



WAEDOCS

Therapeutic communication with eating disorder patients- what to say & what not to say

- Avoid critical or accusatory statements
- **Focus on feelings and relationships**, not on weight and food. Share your memories of specific times when you felt concerned about the person's eating behavior. Explain that you think these things may indicate that there could be a problem that needs professional help.
- **Tell them you are concerned about their health**, but respect their privacy. Eating disorders are often a cry for help, and the individual will appreciate knowing that you are concerned.
- **Do not comment on how they look.** The person is already too aware of their body. Even if you are trying to compliment them, comments about weight or appearance only reinforce their obsession with body image and weight.
- **Make sure you do not convey any fat prejudice**, or reinforce their desire to be thin. If they say they feel fat or want to lose weight, don't say "You're not fat." Instead, suggest they explore their fears about being fat, and what they think they can achieve by being thin.
- **Avoid power struggles about eating.** Do not demand that they change. Do not criticize their eating habits. People with eating disorders are trying to be in control. They don't feel in control of their life. Trying to trick or force them to eat can make things worse
- **Avoid placing shame, blame, or guilt** on the person regarding their actions or attitudes. Do not use accusatory "you" statements like, "You just need to eat." Or, "You are acting irresponsibly." Instead, use "I" statements. For example: "I'm concerned about you because you refuse to eat breakfast or lunch." Or, "It makes me afraid to hear you vomiting."
- **Avoid giving simple solutions.** For example, "If you'd just stop, then everything would be fine!"

Meal support therapy

There are several points to keep in mind when planning Meal Support Therapy:

1. Provide an appropriate role model:

- Do not diet (i.e., no "diet," "light," or "low-fat" foods).
- Eat normal amounts of food.
- Eat a balanced meal (i.e., three to four food groups at a meal).
- Eat sufficient food at a snack time (i.e., a minimum of one glass of juice).

2. Coach with empathy and provide positive feedback:

- Validate the patient's struggle by acknowledging how emotionally and physically challenging it is.
- If the patient is not able to complete the snack or meal, find out why and discuss ways to make completion possible the next time, setting achievable goals.
- In the beginning, be flexible (e.g., allow a few more minutes for the patient to finish a meal on the first day but explain that completion will be expected within time limits on the following day).



3. Address the disordered eating behaviors at the time:

- Encourage once and leave it at that.
- Avoid using a confrontational tone.
- Be nurturing and supportive.
- Deal with what you observe directly (not with hearsay).
- If there are others at the table, address a disordered eating behavior with the patient privately the first time (i.e., after the meal is finished). Explain that in future you will address the behavior at the table. Patients have indicated that they appreciate and expect these reminders.
- Do not let competitive and mimicking behaviors take over.

4. Distract during eating times:

- Be prepared.
- Be creative.
- Vary the distractions.
- Use a radio in the background to create a less tense atmosphere.

5. Be consistent:

- Be well acquainted with the guidelines.
- Do not bargain regarding the guidelines.
- Be clear about what is expected of everyone in the program in order to create an atmosphere of fairness.
- Provide a consistently safe environment (i.e., the dining area should be neutral, pleasant, and calming).

6. Use conversation that is non-emotional in tone during eating times:

- Refer to news items, word puzzles, mind games, horoscopes.
- Avoid conversations about food, diet, calories.
- Avoid talking about tube re-feeding and the need for nutritional supplements.
- Avoid comparisons with other patients and staff.
- Avoid personal issues.

When patients are admitted it is common and expected that they will struggle at meals. Staff should acknowledge the struggle while at the same time setting limits with a firm, consistent approach. Patients have found certain phrases to be particularly helpful in allowing them to eat:

- “Your body really needs the fuel.”
- “This is your medicine.”
- “Take a few minutes to collect yourself, then start again. Try some relaxation and 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.”

Meal Support Therapy is anxiety-provoking but it gets easier over time. Staff who are positive role models and who consistently expect 100% completion of meals will see positive results.