



SUPPORT FOR FAMILIES WITH TEENAGERS WITH EATING DISORDERS

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<p>In recognition of the seriousness of the eating disorder, health specialists across the world are beginning to reconsider the conventional approach to treating the disorder, particularly recognizing it as a mental health issue that affects young individuals. Although the eating disorder is caused by grossly disturbed eating behaviours, however, there is not a single, identifiable cause. As a nurse, it should be a basic requirement to have an understanding of the psychological and social risk factors that can trigger the eating disorder and the behaviours and characteristics that can be influenced (such as dieting and poor self-esteem) for early detection and proper treatment. This thesis explores the development of alternative support methods that enable nurses to deliver support in the form of educations and information for parents of teenagers suffering from eating disorders. It argued that in an era of decreasing nurse-to-patient staffing ratio, developing an alternative support system that provides services to parents with less interaction with the nurses' yields more results than encouraging physical contacts. The thesis findings will be relevant not only to parents acting in the capacity of caregivers but also to the nurses and other medical practitioners who deliver community-based primary care to the nation's most vulnerable.</p>	
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ACRONYMS

NEDA - National Eating Disorders Association

WHO - World Health Statistics Report

1 INTRODUCTION

Eating disorders have been identified as a serious mental illness, a psychological and physiological illness that is neither caused by the parent nor intentionally chosen by the child. The Academy for Eating Disorders (AED) maintains that while the family factors often play a significant role in the emergence and occurrence of eating disorders, the current body of knowledge have rejected the claim that these family factors are the prime mechanisms that act as catalysts for the disorders (Le Grange et al. 2010). The most prevalent eating disorders that have been recorded are the anorexia nervosa and bulimia nervosa. This is not to say that there is no significant number of people suffering from other eating disorders like binge-eating disorders.

According to the National Eating Disorders Association (NEDA), due to the recent research development in the study that more accurately reflect the range of the eating disorders, research has shown that there is a higher prevalence of eating disorders (Keski-Rahkonen et al. 2007). For teenagers suffering from an eating disorder, their parents are, by default, their caregivers, right from the time they were kids to their adolescent years. It is quite normal for these parents to experience some form of relapses, which if not handled carefully, could continue for a lifetime. As noted by Lohr (2007), the involvement of parents improves the outcomes of eating disorders. However, this should not be done at the detriment of the parent's situation. There are several pointers to the instance of parents neglecting their well-being while caring for their adolescent child suffering from anorexia and other eating disorders.

Eating disorders amongst teenagers is an experience that causes an extreme emotional burden on the parents due to the sheer duration and intensity that accompanies the recovery process. In the process of getting involved in the treatment of their teenagers who are suffering from eating disorders, a significant number of parents find themselves neglecting their well-being, and this often ultimately hinder the recovery of the child in question. Nurses are a critical part of the treatment and recovery process, and they make up the largest section of the health profession to help in dealing with the disorder.

However, according to the World Health Statistics Report (WHO, 2013), there will be an estimated shortage of one million nurses needed by 2020 globally. Today most developed and developing countries are already experiencing shortages of nurses due to

human capital flight in the medical sector. This decreasing number of nurse-to-patient ratio often hamper the quality of service given to families with teenagers with an eating disorder, particularly when the disorder is not regarded as a life-threatening illness. Hence, in dealing with teenagers with an eating disorder, the realization of the decreasing nurses-to-patient ratio will require a much more sustainable approach to deal with the growing prevalence of the disorder.

Additionally, the fact that the teenager's eating disorder extends to their parents makes it a more serious issue that must be properly addressed. According to Kyriacou and Schmidt (2008), the possibility of families, particularly parents with teenagers suffering from eating disorders to experience some form of emotional burden is high. This emotional burden is often the result of the accompanying stress and anxiety that arises from the caregiving and often affects many facets of the parents' lives (Kyriacou and Schmidt 2008). The fact that eating disorders like anorexia are sometimes chronic and often resistance to treatment also raises the possibility of health risk for the parents involved in a prolonged recovery process of their teenager.

In light of the preceding, this thesis will explore an alternative support approach that balances the nurses-to-patient deficiency while at the same enabling nurses to deliver on the adequate support for parents with teenagers with eating disorder.

2 BACKGROUND

2.1 Brief Description of some Eating Disorders

Anorexia nervosa is an eating disorder, and it is characterised by the refusal of the sufferer to maintain minimally healthy body weight and height that is commensurate with the age. It often arises out of the intense fear of getting fat or gaining too much weight as well as a perceptual disturbance in how the individual's weight is evaluated (APA 2000). Individuals may embark on achieving the goals that have to do with watching their weight by restricting food intake, engaging in too many exercises as well as embarking on the purging of calories needed by the body through a series of self-induced vomiting or diuretic abuse (Grillo 2006).

To some particular individuals, the pursuit to remain thin is seen as an achievement and a sense of self-discipline. The thought alone provides such individual with a sense of control; leading to increased self-esteem. To such individual, weight gain is related to poor self-control, which often results in great emotional distress. Easter and Tchanturia (2009) suggested that having an eating disorder is often considered in some quarters as a means to cope with numb emotions which are seen as distressful by the individual in question.

People suffering from anorexia often live in denial of the medical consequences that are attached to malnourishment (Grillo 2006). This often leads to Amenorrhea in females, with a possible delay of menarche. The two sub-categories of anorexia include the restricting type and the binge eating/purging type. Anorexia is claimed to be the third most common health problem among teenage girls.

2.2 Bulimia Nervosa and Binge Eating disorders

This form of an eating disorder is attributed to a continuous cycle of episodes of binge eating, a recurring and inappropriate weigh compensating attitudes and an over-evaluation of the individual's body, shape or weight. In clinical processions, a diagnosis

of bulimia is given when the patient does not meet the criteria to be diagnosed with anorexia. Bulimia too, as a unique and distinct eating disorder, is categorised in two patterns; the purging type and the non-purging type (APA 2000). Bulimia is four to six times common among teenagers than anorexia (Abraham and Llewellyn-Jones 2001). Its occurrence among teenagers is very high, and most times, it goes undiagnosed up till their late teenage years and into their early adulthood.

