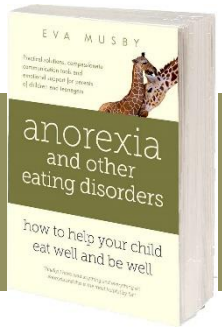


EVA MUSBY

your child's eating disorder treatment

the set-up for success

Your priorities

Priorities at the start of treatment are physical restoration – usually weight gain ('refeeding'), limiting physical activity and stopping any purging. As soon as possible you'll also do 'exposure' work to normalise your child's range of foods and behaviours.

Get ready

- Get an expert clinical team that supports a family-based treatment approach
- If this isn't possible, organise medical monitoring
- Get your child risk-assessed for refeeding syndrome to check it is safe to refeed rapidly
- If your child is suicidal, find how to keep them safe while getting expert support with feeding
- Take time off work
- Mobilise regular practical and emotional support. Get family members on board. Plan how to care for your other children while prioritising eating disorder (ED) treatment.
- Your child can only go to school if someone checks they eat
- With a young adult who needs to come home, some parents halt financial support rather than finance the ED

Compassion for your child

- It's not that your child won't eat – they can't. Not without your help.
- To stay loving you can picture your child and the ED as separate, with the ED as a bully or hijacker. Careful: some children find this imagery infuriating.
- The eating disorder is driving your child's anxiety. The restricting behaviours are your child's way of managing distress.
- Their outbursts come from their terrified state (fight, flight, freeze). Your judgements, anger or distress reinforce this, while your kindness and confidence move them out of their fear state.
- Reassurance and logic rarely work ("I'm so fat", "How many calories?"…). Stick to compassion for your child's very real distress.

Take charge

- You are a wise, loving and competent parent, taking charge of health-related decisions until your child can safely be autonomous again
- No negotiation around food or exercise. It activates the internal bully.
- Your child is probably hungry, secretly relieved that you are giving them no choice but to eat, that you are stronger than the ED tyrant
- Refeeding may increase your child's distress, so they need your love. They may reject you – this is temporary and shows you're fighting the ED.
- Some parents have their children sleep in their room to prevent exercising, self-harm and to reduce distress

Weight

- Your child's healthy weight is a moving target and can't be predicted accurately. Protect your child from hearing a target number.
- Make swift weight restoration non-negotiable
- Studies validating family-based treatment are based on regular open weighing, with skilled therapist support to handle weight fears. Blind weighing is also common: some parents find this helpful at the refeeding stage.
- Hide the scales

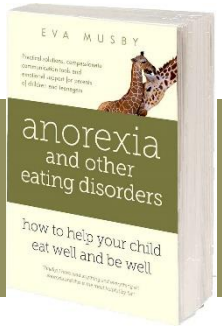
Exercise

Stop your child from exercising while it interferes with health or weight gain or while your child's reasons to exercise are ED-driven.

Next steps

After physical restoration, the priority is to extinguish fears with exposure and practice normal behaviours. When your child's resistance is mostly gone you gradually move to another phase of treatment, aiming for your child to resume age-appropriate independence. If you rush this you could be back to where you are now.

These tips help parents treat their child/teen for a restrictive eating disorder (e.g. anorexia) using Family-Based Treatment (FBT) or similar. Some tips are relevant to bulimia, binge eating disorder and OSFED. May not all be suitable to ARFID sufferers. This is not a substitute for professional advice. Please check with your child's clinicians as your child's needs may be different. (23/7/2018)



EVA MUSBY

phase 1 of your child's eating disorder treatment

refeeding tips

Someone who's been restricting usually needs help with nutrition and weight gain: 'refeeding'.

You're in charge

- You decide what to serve, plate it up, and expect it to all be eaten. Don't negotiate or consult your child. This protects them from their internal bully.
- Do the food shopping without your child
- You do the cooking – not your child
- Keep your child out of the kitchen
- Put your own activities on hold to fully support your child at each meal

What, and how much?

