

Meal Support

An Overview

See the 'Meal Support' Booklet for more information.



GOALS

- Normalise eating habits and portion sizes.
 - Identification of hunger/satiety levels.
- Support around the physiological and emotional responses to eating.
 - Accountability for disordered eating behaviours/rituals/rules.
 - Reduction of anxiety and fears around eating.
 - Provision of support and understanding.
 - Engagement in recovery-focused discussion.
 - Reduction of restricting, bingeing, purging or excessive exercising behaviours.
- Confrontation of food fears and fears of public eating.
- Dispel feelings of shame & isolation associated with food.
 - Broadening of food repertoire.



Eating disorders are rarely just about eating or food. They are serious and complex emotional and physical addictions and are often a coping strategy used to deal with deeper, underlying problems or emotional conflicts which may be too painful or difficult to address directly. Restoration of health, weight and nutrition is however, essential to the recovery process. Here are some tips on supporting those wanting to recover...

Post Meal Support

Following meals, individuals often experience psychological and physical discomfort. They may be preoccupied with thoughts of purging, over-exercising and feelings of guilt. A period of distraction for 1 hr following meals and 30 mins following snacks has been found to help delay these thoughts and urges and exchange the familiar but self-destructive eating disordered behaviours for more effective and healthier ways of coping. Distractions at this time may include journal writing, movies, arts & crafts, meditation, board games, & puzzles.

What to expect:

- Physical symptoms (e.g., bloating, feeling full, headaches).
- Psychological effects (e.g., anxiety, fear of weight gain, loss of control).

Additional supports:

Support may be required around menu planning; grocery shopping; cooking; and social eating activities.

Role Modelling

- Eat with the individual to reduce feelings of self-consciousness.
- Avoid diet, light, and low-fat foods.
- Eat a balanced meal (i.e., three to four food groups at a meal).
- Maintain an attitude where food is neither 'good' nor 'bad'.
- Demonstrate appropriate eating habits.

Establish mealtime guidelines

- Establish an appropriate time frame in which the meal is to be completed (e.g. 30mins for meals and 15mins for snacks).
- Use the toilet before the meal to reduce the need to toilet afterwards and the temptation to purge or exercise.
- Have 'no-go' topics that will not be discussed at the dining table (calories, numbers, weight, etc).

Before the Meal

- Assess the environment – is it neutral, pleasant, calming?
- Consider structure – timing of meals, choices in food options, menu planning, etc.
- Discuss whether it is beneficial for the individual to be involved in meal preparation or not.
- Would they like you to serve them or serve themselves? Discuss appropriate portion sizes.

During the Meal

- Encourage and reassure, helping individuals to cope with anxiety and fears.
- Affirm the psychological and physical benefits of nourishment.
- Engage in conversation about non-eating-disorder topics.
- Plan activities that aid in distraction, i.e. crossword puzzles, mind games, word jumbles, etc.
- Promote relaxation techniques.

Useful Phrases

- "Your body really needs the fuel."
- "This is your medicine."
- "Take a few minutes to collect yourself, then start again. Try some deep breathing."
- "You must be angry and scared, but you deserve to eat. You deserve to get better."
- "I see you are struggling. Right now it is important that you get through the meal. Let's take some time afterwards to talk about it."

Suggestions for eating in public:

- Visit restaurants that do not have the kilojoules/calories listed next to each item.
- Source restaurants that have an online menu or obtain a menu beforehand so the individual has a chance to peruse it and select something they are comfortable with rather than facing the heightened anxiety that comes from the unknown.

Addressing Disordered Eating Behaviours

- Identify and discuss whether it is appropriate to bring attention to behaviours that are inconsistent with 'normal' eating patterns in a non-confrontational, nurturing and supportive tone.
- Examples may include: cutting food into small pieces; hiding food; eating slowly; frequently shifting food around the plate, etc.

What Does NOT Help

- Being forced to eat.
- Guilt tripping.
- Lecturing on the dangers of eating disorders.
- Critical or hostile comments.
- Talking about food, weight, etc.
- Talking about some foods as 'bad' and others as 'good'.
- Having painful thoughts and feelings brushed aside.

For more intensive meal support or working with adolescents see:

- <http://goo.gl/OCaJU> (A series of videos on adolescent meal support by Kelty Mental Health)
- <http://goo.gl/sh1Av> (Meal support at a glance for families of adolescents)
- <http://goo.gl/sCtBB> (Meal support by Auckland Eating Disorder Service)

This handout is designed to assist family and friends supporting those with an eating disorder who are motivated towards recovery. It is not recommended for those requiring inpatient treatment or unwilling to engage in the recovery process as more formal supervision is required to expose and manage acute eating disorder behaviours.