



Implementing New Strategies In The Dining Room

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7th September 2022











WHAT ARE WE DOING

- Those with Autism and eating disorders will often have struggles with rigidity, sensory needs and managing/communicating emotional needs.
- Finding solutions to support with autistic traits
- But also challenging the eating disorder and working towards recovery that can be continued outside of our services.







Images of our dining room after implementing these changes.



THE DINING ROOM

Patient input and feedback

Using calming colours

Keeping it clutter free

Keeping the dining room neutral.

Avoiding overstimulation, clutter or unnecessary furniture

Consistent layout

STRUCTURED MEALTIMES

- Meals are at the same time everyday
- Patients choose their own meals in advance.
- Options from the alternative/beige menu
- Patients have copies of their meal plans and any changes.
- Structured timings and boundaries in the dining room that are held to encourage normal eating behaviours.





SELF-HELP MATERIALS

- We offer self-help strategies to all patients at the beginning of an admission
- Optional strategies for individuals to try and see what works for them.
- We support patients to use their voice, but these can help people who feel less able to do so.
- Patients may also bring their own stress relief/self-help tools
- Other strategies can also be planned with staff where possible.



DO YOU FEEL LIKE TALKING?















HOW YOU CAN HELP ME CARDS



Helpful

Unhelpful



Chat to me about ordinary subjects to distract me

Tell me I can do it and to keep going

Encourage me to look at my motivational

Ask me about my life outside hospital to remind me why I am doing this

Let me eat in silence so I can concentrate and complete in time

Remind me I want to work on not separating food and encourage me to try

Talk to me about my love of ... (gardening; music; animals etc.)

Encourage me to problem solve if I encounter an

Remind me of my bigger picture goals for life



Saying "well done" when I manage to complete because it makes me feel more guilty.

Leaving me in silence with my thoughts

Asking me lots of questions

Staring at me eating without talking to me

Asking me if I have done anything interesting as it reminds me I am stuck in hospital

Giving me/my anorexia too many choices about my meal. I need boundaries

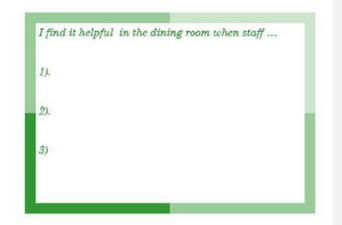
Please don't comment on the food in detail or ask what I am eating

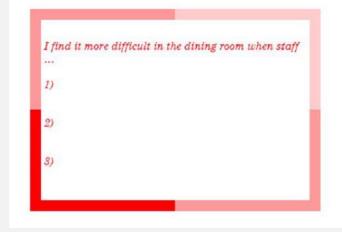
Telling me I should feel proud

Asking about my admission history or how long I have been here

Too much conversation about physical activity





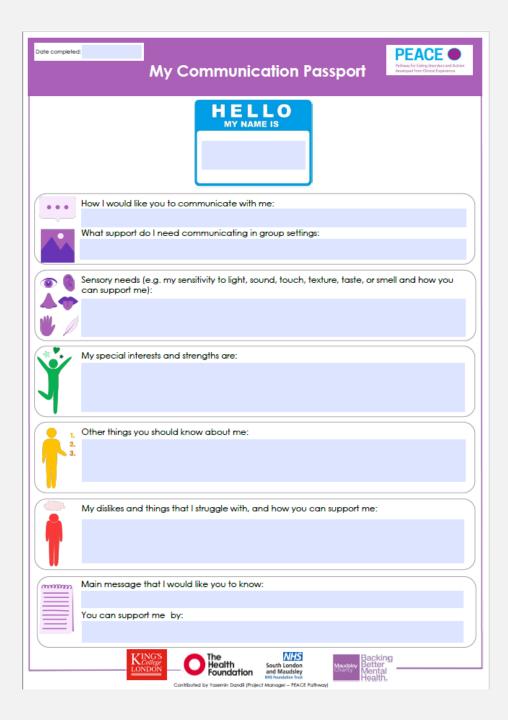




COMMUNICATION PASSPORT

- This communication passport is a wellbeing record completed different by each patient.
- Designed to provide healthcare professionals with important information about each patients individual needs.
- Focuses on their communication and sensory needs.





