



Working with Families of Eating Disordered Patients to Create an Environment for Recovery

| By Enola Gorham, MSW, LSW Family Therapist at Eating Disorder Center of Denver

At the Eating Disorder Center of Denver (EDCD) individual family sessions and multi-family therapy groups are a vital part of the treatment program. Eating Disorders are complex illnesses. The development of the illness is caused by a constellation of factors which include an individual's genetic makeup, unique and specific psychological challenges, reaction to social stereotypes for women, and the ability to manage all of these things emotionally. Although eating disorders are not caused by families, eating disorders are recognized as a family problem. Families find eating disorders extremely difficult to understand and accept. Parents, spouses and other family members can often become intrusive in their efforts to get the person to eat, or to stop bingeing and purging behaviors. Or, families and friends may become frustrated, feel hopeless and back away from the person with the eating disorder.

Eating Disorders can "eat up" families. Individual and multi-family therapy groups are provided by EDCCD with the goal of supporting families while their loved one with an eating disorder is in program with us. Family therapy provides a forum for families to talk about their concerns, while gaining skills that will promote recovery. Whole families are affected by having a member with a serious illness. When families participate in therapy, they become educated on eating disorders. Education allows family members to work from knowledge, not emotion. Education, communication

skills and encouragement are some of the key elements families need to help their loved one recover. Family therapy provides care and support for families while they are healing from the impact of an eating disorder.

Individual family therapy focuses on developing a recovery environment. A recovery environment means that the person in treatment and the supportive family members work together to create an environment in which everyone feels safe to express their feelings without judgment, criticism or guilt.

It is the job of the person with the illness to recover, and families

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often feel helpless, frustrated or out of the communication loop. Families and friends have a very important role in the patient's recovery. Research on family involvement in recovery has consistently shown that the patient's recovery is greatly helped by family involvement. Families and friends are in the unique position of providing love, motivation and encouragement. Any person who suffers from a serious illness needs people around them who help them preserve self esteem and positive self concept. Suffering from a serious illness causes the sufferer to be knocked off their life's path,

Family & Friends Support Group

1st & 3rd Thursdays
of each month, 6 PM

The Eating Disorder Foundation
3003 East Third Ave.
Suite 110 (Basement)
Denver, CO 80206

Please RSVP to Enola Gorham at
(720) 889-4231 or
www.edccdenver.com

and often, the shame and pain of not accomplishing their life tasks are one of the most debilitating features of the illness. When families and friends are able to help the person keep recovery and health as a top priority, it is not as hard for the sufferer to "drop out of the rat race" and take time to seek health.

Multifamily groups provide a place for families to become educated about the complexities of eating disorders and to share their experiences with other patients and family members. This intensive group allows patients and families to learn new skills and the opportunity to heal relationships. In Multifamily group, patients and their families benefit from the collective atmosphere with other families, patients and significant others, working together to address the challenges of recovery.

Families are the conductors of society's values, as well as the training ground where we learn how to manage our emotions. Frequently family dynamics, problematic communication patterns, losses or stresses like trauma or abuse, have contributed to negative feelings that the person with an eating disorder can not deal with directly.

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Do's & Don'ts For Family Members And Friends Of Individuals With Eating Disorders

DO Realize there is not a quick and easy solution

DO Talk to the person about your concerns, ask questions and listen.

DO Express your feelings honestly with the person; they sense how you are feeling anyway.

DO Let the person know qualities/characteristics (other than physical) you appreciate about them.

DO Plan social activities which do not involve food.

DO Empower the individual to make their own decisions and be accountable for their decisions.

DO Allow the person to be in charge of their routines of daily life, realizing that by giving up control, you're setting the stage for the person to develop healthy self-control.

DO Encourage the person to get a professional assessment, from a practitioner experienced in eating disorders.

DO Realize the person is ambivalent about getting well, and takes comfort and feels safe in the control and rituals of the disorder.

DO Express your care and interest in seeing the person get well.

DO Inform yourself about the disorders and their treatment, attend support groups and read current literature.

DON'T Ever give up; this is a long-term illness and people recover everyday.

DON'T Ignore the problem hoping it will go away; talk about it.

DON'T Assume there isn't a problem if the individual doesn't show physical symptoms.

DON'T Force the person to eat or tell them to "just eat".

DON'T Make your love a condition of the individual's appearance, health, weight, achievements or any other attribute.

DON'T Comment positively or negatively on appearance or weight.

DON'T Let the eating disorder disrupt family routines.

DON'T Be manipulative. Be direct with feelings and expectations.

DON'T Try to control the person's behavior it can intensify the problem.

