EATING DISORDER INFORMATION

FOR CAREGIVERS

LIONHEART FOUNDATION

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What is an eating disorder?

Anorexia Nervosa: characterized by low weight, food restriction, fear of gaining weight, and a strong desire to be thin

Bulimia Nervosa: characterized by periods of food restriction followed by binge eating with recurrent compensating behaviors to "purge" the body of the food (doesn't always necessitate periods of restriction; some individuals eat 'regular' amounts then purge)

Binge-Eating Disorder: characterized by recurrent episodes of eating large quantities of food then experiencing shame, distress or guilt afterwards

Avoidant-Restrictive Food Intake Disorder (ARFID): involves limitations in the amount and/or types of food consumed; however, unlike anorexia, ARFID does not involve any distress about body shape or size, or fears of fatness

Orthorexia: an eating disorder that involves an unhealthy obsession with healthy eating; unlike other eating disorders orthorexia mostly revolves around food quality, not quantity

Eating Disorder Not Otherwise Specified (EDNOS): displays some of the characteristics of other disorders, but the behaviors do not fit the full criteria of any one of the conditions; also referred to as OSFED (other specified feeding or eating disorder)

(National Eating Disorder Information Centre, 2021)

"Eating disorders are powerful coping mechanisms that help an individual manage the parts of life that feel too much to bear. Your loved one experiences (their) eating disorder as a source of support even though its symptoms are, in reality, harmful to (them). Your loved one doesn't feel threatened by it. To the contrary, (they) feel threatened without it."

(A Trauma-informed Approach to Eating Disorders, Seubert, 2021)

Why is this happening to my child and our family?

SHORT ANSWER:

- Genetics
- Temperament
- Attachment injuries
- Adverse childhood experiences
- Neurotransmitters
- Cultural influences
- Environment
- Impacts of technology

LONG ANSWER:

Although there is a lot of uncertainty about what causes eating disorders, recent research suggests many of the mechanisms underlying them can be **biopsychosocial** in nature: an interaction between genes, biology, personality, life events and environment.

People with eating disorders have also been found to have chemical imbalances in their brains; for example, receptors for serotonin and dopamine are reduced in both the early stage of illness and after recovery.

Two pathways of particular interest in individuals with eating disorders are the limbic pathway and the cognitive pathway. Both affect appetite, emotion and thinking.

- The **limbic pathway** includes several areas of the brain that help people see what is important and rewarding, and then how to respond.

- The **cognitive pathway** is involved with deciding what to pay attention to, how to plan, what to avoid, and how to exercise self-control.

(Puzzling Symptoms: Eating Disorders and the Brain, 2012)

Adolescence is a time of dramatic physical, emotional, and social change. For those who have problems with rigid thinking or impulse control, this period is particularly challenging. This can make adolescence a period of greater vulnerability where normal brain development can be disrupted. This vulnerability makes it all the more important for eating disorder behaviors

and thinking to be addressed as early as possible. Appetite is complex and involves senses, emotions, and hormones, all of which are coordinated by functions in the brain. Individuals with eating disorders can experience appetite disturbances (hunger and fullness feel different to them.) In anorexia, the brain experiences changes in rewards from food and further restricting can lead to feelings of calmness and an actual decrease in anxiety and depression.

Knowing that the brains of those affected by eating disorders are operating differently can help families respond with less frustration; it is also helpful to understand that this is not a set of choices or lack of motivation to change. No one, including the patient, is at fault. **Parents and caregivers need to focus on helping their child regain their health through normal eating, providing a warm and supportive family environment, and working with a trained clinical team.**

(Puzzling Symptoms: Eating Disorders and the Brain, 2012)

Why is my child struggling with food?

- They are scared
- They are anxious (high rates of comorbidity with depression [50%] and anxiety [35%])
- They are dealing with a constant negative internal dialogue
- They are governed by endless self-imposed rules
- They have a starved brain; restricted eating can lead to dramatic changes in the brain, and because of the way our brains and bodies respond to limited nutrition, the longer someone is malnourished, the more difficult it is to eat normally again
- They may have certain personality traits that contribute to and maintain the illness e.g.) Perfectionism, cognitive inflexibility, poor central coherence (focus on detail rather than the big picture,) high achieving, sensitivity, impulsivity, difficulty with self-soothing

"Your child will likely want the relief of the symptoms but doesn't want to give up their unhealthy coping skills"

(Seubert, 2020).