Females are at a higher risk of suffering from Bulimia, unlike males. This is validated by Hoek and van Hoeken (2003), who claimed that an estimated five to ten per cent of sufferers of clinical eating disorders are males.

This episode occurs when individuals take up the habit of eating an abnormally large amount of food in short periods as a result of a variety of circumstances. This occurrence is often preceded by hours of food restrictions that deprive the individual's body of the needed nutrients.

During episodes of binge eating, there is always the feeling of lack of control and emotional distress that accompanies it. This makes for the development of compensating strategies by the individual to counter the food restriction, laxative abuse, self-induced vomiting, excessive exercise, etc. the compensatory strategies are targeted at relieving the fears associated with weight gain and physical discomfort. Most people suffering from binge eating often experience embarrassment and shame concerning their inappropriate eating patterns, which often necessitate keeping the disorder secret.

Eating Disorders have become a problem in the western world, and it is mostly unrecognised in people. Various research has inferred that the occurrences of anorexia and bulimia have been on the increase over the past decades. However, the results are possibly being subjected to underestimations for a whole lot of reasons which include the secretiveness associated with the sufferers as well as common methodological issues pertaining to the research (Clarke and Polimeni-Walker 2004).

The occurrences and prevalence of eating disorders if not checked put the health of the sufferers in grave danger as it is one of the highest factors that aid premature death (Harris and Barraclough 1998). Anorexia, on its part, is a chronic illness with a slow recovery rate. As Grillo (2006) reported, between 25% and 50% of anorexia patients

never gain full recovery. They are also at risk of developing symptoms associated with bulimia if not adequately controlled and checked. This is not to under-emphasise the chronic nature of bulimia too.

2.3 Review of Relevant Literature

There has been a significant number of researches on the views of individuals with eating disorders. As noted by Halvorsen and Heyerdahl (2002), some findings claimed that the perspective of the individual suffering from an eating disorder is normally different from that of the parent. Knowing this fully well, it becomes imperative to investigate the views of parents who often take up the roles of caregivers to teenagers suffering from eating disorders. The reason for this is the dearth of a qualitative study in the past on the experiences of parents who double as caregivers for their teenager that are suffering from eating disorders (Whitney et al. 2005).

In the last decade, however, the awareness of caregiving experiences and challenges have been observed to be on the rise. A significant number of these studies made suggestions that categorising parents and family as parts of caregivers would contribute immensely to the development and maintenance of teenager's eating disorder (Hoste, Doyle and Grange 2011). The result of these suggestions is that they not only make the parents feel distressed in their role as parents, but they also present a negative picture of the parents whose teenager are suffering from eating disorders.

Some other researches acknowledged the fact that family dynamics that are considered to be dysfunctional might be a resultant effect of the pressures the eating disorders is putting on the family, rather than believing that the family is part of the causes of the eating disorder in the first place (Sim et al. 2009). The mortality rates of teenagers suffering from eating disorders and the morbidity rate are often very distressful for the parents of the teenager (Cotee-lane et al. 2004). However, some other researches have pointed out the capabilities of family members being part of the solution to the problem of teenagers with eating disorders and how they can overcome them (Kamerling and Smith 2010).

Given the increase in the awareness for increased qualitative research in the area of parents acting as caregivers to teenagers suffering from eating disorders, some have

been encouraged to discuss their experiences. While the majority of such investigations are aimed at the parents' experiences with respect to treatment and coping with the teenager, the investigations do not fully capture what it is like for the parent to act as a caregiver for a child with an eating disorder. All these points out that the perceptions of the parents are essential and valuable as well as worthy of been explored for a number of reasons.

Studies carried out in other places in Europe have come to the conclusion that there are huge implications for parents that have any of their teenager suffering from any of the known eating disorders. As far as Estonia is concerned, research on eating disorders and how it affects the well-being of parents as caregivers is limited despite the need for increased studies of the subject matter. This study will be carried out extensively with the intention of generating more findings through qualitative research.

3 THEORETICAL FRAMEWORK

In order to build on the previous investigations on eating disorders as it relates to the caregivers (in this case parents), the theoretical framework used to guide this study are the Transactional Model of Stress and Coping; and Transtheoretical Models of Behaviour Change.

3.1 Transactional Model of Stress and Coping

This Model, developed by Lazarus and Folkman, has been used widely to guide researches into adaptation and caregiving. The transactional nature of this theory suggests that both the environment and the person are perceived as being dynamic and involved in a mutually reciprocal relationship. Stress is a concept that is used to describe the relationship between a person and his immediate environment which is appraised by the person as exceeding his or her resources and as such threatening his or her well-being (Lazarus and Folkman 1984).

The Stress and Coping model assert that people move through two steps when processing and coping with events that are perceived as stressful (Wenzel et al. 2008). The first step includes the person's engagement in a primary appraisal by evaluating its significance, capacity to be controlled, as well as the potential impact of the stressor. The subsequent step is perceived as the second step and involves the person's assessment of his or her ability and the options available for coping with the stressor.

Caring for a person suffering from eating disorder is general perceives as a stressful endeavour. The burden associated with taking care of a loved individual suffering from an eating disorder is often tiring and affects the well-being of the caregiver. Parents, as caregivers to teenagers suffering from eating disorders, may appraise the situation as being stressful (the first step in the model). However, they often feel disabled doing anything about it because of their perceived existence of too many barriers to self-care (second step of the model).

The Stress and Coping Models can be used to have a better understanding of the situation of the parents, which will subsequently lead to designing, and developing of an alternative support method that will offer the parents sustainable support. Alternative

support in the context of this thesis refers to information dissemination via various channels. Research has shown that there are often serious delays in integrating clinical recommendations into routine practice (Antman et al. 1992). Getting the information across from nurses to parents are quite apart from the internal, day-to-day information dissemination within the medical facilities (Marriott et al. 2000). Therefore, the significance of conducting a formative research that is aimed at helping and supporting families that have teenagers with eating disorders.

