



ANAD

Support at Every Stage

A Guide for Loved Ones of Adults
with Eating Disorders

2nd Edition

By Savannah King, LSW

The ANAD Approach

The National Association of Anorexia
Nervosa and Associated Disorders

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THE ANAD APPROACH

HEALING THE EATING DISORDER COMMUNITY THROUGH COMPASSIONATE ACTION

At ANAD, we believe in a comprehensive APPROACH to eating disorder treatment and recovery:

Acceptance of everyBODY

Accept yourself, accept others. Every individual is unique and beautiful, yourself included.

Prioritize self-care

Learning to engage in self-care is not selfish. It is self-preservation, an act of love towards your body and mind. Give yourself permission to engage in self-care.

Parents, spouses, loved ones

Don't go it alone. Support dramatically improves recovery, buffers stress, and enhances the quality of life and well-being. Accept love and support, as well as give love and support.

Recovery

Full recovery from an eating disorder is possible, but it takes time. Have patience with yourself.

Options

Effective treatment often requires a spectrum of treatment options. ANAD provides an array of free services, consistently explores new ideas and innovative approaches, and provides the opportunities for people to share and learn from others who have recovered.

Aftercare

We believe post-treatment support is crucial. Strengthen your eating disorder recovery by participating in ANAD's many programs.

Compassionate care

Having an eating disorder is not a choice. Eating disorders are complex, serious, biologically-based illnesses. Let's move away from shame and blame. You are not a diagnosis, a disease, or a disorder, but rather a human being that deserves respect and understanding.

Hope, help, healing

Walking alongside you in your journey, ANAD can help you transform your life. It is our honor to support you through your recovery.

DIVERSITY, EQUITY, ACCESSIBILITY, AND INCLUSION STATEMENT

ANAD is a diverse, inclusive, and equitable organization where all employees, volunteers and beneficiaries are valued and respected, no matter their gender, race, ethnicity, national origin, age, sexual orientation or identity, education, body size, or disability. We are committed to a nondiscriminatory approach and provide equal opportunity for employment and advancement in all of our departments, programs, and workplaces.

We respect and value diverse life experiences, and ensure that all voices are valued and heard. We're committed to modeling diversity, equity, accessibility, and inclusion as a leading nonprofit in the eating disorder field.

ABOUT THE AUTHOR

Savannah King is a Licensed Social Worker with several years of clinical experience working in eating disorder treatment centers, including Walden Behavioral Care and The Renfrew Center. She received her Master of Social Work from Boston College and also holds a B.A. in Women's and Gender Studies from the University of North Carolina at Chapel Hill. Savannah is co-founder of Embody Carolina, a peer-led training program designed to teach UNC-Chapel Hill students how to effectively support those with eating disorders. She is passionate about approaching eating disorders with a social justice lens and advocating for increased access to supportive resources.

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INTRODUCTION

Eating disorder treatment can be difficult for everyone involved. It takes courage for someone to pursue treatment. While ultimately rewarding, treatment can also be scary and challenging. It also takes courage to show up and support someone with an eating disorder. That's why we wrote this guide. We understand that to support someone in recovery, you will need to check in with your own emotions, and make space for your loved one's experiences and emotions - even when they might not be the experiences or emotions you want them to have. It requires a lot of practice with vulnerable and honest communication. We're grateful that you're interested in building these communication skills, and your loved one is lucky to have you standing beside them. It can be difficult to know what to say or how to support someone, so we hope this guide will be a helpful resource for anyone looking to support a loved one with an eating disorder, be they a friend, family member, partner, roommate, teammate, or anyone else. In this guide, you'll find information about how to support someone with an eating disorder, including specific examples tailored to where they're at in their recovery journey.

Part I of this guide will walk you through how to have an initial conversation with someone when you are worried about them. **Part II** will introduce you to the concept of stages of change, particularly as it applies to those with eating disorders. In this section you'll find specific suggestions for supporting someone based on where they are in the process. **Part III** will provide more suggestions about how to approach several common challenges in supporting someone with an eating disorder, including how to address relapse, how to answer the question "Do I look fat?" and what to do if a loved one continues to not seek treatment. **Part IV** discusses the importance of self-care as a supporter, and establishing your own self-care routine.

This expanded 2nd edition of the Support at Every Stage guide has an added appendix to give you even more tools to use with your loved one during the Action Stage (Part II) and Relapses (Part III). In this version, you'll find a "Discussing Support Worksheet," which will guide you through talking with your loved one about how to provide support as they begin approaching specific feared situations.

We know that being with a loved one in-the-moment while they practice doing feared things can be a powerful part of supporting their recovery. We also know that it can be difficult to navigate what exactly to do or say in those moments. This worksheet can help you and your loved one work together to identify tangible ways that you can support them. You'll also find a "Relapse Prevention Worksheet" in this edition that you can use to facilitate a conversation with your loved one about how to prevent and address relapse. We encourage open and ongoing conversations with your loved one, and we hope you can use these additional worksheets to start some of those discussions.

One important thing to note: this guide is designed to be used when supporting an adult with an eating disorder. If you care for a child with an eating disorder and are looking for information about how to support them, check out F.E.A.S.T. They specialize in providing resources specific to parents or other supporters of young people.

Not everything in this guide will resonate for all people. Overall, we believe strongly in open and honest communication, but there are no "quick fixes" or magic things to say, because everyone has different needs. Though this guide gives helpful suggestions on what to say and do during this process, we can almost certainly guarantee that at some point, you'll say something that doesn't feel good to your loved one. While you obviously want to avoid doing that, it's also ok. You can be a powerful support system for someone and also make mistakes. The beauty of this work is that, when you practice communicating openly with one another, those instances are an opportunity for you to learn from your loved one what their needs are. Feel free to shift the language in what we've suggested so it better fits your relationship with your loved one. Use this guide as a starting point, and choose what works best for you.

PART I: THREE STEPS FOR HAVING AN INITIAL CONVERSATION

Many people find themselves feeling anxious about having an initial conversation with a loved one about their eating behaviors. It is perfectly normal to feel worried that you might say the wrong thing or upset your loved one. While it may be scary for you or difficult for your loved one, talking to them about your concerns is brave, and shows that you value your relationship enough to be vulnerable and have difficult conversations. It also conveys to your loved one that you care about their well-being and have been consistently noticing worrisome behaviors.

Be prepared that your loved one may not be ready to start treatment or even be convinced they have an eating disorder when you have an initial conversation with them. Of course, the goal is that your loved one will pursue treatment, but it is also okay if that is not the outcome of this conversation.

Remember, the primary function of disordered eating behaviors is to serve as a way to manage emotions. Asking people to give up eating disorder behaviors is asking them to give up something that has been crucial in managing their emotions.

Additionally, because eating disorders are often portrayed as primarily affecting young, white, cisgender, able-bodied women, it may be especially difficult for anyone from any marginalized community to feel that they could have an eating disorder. While your first conversation may not result in them beginning treatment, you at least have created a space to discuss your concerns. Even if it seems like they're not listening, trust that they heard what you said and will most likely reflect on it privately.

