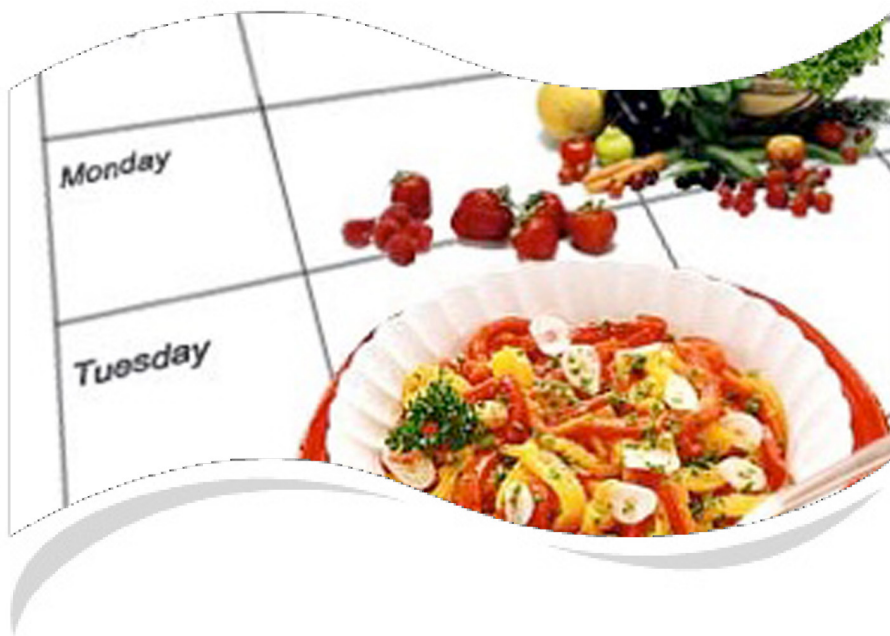




# Meal Support Guidance for People with Eating Disorders

Information for patients  
Tertiary Eating Disorder Specialist Service



# CONTENTS

	Page
About This Booklet	
Meal Support Introduction.....	4-6
What is meal support? .....	7-10
Things that do not help In Meal Support.....	11
Role modelling .....	12-13
Boundary setting .....	14-15
Communication .....	16
Coaching .....	17
How to provide meal support.....	18
Before the meal – How to prepare.....	18
During the meal.....	16-19
What is helpful to say/do	
❖ Role modelling	
❖ Boundary setting	
❖ Communicating	
❖ Coaching	
After the Meal .....	24-26
Summary	
Frequently asked questions with answers.....	27-32

Appendices

- ❖ Planning meal support at home .....33
- ❖ Pros and Cons.....34-35
- ❖ Quick reference: menu plan guidelines.....36
- ❖ Quick reference: Tips for meal planning .....37-38

## **ABOUT THIS BOOKLET**

The information and techniques in this booklet can be helpful when supporting someone to eat regularly but are by no means exhaustive. It will take time to work out what is most helpful for the person struggling to eat. We encourage you as a parent, carer, partner and meal supporter to consider how you care for yourself during this time and to seek support.

Skills Based Training for Carers workshops offered by Tertiary Eating Disorder Specialist Service provide the opportunity to learn skills and coping strategies if you are caring for someone with an eating disorder. You will learn more about the most effective ways to support someone with an eating disorder and develop different ways for you and your family member or friend to communicate.

The format and wording for this booklet has been informed by and adapted from 'Meal Support Information for Family, Friends and support People' a meal support resource created by Auckland Eating Disorder service December 2008.

This is available in full, original and comprehensive format on:  
[www.ed.orgnz/files/MS booklet PDF](http://www.ed.orgnz/files/MS_booklet_PDF).  
[www.the new Maudsley approach website](http://www.the.newMaudsleyapproach.com)

# MEAL SUPPORT

## INTRODUCTION

Meal times can be challenging, not only for the person with an eating disorder but for their families, friends and support people. It is not unusual for the person with an eating disorder to eat separately from family and friends, so beginning to eat with others may be new and stressful. There are many unusual ways of eating (sometimes known as behaviours) that are often seen in people with eating disorders; you may notice some of these during meal support:

- ❖ Not eating
- ❖ Cutting food into small pieces
- ❖ Hiding food in napkins/smearing food under the table/hiding food in pockets/dropping food on the floor Spoiling Food - burning it, leaving it to go cold
- ❖ Excessive use of condiments such as salt, pepper , ketchup
- ❖ Taking as long as possible to eat
- ❖ Eating very quickly
- ❖ Eating very small mouthfuls
- ❖ Eating very large mouthfuls
- ❖ Eating food with utensils which are inappropriate for the meal such as a small spoon
- ❖ Eating one food group before moving to the next
- ❖ Eating food you feel safer with first and saving the most difficult foods for last
- ❖ Going to the bathroom during, or immediately after a meal to purge or to discard hidden food.
- ❖ Purging after a meal; vomiting or taking laxatives
- ❖ Exercising or being active before and after a meal, not able to sit still or standing

Eating Disorders are often associated with high levels of distress and an extreme fear of gaining weight. Some people try to soothe or numb this distress by restricting the amount they eat, bingeing, compulsive exercising and laxative use Treatment focuses on reducing disordered eating behaviour in order to improve nutritional intake.

