



# MEMBERSHIP SPOTLIGHT

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## TITLE

**The “Modern Family” Treatment Model:  
Promoting Eating Disorder Recovery with an Expanded Circle of Support**

The television show “Modern Family” demonstrates how an eclectic mix of people and personalities— related by blood, marriage, former marriage, adoption, and sometimes no legal relationship at all— can come together to form loving, supportive bonds that allow for personal and communal growth.

Because eating disorders thrive in isolation, support of family members and other loved ones can in many cases facilitate eating disorder recovery and relapse prevention. But what about individuals in recovery who do not have an intact or supportive family of origin, a stable home life, or even any living relatives?

Let’s encourage and assist them to assemble their own personal, supportive Modern Family that includes treatment providers, significant others, family members and their significant others, roommates, teammates, siblings, step-relatives, foster parents, co-workers, sponsors, hired caregivers, peers, and more.

Let’s define the Modern Family to include anyone whose relationship with the patient impacts the outcome of treatment and recovery, whether for better or worse.

Let’s acknowledge that Modern Family members bring their own personalities and experiences to the treatment milieu, and that they too have been hurt by the eating disorder and the chaos and confusion that surround it. Therefore, comprehensive treatment of the identified patient will include supportive interventions for Modern Family members as well, such as individual counseling, multi-family or caregiver and career support groups, sibling support, psychoeducation, meal therapy, grief and trauma counseling, psychiatry, and other modalities.

As treatment professionals, we should try to include as many members of the Modern Family as possible, in a manner that is suitable to each relationship. For some that may be simply asking them to attend an educational session to learn about the eating disorder in general and strategies for supporting this specific patient. For others it may include participating in family therapy sessions, setting and enforcing consequences, or making arrangements for additional types or

levels of care. And for us, it means professional supervision, collegial support and attention to self-care.

When casting the leading roles, it is essential to include those who plan, purchase, cook and prepare the patient's meals. Traditionally these responsibilities go to a nuclear family member or the patient him or herself. In the Modern Family, the meal preparer may be a step-parent, babysitter, sorority house cook, or personal chef. Why not ask for permission to include that person in the educational process and in developing and supporting the treatment plan?

When meal supervision and support after eating are in the treatment plan, consider training Modern Family members such as resident advisors, housemates, school nurses and teachers, co-workers, and second degree relatives, such as grandparents, aunts and uncles. When permission has been granted by the patient, assign specific duties and provide instructions for managing situations that might arise.

When providing education and recommendations for non-meal support, consider asking for permission to interact with Modern Family members who spend leisure time with the patient, have an advisory or supervisory role in the patient's life, or provide transportation to and from appointments, such as a babysitter or nanny, foster parent, athletic coach, personal trainer, sponsor, religious leader or boarding school director.

In addition to Modern Family members who are supportive to recovery, there may also be a cast of unsupportive characters who have impacted a patient's psychology, self-esteem, development, relationship with food, and desire for treatment and recovery. This may include members of the family of origin (whether the patient knew them or not), ex-spouses and other past romantic interests, previous treatment professionals, abusers, and countless others.

Whether nefarious in intent or not, incidents involving these individuals that continue to impact the present course of treatment must be addressed. Their physical presence is not necessary and may be contraindicated or impossible due to geography, estrangement, death, anonymity, safety

concerns, or unwillingness to participate in treatment. Modern Family members who are not physically present can be included in treatment through journaling, expressive therapies, role-playing, empty chair therapy, psychodrama, and other modalities. As some of this trauma may have pre-dated the eating disorder, ongoing work in this area may be recommended even after eating disorder symptoms have diminished.

The Modern Family Treatment Model cannot be manualized, as it requires individualization for not only the patient but also each participant. It cannot provide a predictable course of treatment or insulate an individual from exposure to potential triggers as he or she moves into and through recovery. But it can and does promote extended recovery by providing a team of educated and supportive “Family” members as the patient travels more safely in a triggering world.



#### Bio

Jessica Setnick, MS, RD, CEDRD, has spent the past 17 years helping individuals and their modern families cope with and recover from eating disorders of all kinds. Known to professionals in the field as the author of *The Eating Disorders Clinical Pocket Guide* and *Eating Disorders Boot Camp*, Jessica currently holds the position of Senior Fellow at Remuda Ranch, a pioneer in including family and significant others in treatment. She can be reached at [Jessica.Setnick@RemudaRanch.com](mailto:Jessica.Setnick@RemudaRanch.com).