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# Families' Information Pack



Caring for someone with an eating disorder can be very challenging. There is a great deal of information available in the form of books and websites. This can make it difficult to understand which resources are reliable and accurate. The media can often promote common myths about the disorder and it is easy to become confused about what is the truth.

## **What is this information pack for?**

- To help you to gain a greater understanding of factors that might contribute to an eating disorder developing.
- Some information on what an eating disorder is.
- Some ideas of what maintains an eating disorder.
- Strategies and skills to help with supporting someone with an eating disorder.
- Strategies and skills to ensure that you are also looking after yourself.

## **The Service for Eating Disorders**

- We work across Hywel Dda University Health Board and cover all three counties – Ceredigion, Pembrokeshire and Carmarthenshire.
- We work closely with the CMHT's based across the three counties; Gorwelion, Hafan Hedd, Bro Cerwyn, Haven Way, Towy Valley, Wellfield Road, Brynmair Clinic and Swn Y Gwynt.
- We work with adults (18 year+) who experience a range of different types of eating disorders and young people transitioning from CAMHS.
- We provide consultation and supervision to our mental health teams.

## **Who works in The Eating Disorder Service?**

- Myfina Lewis-Williams - Eating Disorders Service Manager
- Nichala Pritchard – Specialist Clinician/CBT Therapist
- Diana Green – Advanced Nurse Practitioner
- Rachel Huggins - Specialist Clinician/Nurse Therapist
- Angel Shibu - Specialist Practitioner/Nurse Therapist
- David Gooding - Specialist Practitioner/Nurse Therapist
- Michelle Kaimis – Dietician
- Victoria Tompsett – Specialist Support Worker
- Bernadette Etherington - Specialist Support Worker
- Eleanor Davies - Specialist Support Worker
- Elinor Hadley-Bevan - Team Secretary / Administrator
- Dr Sam Akinmoluwa - Specialty Psychiatrist



## What is an Eating Disorder?

There are now many different forms of eating disorder including but not exclusive to Anorexia Nervosa (AN); Bulimia Nervosa (BN); Binge Eating Disorder (BED); Other Specified Feeding or Eating Disorder (OSFED). The main characteristic of all eating disorders are that the individual participates in multiple 'abnormal' behaviours in relation to food and becomes obsessed by these behaviours. There are some common symptoms but every person is unique and as such will understand and experience the eating disorder in a way unique to them.

## Some Eating Disorder Symptoms

- Restricting food intake
- Using compensatory behaviours such as over exercising, taking laxatives, bingeing and purging
- Fear of weight gain or fear of changing eating pattern
- Denying restricting eating pattern
- Change in food rules (e.g. becoming vegetarian, times/places to eat)
- Denial of hunger and cravings
- Increased use of condiments/flavourings
- Covering up weight loss
- Increased interest in food
- Claims of needing to eat less than others or only very small portions
- Eating slowly, with small mouthfuls
- Avoiding eating with others
- Ritualised and compulsive behaviours
- Becoming socially isolated
- Low in mood
- Frequently disappearing to the bathroom, during meals or after
- The smell of vomit or excessive air freshener use around the house
- A new or increased exercise routine, that can tend to be strict, rigid and gruelling



Do any of these  
sound familiar?



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## Common Myths About Eating Disorders

“Families or mothers are responsible for their child developing an eating disorder.”

“People with eating disorders choose to have this illness. They want to die/not grow up.”

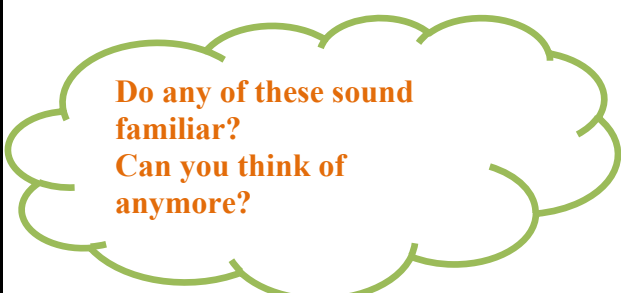
“It’s just attention-seeking behaviour.”

“Eating disorders are all to do with vanity and wanting to become a model.”

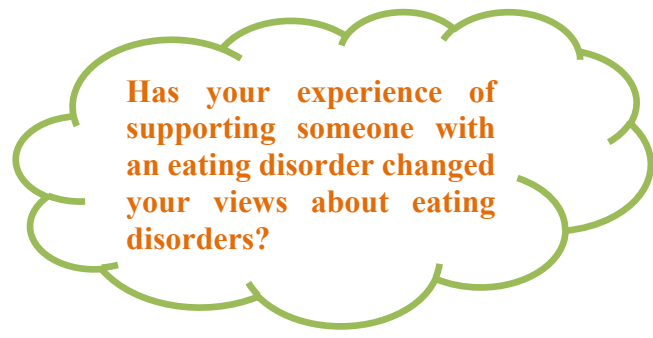
“The person is cured completely after a period of inpatient treatment.”

“It’s something that people grow out of, a passing phase.”

“It is just a question of eating.”



Do any of these sound familiar?  
Can you think of anymore?