Eating disorder behaviour may provide short term and quick relief from distress, but the physical and emotional effects of inadequate eating can be serious. It can seem that the benefit of relief from distress and control over difficult emotions out weighs the costs of their eating disorder. Supporting someone to eat and to give up their eating disorder behaviours may therefore be a challenging task. The person may feel angry about the help you are offering, it is also likely they will be anxious about changing the way they eat.

Treatment with the Eating Disorder Service will support the individual and their family or support people, to develop healthy strategies to accept and manage the changes they are working on.

It is important to remember, that there is no single cause of an eating disorder. They are often the result of a complex combination of biological, psychological and social factors. Research has shown that a supportive family, partner or friendship is crucial for a person to ultimately overcome an eating disorder. Meal support is one way of providing help.

## **WHAT IS MEAL SUPPORT?**

Meal support is a way of providing emotional support for a person with an eating disorder. It can help the person to complete the meal or snack and is useful before, during and after the meal/snack time to help the person normalise their eating.

When people restrict their food intake, they may lose the hunger cues which normally prompt regular eating. Mechanical or “Robotic eating ” is the first step in restoring hunger cues and requires the person to eat bite after bite in the absence of hunger cues until the meal is completed. Encourage the person to focus on one bite of the meal at a time.

People who are undernourished may experience a delay in their stomach emptying. It is likely that the whole gut is working more slowly. This can result in feeling bloated which can be difficult and distressing to deal with and may increase thoughts about gaining weight even after eating a very small amount.

Restoration of appetite and normal eating begins mechanically, but eventually the stomach and brain begin to communicate again. It may take several weeks or months before appetite returns but it will improve with regular eating and improved food/nutritional intake.

## **GOALS OF MEAL SUPPORT:**

For a person with an eating disorder food can become associated with lots of meaning. The person develops rules about eating which may be aimed at weight control but are often more complex and related to managing low self worth, managing fears and anxieties. Treasure, Smith & Crane, (2007), suggest that ‘An overall goal of treatment for an eating disorder is to return food and meals to their normal place – as fuel’. The initial goals of meal support are a step towards this.

## **MEAL SUPPORT GOALS:**

- ❖ Normalise eating behaviour
- ❖ Facilitate weight gain/weight maintenance
- ❖ Re-introduce eating as a pleasant social experience
- ❖ Increase self confidence around a healthy food intake
- ❖ Decrease fear of food
- ❖ Reduce disordered eating rituals and routines

### **Supporting a person to achieve these goals requires:**

**R**ole modelling

**B**oundary setting

**C**ommunication

**C**oaching

**If you offer meal support and the person accepts support.**

**See Appendix 1 (page 25-26)**

If 'you' (Person with Eating Disorder) or the person you are supporting agrees to try meal support, there are some tried and tested techniques that can assist with making the meal support and eating with others less stressful.



## PLANNING MEALS

Food is essential for our wellbeing and therefore cannot be avoided in the long term. Whether to eat or not, is not something which should be open to negotiation. Limited choice may be useful as too much choice can be confusing. If you decide to offer choice, it may be more realistic to do so for the smaller meals such as snacks. Choice should not be given about which foods to include and exclude. For example; if juice is part of the prescribed meal plan then the choice could be 'which flavour of juice'.

*When planning a meal consider:*

*What* is to be eaten

*When* it is to be eaten

*Where* it will eaten

*With* whom it will be eaten

### **See appendix 4 'Tips for Meal Planning ' (Pg 30)**

It is also helpful to talk about how the food will be prepared, for example will the food be roasted, fried, grilled. Talk about what sauces and condiments are appropriate to add. Agree what the portion size will be. Many people with an eating disorder will want to negotiate the amount and type of food. If you are working with a dietitian, they can advise about what the body needs to maintain function and health. A balanced meal must include carbohydrate, vegetables, protein and fat.

