



ANOREXIA NERVOSA, BULIMIA NERVOSA, & BINGE-EATING DISORDER

- **EATING DISORDERS** are characterized by extreme disturbances of eating behaviors such as eating too much, eating too little, or extreme distress about body weight or shape.
- **EATING DISORDERS** affect both females and males.
- **EATING DISORDERS** affect all areas of a child's or youth's life (e.g., home, work, school, and social life) and can lead to serious medical problems.

CLINICAL SYMPTOMS	WHAT DOES A PARENT/CAREGIVER SEE?
Refusal to maintain healthy weight	Excessive dieting; skipping meals; lying about eating; refusal to maintain medically recommended weight guidelines; often feeling cold; becoming frail or emaciated; showing low energy (lethargy); developing brittle hair and nails
Bingeing	Eating large quantities of food at one time; frequently eating until uncomfortably full; hiding large quantities of food or food wrappers
Purging	Regularly using laxatives, diuretics and/or enemas; exercising excessively; excusing oneself to go to the bathroom immediately after eating; chronically sore throat
Fear of gaining weight	Becoming obsessed with food, calories and/or weight control; weighing self frequently; only eating certain foods; avoiding foods they are not allergic to and previously enjoyed; eating only diet or low-fat foods; avoiding social activities that involve food
Negative view of body weight or shape	Complaining of feeling fat; reporting being intensely unhappy with body size or shape; view of self is highly influenced by body shape or size
Amenorrhea (for anorexia)	Girls who have had periods do not have them anymore

EVIDENCE-BASED PRACTICES are treatments that have been shown through clinical research to produce positive outcomes for children and their families.

The most common effective treatment strategies for Eating Disorders are:

- **Psychoeducation**
- **Nutritional Care**
- **Problem Solving**
- **Self-Monitoring**
- **Cognitive Processing**
- **Goal Setting**
- **Maintenance/Relapse Prevention**
- **Motivational Enhancement**



Eating Disorder treatment strategy descriptions:

Psychoeducation

Psychoeducation is teaching children and their caretakers about their mental illness. The purpose is to help children and their families understand how the illness affects them, what kind of activities or treatment might help, and that there are others who have similar problems. This type of education helps them understand what will happen in the treatment sessions and how long the treatment might take. They will also learn what role the parent, the therapist, and the child will play in the treatment, and that they will be a team that will work on problems together.

Nutritional Care

This strategy provides the family with basic information about healthy nutrition and exercise, emphasizing the impact of poor nutrition (e.g., caloric restriction, binge eating) on physical and cognitive development. It supports the caregiver in temporarily managing the child's nutritional intake and weight with the goal of developing the child's ability to responsibly monitor his or her nutrition and weight.



Problem-Solving

Children with mental illnesses often think their problems are too big to handle. Problem solving is a strategy that teaches a child how to clearly identify a problem, look at all possible solutions, and choose a solution. They also learn to evaluate their choices, and, if necessary, come up with different solutions. This strategy teaches children how to use problem solving in their day-to-day activities.

Self-Monitoring

Children with mental illness often need help identifying and labeling their feelings and emotions. Self-monitoring helps them to keep track of a specific feeling or behavior. They learn to develop a rating scale to measure these feelings. They might keep track of how sad or happy they are feeling, or they might keep track of how anxious or relaxed they are feeling. Learning to do this will help them understand what they can do to increase or decrease the ratings.

Cognitive Processing

Cognitive processing is used to teach children about how the way they think about things can affect how they feel, and how they feel can affect how they behave. Cognitive methods might be used to help children understand how their thoughts are related to their moods and behaviors. They are taught strategies to help them check the accuracy of their thoughts and replace negative or unhelpful thoughts with more positive or helpful thoughts.

Goal-Setting

Goal setting involves the treatment team (child, therapist, and caretakers) working together to select a therapeutic goal. Once a goal is selected, plans are developed to achieve that goal. Goal setting often involves repeated assessment of how successful the treatment team is progressing to achieve the goal.

Maintenance/Relapse Prevention

Maintenance/relapse prevention includes exercises and training designed to consolidate skills the child has already developed and to anticipate future challenges that might arise after the termination or reduction of therapeutic services. The overall goal of maintenance/relapse prevention is to minimize the chance that gains made during the course of treatment will be lost in the future.

Motivational Enhancement

Motivational enhancement is a set of exercises designed to increase readiness to participate in additional therapeutic activity or programs. These can involve cost-benefit analysis, persuasion, or Socratic questioning or a variety of other approaches, but the goal is to increase motivation for engagement in a therapeutic change process.