
Hunger for Understanding

The Workbook





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Introduction to the workbook

Suffering from an eating disorder such as anorexia nervosa can be a very lonely, distressing and confusing experience. Most people sense that something needs to change in their life, that they cannot go on living with the restrictions that anorexia puts on their lives; but thinking about making a change and possibly breaking free from anorexia can also seem terrifying and, for some, unimaginable.

The *Hunger for Understanding* workbook is designed to help answer some of the questions you may have about anorexia. It may also help you to think about what getting better can involve and will hopefully give you some encouragement that it is possible.



It is important that you have someone you trust to help you through the workbook

The workbook presents different sections, including understanding more about anorexia, what can cause anorexia, what treatment and recovery may involve, myths and questions people often ask about anorexia and, finally, some inspiration from young people who have been where you are today, and have recovered.

In each section, there are some questions that may help you make sense of the information from your own experiences. It is very important that you have someone you trust to help you work through the workbook, as some of the information may raise very difficult feelings. Part of recovering from anorexia is being able to share these difficult feelings and work through them at your own pace. Having someone to talk through the information in this workbook is an excellent start.

SECTION 1



What is anorexia nervosa?

This section will provide you with information about what anorexia nervosa is. Hopefully it will help you to understand more about the difficulties you may be experiencing, such as how anorexia affects your body, your emotions and your relationships with other people.

Believe it or not, anorexia has been recognised for over 100 years now and has affected many men and women of different ages, from all over the world. It is difficult to estimate how many people are affected by anorexia because eating disorders can make people feel very ashamed and feel quite alone. This means they often do not ask for help, and so don't receive any and suffer in silence. It is very important that you understand that you are not alone. More and more work is being done to understand how and why anorexia develops, so that we can treat it effectively.

The term 'anorexia' means loss of appetite and the term 'anorexia nervosa' means nervous loss of appetite. However, this is very misleading as most sufferers do not actually lose their appetite. Anorexia nervosa is a condition that drives people to want to lose weight. Most young people with anorexia are terrified of becoming fat and develop very strict eating routines, often avoiding particular foods. The most striking signs of anorexia are weight loss and a determination to avoid what others might consider a 'normal' intake of food. However, there may also be other signs such as:



- ▶ Fear of fatness – this is an intense fear of gaining weight or becoming fat.



- ▶ A belief that your body is larger than it is – you may feel fat even when you are very underweight. This is known as a distortion of body image and is part of the anorexia.
- ▶ A preoccupation with thoughts about food, eating, weight and/or calories – you may spend lots of time thinking about food, so much so that it interferes with other aspects of your life and affects your attention and concentration.
- ▶ Getting rid of food by purging – many young people with anorexia achieve weight loss through restricting their diet. However, up to 50 per cent may also make themselves sick or use laxatives after eating to ‘prevent’ the calories being absorbed by the body. These methods of weight control are NOT effective and can often result in serious damage to your health.
- ▶ Burning off calories using excessive exercise – this means engaging in very strict exercise routines, which may also interfere with other aspects of your life.
- ▶ Some people may also occasionally binge on large quantities of food that usually they would restrict themselves from eating, for example, crisps and chocolate. At these times they feel very out of control around food.

Anorexia affects people in very different ways and not everyone will have all of these symptoms.

▶ Who gets anorexia nervosa?

Lots of different types of people may experience anorexia, men and women, boys and girls, of all ages. Most estimates suggest that anorexia is more common in girls and women; however, young men and boys can suffer from it as well. It is found in all different ethnic groups and social classes.



Lots of different types of people, boy and girls, may experience anorexia

▶ Why does anorexia nervosa develop?

▶ Communicating feelings

There is more to anorexia than a desire to be thin. Anorexia is often thought to be a way of dealing with feelings that are difficult to communicate, such as anger, worry, guilt or sadness. Often it develops around times of change in a young person's life, such as starting at a new school, a change within the family

or changes in your body such as puberty, or perhaps as a combination of all these factors.

These changes can sometimes cause young people to feel that their life is out of control. The feelings that come with these changes, such as sadness, anger, anxiety or guilt, may be difficult to communicate to family and friends in the usual ways. Young people with anorexia may feel that the only area of life that they can control is food intake and weight and through this they feel able to regain some control over their life.

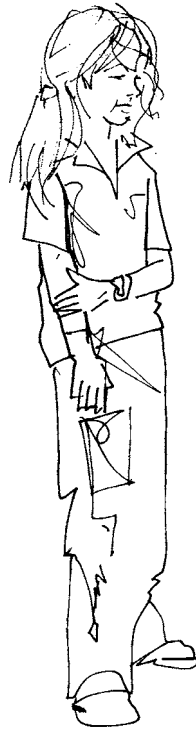
Unfortunately, in most cases, anorexia ends up controlling them.

Coping with problems

For some young people anorexia can be a way of blocking out problems. The source of these problems could be related to many different areas of life, such as family issues, school pressures or other social pressures like friendships and special relationships. When young people feel out of control, dissatisfied or unhappy in these areas of their life, they may feel that focusing all their attention on food and weight temporarily helps to block out the things that are worrying them.

Self-esteem

Anorexia has also been linked to low self-esteem and self-confidence. This means that young people with anorexia often don't see themselves as important or worthwhile and will have a very negative view of themselves. For example, 'I'm a bad friend', 'No one likes me', 'I'm ugly'. These beliefs often hold the person back from taking risks and just 'having a go' at things that might help them feel better about themselves. Instead, what tends to happen is that they isolate themselves from others and this then 'proves' the belief that they are worthless and no good.



A person with anorexia may appear happy but inwardly be unhappy

When someone is in this trap of believing they are worthless, anorexia is one way that the person can begin to feel a sense of achievement as they have the control to starve their body of the food it needs. This sense of achievement doesn't last long, though. Soon the body is unable to keep up with the constant demands of anorexia and a sense of failure sets in.

While young people with anorexia may experience low self-esteem, they may also have very high expectations or set very high standards for themselves. Often they expect much more of themselves than they would expect of other people or their best friend, for example. Outwardly, they may well appear confident but usually inwardly they feel very unhappy.

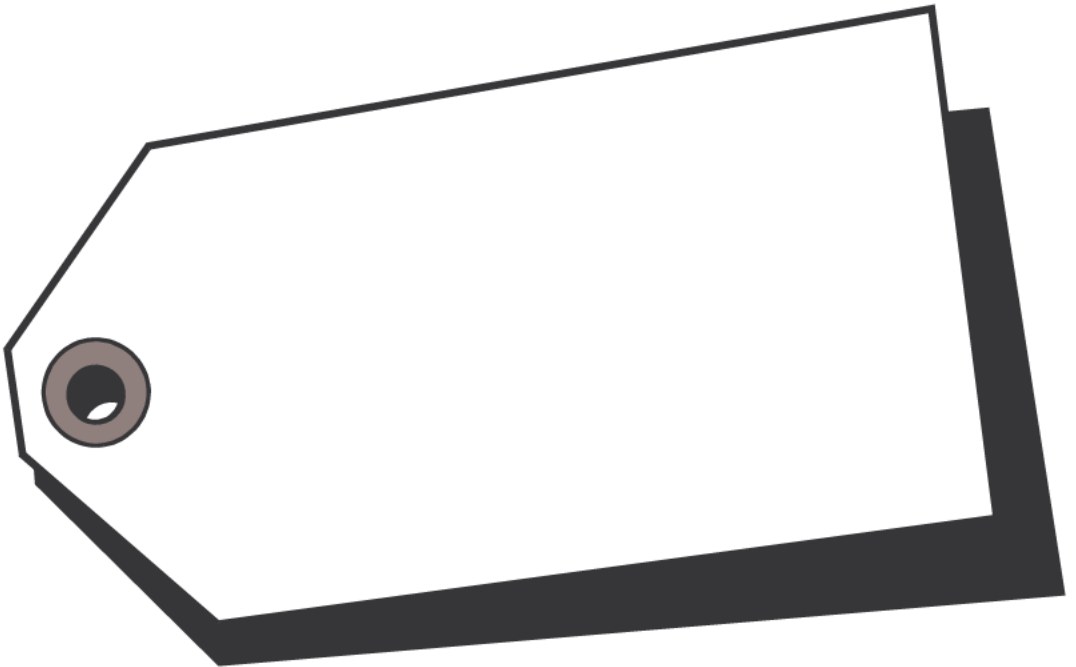
In Section 2, 'What causes anorexia?', we will be looking at some other ideas about how anorexia develops.

◀ TASK 1.1 ▶



Naming anorexia

Anorexia nervosa is the name that has been given to your difficulties. If you could rename your difficulties, so that it means something more to you, what name would you use and why?



◀ TASK 1.2 ▶



Similarities and differences

Although young people with anorexia share a lot in common, everyone's experience will be slightly different. This can be confusing and for some people this can allow them to go on pretending they don't have an eating disorder. Write a list of the things you feel you share in common with other people suffering from an eating disorder, and another list with the things that make your experience different.

Similarities



Differences



◀ TASK 1.3 ▶



What does anorexia look like?

If you could see your anorexia, what do you think it would look like? Draw a picture of it in the space below. Think about the type of shape, size and colour it would be.





What causes anorexia?

Have you ever seen a television programme or read a book about anorexia? If so, you have probably heard or read about lots of different ideas and theories about what causes an eating disorder such as anorexia. If not, you are probably just as confused as those who have.

There are many, many different theories about the causes of anorexia, and lots of time has been devoted to research to find the exact 'cause' so that we can develop effective treatments. What the research has found is that there is no one single cause for anorexia. The reasons for one person developing anorexia can be very different from the next person's reasons.

In this section, we will be looking at the different factors that research has shown *may* lead on to anorexia, and we will then be thinking how these different theories relate to your own difficulties.

▶ A gradual development?

It is very rare that someone wakes up one morning to find that suddenly they have anorexia!! This may seem obvious, but sometimes people think that one single event or moment in time can cause anorexia. We now know that often anorexia is caused by more than one factor, and that different factors may combine over a period of time. It is sometimes helpful to look at these different factors over a person's lifetime to see how they might have combined to cause anorexia.



▶ Is it in our genes?

One theory is that our genes play an important part in the onset of anorexia. We inherit 'genes' from our biological parents. Each gene carries specific information and it is this information that determines certain characteristics about us, for example, what colour of eyes we have and what colour of hair we have.

Research has looked at the numbers of identical versus non-identical twins with anorexia and has found that when one twin has anorexia nervosa, the other is 10 times more likely to have it too, if they are identical. As identical twins have the same genes (this is what makes them 'identical'), this suggests that genes play an important role in the development of anorexia.

However, a major problem with genetic research into anorexia is trying to separate what is caused by genes and what is caused by the environment – this is everything around us that contributes to our experiences. It seems that genes may make someone more likely to develop an eating disorder, but there are often other events or experiences that happen to the individual that 'trigger' the onset.

▶ How does our environment affect the onset of anorexia?

We know that anorexia seems to occur in women more than men and mostly in women who live in developed countries where there is no shortage of food. It is probably no coincidence that, because there is no shortage of food, we live in a society that values slimness and frowns upon obesity.



As our society has become more focused on the possibilities of achieving a slim body (e.g. through various diets and exercise crazes), the numbers of people with eating disorders have increased. Also, in environments where there is greater pressure to achieve a slim body, such as dancing and

gymnastics, there are higher rates of eating disorders such as anorexia.



Young men and women receive messages from the media (such as TV and magazines) about what their bodies should ideally look like. For boys there is a strong expectation that they should be physically fit, toned and muscular. Girls often feel that they are meant to have slim figures with non-existent thighs, hips and bottoms!



As their bodies change and develop around the time of puberty, young people can develop a sense of inadequacy or sometimes shame about their body which may not add up to what they regard as the ideal. In fact, there are many more men and women whose bodies do not fit the ideal image than those who do. Think about the figures of catwalk models and some TV and film stars – how many people do you know who match these standards?

However, only a few girls and boys go on to develop anorexia when nearly all have grown up with these unrealistic ideals, so 'cultural' explanations cannot fully explain the cause of anorexia.

▶ How do families affect the onset of anorexia?



For some time now, researchers have attempted to see if there are things which families may have in common which may lead young people to develop anorexia. For example, there have been studies to look at the order in which brothers and sisters are born, the family size, the way that families communicate and how arguments and disagreements are sorted out.

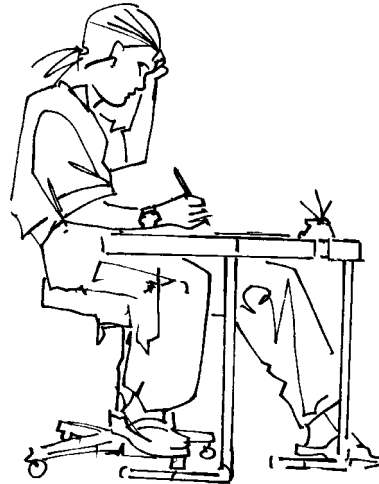
In the 1970s, research suggested that young people with anorexia tended to come from families who were very involved with each other and avoided any conflict or arguments. However, there are many such families with children who have no problems or very different problems. There is some evidence, however, that having a parent who is forever on a

diet, family disputes such as those relating to separation and divorce, illness within the family, and traumas such as abuse, can all make someone vulnerable to an eating disorder.

Although it seems that families are unlikely ever to be the sole cause of anorexia, research has suggested that the way that they respond to their child can make the situation better or worse. This is one of the reasons why family therapy is recommended for young people with anorexia. Although the family may not have been the cause of the anorexia, it can play a very important part in the recovery.

► What about personality?

You may already have noticed that you share some similarities with other young people with anorexia. Many research studies have looked into similarities in personality and life experiences among people with anorexia. For example, parents often describe their children who have developed the disorder as having been 'perfect children', who were well behaved, popular, hard-working and often achieved good results in school. However, this is not always the case, and many young people with anorexia nervosa do not have such tendencies.



A common factor in the development of anorexia is stress, perhaps caused by the demands of exams and schoolwork

Many young people who develop anorexia have struggled with feelings of sadness, anger, anxiety and guilt. They often have low self-esteem, see themselves as failures, bad or unworthy, and have a very negative view of the way they look.

Some researchers have argued that these personality characteristics can make young people vulnerable to stress. We know that anorexia nervosa normally starts in young people around the time of puberty, which is often a time of stress and change (such as physical changes in the body, as well as changes in terms of feelings, friendships and family relationships).

When a person feels overwhelmed or unprepared by the challenges of adolescence and puberty, they may feel that life is spiralling out of control. Their personality, as well as problems in communicating difficult feelings, may make it seem impossible to get through things on a day-to-day basis. There may also be other stresses on top of this, such as family arguments, an extra pressure to do well, the death of someone close, or a trauma (such as bullying, emotional, physical or sexual abuse).

Most young people with anorexia have, at some point, felt their life was out of control, and controlling food and eating may have been a way of coping or showing other people around them that they are not managing and need help.

As you can see, there is a whole range of different factors that can cause anorexia. Figure 2.1 may help to explain how together they can result in the development of an eating disorder.

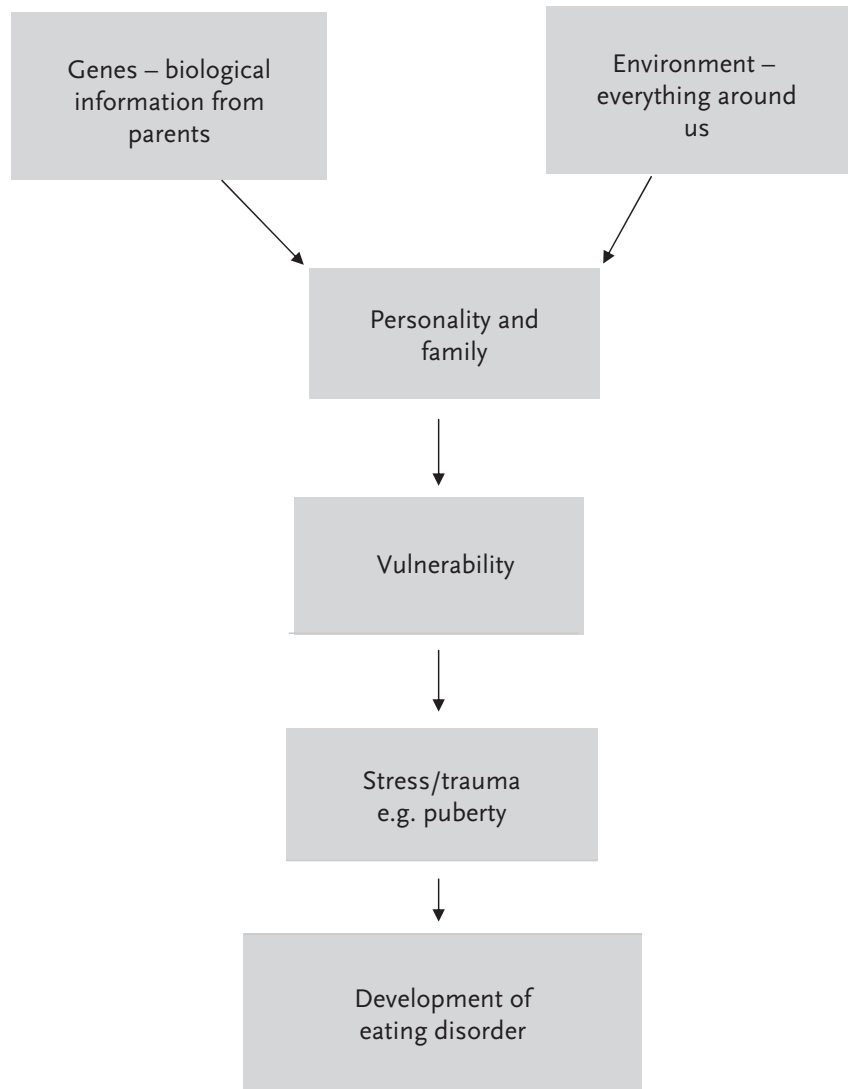


Figure 2.1 Factors that can lead to the development of anorexia

◀ TASK 2.2 ▶



Life experiences

Think about the different experiences you've had in your life and how these have affected the way that you view your body.

A large, empty rectangular box with a light purple background and a dark purple border, intended for writing. In the bottom right corner of the box, there is a small illustration of a pair of glasses with blue lenses and a dark frame.

◀ TASK 2.3 ▶



Positive and negative influences

Which people have helped you to see yourself in a positive and a negative way?



Blank space for writing positive influences.



Blank space for writing negative influences.

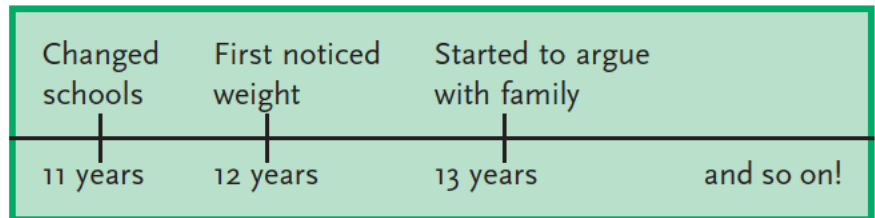
◀ TASK 2.4 ▶



Your journey

You may find it helpful to draw a timeline relating to your story. A timeline is where you think about certain things happening at certain times, in the order they occurred.

For example:



Age/Date:

Event:

◀ TASK 2.5 ▶



Factors that may contribute to the development of anorexia

Can you think of anything you may have read in Section 2 that may have contributed to the development of anorexia for you?



Things that have contributed to anorexia:

SECTION 3



How does dieting affect us?

Eating disorders are caused by many different factors, but in almost all cases dieting is one of the main triggers for the onset of eating disorders such as anorexia nervosa. Often this may start out as quite harmless, but very soon it can start to dominate one's thinking, feelings and behaviour so that life feels as if it has become focused around food.

In this section, we will be looking more at the effects of dieting and how our bodies are designed to maintain a stable weight.

▶ What happens when we diet?

Our bodies are designed to keep weight around a set point. This means that we all have an individual range in which our weight will fluctuate, and this will vary from person to person depending on our genes. This is why our bodies put up such a battle when we attempt to lose weight.



For example, if Jenny's set-point weight is around 54 kg (8½ stones), her weight can vary comfortably within a range of, say, about 3 kg (half a stone, plus or minus) without her body noticing too much. If she attempts to lose about 6 kg (1 stone) in weight, her body will resist. It is a bit like compressing a spring. When the spring starts to get compressed, the body will resist by increasing the hunger drive and Jenny will feel as though she is thinking about food all the time. This is her body's attempt to return her weight to its normal range.

By ignoring her body's signals that she is hungry, Jenny will be replacing her body's automatic cues for hunger with conscious mental cues focusing on not eating. She will lose trust in her body's signals for hunger and, to prevent herself from lapsing from her diet, will be setting herself very strict rules about what she can and cannot eat. When the hunger gets the better of her, Jenny is likely to end up overeating (a bit like the spring bouncing back up again).

When a diet is broken, we usually end up eating more than we would have eaten before the diet. This is due to a mixture of the powerful hunger urges, the fact that we no longer trust our internal body cues and also thoughts along the lines of 'I've blown it, so I might as well eat everything'. This is why dieting often results in a higher set-point weight. It's a strange fact that yo-yo dieting makes us more likely to put on weight in the long term than if we allowed our weight to fluctuate within its normal range.

When a diet becomes so extreme that it turns into starvation, our bodies fight back by slowing down the metabolic rate and storing as much food as possible. This makes it much harder to lose weight on even very few calories. Soon the emotional effects of weight loss such as poor concentration and irritability add to the person's sense of feeling more out of control of their eating and even more of a failure.

How does dieting affect the way we feel?

In the 1950s, a research study (Keys et al., 1950) found some fascinating results that help us to understand the effects of dieting and starvation in eating disorders today. A researcher called Ancel Keys asked 36 healthy men to participate in his study. The men were monitored closely during the first three months while their eating patterns and personalities were studied. They were then put on a strict diet and their normal

food intake was halved for three months. In the final part of the study the men were reintroduced to eating normal amounts of food.



The researchers' observations astounded them. Food became the main topic of conversation for all the men during the three-month starvation period. Many of the men began dreaming about food, and were fascinated by cookery books and menus. Some of the men found it impossible to stick to the diet and secretly ate on impulse, and expressed feeling extremely guilty after doing so. Emotionally, the men became more anxious and depressed and had trouble concentrating. They also began to withdraw from other people and were much less sociable and friendly. Some of the men who had no previous concerns about their body image became more critical of their bodies, and some complained of being overweight, even though they had *lost* weight.



When they were introduced to normal eating again, many of them felt as though they would not be able to stop eating when they were full, and found it difficult to estimate what was a normal portion of food. Their normal eating habits returned after a period of time of eating normally and they also lost their intense focus on food.

So reducing food intake over an extended period of time seems to have very powerful effects, not only on our bodies, but also the way we think and feel. The experiences of these men back in 1950 are not dissimilar to the thoughts, feelings and behaviours reported by many women and men struggling with an eating disorder today.



It seems that some of the symptoms of eating disorders (such as thinking about food a lot of the time) are a direct result of our bodies being starved or considerably below our normal 'set point'. This is important to know as, all too often, individuals who are suffering with eating disorders believe that their thoughts about food prove that they are a weak person whose hunger needs to be controlled. In fact, most people would experience the same feelings of anxiety and depression,

preoccupation with food and negative thoughts about their body and shape when their bodies are being starved, it is simply the normal human response to starvation.



