



The Emily Program

**Supporting Friends and Family
in Eating Disorder Treatment**

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We believe...

- Families do NOT cause eating disorders. Yes, families can influence and affect those struggling with eating disorders, but it is not your fault.
- There is hope. People can, and do, recover from an eating disorder. Each person's journey is different and has ups and downs, but recovery is absolutely possible.

GENERAL STATISTICS

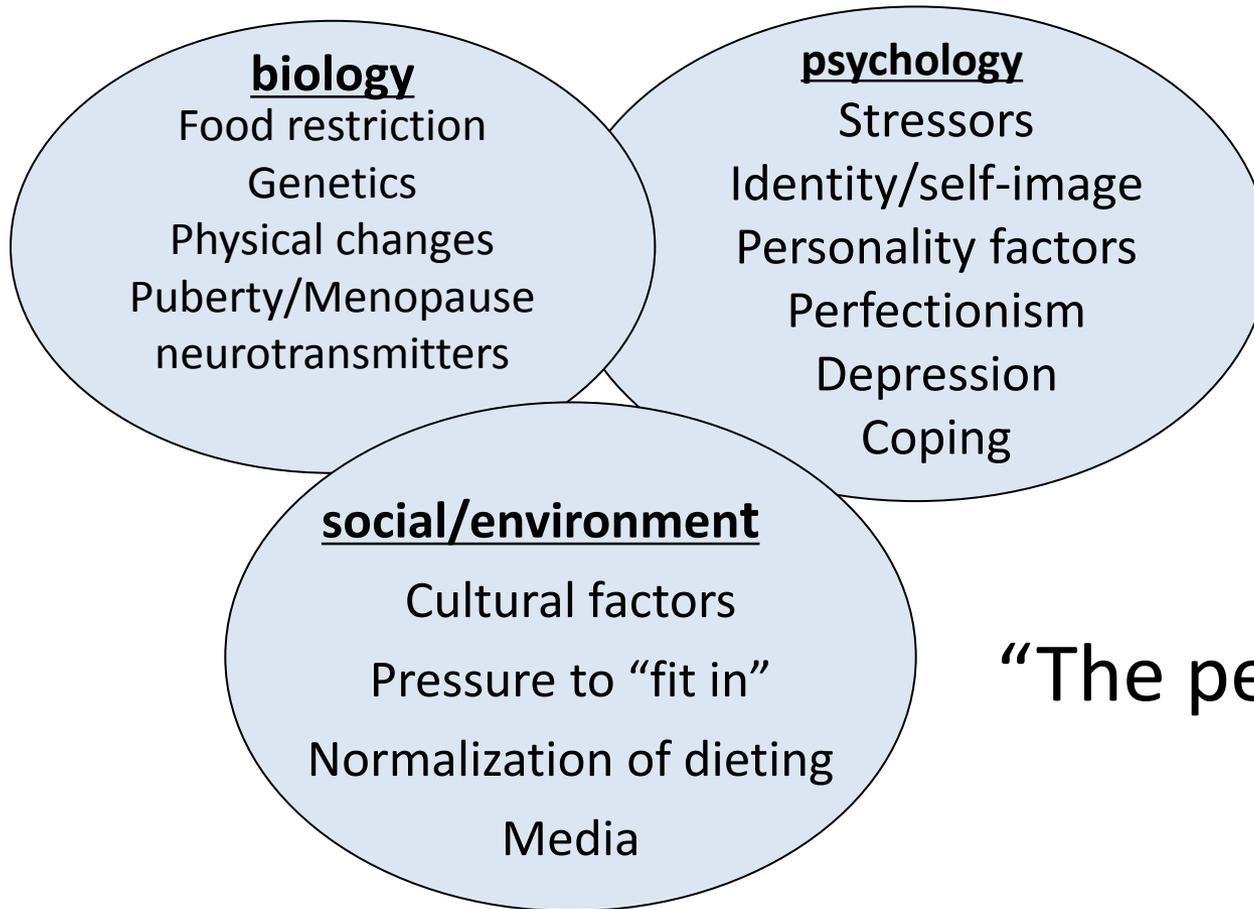
20 million women and 10 million men suffer from a clinically significant eating disorder some time in their life

- This is about 6% of women and about 3% of men
- It is also about 8% of adolescent females and 4% of adolescent males

Eating Disorders: Why, who & what?

