RESOURCE GUIDE

MCMAN YOUTH, FAMILY
AND COMMUNITY SERVICES
ASSOCIATION

MARCH 2025

EATING DISORDER SUPPORT NETWORK OF ALBERTA





A note from EDSNA

EDSNA provides support, information, resources, and a safe space for those caring for someone affected by eating disorders and disordered eating, as well as those directly affected.

Finding the right supports can be challenging. This booklet will help to summarize some of the resources available, as discussed during your recent presentation.

Want a little more help? Send us an email: info@edsna.ca.

Thank you for connecting, and for all you do to support this community.





Crisis and Help Lines

Emergency Services

Call 911 or head to a local emergency room

Suicide Helpline

988

ACCESS 24/7:

780-424-2424

If someone is in immediate distress:

Edmonton and area distress line:

(780) 482-4357

Çalgary and area distress line:

(403) 266-4357

Distress Line of South Western Alberta:

(403) 327-7905

Rural Distress Line:

1 (800) 232-7288

First Nations and Inuit Hope for Wellness Help Line 1 (855) 242-3310

(855) 242-3310

Mental Health Helpline: 1-877-303-2642

National Eating Disorder Information Centre Helpline:

1-866-633-4220

Other support lines:

Canada Suicide Prevention Service:

1 833 456 4566,

text 45645

Kids Help Phone (young adults):

1 800 668 6868, text 686868

211

Not a distress line, but can offer resources



What Are Eating Disorders?

Eating disorders are behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions. They are very serious conditions affecting physical, psychological and social function.

Eating disorders often co-occur with other psychiatric disorders, most commonly mood and anxiety disorders, obsessive compulsive disorder, personality disorders, and substance use.

Anyone can develop an eating disorder.

Treatment should address psychological, behavioral, nutritional and other medical complications.

EATING DISORDERS AT A GLANCE

Six eating disorders are currently recognized in the DSM-5:

- Anorexia nervosa
- Bulimia nervosa
- Binge eating disorder
- Avoidant Restrictive Food Intake Disorder (ARFID)
- Other Specified Feeding and Eating Disorder (OSFED)
- Pica
- Rumination disorder

Orthorexia (not in the DSM), exercise dysfunction, and body and muscle dysmorphia are other related concerns.

Eating disorders on the whole have the second highest mortality rate any mental illness. Anorexia Nervosa has the highest mortality rate of any individual mental illness.

Approximately 55,000 Albertans have a diagnosable eating disorder.



Spectrum of Eating Disruption

While eating disorders may affect approx 55,000 Albertans, far more will be affected by broader disordered eating symptoms.

Disordered eating exists on a continuum, from intuitive eating and a generally 'good' relationship with one's body to a clinically diagnosable eating disorder

Engagement in disordered behaviours, challenging thoughts around food, and distrust in one's body can happen anywhere along the spectrum.

While symptoms and behaviours may vary in intensity and severity, concerns should always be taken seriously— there is a range of support options available, including hospital-based care, public and private clinics, peer support, and more. Treatment is available for everyone.

Barriers that clients with disordered eating may face when accessing care		
"Am I/are they 'sick enough' ?"	YES you/they are "sick enough". Fullstop.	
The biases and beliefs of others	Messages around need may be conflictingcare may feel (and/or be) inaccessible, or may be seen as unnecessary. Advocate for the care you/they need.	
Being ready and Stages of Change	They may not be ready for any number of reasons, and/or may encounter obstacles during recovery. Recovery isn't linear.	
Availability of treatment and support programs	Not all programs will feel or be 'right' for everyone but support and treatment are available	



Eating Disorders and Co-Occuring Factors

Eating disorders are highly comorbid, and often have a reciprocal relationship with other disorders.

Research suggests that 56%-95% of individuals diagnosed with an eating disorder also receive a diagnosis for at least one other psychiatric disorder.

Most common:

- anxiety
- depression
- personality disorders (BPD, OCPD)
- obsessive-compulsive disorder
- post-traumatic stress disorder
- suicidal ideation

Eating Disorders and Substance Use

Eating disorders and substance use often co-occur, with substance use starting before, during, and/or after the onset of disordered eating. Substance use might include laxatives, diuretics, diet pills, stimulants, opioids, or other substances.

