EATING DISCHART HAVE AN

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WHERE?

In Print : Amazon.com Online : TeenMentalHealth.org

Having a parent with an Eating Disorder can be frightening, frustrating, and stressful. When someone you care about has a mental illness, you can feel helpless and wonder if it's your fault. You are not to blame. There is nothing you could have done to cause your parent's Eating Disorder. Although it may feel like everything is out of your control, try not to lose hope. Eating Disorders are very treatable and there are people who can help you and your parent recover. You are not alone!

This book will help you understand more about Eating Disorders and what you can do to cope with your parent's illness.



FACTS ABOUT EATING DISORDERS

DIETING VS. DISORDERED EATING

Dieting is a common behaviour, especially among women. As much as 75% of women will diet to lose weight in their lifetime. Eating Disorders are much more complicated and concerning than dieting or trying to lose weight. Although extreme and dangerous eating habits and weight loss methods are one component of Eating Disorders, they are not the only concerns. Eating Disorders have a psychological component, and affect not only your parent's behaviour, but also his or her thoughts and emotions. The self-perception (i.e., the way someone sees his or her body) of someone with an Eating Disorder can be problematic; he or she does not see him-or herself realistically.

WHAT DO WE KNOW ABOUT EATING DISORDERS?

- According to a 2002 survey, 3% of Canadian women will develop an Eating Disorder in their lifetime. [Public Health Agency of Canada (2006)]
- Anorexia Nervosa and Bulimia Nervosa are much more common in women than men. [American Psychiatric Association (2013). DSM-V]
- Men are much more likely to have Binge Eating Disorder than Anorexia Nervosa or Bulimia Nervosa. [American Psychiatric Association (2013). DSM-V]
- Eating Disorders most often start in adolescence or young adulthood. [Kessler, Berglund, Chiu, Deitz, Hudson, Shahly, et al. (2013)] [American Psychiatric Association (2013). DSM-V]
- Although Eating Disorders are much more serious and dangerous than dieting, some research suggests that dieting may develop into an Eating Disorder in certain vulnerable people. [Hsu (1997)]

HOW DO YOU KNOW IF SOMONE HAS AN EATING DISORDER?

Eating Disorders are diagnosed by a mental health professional (e.g., a doctor, psychologist, or clinical nurse practitioner with training in mental health) when someone has a number of specific eating- and weight-related symptoms. There are different types of Eating Disorders, including Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, and Eating Disorder Not Otherwise Specified. Each type of Eating Disorder requires different criteria in order to be diagnosed.

Anorexia Nervosa

A person with Anorexia Nervosa (AN) has an intense fear of gaining weight or becoming fat. Consequently, he or she will severely limit what he or she eats and may try to prevent weight gain using unhealthy behaviours, like vomiting or excessive exercise. People with AN perceive their weight and their body as much larger than reality, and consequently, they weigh much less than is healthy, given their age, sex, development, and physical health.

👖 Bulimia Nervosa

A person with Bulimia Nervosa (BN) engages in repeated cycles of bingeing and purging behaviour. Bingeing (or a binge eating episode) is when someone eats much more food in a specific amount of time than anyone else would in that situation/time. The person feels like he or she has no control over his or her eating. Purging is when the person tries to get rid of the food he or she just ate in order to prevent weight gain. The most common purging behaviour is vomiting, but other methods include fasting, excessive exercise, and misuse of laxatives, diuretics, or other medications. This binge eating and purging cycle happens at least once a week for three months. The self-perception and self-esteem of someone with BN is heavily influenced by his or her weight and shape. Although BN shares many features with AN, one of the big differences between the two is that someone with AN is significantly underweight, whereas someone with BN is usually normal weight or overweight.

Unspecified Feeding or Eating Disorder

Unspecified Feeding or Eating Disorder is a category used for disordered eating behaviour that does not meet criteria for AN, BN, or BED but causes serious problems that need treatment.

Binge Eating Disorder A person with Binge Eating Disorder (BED) also has repeated periods of binge eating, as described in the BN section above, but he or she does not try to purge the food following a binge eating episode. During a binge, someone with BED will also eat much faster than normal, even when he or she isn't hungry, and until he or she feels uncomfortably full. The binge eating episode, which happens at least once a week for three months, is followed by feelings of disgust, depression, or guilt. Consequently, people with BED often binge eat when alone because they are embarrassed.

WHAT CAUSES EATING DISORDERS?

