

A PARENT'S GUIDE

LOVED
WITH AN
EATING
DISORDER



bamboo
nutrition

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F I N A L T H O U G H T S

01

O U R N O T E

01

Hello Parents,

If you're seeking knowledge on how you can help your child fight the battle against their eating disorder, you're already doing what a great parent would.

Parents are the health professional's best allies in treatment. They are their child's knight in shining armor. As a registered dietitian treating eating disorders, I lean heavily on the parents to implement the meal plan and ensure their child's nutrition at home and away is taken care of.

You're not signing up for an easy task, but it is a rewarding one. Somewhere along the way you may have lost some of your child to this illness. You can get them back!

Unlike other chronic illnesses, people recover from eating disorders every day. There is always hope.

This guide is only meant to be exactly that, a guide. You are doing the research and the learning, but the rest of the treatment revolves around your child going to appointments and following through on the homework.

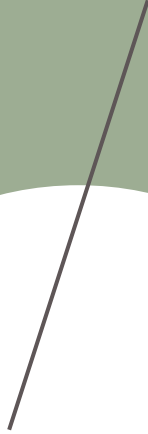
What this guide cannot offer you is the invaluable advice you will receive from many professional's on your child's treatment team.

I want you to read this 10 times: *This is not your fault.* No one chooses to have an eating disorder, your child included.

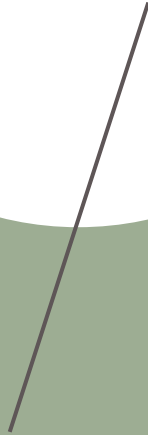
Use this guide to reflect on your current methods to support and how you may improve or do things differently.

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02



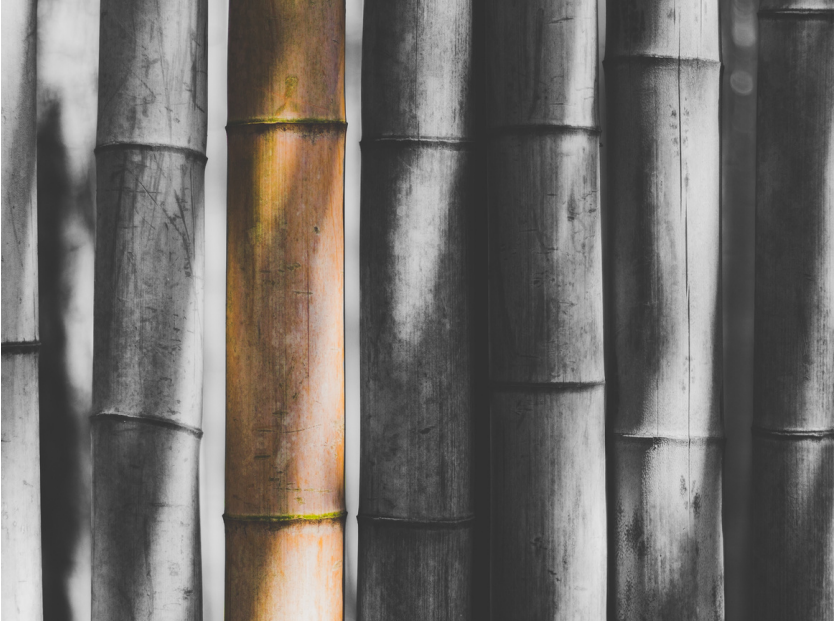
U N D E R S T A N D



02

Understanding eating disorders as an illness helps everyone to remove blame, examine the signs and symptoms in a non-judgmental way, and regain hope that there can be a cure.

Eating disorders (ED) fall into a biopsychosocial model of care. They do not only affect the individual's mental (psycho) health, but their social being and their physical (bio-) health. Therefore, eating disorders require a multi-disciplinary team.



There are many different forms of eating disorders (ED) recognized by the Diagnostic Statistical Manual (DSM) Fifth Edition.

Depending on which form of eating disorder your child has will influence how your child will be treated by their treatment team. For example, there are many different counseling modalities a therapist may use. Some of those modalities work better for certain EDs than others. Depending on the type of ED, the dietitian may educate the child and family on different areas of nutrition. Medical professionals will look for signs and symptoms specific to the form of ED as well.