DON'T Impose rules except those which are necessary for the individual's or family's safety and well-being.

Avoid power struggles.

DON'T Blame yourself, feel guilty or dwell on causes.

DON'T Tell the anorexic who has gained weight that they look better.

DON'T Expect yourself to be a perfect parent, family member or friend.

To the Point: Genetics

By Ken Weiner, MD Medical Director at Eating



Over the years, eating bulimia nervosa, have origin. However, recent psychosocial illnesses and as schizophrenia. If a young person has been anorexic, the young

than the norm of developing anorexia norm of becoming bulimic. While a full disorders remains to be elucidated, a

1. Like obesity, anorexia nervosa and bulimia nervosa involve not just one gene but multiple gene sites.
2. Greater than 50% of the variance in liability to eating disorders and disordered eating behaviors can be accounted for by additive genetic effects.
3. The remaining variance appears to be due to unique environmental influences (e.g. trauma, participating in sports that emphasize thinness) as opposed to shared environmental effects (e.g. socioeconomic status, religion, general parenting style).
4. Temperament appears to be the best marker of those young women most

A Letter from a Family Member

Dear Staff of EDC-Denver,

Cheryl & I wanted to thank you for the wonderful relief to see Cara separate from the grip of the disorder she wasn't knocking on death's door; she was on the toughest battles are just starting, she now has access to EDCD's comprehensive program. I have been so grateful. When I first spoke with Carrie about admitting her illness and compassion in such a warm and confident manner. Everyone else I have met has been just as impressive. Excellent role models, who appear to "Walk the talk" with patience in a very genuine and professional manner. Your guidance with Cara and battling the insurance industry is the right place for "anyone" suffering from an eating disorder bandwagon! We appreciate the service you are providing. It is a testament to the fine service you perform. The same sparkle brings to us. Thank you for Cara's recovery.

Sincerely, Paul (father of Cara)

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The disordered eating symptoms have become the individual's way to cope, or are an attempt to feel in control when the rest of life feels out of control. Family therapy utilizes a Systems approach which provides the family the tools and opportunity to examine their specific family's dynamics. The goal of family therapy is for each person to understand what values and modes of perception they have learned in their families of origin, and how these perceptions cause them to act, or react to life situations. The family therapist helps families to gain awareness of how the family system functions and to then use that awareness to help create a recovery environment in which the eating disordered individual along with the family can successfully do the hard work of getting well.

Issues and Eating Disorders

Eating Disorder Center of Denver

Research studies, i.e. Anorexia nervosa and bulimia have been thought of as socio-cultural in origin. Recent studies have clarified that there are biological factors. In fact anorexia nervosa is as inheritable as Huntington's disease. If a young woman's mother or sister is or has had anorexia nervosa her odds are 12 times greater than the general population. If a young woman's mother or sister is or has had bulimia her odds are 4 times greater than the general population. Our understanding of the genetics of eating disorders is already clear:

Individuals with a family history are more likely to develop eating disorders. Those prone to anorexia nervosa tend to be anxious, perfectionistic, risk and conflict avoidant, with low novelty seeking. Those prone to bulimia nervosa are much more likely to be impulsive, reactive, extroverted, easily bored, oppositional, and drawn to complexity but overwhelmed by it.

While much remains to be clarified, eating disorders clearly have a strong genetic predisposition. However, even with this makeup, if one does not live in a society permeated by the messages of western media, go on a diet, or engage in any of the unique environmental influences listed above, the disorder may never manifest itself.

Family Member...

...the wonderful treatment given to Cara. It has been such a relief to see her with an eating disorder. When she entered your program it was definitely coming up the walk. Although some of the staff were an arsenal of weapons and fighting chance, due to the staff here I have been impressed with your staff since the beginning. When Cara, she conveyed a message of understanding in a caring manner. I knew then this was the place for Cara. The staff is impressive. Tevara, Kirsten, Enola, and Robin are all wonderful. They exude a presence of warmth and compassion. Thank you for your kindness, patience and support in our company on our behalf. I know now that EDCD is the best place for an eating disorder. Cheryl and I are on the EDCD staff and are committed to giving. The sparkle in Cara's eyes is not enough to tell you the joy that she has in her life.

Are you worried about her?