STEP ONE: MAKE A PLAN

Research shows that early intervention and treatment is linked to better treatment outcomes¹ Therefore, it's ideal to bring up your concerns with your loved one early on, to reduce the risk of their behavior use escalating.

Before speaking with your loved one, research some of the myths and facts about eating disorders, body image, and weight stigma (see Resources at end of this guide). Spend time thinking about what you'd like to say and write down a few notes to organize your thoughts. You may want to come prepared with several resources about treatment options or information about eating disorders in case your loved one is open to looking at them. Feel free to contact the **ANAD Helpline** at **888-375-7767** to get started on this research.

Set aside plenty of time to talk. You'll want to make sure that neither you nor your loved one feels rushed or has somewhere important to be after your conversation, as it may be an emotional one. Make sure that you have somewhere private to talk so that you and your loved one feel comfortable speaking openly.

STEP TWO: EXPRESS YOUR CONCERNS

One of the most important things you can do during this conversation is remain nonjudgmental towards your loved one. Remember that eating disorders are mental illnesses, and people do not choose to have them. For your loved one to feel supported, it's crucial that they feel they can express themselves without fear of being judged. Don't feel pressured to be a therapist; you don't need to know all of the reasons behind your loved one's eating disorder in order to express concern. You might not understand exactly why they're using behaviors, but you can still support them by listening and having compassion for them.

Avoid giving ultimatums, demands, or statements such as "You have to stop this" or "Don't you understand this is bad for you?" Don't threaten your loved one or force them to stop engaging in behaviors. Avoid giving simple solutions such as "Can't you just stop bingeing" or "Why don't you just eat?" Instead, focus primarily on the consequences that you have seen, rather than solely on their specific behaviors or actions. This is important for a few different reasons.

Focusing too much on behaviors that your loved one is using may push them to be more secretive about their behavior use. Or they may deny or rationalize their actions. Focusing on consequences can help your loved one make connections between behavior use and the impact the eating disorder is having. It also conveys to them that their behavior use is affecting your relationship. While changes in weight may occur as a result of your loved one's behavior use, focus on pointing out consequences unrelated to weight fluctuations. Pointing out weight loss may come across as evidence that their behavior use is successful, and could encourage them to continue to engage in behavior use. Comments about weight gain may be interpreted as evidence that weight gain is “bad,” and can encourage them to increase or adopt restrictive or purging behaviors.

Try to use “I” statements as often as possible and speak openly and honestly about the emotions you have as a result of their behavior use. It may be helpful to use the following script: I feel [emotion] when I see [behavior occurring] because [consequence]. I.e. “I feel worried about you when I see you heading to the bathroom after every meal because I’m worried you might be making yourself throw up and I’m scared about your health” or “I feel sad when I hear you talk about your relationship with your body because it seems to be really upsetting you. I care about you a lot and think you deserve to be happy.”

Remember, you don’t need to “prove” to or convince your loved one that they have an eating disorder. Be honest about your concerns and express that you are worried about your loved one’s relationship with food or body image or that you are concerned they may be engaging in harmful behaviors. They may disagree with you or provide rationalizations for their behaviors. Don’t argue with them or insist that they have a problem, but at the same time, remain firm in compassionately voicing that you are concerned about them. If they continue to deny engaging in eating disorder behaviors, it’s okay to put the conversation on hold for another time. By voicing your concerns, you’ve given them something to think about, and they may feel differently next time you talk about it.

STEP THREE: PROVIDE ENCOURAGEMENT AND OFFER SUPPORT

If appropriate, ask your loved one if they would be open to talking with a professional about their eating behaviors. If they are, feel free to offer to help them look or give them resources you have already found. Let your loved one know you care about them and that you're there if they want to talk in the future. Ask if there is anything you can do to support them.

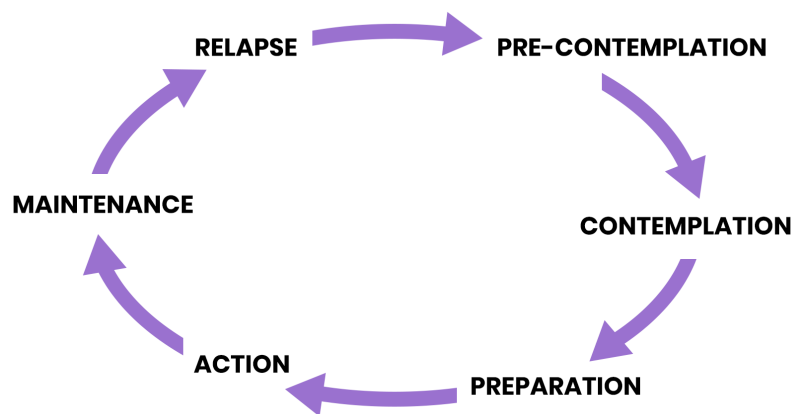
Don't let this conversation be the only time you talk about your concerns. Depending on how your conversation went, your loved one may need some time to think about the resources you provided or the concerns you voiced. Moving forward, you'll be able to provide more specific support based on the stage of change your loved one is in. We'll talk more about the concept of stages of change in the next section, and how you can tailor your support to match where your loved one is in recovery.

PART II: STAGES OF CHANGE

It can be helpful to conceptualize where your loved one is in their eating disorder or recovery by thinking about the “stages of change.” The concept of stages of change states that people move through different stages of motivation or “readiness” when making any sort of change to their behavior. Generally speaking, there are five stages: pre-contemplation, contemplation, preparation, action, and maintenance.^{2,3} Some professionals also argue that relapse can be considered part of the stages of change model, we'll talk more about relapse in Part III. This framework helps explain why it can take people a long time to make changes in their lives, particularly significant ones. Providing support tailored to the stage of change your loved one is in can be much more helpful for them, as they will be more open to hearing support that matches their level of motivation.²

Think of a time you made a significant change in your life and reflect on how you came to make that change. Chances are, you didn't come to your decision overnight. You might have spent a while thinking about changing before you actually did so, and it may have taken you several attempts before you were successful. As you read about the stages of change, reflect on how your own experience of changing may align with the stages of change. What thoughts and emotions did you have about changing? What did your behavior look like? How did you react when others encouraged you to change?

Spend some time thinking about your loved one and where they are in recovery. You may already have an idea of which stage of change your loved one is in, or you may need to spend some time observing their actions and have an initial conversation with them first. It is important to note that there is no set timeline for someone moving through the stages of change; each person will move through the stages at their own pace. It is also common for people to move back and forth through the stages over time.² Some individuals may not seek treatment until they are in the preparation or action stage, and others may already be in treatment while they are in the pre-contemplation or contemplation stage. It isn't necessary that you know exactly which stage your loved one is in or that you know the moment they move to a different stage. These stages, and the suggestions for ways to provide support, are meant to serve as a guiding framework for thinking about how to support your loved one.