Substances can be used:

- as a part of the eating disorder itself
- to manage tough emotions or additional mental health concerns (eg. co-occurring concerns like anxiety about body image; challenging feelings around eating, symptoms of depression)
- as the precursor to the development of the eating disorder.



The use of alcohol and nicotine products is most common across all eating disorders.

Substance use can increase as an individual makes steps into recovery for their eating disorder; symptoms of disordered eating can also worsen as substance use is addressed.

Research has shown that more than 35% of people dependent on substances also have an eating disorder (11x higher than general population) and more than 50% of people with eating disorders use alcohol or drugs (5x higher than general population).

Individuals with certain eating disorders, such as Bulimia Nervosa and Binge Eating Disorder, may have higher rates of substance use disorders compared to the general population. Bulimia is particularly associated with increased risk, with studies indicating that up to 50% of individuals with Bulimia may have a co-occurring substance use.

Risk Factors for Substance Use

- Genetic predisposition: There is evidence suggesting genetic links that may predispose individuals to both eating disorders and substance use.
- Psychological factors: Conditions like depression, anxiety, trauma, low self-esteem, and maladaptive coping skills are common in both eating disorders and substance use.
- Impulsivity and compulsivity: These traits can often seen in Binge Eating Disorder and Bulimia, as well as in substance use.
- Experiences of trauma, adverse childhood experiences and relationships, and peer pressure.





Risk Factors For Youth

Eating disorders may emerge at any age, but often develop in adolescence and early adulthood

- Approximately 22% of youth 6-18 years old are affected by disordered eating.
- Youth as young as 6-10 years old are concerned about their appearance and/or weight

Additional risk factors

Youth may be impacted by all the same risk factors as older adults, with some added concerns unique to their stage of life.

- 1 Major transitional period
- Puberty + body changes
- Increasing amount of responsibility
- Child > adolescent
- Social media exposure
- 97% use social media
- Adherence to societal body ideals
- Pressure to be thin (weight and appearance-related bullying is common)
- 3 Leaps in identity formation
- Seeking self outside of family
- Peer influence and adherence to peer norms
- Spending more time away
- 4 Scholastic pressure
- Early stages > post-secondary





Disordered Eating or Eating Disorders in Short-Term Care Settings

While the same risk factors for developing disordered eating in youth can impact individuals in foster care, there may be additional circumstances to consider that are unique to those in care.

These factors could include:



Impact of food insecurity



Co-occuring mental health concerns



Coping and comfort



Influence of others and society

Behaviours You May Notice

- Sneaking or hiding food
- Eating very quickly, slowly, or not at all
- Eating large amounts of food
- Purging (or evidence thereof)

Each situation, scenario, and individual may be different - even if the behaviour changes over time it is still cause for **concern.**



Warning Signs

Warning signs of eating disorders is varied, but some signs and symptoms to consider watching for includes:

- Weight change or fluctuations
- Focus on weight, or shape
- Focus on food including calories, nutrient profile, food groups, fat grams, food quality, food purity
- Changes in food intake and routines eg. dietary changes, dietary restrictions, development of food rituals
- Rigidity in exercise plans, including exercising when sick or injured, inability to deviate from planned exercise, exercising in secret or for extended periods of time.
- Purging, restricting, binge eating, or compulsive eating
- Consumption of diet pills, laxatives, diuretics, or emetics and/or foods that mimic the effects of the previous
- · Eating in secret, or discomfort eating with others
- Hiding food
- Feeling 'out of control' with food
- Physiological changes eg. hair loss, brittle nails, dental issues (cavities, gum disease, soft enamel), skin issues
- Reporting that they often feel cold
- Difficulty concentrating or remembering
- Sleep problems
- Menstrual cycle irregularities (missed periods)
- Reported feelings of shame, especially in relation to body weight, shape or size
- Dizziness, weakness, fainting
- DIETING

Early intervention is important.

IF THERE IS AN ACUTE ISSUE, DO NOT HESITATE TO INVOLVE FIRST RESPONDERS, GO TO THE EMERGENCY DEPARTMENT, OR TO CALL 911.



Support for Children, Youth, and Caregivers

There isn't just one concern.

Ideally we're working towards having a safe and trusting relationship with food..

.. but we also know that there are so many other layers to doing that, involving anxiety, possible trauma, social pressures etc.

