

**Teaching Parents the Necessary
Skills of Family-Based Therapy (FBT)
and Meal Support: A Skills
Workshop for Parents Who Are
Beginning Family-Based Treatment
at BC Children's Hospital**

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Provincial Specialized Eating Disorders Program for

Children and Adolescents

BC Children's Hospital

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Disclosure Statement

The presenters have no relationships or involvement with industry that may be perceived as potentially influencing the presentation of the educational material.

Learning Objectives

- To learn about the educational workshops given to parents at BC Children's Hospital
- To demonstrate the integration of different components of our educational program for parents

Reasons for the workshop

- Focus on inpatient unit was to get youth ready to go home, not to get home ready for the youth
- FBT can be slow to get going and parents may take some time to find effective strategies
- Program at BCCH moving towards a family centered approach



Meal Support Training Workshop, Part 2: “Practice Scenarios”

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Psychiatrist, BC Children’s Hospital

Presentation Goals

- Practice meal support “core competencies” through real-life practice scenarios:
 - Menu Planning
 - Meal Preparation & Serving
 - Supported Eating
 - Post-Meal Support



Menu Planning



Scenario 1

- Parents & daughter sit down Wednesday evening to review the menu mom has created for the upcoming weekend.
- For dinner Saturday night, mom had planned to make spaghetti with meat sauce, parmesan cheese, garlic bread, mixed salad, and a glass of milk.
- The daughter protests that she doesn't eat red meat anymore and instructs her mom to make a separate sauce without any meat just for her.
- How do you handle this situation?

Meal Preparation & Serving



Scenario 1

- Parents agree that daughter may help them make the spaghetti dinner together.
- While mom is making the garlic bread, the daughter protests that her mom has put too much butter on the bread and refuses to eat it. Instead, she insists on making her own garlic bread with olive oil.
- How do you handle the situation?

Scenario 2

- Parents instruct daughter that they will be serving all meals until their daughter is further along in her recovery.
- While mom is serving the spaghetti in the kitchen, daughter protests that she never used to eat such large portions before her Eating Disorder. She asks her mother to measure her pasta to make sure it doesn't exceed **** cups.
- Meanwhile, dad silently agrees with daughter that mom might be going overboard on food portions.
- How do both parents deal with this situation?

Supported Eating



Scenario 1

- Parents notice several dysfunctional eating behaviours at the dinner table.
 - Daughter is cutting the food up into tiny pieces and taking baby bites
 - Daughter seems to be crumbling her garlic bread and small pieces are falling on her lap.
- How do parents address these behaviours during the meal?

Scenario 2

- The 30 minute time limit is over and your daughter claims that she has completed her meal. However there are still 2-3 bites left over smeared across her plate and various remnants left on the table. There is also a sip of milk left over in her glass.
- How do you handle the situation?

Post-Meal Support



Scenario 1

- During post-meal support, daughter reminds parents that she has plans to go to her friend's house to watch a movie & eat evening snack.
- However, daughter was not able to complete 100% of her dinner.
- Mom believes it's important for her daughter to stay connected with her friends and thinks she should go. Dad feels it sends the wrong message to allow her to go out when she cannot complete her meals.
- How should parents handle this situation?

Scenario 2

- Mom and dad meet separately to decide whether to allow her to go to her friend's house. They inform their daughter that she must stay home but may have her friend come over to watch a movie.
- Daughter becomes very upset and has an emotional “meltdown” in which she is crying inconsolably for over two hours.
- How should parents handle this?

Independent Eating



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Scenario 1

- Each morning your daughter wakes up very early and eats breakfast on her own, leaving the dishes to show that she has completed her meal
- She refuses to postpone breakfast until her parents wake up and are available to supervise the meal; she says that she prefers to eat alone
- How do you handle this situation?



