

MODULE 4

ESSENTIAL COMPONENTS OF TREATMENT

Printable screenshots from the videos produced for canped.ca

ESSENTIAL COMPONENTS OF EATING DISORDER TREATMENT

1. Supporting Your Child

2. Role of Therapy

3. Role of Medications

Things to keep in mind

- The eating disorder is NOT the child's fault or the parent's fault
- Your child is COMPELLED to have symptoms such as restricting food intake, or purging
 - The eating disorder is controlling them
- YOU play a key role in their recovery

How to help your child recover

Lifting blame from the child and blaming the eating disorder

BLAME THE ILLNESS
NOT THE CHILD

Restoring health: Understanding and tackling symptoms

RESTORING
HEALTH

Making appointments with doctors and therapists a priority

MEDICAL
MONITORING

Lifting guilt and blaming the illness

- Lifting guilt = do not blame the sufferer
- Separate the child from the illness
- Externalizing the eating disorder
- Blame the illness



Example: *This is NOT 'Katie' stubbornly refusing food, this is the 'eating disorder' controlling, starving, and destroying Katie, making her terrified to eat.*

An eating disorder as a lifestyle 'choice'

- Some patients argue that they are 'choosing' to starve themselves and it is not an 'illness'
- An eating disorder is not a choice, it is a mental illness with medical complications

Do you know of anyone with a very severe phobia or with severe Obsessive Compulsive Disorder (OCD)?

- If you have a severe fear of germs, avoid public places, and have a terrible compulsion to wash your hands hundreds of times a day, is washing your hands a choice?

Eating disorders are similar to Obsessive Compulsive Disorder

- A person with an ED lives constantly with obsessive thoughts
- To decrease the intensity of these thoughts, the sufferer feels compelled to try to 'undo' them by trying to lose weight
by restricting, exercising, or purging

Overcoming an eating disorder means:

- Learning 'not to listen' to the obsessive worries about weight gain
- Learning 'not to follow the commands' the eating disorder is giving to lose weight

Imagine having a severe fear of heights and telling yourself to dive off a cliff by just 'not listening to your fears': easier said than done!

Separating the illness from the child:

- Help your child to see that:
 - you understand how difficult this is for them
 - the obsessive eating disorder thoughts are put in their head by the illness
- Refer to their 'eating disorder thoughts' or their 'eating disorder urges'
- Talk about how sorry you are to see the eating disorder cause them so much stress

Externalizing the Illness

- Not all children will tolerate you externalizing the illness
- Some may get angry and will insist that:
 - 'It is my choice'
 - 'I'm not being controlled by an eating disorder'
 - 'This is who I am'
- Best not to get into a power struggle over the wording, as anger can make eating disorder urges worse
- Be compassionate, empathize, and praise for their efforts

Externalizing the Illness

- Stay firm against the eating disorder
 - Keep them 'safe from the eating disorder' so that they don't have the opportunity for symptoms
- TRY not to direct ANY anger or criticism towards your child

Imagine that they have juvenile diabetes and needs an insulin shot, but are terrified of needles. What would you do to help them to take it? It might be very frustrating, but anger won't help.

Externalizing the Illness

- Stay firm against the eating disorder
 - Keep them 'safe from the eating disorder' so that they don't have the opportunity for symptoms
- TRY not to direct ANY anger or criticism towards your child
- Don't show frustration - make it clear that you don't blame them and that it's the eating disorder you're angry at
"I'm sorry for yelling, Katie. I am not angry with you, I am angry at the eating disorder."

RESTORING HEALTH

BY STOPPING THE EATING DISORDER SYMPTOMS

Understanding symptoms

- Obsessive eating disorder thoughts cause great anxiety, agitation, and self-loathing
- Symptoms directed at weight loss help make these thoughts and feelings less intense
- Eating and keeping the food down, or eating and not exercising, make these intolerable thoughts and feelings stronger

'Trapped' in the eating disorder

- Your child is:
 - compelled to starve
 - compelled to exercise
 - stuck in a cycle of restricting, bingeing, and purging
- Not happy doing this, but is terrified to stop
- Terrified of weight gain, no matter how 'irrational' this may be
- Rescue your child from the eating disorder; they can't do it without you

Asking someone with **Anorexia Nervosa** to eat **normal amounts** and not **exercise** or **purge**, or asking someone with **Bulimia Nervosa** to **stop purging** and **eat regular meals**, is like asking someone with a **fear of heights** and **snakes** to walk a **high tightrope** across a **pit full of snakes**

It is not an issue of stubbornness,
but of FEAR



Why be so scared of weight gain?

