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Meal Support: A Novel, Individualized Approach

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INTRODUCTION

Nutritional rehabilitation is critical in the process of recovering from an eating disorder. Beyond the obvious physiological implications, not achieving nutritional well–being is a rate–limiting step for establishing psychological, emotional and social wellness. Yet, the journey to nutritional wellness for individuals with eating disorders is arduous, involving the constant confrontation of fear, uncertainty, doubt, guilt and shame. For many individuals and families, this becomes a greater challenge than can be managed in outpatient treatment alone and requires a level of support that is best accommodated by a partial hospitalization (Day Hospital), inpatient or residential treatment program.

Yet, the support tactics employed by eating disorder professionals and caregivers during meals have the potential to exacerbate or further entrench disordered cognitions and behaviours when they are used broadly without considering the individual's unique challenges. Many individuals report experiencing meal support strategies, particularly in hospital settings, as coercive, punitive, arbitrary and unhelpful to relapse prevention. This in turn interferes with therapeutic alliance and may contribute to increased risk of relapse. Indeed, many approaches employed in standard treatment do not appear consistent with the recovery model of care which is fundamental to all of Ontario Shores' programming as an organization. The recovery model is based on the principles of empowerment, hope, recovery, collaboration, identity, responsibility, and meaning in life. Treatment is viewed as a shared journey that fosters the inclusion and empowerment of residents, employing approaches that are tailored to the individual needs of residents to support their well–being. (Riahi, 2012). It was this model that inspired the team at the Ontario Shores Eating Disorder Residential Program, Canada's first residential program for children and adolescents, to design a novel individualized approach to the provision of meal support within their program. This article will review how meal support is commonly provided in traditional treatment centres in contrast to the meal support philosophy and approach developed at Ontario Shores.

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WHAT IS MEAL SUPPORT?

While a formal definition does not exist, meal support can be broadly characterized as the therapeutic interactions that assist individuals with eating disorders with consuming the nutrition required for physical recovery and normalization of eating behaviours. Research suggests that meal support (as therapy) can reduce the incidence of more intrusive feeding methods (Couturier & Mahmood, 2009), such as naso–gastric tube feeding, but there is limited research evaluating the effectiveness of specific meal support strategies. Strategies can include, but are not limited to: providing emotional support through validation; coaching; countering problematic cognitions (reality testing); and providing distraction and interrupting symptoms through direct supervision, strict boundaries and limiting access to/engagement in problematic behaviours.

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The provision of meal support also affords the clinician additional opportunities to gather important information about the individual's challenges that may not be apparent through traditional medical and psychological assessments alone. This enriches the development of relevant nutritional goals and timely progress monitoring.

Meal support can be provided on an individual basis or in group formats, and in a variety of settings, be it in hospital, outpatient sessions or at home. Caregivers of any type and health care providers at all levels of training can provide meal support to an individual with an eating disorder. However, while non–clinical support persons can be coached by clinicians to enhance their effectiveness at providing meal support to a loved one, a standardized approach or training does not exist. Nor are there established best practice guidelines for the provision of meal support. Common practices, however, have been adopted across many treatment sites in Canada and other countries.

TRADITIONAL APPROACHES TO MEAL SUPPORT

Traditionally, meal support has centred on the philosophy of symptom interruption, whereby a resident's ability to engage in symptoms of dietary restriction or compensatory behaviours are prevented and emotional support is provided, primarily in the form of distress tolerance and distraction. Symptom interruption is often achieved by way of implementation of standardized meal plans that are designed such that food refusals can be addressed by having the resident consume oral nutritional supplements of equivalent caloric value (and sometimes more, as a deterrent). Many programs adopt strict rules designed to limit attempts to restrict or avoid challenging foods, and behaviours employed to hide or get rid of food served. These frequently include limitations to meal plan accommodations (e.g. a maximum of 3 disliked foods may be omitted from the meal plan), dietary styles (denial of vegetarianism), strict behavioural expectations at the meal table (e.g. no napkin use, hands must stay above the table, plates must be scraped), and restrictions on bathroom access or usage. Some programs include a period during which progression towards independent eating is fostered; however, this is often only permitted after a period of strict symptom remission. This may not reflect what we know about eating disorder recovery, which is that it is not linear and total abstinence from symptoms may not be a realistic goal. Additionally, these rules may actually feed into the perfectionistic quality of the eating disorder and may add to the fixed notion or belief that there is a "right" and "wrong" way to eat. Some of these rules were born out of a desire to minimize conflict; however, thought should be given to whether these rules may have evolved, in part, to relieve clinicians' anxiety or stress in providing meal support.

MEAL SUPPORT AT ONTARIO SHORES

Standardization and lack of individualization may interfere with the identification of factors that maintain the eating disorder, and increase the risk of relapse. To provide meal support in a way that supports relapse prevention, the Ontario Shores program emphasizes the following principles.