Possible eating disorder markers

- Wanting to be vegan or vegetarian (teenagers benefit from the complex animal proteins that meat provides for healthy development)
- Setting "rules" around eating (e.g. not eating carbs, only eating low-fat foods, not eating after 6 pm, no dessert)
- Spending excessive amounts of "brain time" thinking about food, weight, or shape
- Weighing themselves daily (and fretting when the scale shifts even slightly)
- Cutting food into smaller and smaller pieces, shuffling food around the plate, or leaving a lot of scraps behind
- Eating too rigidly, too "clean" or too carefully
- Obsessing over food labels
- Reading books or following websites on dieting
- Refusal to eat anything that is not "diet food"
- Discovery of diet pills/laxatives
- Swollen glands on face (indicator of vomiting)
- Cuts on hands/fingers
- Compulsively counting calories
- Negotiating (e.g. "I can only eat this if I do 100 sit-ups")
- Weighing and measuring food (when not for baking purposes)
- Not being aware of hunger cues (not knowing when they are hungry or full)
- Using food to cope with negative emotions (having no other soothing strategy)
- Demonstrating various food rituals (e.g. not letting food touch, eating green food first)
- Avoiding eating with others ("I've already eaten")
- Covering up weight loss (baggy clothes)
- Spending increased amounts of time in the washroom after meals; sudden pattern of taking showers after eating

EXERCISE: THINGS TO WATCH OUT FOR

Is your child's exercise driven by joy or by an eating disorder? Could they stop if they were asked? Is exercise their only coping mechanism? Rest days are needed, and moderation is important.

Pay attention to exercising in their room at night, standing instead of sitting, wanting to be cold (to burn calories) or increased fidgeting.

Work with a physician and/or dietitian to see if and how much exercise they should be doing. If their BMI is low (15% -18%) then exercise may need to be taken away or at least reduced.

Common reactions to eating disorder symptoms include:

- Smother with protection, safeguarding every movement – accidentally treating the sufferer as incapable and unable to make decisions for themselves (Kangaroo)
- Charge in with anger, irritation, rage, or control; "Just eat more, it's simple" (Rhino)
- Ignore the deteriorating health, damaging habits, and self-destructive behaviors as they're too frightening or painful for them to acknowledge (Ostrich)
- Being overcome with guilt and shame; emotionally unstable (Jellyfish)

(See the above animal metaphors described in the book Skills-based Learning for Caring for a Loved One with an Eating Disorder: The New Maudsley Method Treasure, Smith & Crane, 2007)

Fears, sometimes irrational ones, can take hold of your child and be impossible to argue away. Some of these fears have to do with what others are doing and saying. Those struggling with an eating disorder are often on high alert to criticism. They often report feeling disconnected and distrustful of family and friends. Nurturing and/or repairing relationships with family is an important aspect of treatment.

The importance of emotional competency for recovery

Alexithymia refers to the inability to identify and accurately label emotions and is often present in individuals with eating disorders *(Puzzling Symptoms: Eating Disorders and the Brain, 2012.)* Therefore, a central function of the eating disorder can be understood as an attempt to control their feelings. An eating disorder serves as a (mal)adaptive way of managing unwanted negative emotions.

• STARVING CAN NUMB •

• BINGING CAN SOOTHE •

• PURGING CAN PROVIDE RELIEF •

It is important to understand that, in recovery, previously avoided feelings surface and can be overwhelming or unbearable. Therefore, it is imperative that there is a focus not only on the behavioral components of recovery, but also on developing their emotional competency.

Therapies such as EMOTION FOCUSED THERAPY help by developing competency with emotional regulation and self-soothing. Identifying, accepting, and allowing emotional reactions in therapy can lead to a decrease in emotion avoidance patterns, which ultimately renders the eating disorder unnecessary. Therapy can help uncover and understand the function of the eating disorder as a desperate attempt to manage unwanted or painful emotions.

