



Family Matters – Tips for families from families

100% of the food 100% of the time

When parents are filled with self-doubt, when they shrink in the face of the eating disorders rage and resistance, when they vacillate around the imperative of **full** nutrition and enough time for complete medical recuperation; this can undo all your efforts. Your child will be uncertain about both the necessity and the efficacy of the treatment itself, and the eating disorder plays on this doubt. Backing of or wavering in treatment decisions is, by far, the surest way to prolong your child's suffering and this nightmare for your family.

While this applies to all aspects of looking after someone with an eating disorder, it is highlighted in getting them to eat. Eating is something that terrifies them. So what do we do when terrified of something? Calmly go ahead and do it? Not usually. We usually make every excuse under the sun, rational and irrational, as to why we can't do it, we refuse, and we might become violent even, if pushed. But usually we don't need to actually do the thing we are that afraid of because it is not threatening our life.

As families, we have to support our loved ones to eat when they are terrified. How do we do this? They have to know that there is no way out but through.

As one mother says "For us, nothing else happened until our daughter ate. Nothing. Nada. Zip. I sometimes think others don't fully understand the depth of that statement. We cancelled nearly every social engagement in our lives, stopped inviting friends and family over, stepped back from every outside charitable, civic or business activity association during the re-feeding. Once food was on the table, our daughter didn't leave until it was done. Then, we stayed with her for hours afterwards to support her. If it were breakfast and she didn't eat it, she didn't go to school. If she had an outside evening activity with either friends or a school group, then she didn't go if dinner wasn't done...no compromises, no exceptions. Our life literally centred around our daughter's dinner plate until the time she could do it herself (which is where she's at now)"

What can happen though is that parents buckle. They serve them a plate, but the child knows that if they just channel a little Gandhi-like passive resistance for an hour or two, then the parent will have to either go to work, go to class, meet a friend or do some other thing. This is the difficult part. Life not only stops for the anorexic, it has to stop for one of the parents as well.

Avoid the cajoling or "persuading". Return passive resistance with quiet, benevolent absolutism (a sort of Gandhi meets Edmund Burke). 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.

At the meal table you can provide support for your child to eat through direct prompts such as "pick up the spoon", "have some x, y or z", "take another mouthful". The clearer the better. Once your child is eating, move to light conversation and distraction techniques. If they stumble or stop, return to the prompts and stop the chatter/distraction techniques until they are eating again. Once the meal is finished, switch moods and move to enjoyable and relaxing activities.

Some useful phrases may be:

"This is what we're eating for lunch/dinner/breakfast/snack"

"Yes, I'm sure you have to eat it"

"I know exactly what is required in your meal plan"

"The only way to get better is to challenge that thought"

"This is exactly what you need today, please begin eating"

"Let's pick up the fork and get started, sometimes it's easier to get going and get through this"

"I know this is super hard for you, this isn't easy. Let's get it going, and I'll be right here with you"

"Let's try a few of the coping skills you've learned" (deep breathing, hand fidgets, distraction with a game on my phone or funny animal video)

"You'll have to stay at the table, and I know you have better things to do, so let's get this done, so you can do them"

"I'm not going to let you do this alone, I will ALWAYS be right here, no matter how hard it gets. We can do this one bite at a time"

"I'm so sorry you feel that way about eating, but it's what we have to do so you can get back to being a normal kid."

Distraction techniques have been found to be extremely helpful for anxiety and fear. These can include having friends over, playing games (verbal, board or iPad), watching TV. You know your child best here. We spent many meals playing iPad scrabble where being able to take a turn was dependent on eating steadily. Sometimes we watched TV episodes and with the advent of Foxtel IQ could pause the episode when eating stalled.

Once they are eating, you need to make sure they are not using restricting behaviours. Finding any restricting behaviours are dealt with by replacing not eaten food as soon as this is discovered. Common restricting behaviours you may see include:

- "Dropping food" onto the floor.
- Smearing food under chairs and tables, onto hands and clothes (particularly common with fats, sauces, dressing, peanut butter).
- Hiding foods in pockets, sleeves, hoods, pants, napkins, etc.
- Hiding foods under the plate.
- Leaving food on the plate (particularly common if food is cut up into small pieces first).
- "Chipmonking" the food in cheeks.

Finally, you should have a written plan agreed with your clinicians for what to do with complete meal refusal, with a plan A, Plan B and as many additional plans you need to ensure eating is non-negotiable.

"Your continued confidence in him/her and in his/her recovery is a gift you offer every single day, every meal, every bite"

Developed by Belinda Caldwell – CEED Carer Consultant, and the mother of a daughter with anorexia nervosa.

Tips collated from the lived experience and wisdoms of parents on the FEAST website (www.feast-ed.org) and other sources.

