THE Emily PROGRAM

Family

Guide to Recovery

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Eating Disorder Facts

MORE THAN
30 MILLION PEOPLE
in the U.S. will struggle with an eating disorder

LGBTQ individuals are more likely to struggle with an eating disorder

Eating disorders are **complex** illnesses, influenced by a combination of **GENETIC**, **PSYCHOLOGICAL**, **SOCIOCULTURAL**, and **PHYSIOLOGICAL** factors

Eating disorders are the **3rd most common** chronic illness in teens

Eating Disorders:
Know the facts

Recovery is **Possible**
the sooner someone seeks help, the better the outcome

70%

More than 70% of people don't get treatment because of **stigma**, **access barriers**, and **misinformation**

One person dies roughly
EVERY HOUR
from eating disorder complications

Eating disorders **DON'T** only affect women...
at least
10 MILLION MEN
will struggle in their lifetime

Eating disorders **don't look a certain way**. Sufferers may be overweight, underweight or an "average" size

Tips for Supporting Your Loved One

It can be difficult to know how to approach someone struggling with eating disorder symptoms. You may worry that you won't "do it right." However, you are important to their recovery. The following tips may help you keep perspective and provide needed support to your loved one:

1. Remember, you didn't cause the eating disorder.
2. Accept your limitations. You can't make your loved one want to get better.
3. Accept your loved one for who they are. Remember that they are an individual; they are not their eating disorder.
4. Be sensitive and be firm.
5. Compliment strengths that have nothing to do with appearance, eating, or food.
6. Seek support for yourself.
7. Respect how and where your loved one wants their eating disorder discussed. You absolutely need and deserve support, and you can get it while also honoring your loved one's need for confidentiality.
8. Ask your loved one how you can support their meal plan.
9. Plan non-food related activities for the times right after meals to help redirect attention and energy.
10. As much as possible, try to focus on the other things life—not just discussions of weight, eating, exercise, and food.
11. Be a good role model when discussing food, body, and weight—your own and other people's.
12. Set an example: participate in family treatment (if recommended), talk openly about your feelings, and actively identify and resolve problems.
13. You can listen to your loved one; they need to speak for themself.
14. Convey that you believe in them.
15. Know your health insurance because you'll probably need to advocate for coverage.
16. Recognize that recovery is a process. It takes time; it's seldom logical or linear.
17. Know that your support is very valuable to your loved one!

How Parents Can Avoid Common Pitfalls of Recovery

Pitfalls	Guidelines
Forgetting parts of the meal plan when your child is not in programming.	Meal prep and/or create a list or schedule for meals outside of programming.
Not providing 100% supervision for all meals and snacks.	Have family meals.
Not providing structure to help interrupt ED behaviors (e.g. over-exercising, binge eating/ overeating, purging).	Eat and exercise together (following doctor's recommendations). Ask your child to wait an hour after each meal before using the restroom.
Not adhering to the meal plan while traveling, having company, during special occasions, etc.	Plan ahead with a dietitian.
Allowing the eating disorder to influence food choices.	Discuss food choices with a dietitian. Engage in distress tolerance activities for yourself (e.g. take 5 minutes to regroup, deep breathing, tag team with another family member).
Giving your child choice over food before they are ready for it.	Discuss timing for giving autonomy back to your child with a dietitian.
Returning to physical activity too soon, or not taking it slowly enough.	Follow the recommendations of your doctor and treatment team.
Food judgments and/or body-focused talk.	Language to use: "This is not a food preference of mine." Talk to your dietitian if you are worried about the quantity. Engage in conversations about school, their day, hobbies, holidays, etc.
Modeling diet behavior.	Talk with a dietitian or your own doctor about any health concerns, or eat similar foods with your child.

Pitfalls	Guidelines
Keeping clothes that no longer fit.	Donate ill-fitting clothes.
Engaging in food debates/allowing your child to negotiate food choices.	Lovingly and firmly refuse to get into these conversations. Say "This meal/snack is not up for discussion. What will help you get through it?"
Inadvertently helping your teen body check.	Lovingly and firmly refuse to get in these types of conversations. Say "I hear you are struggling with body image right now. What coping skills can you try/how can I best support you?"
Tolerating weight loss or allowing your child to slip too far below their goal weight range.	Follow the recommendation of your treatment team and ask for help.
Not taking care of your own needs—becoming exhausted or overstretched.	Allow yourself time for self-care. If you have a partner, tag team your child's recovery and seek out your own treatment as needed.