- Serve normal family meals without calorie-counting or measuring. The extra nutrition can come from bigger servings, the use of high calorie ingredients, or adding high-calorie drinks.
- Three meals and 3 snacks a day is usual
- Maximum 3-4 hours between food intake. Bigger gaps activate the restricting or bingeing mindset.
- Feed for rapid weight recovery (min 2.5 kg in the first 3 weeks and min 0.5-1 kg/week average till weight-restored (but first check for refeeding syndrome)
- Don't be scared of what your child is scared of. Serve plenty of carbs, proteins, dairy, fat.
- No more low-fat/low-sugar/diet versions of foods (you're aiming for balanced and 'normal')
- Very rough guides for weight gain: 1000 Kcal/day extra is needed for a gain of 1kg/week; whatever the adults need, the child may need 1.5-2 times more. Some need 2-3 times their baseline amounts.
- Increase calories if weight gain is not rapid enough
- Serve full portions right away or build up quickly over a few days
- Favour energy-dense foods (high nutrition in a small volume)
- Favour variety in foods, serving sizes and crockery (to promote flexibility)
- Don't be bullied into counting calories or weighing food ("Trust me, I know what you need')
- Favour home cooking, where your child cannot know calories. Consider obscuring nutrition labels.

How to support your child

- Make all your responses genuinely compassionate *and* make firm requests ('I'm so sorry [that you are __ [*horrible feeling*]. And at the same time I want you to __ [*action*]')
- Aim for calm, love, trustworthiness, firmness
- Eat alongside your child (it's OK to eat less)
- Don't discuss ingredients ("Trust me, this is just right for you")
- Provide distraction (TV, games, conversation) before, during and after meals
- Be punctual (waiting for a meal increases stress)
- No conversation about food or body shape
- Most children feel worse if we praise them for eating
- Favour direct prompts ('Have another bite'; 'Have the potato now'; 'Please keep going')
- Favour trust over logic (see YouTube '*Help your child eat with trust, not logic: the bungee jump*')
- Recharge your own batteries: this is demanding work

What if my child doesn't eat it all?

- Whatever you serve must be eaten. If your child is stuck, aim for them to manage one more mouthful. And then another...
- Set yourself a reasonable time limit, after which you make up for any deficit with a supplement drink.
- If your child resists the supplement, assess whether to keep working on the meal or to call a halt while remaining 'in charge' (see *YouTube 'Stuck, not eating'*)
- Some parents use leverage, removing phone, internet, TV etc. Others find that rewards or sanctions increase resistance and that compassionate persistence works better.

Don't let your child miss out

- Make it impossible for your child to cheat: supervise closely and non-judgementally
- Interrupt any vomiting habit: toilet to be used before a meal and no access for 1 hr after
- Refeeding raises our children's misery at first, yet they long for permission to eat. After physical restoration, carefully move on to the next phase of treatment.

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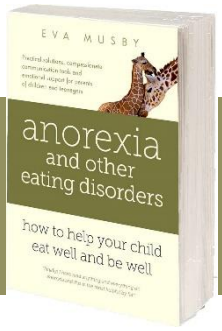

EVA MUSBY

throughout your child's treatment

extinguish fears with exposure

What will 'normal' look like?

You have taken charge of food, exercise and all health-related decisions. Or you're about to do so. Maybe you have avoided rocking the boat too much to get your child to eat *something*, *anything*! For instance:

- You've avoided foods that your child strongly resists
- You've avoided car travel because sitting is stressful
- You've avoided restaurants

These crutches have served a purpose. Aim to let go of them as soon as you can. Rules and fears tend to grow. To make progress, promote flexibility, variety, and normality.

Ideally you would not tolerate any eating disorder (ED) rules once you take charge of treatment, but in practice most parents have to pick their battles. It's important to work on flexibility, but not at the cost of your main priority: rapid weight gain/physical restoration.

Why does your child have rules?

An ED puts your child in a state of fear, which they just about manage with avoidance, calculations and rigid rules. Your job is to help your child experience that they are safe without their rules.

With some children, the eating disorder rules are linked to OCD or autism, and you may need more specialised help.

List what's not yet normal

- Make a list of all the foods and situations (exercise, restaurants, parties, clothes) where your child still has fears or rules.
- Plan to 'expose' your child to each of these till the fear is extinguished and the rule abandoned.

Extinguish fears with exposure

- The principle is that as your child does the fearful thing, with loving support, and does this often enough, the fear goes away.
- You can 'flood' (rip the Band-Aid) by exposing to the whole fearful situation. The benefit is rapid progress. The risk (real or imagined) is your child's resistance might peak, creating a crisis that delays progress.

The gentler, slower alternative is to break down the challenge into small steps. For example you could start with the tip of a spoon of ice cream, and within a week build up to a whole scoop.

Keep up the momentum

- Repeat regularly till the fear is gone, e.g. every day or two, then 1/week, then 1/month.
- Judge how many fearful foods or situations you want to expose to in parallel. One fear food a fortnight is very slow. Three fear foods a day, each at various stages of extinction, is fast.

