



Family & Friends Guide



Introduction

Purpose of this guide:

We have created this information pack to provide support and guidance to families and friends of those with eating disorders.

Supporting a loved one through their eating disorder can be a challenging and lengthy process, and we recognise the significant impact it can have on those around them. It can be deeply distressing watching a loved one struggle with an eating disorder, but it is important to remember that friends and family often play a crucial role in the recovery journey.

We are here to help.

We offer a range of support for families and friends, providing a safe space to share your experiences, while helping you to support your loved one in the most effective way possible.

About SYEDA:

SYEDA are an independent charity originally established in 1996 by a group of people affected by eating disorders. They were concerned by the lack of helpful information, guidance and support available to them when they needed it most.

Today, SYEDA provides non-judgemental support to individuals affected by eating disorders. We assist people whose relationship with food, and oftentimes body image, dominates their lives, as well as those who care about them. Our services are available to **anyone** who is struggling with their eating. You don't have to look a certain way to get support from us.

The work of SYEDA is overseen by a board of volunteers with diverse skills and experience. We have a team of dedicated, committed and skilled staff, and we are fortunate enough to have dedicated volunteers who support us in delivering our services.

Our Vision:

'An environment where everyone can enjoy a positive relationship with food, their bodies, and themselves, free from the damaging effects of eating disorders.'

Our Mission:

Our mission is to empower individuals, regardless of their identity, to access effective treatment, develop positive self-esteem and body image, and work towards their recovery.

Through our support, training, and early intervention services, we aim to raise awareness and understanding of eating disorders.

Together we strive towards a culture where individuals and their loved ones do not feel stigmatised and are rather embraced with empathy and compassion to work towards their own recovery.

Eating Disorders

What are eating disorders?

Eating disorders are complex mental illnesses that often do not fit neatly into specific categories. While 'Anorexia Nervosa' is most recognised, other eating disorders including 'Bulimia Nervosa', 'Binge Eating Disorder', 'Avoidant-Restrictive Food Intake Disorder', are just as serious. Those who do not meet the criteria for these eating disorder diagnoses, but present with a combination of symptoms, are more likely to be considered to have an 'Other Specified Eating or Feeding Disorder (OSFED)'. This does not make your difficulties any less important, and you should still reach out for help and support.

SYEDA is not a diagnostic service, so we do not formally diagnose our clients with a labelled eating disorder. However, understanding the different categorisations can help us to explore and determine the most suitable service or support for you. During our assessments, we ask questions about your eating habits and current and past experiences to ensure you receive the best support for you.

What causes eating disorders?

Eating disorders are complex and can affect anybody of any age, race or gender. There is no single cause. However, we do know that there are certain biological, psychological, social and cultural factors which may increase the risk of developing an eating disorder. Risk factors can be considered to either be 'internal' e.g., individual personality type and genetics, or 'external' to the individual e.g., experiences they have encountered such as bullying. Here are some further examples of internal and external risk factors:

Internal	External
•Genetics •Low self-esteem •Perfectionist traits •Body dissatisfaction •Diabetes •Onset of puberty, menopause or andropause •Heightened sensitivity to other's perceived emotions/needs •Other mental health difficulties including: anxiety, depression, personality disorders and impulsivity. •Neurodivergence	•Trauma/traumatic events •Difficult life experiences e.g., bullying or discrimination •Abuse •Dieting •Family history of eating disorders or mental health illness •Bereavement or loss •Relationship difficulties •Socio-cultural factors e.g., social media •Social isolation •Poor social support

An eating disorder is not always the result of a significant traumatic event, although this may sometimes be the case. More often, eating disorders arise from an accumulation of factors that interact uniquely with the individual.

Is it my fault?

As humans, we naturally seek to understand cause and effect, which can sometimes result in us assigning blame to ourselves when we cannot find the exact reason for our loved one becoming unwell.

It is common for family members to worry that their loved one's eating disorder is their fault; that they could and should have been able to stop the eating disorder developing. This intense guilt often arises from family & friends believing that they have contributed to the development of the eating disorder and therefore tend to shoulder the burden of trying to 'fix' it for them.

Eating disorders often arise from a combination of the above factors. Often there is nothing that parents or carers could have done to prevent it. However, family & friends are vital in supporting their loved one during their recovery. After all, they know them best.

