Jilford Press When your children are sick, you don't just bring them home from the doctor's office or hospital and leave them to their own defenses. If it's the flu, the shird needs fluids and rest and medicine to bring the fever down. It it's an allergy, someone needs to check package labels to make sure the allergen isn't included in a food. If your child has usthma, you make sure the inhaler is available and watch vigilantly for signs of an attack. And if your child has a very serious imess, like cancer or heart disease, you don't just expect it to get better on its own.

Someone reads to be there when the doctor isn't. That person is you. Parents are an integral part of the treatment of their children for every illness you can think of. Why, then, should it be different for eating disorders?

It shouldn't. Eating disorders are extremely serious illnesses that can threaten your child's very survival. By their nature, they are self-perpetuating and insidious. That's why a significant proportion of teenagers and adults who have eating disorders end up in the hospital at some point during the course of their illness: They need the constant, consistent vigilance of a team of professionals to ensure that they return to normal weight and normal eating habits.

The trouble is what happens when they get home. Many treatment programs for eating disorders still advocate keeping parents

out of their teenager's care for a variety of reasons that we explain in this book. The consequence is often a relapse. When an eating disorder still has a hold on a teenager, leaving the child to manage it on her own once she's at home just gives the eating disorder a chance to slip through the flimsy defenses of self-care and send her on a downward spiral toward physical and psychological damage once more.

For more than two decades we have watched adolescents and their parents struggle with this horrible cycle of getting better and then getting worse again. Most of those who come to our offices arrive feeling anxious about their child's bewildering condition and overwhelmed or even defeated by this strange illness. Numerous parents have already been told by other professionals to stay on the sidelines or they will "make things worse." Many are confused in general, not quite knowing whether their child really has an eating disorder, or what precisely an eating disorder is, or what they should do about it.

We wrote this book to clear up misconceptions that we have found—and that the research is beginning to reveal—only make it harder for adolescents to recover from eating disorders: that you are to blame for the problem, that your child needs to be treated without any input or involvement (aka "interference") by you, that you need to leave diagnosis and treatment to the professionals in a way you would never agree to if your child had cancer or a heart problem, or even a broken bone. This book therefore has one simple purpose: to help you understand eating disorders and their insidious nature and to show you how you can help your child in "plugging those tiny cracks" where the eating disorder keeps slipping that her or his life.

That doesn't mean this book is a "self-help" manual. Eating disorders are very serious illnesses, and we have no evidence that self-help approaches are sufficient by themselves for adolescents and their families. Instead, this book is intended to provide straight answers and hard facts about eating disorders based on the available research evidence and our own extensive clinical experience. Its goal is to offer you a perspective that is only beginning to emerge: that you have an important role to play in helping your

child recover. We believe, in fact, that you are key to your teenager's return to health. This applies whether you are just considering having your child evaluated by a doctor or your child has undergone several other treatments in the past and has not yet conquered this illness. You are certainly in the best possible position to take action fast, before an eating disorder has an opportunity to do serious damage to your child's health. The research shows that when anorexia and bulimia are treated early, there is a good chance of full recovery. So, if nothing else, we hope this book moves you to take your child's problem seriously and get help now. Ideally, the book will help you go further than that: It slould help you establish a foundation on which you and the divicians you work with can build a successful partnership in defeating the disorder that has overtaken your child. We hope to demystify eating disorders, and at the same time we encourage you to consider how you can help with the problems that such an illness is causing for your child and family.

The parents who come to our offices usually arrive believing they *shouldn't* be involved in helping with their child's eating disorder. This message typically comes from an external source, because few parents would subscribe instinctively to "staying out of it" if their child had any other life-threatening illness. Therefore, this book may appear at first to be taking a radical stance. We hope you'll realize that is not the case when you read the data in Chapter 6 and elsewhere, which show that parents' participation in treatment can racks an enormous positive contribution to the recovery of an adolescent with an eating disorder. Regardless of the cause or treatment type, we will argue in this book that you not only can but should be involved. This book will help you figure out how.

The approach we mostly use in our own treatment centers is alled *family-based treatment*. The concept behind this treatment is derived from decades of family work involving anorexia nervosa at the Maudsley Hospital in London. This work illustrates the importance of parents' involvement and support in finding solutions to the dilemmas faced by their adolescents with eating disorders. This perspective stands in stark contrast to approaches that blame parents and exclude them from treatment.