We don't yet know what causes Eating Disorders, but we do know there is no one specific cause. It is likely that these disorders have multiple and complex genetic, environmental, and individual causes. Eating Disorders are complicated and are not caused by the usual stresses of everyday life or just wanting to be thin. What we do know suggests that in order for Eating Disorders to develop, people need to be dissatisfied with their bodies, experience considerable negative emotions (e.g., depression or anxiety), have low self-esteem, think in distorted ways (e.g., obsessive thoughts about weight), and probably need to feel in control. Again, although these factors are likely necessary for an Eating Disorder to develop, they're not sufficient. There are likely many other factors that contribute to the development of an Eating Disorder - possibly including living in a culture where thinness is considered ideal and food is plentiful.

CO-OCCURRING DISORDERS

It's not uncommon for someone with an Eating Disorder to also have other mental health problems or mental disorders. In particular, people with Eating Disorders may also have a Mood Disorder, like Depression or Bipolar Disorder, an Anxiety Disorder, or Obsessive-Compulsive Disorder (OCD).

Many people with Eating Disorders also have substance use disorders (i.e., alcohol or drug abuse, including smoking cigarettes). People with Bulimia Nervosa (BN) or the purging type of Anorexia Nervosa (AN) are particularly susceptible. 30% of people with BN have a co-occurring substance use disorder. [American Psychiatric Association (2013). DSM-V] Substance abuse may develop as a way for the person to cope with his or her negative emotions. There are several serious problems with using this coping strategy. First, it's only a short-term solution; when the effects of the substance wear off, the negative emotions remain (and may be worse). Second, consistently using drugs and alcohol to avoid negative feelings may lead to addiction in some people. With continued use of a substance, the person will need more and more of the alcohol or drugs to get the same relief, putting him or her at increased risk for addiction and increasing his or her chance of overdose or other kinds of harm. See page 23 for more information on how to recognize the signs of alcohol poisoning or a drug overdose.

TREATING EATING DISORDERS

Eating Disorders are treatable but it takes time and work. Your parent won't get better overnight. These disorders are complicated, especially because some people with Eating Disorders can't understand or don't want to admit that they have a problem. Eating Disorders require specialized and intensive care by a team familiar with the disorder. Inpatient treatment or hospitalization can be necessary to help your parent get back to a healthy weight.

There is no set time for how long treatment will last, so it's important to be patient and supportive. Your parent may need to be in treatment for a long time to recover and then to prevent relapse, although he or she may not need to attend treatment as often when he or she improves. A relapse is when an illness comes back after it has been effectively treated.

The treatments listed below are the treatments that are most often used to treat Eating Disorders and your parent's doctor might recommend one or a combination of them.

TYPE OF TREATMENT

Medication

Medications can sometimes help lessen symptoms by helping your parent's brain function better. There are several different medications that his or her doctor might choose to prescribe.

Antidepressants, including medicines known as Serotonin Specific Reuptake Inhibitors (SSRIs), can help to reduce binge eating, although they only help in the short-term. When your parent stops taking the medication, the symptoms return. As such, antidepressants can sometimes be a helpful addition to psychotherapy and other treatments but are not usually used on their own.

Research to date has not revealed strong evidence to support the use of medications in treating AN.

Nutrition Restoration

Nutrition restoration, or refeeding, is a supervised process through which the weight of a person with AN is gradually restored. For people who are severely malnourished, this may require hospitalization. Nutrition restoration is a necessary first step to treating someone with AN because malnourishment has a host of psychological consequences that make treatment of AN difficult. It is important for refeeding to be supervised by your parent's doctors, nurses, and dieticians because there can be dangerous side effects to restoring weight too quickly or using inappropriate methods.

Nutritional Counselling

Many people with Eating Disorders benefit from nutritional counselling from a Registered Dietician. Eating Disorders fundamentally change your parent's relationship with food, and he or she may need to be re-educated about proper nutrition in order to maintain improvements.

Psychotherapy

Psychotherapy is talk therapy that can be done one-on-one (just your parent and the therapist) or in a group (with other adults who also have an Eating Disorder). It also works to help your parent's brain function better. Some treatments used in psychotherapy include:

- Cognitive Behaviour Therapy (CBT): CBT helps your parent learn to problem-solve and to change his or her negative thoughts (about food, weight, and other aspects of his or her life), which then impact his or her feelings and behaviours.
- Psychoeducation: This is usually done in a group and is helpful in teaching people to recognize their symptoms so they can seek treatment when needed and help prevent relapses.
- Interpersonal Therapy (IPT): IPT helps your parent to evaluate and improve his or her relationships with other people, which can then help to improve Eating Disorder symptoms.

Inpatient Treatment/Hospitalization

Although not a treatment by itself, inpatient treatment or hospitalization is sometimes required when the person's symptoms are severe or if he or she is suicidal. Hospitalization is not permanent and only lasts until the person has made sufficient gains to be successful in outpatient treatment.