3.2 Trans-theoretical Model of Change Behaviour

This model makes use of a temporal dimension and stages of change in order to integrate processes and principles of change from different intervention theories; a reason for being referred to as '*Trans-theoretical*'. The objective of this move was to embark on systematic integration of theories in a field that have witnessed theories being fragmented into more than 300 psychotherapy theories (Prochaska 1984).

The Trans-theoretical Model of Behavior Change develop constructs which are aimed at informing the understanding of health practitioners on the level of preparedness that parents may need to exhibit in order to effectively engage in self-care as well as the components of health communication messages that might be most effective at taking the parents through the various stages of readiness (Prochaska, Redding, and Kerry 2008). The application of the transtheoretical model to behaviour change to this research work based on the presumption that parents of teenagers suffering from eating disorders could be in any of the following stages of engagement with respect to self-care:

- Pre-contemplative; which is perceived as a stage where there is no thought of engagement
- Contemplative: used to describe a stage of thinking about the prospect of engagement
- Preparation: parents at this stage are already making plans to be engaged in self-care
- Action; parents are already engaged in self-care
- Maintenance: takes care of parent's that exhibit regular engagement

The Trans-theoretical Model of Behaviour Change also includes the change processes that are known to motivate effective progression in between these stages. The relevant processes that are imperative to this research as it applies to parents of teenagers suffering from eating disorders are highlighted in the table below:

As noted by Prochaska et al. (2008), the predictive nature of these procedures is still unclear, but this does not degrade their provision of a basis from which the conduction of formative research is made possible. For instance, raising the consciousness of parents of teenagers with eating disorders who have shown their needs for such helpful information. For this reason, it is rather imperative to provide parents with clinical support in the form of messages and information on the ways to move from one stage to another.

Table 1: The Relevant Processes being applied to parents of teenagers with eating disorders

Change Processes	Description	Instances
Consciousness-raising	Learning new information to support behaviour change	Important because the parent explicitly stated the need for information on previous caregiver research
Environmental reevaluation	Confirming the impact of unhealthy behaviour on the environment	Linking self-care not only to the child's health outcomes but also to the improvement of the family dynamics
Self-Re-evaluation	Behaviour change is part of the identity	Making self-care a component of one's idea of self-health and well being
Social Liberation	The realisation of the changes in social norms in	Parents of affected teenager need to understand that treatment

	the direction of supporting health behaviour	teams and society encourage parent care
Self-Liberation	Committing to change	Making the conviction that self-care is ideal and needed to be engaged in
Dramatic relief	Experiencing negative emotions resulting from the risk of unhealthy behaviour	Reminding parents of the effect of their stress and anxiety on their teenager's health outcomes
Helping the relationship	Use of support from others while trying to change behaviour	Parent need to find social support from trusted people.

Source: Prochaska, Redding, and Evers (2008)

3.3 The input of Parents in Teenager's recovery from Eating disorders

The input of parents with respect to the recovery of teenagers suffering from eating disorders is now being widely recognised and affirmed (Goddard, Raenker and Treasure 2011). This is because extensive researches have pointed out that eating disorders are typically diagnosed during childhood to teenage years; this in effect means that either one or both parents often stand as the primary caregivers of such teenager. Another important thing worthy of note here is that as a result of lack of proper insight or disposition to affirm denial by the individual suffering from an eating disorder, most times it is the parents that take the step of engaging the attention of health care professionals to the sufferers (Brown 2011).

When the eating disorder has been adequately identified, it is the parents that usually encourage their wards to embark on continuous treatment and who take active steps to make sure the child's treatment is scheduled correctly. The fact that parents have to cope daily with the child suffering from eating disorder makes them take steps to facilitate

and support treatment delivered by the health professional. The parents are also obliged to provide the necessary care within the home and family environment to necessitate prompt treatment (Honey and Halse 2005).

Many a time, this can be in the form of managing or monitoring what the child eats, as well as taking note of the moods and behaviours associated with teenagers suffering from eating disorders (Kamerling and Smith 2010). This shows that parents are influential to the outcomes of any treatment to be provided and as such are important sources of recovery for teenagers experiencing any form of an eating disorder.

As a result of the vital roles played by parents in the recovery of their teenager suffering from eating disorders, various research affirms that clinicians should include the parents as strategic members within the treatment team (Hillege et al. 2006). This is believed to result in an improved outcome for the child and also the family as a whole. To support this standpoint, Pettersen and Rosenvinge (2002), stated that patients suffering from eating disorders reported that the empathy generated from the relationships with the significant others are very crucial in the recovery process.

The turning point of a significant number of sportspersons suffering from eating disorders was as a result of the support they got from their parents' intervention in the recovery. The parents are described as being of strategic importance to the continual recovery from eating disorders. The existence of supportive and nurturing parents goes a long way in determining the recovery outcomes as well as shorter duration of treatment. Halvorsen and Heyerdahl (2007), suggested a higher level of prognosis in teenage anorexia due to the parental support of the treatment.

Since the significance of the impact of parents as primary caregivers has on the outcomes of the recovery, the views of the parents need to be explored in great detail (Honey and Hales 2005). Without expending their valuable time, dedication and involvement, it leaves us wondering if the teenager will key into the intervention seamlessly. Exploring the perceptions of the parents as well as their experiences accords professional intervention experts informed knowledge that will make offering clinical support easier. Clinicians have found out that having knowledge of the parents' experiences is helpful and also useful for modelling an effective therapeutic alliance with them for the treatment of their teenagers.

The placement of parents as the best and most effective resources in the recovery of teenagers suffering from eating disorders cannot be over-emphasised. Despite the fact that parents are seen as important resources in the intervention and recovery processes, any attempt that is established; and which does not factor in the parents in the treatment will often lead to a gap in the treatment.