Where can you go to learn more about your child's specific ED diagnosis? Here are some resources you can trust.

Websites:

www.nationaleatingdisorders.org

<https://anad.org/>

<https://namedinc.org/>

Podcasts:

The Full Bloom Podcast

The Eating Disorder Recovery Podcast

Books:

Sick Enough

Life Without ED

*See more in appendix A

03



NINE
TRUTHS

03

Nine Truths About Eating Disorders

One

Many people with eating disorders look healthy yet may be extremely ill.

Two

Families are not to blame and can be the patients' and providers' best allies in treatment.

Three

An eating disorder diagnosis is a health crisis that disrupts personal and family functioning.

Four

Eating disorders are not choices, but serious biological illnesses.

Five

Eating disorders affect people of all genders, ages, races, ethnicity, body shapes and weights, sexual orientations, and socioeconomic statuses.

Six

Eating disorders carry an increased risk for both suicide and medical complications.

Seven

Genes and environment play important roles in the development of eating disorders.

Eight

Genes alone do not predict who will develop eating disorders.

Nine

Full recovery from an eating disorder is possible. Early detection and intervention are important.

04



T I P S

04

Eating disorders, as has been said already, are a complicated and multi-layered illness. It can place parents in a difficult place. *What do I say? How do I not trigger them? Won't they hate me?*

Even as a provider who has worked with eating disorders for a while, mess ups still happen. We are only human and everyone's sensitivity is measured differently. However, there are some blanket things to know as your child's support that will improve your child's recovery process and your relationship. Let's take a look at some do's and don'ts.



Do's

- Learn about eating disorders. By knowing more, you'll feel better prepared to provide support.
- Listen to your loved one with sensitivity and understanding.
- Express genuine concern and willingness to listen without judgement.
- Express your feelings honestly with your child; they can sense how you are feeling.
- Set aside time each week to talk about concerns you both have; Remember that your observations can be valuable but may be just a part of the story.

- Be patient. Recovery takes time. There are no “quick fixes.”
- Realize that your child may be ambivalent about getting well.
- Realize your loved one takes comfort and feels safe in the control and rituals of the disorder without commenting on it.
- Express concern and interest in seeing your child get well.
- Realize eating disorders are hardly ever just about the food.
- Learn to set limits or say “no” in a caring and reasonable, but firm and consistent manner.

- Deal with the feelings of all family members, including siblings. Family therapy can be an important aspect of recovery.
- Avoid power struggles. Take note and share it with the treatment team.
- Set a good example by demonstrating a normal relationship with food and not speaking negatively about your own body.
- Practice body respect, non-diet commentary, and positivity.
- Plan social activities that do not involve food.

- Treat siblings fairly and equitably.
- Discuss with your child why you are concerned about their eating and weight behavior; Be caring, nonjudgmental, and focused.
- Let your child know you care; Notice all that you value in them, specifically things that are not weight and appearance related. Your child is more than just their eating disorder.
- Be an observer, not a fixer. Report back to the treatment team your observations and let them work with your child on changing those behaviors.
- Teach others about this list of Do's and Don'ts in order to protect your child.

Don'ts

- Ever give up; this is a long-term illness and people recover daily. Know to let go and let your loved one be responsible. The person has to want recovery for themselves or it will not work.
- Allow your child to dominate the family's eating patterns.
- Purchase or prepare food for your child only. Do not cater to their needs because, remember, you're pleasing the eating disorder, not your child.
- Let the eating disorder disrupt family routines.

- Feel you must walk on eggshells so your child won't be upset.
- Be manipulative. Be direct with feelings and expectations.
- Force your child to eat or tell them to *just eat*. but be there to support them emotionally.
- Treat your child differently when eating meals and around food.
- Restrict food choices or amounts.
- Purchase diet foods such as "low fat" or keep them in the house.
- Call foods *good, bad, or unhealthy*.

- Discuss diet culture, weight, calories and intake in front of your child.
- Skip meals or talk about being on a diet.
- Decide for your child what should or should not be eaten. Follow the guidelines from the Dietitian.
- Have your child track their food intake.
- Talk about food at the table while eating. Eating is difficult enough, lets choose a different conversation topic.

