

Regional Eating Disorders Unit: Information for Families and Carers

What can I expect from my family member's stay on REDU?

This handout provides information for family members and carers of inpatients at the Regional Eating Disorders Unit (REDU). This handout is designed to help you to understand the nature of inpatient treatment for eating disorders, and to help you to set realistic expectations for your family member's stay.

Although REDU is a hospital ward, eating disorder units are based on a very different concept to other more 'medically-focused' wards. One of the most important functions of our unit is to achieve medical and nutritional stability, whilst assisting patients in reaching a healthier weight. Some of our patients are ready to start working on their nutritional needs as soon as they are admitted to REDU. However, most need to gain some weight and start to explore the psychological factors that drive their eating problems before they are ready to start actively working on recovery.

During their stay at REDU, your family member will be provided with a range of treatment options, mostly in group format. Attendance at therapeutic groups is the main 'medicine' we provide, so we emphasise the importance of attending these. Once regular eating patterns and weight gain have been established, we will plan home-passes. These provide an opportunity for your family member to practice the skills they have learned on the ward, including giving themselves permission to eat and gain weight. Although it is not always useful, medication is sometimes provided as an adjunct to other therapies, and can alleviate the intensity of some symptoms.

Recovery from Anorexia Nervosa: What to expect and how can family members help?

Many people with eating disorders are hyper-aware of the needs and feelings of others around them. They may also have a tendency to feel responsible for others' stress. Further, they often feel guilty or ashamed of their own normal needs and feelings, believing that they are a burden on others. Dietary restriction and low weight can be seen as a 'solution' to help the person to block emotions and needs, a bit like an anaesthetic. Therefore an increase in eating and weight gain often lead to a resurgence of feelings of guilt and worthlessness. Weight gain also often results in physical changes and discomfort. Some of these are temporary, and some longer lasting. It can be very difficult to adjust to these changes, and this is one of the reasons that anorexia nervosa can be difficult to overcome.

We encourage you to be aware that your family member is likely to be struggling as they work through their recovery. It is also important to keep in mind that they might be feeling a sense of guilt and worthlessness. One of the most difficult steps toward recovery is for the person to give themselves permission to eat, knowing that this will lead to a temporary increase in these feelings.

Even though you may have played an active part in managing your loved one's eating disorder in the past, we now encourage you to take a step back from this role. We understand that it can be difficult to watch your family member struggling. However, this struggle is an important part of an effective and lasting recovery. We encourage you to talk

with your family member about issues other than food, eating and weight gain. You can also remind them that each time they give themselves permission to eat, they are making a significant step forward. It is important to provide consistent praise for the person's efforts to make changes. What people with eating disorders need most is support and empathy. This is harder than it sounds, as most of us feel compelled to give advice or provide 'solutions' when we see those we love suffering.

The recovery process can feel like 2 steps forward, and then 2 steps back. This is normal, and to be expected. It is natural that you might feel frustrated, or a sense of impatience as you see your family-member struggle. At these times it can be helpful to remind yourself that Anorexia Nervosa is both a psychological and physiological condition, and a full recovery usually takes many months or years. There is no quick-fix for such a complex emotional-physiological problem, however recovery is definitely possible. Whatever changes you make as a family are likely to take many weeks and months to make a difference, and will require persistence and determination.

It is very important that if you have your own issues around dieting, weight or an 'ultra-healthy' lifestyle, that you work on these separately, rather than talking about them around your family member. Your dieting and the way you feel about yourself will have an impact on the way your family member feels about themselves and their body, even if it is very subtle.

The role of motivation

Everyone who comes to REDU has a slightly different level of motivation to recover - this is normal and understandable. REDU works as a therapeutic unit, and therefore our primary purpose is to give your family member all the support they need to enable them to work on their own recovery. This is different from the medical idea of coming to hospital to find a 'cure'. The recovery journey may involve several visits.

Although there is a requirement for patients to gain weight during their stay in REDU, voluntary patients can often find it easier to do this work in stages. For example, if patients are unable to follow the ward guidance on reducing eating disorder behaviours, and as a consequence are not gaining weight, we will make every effort to help them to move through this roadblock. However, if this is ineffective, then it can often be more helpful to return home for a period of time, with the possibility of returning to the ward to complete the next phase of weight gain in a future admission. This is not a sign of failure. In fact trying to recover too quickly can be unrealistic, given the parallel psychological changes required for a true recovery. Without working on the underlying emotions and thoughts that accompany the eating disorder, and facing the discomfort of weight gain, then patients can be more prone to relapse.

Obstacles to Recovery

For some patients, recovery can be hindered by the prospect of having to face difficult situations or emotions, such as the fears associated with: being alone or abandoned by others; having to take responsibility; taking risks and not getting everything perfectly right;

uncertainty and unpredictability; criticism and judgement; meeting unrealistic expectations and pressures from others; being required to take care of the needs of others; responsibilities of becoming independent and an adult. These anxieties are all very common and it is important for them to discuss these with their key workers and therapists.

What is my role as family member/carer?

Close family members are invited to attend patient review meetings, which take place once every 4 weeks. At these meetings you will have the opportunity to hear about your family member's treatment program, and to ask any questions that you might have. We will also provide advice in terms of working together on the eating difficulties after discharge from hospital. Sometimes family sessions are offered to allow forward planning in more depth. You can also request a meeting (either face to face or over the telephone) with members of the REDU multidisciplinary treatment team. Eating Disorders can place families under enormous stress. This is nobody's fault, but there will be important things that you can do to help alleviate the situation. We strongly encourage you to seek support for yourself either through counselling services, and carer's support groups. Online support groups are also available through BEAT (the eating disorders charity).

Where to from here?

Our goal in REDU is to help our patients to start their recovery journey, so that they can work on their eating disorder and any underlying issues more actively when they are discharged back into the community. The goal is not for patients to completely recover from their eating disorder during their stay in REDU. In fact, inpatient treatment is just the first step of this process, and research shows that it is likely that patients will need a minimum of 6-12 months of active outpatient therapy for them to reach a state of recovery. Our goal is to help make our patients' transfer back to the community team as seamless as possible, so that they can continue to work both nutritionally and psychologically after discharge. Research shows that outpatient psychotherapy is the best form of treatment for a full recovery from eating disorders.

You can discuss any concerns that you have about this handout or any aspect of your stay in REDU both with outpatient and inpatient teams and keyworkers.