Once you have planned a meal it should not be re-negotiated whilst preparing, cooking and eating. It can be helpful just to say:

*'We agreed we would not change anything during meals'*

## **EATING CONSISTENTLY THROUGHOUT THE DAY**

This will have been discussed with the treatment team.

Normal hunger cues occur every two-three hours throughout the day. It is therefore important to schedule meals and snacks at predictable and consistent times throughout the day. Regular eating helps in the development of healthy eating patterns. Without consistent eating the person gets into the habit of skipping meals and will slowly lose their appetite. Long periods of restricted food intake can also trigger bingeing behaviour for some people.

Erratic and unpredictable mealtimes increase worry about the next meal/snack and often increase anxiety about eating. Eating becomes more difficult if someone is anxious and meal support will therefore be more challenging.

## **PLAN CONVERSATION IN ADVANCE.**

It may feel daunting to be at the table if no one is talking; ask the person what is helpful to talk about. It may ease your concern to prepare some conversation topics in advance of meal support. Many people report that casual table conversation is distracting and helpful. It can be helpful if you are able to carry some of the conversation, however it is important that everyone involved in the meal helps make it a sociable time. Background music can also help to create a relaxed atmosphere. Examples of conversation topics are: Films or TV shows, places they want to travel, friends, future career goals, school and current events. (See appendix 1 pg 25-26) also think about how you are communicating, this is discussed further in pages 12-19.

## THINGS THAT DO NOT HELP IN MEAL SUPPORT

- ❖ Forcing the person to eat, even in a game like pretence. This can be frightening.
- ❖ Making statements which cause the person to feel guilty. Eating disorders provide a way of coping with difficult feelings and re-establishing self-esteem. Evoking negative feelings during a meal can increase the person's reliance on their eating behaviours in order to feel ok.
- ❖ Making critical or hostile comments, such as:
  - ❖ 'Why haven't you eaten it all?'
  - ❖ 'What a waste!'
  - ❖ 'Come on, you have not finished that bit, time is running out and I've got things to do, get on with it.'
  - ❖ 'Think about the children in Africa.'
- ❖ Lecturing the person on the dangers of eating disorders.
- ❖ Bribing and bargaining
- ❖ Talking about food, sensitive issues, weight, exercise, violent current news events and previously unresolved issues
- ❖ Eating in public place – **this is something that is often best left until later in treatment.**

## ROLE MODELLING

Your approach to food and healthy eating will be crucial to your success when providing meal support. The person you support may look to you to gauge how relaxed, confident or anxious you seem whilst eating. What you say during meal support is important but how you behave is equally important.

A good role model will:

- ❖ Display a healthy approach to food and eating
- ❖ Facilitate and model the social aspects of eating
- ❖ Monitor the person's food intake
- ❖ Encourage and reassure the person that eating is okay
- ❖ Enforce boundaries

### Positive role models will display:

- ❖ Confidence and comfort with eating
- ❖ That eating balanced meals will not result in rapid weight gain
- ❖ There is no need to resist certain foods to maintain good physical health
- ❖ It is not necessary to eat diet foods to maintain a healthy weight, there are no good or bad foods.

### **You should not:**

- ❖ Eat diet foods during meal support
- ❖ Share/Discuss if you have a fear of food
- ❖ Talk about some foods as 'bad' and others as 'good'
- ❖ Demonstrate your own concerns about weight or body image
- ❖ To talk about your own ideas of what healthy eating is, make comments about portion sizes like "Oh that looks like a lot, will you manage?"
- ❖ At times families have said "she eats all the time", or "she eats a lot" even when the person is very underweight and malnourished.

If you are currently dieting or experience difficulties with food, please talk to a member of the T.E.S.S. team who will be able to advise you how to continue with meal support.

It may not be possible for you to offer meal support to others, if you struggle to nourish yourself by eating regular balanced meals.

It may not always be possible to eat at the same time as the person you are supporting, plan this ahead and make the person you are supporting aware that you will or will not be eating together before the support session begins.

## BOUNDARY SETTING

Meal support boundaries increase the likelihood that everyone will feel as safe as possible during the meal. You may feel anxious about setting limits and addressing eating disorder behaviour that is quite normal. Some people are not aware of the behaviour they use, leaving them feeling as though the eating disorder has control. By noticing eating disorder behaviour and setting limits to it, the person can begin to change unhelpful eating patterns.

The boundaries should be clear to everyone before eating begins. There should be no surprises. Negotiating what is to be eaten and how it is to be eaten is difficult during a meal time and can increase uncertainty and anxiety whilst eating. Therefore, being clear about what is expected of everyone before hand can help to reduce distress and make eating easier.

It is important to communicate boundaries, clearly and consistently.

