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Caring for Someone with an Eating Disorder Clinical Practice Workbook

A clinically branded, function-preserving edition retaining the original exercises, psychoeducation, checklists, logs, planning tools, and response space.

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

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How to use this workbook

- Use this workbook selectively and collaboratively; it is educational and does not replace individualized assessment, diagnosis, treatment, medical care, or crisis services.
- Skip, pause, or modify any activity that increases distress, danger, shame, or loss of functioning. Adapt language for culture, disability, neurodivergence, health, resources, and lived context.
- Ratings in this workbook are reflection tools unless a named, validated measure and interpretation are explicitly provided.
- Assess current safety, suicidal and homicidal thoughts, self-harm, intoxication or withdrawal, violence, exploitation, psychosis, mania, medical instability, and ability to meet basic needs when relevant. Use local emergency or crisis procedures for imminent risk.
- Activities involving exposure, trauma detail, urges, means, disclosure, or relationship repair require appropriate competence, informed consent, pacing, and safety planning; a worksheet is not a substitute for these safeguards.

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Assessment

The following are common signs your loved one might be struggling with eating disorder. Rate each statement on a scale from 1-5 (1 being “strongly disagree” and 5 being “strongly agree”):

Statement	Rate (1-5)
1. “They often skip meals or eat very small portions, which seems unusual compared to their past eating behaviors.”	1-2-3-4-5
2. “They have developed an intense preoccupation with their weight and body shape, frequently checking the mirror or weighing themselves.”	1-2-3-4-5
3. “They appear uncomfortable or anxious when eating around others and may avoid social situations where food is involved.”	1-2-3-4-5
4. “They frequently go to the bathroom immediately after meals, which could suggest purging behaviors.”	1-2-3-4-5
5. “Their mood seems heavily influenced by thoughts about food, calories, and body image; they may become depressed, withdrawn, or irritable.”	1-2-3-4-5
6. “They are engaging in excessive exercise, regardless of weather, fatigue, illness, or injury.”	1-2-3-4-5
7. “They've started wearing loose or baggy clothes that could be an attempt to conceal weight loss or changes in their body.”	1-2-3-4-5
8. “They express consistent dissatisfaction with their appearance and often compare themselves unfavorably to others.”	1-2-3-4-5

9. "Their diet has become increasingly restrictive, and they categorically eliminate foods they previously enjoyed, claiming they are 'unhealthy'."	1-2-3-4-5
10. "They've experienced significant weight changes over a short period, either gaining or losing, which can be cause for concern."	1-2-3-4-5

Score: ____/50

The score reflects the severity and impact of your loved one's eating disorder.

Myths and Facts About Eating Disorders

Myth 1: Eating disorders are a choice or about vanity.

Fact: Eating disorders are serious biopsychosocial illnesses and not a lifestyle choice. They can be influenced by a combination of genetic, biological, behavioral, psychological, and social factors. They are not solely about wanting to look a certain way.

Myth 2: You can tell someone has an eating disorder just by looking at them.

Fact: Eating disorders affect individuals regardless of their size, weight, race, gender, or appearance. Many people with eating disorders may appear healthy yet suffer from serious internal complications.

Myth 3: Only teenage girls suffer from eating disorders.

Fact: Eating disorders affect people of all genders, ages, races, ethnicities, body shapes, weights, sexual orientations, and socioeconomic statuses.

Myth 4: Eating disorders aren't really that dangerous.

Fact: Eating disorders have one of the highest mortality rates among mental illnesses. They can lead to severe health complications including heart conditions, gastrointestinal problems, electrolyte imbalances, and more.

Myth 5: Families are to blame for eating disorders.

Fact: While family dynamics can play a role in the development of an eating disorder, they are not to blame. Eating disorders are complex diseases involving various contributing factors.

Myth 6: Someone has to be underweight to have an eating disorder.

Fact: People with eating disorders come in all shapes and sizes. Those who are normal weight or overweight may also suffer from eating disorders, such as bulimia nervosa or binge eating disorder (BED).

Myth 7: Purging is an effective way to lose weight.

Fact: Purging can cause electrolyte imbalances, gastrointestinal issues, dental problems, and swelling of the salivary glands. It's an ineffective weight control method and is extremely harmful to the body.

Myth 8: Once a person reaches a healthy weight, they are cured of their eating disorder.

Fact: Achieving and maintaining a healthy weight is only one aspect of recovery.

Myth 9: Dieting is a normal part of life, not a precursor to eating disorders.