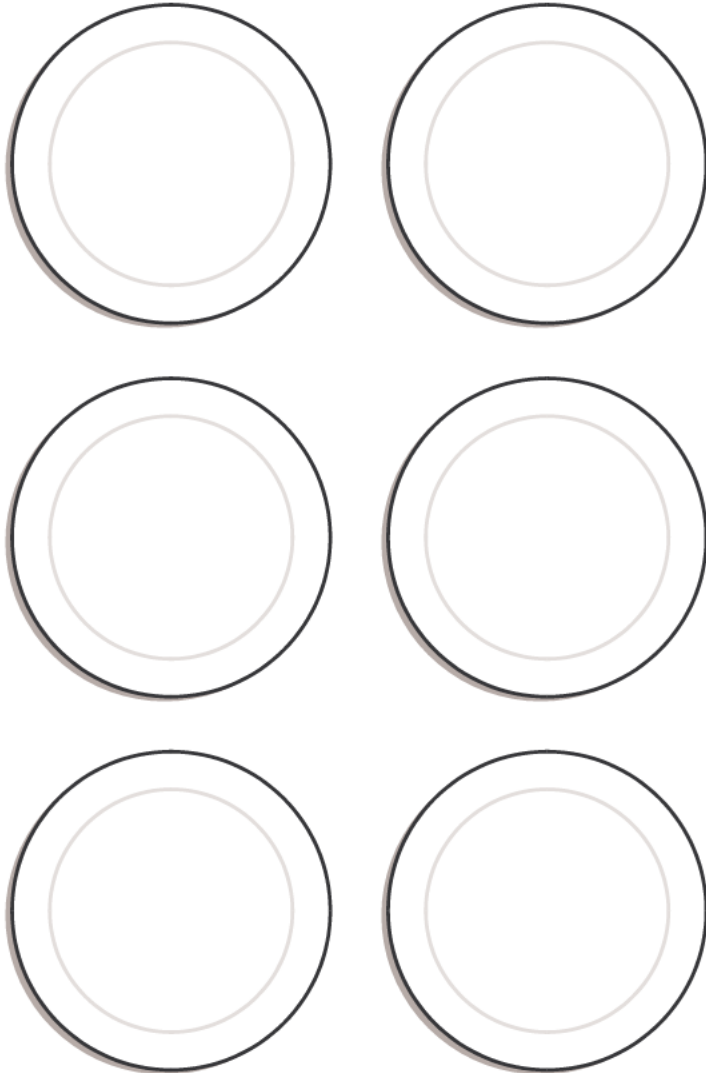
Most people would feel anxious, depressed and preoccupied about food if they were not eating properly

The Keys experiment helps us to understand how important it is to get back to a healthy weight range. Although it is extremely scary for someone suffering with anorexia to even think about putting on 1 kg (a few pounds), it has been found that many of the powerful effects of starvation are resolved when the normal weight range is reached. Of course, there are other important parts to the treatment, but eating regular meals and gradually getting back to a healthy weight range is an essential part of recovering from anorexia. We will be thinking about this more in Section 8, 'Getting better'.



Anorexia's choice

If anorexia could choose what you had to eat and drink in a day, what would it look like? Draw it on the plates below, thinking about breakfast, lunch, evening meal and any snacks.

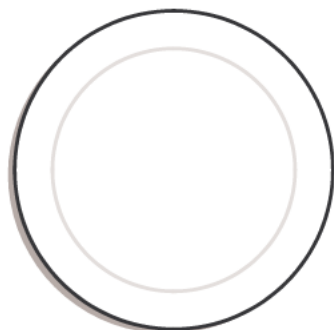


◀ TASK 3.2 ▶



A typical meal before anorexia

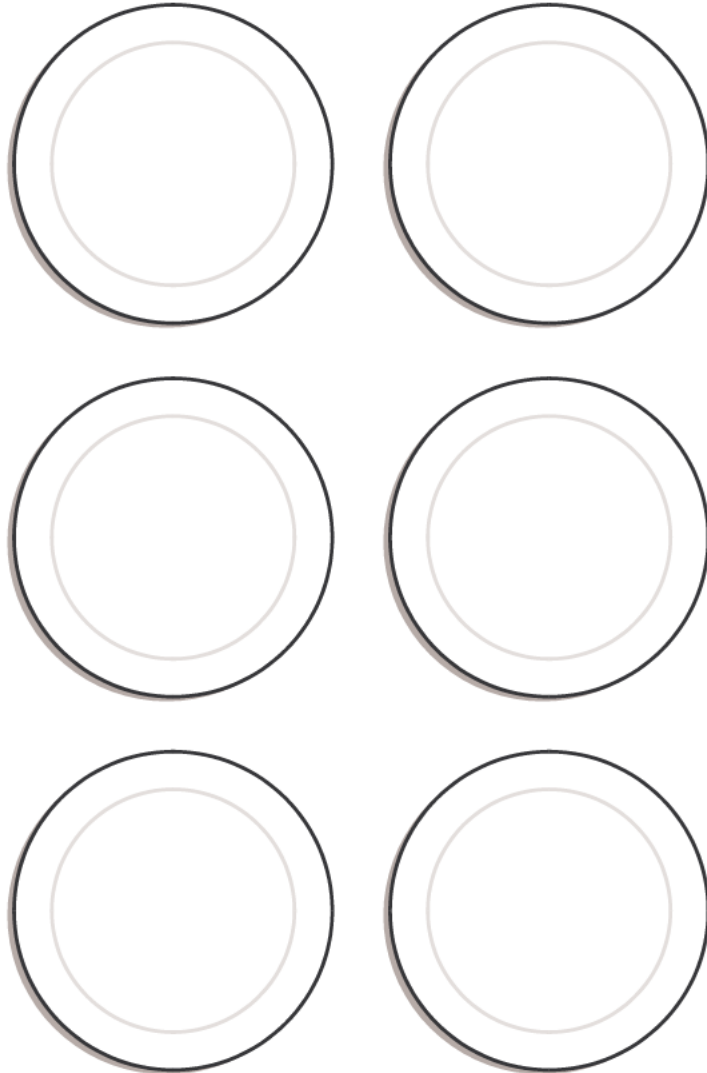
On the plates below, draw what you used to eat and drink in a typical day before you had anorexia.





A healthy choice

On the final set of plates, draw what you think a healthy day of food and drink would look like. This would mean that you have enough calories to maintain your weight in a healthy range.



◀ TASK 3.4 ▶



Compare the plates!

What differences and similarities do you notice about the meals you have drawn?

Similarities



Differences



◀ TASK 3.5 ▶



Good and bad food

Anorexia has a way of dividing food into good and bad choices, rather than allowing us to see that we need a whole range of foods to give us the nutrition our bodies need. What foods does anorexia tell you are bad/forbidden and what foods does it tell you are good/safer?



Good food



Bad food

Do YOU agree?



◀ SECTION 4 ▶



How does anorexia affect you?

As you may be aware, anorexia affects us in more ways than just our body size. In this section, we will be looking more at the ways anorexia can affect us as a whole, including how we think, how we feel, our relationships and the way we behave. We will also be looking at some facts about the short- and long-term damage anorexia can do.

▶ Changes in the way you think and see things

Anorexia can affect the way that you think about things. You may find yourself thinking about food a lot of the time, to the extent that it interferes with your normal life.

Many young people with anorexia experience disturbances in the way they see things. These disturbances in perception are part of the illness and may make you think you are bigger and fatter than you really are. Even though your body is underweight, you see yourself as bigger than other people see you. You may think that certain parts of your body are bigger, particularly your stomach, bottom or thighs. These disturbances feel very real and can cause a lot of distress, even though your body is underweight.



► Changes in the way you feel

Many young people with anorexia experience an intense fear of gaining weight and in many cases this can lead to feeling very low in mood and very anxious about getting better. You may feel you are failing to meet the goals you have set yourself and feel very powerless. This may make you feel very uncertain about being able to recover and put anorexia behind you. These types of feelings can often lead to you becoming very withdrawn and feeling locked into a very lonely world where you feel you can keep yourself safe by not eating.



Anorexia can make you feel very lonely

► Changes in what you do

You may have stopped doing the things you normally do, such as going out with friends, taking part in hobbies or doing things you used to enjoy. It can feel as though thinking about food is taking up most of your time.

You are likely to be restricting what you eat or eating as little as possible. However, you may also occasionally:

- ▶ Binge – eat lots of food in short bursts.
- ▶ Vomit – make yourself sick after you have eaten.
- ▶ Use diet pills or laxatives.
- ▶ Do lots of exercise.

In many instances, these behaviours develop as a means of trying to make up for foods you have eaten.

In some cases, schoolwork may have become difficult. You may be trying very hard to keep up with your work, but have trouble concentrating. You may also be very hard on yourself when you make mistakes or have lost confidence in your abilities.

▶ Effects on your body



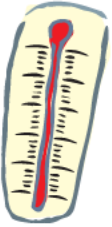
Anorexia can affect the body in many different ways, depending on factors such as how long you have suffered from anorexia. The information in this section can be quite alarming. Although it is not intended to shock you, it is important that you are aware of the serious damage anorexia can do to your body. Fortunately, nearly all of the symptoms can be reversed, but only when you return to a healthy weight and, if you are female, when your periods return. Unfortunately, a small number of people die from anorexia each year, due to the extreme effects it has on the body.



- ▶ *Extreme tiredness and feeling weak.* When food intake is reduced, your body turns to the fat reserves it has to feed itself. If there is little or no fat left to lose, it will turn to muscle as a source of energy. In very extreme cases, this includes the heart muscle; you are literally digesting yourself. Because your muscles are not getting the nutrients they

need, you may find some physical activities very difficult, such as climbing the stairs, standing up from squatting, and you may also notice that you are clumsier. All these are signs that your body is struggling to keep going.

Energy levels vary a lot, depending on the stage of anorexia. Some people find they have more energy in the early stages. This is the body's attempt to get you to find and eat food. Other people say they feel tired all the time, and, again, this is the body's way of saving energy and body tissue.



- ▶ *Feeling shivery, cold and dizzy.* These symptoms are due to starvation and loss of body fat, which we need to insulate us from the cold. Also blood pressure drops because the heart muscle is weaker. This makes it more difficult for the heart to pump blood around the body, which can cause chest pains, heart flutterings, dizziness and fainting.



- ▶ *Constipation, diarrhoea and bladder problems.* The system that deals with the digestion of food (gastro-intestinal system) shrinks if the body is continually starved. This can make you feel full even after only a small amount of food or drink. Starvation also makes it difficult for the body to digest food and so bacteria will grow faster in the small bowel. This can cause constipation and this is extremely uncomfortable and painful. The bladder and bowel muscles are weakened and this can cause incontinence problems such as wetting and soiling.
- ▶ *Impact on fertility (ability to have children).* In young women, starvation can cause the ovaries and uterus to shrink. This may mean that periods become infrequent or stop (something known as amenorrhoea). In young men, sperm production may be affected. Both these things can have an impact on fertility and in some instances it may be harder to have children.
- ▶ *Swollen ankles, swollen hands, cold hands and feet.* These symptoms are all due to poor circulation.



- ▶ *Symptoms you can't see.* Anorexia can cause your bones to thin and become brittle (osteoporosis), muscle wastage, brain shrinkage, kidney damage, damage to your immune system (ability to fight off illnesses), weakening of the heart muscle and low white blood cells (the cells that fight infection).

- ▶ *Cuts do not heal as well.*

- ▶ *Vomiting food* can cause tooth decay which is very difficult to repair and can leave you with lasting pain.



- ▶ *Effects on the way you look.* People with anorexia often look much older than they really are. This is because of the loss of muscle. Their skin is usually dry, pale and can sometimes have a green or yellow tinge to it. The hair is also often dry and in some cases hair can fall out. Some people grow more body hair. Lips can be broken or cracked and the palms can appear orange.



- ▶ *Taking laxatives* can alter your blood chemistry so that you may have higher levels of potassium in the blood. This is extremely dangerous and can increase the risk of sudden collapse.

If you are worried about any of these things, it is always a good idea to talk over your worries with someone else.

▶ Effects on other people around you

Young people with anorexia may find it hard to keep up with pressures at school because of problems concentrating and the energy that is taken up by anorexia. Teachers and friends may have noticed you becoming more withdrawn and not seeming your normal self.

The illness has a huge effect on family relationships. Mealtimes can become very stressful for everyone involved as your parents will often feel it is their duty to help you get back to a healthy

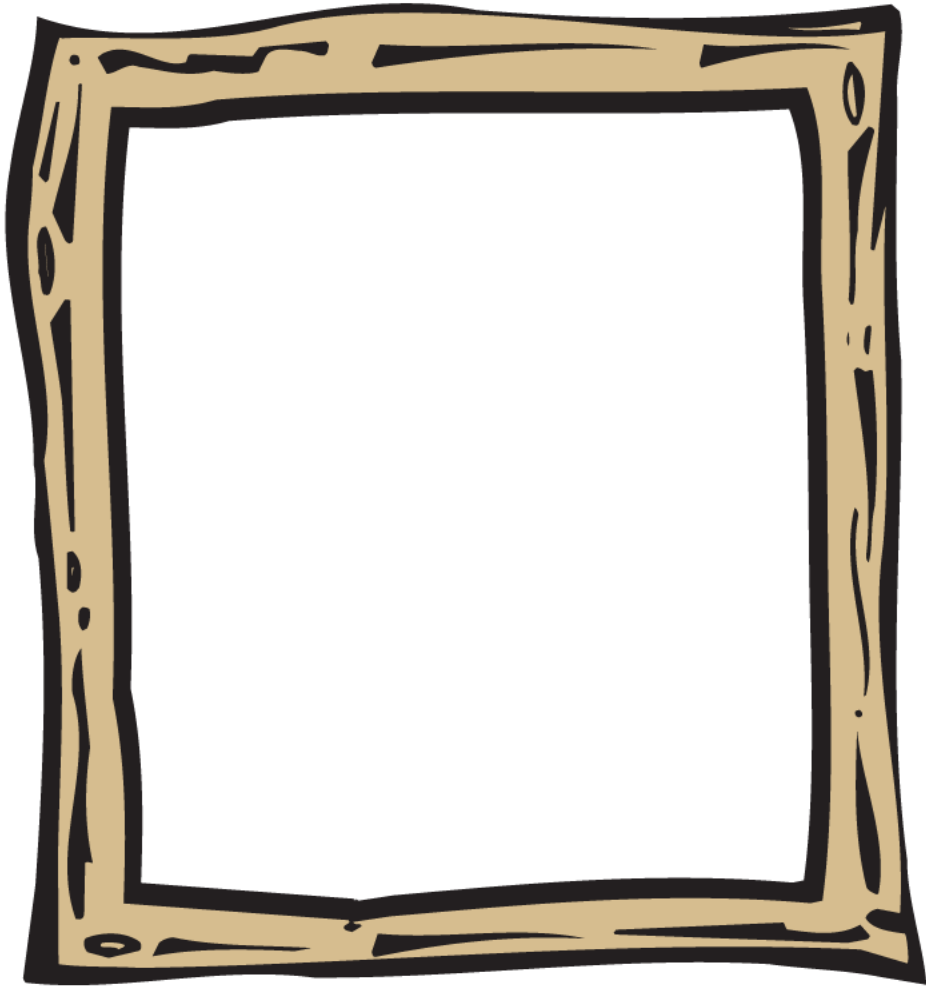
weight. Sometimes they may react in ways that you don't find helpful, such as becoming extremely angry with you.

Because anorexia has a way of fooling people into thinking they are really 'OK', you may find it hard to understand your parents' or friends' concern. Their angry reactions are most likely to be their frustration at what anorexia is doing to you. Parents and friends will be able to help you if they can understand the battles you are having with anorexia. If you can try to explain these to them and let them know how to help you, they can battle with you on your side, so that you do not feel so alone. This can be hard, but it is worth a try.



Anorexia's body image

We've heard about how anorexia can make you feel as though your body is bigger than it really is. In the space below, draw a picture or an outline of how you think your body looks at the moment. You might also draw some of the ways your anorexia has affected your body and the way you look.



◀ TASK 4.2 ▶



Other people's image

In the space below, draw a picture of how you think other people (like your best friend, or mum or dad) might see your body. If this is difficult for you, ask someone you trust to have a go.





Comparing images

What differences do you notice between the two bodies you have drawn?

YOUR VIEW

OTHERS' VIEW



◀ TASK 4.4 ▶



The losses from having anorexia

What has anorexia taken away from you? Think about your relationships, activities, interests and skills. What other ways has it affected you and your family?





What keeps anorexia going?

Once anorexia has developed, there are lots of different factors that keep it going and make change seem difficult. What keeps anorexia going can sometimes be very different to what triggered the problem in the first place. Therefore, it is important to understand the factors that may keep anorexia in your life, so that you can work on them directly.

The physical effects of starvation mean that you may have become used to having very little food. It may be difficult to know when you are feeling hungry and when you need to be eating. Losing weight will have made you feel in control, and this in itself can be very rewarding. This can make weight gain very difficult and quite frightening in the beginning. Body image distortion (when you see yourself as much bigger than you actually are), along with lots of negative thoughts about food and eating, will also make it harder to begin eating again.

Feeling quite down and anxious may also make you feel that you really can't get better. You may not have the confidence to try to change some of your behaviours. These feelings are related to the anorexia and keep it going.

People around you such as your parents, your brothers and/or sisters may not fully understand anorexia and, because of this, they may do certain things that also maintain it. Anorexia has a way of making you feel alone and separating you from your family and friends so that you feel unable to trust them. That is why it is very important that the people closest to you understand what anorexia is and how it affects you.



Anorexia has a way of making you feel alone and separating you from friends and family

Other factors outside you and your family may also help maintain anorexia, such as pressure from other sources, friends at school, magazines and other media to stay thin may make it hard for you to take up normal healthy eating again.

As you can see, there are lots of factors that will be working to maintain anorexia. An awareness of these will help you to understand more about how to overcome some of these difficulties. We will be thinking more about this in Section 8, 'Getting better'.

◀ TASK 5.1 ▶



What keeps anorexia going for you?



What do you value about it?

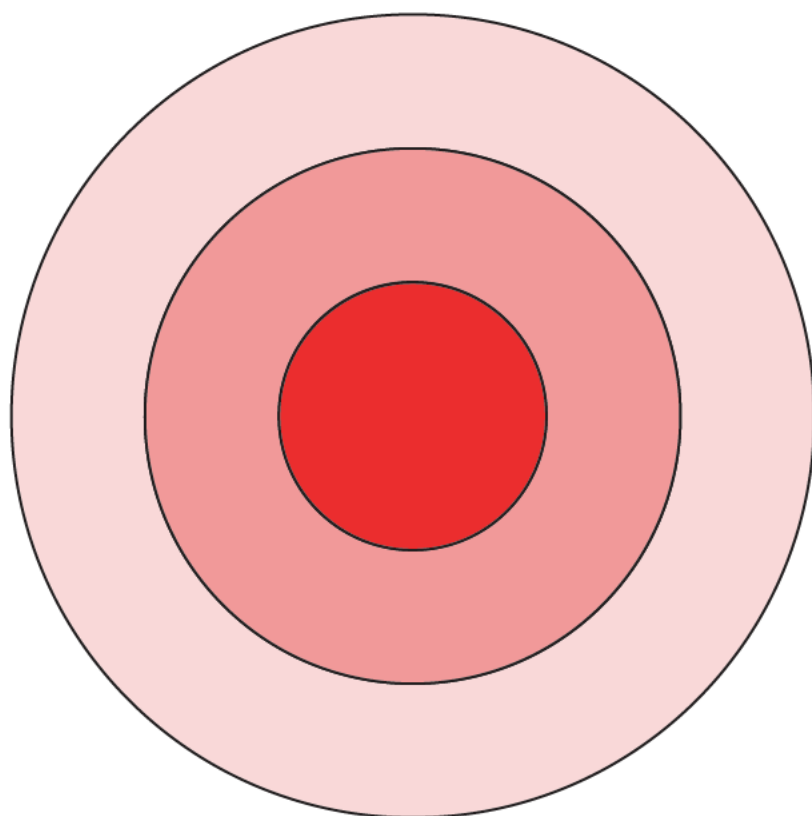
What would you be scared to lose?

◀ TASK 5.2 ▶



Closeness circles

Place the people you know (friends and family) in the sections of the circle in terms of how close you feel to them right now. For example, you might want to place a friend whom you can really trust and talk to in the middle of the circle.



Key:



Very close to me



Close to me

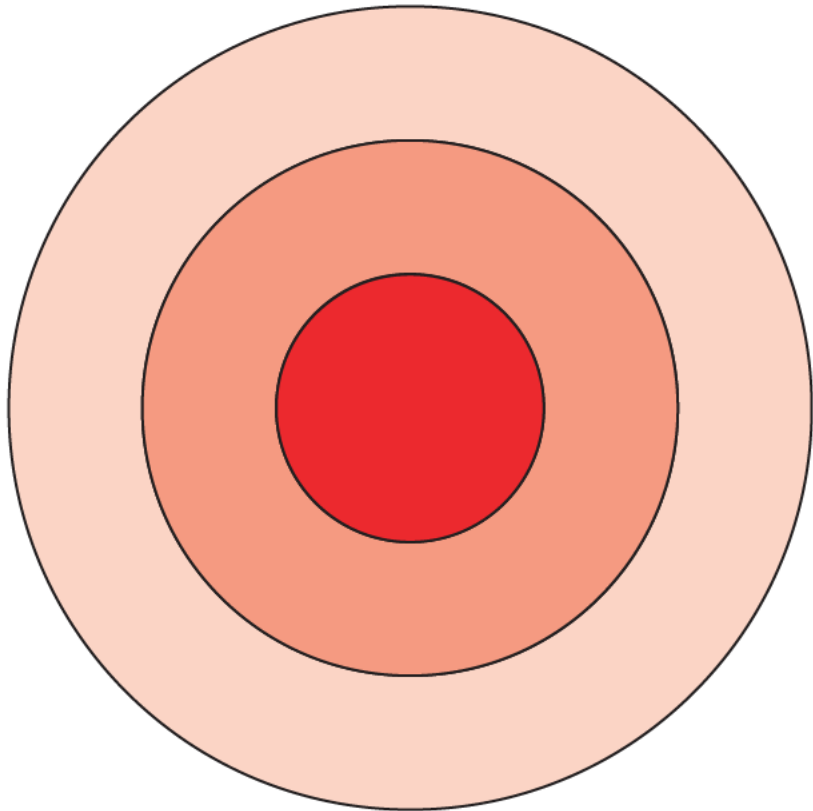


Not close to me



In my ideal world

Then, in a different colour pen, place people where you would *ideally* like them to be. There may be some people who need to be further away from you and others whom you would love to be closer.



Key:



Very close to me



Close to me



Not close to me

◀ TASK 5.4 ▶



How anorexia affects closeness

Take a good look at where you have placed people and notice where there are differences in where people are and where you would like them to be.



Has anorexia affected how close you feel to people?



What might the circles look like when anorexia is not in your life?