If you suspect a loved one or a friend might be suffering from an eating disorder, below are some items that you might observe:

1. Dramatic weight loss in a relatively short period of time. Drawn appearance in the face and rapid loss of breast tissue.
2. Baggy clothes or dressing in layers (hides body shape/weight loss and keeps her warm when there's too little body fat).
3. Unusual behaviors at the table:
 - Shifting of food around on the plate so it looks like the food has been eaten
 - Cutting food into tiny pieces
 - Making sure the fork avoids contact with the lips
 - Chewing food and spitting it out, but not swallowing
 - Dropping food into napkin on lap to later throw away, or feeding cat or dog
 - Frequent trips to the bathroom immediately following meals.
4. Hair loss
5. Excessive exercise and/or exercising at odd times, and exercising when sick or injured
6. Pale or "gray" appearance to skin
7. Thin nails with peeling layers
8. Chipmunk Cheeks appearance - swollen glands from frequent vomiting
9. Bruised or callused knuckles; bloodshot or bleeding in the eyes; light bruising under the eyes and on the cheeks
10. No longer buys/uses feminine products
11. Increase in mood swings, signs of depression
12. Loss of sexual desire or increase in sexually impulsive behavior
13. Insomnia. Poor sleeping habits

What you might find:

1. Diet Pills, laxatives, ipecac syrup or enemas in bathroom or bedroom
2. Food in strange places like closets, cabinets, suitcases, they do not want you to find it in the trash (anorexic) or they are stashing binge food (bulimic)
3. A "food diary" or lists of foods eaten
4. Internet browser favorites or history list showing weight loss sites
5. Books about weight loss and eating disorders
6. Hidden sweaty workout clothes from gym visits you didn't know about

What you might hear:

1. Always talking about weight & complaining about being fat, or being terrified of becoming fat
2. Obsession with calories, carbohydrate, and fat content of foods
3. Self-deprecating comments about how stupid and fat she is. Demeaning self-labels like "pig" and "disgusting"
4. Always says she "just ate" or has plans to eat wherever she is going next. Often cooks elaborate meals for family and friends
5. Complains of constipation or diarrhea (starvation, laxative, and diuretic use upsets normal digestion)
6. Unusual focus on acceptance and approval from others
7. Never satisfied that she's done something "right" - perfectionistic tendencies

Programs at EDC-Denver

Partial Hospitalization Program (PHP):

Available to male and female patients who are 16 years and older. Patients attend seven days a week, 11 hour days with shortened weekend schedules. This highly structured program includes: Medical and Psychiatric evaluation and follow-up, Individual therapy, Family/Couples Therapy, Group Therapy, Psycho-educational groups and Nutrition therapy including three meals and two snacks per day. Housing is available.

Evening Intensive Outpatient Program (EIOP):

An integrated program meeting three times per week comprising of: thirteen hours per week of therapy including psycho-educational groups, group therapy, multi-family group, DBT and three meals. Also included are a weekly individual session, nutritional monitoring/consultation and psychiatric oversight. These groups are presented on a 12 week rotation and are open for patients to join at any time. Sessions are held for this program Monday, Wednesday, & Friday: 5-9 PM.

Outpatient Services provide an effective alternative for individuals whose symptoms do not require a more intensive setting. Patients can also participate in one or more of our Outpatient Services to enhance work with

outside treatment providers. Our services include: Individual and family/couples therapy; group therapy including DBT and aftercare; Psychiatric evaluation, therapy and medication monitoring; gastric bypass evaluations, and nutritional counseling.

Support Groups:

Aftercare Group: An open recovery group consisting of individuals in recovery who have completed an intense eating disorders program at EDC-D or other national programs. Tuesdays 5:30-7 PM & Wednesdays 5:30-7 PM.

DBT Skills Training: Didactic and experiential education in four different skill areas: core mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance. Monday 5-6:30pm.

Body Image 101: A 12-week ongoing group utilizing cognitive behavioral and experiential techniques to mend the relationship between a woman and her body. Tuesdays 5:30-7:00

Eating Disorders Anonymous: A free, open support group for individuals suffering and recovering from eating disorders. Meetings are held at the Glendale YMCA, 4500 E. Kentucky Avenue. Saturdays 2-3pm

1-866-771-0861
Or toll free:

303-771-0861

Please Contact Us For
A Free Assessment
to our intensive programs or to
schedule an outpatient appointment:

Eating Disorder Awareness Week
Feb 28th - Mar 4th
Please visit www.healthwithinreach.com
to see events in your area.
The Eating Disorder Foundation
Kickoff Luncheon at JW Marriott
Feb 25th at 11 AM. Space is limited.
Please RSVP by calling 303-322-3373,
or by email: edfoundation1@aol.com

Denver Networking Lunches
Will be held in April, June, August,
October and December in 2005
Please call 303-771-0861
for dates and details.

Upcoming Events:
Colorado Springs
Networking Lunches
First Fridays of Every Month
Please call 303-771-0861
for details and/or to RSVP



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