Nutrition & mealtimes

Navigating Nutrition, Mealtimes & Food-Related Behaviors

At ERC, food is medicine

The body and brain can't heal from an eating disorder without nutrition rehabilitation. Our approach is rooted in compassion, backed by science, and designed around each person's needs.

Three nutrition principles

STRUCTURE

Stability, predictability and safety with eating

- 3 meals and 2–3 snacks at the same times daily
- A supplement if food can't be completed
- 30 minutes for meals, 15 for snacks, 10 for a supplement

BALANCE

An "all foods can fit" approach

When morality is removed from food, it's no longer good or bad. It's nourishment. The only foods off limits are ones you're allergic to, spoiled foods, or foods you've truly never liked.

FLEXIBILITY

Adjusting food decisions to pursue recovery

- Varying time of day for meals and snacks
- Eating socially and at restaurants
- Expanding food choices
- Cooking for yourself and letting others cook

Your role at mealtimes

Your loved one's dietitian can give you

Nutrition education, meal-planning guidance, menu-selection support, behavior-coaching techniques, and tips for setting limits around food behaviors. Have a plan for every meal and snack, and stick to it.

Five questions for choosing menus

1. Are all the food groups represented?
2. Do portions match what the dietitian taught?
3. Does the meal make sense together?
4. Is it what our family would normally eat?
5. Does it include recommended fear or challenge foods?

Hold compassionate limits

Strong feelings are expected. Listen and stay calm, respond rather than react, stay curious, validate, and stay aligned with the team. Your loved one may get upset, and that's okay. These practices take power from the eating disorder.

PRACTICE SAYING

- "This is a really challenging process for you."
- "How can I support you right now?"
- "Have you talked to your team about your concerns?"

AVOID SAYING

- "You are looking so much healthier!"
- "You look great now that you've put on weight!"
- "That portion looks like more than I could eat."

TREATMENT AND BEYOND

- **Monitor closely for the first 12 months** after discharge. Most relapses happen within a year of leaving a higher level of care.
- **Looking better isn't being healed.** The brain takes at least 3 years to fully heal.
- **Don't return to intuitive eating too soon,** typically not until 6–12 months after higher-level care.
- Complete every step-down level, including IOP
- Keep a multidisciplinary team, including a registered dietitian
- Regular monitoring of vital signs and weight
- Build a community of support and join support groups

Why structure matters

Reduces anxiety around food

Unstructured eating can trigger decision fatigue. A consistent schedule lowers food-related anxiety.

Interrupts disordered patterns

Structure helps disrupt cycles of restriction, bingeing, purging, or compulsive exercise.

Builds trust in the body

Regular nourishment teaches the body it will be fed, reducing survival-mode behaviors.

Supports emotional regulation

Steady blood sugar from regular meals and snacks can improve mood and reduce volatility.

A supplement such as Boost may be used if food can't be completed; the goal is usually to wean off it by the end of PHP.

Meal planning

It's essential to have a plan for every meal and snack, and to stick to it. Plans may be adjusted several times during treatment, especially if weight restoration is needed.

- **Flexible Plate method:** the approach ERC most often recommends for portioning at home
- **Exchange-based:** when more structure is needed
- **Entrée + sides**: another way to individualize the plan

For children and adolescents, families and caregivers take over menu selection for their loved one during treatment.

What you'll learn from the dietitian

- How diet culture and weight bias contribute to eating disorders
- How to support your loved one through disordered food beliefs with an "all foods can fit" approach
- How malnutrition affects the brain and body: nutrition is medicine
- Why full weight restoration matters, when it's needed
- And anything else you have questions about

What you might hear during treatment	Ways you can respond
"No one is listening to me about foods I like and don't like."	"That sounds frustrating. What has your dietitian said about foods that support recovery?"
"They are trying to make me fat."	"I get why you'd feel scared, because this is a fear food and this meal feels really challenging."
"I am eating way too much food."	"I can understand why you feel that way, because this is more food than you have eaten recently."
"They are making me worse."	"I know this feels really hard right now, and I trust your team's recommendations."
"The food is so gross I can't eat it."	"That must make finishing your meal plan hard. Let's talk to your dietitian about it."
"I feel so sick."	"I believe you. What can I do to help take your mind off it for a while?"

Strong feelings like these are expected. Listen, stay calm, validate, and stay aligned with the treatment team.
You don't need to respond to food or weight questions in the moment, but you can always validate the emotion underneath.
Ask your loved one what support at meals looks like for them and talk with the team about what support is needed at home.

Signs of nutrition recovery

- Eating a variety of foods
- Recognizing hunger and fullness cues
- More flexibility with food
- Trying fear foods or challenging foods
- Seeing links between food, emotions, and behavior
- Thinking critically about food and body messages
- Using a variety of coping skills to manage urges
- Normal eating at restaurants, celebrations, and snacks

Family and caregiver support groups meet weekly. Ask your team how to join.