SECTION 6



The tricks anorexia plays

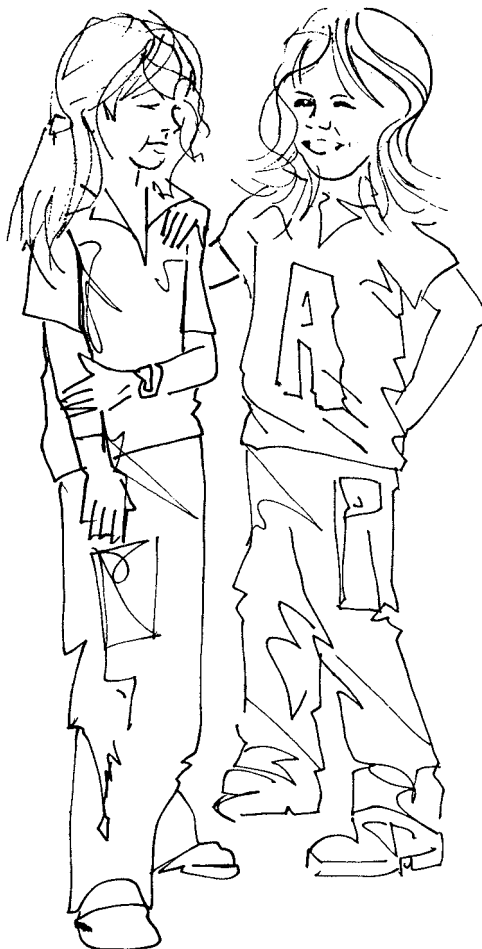
Anorexia is extremely clever. If it took exams in deception, it would come top of the class every time! It can fool the most intelligent people and make them believe that everything it tells them is true.



In this section, we will be looking at some of the clever tricks that anorexia can play. It is very important that you are aware of them, because in order to be able to battle against anorexia, you need to know what is 'real' and what games anorexia is playing with you.

▶ 'I'm your best friend'

As we're now aware, anorexia tends to strike people when they feel very low. You may feel out of control and as though no one understands you. That's when anorexia can sneak into your life and cleverly convince you that it is there to solve all your problems and make you feel better. To begin with, anorexia can seem like your best friend. It can be very reassuring and tells you that things will be OK if you lose weight and control the amount you eat. It sets you targets and gives you a huge pat on the back when you manage to reach them.



To begin with, anorexia can seem like your best friend

Anorexia also gives you something to focus on and take your mind off other worries. Many people say that to begin with, anorexia helped them to cope with some tough times. Not surprisingly, it can convince you that losing weight is the solution to all your problems, and that putting on weight will be disastrous. When life is in turmoil, anorexia can at times feel like a very good friend.

▶ 'The worst bully'

Soon, though, anorexia can turn from being friendly and supportive to being harsh, critical and bullying. It's never satisfied with your efforts and even when you have achieved its targets, it sets you harder and more impossible tasks to achieve.

Anorexia sometimes tells you to punish yourself for things you have done which it doesn't agree with. For example, because you had some lunch, you have to exercise for a certain amount of time. You may end up doing some very strange things that look weird to other people, but make sense to you and to anorexia.



Anorexia can turn into a bully, being harsh and critical

Sometimes the voice of anorexia changes from being reassuring and positive to being angry and abusive. It can feel like constant harassment in your ear that is unbearable. It tells you to lie to people and makes you feel more and more distant from those around you. It tells you not to trust or show feelings to anyone else but itself. Anorexia cleverly makes you feel that you are worthless and nothing without it and makes it almost impossible to think about life at a normal weight.

◀ TASK 6.1 ▶



How clever is your anorexia?

What tricks have you noticed anorexia playing on you?



▶ Trick 1

▶ Trick 2



▶ Trick 3

◀ TASK 6.2 ▶



My best friend

Think about the times when anorexia has seemed like your best friend. How did it convince you of this?





The bully

When has anorexia been a horrible bully?



◀ TASK 6.4 ▶



The future

What messages does anorexia give you about your future, with and without it in your life?

LIFE WITH ANOREXIA

LIFE WITHOUT ANOREXIA

SECTION 7



Thinking about change

As we have already seen, there is a mixture of positive and negative symptoms with anorexia, such as a sense of achievement but also feeling depressed and anxious. People often ask the question ‘Why can’t you just eat?’ as if eating will make the problem go away. We know that it takes a combination of two approaches to recover from anorexia:

- 1 To understand how anorexia has become a means of coping and then to develop other ways of dealing with difficult feelings and situations.
- 2 To get weight back within a normal range to prevent the long-term physical effects of anorexia.

This may sound very simple, but both issues are hard to face, and take time and hard work. Often thinking about getting better can bring a mixture of relief, ‘Thank goodness I don’t have to pretend everything’s OK any more’, but also a huge amount of fear, ‘I’ll have to eat now’. It is *very* normal to have mixed feelings about getting better.

“It’s like you’re two people; one who wants to get rid of the eating disorder and one who doesn’t. Even the thought of putting on weight makes you feel sick. I couldn’t imagine how I would cope without my protection, my form of identity, my friend, my enemy. What if I couldn’t stop eating and end up really fat?”

Katie, 16 years old

Often life has become completely organised around food, weight and calories, and although anorexia can be very punishing at times, it may also give you a false sense of safety and control. At first, you probably felt as though you were in control, but there comes a point where anorexia has taken over your life, as this person discovered:

“I knew when I needed professional help. My head was in such a state of confusion and I had no understanding of what was happening to me. I was being controlled by something that could not be seen, heard or even touched, just felt very much emotionally. I was not me any more. I was just a person being controlled by something not even visible. I wanted to know more about what was happening to me, why I felt this way, why I had no control over my own thoughts.”

Amy, 17 years old

Treatment is about getting back real control over your body, your thoughts, beliefs and your life. It is about gradually breaking free from the strict patterns of control that anorexia has placed on you and your life.

“Looking back, I realised that it feels much worse to begin with as you have to cope with your problems and not hide behind the eating disorder.”

James, 15 years old

You are probably now aware that anorexia will never let go of its own accord; it won't let you ever have the perfect body, or be thin enough. It will always add new rules that drive you further and further away from your friends, your family and, most importantly, yourself.

“An eating disorder is not something that you can go on with and expect to ever have a normal happy life. The only way to recover is to admit to yourself that you need help and be willing to give others the right to help you fight for your life.”

Charlotte, 13 years old

“Getting better is not about getting rid of your fears. It's about moving forward in spite of them.”

Jessica, 18 years old

An important message to keep in mind is that when you start treatment, you are not giving up control but you will be taking charge again. Without help and treatment, you are not in control – anorexia is. If you have worked through this workbook so far, you may already be starting to understand why anorexia became a solution to some of the difficulties you have been experiencing.

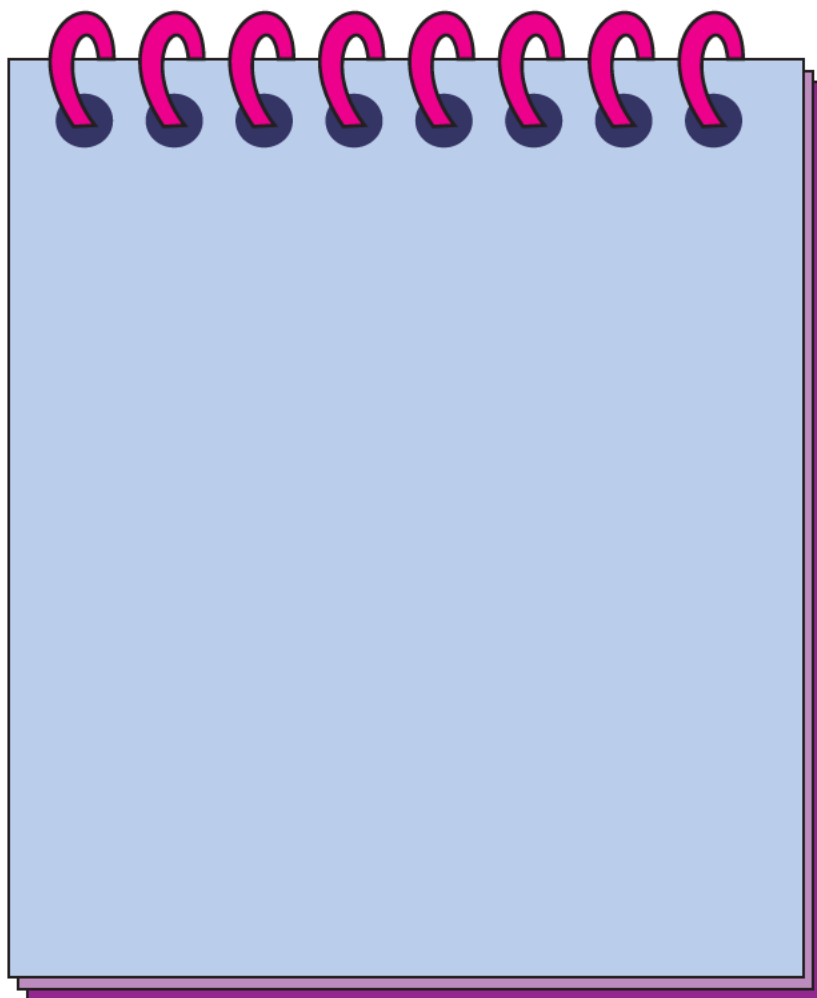
It is important for you to remember that you did not catch anorexia like a cold! Likewise, it does not mean that you are crazy or attention-seeking. You probably developed anorexia because it was a solution to some of your problems or helped you cope with very difficult feelings. Sometimes looking at the good parts of anorexia can help you understand why it is hard to consider giving it up.

◀ TASK 7.3 ▶



Farewell letter

Sometimes thinking about saying goodbye to anorexia can seem like saying goodbye to a good friend. You may feel extremely sad about this, and one way to deal with these feelings of sadness and loss is to write a letter to your anorexia as though you are saying goodbye. Write about all the good times you have had, what you will miss not having it around, and how you will cope without it.



Stages of readiness to change

The professionals who will be helping you overcome anorexia will need to know how you feel about starting to change your eating. This is important so that they can work at a pace that is suitable for you. When people think about working on a problem, they usually go through six stages of 'readiness' to change. These are:

- Stage 1** You may not have thought about the possibility of change, and probably did not ask for help.
- Stage 2** You are thinking about change, but are probably not convinced that you need help or you're unsure or frightened about giving up anorexia.
- Stage 3** You know you want to change and overcome anorexia.
- Stage 4** You start to make some steps towards changing.
- Stage 5** The changes are becoming easier and you might be thinking of a future without anorexia.
- Stage 6** You temporarily go back to using food as a way of coping.
- Success!** Usually after going through these stages a few times, you find ways of managing to overcome anorexia.

Normally, people don't tend to move straight from Stage 1 through to success. Usually, people find that they go up and down the stages. So, for example, you may find that one day you feel very much in Stage 1, not wanting to change, and the next day something happens which makes you determined to change and you feel as though you are in Stage 3.

It is normal to feel uncertain about change, and as the stages suggest, it can mean going from good to bad days many times before you manage to achieve control over anorexia. Moving

from a good to a bad day does not mean you have failed. Whether you are aware of it or not, you and the team working with you will have learnt something that will help you move on again when you are ready.

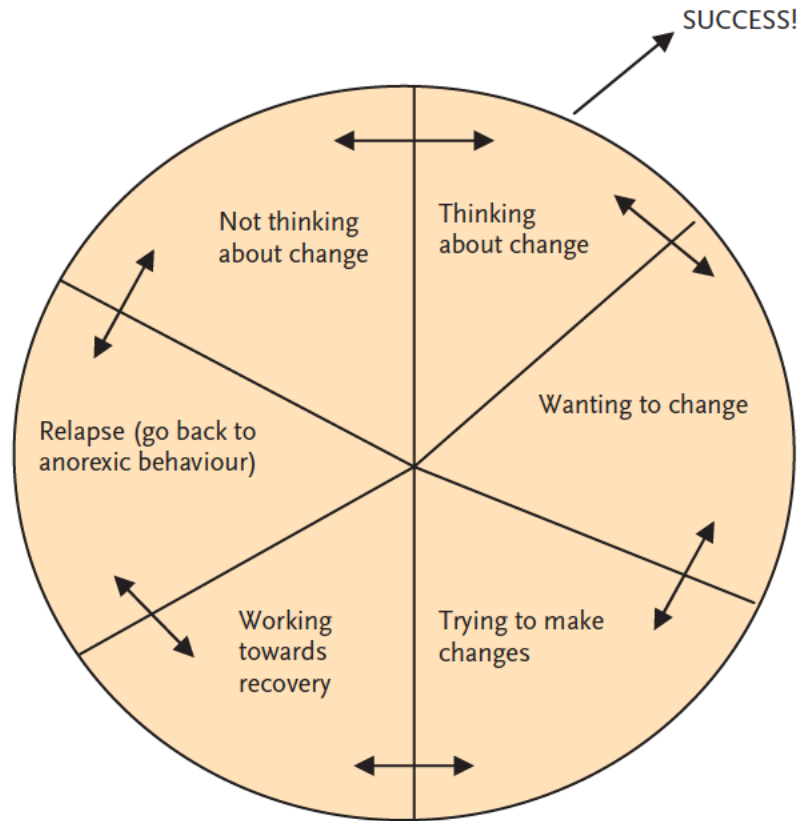


Figure 7.1 The cycle of change
 Source: Adapted from Prochaska and DiClemente (1992)



Importance of change

Using the scale below (0 = not important and 10 = extremely important), rate how important it is for you to overcome anorexia. Put the date by the number and come back to this another time to see how it changes.

10 Extremely important

9

8

7

6

5

4

3

2

1

0 Not important



◀ TASK 7.5 ▶



Reasons for change

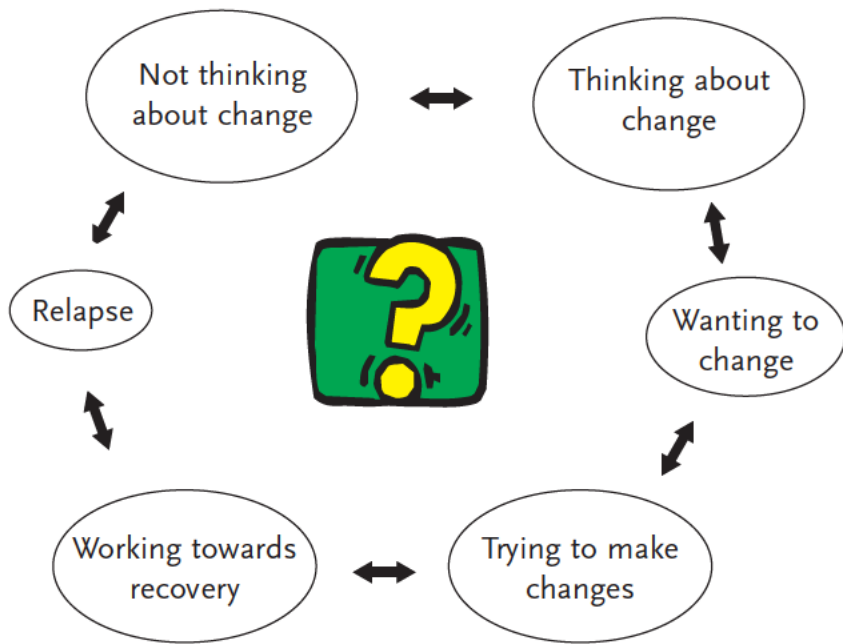
Write a list of the reasons why you feel it is important to overcome anorexia, now and in the future.





Where are you?

Looking at the six stages of readiness to change, where do you think you are? Where have you come from and where do you want to get to?



What would need to happen to move your readiness to change up one stage?

◀ TASK 7.7 ▶



Level of confidence

Using this scale (0 = no confidence and 10 = extremely confident), rate how confident you feel that you will be able to overcome anorexia. Put the date by the number and come back to this another time to see how it changes.

10 Extremely confident

9

8



7

6

5

4

3

2

1

○ Not confident

◀ TASK 7.8 ▶



Challenges I've faced before

Think about times in your life when you had to overcome an obstacle in your life. What were they? How did you manage to overcome them? What qualities do you have that helped you to succeed? How might these qualities help you to overcome anorexia?

OBSTACLES

OVERCOMING OBSTACLES



QUALITIES FOR SUCCESS

OVERCOMING ANOREXIA

◀ SECTION 8 ▶



Getting better

How can you be cleverer than anorexia? It is possible, but it takes a lot of effort and the support of those around you. In this section, we will be looking at what *you* can do to overcome anorexia. Much of this advice has come from people who have recovered from anorexia.



'Anorexia defeated': with a lot of effort and support, you can overcome anorexia

1 Recognising anorexia



The first step is recognising that anorexia has sneaked into your life. This can be more difficult than it sounds, particularly if it has been good at convincing you that it is your best friend. It will make you feel as though you are a traitor by going against it and you may feel extremely guilty. These are all normal feelings to have at this stage, although you will need support to talk them through with someone.

◀ TASK 8.1 ▶



Log it!

Keep a diary of when you notice anorexia pops into your mind. It may also be helpful to log any times of the day when you managed to shut anorexia out and what was happening at this time.



2 Recognising our 'rules for living'

We all have rules or beliefs that we carry in our heads to help us make sense of what happens to us. Some rules can be really helpful, for example, 'I may not be perfect but I can try my best' or 'It's OK to make mistakes, I can learn from them'. Other rules can be very fixed and very negative, such as, 'I must be thin for people to like me' or 'I must never get angry'.

We might not always be aware of these rules, but they can affect what we do and how we feel. So, for example, if one of my rules for living is, 'I must be thin to feel in control', I may only feel OK about myself when I can fit into a certain pair of jeans and feel depressed, anxious and upset if they ever feel tight. When I feel I have broken this rule, I may punish myself by exercising or not eating. This often confirms to us how much we need the rule and we end up placing even stricter rules upon ourselves to stop us from feeling out of control.

◀ TASK 8.2 ▶



Rules for living that you have in your life

What are the different rules for living that you are aware of?

A large rectangular box designed for writing. The top edge features a decorative border of repeating, stylized, teardrop-like shapes. Below this border, the box is filled with horizontal lines, providing space for the student to list their rules for living.

Which ones do you think are healthy and helpful rules and which ones make you feel bad about yourself?



Helpful rules



Bad rules

3 Trusting others



The next step is to allow yourself to trust the people who are trying to help you. Anorexia is very powerful and it is extremely difficult to overcome it alone. The professional people around you are there to show how anorexia crept into your life and they understand the battle you are having. If you allow them to understand, they can work with you, at your pace, to help find ways of battling against it. Families also have a very important part to play in your recovery. Without knowing it, they can sometimes say and do things that are unhelpful. You and the professionals can guide them and help them to understand so that they become part of your team.

◀ TASK 8.3 ▶



How others can help or hinder



Who are the people that can help you overcome anorexia?



What things can they do that can support you?



What unhelpful things might they do?



How could you let them know what you need from them?

4 Test out the lies



Anorexia will have told you lots and lots of lies. Like, for example, that you will put on such an enormous amount of weight if you don't exercise for so many hours each day. In order to break free from these lies and deception, you will need to test some of them out for yourself. This will be a difficult time, but you will have the support of the team around you. The best way of proving anorexia is wrong is to set yourself a test to find out. So, for example, don't do what it tells you to for a period of time – allow yourself an anorexia-free hour, morning, day or whatever you feel able to do. When you have tried this test, ask yourself if your worst fears really came true.

◀ TASK 8.4 ▶



My anorexia-free time

Make a record of what happened during your anorexia-free time, for example, what you did instead, how you were feeling, what you thought about.



What you did



What you felt



What you thought

5 Fish for the healthy thoughts



If anorexia has been around for a while, your own healthy thoughts and anorexic thoughts will have got tangled up. The next step is to try to work out which ones need paying attention to and which ones you let go of. It's a bit like a fishing net; you only want the positive, helpful, healthy thoughts to get caught in the net, and allow the negative, critical anorexic thoughts to drop through the net. This can be very difficult and takes a lot of working at.

Sometimes you find a particular thought hanging around in your head that just won't drop through the net. If this happens, it sometimes helps to write it down on paper to get it out of your head and take a good look at it. If you know it's rubbish, an unhelpful thought that has no truth, then rip it up, flush it down the loo or burn it! If you're uncertain whether to believe it or not, go and check it out with someone you trust, or write down as many alternative ideas as you can think of.

◀ TASK 8.5 ▶



Fishing for thoughts

So, for example, one negative, unhelpful thought might be 'People are looking at me and are thinking I'm greedy because I've eaten so much'. In the bubbles below, write out as many positive helpful thoughts as you can that challenge this idea.



◀ TASK 8.6 ▶



What would my best friend say?

If you have trouble letting go of a horrible thought or image of yourself, ask 'What would my best friend (or someone that knows you really well) say if they knew I felt this way about myself?' Put yourself in their shoes for a minute and write down what you imagine they might say.



◀ TASK 8.7 ▶



Be your own agony aunt

If a friend came to you with the problems you are facing, what good advice would you give her?

Dear friend,

Yours,

6 Remember what you're working for

Remind yourself that recovery is not about *giving up* control, it's about *you taking charge*. In the next task, write down all the different things you will be able to do when anorexia no longer has control of you.



You can do other things once anorexia is no longer in control

◀ TASK 8.8 ▶



When anorexia is no longer in control, I will . . .











7 Find ways of looking after yourself



Anorexia is cruel and punishing and it is vital that you fight against this by actively doing things that are good for you. It is virtually impossible to be cruel and kind to ourselves at the same time! So if you can find things to do to look after yourself, you will not only be allowing less time for anorexia to punish you, but you will also be proving to yourself that you are worthwhile.

There are lots of ways to take care of yourself, like listening to your favourite band or singer, playing games with your mates, or watching favourite programmes and films with your friends.

◀ TASK 8.9 ▶



Taking care of myself

In the space below, write down as many ways of looking after yourself as you can think of.



8 Keep a diary or journal



Often the thoughts in our heads can get very jumbled up and make us feel very confused. It can help to keep a diary of these different thoughts and feelings, as well as the events that caused them. A diary can be like a friend who you can tell absolutely anything to but you don't have to worry about their reaction. It can help to look back at things that have happened and see how you dealt with it. You can learn from what you did and think about what you might do differently in the future.

You could also go back over your entries and highlight passages or events that you want to hold on to. In a different colour, you could highlight the things you now see differently, for example, the anorexic thoughts and what they made you do. Sometimes it's also helpful when preparing yourself for things which you may want to talk about with someone, by allowing yourself time to think about them first.

9 Take one day at a time



None of us learned to ride a bike first go, and no one would expect you to overcome your eating difficulties all at once. It can feel like a bit of a rollercoaster ride and you may have really good days when you're able to put anorexia aside and other days when you feel really tortured by it again. It takes time, effort, practice and support to overcome anorexia and we can all learn from our mistakes.

◀ TASK 8.10 ▶



A reminder to myself

If you've had a bad day, talk with someone or write about it in your diary. Remind yourself of things you have achieved so far and the reasons you want to keep on working at it.