Meal Support Training Workshop, Part 1: “Core Competencies”

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kelyteatingdisorders.ca

The image shows a YouTube interface. At the top left is the YouTube logo. A search bar is in the top center. To the right are links for 'Browse', 'Movies', and 'Upload', and a 'Sign In' button. Below the search bar is the video title: 'Eating Disorders Meal Support: Helpful Approaches for Families'. Under the title is the channel name 'KeltyMentalHealth', a 'Subscribe' button, and a dropdown menu showing '44 videos'. The main video player shows a close-up of a woman's face with the name 'Erica' overlaid. The video progress bar is at 1:05 / 35:27. Below the player are buttons for 'Like', 'Add to', 'Share', and a print icon. The view count is '563 views'. Below the video player, it says 'Published on Jul 30, 2012 by KeltyMentalHealth' and 'This video provides strategies to help parents and families provide structure'. To the right of the main video is a list of recommended videos:

- Why I dislike Tumblr** by ShainyHasNoPals, 2,734 views, FEATURED, 6:28
- When Your Child Refuses to Eat** by KeltyMentalHealth, 479 views, 5:48
- SMART Goals: Healthy Eating (Family Toolkit)** by KeltyMentalHealth, 177 views, 5:35
- «Alimentação Saudável...Comer bem** by arsalgarve, 32,890 views, 16:23
- Close to You: Remembering the** by SneakyGuy222, 90 views, 2:56
- Eating Disorders Meal Support: Chapter 3 -** by KeltyMentalHealth, 77 views, 7:35

At the bottom left, there are 'Favorite videos' and 'KeltyMentalHealth' buttons.

Workshop Goals

- Treatment philosophy behind Meal Support
- Meal Support core competencies
 - Menu Planning
 - Meal Preparation & Serving
 - Supported Eating
 - Post-Meal Support
- Other recommendations



Treatment Philosophy



Treatment Philosophy

- Eating Disorders are serious mental illnesses with the highest mortality rate in all of psychiatry
- There is no known cause of Eating Disorders
- Parents are not to blame for their child's Eating Disorder
- Parents play an essential role in their child's treatment & recovery

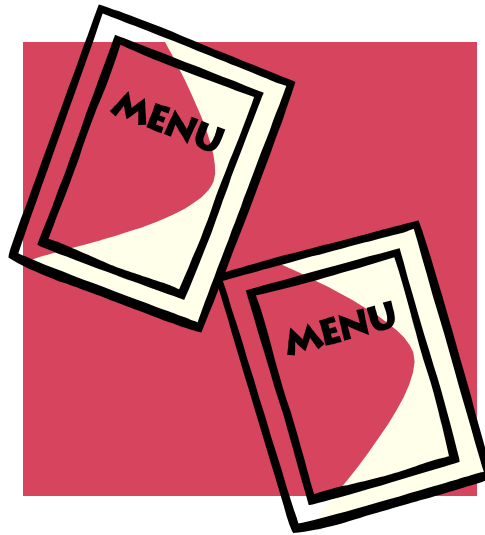
Treatment Philosophy

- The longer your child has an Eating Disorder, the more difficult it is to recover
- Recovery from an Eating Disorder begins with weight restoration & normalization of eating
- Food and rest are medicine for Eating Disorders just like chemotherapy is the medicine for cancer

Treatment Philosophy

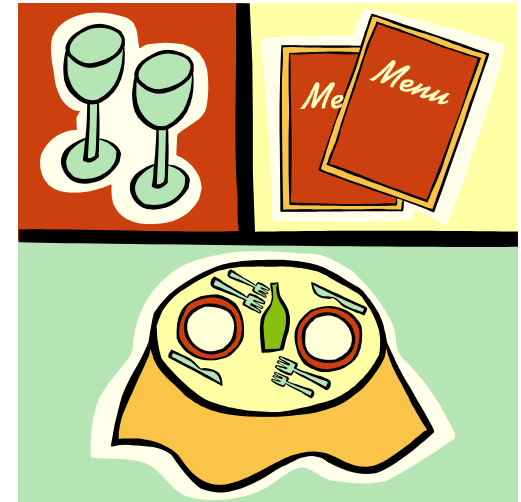
- Initially, parents need to take control of their child's eating because the youth is viewed as being “out of control” with their eating
- Would you let your child decide how much chemotherapy to use for her cancer treatment?
- 100% completion is necessary for all meals and snacks

Menu Planning



What is Menu Planning?

- Your child is required to eat three meals and three snacks per day as part of recovery
- Menu planning involves writing out a menu for each meal and snack several days in advance



Benefits of Meal Planning

- Helps reduce uncertainty about upcoming meals
- Helps parents stay organized to avoid last minute meals
- Helps reduce your child's stress and anxiety around meal time
- Helps prevent negotiations/arguments about meal choices at meal time

Menu Planning: How to?