Overall, CBT (individual or group) and long-term IPT appear to be most effective for treating BN and BED, followed by antidepressants, which help reduce binge-eating in the short-term. A first-choice treatment for AN in adults is difficult to recommend at this point, given the lack of research evidence. Refeeding (i.e., getting your parent back to a healthy weight) is a necessary first step for your parent to be able to succeed in psychotherapy. Once his or her weight has been restored, CBT may reduce your parent's chance of relapsing. Medication is unlikely to be helpful for AN, especially as the only treatment. AN usually requires intensive outpatient, day hospital, or inpatient psychotherapeutic treatment.

For important information on how to get the best treatment, check out: teenmentalhealth.org/for-families-and-teens/evidence-based-medicine/ teenmentalhealth.org/images/uploads/communicating_with_healthcare_providers_student_ version.pdf

INTERVIEW OF CAN DO?

Start by putting yourself first. Do things that you enjoy and that help you cope with stress. When you look after yourself, it makes it easier to deal with the challenges of your parent's Eating Disorder. Don't forget that you're the kid in this relationship - it's not your responsibility to look after your parent. Putting yourself first does not mean that you're abandoning your parent or that you don't love him or her. Here are some ways that you can help your parent, without making his or her Eating Disorder your responsibility:

Educate yourself about the illness.

Understanding what an Eating Disorder is and how it affects your parent will help you feel less frustrated and more supportive. The library is a good resource for books on Eating Disorders, as are the trusted websites that are listed on page 28. Keltymentalhealth.ca has excellent information about Eating Disorders.

Talk to someone.

Z Talking to other family members about your parent's Eating Disorder can be a relief because they often understand what you're going through. Just remember that not all people will have the same experience as you and not everyone is comfortable talking about mental illness. If you can't find support within your family, it's okay to talk to a trusted friend. Try to respect your parent's privacy (and consider asking your parent how he or she feels about you sharing that he or she has a mental illness) but remember that you have nothing to be ashamed of. Some people may be judgmental or unkind. This is usually because they don't understand Eating Disorders or what it's like to have a family member who has an Eating Disorder. Your parent's illness is not a reflection of you and does not make your family less than any other family. You can choose to react negatively to these people; you can choose to ignore the things they say; or you can choose to stand up to them and increase their awareness of mental illness, not everyone is willing to listen. Pick and choose your battles and try to confide only in people you trust. There's no shame in just ignoring someone's negative comments if it doesn't seem worth your energy.

B Avoid talking about food or weight. Try to avoid talking about food or weight (yours or theirs) with your parent. Expressing your concern about his or her health is fine but specific comments about food or weight (positive or negative) can help maintain the idea that appearance is most important.

Be prepared for emergencies.

4 It's tempting to pretend that everything is fine but it's so important for you to be prepared in case something goes wrong. Have a plan about what to do and where to go, as well as a list of emergency contacts, just in case. Use the tear out pages at the back of this book to write down your emergency contacts.

Be patient and don't take it personally.

D The way your parent sees the world and him- or herself is affected by his or her Eating Disorder. He or she may not want to do the things he or she used to like to do and it may be hard for your parent to attend or participate in your school events or games. Although it's difficult, try not to take it personally. Be patient with your parent when you can and recognize that the Eating Disorder is making him or her act this way. It's not a reflection of how he or she feels about you.

b Let your parent know you care. It can be really frustrating and upsetting when your parent has an Eating Disorder. Many people feel helpless, especially when their parent doesn't think they have a problem. Try not to let your feelings of frustration and helplessness cause you to lash out at your parent. Remind your parent that you care and that you are trying to help.

Keep in mind quality, not quantity. Sometimes it's better to spend shorter periods of time with your parent doing something enjoyable when he or she is feeling good, rather than giving up lots of your time trying to care for him or her. It's okay to set boundaries; it doesn't make you a bad kid.

Learn how to communicate. Try to avoid arguments and accusations when you get frustrated. Page 12 has some tips for communicating with your parents.

O Understand your feelings.

Become familiar with how your parent's illness affects you. Do you worry too much or do you feel neglected? Talking to a counselor, or a trusted friend or family member can help you sort through your thoughts. Keeping a journal of your feelings can also help you put things in perspective and understand yourself better.

1 O Accept what you can't control. You can't control your parent's behaviour or the fact that he or she has an Eating Disorder. People can only control their own thoughts, feelings, and actions. Trying to change your parent is frustrating and futile. Focus on the things you can control (like your reactions to your parent's behaviour) and try to let the other things go.