10 Practice makes perfect



Remember that it will be some time before eating normally comes naturally. It *will* feel very false, unusual and uncomfortable to begin with. This is because of the changes that have happened to your body and the thoughts which anorexia has made you believe. To overcome the eating problems, you will need to force yourself to battle against the anorexic voice. It will require *you* to make choices which anorexia will want to punish you for. Remember that the choices you are being asked to make are directing you towards a life free from anorexic control. It will be some time before these healthy choices become more natural and regular practice will make it much easier.

11 Distract yourself

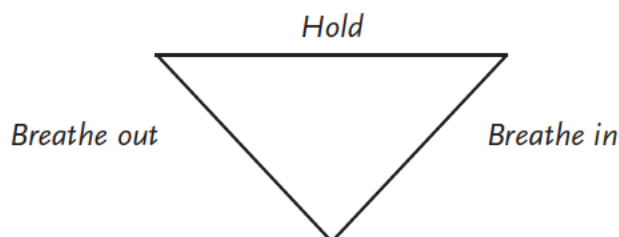
At times anorexic thoughts can become extremely loud in your head and can be very overwhelming. It is helpful to have some emergency techniques to help gain some control over them at such times. Distraction techniques help our brains to refocus on something else. Below are a few examples to practise.



- ▶ *Parcel up the thought or image*
Imagine wrapping up the thought (or image) in packaging that keeps it secure. It may be that it needs a very strong container to do this, like a trunk with a big lock on it. Imagine placing the package somewhere that feels right for you. It may be that you need to put it a long way away, like imagine it dropping to the bottom of the ocean, or you feel happier to let it float like a balloon on the end of a string and pay attention to it later on in the day.



- ▶ *The breathing triangle*
Sometimes anorexic thoughts can make you feel quite panicky and out of breath. The triangle can help you take control of breathing while also taking your mind off the distressing thought. Using the triangle below, focus your eyes at the bottom and breathe in slowly through your nose for one second and at the same time move your eyes to the top left corner. Hold your breath in for one second as you move your eyes from the top left corner to the top right corner. Then breathe out through your mouth as your eyes travel back down towards the bottom of the triangle. Repeat this 10 times or until you feel your breathing has calmed down and you feel more in control of the thoughts or images in your mind.





- ▶ *Exercises for the brain!*
Any mental activity that uses energy and effort can help take your mind away from anorexia. Here are a few ideas:
 - ▶ solving puzzles;
 - ▶ reciting words from songs;
 - ▶ counting backwards from 100 in threes;
 - ▶ going through the months of the year in reverse order;
 - ▶ imagining what you would do if you won one million pounds!;
 - ▶ making up an imaginary story about the people and things you can see.



- ▶ *Listen to music*
Most people have a song or piece of music that brings back happy memories, of a holiday, for example. Have this piece of music somewhere easy to reach at times when you are struggling. It may help to carry a Walkman around so that you can control the volume.



- ▶ *A survival message to yourself*
Write yourself a message that will help you at really difficult times. It may be a poem, words from a song or a reminder of a good piece of advice. Keep it in your pocket or rehearse it off by heart so you can remind yourself of it when you need to.



- ▶ *Carry your own symbol or object*
This might be a photograph, a stone/pebble or something that you enjoy the feel of, like a soft feather.

12 Remind yourself why NOT to give into anorexia



The list below gives some reasons why not to give into anorexia and may be helpful to remind yourself of when you need to.

- ▶ The problem isn't food, calories and weight, it's about your feelings. Giving into anorexia may put the problems in a deep freeze but *will not* help you to solve them.
- ▶ Anorexia will never be satisfied, no matter what you weigh.
- ▶ The more you give into the anorexic voice, the weaker you become to do battle!
- ▶ Anorexia makes you judge the success of your day on how much you've eaten, how you've managed to deceive others, the number on the weighing scales. Is this the way you really want to judge the success of your day?

◀ TASK 8.11 ▶



How can I help myself?

Thinking about breaking free from anorexia is a bit like going on an uncertain journey. There are likely to be some difficult times ahead, as well as some wonderful discoveries. What things would you want to take with you on this journey to help you cope with the good and the bad times? You may want to think about taking special memories, past achievements, messages from people and maybe some of the things you have learned from working through this book.



Draw a suitcase or rucksack to hold all these important things in, and think about where you want to place them in the suitcase and how much room you want to give them.

◀ SECTION 9 ▶



Teamwork

There are lots of ways that we can work together to help you overcome anorexia. One important aspect in all of this is the idea of everyone pulling in the same direction. This means that everyone involved in helping you, healthcare professionals, teachers, family and friends, trusts each other to work closely together.

An important step in helping you to overcome anorexia is helping you and your family to understand more about it. This workbook is aimed at helping you understand more, but there are also other sources of information and education available to you.

In this section, we will be looking in more detail about the kinds of help you may need to recover from anorexia, and what the different parts of the treatment will involve.

▶ Getting back to the set-point range



One of the first tasks of overcoming anorexia is to gradually work towards a healthy weight range. This will mean increasing the amount of food you eat while not over-exercising, vomiting, taking laxatives, etc., as a way of compensating for the extra calories eaten. This is likely to be very difficult to begin with and you will need support to help you with the difficult thoughts and feelings you will probably be having at this time.

There are a number of different people who can help you get back to a healthy weight range and support you with the feelings you are having. Your family will play an important role in monitoring what you eat and helping you with any urges you



may have to exercise, for example. Teachers or school nurses may also be sympathetic people to talk to when you need someone to discuss your fears with. You may also need the professional help of people like dietitians, psychiatrists, psychologists, nurses or occupational therapists. These people are trained to help young people overcome problems and will be able to offer advice while also giving you the opportunity to talk about your feelings.

You will need advice on the foods you require to steadily gain weight. If you have not been eating properly for a long time, you may be advised to eat quite small portions of food at first that will then build up. In most cases, they will advise that you work up reasonably quickly to eating more calories than you would at a normal weight. This is often alarming to someone who has been living on a bare minimum for some time. There are very good reasons for this. You may also be advised to include fat in your diet, as fat is a significant provider of calories in a normal diet. This can be very hard, especially with such a societal obsession with low and no fat foods.



After a period of starvation, you will have lost valuable lean tissue (muscle) as well as body fat. When the body starts to lose lean tissue, it will slow down the metabolic rate (this is the speed at which the body burns food). It may be a surprise to know that for most people to gain just $\frac{1}{2}$ kg (one pound) in weight, they will need to eat an extra 3,500 calories more than their normal food intake to keep their weight stable. This is the calorific equivalent of 10 Mars bars or 85 apples! (though you won't be asked to eat 10 Mars bars or 85 apples!!).



Researchers have found that individuals with anorexia need even more calories to put on any weight, because more food is required to kick-start the metabolic rate. Although more food is required in the earlier stages of recovery from anorexia, this is usually reduced as the person nears or reaches their normal range.

When you start to eat bigger amounts of food again, you may feel bloated and fatter. Although this can add to a feeling of

being out of control of weight, it is very normal and to be expected. The bloated stomach can last for some time, but as you near your set-point range, the weight you have gained will be redistributed more evenly over your body.



When you start to put on weight again, you may feel hunger pangs stronger than ever, and fear that you will not be able to stop eating and will lose control and become fat. This is just the body's way of letting itself get back to a healthy weight and the hunger pangs should return to normal as you near a healthy weight range. It is in *no one's interests* to allow you to put on more weight than is within the set-point range, and careful monitoring is needed to ensure that weight is regained at a steady, gradual, reasonable rate.

As well as some of the physical effects of starting to eat again, you will have to learn to cope with other difficult emotions such as feeling out of control. You will probably have learnt to view food in a very negative way, as though it is something to be feared. You will probably have developed strict rules and beliefs about safe and unsafe foods to eat which will have made the range of foods you eat very limited. Starting to break free from these rules will feel very uncertain and scary, and a lot of support, encouragement and advice will be required to help you through this difficult phase.



Working towards a healthy set-point range can seem like the scariest part of recovering from anorexia. It is vital that you can share your concerns and have the support of a team of people, which will need to include family and carers, friends and professionals.

► Understanding anorexia

There are different types of therapies that may help you to understand more about anorexia and the effects it has on you and your family. In these therapies you will have the chance to

express lots of different feelings and explore lots of different ideas.

Family work

During these sessions, you will have the opportunity to discuss and explore issues with your family and therapist present. As part of this work, all family members will be invited to think about and contribute to discussions. Anorexia can often make clear communication within families very difficult, and through these sessions all family members will be supported to communicate with each other and think together about how to work against anorexia. Some of these sessions may focus on thinking about ways to solve problems or resolve conflicts as a family.

Individual work

You may have the opportunity to do some individual work with a therapist. As part of this work you may learn new skills that will help you overcome your current problems and problems that you might face in the future. Individual work may also help you to understand more about your thoughts and how they can affect the way you feel and what you do.

Group therapies/Self-help groups

Group therapy gives you a place where you can talk about your problems with other young people going through the same kind of difficulties. This may well help you to feel supported and understood by other young people in similar situations.

In these groups, you may have the chance to explore ideas about developing normal eating. Activities such as planning and

cooking normal meals or choosing normal-sized clothes may form part of this. You could also talk about other things, for example, changing the way you live your life as well as what it is like growing up and becoming more independent.

◀ TASK 9.1 ▶



My team

Who is already in your team and how can they help you?

Person

Help they offer

What other people might you need around you and what can they do?

Person

What they can do

How might anorexia get in the way of you working as a team and how could you overcome this?

Problem

How to overcome this



Becoming assertive

The way we communicate with others can have a huge impact on our relationships. Sometimes we chat with people whom we feel equal to and we talk in a confident and relaxed way. This kind of interaction helps us feel good about ourselves. Other times we may put ourselves down, feel as though we are not important and communicate in a very nervous and uncertain way. This may leave us feeling unheard and frustrated. Imagine your day being made up of lots of conversations of this second kind – you would be feeling pretty awful at the end of the day! Many people with eating disorders end up having lots of the second kind of interactions because they feel worthless.

In this section, we will be finding out what assertiveness is and learning some ways to help us become more assertive. Working on these skills will help to improve our relationships and our own self-esteem.

◀ TASK 10.1 ▶



What is assertiveness?

What thoughts immediately jump into your head when you think about this question? Write them down below. We will come back to that question at the end to see if you feel any different.



Put very simply, assertiveness is:

- 1 Standing up for your RIGHTS in a way that you do not disrespect other people's rights.
- 2 Expressing your needs, opinions, feelings, beliefs and wants in a DIRECT and HONEST way.

In any interaction we have with people, there are three main ways we can communicate:

AGGRESSIVELY ↓ Your rights are MORE important than the other person's	ASSERTIVELY ↓ Your rights are EQUAL to the other person's	PASSIVELY ↓ Your rights are LESS important than the other person's
--	---	---

◀ TASK 10.2 ▶



What would you do?

Say, for example, that you have just bought a CD that you've been really wanting. A friend asks if they can borrow it, but you haven't even taken it out of the bag!



What would you do?

.....

.....

.....

.....

See if you can guess which of the different options below is an assertive, aggressive or passive response.

- 1 'OK, you take it, it doesn't matter that I've not listened to it yet.'

ASSERTIVE	AGGRESSIVE	PASSIVE
-----------	------------	---------

- 2 'You must be joking! No way!'

ASSERTIVE	AGGRESSIVE	PASSIVE
-----------	------------	---------

- 3 'Actually, I haven't listened to it myself yet. Can I give it to you in the next couple of days?'

ASSERTIVE	AGGRESSIVE	PASSIVE
-----------	------------	---------

Human rights

Everybody in the world has rights that they are entitled to. Below is a charter of rights. Next to each statement is a box. Tick the boxes if you believe this right applies to you and to other people.

The right to be treated with respect as an equal human being

Other people

Myself

The right to express my thoughts and feelings

Other people

Myself

The right to say NO

Other people

Myself

The right to make mistakes

Other people

Myself

The right to choose not to take responsibility for other people

Other people

Myself

The right to be myself. This sometimes means being the same or different from other people

Other people

Myself

◀ TASK 10.3 ▶



Review your rights

Take a good look at the boxes you have ticked and think about the rights you feel you have or do not have. Notice where there are differences between yourself and others and how you might have developed this belief.

◀ TASK 10.4 ▶



Pocket-size rights

My rights

Write on a small piece of card the rights above and add any others you can think of. Carry this around with you for a day, reminding yourself of these rights whenever you can. Imagine looking after these rights and keeping them safe by making sure that in all your interactions with other people, you protect them.

How did it feel to have these rights with you?

Did you manage to take care of them?

If not, what was difficult?

Try it again another day.

▶ Why be assertive?

Assertiveness is a skill that we need to learn and practise and, just like any other skill, it requires effort. So why bother?



- ▶ *You are more likely to get what you want out of life.*
When you are clear what your ideas and opinions are, it increases your chances of people being able to help you. Also, because assertiveness is about respecting other people's rights, it also gives them the opportunity to make their opinions known, so neither person is left feeling confused.



- ▶ *More confidence in yourself.*
Even when you don't get what you want, you can still feel OK about yourself if you were assertive. You are never left feeling, 'Why didn't I say that?' Going over what you 'should' have said makes you feel less confident about saying it another time. If you do manage to be assertive and are listened to, you get an enormous boost in confidence and will find it easier and easier to be assertive next time, and with other people. You may become less dependent on seeking the approval of others and trust your own opinions more.



- ▶ *Taking responsibility.*
Being assertive means taking more responsibility for your own behaviour. Therefore, you are likely to feel much more in control, than feeling pushed around by other people. When you have a greater sense of control over your life by being assertive, you may find it much easier to let go of using anorexia as a means of achieving a sense of control.



- ▶ *Save energy.*
Assertiveness breeds assertiveness; the more you do it, the easier it gets. This means less time taken up worrying about upsetting others, what you wish you'd said, or feeling angry at yourself or others.



Being assertive and being listened to can give you an enormous boost of confidence

► Why NOT be assertive?

So far it seems as though there are good reasons to be assertive and that it is quite easy to do. However, many people struggle to be assertive and protect their rights and express their feelings. There are often good reasons for this:

- *'Something bad will happen.'*
For example, you may worry that you will lose your friends if you say 'No' when they ask to copy your homework. Or you may worry about the conversation turning into an argument. These worries will go away. If you practise being assertive, you will find out that you can handle situations confidently. We can never predict how other people will respond, but it is *not* always our responsibility if they do get upset. Furthermore, we are more likely to upset other people by always trying to please other people – it's just impossible!
- *'I'm not entitled to the same rights as others.'*
You need to believe in your rights in order to stand up for them. We hold beliefs in our heads, e.g. 'I'll never be as good as them'. These influence the way we behave, for

example, not making eye contact with people, always apologising and letting others go first.

- ▶ *'Assertiveness really means being aggressive.'*
If we grow up with people who are either very passive or aggressive, we may be confused about what assertiveness is. Any direct statement may seem quite forceful and aggressive to a person who isn't used to people being assertive. Assertiveness isn't something we are born with, it has to be learned and practised. If we have grown up around people who have 'modelled' it for us, it is obviously much easier to learn. Otherwise it takes a lot of effort, but it is really worth it.
- ▶ *'It never worked in the past when I tried to let people know my feelings.'*
As already mentioned, being assertive does not always mean we get the reaction we want, but we give ourselves a much better chance of this by being clear and direct. If people are used to us being passive and going along with things, it sometimes takes time for them to step back and listen. We may have to keep repeating ourselves, and practise being assertive regularly, to make sure people respect our rights.
- ▶ *'Being passive is being polite.'*
We may have been brought up not to let our feelings show, to always agree with other people, and not to accept praise. These may all have been referred to as 'being polite'. It is possible to be polite and be assertive. If you're not sure how, watch your favourite TV programme and try to look out for characters that seem to get it right (and those who don't!).

Developing assertiveness

There are three areas to focus on to become assertive: what you SAY, DO and THINK.



Assertive talk

- ▶ Use 'I' when you speak, so people are clear that it is your opinion: 'I would prefer it if we went to see the other film' rather than 'Let's see that film' or 'Maybe we could see the other film'.
- ▶ Don't apologise when you haven't done something wrong: 'I'm really sorry to say this, but could I have my CD back.'
- ▶ Don't put yourself down: 'I could go bowling, but I'm useless!'

Assertive behaviour



- ▶ Think about the tone of your voice. The way you say something is often just as important as what you have said.
- ▶ Speak loud enough for people to hear you.
- ▶ Make eye contact with the other person.
- ▶ Try not to put your hands over your mouth when speaking and hold your head straight on rather than looking down.
- ▶ Be aware of your body language: are you fidgeting?

Assertive thoughts



We have already mentioned how our beliefs about our rights can affect the way we behave. We often have a private conversation with ourselves that, if we listened to carefully, would tell us clearly how we view our rights. Take, for example, a class where the teacher has just told you to prepare a presentation. Immediately, you will start to have thoughts about it that rush through your mind and will make you feel and do different things. Look at how the different thoughts below affect feelings and actions:

<i>Thought</i>	<i>Feeling</i>	<i>Action</i>
I'm going to make such a fool of myself.	Panic	Biting nails Not sleeping
I can't believe she is asking us to do that.	Anger	Moan to friends Can't concentrate
I know I'll go red.	Embarrassment	Pretend to be ill Put hands in front of face
I'll give it a go. Everyone else is feeling nervous.	Nervous	Do lots of preparation
I get nervous but I've managed OK before when I've spoken in front of people.	Quite confident	Quite relaxed



If you can listen to the thoughts that go rushing through your mind, you can begin to challenge them. First you need to say a loud 'STOP' in your mind and put the thoughts on pause. Then you have time to think about it more clearly. It may be helpful to use some of the strategies in Section 8, 'Getting better', such as thinking about what a friend would say about the beliefs you hold about yourself.

Some other useful tips

If you know in advance there is a situation where you may struggle to be assertive, take time to prepare yourself. Think about exactly what you want to say and what you feel your rights are. Then think about when would be a good time and where would be a good place to talk about the issue. Where and when can you make sure that you will be heard and not feel rushed? For example, trying to tell your mum something important in the middle of making tea is probably not the best idea, but suggesting you go out for a walk somewhere quiet may be easier.

◀ TASK 10.5 ▶



How would you deal assertively with these situations?

- 1 You are in a rush to get out of the house when a friend knocks on the door. She wants your advice about something important to her.
- 2 You bought an expensive pair of trousers from a shop and after a week they have started falling apart!
- 3 A teacher criticises your work when you put a lot of effort into it.
- 4 You are having a conversation with someone who says something offensive about a friend.
- 5 Someone tells you they like your hair.

And finally . . . what is assertiveness?

Assertiveness is . . .

Has your answer changed from the beginning of the chapter?



Myths and questions about anorexia nervosa

You may have heard many 'myths' or ideas about anorexia nervosa from newspapers, magazines and television. This section might help to clear up some common myths that people have about anorexia nervosa and answer some of the questions that you may have.

Only teenage girls suffer from eating disorders

Many eating disorders such as anorexia do begin in the teenage years. However, it can happen to younger children and older people too. It's not something that just young girls suffer from either, boys and men can also develop eating disorders.

You can never fully recover from anorexia

Overcoming anorexia isn't easy, but with hard work and determination from you, and the right kind of help and support from others, *it is possible*. Many people who have suffered with anorexia are now able to live completely normal lives.

Sometimes people are faced with new challenges after a period of time of being free from anorexia. They may return to anorexia as an old coping strategy. It is important to remember that these 'lapses' can be temporary and not to blame yourself. It's likely that the 'lapse' is due to a new trouble or situation you haven't faced before and you may need some more support to help you through.

Am I to blame for having anorexia?

You are NOT to blame for your eating disorder. There are many different reasons why someone develops anorexia. The 'trigger' for your eating disorder is likely to have made you feel out of control and anorexia 'sneaked' its way into your life as a way of managing.

However, you do have the choice now about what path you take. For example, you could hold on to your anorexia and keep it safe by allowing it to control your thoughts and behaviour. The other choice you have is to reject it and develop other ways of coping and take back control for yourself.

I don't think I really have anorexia. I'm not thin enough

People who suffer from anorexia will often find it difficult to accept that they have a problem because they don't feel thin enough or do not match some of the pictures they have seen of people with anorexia.

Sometimes this stops them from getting the right help because they fear they won't be thin enough or may even be sent away without any help or think that they don't deserve any help. Some people have anorexia and do not look extremely thin. Likewise, you may not have all the symptoms that have been mentioned in this book. The way that anorexia affects us varies from person to person.

How long does it take to get better from anorexia?

It is impossible to say how long it will take each person to make a full recovery from anorexia. Everyone is different and it is important that you work at your own pace. Unfortunately, it will not disappear overnight! It will take commitment and hard work, but with each difficult hurdle you overcome, you will be one step further away from anorexia and one step closer to getting your own life back.

Anorexics never eat

People with anorexia restrict the amount they eat, but will usually allow themselves to eat some 'safe' foods (usually foods that are low in calories and fat content). However, many people with anorexia occasionally binge on more high-energy foods like crisps and chocolate.

People cannot have more than one eating disorder

There are often many overlaps between eating disorders such as anorexia nervosa and bulimia nervosa. For example, someone with anorexia can also binge on food. It is important to remember that for all of the different eating disorders, the way food is used is just a symptom and not the actual problem.

Does vomiting or using laxatives after I've eaten mean I won't put on the calories?

Trying to rid your body of food that you have eaten either by being sick or using laxatives is NOT a successful strategy to stop your body from taking in calories. Most of the time you will not be able to rid yourself of all the food. Furthermore, your metabolism will become confused and may slow down. Vomiting or using laxatives could also have dangerous health effects and will leave you feeling tired. You will have also lost water that your body needs. This will leave you feeling very thirsty.

Every day I go on the scales my weight changes. Sometimes I put on weight after eating only a small amount of food. Why is this?

Weight is not something that remains stable, regardless of what you eat. There are many things that affect weight change, such as fluid retention, when your body holds on to fluid. Changes in hormones can also affect your weight and sometimes there are different levels of hormones in our bodies depending on the

time of day, what you have eaten, or how much sleep you have had. It is very normal for weight to fluctuate around your set point, as mentioned earlier.

Sometimes when we have eaten only small amounts of food, our bodies will go into ‘starvation mode’ and take up more of the calories in the food than if we had eaten a larger meal. This is why sometimes people fail to lose weight even when they are eating small amounts of food.

Many people with eating disorders weigh themselves a number of times each day. They believe that small increases or decreases mean that they have put on or lost weight. This can affect their whole day, even though it is extremely unlikely that the number on the scales was a true reflection of their actual weight.

If I get help for my anorexia, I just know they’ll make me fat and I’ll feel out of control

Starting to get help for anorexia can be an extremely frightening time. You will be working on changing many of the anorexic habits, such as starting to eat normal meals again.

Professionals are there to help and support you and talk about the fears you have. Their aim is to get you healthy again, NOT fat. Anorexia can make it difficult for you to trust these people, but it is essential that you work with them to beat anorexia.

People with anorexia are attention-seekers

People usually develop eating disorders because they have experienced some difficult times in their lives and they have found it hard to cope with these experiences. Food and eating become a substitute for the lack of control they feel they have. Most people with anorexia would say that it is an extremely unpleasant disorder to experience and would want to change it if they knew how.

