F·E·A·S·T

FAMILY GUIDE SERIES

TIPS AT THE TABLE

A CAREGIVER'S GUIDE TO SUPPORTING MEALS IN EATING DISORDER RECOVERY

IN COLLABORATION WITH
monte nido

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Families Empowered and Supporting Treatment of Eating Disorders

Tips at the Table
A Caregiver's Guide to Supporting Meals in Eating Disorder Recovery

Part Of The F.E.A.S.T. Family Guide Series

IMPORTANT NOTICE TO READERS

This guide is intended as a resource for families and caregivers. It should not be used as a substitute for professional medical advice, diagnosis, or treatment. Always seek the guidance of qualified healthcare providers with any questions regarding your loved one's medical condition. F.E.A.S.T. assumes no responsibility for any outcome relating to the information contained in this guide.

ABOUT THIS GUIDE

Meals are where eating disorder recovery happens, and where caregivers often feel most uncertain. This guide, edited by the F.E.A.S.T. team in collaboration with Monte Nido, offers practical guidance for supporting your loved one before, during, and after meals, whatever treatment approach your family is using.

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Tips
At The Table

A CAREGIVER'S GUIDE TO
SUPPORTING MEALS
IN EATING DISORDER RECOVERY

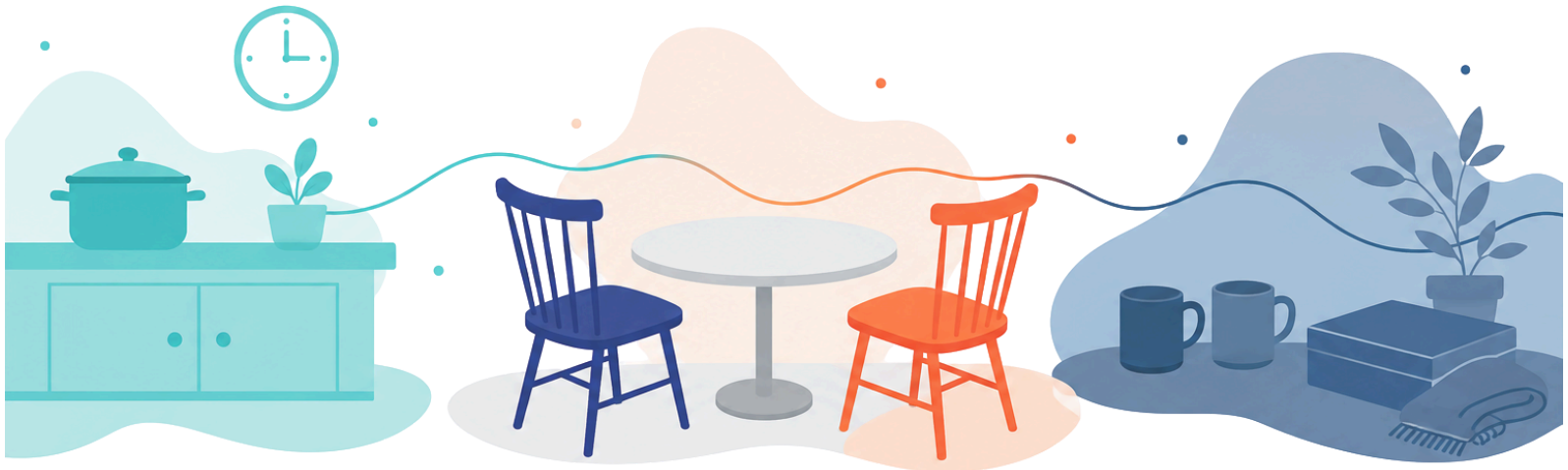
We've been there.

Sharing a meal with a loved one who has an eating disorder can feel complicated, emotional, and uncertain. You may be sitting across from someone you love while an illness you cannot see makes an ordinary plate of food feel impossible. You may wonder what to say, what to avoid, and whether your presence even helps.