Emotion Coaching Steps

(part of Emotion Focused Family Therapy)

1. Attend to emotion
2. Label and express the emotion
3. Validate the emotion
4. Meet the associated need (soothe, protect, reassure, assert, set limits)
5. Fix it (redirect, problem-solve)

Note: sometimes the first three steps are all your child needs for the concern to resolve

More information can be found on Mental Health Foundations Website: www.mentalhealthfoundations.ca/resource

Dos and Don'ts for Improved Connection

DON'T:

- assume an expert role; sometimes it's okay to say you don't know what to do/say but you're still there for them
- do most of the talking; instead, increase the listening
- talk about solutions right away; remember to always connect emotionally, then redirect
- say things like: "You were doing so well yesterday," "What's wrong with you today?"
- allow abuse (e.g. hitting, swearing at you, physical threats of any kind)
- set unrealistic goals (e.g. gaining 5lbs in one week is unlikely)
- always go to the "silver lining" place (e.g. "Tomorrow will be a better day.") because you will miss out on opportunities to emotionally connect with your child

DO:

- focus on their concerns and what feelings are underneath their words
- explore and reflect on their perception of the situation (even if you don't get it)
- aim to be as warm and loving as possible while also being firm with the food intake
- reflect what you think you have heard with statements starting with "You feel...''; "You think...''; "It sounds like…"
- summarize periodically; reframe what you think they are saying
- try to be mindful of any hostile, critical or shaming comments (e.g. "You're ruining our family," "How can you do this to us?" "There's too much going on right now to handle anything else.")
- explain (when you get frustrated or mad) that your emotion is directed toward the eating disorder, not your child
- offer comforting gestures such as a hug, a handhold, an arm stroke
- remember that setbacks and accidents happen; change is not always fast or linear
- encourage change with calmness and consistency; use your supports often
- emphasize the positives when they happen. A LOT!

REMINDERS:

- Connect then redirect – connect first with validation and empathy, then redirect the behavior
- Name it to Tame it *(Siegel, 2014)* – when you name what you see emotionally, it tames the nervous system
- Validation is key!

"Children need to feel seen, felt and understood"

(Hold Onto Your Kids, Neufeld, 2013)

Helpful language and scripts for talking to your child

"Nurturing relationships have been shown to activate growth-enhancing brain chemistry. This means that when caregivers connect with their loved one in an emotionally attuned manner, it not only creates a short-term calming effect, it also promotes the growth of synaptic connections between the limbic regions of the brain and the frontal lobe, a bridge responsible for emotion regulation."
(Siegel, 2013).

- "I know you need support with fueling your body, and I'm here to help you with that."
- "We need to take steps forward to ensure you are taking care of your nutrition."
- "I'm not going to get into a fight with you about this. I absolutely know this is hard for you, but you do need to eat your breakfast before you head off to school. I'm here to sit with you as you do this."
- "I see that you didn't take enough food there. Please try again"
- "What do you need more of from me so that you will begin to open up more?"
- "I was thinking about our fight this morning…what I should have said was..."
- "I'm impressed that you were flexible enough to eat that snack last night even though you really didn't want to."
- "It sounds as if your anxiety is big/your worry is overwhelming right now..."
- "Part of you wants to overeat/restrict... yet part of you wants to take care of your nutrition. I know that can feel like a lot/confusing/scary/etc."
- "I don't see that the way you do, but I see that's how you feel."
- "I know you feel fat. Can you tell me more about what's going on for you?"
- "I look forward to when you can see what I see."
- "After you eat we can go for a walk to talk about how difficult this is tonight, but now let's focus on eating."
- "Remember your body needs to eat. Everyone requires food for fuel."
- "I am impressed with how well you are fighting your urges to not eat. That must be so hard for you, but you're still doing it. I'm so proud of you."
- "You are such a strong person. I admire how well you did tonight."
- "I love how you are taking care of your health this morning by eating breakfast."