Appreciate the fun times.

Remember that your parent's symptoms may come and go. Take advantage of the good times and have fun with your parents. Try not to hold a grudge because of how your parent acted when his or her symptoms were especially bad. It's important to have fun together when you can, because having good times to remember will help get you through the difficult times.

Do what you love.

Doing things you love to do can take your mind off problems with your family and remind you of the good things in your life.

TALKING TO YOUR PARENT

When your parent has an Eating Disorder, it can feel like you're walking on eggshells around him or her. It can be hard to find the right thing to say or to figure out how to tell your parent what's on your mind. Here are a few tips to help you out:

Be respectful and polite. This can be a challenge if your parent is feeling especially negative or has missed out on something that he or she promised you they would do. Try taking a deep breath and remember that the Eating Disorder is making him or her act this way and you don't have to join the negativity.

Think of your parent as a person and talk to them the way you would want someone to talk to you. It's easy to think of our parents only as parents or only as someone with a mental illness. They're more than either of those roles and treating them as a person goes a long way.

Try not to talk about food, weight, purging, body image, or appearance with your parent. Talking about these issues can sometimes reinforce your parent's belief in their importance. Instead, focus on activities you can do with your parent, and talk about how you both feel.

Avoid blaming. Even if your parent was at fault, blaming them for whatever has happened will only make them defensive and less likely to listen. Use "I" statements whenever you can. They communicate your message without causing the other person to feel as defensive. For example, instead of saying "You didn't come to my soccer game again," say "I was hurt when I realized that you weren't at my soccer game." This puts the emphasis on how it made you feel, instead of what your parent did wrong.

5 **Express your feelings.** Even though your parent has an Eating Disorder, he or she is still your parent. Your feelings matter just as much as his or her feelings. Tell your parent when you're upset, stressed out, scared, and even happy. Expressing those feelings will help improve your mood and it's important that your parent is aware of how you're feeling.

Choose a suitable time and place to talk to your parent if the topic is sensitive. If you have something important to discuss, make sure that you have some privacy. The mall is probably not a great spot for an intimate or emotional conversation. Try to approach your parent at times when he or she is generally calm or relaxed. It will make it easier for both of you. Avoid having a serious conversation with your parent if he or she is feeling sick or using alcohol/drugs.

Speak with a trusted adult first. If you have to discuss something important with your parent, whether it's about you or about his or her Eating Disorder, it can help to speak with a trusted adult first. This can mean another family member, a family friend, or a counselor. You can run things by the trusted adult as a trial run and they can even accompany you to talk to your parent, if you feel that's appropriate and helpful.

Be prepared for denial and negativity. Your parent may not be ready or able to admit that he or she has a problem. This denial could be because he or she is trying to protect you or it could be that your parent doesn't realize that his or her disordered eating is that serious.

G If you are not comfortable speaking to your parent face-to-face, writing a letter can be a good alternative. A letter allows you to express how you feel without your emotions confusing you. It also gives your parent the opportunity to read it on their own time. Giving them some time to process what you needed to say allows them to be less defensive than they may be if they were confronted in person. A good idea when writing a letter is to put it away for a day when you've finished, and then read it again to make sure you've said what you really want to say.

It is not your job to take care of your parent. This information is meant to help you better understand your parent's illness so you can know what to expect and be better prepared to cope. Your job is to take care of yourself and to do your part in trying to have a good relationship with your parent.





Did I cause my parent's Eating Disorder?

No, absolutely not. Nothing you could do would cause your parent's Eating Disorder. Eating Disorders are medical illnesses that result from a whole host of complex factors. No one thing causes an Eating Disorder.

Am I betraying my parent if I talk about them?

No, it's important for you to talk about how your parent's Eating Disorder is affecting you. Just make sure that the person you talk to is someone that you trust (and if possible, someone that your parent also trusts). Remember that you have nothing to be ashamed of.

Does my parent even like me?

Sometimes people with mental illness don't have the ability to put themselves in another person's shoes and realize how their words and actions affect other people. Eating Disorders can make it difficult for your parent to see beyond his or her own perspective. Remember that even though your parent has a mental illness, it is not okay for him or her to say rude or hurtful things to you. Although it can be really tough, try not to take what your parent says personally. If conversations become very negative, do what you can to remove yourself from the situation.

Will I get Eating Disorder too?

You get your genes from your biological parents, and although genes may contribute to Eating Disorders, it does not mean that you will get the disorder. Therefore, although it's possible that you will develop an Eating Disorder, there's also a possibility that you won't. There are many things you can do to stay healthy and perhaps even decrease your risk of developing an Eating Disorder. Look after yourself, eat healthy, get plenty of sleep, and learn to use positive coping skills (see page 17-19). Practicing healthy behaviours and coping positively with stress is important.

