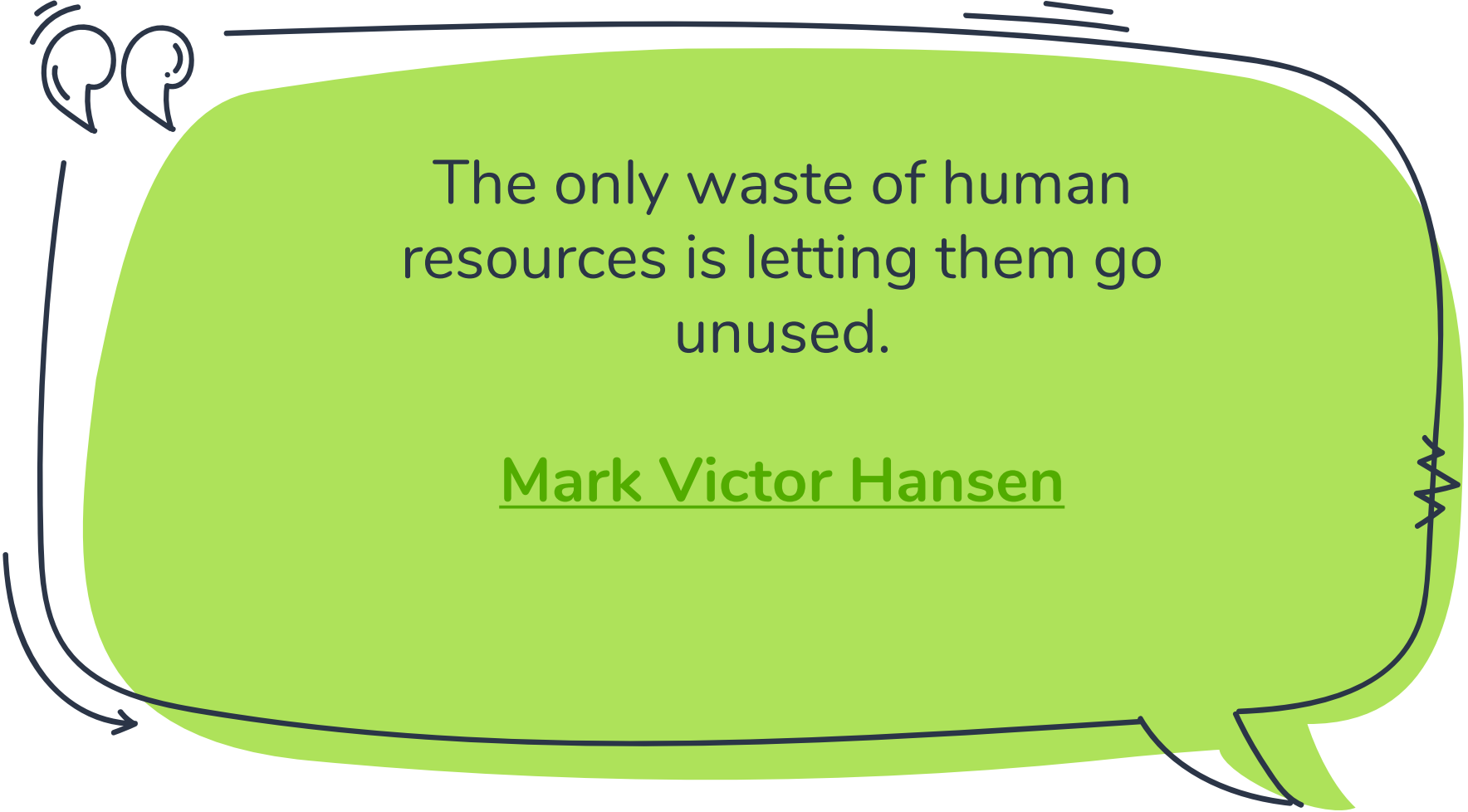




ENLISTING FATHERS (AND
FAMILIES) IN EATING
DISORDER TREATMENT



The only waste of human
resources is letting them go
unused.

Mark Victor Hansen



Belinda Caldwell, mother of 2 girls, parent of a child in recovery from AN, partner to Rob (TV producer), CEO, Carer Consultant, volunteer, amateur sports watcher, Masters in Public Health, slightly scatty big picture thinker, conflict avoidant, strategic.....all attributes, skills and experience I brought to our daughters journey.

OVERVIEW

- X Embedding families in eating disorder treatment
- X Fathers
 - X Strengths
 - X Stumbling blocks
 - X Strategies





WHY IS A MOTHER TALKING ABOUT FATHERS?