The fact that this book is for parents in the first place sets it apart from many books on eating disorders. When this book was first published, most of these books in print were directed at adults or teenagers themselves who were ill, which left a big gap in sources of information for parents. That's why we crafted this book to answer the questions that parents had brought to us over many years of practice and still bring to us—everything from "Am I to blame?" to "What do I do when he disappears after a meal and I know he is going to throw it all up?," "Just how do we get here of eat a healthy meal again when she won't let us?," "Shouldn't see be on some medication as well?," and "I don't understand this il'ness; isn't the solution straightforward—you eat, and that's that?"

We have been gathering answers to these questions, separately and together, for a combined total of more than 40 years as clinician-researchers (meaning that we see patients and we also conduct research studies) treating adolescents with eating disorders at academic medical centers. Eating disorders are relatively rare, yet each of us has seen hundreds of patients and their parents during this time. We have treated patients in inpatient settings, group programs, and individual and family therapies. We have spent our academic careers exploring how better to help adolescents with eating disorders, and this book is an important part of that effort.

Each chapter in this new edition has been substantially revised, providing updates on clinical factors and treatment research related to eating disorders in youth. We've streamlined the examples and added now ones related to key interventions and concepts discussed. Happ'ly, since the publication of the original book, research on the treatment of eating disorders in children and adolescents has made advances, particularly in documenting the effectiveness and efficiency of family interventions for these disorders. Other exciting developments include discoveries related to cognitive process and interventions related to cognitive process in eating disorders, which we discuss in this new edition. We also describe the impact, which is mostly positive, of the revisions in the diagnostic system used to categorize mental disorders on child and adolescent eating disorders. The new (fifth) edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) better

takes into account developmental issues related to eating disorders, including making the requirements for the diagnosis of bulimia nervosa and anorexia nervosa less stringent and adding new eating disorder diagnoses, including binge-eating disorder and avoidant/restrictive food intake disorder. While we have added substantial new material on binge-eating disorder, we have provided only limited information about avoidant/restrictive food intake disorder because so little is known about that disorder at this time.

A particular issue that has struck us in a very meaningful way is just how resourceful parents usually are and what a great resource they are when they are brought into the treatment) rocess. We strongly believe that if parents can be helped to get a better understanding of eating disorders and to take definite early steps to intervene in these problems in a constructive way, many lives will be improved and some lives actually saved.

Both of us have worked as clinicians and researchers in academic medical settings for the past two decades. Although we have worked in different parts of the world, our mutual interest in the treatment of adolescents with eating disorders has brought us together in our thinking about how best to do what we do on a daily basis in our respective practices. This has led to a rich and productive collaboration that started in 1998 when we jointly wrote our first book, a manual for clinicians who treat adolescents with anorexia. Since then we have conducted workshops about this treatment throughout the world. We discuss our difficult cases with each other, we present our research findings at professional meetings, and we continue to collaborate on ongoing and new clinical treatment studies. Since the publication of the first edition of this volume we are pleased that increased attention to the role of parents in helping their children with eating disorders has led to the founding of several parent organizations (see the Resources at the end of this book) who are strong advocates for increased awareness of their role in helping their children, demanding better clinical services for eating disorders, and promoting new research efforts to learn more about how to help children and adolescents with eating disorders. Further, we are told daily that eating disorder treatment programs from around the world use this book to educate families about

their role in helping their children with these problems. The book has been translated into Portuguese, Japanese, Dutch, and Polish. Throughout all this work with adolescents and their parents, we are reminded every day of the real value of parents' contributions to the treatment process. It is this collective experience of treating teenagers with eating disorders, engaging their parents in this process, and researching and writing about these experiences in academic journals that continues to inspire us to involve parents in the process through writing this book.

HOW TO USE THIS BOOK

This book is divided into three parts. The titles for the chapters were chosen carefully to draw your attention to the urgency of the matter, to highlight the most salient aspects of eating disorders, and then, with this knowledge, to help you respond to your child's illness in the best possible way. If our use of imperatives such as "Act Now," "Get Together," and "Don't Waste Time" seems aggressive, it's intended to get your attention. It's human nature to hope that a health problem will go away on its own, but to postpone seeking help for your son or claughter can be extremely dangerous. Sadly, treatment approaches that rob you of your rightful role as guardian of your child's realth only encourage you to let others make critical decisions about what to do and when.