We can't make the focus solely 'eating more, less, or different foods', or just the functional/mechanical part of eating—we have to address the issues and concerns that contributed to the cycles we're noticing.



Supporting Recovery

Say This..

General Tips

- · Coach with empathy and provide positive feedback
- · Keep life feeling varied and multifaceted
- Refer to plans from the treatment team and keep them in the loop

Examples

- "Would it be helpful if..?"
- "Thank you for sharing that with me"
- "I'm glad you're in my life"

Bonus: Emotional Validation Script

https://bit.ly/EmotionalValidationScript

Not This

General Tips

- · Don't be dismissive of feelings or concerns
- Avoid accusatory statements
- Avoid commenting on body shape/size/weight changes

Examples

- "But you don't look sick"
- "I don't think this is that big of a deal"
- "Why are you doing this to yourself/me/us/our family? Don't you want to get better?"
- "Why don't you just.."
- "You look so much healthier now"



Supporting Recovery (cont.)

We are all affected by our personal beliefs and biases; this may show up in how we look at food and bodies.

Consider how these thoughts might affect your ability to support someone in recovery:

I have:

- Admired someone for following a specific diet or exercise regimen, or for working out at a certain intensity or frequency
- Formed an opinion about someone (or myself) based on body shape or size
- Commented on someone's change in weight, usually meant as a conversation piece or compliment
- Categorized food as 'good' or 'bad', or referred to myself (or someone else) as 'good' or 'bad' for eating or avoiding that item

When we make assessments about someone's health and/or moralize eating habits or food items, it can change the language we use, how we interact with others, and how we treat ourselves; this is why it's important that we look at our own internal rules and beliefs.

If we hold on to thoughts and values that align with diet culture and a disruption in eating, we may inadvertently be modelling these behaviours or thoughts for others; we may also verbalize one set of values while following another -often competing- set of values, which can be confusing for those we support.

For more on diet culture, visit our website.



Supporting Recovery (cont.)

General ideas for creating safer spaces

Suggestions

Minimize or eliminate talk about weight or appearance, even if it's meant to be a compliment.

Be critical of media usage! Discuss social media intake, content viewed, and feelings associated with it on an ongoing basis— and through the lens of peer usage too!

Be aware of -and plan for- relapse. This can be a written plan or just a conversation about steps to take and who to involve. The treatment team is always there; reconnecting is not failure.

Encourage identity rebuilding. Build a life outside of the eating disorder.

Engage support systems -- family, partners, whomever they trust

Understand potential impact of gender, sexuality, ethnicity, culture on recovery, identity etc

Be aware of changing needs.

YOU are not a failure if they have bad days.

Remember:

Recovery isn't linear. Disordered eating patterns may change. There will be days that go one way, and days that go a totally different way. Relapses can, and do, happen; it doesn't mean progress hasn't been made, or that everything that has happened has been undone.



Supporting Recovery (cont.)

We can create safer environments using the acronym "BEAM"

B- Balance

Model the balanced wellness and food choices that you are hoping to share with your loved one. Don't just talk about 'all foods fit'-- actually enjoy them!

E - Educate

Educate yourself about the many 'faces of diet culture', beyond weight loss ads and diet talk. Diet culture is slippery and reshapes itself often, so keep a close eye on how it evolves both in public consciousness and your own social circle.

A - Awareness

It's important to be aware of our own beliefs, values and thoughts, because we are communicating these ideas all the time to everyone around us. Consider your relationship to diet culture—how might those thoughts, beliefs, and values affect us?

M - Media

Be aware of media's influence- it isn't the only concern, but it can be a concern. Follow people, companies, pages, and groups that support body and size diversity, and are anti diet culture.



Connect & Learn More

Questions to consider when using social media, books, and resources from beyond the EDSNA website.

Questions to consider when online:

- Who is -and is not- represented in the content I am engaging with?
- Who benefits, and who is harmed, with this type of content?
- What message is this perpetuating?
- What is this teaching me about food and bodies?

Social Media Toolkit



Link

https:// www.nationaleatingdisorders.org /sites/default/files/Toolkits/ GetRealToolkit.pdf

- "Fearing the Black Body: the racial origins of fat phobia" by Sabrina Strings
- "The Body is Not an Apology: the Power of Radical Self Love" by Sonya Renee Taylor

Books

- "More Than a Body: Your Body is an Instrument, Not an Ornament" by Lexie Kite and Lindsay Kite
- Unapologetically" by Stephanie Yeboah
- "The Prevention of Eating Problems and Eating Disorders: Theory, Research, and Practice" - Linda Smolak & Michael P Levine

Screening Tools

These simple screening tools won't replace a full assessment and do not diagnose an eating disorder. They can, however, be an indicator of disordered eating, or start a conversation around attitudes and beliefs around food and bodies. This can be useful for clients and providers alike.