- Find a low-stress time to do menu planning with your child
- Initially, offer your child only limited menu choices to reduce her anxiety
 - “Lunch requires a serving of dairy. We can either add milk, yogurt, or cheese. Which would you prefer?”



MENU PLANNING

This tool is designed to minimize stress, eliminate discussions about food while on pass, and gives families a guide to their food planning. This is an opportunity for families to practice food planning skills with coaching from dietitian.

Please complete this form online or in paper form and return it to the dietitian at least 2 days prior to a pass in order to allow time for feedback.

Date: _____ **Completed by:** _____

Breakfast	
Meat and alternative:	Hard boiled Egg
Bread and cereal:	Bowl of Corn Flakes
Fruit:	Banana
Milk:	glass of milk
Other:	
Who helps/ serves:	Dad
Where:	Breakfast table
When:	7:30am
Lunch	
Main Entrée:	PB&J Sandwich
Vegetable:	Chopped carrots
Fruit:	Apple
Milk:	1 yoghurt cup
Other:	
Who helps/ serves:	Mom packs lunch for school / YCW supervises
Where:	cafeteria at school
When:	12:15
Dinner	
Main Entrée:	Lasagna
Vegetable:	salad
Fruit:	1 glass OJ
Milk:	1 glass milk
Other:	1 cookie for dessert
Who helps/ serves:	Dad
Where:	Dinner table
When:	5:30

Notes:

Meal Planning: How to?

- Disengage if discussion devolves into endless bargaining or debates

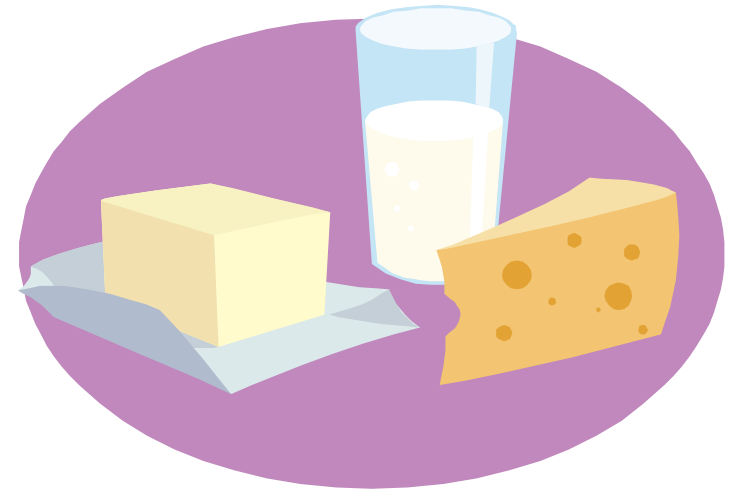


Menu Planning: How to?

- Initially, your child is not expected to eat all of the same foods as your family
- Focus initially on quantity of food & weight restoration over variety & balance
- Start with easily achieved goals
- Add challenge foods to menu as recovery progresses

Menu Planning: How to?

- Avoid discussion of calories & measuring units
 - “glass of milk”
 - “plate of pasta”
 - “side of vegetables”
 - “bowl of cereal”



Meal Preparation & Serving



Meal Preparation & Serving

- Initially, parents attempt to “recreate hospital” at home by being in charge of all:
 - Grocery shopping
 - Meal preparation
 - Meal serving
- Initially, your child’s only job is to show up at the table and eat the meal that has already been prepared & served by parents

Meal Preparation & Serving

- Eventually, parents may involve their child in these activities as long as this doesn't lead to unconstructive debates/arguments.



Meal Preparation & Serving

- Set ground rules in advance:
 - “If your helping in the kitchen leads to any debates, you get two warnings before you have to leave the kitchen.”
 - “If you don’t serve yourself enough food, I will have to add more myself.”