1. Individualization

Making assumptions that all people with eating disorders struggle with the same fears and require the same treatment can serve to invalidate the individual and does not account for the nuances within each person's experience of the illness. At Ontario Shores, our standard approach is to provide individualized meal plans that allow for food choices and preferences. The resident and family are directly involved in deciding when and how they are exposed to challenging foods and eating environments. The amount of support that an individual receives is discussed collaboratively with the resident and their family. The goal is to replicate as closely as possible what the eating environment looks like at home, avoiding a one-size-fits-all approach.

2. Real-life Practice

Without being given sufficient opportunities to practice at home and in the community, we risk the institutionalization of eating behaviours and habits. Residents often report that they have learned how to eat well in hospital, but that this often does not translate to the home environment or support relapse prevention. Residents are vulnerable to becoming attached to highly structured meal plans and may have difficulty transitioning their eating to a more intuitive and flexible style of eating.

The design of the kitchen, the way food is served and portioned, frequent community eating opportunities, and the manner in which meal support is provided are intended to allow individuals to practice in an environment that simulates real-life as closely as possible. Food is provided and served in a way that replicates how food would be served at home – family-style meals are emphasized, there is no tray service, pre-packaging is minimal, and careful measurement and pre-portioning is discouraged.

This approach allows residents and their families to collaborate in creating an environment that aligns treatment with their lifestyle as opposed to trying to fit the resident into the treatment.

3. Making the Unspoken, Spoken

Our jobs are not to eliminate residents' distress or relieve them of responsibility to make good, recovery-oriented choices. Residents are encouraged to be open and honest about their fears and support staff are encouraged to provide in-the-moment feedback during meals. This is accomplished in a supportive versus policing manner, which establishes support staff as tools for recovery. As meal support providers, we must face our own fears and anxieties and take on the conflict head on. Doing so creates a more open and honest environment that better prepares residents to return to their home community and ultimately promotes relapse prevention.

> The meal support that I received at Ontario Shores was extremely helpful to me in my recovery. The kitchen was set up to have a 'normalized' feel, which helped me practice what eating would be like once I integrated back into the community. Also, the staff let me engage in certain behaviours during meals, which meant that I had to learn how to stop the behaviours myself. Finally, the staff always offered me the amount of support that I needed in the moment. They would talk me through meals that I was struggling with and distract me when I needed to get out of my head, and they promptly backed off once I was ready to be more independent. In the kitchen, Ontario Shores always gave me exactly what I needed.
>
> — Former Ontario Shores resident

4. Promoting Independence

By viewing recovery as non-linear, we allow residents to work forward and sometimes backward as they experiment with independence and come to terms with their ambivalence. Using a stepwise transition towards independence, we allow residents to move at a pace and in a way that allows them to acquire sufficient practice at each step and to drive their own recovery. Symptoms and challenges are not viewed as a lack of motivation or failures; rather, they are opportunities to learn more about their illness and strengthen their recovery plan.

At Ontario Shores, this is addressed in the context of a level system that takes into account the level of support one needs. This level system includes 3 support categories:

- **Extra or Expected Support:** residents may receive 1:1 supervision and emotional support during preparation (may involve staff plating all meal items), consumption and post–meals and snacks.
- **Transitioning:** residents are likely to be incorporating more independence in both the preparation and consumption of meals. Residents receiving this level of support may also be starting to experiment with eating intuitively.
- **Independent:** residents are eating intuitively and are able to manage meal times independently.

THE FUTURE OF MEAL SUPPORT

We recognize that the adoption of some of these principles may not always be possible in other programs. However, we encourage other treatment settings to incorporate more individualized approaches in an effort to make eating experiences more individually–relevant which, in turn, may reduce the need for re–hospitalization.

In any program, meal support should be viewed as a cornerstone to recovery. At Ontario Shores, we strive to constantly re–evaluate our provision of meal support (along with all other treatment components), and are committed to the evaluation of its fidelity and efficacy. We work under the assumption that if we are doing the same thing in 5 years, we are doing something wrong.

MEAL SUPPORT TIPS AND CONVERSATION GUIDE

The following tips, statements, and questions are useful for addressing clients' meal time difficulties in a constructive way.

Reduce Assumptions:

"I can see that you are having a hard right now. Can you help me understand what's happening for you?"

Take a 'Curious Observer' Stance:

"That's an interesting choice; may I ask what motivated you to choose that?"

"I've noticed that you make that choice often. What would it be like for you to try something different today?"

Make the Unspoken, Spoken:

"It seems like you're spreading the food around your plate to make it look like you're finished. I don't expect you to scrape your plate but leaving excessive food behind is likely to strengthen your urges to restrict over time."

Encourage 'Bigger Picture Thinking':

"I can see that the stress you are feeling is keeping you stuck in this moment. It might help if we talk about the goals you have for yourself."

"I can understand that restricting in this moment might feel safer. And I also know that it is a big part of what is preventing you from getting back to school."

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