It does!

Eating disorders thrive in isolation, and eating together, even imperfectly, is a powerful recovery tool. Whether your loved one is in formal treatment or at home, your steadiness at the table matters more than you may realize.

This guide is for any caregiver, using any treatment approach. It walks through what your loved one is experiencing, what your role looks like, and how to handle the moments before, during, and after a meal.



1. UNDERSTANDING WHAT YOUR LOVED ONE IS EXPERIENCING

Eating disorders are serious, biologically influenced mental health conditions. No one chooses them, and no one recovers through willpower alone. Understanding what your loved one is navigating helps you respond with patience instead of frustration.

For someone with an eating disorder, mealtime is genuinely distressing. Eating can trigger intense fear, guilt, shame, and anxiety. What looks like defiance across the table is usually overwhelming distress.

Their brain is also working against them. Malnutrition physically impairs judgment, emotional regulation, and the ability to reason about food. Cognitive recovery follows physical recovery, which means your loved one may need to eat well for some time before they can think clearly about eating. This is why waiting for motivation to arrive before supporting nutrition rarely works.

F.E.A.S.T. families have expressed one key idea for many years: **recovery is not linear.** There will be hard meals, good meals, and everything in between. Progress is measured over weeks and months, not meal to meal.

2. YOUR ROLE AT THE TABLE

Your role at the table will depend on your loved one's age, level of care, and treatment approach. Across all of these, research and clinical experience point to a few universal truths.

Your calm is contagious.
Research shows that caregiver expressed emotion (anxiety, criticism, or conflict) can directly impact a loved one's eating behavior. A regulated caregiver helps regulate the person across the table.

Consistency matters more than perfection.
Showing up, staying present, and holding the same expectations across meals signals safety and predictability. You don't have to get it perfectly right every time.

Structure is supportive, not punitive.
Consistent and predictable meal times and a calm environment reduce the decision fatigue and anxiety that fuel restriction or avoidance. Think of structure as scaffolding, not control.

Follow your treatment team's lead.
If your loved one has a treatment team, ask them specifically what your role at the table should be. That guidance may evolve as recovery progresses.

3. BEFORE THE MEAL: SETTING THE TABLE FOR SUCCESS

Much of what makes a meal go well happens before anyone sits down.

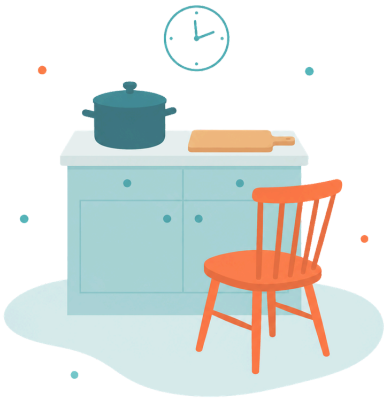
Make food decisions away from the table.
Whatever the plan calls for, decide it in advance, ideally with your treatment team's input. The table is a place to eat what has already been decided. When menus get negotiated in the moment, the eating disorder joins the negotiation.

Plate the food for your loved one.
Many treatment approaches ask caregivers to take over plating during early recovery, precisely because choosing portions is where the illness exerts the most pressure. Do all of the meal prep and plating out of your loved one's sight and serve the meal as a settled fact.

Set up the environment.
A calm table, minimal clutter, and no phones works better than eating in front of open kitchen counters or in high-traffic chaos. Some families find quiet background music or a familiar routine helps.

Have a distraction ready.
A conversation topic, a trivia game, a show you watch together at snack time. Distraction is a legitimate clinical tool, and having one planned beats improvising while your loved one is spiraling.

Regulate yourself first.
Take two minutes before the meal to breathe, step outside, or do whatever settles your own nervous system. You are the thermostat for the table.



4. WHAT TO SAY, WHAT TO AVOID

Words at the table carry significant weight. Lead with warmth and curiosity, and keep criticism and visible worry away from the meal.