It is crucial that families and friends receive support themselves to best support their loved one during the recovery journey. Supporting someone with an eating disorder can be extremely difficult and in order to help them, they need to help themselves.

This information pack will give you some helpful tips to help you support your loved one.



Different Types of Eating Disorder

Here is some further information regarding the most recognised eating disorders. All these eating disorders can affect anyone, regardless of age, race, gender, or background.

Anorexia Nervosa

Anorexia is a serious mental illness that causes individuals to limit their energy intake. Anorexia often leads to low body weight due to restriction of food intake and is commonly combined with excessive exercise to compensate for food eaten. Other compensatory mechanisms involved may include laxative or diet pill use, induced vomiting or cycles of bingeing and purging. Anorexia is often accompanied by an intense fear of weight gain, alongside a disturbance in the way one's body is experienced.

Behavioural impact

- Restricting intake of food and drink, calorie counting, eating only 'safe' foods, avoiding certain food types/groups.
- Excessive exercise or purging to compensate for food intake.
- Repetitive or obsessive behaviour around food e.g., cutting up food into small pieces and becoming rigid around timings.
- Avoiding foods prepared by others or eating in company.
- Becoming angry and/or upset when people ask about food, weight, or exercise.

Physical impact

- Constipation and abdominal pains.
- Dizziness and feeling faint. Reduction in bone mass.
- Growth of downy hair on the body. Feeling cold more often.
- Discomfort while sitting or lying down. Dry, rough, or discoloured skin.
- Disrupted menstrual cycle in women. Loss of libido.

Psychological impact

- Intense fear of weight gain.
- Mood swings, irritability and anxiety.
- Preoccupation with food
- Low self-esteem. Increased perfectionism and rigid thinking.
- Mood changes and difficulties regulating emotions.
- Ambivalence regarding recovery.

Recovery:

Some individuals with Anorexia find it difficult to admit they have any issues with their eating and find it hard to enter treatment. Denial is common in Anorexia it has likely developed as a coping mechanism for difficult thoughts and feelings.

Over time, the eating disorder starts to take control, with chemical changes from reduced food intake affecting their emotions, distorting their thinking and making it hard for them to recognise how much the problem is affecting them. This ambivalence, wanting to be free but being fearful of life without their eating disorder, is complex and complicates recovery. Depression further impacts decision-making, and weight loss, once seen as the solution, becomes a problem.

Recovery is not an exact science, but it is possible with the right support. By challenging and changing their relationship with food, processing their feelings and understanding their triggers, people can move towards living a balanced and full life.

Bulimia Nervosa

Bulimia involves cycles of bingeing (eating large amounts) followed by purging through means of vomiting, laxatives, diuretics, fasting, or excessive exercise. Many with Bulimia also experience symptoms of Anorexia, and episodes can vary in frequency and emotional impact.

Behavioural impact

- Binges on large quantities of food in a short space of time.
- Vomiting or using laxatives, diuretics or extreme levels of exercise to compensate after a binge.
- Periods of fasting after a binge.
- Being secretive about what and how much you are eating. Hoarding food.
- Reluctance to socialise, especially when the event involves food.

Physical impact

- Frequent weight fluctuations.
- Sore throat and swollen salivary glands. Tooth decay
- Disrupted menstrual cycle in women. Loss of libido.
- Poor skin condition.
- Reduced energy and feeling of lethargy. Frequent headaches

Psychological impact

- Feeling out of control and anxious around food. Distracted by thoughts of food and eating.
- Feelings of guilt and shame, especially after bingeing. Feelings of helplessness and isolation.
- Reduced emotional relief following purging, restrictive eating or exercise.
- Before long, the feelings that caused the binge in the first place will return and cycle will start again.

Recovery:

It can be daunting for individuals with Bulimia to admit they have a problem and seek help, but those who do often report feelings of relief. Talking about behaviours and emotions related the difficulty will often help people to unravel and break the bulimic cycle. The urge to binge and purge might not disappear straight away, but every time they resist the urge, they will learn a little bit more about the ways to cope without bulimia.