Mcmaster (2004) pointed out that the importance of parents' involvement in the intervention and recovery process of teenagers suffering eating disorders while becoming more recognised by the day is not yet perceived as very essential to the recovery outcome of the child with the eating disorder. Moreover, without this, it becomes difficult providing support for the parents who have taken up the responsibility of becoming and continually be available as primary caregivers to these teenagers.

The role played by parents in the intervention also leads to another area of study which deals with the experiences of caregiving burden or the emotional and physical strain attached to the process (Graap et al. 2008). This is validated by the expectation of the best while in fear of the worst case scenario by the parents. It has been affirmed that caring for teenagers suffering from eating disorders evokes its own peculiar emotions, which are mostly negative and distressful.

The parents endure the emotions generated by this caregiving for as long as the child continues to suffer the ailment up until a time when the recovery has been finalised. This may take many years; or even a lifetime. The emotions often reported by parents of teenagers suffering from eating disorders reflects a concern that accompanies the lonely and intense struggle of caring for an individual without having an idea the timeframe that the care will continue for.

Many parents involved in caregiving for teenagers suffering from eating disorders often experience helplessness, frustration, anxiety, and fear (Highet, 2005). This is the result of limited availability of knowledge among parents and health professionals on the gravity of eating disorders and management of the situation. Martin et al. (2011) also gave insight into the chronic nature of eating disorders and how it often results in negative emotions that ultimately lead to mental health problems for the caregivers. For caregivers of anorexia patients, intense emotions are often evoked. Especially if the

caregivers are family members, this is linked to the frailty of the child, which does not augur well with the parents.

This, coupled with the high morbidity and mortality rate of anorexia, raises serious concerns for family members, most, especially the parents. To make matters worse, teenagers suffering from eating disorders often disengage themselves from the treatment after a little while. This leads to unsuccessful attempts by parents to try to get the starving child to eat desperately. To some parents, the refusal to eat healthily is perceived as a slow method of attempting suicide. Also, in order to encourage the child not to follow this line, such are encouraged to eat in order to stay alive. This situation more often degenerates into anger on the part of the patient rendering the parents powerless and helpless to salvage the situation. This leaves the caregivers completely drained of energy and hope for positivity.

Winn et al. (2007) argued that anorexia should not be seen as the only eating disorder that is difficult to care for; stating that people with bulimia and their caregivers to experience difficulties that are comparable to anorexia. The authors further assert that the detection and care of bulimia can be challenging due to the secretive nature of the sufferer. This makes it worse when such teenage sufferer takes to self-harm in the form of drug and alcohol abuse. Both anorexia and bulimia are hard to detect in teenagers due to changes in behavioural patterns that seem to suggest the existence of the problem.

Health professionals often delay treatment because they need to clinically confirm the situation as an eating disorder before embarking on intervention and recovery processes. There are reports of many parents underestimating the gravity of such eating disorders in their teenager, resulting in cases of the illness left alone to blossom and turn to a habit.

Hoste et al. (2011) stated that parents of teenagers suffering from anorexia and bulimia commonly feel levels of disbelief, guilt, and blame. The guilt comes as a result of not being aware of the existence of the illness, blame occurring as a result of the parent thinking the illness should have been detected sooner so that they can seek for adequate treatment for the child sufferer. Some parents during the early stages often do not come to the realisation that the child is gradually developing some form of an eating disorder. By the time they come to accept the reality, the feeling of shock and fright sets in; with the parents wondering how and why the child had developed such disorder.

Sometimes, having to adapt to the reality that the child is suffering from an eating disorder is often hard to bear and distressing for the parents. Parents are quick to show bewilderment when faced with the reality of the existence of the illness in their teenager. They describe a situation whereby the teenager are observed to have exhibited a sharp change in personality and subsequently live in fear of their child's development and the possibility of missing out on a normal life. Regardless of all these, parents eventually accept the realisation that they are not to blame for the eating disorder in the child (Perkins et al. 2004), but that the responsibility of the recovery falls in part on them as parents. They accept the fact that they need to support the child if he or she is going to recover from the disorder.

In the case where parents are involved in recovery and treatment for teenager with eating disorders, relating to health professionals is a sometimes stressful experience for them (Keitel et al. 2010). This is because these health officials often lack the knowledge and understanding of the severity of the cases as well as the requisite management techniques needed to treat the eating disorder. This leads to cases of misdiagnosis, with some nurses disregarding some inherent symptoms of eating disorders in teenager (Keitel et al. 2010). This often led to the parents being perceived as overreacting to the symptoms of the child's eating disorder.

Sometimes, rather than for nurses to provide the relevant health support for these parents, they often criticise the parents (MacDonald 2000). Parents also identified some barriers of treatment which often include the negative attitudes of the health professionals towards the parents; they go as far as blaming the parents with respect to their secrecy of treatment (MacDonald 2000) some other parents ascribe to the fact that health professionals do not provide relevant information support. Some parents also complained of exclusion as being responsible for the child's situation (McMaster et al. 2004). This is because they believe that they, being excluded often results in the child not communicating with the family, thereby leading to isolation on the part of the child.

The services of nurses are reportedly essential and beneficial to parents of teenagers suffering from eating disorders. As noted by Winn et al., (2004), parents prefer the supportive style of treatment and communication with professional health workers as they believed this reduces the tension and negative emotions associated with caregiving.

Family therapy provides a platform for emotions to be expressed to the sufferer, so there is always the need to involve them. With parents indicating interest in being part of the treatment process, the lengthy and intense series of the treatment often leads to a feeling of powerlessness and hopelessness. The possibility of relapse is in the parents' minds, and such thoughts contribute to unnecessary distress on the part of the parents (Keitel 2010).

Another potential harbinger of distress is the limited knowledge and understanding of the ailment by the public (Weinman 2005). This often leads to the stigmatisation of the parents. Some parents feel insulted and frustrated by this public lack of understanding of the eating disorders. Some parents even confirmed that they have encountered patients of eating disorders but have difficulty understanding the situation in detail. Therefore, it is quite reasonable to see parents being perceived by the public as responsible for the child's problems. The stigmatisation of this nature often results in shame for the parents.