Helpful Ways to Communicate Support

(Advice from individuals in eating disorder recovery)

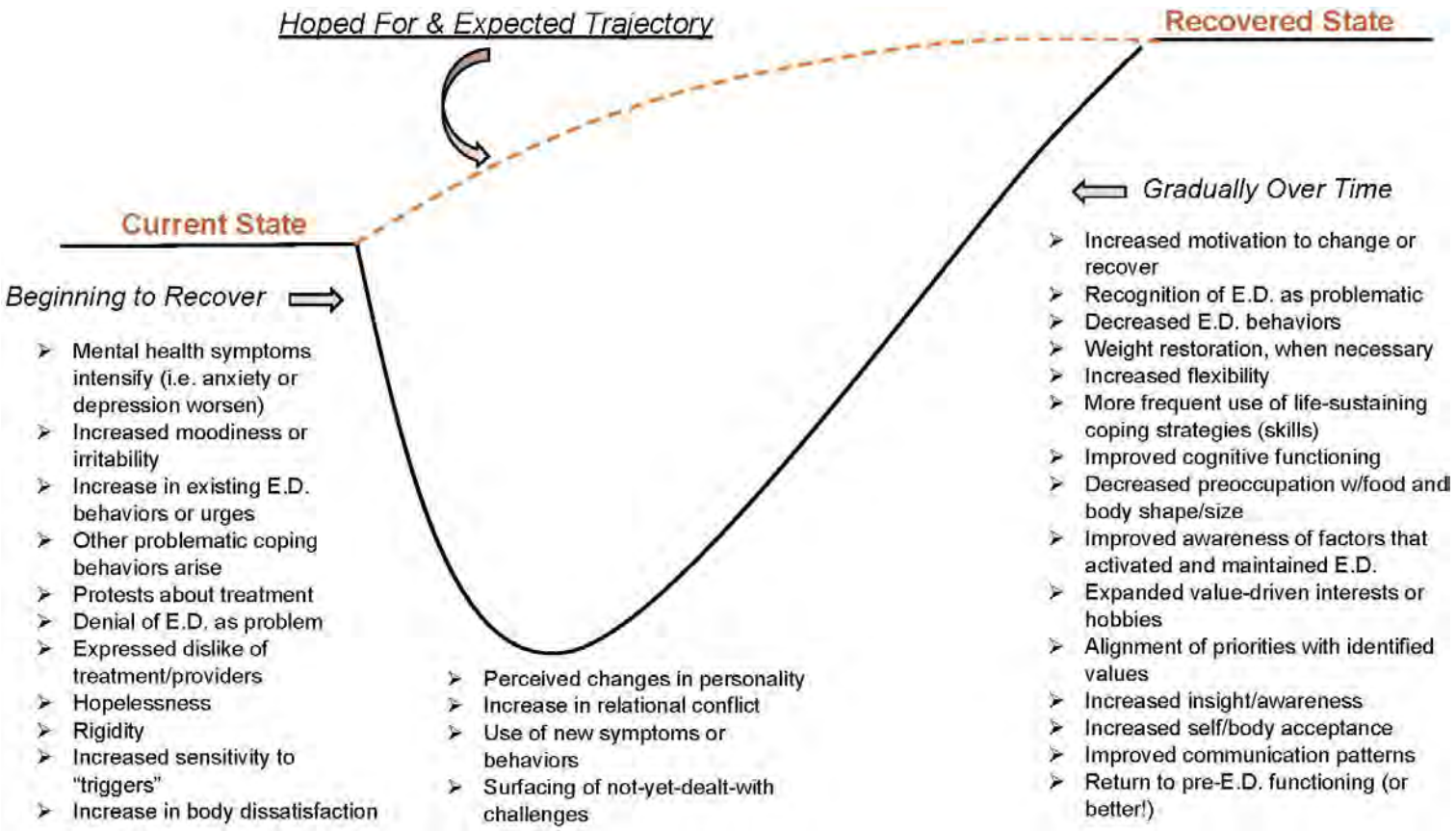
- Ask if I would prefer for you to listen or to give advice.
- Say: “I have felt similar to what you are feeling when…"
- Ask: “How can I help you when you are upset?” (Ask about this when I am calm.)
- Say: “Help me understand."
- “I” Statements (I feel, I notice, I wonder).
- Separate me from my eating disorder and express anger at my eating disorder or symptom rather than at me.
- Talk about things I can look forward to in the future or motivations for recovery.
- Give me space when I am upset and then come back to it later without forgetting.
- Say: “Do you want me to help you use your grounding skills?”
- Say: “Do you want me to breathe with you?”
- Say: “I’m here to talk whenever you are ready.”
- Talk to me about things that are unrelated to my eating disorder and food.
- Talk about the positive things my siblings are doing or how my pets are at home.
- Say: “It’s nice to see you.”
- Say: “I/We miss you at home.”
- Talk about how the eating disorder affects the family versus how I affect the family and explain that you love and care about me.
- Talk about progress that you are noticing and that you are holding hope for me.
- Provide encouragement when I feel hopeless.
- Say: “I acknowledge you have been working hard.”
- Provide validation.
- Recognize recovery looks different.