Fact: While many people diet without developing an eating disorder, chronic dieting is considered a risk factor for developing disordered eating patterns, especially when accompanied by emotional stressors.

Which of the myths listed above did you think were true? Explain why:

Signs and Symptoms Checklist

The following are some common signs of eating disorder. Check off the ones you noticed in your loved one or add more to the list:

Behavioral Signs:

- ☐ Preoccupation with weight, food, calories, dieting, and controlling food
- ☐ Significant dietary restrictions or rules
- ☐ Avoidance of mealtime or social events where food is present
- ☐ Frequent checking in the mirror for perceived flaws
- ☐ Excessive or compulsive exercising
- ☐ Disappearance of large amounts of food in short periods (possible sign of binge eating)
- ☐ Visiting the bathroom immediately after meals (possible sign of purging)
- ☐ Use of dietary supplements, laxatives, or herbal products for weight loss without medical advice
- ☐ Hoarding or hiding food
- ☐ Developing food rituals (e.g., eating foods in certain orders, excessive chewing)
- ☐ Cooking elaborate meals for others but refusing to eat
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Emotional Signs:

- ☐ Increased mood swings or irritability
- ☐ Expressing dissatisfaction with body size, shape, or weight
- ☐ Fear of eating in public or with others
- ☐ Withdrawal from friends and activities
- ☐ Anxiety around meal times
- ☐ Fixation on body image as a measure of self-worth
- ☐ Persistent worry or talking about being "fat" despite weight loss
- ☐ _____
- ☐ _____

Physical Signs:

- ☐ Noticeable fluctuations in weight, both up and down
- ☐ Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- ☐ Menstrual irregularities or loss of menstruation (amenorrhea)
- ☐ Dizziness, fainting, or overall weakness
- ☐ Feeling cold all the time
- ☐ Sleep problems
- ☐ Cuts or calluses across the tops of finger joints (from inducing vomiting)
- ☐ Dental issues, such as enamel erosion, cavities, and tooth sensitivity
- ☐ Dry skin, hair, and nails, or thinning hair
- ☐ Fine hair on body (lanugo)
- ☐ _____
- ☐ _____
- ☐ _____

Recognizing Triggers

1. Identifying Potential Triggers

Triggers are events or experiences that can lead someone to engage in behaviors related to an eating disorder. The following are some examples. Check off the ones you noticed in your loved one or add more to the list:

Emotional Triggers:

- ☐ Stress / Pressure
- ☐ Boredom
- ☐ Loneliness
- ☐ Sadness / Depression
- ☐ Anxiety / Fear
- ☐ Anger / Frustration
- ☐ _____
- ☐ _____
- ☐ _____

Social Triggers:

- ☐ Social gatherings
- ☐ Meal times with others
- ☐ Comments about appearance/weight
- ☐ Observing others eating
- ☐ Interactions on social media
- ☐ _____
- ☐ _____
- ☐ _____

Environmental Triggers:

- ☐ Presence of specific foods
- ☐ Time of day / night
- ☐ Specific locations (e.g., kitchen, buffet, bathroom)
- ☐ Exercise facilities
- ☐ Clothing stores / dressing rooms
- ☐ _____
- ☐ _____

Physical Triggers:

- ☐ Feeling full or hungry
- ☐ Fatigue
- ☐ Menstrual cycle
- ☐ Illness or physical discomfort
- ☐ Insomnia or sleep disturbances
- ☐ _____
- ☐ _____

2. Developing Trigger Management Strategies

- For each identified trigger, create an action plan that includes steps the individual can take to manage their response.

- **Strategies for Emotional Triggers:** Consider healthier coping mechanisms, such as breathing exercises or mindfulness when dealing with negative emotions.

- **Strategies for Social Triggers:** Plan ahead for social gatherings; discuss with the individual how they can handle comments about food or their appearance.

- **Strategies for Environmental Triggers:** Make changes to the environment to minimize exposure to identified triggers.

- **Strategies for Physical Triggers:** Establish regular eating patterns to prevent excessive hunger and fullness cues.

Planning for Tough Conversations

1. Choose the Right Time and Setting:

- Plan for a time when both you and your loved one are likely to be calm and undistracted. Select a private and comfortable environment to ensure confidentiality and minimize stress.

2. Identify the Purpose:

- Clearly define what you hope to achieve from the conversation (e.g., discussing treatment options, expressing concern).

