activities that help kids move their bodies and are fun
 - Avoid emphasis on weight or exercise in response to food
- Role Model

Diet Culture

- Diet culture conflates size and health, pathologizing some body sizes
- Diet culture encourages following external rules about what, when and how much to eat.
- Diet culture suggestions that people are more or less good/moral worthy based on their body size.
- Diet culture creates thin privilege, which makes thinness a gatekeeper for job/benefits/comfort/accommodation.
- Diet culture suggestion movement as punishment for, or prevention of, being fat, rather than for other reasons like fun or personal goals.
- Diet culture views fat people as less valuable and more risk-able.

HAES: Health At Every Size

- HAES® supports people in adopting health habits for the sake of health and well-being (rather than weight control).
- HAES encourages:
 - Eating in a flexible manner that values pleasure and honors internal cues of hunger, satiety, and appetite.
 - Finding the joy in moving one's body and becoming more physically vital.
 - Accepting and respecting the natural diversity of body sizes and shapes.

www.haescommunity.org

Books for Parents

- When Your Teen Has an Eating Disorder – Lauren Muhlheim, PsyD
- How to Raise an Intuitive Eater: Raising the Next Generation with Food and Body Confidence – Summer Brooks, Ameer Severson, and Elyse Resch, MS, RD, FADA
- The Self Compassion Workbook for Teens: Mindfulness and Compassion Skills to Overcome Self Criticism and Embrace Who You Are – Karen Bluth, PhD and Kristin Neff, PhD
- Help Your Teenager Beat an Eating Disorder – James Lock, Daniel Le Grange
- Life Without ED – Jenni Schaefer

Online Resources

- FEAST: Support and resources for families affected by eating disorders (feast-ed.org)
- [National Eating Disorders Association NEDA](http://www.nationaleatingdisorders.org)
www.nationaleatingdisorders.org
- Academy for Eating Disorders AED
www.aedweb.org

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