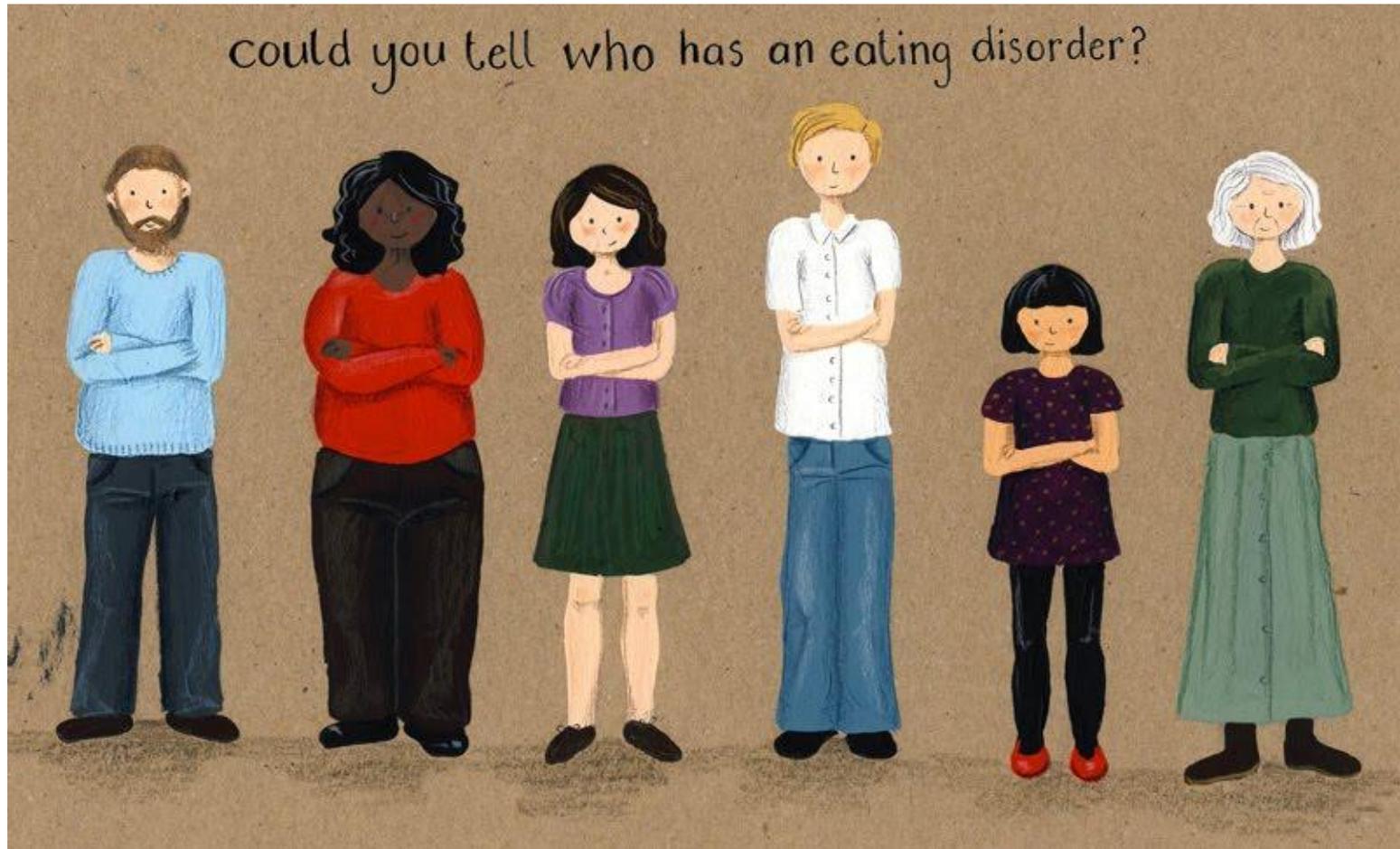
WHY do people get eating disorders?

