

# Evaluation of Meal Support Training for Parents and Caregivers using a Video and a Manual

Jadine C. Cairns RD, MSc<sup>1</sup>; Lisa D. Styles BA<sup>1</sup>; Pierre Leichner MD, FRPC<sup>1</sup>

## Abstract

**Objective:** The purpose of the study was to evaluate the helpfulness of the contents of a video and manual for training parents and caregivers in providing meal support for eating disordered youth. **Method:** A self-report questionnaire consisting of closed and open-ended questions was given parents or caregivers of 52 new consecutive referrals to the specialized eating disorder program at British Columbia Children's Hospital. **Results:** The return rate was 77%. Sixty-five percent of the families were dealing with a youth diagnosed with anorexia nervosa, 33%, eating disorder not otherwise specified, and 2%, bulimia nervosa. The meal support training resources were deemed informative by the parents who reviewed the material. Parents most valued hearing about the youth's experience of the eating disorder and their feelings around food. **Conclusion:** As a minimum initial intervention, the combination of the manual and DVD/video was found to be convenient to use and was well received by families with eating disordered youth. These resources could be used by clinician treating an eating disordered youth and his or her family in order to start addressing the food issues.

**Key words:** eating disorder, clinical management, therapeutic alliance

## Résumé

**Objectif:** Évaluer la pertinence d'une vidéo et d'un manuel de formation présentant un programme d'aide aux repas destiné aux parents et prestataires de soins qui s'occupent d'enfants et d'adolescents souffrant de troubles du comportement alimentaire. **Méthodologie:** Un questionnaire auto-administré consistant de questions fermées et ouvertes a été remis aux parents ou prestataires de soins de 52 nouveaux patients référés au programme des troubles du comportement alimentaire du *British Columbia Children's Hospital*. **Résultats:** Le taux de participation était de 77%. Soixante-cinq pour cent des familles avaient un enfant ou un adolescent souffrant d'anorexie, 33% de trouble alimentaire non précisé et 2% de boulimie. Le matériel du programme d'aide au repas a été jugé intéressant par les parents qui l'ont examiné. L'expérience de l'enfant ou de l'adolescent et ses sentiments face à la nourriture sont ce que les parents ont trouvé de plus intéressant. **Conclusion:** Les familles qui avaient un enfant souffrant de troubles du comportement alimentaire ont très bien accueilli le programme; elles ont estimé que, lors d'une intervention initiale minimale, l'utilisation conjointe du manuel et du DVD/vidéo était très pratique.

**Mots clés:** trouble alimentaire, gestion clinique, alliance thérapeutique

<sup>1</sup> *Eating Disorders Program, British Columbia Children's Hospital, Vancouver, British Columbia*

Corresponding email: pleichner@cw.bc.ca

Submitted: August 31, 2007; Accepted: October 19, 2007

## Introduction

Re-nourishment and normalization of food intake and eating are primary treatment goals for children and adolescents struggling with an eating disorder (American Psychiatric Association, 2006). Therapeutic meal support has been recognized as one of the cornerstones of treatment in specialized eating disorder programs (DeSantis, 2002; Leichner, Hall, Calderon, 2005; Noorduyn, Vandereycken, 2003). Guides or manuals written to provide information and strategies for parents to deal with meal times have been limited and not very detailed. Food can become a "battleground" when families are trying to support a son or daughter through an eating disorder. This trying time has been described by families "as being explosive", "needing to walk on eggshells" and "one of great confusion". Therefore, in collaboration with patients and families, a video/ DVD plus accompanying manual was developed to assist families with the overwhelming task of

trying to do the "right" thing. These resources could be used by anyone treating a youth dealing with an eating disorder.

The Meal Support Training (MST) resources were produced to (1) introduce the concept of meal support, (2) help parents, friends and caregivers understand the feelings of the eating disordered youth at meal times and (3) provide approaches for developing meal support strategies. For the past 3 years, we have been using the MST video and manual for family and friends with the newly referred families to our eating disorder program. This served as an initial point of contact with families to start addressing the food issues which were most often at their extreme during this time. McMaster et al (2004) described how parents of eating disordered youth often felt disengaged from the treatment and felt "shut out" of the process. The basic information provided in the MST resources would be a good vehicle to overcome these challenges.

A detailed description of the contents of the resources has been published elsewhere (Leichner, Hall, Calderon, 2005), but in considering the next edition, we wanted to know what was most helpful for families who were trying to support their eating disordered youth. According to Perreault et. al. (2001), receiving information appeared to be a key element in patient satisfaction. The MST resources included sections on the following: the rationale for meal support, how the “helper” can be helpful, strategies for meal support, strategies that will not help, planning for meal support (before, during and after), interviews with a recovered patient, a mother and a father who had gone through the process. The purpose of this report is to describe and evaluate the helpfulness of the different components of the MST video and manual for family and friends.

### Method

The MST resources and an evaluation questionnaire were given to parents or caregivers of 52 new consecutive referrals to the specialized eating disorder treatment centre for youth at British Columbia’s Children’s Hospital at the beginning of their treatment with us. The questionnaire was designed by the authors; and one (PL) had extensive experience with questionnaire design. The questionnaire contains both close and open-ended questions, which allows for optimum data collection. There were five close-ended questions on the overall helpfulness of the video and manual that used a 5-point likert-like scale ranging from strongly disagree to strongly agree. There were eleven close-ended questions on different sections of the manual and video regarding how informative each section was (1=not informative, 3=somewhat informative and 5=very informative). Finally, there were three open-ended questions on the most helpful, least helpful and suggestions for improvement.

