Meal Supervision/support

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Background

- Workplace setting

- Do you provide meal support/supervision?

- How often do you provide meal support/supervision?

- What is your experience?
For individuals with eating disorders, eating and the postprandial period can promote high levels of negative emotions such as anxiety, fear and disgust. Consequently meal times are an important part of in-patient (day program) treatment, with weight restoration and overcoming difficulties with eating being primary treatment goals.

(Long, Wallis, Leung & Meyer, 2011)
Content

- What is meal supervision/support?
- Key concepts of meal supervision
- Practical ideas for managing and supporting patients during meal times
What are some key words, phrases you would use to describe meal supervision?
Meal support is a form of emotional support provided to a person struggling with an eating disorder before, during and after meals and snacks in an effort to increase the struggling person’s success with meal/snack completion (Leichner 2005).
• Meals and snacks are eaten under the supervision of a staff member

• Staff members are to demonstrate empathy and understanding of the patient’s position and struggles

• Support the consumption of food by setting firm limits around expectations

(Couturier & Mahmood, 2009)
Goals of meal support/supervision

- Normalise eating behaviour
- Facilitate weight gain or maintenance
- Re-introduce eating as a pleasant social experience
- Increase self – confidence around healthy intake
- Decrease rituals around food fears

(Leichner 2005)
3 main components that impact meal supervision/support

- Environment (milieu)
- Sufferer
- Staff
Environment (milieu) considerations

- Communicate set expectations
- Physical layout of the dining area
- Timing of meals
- Meals themselves
- Impact of other patients
- Structure of program
Sufferer

• Physical considerations
  • Misinterpreting hunger cues and fullness
  • Fight or flight

• Time in program

• What has just occurred within the program

• Age of sufferer

• Type of admission
Staff

- Own view and understanding of eating disorders
- Belief in treatment
- Own body, weight and food concerns
- Impact of shift or day
Characteristics of a positive meal supervisor  
(Leichner, 2005)

- Emotionally calm and secure
- Positive relationship with the sufferer
- Be a positive role model
- Be confident and comfortable with eating
- Show that they are caring for themselves
Characteristics of a positive meal supervisor

(Leichner, 2005)

- They must not have over-valued ideas about the importance of body weight and shape as this could interfere with modelling healthy beliefs.

- Be honest with where they are at on the day

- Not lecture on the impact of an eating disorder on the person

- If feeling burnt out, acknowledge it and have backup
Animal metaphors: Janet Treasure

- **Kangaroo**
  - Too much control
  - Excessive reassurance
  - Protecting them from distress
  - Accommodating to all demands

- **Rhino**
  - Too little warmth
  - Sometimes critical
  - Influenced by exhaustion, frustration and stress
Animal metaphors: Janet Treasure

- **Jellyfish**
  - Too much emotion
  - Too little control
  - Intense emotional responses

- **Ostrich**
  - Too little emotion
  - Head in the sand
Animal metaphors: Janet Treasure

• **Dolphin**
  - Coaching, calm and persistent
  - Nudge in the right direction
  - Can lead or be by the side
  - Encouraging

• **St Bernard**
  - Compassion and consistency
  - Consistent in responses
  - Reliable
  - Warm, calm and collected
The real experience

If only.............
Case Study: Adolescent

- Emma 14 yrs

- First admission with AN

- Has just had her first weight since admission (weight has increased by 1.3kg)
Case Study: Adolescent

- How do you expect she will be feeling?
- How do you think this will impact on her cognitions and therefore behaviours?
- What is your first response?
How do you respond?

- Emma is hanging around the food trolley
- Visible upset at the dinner table
- Crumbling her food
- Continues to cry once meal completed
Adult Day program. How does it differ?

- Adult day-patients are for the most part “voluntary”. (We have had some under guardianship and some who feel coerced by significant others to attend).

- Meals are therapy!!

- All meals are eaten in a group!!

- Group therapy processes (ie thoughts, feelings, actions and experiences of the therapist and the patient) have considerable therapeutic benefits. (Orlinsky, Grawe & Parks, 1994).
Exploring group processes...

Group therapy processes include:

1) Exploring the values of the individual/ motivation for treatment.

2) Creating a culture in which therapeutic change is valued.

3) Enhancing cohesion; defined as the “forces acting on the members of the group to remain in the group.” (Festinger, 1950; Yalom, 1995) for example, enhancing commitment, compatibility and having stimulating content (Ogrodniczuk, Piper & Joyce, 2006).
Why is Group Cohesion beneficial?

- In a cohesive group, the values and norms of the group are internalised by each member and there is pressure toward conformity, leading to changes in behaviour.

- Cohesion has been found to be useful for confronting fears as a group.
- Early cohesion is crucial for laying the foundation for the challenging group work to follow.

- Cohesion has also been associated with higher therapy attendance in our adult eating disorder day-treatment program (Crino & Djokvucic, 2010).
Adult: Social eating

- Claire - 22 year old BN patient
- No previous treatment for ED
- Attending lunch outing to Thai restaurant on 2\textsuperscript{nd} day of day program treatment
How do expect Claire will be feeling?

How do you think this will impact on her cognitions and therefore behaviours?

What factors are present during a social eating group that might not be present at the usual meal table?
Adult: Social eating

- Claire orders appropriate meal

- Verbal comments of defeat before when the meal gets to the table – “I can’t do this”, “I can’t eat this meal”

- How do you respond?
Adult: Social eating

- Claire starts to eat meal
- Finishes almost all of meal in 10 minutes, well ahead of anyone at the table
- Starts to cry and complain that she is going to vomit on the table if she doesn’t move
- How do you respond?
Adult: Social eating

How I responded:
- Tried to calm patient
- Escorted patient towards bathroom
- Focussed on immediate decision
- Talked through options and consequences

Result:
- Patient stopped crying and calmed down
- Returned to table without having to vomit and finished meal
- Reflected what happened in debrief when back on site
Adult Day Program Experiences

- “Set rules and expectations at meals was very useful”
- “Very strict but fair”
- “No room for change with the food. That was helpful because you had to eat what was on the plate”
- “Everyone being on the same page with directions and support”
- Patients appreciated autonomy after spending longer in the program
Practical Tips: Do’s

- **Be prepared**
  - Be clear and communicate expectations on engagement
  - Set the scene
  - Have conversations ready
  - Ensure distraction after meals

- **Be confident**

- **Have support**
Words or encouragement

- It’s great you have managed most of your .... it would be good if you could finish it all so you can have leave/more leave/time off the ward/Ng out/achieve your goal of eating at a family wedding

- Let’s just make a start and see how you go

- I know we are asking you to do something really hard but you are strong you can do it
Practical Tips: Don’ts

- Make critical comments
- Lecture on the dangers of an eating disorder
- Talk about food, weight, exercise, calories etc...
- Stare and not converse
- Eat diet foods during meal
- Compliment their control over food
- Don’t single out
“Expectations of the supervisor being shared with the group prior to eating and during if necessary the most helpful thing to keep consistent and fair for all”
Meal support/supervision is a therapy, and is recognised as one of the cornerstones of treatment methods within specialised programs (Leichner, Hall & Calderon, 2005).

It requires practice and skill development/training.

Should not be left to students or new staff without appropriate supports.
Questions???????
References