It is important to consider the potential for disordered eating in anyone.

SCOFF QUESTIONAIRE

- 1.Do you make yourself sick because you feel uncomfortably full?
- 2.Do you worry that you have lost Control over how much you eat?
- 3. Have you recently lost more than One stone (14 lb) in a 3-month period?
- 4.Do you believe yourself to be Fat when others say you are too thin?
- 5. Would you say that Food dominates your life?

EATING DISORDER SCREEN FOR PRIMARY CARE (ESP) QUESTIONNAIRE

- 1. Are you satisfied with your eating patterns?
- 2. Do you ever eat in secret?
- 3. Does your weight affect the way you feel about yourself?
- 4. Have any of your family members had an eating disorder?
- 5. Do you currently have, or in the past have you had, an eating disorder?

InsideOut Institute (AUS) also has an online screening tool -insideoutinstitute.org.au



Accessing Care

Finding a Healthcare Provider

Where can I find a healthcare provider?	Website
PUBLIC CARE: Suggestion or referral from a current provider	N/A - speak with a healthcare provider you trust, as they may know of other professionals who can help. *Necessary for referral to hospital-based care*
PRIVATE CARE: Provider aggregator (eg. Psychology Today, Theravive, College of Dietitians of Alberta, Primary Care Network)	https://www.psychologytoday.com/ca https://www.theravive.com/ https://collegeofdietitians.ab.ca/public/how- can-i-find-a-registered-dietitian/ https://albertafindadoctor.ca/pcn
COMMUNITY SUPPORT: EDSNA website	www.edsna.ca





Accessing Care (cont.)

Starting a Conversation - Approach, Assess, Refer

Starting a conversation with someone you are concerned about	Steps
Approach	Plan the conversation Seek out a private place Use an even tone and caring-but-neutral expression Keep calm
Assess	VALIDATE! Ask open ended questions Listen twice as much as you talk
Refer	Refer to professionals for care and support (for you and them!)
	What is your

 What is your training/background/experience/qualifications related to working with eating disorders/disordered eating?

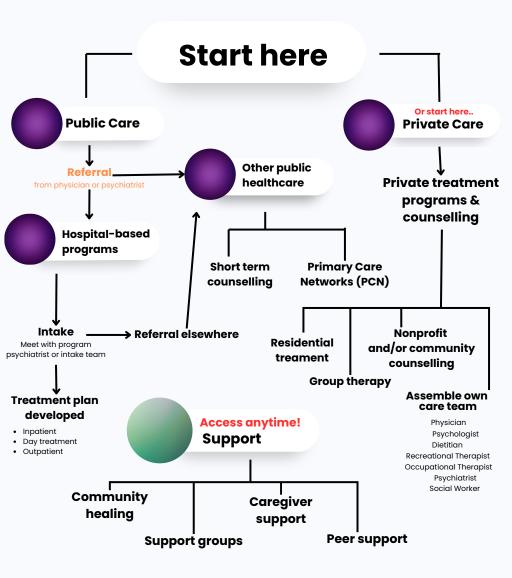
Questions when meeting or helping someone to find a new healthcare provider.

- Are you HAES (Health At Every Size) aligned?
- Are you a member of any professional eating disorder organizations (eg. NEDIC, IAEDP, EDAC)
- Do you collaborate with other professionals?
 and/or What is your process of referral to a higher level of care (public and private)?
- How will family members/the support system for
 this person be integrated into care and treatment?
 This is critical if the individual you support is a
 child/youth, but also important for adults- much
 of recovery occurs at home with support from the
 family/friend support system.



Accessing Care

Pathways in Alberta





Support from EDSNA

Programming

EDSNA offers low-cost and free support groups for all folks 18+ affected by eating disorders (directly, as clients, and indirectly, as caregivers/supporters). Group sizes are small, and combine psychoeducation and peer support in a safe space.