Binge Eating Disorder (BED)

BED is marked by episodes of uncontrollable, impulsive, or continuous eating that can lead to feeling uncomfortably full. Like Bulimia, binges often stem from an attempt to "suppress" unwanted emotions or fulfil a need that food alone cannot satisfy. However, unlike Bulimia, those with BED do not engage in purging/compensatory mechanisms after a binge, though periods of binge eating may occasionally be followed by sporadic fasting or dieting.

Behavioural impact

- Uncontrolled, impulsive or continuous eating until you are uncomfortably full.
- Eating when you are not hungry and eating rapidly.
- Periodically fasting or dieting.
- Being secretive about what and how much you are eating, eating alone. Hoarding food.
- Eating irregularly.

Physical impact

- Increase in weight.
- Poor skin condition.
- Reduced energy and feeling of lethargy.
- Problems with blood pressure, heart disease and lack of fitness.

Psychological impact

- Out of control and anxious around food.
- Distracted by thoughts of food and eating.
- Initial relief followed by feelings of guilt and shame after bingeing.
- Feelings of helplessness and isolation. Reduced self-esteem and confidence.
- Self-conscious when eating with others.

Recovery:

Admitting that there is a problem is often the biggest hurdle. Talking about and finding new ways to manage feelings and behaviours, alongside eating regularly can help to tackle the cycle of binge eating. Some people with BED report feeling more vulnerable and anxious at the start of recovery as they are letting go of the emotional shield the disorder provided. Mood swings may become more noticeable without bingeing to manage emotions, but these feelings will fade as self-esteem grows and healthier ways to handle stress and emotions are developed.

Avoidant/Restrictive Food Intake Disorder (ARFID)

ARFID is a medical condition where individuals avoid certain foods or types of food, restrict their intake in terms of overall amount eaten, or both. It can occur at any weight and varies in different people. There are three broad drivers for restricting food intake: sensory-based avoidance, distressing experiences with food and general worries about the consequences of eating, and low interest in eating. Any one person can have one or more of these reasons at any one time.

ARFID can be present on its own or co-occurring with other conditions, such as anxiety disorders, autism, ADHD, and a range of medical conditions. ARFID would not be diagnosed in someone who is fasting or chooses not to eat certain foods for religious or cultural reasons alone, if there is a lack of available food, or certain foods are being avoided due to allergies. A diagnosis of ARFID would also not be given if there is another apparent reason for the eating difficulty, such as a medical condition resulting in appetite loss or digestive difficulties.

Behavioural impact

- Exhibit distress around food. Always having the same food/meals. Missing meals completely.
- Sensitive to sensory profiles of food e.g., taste, smell, texture, temperature, or appearance of certain foods.
- Avoiding certain foods. Feeling 'full' quickly.
- Lack of interest in food and/or eating. Eating similar coloured foods e.g., beige.
- Difficulties at home, school, work or when socialising with others.

Physical impact

- Insufficient nutrients needed for health, development and daily functioning.
- Not feeling or experiencing hunger in the same way that others might.
- Poor appetite. Weight loss.
- Lethargy and lack of energy.
- Growth may be affected in children and young people.

Psychological impact

- Fear and anxiety around food and/or eating.
- Worries regarding the consequences of eating such as choking, abdominal pain or vomiting.
- Find it difficult to put their fears into words.
- Mood can be negatively affected.
- Feeling like a burden.
- Avoiding social events if food is present.

Recovery:

Because ARFID manifests differently in each person, effective treatment must be tailored to the specific challenges and issues they face. There is no universal approach to treating ARFID, and treatment for ARFID is not included in the NICE guidelines for eating disorders. Currently, treatment available commonly involves evidence-based interventions such as CBT, exposure work and anxiety management.

Other Specified Feeding or Eating Disorder (OSFED)

Many individuals are diagnosed with a distinct eating disorder which is based on a set of typical behavioural, psychological, and physical symptoms. However, if someone's symptoms do not fully align with the criteria for any of these eating disorders, they may receive a diagnosis of "other specified feeding or eating disorder" (OSFED). In fact, OSFED accounts for the highest percentage of eating disorders. It is every bit as serious as any other eating disorder and sufferers deserve treatment just as much as anyone else.

OSFED is an umbrella term, meaning individuals diagnosed with it may have a wide range of different symptoms that vary from person to person. Some examples include atypical anorexia, night eating syndrome and purging disorder.

Like any other eating disorder, OSFED is a serious mental illness that can have many of the same physiological, psychological, and behavioural impacts. The risks are often the same.