- Some fears are easy to understand
 - A fear of flying in airplanes = a fear of crashing
 - A fear of germs = a fear of getting sick
- Weight is overly important for people with eating disorders
- At normal weight they feel they are 'fat,' 'disgusting,' and open to judgment and criticism by others
- It represents being 'not good enough'
- Being 'not good enough' is especially frightening to people who are 'perfectionists' or have anxiety



- People who are happy, self-assured, confident and feel 'good enough' don't need to worry that their self-worth is measured by a number on a scale
- Eating disorders are associated with depression, low self-esteem, or anxiety
 - Especially social anxiety: worrying that others will judge you or think critical thoughts about you

EATING
DISORDER
SYMPTOMS

FEELINGS

- Eating disorders arise from a place of:
- ANYTHING that makes your child feel bad will strengthen these feelings, and thus strengthen eating disorder thoughts, urges, and symptoms

The Paradox

Strengthen
the EATING
DISORDER

Anything that makes
your child feel BAD

- eating
- keeping the nutrition in
- being at a healthy weight

Crucial for
recovery and
well-being

This won't be easy for you or your child....



The key to success

- Nutrition and health parameters must be seen as 'non-negotiables'
Compare the nutrition to chemotherapy treatment for cancer, or insulin needles for diabetes: A necessary, non-optional discomfort, that can cause tears and upset.
- Your role involves:
 - understanding that, like needles, sometimes treatments are necessary but feel bad
 - helping your child to cope with this

Remain **firm** against
the eating disorder
but **empathic** towards
your child

You can help your child:

- Anything that makes them *feel bad* will strengthen the eating disorder, so:
 - remove as many other stresses as possible
 - help them with coping
 - soothe them
 - praise them
 - empathize with them
 - distract them (so they aren't listening to the eating disorder thoughts)

You can help your child:

- Anything which makes them feel better MAY help them to eat or not purge
 - Increase their motivation, self-esteem, and confidence
 - Be more present
 - Try to stay calm and positive
 - Offer hope

Additional ways to support your child...

- Recognize that they have very strong urges, and feel compelled to have symptoms
- Use gentle, compassionate, calm tones
- Avoid anger, anxiety, frustration, even when they get angry at you. Accept their anger.
- Empathize with their fear, agitation, and irritability

Avoid criticizing your child; praise your child

Q: How do you find something to praise in an angry, tearful child, who is refusing food? Or maybe a child who is running away, slamming doors, lying, or not going to school?

A: **Stay calm.** Put your expectations just below whatever your child can do, and praise them for whatever they CAN do.

Lower your expectations

- Help your child to feel “Good enough”



If you **expect them to jump high and they cannot**, you will be disappointed. It will make them **feel ‘not good enough’**.



Lower the bar to just barely off the ground, so they **can jump over it**. They will feel pleased with their accomplishment and **feel ‘good enough’**.
Helps to weaken the eating disorder.

- Remember to praise your child

Q: If I lower my expectations and praise them when they are struggling, aren't I just encouraging bad behaviour? Or spoiling them? I thought parents were supposed to expect the best from their children!

A: Would you have the same expectations if your child had cancer and was receiving chemotherapy? Teens with eating disorders are far more ill than they appear, and need to be seen as ‘regressed’ **until** they have recovered.

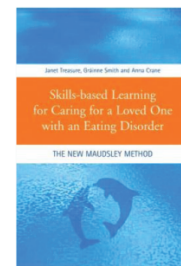
Recommended resource

To learn more about how to be an ‘emotional coach’ in supporting your child’s recovery, read:

Skills-based Learning for Caring for a Loved One with an Eating Disorder

by Janet Treasure, Granne Smith, and Anna Crance

This information is also available under the “Resources” section of the website



Now let's talk about tackling eating disorder symptoms...