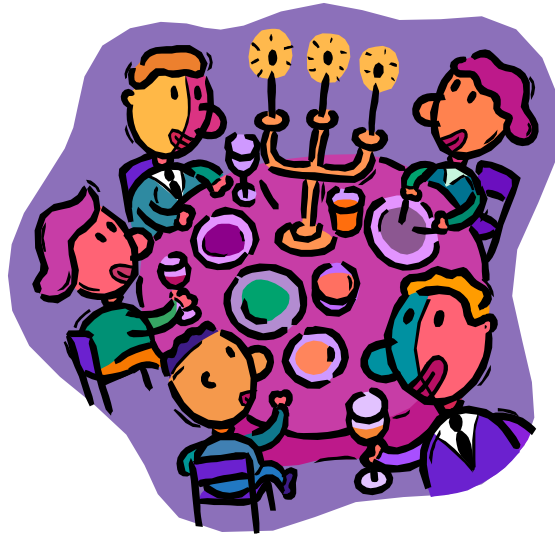


Meal Preparation & Serving

- Avoid using measuring cups when serving food
- Don't weigh food



Supported Eating



Establish Regular & Predictable Meal Times

- In the first year of treatment, most meals/snacks require supervision
- Protected family time is important



Make Meals as Stress-Free & Pleasant As Possible

- Set the table
- Use the nice china and silverware
- Buy a new table cloth
- Provide fresh flowers
- Try candle light
- Clear the clutter
- Don't answer the phone
- Don't be in a hurry!



General Guidelines for Meal Support

- 100% completion should be the rule for all family members
- Parents and siblings are **NOT** required to eat as much as the patient

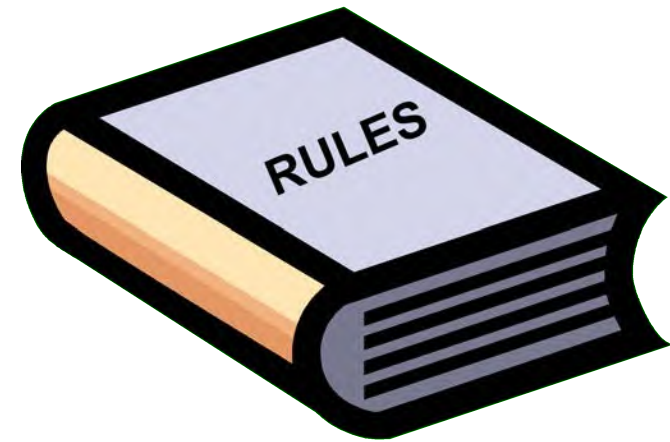


Begin with a “pep talk” before the meal or snack



Begin with “Pep Talk” before the meal

- Review time limits for meals
 - 30-45 minutes for meals
 - 15-20 minutes for snacks
- Review which “coaching” phrases your child finds most helpful



Begin with “Pep Talk” before meal

- Review plan for addressing dysfunctional eating behaviours at the table
- Agree on permitted distraction techniques: music, playing a game, doing a puzzle
- Review expectation for 100% completion

Meal Time Conversation

- Don't talk about food, weight, or appearances
- Don't comment on how much your child is eating
- Do not enter into negotiations about food
- Don't stare at your child or her every bite (but keep your eyes open)



Meal Time Conversation

- Come prepared with non-food related conversation topics
- Don't ask generic questions like "how was your day today?"
- Ask specific questions that show your knowledge about your children's lives
- Don't ask yes/no questions



Supportive Coaching During Meals

Keep comments short & positive!

- “I know you can do this”
- “It’s ok to eat”
- “You are doing a good job so far, let’s keep going.”
- “Let’s not let the Eating Disorder win today”
- “It’s important to give your body the fuel it needs”
- “You are being brave to keep trying... keep it up.”



Set Firm & Consistent Expectations That All Meals Will Be Completed

- “You told me you would eat this meal. Please do it. I know you can.”
- “Afterwards we can go somewhere else and talk about why this is so difficult, but right now let’ just focus on eating.”
- “We are not sticking to the plan right now. Let’s keep to the plan now and discuss later.”

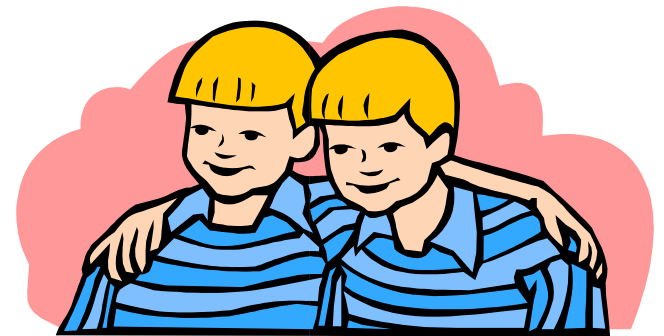
Parental Unity is KEY!!!!!!