Bio-Psychosocial Model of Eating Disorders



“The perfect storm”

WHO: People with eating disorders come in all sizes



Types of Eating Disorders (DSM V)



- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Avoidant/Restrictive Food Intake Disorder
- Other Specified Feeding and Eating Disorder
 - Atypical Anorexia
 - Subthreshold Bulimia
 - Subthreshold Binge Eating
 - Purging Disorder
 - Night Eating Syndrome

Anorexia Nervosa

Many people with AN see themselves as overweight, even when they are starved or malnourished. Eating, food, and weight control become obsessions. People with anorexia typically weigh themselves repeatedly, portion food carefully and eat small quantities of a narrow variety of foods.

Anorexia is characterized by

- Relentless pursuit of thinness
- Unwillingness to maintain a healthy weight
- Extremely disturbed body image
- Distortion of body image
- Intense fear of gaining weight

Facts:

Anorexia has a higher mortality rate than any other mental illness. According to the National Institute of Mental Health, people with anorexia are up to 10 times more likely to die as a result of their illness compared to those without anorexia. The most common complications that lead to death are cardiac arrest, and electrolyte/fluid imbalances. Suicide also can result.

Bulimia Nervosa

People with bulimia can fall within the normal range for their age and weight, and cannot be identified by their outward appearance. But they often still fear gaining weight, want desperately to lose weight, and are intensely unhappy with their body size and shape.

Bulimia nervosa is characterized by recurrent and frequent episodes of eating unusually large amounts of food, and feeling a lack of control over the eating. This is followed by behaviors that compensate for the eating binge, such as purging, fasting, laxative abuse, excessive exercise, and/or other behaviors.

People are often secretive with behaviors associated with bulimia nervosa, because it usually accompanied by feelings of disgust or shame.

Overeating

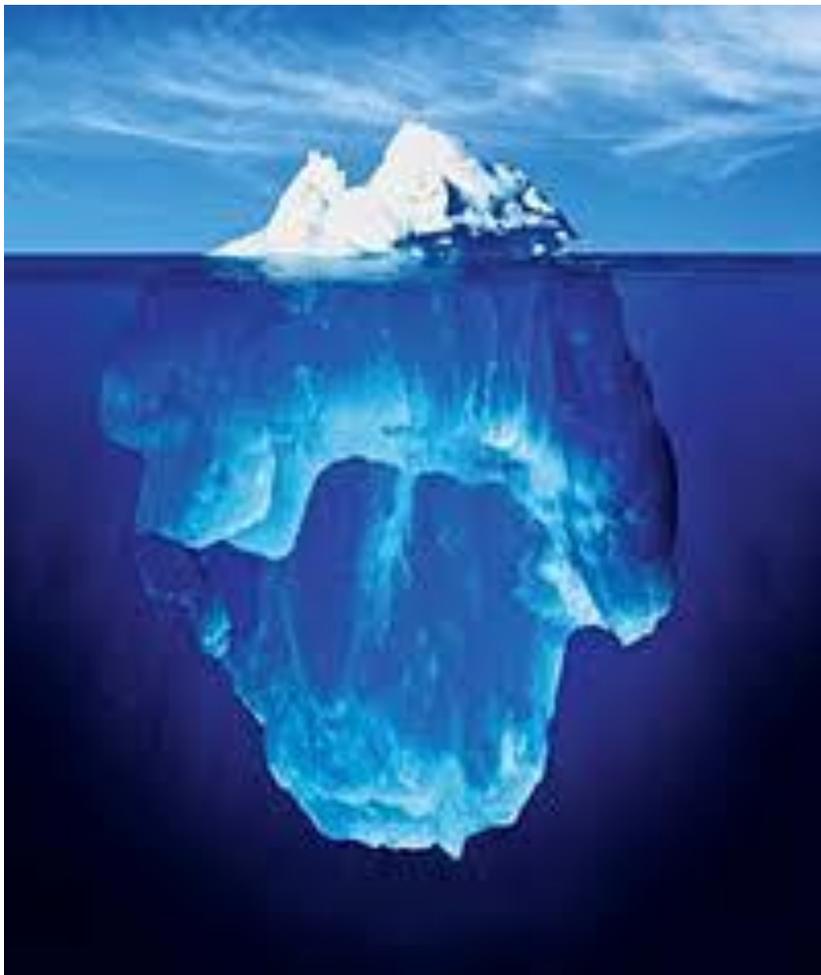
Binge-eating disorder (BED): *is characterized by recurrent binge-eating episodes during which a person feels a loss of control over his or her eating. Unlike bulimia, binge-eating episodes are not followed by purging, excessive exercise, fasting, or other behaviors to “compensate” for the binge. They also experience guilt, shame and/or distress about the binge-eating – which in turn can lead to more binge-eating episodes.*

