

Eating Disorders: The Importance of Family Involvement and Family Meals



PRESENTED BY:

GEORGIA MEYERS, M.A.ED., LPC

&

MAUREEN GATELY, RD

Objectives



- Understand what factors can lead to the development of an eating disorder, including parental messages
- Learn how to spot the warning signs of eating disordered behavior in your loved one
- Gain an understanding of the importance of family involvement and family meals at home in the recovery process

Warm-up Exercise



FOOD

What Someone with an Eating Disorder Thinks When They Hear The Word “Food”



- Scary
- Fat
- Calories
- Bad
- Lazy
- Obese
- Guilt
- “Good” vs. “Bad”, “Healthy” vs. “Unhealthy”
- The “enemy”

What is an Eating Disorder?



- On surface: Abnormal eating which leads to health consequences...
- At core:
 - Distraction
 - Coping Skill
 - Communication Skill



Factors Contributing to Eating Disorders



- Low Self Esteem
- Highly sensitive temperament
- Genetics
- Family Dynamics
- Family issues: “Father Hunger” or enmeshment with mothers
- Cultural/Societal pressure for thinness
- Dieting
- History of weight problems/teasing/bullying (cyber bullying)
- Major life change/stress/lack of control
- Onset of puberty

(*NEDA, 2012*)

Impact of Parental Dieting/Restriction



- Maternal weight talk and dieting associated with girls' disordered eating and extreme weight control behaviors. (Neumark-Sztainer et al, 2010)
- Parents' restriction of children's access to "highly palatable, energy-dense foods" promotes higher intake of those foods and negative feelings about eating them. (Fisher & Birch, 2000)
- Making a food's availability contingent on completion of a task can increase the child's preference for the "reward" food. (Birch et al, 1980)

How Loved Ones Can Spot ED



- **Emergence of “healthy eating”**
 - Cutting out “junk food”
 - Benign dieting that progresses to more and more restriction (e.g., “clean eating”, “whole foods”, Paleo, Vegetarianism)
 - Labeling foods “good” or “bad”
 - Often something seen on TV or heard at school in health class
 - Visiting social media related to diet/fitness (“Fitspo”, “Thinspiration”)
 - Orthorexia: fixation on quality/purity

How Loved Ones Can Spot ED



- **Significant changes in eating patterns**
 - Eating less or not eating certain food groups
 - Refusing previously enjoyed food
 - Strange food pairings/combinations
 - Food obsessions/rituals
 - Growing avoidance of eating in front of others
 - Eating a larger/smaller amount
 - Eating more rapidly or more slowly
 - Preoccupation with cooking/recipes
 - Being secretive or sneaky with food (throwing away foods, finding wrappers)
 - Quick exit after meals to restroom, spending long time in restroom, showering after meals.

How Loved Ones Can Spot ED



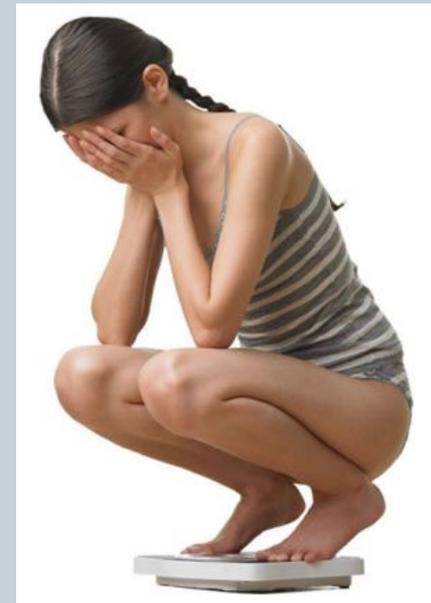
- **Significant Changes in exercise/fitness patterns**
 - Increasing amount of exercising
 - Exercising when sick/hurt
 - Getting up early, staying up late, or missing activities in order to be able to exercise
 - Not fueling body appropriately for exercise
 - Must/Should/Have to mentality
 - Anxiety or anger when not able to engage in exercise
 - Excessive moving, standing, fidgeting
 - Exercising in secret
 - Exercising alone

