

Worksheet 7.3: Completing the Accommodation and Enabling Scale for Eating Disorders

This scale is used at the Maudsley to help carers to reflect on whether and how they accommodate or enable the eating disorder by submitting to the eating disorder voice.

It is common for the eating disorder to cause carers to do things we refer to as enabling and accommodating to Edi. These can maintain ED behaviours and include:

- Avoidance and modifying routine
- Reassurance seeking
- Meal context rituals
- Control of family
- Turning a blind eye

Fill in the scale and then answer the following:

Q: How did it feel to fill in the questionnaire?

Q: Why do you think family members might respond in this way to ED?

Q: What might be possible benefits of starting to change some of these responses?

The Accommodation and Enabling Scale can be completed at any stage of Edi's recovery journey and can really help carers to think about change, and to reflect on changes they have already made. Carers often find it is comforting to know that these are common responses to Edi and that they are not alone.

Accommodation and Enabling Scale for Eating Disorders

Name:..... Date.....

The following items contain a number of statements that commonly apply to the family members who live with a relatives or friends with an eating disorder. We would like you to read each one and decide how often it has applied to your family members over the *past 1 month*. It is important to note that there are no right or wrong answers. Your first reaction will usually provide the best answer.

Please circle your answers using the following scale and referring to the past 1 month: 0 = never, 1 = rarely, 2 = sometimes, 3 = often, 4 = every day						
Does your loved one with eating disorder control...						
1.	the choices of food that you buy?	0	1	2	3	4
2.	what other family members do and for how long in the kitchen?	0	1	2	3	4
3.	cooking practice and ingredients you use?	0	1	2	3	4
4.	what other family members eat?	0	1	2	3	4
Does your loved one engage any family member in repeated conversations...						
5.	asking for reassurance about whether s/ he will get fat?	0	1	2	3	4
6.	about whether it is safe or acceptable to eat certain food?	0	1	2	3	4
7.	asking for reassurance about whether s/ he looks fat in certain clothes?	0	1	2	3	4
8.	about ingredients and amounts, possible substitutes for ingredients?	0	1	2	3	4
9.	about negative thoughts and feelings?	0	1	2	3	4
10.	about self-harm?	0	1	2	3	4
Do any family members have to accommodate to the following:						
11.	what crockery is used?	0	1	2	3	4
12.	how crockery is cleaned?	0	1	2	3	4

13.	what time food is eaten?	0	1	2	3	4
14.	what place food is eaten?	0	1	2	3	4
15.	how the kitchen is cleaned?	0	1	2	3	4
16.	how food is stored?	0	1	2	3	4
17.	the exercise routine of the relative with an ED?	0	1	2	3	4
18.	your relative checking their body shape or weight?	0	1	2	3	4
19.	how the house is cleaned and tidied?	0	1	2	3	4

Do you choose to ignore aspects of your loved one's eating disorder that impinge your family's life in an effort to reconcile or make it tolerable for the rest of the family such as if...

20.	food disappears?	0	1	2	3	4
21.	money is taken?	0	1	2	3	4
22.	the kitchen is left a mess?	0	1	2	3	4
23.	the bathroom is left a mess?	0	1	2	3	4

24. In general, to what extent would you say that the relative with an eating disorders controls family life and activities?

None at All About Half Completely
0 1 2 3 4 5 6 7 8 9 10

To continue answering the questionnaire, please bear in mind the following:

If it has never happened you would CIRCLE the number 0, if it has happened 1–3 times per month you would CIRCLE the number 1. If it has happened 1–2 times per week, then you would CIRCLE the number 2. If it has happened 3–6 times per week you would CIRCLE the number 3, and if happens daily you would CIRCLE the number 4. Over the past 1 month.
0 = never, 1 = 1–3 times/month, 2 = 1–2 times/week, 3 = 3–6 times/week, 4 = daily

25.	How often did you participate in behaviours related to your loved one's compulsions?	0	1	2	3	4
26.	How often did you assist your relative in avoiding things that might make her/him more anxious?	0	1	2	3	4

Please circle your answers using the following scale and referring to the past 1 month: 0 = no, 1 = mild, 2 = moderate, 3 = severe, 4 = extreme

27.	Have you avoided doing things, going places, or being with people because of your loved one's disorder?	0	1	2	3	4
28.	Have you modified your family routine because of your loved one's symptoms?	0	1	2	3	4
29.	Have you modified your work schedule because of your loved one's needs?	0	1	2	3	4
30.	Have you modified your leisure activities because of your loved one's needs?	0	1	2	3	4
31.	Has helping your loved one in the before-mentioned ways caused you distress?	0	1	2	3	4
32.	Has your loved one with an eating disorder become distressed/anxious when you have not provided assistance?	0	1	2	3	4
33.	Has your loved one become angry/abusive when you have not provided assistance?	0	1	2	3	4