Anorexia Nervosa

Bulimia Nervosa

Things that are common for all youth with an eating disorder

- Since your child is compelled to have symptoms, the illness may eventually destroy them
- You need to save your child
- Getting nutrition in and keeping it in **cannot** be optional
- Your child must not starve or purge

Food = medicine

- How much food is enough? What is the correct dose?
- The correct 'dose' of nutrition means eating enough food to achieve and maintain a healthy weight
- **This varies depending** on the child, their symptoms, and their weight
- For girls, regular menstrual periods are an important sign that they are at, or close to, a healthy weight

Tackling symptoms of **Anorexia Nervosa**

- Youth with Anorexia Nervosa have weights that are dangerously low
- It takes a surprisingly high number of calories to gain weight, so they may be 'eating' but still losing weight
- You need to help your child to eat enough food to gain weight each week, until they reach their body's healthy weight

Anorexia Nervosa

For someone who is underweight

- Limit physical activity
- Increase nutritional intake
- Weight gain is crucial and necessary
 - One can only recover from Anorexia Nervosa by reaching a healthy weight
 - Being underweight maintains the eating disorder, and is associated with significant medical and psychological problems
 - Girls need to get their periods back to be healthy

Anorexia Nervosa

In cases where youth have become **medically unwell** as a result of the eating disorder, it is **extremely important** to make these changes (*i.e. increasing nutritional intake*) under the supervision of a physician, as close monitoring will be required.

Anorexia Nervosa

Those at highest risk of medical complications from Anorexia Nervosa:

- Are young (less than 13 years)
- Have lost weight quickly
- Have lost a lot of weight
- Are purging (vomiting, over-exercising, or taking pills)

Anorexia Nervosa

Those at high risk for Chronic Anorexia Nervosa

- Start out with a naturally higher weight, then lose a significant amount of weight, but still look 'normal' to other people
- Looking 'normal' can prevent them from getting the help they need, and prevent parents or doctors from taking the illness seriously
- Youth who started at a higher weight, and restricts, exercises, or purges, is just as sick as a youth who started out slim and now appears emaciated
- Both are malnourished and controlled by the eating disorder

Anorexia Nervosa

Essentials of how to help

- Empathize with their fear
- Be calm, not angry
- Compassionately prevent opportunity to have symptoms
- Supervise during and after meals
- Make taking nutrition not optional
- Provide motivation and encouragement
- Medical monitoring
- Family therapy focused on weight gain

Anorexia Nervosa

This won't be easy...

- You can expect resistance from your child
- Weight gain is terrifying and will make the obsessive thoughts and urges stronger
- You have to find a way to do it and make sure that you get results
- Your child's health and well-being depends on it
- Their brain, heart, and bones can't be healthy if they are below their healthy weight

Anorexia Nervosa

You can't do it alone...

- All parents and caregivers need to work together as a team, and need to be 'on the same page' to be successful
- The entire family needs to be focused on this goal
- Parents must make the decisions and be responsible for the nutrition and health of their ill child

Anorexia Nervosa

The role of siblings:

- Siblings can offer support too
- They need to understand that their sister or brother is ill
- Their role is to help distract and support them, e.g. have fun with them or give a hug
 - This can provide a relief from the intensity of the illness, and the conflict with parents over food

Anorexia Nervosa

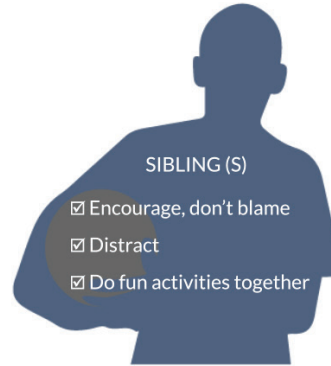
PARENTS

- ☑ Provide regular meals
- ☑ Supervise meals
- ☑ Supervise for 1 hour after meals
- ☑ Prevent opportunity for symptoms



SIBLING (S)

