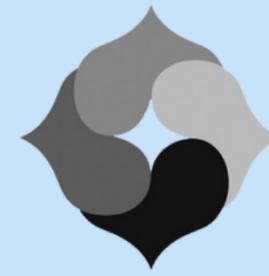


December 14, 2022



SHEENA'S PLACE
Support for eating disorders

nedic
National Eating Disorder
Information Centre

Harm Reduction for the Holidays

Emily Huynh (she/her), RSW

Community Engagement Facilitator, NEDIC

Kaitlyn Axelrod (she/her), MSW, RSW

Manager of Community Outreach & Education, Sheena's Place

Land Acknowledgement & Resources

- [Decolonizing Eating Disorders \(Podcast\)](#)
- [How to decolonize the way you think about your body.](#)
- [Beyond "Eating Disorders Don't Discriminate"](#)

- [Toronto Indigenous Harm Reduction](#)
- [native-land.ca](#)
- [Indigenous Ally Toolkit](#)
- [Spirit Bear's Guide to the Truth and Reconciliation Commission of Canada Calls to Action](#)
- [IRSSS 24-hour crisis line: 1-866-925-4419](#)



SHEENA'S PLACE
Support for eating disorders

nedic
National Eating Disorder
Information Centre

Outline

1. Introduction
2. What are eating disorders?
3. What is harm reduction?
4. Harm reduction & eating disorders
5. Resources
6. Q &A

Objectives

1. Understand the connection and justification for harm reduction within the context of eating disorders
2. Learn harm reduction strategies that can be used this holiday season (and beyond)





NEDIC

- Non-profit founded in 1985 based out of the University Health Network in Toronto
- National, English-speaking toll-free telephone helpline and live chat service
- Searchable online directory of 700+ treatment and support providers across Canada
- Visit www.nedic.ca to learn more



SHEENA'S PLACE
Support for eating disorders

nedic
National Eating Disorder
Information Centre



Sheena's Place

- Professionally-facilitated group support for people age 17+ affected by eating disorders & disordered eating in Ontario.
- Free of charge; no diagnosis or referral required.
- Visit sheenasplace.org for more info.



SHEENA'S PLACE
Support for eating disorders

nedic
National Eating Disorder
Information Centre

What are eating disorders?

Positive/neutral relationship with food & body

- Body acceptance
- Flexible, balanced, and intuitive eating and movement
- Self-esteem and self-worth are not solely defined by the body

Disordered eating symptoms

- Binge eating
- Purging (e.g. self-induced vomiting, over-exercising, misuse of laxatives, diuretics, or medication)
- Restricting food intake
- Preoccupation with food, weight, calories, dieting
- Fear of weight gain
- Use of steroids

Eating disorder diagnosis

- Binge eating disorder
- Bulimia nervosa
- Anorexia nervosa
- Pica
- Avoidant/restrictive food intake disorder
- Rumination disorder
- OSFED & UFED
- Orthorexia*

Risk factors

Eating disorders develop as a result of biological, psychological, and social factors.

Predisposing factors:

- Childhood experiences of adversity & trauma,
- Experiencing discrimination and oppression
- Family history and genetics

Precipitating factors :

- Separations, losses
- Disruptions in interpersonal relationships
- New environmental demands
- Loss of self-esteem
- Dieting

Perpetuating factors :

- Cognitive effects of starvation and illness,
- Cultural approval of disordered eating behaviours
- Food insecurity
- Emotion regulation

*These are not exhaustive lists.

Sources: ANAD, 2021; CASA, 2003; Federici, 2022; NEDA, 2022; Tagay et al., 2014

Prevalence & severity

- An estimated 2.7 million people in Canada have an eating disorder
- Eating disorders have the 2nd highest mortality rate of all mental illnesses
 - Leading causes of death: suicide and cardiovascular failure (restriction, diet pills, laxatives, self-induced vomiting)
- Rates & severity have increased during the COVID-19 pandemic
 - Loss of support, coping with emotions, maintaining control, food insecurity
- Early intervention leads to greater chance of recovery

Prevalence & severity

Eating disorders impact people of all background and demographics. Eating disorders impact people in diverse, intersectional ways.



