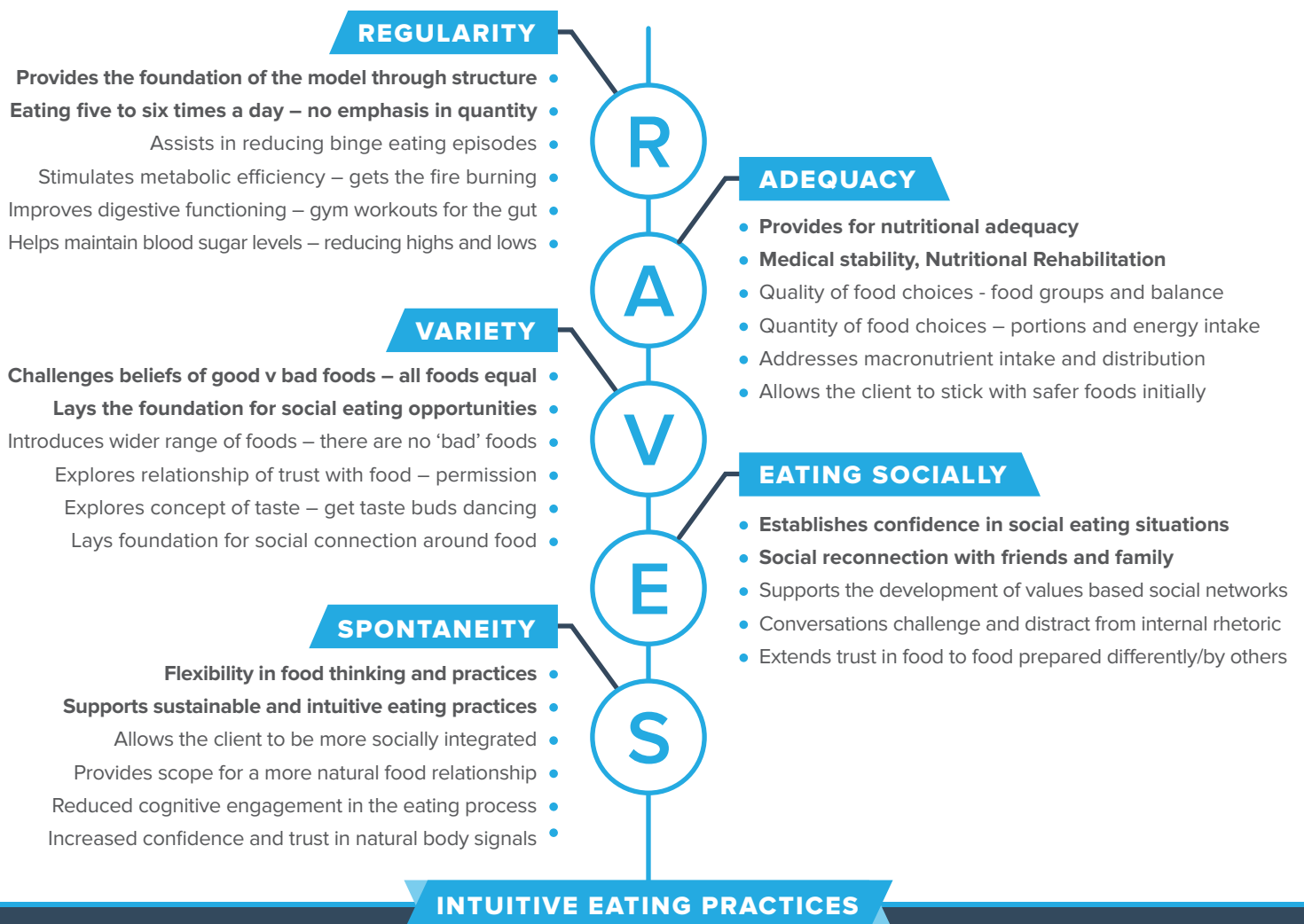


RAVES

A back pocket guide to developing positive food relationships

Shane Jeffrey – Dietitian
www.riveroakhealth.com.au

RAVES is an evidence informed framework that supports the development of positive food relationships through combining science and personal values. With years of practical clinical application in the fields of eating disorders and weight concerns, RAVES is the perfect “back pocket tool” to guide change for your clients in moving toward intuitive eating practices.



THE THREE PHASES OF RAVES

Phase 1: Regularity and Adequacy - Prioritises nutritional rehabilitation, medical stability, and physiological adaptation to improved eating patterns. In theory, this phase can be achieved with very limited variety in food choices.