- Talk about weight or appearance or comment on anyone's weight or appearance, positive or negative.
- Weigh your child.
- Make comments such as "you look healthier" throughout the treatment process.
- Focus on food and body size. This can fuel eating disorder behavior.
- Focus on "why" the eating disorder occurred or seek someone to blame.
- Blame yourself or others, judge, place guilt, or dwell on causes. Focus on the "here and now."

- Expect yourself to be a perfect parent, partner, family member, or friend.
- Apologize for or make excuses for your child's eating habits.
- Put a timetable on recovery. Everyone is different.
- Offer more help than you are qualified to give.
- Try to change the person's attitudes about eating. Leave this work to the treatment team.
- Discuss financial cost; this could make your child feel like a burden.

- Make your love a condition of your child's appearance, health, weight, achievements or any other attribute.



05



R O L E S

05

When first seeking treatment for your child it is not uncommon for parents to be in charge of implementing the meal plan.

Depending on where your child falls in severity of eating disorder symptoms, the role between parent and child may fluctuate. One thing to remember is whatever was normal before the eating disorder, is still on the table! What this means is, if your child enjoyed pizza before the eating disorder, but now is refusing, you are completely within your right to have them eat the pizza. If they hated mushrooms before the eating disorder and still asks for no mushrooms, then do not force them to eat the mushrooms.

Definitely lean on the dietitian (nutritionist) on your child's treatment team before beginning to challenge fear foods. There is a time and place for everything and the dietitian may not recommend eating certain triggering foods early on in treatment.

Your child's hunger and fullness cues are no longer accurate or reliable. They can no longer trust their own body to know when they are hungry or when they are full. Their eating disorder manipulates these signals making it hard to know what the body really needs. This is usually when the dietitian would recommend a meal plan.

In addition, their eating disorder has distorted not only how they view their body size and shape, but also the portions of food on their plate.

As their parent, your responsibility is to know what a normal portion is for a meal or snack and ensure that they are eating enough throughout the day. A great way to do this is to follow the meal plan and instructions by the RD, or if this is not something you have the privilege of having, check out the Plate-by-Plate approach.

The dietitian on your treatment team may provide you with a meal plan. The meal plan will give you guidance on how often and how much food your child should eat. Some meal plans are really specific and some are more flexible. If you need more guidance from the meal plan, ask your dietitian for more specifics or examples.

The meal plan is determined based on your child's growth history, current weight, and current energy needs based on growth and development and activity level. This is individualized and subject to change with treatment goals.

Your child is working really hard to trust the dietitian, so it is important that you trust and implement the dietitian's recommendations as well.

In eating disorder treatment, Food Is Medicine!

If your child has lost a significant amount of weight, it is likely that the dietitian will create a weight range goal with the pediatrician/physician focused on weight restoration, or as I like to call it, Nutritional Rehabilitation (this is kinder to the person with the eating disorder). The meal plan will work towards achieving the minimum weight goal.

Again, food is medicine. These recommendations are to help your child heal and recover.

06



M E A L P L A N

06

Once you have a dietitian on your treatment, it is important you implement the meal plan they suggest and provide you.

In the meantime, if you need to get your child fed and are worried about the best road to take, use this general meal plan as a guide.



The Rule of Threes (RO3s) is an easy and adaptable meal plan to be followed in the outpatient setting. Under a dietitian's recommendations, the RO3 offers variety, balance, and room to individualize nutrition recommendations.

The RO3s includes:

- 3 Meals
- 3 Snacks
- 3 Food groups at each meal or snack
- No longer than 3 hours between eating times

You may also reference the Plate-by-Plate approach to better know how to build a meal or snack, see appendix B.

Ultimately it will be best to see a dietitian specialized in eating disorders.

07

P A R E N T I N G

07

Being the parent of a child going through eating disorder treatment can be a difficult experience. The parent needs to have skills to use when face-to-face with the challenging eating disorder.

When the eating disorder voice is present in your child, rewards and consequences can be an outlet to meeting the goals of the treatment plan. For example, at meal time the eating disorder begins fighting with the parent about not wanting to finish their food. Your child repeats over and over how physically full they feel and how much the fullness is hurting. As a parent, it can be difficult to not want to comfort your child and take the pain away, but this will only give the eating disorder more power. Instead, dig into your tool box, and if necessary pull out a consequence card.