Unhelpful Ways to Communicate Support

(Advice from individuals in eating disorder recovery)

- Getting angry with me for using symptoms.
- Bringing up how I looked before my eating disorder or when I was in the worst place with my eating disorder.
- Talking about weight, diet and appearance at all (even with yourself).
- Showing pictures of what I used to look like.
- Saying: "I understand."
- Saying: "You look so healthy."
- Talking about the future relapses I may have.
- Jokes about food to help lighten the mood.
- Saying: "Why can't you just _____
- Saying: "Why is this so hard?"
- Using "you" language (You always stop _____), you can't _____
- Shaming me for my behavior or making me feel like I did something wrong.
- Bringing up things I am missing out on.
- Making comments about my appearance.
- Saying: "Calm down."
- Saying "Just breathe."
- Not talking about food during meals.
- Making food judgments.
- Saying: "You used to _____."
- Saying my eating disorder is for attention or my choice.
- Saying: "You did _____ (accomplishment) so you can beat this ED" /"You're smart, you can beat the ED."
- Talking about how my behavior affects you in a way that makes me feel guilty (when I always feel guilty).
- Saying: "It's been so much easier without you at home."
- Thinking that I will be the "old me" right away.
- Setting unrealistic expectations and expecting recovery too soon.
- Assuming reasons for not eating or assuming I am not trying.
- All-or-nothing thinking (if I use a symptom then I'm relapsing and if I complete a challenging snack or meal then I am recovered).
- Saying: "Take this bite for me."
- Assuming I have used symptoms.

The "J-Curve" Recovery Process for Eating Disorders



Psychoeducation Group: Stages of Change

Handout content adopted from the information provided by: https://www.nationaleatingdisorders.org/stages-recovery

Recovery from an eating disorder can be a long process that requires not only a qualified team of professionals, but also the love and support of family and friends. It is not uncommon for someone who suffers with an eating disorder to feel uncertain about their progress or for their loved-ones to feel disengaged from the treatment process. These potential roadblocks may lead to feelings of ambivalence, limited progress, and treatment drop out. Knowing the Stages of Change Model, as defined by Prochaska and DiClemente, will help everyone involved better negotiate the road to recovery.

What are the Stages of Recovery?

There are five Stages of Change that occur in the recovery process: Pre-contemplation, Contemplation, Preparation, Action, and Maintenance.

Pre-contemplation

The Pre-contemplation Stage is evident when a person does not believe they have a problem. Close family and friends are bound to pick up on symptoms such as restrictive eating, the binge/purge cycle, or a preoccupation with weight, shape, and appearance even before the individual admits to it. They may refuse to discuss the topic and deny they need help. At this stage, it is necessary to gently educate the individual about the devastating effects the disorder will have on their health and life, and the positive aspects of change.

"This is what my friends do, so this is what I do. I'll be fine."

"My doctor says I'm not healthy, but I like what I'm doing."

Contemplation

The Contemplation Stage occurs when an individual is willing to admit that they have a problem and are now open to receiving help. The fear of change may be very strong, and it is during this phase that a psychotherapist should assist the individual in discovering the function of their eating disorder so they can understand why it is in their life and how it no longer serves them. This, in turn, helps the individual move closer toward the next stage of change.

"I know I need to change, but I just don't feel comfortable doing it."

"I started to read Life Without Ed, but I don't know how this applies to my life."

Preparation

The person transitions into the Preparation Stage when they are ready to change, but are uncertain about how to do it. Time is spent establishing specific coping skills such as appropriate boundary setting and assertiveness, effective ways of dealing with negative eating disorder thoughts and emotions, and ways to tend to their personal needs.