DEALING WITH Your Enotions

GUILT

When someone you love has an Eating Disorder, it's not unusual to experience guilt about feeling:

- Нарру
- Carefree

- Like you don't want to spend time with your parent
- Like you can't make your parent better

Angry with your parent

Although it's totally normal to feel guilty, remember that your parent's illness is not your fault. You haven't done anything to cause his or her Eating Disorder and you have every right to feel and express happiness, anger, sadness, fear, or any other emotion. Try to remind yourself that you can't control or change your parent's behaviour, thoughts, or emotions. He or she has to do that on his or her own. Be caring and thoughtful, but put yourself first. Just because an Eating Disorder is trying to control your parent's life, doesn't mean you have to let it control yours.

ANGER

Anger is an important emotion. It's totally okay to feel angry at times. Rather than feeling guilty about your anger, try to focus on learning ways that you can better manage your anger and understand what it means to you. Effective anger management takes practice. Here are some tips that may help:

Burn off some steam.

Exercise is a great way to manage your anger. Go for a run, try yoga, take a kickboxing class – whatever works best for you. Working out helps your body "release" emotions, plus you get the benefits of exercise.

Breathe deeply.

Take a minute and try the box breathing exercise below. Taking deep breaths slows your heart rate and helps you calm down.

Learn to problem solve.

Figuring out what exactly is making you angry can make a huge difference in how you feel. Often, what we think we're angry about and what we're actually angry about are not the same thing. Later on, when you have some distance from the situation, think about the point when you got angry, what happened, and what thoughts were going through your head. Understanding the problem goes a long way towards finding a good solution.

Give yourself a break.

4 If you feel yourself getting angry, walk away from the situation for a little while, if you can. This works in a similar way as counting to ten, giving you time to calm down and think rationally about how to deal with the situation that is making you angry.

Count to ten.

J It sounds cliché but it can help. Taking a pause before you respond helps your body and your mind calm down and you can then think more rationally about how to react.

Express your feelings.

Sometimes, telling someone why you are angry can help you feel better. Instead of being aggressive, try to calmly and assertively express your feelings. When you're calm, it's easier for people to listen to what you are actually saying, instead of only reacting to your anger.

If you've tried all of these tips and are still having a hard time managing your anger, it is a good idea to talk to a counselor. For information on how and where to find support, see page 27.

DEALING WITH Your stress

Having a parent with an Eating Disorder can be really stressful and that stress can show itself in many ways:

Physical symptoms.

Headache; neck ache; indigestion; stomach ache; sweaty palms; racing heart; irregular sleeping patterns.

Emotional symptoms.

Z Crying; anger; loneliness; forgetfulness; diminished sense of humour; irritability; hopelessness; unhappiness; indecisiveness; sensitivity; anxiety

Behavioural symptoms.

Drinking, smoking or using drugs; needing to be in control; withdrawal or avoidance; acting aggressively; feeling restless; grinding teeth; eating poorly; having nightmares.

Although a little bit of stress is healthy, the stress of having a parent with an Eating Disorder can at times feel overwhelming. The coping strategies below can help you stay calm and prevent the stress from taking over your life. If after a little practice, these strategies don't seem to be helping, it's a good idea to talk to a counselor. See page 27 for information on how to find support.

COPING STRATEGIES

Eat healthy.

Eating a balanced diet gives your body the fuel it needs to help combat stress. When your parent has an Eating Disorder, it can make mealtime a challenge. Sometimes, there is very little food or only a certain kind of food in the house, or you're made to feel guilty for eating a normal meal. Remember that your parent's perception of healthy food and a normal meal is often incorrect. Talk to a trusted adult if you feel like you're not getting enough food. Do your best to eat regular meals, plenty of fruits and vegetables, and go easy on the junk food. For more healthy eating tips, check out: choosemyplate.gov

Limit caffeine.

Caffeine can make your heart race, which can make you feel worse.

Sleep.

Getting 8-9 hours of sleep each night will help you feel better the next day. If you have trouble sleeping, try the Sleep tips on next page.

Acknowledge your feelings.

4 It's okay to feel angry or upset once in a while. You don't have to bottle up your feelings. Try talking to the people in your support network. Sharing your feelings with someone else can feel like a weight is lifted off your chest.

5 Stay away from alcohol and drugs. Although you may feel better in the shortterm, alcohol and drugs will not resolve your stress. They'll only give you a false sense of confidence and may make your problems worse in the long run. This includes cigarettes!