Besides the treatment and perception of the public to the situation, some parents often feel as if the problem of the child is consuming their own identity and lives. Their previous and personal social lives will have to be put on hold for some time while they put all their energy into seeing that their ailing child gets treatment and recovers, a situation that might take a reasonably long period of time. Some parents confirmed having to give up some life opportunities in order to be available in the treatment and recovery process of their teenager. This is because such parents prioritise the problems over any other endeavour for the time being (Kamerling and Smith 2010). Despite all these stressors, parents have to be positive while also acknowledging the importance of encouragement and support from the relevant health professionals.

3.4 Summary

This thesis explores an alternative support approach that balances the nurses-to-patient deficiency while at the same enabling nurses to deliver on the adequate support for parents with teenagers with eating disorder. The alternative support in the context of this research will focus on the various channels for education and information

dissemination to the affected families. The thesis argues that in an era of decreasing nurse-to-patient staffing ratio, developing an alternative support system with less interaction with the nurses yields more results than encouraging physical contacts. In addition, the thesis findings will be relevant not only to parents acting in the capacity of caregivers but also to the nurses and other medical practitioners who deliver community-based primary care to the nation's most vulnerable teenagers.

4 AIMS

This study is relevant as it aims at developing methods that will enable nurses to deliver support in the form of educations and information for parents of teenagers suffering from anorexia and other eating disorders. This education and information can be communicated to eating disorder caregiving outlets and other hospital systems. The broad objective of the study is further delineated into specific objectives, which are highlighted as follows:

- To establish a better understanding of how a teenager's eating disorder affects the life and well-being of the parent
- To identify the problems faced by parents in the process of caregiving in order to come up with motivational concepts that will further aid the parents when they engage in adaptive coping attitudes
- To determine the right response and perspectives that are needed to draft strategies for an alternative support system that will encourage self-care on the part of the parents and reduce over-reliance on nurses.

The following overarching research question will guide the direction of the thesis and will be answered in the course of the study:

- How can nurses educate and support families where teenagers have eating disorders?

5 METHODOLOGY

The methodology for this study will follow the collection of secondary data from journals, articles and published works on the subject matter. This will include a careful analysis of the documents in order to identify the ways by which nurses can assist parents who have teenagers with eating disorders to embark on caregiving processes without endangering themselves through stress, distress fear, the anxiety of other known depression-causing attitudes.

5.1 Using literature review as part of a Research Design

Literature reviews as sources for analysis and methodology are embarked upon in a way that portrays the sources as having enough authority in that particular field. Cooper (1989) noted that an essential importance of literature review is that it can be improvised as data for research methodology. This is used in situations when it is important to understand the relationship between a research problem and the existing body of knowledge in the research area. The literature review is often used in research designs that have to do with meta-analysis. This is because it encapsulates various methods used by other researchers since their conclusions are turned to secondary data when using the literature review as a methodology. Additionally, scholarly articles and journals written by academicians are good sources of literature materials to be used as qualitative data in some form of research methodologies.

This is mostly true for scientific fields where qualitative data is perceived as having more effectiveness over quantitative data gathering.

5.2 Data collection

Qualitative data was used for the purpose of this study, and it involves a careful analysis of the contents of a selected number of scholarly articles. The articles and journals were chosen as secondary data were sourced online. This was done by searching for research works that dealt with the role of nurses and parents as it relates to teenagers with eating disorders. The keywords that form the basis of accepting the online materials include

nurses, parents, support, messages, teenagers and eating disorders. This involves undertaking a textual analysis of the journals in order to identify the arguments contained therein. The articles inclusion criterion was based on the result of their detailed study on the incidences of eating disorders in teenagers and their relationship with parents acting as caregivers to these teenagers. A total of 14 journal articles were analysed in order to derive adequate content data for the study. The articles used as secondary data for this research are listed below:

- 1- Impact of eating disorders on family life – Sharon Hillege, Barbara Beale and Rose McMaster, 2006
- 2- Maintaining a therapeutic connection: nursing in an inpatient eating disorder – Lynlee Snell, Marie crowe and Jenny Jordan, 2009
- 3- Therapeutic Relationship: Developing a new understanding of nurses and care workers within an eating disorder unit – Karen Wright, 2010
- 4- Experience of caregiving for severe mental illness: A comparison between anorexia nervosa and psychosis - Gavan, K., & Joyce, J., Treasure, J., Murphy, T., Szmukler, G., Todd, G. (2001).
- 5- Group parent training: A novel approach for treatment of eating disorders - Zucker, N., Ferriter, C., Best, S., & Brantley, A. (2005).
- 6- Investigating needs of carers in the area of eating disorders: Development of Carers' Needs Assessment Measure (CaNAM) - Haigh, R., & Treasure, J. (2002).
- 7- Needs of carers of patients with anorexia and bulimia nervosa - Graap, H., Bleich, S., Herbst, F., Trostmann, Y., Wancata, J., & de Zwaan, M. (2008).
- 8- Experience of caring for someone with anorexia nervosa: Qualitative study - Whitney, J., Murray, J., Gavan, K., Todd, G., Whitaker, W., & Treasure, J. (2005).
- 9- Why carers need to know: A collaborative approach to eating disorders - Ringwood, S. (2011) Parents Voices: "What is said is quite important in the treatment & recovery process - Cohn, L. (2005).
- 10- Multi-disciplinary family-based intervention in the treatment of a diabetic adolescent with an eating disorder - Romi, T. and Kowen, G. (2006).
- 11- Predictors of family functioning as caregivers to individuals with anorexia - Dimitropoulous, G., Carter, J., Schacter, R., and Woodside, D. B. (2008).

- 12- A parent's perspective on family treatment. In D. Le Grange and J. Lock - Brown, H. (2011).
- 13- Anorexia nervosa: The Subtypes and the big five personality factors - Bollen, E. and Wojciechowski, F. (2004).
- 14- Academy for eating disorders position paper: The role of the family in eating disorders. Le Grange, D., Lock, J., Loeb, K., & Nicholls, D. (2010).