No one with anorexia simply starves him- or herself to gain attention. However, sufferers sometimes receive positive comments about their weight loss in the very early stages, which can give them a sense of achievement and add to a feeling of being in control.

People choose to be anorexic, so they could give it up if they wanted

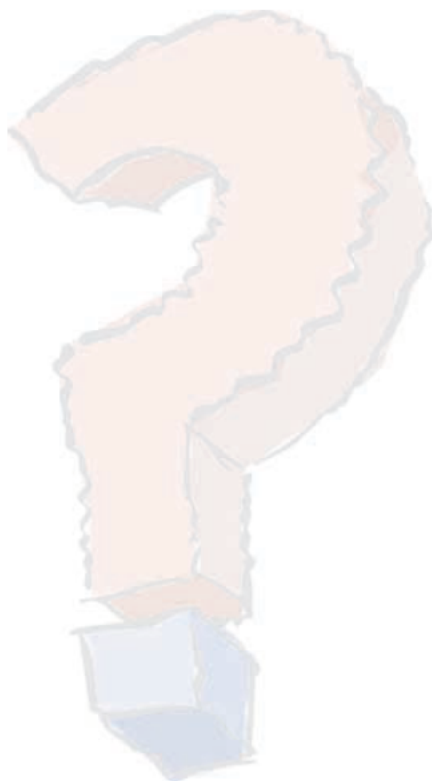
Anorexia is very clever in who it targets. It tends to choose young people who have high expectations of themselves, but do not necessarily feel as though they meet their expectations. It is extremely rare that anyone chooses to be anorexic; rather, anorexia gradually takes over control of them. Also, once anorexia has got a grip of the way that the person thinks and behaves, it is very hard to battle against it alone. It takes a lot of hard work and support from people who understand.

◀ TASK 11.1 ▶



Your own questions

As you're now nearing the end of this workbook, think about any questions you have. Write them down and think about how you might answer them. For example, you might have a person you could talk to, a book, or the Net. If you do use the Net, it might be worthwhile checking out the information with a parent/carer or a professional. Just because it's on the Net doesn't mean it's right. Anyone can put things on the Net and it can sound very clever – but be careful because it could be wrong.





Some good advice and messages of support

'I managed to separate my feelings from food.'

Emily, 17 years old

'Relapses are part of recovery. Have the courage to be imperfect.'

Josh, 17 years old

'My diary became a tool so that I could honestly express my feelings and make sense of some of the thoughts that I thought were too irrational to voice.'

Harry, 15 years old

'No matter what the voices threw at me, I countered it with a healthy message. I'm not saying it was easy. To begin with I remembered what the therapist had told me, my healthy voice was a mere whisper. Gradually it became stronger and had conviction when it spoke.'

Heather, 19 years old

'The more I allowed anorexia to be heard, the stronger it became. I would scream at it at times to stop it pounding my brain.'

Clare, 12 years old

'You have the right to any feelings you have. You have the right to express them to the person hurting you, making you angry or frustrated or even making you happy!'

Lindsey, 16 years old



'I realised I had two choices:

1 I could hold onto the eating disorder, stop fighting and give into it.

OR

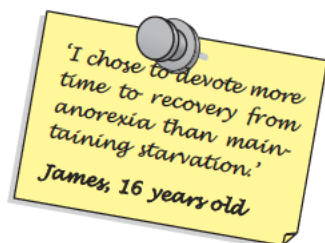
2 I could make the decision to let go of the eating disorder, fight it daily, and receive help and treatment.

I opted for the second choice, knowing that for a period of time I would continue to feel bad, if not worse, but eventually things would seem brighter.'

Sara, 17 years old

'I ate at set times whether I was hungry or not and rewarded myself with things I enjoy doing.'

Kate, 13 years old



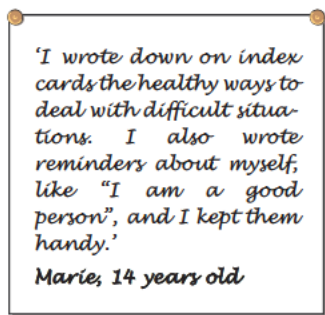
'I chose to devote more time to recovery from anorexia than maintaining starvation.'

James, 16 years old




'I practised communicating in the mirror!'

Eve, 17 years old



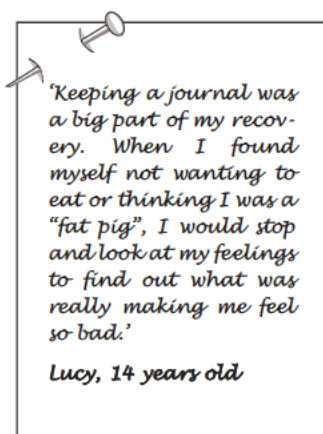
'I wrote down on index cards the healthy ways to deal with difficult situations. I also wrote reminders about myself, like "I am a good person", and I kept them handy.'

Marie, 14 years old



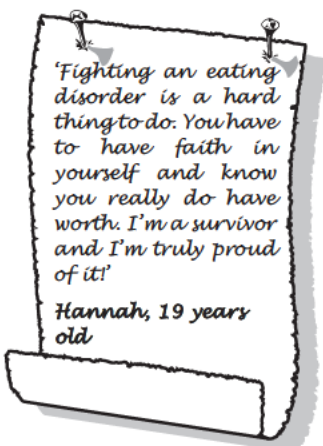
'In treatment I began to notice small changes in my thinking and I sensed that somewhere I had the ability to think differently about myself.'

Kirsty, 14 years old



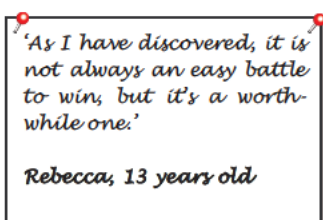
'Keeping a journal was a big part of my recovery. When I found myself not wanting to eat or thinking I was a "fat pig", I would stop and look at my feelings to find out what was really making me feel so bad.'

Lucy, 14 years old




'Fighting an eating disorder is a hard thing to do. You have to have faith in yourself and know you really do have worth. I'm a survivor and I'm truly proud of it!'

Hannah, 19 years old



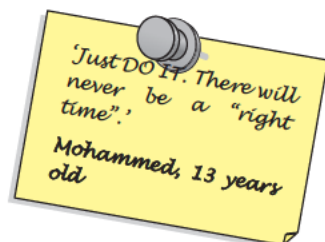
'As I have discovered, it is not always an easy battle to win, but it's a worthwhile one.'

Rebecca, 13 years old



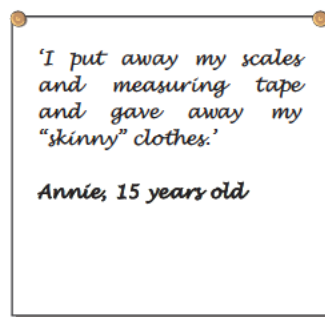
'I'm no longer anorexic, I'm human!! It is human to doubt yourself, be unsure, have a bad hair day! Everyone has weight fluctuations. The point is not to link these changes with my self-worth. I choose to concentrate on the changes within myself. Every day I grow and learn new things about myself and the world around me.'

Nita, 16 years old



'Just DO IT. There will never be a "right time".'

Mohammed, 13 years old



'I put away my scales and measuring tape and gave away my "skinny" clothes.'

Annie, 15 years old

'I'm no longer preoccupied by food or fearful of it. I can experience life! I've missed so much but I'm excited about my future.'


Dan, 18 years old

'I was really frightened I wouldn't be able to stop eating and felt I was failing at being an anorexic. But that changes and I can stop eating and there are no awards for being the best anorexic out there!'

Tara, 13 years old

'It is possible to beat your eating disorder but you have to understand the illness and why it developed.'

Harriet, 14 years old


'All the people of the world are different and we're supposed to be that way.'

Henry, 17 years old

'Life is too short! Make every day count, and always remember tomorrow is worth fighting for.'

Teressa, 16 years old



The final task!

► Write your own message of inspiration

Congratulations! You've reached the end of the *Hunger for Understanding* workbook. Therefore, you've already taken a huge step towards getting better. You hopefully know more about the true facts of anorexia and understand the games it can play. What do you think are the most important messages you will be taking with you from the book? You may want to write a message to yourself that will help you in difficult times. Keep this somewhere close and safe so that it is there when you need it.



Good luck!!!!

Support session Timetable-DRAFT

Week:	Objectives:	Time:	Pre/post reading
1	<p>Coping/distraction box -Create a coping box with YP -Discuss what a coping box is for, how they can use it, objects to put in etc.</p> <p>Hunger for understanding S1- 'What is anorexia'. Task 1.2</p>	<p>First half of session</p> <p>Second half of session</p>	Pages 39-43
2	<p>Motivational placemats -Create a motivational placemat with YP</p> <p>Hunger for understanding S2 'What causes anorexia' Task 2.1-2.5 Do page 102</p> <p>(show them p99-100,103,101)</p>	<p>First half of session</p> <p>Second half of session</p>	Pages 47-52
3	<p>Hunger for understanding S3 'How does dieting affect us?' Task 3.1-3.5 -Using the food model</p>	All	
4	<p>Review -Engagement -revisit goals -Is the YP finding the sessions helpful -Discussion around extending sessions to 10</p>	All	
5	<p>Hunger for understanding S6 'The tricks anorexia plays' Task 6.1-6.4</p>	All	Pages 85-88
6	<p>Hunger for understanding</p>	All	

Support session Timetable-DRAFT

	S7 'help/hindering and rerate their motivation -reflect on changes/progress -update the mats		
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Meal plan 2 - Restoring a healthy weight

Why you need this plan

This meal plan is for you to use to improve your nutrition and move towards a healthy weight.

It is designed to achieve weight gain at a rate of about 0.5 kg per week, but this does vary from one person to another.

The plan includes a variety of foods from each of the food groups, it provides all the essential nutrients that you need to restore healthy tissue and to allow organs to work most efficiently. Remembering that 60-70% of energy needs are for basic organ functioning to keep you alive (Basal Metabolic Rate).

The meal plan is also designed to start getting you used to “normal eating” again, which means having foods from all food groups, including some foods higher in fat/sugar which you may have been avoiding. Milk should be semi-skimmed or full-fat (not skimmed), whichever you usually use at home. This meal plan has quite a lot of dairy based products, which is to support bone health via foods higher in calcium and phosphorus.

As part of working toward ‘normal eating’ this also means regular eating to start to build back some of the body’s natural hunger and fullness signals, which often get distorted and become less reliable with an eating disorder.

How to use the plan

This is a guide for parents/carers to use to support with scheduling of meal and snacks, food ideas and the suggested **minimum** portion size. Parents/carers should use their intuition if their child needs more; parents have the most experience in what their child eats when they are well. The meal plan is not intended to limit so different foods than on the meal plan can be eaten, and parents/carers should judge the adequate amount.

It is not normal to weigh or measure out your food and we actively discourage this. However, it might be helpful for some parents to weigh/measure out certain foods and drinks the first time a meal plan is followed to be sure enough is served. This helps to get a feel for the portion sizes and what they look like in the kitchen ware (e.g. bowls, cups) you use at home so that after the first time, you can feel confident serving portions without weighing or measuring. Food should not be weighed beyond the first couple of days.

Whilst on a meal plan we recommend for you to place portioning and cooking in your parents hands and therefore suggest you remain out of the kitchen until the meal is ready. This is to help reduce negotiations and stress.

We recommend eating together as a family to support ‘normal eating’ and reduce focus on your meal.

We also recommend having boundaries in meal length so that meals do not stretch or meld into the next snack time.

- Main meal 30minutes with 15minutes for dessert
- Snacks 15-20minutes
- Try to use distractions or spend time with family during and for at least 30minutes after meals to help with any thoughts.

If you have not eaten very much for some time, you may want to move onto this plan gradually. You should try to make sure you have all the milk and dairy foods, and the fruit juice, from the beginning. You should be eating enough to start gaining weight within 7 days of starting the plan.

You can use these foods to adjust the plan according to your rate of weight gain:

- the toast at breakfast
- the cereal bar (or alternative) at lunch
- the evening snack (but you must have the milky drink)

You may sometimes need a little more to eat, especially on days when you are more active.

If you find that you need to eat more to keep your weight gain progressing, you could for example have the crisps *and* the cereal bar at lunch, or *two* choices from the snack lists between meals. Discuss any changes with your therapist/Dietitian/keyworker.

Meal support for Parents/carers:

Supporting a young person with an eating disorder can be scary for many parents/carers. We encourage your parent/carer to upskill in strategies to support meal times, so that they can provide you with the right motivation and support to complete meals.

- Kelty meal support video and handout <https://keltyeatingdisorders.ca/recovery/meal-support/> and the video is at - <https://www.youtube.com/watch?v=pPSLdUUITWE>
- Youtube - Eva Musby meal support Bungee jump - <https://youtu.be/2O9nZAWCkLc>
- Youtube - Eva Musby meal support when my child doesn't finish a meal <https://youtu.be/BVhKXh0gLGc>
- FEAST families course - <https://www.feast-ed.org/feast-30-days/>
- BEAT parent support groups and online training - <https://www.beateatingdisorders.org.uk/get-information-and-support/support-someone-else/services-for-carers/>
- Janet Treasure: Skills based Caring for a loved one, a New Maudsley Model (Book)

Restoring a healthy weight

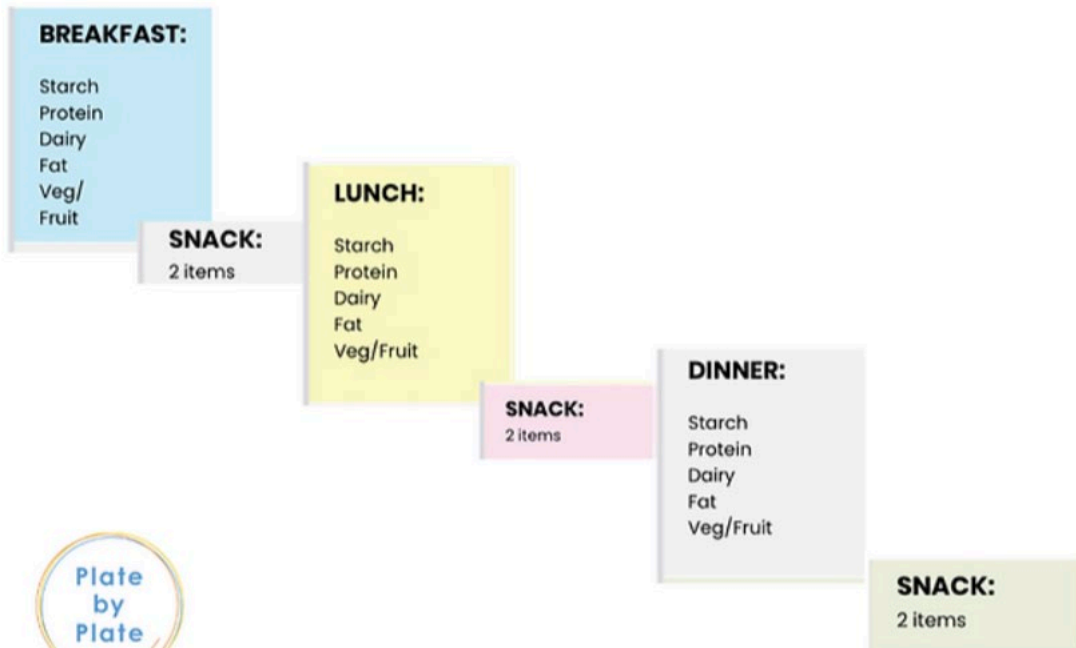
BREAKFAST	200ml fruit juice
	<p>Medium bowl of cereal (size of the variety packs ~fist size portion or ¾ cup or 4 tablespoons) e.g. branflakes, cornflakes, sachet of porridge, muesli/granola (1/2 cup or 3 tablespoon), 2 weetabix. Made with semi-skimmed/whole milk or ½ pot thick and creamy yoghurt Plus 1 slice of toast with butter and spread of choice (e.g. jam/peanut butter)</p> <p>Alternatives: Plate with ½ plate carbohydrate; a ¼ plate protein, and a ¼ plate fruit or vegetable. e.g. 2 toast with egg and tomato; croissant with ham and cheese; Double portion cereal (2 fists) with 200ml semi-skimmed milk + chopped fruit on top; 2 slices of toast with spread on each (to cover the whole slice of bread) + yoghurt pot</p>
MORNING SNACK	300ml drink of choice
	<p>Examples Snack list A + a portion of fruit (e.g. 1 apple or 2 satsumas) OR Snack list B - no need to have the fruit (a better choice if you feel full easily)</p>
LUNCH	300ml drink of choice
	<p>Cooked meal (including carbohydrate, protein, sauce as per below portions) with side salad, vegetables or fruit OR Whole sandwich with fillings and spread/sauce</p> <p>AND (dairy product) 1 regular size pot of full fat yoghurt/rice pudding/custard (~150g pot)</p> <p>AND (snack item) Cereal bar or 2 digestive biscuits or packet of crisps or handful of nuts or individual bag of popcorn or snack size chocolate bar or chocolate biscuit bar (e.g. Kitkat/Penguin)</p> <p>Portions:</p> <ul style="list-style-type: none"> • ½ plate Carbohydrate: e.g. 2 medium slices of bread or 1 large bagel/pitta/wrap/roll or 2 fist sized serve of potatoes or 4 heaped dinner spoons pasta or 4 heaped dinner spoons of rice/couscous/similar grain • ¼ plate Protein: 3-4 slices meat (e.g. ham, salami, chicken, veggie meat), Palm portion of meat e.g. whole chicken breast, fish fillet; 2 egg, half tin fish, 3 falafel, half tin beans/chickpeas/lentils, slice of cheese, 1 heaped dinner spoon hummus, • ¼ plate Salad/Veg: approx. fist size • Sauce/Dressing: 2 heaped teaspoons of butter/mayonnaise/salad dressing/avocado/pesto (e.g. in sandwich)
AFTERNOON SNACK	300ml drink of choice
	Snack list A + a portion of fruit

	OR Choose from snack list B
DINNER	300ml drink of choice
	<p>Cooked main course as per lunch OR Mixed meal e.g. portion of lasagne/risotto/fish pie/cottage pie/pizza (serving size as per packet/box, or roughly size of a packet of crisps for homemade)</p> <ul style="list-style-type: none"> • AND: Both of the above require a bowl of mixed salad/portion of vegetables (fist size portion)
	<p>Dessert: Examples</p> <ul style="list-style-type: none"> • Serving of sponge pudding/crumble/tart with custard (1/3 tin) or a 1 scoop ice-cream • 3 scoops ice cream with a portion of fruit (fist size) • 1 regular size pot of thick and creamy yoghurt (~150g pot) with 2 digestive biscuits • GU pot or similar mousse
BEDTIME SNACK	200ml semi-skimmed/full fat milk
	Hot chocolate or milk based smoothie
Drinks:	Aim for a total of 1500-2000ml of fluid per day

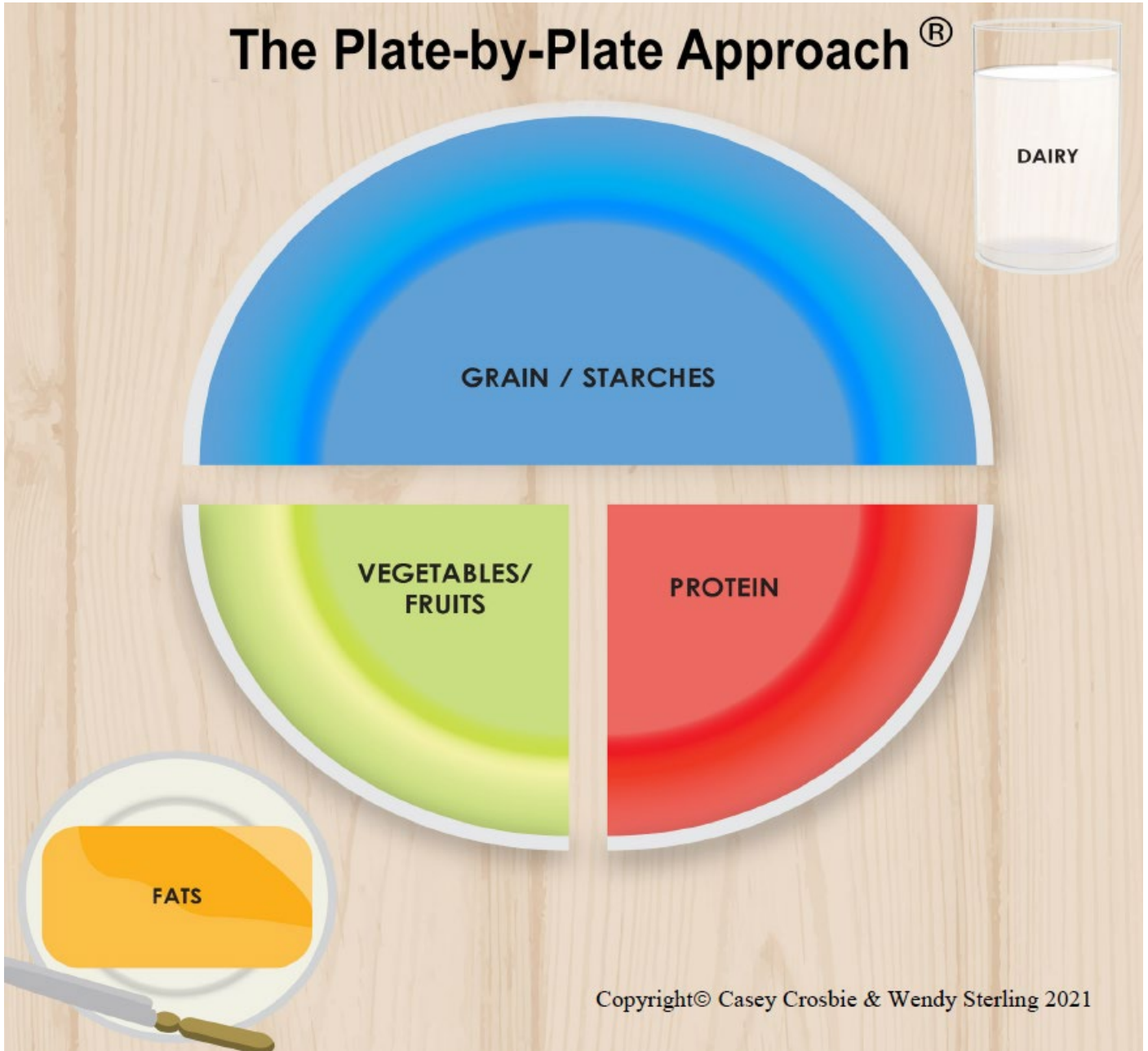
Example Week

AIM: 2 Litres of water across the day	Monday <i>(challenge day- challenge an avoided food)*</i>	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast:	Bowl of cereal with semi-skimmed milk 1 slice of toast with spread and jam 1 glass of fruit juice	Apple and cinnamon overnight oats, topped with apple pieces Glass of Juice	Bowl of granola with yoghurt and blueberries 1 crumpet with spread and jam Glass of water	Croissant with ham and cheese Glass of Juice	Toasted bagel with spread and peanut butter An apple Glass of water	2 toast with 2eggs or 2 mini sausage. Roasted tomato/mushroom Glass of water	Bowl of cereal with semi skimmed milk Fruit bread with spread and jam Handful of grapes
Morning snack	X2 Oreo biscuits and an apple	Eat natural bar or nut bar	Handful of mixed nuts and handful of berries	Mystery snack	Popcorn with a fruit smoothie	2 scotch pancakes with glass of milk (flavoured or plain)	3 bourbon biscuits
Lunch	Tomato, mozzarella and pesto panini A pot of custard and strawberries	Tuna mayo and sweetcorn sandwich A pot of Yoghurt and a nectarine	Rice with chicken and vegetables A pot of rice pudding and mandarin	Chicken, spicy mayo, tomato, lettuce baguette A pot of yoghurt and berries	A jacket potato with spread and baked beans Crisps Glass of Juice	Salmon and avocado bagel A banana A pot of yoghurt (not diet)	Grilled halloumi with pitta and salad Mousse pot
Afternoon snack	Challenge snack/food	A banana and 2 biscuits	An apple and hot cross bun	A handful of nuts And 2 kiwi fruit	2 Rice cakes with peanut butter and banana	Bounce protein ball + cup of pineapple	400ml Yazoo milk drink
Dinner	Chicken and vegetable pasta bake Yoghurt +fruit	Mac and cheese with side salad 2 scoops Ice-cream	Sausage/chicken and mushroom risotto Apple pie with custard	Honey glazed salmon with rice and stir-fried vegetables Slice banana bread with dollop of yoghurt or spread	Lentil Dahl with rice Cheese crackers and grapes	Pizza and small bowl of salad with dressing 2 scoops of Ice cream	Sunday Roast Meat, roast potatoes, green beans, gravy Cake with custard and peaches
Evening snack	Hot chocolate made with teacake	2 sreen slices with spread And fruit smoothie	Malt milk (e.g. milo) and 2 biscuits	Large scone with spread and jam	Strawberry Nesquik with milk	Peanut butter and Banana milk based smoothie	X2 crackers with cheese