Some *specific* examples of OSFED include:

- **Atypical anorexia** – this involves all the clinical signs of anorexia, except the individual's weight remains within or above the normal range.
- **Bulimia nervosa (of low frequency and/or limited duration)** – the person shows typical symptoms of bulimia, but the bingeing and purging episodes occur less frequently or over a shorter duration than required for a full diagnosis.
- **Binge eating disorder (of low frequency and/or limited duration)** – The individual experiences binge eating episodes with all the usual signs, but they happen less often or for a shorter period than needed for a formal diagnosis.
- **Purging disorder** – the person engages in purging behaviours (such as self-induced vomiting or misuse of laxatives) to influence their weight or shape, without accompanying binge eating episodes.
- **Night eating syndrome** – characterised by recurrent eating at night—either after waking from sleep or by consuming a significant amount of food after the evening meal.

Our Services: People with Eating Disorders

Referral process:

SYEDA currently supports individuals affected by an eating disorder in Sheffield, Barnsley, Rotherham and Doncaster. The referral criteria for each of these locations may vary slightly. More information can be found here: [Referrals — SYEDA - South Yorkshire Eating Disorder Association](#)

Assessment process:

Once a referral has been received, this is taken to our multi-disciplinary team to be discussed. If it is agreed that the referral is right for our service, then an assessment will be booked in to discuss their difficulties further. If we do not feel we are the right service, we will support the individual to access the support they need.

If your loved one is receiving support from SYEDA, they will be accessing either one, or a combination of the following services:

Counselling

- Counselling provides a safe space to explore the emotional challenges underlying an eating disorder, helping clients gain new insights, develop coping skills, and reduce the disorder's hold.
- We are committed to building trusting, non-judgmental relationships, ensuring clients feel seen, heard, and understood.
- Up to 18 sessions are available in Sheffield, Rotherham, Barnsley, and Doncaster.

CBT-T (10)

- CBT-T is a structured, evidence-based 10-session program for adults and adolescents at or above a healthy weight, suitable for those experiencing behaviors related to bulimia nervosa, atypical anorexia, binge-eating disorder, and similar conditions.
- Its goal is to help clients develop a healthier, more sustainable relationship with food and their body.

Occupational Therapy

- Occupational Therapy helps individuals identify their strengths, address challenges, and make meaningful changes in their lives
- Our Occupational Therapist works with clients to set goals, develop practical strategies, and tackle distressing behaviors
- Support can include meal planning, expanding food variety, building new routines, preparing for life changes, and managing stress.

We also offer:

Monthly Peer Support Group

- Our Peer Support Group, led by trained facilitators, welcomes anyone experiencing eating difficulties. We strive to create a comfortable, supportive environment, especially for first-time attendees
- Facilitators are available 10 minutes before and after each session for private discussions if needed.
- The group meets in person on the first Tuesday of every month at our Sheffield office, from 7 to 8:30 pm.

Bookable Dietetic Clinic

- We work with our volunteer dietician to complement our support services.
- Sessions are offered twice per month, either via phone, video call or face-to-face at the Sheffield office.

Confidentiality and information sharing: for family & friends.

At SYEDA, we recognise the vital role carers, family members, and friends play in supporting a loved one's recovery.

It's important to remember that although it is necessary for a client to give consent for information about their treatment/therapy to be shared; other information that is not confidential or personal can still be given without breaching confidentiality.

Client consent is required to share personal treatment or therapy details however, general information about eating disorders can still be given without breaching confidentiality. This includes general information about eating disorders, how family and friends can assist recovery, or information that it is already shared.

Confidentiality is an important part of maintaining trust between clients and their therapists. **By law, healthcare professionals/therapists keep detailed information confidential.** Children under 16 are entitled to decide how information they provide in confidence is used, as long as they are deemed capable of making decisions about their treatment. People aged 16 and 17 are entitled to the same confidentiality as adults.

There are instances where confidentiality must be broken, including when someone's safety or someone else's safety is at risk. In this situation, if your loved one is under 18, you as the carer would be informed, alongside other health professionals/services as deemed appropriate to the situation/concern raised. If you are caring for an adult, the therapist would inform their GP or other relevant healthcare professionals to keep them safe.

