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When Your Teen Has an Eating Disorder: A Q&A with Lauren Muhlheim, Psy.D.

Lauren Muhlheim, Psy.D., FAED, CEDS, eating disorder specialist, is the founder of Eating Disorder Therapy LA and a co-editor of the *Los Angeles Psychologist* magazine. She is the author of *When Your Teen Has an Eating Disorder: Practical Strategies to Help Your Teen Overcome Anorexia, Bulimia, and Binge Eating*. Gretchen Kubacky, Psy.D. interviewed Dr. Muhlheim about teen eating disorder treatment.

What was your motivation for writing the book?

Family-Based Treatment (FBT) is now the leading treatment for child and adolescent eating disorders, including anorexia nervosa, bulimia nervosa, and atypical and sub threshold eating disorders. This treatment puts parents in charge of the nutritional and behavioral aspect of their child's recovery. FBT represents an about-face from traditional treatments that blame and exclude parents. In FBT, the therapist charges parents with the task of renourishing their child. The therapist's stance is encouraging but typically not explicitly directive. Parents have commonly complained that they are not given enough guidance to accomplish this task and wish they had more direction. Additionally, there is a shortage of therapists trained in this treatment, and many parents attempt to implement the strategies without the support of a therapist. Though there are various online parent forums and organizations to assist with this, there is an undeniable shortage of published material. My book attempts to solve these problems and fill a gap for families living in areas with limited treatment.

Why are teen eating disorders so important to address early on?

The fact is, eating disorders are, in large part, a biological issue. Teens with eating disorders need food. They need to develop eating habits that include regular balanced meals in adequate amounts. In most cases, an eating disorder will prevent a teen from making healthy decisions on his or her own. A parent's primary job is to take charge and help their teen take his or her medicine. Their goal is to restore their teen to optimal brain and body health so that he or she can flourish and become an independent adult. Parents are charged with planning, providing, and supervising all meals for their children much like the staff at a residential treatment center would. In the context of their own home, with familiar foods, and the comfort of family, parents nourish their teens back to health. They are taught that food is medicine for an eating disorder.

There are some startling facts about teens and eating disorders; can you share what some of these are?

First, many children and teens who develop eating disorders do not experience actual weight loss. Instead, they may fail to gain weight as expected. Height and weight should be tracked along the CDC growth curves to best detect a potential problem. Sometimes young people with eating disorders fall off their height curves before they fall off their weight curves, which is why both should be tracked. And even teens who are finished growing are expected to continue to gain weight, albeit more slowly, through late adolescence and into early adulthood.

Second, a *negative energy balance*, a state in which a person burns more energy through physical activity than is consumed through food, triggers most eating disorders

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in young people. While an energy imbalance may often be the result of a deliberate attempt to lose weight in the form of a diet, it can also be caused by "unintentional" causes. In many cases, eating disorders emerged after patients lost weight unintentionally for unrelated reasons such as wisdom tooth extraction, pneumonia, mononucleosis, or an increase in sports training. Only after the energy imbalance or weight loss occurred did the teen fixate on further dieting.

Third, teens do not need to have motivation to get better. Many parents who want to allow their child a role in his or her own recovery may be tempted to delay treatment until she he or she willing. But without intervention, that willingness may never develop! I believe that the research on the efficacy of FBT suggests that waiting for teens to want help is a mistake. Parents can be change agents and act on their child's behalf in seeking treatment for him or her.

Fourth, teens in recovery often have very high energy needs. Parents are often surprised when their children need between 3,000 and 6,000 calories a day to be renourished.

How do you manage parental fears and concerns about their teen's eating disorder? How do you help them cope, so they can be strong for their kids?

In family-based treatment, we seek to raise parental anxiety enough so that they will act and take charge of renourishing their child, but not so much that it will overwhelm them. FBT therapists empower and support parents by providing education about eating disorders and recovery strategies, helping them to come up with solutions to help their child, and reinforcing their efforts. Personally, I am aware that parents need extra support particularly in the early phases and try to make myself available to parents as needed (within reason). We also conduct a family meal where the family eats a meal in our office and receives feedback on how to help their teen to consume foods that are challenging. We also talk about coping skills for parents and children. Finally, some parents benefit from additional support such as online or in person support groups.

What are some of your favorite tools for working with the parents of teens with eating disorders?

Externalizing the Eating Disorder is one of my favorite tools. Parents can be taught to see the eating disorder as a distinct entity that has invaded and possessed their child. Teaching parents to stand up to and fight back against eating disorder behaviors is easier when the parents realize they are not fighting their teen, but fighting the eating disorder that is threatening their child's life. I often refer to the eating disorder as a monster or a demon. Note that some adolescents like this metaphor and identify with it as well, even picking their own name for the eating disorder (alien, monster, Voldermort). Others dislike seeing the eating disorder as distinct from themselves. In that case, the parents might refrain from naming the eating disorder to their child, but they can still use it privately.

New Harbinger Publications will publish Dr. Muhlheim's book on September 1, 2018. To learn more about her private practice, see www.eatingdisordertherapyla.com. ▲