@meandmyedart

Intersectionality & the holidays

- People who identify as 2SLGBTQI+ experience EDs at up to 5x the rate of cisgender, heterosexual individuals. Trans and non-binary folks are at a particularly heightened risk.
 - Holiday season: possibility of increased isolation due to rejection from family
- People who experience food insecurity are more likely to develop ED symptoms than those who do not.
 - Holiday season: Added pressure of buying gifts/spending money can exacerbate food insecurity
- Indigenous folks are just as likely (if not more likely) to have EDs as white people; however, they are less likely to access treatment and support.
 - Holiday season: Christmas specifically may be a time of aggravation from societal structures of power, consumerism, capitalism and colonialism
- People of all shapes and sizes experience all types of ED and health consequences are not dependent on weight.
 - Holiday season: Diet culture is rampant, which exacerbates fat phobia and weight stigma



Harm reduction

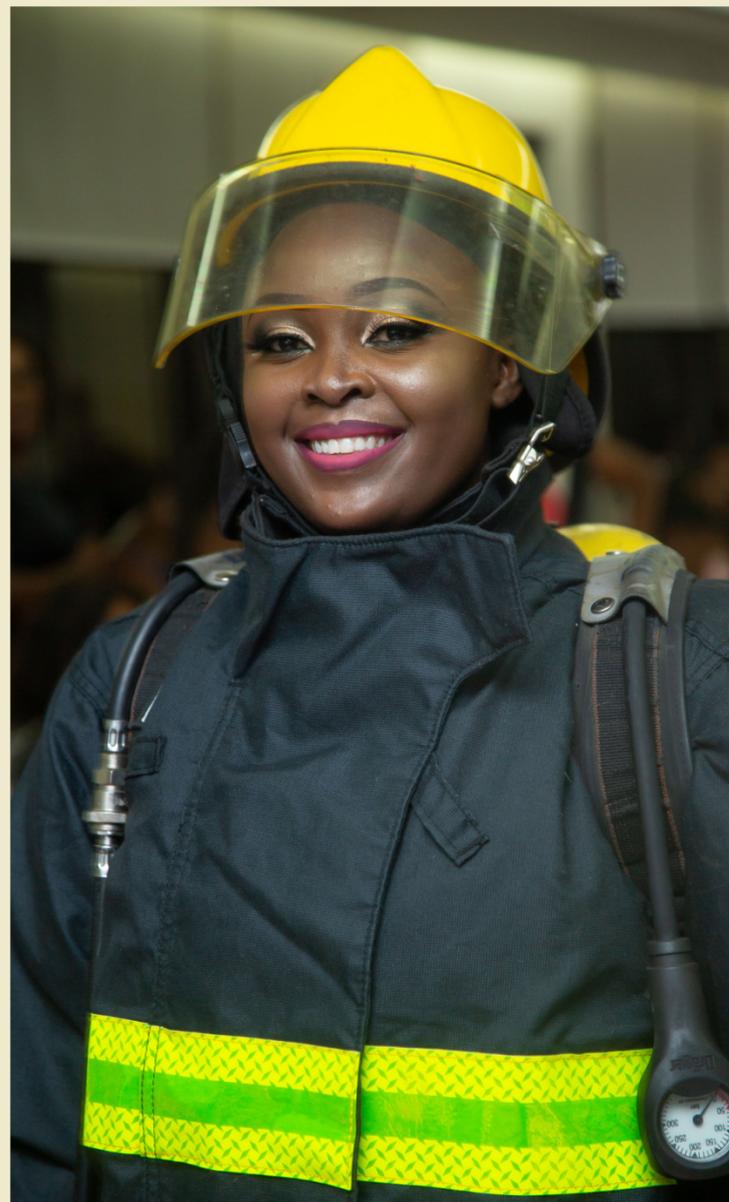
A philosophy and an approach to policy, programs, and practices that aims to reduce the health, social, and economic harms associated with health-related behaviours in people unwilling or unable to stop

- Roots in social movements from the 1960's, 70's and 80's
- Micro, mezzo, and macro-level interventions
- Understands the interplay of personal and systemic issues
- Shifts a “person problem” into a “person-in-situation” problem





How else do you practice harm reduction in your daily life?