Supportive language to try at the table	Language that may unintentionally harm
"I'm right here with you."	"Just a few more bites" (opens negotiation)
"I know this is hard. I believe you can do it."	Any comment about calories, fat, or food being "unhealthy"
"Let's talk about something else while we eat."	"You look so much better" (links worth to appearance)
"I'm proud of you for sitting down with me."	"Everyone else eats fine" (comparison and shame)
"This is what your body needs to heal."	"I don't understand why you can't just eat" (minimizes the illness)
"You don't have to do this alone. I'm staying."	"If you loved me, you'd eat" (emotional leverage)
	"I give up," or leaving the table in distress

Silence is also support. You do not have to fill every moment with words. Sitting together, staying put, and eating your own meal says plenty.

5. NUTRITION AT THE TABLE: WHAT TO KNOW

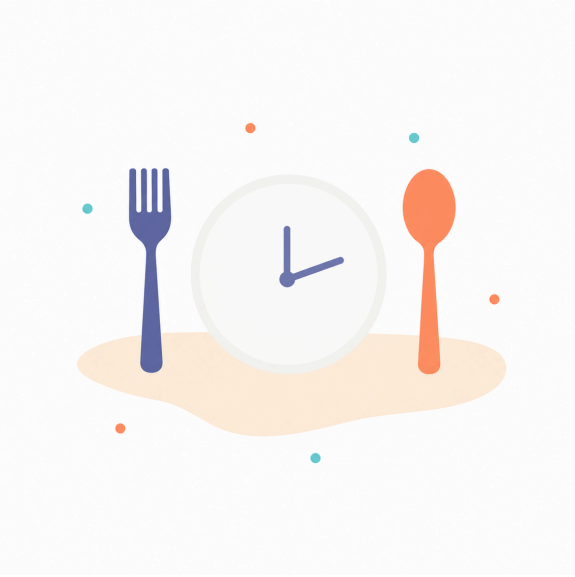
You don't need to be a dietitian to support your loved one at meals. But a few key nutrition concepts can help you feel more confident, and help you hold steady when the eating disorder pushes back.

Energy needs in recovery are often much higher than expected.
Refeeding, weight gain, and metabolic recovery require substantial calories, often well beyond what "standard" nutrition guidelines suggest. If a meal plan feels like a lot, know that it is what the body needs for recovery.

All foods belong.
Recovering from an eating disorder means including fear foods, high-calorie foods, and foods once avoided. Offering a variety of foods and ensuring your loved ones include fats, carbohydrates, and desserts is clinically important and necessary.

Eating on a schedule matters, even without hunger.
Hunger and fullness cues are often disrupted by the eating disorder. Eating at regular, consistent intervals, typically three meals and three snacks, helps restore these signals over time.

Don't make the table a nutrition classroom.
Avoid discussing calories, portion sizes, or food quality during meals. The table is for eating and connection, not education.



NUTRITION AT THE TABLE (cont'd)

Nutrition supplements are tools.
If your loved one has prescribed supplements (like Ensure or Boost), or calorie-dense additions (oils, cream, nut butters), these are part of their meal plan. Administer them matter-of-factly, without negotiation.

Fiber, caffeine, and "diet" products can be problematic.
Diet sodas, excessive coffee, sugar-free products, and high-fiber foods can be used to suppress appetite or manage weight in ways that interfere with recovery.

Veganism, food preferences, strong food aversions: when does accommodation become enabling?
Preferences and ethical or cultural food choices should be respected when they do not interfere with adequate nutrition. Accommodation becomes enabling when it reduces variety, reinforces avoidance, or allows restriction to continue under the label of "preference."

So, watch for accommodation creep: one exception becomes two, then three. Early recovery often requires temporarily prioritizing flexibility and full meal plan completion over dietary rules, with preferences readdressed once nutritional stability is restored.

"If the meal plan feels like **a lot**, know that it **is what the body needs** for recovery."

