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FAMILY GUIDE SERIES

USING LEVERAGE

A GUIDE TO PROMOTING COMPLIANCE AND STRIKING A BALANCE BETWEEN COMPASSION AND LIMITS IN EATING DISORDER TREATMENT

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Using Leverage:
A Guide to Promoting Compliance and Striking a Balance
Between Compassion and Limits in Eating Disorder Treatment
Part Of The F.E.A.S.T. Family Guide Series

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This guide is intended as a resource for families and caregivers. It should not be used as a substitute for professional medical advice, diagnosis, or treatment. Always seek the guidance of qualified healthcare providers with any questions regarding your loved one's medical condition. F.E.A.S.T. assumes no responsibility for any outcome relating to the information contained in this guide.

ABOUT THIS GUIDE

This guide, based on the work of Ephrat Lipton, ACSW, LCSW, BCD, CEDS, explores the concept of "using leverage." This involves thoughtfully utilizing your influence as parents and loved ones to help someone with an eating disorder make behavioral choices that support their recovery. It aims to provide practical strategies for identifying what truly matters to your loved one and how to use that understanding to guide their behavior towards health, all while navigating the crucial balance of compassion and firm limits.

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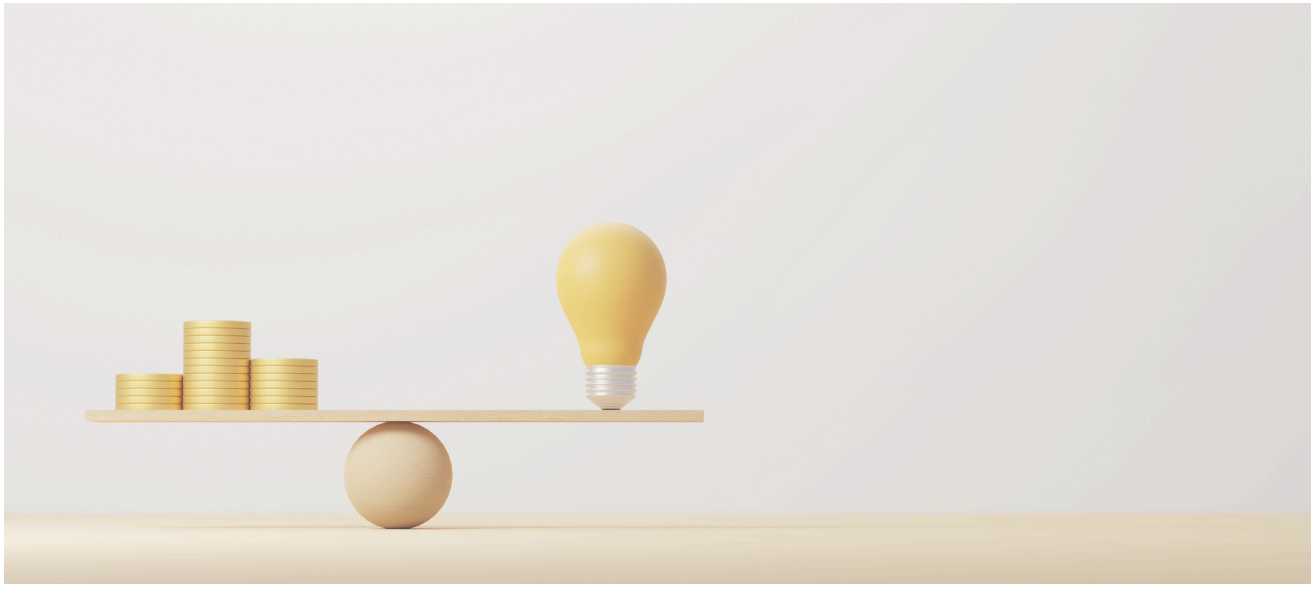


1. UNDERSTANDING LEVERAGE: WHAT IT IS AND WHY IT MATTERS

What is "Using Leverage"?

"Using leverage" means utilizing any power and influence you have as parents and loved ones to impact the person who has the eating disorder (ED) to make behavioral choices that would achieve desired goals and recovery behavior. It means finding things that matter to the person in order to utilize them to direct their behavior and influence their choices.

