

Beyond Meal Support: Advancing Occupational Therapy's Role In Eating Disorder Treatment

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LEARNING OBJECTIVES

1. Spark meaningful discussion around occupational therapy's role in the treatment of eating disorders.
2. Discuss and explain how occupational therapy contributes to eating disorder treatment through occupation-based, functional, and recovery-oriented intervention.
3. Identify barriers to implementing occupational therapy in eating disorder treatment settings.

What is an eating disorder?

Eating disorders are not simply about food or appearance
Eating disorders are serious illnesses marked by severe disturbances in a person's eating behaviors

Types:

- Anorexia nervosa (AN)
- Bulimia nervosa (BN)
- Binge-eating disorder (BED)
- Avoidant restrictive food intake disorder (ARFID)

(National Institute of Mental Health [NIMH], 2024)



What Are Common Types of Eating Disorders?



Eating disorders are serious illnesses marked by severe disturbances to one's eating behaviors. Common types of eating disorders include:

Anorexia nervosa

People with anorexia nervosa severely avoid or restrict food intake due to a distorted self-image or an intense fear of gaining weight.

Bulimia nervosa

People with bulimia nervosa regularly binge eat and then engage in unhealthy behaviors to prevent weight gain, such as forced vomiting or the use of laxatives.

Binge-eating disorder

People with binge-eating disorder regularly lose control of their eating and eat unusually large amounts of food.

Avoidant restrictive food intake disorder (ARFID)

People with ARFID limit the amount and variety of food they eat due to their anxiety or fear of the consequences of eating or dislike of a food's characteristics.

People with these types of symptoms may have an eating disorder and should talk to a health care provider. Help is available.



NIH

National Institute
of Mental Health

nimh.nih.gov/eatingdisorders

How can OT support?

- Occupations
- Contexts
- Performance patterns
- Performance skills
- Client factors

Occupations

- **ADLs:** Eating, bathing, dressing, grooming, toileting, and functional mobility
- **IADLs:** Grocery shopping, meal planning, cooking, cleaning, managing money, and caring for others
- **Health Management:** Attending appointments, taking medications, following a recovery plan, and using coping strategies



Occupations cont.

- **Rest and sleep:** Establishing sleep routines and reducing nighttime rumination or compensatory behaviors
- **Education and work:** Attending classes, completing assignments, maintaining employment, and managing workload
- **Leisure and social participation:** Sharing meals, traveling, attending events, participating in hobbies, and spending time with friends or family



Contexts

- **Physical environment:** Kitchen layout, meal setting, food access, treatment setting, school, workplace, or gym exposure
- **Social environment:** Family routines, peer relationships, roommates, coworkers, treatment-team support, and social-media influences
- **Cultural environment:** Food traditions, body ideals, gender expectations, family roles, and beliefs about health or productivity

Contexts cont.

- **Institutional environment:** Insurance coverage, program rules, work/school policies, transportation, and availability of specialized treatment
- **Virtual environment:** Social media, diet culture messaging, fitness tracking, online communities, and telehealth access

Performance Patterns

- Eating disorders may become embedded in daily routines and identity
- Some patterns are obvious, while others appear socially acceptable but are rigid, isolating, exhausting, or organized around symptom maintenance
- OT helps clients identify patterns, understand their function, and build flexible alternatives that support recovery



Performance Skills

Motor skills

- Stabilizing, reaching, coordinating, positioning, and sustaining activity
- Preparing food, carrying groceries, setting a table, dressing, or completing hygiene routine

Process skills

- Initiating, sequencing, organizing, planning, choosing, problem-solving, and adapting
- Planning meals and shopping lists consistent with a nutrition plan
- Managing appointments, medications, transportation, school/work demands, and recovery routines

Social interaction skills

- Expressing needs, asking for support, and setting boundaries
- Participating in meals, celebrations, and peer interactions



Client Factors

Values, beliefs, and spirituality

- Beliefs about food, body size, productivity
- Values related to family, culture, faith, autonomy

Body functions

- Emotional regulation
- Cognitive functions
- Interoception

Body structures

- Body systems or structures affected by medical complications, injury, illness, malnutrition, or co-occurring conditions



Discussion | Q&A

We amplify, adapt, and advance occupational therapy, together.



- Barriers?
- Which occupations might be most meaningful to reclaim during recovery and why might “returning to life” be as important as symptom reduction?
- If a person is medically stable and following a mealplan but remains unable to return to relationships, roles, routines, and meaningful activities, what part of recovery is still unfinished and how can OT help address it?

THANK YOU!

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**EVALUATION: Hot
Topic: Beyond Meal
Support: Advancing
Occupational
Therapy's Role in
Eating Disorder
Treatment**



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