

Supportive Meal Therapy (SMT) – Guidelines for Staff/M Meal Chaperones

Supportive Meal Therapy (SMT) is the process where a meal chaperone/staff member eats a meal or snack with the patient in a safe, supportive, consistent environment to support them in completing their prescribed nutrition and reduce anxiety.

Principles of SMT:

Role modelling helpful eating behaviours to assist the person with challenging eating disorder thoughts and behaviours by demonstrating

- Adequate portioning
- Adequate food variety
- Appropriate pace of eating while engaging in neutral conversation
- Assisting the person to identify unhelpful behaviours by providing gentle verbal re-direction

Consistency:

- Following a set program provides certainty and boundaries for the person, shows respect for your colleagues and fights against the eating disorder.

Externalising:

- Use externalising language that challenges the eating disorder, not the person. i.e. “It looks like the eating disorder is making things hard for you today”.

Support:

- Use an empathic and supportive tone. e.g. “Your body deserves the right to this nutrition”.
- Avoid sharing too much of your own personal information and/or opinions.
- It is not your responsibility to make the person eat. Your responsibility is to follow the SMT program so the person can consume and retain their nutrition.
- Avoid taking an authoritative stance
- Express empathy and validate the persons struggles while reminding them that their treatment is medically required.

Meal Chaperone Responsibilities:

Pre-meal:

- Receive training and ongoing support in SMT provision
- Ensure the persons meal/snack matches the prescribed meal plan
- Ensure long sleeves are pulled back, above the elbow, and clothing with excessive folds or pockets are not worn to the meal table

- Encourage participants to use the bathroom prior to the meal (any trips to the bathroom during or post meal require supervision)
- Ensure participants have been provided with the SMT Guidelines for Consumers document

During the meal:

- Inform person of starting time and total time allowed, and provide one reminder when 5 minutes remains.
- There is a 30 minute timeframe to complete meals (breakfast, lunch and dinner), and a 20 minute timeframe for snacks (morning tea, afternoon tea & supper).
- Do not engage in any negotiations around the prescribed meal plan, food intake or time allowances. Do not allow any changes to the prescribed meal plan
- Follow the table expectations outlined in the SMT Guidelines for Consumers document (e.g. all food is to remain on the plate, no napkins, condiments and cutlery used within the boundaries of regular eating, food not to be broken into small pieces prior to eating)
- Model helpful eating behaviour by eating a reasonable quantity meal/snack (no diet foods).
- Encourage non-eating related conversation, and redirect conversation around food/weight/diets.
- If struggling with unhelpful behaviours, give one gentle reminder, avoiding direct confrontation.
- Check all plates and containers at the end of each meal/snack
- If not all of the meal/snack is consumed, step 2 of meal plan is to be provided (followed by step 3 if required)

Post meal:

- Supervision and post meal support will occur for 1 hour post meals and 30 mins post snacks.
- Remain with and observe participants, and engage them in distraction activities and distress tolerance strategies (e.g. warm pack for stomach for abdo discomfort, sensory activities, distraction with games etc)
- Record intake on food charts
- Notify treating team and document in patient chart if unhelpful behaviours occur

It is important that staff working with people with eating disorders receive support from senior staff members and colleagues (including for bathroom and meal breaks) and do not have an active eating disorder.

Training, support and supervision is available for staff through QuEDS.