Harm reduction for eating disorders

- Symptom-free recovery is often the explicit goal of intensive eating disorder treatment programs
- Symptom-free recovery may not be accessible for a variety of reasons...
 - lack of additional coping strategies
 - limited services and support options
 - lack of diversity in recovery spaces
 - differential access to treatment
 - food and movement are essential to human life
- Penalizing/reprimanding people often induces shame/stigma



Harm reduction & eating disorder recovery

- Harm reduction, recovery, & abstinence are not mutually exclusive
- "Clinical recovery" = absence/improvement of symptoms
- ED recovery goals can also look like....
 - decreased frequency of ED symptoms
 - reduction of unhelpful thinking patterns
 - greater ability to tolerate difficult emotions
 - resolution of some body-image or self-esteem challenges
 - the ability to develop and/or maintain loving and meaningful relationships with others
 - reducing isolation
 - improvement in well-being/quality of life



Practicing harm reduction

1. Humanism (people do things for a reason)

- Understand ED symptoms as logical coping strategies (e.g. coping with difficult emotions, trauma, and oppressive circumstances - which may be exacerbated by the holidays)
- Approach with non-judgment
- Learn about actual risks to guide behaviour, not moral or societal standards
- Acceptance of individual choices



Practicing harm reduction

2. Pragmatism (perfection is impossible)

- Understand that completely perfect health behaviours are impossible to achieve and thus complete abstinence from ED behaviours may not be feasible
- Consider what might be interfering with your/their ability to meet individual recovery goals



Practicing harm reduction

3. Individualism (every person is unique)

- Remember that there is no one size fits all approach to treatment or recovery
- You're allowed to challenge treatment modalities and practices
- Avoid making assumptions about others
- Learn and adapt new skills that work for YOU! (e.g. distress tolerance, emotion regulation, managing interpersonal conflict)



Practicing harm reduction

4. Autonomy (individuals have the right to make their own choices)

- Understand that individuals have the right to make their own health decisions without running the risk of being turned away or terminated from care
- Offer person-centred care (collaboration, reciprocal learning) and avoid using coercive or punitive methods
- Set time aside to co-plan with supportive people to get tailored resources/support



Practicing harm reduction

5. Incrementalism (change is nonlinear and takes time)

- Celebrate positive change
- Normalize plateaus and setbacks
- Interpret relapse as an opportunity understand what's working and what's not working
- Do your best to minimize the harm associated with symptoms (e.g. through medical monitoring)
- Adapt goals when needed (maintaining current state is sometimes the best we can do in difficult situations)



Harm reduction examples

OVER-EXERCISING

- Stretch and warm up
- Work out with another person or take classes
- Incorporate slower moments, like walking or swimming
- If exercising alone, always keep your phone on you
- Listen to slower-paced music

RESTRICTING

- Take multivitamins and supplements (as recommended by healthcare provider)
- Explore resistance-based exercise (to extent that body can safely handle) to keep bones strong
- Avoid exercise that involves motions that bend/twist the spine, contact sports, or those that involve a risk of falling
- Incorporate “safe” foods into some baseline intake/nutrition goals or to increase volume



Harm reduction examples

BINGEING

- Try eating slower. Bingeing is usually done in a dissociated state.
- Taking a short walk afterwards can aid digestion.
- Adding a hot compress to one's stomach if they experience pain while digesting
- Exploring eating till fullness rather than extreme pain while having large meals

PURGING

- Use your hand (not a foreign object) when vomiting. Educate on dangers of asphyxiation when using objects. If scarring is a concern, alternate hands.
- Watch out for blood—it might signify a tear in the esophagus or stomach lining.
- Waiting at least an hour after vomiting to brush teeth or consume any sugary/acidic foods. Consider mixing baking soda with water to rinse and spit in the meantime.
- Using enamel-building toothpaste and a soft toothbrush.
- Drinking Pedialyte or Gatorade to restore electrolytes when vomiting and using laxatives and diuretics. Electrolyte abnormalities are a major risk for sudden death via cardiac arrhythmia/arrest.