STANDARD PLATE:
3 MEALS + 3 SNACKS



The Plate-by-Plate Approach[®]

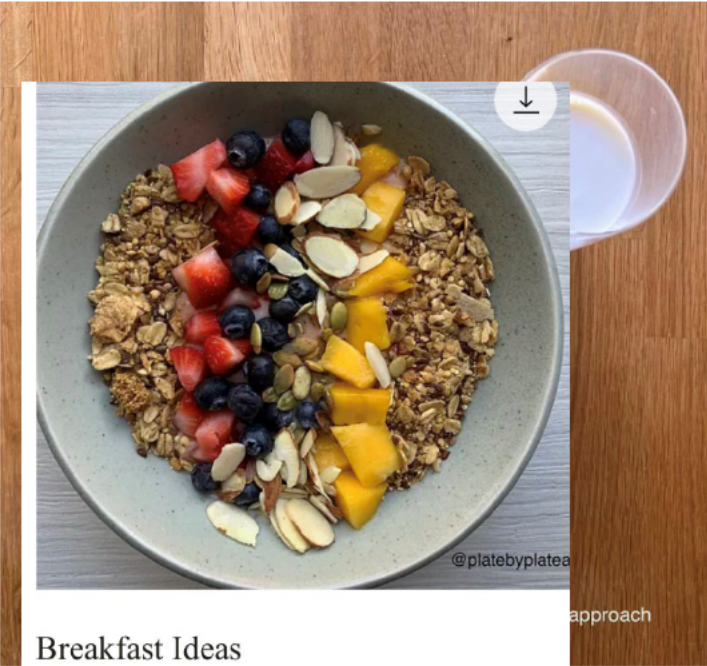


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Dinner plate: 10 inch diameter (standard dinner plate)

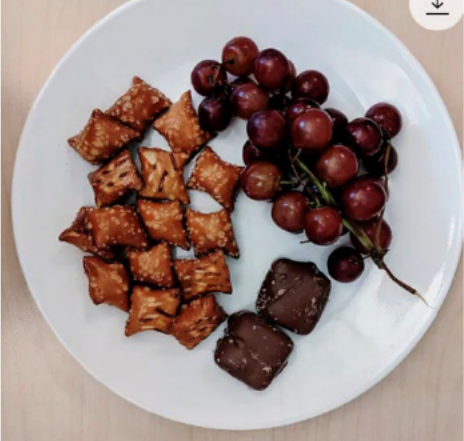
Breakfast:

Food groups: Starch, protein, dairy, fat, fruit or veg



Breakfast Ideas

SNACK:



Lunch:

Food group: Starch, Protein, Dairy, Fat, Fruit or Veg



Dinner:

Food group: 50% Starch, Protein, Dairy, Fat, Fruit or Veg








Visual Example Day:

Minimum Food Needs for Ongoing Weight Restoration



Snack list A (to have with a portion of fruit)

<p>2 Digestive biscuits</p> 	<p>1 Nakd bar</p> 	<p>1 Slice of toast with peanut butter or chocolate/hazelnut spread/creamcheese</p> 	<p>3 Jumbo Snack A Jacks Rice Cakes</p> 	<p>2 Onion Bhajis</p> 
<p>2 Chocolate digestives biscuits</p> 	<p>2 Slices Go Ahead Yogurt Breaks</p> 	<p>9 Veggie gyoza or 6 chicken/prawn version</p> 	<p>1 bag Doritos</p> 	<p>1 medium Samosa</p> 
<p>3 Oreo biscuits/ jaffa cakes/choc chip biscuits</p> 	<p>1 Brunch bar</p> 	<p>1 Crumpet with butter/margarine</p> 	<p>1 bag Mccoy's crisps</p> 	<p>small handful of nuts (25g)</p> 
<p>1 Wagon wheel</p> 	<p>1 Tesco Ready To Eat Pot Custard</p> 	<p>up and go</p> 	<p>250ml bottle of smoothie e.g. "Innocent"</p> 	
<p>6 pieces Dairy Milk chocolate</p> 	<p>1 Muller corner Bliss</p> 	<p>2 Oatcakes with peanut butter</p> 	<p>Half bottle of Friji milkshake</p> 	
<p>2 Bahlsen Chocolate Leibniz Biscuits</p> 	<p>2 Funsized Chocolate buttons, Fudge, Mars, Milky Way</p> 	<p>1 Oykos Greek Style Yoghurt</p> 	<p>2 hard-boiled eggs</p> 	<p>Cafe Latte or frappacino</p> 
<p>3 Chocolate Brownie Bites</p> 	<p>1 Bounty half</p> 	<p>1 Mini magnum/mars Icecream</p> 	<p>1 Sesame Snap pack (30g)</p> 	<p>2 jumbo rice cakes with ½ avocado and ½ tomato</p> 

<p>1 Flapjack finger</p> 	<p>1 tube Smarties</p> 	<p>Bruschetta (1 medium loaf slice of olive bread with tbsp tomato salsa)</p> 	<p>Roughly 30g of popcorn e.g. 3rd sharing bag</p> 	<p>2 mini babybel cheese (2x20g)</p> 
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Snack list B (no need to have the fruit – a better choice if you feel full easily)

<p>3 Bourbon Biscuits</p> 	<p>2 funsize Twix or Maltesers</p> 	<p>4 Jumbo Snack A Jacks Rice Cakes</p> 	<p>1 Scone with butter and jam</p> 	<p>1 Muller Rice Strawberry</p> 
<p>2 Chocolate Hobnob biscuits</p> 	<p>4 Kitkat fingers</p> 	<p>2 Cream Crackers with matchbox size portion of cheese</p> 	<p>1 Teacake with butter and spread</p> 	<p>1 Cadbury Flake or Buttons dessert</p> 
<p>1 Nature Valley Protein Bar/KIND bar</p> 	<p>2 slices of Malt Loaf (Soreen) with butter</p> 	<p>3 Jumbo Snack A Jack Rice cakes with ½ avocado</p> 	<p>1 Hot cross bun with tbsp. peanut butter</p> 	<p>1 Magnum/snickers</p> 
<p>1 Eat Natural bar (45/50g)</p> 	<p>2 Mr Kipling French Fancies</p> 	<p>¼ pot of Hummus with 2 breadsticks</p> 	<p>1 Toasting Muffin with butter</p> 	<p>Full handful of dried fruit/nut/seed mix (~35g)</p> 
<p>Pack of 4 Belvita Breakfast biscuits</p> 	<p>1 Apple Pie</p> 	<p>Bowl of cereal with semi-skimmed milk</p> 	<p>1 Slice toast with cheese (matchbox size)</p> 	<p>1 Cornetto</p> 

<p>Pack of 2 Nature Valley Granola bars</p> 	<p>1 Donut</p> 	<p>3 Oatcakes with 2 tablespoons full fat cream cheese</p> 	<p>1 Chapatti or Roti with butter</p> 	<p>Oats so simple pot</p> 
<p>Crunchie/choc bar (40g)</p> 	<p>2 Iced Fairy cakes</p> 	<p>Small portion McDonalds fries</p> 	<p>1 Muller Corner Crunch yoghurt</p> 	<p>1 bagel thins with tbsp. original cream cheese spread and fruit</p> 
<p>Nomadic yoghurt and granola pot</p> 	<p>1 medium slice cake</p> 	<p>4 Chicken nuggets with Ketchup or dip</p> 	<p>Bowl of full fat Greek Yoghurt with honey</p> 	<p>4 falafel balls</p> 
<p>Naked smoothie (450ml bottle)</p> 	<p>400ml Yazoo (any flavour)</p> 	<p>4 Higgidy mini muffins</p> 	<p>2 peperami sticks (or peperami snack box)</p> 	<p>90g stuffed olives. Approx 2/3 pack.</p> 
<p>2 spinach and feta mini parcels</p> 	<p>Trek bar</p> 	<p>3 cheese strings</p> 	<p>6 mini savoury eggs</p> 	<p>X2 dairylee dunkers packs or 1 dairylea snack box</p> 
<p>2 boiled eggs and 2 rice crackers</p> 	<p>No drain tuna with a little sunflower oil pot John West</p> 	<p>3tbsp normal cottage cheese (not diet) with 3 ryvita crackerbreads</p> 		






Staff copy meal plan

Meal	Food Options Measures: Grams (g)/ spoons, teaspoons (tsp), fists, cups (varied measured provided to suit provider)	Calorie Content (KCAL)	Equivalent amount of 1.5kcal/ml feed (e.g. Fresubin Energy) If ½ portion achieved, give ½ volume.
Breakfast:	Bowl of cereal (e.g. 2 weetabix/variety box of cereal/sachet of porridge)	140kcal	95ml
	+ 200ml semi-skimmed milk OR pot thick and creamy yoghurt (either on the cereal or on the side)	Either option 100kcal	65ml
	+ 200ml fruit juice	100kcal	65ml
	Breakfast Total	340kcal	225ml
Morning Snack:	Snack from list A or B (200kcal)-see end of meal plan document OR banana (100kcal) with slice of toast with jam (100kcal) + 300ml water	Total 200kcal	135ml
Lunch: Main + dessert	Hot meal Example portions: <ul style="list-style-type: none"> • 1/3 plate Carbohydrate: (1 fist) e.g. 1 medium slices of bread or 1 large bagel/pitta/wrap/roll or 1 fist sized serve of potatoes or 4 heaped dinner spoons pasta or 3 heaped dinner spoons of rice/couscous/similar grain • 1/3 plate Protein: 3-4 slices meat (e.g. ham, salami, chicken, veggie meat), Palm portion of meat e.g. whole chicken breast, fish fillet; 2 egg, half tin fish, 3 falafel, half tin beans/chickpeas/lentils, slice of cheese, 1 heaped dinner spoon hummus, • 1/3 plate Salad/Veg: approx. fist size Sauce/Dressing: 2 heaped teaspoons of butter/mayonnaise/salad dressing/avocado/pesto OR Sandwich: 2 slices bread with spread, and filling (e.g. chicken pesto and salad, ham and cheese with butter, egg mayo and cress)	Either option 350kcal	235ml
	+ Regular Pot thick and creamy yoghurt/custard/ rice pudding	Either option 150kcal	100ml
	+ portion of fruit	50kcal	35ml
	+ 300ml water	0kcal	0ml
	Lunch Total	550kcal	365ml
Afternoon Snack:	Snack from list A or B e.g. 4 crackers or nature valley bar	200kcal	135ml
	Afternoon Snack Total	200kcal	135ml
Dinner: Main + Dessert	Meal 1/3 plate carbohydrate, 1/3 plate protein, 1/3 plate vegetables + fat source OR Mixed meal e.g. portion of lasagne/risotto/fish pie/cottage pie/pizza (serving size as per packet/box, or roughly size of a packet of crisps for homemade) AND: Both of the above require a bowl of mixed salad/portion of vegetables (fist size portion) Example portions: same as lunch	350kcal	235ml

	Dessert <ul style="list-style-type: none"> • Serving of sponge pudding/crumble/tart with custard (1/3 tin) or a 1 scoop ice-cream • 3 scoops ice cream with a portion of fruit (fist size) • 1 regular size pot of thick and creamy yoghurt (~150g pot) with 2 digestive biscuits or portion of fruit GU pot or similar mousse	Either option 200kcal	135ml
	+ 300ml water	0kcal	0ml
	Dinner Total	550kcal	365ml
Evening snack:	200ml hot chocolate made with milk (semi-skimmed or full fat)	100kcal	65ml
	+ portion of fruit	50kcal	35ml
	Evening Snack Total	150kcal	100ml
Total	2000kcal		

Snack list A (to have with a portion of fruit)

<p>2 Digestive biscuits</p> 	<p>1 Nakd bar</p> 	<p>1 Slice of toast with peanut butter or chocolate/hazelnut spread/creamcheese</p> 	<p>3 Jumbo Snack A Jacks Rice Cakes</p> 	<p>2 Onion Bhajis</p> 
<p>2 Chocolate digestives biscuits</p> 	<p>2 Slices Go Ahead Yogurt Breaks</p> 	<p>9 Veggie gyoza or 6 chicken/prawn version</p> 	<p>1 bag Doritos</p> 	<p>1 medium Samosa</p> 
<p>3 Oreo biscuits/ jaffa cakes/choc chip biscuits</p> 	<p>1 Brunch bar</p> 	<p>1 Crumpet with butter/margarine</p> 	<p>1 bag Mccoy's crisps</p> 	<p>small handful of nuts (25g)</p> 
	<p>1 Wagon wheel</p> 	<p>1 Tesco Ready To Eat Pot Custard</p> 	<p>up and go</p> 	<p>250ml bottle of smoothie e.g. "Innocent"</p> 
	<p>6 pieces Dairy Milk chocolate</p> 	<p>1 Muller corner Bliss</p> 	<p>2 Oatcakes with peanut butter</p> 	<p>Half bottle of Friji milkshake</p> 
<p>2 Bahlsen Chocolate Leibniz Biscuits</p> 	<p>2 Funsized Chocolate buttons, Fudge, Mars, Milky Way</p> 	<p>1 Oykos Greek Style Yoghurt</p> 	<p>2 hard-boiled eggs</p> 	<p>Cafe Latte or frappacino</p> 
<p>3 Chocolate Brownie Bites</p> 	<p>1 Bounty half</p> 	<p>1 Mini magnum/mars Icecream</p> 	<p>1 Sesame Snap pack (30g)</p> 	<p>2 jumbo rice cakes with ½ avocado and ½ tomato</p> 

<p>1 Flapjack finger</p> 	<p>1 tube Smarties</p> 	<p>Bruschetta (1 medium loaf slice of olive bread with tbsp tomato salsa)</p> 	<p>Roughly 30g of popcorn e.g. 3rd sharing bag</p> 	<p>2 mini babybel cheese (2x20g)</p> 
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Snack list B (no need to have the fruit – a better choice if you feel full easily)

<p>3 Bourbon Biscuits</p> 	<p>2 funsize Twix or Maltesers</p> 	<p>4 Jumbo Snack A Jacks Rice Cakes</p> 	<p>1 Scone with butter and jam</p> 	<p>1 Muller Rice Strawberry</p> 
<p>2 Chocolate Hobnob biscuits</p> 	<p>4 KitKat fingers</p> 	<p>2 Cream Crackers with matchbox size portion of cheese</p> 	<p>1 Teacake with butter and spread</p> 	<p>1 Cadbury Flake or Buttons dessert</p> 
<p>1 Nature Valley Protein Bar/KIND bar</p> 	<p>2 slices of Malt Loaf (Soreen) with butter</p> 	<p>3 Jumbo Snack A Jack Rice cakes with ½ avocado</p> 	<p>1 Hot cross bun with tbsp. peanut butter</p> 	<p>1 Magnum/snickers</p> 
<p>1 Eat Natural bar (45/50g)</p> 	<p>2 Mr Kipling French Fancies</p> 	<p>¼ pot of Hummus with 2 breadsticks</p> 	<p>1 Toasting Muffin with butter</p> 	<p>Full handful of dried fruit/nut/seed mix (~35g)</p> 
<p>Pack of 4 Belvita Breakfast biscuits</p> 	<p>1 Apple Pie</p> 	<p>Bowl of cereal with semi-skimmed milk</p> 	<p>1 Slice toast with cheese (matchbox size)</p> 	<p>1 Cornetto</p> 

<p>Pack of 2 Nature Valley Granola bars</p> 	<p>1 Donut</p> 	<p>3 Oatcakes with 2 tablespoons full fat cream cheese</p> 	<p>1 Chapatti or Roti with butter</p> 	<p>Oats so simple pot</p> 
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<p>Nomadic yoghurt and granola pot</p> 	<p>1 medium slice cake</p> 	<p>4 Chicken nuggets with Ketchup or dip</p> 	<p>Bowl of full fat Greek Yoghurt with honey</p> 	<p>4 falafel balls</p> 
<p>Naked smoothie (450ml bottle)</p> 	<p>400ml Yazoo (any flavour)</p> 	<p>4 Higgidy mini muffins</p> 	<p>2 peperami sticks (or peperami snack box)</p> 	<p>90g stuffed olives. Approx 2/3 pack.</p> 
<p>2 spinach and feta mini parcels</p> 	<p>Trek bar</p> 	<p>3 cheese strings</p> 	<p>6 mini savoury eggs</p> 	<p>X2 dairylee dunkers packs or 1 dairylea snack box</p> 
<p>2 boiled eggs and 2 rice crackers</p> 	<p>No drain tuna with a little sunflower oil pot John West</p> 	<p>3tbsp normal cottage cheese (not diet) with 3 ryvita crackerbreads</p> 		

Meal plan – 1500kcal

BREAKFAST 300kcal	<p>Choose ONE of the following:</p> <ul style="list-style-type: none"> • Medium bowl of wholegrain cereal or porridge with milk and a handful of fruit • 2 slices of wholegrain toast with peanut butter / cream cheese / butter and jam / 2 cooked eggs
MORNING SNACK 100kcal	<p>Portion of fruit OR see snack list e.g. 1 x banana/apple or 2 x kiwis/satsumas or handful of grapes/berries</p>
LUNCH 450kcal	<ul style="list-style-type: none"> • 2 medium slices of bread/small rolls or 1 large bagel/pitta/wrap or 1 fist sized jacket potato or 3 heaped tablespoons pasta or 3 heaped tablespoons of rice/couscous/similar grain • 3 slices meat or 1 egg or half tin fish or 1 heaped tablespoon hummus/nut butter or matchbox size of cheese or half tin beans/chickpeas/lentils • A side of salad/vegetables/fruit • 1 pot of yoghurt
AFTERNOON SNACK 100kcal	<p>Portion of fruit OR see snack list</p>
DINNER 350kcal	<ul style="list-style-type: none"> • Palm sized piece of meat/fish or 2 eggs or half tin of beans/chickpeas/lentils or 4 tablespoons mince or vegetarian substitute e.g. tofu, Quorn • 1 fist sized jacket potato/2 egg sized potatoes or 3 heaped tablespoons pasta or 3 heaped tablespoons of rice/couscous/similar grain <p>OR Mixed meal e.g. portion of lasagne/risotto/fish pie/cottage pie - serving size as per packet, or half a plate (roughly size of a packet of crisps)</p> <ul style="list-style-type: none"> • Half a plate of salad/vegetables
PUDDING OR BEDTIME SNACK 100-150kcal	<p>Choose ONE of the following:</p> <ul style="list-style-type: none"> • Portion of fruit • 1 pot of yoghurt • Hot chocolate made with 200ml milk • OR see snack list
Drinks:	<p>Aim for 2000ml of fluid per day: Water/sugar free squash/tea/coffee</p>

Meal support for staff

EDIP

Why do we do meal support in EDIP?

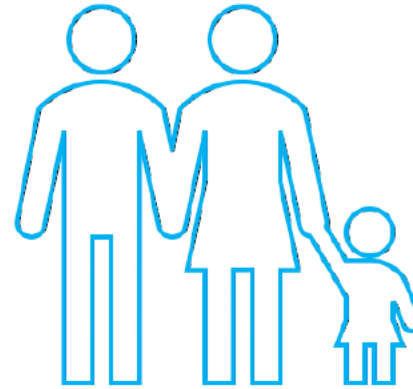


To help the patient eat sufficiently for their body's needs

- Young person is restricting intake and losing weight
- Young person is stuck at meals with inadequate portions of intake



Medical stability



To support parents confidence in feeding their child

- Engage families in meal support
- Influence parent behaviours
- Reinforce perceptions on parent behaviours
- Facilitate and support young person behaviour
- Mitigate unhelpful interactions/comments/behaviours
- Provide feedback on the experience of the meal at the end of the session (strengths and opportunity for new approaches)
- Actively provide feedback to families and young person with aim of strengthening young person trust in their parents to provide meals. E.g. The meal provided by your Mum today is exactly what you need.

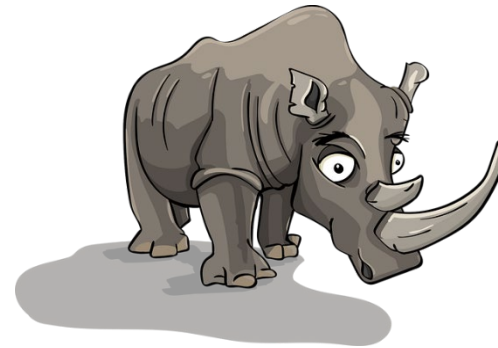
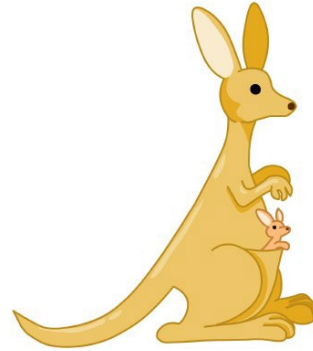


To help with psychological recovery – food is food

- Encourage the focus on the **process** of meal time, rather than the **outcome** of the meal (i.e. routine, consistent process)
- Meal support fits within the first phase of Family Based Treatment

Caring styles that can affect meal response

- Janet Treasure and colleagues (2017) – Animal Metaphors



Session 1.

- Gather background of a meal time at home
 - How did you decide what to bring today?
 - Who prepares food usually?
 - Who prepared this meal?
 - How often do you eat together as a family?
 - Do you sit around a table together?
 - How long do meals usually last?
 - What do you usually talk about at meal times?