3. Use 'I' Statements:

- Communicate your feelings and concerns using “I” statements to avoid inadvertently placing blame (e.g., "I feel worried when I see you skipping meals" rather than "You are always avoiding food").

4. Managing Reactions:

- Consider how your loved one may react and think through how you will respond to various scenarios.

Reaction	Response
<i>e.g., Anger or Defensiveness</i>	<i>Remain calm, listen actively, and validate their feelings without engaging in an argument.</i>

Resources Directory

Role	Name, address, phone number, email
Primary Care Physician	
Mental Health Professionals	
Dietitian/Nutritionist	
Eating Disorder Treatment Center or Program	
Dental Provider	
Eating Disorder Support Groups	
Family Support Groups	
Emergency Contact Numbers	
24/7 Crisis Hotlines	
Insurance Company	

Meal Support Tips

1. Describe what a success looks like for this meal. (e.g., increasing confidence, trying new food, meeting nutritional needs, reduction in behaviors such as cutting food into tiny pieces, etc.)

2. How can you create a calm and supportive environment?

- ☐ Plan meals together
- ☐ Play calming music
- ☐ Place positive affirmations around the home

- ☐

- ☐

- ☐

3. Discuss how you can best support during the meal.

- ☐ Avoid discussions about diet, weight, or appearance
- ☐ Offer reassuring words if you sense they are becoming anxious or stressed
- ☐ transition away from mealtime stresses.

- ☐

- ☐

- ☐

4. How can you offer post-meal support?

- ☐ Engage in a pre-planned activity after the meal to help them
- ☐ Offer your presence if they need to discuss their feelings or thoughts after eating.
- ☐ Suggest writing down their feelings or thoughts in a journal as a way to process emotions.
- ☐ Offer a comfort item such as a stress ball, blanket, or a pet to hold, which can be soothing.
- ☐ _____
- ☐ _____
- ☐ _____

5. After the meal, write down what went well and where there were stumbling blocks. Use this information for future meal planning and support strategies.

Managing Social Eating Situations

1. Discuss the Event in Advance

- Talk about the upcoming social situation. Identify potential stressors related to food, people, or the environment.

Comment	Response
<i>e.g., If someone comments on their food choices</i>	<i>"I find that this is what works best for me at the moment."</i>
<i>When someone makes a comment about weight</i>	<i>"I'm focusing more on how I feel rather than numbers. It's about my health, not just my weight."</i>
<i>If someone comments on portion size</i>	<i>"I think this is just right for me."</i>
<i>If someone compliments for losing weight</i>	<i>"Thanks for noticing! I'm really just trying to focus on being healthy."</i>

Comment	Response

2. Create a Coping Strategy

- Discuss coping mechanisms that can be used during the event. The following are some examples. Check off what you find relevant or add more to the list:

- ☐ Have a nutritious meal before the event to lessen anxiety about eating or not finding suitable options there.
- ☐ Have a set of affirmations or coping statements ready in case they feel overwhelmed or triggered.
- ☐ If conversation turns to diet or body image, steer it toward a neutral or more comfortable topic.
- ☐ Take breaks as needed to practice deep breathing, or use a mindfulness app.
- ☐ If things become too overwhelming, give yourself permission to leave early or take a moment outside.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

3. Reflect and Learn

- After the event, discuss what went well and what was challenging.

Being an Effective Advocate

1. Set Goals:

- Identify clear objectives for what you're advocating for, such as securing appropriate treatment or ensuring accommodations at school or work.

2. Know Your Rights:

- Research the legal rights of individuals with eating disorders, including rights related to healthcare, education, and employment.

Examples:

- *Anti-discrimination laws like the ADA protect individuals with eating disorders from discrimination in hiring, job assignments, promotions, training, benefits, and other aspects of employment.)*
- *Laws such as the Family and Medical Leave Act (FMLA) in the U.S. may allow employees to take leave for treatment related to their eating disorder without fear of losing their job.*

3. Build a Support Network:

- Make a list of other caregivers, advocacy groups, and online communities for support and advice.

4. Understand Insurance:

- Learn about insurance coverage, limitations, and how to appeal decisions if necessary.

Understanding the Impact of Media

1. Understand Media Messages:

- Write about the implicit and explicit messages regarding beauty, health, and success that are presented in these media sources.

- Analyze how these messages might affect your loved one.

- Learn how to critically analyze media messages and discern underlying motives and share this knowledge with the individual, discussing the difference between media representations and reality.