Meal support boundaries for the Eating Disorder service are;

- Meals are planned prior to eating.
- All meals should include a balance of carbohydrate, protein, vegetables and a fat source.
- Fluids should be taken as prescribed by the dietician.
- Remain sitting appropriately throughout the meal.
- Toilet stops are to be taken before the meal or snack, and 30 for snack-60 minutes after finishing a main meal.
- Diet foods which are not prescribed should not be eaten for meal support
- Eating disorder behaviour will be challenged supportively
- Meals will last a maximum of 30 minutes and a minimum of 15 minutes; snacks will last a maximum of 15 minutes

- Time up dates are provided to help with eating at an appropriate pace
- All of the meal should be eaten
- Conversation is encouraged but talking about food related issues is unhelpful whilst eating
- No mobile phone use during eating
- Music can be on in the background or television
- Food should not be reheated after the start of the meal
- No excessive use of condiments (as they are often used to mask or spoil the flavour of food)
- Time can be set aside after the meal if necessary to talk about any feelings which arose for the person whilst eating

## COMMUNICATION

Communication allows people to share information, ideas, thoughts and feelings. It can be verbal (talking, writing, texting) or non verbal (body language, physical appearance, tone of voice, personal space). Even when messages are intended to be clear, the way in which they're received can be dependent upon how the person receiving the message is feeling at the time. Getting all of these components just right is complex and its not surprising therefore that people often misunderstand each other. In times of high stress and anxiety, the rules of good communication can often lapse.

To remember helpful communication strategies use - C L E A R.

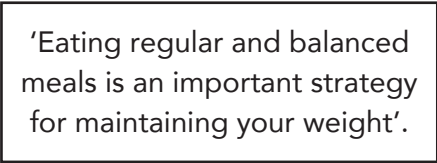
- **C**ongruence – verbal and non verbal parts of communication are conveying the same thing.
- **L**isten for the feelings – feelings may show themselves via non-verbal communication such as facial expression, intonation, gestures. They may seem incongruent with what is being said, but often the main messages people wish to convey are sent non-verbally.
- **E**mpathise - try to understand how the other person sees things. By putting yourself in their shoes you can try to imagine the feelings they may have by seeing things the way they do. You don't have to agree but it's unlikely that someone will change their behaviour if they feel that it was never understood where they were coming from in the first place.
- **A**ct to show you're listening. Just listen, don't multi-task during a conversation. Use eye contact; stop what you're doing to pay attention.
- **R**eply and **R**eject – often people only know that you've heard them if you follow-up what they say with something about what they just said. You may need to ask a question to understand more, you may be able to summarise their viewpoint.



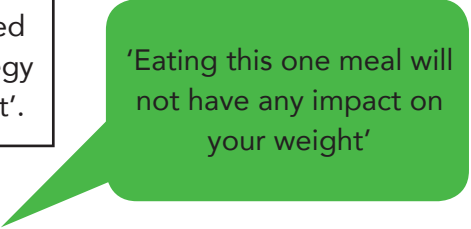
## COACHING

For the purposes of meal support, coaching is defined as a method of directing, and instructing a person, with the aim to achieve a goal or to develop specific skills. In this case, the goal is eating by using anxiety management skills to achieve this.

Providing direction may include; providing information which challenges some of the anorexic beliefs the person may have. Often, people with eating disorders believe that their weight will change suddenly due to eating a meal. It may be helpful to remind that:

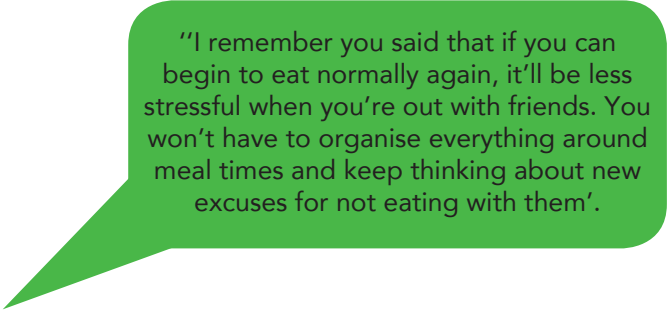


'Eating regular and balanced meals is an important strategy for maintaining your weight'.



'Eating this one meal will not have any impact on your weight'

At times of high anxiety or emotion it may be more difficult to remember the skills which can help. In a coaching role you can remind the person of these skills, something as straightforward as reminding the person to 'breathe' can be helpful in moderating anxiety symptoms. Another useful coaching statement for anxiety management may be to remind the person about the longer term benefits they have identified of eating:



"I remember you said that if you can begin to eat normally again, it'll be less stressful when you're out with friends. You won't have to organise everything around meal times and keep thinking about new excuses for not eating with them'.