Potential barriers to change are identified. This is usually when a plan of action is developed by the treatment team, (i.e. therapist, family therapist, dietitian, and physician) as well as the individual and designated family members. This generally includes a list of people to call during times of crisis.

"I know I need help, so I've accepted that I'm going to be in treatment for the time being."

"I've talked with my parents about how they can help support me and we have a plan for family dinners."

Action

The Action Stage begins when the person is ready to implement their strategy and confront the eating disorder behavior head on. At this point, they are open to trying new ideas and behaviors, and are willing to face fears in order for change to occur. Trusting the treatment team and their support network is essential to making the Action Stage successful.

"I understand my meal plan and I've been following it the best I can."

"I've been trying to use coping skills when I'm feeling anxious and they have been helping a little bit."

Maintenance

The Maintenance Stage evolves when the person has sustained the Action Stage for approximately six months or longer. During this period, they actively practice new behaviors and new ways of thinking as well as consistently use both healthy self-care and coping skills. Part of this stage also includes revisiting potential triggers in order to prevent relapse, establishing new areas of interests, and beginning to live their life in a meaningful way.

"I went to a friend's birthday party and ate birthday cake. It was really hard and I made it through."

"I have learned that I don't need my eating disorder to live my life."

What do the Stages of Change look like?

The Stages of Change in the process of recovery from an eating disorder are a cycle rather than a linear progression. The person may go through this cycle more than one time or may need to revisit a particular stage before moving on to the next. They may also go through the stages for each individual eating disorder symptom. In other words, if they are recovering from anorexia, they could be in the Action Stage for restrictive eating (e.g., eating three meals a day along with snacks, engaging in social eating, and utilizing support system) while, at the same time, they could be going through the Contemplation Stage for body image and weight concerns (e.g., becoming aware of how body image is tied to self-esteem and self-worth, defining oneself as a body or number, and identifying the negatives of striving for the "perfect body"). This is precisely why recovery from an eating disorder is complex and individualized.

Below is feedback for support people according to the Stages of Change. If you are a parent or friend of someone struggling, it is crucial for you to pay attention to your own needs as well as be present for your child or friend during her recovery process.

Pre-Contemplation:

- Do not be in denial of your child or friend's eating disorder.
- Be aware of the signs and symptoms.
- Avoid rationalizing their eating disordered behaviors.
- Openly share your thoughts and concerns with your child or loved one.Contemplation:
- If your child is under the age of 18, insist that they receive professional help from a qualified eating disorder specialist.
- Educate yourself about the disorder.
- Be a good listener.
- Do not try to "fix" the problem yourself.
- Seek your own encouragement from a local eating disorder support group for family and friends.

Preparation:

- If supporting a loved one in their recovery, identify what your role is in the recovery process.
- Explore your own thoughts and beliefs about food, weight, shape, and appearance.
- Ask your child/loved one and the treatment team how you can be best involved in the recovery process and what you can do to be supportive.

Action:

- Follow the treatment team's recommendations.
- Remove triggers from your environment: no diet foods, no scales, and no stress.
- Be warm and caring, yet appropriate and determined with boundaries, rules, and guidelines.
- Reinforce positive changes without focusing on weight, shape, or appearance.

Maintenance:

- Applaud your loved one's efforts and successes.
- Continue to adjust to new developments.
- Redefine the boundaries at home as necessary.
- Maintain positive communications.
- Be aware of possible recovery backsliding.

[illegible]

Adapted from Eating Disorders: Nutrition Therapy in the Recovery Process by Dan and Kim Reiff

Denial

It is hard to face the reality of an eating disorder for many reasons, including the many misunderstandings and false judgments that surround EDs. Often treatment is delayed, believing that it is just a phase or something that can be "figured out." Once it has been accepted that there is a problem, there is almost always a denial of how serious it is.

Fear, ignorance, and panic

Finding out is often a shock. It is difficult to be unprepared and uninformed, not knowing what to do or where to get help. This can lead to inappropriate initial responses including, "Why can't you just stop?" or "I am leaving you if you don't get his under control," or "You look fine to me."

Increasing realization of the complexity of the eating disorder

Family members and significant others begin to understand the complex nature of eating disorders. They become involved in the treatment process and look at their own roles in the development or perpetuation of the eating disorder. They increasingly learn more appropriate ways to respond to all kinds of situations.