▲ Be realistic.

Your parent's Eating Disorder can make them interpret things much differently than they actually are. Remind yourself that mental illness is skewing your parent's perspective and things may not be what your parent believes them to be.

7 Accept what you can't change.

Not being able to change your parent's behaviour can be really frustrating. It's important to remember that the only thing you can control is your own behaviour. Try not to dwell on the things you can't change and focus on the things you can (e.g., how you react to other people's behaviour).

Daily relaxation time.

Take time each day to relax. Read a book, watch a movie, play a game, listen to music – whatever helps you relax. Also learn and use the Box Breathing exercise below.

Build healthy relationships. It's important to have a good support network of people you trust.

BOX BREATHING

If possible, sit and close your eyes. If not, just focus on your breathing.

- Inhale your breath (preferably through your nose) for 4 seconds.
- Hold your breath for 4 more seconds. You're not trying to deprive yourself of air; you're just giving the air a few seconds to fill your lungs.
- Exhale slowly through your mouth for 4 seconds.
- Pause for 4 seconds (without speaking) before breathing in again.

Repeat this process as many times as necessary. Even 30 seconds of deep breathing will help you feel calmer and more in control.

SLEEP TIPS

- Follow a regular nightly routine before you go to bed. A series of steps that you follow every night cues your body that it's time to fall asleep.
- Don't read, do homework, or text your friends from your bed. This teaches your body that when you're in bed, you should be sleeping.
- Avoid electronic screens (TV, computer, phone, tablet, etc.) for at least one hour before bed, and try not to bring them into your bedroom.
- Go to sleep and wake up within 30 minutes of the same time every day.

For more information about sleep, check out: teenmentalhealth.org/understanding-mental-health/sleep

10 Manage your time. Learn how to schedule and prioritize your projects and other responsibilities — it will help you feel more in control, more productive, and less overwhelmed. Use a timetable organizer and check it out every morning to help you plan your day.

Exercise.

Daily physical activity improves your health and mood, and helps you get rid of stress. Even something as simple as going for a walk can help. If your parent's Eating Disorder causes him or her to exercise excessively, try not to let that force you into doing the same. A moderate amount of exercise is good – but too much can be harmful.

12 Go outside. Staying inside all the time can be really draining. Getting outside and enjoying the sun and fresh air can improve your mood. Try to link this with exercise if you can; even a brisk walk outdoors may help.



FAMILY RULES

You might have unspoken "rules" in your family. It's important to be aware of these hidden "rules" because sometimes they may be unhealthy. Here are some rules that are worth breaking:

Don't trust. When you're frequently disappointed by broken promises, eventually you learn not to trust what people say to you. Sometimes you don't trust other people at all.

Break it! We make our assumptions about the world based on our experiences – that can make it easy to not trust anyone else when you come from a family that constantly breaks your trust. Not everyone will disappoint you. There are lots of honest and trustworthy people in the world. Give someone a chance to be there for you when you need it.

Don't feel. When you're constantly disappointed and hurt by someone you love, you learn to shut off your emotions so that other people can't hurt you the same way.

Break it! Although it's tempting to sometimes not feel at all, emotions are an essential part of living a fulfilling and rewarding life. Don't let your parent's illness stop you from living the full life you deserve.

Don't talk. When a lot of negative things happen in a family, you can learn not to talk about your problems because it's uncomfortable.

Break it! It may be uncomfortable at first, but it's so important to talk about what's going on in your family. Chances are – someone else feels the way you do. Sharing your feelings with each other can help to release stress and starts you on the path toward resolving family issues. You can't solve a problem if no one will admit it exists.

SUBSTANCE ABUSE

Sometimes people with Eating Disorders turn to drugs or alcohol to try to control their negative emotions. This usually only helps for a very short period of time, as their negative feelings reappear when the substance wears off. It also can be quite dangerous as some people may build up tolerance when they use alcohol and drugs often. This means that they need more and more of the substance to get the same effect. If someone is frequently using drugs or alcohol to cope with Eating Disorder symptoms, they are at risk for substance use problems (also called alcohol or drug addiction). This includes cigarettes! Addiction can cause family problems, social problems, financial problems, and health problems, including:

- Neglecting, hurting, and losing family and friends because they spend so much time using or trying to obtain the substance.
- Engaging in moody, unstable, or violent behaviour, often accompanied by anger management problems.
- Behaving in dangerous or risky ways. People with addictions can go to great lengths to get a hold of the substance and may put themselves or others in danger.
- Trouble keeping a job because they show up late, are hung over, or even use the substance at work.
- Spending a lot of money on the substance and sometimes failing to pay necessary bills and expenses (e.g., electricity, groceries).
- Incurring a number of health problems, including problems with the stomach, heart, liver, and central nervous system.