# HOW TO PROVIDE MEAL SUPPORT

## Before the Meal – How to prepare

Plan **Meals** In Advance

**What**

**When**

**Where**

**Who**

Plan the meals beforehand. Decide what will be eaten at what time, where and who will support. It may be helpful to spend time visualising what will happen during the meal and to talk things through step by step. By making plans in advance the person is more likely to make decisions which are consistent with a healthier longer term goal of restoring normal eating. Decisions are more difficult to make and tend to be less consistent with longer term goals and more consistent with alleviating distress in the moment if made during the meal or when in a state of high anxiety. When plans are made before a meal the support person can then coach and encourage the person to stick to plans during the meal. (Also refer pg 7. ‘What works in meal support – planning meals’?)

Set a ‘Just Right Challenge’

Start with a goal which is achievable and which will provide a sense of success. If the goal is too easy it may not feel rewarding. The person who restricts food is likely to have a long list of foods which feel unsafe and have therefore been avoided. It might be helpful to write a list of these with the Eating Disorder Team and rank them from least to most fearful. If bingeing behaviour is being used then identify the foods which feel more likely to trigger a binge. Make a list of the least triggering to the most triggering. Start to include foods into a meal plan which are the least anxiety provoking and build up. Remember that eating a meal and

providing meal support are both anxiety provoking initially but will become easier over time.

Setting a Just Right Challenge allows for success, as well as keeping the person moving towards a goal of normal eating and weight restoration or stabilisation.

Prepare the environment - Set table, put on music...

Make sure you have enough time for meal support. Try to ensure that meals or snacks are not interrupted by distractions such as phone calls or visitors.

Think Ahead

It may be helpful to discuss which statements and coping strategies feel the most supportive and helpful to the person before the meal. It may also be useful to complete the pros and cons sheet provided; this way as a support person you can remind the person about the long term benefits of tolerating the anxiety of eating better. You can then also help the person to keep significant and motivating life goals in mind. (See appendix 1 and 2 on pages 25-26 and 27-28).

## **DURING THE MEAL – WHAT TO SAY/DO**

**R**ole modelling

**B**oundary setting

**C**ommunicating

### **Role Modelling**

Part of meal support is being able to act as a role model for healthy eating. The person you support may look to you to gauge how relaxed, confident or anxious you seem whilst eating. What you say during meal support is important but equally important is how you are?

## Boundary Setting

Meal support boundaries should be clear to everyone before eating begins. There should be no surprises.

It can be useful to talk through the boundaries for the first few times before the start of a meal.

Being clear and consistent is a helpful way to reduce anxiety about what may or may not happen, or what may or may not be said during the meal.

## Communication

Part of being able to communicate well is being able to listen carefully to painful thoughts and feelings. Don't brush feelings away. It can feel shaming and embarrassing to have feelings ignored:

**"Don't be silly, of course  
you don't need to be  
scared of that!"**

or

**'You are being ridiculous!'**



## Time boundaries

- ❖ "Remember you have 30 minutes for your meal.  
(Suggest when the person might need to eat faster or slower).
- ❖ Count down the time. Let the person know "you have another 15 minutes, you have another 5 minutes"
- ❖ "I can see how difficult this is for you but you need to eat this meal."

## **Normal eating**

(Notice and challenge supportively any eating disorder / rule bound behaviour). "I can see you're hiding your (apple, fruit, bread etc) under your napkin, leave it uncovered." "Try and tell me what you're having trouble with..."

- ❖ "Try to take bigger/smaller bites."
- ❖ "Try to take normal size sips of your drink."

## **Sticking to plans**

- ❖ 'We went through this plan yesterday'
- ❖ 'We agreed that we wouldn't change anything during meals'
- ❖ 'Remember, we discuss meal plans and goals outside mealtimes'
- ❖ 'Changing plans and goals during the meal can make you more anxious – lets stick to our plan today and talk about changes later'

## **Medical boundaries**

- ❖ 'The Team have said that if you don't eat your health is seriously at risk... you need to eat... by not eating you make it necessary for people to take more and more control... And to make more and more choices for you so that you're medically safe...'

## COMMUNICATION

Part of being able to communicate well is being able to listen carefully to painful thoughts and feelings. Don't brush feelings away. It can feel shaming and embarrassing to have feelings ignored e.g. "Don't be silly, of course you don't need to be scared of that!" or 'You are being ridiculous!'

