



Family Matters – Tips for families from families

Phase 2- the dance

What does it actually look like

Yay - you are now in Phase 2! BUT many parents complain that this phase is harder in some ways than Phase 1. It is lot more gray than black and white and it is really difficult to hand over control, trust your child, stay vigilant about ED and do it methodically and carefully so it doesn't backfire. It is linear and don't expect perfection. Baby steps are advisable. As for your child, taking these 1st steps towards independent eating, "choosing" to eat, choosing to fight ED on their own rather than being told what to do, introduces a new level of guilt and anxiety. Your child may not be able to express this herself, but he/she is likely to be struggling with having to choose to eat rather than have it chosen for her.

Many parents transition into Phase 2 slowly and systematically. As one parent says "We started with 1 snack that D chose from a bag of other snacks - then we tried two snacks - and finally we tackled meals. It is frustrating! It takes patience and time. Good news is that my D can now feed herself and maintain her weight herself with me very much in the background"

Another parent described it as "There is also a lot of backtracking, when you realize that something isn't working or is too hard, you can always step back and say that she wasn't quite ready, let's practice and then next time maybe it will be easier. When it came time for my D to plate her own food - she would do it under our noses. We would tell her to add a little more or approve. If she added more and we still felt it was under, we could then take over and do the portioning. If she protested, we would just say that this may be too hard for her at this stage and we would go back to our portioning from the outset and removing that control temporarily. Kind of stepping back to Phase I for a bit and then moving forward again - it's a dynamic process"

How do we do it?

- Take baby steps, don't rush this phase, and accept that this Phase may take a long time. This process can be likened to making sure you put chocks behind each bit of progress to make sure you don't slide back.
- Accept and embrace the fact that Phase II poses an inherent risk.
- Have the child/young person practice choosing and preparing her food under supervision before she is permitted to eat unsupervised.
- Be systematic in how you approach introducing independent meals and snacks. Decide on the process and stick to it.
- Assess progress regularly. Weight needs to be monitored in this phase to ensure any lapses are picked up early.

- Take back control when necessary. It can be a 2 steps forward, one step back process. No blame should be attached to the child or on yourself if these backward steps occur. Remember that whatever happens is simply feedback, not failure.
- Some young persons need a gentle nudge to move forward as it can feel very safe to have no choice in what and when to eat. For some, this choice creates real anxiety which needs to be gently pushed through.
- Don't force Phase II into an external timeline. Trying to push independent eating to get to go on an overseas school trip or off to university etc won't work in general, although in the latter stages these opportunities can be used to get fully flexible eating of a wide range of foods bedded down.
- Keep things in perspective – while it may feel to you at the time that this process is tortuously long, you will look back in 3 months, 6 months and be able to see clear signs of progress.

(some of above tips from Dr Ravin <http://www.blog.drSarahRavin.com/eating-disorders/navigating-phase-ii/>)

What does it feel like for the young person?

Phase II is also the time when their brain starts feeling all of those emotions that restriction had suppressed. The primal terror of food is replaced by anxiety and thoughts that they are now actually processing but don't want to process. It can be a bit tumultuous and confusing for both the young person and their family.

The young person may send mixed signals – she/he may beg for the freedom to eat lunch in the school cafeteria and go out to dinner with her friends, but yet she is clearly unable to take a single bite of food that isn't "required" and "supervised." To outsiders, the young person seems normal – she/he looks healthy, she/he acts more or less like a typical teenager (in between mealtimes, at least), but appearances belie the at times still-raging battle in his/her head.

What does it feel like for families?

After having been on 24/7 hyper alert for the last number of months while in Phase 1, many parents find it hard to get the balance right between remaining vigilant and proactive in steering their young person to recovery, and not being hyper vigilant when it is not required. It is normal to have our own adrenal system still on full alert when it is not necessarily required, especially as you approach the end of Phase 2. We can often over-react to seemingly small glitches which seem the precursor to a dramatic slide back to the hell of the worst of this illness.

This is where serious self-care becomes imperative. As the burden of caring for our young person is lightened, we need to take time out for ourselves, address any ramifications of this incredibly stressful period of our lives and start to re-enter our normal lives. You can feel disconnected and even alienated from your previous life; feel like small chat is an irrelevance and many other manifestations of prolonged extreme stress, anxiety and fatigue.

Self care is very individual and you need to work out what works for you to re-establish your equilibrium. For some it is a return to work, taking up new hobbies or even careers, stopping all work and commitments for a while and just taking it easy, seeking counselling to process what you have been through and possibly medication where needed, time just with your spouse or other children, massages etc. Whatever heals you, do that. Don't expect healing to be quick or easy, so be kind with your own expectations of yourself

Developed by Belinda Caldwell – CEED Carer Consultant, and the mother of a daughter with anorexia nervosa.

Tips collated from the lived experience and wisdoms of parents on the FEAST website (www.feast-ed.org) and other sources.