SIGNS OF DRUG OVERDOSE & ALCOHOL POISONING

SIGNS OF DRUG OVERDOSE

- Loss of consciousness
- Chest pain
- Heavy sweating
- Delusions/hallucinations
- Faster breathing

- Seizures or uncontrollable twitching
- Fever
- Racing or irregular heartbeat
- Cold or pale skin

SIGNS OF ALCOHOL POISONING

- Loss of consciousness
- Slow or irregular heart beat
- Vomiting

CALL 911 IMMEDIATELY

Someone with alcohol poisoning or a drug overdose may get brain damage or die. It is essential that you call for help immediately if you notice any of the signs listed above.

- ♦ Seizure
- Low body temperature
- Pale or bluish skin

SUCIDE

Although your parent has an Eating Disorder, he or she is not necessarily suicidal. Many people with Eating Disorders do not have suicidal thoughts and never attempt suicide. However, having an Eating Disorder does increase the risk for suicide so you should be aware of the warning signs that your parent may be considering suicide, just in case:

- Intense hopelessness or sadness
- Preoccupation with death
- Loss of interest in regular activities

- Withdrawal from family and friends
- Talking about what it will be like when they're gone
- Giving away valued possessions

WHAT CAN I DO?

It's okay to ask your parent if they are suicidal and tell them that you are concerned. Asking about suicide will not put the idea in his or her head. If you suspect your parent is suicidal, the best thing you can do is tell a trusted adult. If there is no one you trust, call 911. Suicide risk is serious and you cannot handle this on your own.

Knowing your parent is suicidal may cause you to feel extremely anxious, sad, angry, or guilty. Talking to a counselor about what you are going through can be really helpful. See next page for help getting support.

WHY WOULD SOMEONE WANT TO DIE BY SUICIDE?

There are many reasons why someone might attempt suicide, including:

- To escape from problems that may seem overwhelming
- To end painful feelings of sadness, rejection, or loss
- To avoid disappointing others
- To stop feelings of shame and guilt
- Because they feel worthless and hopeless about the future
- Because alcohol or drugs have altered their thinking and mood
- Because they feel that life isn't worth living
- Because they believe that others would be better off without them

People who die by suicide usually believe that it is the only way out. Their thinking is clouded and they are not able to realize how their actions will affect the people who care about them. Effectively treating the Eating Disorder decreases the risk for suicide.

GETTING SUPPORT

Surrounding yourself with a good support system of friends, relatives, neighbours, and other people you trust is really helpful. A good support system will:

- understand the challenges that having a parent with a mental disorder creates for you
- listen to you when you need someone to talk to
- notice when you're not acting/feeling like yourself
- give you honest and helpful advice when you need it

Find a safe environment.

If you feel unsafe at home - it's okay to go to a friend's house. Just make sure that a trusted adult knows where you are. Don't run away and put yourself in danger.

2 Join a support group for families. Many communities have support groups for mental illness where you can talk openly about what you are going through. Some communities have groups that are specifically for family members. If there are no local groups, there are also online groups for families affected by mental illness.

- encourage you
- help you cope when you're having a rough time
- be there for you when you need them
- remind you that you're not alone
- hang out with you

Talk to a counselor.

J If you have a school counselor, it may be helpful to talk to them. They can often provide information on Eating Disorders or tell you about other local resources or support groups for families.

Know emergency contacts.

If your parent gets abusive or out of control, it's important to know the phone numbers of trusted people you can call for help.

ENERGENCY CONTACT

NAME: _____ PHONE NUMBER: _____

VIOLENCE:

If your parent becomes violent or if you are unsure about your safety or the safety of others, you need to act. Call 911. If violence is occurring, it is important that you get help from a counselor, police officer, or doctor. DO NOT WAIT! The sooner the issue is addressed, the better the outcome.

MAKE A ULYSSES AGREEMENT

A Ulysses agreement is like a safety plan for your family. The purpose of this agreement is to make sure that you and your siblings will be taken care of if your parent's illness gets to the point that your parent is not able to take healthy control of his/her life. It's a good idea to sit down with your entire family and come up with a list of warning signs that your parent's illness may be worsening and what you should do if that happens. The agreement should also include who you should contact and a safe place you could go if your parent is unwell. It would also be a good idea for your family to include trusted relatives or close family friends when creating this agreement, so that they know what could happen and how to provide support if necessary. There is a sample Ulysses agreement in the back of this book for you to use.