Why Leverage is a Powerful Tool for Recovery

The use of leverage is not only acceptable and wise; it is also *helpful and kind* to use leverage because it provides loved ones tools to use to fight the eating disorder.

Give them something to fight ***with*** and ***for!***

When you introduce leverage, a loved one can justify a recovery choice. It helps them stretch their recovery muscle when they grapple internally.

> ***Using leverage*** **means utilizing any power and influence you have... to help your loved one make behavioral choices that would achieve desired goals and recovery behavior.**

2. THE GOAL:
EMPOWERING CHOICES FOR LASTING HEALTH

When your loved ones have to choose between their eating disorder and other important things in life, they grow stronger and the eating disorder weakens. Fighting for something and/or avoiding a negative consequence gives your loved ones "permission" to eat/comply with treatment even when the eating disorder voice bullies them not to.

Recovery Comes First

Recovery supersedes everything--*including your loved one's current mood state and happiness!*

ALL recovery comes with some temporary discomfort in exchange for long term benefit.

The Guiding Principle:
Balancing Compassion and Limits

The effective use of leverage hinges on a crucial balance: extending heartfelt compassion while firmly holding necessary limits and boundaries.

Leading with Compassion

Use equal parts compassion and limits. Communicate compassion through tone and demeanor while holding boundaries and limits.

The Necessity of Limits

While compassion is key, limits are equally vital. These limits create choice points. Don't get into power struggles. Focus on what you can control and let go of what you can't.

3. UNDERSTANDING AND OVERCOMING ROADBLOCKS: COMMON BARRIERS TO USING LEVERAGE

Many caregivers find it challenging to use leverage. Recognizing these common emotional and logistical barriers is the first step to overcoming them.

Emotional Barriers

- Many caregivers are so heartbroken that their loved one has had to suffer so many losses due to the eating disorder that they don't want them to miss out on anything else. This pushes their empathy buttons.
- You don't want to punish your loved one for having an illness.
- You are afraid that you might alienate your loved ones and they could shut down or cut off communication because they will get angry if you start to use leverage.
- It's hard for parents or support people because you don't want to feel like you're torturing your loved one who's already in so much pain (adding salt to the wound)
- You are afraid that your loved one might rebel and that it could escalate the situation, potentially leading to other behaviors like increased anger, suicidal gestures, cutting, or even intensified eating disorder behaviors.

> **Many caregivers are heartbroken that their loved one has had to suffer so many losses due to the eating disorder. They don't want them to miss out on anything else.**

Logistical & Belief-Based Barriers

- You believe your loved ones when they promise that if they're only allowed to do things that make them happy and make them feel good first, then they will have an easier time eating. They promise "I'll eat a hundred percent tomorrow if you let me go to this party tonight," and parents get pulled into that. The belief is that *if my loved one feels good psychologically, they will take the steps needed to get better*. You think giving them what they ask for will promote eating and compliance.

- Sometimes you are dealing with two-household families (or even a parent in the same household who disagrees with the severity of the eating disorder and/or treatment plan) and it seems futile to use leverage if the other guardian is not on board. So why bother?

- It may seem like there is absolutely nothing to use as leverage because your loved one doesn't care about anything as much as the eating disorder. In this case, what can I possibly use as leverage? AND/OR even if they do have things that matter, you may not know what to use as leverage? What makes the most sense, will work best, is appropriate?.

- With financially independent loved ones like older adult children or siblings/life partners, a barrier could be *not knowing how to use leverage* in these situations. Or... *is it even appropriate?*

There are many general fears about getting this right and knowing how and when to use leverage which become obstacles to getting started. This is often not natural for loved ones, so some skills training is needed to increase confidence.

4. YOUR MINDSET & APPROACH: THE KEYS TO EFFECTIVE LEVERAGE

How you approach using leverage is just as important as the strategies themselves. Your demeanor and conviction send a powerful message.