### Observe and Describe Emotions

- ❖ I've noticed you are hiding your food to show me how difficult this is for you...try and tell me in words what's bothering you...
- ❖ I can see your struggling to finish your meal...do you feel (anxious... angry... worried etc)?
- ❖ Can you say what's going on for you.....feelings can make you feel full... there may be more room for food if you talk first.
- ❖ I wonder if you feel full of food or whether you could feel full of feelings
- ❖ (Look for signs of anger, hurt, fear etc) 'I may be wrong but you seem...' 'Often when people have that expression they fee...'

## **Validate**

- ❖ It sounds like you've got a reason to feel (angry, sad, hurt, frustrated...) but you still deserve to eat, and need to eat.
- ❖ (Notice the glass half full) "I was impressed that you managed to add in some toast to breakfast, I can see you worked hard to do that".

## **Encourage and Reassure**

- ❖ You're doing well
- ❖ Keep going
- ❖ Think of your food as medicine which your body needs.

## **Support**

- ❖ How are you doing with that?
- ❖ Would it be helpful if we just chatted about other things whilst we eat?
- ❖ Is there anything that I can do to help you to eat/finish your meal?

## AFTER THE MEAL

People who restrict their food intake may report feeling full after a meal and may feel this way for up several hours later. Those who binge might feel that the recommended portion sizes are not enough and therefore feel hungry afterwards. In either scenario there may be feelings of anxiety, anger or guilt after a meal, so, as a support person you continue to have an important role during this time as well. In response to distress people may:

- ❖ Complain they look fat
- ❖ Ask you if they look fat
- ❖ Cry
- ❖ Seek reassurance
- ❖ Pace frantically
- ❖ Stand constantly
- ❖ Want to find a mirror to look at themselves
- ❖ Vomit

A reassuring phrase you can use: "yes, you feel full. That's normal but scary for you at the same time. Over time, if you eat regularly, you won't feel so uncomfortable".

If the person complains of looking "fat" or "disgusting" don't try to rationalise with them. It is helpful instead to validate their feelings and recognise this is how they really feel at this moment and it must be scary.



The hour after the meal is when feelings of anxiety and physical discomfort are highest and incidents of purging and over-exercising most often occur. In some cases you may need to monitor the person beyond an hour if they have a tendency to purge after meals; a person can still vomit an hour after eating.

Watch out for: cutting, purging, standing, and half-sitting, leg lifting, ruminating, regurgitating (bringing food up from the stomach into the mouth and swallowing again). If you notice any of these behaviours you can say:

*"I've noticed you seem very anxious".*

*"I see you're anxious,*

*"I need you to stop that now".*

*"How about we..."(suggest an activity you can do with them as distraction from food and feelings.)*

The desire to use up calories by exercise or other physical activity is a common urge amongst people struggling with eating disorders. If you face this issue, tell the person they need all the energy they have had in order to maintain physical and mental health. Validate how frustrating and difficult it must be to resist the temptation to exercise and ignore the "voice" of the eating disorder. Also reassure them that they will be able to resume normal daily activities when they are healthier.

Distress tolerance skills and anxiety management skills can be especially useful after a meal. As a support person you can have a valuable role in coaching the person about how to use these skills. In the longer term encourage the person to develop the skills for using when they are alone and when no one is present to help distract them. Examples of distress tolerance skills include:

- ❖ Gentle soothing or motivational music
- ❖ Journaling
- ❖ Arts and crafts
- ❖ Deep breathing
- ❖ Meditation/ mindfulness
- ❖ Progressive muscle relaxation
- ❖ Reminders about the reasons to get better
- ❖ Card games
- ❖ Conversation

You can learn more about these from the individual therapists.

## SUMMARY

This booklet aims to provide information and guidance for families, friends and clinicians. It discusses key components of providing meal support but does not aim to teach all the right and wrong things you may say or all the right and wrong things you may do. We encourage you to reflect on times when meal support goes well and to continue identify any other strategies that work for you and your family.

It will not always be necessary to provide such intensive meal support and the longer term aim is for the person to eat independently.

As your family member or person you are supporting progresses towards independent eating it may be helpful to take a 'half way' approach. A half way strategy for example may include a reminder by text or phone call to have the meal. Over time the number of meals you eat with your family member can be gradually reduced. As eating improves it is likely that the amount of support you provide during the meals you share together will also decrease and the social aspects of eating can return.

We encourage you to use the support you have available to you as a carer to guide you through this process and to remember that it will take time to learn and to understand which skills and communication styles work best for you and the person you are supporting.

## 12 FREQUENTLY ASKED QUESTIONS

### **1. As a parent, loved one or carer should I change my eating habits?**

---

No, it is important that they can see other people eating in normal and healthy ways . It is not helpful to talk about your own diets or saying things like “you don’t have to diet, I should be the one losing weight” or “I wish I had your will power”. Remember an eating disorder is much more than just a diet gone wrong, it’s important to understand the feelings and thoughts they are having about their body and food.