Pre-meal time

On EDIP, before starting the meal:

- Ensure **the portion** is adequate at the start of the meal, as per meal plan.
 - If it is not, tell them for next session and advise, they can have what is missing as Fresubin or can add CEDS biscuits (if we have any) to their meal today.
- Let the young person know the **time** for the meal, not to rush them, but to fit with what is 'normal' meal lengths and to cap a meal as stress increases the longer a meal lasts, reducing likelihood of intake the further it lasts. Similarly, this extends eating, which can leave short gap between one meal to the next.

Recommendations for families:

- Establish the menu well in advance. Once menu chosen, there are no changes. What is listed is what is cooked and plated.
- Encourage families to **pre-plan meals** in the morning, a day in advance, 2-3 days in advance (whichever fits), but encourage meals not to be done close to meal times as this increases risk of negotiation and increases stress
- Encourage **limited options** to be offered e.g. Chicken or fish tonight? Pasta or rice dish tonight?
- Encourage a clear **who, what, when, where** – i.e. what time for the meals, location for the meals and who the meal will be with
- Encourage families to pre-decide the activity they will do together after the meal also e.g. movie, board game
- Young person is recommended to not be in the kitchen or involved in cooking or plating, if this is causing arguments and negotiations on aspects of the meal or the portion size. E.g. negotiation on how much oil is used to make the meal.

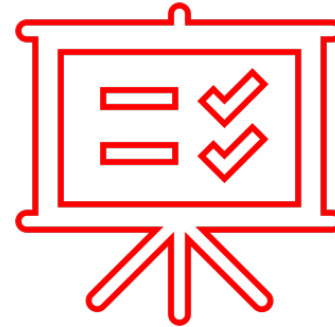
Why we use meal Plans



Provides structure
to reduce worry



Allows for some food
choices with limited
negotiations



Ensure individuals are
aware of their goals



Does not provide
surprises

Meal	Food Options Measures: Grams (g)/ spoons, teaspoons (tsp), fists, cups (varied measured provided to suit provider)	Calorie Content (KCAL)	Equivalent amount of 1.5kcal/ml feed (e.g. Fresubin Energy) If ½ portion achieved, give ½ volume.	
Breakfast: Alternative is double portion of cereal with milk +juice	Bowl of cereal (e.g. 2 weetabix/variety box of cereal/sachet of porridge)	140kcal	95ml	
	+ 200ml semi-skimmed milk OR pot thick and creamy yoghurt (either on the cereal or on the side)	Either option 100kcal	65ml	
	+ a slice of toast with butter/margarine and spread (e.g. jam)	140kcal	95ml	
	+ 200ml fruit juice	100kcal	65ml	
Breakfast Total		480kcal	320ml	
Morning Snack:	Snack from list A or B (200kcal)-see end of meal plan document OR banana (100kcal) with slice of toast with jam (100kcal) + 300ml water	Total 200kcal	135ml	
Lunch: Main + dessert	Hot meal Example portions: <ul style="list-style-type: none"> ½ plate Carbohydrate: (2fist or 1cup) e.g. 2 medium slices of bread or 1 large bagel/pitta/wrap/roll or 2 fist sized serve of potatoes or 5 heaped dinner spoons pasta or 4 heaped dinner spoons of rice/couscous/similar grain ¼ plate Protein: 3-4 slices meat (e.g. ham, salami, chicken, veggie meat), Palm portion of meat e.g. whole chicken breast, fish fillet; 2 egg, half tin fish, 3 falafel, half tin beans/chickpeas/lentils, slice of cheese, 1 heaped dinner spoon hummus, ¼ plate Salad/Veg: approx. fist size Sauce/Dressing: 2 heaped teaspoons of butter/mayonnaise/salad dressing/avocado/pesto (e.g. in sandwich) OR Bagel/pitta/roll/wrap: 2 slices bread with spread, and filling (e.g. chicken pesto and salad, ham and cheese with butter, egg mayo and cress)	Either option 400kcal	265ml	
	+ Regular Pot thick and creamy yoghurt/custard/ rice pudding	Either option 150kcal	100ml	
	+ portion of fruit	50kcal	35ml	
	+ 300ml water	0kcal	0ml	
	Lunch Total		600kcal	400ml
Afternoon Snack:	Snack from list A or B e.g. 4 crackers or nature valley bar	200kcal	135ml	
	+ 200ml Juice	100kcal	65ml	
	Afternoon Snack Total		300kcal	200ml
Dinner: Main + Dessert	Meal ½ plate carbohydrate, ¼ plate protein, ¼ plate vegetables + fat source OR Mixed meal e.g. portion of lasagne/risotto/fish pie/cottage pie/pizza (serving size as per packet/box, or roughly size of a packet of crisps for homemade) AND: Both of the above require a bowl of mixed salad/portion of vegetables (fist size portion) Example portions: same as lunch	400kcal	265ml	
	Dessert <ul style="list-style-type: none"> Serving of sponge pudding/crumble/tart with custard (1/3 tin) or a 1 scoop ice-cream 3 scoops ice cream with a portion of fruit (fist size) 1 regular size pot of thick and creamy yoghurt (~150g pot) with 2 digestive biscuits or portion of fruit GU pot or similar mousse + 300ml water	Either option 200kcal	135ml	
	Dinner Total		600kcal	400ml
			0kcal	0ml
Evening snack:	200ml hot chocolate made with milk (semi-skimmed or full fat)	100kcal	65ml	
	+ Banana or apple or 2 biscuits (oatcakes/ginger nuts/oreos/Kitkat fingers/rich tea biscuit)	Either option 100kcal	65ml	
	Evening Snack Total		200kcal	130ml
Total	2400kcal			

Picture examples

Minimum Food Needs for Ongoing Weight Restoration



During meal time

On EDIP:

- Ask the young person what language they are okay with hearing e.g. do they like praise?
- Engage in discussion or activities or provide fidget toys, depending on what the young person finds most helpful to complete the meal.
 - For conversations keep topics unrelated to the eating disorder, weight, food and eating (outside of prompts to keep eating the current meal). Be mindful of your own eating habits and role model language that encourages balance of foods i.e. limit talking about diets, your own weight, labels of foods being good or bad or fattening or not.
- Encourage families to eat together. On EDIP the parent or carer should eat with the young person.

What is therapeutic meal support?

The 4 C's

1. Calm

2. Confident

3. Consistent

4. Compassionate

- Children will pick up on your anxiety which will probably make them more anxious.
- The more confident you appear the more reassured they will feel.
- Stick with what you've decided and don't negotiate.
- Understand that they are doing something that is very difficult for them.

The Do's and Do not's of meal support

Table 8: What young people want at the dinner table?

Avoid negotiation	Negotiation around anything food orientated leads to an escalation of the “anorexic voice”.
Don't give up or give in	Young people want to know that no matter how far they push you, you will hold the boundaries.
Always be clear and consistent	Any hesitation makes the young person feel the need to push boundaries even further. They want you to be firm, no matter how far they push you.
Be vigilant	If they notice you are not paying attention to what is happening at the table, the urge to hide food becomes overwhelming. This makes the next meal harder.
Always encourage, do not threaten	Verbal prompts you can use: “try and make a start”, “keep going.”
Conversation	General conversation is a great way to distract the young person. Even repeating things such as “pick up your fork” if someone is struggling. They want you to treat every meal or break at the table as a fresh start.
Avoid the words “like” or “want”	Try not to say things like “Would you like orange or apple juice?” or “Do you want cornflakes or Weetabix?” Just give a straight choice “Orange or apple juice?”
Positives not negatives	Young people stated that they find positive statements more helpful than negative ones. For example, “Try hard not to mash your peas” is more helpful than “Don't mash your peas”.
Encourage the smaller voice that holds thoughts of the future	Positive things such as placemats or prompt cards can be helpful.
Check how to praise and acknowledge the effort	Some young people find it very distressing to be told they have done well. It is okay to find out the young person's belief and ensure that praise is given accordingly. E.g. “I acknowledge that this meal was tricky for you and that it took a huge effort”.

Active professional support

- Encourage parents to engage in supporting and actively comment on behaviours
 - You are doing great, do more of that..
 - Can you reinforce what your wife is saying? It needs to come from both parents
 - Recommend parents not to negotiate e.g. if you eat this, we can do this, if you manage half that is okay.
 - Recommend parents avoid negative consequences, if you don't eat we won't take you out this weekend, you won't get to watch that tv show tonight.
- Language to the young person:
 - Actively engage the young person. 'I realise this must be really tough for you, but your parents care too much to stand by and watch you going down hill.'
 - Pick up your spoon
 - Let's make a start with one bite
 - Take another bite
 - This is the right portion for you (especially if young person is saying the portion is too big).

What the young person might feel during

Fearful of.....

- Weight gain
- Certain foods
- Feeling guilty/greedy
- Physical illness/death
- Life without my friend the ED
- Others taking control
- Unhelpful comments

Behaviours include....

- Silence, crying, shouting, tantrums
- Pushing food around the plate
- Making excuses to avoid eating
- Attempting to negotiate the meal
- Throwing or hiding food
- Aggression to others/self
- Leaving the room/running away
- Compensatory behaviours after meal (e.g. vomit, exercise)

Refuse that

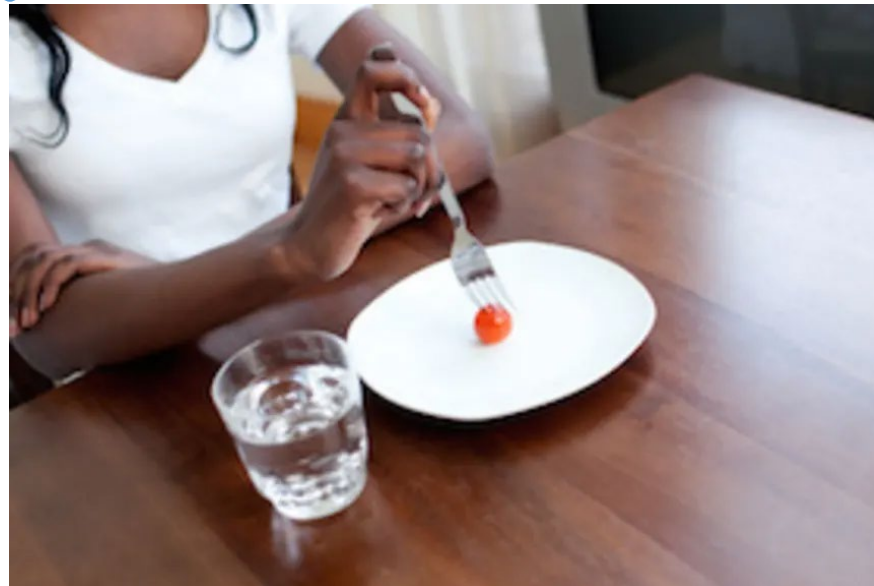
You have failed
if you eat that

Don't eat it

Keep Fighting,
they will give up
eventually

They are trying
to make me fat

This is too
much, you can't
eat that



What a parent/carer might feel



- Useless, incompetent
- Stupid
- Bullying/powerful
- Hopeless
- Helpless
- Lacking control
- Frustrated
- Frightened
- Guilty

In the Intensive pathway a stepwise approach is used

1

FOOD FIRST

The young person should be given every opportunity and support to eat.

2

ORAL NUTRITIONAL SUPPLEMENTS

If after **20 minutes** they have not started eating (not touched their food), supplement is provided

If the meal time boundary (30-45min for main meal) has elapsed and they have not finished their meal, the rest will be provided by the supplement as per the meal plan

Supplement is measured and given via a separate cup.

Standard supplement is Fresubin Energy (1.5kcal/ml sip feed)

3

NASAL GASTRIC TUBE FEEDING

If the young person is not eating, ONS and NG are not punitive, they are an added support if food is too difficult at that time. Needing an NG should not be used as a threat.

Post meal support

- ED cognitions and guilt can be strongest after meals
- In EDIP, allow 30minutes after the meal for debrief or various activities e.g. games or tv episodes



Allow airing of emotions

Counteract the ED voice:
- explain physical sensations
- challenge worries

Reflection - stay positive



Provide distractions
or activities
- Have a games jar
or timetable



Monitor to prevent
compensatory
behaviours e.g.
exercising or purging



Restrict toilet use 1
hour after meal time

Encourage to use
before meals instead

Encourage to remain
with family for this time

At home:

- Encourage families to do something together for at least 30minutes after the meal for activities and distractions together.

Distraction tips

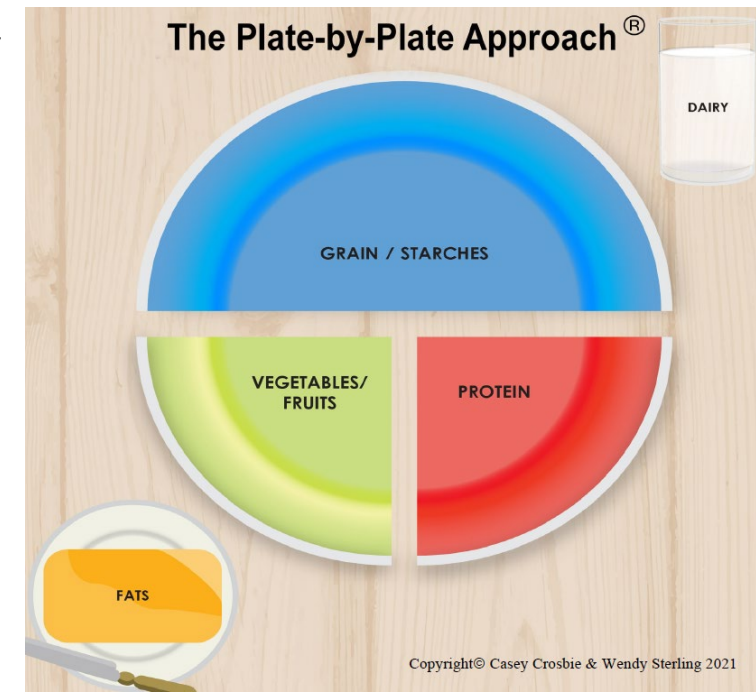
- Board games
- Card games
- Teenage colouring books
- Bullit journal
- Drawing
- Tv shows
- Knitting
- Sudoku
- Nintendo games
- Gardening
- Reading
- Crosswords
- Where's waldo

Top tips for meal support in the home

- Decide meals well ahead of time (in the morning, night before, or a few days prior decide the weeks meals)
- Set the time meals will be and who it will be with (encourage families to really stick to the time as any changes increases anxiety)
- Eat together
- Converse during meals on topic outside the ED. This may include playing games together while eating
- Encourage time together after meals, rather than allowing young person to be alone. After meals is when guilt and ED thoughts can be strongest.
- Focus on the process rather than the outcome.
- Remember the 4 C's.
- Make sure you have your own self-care time. It is hard to provide compassion and care if you are not giving yourself compassion and care.

Encouraging portions

- Weight restoration
 - 3 main meals (dessert at lunch and dinner) and 3 snacks
 - Portion given is what we want them to eat, not what we think they might eat. (We provide the meal and the amount expected, they decide how much of it they take)
 - Encourage parents to not settle for 'something' being good enough. Meals given should be an appropriate portion, even if only a $\frac{1}{4}$ is eaten. The consistency of 3 meals and 3 snacks is important in re-enforcing what is expected, even if only one meal is successful.
- Aim for multiple food groups in a main meal
 - $\frac{1}{2}$ plate carbohydrate (2 fists, 4 tbsp. 1 cup ~160kcal)
 - $\frac{1}{4}$ plate protein (fillet, tin fish, $\frac{1}{2}$ tin beans, fist mince, 2 eggs, ~150kcal),
 - $\frac{1}{4}$ plate salad/veg (~50kcal)
 - fat or dairy (topping or dressing or sauce) (~50-100kcal).



Recipe ideas

- Example week (which includes introducing challenge foods/mystery foods) – on next slide
- Put image of recipe books
 - Feast family meals <K:\Community Eating Disorder Service for Children and Young People\Case management\Dietetic Resources\Meal plans\Recipe ideas\F.E.A.S.T.-Family-Recipes-Families-Empowered-and-Supporting-Treatment-of-Eating-Disorders-320399-bookemon-ebook-copy.pdf>
 - Family guide to refeeding at home <K:\Community Eating Disorder Service for Children and Young People\Case management\Dietetic Resources\Meal plans\Recipe ideas\Family-Led-Refeeding-Recovery.pdf>
 - Cook books
 - Portion pictures -<K:\Community Eating Disorder Service for Children and Young People\Case management\Dietetic Resources\Meal plans\plate by plate approach picture based meal plans\CWT 12-18yrs>

AIM: 2 Litres of water across the day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday (challenge day- challenge an avoided food)*	Sunday/take-away day
Breakfast:	Bowl of cereal with semi-skimmed milk 1 slice of toast with spread and jam 1 glass of fruit juice	Apple and cinnamon overnight oats, topped with apple pieces Glass of Juice	Bowl of granola with yoghurt and blueberries 1 crumpet with spread and jam Glass of water	Croissant with ham and cheese Glass of Juice	Toasted bagel with spread and peanut butter An apple Glass of water	2 toast with 2eggs or 2 mini sausage. Roasted tomato/mushroom Glass of water	Bowl of cereal with semi skimmed milk Fruit bread with spread and jam Handful of grapes
Morning snack	X2 Oreo biscuits and an apple	Eat natural bar or nut bar	Handful of mixed nuts and handful of berries	Mystery snack	Popcorn with a fruit smoothie	2 scotch pancakes with glass of milk (flavoured or plain)	3 bourbon biscuits
Lunch	Tomato, mozzarella and pesto panini A pot of custard and strawberries	Tuna mayo and sweetcorn sandwich A pot of Yoghurt and a nectarine	Rice with chicken and vegetables A pot of rice pudding and mandarin	Chicken, spicy mayo, tomato, lettuce baguette A pot of yoghurt and berries	A jacket potato with spread and baked beans Crisps Glass of Juice	Salmon and avocado bagel A banana A pot of yoghurt (not diet)	Grilled halloumi with pitta and salad Mousse pot
Afternoon snack	Mystery snack	A banana and 2 biscuits	An apple and hot cross bun	A handful of nuts And 2 kiwi fruit	2 Rice cakes with peanut butter and banana	Bounce protein ball + cup of pineapple	400ml Yazoo milk drink
Dinner	Chicken and vegetable pasta bake Yoghurt +fruit	Mac and cheese with side salad 2 scoops Ice-cream	Sausage/chicken and mushroom risotto Apple pie with custard	Honey glazed salmon with rice and stir-fried vegetables Slice banana bread with dollop of yoghurt or spread	Lentil Dahl with rice Cheese crackers and grapes	Pizza and small bowl of salad with dressing 2 scoops of Ice cream	Sunday Roast Meat, roast potatoes, green beans, gravy Cake with custard and peaches
Evening snack	Hot chocolate made with teacake	2 sreen slices with spread And fruit smoothie	Malt milk (e.g. milo) and 2 biscuits	Large scone with spread and jam	Strawberry Nesquik with milk	Peanut butter and Banana milk based smoothie	X2 crackers with cheese

What to advise parents

- Encourage parents to be confident in the meal plan and portions they give. If young person questions their portioning, encourage parent to stay firm ‘this is the right portion for you and someone of your age’, ‘this is per your meal plan’.
- Encourage parents to Role-Model normal eating

Do's of role-modelling	Do not's of role modelling
<ul style="list-style-type: none">• Eating with the individual to reduce feelings of self-consciousness.• Limit your intake of ‘diet’, ‘light’, and ‘low-fat’ foods.• Eating normal amounts of food.• Eating a balanced meal (i.e., three to four food groups at a meal).• Eating sufficient food at snack-times.• Demonstrating appropriate eating habits.• Maintaining an attitude where food is neither good nor bad. Eating a balance of different foods is important.• Leave your own food assumptions and diet concerns out of the home space• Portion the amount that is needed, NOT what you think they will eat• Continue to eat the foods you want to eat, including sweets, birthday cake. Even if that is something your young person can't eat right now.	<ul style="list-style-type: none">• Force/coerce to eat. The support person resorting to trying to convince or coerce the person with an eating issue to eat when they are not yet ready, may result in a battle which may be harmful or damaging to the relationship. Readiness for change may fluctuate, this is normal, so it is important to maintain open and honest communication. Meal support is increasingly effective as the individual struggling with the eating disorder and their support person partner together against the eating disorder – not each other.• Guilt trip• Lecture on the dangers of eating disorders• Eat in public in the early stages of recovery• 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.’*• Talking about food, sensitive therapy issues, weight, exercise, violent current events and previously unresolved issues during meal support.• Eating diet foods during meal support• The support person having a fear of food• Use language that labels foods as ‘bad’ and others as ‘good’• Demonstrating your own concerns about weight or body image• Having painful thoughts and feelings brushed aside. 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!’.

Increased psychiatric risk

- Starting to eat again is likely to be very stressful for the young person
- Do they have a history or current difficulty with deliberate self harm or suicidality?
 - Risk may become higher when the young person is stressed
- This risk needs to be discussed/assessed together, including the young person
- A safety plan should be made to manage this risk at home

Name: _____ Date: _____

Safety & Contingency Plan

My warning signs:
The first signs that I am starting to struggle with my eating disorder and/or my mental health

Things I can do to help:
What things can I do that I know help me to feel safe and keep me well

Things that other people can do:
What things can my family/carers do to ensure that my mental and physical health are as stable as possible?

Name: _____ Date: _____

People who I can contact:
Who can I talk to for extra support?

