

Instructions for starting FBT

When should we start?

Today. It likely will not be perfect in the beginning, but trying to start a new routine that is going to disrupt the eating disorder pattern is an important step in letting your child know that you are there to help him and you are going to do whatever it takes. The longer you wait to act, the more time the eating disorder has to intensify.

How often do we need to eat?

3 Meals AND 3 Snacks each day

- Breakfast, snack, lunch, snack, dinner, snack
- This can be rearranged to fit schedules (breakfast, lunch, snack, snack, dinner, snack; breakfast, snack, snack, lunch, dinner, snack; etc.), but your child should be eating 5-6 times per day, and there should not be more than a few hours between meals, except while sleeping.
- This routine should also stay relatively consistent on weekends, school breaks, etc. Your child might want to sleep in on a Saturday, but if that throws off the structure of meals and snacks for the day, it might not be able to happen in the beginning.

What should we give for food?

Your child will likely tell you that certain foods do not taste good, or are too scary, or are unhealthy or unnecessary, but remember, you are **entirely** in charge of making food choices.

There is no negotiating with the eating disorder. Here are some useful guidelines:

- *Whatever the person was eating before the ED* (she used to love macaroni and cheese; he always ate eggs and toast; she loved eating ice cream).
- *Whatever is normal for the family* (maybe you aren't a family who has dessert regularly; maybe you always did Taco Tuesday or Meatless Monday; maybe you swung by McDonald's on your way to an event once a week). Families are usually able to trace back to the moments when they started organizing around the eating disorder. Go back to the time right before that when the family was not making adjustments to accommodate for the ED behavior.
- *Food that is calorically dense* (veggies and fruits are fantastic, but generally do not count as part of the total calories the person needs to consume)

What should we not give for food?

Although you are entirely in charge of making food choices in the beginning of treatment, there are some things that may not be necessary while in the re-feeding stage:

- *Foods that the person did not enjoy pre-eating disorder* (maybe she never loved bacon; or he never was a fan of cookies; or they have always hated cheese). Your child will tell you over and over again that their tastebuds have changed and they just don't like the

taste of – pizza, brownies, pasta, chips – anymore, but if they enjoyed it pre-eating disorder, they probably still enjoy it, but the eating disorder does not.

- Only “healthy” or “good” food. Food has no morality; it’s just food and it needs to be dense enough to make a difference.

What if my child wants to be a vegetarian/vegan or subscribe to a specific diet plan?

- If your child has always been a vegetarian/vegan or gluten-free or lactose intolerant, we do not need to force them to eat food that is outside of that realm. However, these lifestyle changes often coincide with the beginning of the eating disorder, and thus we need to have nothing off limits that was not off limits before the ED behaviors started.
- Use the French Fry test for vegans. If your child wants to be a vegan, they should be able to eat French Fries with ease. If they want to be a vegan and will not eat French Fries, that is probably more eating disorder thinking than veganism.

But, what if we really don’t know what or how much to give?

- First, remember...you have successfully fed your child up to this point and may have other children without eating disorders that you have also successfully fed. You know intuitively how to feed your child, but the eating disorder is making you think you do not. Always go back to the basics of how your child and your family have eaten before.

If you still need some guidance...

- If your child needs to gain weight, remember to ask yourself, “will this _____ be enough to help them gain at least 1 pound this week?” If the answer is no, add to it.

If you aren’t sure about what to put on a plate, go by this rule of thumb:

- 50/25/25/1/1 – If you have a 10 inch plate, half of it (50%) should be filled with starches, 25% should be protein, 25% should be fruits/veggies, and there should be at least 1 dairy item and 1 item that is a good source of fat.
- Examples would be *pasta with chicken and broccoli in olive oil with cheese on top and a glass of milk, an English muffin with peanut butter, two scrambled eggs, a yogurt and a glass of orange juice, a turkey sandwich with avocado, cheese, and mayo, a cup of fruit and a glass of chocolate milk.*
- Snacks should be two items from different food groups – pretzels and hummus, veggies and ranch, cereal, peanut butter sandwich, oatmeal with fruit, a smoothie and a cookie, ice cream sandwich, or cookies and milk.

What can we add to increase calories?

- Anything! Use whole milk, heavy cream, more butter, more olive oil.
- Benecalorie is a flavorless, odorless liquid that adds 320 calories and can be added to most things easily. You can find it in most major grocery stores or online.

Is how much food or what kind of food more important?

Both. But, if your child needs to gain weight, more is better even if there is not a huge variety. If your child does not need to gain weight but needs to maintain weight and be less anxious about food, variety is the goal if he maintains weight. In general, weight restoration is priority even

over addressing “fear foods,” but in order for full recovery to take place we also need to make sure the person is not anxious about eating any type of food.

What if my child does not want to do FBT?

That’s okay! Most people with eating disorders do not want to willingly participate in treatment that is going to address the eating disorder head-on, but effective treatment regularly happens despite lack of enthusiasm or participation from the child.

Why does my child not seem to want to get better?

When someone is malnourished, she cannot process emotions, think clearly, or be expected to have insight into her condition. This is a brain disorder, not a willful choice. You will start to see changes in behavior, personality, and thinking and feeling only when your child is fully nourished and at or near weight restoration.

What if my child just won’t eat?

Unfortunately, you will probably run into this problem at some point. Eating is going to be difficult for your child and may cause feelings of anxiety, guilt, anger, etc. Even though those feelings can be difficult to witness, eating is not an option. Eating disorders are as serious as cancer, and if your child had cancer and did not want chemotherapy, you would do anything it took to make sure your child got the medicine she desperately needed. The same is true for eating disorders. Food is medicine.

Life stops until your child is regularly eating. Life starts again when your child is regularly eating. This means no extracurricular activities, no spending time with friends, no vacations, no shopping sprees, no video games, and sometimes even no school. If your child is too sick to eat, your child is too sick to engage in pleasurable activities. It is not punishment; it is safety.

What if we cannot be home all the time to give meals?

This is common. Parents work, have other children, have family commitments, and other obligations. Ideally, everything should go on hold while in the initial re-feeding phase. Parents have to commit as much time as possible to this process. However, if there are going to be gaps in monitoring during mealtimes or snacks, you need reinforcement. You should assume if no one is around to watch, your child will not eat. Some options are:

- Have another family member or friend be in charge while you cannot be
- Have your child join you at work, an event, running an errand, etc.
- Have your child Facetime or video call with you while eating

What about when my child is at school?

Schools are generally very willing to make accommodations for students who need extra support during mealtime or snack time. Here are some options for making sure your child is eating at school:

- Have a monitor/teacher keep an eye on your child in the lunchroom and report if your child is not eating
- Have your child eat in the nurse’s office, with a teacher/coach at school
- Join your child at school during lunch (this can even be eating in the car)

- Have your child come home for lunch and then return to school

Ask the school what they are willing to do to help. Some schools can rearrange schedules so that kids can leave before lunch and not return the rest of the day, etc. Some parents assume lunches/snacks at school will be smaller due to limited time, lack of parental monitoring, etc., and make up for it at breakfast or dinner.

What about exercise?

Exercise should be limited in the beginning of treatment. Your child can go on walks with the family, stretch or do yoga at home, ride a bike with friends around the block. However, organized sports, running, going to a gym, or doing timed workout videos is not helpful at this point. Getting back to pleasurable exercise can be a goal, but not only can exercise make weight gain more difficult, exercise can become obsessive for people with eating disorders and that needs to be disrupted. All decisions about exercise should be discussed with your physician.