Phase 2: Variety, Eating socially, and Spontaneity – This is where the magic happens! Clients begin to enjoy food, experience improvement in quality of life, and reconnect socially with friends and family. Flexibility and a move away from eating based on rules and cognitions lays a platform for trusting food decisions, the body response, and eating intuitively.

Phase 3: Intuitive Eating Practices – Bringing it back to basics, where it all began when we emerged from the womb. No thinking about food, just using our inherent intuition.



The RAVES Eating Model

EDFA June 2023

Shane Jeffrey
Credentialed Eating Disorder Dietitian

River Oak Health & Food Mind Body

Eating Disorders, Weight Concerns,
Sports Nutrition

Welcome

- Acknowledgement to Country
- Acknowledgements
 - learnings from my colleagues
 - learnings from past clients and families
 - The collective wisdom of this group

What will we be covering?

The RAVES Eating Model

- Development
- Key principles
- Applying RAVES in the care process

Overcoming the challenges of being a dietitian

Integrating families and carers into treatment

Who is in the room?



Who has heard of RAVES?

What is RAVES?

RAVES is an evidence informed framework that supports the development of positive food relationships through combining science and personal values. Developed in 2005.

With years of practical clinical application in the fields of eating disorders and weight concerns, RAVES is the perfect “back pocket tool” to guide change for your clients in moving toward intuitive eating practices.

Why RAVES



EATING HAS BECOME
TOO COMPLICATED



DIET CULTURE



PERFECTION

What RAVES offers

An uncomplicated back
pocket guide

Principles instead of rules

Client centered

Back to basics

Development of RAVES

Developed for my
practice and local
CBT-e therapists

RAVES began
spreading

Now used across
disciplines,
diagnoses, and the
globe

The Key Principles of RAVES

Regularity

Adequacy

Variety

Eating Socially

Spontaneity

Intuitive Eating

The Three Phases of Raves

1

Phase One -
Medical Stability
(Regularity,
Adequacy)

2

Phase Two -Social
Connection
(Variety, Eating
Socially,
Spontaneity)

3

Phase Three -
Getting back to
nature (Intuitive
Eating)

Regularity

Provides the foundation for the model

Eating 5-6 times a day, often by the clock

Challenges dietary restriction

Contributes to reduction in binge eating

Improvements

- metabolic efficiency
- digestive functioning
- blood sugar levels

Adequacy

Nutritional
adequacy

Medical stability,
nutritional
rehabilitation

Two elements to
consider

- Quantitative
- Qualitative

Contributes to
reduction in binge
eating

Can be achieved
initially with safer
foods (prioritising
tasks)

Often stimulates
fear of weight gain

Phase One

- Medical Stability
- Nutritional Rehabilitation
- Helps reset a number of body systems if compromised

- Limited improvements in quality of life

Variety

Lays the foundation for social reconnection if isolated

Food is food, free of judgement

No good food or bad food, just food

Introduce the idea of values based food decisions

Opportunity to challenge food rules

Incorporate the concept of permission

Development of trust in wider variety of food

Gets the taste buds dancing – can be associated with guilt

Eating Socially

Social reconnection with friends and family

Increased confidence and participation of social eating events and celebrations

Values based social networks

Conversations help challenge the internal rhetoric

Extension and further development of trust in food

Spontaneity

Flexibility in food and thinking practices

Lays a platform for intuitive eating practices

Increased ability to accommodate day to day life social and food experiences from an eating perspective

Increased confidence in body signals

Reduced cognitive engagement with eating

Phase Two

- Social connectedness
- Positive food experiences
- Increased trust in food, mind and body
- Improved quality of life



Intuitive Eating

- Getting back to what nature intended
 - Weight inclusive
 - 10 Key elements that are central to Intuitive Eating
- Many of these are addressed/incorporated into the RAVES model

Phase Three

- Positive and sustainable relationships with food, mind, body and self

Applying RAVES in the care process

Multiple clinical populations

- Eating Disorders (AN, BN, BED, ARFID)
- Weight Concerns
- Sports Nutrition

Multiple health practitioners

- Dietitians
- Psychologists
- Psychiatrists
- GP's

Overcoming the challenges of working as a dietitian





Overcoming the many challenges of working as a dietitian in the eating disorder space!