PRE-CONTEMPLATION

Precontemplation most closely resembles what we think of as being “in denial.”² Individuals in this stage of change are actively engaging in eating disorder behaviors, typically have little motivation to change, and may not view their behaviors as a problem. They may be very defensive of their actions, deny or hide behavior use, or argue that they need to continue engaging in their behaviors. You may hear them minimizing or rationalizing behavior use by saying things such as “I’m not underweight, so it’s not a problem” or “I’ll stop as soon as I lose these last few pounds.” They may promise to change behavior use but be unable to follow through with those promises. Or they may participate in treatment when faced with significant consequences, only to quickly return to behavior use when consequences are removed.

It's important to remember that, while it may be very difficult to witness someone in the precontemplation stage continuing to engage in behaviors, they are likely experiencing very strong emotions in response to thinking about stopping behavior use. Remember, a significant function of eating disorder behaviors can be to manage emotions that individuals may find overwhelming or difficult. To your loved one, changing behavior use will mean giving up coping mechanisms. Avoiding these behaviors may force them to experience emotions they have been avoiding, which may be very anxiety-provoking.

Additionally, it's important to remember that we live in a society that values thinness and actively encourages the perpetuation of many eating disorder behaviors. By asking people to stop engaging in weight-suppression tactics, we could be asking them to defy something they may have been taught their entire life. This can be a difficult feat for anyone, but especially for folks in larger bodies, who have likely experienced significant pressure from others to lose weight.

It is normal, as a support person, to feel anxious, angry, or frustrated in response to seeing someone you care about actively engage in eating disorder behaviors. There is nothing "wrong" or "bad" about feeling this way; it is a reflection that you care about your loved one. As difficult as it may be for you to tolerate, people can rarely be forced into participating in treatment when they are not motivated. This, however, doesn't mean you can or should ignore concerning behaviors or rationalize the eating disorder to yourself.

You may not know how often to point out concerns to your loved one, or when they will be receptive. As a support person to someone in the precontemplation stage, the most helpful thing you can do is to have compassion for your loved one's struggles while also kindly reiterating the consequences of their eating disorder. Your role is to encourage them to question for themselves about the benefits and consequences of their eating disorder.

What you can do to provide support:

- Cultivate a relationship that normalizes talking about emotions and mental health. Practice regularly sharing your own emotions with your loved one and listen to any struggles they may have outside of the eating disorder.

- Continue to spend time with them connecting about things not related to the eating disorder such as hobbies and interests.
- If you haven't already, talk to your loved one about your concerns. See Part I for recommendations on how to do this.
- When your loved one's eating is negatively impacting them or your relationship, you can point this out. See "Express Your Concerns" in Part I for more details on how to approach this.
- Present the consequences you're seeing as something for them to reflect on with you or privately.
 - Start a conversation with something like: "It feels like we've had a lot of arguments about what to have for dinner recently; it seems like food is pretty stressful for you. I just wonder if it might be helpful to talk to someone about it."
 - "I've noticed you seem pretty exhausted recently, and I'm worried that maybe you're not eating enough."
- It may be helpful to focus more generally on asking about your loved one's well being.
 - "You seem distracted lately, is everything ok?"
 - "I've been worried about you recently; it seems like something is up. Is there anything you want to talk about with me or someone else?"

CONTEMPLATION

The contemplation stage occurs when someone has realized their behaviors are causing problems, but they are not ready to begin making change. This stage is an important one, as it signifies a large shift wherein someone is starting to think about changing their behavior. This stage is characterized by weighing the pros and cons of change, so it is common for individuals in the contemplation stage to be exploring both sides of the argument for change.² You may hear your loved one making seemingly contradictory statements such as "I want to spend less time thinking about food, but if I stop counting calories, I might gain weight" or "I want to feel better about my body, but I still need to lose X pounds." They will likely be continuing to engage in behavior use. Though they may express curiosity about treatment options and more openness to discussing treatment, they haven't made a commitment to pursue it.

This stage can be difficult to witness as a supporter. You may hear your loved one say they know they need to change, but then other times state they don't want to change. This stage can be an emotionally difficult one for people with eating disorders to experience as well. They may feel torn about their behavior use or experience guilt about engaging in behaviors that may not align with some of their values. The best way to support someone in this stage is to be available to listen to them as they process all their thoughts and emotions about changing. You also have the opportunity to gently reinforce the positive reasons for your loved ones to change.

What you can do to provide support:

- *Listen, listen, listen!* Offer your loved one space to talk through all their thoughts, and let them know that you appreciate them sharing with you.
 - “I know you’re really spending some time thinking about this, let me know if you ever need someone to listen.”
 - “This is a really tough dilemma you’re dealing with, so I’m glad you’re thinking about it. If you ever want to talk things through, I’m here for you.”
- Reflect the things they’re saying.
 - “I hear you saying that you’re worried treatment would be scary, but you’re also worried that your kids might pick up some of your behaviors.”
- When in doubt, ask! Your loved one is in the best position to tell you what would be helpful to them.
 - “This is a really big decision, and you’ve been thinking about it a lot. What can I do to support you?”
- When your loved one talks about reasons for changing their behaviors, you can reinforce these statements.
 - “I’ve heard you say a few times that you’d like to be able to enjoy eating out with friends again, it sounds like that has been pretty difficult recently.”
- Encourage their curiosity about treatment and support them in exploring options.
 - “I’ve heard you talk a lot about your fears about treatment. Do you think it might be worth calling a therapist or treatment center just to hear a little more about what it looks like?”

- “I read an article the other day by someone talking about making the decision to start treatment, would you want me to send it to you?”
- Resist the temptation to shut down their hesitations about treatment. Ambivalence is a natural part of the treatment process. Instead, encourage them to talk about both the pros and cons of change. If you find they’re primarily focusing on the reasons not to change, you can encourage them to think about the consequences of not changing their behaviors.
 - “What do you think might happen if you don’t start treatment?”
 - “It sounds like you feel pretty worried about treatment. Are there any reasons you think it might be helpful?”
- Avoid demanding that they make changes, as this may lead them to avoid talking to you about their eating disorder or hiding behavior use from you. Avoid offering “quick” fixes. Instead, ask them if they’ve thought about any specific plans for treatment. Feel free to ask if you could provide them with resources and let them know you can help them explore treatment options if they’d like.
- Reiterate to them that you’re not going anywhere. Continue to spend time together engaging in other activities and conversations outside of the eating disorder!

PREPARATION

The preparation stage begins when someone feels ready to commit to changing their behaviors and is preparing to do so. They may want to change their behaviors, but may not yet know what steps they will take. They are likely seeking options and creating a plan of action or exploring barriers that they face in pursuing treatment. They may be researching options online, seeking referrals, or completing an initial evaluation with a therapist or treatment center. This stage can be challenging to witness because your loved one may be saying they want to change but you may not see any changes in their behavior. Try to be patient. Changes in behavior can occur once your loved one has the appropriate support systems and plan in place.

You can support your loved one by continuing to affirm their decision to pursue treatment and assisting them in setting up a plan. This encourages them to continue taking the next step in their recovery and lets them know that you support them and care for them. It's important to continue to be patient in this stage. Even if they are prepared to make a change it can still take time before they decide how exactly to pursue it.