Impatience/despair

After a while, loved ones often begin to feel that progress is slow. They might get angry or feel overwhelmed and frustrated, even hopeless. This is a time when family members and significant others need to be shored up, offered additional support, reminded that treatment may take years. Other parents or spouses who have been through the same thing with a loved one (who is now recovered) can be an important source of empathy, encouragement, and hope. This is a time for a significant other to begin to work on acceptance and shift the focus from the person with the eating disorder to oneself.

Hope

When significant others can be shown or can see on their own even small signs of progress in the person with the eating disorder, hope comes back. With proper help, significant others can find hope even if it is in how they themselves are doing. At this point, it becomes possible to develop a healthier relationship with the person with the eating disorder.

Acceptance/peace

Whether the person with the eating disorder is recovering, recovered, or never gets better, significant others will hopefully find peace and acceptance. Acceptance and peace may be hard to achieve – especially under certain circumstances – but are essential for optimal well-being.

DBT Skills Overview

Mindfulness:

Mindfulness skills are used to get you back into "Wise Mind" when solely in "Emotional Mind" or "Reasonable Mind." Being mindful allows you to remain in the present moment. When thinking about the past, you may feel guilty or depressed. When thinking about the future, you may feel anxious or worried. When being mindful, it is important to take a nonjudgmental stance. Notice thoughts that come and go as if they are clouds floating across the sky. If you find yourself drifting out of the moment, towards the past or future, notice it and bring yourself back to the present moment. Do not judge yourself for drifting!

Wise Mind – attending to your emotions, while thinking rationally
Emotional Mind – thinking and behavior are completely controlled by current emotional state
Reasonable Mind – thinking and behavior are completely controlled by logic and intellect

Emotion Regulation:

The first step in using emotion regulation skills is learning to identify and label current emotions. Ultimately, these skills are practiced to gain more control over your emotions and decrease your vulnerability to negative emotions.

Emotion regulation skills are also used to keep your emotional state close to a baseline as opposed to alternating states of intense positive emotions and intense negative emotions. Emotion Regulation skills are designed to be used often, so that after time you reduce your vulnerability to negative emotions.

Skills – PLEASE MASTER (Treat **P**hysica**L** Illness, Balance **E**ating, **A**void Mood-Altering Drugs, Balance **S**leep, Get **E**xercise, Build **MASTER**y; Steps for Increasing Positive Emotions; Act Opposite

Interpersonal Effectiveness:

Interpersonal Effectiveness (I.E.) skills have three main goals: Getting your needs met (attaining your objectives/ goals in a situation or saying no to an unwanted request), relationship effectiveness (maintaining or improving a relationship while you try to get what you want), and self-respect effectiveness (maintaining or improving good feelings about yourself and respecting your own values and beliefs).