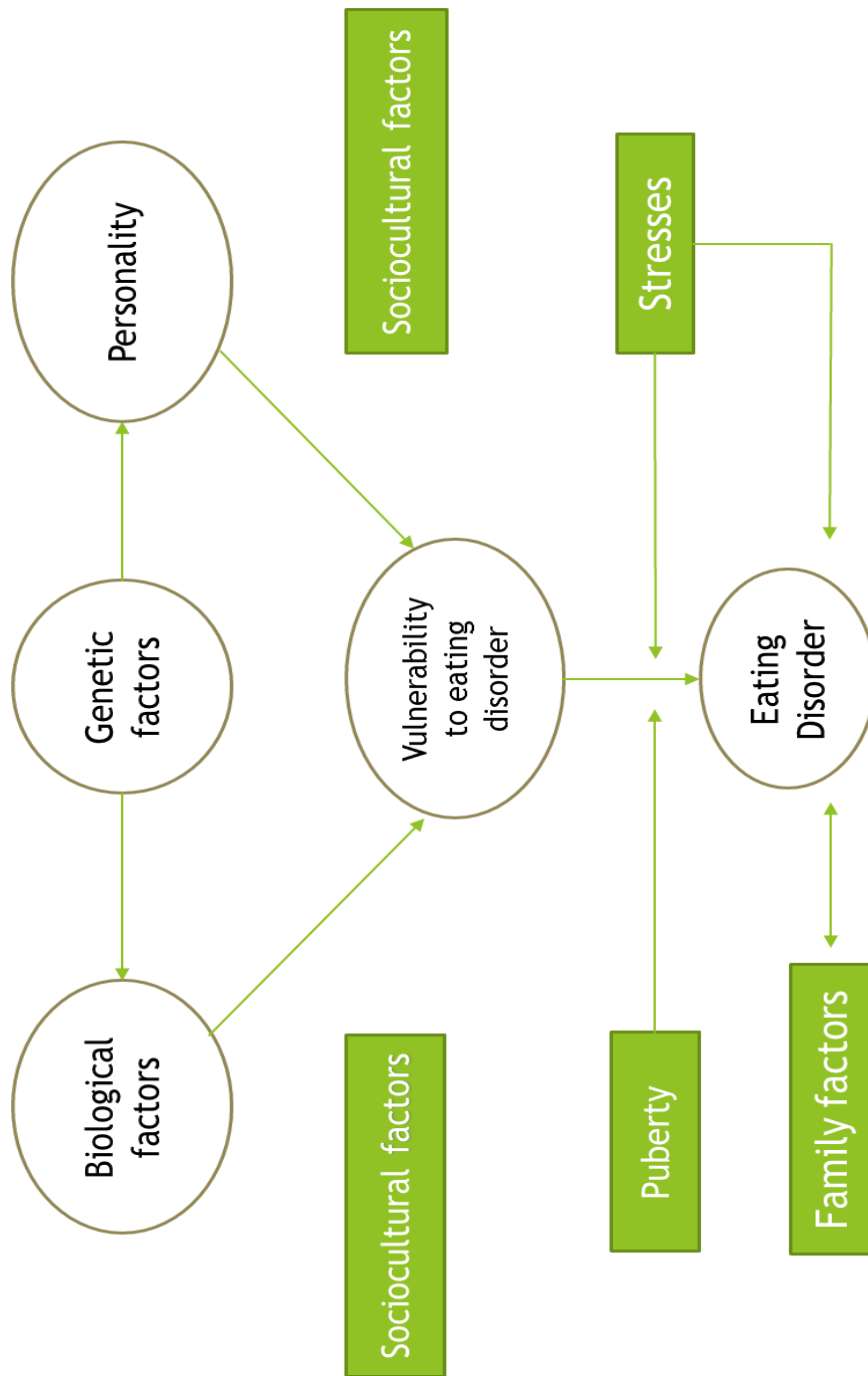


Has your experience of supporting someone with an eating disorder changed your views about eating disorders?

**The reality is that eating disorders are very complex, serious psychological disorders that cause significant physical, mental and social impairment.**



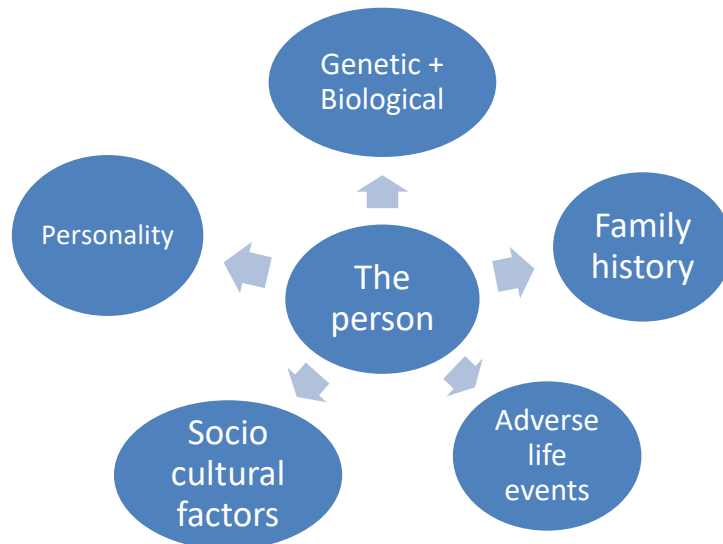
## The Development of an Eating Disorder