2. Promote Positive Content:

- Seek out and recommend media that promotes body positivity, diversity, and self-acceptance.

3. Set Boundaries:

- Work with your loved one to set healthy boundaries regarding media consumption, such as limiting exposure to certain types of content or taking periodic breaks from social media.

Setting Boundaries

Boundaries are limits that you set in a relationship that allow you to maintain your own well-being while supporting someone else.

1. Define Boundaries:

- Reflect on areas where boundaries might be needed (e.g., meal supervision, discussions about weight or appearance).

2. Assessment of Current Boundaries:

- Take stock of the current boundaries or lack thereof, and notice areas of discomfort or conflict that may benefit from clearer boundaries.

3. Communicating Boundaries:

- List your boundaries and encourage your loved one to communicate theirs.

Example:

For the supporter: "I can offer you a ride to your appointments, but I won't lie or cover up for you if you don't attend."

For the loved one: "Please respect my decision to avoid certain triggering topics in our conversations."

4. Rationale for Boundaries:

- Prepare to explain the reasons behind the boundaries so your loved one understands they are set out of care and concern for their well-being, as well as your own.

5. Plan for Pushback:

- Anticipate resistance or testing of boundaries and decide in advance how to handle such situations in a firm yet supportive way.

Reflecting on Feelings

1. Recognizing Your Feelings:

- Write down any emotions you experience while caring for your loved one. These may range from love and hope to fear and frustration.

- Think about situations that tend to trigger these emotions. What particular aspects of care or behaviors of your loved one prompt these feelings?

- Reflect on how your emotions manifest physically. For example, stress might manifest as a headache or tension in your shoulders.

2. Analyzing Your Feelings:

- Contemplate the deeper source of your emotions. Are they rooted in past experiences, concerns for the future, or immediate challenges?

- Consider how these emotions might be affecting the way you provide care. Are they helping, hindering, or influencing your actions in any way?

- It's important to approach your own feelings with self-compassion. Acknowledge that it's natural to have a range of emotions in this situation.

3. Coping Strategies:

- Determine ways to express your emotions constructively. This could involve:

- ☐ Journaling to understand your thoughts and feelings more clearly.
- ☐ Using creative outlets like drawing, painting, or sculpture to express emotions non-verbally.
- ☐ Dancing to release pent-up emotions.
- ☐ Exercising to help reduce stress and improve mood.
- ☐ Talking about it to a trusted friend or family member.
- ☐ Allowing yourself to cry and release emotion.
- ☐ Writing letters expressing your feelings, even if you don't intend to send them.

- ☐

- ☐

- ☐

- ☐

- ☐

- Explore relaxation techniques to manage intense emotions, like:

- ☐ Practice slow, deep breaths to activate the body's natural relaxation response.
- ☐ Use visualization techniques to imagine a peaceful scene or a calming experience.
- ☐ Repeat words or affirmations in your mind to promote relaxation.
- ☐ Take a warm bath, possibly with Epsom salts or essential oils, to relax muscles.
- ☐ Spend time outdoors in a natural setting to clear your mind.
- ☐ Read a good book to escape stress for a while.
- ☐ Drink herbal teas with calming properties, such as chamomile.
- ☐ Go for a walk, do some light stretching, or engage in low-impact exercises.
- ☐ The "5-4-3-2-1" Technique - Identify five things you see, four things you can touch, three things you can hear, two things you can smell, and one thing you can taste.
- ☐ Spend time with your pet.
- ☐ _____
- ☐ _____
- ☐ _____

- Create a plan for days when you are feeling particularly overwhelmed or emotional. This could include activities that reliably lift your mood or people you can reach out to.

Processing Guilt and Blame

1. Understanding Guilt and Blame:

- Write down specific instances where you've felt guilty or blamed yourself in relation to your loved one's eating disorder.

2. Source of Guilt or Blame:

- Reflect on why you feel guilty or who you might be blaming (including yourself, your loved one, or external factors).

3. Impact of Guilt and Blame:

- Consider how holding onto guilt or blame affects your actions and emotions, and how it impacts your relationship with your loved one.

4. Challenging Guilt and Blame:

- For each instance of guilt or blame, separate the facts of the situation from your interpretation or assumptions. This can help in seeing the situation more objectively.

Situation	Interpretation/ Assumption	Objective Approach
e.g., They did not eat lunch today.	It's my fault for not making food they like.	The reason they skipped the meal could be complex and not necessarily related to my actions. I can ask if there's anything specific they would prefer for future meals without making assumptions about their motivations.

