The RAVES™ Eating Model

A back pocket framework to guide the nutritional management process in the eating disorders and the non diet approach

Shane Jeffrey
Accredited Practising Dietitian and Accredited Sports Dietitian
River Oak Health and Food Mind Body
Brisbane, Queensland, Australia
Overview

• Why RAVES?
• Developing the model
• Key Principles
• The three phases
• Clinical application
• Supporting strategies and tools
• Summary
Why RAVES?

“because eating has become too complicated”

• I wanted a simple way to communicate with clients

• I wanted a simple format to guide therapists doing Cognitive Behaviour Therapy enhanced (CBT-e) and Family Based Therapy (FBT)

• RAVES was born in 2006
What is RAVES

An evidence informed acronym that informs the key principles that guide the process of dietary change with a focus on supporting the development of a positive relationship with food

• R – Regularity
• A – Adequacy
• V – Variety
• E – Eating Socially
• S – Spontaneity

➡️ Intuitive Eating Practices
The Development of RAVES

• Repeated requests to present to students and health practitioners pre 2006

• Identification of key nutritional principles

• Doing CBT-e and FBT training thinking “that sounds a lot like what I already do in private practice” – put into a structure

• Introduced to the therapists of our statewide eating disorder service for psychologists to improve understanding around nutrition principles
The Evidence Informing RAVES

• The principles of RAVES are well aligned with the objectives of eating disorder evidence based treatments
  – CBT-gsh (guided self help)
  – CBT-e
  – FBT
  – SSCM (Specialist Supportive Clinical Management)

• The principles of RAVES are well aligned with the non diet approach
  – Non prescriptive
  – Person centred and no emphasis on weight
Application of RAVES

- Used across various treatment modalities both in Australia and Internationally

- Used by practitioners across the multi-disciplinary spectrum
  - Dietitians
  - Psychiatrists
  - Psychologists
  - Social Workers
  - Therapists
The Five Principles of RAVES

When treating a person for an eating disorder
good clinicians can do very stupid things

When using the non diet approach
good clinicians often miss the main message

Best to keep it simple – RAVES does this
Regularity

Provides the foundation of the model through the structure of eating 5-6 times per day

• A platform for nutritional adequacy
• Assists in reducing binge eating episodes
• Supports metabolic improvements
• Supports improvements in digestive functioning
• Helps maintain blood glucose levels
Adequacy

Nutritional adequacy supports medical stability, nutritional rehabilitation and broader nutritional health and wellbeing

• Qualitative nutrition quality (balance)
• Quantitative nutrition quantity (adequacy)

• Allows exploration around food beliefs and rules
Variety

The platform to improved quality of life, challenges the idea of good and bad foods, and lays the foundation for social eating opportunity.

• Introduces greater variety in food choices
• Explores the concept that food is just food (challenging the ‘healthy v unheathy’ mindset)
• Explores the issues of trust and permission
• Idea of getting the taste buds dancing – taste
• Develops evidence to overcome the eating disorder voice
Eating Socially

Becomes a platform for social connectedness and establishing confidence around eating in the broader context of day to day life.

• Values based social connections
• Conversations and experiences continue to challenge the internal rhetoric
• Extends trust around food to that prepared by others
• Getting back into life
Spontaneity

Flexibility in food and thinking practices with a view to support sustainable and intuitive eating practices into the future

- Supports adapting to the day to day food environment
- Encourages a more natural relationship with food
- Reduction in cognitive engagement and more connection with the body
- Confidence and trust in natural body signals
RAVES and Intuitive Eating

• RAVES in essentially a precursor to intuitive eating

• Bringing eating back to basics

• Usually involves ‘unlearning the learnt’ and aligning food behaviour with the core values of the individual

• Eat like a two year old
The Three Phases of RAVES

Phase 1: Regularity and Adequacy

Phase 2: Variety, Eating Socially and Spontaneity

Phase 3: Intuitive Eating
Phase 1

Regularity and Adequacy

• Prioritises nutritional rehabilitation, medical stability and physiological adaptation to improved eating patterns.

• This phase can be completed with very limited variety in food choices (eg brown rice as only carb) if necessary, as long as adequacy is not compromised.
Phase 2

Variety, Eating Socially and Spontaneity

• This is where the magic happens
  – Enjoyment of food
  – Improved quality of life
  – Socially engagement and reconnection

• Eating more on body cues than preferences rather than cognitions (eat with the senses)

• Increasing trust in the food / body relationship
Phase 3

Intuitive Eating

• Bringing it back to basics – as nature intended

• Supports intuitive and sustainable eating patterns
Clinical Application

• Can use RAVES as a stand alone model
  – Start at the top and work way down depending on where the person is at
  – Does not need to be a linear model, adaptive to the person

• I often use it in combination with
  – a motivational interviewing framework
  – a CBT style self monitoring record
  – a graded support structure
Clinical Application

Motivational interviewing style of framework

• Person centered – decision making sits largely with the person we are working with

• Tone and stance

• Low investment
Clinical Application

Self Monitoring Record

• In a short amount of time allows detailed insight into eating behaviours and the context in which they exist

• Time / Meal / Food and Drink / Too Much / Compensatory Behaviours / Barriers to Change

• Increased awareness for the person, collaborative problem solving
Clinical Application

Use of support persons as a resource for change – requires collaboration with person

• Independent
• Independent plus review/feedback
• Support person portions food
• Support person chooses and portions food
• Complete support similar to that of FBT approach
Summary

• RAVES is a simple and useful evidence informed model that provides structure to the nutritional management process

• Allows the person to feel in charge of their recovery, therefore breaking the ‘resistance to authority’ concept

• Clearly defined principles and phases that act as a guide for both the clinician and the person we are working with

• 12 years of clinical application across a range of clinical area and professional disciplines
Thank You

Shane Jeffrey

shane@shanejeffrey.com

www.riveroakhealth.com.au
www.foodmindbody.com.au