### Results

Forty evaluation forms were returned which resulted in a 77% response rate. Of the respondents, twenty-six (65%) families were dealing with a youth who had a diagnosis of anorexia nervosa, one had bulimia nervosa (2%) and thirteen had EDNOS (33%). Their ages ranged from 13- 18 years, with a mean of 15.1 years.

The majority of those who did not respond (7 out of 12) did not return to the clinic for a variety of reasons, ranging from “being cured” to being too far geographically to travel. Four of the 12 non-responders were older and very independent teens who attended appointments on their own. One family was in crisis, so did not return their evaluation form.

This report will focus on how informative the specific segments of the material were. Overall, the respondents stated that the manual was informative. The lowest rating from the manual was a mean of 3.79 (SD=0.843) for both the section on what to do during a meal and what to do at the end of a meal. The highest rating was given to the section on the thoughts and feelings of the youth around meal-time (mean=4.03;SD=0.743). The second highest was for the section on the rationale for providing meal support.

The portion of the video where the patient was speaking about meal support received the highest rating (mean=4.28, SD=1.012). Second highest was the segment of the video where the parents were speaking on meal support (mean=4.28; SD=1.010). The lowest rated segment was for the cafeteria role play between friends, but it was still considered more than “somewhat informative” (mean=3.65; SD=0.802).

The open-ended responses were mostly positive and mirrored what was stated in the close-ended questions. Here also, the parents described that the most helpful aspect of the material was hearing the thoughts and feelings of the teen around meal times. One parent stated: “The most helpful information was the reaction to eating food an hour later. Had I not had this information I would not have understood why my child was upset shortly after her meal (with new foods).” Some parents commented that the resources gave them confidence and encouragement to use their “common sense instinct” of what they needed to do to support their youth. Many parents reported that the resources helped them be more understanding and patient with their youth and the recovery process as illustrated by the following quote: “I learn to be more patient than before”.

### Conclusion

There is an ever- increasing movement that

recognize parents are a valuable resource in the treatment of eating disordered youth; and not to exclude them. In fact, early family alliance was shown to decrease drop out from treatment in a manualized family based therapy program (Pereira, Lock, Oggins, 2006). Empowering parents with knowledge and practical information is an important first step. The MST materials were produced with this in mind. In evaluating these resources, all sections of the MST video and manual were found to be informative for the families of eating disordered youth whom we surveyed. The patient's views and reactions to eating situations were rated highest. Parents seemed to want to hear and increase their understanding of their youth's experience with the eating disorder. This concurs with the findings by Honey and Halse (2006), who described that "finding out about the eating disordered individual", was one of the foundation coping strategies for parents with daughters suffering from anorexia nervosa. The MST material was also described by parents as helpful for increasing their confidence in how to be with their eating disordered youth at the highly emotional time of eating.

The MST material was a minimal intervention we used at the beginning of the contact with the family in attempts to empower the family by helping them know what to do. From clinical observation, the MST material was found to be most helpful for eating disordered youth who were in a more "action-oriented" stage of change for recovery. A few parents made comments similar to the following: "The material will be more useful once my daughter starts eating; right now there are no meal times." Although the information itself would be useful at any time, provision of the resources should be accompanied by an explanation that if the youth is in a pre-contemplation stage of recovery, the guidelines might not be immedi-

ately applicable. There may be some background work, negotiations and setting up of natural, logical consequences to optimize the circumstance for nutritional rehabilitation. However, for health care providers dealing with an eating disordered youth, the MST resources could be used as a minimum initial intervention. This would be helpful for those who work with or without an official eating disorder team. The combination of the manual and the DVD/video seemed to be an easy to use, convenient vehicle to provide initial practical meal support information to family and friends of eating disordered youth.

### Acknowledgements/Conflict of Interest

The authors have no financial relationships to disclose.

### References

- American Psychiatric Association (2006). American Psychiatric Association Practice Guidelines for Treatment of Patients with Eating Disorders, [http://www.psych.org/psych\\_pract/treatg/pg/EatingDisorders3ePG\\_04-28-06.pdf](http://www.psych.org/psych_pract/treatg/pg/EatingDisorders3ePG_04-28-06.pdf).
- DeSantis, A. (2002). Therapeutic mealtime support: A treatment strategy for Disordered eating. *Pulse*, 21:4-5.
- Honey, A., Halse, C. (2006). The specifics of coping: Parents of daughters with anorexia nervosa. *Qualitative Health Research*, 16:611-629.
- Leichner, P., Hall, D., Calderon, R. (2005). Meal support training for friends and families of patients with eating disorders. *Eating Disorders*, 13:407-411.
- McMaster, R., Beale, B., Hillege, S., Nagy, S. (2004). The parent experience of eating disorders: Interactions with health professionals. *International Journal of Mental Health Nursing*, 13:67-73.
- Noorduyn, C., Vandereycken, W. (2003). Coping with stressful family meals, patients, parents and therapists around the table. *Eating Disorder Review*, 14:1-3.
- Perreault, M., Katerelos, T. E., Sabourin, S., Leichner, P., Desmarais, J. (2001). Information as a distinct dimension for satisfaction assessment of outpatient psychiatric services. *International Journal of Health Care Quality Assurance*, 14:111-120.
- Perriera, T., Lock, J., Oggins, J. (2006). Role of therapeutic alliance in family therapy for adolescent anorexia nervosa. *International Journal of Eating Disorders*; 39:677-684.