

# Maudsley Parents Newsletter



maudslеyparents.org  
family-based treatment for eating disorders

NOVEMBER 2009

What's happening at Maudsley Parents? Conference follow-up, new "Ask an Expert" questions, a terrific article on recovery, two more videos, and news from the Academy for Eating Disorders and NEDA. As always, we'd love to hear from you. Write us at [contact@maudslеyparents.org](mailto:contact@maudslеyparents.org).

## Conference Follow-up

We had a full house of parents and clinicians for our half-day conference in Bethesda on October 5th. Dr. Walter Kaye discussed the neurobiology of appetite regulation and reward processing in anorexia nervosa. Dr. Daniel le Grange provided a thorough overview of family-based treatment research and Maudsley Parents co-chair Harriet Brown shared her family's experiences. We only wish we'd had more time and that you all could have been there! Videos and slides are posted [here](#). We hope to make full versions of Dr. le Grange's talk available after publication of new research. The event went so well, we plan to make it an annual event. Stay tuned for more information on a full-day conference in Chicago this spring.

Many thanks to our wonderful speakers and attendees. Thanks also to Laurie Vanderboom of National Eating Disorders Association for inspiration and advice, and Sharon Peterson of the Eating Disorder Network of Maryland and Dr. Anne Newman of the Maryland Association of Psychologists for their help and support.

## Academy for Eating Disorders: The Role of the Family

We're delighted to see the Academy for Eating Disorders new position paper [The Role of the Family in Eating Disorders](#). We welcome this important and helpful statement with its emphasis on the potential for families to play a positive role in eating disorder recovery.

"It is important to help and support sufferers and engage their families in the recovery process, whenever it is appropriate," said AED President Susan Paxton, PhD, FAED. "Hopefully, our position will ease the burden of guilt and shame on families and let them see what a resource they can be in their family member's journey of recovery."

"Parents should not feel they are to blame for their child's illness, in fact, no one is more invested in the wellbeing of their offspring than parents. Therefore, families are an important resource in nurturing the recovery of the sufferer," said Daniel Le Grange, PhD, FAED, lead author of the Academy's position paper.

## Eight Guideposts for Recovery from Anorexia Nervosa

By Angela Celio Doyle, PhD

It can be difficult to define recovery from anorexia nervosa (AN), just as it can be difficult to define what it means to be happy or successful. Recovery will look different from person to person, and the process of achieving recovery will be unique for each individual. But the following eight guideposts to recovery can help you determine if your child is headed in the right direction. Recovery includes both physical and psychological elements, highlighting the importance of working with a team that includes a physician experienced with treating eating disorders and a mental health professional. Also, it is important to talk with your treatment team about what your hopes and expectations are with regard to recovery, so you can move forward with the same goals in mind.

### Physical Signs of Recovery:

**1. Your child has reached a healthy weight and steadily maintained her weight within a healthy range.** Determining a “healthy” weight range for any individual is complex. Health professionals look beyond weight and instead use body mass index (BMI) percentiles, which take into account a child’s height, age and gender. You may have seen a growth chart in your pediatrician’s office that displays percentile curves. These charts are based on a very large sample of children and can help determine normal weight ranges as well as underweight and overweight ranges. Another number that is often used is percent of ideal body weight, which is derived from BMI percentiles. Clues to a healthy weight range:

An individual’s healthy weight range may be in part determined by their individual growth history: Has your child always been in the 40th percentile on the weight-for-height growth chart? Or has he/she always been in the 75th percentile? If your child consistently tracked along the same growth curve percentile before the eating disorder, then this may be the more appropriate percentile to aim for.

### What’s New?

#### “Ask an Expert”

Clinical Advisor Kara Fitzpatrick, PhD answers a this month’s reader questions. Topics include:

- increasing flexibility
- weighing at home
- leaving intensive outpatient treatment
- advice for teachers

Check out her advice [here](#).

Clinicians: Do you have questions about family-based treatment? Write our panel for our upcoming therapist-to-therapist special edition “Ask an Expert” at [experts@maudsleyparents.org](mailto:experts@maudsleyparents.org)

### Videos!

#### Siblings in Family-based Treatment

The University of Chicago’s Renee Hoste, PhD discusses how brothers and sisters can help in eating disorder treatment and recovery [here](#).

#### Cognitive Styles in Eating Disorders

James Lock, MD, PhD, Director of the Stanford Child and Adolescent Eating Disorder Program, talks about cognitive styles as risk factor for anorexia nervosa and discusses cognitive remediation as a potential treatment as part of the *Eating Disorder Research: Information for Families* series [here](#).

### Website of the Month

Psychotherapy Brown Bag is a terrific online magazine discussing the science of clinical psychology. Always interesting and fun to read! Check it out [here](#).

Family history of weight: If everyone in the family tends to be naturally slim, the percentile you aim for may not be as high. For instance, many Asian families tend to have smaller body frames, so your treatment team may predict a percentile somewhere lower than the 50th as being healthy.

Weight at menstruation: For girls who have gotten their first period, but lost it when restricting their food intake, it can be informative to recall at what weight she lost her period. Aiming for this weight, plus 5-10 lbs (and a little more if it has been longer than a year) provides another estimate of what a healthy weight may be.

