



# **Meal Support**

**Information for Family,  
Friends and Support  
People**

# Meal Support

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## Meal Support

## Introduction

Mealtimes 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 eating behaviours which are typical of eating disorders and which you may notice 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 etc
- Mixing foods to make unusual concoctions
- Stalling; trying to finish last
- Eating very quickly
- Eating very small mouthfuls
- Eating very large mouthfuls
- Eating foods without utensils
- Eating food with utensils which are inappropriate for the meal
- Eating each food group before moving to the next
- Eating easiest food 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
- Exercising after a meal

Anorexia nervosa, bulimia nervosa and well as nonspecific eating disorders, are often associated with high levels of distress. For some people, distress manifests as an extreme fear of gaining weight with consequent behaviours such as food restriction, over-exercising, and laxative use. Other people use bingeing and vomiting to soothe or distract from intense emotions. In either case, the physical and emotional consequences of inadequate nutrition can be serious and hence the initial stages of treatment focus on reducing disordered eating behaviour to restore normal eating.

Eating disorder behaviour can provide short term and relatively quick relief from distress. It can seem to an individual that the benefit of relief from distress, increased sense of well being, and control over difficult emotions far out weighs the costs of their eating disorder. Supporting someone to eat and to relinquish eating disorder behaviours which still seem beneficial to them 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. The initial stages of treatment at the Eating Disorder Service focus on supporting the individual and their family or support people, to develop healthy distress tolerance strategies necessary in order to accept and tolerate food. The anxiety management component of the meal support programme explains these skills and they will be discussed in more detail during individual and family sessions.

It is important to remember, that there is no single cause of an eating disorder. Certainly, parents or the family do not cause a family member to develop an eating disorder, and it is much more the case that eating disorders result from a complex combination of biological, psychological and social factors. Research also shows that genetic make up plays a significant role in the development of an eating disorder. Some research for example, suggests that people with anorexia nervosa innately experience food in a way which is different to most people and which triggers feelings of heightened distress. A supportive family, partner or friendship has been shown in research to be a very important resource for a person to ultimately overcome an eating disorder. Meal support is one way of providing help.

The information and techniques in this booklet can be helpful when supporting someone to begin eating again 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 to consider also how you as carers care for yourself during this time and to talk to the EDS staff for support.

- ❖ Some of the examples provided and phrases used are taken from the book 'Skills-based learning for caring for a loved one with an eating disorder' by Janet Treasure, Grainne Smith and Anna Crane (2007). If you would like more in depth information about eating disorders and how to cope with them, a copy of this book can be ordered from the Eating Disorder Service reception.

The booklet also draws on information provided by the British Columbia Children's Hospital. "Meal Support Introduction for Parents, Friends and Caregivers".

Some of the information contained in the appendices is sourced from St Georges Eating Disorder Service, London. UK.

The Skills for Carers group offered by EDS staff is offered intermittently and can provide support to learn skills and coping strategies if you are caring for someone with an eating disorder. The group provides an opportunity to learn more about the most effective ways to support someone with an eating disorder and to find better ways for you and your family member or friend to communicate.



## Introduction to 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.

When people restrict their food intake, over time they lose the hunger cues which normally prompt regular eating. Mechanical 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.

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. However, without mechanical eating it is difficult to get back into the habit of eating again.

For those where binging and restrictive patterns have resulted in irregular eating patterns as well as irregular portion sizes, meal support can be an important resource for helping the person to regulate their eating again.

### Goals of meal support:

For a person with an eating disorder food becomes attributed with unusual and extra 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 aims to:

- 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
- Decrease disordered eating rituals and routines i.e. decrease rule bound eating

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

- Role modelling
- Boundary setting
- Communication
- Coaching

### Planning Meals

Food is a necessity and therefore cannot be avoided in the long term. Whether to eat is not something which should be for negotiation. Limited choice may be useful, but too much choice is 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 juice'.

**When** planning a meal consider:

- ❖ **What** is to be eaten
- ❖ **When** it is to be eaten
- ❖ **Where** it will eat
- ❖ **With** whom it will be eaten

It is also helpful to talk about how the food will be prepared, for example will the food be roasted, fried, grilled, etc. Talk about what sauces and condiments are appropriate to add. Agree about 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 dietician, they can advise about what the body needs to maintain function and health. A balanced meal must include carbohydrate, vegetables, protein and fat and can include a flavour source.

Once you have planned a meal it should not be re-negotiated whilst eating. It can be helpful just to say '*We agreed we would not change anything during meals*'

### Eating Consistently Throughout the Day

Normal hunger cues occur every 2-3 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 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 exacerbate the anxiety about food. In a highly anxious state eating becomes more difficult and meal support will therefore be more challenging.