Your loved one's therapist will regularly review what can be shared with you. Depending on their wishes, you may be invited to join sessions or speak directly with the therapist.

Please note that anything you share with your loved one's practitioner will not be kept confidential from them, as trust is fundamental to the therapeutic relationship.



Our Services: Family & Friends

At SYEDA, we understand that eating disorders deeply impact not just those affected, but also their friends and family. Supporting a loved one can be challenging, which is why we offer a range of services to provide a safe space for sharing experiences and practical tools to help you offer effective support. No formal diagnoses are needed.

Support/Psychoeducation Sessions

- Our 1:1 psychoeducation sessions provide a safe, confidential space for carers supporting a loved one with an eating disorder.
- Based on a coaching model, these sessions empower you to find personalised strategies, with our clinician acting as a guide, helping you explore ideas and develop practical skills.
- Each carer is offered up to 6 sessions if appropriate.

Treading on Eggshells

- This 6-week course is designed for anyone caring for someone with an eating disorder – whether you're a parent, sibling, partner, or friend.
- Led by two Eating Disorders Practitioners, the sessions take place at our Sheffield office on Wednesday evenings, 6-8pm. Together, we'll explore the causes and triggers of eating disorders, support strategies, communication tips, and more. You'll also have the chance to connect with others in similar situations and share experiences.

'Not just a Fussy Eater'

- A 4-week course based on helping family & friends who are supporting individuals with ARFID, Autism and food-related sensory sensitivities.
- The sessions cover topics including understanding what ARFID, Autism and food related sensory sensitivities are, how we can address these difficulties with a toolbox of strategies, caring styles and communication, what change might look like, mealtimes and self-care.

Counselling Support

- 1:1 counselling offers you a safe and confidential space to talk about your issues and concerns with one of our trained counsellors.
- Counselling offers you the opportunity to explore your thoughts, feelings and behaviours so you can develop a better understanding of yourself, your relationships, and those around you.

Family & Friends Workshops

- SYEDA offers one-off workshops throughout the year for family and friends, providing a supportive space to connect with others and engage directly with facilitators. Each workshop focuses on a specific theme, offering practical tips, resources, and insights to help you better support your loved one.
- To stay informed about upcoming sessions, simply email us to opt in for workshop updates.

How to access Family & Friends support:

Our services are available for anyone supporting a loved one with an eating disorder who is registered with a GP in South Yorkshire, even if the person you are supporting is not currently accessing SYEDA's services.

All of these services are provided free of charge.

If you would like to find out more about any of these services please get in touch (info@seyda.org.uk) or complete the online Referral form (<https://www.syeda.org.uk/family-and-friends-referral-form>) and one of our Eating Disorders Practitioners will be in touch with you to arrange an assessment.

Please note assessments are held for one person at a time. Therefore, please complete a referral form for each individual that would like to receive support from SYEDA.



Supporting a loved one with an eating disorder: tips

Mood not food:

Eating disorders are complex psychological conditions that impact the entirety of a person's life such as their behaviours, thoughts, emotions and physical wellbeing. It might seem unusual but eating disorders are often not all about food itself. Eating disorders are often just the tip of the iceberg and are fueled by difficult feelings that exist underneath, for example anxiety, sensory challenges, loss of control, abuse/trauma, attachment difficulties, shame, body image issues, societal pressure and gender dysphoria. This is a very limited list of what may be lurking beneath the eating disorder behaviours.

Essentially, an eating disorder is often a coping mechanism for these difficulties. The way someone interacts with food may give them a sense of control and make them feel more able to cope. An eating disorder can be seen as a destructive coping mechanism that the person has found to help them feel more able to manage day-to-day. It makes sense that your loved one may respond with anger, resistance or upset when we ask them to let go of their coping mechanism – it is frightening to let go of something that you feel is helping you cope.

Rather than just focusing on eating disorder behaviours, it can be more useful to ask the individual **how they are feeling** and **acknowledge how difficult it must be to give up their eating disorder**.

Externalising the illness:

Think of the eating disorder as a separate entity; something that is affecting your loved one as opposed to your loved one being the problem. This doesn't mean your loved one has no responsibility in confronting the eating disorder; rather, it emphasises that they are not to blame for it—nor are you.