What you can do to provide support:

- Research various treatment options. Ask if it is okay before providing your loved one with resources or treatment recommendations. Honor their response. They may prefer to do research on their own so they can feel more empowered about being active in their desire to change.
 - "I've been doing some research about treatment options, would it be okay if I shared what I've found with you?"
- Ask your loved one about their plans for treatment and offer to listen to their thoughts.
 - "I can tell you're putting a lot of thought into this, let me know if you want someone to talk to about options"
 - "What do you think your next step will be? How do you feel about it?"
- Ask what their goals are and continue to create space for them to talk about change.
 - "What are your goals for treatment, and what support do you think will be most helpful to get you there?"
- Reiterate your support in their decision to pursue treatment and continue to remain hopeful about the possibility of recovery.
 - "You've been talking about starting treatment for a while, and I think this is a really brave decision."
 - "I've heard you mention wanting to feel comfortable enough in your body to wear a swimsuit at the beach with your kids, and I feel really hopeful that you can reach that goal."

- Empower your loved one to make the treatment decision that best fits their needs. Treatment comes in many forms and can look very different for each individual depending on access, co-occurring issues, scheduling, preference, etc. You don't need to know exactly what type of treatment your loved one needs; they are more likely to be an active participant in treatment if they decide for themselves what type of program makes the most sense for them.
- Many individuals face barriers to accessing treatment due to financial or insurance constraints. If you're able, offer to provide support to reduce some of these barriers. You may be able to provide transportation to and from therapy, provide childcare while they are at treatment, or help your loved one navigate their insurance policy. Ask your loved one what you can do to help support them.
- You may consider offering to help your loved one attend an assessment at a treatment center or make a first phone call to a therapist. Let them decide if this is something they would like assistance in doing.

ACTION

Someone in the action stage of change is actively pursuing recovery. They are engaged in a treatment plan and are taking steps to change their behavior.² You will see your loved one attending and participating in treatment and working on reducing behavior use. Individuals in the action stage are “trying out” behavior change by practicing other coping skills and relying on support systems.

While this stage is largely characterized by making noticeable progress, it also means your loved one is taking risks and approaching feared situations. While they are making changes in their lifestyle, they may still experience ambivalence about change or urges to return to behavior use. This stage can be particularly difficult for folks, and it may feel like “two steps forward, one step back” at times. Remember that no single type of treatment will work for everyone, and the process of treatment often requires your loved one to figure out which type of treatment works best for them.

Keep in mind that having limited access to treatment options can present another challenge or limit the “tools” your loved one has to recover. This limited access could look like only having one (or zero!) treatment centers in-network with their insurance; being denied insurance authorization due to having a higher body weight; or difficulty accessing treatment that is LGBTQ+ affirming, HAES-informed*, etc. Keep this in mind and have compassion if your loved one faces these challenges.

Individuals in this stage often benefit from increased “hands-on” support from a loved one, and there may be several ways you can provide this. Offer encouragement about their progress and listen to their experiences about treatment, allowing them to both discuss their struggles and celebrate their accomplishments.

What you can do to provide support:

- Ask your loved one what you can do to support them. Discuss what they would find helpful and what type of support you feel comfortable providing.
- Consider offering to have meals with your loved one to provide extra accountability, go grocery shopping with them, or talk to them when they’re feeling anxious.
 - “I know you mentioned wanting to feel comfortable eating ice cream this summer, so let me know if you want me to go with you sometime. I’m happy to support you!”
 - “If it would be helpful to have someone with you for meals, I’d be happy to do that.”
- Remember that it’s not your job to be the “food police” or someone’s therapist. If you’re going to provide support for a loved one in moments of high stress, it might be helpful to take some time beforehand to talk about their goals and what type of support they want. You can use the “Discussing Support Worksheet” on page 29 to help facilitate these conversations and plan for offering support in these moments.

**Health At Every Size is a model that acknowledges the natural diversity of bodies, particularly with regards to shape and weight. Proponents of HAES-informed medical care advocate for respectful care that encourages health-enhancing behaviors regardless of weight⁴ For more information about HAES, visit the Association For Size Diversity And Health website or any of the “Weight Stigma and Health At Every Size” Resources located at the end of this guide.*

- “I’m happy to grab dinner with you tomorrow. What would be a helpful response from me if you’re having a tough time or if I see you using a behavior?”
 - “What coping skills are you practicing at mealtimes? Would you want us to practice them together?”
 - “What’s your goal for our meal tomorrow and how can I best support you in getting there?”
- If appropriate in the context of your relationship, offer to attend family or couple’s therapy with your loved one to discuss additional ways of providing support.
 - Be open to hearing your loved one talk about their struggles in treatment and stay patient. Treatment is a process, and this stage involves your loved one trying out new coping skills and approaching avoided emotions. This means they will be feeling distressed and ambivalent about treatment at times, and that’s perfectly normal. As difficult as it can be to hear someone talk about struggling in treatment or perhaps disliking treatment, remember that they are being asked to do very difficult things, and their emotions are valid. However, if you notice your loved one focusing only on negative aspects of treatment, it may be helpful to point this out to them in a gentle and compassionate way that doesn’t invalidate their experiences.
 - “It sounds like you’ve been doing a lot of really challenging things in treatment; I’m wondering if there are any ways that you’ve seen all your hard work paying off?”
 - Share the positive changes you are noticing and remain hopeful about recovery. Be sure not to focus on changes in their weight or body, as this can be upsetting for many people.
 - “I can tell you’re working really hard; you’ve been trying a lot of things that I know were difficult.”
 - “You seem more present lately, and I’m really grateful we’ve been able to connect more.”
 - “I really missed our brunch dates every weekend, and I’m glad we have them again.”

See Appendix I, on page 29, for a worksheet to guide you through supporting someone who wants to try a previously-triggering activity such as shopping.

MAINTENANCE

Someone in the maintenance stage has made significant changes in their behavior and is focused on maintaining that progress. This stage can look extremely different for each individual, but is primarily defined by sustained behavior change.² Individuals in this stage will consistently use coping skills, reach out to support systems, and practice self-care. They will be able to focus less on treatment and more on exploring other aspects of their life, such as hobbies, relationships, or other major life changes. Remember that recovery is not linear, and individuals in the maintenance stage may still be susceptible to triggers or relapse. Relapse prevention is often a key component of treatment. Many individuals will continue to participate in outpatient treatment for an extended period of time, though your loved one and their treatment team may decide that they are able to discontinue treatment at some point. They might consider attending an **ANAD support group** to help reinforce their commitment to the changes they've made.

Because of this increased practice and ability to tolerate distress, your role as a supporter may begin to shift over time. While those earlier on in treatment may benefit from more “hands-on” support, those in the maintenance stage have gained increased independence and may not need or welcome as many check-ins.

You can support someone in this stage of recovery by continuing to stand by them while adapting to all the progress your loved one has made. When in doubt, the best thing you can do is be open and ask your loved one what type and frequency of support they feel is most helpful.