Establishing a relationship with the person and building trust



Demonstrate understanding and display empathy



Involve the person in decision making



Process orientated and not reactive



How to manage the accelerator ... where is the urgency

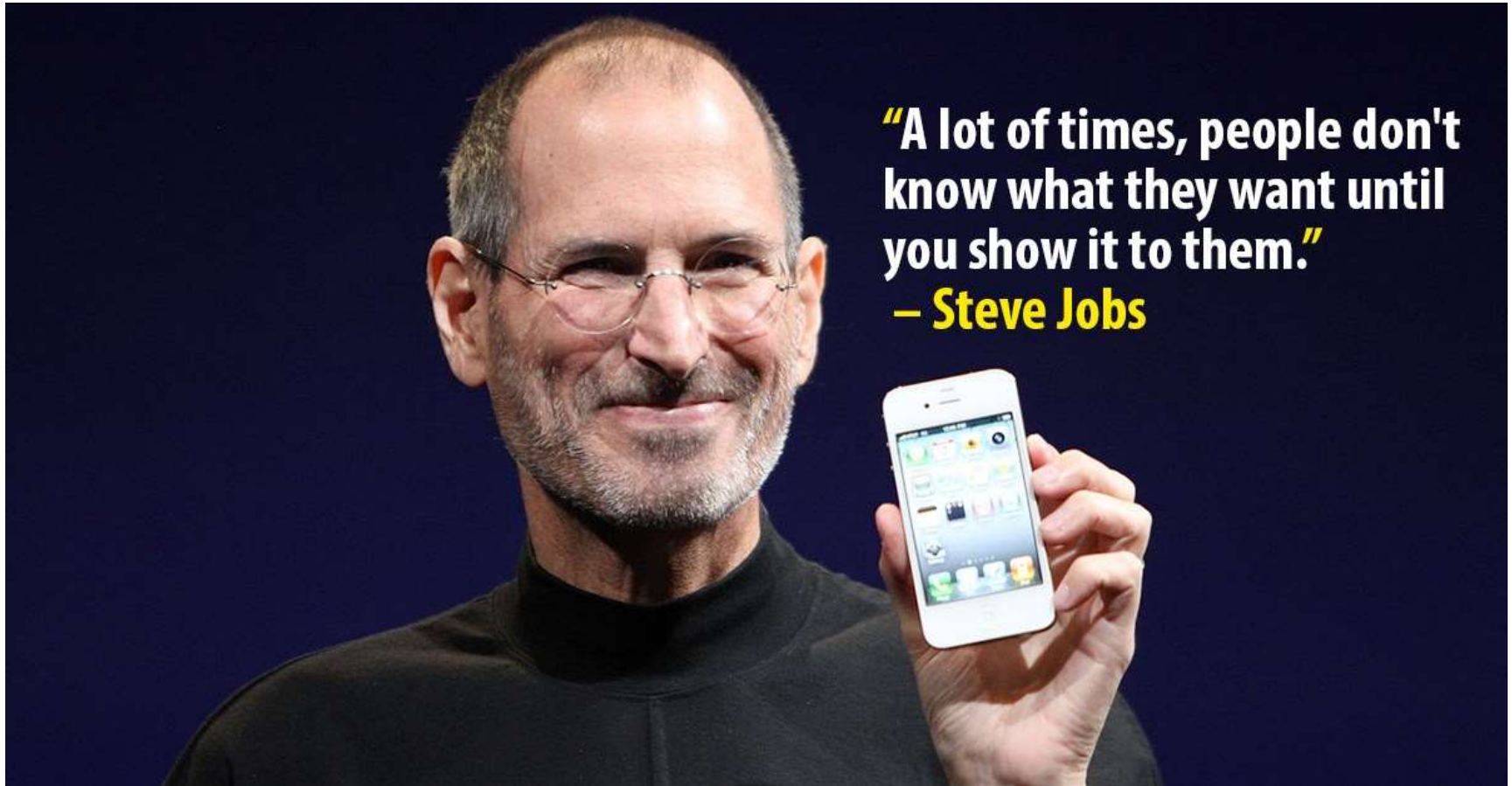


At the end of the day, people will only do what they can do, important to be free of judgement and expectation



We will always learn something, process orientated as opposed to outcome orientated

Informed Choice



"A lot of times, people don't know what they want until you show it to them."

– Steve Jobs

Integrating families and carers into my work



- See families and carers as key member of the care team, supporting voice in the care process. After all, families and carers often have the greatest interest in the wellbeing of the person I am working with
- Acknowledging that recovery happens at home, not in my rooms. Insight into this environment, and the provision of another perspective/set of observations
- Keep in the loop re communications and where we are at, where we are going
- Need to consider consent
 - Open communication if consent provided
 - General communication if no consent provided
- Members of the care team/different disciplines may have a different approach



Questions / Activities