Meal Support for People with Eating Disorders

How do we do it?

What is the task?

Assisting the unwell person to complete their meals while tolerating the distress that eating causes

Clinician Stance: Prepared Consistent Calm Assertive Kind

Do	Don't
 Preparation & planning: Understand the treatment goals and tasks (e.g., weight restoration; normal/regular eating; minimising binge eating; minimising purging behaviour; containing physical activity) Prepare the dining environment ('pro-normal eating') Keep clients informed (meal plan, mealtime schedule & guidelines; what is expected of them and staff) Check meal matches meal plan requirements What to do if the client is having trouble starting or completing the meal Find out what the client finds helpful and supportive 	 Address any concerns you may have about the treatment plan with the client. Take this up in team discussions Be inconsistent as a clinician or a team Assign this task to casual or inexperienced staff without preparation and support
 Coach: Encourage person to eat – break the task into small steps, eg: "You need to make a start" Remind them of the next step eg: "just pick up the sandwich" Stay calm outwardly, keep your voice at a normal level Provide praise for efforts 	 Behave in an angry or critical way; Nag Humiliate or ridicule clients
Distract:	Engage in debate about food, calories, dieting, the content of the meal

Eg: Chat about other things; get to know the person and their interests, have a joke together; read out loud; use puzzles	
 Compassionate Reflection: Show the person that you know this is hard for them and you are listening to them Acknowledge their feelings and the challenge of their task Eg: "I can see this is really hard for you" 	 Talk about why's – eg: why the anorexia, why the treatment, why this is hard, why this food Talk that makes the ED seem impossible to understand or stupid
Remind person of the bigger picture: Eg: They need to eat; We all do. Food is their medicine and they need to eat to get out of hospital & into life • Ask what they look forward to outside hospital	Over focus on the details of food & weight; physical experience of eating
Remind yourself about Externalising the Eating Disorder eg: the person is not the problem; their eating disorder is the problem. • speak to the person who, on some level, wants to recover	Forget a client doesn't choose to have an ED