- ☑ Encourage, don't blame
- ☑ Distract
- ☑ Do fun activities together



Anorexia Nervosa

Recommended resource

For more information on how to help your child with Anorexia Nervosa recover, read:

Help Your Teenager Beat an Eating Disorder

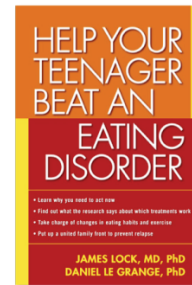
by James Lock and Daniel Le Grange

Some excellent websites that can help are:

www.maudsleyparents.org

www.feast-ed.org

www.aroundthedinertable.org



This information is also available under the "Resources" section of the website

Anorexia Nervosa

Nutrition: for someone who is underweight

- Your child will almost certainly require more food than they did before they got sick
- You don't need to count calories, but to give you an idea:
 - an average teenage girl needs about 2,200 calories/day just to maintain a normal weight, and more if she is active
 - she will need much more than this to gain weight, often 3,000 calories/day or more

Anorexia Nervosa

Nutrition: for someone who is underweight

- To help get over their fear of high calorie or high fat foods, you need to show them:
 - there are no 'bad' foods
 - all foods 'fit'



Anorexia Nervosa

Q: Should I choose: skim milk, 1% milk, or 2% milk?

A: There is no one right answer. However, in general, increasing fat intake is a more efficient way to meet energy requirements.



Depending on weight gain required, fats provide an excellent source of energy – choosing or allowing foods that have no or little fat, will result in a need for a larger quantity of food overall (if your child needs 3,000 calories/day, this may be difficult to get from low fat foods). Avoiding fats won't help their fear of high calorie foods.

Anorexia Nervosa

Possible barriers

- Getting weight onto your child may be one of the most difficult things you try to do
- If you struggle to get your child to gain weight, be sure to reflect on possible barriers that may be getting in the way

- ✓ It is important to figure out what is and isn't working with each passing week. Make adjustments regularly as you need to.
- ✓ Does your child need more food?
 - ✓ Less activity?
 - ✓ Could he or she be purging somehow?
 - ✓ Are they too angry or stressed to eat?
 - ✓ Are parents working together?
 - ✓ Are you afraid to feed them high calorie foods?

Anorexia Nervosa

Reassurance

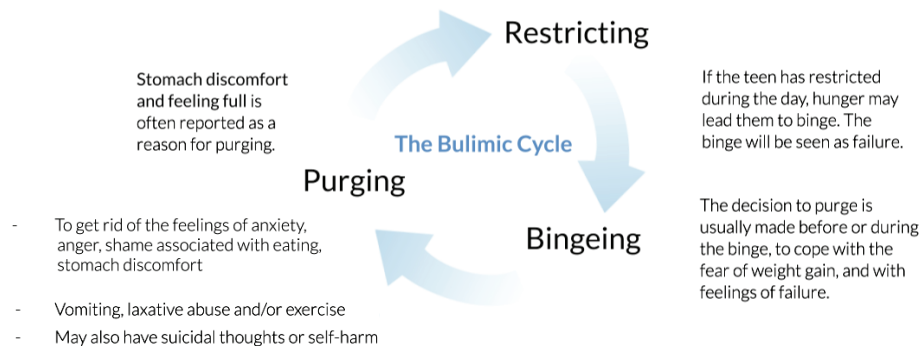
- Offer as much reassurance and support to your child as possible during this process
- If their weight is really low, remember that their thoughts and behaviours (e.g. irritability, anxiety and agitation) are occurring because their brain is starved
- Getting their weight closer to a healthy weight will eventually decrease the intensity of these thoughts, even though the thoughts get worse in the moment

Anorexia Nervosa

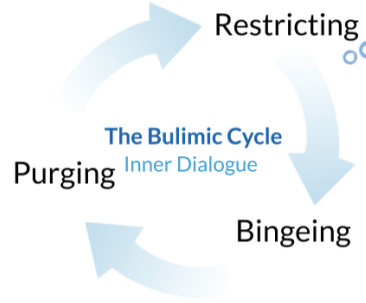
Tackling symptoms of **Bulimia Nervosa**

