

# CareCertify LLC

## Behavioral Health Series

### BHS-020

## Supporting Individuals with Eating Disorders

### Participant Guide

Group: Group 3: Direct Care Skills | Credit Hours: 1.0

For Home Health Aides, CNAs, PCAs, DSPs & Direct Care Staff

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## Learning Objectives

Upon completing this course, you will be able to:

- Identify the major eating disorders home care workers may encounter
- Recognize behavioral and physical warning signs of eating disorders
- Apply non-triggering, body-neutral communication techniques
- Understand the role of mealtimes in eating disorder care
- Know when to escalate concerns to the clinical team

## Section 1: Understanding Eating Disorders

Eating disorders are serious, potentially life-threatening mental health conditions characterized by persistent disturbances in eating behaviors and related thoughts and emotions. They are not lifestyle choices or diet trends — they are complex psychiatric conditions with among the highest mortality rates of any mental illness.

### Eating Disorders Home Care Workers May Encounter

Anorexia Nervosa: restriction of food intake, intense fear of weight gain, distorted body image

Bulimia Nervosa: cycles of binge eating followed by purging (vomiting, laxatives, exercise)

Binge Eating Disorder (BED): recurring episodes of eating large amounts without purging

Avoidant/Restrictive Food Intake Disorder (ARFID): extreme food restriction not driven by weight concerns

Other Specified Feeding and Eating Disorders (OSFED): disordered patterns that do not meet full criteria

Rumination Disorder: repeated regurgitation of food

## Section 2: Recognizing Signs and Warning Signs

Eating disorders are often hidden. Clients may disguise behaviors, minimize symptoms, or actively mislead caregivers. Knowing the physical and behavioral signs helps you identify concerns early.

### Physical and Behavioral Warning Signs

ANOREXIA: extreme thinness, fatigue, hair loss, lanugo (fine body hair), food rituals, denial of hunger

BULIMIA: evidence of purging (trips to bathroom after meals), dental erosion, swollen glands, hiding food

BED: eating rapidly, eating when not hungry, eating alone due to shame, eating until uncomfortably full

GENERAL: obsessive food talk, avoidance of eating with others, wearing loose clothing to hide weight, significant weight changes

### Section 3: Non-Triggering Communication

Your words during mealtimes and daily care can either support or harm a client with an eating disorder. Body-neutral, food-neutral language is essential.

✓ DO	X DON'T
Focus conversation on connection and enjoyment, not food quantity	Comment on the client's body size or weight
Comment on qualities unrelated to appearance: "You seem energized today"	Praise weight gain or loss, even with good intentions
Follow the clinical team's guidance on how to handle meals	Pressure or coerce the client to eat
Remain calm and non-reactive if the client refuses food	Discuss your own diet, weight, or body
Document eating behaviors objectively without judgment	Express disgust or alarm in front of the client about their behaviors

### Section 4: Mealtimes and Practical Support

Mealtimes are high-anxiety moments for clients with eating disorders. Your presence and approach during mealtimes can significantly affect the client's experience.

- Follow the mealtime guidelines in the care plan exactly
- Do not modify meal portions or types without clinical direction
- Sit with the client if appropriate — social eating can reduce anxiety
- Maintain a calm, distraction-friendly environment
- Report any missed meals, purging behaviors, or hoarding of food
- Never comment on how much or little the client ate

#### SCENARIO

After lunch, your client excuses herself to the bathroom and you hear what sounds like vomiting. This has happened at previous visits as well.

Response: Document your observations objectively and specifically: "Following lunch at approximately 12:30 PM, client went to the bathroom. Sounds consistent with vomiting were heard. This has been observed at previous visits." Notify your supervisor. Do not confront the client directly — this is a clinical matter.

## Section 5: Medical Risks and Escalation

Eating disorders carry serious medical risks. Home care workers must know the warning signs of medical emergency.

### Medical Emergency Warning Signs

Fainting, severe weakness, or inability to stand  
 Irregular heartbeat or chest pain (electrolyte imbalances can cause cardiac events)  
 Extreme confusion or disorientation  
 Severe dehydration (dry mouth, dark urine, no urination)  
 Seizures

Call 911 immediately if any of these are present. Eating disorder medical emergencies are life-threatening.

### Quick Reference Summary

<b>Anorexia</b>	Restriction, fear of weight gain, distorted body image
<b>Bulimia</b>	Binge-purge cycles, dental erosion, hidden purging behaviors
<b>BED</b>	Binge eating without purging, shame, eating alone
<b>Mealtime Rule</b>	Follow care plan exactly, never comment on amount eaten
<b>Medical Emergency</b>	Fainting, chest pain, seizures — call 911