What you can do to provide support:

- Reflect to your loved one the progress you have seen them make. Be sure to not focus on their weight or body but instead on other changes you've seen in your relationship or their mood.
 - “I’m really glad we’ve been able to grab lunch every week, I’ve enjoyed getting the time to talk with you.”
 - “I heard you say that you’re feeling much happier lately, I can tell that you seem more hopeful.”
 - “I know one of your goals was to feel comfortable having cake this year on your birthday, and you worked really hard to make that happen.”

- Let your loved one know that you are proud of the work they've done.
 - "I've seen you do things that were really difficult and I'm really impressed by your bravery."
 - "Seeing all the progress you have made has really inspired me to address my own issue with [fill in the blank]."
- Do continue to check in with your loved one, though perhaps less frequently. It is common that while your loved one may show considerable progress with reduced behavior use, they may still struggle with eating disorder thoughts and urges.
 - "I know last time we ate pizza you said it was pretty challenging. How are you feeling about it this time? Is there anything I can do to support you right now?"
- It may be useful to transition to focusing more on their overall well-being rather than solely on the eating disorder. For example, you may ask more broad questions such as "How is everything going for you lately?" Ask about other life stressors they may be experiencing.
- Support your loved one in pursuing interests outside of their eating disorder. Spend time with your loved one talking about things unrelated to their eating disorder.
- Keep in mind that relapses can and do still happen, even for individuals that have been in the maintenance stage for years. We'll talk more about relapse in the next section. Your loved one may already have a relapse prevention plan or may be working with their treatment team to create one. You can ask your loved one about their plan or discuss what you can do to support them in the event of relapse, in order to support them in developing this plan.

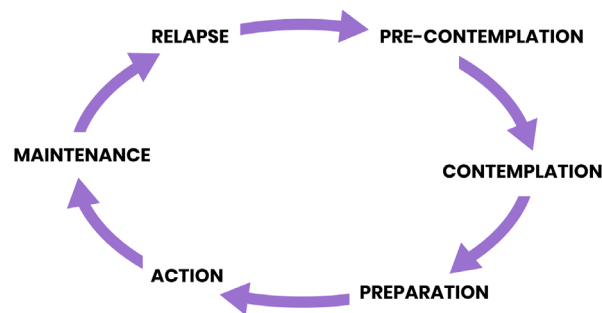
PART III: SPECIAL CIRCUMSTANCES

RELAPSE

Not everyone experiences relapse, but some people do. It can be difficult to witness someone in recovery experience a resurgence in behavior use. You may worry that treatment was not effective, wonder whether recovery is possible, or feel angry with your loved one for using behaviors again.

Despite how scary it can be, relapse is a common and normal part of eating disorder recovery.

In fact, some professionals argue that relapse fits into the stages of change model and should be conceptualized as someone returning to a previous stage.²



Relapse is not a failure on the part of the person in eating disorder recovery, nor does it mean that recovery isn't possible. Normalizing relapse by considering it to be a part of the stages of change process can help reduce stigma and create the opportunity to focus more on providing support to your loved one. If your loved one feels that others would be disappointed if they experienced a relapse, they may be less likely to reach out for support.

By understanding that relapses happen, you will demonstrate that your loved one can be compassionate with themselves too. You also create a space where they can speak openly about their struggles and seek support. In fact, if we remember the function of eating disorder behaviors as a way to manage emotions, it makes sense why relapse occurs for people. New stressors can come up at any point in life, and in times of crisis we often fall back on old methods of coping with our emotions. For example, someone who has been in recovery for several years may engage in behavior use again after losing a loved one, becoming pregnant, or experiencing a traumatic event.

Relapses are an opportunity to learn, and can provide essential information about recovery and opportunities for further growth and exploration of tools they learned in treatment. They offer the chance to learn more about triggers, identify new coping skills, and make changes to better support recovery.

The best time to talk about relapse is long before it happens, when your loved one is in a more stable place with eating disorder symptoms. Making a plan for relapse prevention and discussing with your loved one how you can support them in the event of relapse will best provide you with a clear roadmap of how to respond. Talk to your loved one about how they would like you to support them or bring it to their attention if you become worried they are engaging in behaviors again. You may want to use the “Relapse Prevention Worksheet” on page 34 to help structure your conversation. Even without a relapse plan in place, you can provide significant support for someone experiencing a relapse. If you’re worried your loved one is experiencing a relapse in eating disorder behaviors, you might consider saying something such as:

- “It’s been a while since I checked in with you about your recovery. How are you doing?”
- “I heard you purging last night, and I just wanted to check in. I know you’ve been feeling pretty stressed about your transition at work lately. Is there anything I can do to support you?”

After having a conversation with your loved one to express your concern, talk with them about how they would like you to provide support. You might find it useful to draw from many of the suggestions in the previous discussions on the stages of change. If you’ve supported them through this before, this is an opportunity to revisit the tools you used last time and work together to reassess what will be useful this time.

- “What has been helpful in the past? What can I do to support you right now?”
- “Would it be helpful if we started cooking some meals together again like we used to do?”

See Appendix II, on page 34, for a worksheet to help facilitate a conversation between you and your loved one about what type of support would be helpful for you to provide in the event of a relapse.

HOW TO HANDLE QUESTIONS LIKE “DO I LOOK FAT?”

If you're supporting someone with an eating disorder, you might find yourself in a position where your loved one asks you for reassurance about their body, weight, or appearance. This reassurance-seeking can come in many different forms such as:

- “Do I look fat?”
- “Can you tell I've gained weight?”
- “Ugh, I've gained so much weight recently; this outfit looks terrible on me.”
- “I need to get in shape before my vacation.”

This can be an incredibly uncomfortable position for you to be in. You might have the urge to provide reassurance to your loved one that they haven't gained weight, that they look great, or that they're not fat. If it seems like this is a conversation you keep having with your loved one over and over, know that you aren't alone, and it's valid to feel exhausted, stuck, or frustrated.

It may seem like telling your loved one they aren't fat will be helpful for their recovery, will encourage them to worry less about their weight, or will make them feel better in the moment. **However, it's critically important that you do not respond to these questions or statements by reassuring your loved one that they are not fat.**

Reassuring someone that they are not fat is rooted in fatphobia and perpetuates weight stigma by implying that there is something wrong with being fat and that it should be feared or avoided.

By reinforcing the belief that being fat is bad, we ultimately uphold weight discrimination and prejudice that occurs within our society.

This means that people in larger bodies experience discrimination in the workplace, harassment from others, and difficulty accessing appropriate healthcare (including eating disorder treatment), among other things.

Furthermore, when your loved one is making these statements or questions, they are looking for reassurance. Reassurance-seeking works to decrease emotions in the short-term by “reassuring” someone that they don’t need to tolerate a particular emotion in the present moment. However, it creates a stronger need for more reassurance in the future. It ultimately is a short-term band-aid for a larger, underlying emotion that might feel difficult for someone to sit with. For example, if your loved one asks “Do I look fat?” and you respond by saying “No not at all, you look great!” they might feel better in the moment because they’ve been temporarily reassured that they don’t currently need to worry about being fat. However, this reinforces the idea that being fat is bad and in turn can lead to them continuing to check in to make sure they haven’t become fat. It can be really difficult for people to stop using eating disorder behaviors to suppress their weight when they continue to receive the message that being fat is bad, especially if their natural body weight is higher.