BED is more commonly than anorexia and bulimia.

When does it become an Eating Disorder?

Key Indicators:

- Is there a pattern of behaviors?
- Is there preoccupation?
- Is there impairment?



Physical signs/behaviors



Mental preoccupation

What Friends & Family Might See

- Isolation, less social activity
- Weight changes
- Skipping meals/making excuses
- Eating alone
- Dieting, increased focus on food, size, weight, shape, body
- Fatigue, mood swings, irritability
- Dizziness, chest pain, coldness, hair loss, bruising, lanugo
- Personality changes
- Gut instinct

Behavioral and Emotional Changes

- Over focus on food, body, weight size & shape
- Excessive diet talk/obsession
- Mood/social changes in combination with above (e.g. depression, anxiety)
- Changes in cognitive processing ability

Worried about someone?

Start the conversation. If you suspect someone is struggling with eating disorder behaviors, ask if it is okay to discuss his or her eating habits. For example, “I’m concerned about your eating. May we discuss how you typically eat and your relationship with food?”

Ask more questions. These 6 assessment questions can help assess the situation. (Adapted from the SCOFF Questionnaire by Morgan, Reid & Lacy)

- Do you feel like you sometimes lose or have lost control over how you eat?
- Do you ever make yourself sick because you feel uncomfortably full?
- Do you believe yourself to be fat, even when others say you are too thin?
- Does food or thoughts about food dominate your life?
- Do thoughts about your body or weight dominate your life?
- Have others become worried about your weight and/or eating?

Give feedback. In this informal survey, 2 or more "yes" answers strongly indicate the presence of disordered eating. Refer as needed.

Timely Interventions

- Individuals with EDs may not recognize that they are ill and/or they may be ambivalent about accepting treatment. This is a symptom of their illness.
- Parents/guardians/supporters are the frontline help-seekers for children and adolescents with EDs. Trust their concerns.
- Help families understand that they did not cause the illness; neither did their child/family member choose to have it. This minimizes undue stigma associated with the disease.
- Research demonstrates that treatment within 3-5 years of onset is directly related to a higher rate of recovery

Why should you refer to an ED specialist?

- Due to the bio-psycho-social nature, a comprehensive assessment is critical for assessing appropriate intervention
- Generally, those struggling with an ED need a multi-disciplinary team including therapy, nutritional counseling and medical
 - The #1 medicine for treatment is appropriate nutrition and that needs to occur **simultaneously** with therapy
- You can't talk someone out of poor body image
 - Research demonstrates cognitive impairment caused by poor metabolic functioning
- “Waiting” for it to pass or viewing it as attention seeking behavior could cause irreversible damage

Treatment Options & Levels of Care

- Treatment can look a lot of ways:
 - Residential, or 24 hour care
 - Intensive Day Program, Intensive Outpatient Program, Outpatient Care
 - Use of multi-disciplinary team including therapist, a dietitian, and a doctor
- Treatment is dependent on what the person needs
- Family involvement in the treatment process is especially important

*How can I support
treatment?*

Understand your role

- Your role is to be the best _____ (insert title such as parent, friend, sibling, grandparent, neighbor, etc.) that you can be. It's not your role to “fix” anyone or anything. Your role is to be present, supportive, available and to take care of yourself.