- My Family/Carers & Friends:
- My CEDS Care Coordinator:
- The Duty CEDS Clinician: 0208 215 5270 (Mon-Fri 10am-4pm)
- My GP/School Contact/Social Worker:
- Mental Health Crisis Helpline:
 - Hackney Crisis Line: 0800 073 0005

Extra resources that may also help:

MindShift https://www.mindshift.co.uk	MoodJoule http://www.moodjoule.org/	Young Minds www.youngminds.org.uk Helpline: 0800 802 5544 Includes text message support
Samaritans www.samaritans.org.uk Helpline: 116 123 (24 hrs)	Childline www.childline.org.uk Helpline: 08001111 (24hrs)	Kooth https://www.kooth.com/ Confidential online counselling

My Safety and Contingency Plan will be signed and kept by:

Signed by Young PersonDate: _____

Signed by Parent/CarerDate: _____

Signed by ClinicianDate: _____

*If I feel very unsafe and struggle to cope I know I can go to A&E at any time.
If I can't manage to get to A&E safely I know I can call 999 at any time.*

Meal support tips – Kelty

- https://keltyeatingdisorders.ca/wp-content/uploads/2022/06/Meal-Support-at-a-Glance_2022.pdf
- Encourage parents to watch full Kelty meal support youtube <https://www.youtube.com/watch?v=pPSLdUUITWE>
- Eva Musby meal support youtube videos <https://anorexiafamily.com/>



Support for Parents and families



Websites:

www.b-eat.co.uk B-eat is a UK Eating Disorder Charity that offers support.

www.nhs.uk/conditions/eating-disorders Visit this NHS website for further information about Eating Disorders

www.themix.org.uk/mental-health/eating-disorders The Mix have a range of articles on both Eating Disorders and more general mental health topics.

www.youngminds.org.uk Young Minds is the voice for young people's mental health

Adolescent Samaritans **116 123** <https://www.samaritans.org/how-we-can-help/schools/young-people/>

Samaritans (as above)

<https://www.pedsupport.co.uk/>

FEAST - <https://www.feast-ed.org/info-for-parents/>

Eva Musby - <https://www.youtube.com/evamusby>

Helplines:

B-eat Youthline 0845 634 7650

Childline 0800 1111

Books:

Getting Better Bit(e) by Bit(e); a survival kit for sufferers of bulimia and binge eating disorders (Second edition) by Ulrike Schmidt, Janet Treasure and June Alexander (2015)

Eating Disorders: The Path to Recovery by Dr Kate Middleton (2007)

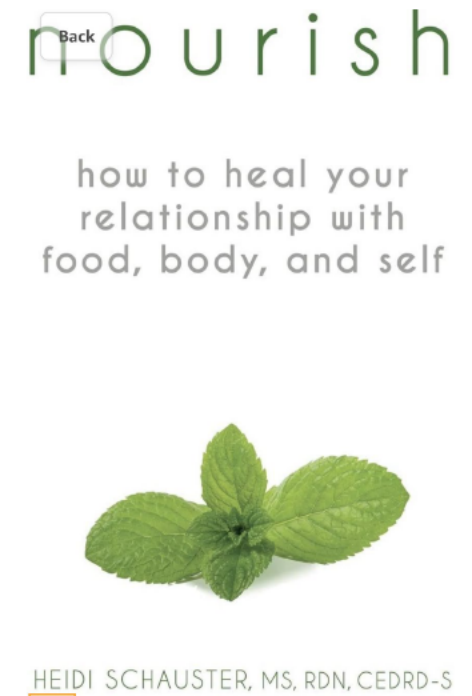
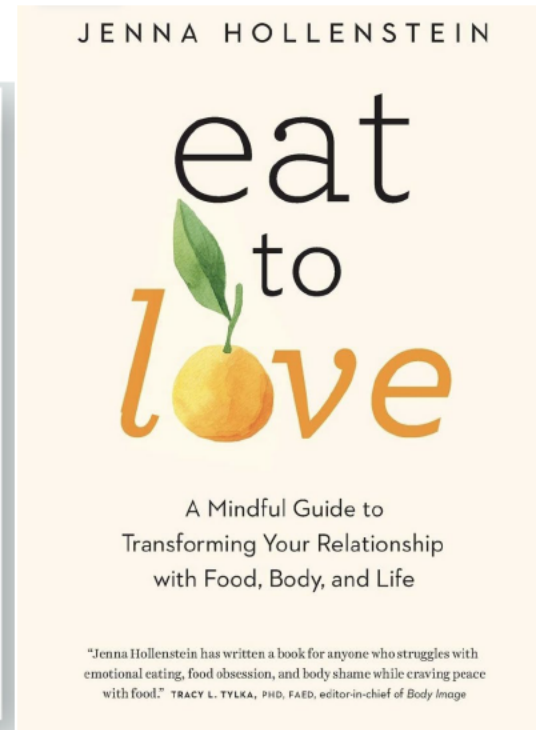
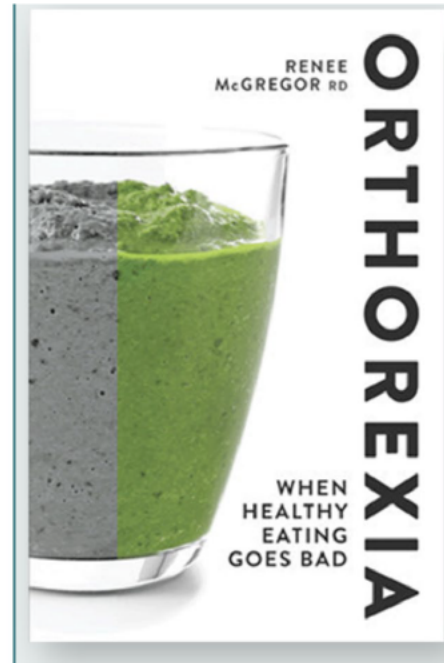
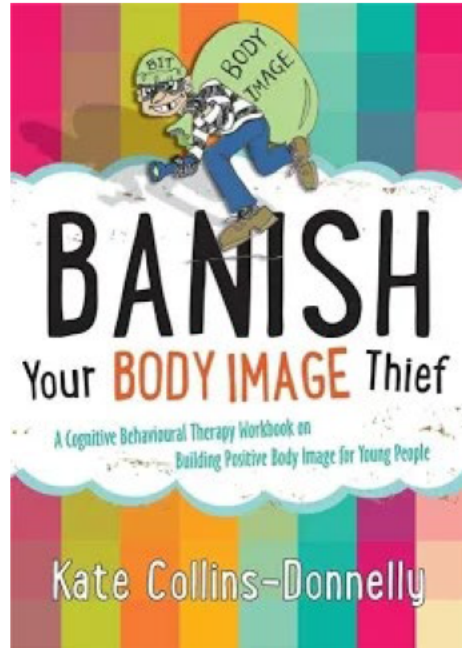
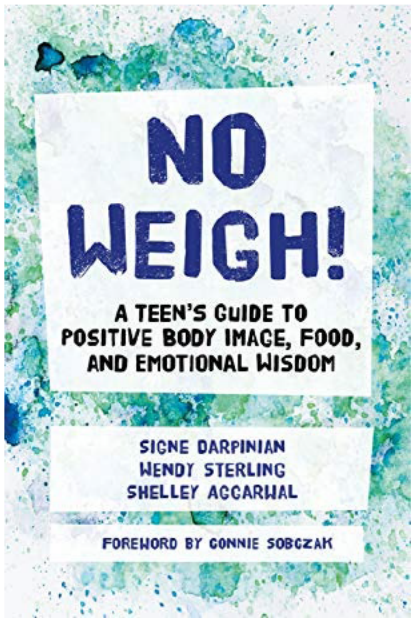
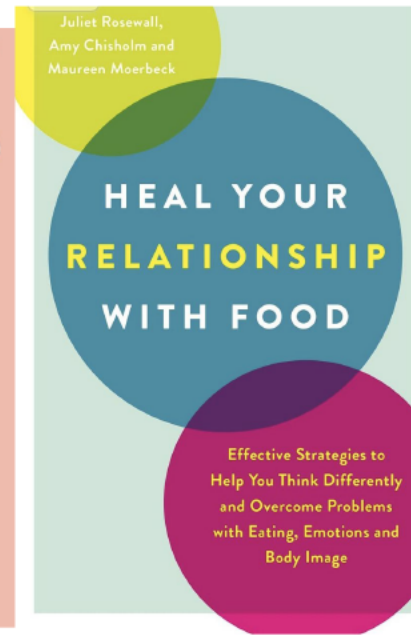
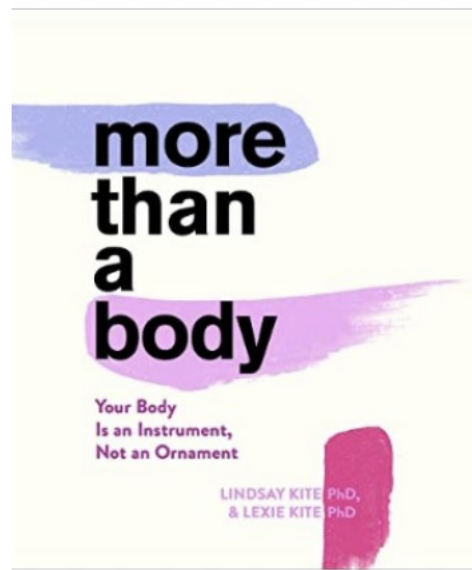
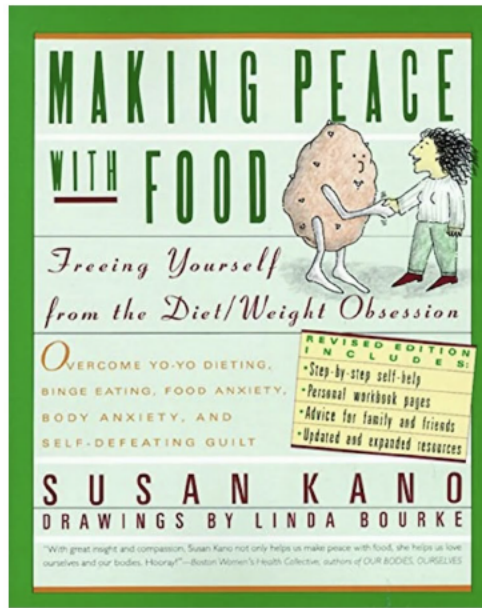
Eating Disorders: A Parent's Guide (Second edition) by Rachel Bryant-Waugh and Bryan Lask (2013)

Anorexia Nervosa: A Survival Guide for Families, Friends and Sufferers by Janet Treasure (1999)

Anorexia Nervosa: A Recovery Guide for Sufferers, Families and Friends (Second edition) by Janet Treasure (2013).

Skills Based Learning for Caring for a Loved One with an Eating Disorder by Janet Treasure, Grainne Smith and Anna Crane (2007).

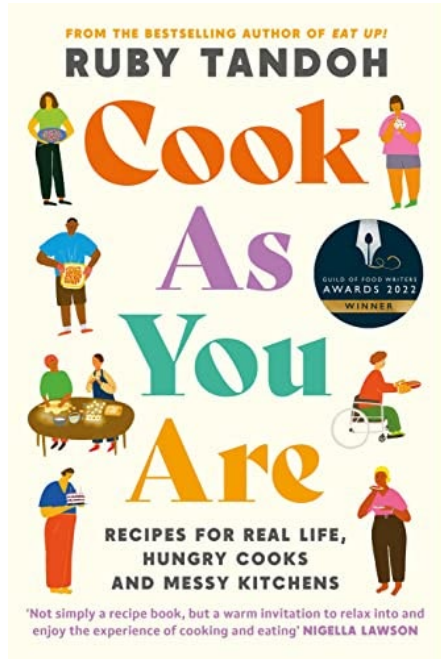
Disordered Eating Books



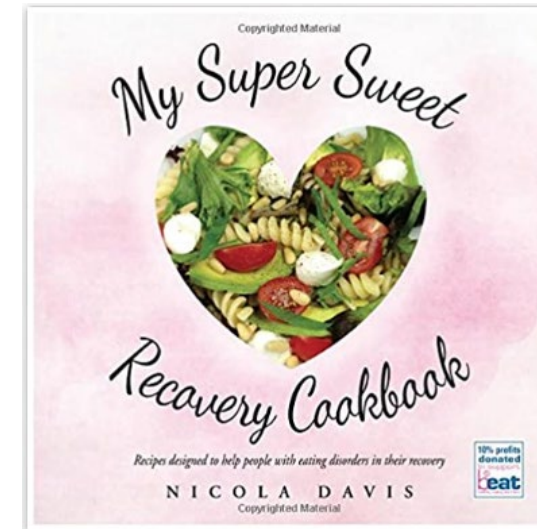
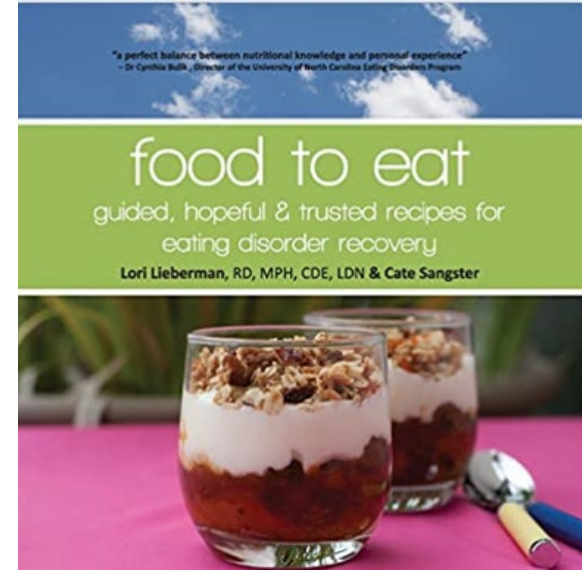
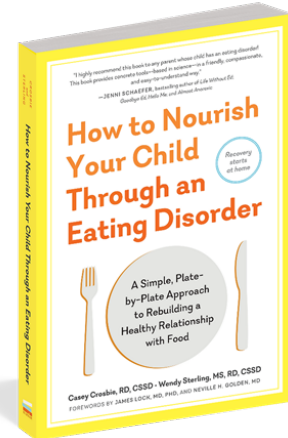
Podcasts (these are for eating disorder recovery, but do have helpful episodes in amongst them. They are more appropriate to late teens than younger children.)



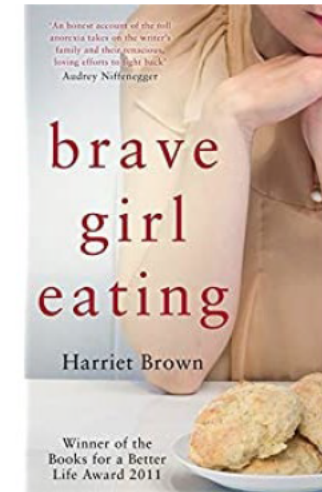
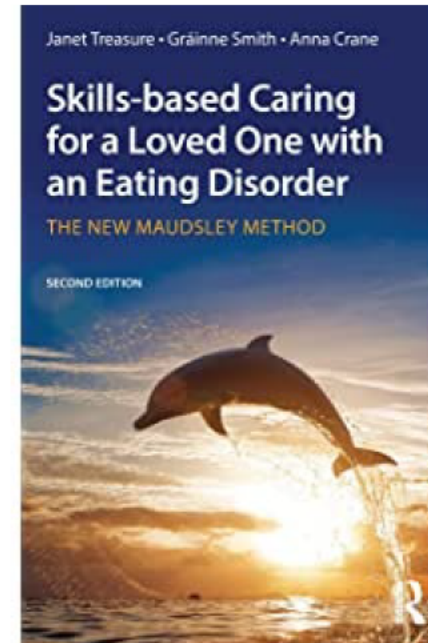
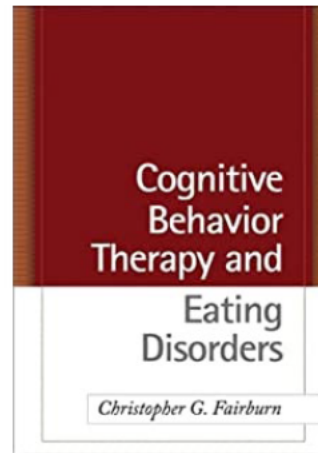
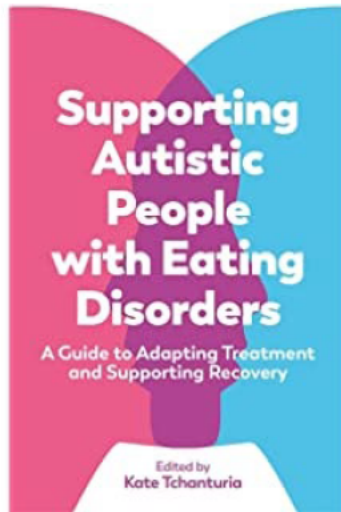
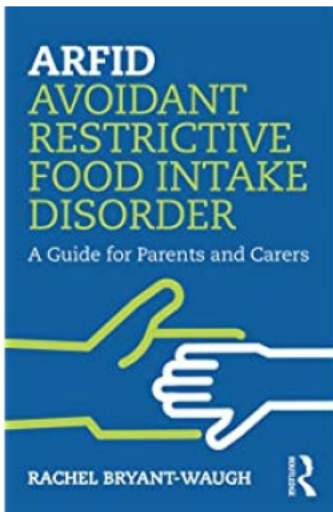
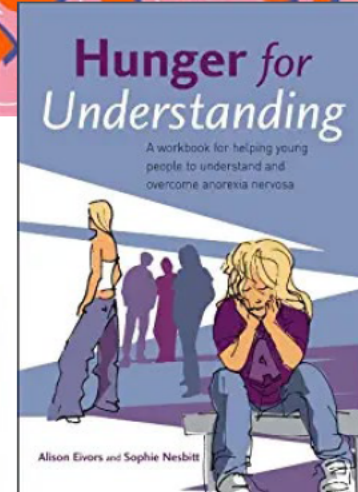
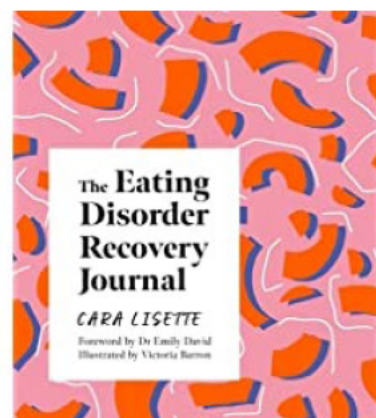
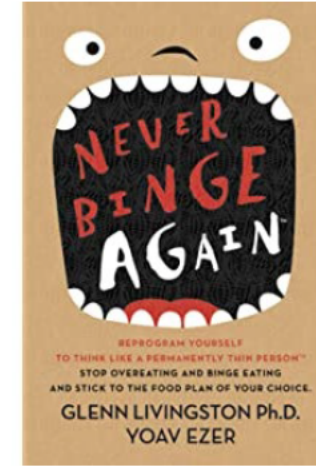
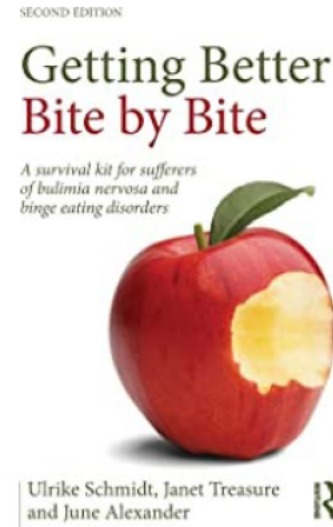
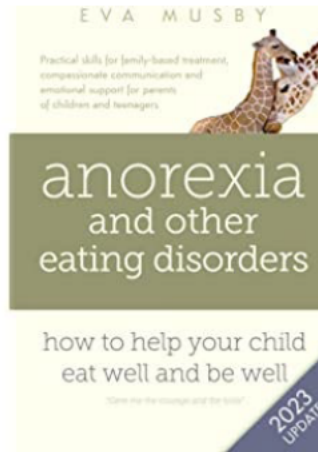
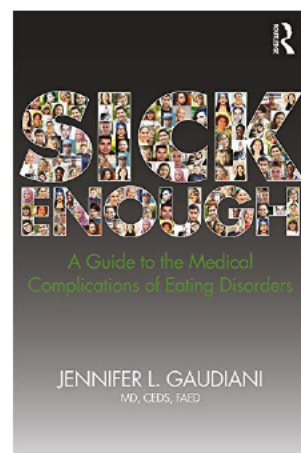
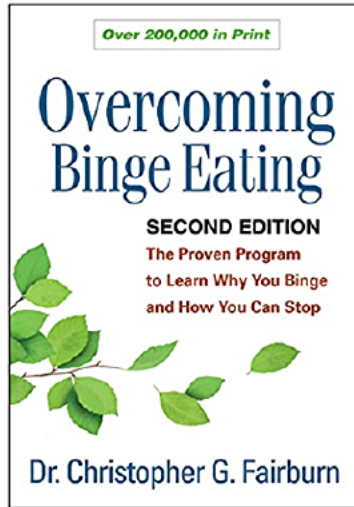
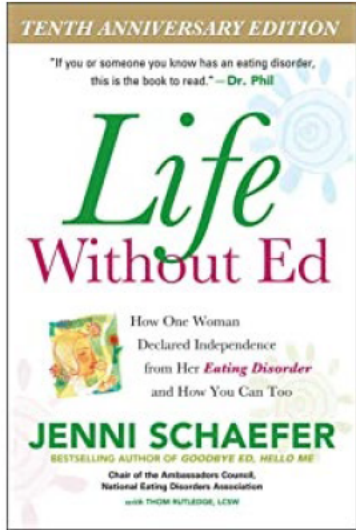
Recipe books



Families Empowered and Supporting Treatment of Eating Disorders



Eating Disorder Books



Helpful resources



MindED online education hub for professionals and parents
<https://mindedhub.org.uk/>

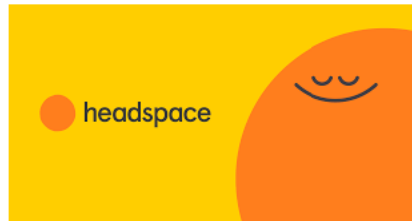
<https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Disordered-Eating>



FREE! Time to win the race against eating disorders!



<https://saphna.co/homepage/toolkits/eating-disorder-toolkit/>



<https://keltyeatingdisorders.ca/>
You tube meal support webinars



NHS East London Building a positive relationship with food and your body
NHS Foundation Trust

Reference

- Auckland Eating Disorder Service 2008, *Meal Support*, Auckland District Health Board, Auckland, New Zealand
- Kelty webpage
- FEAST
- BDA Clinical guidelines for dietitians treating young people with anorexia nervosa: family focused approach 2019
- Janet Treasure



My School Plan

My eating expectations in school?

- I will eat lunch daily so that I am remaining well. This will include a main portion, a side (e.g. fruit or pudding) and a drink (e.g. water or squash).
- I prefer ... (packed or school dinner?)

- I will have a water bottle with me so that I can stay hydrated across the day, please allow this in the classroom.

How do I want to eat lunch at school?

I would like to eat in the lunch hall with everyone else?

Types of foods I prefer to ensure I eat lunch?

Packed snacks- I am allowed to take snacks into school, in case I am hungry or find a meal difficult and would prefer to try have two snacks instead. OR in case of me feeling dizzy and weak from inadequate intake, this snack will help boost my energy levels

Is there anything that could make it easier for me?

- Separate space if needed?
- Quiet space, if needed?
- Extra time for meals, if needed?
- Person who could eat with me, if needed?

How would staff know if I am struggling and need support?

- Would I be able to let anyone know?
- Who could I go to?

If I feel unwell, who can I go to?

PE in school

I enjoy PE and would like to participate if I am well.

To keep myself well, I need to eat lunch to be able to participate in PE



Contact details:

CEDS (Community Eating Disorders Service) duty number (Mon-Fri 9am-5pm): 0208 215 5270

CEDS Duty email: elt-tr.ELCEDS-CYP@nhs.net

Out Of Hours CAMHS Crisis number: 0800 073 0006

Please see below, general safety advice from the NHS in terms of what constitutes an emergency:

Call 999 now if the young person reports experiencing any of these:

- Signs of a heart attack - pain like a very tight band, heavy weight or squeezing in the centre of your chest
- Signs of a stroke - face dropping on one side, can't hold both arms up, difficulty speaking
- tried to end your life - by taking something or harming yourself
- Severe difficulty breathing - not being able to get words out, choking or gasping
- Heavy bleeding - spraying, pouring or enough to make a puddle
- Severe injuries - after a serious accident
- Seizure (fit) - someone is shaking or jerking because of a fit, or is unconscious (can't be woken up)
- Sudden, rapid swelling of the lips, mouth, throat or tongue

Our Eating Disorder specific advice. Request young person go to A&E if they report any of the below:

- No food intake for 5 days
- No fluid intake for 2 days
- No fluid intake for 1 day if vomiting and/or diarrhoea is present
- Change in consciousness e.g. fainting, seeming disorientated
- Blood in vomit.