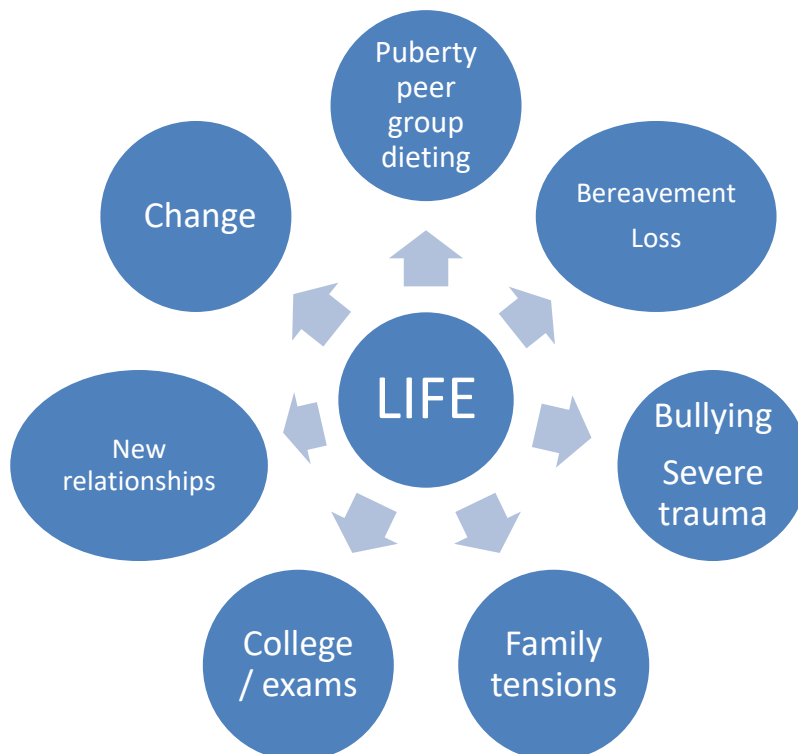
R. Bryant-Waugh and B. Lask (2004)



## Predisposing Factors



## Precipitating Factors

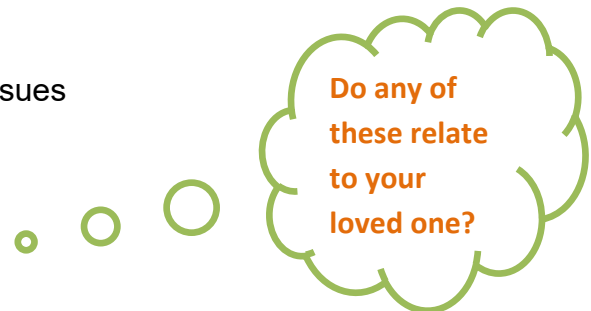




## Maintaining Factors in Eating Disorders

- **Anorexia – My Friend**
  - Makes me feel safe
  - Makes me feel special
  - Stifle and suppress emotions
  - Be a signal to other people that something is wrong
- **Cognitive Styles**
  - Over-analytical
  - Focusing on the small details rather than the bigger picture
  - Single-minded (focusing on one thing only)
  - Inflexibility & rigidity

Avoid thinking about or dealing with painful issues



## What is the Prognosis for Eating Disorders?

- On average eating disorders last 5-6 years
- Some people can recover within one year
- Others have the illness for a very long time or even their whole life
- Restoring a healthy weight in hospital does not automatically mean that they are recovered
- Many factors contribute to the recovery process: associations of food/weight, issues with emotions, thinking styles, relationships...



# Overcoming Eating Disorders

## The tip of the iceberg



In the 1980s, two well-known researchers, Carlo C. DiClemente and J.O. Prochaska, introduced a six-stage model of change to help professionals understand their clients and motivate them to change. Their model is based on their *personal observations* of how people went about modifying problem behaviors.

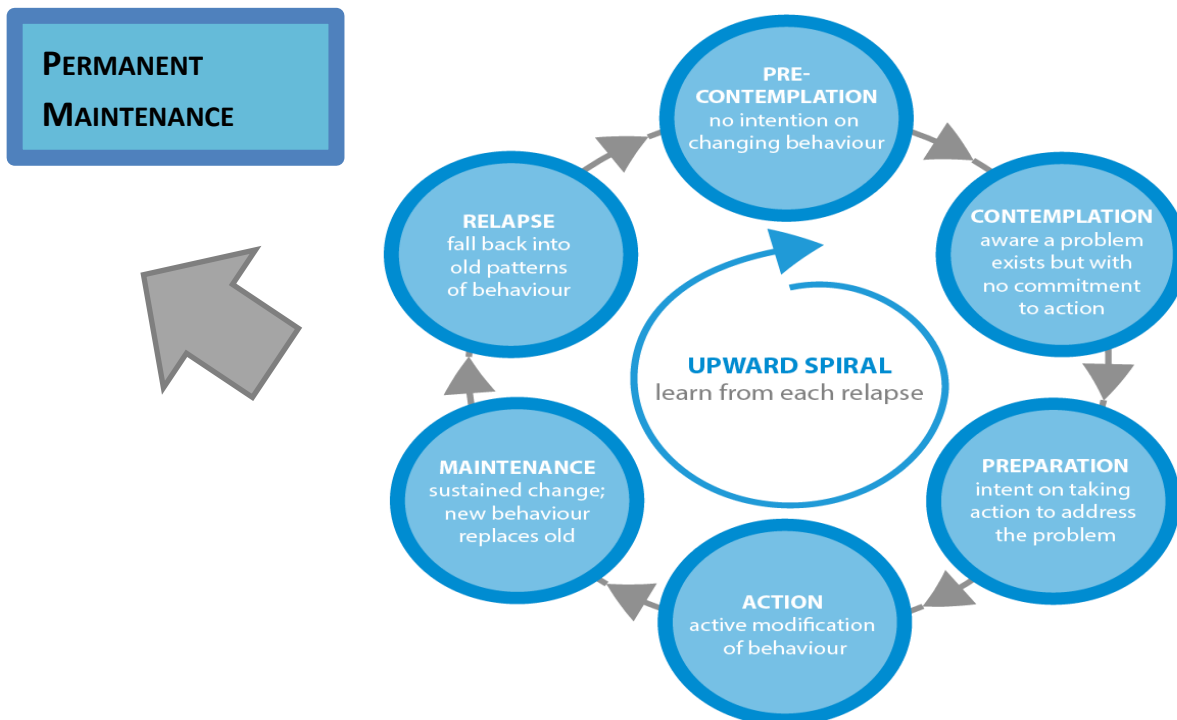
They called the general steps they observed people take stages of change or stages of behavioral change. The six stages of change they identified are:

- Precontemplation
- Contemplation
- Preparation/Determination
- Action
- Maintenance
- Relapse or Termination

## How People Move Towards Change

1. People change if they think it is important for them to change
2. People change if they are confident that they can change
3. Pre-contemplation → focus on awareness of the condition & self-reflection
4. Contemplation → focus on their struggle with pros and cons of the eating disorder
5. Preparation → focus on planning changes
6. Action → focus on putting changes into action
7. Maintenance → Review progress & prevent relapse

## Stages of Change



## The Work of the Eating Disorder Team

### When the Person is in 'Change'

- Dietetic interventions: Nutritional assessment, collaborative meal planning, discussion and education.
- Everyday life interventions: support with functioning in everyday life.
- Psychological therapies: guidance on changing behaviours, helping to process emotions and experiences.



### When the Person is in 'Contemplation'

- Education: education on the physical risks of the eating disorder, along with the social and emotional impact.
- Contemplation sessions: in a group or individually, work on weighing up the pros and cons of the eating disorder and thinking about whether or not they are ready to change.
- Psychological therapies: a variety of different therapies according to what issues are most relevant to people's lives now or in the past
- Family Therapy: to improve the family's ability to support the person through recovery.
- Quality of life: seeing what their current quality of life is, recognising goals and working out reasonable steps that can help them reach your goals.





# How You Can Help

## Managing Mealtimes

### Supportive guide for mealtimes at home:

Mealtimes can be the most difficult time of the day for a person with an eating disorder. At these times they can become **very anxious** and **feel guilty** for eating; as a result outbursts of emotion, such as agitation, and attempts to avoid the meal may result.

The following guidelines are **suggestions** that may be helpful for main meal and snack times. The aim is to **normalise eating** and to **help minimise** the perceived threat, anxiety & guilt associated with eating.

#### **Before the Meal:**

- Plan ahead. Ensure you have the necessary ingredients/snacks in advance.
- Pre-prepare the meal if possible to minimise time in the kitchen
- Stick to the meal plan like glue, do not add any extras.
- Be firm and consistent about portion sizes.
- Be consistent about mealtimes- routines are beneficial.
- Limit drinks.

#### **During the Meal:**

- Keep mealtimes as normal and as calm as possible.
- Ensure others at the table are also eating and that the foods they are eating are as similar as possible.
- Try not to overly focus on the person with the eating disorder.
- Be firm and consistent. Be aware of delaying tactics.
- Avoid discussions about food, weight or appearance. Instead talk about topics such as today's activities and plans for later, TV etc. Focus conversations on the person not the eating disorder. The person may prefer to manage meals quietly.
- Be careful about the use of praise; for some this increases feelings of anxiety and guilt.
- Be vigilant about any unfinished food, e.g. yogurt left around the edges of the pot, food spread across the plate. If necessary assist with gathering unfinished food together for eating.
- Limit drinks, ideally drinks should follow the meal.



- Having the TV or radio on can be a welcome distraction.
- Avoid having visitors across the mealtime.

**After the meal:**

- Remove the plate/bowl immediately.
- Have a pre-planned *seated* distraction activity for immediately after the meal, e.g. games on an iPad, word games, board games, mindfulness colouring.
- Ensure that the person is not alone for the first 20-30 minutes after the meal has finished.

## Problem Solving

**It can be common for the person with an eating disorder and their families to face challenges around mealtimes**

Below are statements or arguments that might be used to avoid or delay mealtimes

<u>Before the Meal- possible scenarios</u>	<u>Suggestions for such scenarios:</u>
<ul style="list-style-type: none"> <li>• <b>Disagreeing/ attempting to substitute foods:</b> <ul style="list-style-type: none"> <li>○ “I didn’t agree to that/that’s not on my plan”</li> <li>○ Asking to swap foods for low calorie/low fat versions.</li> <li>○ Portion sizes- “That’s too big” or “Your plate is smaller”.</li> <li>○ Trying to eat alone- “Can I eat in my room?” “You don’t need to watch me” “I don’t eat in front of people”.</li> <li>○ Delaying tactics- “I ate earlier”</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Communicate in a calm but firm way; the following statement may be helpful-</li> <li>○ <i>“We discussed and agreed on this plan yesterday. We agreed that we wouldn’t change anything during meals.”</i></li> <li>OR</li> <li>○ <i>“Tier 3 team have told us that changing plans and goals during mealtimes can make you more anxious. Let’s stick to our plan today and talk about any changes later with your care team.”</i></li> <li>○ <i>“Your meal plan has been discussed and agreed. It is really important to stick to this until your next review”</i></li> </ul>