Manage your own actions and behaviors

Janet Treasure:

Animal Metaphors

Try not to:

Kangaroo

Over-protective; too much sympathy and micro-management

Rhino

Too much control – overpowering; irritable and angry

Ostrich

Avoid the issue; denial; too little emotion

Jelly fish

Overly distressed, depressed, anxious; too much emotion

Try to:

Dolphin

Present but not over-powering; providing gentle but firm guidance/direction; available and reliable

Externalize the Eating Disorder

- Behaviors are driven by biological, psychological and social factors. Separate behaviors from the person (without letting go of consequences)
- Acknowledge the socially engrained culture of attention to weight, body and shape: An eating disorder takes it to an extreme level
- No one “chooses” to have any eating disorder,

Communicate wisely

- Have empathy and compassion
- Speak from your experience
- Keep trying to communicate
- Express affection and appreciation
- Avoid following the ED's "rules" of blaming, demanding, and attempting to control
- Avoid arguing or getting into power struggles
- Avoid commenting on weight or appearance

Be aware

- Your patience will be testing
- The ED is not the person
- Model taking good care of yourself
- Ask for support if you need or want it
- Honor your boundaries
- You are the loved one, not the treatment provider; don't confuse those roles
- De-emphasize the importance of food, appearance and weight in your relationship

Engage a Behavioral Change Model:

- **Active listening:** Separate person from problem and validate
- **Empathy:** Ability to identify with and understand the person's situation, feelings and motives
- **Rapport:** Try to understand while showing concern, caring and interest. Develop trust.
- **Influence:** The ability to produce an effect without using threats or force

Reinforce Hope

- Recovery from an eating disorder is possible; people do get better.
 - Recovery is different for everyone
- People can be in treatment for awhile; it takes time. Rarely is treatment a linear progression.
- Even if someone “looks” better it doesn’t mean they really are. You can’t judge recovery based on looks.

Focus on Health

Resist the urge to diet. DIETS DON'T WORK IN THE LONG RUN and are a risk factor for eating disorders.



Challenge Society's view of:

Ideal weight – the indiscriminate use of the standardized 'ideal' weight category as a measure of a person's health status.

Weight loss – dieting, drugs, programs, products or surgery for the primary purpose of weight loss.

Body assumptions and bias – that a person's body size, weight or body mass index is evidence of a particular way of eating, physical activity level, personality, psychological state, moral character or health status.

Body size oppression – any form of oppression including exploitation, marginalization, discrimination, powerlessness, cultural imperialism, harassment or violence against people based on their body image, body size or weight, and any approach to health, eating or exercise, the provision of products, services or amenities that perpetuates body size oppression.

Know & Promote the Truth About Dieting

- 95% of people who initially lose weight on “diets” gain it all back—sometimes even more than they lost.
- In a recent study, teens who dieted regularly gained *more* weight over a 5 year period than those who didn’t diet at all.
- People who diet are more likely to binge-eat, become depressed, and are at higher risk for eating disorders and obesity.
- Dieting can also lead to deficiencies in calcium, iron, and other important nutrients for daily function.

Take care of yourself

- Put on your oxygen mask before trying to assist someone else
- It is not selfish to engage in self-care; it appropriate role-modeling to show your loved one that it's okay to do what you need to do to be okay
- Self-care looks different for everyone

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www.emilyprogram.com

Resources

www.aedweb.org

www.eatingdisorderscoalition.org

www.nationaleatingdisorders.org

www.tcme.org

www.mollykellogg.com

www.about-face.org

www.something-fishy.org

LOCATIONS:

Washington

Minnesota

Ohio

Pennsylvania