

Worksheet 10.2: Carers understanding that re-feeding is a huge task

Carers often struggle to understand the degree of difficulty associated with the challenge of restoring regular eating, whichever type of eating disorder their loved one is struggling with.

With anorexia, there is the challenge of gaining weight and there are likely to be restrictive eating patterns and rigid rules around food choices and mealtimes.

With bulimia weight may well already be within a healthy range, so the challenge is more about stabilising chaotic eating patterns. Certain foods are likely to be seen as trigger foods preceding a binge.

With binge eating disorder there may be the challenge of losing weight. Again, certain foods might be very triggering.

For all three, eating socially is likely to be a huge challenge and eating in the school or work environment is likely to be fraught with difficulty. Careful planning and acknowledgment of the challenges can be invaluable.

Edi is facing many challenges at this stage and it is important for carers to:

- Acknowledge how difficult it is for the person to re-learn appetite control and know how much they should be eating.
- Listen reflectively, avoiding roadblocks.
- Refrain from comments about appearance. Edi might look well but be in emotional turmoil. Remember it gets worse before getting better.

Some tips around meal planning:

- Work in collaboration with Edi
- Build up gradually
- Take into account exercise levels, required weight gain, increased metabolism
- Seek expert input, such as dietician/nutritionist with experience of eating disorders
- Remember there is an element of trial and error
- Refer to the higher authority if that is helpful: for example, your therapist/GP/the hospital said...
- Keep calm and take each day and each meal at a time

This exercise can show that appetite control is like a disability in ED

This task has been developed by Dr Laura Hill as a way of demonstrating how once the eating disorder is in progress eating is no longer a

choice. Laura talks about this in her TED talk (<https://m.youtube.com/watch?feature=youtu.be&v=UEysOExcwrE>) and in an electronic book she has written describing the biological processes in ED.

Please get out some paper and a pencil.

Chose a partner, (if clients are with supports then the client and their supports are ideal partners).

First move your pencil to your non-dominant hand. Write the statements below with your non-dominant hand.

1. Write: 'I am writing with my non-dominant hand.' Show your partner what your writing looks like.
2. Add in the bully: Turn to your partner. Choose one person to be 'it'. Once the partners have chosen who is 'it', then instruct that 'it' to write while the partner is trying to interrupt you and verbally pressure you to hurry up and is critical and bullying as 'it' writes this next sentence with her/his non-dominant hand.
3. Write: 'I am writing with my non-dominant hand.' How do the two compare?

Facilitator ask: 'If you were told that you would need to write with your non-dominant hand for the rest of your life, what you would do?'

Write the answer with non-dominant hand

The most up to date understanding of eating disorders is that there are both physical and psychological maintaining factors. These combine to produce a disabled appetite system. This exercise illustrates how difficult it is to work with such a system. For the most part people find it more difficult if they are criticised or harassed. This allows carers to see how their role can impact on how easy or difficult it is to change the habit.

Other resources – guides and videos to help with re-feeding

- Great Ormond Street Re-feeding Guide
- Eva Musby's website and in particular www.youtube.com/watch?v=BVhKXh0LGc&feature=youtu.be&list=PLVgyQbyKQSBHUbIDLlc7t3v7bN0lmLcve
- Eating Disorders Meal Support: Helpful Approaches for Families
- KeltyMentalHealth www.youtube.com/watch?v=pPSLdUUITWE