In analyzing the above listed journals, the researcher evaluated the analysis and conclusion of the various journals as they relate to the barriers faced by parents of teenagers suffering from eating disorders and how these barriers are impacted by nurses. By examining the conclusions of the various journals chosen as secondary data, it becomes easy to categorize the conclusions contained therein. These conclusions, as the researcher observed can be broadly categorized into theory-based message reactions and concept execution feedback. The categorization was necessary as this paper aimed to derive its own conclusion from it. Since the paper seeks to proffer solutions for nurses who attend to parents acting as caregivers for teenagers with eating disorders, collating various conclusions from other scholarly works and subsequently categorizing them will give a detailed and empirically derived conclusions for nurses as well as parents of teenagers with eating disorders.

5.3 Research Ethical Considerations And Critical Review

Alternative support by nurses in the treatment of eating disorders in teenagers is a complex issue. This is because the treatment of eating disorders addresses health concerns that are not physiological and have a high degree of relapse. Nurses often display a lack of proper awareness when working with families that have teenagers suffering from eating disorders. The increased clinical concerns in eating disorder intervention raise the ethical challenges further. An ideal way of identifying the ethical challenges in the treatment of eating disorders will better be understood by critically reviewing the various code of ethics that are available for nurses and health care personnel that found themselves in the various treatment and intervention programs of eating disorders. Helihiy and Corey (2006) stated that ethical codes exist to assist in

ethical issues, best practices, as well as enhancing self-reflection. The codes of ethics are developed to protect those health care consumers while also providing guidelines for health care practitioners.

Nurses working within the perimeter of eating disorder intervention can be faced with unique ethical challenges. However, the use of some principles can add some degree of depth to the decision-making model for nurses. Some of these principles include:

- Respecting the rights of health care consumers
- Not causing them harm
- Being concerned about the client's welfare
- Treating all clients equally without bias
- Abiding by the codes of confidentiality.

As nurses are expected to undertake alternative support that takes the form of counselling families with eating disorders, it is important to understand this ethical consideration so that nurses do not go beyond their bounds in the discharge of such counselling responsibilities.

6 CONTENT ANALYSIS

The data analysis follows a textual analysis of various journals and articles that dealt with the issue of parents and their experiences as caregivers for their teenagers who are suffering from eating disorders. Being a formative research, it was important to analyse their experiences in order to seek solutions in the form of support by nurses for these parents. Data refers to a body of information which can be in the form of words, numbers, images, audio or video. The data analysed for this study include analysing the literature review of various journal articles that dealt with the subject matter.

As an effective research methodology, literature review involves various activities that include identifying, understanding, recording, and making meaning of written texts (Leedy and Ormrod, 2001). There are various methods of making use of a literature review as a research methodology. However, for the purpose of this study, data were analysed using the integrative literature review technique, which involves synthesizing secondary data about the subject matter in a manner that will generate perspectives on the issue being discussed. If in the absence of primary data collection, using integrative review is an ideal option (Macauley, 2007).

6.1 Analysis of Data

The major details that were analysed in the chosen articles and journals were focused on identifying the risk factors and barriers to self-care by parents and how this affects them in the caregiving roles.

Risk Factor Analysis and Barriers to Self-care

Numerous studies have been undertaken in order to identify the likely problems parents may encounter in the process of getting involved in the treatment of their teenager suffering from eating disorders. Among these studies, findings indicate that parental pressures are so common among parents who are actively involved in the treatment of

their teenager who is suffering from eating disorders (Zucker, 2005). The over-protective tendencies, coupled with the level of concern shown by parents to the teenager's eating disorder, is a potential for the development of health problems.

During the course of the treatment, the uncooperative nature of the child sometimes may result in stress for the parent as all efforts to provide a solution are being thwarted by the child. In order not for one problem to degenerate another problem, a parent acting as caregivers for teenager with eating disorders are expected to embark on ways to mitigate their challenges.

In order for nurses to have a better understanding of the problems faced by parents in the process of caregiving, the following highlights become paramount:

- Lack of adequate information: parents often complain of not getting adequate information from nurses and medical personnel regarding incidences of eating disorders which seriously puts a barrier on their early attempts to find solutions at the foundation level. This indicates a barrier relating to the parents having the necessary information required from nurses. Sometimes, it is not a problem of the information not being available, rather is more of the parents not able to access the resources available that would take them through the solution to the problem. Experts also believe that parents have minimal knowledge regarding the course and longevity of eating disorders (Dmitropoulous et al., 2008). This often proves a serious challenge when persuading parents to take their ailing teenagers for therapy because such parents do not have prior knowledge of how long they will be involved in the caregiving.
- Time: another common barrier to effective participation in the treatment of teenagers with eating disorders has to do with the time as experts have noted. Haigh and Treasure (2002) in their research, highlighted the barrier of time as a limiting factor to effective caregiving responsibilities by parents of teenagers suffering from eating disorders. A significant number of nurses too are more concerned with spending much time dealing with those teenagers with physical deficiencies irrespective of the fact that they are going to outpatient therapy. The nurses often make the parents often see themselves as the only people concerned with the situation, forgetting the fact that other medical experts are also involved

(Cohn, 2005). The level of time the parents make use of to deal with the issue outside the caprices of the medical experts takes its toll on the parents in the form of stress and anxiety.

- **Selfish feeling and blame feeling**

Some parents sometimes display selfless attitudes in the management of their time. They believe that investing their time on the caregiving is paramount, thereby forgetting to take care of themselves in the process. Brown (2011) believe that some parents do not feel the need to expend their time on helping their teenage children effectively treat their respective eating disorders. These parents often become very isolated as the time they are supposed to spend on other socially rewarding activities is seen as a time wasted since the recovery of the child is a top priority in their minds. This results from the feeling of being responsible for the problem in the first place. The nurses on their part fail to inform the parents on the importance understand that not taking care of themselves will have an effect on the treatment process. As Treasure et al. (2007) noted, a parent once complained that despite being recommended to embark on self-care, she never did it because she could not focus on it because she believed her child's predicament is a priority.

