Listening & Adapting: A Dietitian's Approach to Neurodiversity in Eating Disorder Care

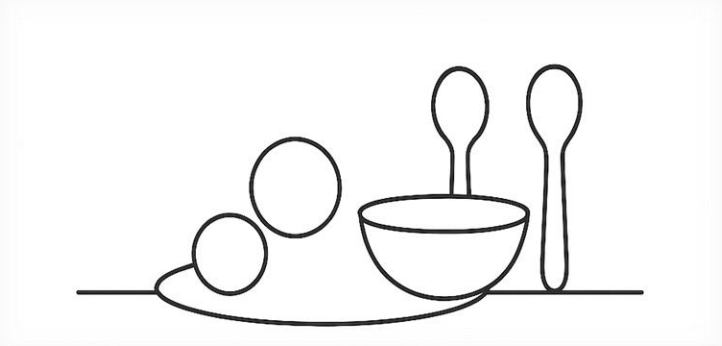
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Before we begin...

Everyone brings their own experience of food — their senses, their fears, their routines, stories, culture and ways of coping.



When we really listen to that, everything we do starts to make more sense.

What we often hear...

They are not engaging

They are non-compliant with their meal plan

They are resistant to change

They are refusing to increase variety

They lack motivation

What if these behaviours are safety strategies?

Food is not neutral

Sensory - texture, temperature, smell, consistency

Cognitive - unpredictability, decision-making, ambiguity

Interoceptive - hunger, fullness, bodily awareness

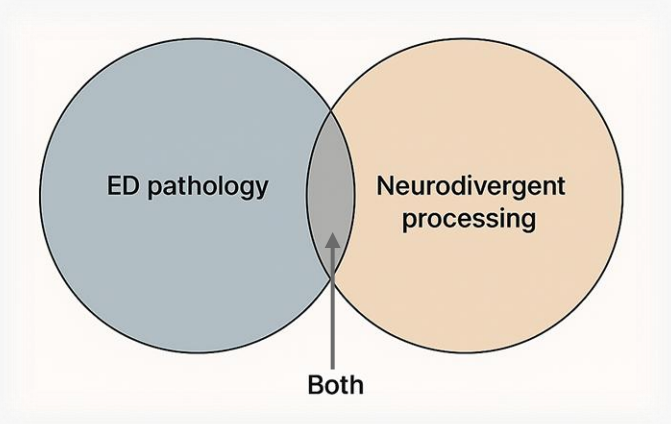
Safety - depending on neurological experience

Navigating the clinical puzzle

Behaviour may reflect eating disorder pathology

Behaviour may reflect neurodivergent sensory or cognitive processing

Often behaviours are a mix of both



Clinical tension: how do we adapt without assumptions?

Lived experience voices…

‘It was kind of, I don't know, just didn't really know how to get them [dietitian] to pay attention. They had this thing where if I said anything that they didn't like, they'd say o yeah, that's no, that's just your disordered thoughts talking or whatever. And obviously sometimes it was. But, you know, it was kind of an excuse to not pay attention’

[autistic young person with anorexia]

‘…the ADHD has kicked in now…..I get to 5pm and realise I’ve had half my breakfast…….dietitian says it’s the eating disorder…..but no, I’ve literally just forgot’

[ADHD adult with bulimia]

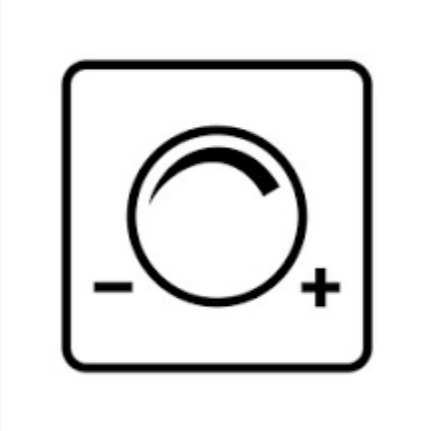
How we interpret eating changes what we do…