These are places you can find more information about mental health/mental disorders and get help:

Family Doctor.

Talk to your family doctor about your concerns. Your doctor can answer questions you may have and may be able to connect you with a good psychologist, counselor, and/or support group.

Kids Help Phone.

The Kids Help Phone has counselors who answer phone calls and online questions from young people 24/7. You can reach them at 1-800-668-6868 or at www.kidshelpphone.ca

School Counselor or Nurse. Your school counselor or nurse may have helpful resources for you, including books, pamphlets, and contacts in the community.

Internet. The internet has loads of information about mental illness; just know that not all of it is accurate. In fact, the information on some websites is more wrong than right. The next page has a list of helpful websites that can be trusted.

Health Boards.

Many communities have a health board with information on different support groups and other resources. They are often located in community centres, malls, and grocery stores.

Phonebook.

The yellow pages have lists of local support groups, counselors, and youth health centres, some of which may be helpful for you.

7 Library.

Check your local community or school library for books to help you understand more about Eating Disorders.

Emergency.

If you or your parent are feeling suicidal or are in crisis, go to your local hospital's emergency room immediately.

TALK TO A COUNSELOR OR FAMILY DOCTOR

Sometimes you may need to talk to someone who is experienced in helping teens, like a counselor, psychologist, or doctor. Don't be afraid to ask for this if you need it. Realizing you need more help and looking for it is a sign of strength, not weakness. A counselor or doctor can help you:

- Understand more about your parent's mental illness
- Understand and express your emotions in a positive way
- Learn to cope in healthy ways

- Make positive changes in your own life
- Build healthy relationships
- Set limits and protect yourself

Sometimes it helps to make a list of questions before visiting a counselor or doctor. Remember, what you say will remain confidential unless you are in a situation where harm can happen to you. Discuss with your doctor or counselor exactly how they will keep your discussions in confidence.

HELPFUL WEBSITES

Teen Mental Health: www.teenmentalhealth.org Kelty Mental Health Resource Centre: www.keltymentalhealth.ca National Institute of Mental Health: www.nimh.nih.gov Canadian Mental Health Association: www.cmha.ca Bulimia Anorexia Nervosa Association: www.bana.ca National Eating Disorders Association: www.nationaleatingdisorders.org The National Eating Disorder Information Centre: www.nedic.ca

WRITE About You

Writing in a journal can be a really good way to express your feelings. Reading over what you've written later may help you make sense of your feelings and you might even feel better. Feel free to use the questions below if you're having trouble getting started.

I still have questions about		
I'm concerned my parent will		
I'm worried I will		
I'm going to share my feelings with		
My friends will help me		
I'm going to take care of myself by		
Things that make me feel better include		
When I am scared, I will		
I can trust		
Things I like about myself include		
I will stay connected to my family by		
What I love about my family is		
I get frustrated when		



ENERGENCY CONTACT LIST

Trusted adult/relative #2:

Trusted adult/relative's phone number: _____

Police phone number:

Crisis hotline:

Closest hospital phone number:

If I need to leave and go to a safe environment, I will go:

Phone number:

Medication my parent is on:

IF YOU ARE CONCERNED ABOUT YOUR SAFETY OR THE SAFETY OF SOMEONE ELSE, CALL 911!

ULYSSES AGREEMENT

NAMES OF PEOPLE AWARE OF THIS AGREEMENT:

Name		
Signature		
Contact Info		

PARENT'S MEDICAL CONDITION:

Diagnosis		
Symptoms		
Medications (name, dose)		



IF PARENT IS UNWELL, CHILDREN WILL BE TEMPORARILY TAKEN CARE OF BY:

Name		
Relation		
Contact Info		

SPECIFIC NEEDS OF CHILDREN (dates of births, health card number, medical issues):

SPECIFIC CARE CONTACTS FOR CHILDREN INCLUDE:

	Name	Contact Info
Family Doctor		
Dentist		
School		
Friend		

Taking charge of your health





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- CHECKLIST
- CALENDAR
- VISUAL REPORTS



<u>TRANSITIONS</u>

Available on the App Store BookStore Available on the Apple iBookStore. The App is free for

download at the Apple App Store & online: teenmentalhealth.org/resources/entries/transitions

FAMILY PACK better mental health for you & your family

Support yourself and your family members in better understanding mental disorders and how to deal with them. If you have a mental disorder, are supporting a family member with one or are interested in how you can support a friend and their family, the Family Pack can help.



ANXIETY DISORDER **-PRESSION** EATING DISORDER SCHIZOPHRENIA **DRUG & ALCOHOL ADDICTION BIPOLAR DISORDER**