- **Stigma and Isolation**

Some parents complain of embarking on isolation as a result of the misguided public belief that the parents cause eating disorders in the teenager and that treating it is quite easy. There have been reported cases of family and friends placing blame on parents as the harbingers of the eating problems. Jacob et al. (2004) reportedly claimed a parent revealed that there is a whole stigma associated with having a child with the eating disorder and people do not seem to understand because it is believed that everyone loves to eat. So then finding a child who does not love to eat is blamed on the parents. Robson (2002) in his study claimed that some personality types are prone to isolations more than others, hence evaluating the temperaments of parents involved in eating disorder treatment is important for the effectiveness of the disorder in teenagers.

7 FINDINGS

The results of the review of various literature were undertaken within two specific frames to aid this formative research. The frames under which the results are laid bare include:

- Theory-based message reaction; and
- Concept execution feedback

To cap it all, the role of nurses in the treatment of eating disorders as it relates to the above-listed frames are further enumerated. The benefits of family education about eating disorders too is treated in the same manner.

The results reveal that while a lot of parents are concerned with the treatment of their teenager suffering from eating disorders, they often neglect their wellbeing in the process. This, as we have noted, reflects a high risk on the outcome of the treatment process. This is because a caregiver is expected to be healthy mentally and physically to be able to be actively involved in the treatment of teenager suffering from eating disorders. Self-care is essential for parents who have involved in the treatment process of their respective teenager suffering from eating disorders. For this to be possible, nurses and other medical experts are expected to offer support to these parents in the form of messages and information that may be deemed relevant to such parents.

7.1.1 Theory-Based Message Reactions

Findings reveal that the theoretical framework that necessitated the message design for parents adopts the concept of “caring for yourself and caring for your child.” This is one of the most well-received support mechanisms by parents concerning caring for teenagers suffering from eating disorders. Brown (2011) posited that it is important for nurses to provide messages to parents who act as caregivers to teenagers with eating

disorders. While the medical experts are there to attend to the problems of the child, the parent can be supported with information that would give such parent a better standing to be part and parcel of the treatment process. Part of these messages serves to reframe the behaviour of parents with respect to taking care of themselves (Snell et al., 2009). This is perceived as a strategic factor that ultimately determines how effective the treatment will be undertaken. Parents are persuaded to reframe their commitment in order to position them in a manner that will see them undertake self-care procedures in the course of being involved in the treatment of their teenager.

According to Romi and Kowen, (2006), a practical concept that can match the frequent demand from the parent requesting for authentic medical information from nurses with the nurse-to-patient ratio is the availability of an alternative support system. Parents want the medical information disseminated in time and endorsed by the treatment teams in addition to the strong social support. Ringwood (2011) claims that there is often lack of such alternative trusted medical source of information for parents of teenagers suffering from eating disorders but that if available would be very helpful in raising the consciousness for changes in attitude from parents. This view is supported by Wright (2009), who claimed that the absence of alternative support from nurses plays a key role in the elongation of the disorders in some teenagers. Hillege et al. (2006), in their examinations of families with teenagers suffering from eating disorders and concluded that such families would gain a lot of positives from being presented with professional information in the form of support from health care workers on the need for personal care of the parents.

7.1.2 Concept Execution Feedback

Parents often feel motivated by messages communicated to them, which indicates that they are not alone on the journey to solve their teenager's eating disorder issues. Such messages also serve to remove all feelings of guilt as nurses are expected to offer medical support that will address key barriers of the treatment and the need for parents as caregivers to undergo self-care. As Robson (2002) noted, nurses should endeavour to let the parents know that they should not be afraid of talking about their teenager's eating disorder. Encouraging them to break the silence is a good move towards obtaining

supports (Ringwood, 2011). McMaster (2004), believed that parents need not be afraid to talk about it because the first step to elongating the duration of the treatment is by trying to hide the problem. Secrecy will only lead to depression on the part of the parent as a caregiver.

Brown et al. (2011) reported that parents find the alternative information support channels important and powerful. The confidence built in the parents not to feel discouraged talking about their child's eating disorder will go a long way to remove any feeling of stress and distress from the parent's mind.

With respect to fathers as caregivers, Bollen and Wojciechowski (2004) claimed that fathers acting the role of caregivers need more alternative support as this information would equip them with the necessary support for their teenager and the rest of the family as they all journey through the recovery process. McMaster et al. (2004) are of the opinion that having a medical community-based alternative support system in place provides fathers access to resources. More often, this medical community-based alternative support system often acts as warm messages for the fathers, giving them some hope in the dire time dealing with the teenager with an eating disorder.

7.1.3 The Role of the Nurses in the Treatment of Eating Disorders

The treatment of eating disorders, especially the one that inculcates the parents into the treatment process, can be helpful in understanding the role of the parents' as caregivers in the treatment of eating disorders in teenagers. There are numerous studies that have supported the assertion that family involvement appears to be very useful in the reduction of the psychological and mental morbidity of teenagers suffering from eating disorders.

However, this should not be done in a manner that will lead to the development of psychological and mental problems for the parents as caregivers (Loeb and Grange 2005). The fact that parents are unlisted in the treatment process makes them vulnerable to potential problems relating to psychological stress and problems. As much as involving the parents in the treatment of teenager suffering from eating disorders is

necessary, adequate care should be taken of the parents in the form of support and motivational messages so that they can perform better in their respective caregiving tasks.

As noted by Cottee-Lane (2004), parents are caring for teenager with eating disorders often experience general distress, diminished quality of life and anxiety. This is why it is pertinent to hypothesise that the reduction of caregiver strains improves the total outcome of the process (Kyriacou 2008). While attempts have been made to examine and evaluate the stressful components of eating disorder caregiving as it relates to parents, knowledge relating to how best to ameliorate this situation especially in cases where parents get seriously ill as a result of their inculcation into treatment process (Szmulder 2007).