Facilitators are regulated professionals: psychologists, weight-inclusive dietitians, social workers, occupational therapists, and psychiatric nurses.

Diagnosis, and/or proof of diagnosis is not required, no referral is needed, and groups/workshops are open to those from anywhere in Alberta.

Groups are non-clinical, and are offered as support not treatment. They are not a substitute for treatment or therapy.Register on the EDSNA website!

- Open to all 18+
- __ Alberta-wide support
- Diagnosis andreferral notrequired
- ___ Low-cost
- Professionally facilitated





Support from EDSNA

Website Resources

Find support and information at any time of day on the EDSNA website. Here, you can register for support groups; find information about publicand private-treatment in the province, as well as providers offering services; learn more about eating disorders; and find specific resources for caregivers and supporters. You can also find a list of other groups across Canada who support folks with eating disorders.

If you can't find what you're looking for, feel free to connect with EDSNA via whatever communication method you prefer- contact information is on the last page of this guide.

- Register for support groups
- Information for supporters
- Discover
 treatment
 options in
 Alberta
- Find a provideror supportservice





Additional Canada-wide Eating Disorders Support

Some other organizations across Canada can support folks from Alberta. For an up-to-date list, visit the EDSNA website.

Name of Organization	Serves	Website
Looking Glass Foundation	14+	https://lookingglassbc.com
Calgary Silver Linings Foundation	14+	https://silverliningsfoundation.ca
National Eating Disorder Information Centre (NEDIC)	All ages	https://nedic.ca **Can also present to youth audiences
Body Brave	14+	https://bodybrave.ca
Body Peace	14+	https://bodypeacecanada.ca
Eating Disorders Nova Scotia	14+	https://eatingdisordersns.ca

Some services are only offered for folks 16+, 17+, or 18+ depending on the organization; check their website for details about the groups you are interested in.

Additional Worldwide Caregiver Support

Some other organizations across Canada can support folks from Alberta. For an up-to-date list, visit the EDSNA website.

Name of Organization	Serves	Website
National Initiative for Eating Disorders (NIED)	Caregivers	https://nied.ca
Calgary Silver Linings Foundation	Caregivers	https://silverliningsfoundation.ca
National Eating Disorder Information Centre (NEDIC)	Caregivers	https://nedic.ca
Body Brave	Caregivers	https://bodybrave.ca
BEAT-UK	Caregivers	https://beateatingdisorders.org.uk
F.E.A.S.T	Caregivers	https://feast-ed.org



Additional Reading

Here are some additional resources that might be helpful for you or someone you are supporting.

Resource	URL
Language That Helps and Hinders Recovery	https://drive.google.com/file/d/1GOzmCkay- RAD3HVv8eSNomcX3XS-tC1m/view?usp=sharing
Self-Compassion Workbook - CCI	https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Self-Compassion
Emotion Validation Workshops - Mental Health Foundations	https://www.mentalhealthfoundations.ca/resources
Setting Boundaries - Sexual Assault Centre of Alberta	https://drive.google.com/file/d/19jnH0tbniStJwiVrvYsVP-9Vxs6KGgp3/view?usp=sharing
How to Help Youth Develop Healthy Body Image - NEDIC	https://nedic.ca/health-promotion-prevention/
Meal Support Help Videos - Kelty BC	https://keltyeatingdisorders.ca/recovery/meal- support/
Parents Survive to Thrive Guide - Kelty BC	https://keltyeatingdisorders.ca/wp- content/uploads/2016/09/BCMH026_EatingDiso rder_FullGuide_v6-Web.pdf
Canadian Practice Guidelines for the Treatment of Children and Adolescents with Eating Disorders	Couturier, J., Isserlin, L., Norris, M. et al. Canadian practice guidelines for the treatment of children and adolescents with eating disorders. J Eat Disord 8, 4 (2020). https://doi.org/10.1186/s40337-020-0277-8

Professional development training to support healthcare professionals who work with eating disorders is offered through:

- Body Brave
- National Eating Disorder Information Centre (NEDIC)



Be kind to yourself

With all this in mind, we want to emphasize the importance of selfcompassion and self-forgiveness when navigating and/or reflecting on any and all aspects of this journey.

Know that -whether you are supporting a client, loved one or yourself- you are enough, and you were always enough, even on the days when you don't think that you are.







Questions? Contact us.

www.edsna.ca info@edsna.ca