Instead, you can most effectively support them by shedding light on the fact that it is both stigmatizing and not helpful for their recovery to be looking for this reassurance. This can be a difficult conversation to have; there’s a chance that your loved one might not like it. They might hear this conversation as you saying that they are fat, or they might push more for an answer from you. This reaction makes sense; by not reassuring them, you’re asking them to sit with an uncomfortable emotion, and they might search for other ways to get that reassurance.

It’s ok if you feel uncomfortable; stick with it. By holding a boundary and not engaging in this conversation, you’re providing support that will both challenge your loved one’s eating disorder and also challenge stigmatizing cultural beliefs. Here are some suggestions for things to do and say instead:

- Spend some time learning about weight stigma and the impact it has (see Resources at end of this guide). Take stock of how weight stigma shows up in your thoughts and actions, and work on challenging those.
- “I’ve noticed we’re having this conversation a lot, and if I’m being honest, I feel stuck when it happens. Can we figure out a helpful way for me to respond that isn’t going to perpetuate weight stigma?”
- “I hear you asking me a lot whether you look fat, and I’m worried that it’s not a helpful conversation for us to have. How would you like me to respond when this happens?”

- “I recently learned about weight stigma. I’ve been working hard to challenge it lately, and I don’t think this is a useful conversation for us to have. I’d be happy to tell you more about what I’ve learned about weight stigma sometime if you’re interested.”

WHAT TO DO IF YOUR LOVED ONE CONTINUES TO NOT SEEK TREATMENT

Seeing someone you care about struggling with an eating disorder is challenging, and it can be especially challenging if you’ve voiced your concerns but your loved one does not want to pursue treatment at this time. It’s normal to want to rescue your loved one, feel anxious about their health, or feel angry that they aren’t pursuing treatment. There are no magic words to say, or things to do that will make someone “snap out of it” or suddenly want to change their behaviors. A lot of your work as a support person is about continuing to firmly yet compassionately point out your concerns. Don’t deny or ignore their actions. It can be a delicate balance to bring up your concerns enough without bringing them up so often as to force the issue.

You might need more nuanced support than this guide can provide. If you have the resources, consider seeking out the support of a therapist for yourself, particularly one who has experience working with people with eating disorders. Or, if you live near a treatment center, see if they offer any support groups for friends or family of those with eating disorders. An eating disorder therapist can help you identify additional ways to support and communicate with your loved one, while also helping you process how difficult it is to see your loved one struggle.

While you can’t recover for your loved one or make the decision to pursue treatment for them, there are a few instances in which it is important to act quickly and make sure your loved one receives immediate medical or psychiatric attention.

Examples of these include:

- Talk or attempt of suicide or violence towards others
- Vomiting blood
- Passing out
- Chest pain or difficulty breathing
- Experiencing hallucinations
- Slow or irregular heartbeat

PART IV: SELF-CARE FOR SUPPORTERS

As a support person for someone with an eating disorder, developing a self-care routine is critical. It's tough to see someone you care about struggle with an eating disorder or navigate the challenges of pursuing treatment, and witnessing that can take a toll on caregivers. You can care greatly about your loved one and also feel tired or overwhelmed.

Compassion fatigue is a common type of stress that can result from serving in a caregiving role due to the significant amount of physical and mental energy required to provide support.

Symptoms of compassion fatigue include:⁵

- Physical or emotional exhaustion
- Difficulty sleeping
- Decreased empathy for your loved one's situation
- Irritability or becoming easily frustrated
- Isolating yourself
- Becoming fixated on your loved one's situation
- Hopelessness

Setting up a self-care routine is critical in preventing and addressing compassion fatigue. It's important to note that if you are a support person already experiencing compassion fatigue, this does not mean you are "unloving" or a "bad caregiver." It simply means that this work requires a lot of energy and you're expending more energy than you have, so it's time to think about how to recharge yourself.

Some forms of self-care might seem mundane but are extremely important in giving you a solid foundation to provide support for someone else. Examples of this everyday self-care might look like:

- Getting enough sleep each night
- Eating consistent, varied meals and snacks each day
- Taking prescribed medications regularly

Other important forms of self-care focus more on ensuring you feel connected to others and yourself, and that you're feeling cared for.

- Find your own source of support where you can openly speak about your experience supporting your loved one. Consider meeting with a therapist or participating in a support group for caregivers.
- Pursue personal interests outside of caring for your loved one. While helping your loved one may be a large part of your life, it's essential that you also maintain other relationships and hobbies.
- Take time to engage in activities that you find relaxing and restoring.
- Practice self-compassion by reminding yourself that supporting someone with an eating disorder is difficult, and you're doing your best.

One of the complicated things about self-care is that it isn't always comfortable or pleasant; sometimes, it's actually tough to practice. Self-care might look like setting a boundary or saying "no" to some things, even when we feel guilty about doing so. To prevent or treat compassion fatigue, you will likely need to set boundaries with your loved one about what type or how much support you can provide.

As difficult as it may seem, setting boundaries is a compassionate thing to do. No person can provide unlimited, unconditional support at all times. When we over-exert ourselves, we risk burning out and being unable to meet the expectations that we have promised others. This outcome is much more dangerous because it leaves a loved one without support they were expecting to have. Examples of this burnout may look like avoiding phone calls or texts from your loved one, canceling plans, not being fully present when you're with them, or snapping at your loved one. In this situation, both people ultimately end up hurt; your loved one may feel unsupported, and you may feel exhausted.

When setting a boundary, it's important to communicate that you care about your loved one and also make sure they have other support systems in place. Be honest with your loved one about what support you can provide without placing blame, and help brainstorm how they can get their needs met.

Some examples of setting boundaries include:

- “I want to be honest with you that I’ve been having a pretty tough time of my own lately. I’m feeling pretty exhausted, and I might not be available as much the next few weeks as I have been. I want to make sure you’re feeling supported. Who else are you able to reach out to if something comes up?”
- “I can’t eat dinner with you four nights this week, but I could do two. I want to make sure you have the support you need, so who could eat with you those other two nights?”
- “It’s important to me that we finish this conversation because I care about how you’re feeling. But I think maybe we both need to take a little bit of time to calm down first. Let’s revisit this tomorrow.”

If your loved one has difficulty identifying any other support systems, make it a priority to help them do so. While the reality is that some individuals have less access to an expansive support system than others, it is critically important to help your loved one build as robust a support system as possible. You can’t be available to provide support at all times, and your loved one deserves to feel supported when you can’t be there. Spend some time with your loved one brainstorming who else they can reach out to for support. This might require them to tell additional people about their eating disorder, which could be uncomfortable for them. Ask how you can support them in building a larger support network. You can offer to assist them with opening up to someone else about their eating disorder, asking someone else for additional support, or communicating to someone what effective support looks like. That assistance might look like actually being with them while they have that conversation or it might look like helping your loved one brainstorm and role-play what they would like to say, depending on what your loved one’s preference is. If your loved one has a therapist or treatment team, encourage them to also work with their team to increase their support network. Your loved one may also benefit from attending a local or virtual support group. Ensuring that your loved one has a healthy network will help you both; your loved one will have more support and you’ll be able to care for yourself and ultimately be a more effective resource.