7.1.4 Benefits of family education about eating disorders#

The overall benefit of eating family education on eating disorders is that it provides information and knowledge to the parents on the best ways to be involved in the treatment process. Such information and education are not aimed at curing the ailment directly; instead, they are provided to assist the family in understanding quite a number of important propositions concerning the problem. Also, Romi and Kowen (2006) affirm that since they are not directed at curing the eating disorders, the benefits for the parents and the teenager include:

- Alerting parents on the nature, treatment, and recovery of teenagers with eating disorders
- Reveal the psychological and physiological risks that are inherent in the situation and which should be avoided as much as possible.
- Give explanations on how the recognition of symptoms leads to improved responses for treatment purposes.
- Give a detailed description of how treatment can be started as well as guidance that is needed by teenagers with eating disorders.
- It also shows parents the need to talk about eating disorders with their teenager, which would help in removing the barriers that might emerge later on.

8 DISCUSSION

While initially struggling to find the most applicable methodology for this formative research, the decision to make use of qualitative research tools led to a careful analysis of various scholarly works that treat the issue of parents and their responses to the treatment process of their teenager who is suffering from eating disorders.

The study provided an in-depth understanding with respect to the beliefs and attitudes of parents who are burdened by their teenager's eating disorders and who take this burden so much that they do not provide self-care for themselves. This understanding leads to the evaluation of various message executions that are necessary to support the parents in the course of treating the eating disorders. Various scholars have discussed the main barriers to engaging in self-care mechanisms, and the importance of evaluating the various message supports needed by the parents of teenagers suffering from eating disorders.

Two elements have been observed as positive to the issue of parents acting as caregivers to their teenager suffering from eating disorders; validating the existence of barriers to self-care and addressing such barriers through a range of available clinical resources. These concepts were derived from the Stress and Coping Model and are an acknowledgement of the effectiveness of putting in place measures to remove stressors for parents.

The extreme complexity of the issue lies in the fact that parents are not provided with the necessary information resources by the nurses, medical facilities or experts. This is not unique to a particular country alone, as Tierney (2005), claimed that this seems to be the case around the world where the nurse-to-patient ratio is high. Parents have often pointed out that while nurses often prioritise other health issues, they often do not consider the stress induced by teenagers with an eating disorder, hence do not provide enough support to parents going through the psychological stress. It is on this basis that the research was embarked upon so as to address the problems faced by the parents of the teenager suffering from eating disorders and provide means by which nurses can be supportive of the parents through a range of alternative support means.

The transformative impact that the alternative support embodies can include social liberation, liberation from the self, raising of consciousness, re-evaluating the environment, re-evaluating self as well as helping relationships (Prochaska, Redding, & Evers 2008). While it is important to move parents through the first two stages of the Trans-Theoretical Model (Wenzel et al., 2008), alternative support such as the ones that tend to make parents stop being afraid to talk about the child's eating disorder are believed to be very powerful tools that are likely to grab the parents' attention and boost their confidence on the treatment process.

Since these parents are known to always be on the lookout for information from nurses and medical experts as it relates to the treatment process, it is quite important to raise their consciousness in a bid to help them move away from feelings of helplessness to that of hope in the treatment process. Alternative support like “caring for yourself is caring for your child” accord parents the needed boost to engage in self-care activities.

Based on this formative research findings, it is essential for nurses to adopt and deploy alternative support approach to provide the self-care that is needed by families with teenagers with an eating disorder. These alternative sources of self-care support are important if the parents are going to be effective in their caregiving responsibilities. This is because someone charged with psychologically helping an individual should not be seen to be abhorring any form of psychological defects or problems of his or her own. The journey to an effective caregiving journey by the parents of teenagers suffering from eating disorders starts with the parents and their propensity to offer themselves self-care.

9 CONCLUSION

The research has shown that parents are often faced with quite a lot of problems when being involved as caregivers for their teenager who are suffering from eating disorders. The research established that a teenager's eating disorder affects the life and well-being of the parent. From the perspective of the parents, these problems are caused by themselves, leading to feelings of guilt and blame as it relates to the child's eating disorder. This situation generates the emergence of psychological, emotional and physical problems for the parents. However, with the right alternative support mechanisms put in place by nurses, a possible way out of this situation for the parents and the nurses is achieved.

The support provided by nurses and other medical experts comes in the form of providing information assistance to these vulnerable parents. With the introduction and continuation of such support roles, the situations of the parents will surely improve for the better. A major recommendation that disseminated via the alternative support resource is the fact that parents should endeavour to speak out and not hide issues that relate to eating disorders in their teenager. It is important for them to talk about the issue with others so that they do not end up being isolated and distressed with too much thinking in relation to the problem. This is the reason the nurses need to be involved in offering alternative support resources to the parents.

This formative study is a clear example of how strategies can be designed from a theoretical perspective for the communication of support intervention from nurses to parents of teenagers with eating disorders. One key revelation of this research was that when it comes to the dealing with teenagers' eating disorder, the key strategy for long-term treatment must begin by first putting in place measures that handle the potential health issues that could be faced by the parents. Emphatically stressing the point that parents who are able to first care for themselves goes a long way to helping the nurse and by extension, the medical institution care for the teenager with eating disorders. Additionally, effective communication between the nurses and the families through the alternative mean of support that provides authentic medical information in time is essential for families in their journey to assist their teenagers in treating eating disorders.

9.1 Recommendation

The question raised by this study is one of early detection. How can parents or subsequently nurses detect the eating disorder? Considerably more work will need to be done to determine different mechanism for early detection from parents and swift reaction from the nurses, which is key in combating the eating disorder. Besides being vigilant when caring for patients, further research could usefully explore how nurses can also help in coordinating the treatment process by ensuring better continuity of assistance beyond the walls of the hospitals via the alternative communication channels available. Hence, although parents play a significant role in the treatment process, nurses must utilise the opportunities presented by the alternative support option to reach out to more affected families.

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