Be Unwavering and Calmly Convincing

Eating Disorder recovery is the #1 priority! It will feel uncomfortable at first. Be UNWAVERING. Use LOVING and CARING tone. Be CALM and CONVINCING.

Authoritative, Not Authoritarian

Be AUTHORITATIVE, not AUTHORITARIAN. Convey SERIOUSNESS.

> **Send the powerful message:**
>
> **YOU ARE GOING TO GET BETTER and WE ARE GOING TO HELP.**

The “Dangerous Situation” Hack

When you have to use leverage, imagine that your loved one is asking to do something that would be dangerous to them like going to a party with drugs and no parental supervision or riding off on the back of a motorcycle with a person they just met yesterday who's 10 years older than they are. Use the same demeanor and tone that you would use to say "no" to that request.

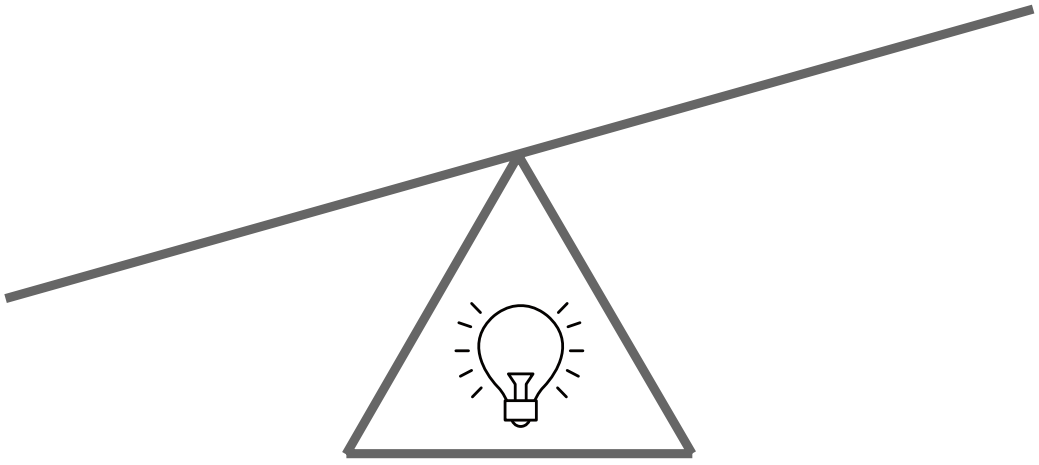
Or imagine that your loved one had cancer and said that they refused to get in the car to go to chemotherapy. How would you handle that? How would you get them to go?

You have more authority than you realize. Your kids know when you are serious and when they don't have an option but to do what you say.

A Crucial Distinction

Your loved one can decide how and where to get better, **NOT IF**.

Focus on what you can control, and let go of what you can't. It is possible to achieve recovery in imperfect conditions.



5. COMPASSIONATE BOUNDARIES AND COMMUNICATION: PUTTING LEVERAGE INTO PRACTICE

Effective leverage involves clear communication and consistent boundaries, always delivered with compassion. Here are foundational strategies.

The "X then Y" Rule (For Dependent Loved Ones)

Whatever the desired behavior is, in order to do **X** you must first do **Y**.

- In order to go to the sleepover tonight, you will first need to complete all meals today.
- In order to participate in the soccer game this weekend, you will first need to maintain/gain weight at your next appointment.
- In order to have use of your phone, you will first need to take all meds as prescribed and cooperate with all treatment appointments.
- In order to go to dance rehearsal, you will first need to complete your meal in 30-45 minutes and snacks in 15-20 minutes.

Maintain Your Stance

Don't let their behavior control yours! Your consistency is key to helping them understand the new expectations.

The S.E.T. Method: Setting Yourself Up for Success

When approaching a difficult conversation about leverage, use S.E.T. (Support, Empathy, Truth) statements, in that order, to structure your communication effectively.

S: Support

E: Empathy

T: Truth

Support (S)

Begin by offering a statement of support. This acknowledges their struggle and your understanding that they are trying.

- *"I see you battling the eating disorder the best you can and fighting hard. I am proud of you for that."*

Empathy (E)

Next, express empathy for how difficult their situation is. This validates their feelings and shows you are trying to understand their perspective.