It can be difficult to make time for self-care when you're supporting someone with an eating disorder. You may find that you have the urge to prioritize their well-being and needs over your own. However, it is critical that you set aside time to care for yourself and set boundaries that allow you to feel energized and present in your relationship. You will be best equipped to effectively support your loved one when you've first taken care of yourself. Like everything else in this guide, self-care is a skill that requires constant practice. Remember that your loved one is lucky to have you supporting them in their recovery journey and you deserve to feel cared for as well.

APPENDIX I: DISCUSSING SUPPORT WORKSHEET

The hardest parts of recovery often happen “in the moment” when your loved one is trying out new behaviors and coping skills. Examples of these situations might include: grocery shopping, eating a feared food, going shopping for clothes, wearing a swimsuit in public, etc. For many people, having some hands-on support can be helpful as they begin to approach these situations (and the emotions that come with them). This type of hands-on support is likely most appropriate for folks engaged in working towards recovery, typically in the Action stage of change, though there may also be folks in the Preparation stage of change who would like to have hands-on support while they practice new behaviors. When in doubt, ask your loved one what would be helpful to them.

We've heard from many support people that navigating situations like these can be difficult because they don't know what to do or say in the moment. Since it can be difficult to know exactly what to do in moments where emotions may be high, we recommend having a conversation ahead of time to discuss how you can provide support to your loved one.

The following pages contain suggestions about how to prepare for these situations and questions you can use to have a discussion in advance. These questions are designed to help start a conversation between you and your loved one. Be sure to talk through each question. These worksheets are meant to facilitate discussion, not just to write down an answer and move on. There may also be additional questions or topics you want to discuss, so feel free to treat these questions as a starting point in facilitating communication.

Do your best to listen non-judgmentally; it's important for your loved one to be able to talk openly about their fears so that the two of you can brainstorm coping skills and ways of supporting them. Don't respond to your loved one's fears by telling them they are silly or that there's nothing to worry about. Even if you don't entirely understand your loved one's fears, remember that their fears are real, and it's important to respect that.

**Do your best to be non-judgmental and open.
Really listen to your loved one's experiences and feelings.**

No two people are the same, and everyone recovering from an eating disorder will find different types and levels of support helpful. For example, some people in treatment may want someone to check in with them about whether they have been following their meal plan; others may find this overbearing. Your relationship will likely factor into this as well. Perhaps your loved one is alright with a specific close friend sitting with them after a difficult meal to help them avoid purging, but finds it upsetting when their parents do so. Someone else may prefer that their parents be the ones to stay with them after a meal. By talking with your loved one ahead of time about how they want to be supported by you, you can best ensure you're tailoring your actions to what is most helpful for them. Whatever boundaries your loved one has, be sure to respect them.

**No two people are the same.
Everyone needs different types and levels of support.**

It's also possible that your loved one (and you) might not know exactly what support they need. Talking through the following pages ahead of time can help you brainstorm solutions. Be willing to experiment and try things out; you can always adjust based on feedback from your loved one. Do be prepared that their needs will likely change over time as well. In general, we encourage open and ongoing communication with your loved one about what their needs are.

Think things through together, and be willing to experiment. You and your loved one might not yet know exactly what support they need.

Keep in mind, even if you and your loved one discuss a plan ahead of time, it may still be difficult to implement some of your plans when you're in the middle of an emotional situation. That's ok.

For your loved one, remember that it will take time to change patterns that have been occurring, especially if they feel very anxious about it. For yourself, remember that it takes practice to implement different methods of communication. Be patient with each other and celebrate progress made by both of you. The real work of supporting someone happens not by doing everything “right,” but when we have the bravery to have vulnerable and honest conversations about what we need from each other.

Find the positives and celebrate them.

The purpose of doing these activities together is not to approach situations fearlessly or avoid feeling uncomfortable emotions. In fact, we can pretty much guarantee that both you and your loved one will feel uncomfortable during these activities, and that’s perfectly normal! Instead, this practice is about facing those uncomfortable emotions together and choosing to work through discomfort in order to achieve goals. By continuing to face uncomfortable situations and emotions, they can become less distressing over time.

Be patient with one another.

PLAN YOUR ACTIVITY

In advance of your activity, discuss what you two will be doing together so that you’re both on the same page. Now is also your opportunity to discuss your goals for yourselves during the activity.

Whatever time you decide on, make it a priority.

Part of being supportive means honoring your commitments.

1. What are the details? Identify the activity you will be doing together, including when and where it will be occurring. Does any prep work need to be done? If so, make a plan to ensure it happens.
2. Do any boundaries need to be set? For example, if you are shopping or eating a meal, would it help to set a time limit on how long you will spend doing this activity?
3. What are your loved one’s goals for themselves during this activity?
4. What are your goals for yourself during this activity?

MAKE A SUPPORT PLAN

Spend some time before your activity talking specifically about how your loved one wants you to show support so that you're prepared to offer it to them in the moment. These questions are designed to be read to the person with an eating disorder, but they should be discussed together.

This plan will be your guide for supporting your loved one. The planning you do now can help make your chosen activity go smoothly.

1. Imagine yourself doing your chosen activity. Make a list of any situations you think might induce an uncomfortable or typically-avoided emotion. Identify that emotion. Examples might include:

- Purchasing a feared food item causes anxiety,
- Someone else making a comment about your appearance causes shame,
- Trying on a pair of pants that end up being too small causes anger, etc

2. For each situation, rate the level you anticipate you might experience that emotion. Use a scale of 1-10, where 1 is mild and 10 is extreme.

3. How have you handled each of these emotions in the past? What coping skills have you found to be helpful?

4. Create and write down an action plan about how to handle those emotions or situations if they come up during your activity. Brainstorm with your support person how they can offer support throughout the activity. Let your support person know what your needs are and what you would feel comfortable with them doing in response to emotions that come up for you during the activity. Support person: let your loved one know what you feel like you are able to do and set any boundaries if they arise. Make sure that you are both in agreement about which strategies to implement. Here are some examples, but get creative in identifying ways the two of you want to approach this situation together!

- Support person can redirect the conversation if someone else starts engaging in negative body image talk

- I will practice not checking the nutrition label of food. Support person can gently point out if they notice me doing this (agree on a specific phrase to use ahead of time)
- I will practice speaking kindly and respectfully to myself, rather than critically. Support person can help me interrupt negative self-talk (i.e., if we are shopping and I am focusing on things I dislike about my body, asking, “How do you like the color of that shirt?” or “How does the fabric of those pants feel? Are they comfortable?”)
- Support person can make encouraging statements throughout the activity such as “You’re trying really hard and that’s what matters!”
- I might have the urge to purge after we eat. Support person can play a board game with me after the meal to help me not purge.
- We will set a time limit of shopping for no more than 30 minutes today. Support person will keep track of time.
- If I become overwhelmed, we will take a break. Support person can help me by finding a quiet place where we can sit. I will practice taking deep, mindful breaths for 1 minute before I tell support person what emotion I’m feeling.