Separating the eating disorder from your loved one can empower you to distance yourself from it, helping you distinguish between eating disorder behaviour and your loved one. It helps you to form an alliance with them, and not their illness, while reminding us that recovery is possible.

When communicating with, talking about, or thinking about your loved one, try to externalise the eating disorder by treating it as separate from them. You may find it helpful to give the eating disorder a name or think about what it might look or sound like if it were visible.

For example, rather than “you are being difficult this evening”, try externalising by saying “your eating disorder is making things hard for you tonight, I can see how distressing it must be”.

Externalising the eating disorder can take away blame, leading to more compassionate communication.

Some individuals may find externalising their eating disorder dismissive or invalidating of their experience. Others might dislike separating the eating disorder from themselves, as it challenges their strong connection to it and the eating disorder may feel threatened (remember, it doesn't want to go anywhere). However, even if the individual does not like this, you may find it helpful for yourself and other family members in helping you to stay calm and hold hope for recovery.

Mealtimes:

Mealtimes can be challenging for both individuals with an eating disorder and those around them. Mealtimes may be full of upset, distress, anxiety and anger. Maybe you feel like you are treading on eggshells around them wherever food is involved.

Here are some general tips to help you and your loved one during mealtimes:

- Try to avoid talking about food/weight/shape/exercise/size/treatment at mealtimes. Keep conversation as neutral as possible and try not to get drawn into 'eating disorder talk'.
- Agree to a plan for distractions at mealtimes. For example: watching a film, listening to music, using a fidget toy, listening to podcasts or playing a game. This may help to distract them from their eating disorder thoughts.
- Plan your meals as much as possible and, if they are ready, include them in discussions around what will be eaten and when. Try to avoid any last-minute changes.
- Model regular eating. Sometimes, individuals with eating disorders struggle to understand what 'regular' eating looks like. Model eating a regular portion at a regular pace.
- Ask them how they are feeling beforehand and if there is anything you can do to help them.
- Do something together after the meal such as a game or watching tv.
- If your loved one binge eats, ask if they would like any help such as going shopping with them or doing something together at high-risk times (such as in the evening).

Communication tips:

Motivational interviewing (MI) is a way of communicating that encourages your loved one to make decisions for themselves, explore their ambivalence and move towards positive change.

Some general MI communication tips are as follows:

Open questions: Open questions are questions that encourage more detailed, thoughtful responses rather than just a "yes" or "no" answer. They typically start with words like what, how, why, tell me about. These types of questions invite the person to share their thoughts, feelings, and experiences in their own words, which is especially useful in meaningful conversations or when you're trying to understand someone better.

Affirmations: Affirmations are positive, supportive statements that validate a person's feelings, efforts, strengths, or experiences.

- **Acknowledge effort:** *"I can see how hard you're trying."*
- **Recognise strength:** *"It takes a lot of courage to talk about this."*
- **Validate emotions:** *"It makes sense that you'd feel that way."*
- **Highlight values:** *"You clearly care deeply about those around you."*

Active listening: Active listening is a communication technique that involves fully focusing, understanding, responding, and remembering what the other person is saying. It's more than just hearing words—it's about being truly present and engaged in the conversation.

- **Paying full attention:** Making eye contact, putting away distractions, and showing you're mentally and emotionally present
- **Asking clarifying questions:** Gently probing to get more detail or clear up confusion, without interrupting or judging.

- **Reflections:** Repeating back what you've heard in your own words to confirm understanding, like *"So what you're saying is..."* or *"have I got it right that..."*
- **Withholding judgement:** Keeping an open mind and avoiding the urge to give advice or criticise.

Expressing empathy: When communicating with a loved one with an eating disorder, conflict is futile and may even send the sufferer deeper into their eating disorder. Showing empathy isn't about acceptance but, rather, to seek a deeper understanding of the person's perspective. Empathy is about being **with** someone, imagining yourself in their shoes, being genuinely curious about others, sharing who you are and validating other's experiences.

Reassurance traps: in the context of eating disorders are situations where a person with an eating disorder frequently seeks reassurance about things like their appearance, weight, food choices, or health—and where giving that reassurance, while well-meaning, can unintentionally reinforce the disorder. For example, your loved one may ask questions such as *"do I look fat?"* or *"are you sure I should eat this?"*. Although reassuring may temporarily ease anxiety, in the long run it can prevent the person from developing internal coping skills, maintain the ED thinking style and reinforce obsessive thinking. Instead, it can be more helpful to gently shift the focus to their feelings (*"It sounds like you're feeling really anxious about that—can you tell me more?"*), encourage self-reflection (*"What's making you ask that right now?"*) and validate their emotions (*"I can see how distressing this is for you"*).