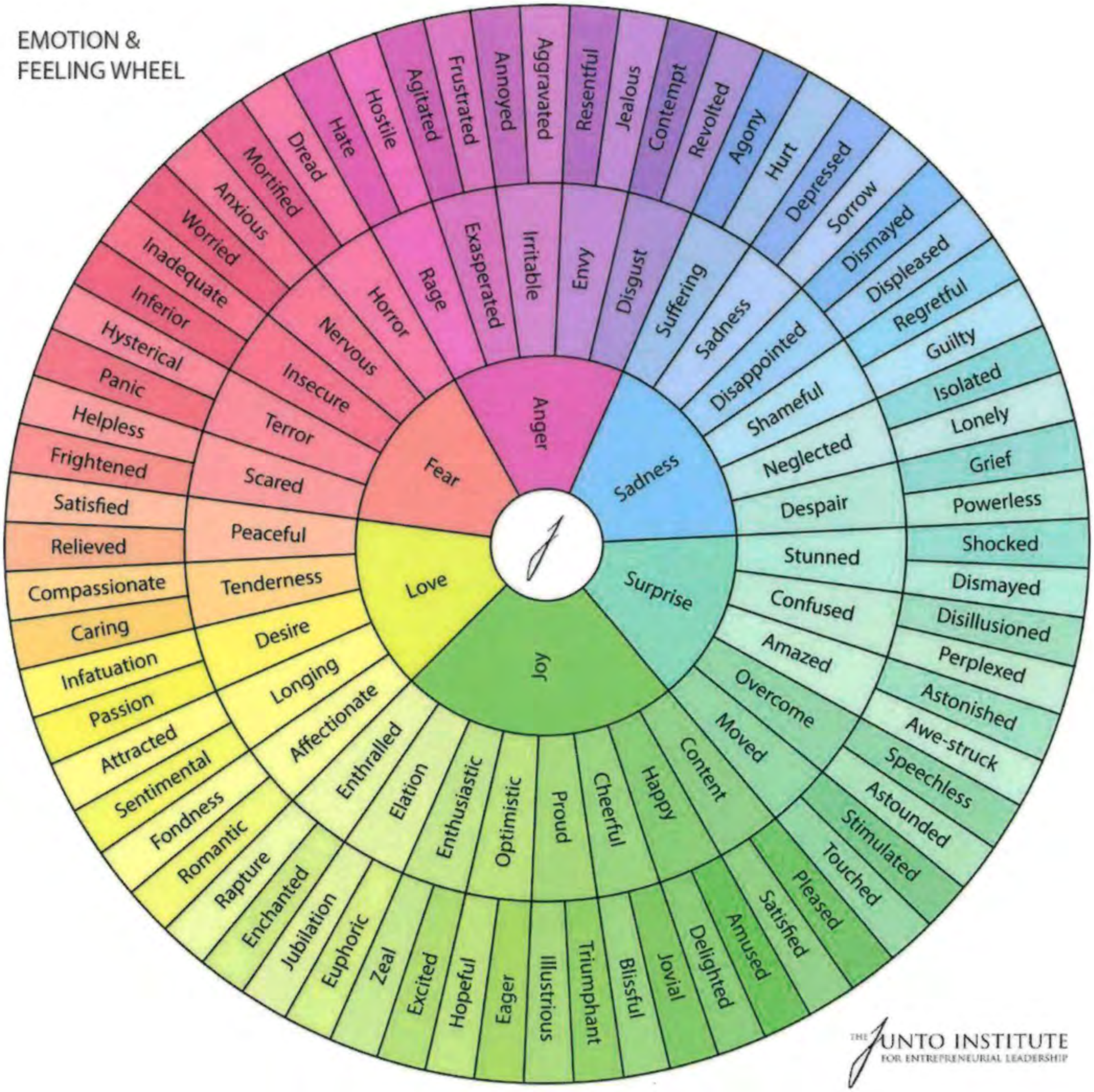
Skills – Cheerleading Statements; DEAR MAN (**D**escribe, **E**xpress, **A**ssert, **R**einforce, **M**indful, **A**ppear/Act Confident, **N**egotiate); GIVE FAST (**G**entle, **I**nterested, **V**alidate, **E**asy Manner, Be **F**air to Yourself, No **A**pologetic Dramatization, **S**tick to Your Own Values, **T**ruthful)

Distress Tolerance:

Distress tolerance skills come into play when in crisis. These skills are used to tolerate the moment or current emotional state without making it worse, having a behavior, or doing something destructive. Distress tolerance skills are not used to fix the situation or problem solve, but to tolerate it.

Skills – Wise mind ACCEPTS (distraction) (**A**ctivities, **C**ontributing, **C**omparisons, **E**motions, **P**ushing Away, **T**houghts, **S**ensations); Self-Soothe; Improve the Moment; Pros and Cons; Radical Acceptance; Observing your Breath; Awareness Exercises

Emotions Wheel



Parent/Guardian Relapse Prevention Plan

Name: Date:

My loved one's name:

Things I have learned that will help my loved one and me in recovery:

1.

2.

3.

4.

5.

I have the following five strengths and/or values that serve my loved one in recovery:

1.

2.

3.

4.

5.

My loved one has the following five strengths and/or values that serve him/her/them in recovery:

1.

2.

3.

4.

5.

10 things I can do alone or with others when I am feeling hopeless or frustrated that will give me strength and energy to continue to support my loved one:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

I have identified the following three people I can depend on for support when needed:

1.

2.

3.

Five changes I/we have made in the home that support recovery (such as supervised meals, sitting at the table until meals are completed, no bathroom use after one hour after meals/snacks have ended, etc.) are listed here:

1.

2.

3.

4.

5.

My loved one's warning signs are (e.g. isolation, hiding food, using the bathroom immediately after meals, stating they "already ate"):

1.

2.

3.

4.

5.

I commit to the following five actions when I or someone else notices a warning sign:

1.

2.

3.

4.

5.

I have shared this plan with three trusted people and integrated feedback as necessary.

1.

2.

3.

I understand that while my loved one is in the pre-contemplative and contemplative stages of change, it is primarily my responsibility to ensure my loved one is consuming the proper amount of nutrition without eating disorder behaviors.

Parent/Guardian signature(s): _____ Date: _____

Therapist signature: _____ Date: _____