(Scripts developed from: Skills-based Learning for Caring for a Loved One with an Eating Disorder: The New Maudsley Method; Treasure, Smith & Crane, 2007)

Discussion around body checking and body image concerns

- Encourage your child to see themselves as a whole self and not parts of themself
- Discourage them from hyper-focusing on the negative; if they are being self-critical get them to focus on things they do like about their appearance
- It is recommended to avoid shopping for clothing until they are in a better recovery place or fully recovered
- Remember: Fat is not a feeling. "I know you feel fat, can you tell me more about what's going on for you?"
- How big we feel depends on our physical senses, our beliefs, memories, and emotions. Information may not be being processed accurately by the brain. Some recent brain imaging research shows altered functions of the brain known to regulate body perception
  (Puzzling Symptoms: Eating Disorders and the Brain, 2012)
- Be mindful of your own weight/appearance biases and what you may be modelling for your child
- Body appreciation may be a process: tolerate ➤ accept ➤ feel good ➤ love it; body appreciation is often the last piece to shift in treatment

Tips for meal support

Some strategies you may find success with include:

(Very Well Mind, 2020):

Body gratitude journal: A daily routine focused at shifting attention away from self-deprecating self talk and highlighting good things about their body (e.g. my arms allow me to play volleyball)

Social media cleansing: It is important to monitor what we are exposed to in terms of social and cultural messages of beauty and ideal shape/size; to counteract images and messages that promote thinness help your child find body positive sites/bloggers/etc. ***Don't expect your child to be able to do this on their own. They need your support with this; monitor this not in a punitive way but in a curious one.

Challenging body checking and avoidance behaviors: These behaviors increase anxiety.

- The goal with body checking is to decrease the amount of checking (e.g. encourage your child to gradually decrease the amount they check by using a tracker.)
- The goal with avoidance is to encourage them to gradually expose themselves to more challenging behaviors (e.g. if they refuse to wear anything but hoodies, encourage them to start with baggy long sleeved shirts, then baggy t-shirts, then medium shirts etc.)

Acting out against the thin ideal: Encourage your loved one to engage in activities that resist cultural pressures to achieve the thin ideal; an example is to write a letter to a company that has engaged in fat-shaming or thin-centric behaviors.

Changing/challenging negative body language: Encourage your child to take a pledge against "fat talk" towards herself and others.

WHAT DOESN'T WORK:

- Non-direct eating prompts: e.g. "Why don't you eat more pasta?"
- Promoting autonomy: e.g. "Do you want another one?", "Which one do you want?"
- Providing info: e.g. "Your body needs the calcium" (logic and reason doesn't often work)

WHAT WORKS:

- Direct eating prompts: e.g. "You have to eat all your eggs", "Pick it up and eat it, please."
- Physical prompts: e.g. pushing plate towards them
- Distraction can be KEY during meal times

The more your child asks for reassurance, the more reassurance our kids need. Be careful not to reassure the eating disorder by mistake. Instead of "Don't worry, there's no butter in this" say "I know you're scared. I'm right here, and you can trust me to feed you properly." **Say things like: "You're safe", "This is what you need", "How do I know? Because I know about these things."**

MEAL PLANNING, GROCERY SHOPPING, PREPPING, COOKING AND PLATING

Meal planning is a critical skill for those in recovery and also for the parents and loved ones who are helping in the recovery. Prevent stressful situations like eating on the go and last-minute meals by being organized and prepared in advance. In the early stages, a more focused and structured approach is necessary in order to help normalize regular eating patterns.

Inpatient settings will plan and provide meals for the patients whereas outpatient treatment will require the individual and family to implement the eating plan. The goal in recovery is to use supports until confidence and competence are achieved to a level where the individual can take ownership of meal planning on their own.

Some of the benefits of using meal planning in recovery include only buying what is necessary and helping decrease the overwhelming feelings that can arise in a grocery store when you're underprepared. Planning ahead can also decrease the number of trips to the store, which may decrease anxiety.

Remember, the goal is to work towards decreasing anxiety while shopping; however, that only comes with a gradual approach that provides structure to build upon. Prioritizing regular meal planning and shopping helps your loved one make progress, which builds their level of comfort and leads them towards being more apt to take these steps for themselves.

Working with a specialized registered dietician can help if you are struggling in this area. If you are working with a dietician or therapist, ask for their input on when it could be helpful to include your loved one in meal planning and preparation. Depending on where they are at in recovery it can be a useful step (in early stages they likely aren't able to be involved and full responsibility will be on you as caregivers.) At the beginning of treatment, it is more important to focus on structure and timing than what you are eating. Later in treatment, issues such as avoided foods are addressed through exposure and experimentation.

