



Family Matters – tips from families for families

At the meal table

Restoration of full nutrition is the first and most necessary step in recovery. But how do you do it? Following on from the first tip sheet, in this one we explore in more detail the ins and out of supporting our child to eat.

To achieve full weight restoration as efficiently as possible, you will need to feed your child a high calorie diet, ensure he/she eats everything you provide (no mean feat!) and prevent any compensatory behaviours (will be covered in a later tip sheet).

What to feed your child?

One of the key challenges for parents is working out how much to feed someone in order to gain weight. Common pitfalls for families is finding the volume of food required as 'too much', not being aware of which foods provide more calories, being used to cooking in ways which minimise fat content and having fixed ideas of what is 'healthy'. In many ways feeding someone with Anorexia Nervosa runs counter to all of our society's traditional norms on healthy eating. The key to success is minimising the 'footprint' of the food our children are required to eat. In order to do this, you will need to change the food you serve to include full fat products, plenty of fats and oils, foods rich in proteins and carbohydrates. Vegetables may become an optional extra for a while! You may also need to change your food preparation style e.g. sausages may now be fried in oil rather than grilled.

Families differ in terms of how they work out what to feed their child – some families are naturally very good upping the calorie density and portions by intuition. Other families may need to take a more structured approach. However, any measurement of food or calorie counting must not be done in view of the child.

Ideas for high calorie meals and food options can be found at <http://atdthalloffame.feast-ed.org/home>, <http://www.bookemon.com/read-book/320399>, <http://www.maudsleyparents.org/learnmore.html> or on websites supporting nutrition of children with cystic fibrosis or cancer.

How do we make them eat?

Many parents have found the term "Magic Plate" helpful in enabling them to conceptualise what they have to do. Magic Plate means that caregivers/parents make all decisions about food and nutrition until the sufferer is able to eat safely and appropriately him/herself. You plan the meals and snacks, you do the shopping, you do the preparation, you decide the amounts, you

put it on the plate and the sufferer must eat it. The only job for the child in all this for now is to eat what you give him/her. Most parents honour historical dislikes, but strive to reintroduce foods that were previously accepted but became "hated" or feared during the course of the disease.

Typically parents see fireworks at first, but this subsides once the ED works out your daughter/son has no choice in the matter. Counterintuitively, being relieved of the choice of what, when and how much to eat ultimately eases the sufferer's anxiety and they are able to eat what is presented.

Encouraging versus requiring

A key challenge for parents is to understand the difference between **encouraging** the child to eat and **requiring** him/her to eat. Understanding the difference can make all the difference

With **encouraging**, you leave the eating up to the sufferer. Dish up her food (not too much! you don't want her to freak out!) and hope she eats; try to say exactly the right thing that will support her in exactly the right way (not too pushy, mind you!). The truth is nothing you can say will overcome the loud voice of ED in her head that is stridently telling her NOT to eat. She has a loaded gun pressed to her temple telling her not to eat. Your words are not going to win that battle.

With **requiring**, you take the choice away from the sufferer. You dish up the food she needs and do not give her a choice about eating it. Food is her medicine; it's very important that the medicine be taken. **Sit with her until it is 100% gone.** Plan on *long* meals at first. Bring a book if you need to and settle in at the dining room table for a few hours. No phones get answered, no tv's get turned on...all other activities cease.

Research tells us that meals are more effective when families have a behavioural focus on eating (verbal and physical prompting) rather than trying to 'convince' the child to eat or provide child with choices. Verbal prompts may be 'keep eating', 'pick it up and eat it', 'you need to eat all the xxx'. Non-verbal prompts can be pushing plate towards child, putting spoon into hand etc.

Useful things to say

Many parents have found the following mantras useful to say:

"We love you too much to let you starve."

"Food is your medicine; if you are too sick to take your medicine, you are too sick to _____" (fill in the blank: go to school, go to work, watch TV, text, listen to her iPod, etc).

"Eating is not a choice. You can eat here at home or you can eat at the hospital; but eating is not a choice."

Every meal that goes in moves your child closer to recovery; every meal that he/she misses, or every food group that she cuts from her diet, makes her sicker.

