Meal support on eating disorder units
- three different approaches

London Eating Disorders Conference 2017

Trine Wiig Hage & Tina Skotnes

Regional Department for Eating Disorders
Outline

• Theoretical introduction: Mealtimes and meal support on EDUs
• Assisted eating – a CBT E based approach to meal support
• A mentalization based approach to meal support
• A family based approach to meal support
• Plenary feedback /discussion
• Closing remarks
“I don’t prescribe medicine, because nursing and food are more important than anything else”.

William Gull
Meal support – exercise
Meal support on EDUs

- Refeeding is a core component of ED treatment\(^1\)
- Consequently, providing meal support is a key therapeutic activity for milieu therapeutic staff / nursing staff on eating disorders units (EDUs)
- Meal support is a complex work task

\(^1\) Gowers et al., 2002
Meal support on EDUs

- Little research on what is considered good meal support, no standardized guidelines
- Distraction is the most commonly used technique
- A clear external structure is helpful – predictable meals for both staff and patients
- Balance between firmness and flexibility

3 Long et al., 2012;
Meal support on EDUs

• Large variation across units regarding mealtime practice

• Similarities:
  – Meals are staff supported and supervised
  – Clear time limits
  – Individual meal plans

• Little knowledge on how specific treatment models may inform mealtime practice

3Long et al., 2012;
Meal support at RASP – overarching structure

• Meals are staff supported and supervised

• Clear external structure
  • Time limit – 30 minutes per main meal
  • Individual meal plans – based on a “basic meal plan”
  • Eating rules
  • Therapeutic approach varies across units
Small group work

• How are mealtimes organised and managed at your workplace?

• What are the main challenges associated with providing meal support?

• Is the meal time practice informed by a specific therapeutic approach?
Mealtime support on an inpatient unit for children and adolescents: A family based approach
The child and adolescent unit

- Target group: Children and adolescents up to 18 years old with severe ED
- Family admissions
- Therapeutic approach inspired by the Maudsley model / FBT
Therapeutic stance

• The family is viewed as a system
• Agnostic stance – non blame approach
• Parents are acknowledged as competent and caregiving
• Externalisation
• Support and strengthen the families’ mastery
Mealtime support

• A clear external structure
• The parents serve their children
• Mealtime stages:
  - Staff are sitting together with the family
  - The family eat without staff present at the table
  - The family serve themselves
Mealtime support

• The role of siblings
• Create new understandings
• Pre- and post meal conversations with the family
  – Explore challenges and obstacles, how to solve them? What’s useful/ less useful?
Mealtime support strategies

• Therapist’s level of involvement depends on what the family needs and how the meal develops
• Support and guide parents rather than patients
• Support parents in the process of becoming more in charge
MEAL SITUATION FOR CHILDREN AND ADOLESCENTS
Small group work

• What are your thoughts about how the staff group handles the scenarios that occur during this meal?
• Can you recognize some of the techniques previously discussed?
• Possible other ways of dealing with it?
• How would you have intervened in a mealtime situation with both the patient and the parents present?
Assisted meals on an intensive outpatient CBT-E unit
Therapeutic profile and stance

• Multistep-program
  • Outpatient treatment: CBT-E (Christopher Fairburn)
  • Intensive outpatient treatment: CBT-E (Riccardo Dalle Grave)
Mealtime support – CBT-E

- Assisted eating
- 15 meals per week
- Patients choose meals for one week at a time
- Evening and weekend meals are provided
Mealtime support

- “Symptom-free” area
- Music during meals
- Use of different tables
- Distractive activities after meals
Therapeutic strategies

• The walking therapeutic mindset
• Intervene when spotting symptoms
• Whispering-program
• Phrases used to address problematic behavior
Therapeutic strategies

- Real-time self monitoring – patients becoming their own therapist
- Cognitive strategies
  - Distracting
  - Decentration
Hensikten med denne registreringen er å få en nøyaktig oversikt over spisevanene dine. Til å begynne med kan det kanskje virke ubehagelig og irriterende å skulle notere mat- og væskeinnntak, men vi tror at det relativt snart vil oppleves som naturlig og verdifullt.

Write down date, clock, exactly amount of food and fluid, if you overeat (O), throw up (T), take laxatives (L) and how your environment at the current moment is, thoughts and feelings that influenced your meal.

<table>
<thead>
<tr>
<th>Time</th>
<th>Intake food/fluids</th>
<th>Location</th>
<th>*</th>
<th>O/T/L</th>
<th>Environment - thoughts - feelings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ASSISTED EATING
Cognitive Behaviour Therapy – Enhanced
“The firm framework is very helpful, because it forces you to face what’s unpleasant, and it makes you instantly aware of all the food-and dietary rules you have. If there had been room for discussions I would continue to choose food based on how I felt that actual day; Mood, state of mind, weather I had been to the gym, or my appearance.”
Small group work

- What do you think about how the staff group handles the scenarios that occur?

- Can you recognize some of the techniques previously discussed?

- Possible other ways of dealing with it?
Mealtimes on an inpatient eating disorder unit
- a mentalization based approach
Mentalization

• The ability to understand what other people think and feel
• Understanding misunderstandings
• The ability to see oneself from the outside and others from the inside
Therapeutic principles in MBT

• A not knowing attitude / perspective
  (beeing curious of your own mind and others)
• Explore your own understanding and the ability to correct /adjust misunderstandings
• Be respectful and compassionate towards yourself and others
• Transparency
Support during mealtimes

• 3 tables
  - Table 1: staff serve the patients
  - Table 2: patients serve themselves
  - Table 3: patients eat independently without supervision

• Support before, during and after meals
Therapeutic strategies

• Investigative /exploratory approach
• Open questions
• «Normal meal»
• Smalltalk
MBT - advantages

- Staff members take less responsibility for meal completion
- Better tools for intervening
- Less emphasis on eating rules
FOOD AS MEDICINE
Small group work

• What are your thoughts about how the staff group handles the scenarios that occur during this meal?

• Can you recognize some of the techniques previously discussed?

• Possible other ways of dealing with it?
Summary

• Mealtimes are complex and challenging work task on EDUs

• **MBT**: The transparency between staff and patients facilitates for a good therapeutic alliance

• **CBT**: The proactive role of the patients, both during meals and the overall recovery process is fulfilling and motivating for both patient and therapist

• **FBT**: To believe that parents and siblings are important tools in a child's recovery. A clear structure and support around mealtimes may help the parents to be in charge and to feel more secure. This can lead to a more calm and creative state, which is helpful for their children.
Thank you for your attention

Trine Wiig Hage: uxwitr@ous-hf.no