<u>Before the Meal- possible scenarios</u>	<u>Suggestions for such scenarios:</u>
<ul style="list-style-type: none"> <li>• <b>Complaining that they feel unwell.</b></li> </ul>	<ul style="list-style-type: none"> <li>• The person may be feeling anxious or frightened in the run up to meal times causing them to feel unwell. Empathies, and reassure them that it is normal to feel this way at the moment but that they still need to continue with the plan.</li> </ul>
<p style="text-align: center;"><b>During the Meal possible scenarios</b></p>	<p style="text-align: center;"><u><b>Suggestions for such scenarios:</b></u></p>
<ul style="list-style-type: none"> <li>• <b>Stalling &amp; avoiding:</b> <ul style="list-style-type: none"> <li>○ Wanting to go to the toilet.</li> <li>○ Playing with food.</li> <li>○ Wanting food to be reheated.</li> <li>○ Wanting different cutlery.</li> <li>○ Complaining about the way the food is cut</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• One or more of these tactics may be used to avoid eating or to cause an argument. Continue to stick to time and mealtime boundaries and <b>try to remain calm.</b></li> </ul> <p><b>Distractions</b> suggested by your care team can also be helpful in this situation.</p>
<ul style="list-style-type: none"> <li>• Becoming verbally abusive or aggressive- which could result in throwing food, plates or spilling drinks.</li> </ul>	<ul style="list-style-type: none"> <li>• Try to <b>remain calm</b> and reassure the person, you know it is difficult but they will have to eat and drink what is given, replace any spilt food. If you do not have leftovers cooked provide meal replacement drinks if you've had them prescribed.</li> <li>• Relaxation techniques</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Excessive condiment use</b> to mask the taste of food or make it inedible.</li> </ul>	<ul style="list-style-type: none"> <li>• If this issue arises, try to season food beforehand and factor this into the plan.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Covert exercising-</b> offering to fetch condiments or foods, asking to go to the toilet, finding excuses to get up from the table.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Calmly remind</b> that they need to <b>remain seated</b> during the meal, try to limit opportunities for this by planning ahead.</li> </ul>



<u>Before the Meal- possible scenarios</u>	<u>Suggestions for such scenarios:</u>
<ul style="list-style-type: none"><li>• Be aware of <b>food being hidden</b>/mashed/crumbed or broken into smaller pieces.</li></ul>	<ul style="list-style-type: none"><li>• You could try saying “<i>I can see you’re having difficulty with that (name food). Try and tell me what you’re having trouble with</i>”</li></ul>
<ul style="list-style-type: none"><li>• “I can’t do this” or “I can’t eat any more”.</li></ul>	<ul style="list-style-type: none"><li>• <b>Acknowledge how difficult this is</b> for them - keep encouraging. Aim to be supportive, firm and calm.</li></ul>
<ul style="list-style-type: none"><li>• “My stomach hurts” or “I’m too full”.</li></ul>	<ul style="list-style-type: none"><li>• <b>Reassure</b> - “Yes you feel full. That’s normal but scary for you at the same time, over time, if you eat more regularly you won’t feel so uncomfortable”.</li></ul>
<ul style="list-style-type: none"><li>• Total refusal to eat.</li></ul>	<ul style="list-style-type: none"><li>• <b>Keep encouraging</b> and remind them of the original agreement with the care team including consequences if the meal plan is not followed.</li></ul>



<u>After the Meal- possible scenarios</u>	<u>Suggestions for such scenarios:</u>
<ul style="list-style-type: none"><li>• <b>It's very common for the person to feel overwhelmed by the following emotions in the period after the meal:</b><ul style="list-style-type: none"><li>• Anger- lashing out verbally or physically.</li><li>• Low mood- seeming withdrawn</li><li>• Guilt and shame.</li><li>• Blame- at others or themselves.</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Continue to reassure and <b>remain calm and supportive</b>. Avoid getting into discussion about food/diet and weight at this time.</li><li>• This is a good time to <b>use some distractions</b> that were planned earlier. Such as iPad's, watching TV, art &amp; craft activities, jigsaw, playing a game etc.</li><li>• Acknowledge that this has been a huge effort for them- but <b>avoid praising them for eating</b>.</li></ul>
<ul style="list-style-type: none"><li>• <b>Complaining of stomach pain or nausea.</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Reassure</b> and remind them that this is normal and that over time with regular eating they will feel less uncomfortable.</li></ul>

### Helpful things to say when the person is struggling to eat

- ▶ "I am going to sit here and help"
- ▶ "I can see how difficult this is for you but you need to eat this meal"
- ▶ "This meal plan is safe and will not cause rapid weight gain"
- ▶ "I am impressed by your courage in fighting back against the eating disorder"
- ▶ "Think of the meal as medicine which your body needs"
- ▶ "Remember that it is normal to eat and your body needs it. Food is fuel"
- ▶ "I can see that you are hiding your (fruit, bread etc.) in your sleeve. Try and tell me what you're having trouble with..."