“What If I Don't Want to Eat What's on the Meal Plan?”

It is completely normal to feel that the food your loved one is required to eat does not match your own preferences, hunger, or habits. You might not be hungry at snack time. You might not love what is being served. Heavier foods may feel uncomfortable for you.

A few things to keep in mind:

Your eating at the table sends a message. When caregivers eat the same food without commentary, it normalizes the meal and keeps your loved one from feeling singled out. You do not have to match their portion, but eating something of what is served matters.

Avoid opting out visibly. Choosing a salad while your loved one is required to eat a full meal, or skipping a food that is part of their plan, can quietly reinforce the idea that those foods should be avoided.

This is temporary and purposeful. You are not committing to eating this way forever. You are creating a safe mealtime environment during a critical window of recovery.

I**f your own relationship with food makes this genuinely difficult,** that is worth exploring with your own therapist, separate from your loved one's care. Caregiver food anxiety is more common than people realize, and it deserves its own attention.

The goal is not for you to eat perfectly. It is for the table to feel like a neutral, normal place where food is just food.

6. NAVIGATING DIFFICULT MOMENTS AT THE TABLE

Even with the best preparation, some meals will be hard. Here is how to respond to the challenges caregivers encounter most often.

Tears or emotional distress.
Acknowledge the feeling briefly (“I can see this is really hard”) and gently redirect to the meal. Save extended emotional processing for after the meal and for therapy.

Bargaining about portions.
Stay warm but firm. “I hear you. We're still going to finish what's here.” Avoid justifying the meal in nutritional terms or entering a debate. The moment you argue the case, the eating disorder has a foothold.

Refusal to sit or eat.
Calmly invite your loved one back. If they remain unable to eat, follow up with a supplement if that is part of your plan, and contact their providers. A missed meal is information for the team, and it is never a reason to give up on the next one.

Anger directed at you.
The eating disorder often aims its anger at the person supporting recovery, because you are the one standing between it and restriction. Try not to take it personally. “I know you're angry with me. I love you anyway, and I'm staying.”

Meals that stretch on and on.
Set time expectations for meals and snacks in advance, with your team's guidance. Open-ended meals raise anxiety for everyone; a clear endpoint helps. When time is up, follow your plan for incomplete meals rather than extending indefinitely.

Disagreement between caregivers.
Present a united front at the table. If you and a co-parent or other caregiver disagree about how to handle a meal, take it offline. Conflict between caregivers during meals is destabilizing, and the eating disorder will find the gap.

7. AFTER THE MEAL: THE TRANSITION PERIOD

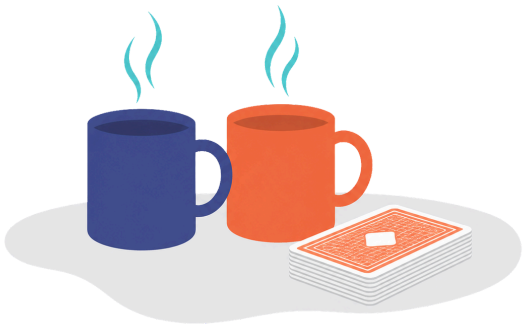
The 30 to 60 minutes after eating are often when anxiety peaks. Your support during this window matters as much as your support during the meal.

Stay nearby.
Post-meal supervision is standard practice in higher levels of care, and it helps at home too. Your presence offers comfort and reduces the opportunity for compensatory behaviors.

Offer distraction and connection.
Watch something together, play a game, take a gentle walk if your team approves, or just sit and talk about anything other than food. Distress tolerance during this window builds over time.

Acknowledge the effort, not the outcome.
"That was a hard meal and you did it" lands better than comments about what was eaten or how your loved one looks.