Harm reduction during the holidays

- Eating foods that feel safe; not challenging oneself to face all fear foods at once
- Bringing safe meals/snacks with you to events
- Calling ahead to find out who will be in attendance and what food will be served so you can mentally prepare
- Identifying a support person who you can text or call if you're feeling triggered/distressed
- Make a plan for after an event/situation that you anticipate will be difficult (e.g. holiday gathering)
- Reduce isolation by scheduling activities that bring you into community spaces
- Consider joining an online peer support group and reaching out to crisis resources if needed



Medical support red flags

Immediate medical attention should be sought if a person is experiencing any of the following symptoms:

- Suicide risk
- Deliberate self-harm
- Heart rate <50 bpm
- Difficulty breathing
 - especially when lying flat
- Deterioration in consciousness
- Arrhythmia; chest pain
- Severe hypotension
- Pins and needles in toes
- Bleeding (e.g. in vomit, stool)

NOTE: For admission to a hospital-based eating disorder treatment program, an individual must receive a referral from a doctor. Emergency room admissions will lead to short-term medical stabilization, not a referral to a treatment program.

Resources - Treatment & Support

Information, service provider directory, toll-free helpline and live chat:
[National Eating Disorder Information Centre \(NEDIC\) - 1-866-NEDIC-20](#)

Inpatient & outpatient hospital treatment:
[Ministry Of Health Funded Eating Disorder Programs in Ontario](#)

Community-based treatment:

- [Body Brave](#) (community-based, OHIP-covered, virtual treatment, age 18+)
- For private therapists & clinics, visit [nedic.ca](#)

Community-based group support (virtual & in-person):

- [Sheena's Place](#) (free group support, age 17+)
- [Hopewell](#) (reduced cost group support, age 17+)
- [Danielle's Place](#) (free group support, youth & caregivers)
- [The Looking Glass Foundation](#) (free peer support, age 14+)
- [Eating Disorders Nova Scotia](#) (free peer support, age 18+)
- [Eating Disorder Support Network of Alberta](#) (reduced cost group support, age 18+)
- [Silver Linings Foundation](#) (reduced cost group support, age 12+)
- [Fighting Eating Disorders in Underrepresented Populations](#) (FEDUP - free peer support)
- [Nalgona Positivity Pride](#) (free peer support for BIPOC, age 18+)



Resources - Information

Eating Disorders - General Information:

- [National Eating Disorder Information Centre](#)
 - [Myths and truths about dieting and weight loss](#)
 - [Guide for supporting a friend who might be struggling with an eating disorder](#)
 - [A parents' and caregivers' guide to supporting youth with eating disorders](#)
- [National Eating Disorders Association](#)
- [Kelty Eating Disorders Resource Library](#)
- ["Sick Enough"](#) by Jennifer Gaudiani
- [Centre for Clinical Interventions - Disordered Eating Self-Help](#)
- [Harm Reduction Is For Eating Disorders, Too](#) by Kastalia Medrano

Eating Disorders - Medical Monitoring

- [ED Toolkit for Primary Care](#)
- [AED Guide to Medical Care](#)
- [Medical Monitoring Form](#)
- [NEDIC Guide for Primary Care](#)

Resources - For the holidays

- [Responding to Diet-Talk](#) (Sheena's Place & Planned Parenthood Toronto)
- [Coping with the Holidays](#) (Sheena's Place)
- [Coping with the Holidays](#) (NEDIC)
- [List of Toronto food banks & community fridges](#)

Articles:

- [6 Stupid Holiday Food 'Rules' That Are Really Diets In Disguise](#)
- [How to Take Back the Holidays from Diet Culture](#)
- [Is Diet Culture Destroying Our Holiday Happiness? We Think So](#)