- "I can see how difficult the struggle is and how hard it is to stand up to the eating disorder. I can't imagine doing that day after day meal after meal. I'm sure it feels like torture sometimes."

Truth (T)

Finally, state the truth of the situation and the boundary or expectation. This is where you will clearly outline the "X then Y" leverage.

- "Because your eating disorder has become so powerful, we are going to have to fight it by using some things that also have power in your life. Therefore, in order to [fill in the blank with the desired privilege, e.g., 'go to the sleepover tonight' or 'participate in the soccer game this weekend'], you will first need to [fill in the blank with the required action, e.g., 'complete all meals today' or 'maintain/gain weight at your next appointment']."

- Examples of what needs to be done first (the “X”):

    - complete all meals today
    - maintain/gain weight at your next appointment or every week (until some targeted event)
    - take all meds as prescribed
    - go to and cooperate with all treatment appointments
    - complete your meal in 30-45 minutes and snacks in 15-20 minutes
    - add fuel for exercise- drink your supplement, etc.

S: be Supportive

E: show Empathy

T: be Truthful

The GIVE Technique

When approaching your loved one to discuss something difficult, aim to “GIVE”:

G: be Gentle

I: be Interested

V: be Validating

E: have an Easy manner

Other Helpful Phrases

"When... I feel..." statements:

- "When you don't complete your meal, I feel scared and more reluctant to allow you to engage in life activities."

"What I heard, what I saw, how I relate..." statements:

- "I hear how upset you are and I can see you struggling to complete your meal. I cannot understand exactly what you are going through, but I can relate to how painful it feels to have to do something that is very difficult and challenging. I know that is very hard."

6. SPECIAL CONSIDERATIONS: SUPPORTING NON-DEPENDENT LOVED ONES (e.g., For Adult Children, Spouses, Partners, Siblings)

Especially for non dependent loved ones, use relationship capital as a type of leverage. Supporting a financially independent loved one requires a nuanced approach, often focusing on the strength and trust within your relationship.

Assess Your Relationship Capital

Reflect honestly: Do you have a strong, trusting relationship where your loved one values your input? Have you historically been supportive, non-judgmental, and safe for them emotionally? If your relationship is strained, you may need to consider investing time in strengthening it before making direct treatment appeals

Lead with Empathy and Curiosity (The Invitational Approach)

In eating disorder intervention, we talk about using an invitational versus a confrontational approach. This becomes more important when the person is completely financially independent and has the ability to make their own decisions about whether or not they want to work on getting better. Instead of confrontation or persuasion: Ask how they're doing—really doing—and listen without interrupting or fixing.

- "I've been thinking about you a lot. Can you help me understand how you've been feeling lately?"
- "I noticed some things that concern me, and I just want to understand what it's like from your perspective."
- "What do you feel is getting in the way of your goals of (fill in if you know what some of those are, *e.g: security, happiness, dating, intimacy, career advancement*)?"

This shows that you're ***with*** them, not ***against*** them.

3 Gently Name What You See, Without Judgment

Use your relationship capital to raise concern from a place of love:

- "I know you may not see it this way, but I've noticed you seem really exhausted and withdrawn lately. It reminds me of what you have gone through in the past when you were struggling with food and body image."
- "It seems like you have been more depressed and anxious lately. You seem to be worrying about things and obsessing more than usual. I know that can happen sometimes when someone isn't nourishing themselves well and taking good care of themselves."

Emphasize impact over accusation: *"It hurts to see you in pain. I know you're strong, but this seems like a lot to carry alone."*

4 Share Your Own Vulnerability

Relational influence grows when you're willing to be real:

- "I'm scared sometimes. Not because I don't trust you, but because I love you. And I don't know how to help."

Vulnerability opens space for connection and reduces defensiveness.

5 Offer Choices, Not Ultimatums

Since they're an adult, control won't work. Use your relationship capital to offer agency:

- "Would you be willing to meet with someone just once—no pressure to commit—just to see how it feels?"
- "If you ever do want help, I've looked into a few places. I can support you in whatever way feels best."