### **2. They want me to buy certain foods and not buy others - should I cater to their needs like this?**

---

This depends on whether they have acknowledged their eating disorder and are trying to recover. In this case you may work with them to slowly introduce a wider range of foods into their diet. If they are still having difficulties in recognising their struggles, then just buy what you would normally buy.

### **3. Should I make the person eat what the rest of the family is eating? or should I let them eat what they want?**

---

A general rule is to encourage the person/loved one to eat with the family and to eat the same foods. If this is not possible, try to get them to eat a reasonable range of foods (you may be able to help them select some that are less scary, and slowly increase the amount and the variety).

### **4. Should I watch them eat?**

---

During Meal support it is important to observe the person eating, it helps them to fight the eating disorder, by recognising and naming some of the associated behaviours mentioned in this booklet.

If you do, try to do it as naturally as possible, have meals together and keep an eye on what they are eating while you eat rather than just sitting down watching them.

If they aren't eating much, gently encourage them to eat more. Sometimes if someone else gives them permission to eat it is easier, as they are not able to give themselves permission.

### **5. I think they are vomiting after eating, what should I do?**

This can be a very difficult thing to discuss and you need to carefully pick time to discuss ,think about the language you use.' I've noticed you are going to the bathroom directly after eating ....I wonder if you may be making yourself sick to try and relieve the stress and discomfort you are feeling after eating'.

Is there anything we can do to help try and break this cycle?

Try to encourage them to stay with people after eating (for at least 30 minutes and up to an hour) - try to distract them with a puzzle, doing the dishes, talking or going for a gentle walk.

If they are vomiting regularly then they need to see their GP or a doctor who knows about their eating disorder and have a blood test and possibly a cardiovascular check. There can be physical consequences associated with this and it is important that their health is monitored.

If they do vomit, they shouldn't brush her teeth for at least an hour as the stomach acids attack the enamel on the teeth, which can cause their teeth to deteriorate.

### **6. They are not eating, should I entice them to eat?**

Rewards and incentives can be helpful, usually it is better to keep them short-term and small, you'll know what will work best for them.

## **7. They go through periods of not eating much, or not eating at all, what should I do?**

---

- ❖ Tell them that you are worried and that everyone needs to eat to survive.
- ❖ Learn about the binge/purge/starve cycle. Explain to them that they are more likely to binge if they don't eat regularly.
- ❖ Understand that they believe that if they start eating they won't be able to stop, try to reassure them that there is support to reduce the likelihood of this.
- ❖ Give them permission to eat, as they may be unable to do this for themselves.

## **8. I've noticed food going missing / food in their bedroom / lots of food wrappers hidden, what should I do?**

---

- ❖ Talk to them and tell them what you've noticed - ask how they are - encourage them to speak with the Eating disorder team or therapist.
- ❖ If they are willing for you to help with this, talk about what would help.
- ❖ Make sure that there is a range of food in the house that is available to them to eat when they want.
- ❖ Avoid talking about food being good or bad.
- ❖ Avoid talking about diets.
- ❖ Avoid saying things that may make the person feel guilty or ashamed. (they will be very sensitive to this)

## **9. Should I comment if they lose or put on weight?**

- ❖ Generally it is not helpful to continue to comment on weight, but if they keep losing weight and you are worried you will need to talk to them.
- ❖ If they are saying that they are big and they are not, do a reality check with them. How their clothes are fitting loose ,tight.
- ❖ No matter what body shape or size remind them of the importance of who they are and encourage them to find other ways to feel good about themselves.
- ❖ In general talk about how they are feeling rather than how they look.
- ❖ Do not restrict their food or encourage them to diet.

## **10. Sometimes I feel so angry with them, what should I do?**

- ❖ None of us are perfect, we all make mistakes - you will get angry, frustrated, and frightened sometimes.
- ❖ Take time to notice your own feelings and try not to feel guilty for them.
- ❖ Use “I” statements when possible (“I feel angry when?” rather than “You’re always?”).
- ❖ If you find yourself getting angry try to direct it at the eating disorder, not at them.
- ❖ Take some time out – speak to someone you trust and find an avenue for venting feelings.

## **11. I feel overwhelmed, what should I do?**

- ❖ Try not to blame yourself or the person you are supporting to eat. Remember you're both struggling with the person's eating disorder, not each other.
- ❖ Find support for yourself (friends, doctor, Eating disorder team, carers group).
- ❖ Try to keep maintaining your normal functioning and your own life.
- ❖ Set limits (make sure that you have some time out when you're not thinking about them).
- ❖ You will not be able to rescue them or make things better. Decide how much support you can realistically give and don't feel guilty that you can't do more.