- Identify what is within your control and what isn't. Understand that an eating disorder is a complex mental health condition, and not something anyone can cause or fix single-handedly.

Within My Control	Outside My Control
e.g., Offering to help plan and prepare balanced meals	Whether my loved one decides to eat the meal provided

5. Self-Compassion Exercises:

- Engage in exercises that foster self-compassion. Write a letter to yourself from the perspective of a compassionate friend. Express self-forgiveness for perceived mistakes or shortcomings.

6. Recognizing Effort and Intent:

- Acknowledge the effort and care you provide, regardless of the outcome. Recognize that your intent is to support your loved one's recovery.

7. Plan for Future Triggers:

- Anticipate situations that might trigger guilt or blame and create a plan for how to handle them, including self-care strategies and reaching out for support when needed.

Coping with Setbacks

1. Identify the Nature of the Setback:

- Describe what happened and why it feels like a setback.

2. Contextualize the Setback:

- Assess the circumstances that may have contributed to the setback.

3. Emotional Impact:

- Note down your own feelings as well as those of your loved one regarding the setback.

4. Maintain Perspective:

- Remind yourself and your loved one of the overall progress made so far.

5. Collaboration with Professionals:

- Communicate with healthcare professionals for guidance on managing the setback.

6. Identify Triggers and Warning Signs:

- Discuss with your loved one what triggers or warning signs might predict a setback.

7. Develop a Contingency Plan:

- Work together with your loved one and their treatment team to create a plan for potential future setbacks. Include coping strategies that have been helpful in the past.

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: No standalone DSM-5-TR diagnosis under the workbook title · educational/contextual topic unless a separately assessed disorder applies
- ICD-11 CDDR: No dedicated ICD-11 CDDR mental-disorder code under the workbook title · educational/contextual topic unless another coded condition is established
- This workbook is non-diagnostic. A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- Use Caring for Someone with an Eating Disorder material to support assessment or intervention planning, not to assign a diagnosis. Evaluate duration, severity, clinically significant distress or impairment, developmental and cultural context, medical/substance causes, exclusions, and relevant differentials.

Document-specific corrections

- Keep Caring for Someone with an Eating Disorder explicitly non-diagnostic; its exercises organize experience and goals but do not establish a mental disorder or causal explanation.
- Supersede diagnostic-sounding scoring on pages [1, 2, 3, 4, 5, 25]: disclose whether each tool is validated or author-created, remove unsupported thresholds, and separate symptom monitoring from diagnosis.
- Revise exposure content on pages [2, 12, 24] to require consent, an objectively safe graded hierarchy, condition-specific response guidance, progress review, and stop/reassessment criteria; never equate flooding with effective exposure.
- Clinically review medical or treatment statements on pages [2, 9, 15]; remove prescriptive medication advice, clarify coordination with licensed medical care, and update contraindications or urgent warning signs for the specific topic.
- Replace crisis wording on pages [2, 15] with the current U.S. 988 call/text/chat pathway, 911 or nearest emergency department for immediate danger/medical emergency, and a direction to use verified local services outside the United States.

Measures, scoring, and permissions

- Pages [1, 2, 3, 4, 5, 25] contain named, implied, or author-created screening/rating content; extracted candidate names include: Signs and Symptoms Checklist . These scores are not diagnostic unless the exact instrument, version, validation population, administration, and interpretation are established. Identify provenance for every item set and scoring rule. Obtain publisher permission/license when required; otherwise remove cutoffs and label it as a nonvalidated reflection checklist, or replace it with a properly licensed measure without altering its wording/scoring.

Intervention scope and contraindications

- For Caring for Someone with an Eating Disorder, exposure must be voluntary, graded, condition-specific, and conducted only in objectively safe and lawful situations. Do not prescribe flooding; screen medical limitations, trauma cues, dissociation, intoxication, and whether avoidance reflects real danger rather than phobic fear.
- Coordinate medical assessment when nutritional compromise, purging, syncope, cardiac symptoms, rapid change, pregnancy, or other instability is possible; worksheets are not substitutes for multidisciplinary care.

Crisis and current resources

- For Caring for Someone with an Eating Disorder, use: · If there is immediate danger or a medical emergency, call 911 or go to the nearest emergency department. In the U.S., call or text 988 or use 988lifeline.org for 24/7 crisis support. Outside the U.S., use verified local emergency and crisis services. · Verify all topic-specific agencies and links at publication.

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Authoritative references

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