## Clear Communication

**C ongruence** - verbal and nonverbal parts of communication are conveying the same thing.

Insincerity will backfire, insincerity may show in the difference between nonverbal and verbal aspects of communication. Be and true to your thoughts and feelings. Find a phrase that works for you:

E.g.

- “I’m really proud of you”
- “I understand how difficult this must be”
- “You’re doing a great job”
- I’m really impressed by your hard work”

**L isten** for the feelings - feelings may show themselves via nonverbal 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

A ct in ways which show that you’re listening.

**R eply and R eflect** -if you don’t reply the person speaking won’t know that you’ve heard them.

## Plan Conversation in Advance.

It may feel daunting to be at the table if no one is talking. 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. As a support person it can be helpful if you are able to carry some of the conversation, however you alone do not have to hold the responsibility for conversation and instead should encourage everyone to share in the responsibility for making the meal a sociable time. Examples of conversation topics are: movies, places they want to travel, friends, future career goals, school, and current events.

## What Doesn't Work in Meal Support?

- Forcing the person to eat, even in a game like pretence. This can be frightening.
- Making statements which evoke guilty feelings in the person. Eating disorders provide a way of coping with difficult feelings and re-establishing self-esteem. Evoking negative feelings during a meal can therefore increase the person's reliance on their eating behaviours to feel ok.
- Making critical or hostile comments e.g. '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 therapy issues, weight, exercise, violent current events and previously unresolved issues is not helpful during meal support.
- Eating in public (e.g. in a restaurant) - this is something that is often best left until later in treatment.

## Role Modelling

*Part of providing 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 or you seem whilst eating. What you say during meal support is important but equally important is how you are.*

**Your task as role model is to:**

- Serve as a healthy role model for 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

**It is helpful to model:**

- 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

**It can be unhelpful to:**

- Eat diet foods during meal support
- Have a fear of food
- Talk about some foods as 'bad' and others as 'good'
- Demonstrate your own concerns about weight or body image

If you are currently dieting or experience difficulties with food, please talk to a member of the EDS 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 if you are also struggling to eat normally.

## Boundary Setting

*Meal support boundaries are important in order to increase the likelihood that everyone will feel as safe as possible during the meal. Although you may feel anxious about setting limits and addressing eating disorder behaviour, many people report feeling much safer when this occurs. 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 dietitian.
- ❖ Remain sitting appropriately throughout the meal.
- ❖ Toilet stops are to be taken prior to the meal or snack.
- ❖ 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.
- ❖ Food should not be reheated after the start of the meal.
- ❖ No excessive use of condiments (as they are often used to mask 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 nonverbal (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 these components just right is complex and it's not surprising therefore that people often misunderstand each other. In times of high stress and anxiety often, the rules of good communication lapse.

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

- ❖ **C ongruence** - verbal and nonverbal parts of communication are conveying the same thing.
- ❖ **L isten** for the feelings - feelings may show themselves via nonverbal 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 also 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 multitask during a conversation. Use eye contact; stop what you're doing to pay attention.
- ❖ **R eply and R eflect** - 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 instruction 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 this one meal will not have any impact on your weight'  
'eating regular and balanced meals is an important strategy for maintaining 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 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 organize everything around mealtimes 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 before hand. 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. During the meal and in high anxiety states 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. 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 5. 'What works in meal support - planning meals'*)

### Set Appropriate Goals

You may need to start with a shared snack and build up to being able to eat a meal with support.

### 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 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.

### **Set the Scene**

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**

Before the meal it may be helpful to discuss which statements and coping strategies feel the most supportive and helpful to the person. It may also be useful to complete the pros and cons sheet provided, this way as a support person you can remind about the long term benefits of tolerating the anxiety of starting to eat again. You can then also help the person to keep significant and motivating life goals in mind. (see appendix i and ii).

## During the meal - What to Say

Role modelling  
Boundary setting  
Communicating  
Coaching

The following phrases are intended as a guide only. In some cases, it may be useful to say things as written but it's also important to say things in a way which is authentic for you and fits with your communication style. Not all phrases will be helpful to all people and it may take several meal support sessions before you and the person identify what is most helpful and encouraging.

### Role Modelling

*Part of providing 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 or 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.*

#### 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.
- (Notice and challenge supportively any eating disorder / rule bound behaviour)  
**e.g.** I can see you’re hiding your (apple, fruit, bread etc) under your napkin, leave it uncovered. Try and tell me what you are having trouble with...
- Try to take bigger/smaller bites.
- Try to take normal size sips of your drink.

