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Specializing in the Treatment of Eating and Related Disorders

Parents: What You Need to Know About Eating Disorders

Sarah is your 16-year old daughter who is constantly worried about how she looks, often making negative comments about her appearance, and disappearing into the bathroom after dinner for long periods of time. You listen at the door but can't hear anything; maybe she takes a shower or you hear the sink running and you wonder what she could be doing in there.

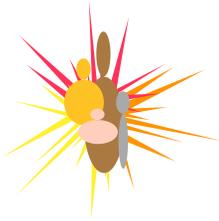
Troy is your 15-year old son who told you he wants to lose some weight. He started eating only "clean foods" and working out every day. You notice he is seeing his friends less, he is spending more and more time working out and he no longer eats what the rest of the family is eating. He complains when he has to do social events because he doesn't want to miss his work out.

Does this sound familiar? How do you know if your child has an eating disorder, and what should you do about it if you think they are exhibiting eating disordered behaviors? Eating disorders come in many shapes and sizes, and it is not always easy to determine what is eating disordered behavior. Our society perpetuates the notion that thinner is healthier, that pushing yourself to work out harder and harder ("no pain, no gain") is good for you, that fat is bad, sugar is addictive, etc. Our kids begin to get these messages very early in their development, and it can result in an over focus on body, weight, and food. Eating disorders have the highest mortality rate of any mental illness (Smink, Van Hoeken & Hoek, 2012, ANAD, 2018). Therefore, it is important to identify problematic behaviors and seek treatment as early as possible. If left untreated, eating disorders can become more severe and less responsive to treatment.

So what are the problematic behaviors you should be looking for? Eating disorders are complex and include a wide variety of signs and symptoms. While this is not a complete list, here are some signs and symptoms to look for that may help you decide whether it's time to seek help.

I. Possible signs and/or symptoms of *Anorexia Nervosa*

- Over focus on food, but not eating. For example, interest in cooking, shopping and preparing food, but rarely eating the food prepared.
- Making excuses about not being hungry. For example, "I already ate", or "I had a late lunch and I'm not hungry", or "I ate with my friends", etc.
- Pushing food around on the plate and not eating it.
- Becoming pickier and pickier about the type of food they eat. For example, they stop eating meat, then dairy, then become vegan ...
- Eating in isolation, and fear or discomfort of others watching them eat.
- Extreme loss of weight quickly or over a period of time.
- Ongoing and excessive complaints about their appearance.
- Extreme fear of gaining weight. Continued fear of weight gain even after weight loss.



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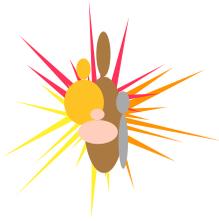
- Distorted body image and misperception of how they look.
- Failure to make expected weight gains in childhood or adolescence.
- Loss of menstruation.
- Complaints about body parts that are “too fat”.
- Denial and lack of insight into problems.
- Excessive exercise – unusual movements such as moving around a lot while standing, jiggling body parts, not wanting to sit or be inactive, hovering over chairs ...
- Misuse of laxatives, diuretics or enemas.
- Inflexibility and rigid thinking patterns.
- Perfectionism.
- Negative self-image.
- Low self-esteem.

II. Possible signs and/or symptoms of *Bulimia Nervosa*

- Eating excessive amounts of food in one sitting.
- Consuming an excessive amount of food over a period of time.
- Eating in isolation, kids wanting to eat in their own rooms or waiting until the family has gone to bed.
- Large amounts of food disappearing.
- Moodiness and/or irritability.
- Going to the bathroom or showering immediately or shortly after meals.
- Excessive focus on body, weight and food.
- Use of laxatives, diuretics and enemas.
- Excessive exercise, choosing exercise over other activities.
- Increased social isolation.
- Food restriction.
- Exercising despite injuries.
- Fear of gaining weight.
- Low self-esteem.
- Tendency to compare self negatively to others.
- Avoidance of food perceived to be high in fat or calories.
- Lack of impulse control.
- Avoidance of feelings.