References

- Academy for Eating Disorders. (2021). Eating Disorders; A Guide to Medical Care. Retrieved from https://higherlogicdownload.s3.amazonaws.com/AEDWEB/27a3b69a-8aae-45b2-a04c-2a078d02145d/UploadedImages/Publications_Slider/2120_AED_Medical_Care_4th_Ed_FINAL.pdf
- Alani-Verjee, T., Braunberger, P., Bobinski, T., & Mushquash, C. (2017). First Nations Elders in Northwestern Ontario's perspectives of health, body image and eating disorder. *Journal of Indigenous Wellbeing*, 2(1), 76-96. https://journalindigenousandwellbeing.com/journal_articles/first-nations-elders-in-northwestern-ontarios-perspectives-of-health-body-image-and-eating-disorders/
- ANAD – National Association of Anorexia Nervosa and Associated Disorders. (2021). Eating disorder statistics. Retrieved from <https://anad.org/get-informed/about-eating-disorders/eating-disorders-statistics/>
- Arcelus, Jon et al. "Mortality rates in patients with anorexia nervosa and other eating disorders. A meta-analysis of 36 studies." *Archives of general psychiatry* 68,7 (2011): 724-31. <https://doi.org/10.1001/archgenpsychiatry.2011.74>
- Becker, A. E., Franko, D. L., Speck, A., & Herzog, D. B. (2003). Ethnicity and differential access to care for eating disorder symptoms. *International Journal of Eating Disorders*, 33(2), 205-212. <https://doi.org/10.1002/eat.10129>
- Bianchi, A., Stanley, K., & Sutandar, K. (2021). The ethical defensibility of harm reduction and eating disorders. *The American Journal of Bioethics*, 21(7), 46–56. <https://doi.org/10.1080/15265161.2020.1863509>
- Bjork, T., & Ahlstrom, G. (2008). The patient's perception of having recovered from an eating disorder. *Health Care for Women International*, 29(8-9), 926–944. <https://doi.org/10.1080/07399330802269543>
- Brede, J., Babb, C., Jones, C. et al. (2020). For Me, the Anorexia is Just a Symptom, and the Cause is the Autism: Investigating Restrictive Eating Disorders in Autistic Women. *J Autism Dev Disord* 50, 4280–4296.
- Bredström, A. (2019). Culture and context in mental health diagnosing: Scrutinizing the DSM-5 revision. *Journal of Medical Humanities*, 40, 347–363. <https://doi.org/10.1007/s10912-017-9501-1>
- Brewster, Velez, B. L., Breslow, A. S., & Geiger, E. F. (2019). Unpacking body image concerns and disordered eating for transgender women: The roles of sexual objectification and minority stress. *Journal of Counseling Psychology*, 66(2), 131–142. <https://doi.org/10.1037/cou0000333>
- Buchman, D. Z., & Lynch, M. J. (2018). An Ethical Bone to PICC: Considering a Harm Reduction Approach for a Second Valve Replacement for a Person Who Uses Drugs. *The American journal of bioethics : AJOB*, 18(1), 79–81. <https://doi.org/10.1080/15265161.2017.1401159>
- Cachelin, Rebeck, R., Veisel, C., & Striegel-Moore, R. H. (2001). Barriers to treatment for eating disorders among ethnically diverse women. *The International Journal of Eating Disorders*, 30(3), 269–278. <https://doi.org/10.1002/eat.1084>