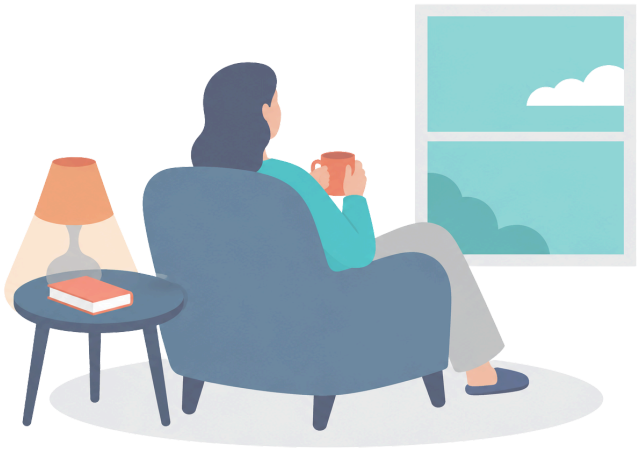
Do not debrief immediately.
Right after eating is the wrong time to process the food, the emotions, or the eating disorder. Save that for therapy and for calmer moments.



8. CARING FOR YOURSELF AS A CAREGIVER

Supporting someone with an eating disorder is one of the most demanding caregiving roles there is. Research consistently shows that supported caregivers get better outcomes, for themselves and for the person in recovery. Your wellbeing is part of the treatment, so treat it that way.

- **Connect with people who understand.** F.E.A.S.T.'s peer support communities exist for exactly this; you will find caregivers around the world who are sitting at the same table you are.
- **Seek your own therapist or support group,** ideally one familiar with eating disorders.
- **Practice your own emotional regulation** before meals; your nervous system sets the tone.
- **Give yourself permission** to not have all the answers.
- **Recognize the signs of caregiver burnout:** emotional exhaustion, resentment, hopelessness, or your own patterns around food becoming disordered. These are signals to get more support, and getting it is a strength.



9. QUICK REFERENCE / AT A GLANCE

PRINCIPLE	WHAT IT MEANS IN PRACTICE
Your calm is the intervention	Regulate yourself first. Take a breath before sitting down. Your nervous system affects theirs.
Structure supports safety	Consistent meal times and predictable food reduce anxiety. You do not need to reinvent every meal.
Eating is the treatment	Every meal completed is a step in recovery. Small wins count.
All foods belong at this table	Skip diet talk and nutrition commentary. Model flexible, neutral eating.
Acknowledge, then redirect	You can validate the distress and still hold the expectation. Both things are true.
Silence can be support	You do not have to fill every moment with words. Sitting together is enough.
The behavior is the illness	The anger, the refusal, the tears: these are symptoms, not attacks on you.
Recovery happens between meals too	Therapy, rest, connection, and consistency all feed the process.

10. FINAL THOUGHTS

There is no perfect way to sit with someone you love while they fight an eating disorder. There is only showing up, meal after meal, with as much steadiness as you can find that day. The table where all of this feels so hard right now is the same table where, over time, food becomes just food again. And dinner becomes just dinner.

You do not have to do this alone. Thousands of caregivers have sat where you are sitting, and many of them are part of the F.E.A.S.T. community right now, ready to help.

We are here because *we've been there*.

There is no perfect way to sit with someone you love while they fight an eating disorder.

You do not have to do this alone.

We are here because *we've been there.*

About The Author

Nathalia Trees, MS, RD, CEDS-C, is a certified eating disorder Registered Dietitian and consultant specializing in the treatment of adults and adolescents with eating disorders. She was granted a Bachelor of Science from the University of Colorado and a Master of Science in clinical nutrition from Tufts University. She completed her dietetics internship at Tufts Medical Center in Boston, MA. Her experience spans over 13 years in medical nutrition therapy, nutrition education, public speaking, and eating disorder related research. Her passion is advocacy, training, and education for current and future dietitians.

About F.E.A.S.T.

Families Empowered and Supporting Treatment of Eating Disorders (F.E.A.S.T.) is an international organization of and for parents and caregivers to help loved ones affected by eating disorders.

Learn more at https://feast-ed.org

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