III. Possible signs and/or symptoms of *Binge Eating Disorder* or Compulsive over-eating

- History of dieting, finding new diets, going on and off diets.
- Loss of control over eating.



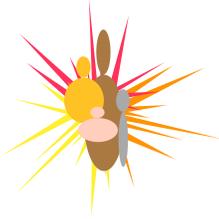
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- Preoccupied with food and weight.
- Eating rapidly.
- Appearing “zoned out” while eating.
- Secretive eating behaviors, eating in isolation, hoarding of food.
- Increasing social isolation.
- Negative self-evaluation, feeling disgusted with their behavior.
- Poor body image.
- Low self-esteem.
- Social problems, lack of friends and social activity.
- Lack of impulse control.
- Focus on taking care of others with little focus on one’s own needs.
- Moodiness.
- Avoidance of feelings.
- Feeling hopeless.

There are many places to seek help if you suspect your teen or adult child is exhibiting eating disordered behaviors. Eating disorder treatment can range from hospitalization to outpatient treatment depending of the severity of the symptoms and the needs of your child. The following is a description of the types of treatment available to you and your teen.

- Outpatient treatment – working with an outpatient psychotherapist who specializes in eating disorders. Treatment may or may not include weekly individual, family, and group therapy depending on the therapist and the needs of your child. The treatment team may include the psychotherapist, a primary care physician proficient in eating disorders, a registered dietician that specializes in eating disorders, a family therapist, and if needed, a psychiatrist for monitoring medication.
- Intensive outpatient treatment (IOP) – a program that usually includes a minimum of 3 days a week, in the afternoon or evening, at a treatment facility that specializes in eating disorders. IOP usually includes attending several psychotherapy groups, monitoring by a registered dietician and at least one daily meal that is served as part of the program.
- Partial Hospitalization Program (PHP) – commonly called a day treatment program. This type of program usually includes treatment 5-7 days a week, meals and snacks, and nutrition and psychotherapy groups. Examples of psychotherapy groups may include, DBT, CBT, Art therapy, Process Groups, Interpersonal Skill Building, Experiential, Body Image groups etc., and will vary by program. Most programs include monitoring by a registered dietician, psychotherapist or family therapist, a psychiatrist and a primary care physician or nurse.

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- Residential Treatment Care – commonly called Inpatient Treatment – a program that requires the client to live onsite and be monitored 24/7. Residential programs usually have medical, psychiatric and nutritional personnel on staff. Most inpatient programs include individual, family and group therapy in the treatment plan, and may work with your child’s school to keep them up to date on their schoolwork. These programs are usually designed to reduce eating disorder thinking and behaviors, and focus on weight restoration or weight stabilization. Your child may use a “step down” process, stepping down to a PHP and then an IOP program as a means of transitioning eventually into outpatient treatment.
- Medical Hospitalization – hospitals usually monitor clients 24/7, and their goal may be medical stabilization and/or treatment. Programs that do medical stabilization only will release your child after they are deemed medically stable. Your child may then be released to an inpatient or outpatient program.

How should you begin in choosing the right place? A good place to start is to contact a psychotherapist who specializes in eating disorders. Often times they are willing to consult by telephone to help you determine what might be the best way to start the process. There are many factors to consider when choosing the appropriate level of care for your child and contacting a professional can help you and your family get the support you need.

References:

1. Becker, A.E., Franko, D.L., Nussbaum, K., Herzog, D.B., 2004, Secondary Prevention for Eating Disorders: the Impact of Education, Screening, and Referral in a College-based Screening Program, *International Journal of Eating Disorders*, Sep;36(2): 157-62.
2. National Association of Anorexia Nervosa and Associated Disorders (ANAD), (2018), www.anad.org/education-and-awareness/about-eating-disorder/eating-disorders-statistics/
3. Smink, F. E., Van Joeken, D., & Hoed, H.W. (2012). Epidemiology of Eating Disorders: Incidence, Prevalence and Mortality Rates. *Current Psychiatry Reports*, 14(4),406-414.