(Anorexia and Other Eating Disorders: How to help your child eat well and be well, Musby, 2020).

QUICK TIPS

- Plan one day to meal prep and try to plan things out for the week.
- Grocery shop once a week with a LIST. Stick to the list.
- Don't check the fat or calorie content; if it is on the list, put it in the cart.
- Do some breathing, self-soothing techniques with your child prior to entering the grocery store, if needed.
- When your child is early in treatment, it is best to grocery shop alone, cook without her/him, plan meals without their feedback.
- Remember, your loved one will have lots of fears, so keep reminding them that you are the expert here and can take care of them.
- Introduce as wide a variety of food as possible; create a fear ladder (e.g. If butter is 8/10 fear and a piece of toast 2/10 fear, then introduce the toast first.)
- Try to introduce some fear foods as soon as possible.
- If your child needs weight restoration, rich calorie dense foods are your friend.
- When they see that they may be eating more than others at the table, say "We are all eating what we each need."
- Depending on your child, it may not be helpful to tell them what you're eating beforehand; it may put their eating disorder voice into overdrive.
- You want to show your child that you can feed them with confidence, assurance, and trust (even if you don't feel any of those things.)
- Remember who you are talking to your child, not the eating disorder; the more frustration you show or anger you express, the more they will feel like they are on their own.
- Help your child eat with trust, not logic: https://www.youtube.com/watch?v=2O9nZAWCkL-c&feature=youtu.be

Possible mealtime scripts

(Musby, 2020)

⁂ Use a calm, matter-of-fact voice and refrain from any blaming or criticizing

"I'm not eating that"
"This is a non-negotiable sweetheart. Come sit down now please."

"I don't want it"
"You need to eat your meal/snack. Please come to the table now."

"I'll eat later, I'm not hungry now"
"This is the time to eat. Come sit down. I will sit with you and support you."

"I'm not hungry. When I was little you said to eat when I'm hungry!"
"When you were little, you didn't have anorexia. Right now, food is your medicine. Come on, start eating now."

"I feel full; that means I don't need to eat more."
"The eating disorder has screwed up your body signals. You have to rely on us for now."

"I'm not eating this, it's way too much."
"It's what you need. Please start eating."

"You're trying to make me fat."
"Please sit down again, I'd like you to eat this now."

"I can't!!"
"I know it's really hard sweetheart, I really do see that. Come on, you need to eat this."

"You don't put cream on your soup, it's not fair"
"We've each got what we need for our health."

"This isn't my usual yogurt. This is full fat. How many calories are in it? Show me the package."
"It's my job to give you what you need right now. Please leave it to me."

"This has more calories than my usual snack, I'm not eating even one calorie more than my usual snack."
"You know we don't discuss calories, it's the eating disorder that wants to discuss calories. Now, continue eating."

"Is it more to have half a glass of milk or a full glass of orange juice?"
"We know it's not helpful to discuss calories or quantities. Please drink all your milk."

"You filled the bottle higher than dad does; he only fills it up to there. You're trying to give me more"
"I know you're anxious right now. We don't discuss quantities."

Eating disorder treatment

Treatment options

- Private Care (Should include Therapist, Dietitian and Physician as part of the treatment team)
- Hospital Day Treatment Programs - Calgary Eating Disorders Program (Alberta Children's Hospital & Richmond Road Diagnostic and Treatment Center)
- Inpatient Hospitalization - Calgary Eating Disorders Program (Alberta Children's Hospital & Foothills Hospital)
- Residential Treatment Centre
  - Homewood Health Center; Guelph Ontario (age 16 & up)
  - Bellwood EHN Canada; Toronto, Ontario (age 17 & up)
  - Westwind Counselling and Eating Disorder Recovery Center; Brandon, Manitoba (age 17 & up) & Kelowna, BC (age 19 & up).

Dietitian support

Food is the medicine. Refeeding can be physically and psychologically painful; however, the only way out is through. Imagine your child had a different medical condition that required excruciating physical therapy, or if you had to administer a foul-tasting but life-saving medicine with unpleasant side effects. If you knew the interventions were necessary to help your child live a fuller life, you would acknowledge their pain and ease it as much as possible, but you wouldn't stop the treatment.