Finally, perhaps the most telling sign of a healthy weight – and also the most subjective – is the loosening of rigid thinking about weight and eating. One study has shown that a reduction in these thoughts may not occur until a year after weight restoration. So don't get discouraged if you do not immediately see changes in the way your child is acting around food or body image.

**2. Resumption of sexual development.** Boys' and girls' sexual development may halt during AN due to the effects of starvation. In girls who are recovered, we would expect regular periods to occur without the help of prescribed hormones (birth control pills). For girls who are too young to menstruate, or for boys, a physical exam can determine if they're progressing toward full sexual development. Interest in sexual matters – a normal thing for teenage boys – can also be a good indicator of healthy sexual development during recovery. Improved bone density, which results from weight gain and resumption of menses, also points toward physical recovery.

**3. Lack of restrictive eating patterns.** When an adolescent has recovered from AN, he/she will be able to make healthy and appropriate food choices without close oversight by a parent. Being able to eat a variety of foods in a flexible manner is a sign of recovery. (See Guidepost #7 to find out more about the psychological aspect of eating.)

**4. Elimination of binge eating and purging** (self-induced vomiting, inappropriate use of laxatives/diuretics, excessive or driven exercise). The absence of these behaviors is another sign of recovery.

### **Psychological Signs of Recovery:**

**5. Getting back to normal adolescent life.** In terms of normal adolescent development, recovery means getting the anorexia out of the way so you can get your hands dirty with the normal issues of adolescence: conflicts over curfews, dating concerns, arguments over text messaging at the dinner table...what fun! Although these issues may seem tricky to handle as a parent, it is important and exciting to see progress in this arena during recovery. Some behaviors that your treatment team might look for during recovery are an increased interest in spending time with friends (all ages), a desire to be involved in activities apart from family members (12 years and up), interest in dating (14 years old and up), and a greater and more realistic focus on post-high school plans (16 years old and up). In later adolescence, being able to go away to college or getting a full-time job can mark positive steps in recovery as well. Finally, think about your child's unique qualities, which may have faded when the anorexia took over – her sarcastic sense of humor, his compassion for his younger siblings – and ask yourself if these qualities have returned. This may be another indication of recovery. If you become concerned with your child's behavior, speaking with the therapist on your team will be helpful in determining whether his/her behavior psychologically reflects continued problems with AN, if it's the result of another psychological problem like depression, or if it's within the normal range of adolescent behaviors.

**6. Lack of body image distortion.** The goal here is for child to accurately perceive and accept his/her body. Positive body image may take more time to develop and may be addressed in later therapy if negative body image becomes problematic.

**7. Improvements in your child's attitudes toward food and body image.** This might include a lessening of the fear of weight gain and a less intense interest or lack of interest in losing weight. Some real-life examples of signs of recovery in this area: your child being able to eat the same foods in the same amounts as her friends at a birthday party, consistently eating meals without needing to be reminded, eating spontaneously when given the opportunity (e.g., someone brings cupcakes to school), getting rid of clothes that no longer fit because they are too small, and feeling comfortable going shopping for new (larger) clothes.

**8. Increased self-esteem.** Self-esteem is something that is “under construction” for all adolescents, so perfect self-esteem should not necessarily be expected after recovery from AN. However, you should be able to detect an increase in self-confidence. Parents can foster self-esteem by encouraging involvement in activities and interests that the healthy adolescent enjoys. Praising accomplishments and providing opportunities for social, artistic, and intellectual development are ways that parents can help foster adolescents' self-esteem.

It can be helpful to think of recovery as a process rather than a destination; each person has his or her own path. Adolescents who recover from an eating disorder may occasionally be more vulnerable to eating-disordered thoughts. During times of stress or transition, body dissatisfaction may increase and they may be tempted to change their eating habits. Relapse prevention should be a key topic discussed toward the end of treatment to help prepare you and your child for any slip-ups in the future. Good luck to you and your family in your child's path toward recovery.

*Dr. Angela Celio Doyle is a Clinical Associate at the University of Chicago Eating Disorders Program and serves as Clinical Advisor to Maudsley Parents. [Read more here.](#)*

## NEDA Auction

NEDA's Every BODY is Beautiful Auction is now open! The auction runs from November 2 to December 2 with proceeds going to National Eating Disorders Association. The auction features a wide range of offerings including vacation getaways and great donated items. Registering to bid is free, easy, and secure--get started [here](#).

We've donated a copy of [Help Your Teenager Beat an Eating Disorder](#), a wonderfully helpful guide for parents, and a [set of family-based treatment manuals](#), an authoritative and practical resource for therapists. If these titles are on your shopping list, now's the time to pick them up and help NEDA at the same time!

Thanks to Scott for a this great new recipe...

### *Saving Grace Smoothie*

1½ bananas  
1 packet Carnation Instant Breakfast  
vanilla powder  
2 tablespoon sweetened condensed milk  
2 tablespoon whipping cream  
4 + tablespoon half and half ice

Serves one. About 700 calories.

[Find more recipes and parent-to-parent tips here.](#)