- Individuals with BN are usually normal weight, but they often restrict food (e.g. by skipping meals)
- Commonly, youth with Bulimia Nervosa eat very little throughout the day, and binge/purge after school or in the evening

Bulimia Nervosa

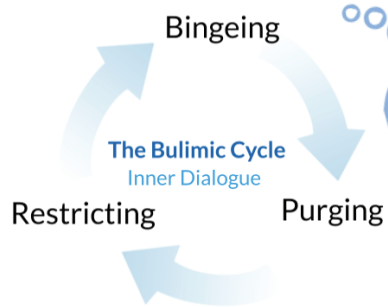


Bulimia Nervosa



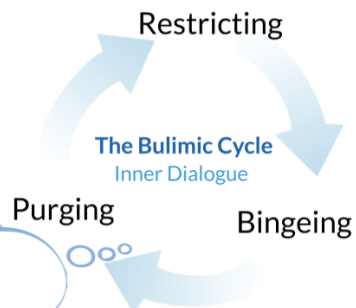
I'm so hungry, I haven't eaten all day, I'll just have this one piece... Oh my goodness, I can't believe I'm doing this, I've completely blown my diet.

Bulimia Nervosa



Screw it, I've blown it anyway, I might as well keep going... I'll have to get rid of this food, I'm eating way too much... Oh well, I might as well have as much as I want since I'm going to purge it anyway...

Bulimia Nervosa



Yuck, I feel so bloated and fat and disgusting. I can't wait to throw up... There, it's done, and now I'm going to start over and stick to my diet and make sure I don't eat all day tomorrow..."

Bulimia Nervosa

The Bulimic cycle

- A binge is almost always the result of **being hungry**
- Purging is the result of:
 - A fear of weight gain
 - The perception of stomach discomfort
 - Shame and anxiety caused by the loss of control over eating
- Not all calories are lost in purging

Bulimia Nervosa

The Bulimic cycle

- Youth who binge and purge often end up at a higher weight than they would if they ate normally
- STOP symptoms of restricting, bingeing, and purging, by getting back to basics with **regular meals and snacks**

Structured meals without dieting is key

Bulimia Nervosa

Nutrition: for someone who is bingeing and purging

- The initial step of eating regular meals and keeping them down can be challenging
- Youth will often experience strong urges to purge once they start eating more consistently
- It is important that they be supported, not only **during** the meal, but also **after** the meal to help prevent vomiting from occurring

Bulimia Nervosa

Purging is addictive

- Many patients report feeling ashamed of purging
- It also has extremely 'addictive' properties
- It can be extremely difficult to break the cycle of purging after bingeing (or eating), once it becomes established

Bulimia Nervosa

Q: Why is it so difficult to stop purging?

A: Purging makes the person feel better.

- Eating and keeping food down increases the intensity of the eating disorder thoughts
- Purging decreases the intensity of the thoughts and the accompanying agitation
- Purging not only gets rid of the food, but also the negative feelings inside
- Therefore, purging leaves a person feeling numb and relieved (until the anxious eating disorder thoughts and feelings of shame return again)

Bulimia Nervosa

Tackling symptoms of Bulimia Nervosa

- Regular purging:
 - puts stress on the body
 - erodes tooth enamel
 - causes swollen parotid glands
 - increases medical risk
- After 3-5 weeks of no purging, many report that the urges start to decrease
- If the youth can be helped to take regular snacks and meals and not restrict, purge, or over-exercise, with time the strength of the eating disorder will gradually decrease

Bulimia Nervosa

Tackling symptoms of Bulimia Nervosa

- Helping your child to stop vomiting after a meal or a binge is difficult
- Some parents find it can help to accompany the child to the bathroom, saying:

“I know how bad the eating disorder is making you feel right now, and I just want to be here to support you, even if you need to have symptoms.”

