

Eating Disorders

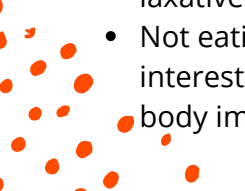
Eating disorders are psychological disorders that impact one's relationship with food and how one views food and their body. Though it is not certain what causes eating disorders, research suggests a spectrum of biological, psychological, and sociocultural factors.

Types of Eating Disorders & Common Warning Signs

Eating disorders include:

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Avoidant/Restrictive Food Intake Disorder (ARFID)

Warning Signs:

- Dramatic changes in weight
 - Preoccupation with food, weight, and body shape
 - Persistent changes in food intake
 - Eating in secret, hiding food, or not engaging in family meals
 - Minimizing concerns around weight loss and food intake
 - Engaging in purging behaviors - self-induced vomiting; excessive exercise to burn off calories; abuse of diet pills, laxatives, or diuretics
 - Not eating enough due to extreme picky eating, lack of interest in food, or fears about food that are unrelated to body image
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How Parents & Caregivers Can Help

Early detection and treatment for eating disorders are important. The earlier a child receives help for their eating disorder, the better the outcomes.

- Talk with your child about your concerns. Try to start the conversation privately and away from distractions. Eating disorders thrive in secrecy, guilt/shame, and anxiety, and it's helpful to come from a place of compassion and curiosity.
- Talk to your child's medical provider about your concerns. Your medical provider can assist you with identifying and understanding treatment options, as well as provide routine monitoring of your child's health while waiting for treatment.
- If you suspect purging behaviors, such as self-induced vomiting, it's helpful to limit bathroom use and increase supervision for 60 minutes after a meal. Since this time just after meals can be stressful for children, plan ahead to do something fun or distracting after meals.
- Work with your child's school to create a plan for ensuring your child is eating at school. School counselors or nurses can be of assistance for implementing a supervision plan.

While You Wait

Learning how to support your child and manage eating disorder behaviors can be challenging. It is helpful to remind yourself that an eating disorder is not in your child's control, and they need patience, compassion, and support from those around them. Below are some helpful tips to support your child as you are working with your medical provider to navigate the next steps for treatment.

- Incorporate routines with regular meals. Aim for 3 meals and 2-3 snacks a day. Maintaining the routine of having breakfast, lunch, dinner, and 2-3 snacks around the same time everyday is important to help your child develop good eating habits, even if the amount and variety of food needs improvement.
 - *Before meals:* Try planning what you will eat in advance so your child knows what to expect. Parents should choose and prepare food for each meal instead of letting your child pick, which can lead to more anxiety.
 - *During meals:* Eat with your child to provide supervision and support. Focus conversation on topics that are fun and distracting. Do not talk about calories, fat content, etc. during meals.
 - *After meals:* Engage your child in an enjoyable activity to assist with reducing stress and anxiety after meals. Provide supervision and limit bathroom use for at least 60 minutes after meals to prevent self-induced vomiting.
- Include full fat foods (whole milk, cheese, peanut butter, butter, nuts, gravies, mayo, etc.).
- Discourage tracking/logging of food or use of fitness apps, as this tracking can increase the need for control of food and increase obsessive thoughts.
- Talk with your medical provider about whether your child should limit exercise/sports if weight gain is needed. Work with your child to explore ways to incorporate joyful movement, and identify ways to engage in movement as a family (dancing, family walks, light bike rides, interactive video-games).
- Be mindful of language around food. Avoid labeling foods as “bad” or “good” or implying we must earn or burn off our food. Instead, focus on language such as “all foods are good food,” “food is the energy our body needs,” or “there are sometimes and anytime foods.” Discuss the importance of food, and each component of food, as fuel for our bodies to do all the things we love. Food is the energy we need to move, to keep our heart pumping, to keep our organs working, and to keep our body temperature just right. Food also allows for connection with others, and food is often a focal point for celebrations.
- Model positive self-talk towards your body and your child's growing body. Avoid criticizing your body, your child's body, and other people's bodies. Engage in discussions that highlight what your child likes about their body and how their body helps them do the things they want to do.

Levels of Care for Specialized Treatment

Your child's medical provider can help you explore your options, and an assessment with an eating disorder clinician will help determine the level of support needed for you and your child.

- **OP - Outpatient (OP)** services are provided once your child is medically stable and weight restored/stabilized. Sessions include a combination of individual, family, and dietician services.
- **IOP - Intensive Outpatient (IOP)** services are provided as a step down from PHP, or for those who are in need of less intensive services to prevent relapse and receive on-going support and monitoring. IOP is typically 3 hours a day/4 days a week. Many treatment centers offer virtual sessions or hybrid formats.
- **Partial Hospitalization (PHP)** Intensive programs for those who may be stepping down from residential care, or for those who need additional support without 24/7 medical monitoring. Programs are usually 4-6 hours a day/5 days a week. PHP provides structured meals and meal coaching, behavioral and therapy groups, individual/family therapy, and dietician services. If needed, PHP can also offer medical monitoring, and psychiatric evaluations/monitoring.
- **Residential Care** - 24/7 care within a residential treatment center where your child would spend the night. Services can include nursing supervision; medical monitoring; psychiatry/medication management; individual, family, and group therapy; registered dietician sessions; and meal coaching and support. Typical length of stay for residential care is 4-6 weeks, but can be longer depending on medical and weight restoration/stabilization needs.