FAMILY CONTEXT

MY OWN DAUGHTER'S FATHER

MY ROLE AS CARER CONSULTANT IN EATING DISORDERS

CARER CONSULTANT

Family and clinical consultations

- X >150 families
- X Family psychoeducation
- X Consultation with clinicians
- X CEED clinical team meetings

Professional PD

- X Lived experience voice in trainings
- X Codevelopment and cofacilitation of training



Resources and advocacy

- X Family Led Refeeding and Recovery
- X Service development
- X State-wide policy



CEO EATING DISORDERS VICTORIA

Guidance and Navigation

- X Helpline
- X Case coordination and management
- X Information and resources



Connection and Support

- X Peer mentoring program
- X Support groups
- X Wellbeing Checks
- X Carer Coaches (upcoming)

Advocacy

- X Articulating needs to government, decision making bodies
- X Community awareness
- X Education



FAMILIES IN GENERAL AND EATING DISORDERS

Family crisis

- X Heightened fear and emotion - functional
- X Confusion
- X Lack of clear solution
- X EDs generate conflict

Roles

- X Either father or mother can take lead role in research, refeeding and recovery – however often mother

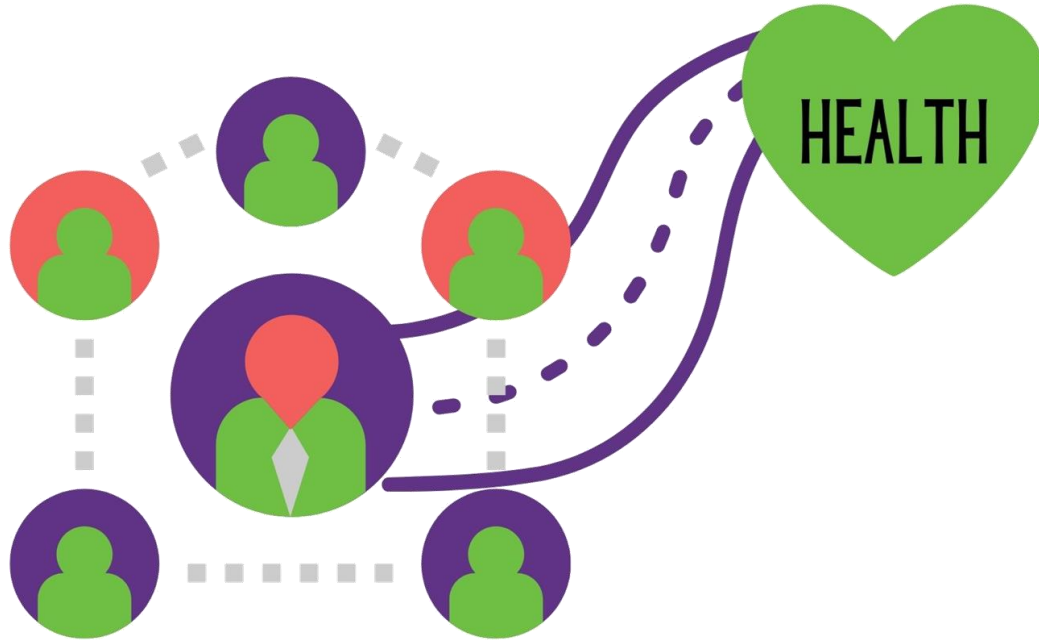
Key resource

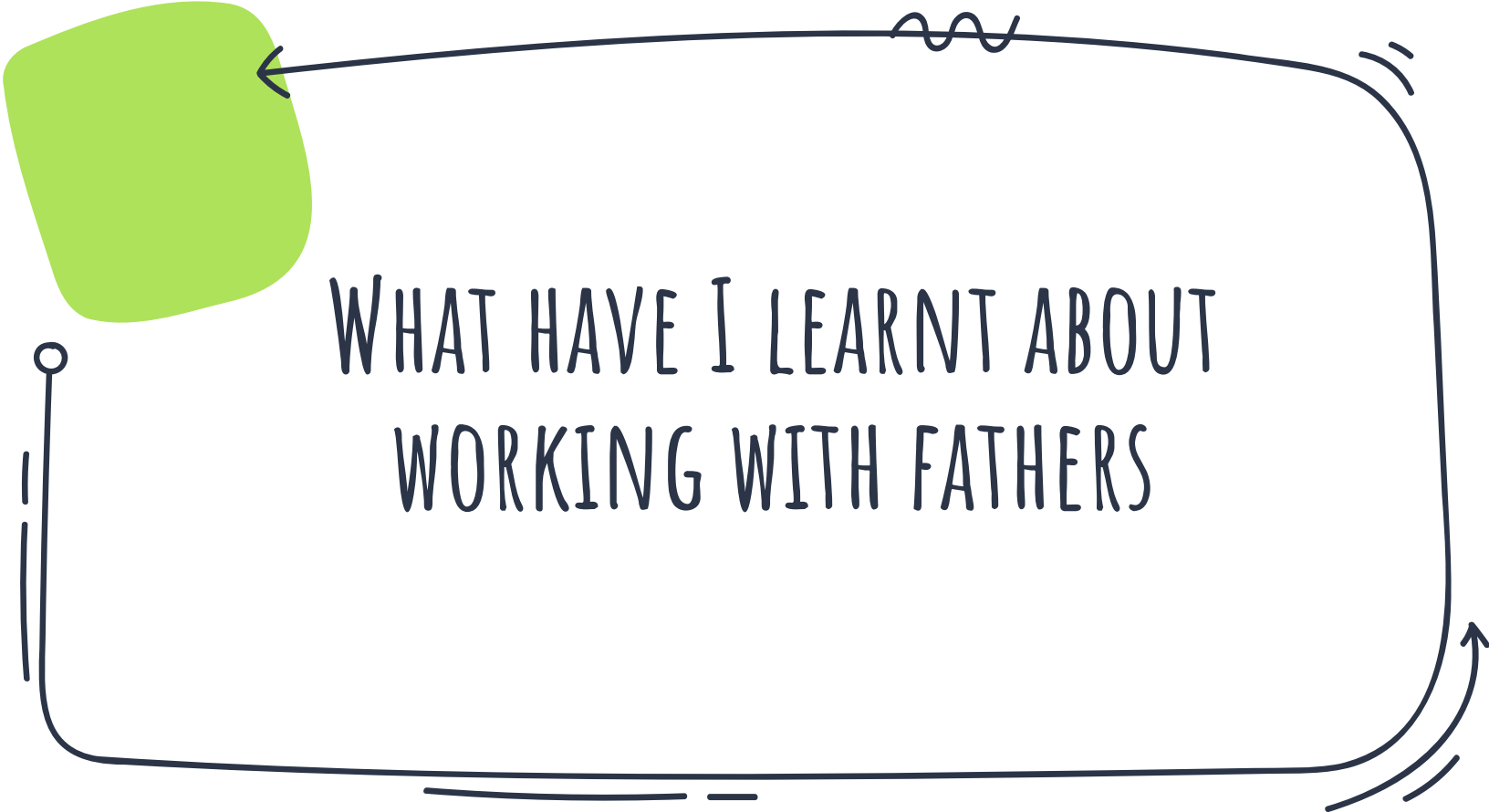
- X 24/7
- X Deep understanding of their child
- X Committed
- X Enable person with ED to remain in local context

Parenting ED is not “normal parenting”



WHAT WE ARE LOOKING FOR



A hand-drawn rectangular frame with rounded corners and decorative elements: a wavy line at the top, a small circle at the top-left, a vertical line on the left, and a curved arrow at the bottom-right. A green sticky note is attached to the top-left corner.

WHAT HAVE I LEARNT ABOUT
WORKING WITH FATHERS

FATHERS ARE A FABULOUS RESOURCE

Containment

Eating Disorders respond well to containment – clear structure, feeling ‘safe’, strong parental voice/presence, physical presence, trust

Problem solving

Practical dispassionate problem solving, strategic thinking, logistics,

Family support

Keep wheels turning for rest of family functioning, siblings,

Draw upon professional skillsets



WHERE SOME FATHERS HIT A POTHOLE

Disenfranchised