Where to start?

- You could use the 'ladder' approach, where you start with the foods or situations that are the least fearful. Systematically work your way up to the most scary ones.
- Or you could prioritise the foods and situations that will provide the most benefit, e.g. foods that will make weight gain easier, or a sociable food like pizza which will help your child enjoy outings with friends.

Loving support

- Support with compassion and calm confidence.
- The distress will not be logical, so what they need is your compassion, not logic.
- Judge whether to plan exposure in partnership with your child, or whether to take complete charge.
- Practice self-compassion. It takes courage and resilience for a parent to poke the beast.

What if it doesn't work?

- If your child's resistance is too high, next time break down the challenge into smaller steps. E.g. if your child can't stop doing squats, help them do fewer each time. Give smaller portions of a fear food.
- If your child can't manage a fear food that they needed for nutrition, provide a replacement. Repeat the fear food a day or so later.

It gets easier

- At first the fears may be very specific (*this* restaurant, *this* brand of pizza), and you may need to work on each of them.
- With repetition, the mind tends to generalise and perceive more and more situations as safe. Some items on your list will go all by themselves. Your child may feel a sense of achievement and liberation.

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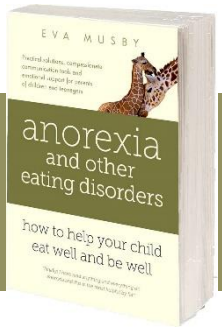

EVA MUSBY

after refeeding

steps to independence

Once your child is weight-restored and eating a reasonable range of foods without resistance, you may ease into the second phase of treatment, towards normal, age-appropriate independence.

Baby steps to autonomy

You don't expect someone with a broken leg to run as soon as the cast had gone. Both body and brain require rehabilitation work and healing time.

You continue to be the parent in charge, but now you are experimenting with giving back small amounts of independence to your child. Their needs, capabilities and emotional age matter more than their real age.

You may ask your child to choose between two foods, decide on a snack, help themselves to some of the dinner on the table.

Keep your authority to guide and correct. Pull back and retry later if the outcome is negative, or else your child may 'relapse' before the treatment is even completed.

Some children need parents to stay in charge of some areas a long time after weight-restoration. If they're young, there's no rush. If they're close to college age, you may speed up their autonomy using 'exposure'.

Monitor closely

Early on your child needs to know they cannot misuse their freedom because others are monitoring for you (e.g. school staff in dining hall).

Later, you can take more risks (e.g. allow a meal out with friends) while monitoring that weight, behaviours, beliefs and mood are improving.

Vigilance

Even with weight-restoration the body caloric needs may continue to be high while the body heals. Your child's fullness signals may be unreliable for many months, so don't aim for intuitive eating yet. Your child should:

- Eat every 3 to 4 hours, even if not hungry
- Eyeball your usual amounts (e.g. always a full glass of milk)
- It's OK to consult the calorie label on a ready-meal to check it is enough (never to restrict)

Back to normal eating

List what constitutes age-appropriate autonomy, such as:

- Enjoys all previously-loved foods
- Can choose normal quantities just by eyeballing
- Relaxed about variations in quantities and ingredients
- Enjoys eating out with friends
- Can eat independently in school
- Enjoys celebration meals without pre/post restriction
- Can eat in restaurants
- Can shop and cook (age-appropriately)
- Eats freely when senses hunger signals

Start with items your child is most likely to handle well or that provide the greatest benefits to life.

Back to normal exercise

If your child can exercise without risk to health, check their motivation. Does it give the eating disorder a boost?

- If it's to change body shape and weight, redirect them towards activities that are sociable and enjoyable.
- If your child's only way to combat anxiety is to exercise, help them use other strategies.
- Re-introduce normal exercise slowly. Monitor.
- Check that exercise routines are not increasing, that your child can cope with unexpected cancellations and enjoys several non-exercise days a week.

Psychotherapy

Mood and wellbeing are often vastly better now and there is no need for psychotherapy. If your child is still suffering from anxiety, depression, OCD etc (especially if this pre-dates the eating disorder), explore getting them therapy now – as long as the therapist respects the parents' ongoing ED-recovery work.

Ongoing support

Resist giving independence too fast, or the illness will regain ground. Recovery means normalization of attitudes and behaviours. Transformation happens with time, the repetition of normal behaviours, and the pull of an enjoyable, normal life. Once your child has age-appropriate independence, continue supporting them to consolidate and maintain their wellbeing as new life challenges come up.