Eating Disorder Pathology Interpretation	Neurodivergent-informed Interpretation
Increase exposure	Stabilise before expanding (collaboratively)
Push for increasing variety	Begin with safe and familiar
Introduce new foods early	Reduce sensory/cognitive load
Encourage flexibility	Build predictability & autonomy
Focus on fear-based	Explore neurodivergent needs
Family meals	

Misinterpreting neurodivergent needs as pathology can increase distress *and* nutritional risk

Listening shapes Adapting

Understand how food is experienced
Explore what influences eating
Distinguish nutritional risk from neurodivergent need
Adapt nutrition support to reduce threat



Sometimes, adapting nutrition support means adapting how we listen

When words are not enough

Using art or creativity helped build trust and communication with my dietitian

Sometimes I can't understand what dietitians are saying to me the same way a normal person would.

Images and diagrams can be distracting…I would find it more helpful to have lists of foods…or example diet sheets of what a normal diet looks like

I can't always find the words, so I need other ways to express it

Not everyone communicates in the same way

Words alone do not work for everyone

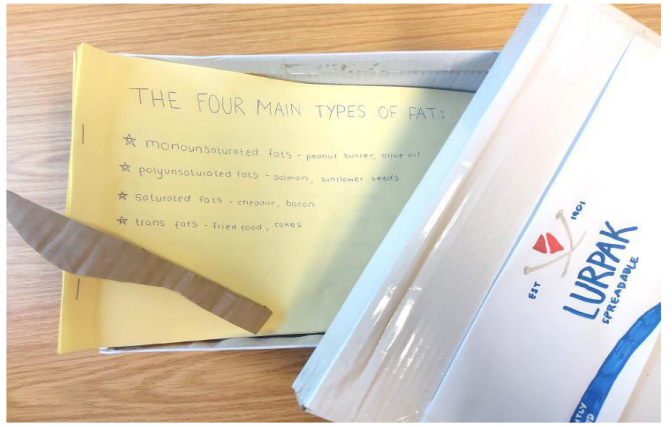
Dietetic communication must extend beyond verbal explanation

Visual, written, creative and alternative communication methods may reduce sensory and cognitive load

Accessible communication is part of sensory and cognitive safety.

Adapting communication in dietetic sessions











A clinical case: when listening changed the intervention

What I initially saw:

Limited communication

Difficulty progressing nutrition

Distress around change

What I initially assumed:

Resistance

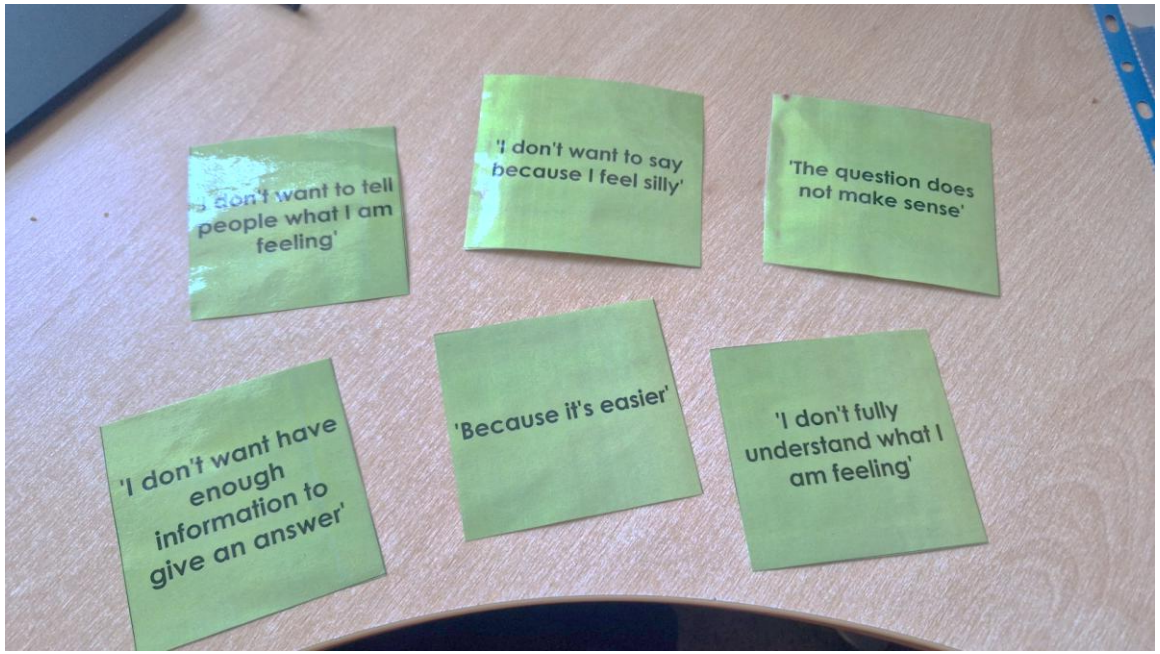
Eating disorder-driven avoidance

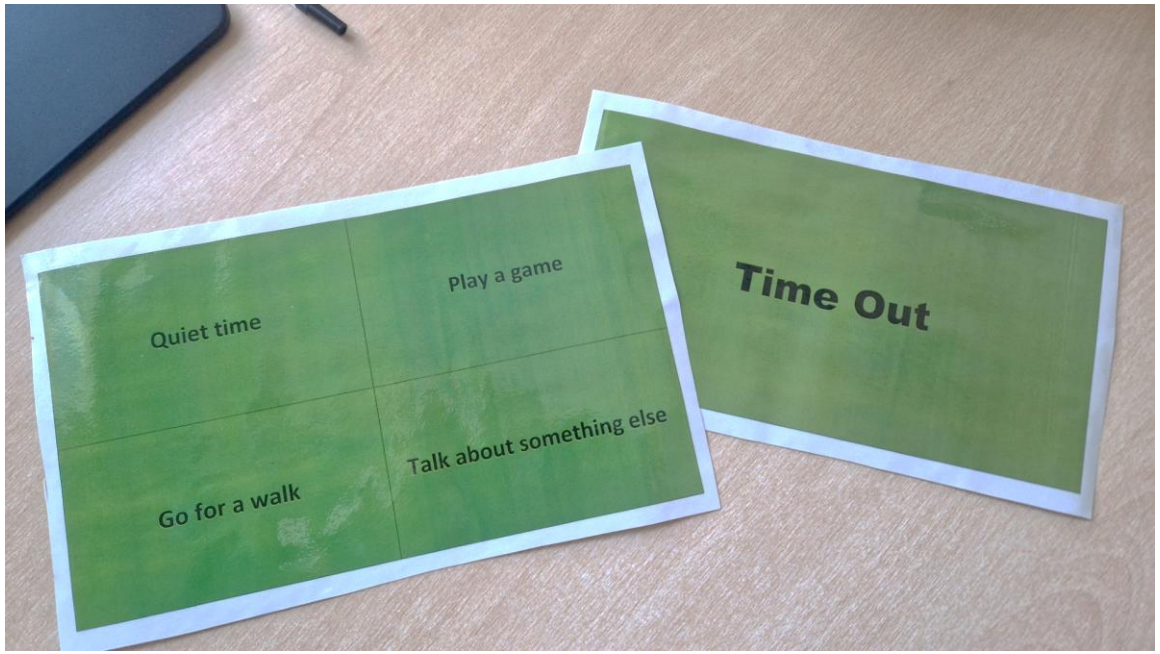
What held my curiosity?

Something didn't fit!

Turning point?







Adapting the intervention

Reducing verbal demand

Preserving choice and autonomy

Making nutrition possible

Learning from what we hear

Listening reveals what standard outcomes miss

Neurodivergent experiences of eating are under-represented

Dietetic adaptions are often undocumented, not absent

Reflection

Expectations do not always align

Change requires understanding, safety, and trust