Bulimia Nervosa

Tackling symptoms of Bulimia Nervosa

- Helping your child to stop vomiting after a meal or a binge is difficult
- Some parents find it can help to accompany the child to the bathroom, saying:
- Some youth are less likely to purge with their parent standing beside them
- Others may get very angry
- Try to calmly sit down and talk about expectations around meals and how distractions will be planned for support

Bulimia Nervosa



Tackling symptoms of Bulimia Nervosa

- Try to identify specific ‘triggers’ which make the eating disorder thoughts and urges worse
- Have a conversation with your child in a loving & supportive manner
- Consider having such conversations outside of meal times, and during periods of low stress
- Remember, your child feels significant shame and will be embarrassed to have this conversation

Bulimia Nervosa

Tackling symptoms of Bulimia Nervosa

- A few ways to help stop symptoms of restricting, bingeing, purging, and over-exercising:
 - **structure is key:** Regular consistent supervised meals and snacks every day
 - deflect your child's anger, and don't get angry back
 - present yourself as being on their team and wanting to offer support, not trying to control them

Bulimia Nervosa

Tackling symptoms of Bulimia Nervosa

- A few ways to help stop symptoms of restricting, bingeing, purging, and over-exercising:
 - set small goals initially and build on them once they have been conquered
 - family therapy and/or individual therapy to help cope with the intolerable thoughts and feelings

All much easier said than done!

Bulimia Nervosa

Your difficult tasks

- To get your child to eat food that they don't want to eat and are terrified of eating
- To monitor and distract them after meals, when they feel very agitated with strong urges to purge or exercise
- To increase child's self-esteem and help them to feel better about themselves, despite the obsessive thoughts in their head telling them that they are:



Good and bad news

BAD NEWS

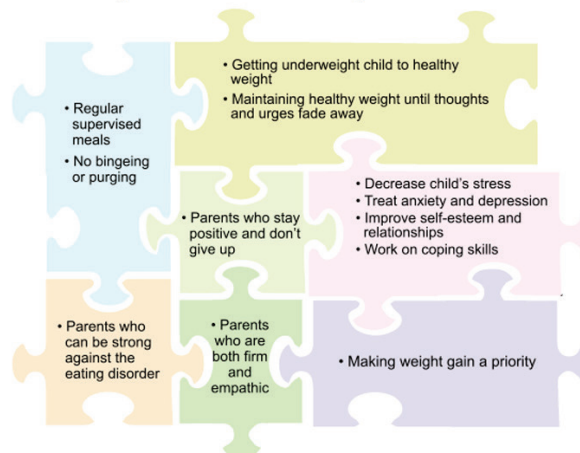
Caring for a child with an eating disorder is extremely difficult, exhausting, and stressful

GOOD NEWS

You can make a HUGE difference!

With your help, time, and patience, your child has an excellent chance of full recovery!

What are the keys to recovery?



MEDICAL MONITORING IS EXTREMELY IMPORTANT FOR A CHILD WITH AN EATING DISORDER

Medical monitoring

If you are worried that your child has an eating disorder, you need to get help

- Frequency of visits to your health care provider will depend on the severity of your child's illness
- Primary care providers who do not have experience with eating disorders may not understand the seriousness of the situation, or know how to help, so you may need to advocate for your child

Medical monitoring

- Ensure that your child is REGULARLY assessed by a health care provider with knowledge of eating disorders
- They should complete the following as part of the medical assessment:
 - Weight & height
 - Vital signs (lying and standing heart rate and blood pressure)
 - Blood work
 - Electrocardiogram (depending on specific risk factors)

Recommended resources

To learn more about the role of the family doctor in caring for an adolescent with an eating disorder, see our list of

Recommended Websites for Healthcare Professionals

Under the **Resources section** of our website

If you have **IMMEDIATE** concerns about your child's health and/or safety, **do not wait**

Make arrangements to see a physician immediately

THE ROLE OF THERAPY

THE ROLE OF THERAPY

Type of therapy that is most helpful depends on:

- The type of eating disorder
- The severity of the eating disorder
- The structure of the family

THE ROLE OF THERAPY

Recommended psychological therapy for adolescents with **Anorexia Nervosa**

- **Family-Based Therapy** (Maudsley Family Therapy)
 - Parents are empowered to take charge of their child's nutrition and to be responsible for their weight gain, within a compassionate, non-blaming, and supportive environment