In Part I of this book, we focus on why you need to take action now if your child has symptoms of an eating disorder. We discuss why eating disorders are serious problems, why you must act together as parents to get treatment started and worry less about "why" this problem developed and more about "how" to get it eradicated. Dealing with eating disorders effectively always requires you to perceive your child's anorexia or bulimia as an urgent matter that needs your prompt attention. In fact, "urgent" is the byword for Part I. It's worth repeating what we said earlier: If your child has signs of an eating disorder, it's urgent that she or he get help, and it's you, the parents, who are in the best possible position to see that your child gets this help.

Part II provides you with more "nuts and bolts" about eating disorders. Eating disorders can be very confusing to doctors, parents, and sufferers alike. Therefore, it's important for you to know what you're up against, perhaps more so than with many other types of illness. The purpose of this section of the book is to make sure you appreciate the complexities of these illnesses. We discuss the various types of eating disorders, particularly anorexia nervosa, bulimia nervosa, binge-eating disorder, and avoidant/restrictive food intake disorder, as well as how starvation and binge eating and purging can lead to severe medical problems. You will find that we often discuss eating disorders as if they were entities in leg endent of your child. We do this to stress our view that eating disorders are illnesses and not willful choices being made by your child to oppose you. Next we illustrate how a teenager with an eating disorder thinks. The distortions common to such thought processes are illustrated to underscore the need for treatment. They can also help you separate the illness from the child so that you can remain supportive of your son or daughter wro is, after all, suffering from real distortions in how he or she experiences his or her body, and in his or her thoughts and beliefs about food and weight. We end this section with information about the main treatment approaches for eating disorders and he evidence available for their effectiveness so that you'll have a good scientific understanding of what may help your child and what may not.

Part III is designed to help you tackle the practical problems you will face in trying to get and use help for your child's eating disorder. We illustrate various ways that parents can be involved in each of the known major treatments for eating disorders, even if the form of treatment discourages parental involvement. We also offer the to help you confront the cultural forces that contribute to disordered thinking about food and weight. Most important, though, is the partnership that we mentioned earlier. To seal up those cracks that your child's eating disorder will do its best to slip through, the entire treatment team needs to establish a united front to fight the illness. This means that both parents—or you and any other adults who are invested in helping your child recover—need to be "on the same page" in dealing with the illness at all times. It means that you

also need to find a way to form a fruitful alliance with the professionals on your treatment team. So this section includes chapters that help you stave off the eating disorder's efforts to "divide and conquer" and help you stand your ground constructively when you have disagreements with the experts who are trying to cure your teenage son or daughter.

WHAT YOU WILL LEARN FROM THIS BOOK

After you have read this book, we hope you will feel confident that you have a role in helping your adolescent in her recovery from an eating disorder. You should know the ways in which eating disorders develop and when to get worried as normal adolescents' concerns with their bodies become more serious. You will know the medical problems that can and will develop if your child's eating disorder isn't treated effectively. You vill know what to expect when you have your child evaluated and what kinds of treatments are likely to be offered. You will learn that parental involvement can take many forms, such as actually helping your starved child to eat at home, supporting individual therapy for your child, monitoring binge-eating and purging episodes, and participating in treatments that enhance your adolescent's interpersonal capacities and roles.

We also hope that after reading this book you will be certain that there is help for your adolescent with an eating disorder and that the resources we provide at the conclusion will be helpful to you in determining where to go for this assistance.

NOTE FROM THE AUTHORS

This book is not intended as a self-help guide, nor is it intended in any way to substitute for the advice of a physician or therapist. Moreover, research into eating disorders, their causes, and the best treatments is ongoing; to stay abreast of advances in the field, consult reliable sources such as those listed in the Resources and Further Reading sections.

This book is aimed at helping parents with older children and adolescents, not young children or adult children.

Eating disorders increasingly affect both teenage girls and teenage boys, although they are still more common in girls. That said, all statements in this book, unless otherwise noted, apply to size
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. both adolescent boys and adolescent girls. To emphasize this point, we alternate pronouns in examples throughout the text. We also include many examples of adolescents with eating disorders, which are thoroughly disguised to protect privacy or presented as con pos-