## **12. How long will it take them to get well?**

- ❖ Have patience - recovery is slow (for some it may only take months, but for most it will take years - the initial part is the hardest and the most worrying, it won't always be like this).
- ❖ If they are underweight - remember that putting on weight is not the only thing. Putting on weight without doing internal emotional work is not likely to last, the change needs to be from the inside out. Having said this, change is only possible by having enough food to be able to think properly.
- ❖ Notice and reinforce small steps and changes.



# APPENDIX 1

## Planning meal support at home:

Important questions to answer before you begin.

- ❖ What is helpful about meal support?
- ❖ Who will provide meal support and for which meals?
- ❖ What can family and friends say during the meal that...
- ❖ Helps with eating?
- ❖ Does not help with eating?
- ❖ What are the signs to others that indicate that eating is going okay?
- ❖ When eating is going well my family /friends can support me by...
- ❖ What are the signs that indicate that eating is a struggle?
- ❖ When eating is a struggle my family/friends can support me by...

# APPENDIX 2

## Pro's and Con's

Your recovery:

It is important to acknowledge all reasons for recovery, as well as working out what makes it difficult to recover. Think about your own reasons to recover and fill the quadrant below:

Advantages of Recovering	Disadvantages of Recovering

If it feels too overwhelming to think about recovery - try filling out the pros and cons for 'eating this meal':

Advantages of eating this meal	Disadvantages of eating this meal
Advantages of not eating this meal	Disadvantages of not eating this meal

## APPENDIX 3

### Quick reference: Menu Planning Guidelines

Make sure your menu choices correspond with prescribed and agreed meal plan if you have one.

- ❖ Have three meals and 2-3 snacks each day.
- ❖ Eat something approximately every three hours.
- ❖ Plan your menu for the week.
- ❖ Book a regular time to go shopping and plan menus each week.
- ❖ Problem solve and deal with your lapses...If you have missed a meal do not try to eat more later. Stick to your plan and eat the next meal at the right time in the right amount. If you are restricting your meals often, it's important to discuss this with an eating disorder professional or with your GP.

All meals should have the following food groups...

- ❖ Fat
- ❖ Carbohydrate
- ❖ Protein
- ❖ Vegetable
- ❖ Fat

## APPENDIX 4

### Quick reference: Tips for Meal Planning

It may seem rigid.

It may seem like you're being asked to think about food.

If you live alone ask family, friends or meal supporters for help to plan, shop and eat.

#### However:

*If you plan:* You confine your thoughts of food to a limited time.

Better to spend 20 minutes planning several days meals, than one hour speculating over one meal

*If you plan:* You decide what you're eating away from the anxiety of meal times, when choice may become overwhelming –

*Take the mood out of the food'*

*If you plan:* You know what you're having in advance, so you can buy the food you need

*If you plan:* You are more likely to succeed

*If you plan:* Your food is structured and certain, even if other things in your life feel overwhelming and uncertain.

## WHEN YOU PLAN:

*Specify amounts:* People often feel safer when not having too much or too little. Usually people work with a dietitian to develop a meal plan.

*Assign times:* Our bodies get used to eating at regular intervals. If you run late with a meal you may be more vulnerable to bingeing or overeating or continue to restrict

*Remember variety:* Restriction of choice is a feature of eating disorders. Variety is important to ensure a balanced diet and all the nutrients your body needs to be well. You may need to start your plan with foods you feel a bit safer with. Then begin to challenge yourself to include foods you find more difficult. Expand your comfort zone!

*Remember your budget:* You will need to plan meals that are affordable



# CONFIDENTIALITY AND THE USE OF PATIENT INFORMATION

NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at [www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk) or ask a member of staff for a copy of our Data Protection Notice.

**NHS Lanarkshire** - for local services and the latest health news visit [www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk)  
NHS Lanarkshire General  
Enquiry Line: 0300 30 30 243

**NHS inform** - The national health information service for Scotland.  
[www.nhsinform.co.uk](http://www.nhsinform.co.uk)  
Tel No: 0800 22 44 88

If you need this information in another language or format, please e-mail: Translation.  
[Services@lanarkshire.scot.nhs.uk](mailto:Services@lanarkshire.scot.nhs.uk)



[www.careopinion.org.uk](http://www.careopinion.org.uk)

Pub. date:	April 2022
Review date:	April 2024
Issue No:	03
Department:	Tertiary Eating Disorder Specialist Service
Clinical Lead:	

PIL.MEALSG.17\_16022.L  
22\_03920