### Eating in a timely manner

- ▶ 30 minutes for a meal (breakfast, light meal or hot meal)
- ▶ 15 minutes for a dessert
- ▶ 15 minutes for a snack



## Different Ways of Caring

### What Kind of Carer Are You?

- Below are different styles of trying to support someone with an eating disorder
- Everyone shows some aspects of one or more of these from time to time
- Learn which reactions are helpful
- Try to prevent emotional reactions or behaviours that maintain the eating disorder

### The Kangaroo

- Too much sympathy and micro-management
- Keeping them safe “in a pouch”
- Do everything possible to support and protect
- Accommodate every demand
- Take over many aspects of life in the attempt to help



### The Rhinoceros

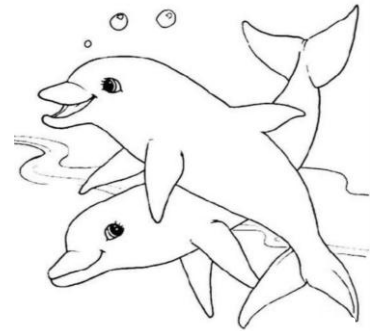
- Too much control and direction
- Feeling stressed & exhausted: think that there is a simple solution of ‘just eating’
- Trying to analyse the situation logically
- Short temper
- Try to persuade and convince the sufferer with logic to abandon their eating disorder beliefs





## The Dolphin

- Nudging into the right direction
- Subtly leading the way
- Gentle coaching and giving encouragement
- Quietly be there in times of progress

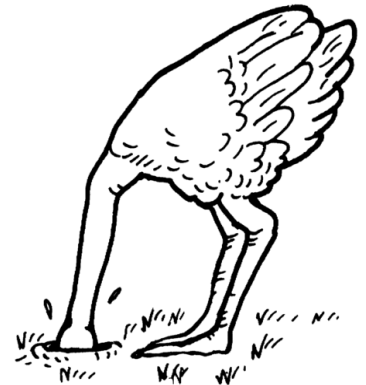


Do any of these  
sound familiar?

## Emotional Reactions

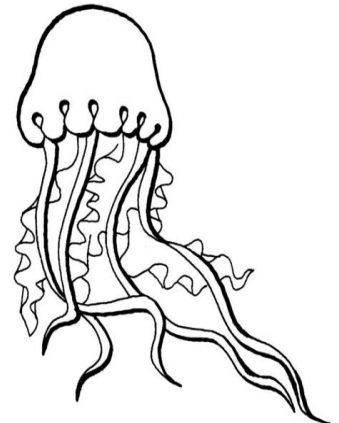
### The Ostrich

- Finding it hard to cope
- Trying to ignore or not admitting the effects of the eating disorder
- Trying to avoid being home and having to deal with issues



### The Jellyfish

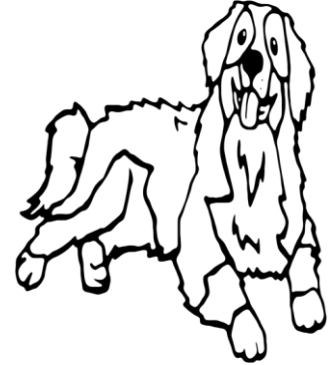
- Intense emotions
- Feeling it's their fault or that they have failed
- Self-blaming
- Feeling exhausted and despairing can lead to being tearful or highly sensitive
- Feeling helpless and depressed





## The St Bernard

- Responds consistently, unfailing, reliable and dependable in any situation
- Calm and collected, organised
- Provides companionship, warmth and nurture



*Remember no one is perfect and most people fit in a variety of these categories. You are not expected to be the perfect carer because this isn't possible. It is okay to slip up occasionally, this is normal just remember to keep trying and supporting your loved one.*

## What could help?

- Eating disordered thoughts and behaviours don't respond to logic.
- Try to step back from disagreements and agree to differ.
- Walk away from arguments calmly.
- *Let the situation be, don't join in the chaos.*
- If you pressure people to change when they're not ready, they may push back/dig their heels in.





## **Finding the Balance**

### **Emotional Intelligence Mode:**

- When your emotions are about to well up and break out, try to step back and put the emotion in a “safe place” to stay calm.
- Provide calmness, warmth and nurture.
- Be comforting, compassionate and loving.
- Be there until change occurs.

### **Gentle Guidance & Mentoring:**

- Gently lead and nudge the sufferer into the right direction
- Stay close and watch, making sure to be there for support in times of trouble
- Work alongside the sufferer towards their well-being

### **No one is perfect**

- Don't expect to be perfectly calm and balanced at all times.
- Mistakes can be treasures – learn from them:  
*“I am sorry... I was tired... I should have said/done...”*
- Step back and withdraw from the situation if you're tired, grumpy, stressed... you will not have the strength to maintain a calm emotional distance.
- It's a work in progress: Everyone will try their best, don't get frustrated with setbacks and see them as lessons to be learned.

## Communication Tips



### 1) Avoid Criticism

Research evidence shows that hearing regular critical comments reduces the likelihood of people recovering from their eating disorder.

### 2) Focus On Change Rather Than What's Negative

Use 'DEAR' skills to encourage people to improve their behaviour:

**D** Describe their problem behaviour

**E** Express how this behaviour affects you

**A** Assert what you'd like them to do differently

**R** Reinforce them, give them praise and gratitude for the positive impact the new behaviour will have. 'It would be so kind/generous/helpful if you could do this'

### 3) Ask Rather Than Tell

People who have eating disorders can become defensive quickly if they feel under pressure. So if there is something you'd like them to do/consider, then ASK rather than TELL them

'Have you thought of.....'

'Have you tried.....'

'Do you think it would help if .....

### 4) Focus on Emotion

If your loved one is being highly emotional, then focus on that emotion as well as what they're saying. Acknowledging their emotions can lead to them feeling understood, supported, and to calm down more quickly

'I can see that you're really upset....'