5. Is there anything you would like your support person not to do?
 Support person: be sure to respect these boundaries. Remember that you are here to support and that it is not your responsibility to monitor and enforce all behaviors.

**If you agree on check-ins, follow through.
 If your loved one wants boundaries, respect them.**

CHECK IN AFTERWARDS

Right after completing your activity, take the time to let your loved one know that they did a great job and that you’re proud of their efforts! We recommend then keeping it light so that you both have time to decompress. Once you’ve both taken a step back from the activity, do check back in about how things went, perhaps after you’ve returned home from a shopping trip or later in the day after your activity. Give yourselves a brief break, but take time to talk about the experience sooner, rather than later, so that you can recall specific moments clearly.

Talking about how things went will give your loved one the opportunity to let you know how certain types of support landed with them and will let you both reassess goals, coping skills, and methods of support for future activities.

Remember that you both might not meet all goals right away. Even if you and your loved one didn't meet all the goals you set, be sure to still celebrate the progress made! It's important to both celebrate the wins and use the experience to learn more for next time.

There is no such thing as perfect. All positive steps should be celebrated!

1. What went well? What accomplishments did your loved one achieve?
2. Check back in on the original goals you each set. Did you each achieve them? What goals might you want to set in the future?
3. Check back in on the support plan you created. Of the situations you imagined, which actually happened? Was your emotion level the same as you expected it would be? What did you do to handle each situation?
4. What did you appreciate that your support person did?
5. What, if anything, would you like to do differently in the future?

APPENDIX II: RELAPSE PREVENTION WORKSHEET

This worksheet is designed to help facilitate a conversation between you and your loved one about what type of support would be helpful for you to provide in the event of a relapse.

Much like moving through the stages of change in recovery, many people gradually transition back to engaging in eating disorder behaviors. Some people find it helpful to use the imagery of a traffic light when creating a relapse prevention plan.

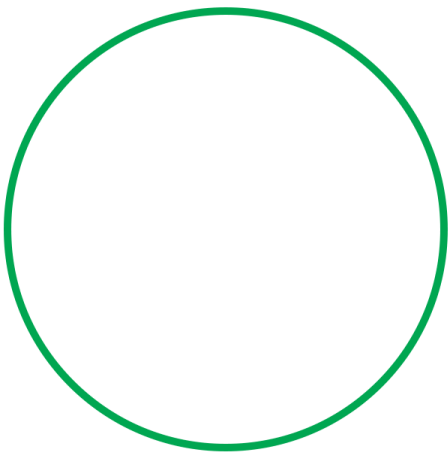
- The left “green” circle represents a time when your loved one is more stable in recovery and engaging in fewer eating disorder behaviors.
- The middle “yellow” circle represents when they may be reverting to previously used behaviors.
- The right “red” circle represents when they are experiencing a relapse.

If your loved one has been participating in treatment, they may have already discussed relapse prevention with their treatment team. You can use this worksheet to begin a conversation and plan what type of role you, as a support person, can play in preventing and interrupting relapse.

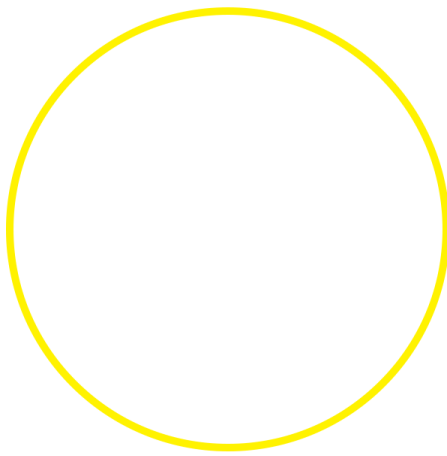
Spend some time talking with your loved one about what each circle might look like for them. What sorts of things might they say? What behaviors might you see? While some of the signs in each circle may be happening internally for your loved one, take some extra time to talk about how those signs would be observable to you as a support person. You can write down these responses inside each appropriate circle.

Next, spend some time talking with your loved one about what type of support they would like from you when they’re at each level. What sorts of things would be helpful for you to say? What coping skills have helped them so far, and what would they like you to do or say to help them use those coping skills? How would they want you to express concern if you begin to notice behaviors in the “yellow” or “red” circles, and what can you do to help them move back towards “green?” You can write down these responses outside of each circle.

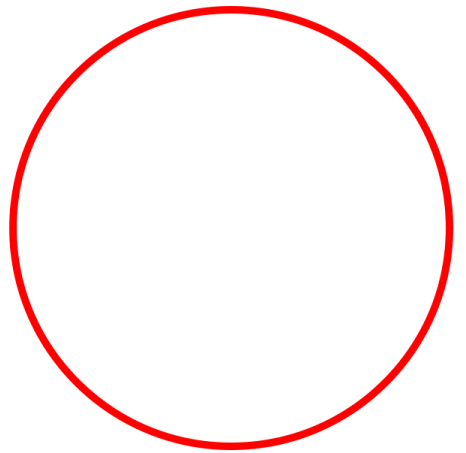
It may be helpful for both you and your loved one to keep a copy of this worksheet once you’ve completed it so that you can reference it in the future, if needed.



Green Signs



Yellow Signs



Red Signs

RESOURCES

EATING DISORDER INFORMATION

- [ANAD: Eating Disorder Types and Symptoms](#)
- [Academy for Eating Disorders: Nine Truths About Eating Disorders](#)
- [National Eating Disorders Association: Busting the Myths About Eating Disorders](#)
- [Eating Recovery Center: Eating Disorder Facts & Myths](#)

WEIGHT STIGMA AND HEALTH AT EVERY SIZE

- [Association for Size Diversity and Health](#)
- [The Body Is Not An Apology](#)
- *Anti-Diet: Reclaim Your Time, Money, Well-Being, and Happiness Through Intuitive Eating* by Christy Harrison
- *Body Respect: What Conventional Health Books Get Wrong, Leave Out, and Just Plain Fail to Understand About Weight* by Lindo Bacon and Lucy Aphramor
- *What We Don't Talk About When We Talk About Fat* by Aubrey Gordon

COMPASSION FATIGUE

- [Compassion Fatigue Awareness Project](#)
- [Mirror Mirror: Preventing Caregiver Burnout](#)

SUPPORT GROUPS FOR CAREGIVERS

- [Center for Discovery](#)
- [Alsana](#)
- [The Eating Disorder Foundation](#)
- [National Alliance on Mental Illness](#)
- [F.E.A.S.T.](#)

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CONNECT WITH ANAD

ANAD (National Association of Anorexia Nervosa and Associated Disorders) provides free, peer support services to anyone struggling with an eating disorder. Learn more at anad.org and connect with us at these links:

- Facebook: facebook.com/anadhelp
- Twitter: twitter.com/anadhelp
- Instagram: instagram.com/anadhelp
- YouTube: youtube.com/anadvideos
- LinkedIn: linkedin.com/company/1965458