- Parents must present a “united front” against the Eating Disorder
- Both parents need to agree on meal choices & portions before each meal & snack
- Disagreements between parents should be resolved away from youth



Role of Siblings

- It is not siblings job to get their sister or brother to eat
- Sibling's role is simply to be kind & supportive and to leave all meal coaching to parents



Dysfunctional Eating Behaviours

- Be aware for possible Eating Disordered behaviours:
 - Cutting food into baby bites
 - Eating too slow
 - Crumbling food on lap or floor
 - Hiding or dropping food
 - Excessive use of condiments
 - Smearing food on table



Dysfunctional Eating Behaviours

- Address dysfunctional behaviour as they occur:
 - “Please take bigger bites”
 - “Please, pick that up from your lap.”
 - “Please, roll up your sleeves so food doesn’t get on your shirt”
 - “Stop crumbling your bread”

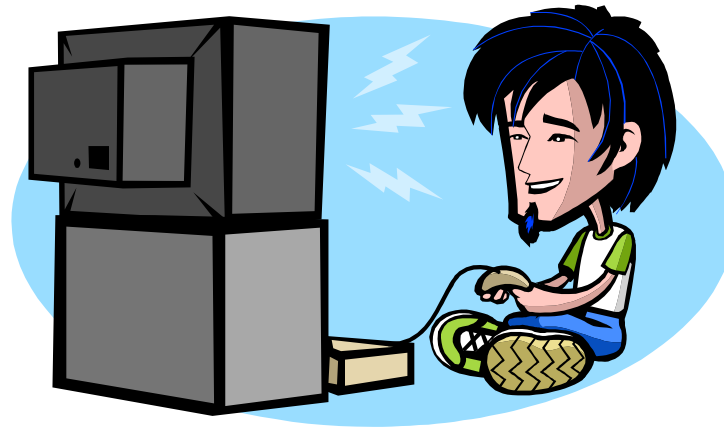


Dysfunctional Eating Behaviours

- Replace food that was dropped on floor or hidden
- “I’m giving you another piece of chicken to make up for the pieces that fell on the ground”



Post-Meal Support



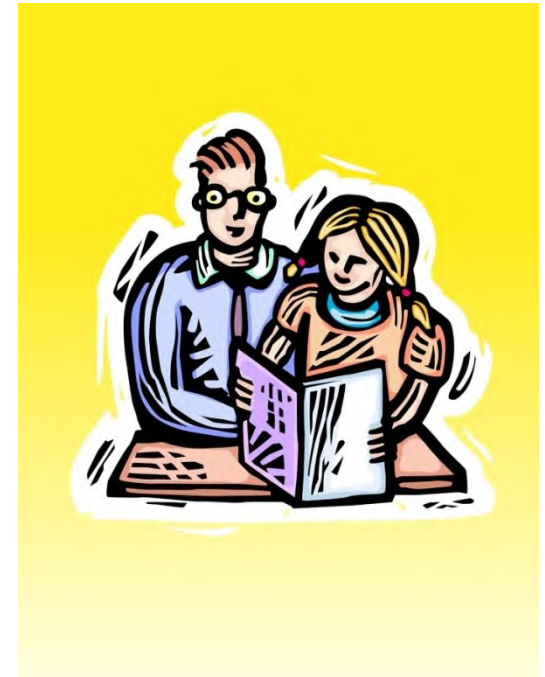
Post Meal Support

- Post-meal is a time of high anxiety for your child:
 - Feeling “full” and “uncomfortable”
 - Feelings of guilt or shame for eating “too much”



What is Post-Meal Support?

- Learn to tolerate uncomfortable emotions and physical sensations
- Prevent compensatory behaviours:
 - Purging
 - Over-exercising



Post Meal Support

- Distraction is a very helpful technique:
 - Watch a movie
 - Do a puzzle
 - Read a book
 - Journaling
 - Play a game
 - Talking with family



Post-Meal Rules

- No access to bathrooms for:
 - 1 hour after meals
 - 30 minutes after snacks
- No exercising or standing during this time



Debrief Stressful Meals When Emotions Have Cooled



Debrief Meal after Emotions Have Cooled Down

- What worked well?
- What didn't work?
- Identify possible triggers for distress
- Develop plan for addressing problem behaviours at next meal



Question

- What do you do if your child doesn't complete a meal or snack?