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## 5) Normal Conversations

It can seem that all of family life starts to revolve around the eating disorder. It's important that your loved one is reminded about other issues and interests in life. Talk to them regularly about things that they are interested in, world affairs, news about friends and family etc

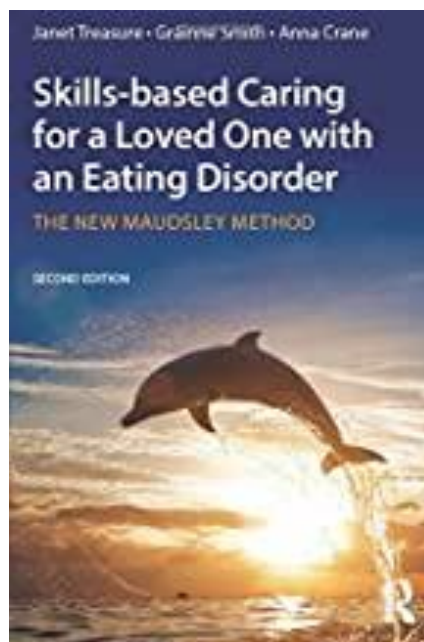
If you found this information helpful, it may be useful to look at some other resources.

This information was based on the following book:

**“Skills-based Learning for Caring for a Loved One with an Eating Disorder: The New Maudsley Method”**

**by Anna Crane, Grainne Smith, and Janet Treasure.**

This book describes in more detail the roles and reactions of different carers. It also gives advice about how to respond in certain situations that as a carer for someone with an eating disorder you may find yourself in. This is a useful resource and is highly recommended for someone who is caring for someone with an eating disorder at any stage of their treatment.





## **Support for Families**

Often the impact of supporting someone with an eating disorder can be overlooked. It is important to understand that you might also need some support. The following pages contain some exercises and tips to help you look after yourself.

**Over the course of caring for someone with an eating disorder, do you think the impact it has had on you has changed at all?**

**Have you ever filled anything out like this before?  
Did you find this useful to fill out?**

As carers it is easy to prioritise the needs of others over your own. However you cannot care for someone to the best of your ability if you don't first care for yourself.

### **Self-Help Resources**

<http://getselfhelp.co.uk/stress.htm>: A collection of resources to against stress.

<http://www.freemindfulness.org/download>: This website gives free guided help in mindfulness practice.

[http://www.cci.health.wa.gov.au/resources/infopax.cfm?Info\\_ID=54](http://www.cci.health.wa.gov.au/resources/infopax.cfm?Info_ID=54): This Australian website provides materials about distress tolerance, which is where the link above will take you, but also many other topics. Have a browse!

### **Preventing Burnout**

#### **Strategies to Prevent Burnout:**

- Take some time off: take a walk, be by yourself for a while, listen to your favourite music, have a bath, read a book...
- Find time for others – don't let the eating disorder control every aspect of your family life: meet up with friends, do things for each family member, do activities together, e.g. crafting, watching movies, going on a day out...
- Take care of yourself – coping with stress is a lot easier when your body and mind are well cared for: regular exercise (pilates & yoga classes are helpful



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for relaxation), eat well and regularly, get enough sleep, avoid chemicals (alcohol, coffee, smoking...)

- Notice the warning signs: when you get more stressed, take better care of yourself, take more time off & replenish your resources to stay strong.
- Staying well: find a list of things that make you feel happy and good, try to do as many of them as possible every day to keep yourself well.
- Delegate & ask for help from others if it all becomes too much!

**PLEASE =**

- **Physical Illness:** get treatment and care for yourself when ill
- **Listen to your body**
- **Eat regularly**
- **Avoid chemicals** (alcohol, coffee, smoking...)
- **Sleep:** try to get enough sleep (around 6-8 hours per night)
- **Exercise:** can help to clear mind and relax, go outside, take classes (Yoga, Pilates...)

**From reading this can you think of things that may be useful to help you prevent burnout? Why not write them down.**

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**Where to get help when it's all too much or you think you are experiencing burnout:**

Talk to your GP. They will be able to advise you on health matters and recommend support in your local area.

*Hywel Dda UHB: Primary Mental Health Support Services*  
(<https://hduhb.nhs.wales/healthcare/services-and-teams/iawn/>)

MIND: 0300-1233393 or [www.mind.org.uk](http://www.mind.org.uk) - a charity aimed at helping all sufferers of mental health problems and their carers, they also support people suffering from stress