#### Normal eating

### 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 EDS 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 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

- You don't have to hide your food to show me how difficult this is for you...try and tell me in words what's bothering you...
- You seem as if you're 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 feel ....'

### 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 pleased 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?
- Is there anything that I can do to help you to eat/finish your meal?

## Coaching

### Information Giving

- Eating this one meal will not have any impact on your weight.
- Weight fluctuations happen over time not because of this one meal.
- It's important to eat regularly so that the dieticians can make a meal plan which is right for you, if your eating is erratic, the diet plan can only be a guess.
- Eating balanced meals won't cause rapid weight gain.
- Eating balance meals is an important strategy for maintaining your weight.
- No food is either good or bad. Eating a balance of different foods is important.
- It is not necessary to eat diet foods to maintain good physical health.
- Any rapid changes in weight are due to fluid shifts.
- Remember that food is fuel for your body.

## Anxiety management skills

Distraction

Breathing

Pros and Cons

## After the Meal

People who typically restrict their food intake might report feeling full after a meal and may feel this way for up to 60 minutes. 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 and 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 more 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 in time 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 at this time. In some cases, you may need to monitor the person beyond an hour if they have a chronic tendency to purge after meals; a person can still vomit an hour after eating.

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

“You seem very anxious”. “I see you’re anxious, I need you to stop that now”. “How about we...”(enter an activity you can do with them as a distraction from food and feelings.)

The desire to burn calories by exercising is a common urge amongst people struggling with eating disorders. If you face this issue, tell the person they need all the calories 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 strenuously 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 use these when they are alone

and when no one is present to help distract them. Examples of distress tolerance skills include:

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

You can learn more about these from the individual therapists.

*Ref: British Columbia Children's hospital. Meal Support, Introduction for Parents, Friends and Caregivers*

## Conclusion

This booklet aims to provide information and guidance for family, friends and support people. It discusses key components of providing meal support but does not aim to teach the complexity of effective communication. 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 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 your family.



## 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 i

## Pros and Cons

### 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
Advantages of Not Recovering	Disadvantages of Not Recovering

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

e.g

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

- Have three meals and a 2-3 snacks each day.
- Eat something approximately every 3 hours.
- Have about 8 cups of drink per day.
- Plan your menu for the week.
- Book a regular time to go shopping and plan menus each week.
- Problems solve and deal with your lapses....eg. 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...
  - ❖ Carbohydrate
  - ❖ Protein
  - ❖ Vegetable
  - ❖ Fat source-- no meal should be completely fat free.
  - ❖ Flavour source

### **Appendix iii**

If you binge or eat more than you intended, **ALWAYS** have the next meal/snack as planned.

### **If you don't**

.....You will become hungry from missing the next meal and more vulnerable to repeating the binge.

### **If you don't**

.....You will be left wondering whether the extra that you had was more or less or the same as the meal you should have had.

**If you restrict or vomit, ALWAYS have the next meal as planned.**

Don't try to make up for it later. You'll be left wondering whether you had enough or too much and possibly feeling even more unsafe about what to eat next.

### **Don't swap alcohol for food.**

It is normal to drink alcohol without cutting down on food intake. You can do the same without it affecting your weight. Keep to 1-3 standard drinks at a time. Remember if you do have a drink, it can increase your appetite and decrease your blood sugar making it even more important to have your meal as planned.

It is important to remember that people normally go out for meals, drink alcohol, have extras, without it affecting their weight. These are part of everyday fluctuations in intake. It is important that you find the balance between giving up rigid control of your intake and still feeling safe enough about your food that you will not restrict/vomit/binge later on.

### **Remember**

**You have a basic fundamental need for enough food and nutrients. Don't deprive yourself!**

### **Appendix iv**

It may seem rigid.

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

**BUT:**

If you plan:	➤ You confine your thoughts of food to a limited time.
	➤ Better to spend 20 minutes planning several days meals, than 1 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 - ➤ <b><i>'Take the mood out of the food'</i></b>
If you plan:	➤ You know what you're having in advance, so you can buy the right foods in the right amounts.
If you plan:	➤ You are more likely to have the meal. It's been decided!
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:	➤ So you can feel safe you're not having too much or too little. If possible 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 binging.
Remember variety:	➤ Restriction of choice is a feature of eating disorders. ➤ Variety is important to ensure a balanced, interesting diet. ➤ You may need to start your plan with foods you feel safe 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

**Appendix v**



**Created by Auckland Eating Disorder Service  
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