**The Role of the Family**

There is no evidence to suggest that families cause eating disorders. However, parents often feel guilty, helpless or stigmatised. We believe that families are an essential part of the recovery process for young people. The young person leads the CBTE therapy and the family have a supportive role throughout.

**Specific involvement of families in the treatment**

1. **Assessment phase**

On admission we will gather information about the impact of the eating disorder on the young person and the family and look at barriers to making changes. When CBTE starts during the assessment phase you might have another meeting with the therapist or someone from the case team to give you some information on CBTE.

1. **During treatment**

Throughout treatment you will have planned meetings with the young person and their therapist, usually after the young person’s individual session (for about 15-20 minutes). This will be to go through how the therapy is going and things you can do to support it. The therapist will not meet you without the young person being present, however, if you have extra questions outside of these meetings you can ask someone from the case team.

As parents you are an important resource to help the young person cope with worries and difficult feelings. You will also need to consider your own needs (e.g. support network) to help you take care of yourself during this difficult time.

**Reactions to the eating disorder**

Having a young person with an eating disorder at home can be very stressful and parents can sometimes react (without meaning to) in a way that is unhelpful for the young person. It is useful to think of different ways of acting and the pros and cons of reactions.

On the next few pages are some examples:

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| **Belief about the eating disorder** | **Example unhelpful reaction** | **Helpful belief and reaction** |
| *Believing that the young person is choosing to have an eating disorder* | Parents feel frustrated and become critical of the young person | In CBT-E we believe that nobody chooses to have an eating disorder, but they can get stuck in it and need support to recover. |
| *Believing that the eating disorder is* ***caused*** *by a difficulty within the family* | Parents feel guilty and stop giving advice to their young person | There is no evidence to suggest that family relationships cause eating disorders, in fact, parents’ help and support is crucial in recovery. It is important to continue to support the young person, even if relationships are very tricky. |
| *Believing that people cannot ever recover from an eating disorder and that it is pointless to try to help* | This can cause frustration and reduce the support offered to the young person or lead to hopelessness in the young person and family. | There is a very good chance of recovery in young people; supporting the young person improves this chance. |
| *Misunderstanding the nature of the eating disorder* e.g. b*elieving that the eating disorder is a biological disease, which does not respond to therapy* | This may lead a family to undertake treatments which are not proven to work e.g. herbal remedies. | As a parent you will be keen to try anything which might make a difference. However, the evidence suggests that eating disorders do respond to a psychological approach, although the young person may also need medical treatment to help with some of the consequences of low weight, such as vitamin deficiencies. |
| *Believing that the eating disorder is a rebellion against parents* | Parents might react with anger to the behaviour of their young person. | The young person does not choose to have an eating disorder and needs your support to recover. A side effect of having an eating disorder is being irritable. This tends to improve as the young person recovers. Keep supporting the young person, even if they are angry and negative. |
| *Believing that willpower is enough to recover from it* | Parents might not see the effort their young person is making putting in.  It may lead to critical comments or the young person feeling overwhelmed. | It is very tough to recover from an eating disorder and the young person may slip up on the way. Having support from others is very helpful for the young person (although they may not openly say this). Keep going with the support. |
| *Believing that the young person is not able to manage the distress caused by the eating disorder mindset* | Parents may give in to the demands of the eating disorder mindset or may be overprotective. | It is very demanding and distressing overcoming the urges of the eating disorder and getting back to normal eating. As a parent, you will need to encourage the young person to stick with it, even though they may be anxious and upset. |
| Believing that the problem is only a passing phase or denying the seriousness of the eating disorder | The parent may stick their head in the sand as this is easier than thinking about how hard it is for the young person. | An eating disorder can be difficult to get over and needs to be faced up to. The young person needs you to focus on them and give them the support they need. |

**Table 2 Unhelpful and helpful beliefs and reactions**

It is common for different family members to react differently, for example one parent may be overprotective while the other one ignores the problem. This can make it harder for the young person. It is good to follow one helpful approach. Think about your reactions to the eating disorder, what works and what doesn’t. Talking with the therapist can clarify how you can best support the young person to recover.

**How to get sibling(s) involved**

It is important for siblings to understand what it means to have an eating disorder, how their brother/sister is being helped to get over it and what they can do to help. Not only can siblings help support the young person they can also spend time with them doing shared enjoyable activities that have nothing to do with the eating disorder.

**How to get grandparents involved**

Some families live close to grandparents and may spend a significant amount of time with them (e.g. staying at grandparents’ home after school until parents come back home from work). If the grandparents have a good understanding of the seriousness of the situation, they might also be able to support the young person at mealtimes. If they are not aware of how serious the illness is it may be better not to expect them to support the young person during/after meals, but they can still help the young person with activities outside of the eating disorder.