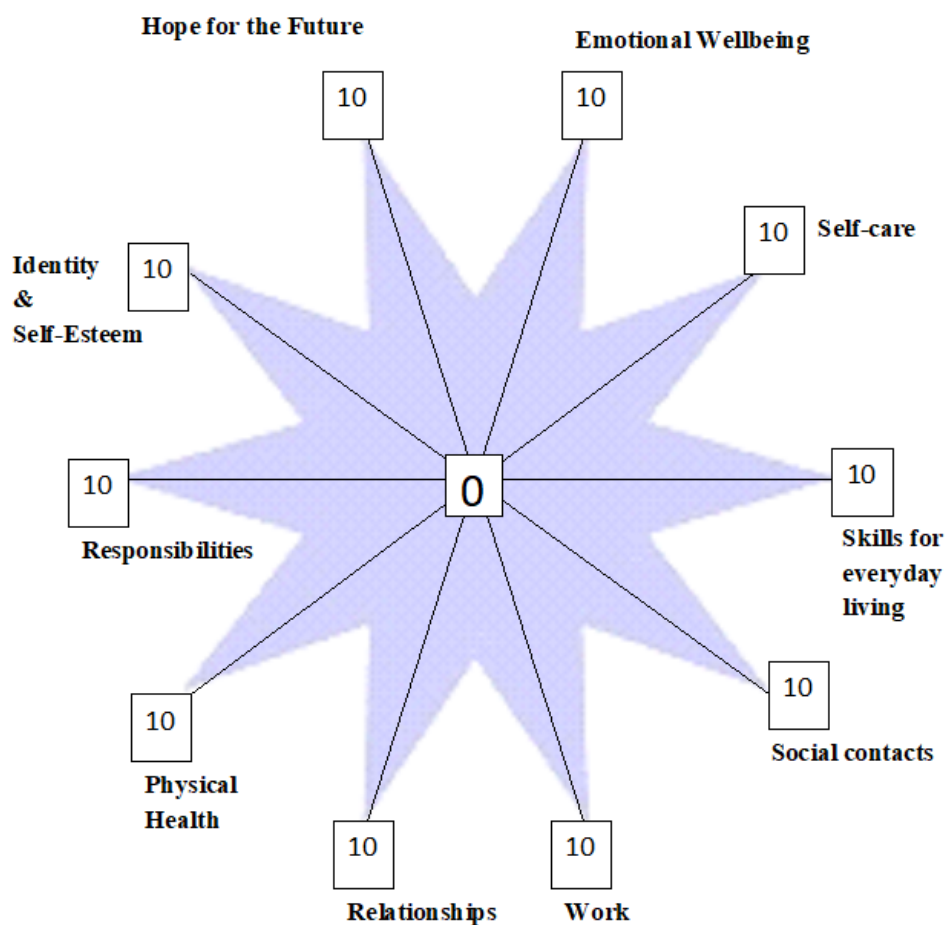
BEAT Helpline: 0845-6341414 – specific help and advice on how to deal with the stress of caring for someone with an eating disorder

Carers UK: <https://www.carersuk.org/wales> - Help and advice with links to complete activities that are mainly on line to bring carers together e.g. cookery demos, nature talks, crafting, mindfulness.

## An exercise in finding and maintaining balance

### Instructions

- 1) Consider all these aspects of your life around the star. Give yourself a rating from 0 to 10 on how these aspects of your life are going at the moment. 10 is the best this aspect of your life could be, and 0 is the worst.
- 2) Place a mark on the black line between the centre of the star and the point of star, next to each different issue. The centre of the star is zero (0), and the point of the star is at 10, for each different issue.
- 3) Draw a line to connect all the marks on the lines to create a shape.
- 4) Draw up an action plan to improve key areas of these issues in your life.
- 5) After a while, revisit the star and re-do the scoring and draw a new shape on the star. As these areas of your life improve, the shape you draw will increase in size and give you a visual indication of how you are improving your life.





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## FEEDBACK FORM

Your feedback on our sessions is extremely important to us and will help us to provide you with adequate information and support.



Name (Optional)

How helpful did you find these sessions? (1 = not at all helpful, 10 = extremely helpful)

1    2    3    4    5    6    7    8    9    10

What did you find most helpful?

.....  
.....

Was there anything you did not find helpful?

.....  
.....

How clear and understandable was the session?

(1 = not at all clear, 10 = extremely clear)

1    2    3    4    5    6    7    8    9    10

Did you feel able/ comfortable to participate?

YES / NO

Were the topics covered relevant to your situation?

YES / NO

What else would you like to learn about from the ED team?

.....  
.....

Would you make any changes to the format of the sessions?

.....  
.....

Were the facilitators approachable/helpful?

YES / NO

.....  
.....



## Eating Disorders Symptom Impact Scale (EDSIS)

This page contains a number of statements that are experienced by people who care for relatives or friends with an eating disorder. Read each one and decide how often it has applied to you over the **past one month**. It is important to note that there are no right or wrong answers. Also, it is best not to spend too long on any one statement. Your first reaction will usually provide the best answer. The higher the score that you get at the end, the higher the level of stress you are under.

Items	Never (0)	Rarely (1)	Some- times (2)	Often (3)	Nearly always (4)
<b>During the past month how often have you thought about:</b>					
How your friends/relatives have stopped visiting					
Losing your friends					
Feeling unable to go out for evenings, weekends or on Holiday					
Cancelling or refusing plans to see friends or relatives					
Feeling that I should have noticed it before it became so bad					
Feeling that I have let her/him down					
Feeling that there could have been something that I should have done					
Thinking that perhaps I wasn't strict enough					
Thinking about where I went wrong					
Physically and/or verbally aggressive					
Controlling/manipulative					
Lying/stealing					
Out of control temper					
<b>When the sufferer was living with you at home during the past month, how often:</b> (if the sufferer was not living at home with you during the past month, please refer to the last time she/he was living at home)					
Did you experience difficulties preparing meals (i.e. making separate meals for family members, not having correct ingredients)?					
Were there arguments with other family members about how to handle mealtimes?					
Were there arguments or tension during mealtimes?					
Did food disappear from the cupboards?					
Did you spend long periods of time shopping for food?					
Did you have difficulties with blocked drains, plumbing?					
Were there bad smells and hygiene in the bathroom?					
Did you have to turn up the heat due to her/him feeling cold?					
Did you check on her/him to ensure that she/he was "okay"?					
Did you notice or think about how the illness was effecting her/him physically (i.e. see her/him fall, faint, struggle up the stairs)?					
Did you notice or think about how the illness was effecting her/him mentally?					



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