(Families Empowered and Supporting Treatment for Eating Disorders, 2020)

Aim for full nutrition as soon as possible; the only exception is if there is a risk of Refeeding Syndrome (which is rare but is a possibility if your child has lost a large amount of weight and has been eating very little.) The risk for Refeeding Syndrome increases if your child is eating 1000 or fewer calories a day, has a BMI of less than 16, has electrolyte imbalances (low levels of potassium, phosphate, and/or magnesium), has had little to no caloric intake for more than 10 days, or has lost more than 15% of their body weight in the previous 3-8 months

(National Institute for Health and Clinical Excellence, 2020).

Dietitians will usually start with a more structured meal plan because clients can be very disconnected from body cues. The end goal is to learn an intuitive and mindful approach.

Maudsley Recovery Stages *(also referred to as FBT)*:

* Possible guide for refeeding at home

Phase 1: Refeeding and weight restoration

Phase 2: Returning control of eating back to adolescents

- this can't begin until weight is restored and there are no significant struggles at mealtimes (child may backslide with too much freedom)

Phase 3: Treatment completion and identifying adolescent issues that may need to be addressed

- Early weight gain of 1.1 lbs per/week for the first 4 weeks has a better prognosis
- 3 meals and 3 snacks a day = 3000+ calories during the re-feeding stage
- After refeeding, there is a long period of learning, practice, experimenting, monitoring and correcting, consolidating and healing
- Recovery from anorexic thoughts can take 12 - 18 months, even once in the Recovery Stage (as thoughts and behaviors still need to shift)

How to effectively use your family physician

First, try to be confident in your own knowledge of your child. Be specific with the doctor about the changes you have noticed in your child. Tell the doctor why you think an eating disorder may be developing and that you understand early identification is critical to recovery.

The doctor should take your concerns seriously and should check your child's weight, height, blood pressure and heart rate (lying and then standing.) They might compare the current weight with earlier weights on a standard growth curve chart to see if your child is growing appropriately.

Necessary medical components

(Medical recommendations from the Alberta Children's Hospital Eating Disorder Clinic)

Weight: If your child's BMI is <19, monitor weight on a weekly basis with a doctor

Bloodwork: If your child is purging 2 or more times per week, monitor electrolytes on a weekly basis

Orthostatic Vital Signs: Check blood pressure and heart rate with your doctor. ECG may be requested as eating disorders can be hard on the heart.

Inpatient treatment is usually successful in terms of weight gain in the short term; however, if the individual work of addressing the underlying emotional problems is not done, there is a high chance of relapse *(Janet Treasure)*.

Medication

So far, there are no medications that cure eating disorders, but several may help with certain symptoms. Medication can be a valuable tool in treatment; however, it is important that a treatment plan also include some form of psychotherapy and nutritional counseling. Many people with eating disorders also have other co-occurring disorders that can be treated with medication (like depression or anxiety).

There is a general agreement that recovering from anorexia requires weight restoration and nutritional rehabilitation. This must be prioritized first over insight-focused therapy. Some medication has shown to be successful for bulimia and binge eating disorders. A selective serotonin reuptake inhibitor (SSRI antidepressant) is the most studied medication for the treatment of bulimia. It is hypothesized that in at least some patients, the central nervous system serotonin pathways are disturbed. An SSRI has been shown to reduce binge eating, purging, and psychological symptoms such as the drive for thinness. It has also been shown to be helpful with improving co-occurring symptoms of anxiety and depression *(Medications Used to Treat Eating Disorders, Muhlheim, 2020)*.

School - when and how to access resources for support

Tell one point person at the school. They may be able to offer your child some short- term accommodations (e.g. extensions on assignments, exceptions, modifications) and can help create a "safe place" to go to within the school if needed. Teachers may need to be informed if there are frequent absences for appointments and so they can help with the above support.

What are my options for treatment if my child thinks nothing is wrong?

- Minimize negotiation about how serious their condition is to avoid circular arguments. Depending on their stage of change, they will not have the same perspective on their risk as you do, and discussion on the degree of their illness will likely turn into an endless debate.
- Connect with a health professional (e.g., a doctor or counsellor) to evaluate them and provide them with psychoeducation.
- Malnutrition can impair the brain's self-perception, so a person with an eating disorder may not be able to recognize that they have an illness. With young teens and children, it is a caregiver's responsibility to bring their loved one to appointments, and the appointments should not be optional.