"If I can't fix it, I can't do anything"

Acknowledge/call that out/explore what they can contribute

Feeling disrespected

Shuts down engagement and increases volatility

Inclusion in all stages of assessment, treatment planning

Low tolerance for distress

Can be aggravated by lack of own awareness of ability to tolerate distress

Psychoeducation

Lack of buy in

Can undermine treatment approach significantly

Psychoeducation

Bring in authoritative voice

Rigid thinking

Sometimes OCD, ASD/Anxiety and prone to black & white thinking

Leverage this to create predictability and structure/rules

Lycra Dads



MH CLINICIAN CHALLENGES IN ENGAGING FATHERS

- X Tendency to see/communicate father's liabilities, rather than assets & potential
- X Doubt that fathers engagement is worth the effort
- X Fear of unknown &/or male volatility
- X Believe fathers are not receptive or teachable
- X Difficulty involving fathers separated from family
- X Fathers can be the one to call BS/challenge teams thinking



HELPFUL STRATEGIES

- X Engage in **collaborative decision making** – respect fathers' input and assessment
- X Front end treatment with strong **psychoeducation** for whole family
- X Lean into different parents **strengths** e.g. who can tolerate distress better, who is good at providing consistent structure, who is good at comforting, who is more proficient cook
- X Work with families to achieve a **united approach** – no triangulation, clear action plans
- X Actively pursue **involvement of father in therapy sessions** – may need to be creative
- X Reference their **professional skills and experience**
- X In separated households, all above even more critical



SUPPORTS FOR FAMILIES (AND FATHERS)

Feed Your Instinct www.feedyoursinstinct.com.au

Family Led Refeeding and Recovery www.ceed.org.au

F.E.A.S.T First30days www.feast-ed.org

Closed FB groups (ATDfb)

CREDITS

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- X Victorian Centre of Excellence in Eating Disorders
- X Eating Disorders Victoria
- X F.E.A.S.T
- X Eating Disorders Families Australia



THANKS!

Any questions?

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