How Loved Ones Can Spot ED



- **Changes in health status**

- Significant weight loss
- Fainting
- Hair loss
- Loss of period
- Bloodshot eyes
- Swelling of face/extremities
- Abnormal labwork
- Orthostatic vitals
- Low heart rate
- GI distress
- “Food Intolerance”



How Loved Ones Can Spot ED



- **Noticeable changes in mood/personality**
 - High anxiety, conflict, defensiveness and crying are common occurrences around meal time or when eating behaviors are addressed
 - Malnourished brain = flattened presentation, lack of emotions
- **Decline in functioning**
 - Low energy/motivation
 - Isolation
 - Sleep disturbance
 - School/work attendance issues
 - Drop in performance/grades (not always seen!)
- **Body Image/Self-esteem concerns**
 - Weighing self
 - “Body checking” behaviors (measuring, staring in mirror)
- **Other high-risk behaviors/addictions**

The Role of the Family/Family Meals



- Family support is critical to the recovery process
- During a family meal, loved ones can:
 - observe and address behaviors
 - model healthy relationship with food
 - provide support/encouragement



Benefits to Family Meals at home:



- Better academic performance
- Higher self-esteem
- Lower risk of substance abuse
- Lower risk of teen pregnancy
- Lower risk of depression
- Lower likelihood of developing eating disorders
- Lower rates of obesity
- Parents more likely to hear about any problems that might be occurring in a child's life

Research about family meals:



- **Sitting down together as a family to eat is an important factor in making healthy food choices. (Baylor College of Medicine, 2013)**
- **Regular family meals during adolescence plays a protective role in the development of disordered eating and weight control behaviors in girls. (Neumark-Sztainer et al., 2008)**

Common obstacles to family mealtime & opportunities

Obstacles	Opportunities
Parent/Spouse Schedules	Coordinate nights when parents work late so they can be home on the same nights for dinners
Child Schedules	Limit activities that interfere with dinner time; advocate for community and school based organizations to schedule around dinner time
Preparation Time	Opportunity to invest in freshness and to save money and teach cooking skills to children
Shopping Time	Opportunity to invest in freshness, learn what foods are in season in your region, try new stores and farmers' markets, allow children to participate and teach them how to be smart consumers
Knowledge and Skill	Community and online resources can provide ideas on how to prepare meals that are wholesome, yet not too time consuming

Obstacles to family meals in a Disordered Eating Family



- ED dictating meals
- Parent's exercise schedule
- Chaotic schedules
- Vegetarianism
- Dieting Parents/Spouses
- Focus of meal conversation is on the ED behaviors, not on the person

KEY CONCEPT FOR FAMILIES:



“Food Support”

VS

~~**“Food Police”**~~

Recommendations for families



- Aim for regular family meals
- Family members should be open and authentic at meals-- NOT walking on eggshells
- Same concepts apply to bulimic behaviors
- Manage own anxiety to prevent hostility/punishing
- Model appropriate choices/behaviors
- Ask your loved one about their triggers and “red flags”

Recommendations for families



- Ask your loved one what helps them during meals
- Approach from a place of curiosity (“I’m noticing X behavior. How can I best support you?”)
- View each meal/snack as new opportunity (don’t bring baggage!)
- Be aware that time immediately following the meal may be most difficult
- Offer post-meal support (distraction, processing)

Final Thoughts: What Families Can Do to Help



- **Address your loved one's behaviors immediately**
- **Don't be afraid to ask questions**
- **Approach them with the goal to gain understanding**
- **Don't rely on logic**
- **Explore beliefs about food, body image**
- **Consult with ED experts and find local resources**

When more help is needed...



- Under 90% of Ideal Body Weight
- Refer for medical workup (labs, EKG, BMI)
- IOP-> PHP-> RTC-> Hospitalization
- Regardless of weight, if symptoms do not improve: connect with an E.D. specialist that can recommend appropriate level of care, monitor behaviors, etc.

Questions?



GEORGIA MEYERS

EMAIL:

GEORGIA.MEYERS@CENTERFORDISCOVERY.COM

ADMISSIONS PHONE: 800-760-3934

OR ONLINE AT

WWW.CENTERFORDISCOVERYVIRGINIA.COM