How to support yourself and one another as co-parents

Be as consistent and persistent as you can. Unite as a family, and learn to come to agreements on how you're going to handle this as a family.

- Work with professionals who can help you through this
- Work together as a family; try to get on the same page
- Don't blame your child (or yourself); blame the illness
- Take care of yourself so that you can be best prepared to take care of your child

Taking care of yourself is critical as it will be a challenging road to recovery. **You may also need support during the journey,** so don't hesitate to get your own professional help if needed. Take time to practice your own self-care. Try to remember that you cannot force your child to get better; you can only help with the recovery process. Valuing your self-care needs does not mean that you are compromising or ignoring the needs of your loved one; it's not an either/or situation. When you're caring for someone with an eating disorder, the challenges are plenty. The better you take care of yourself, the better equipped you'll be to support them.

Resources

EATING DISORDER PSYCHOLOGICAL SUPPORT IN CALGARY

Alberta Health Services - Calgary Eating Disorder Program
https://www.albertahealthservices.ca/assets/info/hp/arp/if-hp-arp-cz-eatingdisorders-qr.pdf

Lionheart Foundation
www.lionheartfoundation.ca

Silver Linings
https://www.silverliningsfoundation.ca

Psychology Today
www.psychologytoday.com

EMOTION-RELATED RESOURCES

EFFT - Emotion Focused Family Therapy
https://www.emotionfocusedfamilytherapy.org/

The Gottman Institute
https://www.gottman.com

Maudsley Animal Metaphors
http://thenewmaudsleyapproach.co.uk/media/animal_analogies.pdf

Mental Health Foundations
https://www.mentalhealthfoundations.ca/resources

Very Well Mind
https://www.verywellmind.com/

MEAL SUPPORT RESOURCES

Dietitian Support
www.edfreedomrd.com

Healthstand Nutrition - Specialized Dietitian Support
www.healthstandnutrition.com

Kelty Mental Health Eating Disorders - Meal Support Videos
https://www.youtube.com/watch?v=SnyIF-750w5U&list=PL21D7E85D804263B2

Plate by Plate Approach
https://www.soulfoodsalon.com/post/the-plate-by-plate-approach-to-disordered-eating-by-wendy-sterling-ms-rd-casey-crosbie-rd

Stuck and Not Eating!
https://www.youtube.com/watch?v=BVhKXh0gLGc&t=31s

When Your Child Refuses to Eat
https://www.youtube.com/watch?v=of9gDhuOhnQ

CAREGIVER SUPPORT RESOURCES

Eating Disorder Support Network of Alberta
https://edsna.ca/treatment/

FEAST - Families Empowered and Supporting Treatment for Eating Disorders
https://www.feast-ed.org/

Maudsley Parents
http://www.maudsleyparents.org/welcome.html

National Eating Disorder Information Centre
https://nedic.ca/about/

BOOKS/ARTICLES

A Parents' and Caregivers' Guide to Supporting Youth with Eating Disorders
https://bodyprideca.files.wordpress.com/2019/05/nedic-parent-resource-web-version.pdf

Anorexia and Other Eating Disorders - How to help your child eat well and be well. By: Eva Musby
https://anorexiafamily.com/

Brainstorm: The Power and Purpose of the Teenage Brain
By: Daniel Siegel and Tina Payne

Puzzling Symptoms; Eating Disorders and the Brain
http://eatingdisorders.ucsd.edu/dl/docs/feast-neurobiology-ofed.pdf

Skills-based Learning for Caring for a Loved One with an Eating Disorder
By: Janet Treasure, Grainne Smith and Anna Crane

RECOVERY WEBSITES

Looking Glass
https://www.lookingglassbc.com/resources

Recovery Warriors
https://www.recoverywarriors.com/

Sheena's Place
https://sheenasplace.org/

BODY POSITIVE FOCUSED PODCASTS

- **Eat the Rules with Summer Innanen**
- **The Papaya Podcast with Sarah Nicole Landry**