Things to avoid:

- Avoid discussing weight and shape in front of them, especially in a demonising way. Avoid talking about "diets" or commenting on weight/weight loss.
- Avoid comments around specific foods/food types or encouraging restriction of certain foods. It is unhelpful to refer to certain foods as "treats", "clean", "good or bad" or "healthy or unhealthy".
- Try not to make assumptions about why someone is struggling with their eating.
- Unless you are part of their recovery journey or responsible for their meal plan, avoid telling them what they should/shouldn't be eating.
- Try not to argue with the 'eating disorder' or use logical explanations, as this will often only lead to frustration and upset for everyone.

Taking care of yourself:

Caring for someone with an eating disorder can be both physically and emotionally exhausting. That's why prioritising your own self-care isn't just important—it's essential. Looking after yourself not only protects your wellbeing but also strengthens your ability to support your loved one on their recovery journey, allowing you remain calmer, be more consistent and provide empathic support. **Your wellbeing fuels theirs.**

Here are some ways you can take care of yourself:

- Acknowledge your feelings and allow yourself to feel emotions without judgement. Consider talking to someone about how you are feeling.
- Set boundaries by communicating your limits.
- Connect with others in similar situations to create a support network
- Celebrate small wins!

- Practice stress management. This could be doing mindfulness, buying yourself something nice or even making yourself a cup of tea! Small acts of kindness towards yourself can make a huge impact.

If the idea of looking after yourself feels too much right now, how about thinking about 'survival care' – the essential and minimal level of care needed to keep yourself going. This may include things like letting your child watch a little more TV than usual so you can do something else or paying for a nice coffee when you are out because it is something just for you. It may even be having an extra 5 minutes in the shower as it is the only time you get alone or saying 'no' to something if you are feeling depleted. Survival care is about what you can do to **get through each day**.

While using these skills, keep in mind that you know your loved one best. If a particular technique isn't effective, try adapting it based on how you know they respond. Every person is unique, so not every approach will work for everyone.



Further Support for Family & Friends

The skills and techniques we explore together during your time with our Family & Friends support are just the beginning.

To further support you on this journey, we've compiled a list of recommended resources that you may also find helpful:

Book Recommendations:

- **Skills-based Caring for a Loved One with an Eating Disorder: The New Maudsley Method** – Janet Treasure, Gráinne Smith and Anna Crane.
- **Anorexia and other Eating Disorders: how to help your child eat well and be well: Practical solutions, compassionate communication tools and emotional support for parents of children and teenagers** – Eva Musby
- **Help Your Teenager Beat an Eating Disorder (2nd edition)** - James Lock and Daniel Le Grange
- **Avoidant Restrictive Food Intake Disorder: A Guide for Parents and Carers** - Rachel Bryant Waugh
- **Food Refusal and Avoidant Eating in Children, including those with Autism Spectrum Conditions: A Practical Guide for Parents and Professionals** - Gillian Harris and Elizabeth Shea

Website Recommendations:

- **Beat:** <https://www.beateatingdisorders.org.uk/>
- **BodyWhys:** <https://www.bodywhys.ie/>
- **New Maudsley Carers:** <https://newmaudsleycarers-kent.co.uk/>
- **First Steps ED:** <https://firststepsed.co.uk/>
- **Peace Pathway (Autism & Eating Disorders):** <https://peacepathway.org/>
- **ARFID Support (ARFID Awareness):** www.arfidawarenessuk.org/
- **FREED:** <https://freedfromed.co.uk/resources-for-patients-carers> (First Episode Rapid Early Intervention for Eating Disorders – 16–25-year-olds)
- **Be Body Positive:** <https://bebodypositive.org.uk/>

Podcasts:

- **Full of Beans (Podcast):** [Podcast | Full of Beans \(fullofbeansed.co.uk\)](http://Podcast|FullofBeans(fullofbeansed.co.uk))
- **BodyWhys:** <https://www.bodywhys.ie/category/podcasts-downloads/>