6 Build Small Agreements

Use any compliance—even if partial—as a starting point::

- Agree on checking in weekly.
- Ask if you can help research providers together, even if they don't commit yet.

Each "yes" builds momentum.

7 Stay The Course

Using relationship capital means:

- You stay consistent, calm, and available.
- You don't withdraw love or emotional support, even if they resist.

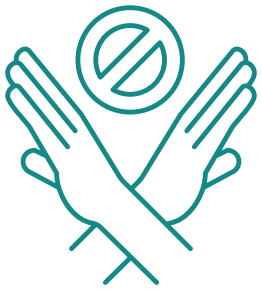
8 Set Loving Boundaries (When Necessary)

If their behavior becomes self-destructive or starts affecting your wellbeing, you set relational boundaries. Boundaries are not about trying to coerce the person to change or manipulate them. Boundaries are meant to protect you as well as prevent enabling of the eating disorder. Sometimes protecting yourself is part of maintaining long-term influence. Whatever makes it more difficult for the eating disorder to have control and thrive can only help. Boundaries are about telling the other person what you will do given a particular set of circumstances. You are just informing them in a loving way and expressing the rationale.

"I love you, and I will always be here. But I can't stand by and watch you hurt yourself, therefore (state your boundary, such as):

- I won't be able to have meals with you
- I can't let you into our home without us being home
- we won't be able to go on vacation or to the beach together
- we cannot have holidays together where you don't eat
- I cannot continue a conversation where you disparage yourself

With non-dependent adults, insert your boundary in the truth statement: "I won't be able to go to dinner with you unless you commit to eating a full meal."



7. IMPORTANT CAVEATS: WHEN LEVERAGE NEEDS MODIFICATION

Leverage is a powerful tool, but it's not appropriate or effective in all situations, and it's crucial to consult with your loved one's treatment team. Using leverage is contraindicated when your loved one is:

- Medically unstable and needs higher level of care for medical instability.
- Cognitively impaired (to a degree that understanding and responding to leverage is not possible).
- Severely ODD (oppositional) (where leverage attempts could significantly escalate defiance and be counterproductive).

In these situations, different strategies and professional interventions are paramount. Always prioritize safety and consult with healthcare professionals to determine the most appropriate course of action.

8. FINAL THOUGHTS: EMBRACING HOPE & THE JOURNEY TO RECOVERY

The journey of supporting a loved one with an eating disorder is undoubtedly challenging, and using leverage can feel daunting at times. Remember that eating disorders are treatable illnesses! Recovery is possible. By arming yourself with knowledge, strategies like compassionate leverage, and unwavering support – for both your loved one and yourself – you are making a profound difference. Stay connected with your treatment team, lean on support networks, and never underestimate the power of your persistent, loving presence.

Don't lose hope!

About The Author

Ephrat L. Lipton, ACSW, LCSW, BCD, CEDS, is a board certified therapist and Certified Eating Disorder Specialist, as well as a Certified Enneagram Applications Professional. For over 30 years, Ephrat has worked with individuals, couples and families to address mental and behavioral health conditions, including mood, anxiety and eating disorders. She has served in two acute care inpatient facilities, which included the role of clinical director for 10 years, as well as in partial and intensive outpatient programs for eating disorders, depression, anxiety disorders and co-occurring disorders.

About F.E.A.S.T.

Families Empowered and Supporting Treatment of Eating Disorders (F.E.A.S.T.) is an international organization of and for parents and caregivers to help loved ones affected by eating disorders.

Learn more at https://feast-ed.org

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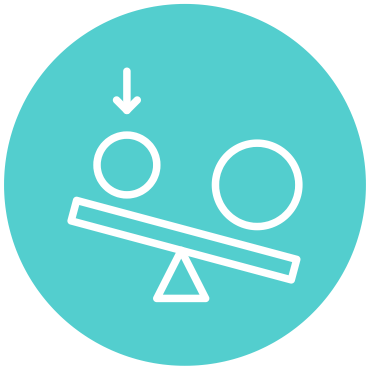

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