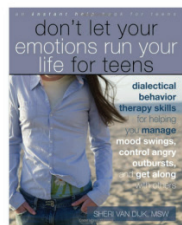
Recommended psychological therapy for adolescents with **Bulimia Nervosa**

- Individual or group **Cognitive-Behaviour Therapy (CBT)**
 - Help the child to separate from, and challenge, the eating disorder thoughts
- **Dialectical Behaviour Therapy (DBT)**
 - Focused on helping the child to cope with urges without acting on them
- Trials underway for **Family-Based Therapy**
 - Parents act as the 'support team' to decrease the opportunity for the child to have symptoms

Regular, normal meals, and learning how to cope with strong negative emotions without having symptoms, is common to all treatments for **Bulimia Nervosa**

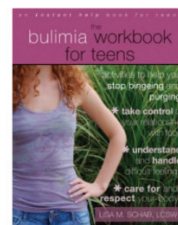
Recommended resources for youth (workbooks)

To use **in therapy** for helping to cope with **strong emotions**:



Don't Let Your Emotions Run Your Life For Teens
by Seri Van Dijk

To use **with a therapist** to tackle the **eating disorder symptoms**:



The Bulimia Workbook for Teens
by Lisa M. Schab

Treating other types of eating disorders

- Underweight youth with any kind of eating disorder should be treated like Anorexia Nervosa
- Normal weight youth with any kind of disordered eating should be treated as we have described for Bulimia Nervosa

Intensive treatment for eating disorders

- Medically unstable youth will probably need to be hospitalized
- Youth whose symptoms can't be contained at home or with outpatient treatment, may need a Day Treatment program or residential treatment setting
- Day hospital and residential programs usually include individual and family therapy.

ROLE OF MEDICATIONS

ROLE OF MEDICATIONS

Depends on:

The type of Eating Disorder

TYPE OF
EATING DISORDER

The presence of any serious
underlying anxiety or depression

UNDERLYING
ANXIETY/DEPRESSION

The youth's age, and nutritional status

AGE OF YOUTH

The severity of impairment or distress

SEVERITY OF
IMPAIRMENT/DISTRESS

ROLE OF MEDICATIONS

ANOREXIA NERVOSA

Medication for Anorexia Nervosa

- Insufficient evidence for the use of medication (on its own) in the treatment of Anorexia Nervosa in CHILDREN or YOUTH
- The essentials of treatment are nutrition/weight gain and Family-Based Therapy
- In some circumstances, there may be a role for individual or group therapy, and there may be a role for medication
- Medication may be used if there is extreme agitation and resistance in a severely ill child

Medication for Anorexia Nervosa

- Once nutrition and weight have been re-established, selective serotonin reuptake inhibitors (SSRIs) such as fluoxetine (Prozac) may be helpful to treat anxiety and/or depression
- Medications to help with sleep (eg. Melatonin, Trazodone) may also be used
- Olanzapine (Zyprexa) is an antipsychotic medication with calming properties, that is good at decreasing anxiety
- In ADULTS, olanzapine has been shown to be of some benefit for AN
- Studies of olanzapine use in youth are ongoing

Medication for Bulimia Nervosa

- Studies have shown that SSRIs such as fluoxetine (*Prozac*) decrease urges to binge and purge in **older teens** and **adults** (younger patients haven't been studied)
- SSRIs such as fluoxetine (*Prozac*) are also effective in treating anxiety and/or depression
- Medications to help with sleep (e.g. Melatonin, Trazodone) may also be used

Medication: Age Considerations

- A physician's recommendation regarding medication may change once a youth turns 18
- There are more choices for adults



Eating Disorder Treatment Summary

In Summary: Supporting a child with an eating disorder means...

- Understanding the illness and empathizing with the child
- Recognizing that the illness is controlling the child
- Not blaming the child or yourself; blaming the illness
- Not allowing opportunity for symptoms
- Family therapy focused on making recovery from the eating disorder a priority in the family
- Regular, supervised meals
- Helping your child to cope with the eating disorder thoughts and urges, anger, stress, and body image issues
- Getting treatment if needed for depression or anxiety