Finding additional local support:

- **BACP:** <https://www.bacp.co.uk/>
- **Counselling directory:** <https://www.counselling-directory.org.uk/>
- **Hub of Hope:** <https://hubofhope.co.uk/>
- **Sheffield Mental Health Guide:** <https://www.sheffieldmentalhealth.co.uk/>
- **Rotherham Mental Health Guide:** <https://rotherhive.co.uk/>
- **Doncaster Mental Health Guide:** <https://www.yourlifedoncaster.co.uk/mental-health>
- **Barnsley Mental Health Guide:** <https://www.barnsley.gov.uk/services/adult-social-care/help-with-your-mental-health/mental-health-services/>
- **Local Carers Centres:** <https://carers.org/help-for-carers/carer-services-near-you?location=>
- **Autistic Children and Carers Together (ACCT):** <https://acctsheffield.org.uk/>
- **Doncaster Parents Voice:** <https://www.doncasterparentsvoice.co.uk/>
- **Barnsley Carers Service:** <https://barnsleycarers.co.uk/>
- **Rotherham Parent Carers Forum:** <https://www.rpcf.co.uk/>
- **Sheffield Parent Carer Forum:** <https://sheffieldparentcarerforum.org.uk/>

Visiting your GP:

We know that it can be difficult supporting someone with an eating disorder and can bring up a range of tricky emotions such as worry, mood fluctuations and stress. Therefore, you may wish to inform your GP of your caring role so that they can review and check in with you regularly to ensure you are supported too.

Other important information:

What to do in a crisis:

A mental health crisis is any situation in which a person's behaviour, emotions, or thinking put them at risk of harming themselves or others or prevents them from being able to care for themselves or function safely. At this point, the individual will need **urgent mental health** help for example, if they are feeling suicidal or experiencing significant self-harming behaviours. A crisis may also take place if the person is experiencing physical health difficulties e.g., chest pains.

As SYEDA are **not** a crisis service, if you/a loved one needs urgent support, we would advise the following:

- If your/someone else's life is at risk, **go to A&E (or call 999)**
- **Call 111 for advice** if the threat is not immediate but is making the person feel unsafe, distressed or worried. There is now a mental health line where you can speak to a trained professional (open 24/7).
- **Emergency GP appointments** are available should you need urgent support (you do not need to be registered as a patient already)
- If you are suicidal and want to talk to someone in confidence you can call **Samaritans** on **0114 276 7277 or 116 123**, or email jo@samaritans.org

Giving feedback or raising concerns:

We would encourage you to talk to your therapist if you are unhappy about any element of the service you are receiving. If the outcome is still unsatisfactory, you can ask to arrange a meeting with the Clinical Manager, or the CEO. Please pass this request to any member of SYEDA staff.

Data collection:

As part of any service we offer, we will ask you to complete questionnaires to monitor your progress. We use this data anonymously as part of SYEDA's outcome measures and you are free to withdraw your consent at any time without giving any reason and without there being any negative consequences.

Any responses you do give will be kept strictly confidential and anonymous, and the SYEDA team will have access to these anonymised responses. Your name will not be linked with outcome measure materials, and you will not be identified or identifiable in resulting outcome reports or future research.

This will be discussed, and permissions sought, at assessment and/or session one.

Confidentiality – for you and loved one

All information you share with your practitioner will be kept strictly confidential however, the following exceptions apply:

- The practitioner believes there is a serious risk of harm to either you or another person.
- If a vulnerable adult or child is at risk of harm or abuse.
- If you mention involvement or knowledge of an illegal/criminal act which includes serious harm, some examples of this are drug trafficking, money laundering or an act of terrorism. (Please request a copy of our confidentiality policy for further details).
- Your information is subpoenaed by a court of law.

In these cases, confidentiality must be broken, and information passed onto the most appropriate organisations/authorities. If possible, the practitioner will inform you client of what steps are going to be or have been taken. Safeguarding procedures will be followed at all times. Safeguarding and confidentiality policies can be provided should you wish to read these.

SYEDA
13-17 Paradise Square,
Sheffield, S1 2DE

Our staff can be contacted on
0114 272 8822
or you can email us at info@syeda.org.uk

Charity No.
1114451
Company No:
5689222



@syedacharity