Examples of rewards and consequences are below:

Rewards

- Money
- Time with friends
- Movie night
- Screen time
- Trips
- Camps

Consequences

- Access to devices
- Time with friends
- Chores
- School functions
- Camps
- Sports
- Trips
- Parties

Keep rewards and consequences apart from food!

It is important for parents to have a united front when giving rewards or consequences to your child. Both parents or caregivers must be a team when in front of the child and the ED. A good-cop bad-cop type situation will give more power to the ED.

What are some ways to maintain a united front?

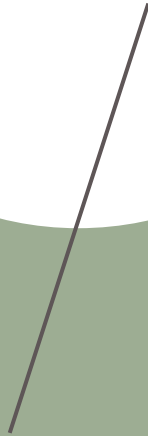
- Do NOT discuss in front of the child which parent is right or wrong
- Rule: Whoever has the most assertive response is right in the moment.
 - Discuss behind closed doors how to handle that situation for next time.

If you feel lost, consider finding a treatment team that does Family Based Therapy. This often includes meal therapy and can be very helpful for the family members involved in treatment.

08



T E A M



08

"It takes a village to raise a child."

It also takes a village to treat an ED.

Your treatment team consists of a few key players:

1. Pediatrician
2. Therapist
3. Registered Dietitian
4. Psychiatrists
5. You

Other players that could be great additions are:

1. Occupational Therapists
2. Coaches
3. Anyone else you love and trust in your child's treatment process

How to pick your players:

Find a professional with eating disorder experience or look for the credentials: CEDRD, CED-S, CEDRN

- o These credentials represent that they are specialists in eating disorder treatment.

Once you find someone with a strong background in treating eating disorders, ask them who they recommend adding to your treatment team. Get a few names, not just one. Find who you and your child feels are a good fit.

Search for a provider in your area at www.iaedp.com in the member directory.

09

FINAL
THOUGHTS

09

Given all the information you've just read through, I'd like to leave you with these promising thoughts.

Through doing this research, it is already apparent that you are the type of parent who would do anything for your child. You are placed in a challenging role, do not do it all on your own. Your treatment team is there not only to help your child, but to help you as well. It can be draining fighting with the ED. If you ever feel like your motivation is slipping, make your own therapy appointment, take care of yourself. Taking care of your needs is one of the best things you can do for your child.

Often parents will ask *how long will this process take?* Although a fair question, there is no answer. It is completely dependent on the work you and your child put in, your child's motivation to get better, and everyone's compliance with the team's recommendations.

The good news is, with nutritional rehabilitation, whether that is weight restoration, following a meal plan and re-normalizing eating, etc, many medical and psychological ED symptoms will resolve.

There is hope your child will get better. Keep being the knight in shining armor. I always appreciate parents like you!

Bamboo Nutrition

A faint, light-colored illustration of bamboo stalks and leaves is centered in the background of the circular logo. The stalks are vertical and segmented, with several leaves sprouting from them.

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Appendix A

- Off the C.U.F.F.: A Parent Skills Book by Nancy Zucker
- Eating with your Anorexic: A Mother's Memoir by Laura Collins
- Just Tell Her to Stop - Family Stories of Eating Disorders by Becky Henry
- Parent's Guide to Eating Disorders by Marcia Herrin
- Skills-based Caring for a Loved One with an Eating Disorder by Janet Treasure, Grainne Smith, and Anna Crane
- Life Without ED by Jenni Schaefer
- Intuitive Eating by Evelyn Tribole, MS and Elyse Resch, MS
- Sick Enough by Jennifer Gaudiani
- Elena Vanishing: A Memoir by Claire Dunkle and Elena Dunkle
- Hope and Other Luxuries: A Mother's Life with a Daughter's Anorexia by Claire Dunkle
- When Your Teen Has An Eating Disorder by Lauren Muhlheim
- Anorexia and Other Eating Disorders by Eva Musby
- Help Your Teen Beat an Eating Disorder by James Lock
- How to Nourish Your Child Through an Eating Disorder by Casey Crosbie
- Brave Girl Eating by Harriet Brown

Appendix B

To learn more about this approach for how to build meals and snacks for recovery, visit <https://www.platebyplateapproach.com/>

Also be sure to check out their facebook page:

<https://www.facebook.com/platebyplateapproach>