EXTENDED COMMUNICATION PASSPORT

- More comprehensive wellbeing record for patients to complete. Again, designed to provide health care professionals with useful information. Including:
- All about me
- Sensory wellbeing
- My positive behaviour support plan (PBS)
- My wellness recovery action plan (WRAP)
- Relapse prevention plan
- My preferences (likes and dislikes)
- My goals
- Other things that I would like you to know about me.



My Wellbeing Communication Passport







People who care for my wellbeing this communication passport has important information about me.

Please make sure you read this before you help me.

This communication passport needs to stay with me but please take a copy for my file.















SENSORY NEEDS

- Sensory summary
- Headphones
- Earplugs
- Stress toys
- Specific requests: e.g. sitting away from the radio
 - Whilst keeping requests in mind we still try to mimic real-life











Sensory Summary

Mark where you think you are on the below scales. Hypersensitivity means you are <u>highly sensitive</u> to sensations and may try and <u>avoid them</u> where possible; hyposensitivity means you have <u>lower sensitivity</u> and may try to <u>seek out</u> these sensations. There are examples below each scale. If you think you are neither hyper/hyposensitive and have no sensory differences, mark yourself in the middle as a 5.

Taste

0 1	2	2	3	4	5	6	7	8	9	10		
(Hyposensitive)		(No sensory								(Hypersensitive)		

If I am hyposensitive, I might add lots of salt to my food to make it taste stronger. If I am hypersensitive, I might prefer to eat bland foods as I find them too strong.

Smell

U	1	2	3	4	5	6	-	ð	9	10
(Hyposensitive)		(Hypersensitive)								
				di	fferences	1				

If I am hyposensitive, I might not notice strong smells and enjoy smelling essential oils. If I am hypersensitive, I might dislike smelly places like a canteen and find smells overpowering.

Vision

0	1	2	3	4	5	6	7	8	9	10		
(Hyposensitive)		(No sensory							(Hypersensitive			

If I am hyposensitive, I might really like watching bright light displays. If I am hypersensitive, I might prefer to have lights dimmed or turned off.

Sound

0	1	2	3	4	5	6	7	8	9	10		
Hyposensitive) (No sensory									(Hypersensitive)			

If I am hyposensitive, I might turn my music up loud and dislike silence. If I am hypersensitive, I might dislike loud spaces and put my hands over my ears.

Touch

	0	1	2	3	4	5	6	7	8	9	10		
(Hypose	ensitive)		(No sensory								(Hypersensitive)		
differences)													

If I am hyposensitive, I might enjoy rubbing my hands on soft fabric or a soft toy. If I am hypersensitive, I might dislike and avoid touching certain fabrics.

Contributed by Emma Kinnard (PhD Student-PEACE Pathway) peacepathway.org





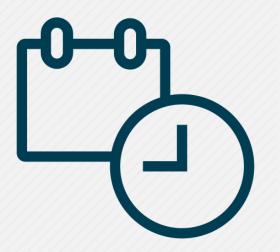




OUTSIDE OF THE DINING ROOM

- Menu feedback: Patients are given feedback on their menus from a dietician to avoid mistakes and to continue challenging dietetic goals e.g. increasing variety
- Menu planning: Patients have the option of staff support when completing their menus.
- OT Support: Patients will have the chance to practice practical skills addressing their individual concerns e.g. meals in public places
- Care planning: Patients will meet with their primary team member weekly to create plans for their individual needs.







FEEDBACK AND LEARNING

- Even though they were created for those with Autism, all of our patients can benefit from these strategies.
- We go through periods where some tools are not used (e.g. do I feel like talking cards).
- Patients like having the tools as an options, even if they don't think that they will use them.
- Patients appreciate being asked how we can support them and help them manage in the dining room.



CONTINUING TO LEARN



- Reviewed regularly with patient input, feedback and ideas.
- Multidisciplinary approach and important information/teaching is shared across the team
- Written materials and clear information for both staff and patients.
- Overall, we are aiming to find a balance between supporting individual needs, but also challenging the eating disorder and working towards recovery.



HELPFUL RESOURCES

PEACE Pathway – Home

PEACE Pathway - Resources for those with an Eating Disorder and Autism

PEACE Pathway - Clinician Resources

PEACE Pathway - Carers Resources





THANK YOU ANY QUESTIONS?

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