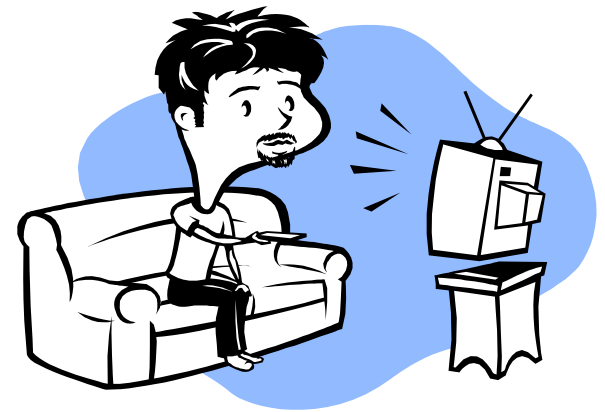


Non-Completion of Meals

- Discuss “logical consequences” for non-completion of meals
 - Restrictions in physical activity until next meal completed
 - “Energy burned must match energy in”
 - Purpose is to conserve energy
 - Sends message: “You must fuel your body to have the life & freedom you want.”

Non-Completion of Meals

- Logical consequences is not “punishment”
- You may still allow your child to:
 - Watch TV
 - Use computer
 - Talk on telephone
 - Play video games
 - Play a board game
 - Have a friend visit



Non-Completion of Meals

- Parents must agree on consequences in advance!
- Consistency is key!



Keep Trying!

- Each new meal is a new opportunity to start over and try again
- View “failures” as learning opportunities
- The goal is for parents to “out-tire” the Eating Disorder



Other Recommendations



Stay Positive

- Try to maintain positive home environment despite unsuccessful meals
- Schedule regular “non-Eating Disorder time” with each of your children
- Try not to let Eating Disorder dominate your family’s life

Avoid Giving Reassurance About Weight, Shape, or Appearance

- Provides only temporary relief
- Fosters dependency
- Creates endless cycles



Alternatives To Reassurance

- “I have read that if I reassure you it will keep your fear flourishing”
- “If I join in with food or weight talk I will lock you deeper into your eating disorder”
- “I do not enter into discussions about food, calories, or appearance. Let’s change the subject”
- You seem really frightened right now, let’s talk about your feelings instead”

Model Healthy Eating & Attitudes Toward Body Shape

- Don't talk about your own weight or the weight of others
- Don't comment on your own body or plans to diet
- Don't comment on other people's appearances
- Ban all teasing about weight or appearance
- Express appreciation of qualities aside from looks & appearance

Model Healthy Eating & Attitudes Toward Body Shape

- Be selective about your magazines & television shows
- Show enjoyment of food
- Show flexibility in eating
- Don't label foods as good or bad
- Don't purchase "diet" or "low fat" foods
- Remove bathroom scales

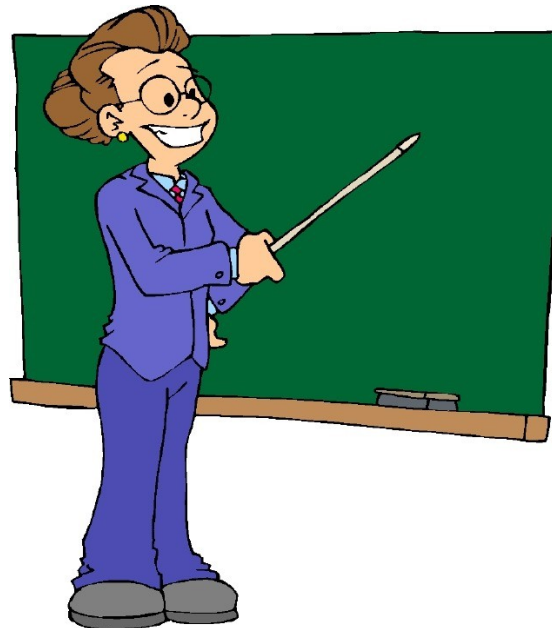


Model Self-Care

- Parents need to model good self-care
- Recovery is a “marathon” not a “sprint.”
- Watch for “burn-out”



Summary



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Conclusions

- Eating Disorders are serious mental illnesses
- Weight restoration & normalization of eating are the first priorities of treatment
- Parental unity is key
- Planning, planning, planning!
- Try to stay positive
- Parents need to take good care of themselves

Parent Self Assessment