References

- Christensen, Forbush, K. T., Richson, B. N., Thomeczek, M. L., Perko, V. L., Bjorlie, K., Christian, K., Ayres, J., Wildes, J. E., & Mildrum Chana, S. (2021). Food insecurity associated with elevated eating disorder symptoms, impairment, and eating disorder diagnoses in an American University student sample before and during the beginning of the COVID-19 pandemic. *The International Journal of Eating Disorders*, 54(7), 1213–1223. <https://doi.org/10.1002/eat.23517>
- Compeau, A., & Ambwani, S. (2013). The effects of fat talk on body dissatisfaction and eating behavior: the moderating role of dietary restraint. *Body image*, 10(4), 451–461. <https://doi.org/10.1016/j.bodyim.2013.04.006>
- Crow et al. (2009). Increased mortality in bulimia nervosa and other eating disorders. *American Journal of Psychiatry*, 166(12), 1342-1346.
- Darcy, A. M., Katz, S., Fitzpatrick, K. K., Forsberg, S., Utzinger, L., & Lock, J. (2010). All better? How former anorexia nervosa patients define recovery and engaged in treatment. *European Eating Disorders Review*, 18(4), 260–270. <https://doi.org/10.1002/erv.1020>
- Davidson, & Roe, D. (2007). Recovery from versus recovery in serious mental illness: One strategy for lessening confusion plaguing recovery. *Journal of Mental Health*, 16(4), 459–470. <https://doi.org/10.1080/09638230701482394>
- Deloitte Access Economics. (2020). The social and economic cost of eating disorders in the United States of America: A report for the strategic training initiative for the prevention of eating disorders and the academy for eating disorders. <https://www.hsph.harvard.edu/stripped/report-economic-costs-of-eating-disorders/>
- de Vos, J.A., LaMarre, A., Radstaak, M., Bijkerk, C.A., Bohlmeijer, E.T., & Westerhof, G.J. (2017). Identifying fundamental criteria for eating disorder recovery: a systematic review and qualitative meta-analysis. *Journal of Eating Disorders* 5(34). <https://doi.org/10.1186/s40337-017-0164-0>
- Dodd, J. (2015). “The name game”: Feminist protests of the DSM and diagnostic labels in the 1980s. *History of Psychology*, 18(3), 312–323. <https://doi.org/10.1037/a0039520>
- Dolhanty, J. (1998). Giving up an eating disorder: What else might you be giving up? Retrieved from <http://nedic.ca/giving-eating-disorder-what-else-might-you-be-giving>
- Douzenis, A., & Michopoulos, I. (2015). Involuntary admission: The case of anorexia nervosa. *International Journal of Law and Psychiatry*, 39, 31–35. <https://doi.org/10.1016/j.ijlp.2015.01.018>
- Drake, R.E., & Whitley, R. (2014). Recovery and severe mental illness: Description and analysis. *Canadian Journal of Psychiatry*, 59(5), 236-42. <https://doi.org/10.1177/070674371405900502>
- Duffy, M. E., Henkel, K. E., & Earnshaw, V. A. (2016). Transgender clients’ experiences of eating disorder treatment. *Journal of LGBT Issues in Counseling*, 10(3), 136-149. <https://doi.org/10.1080/15538605.2016.1177806>
- Eating Disorder Hope. (2019, May 8). Disabilities and eating disorders and their connection. <https://www.eatingdisorderhope.com/blog/connection-disabilities-eating-disorders>

References

- Falvey, S.E., Hahn, S.L., Anderson, O.S., Lipson, S.K., & Sonnevile, K.R. (2021). Diagnosis of eating disorders among college students: A comparison of military and civilian students. *Military Medicine*, 186(9-10), 975-983. <https://doi.org/10.1093/milmed/usab084>
- Frisby, C.L. (2020). DSM revisions and the “western conundrum.” In Benuto, L., Duckworth, M., Masuda, A., & O'Donohue, W. (Eds.), *Prejudice, Stigma, Privilege, and Oppression* (pp. 249–307). Springer International Publishing. https://doi.org/10.1007/978-3-030-35517-3_15
- Gallagher, J. R., & Bremer, T. (2018). A perspective from the field: The disconnect between abstinence-based programs and the use of motivational interviewing in treating substance use disorders. *Alcoholism Treatment Quarterly*, 36(1), 115–126. <https://doi.org/10.1080/07347324.2017.1355223>
- Gallagher, J. R., Whitmore, T. D., Horsley, J., Marshall, B., Deranek, M., Callantine, S., & Woodward Miller, J. (2019). A perspective from the field: Five interventions to combat the opioid epidemic and ending the dichotomy of harm-reduction versus abstinence-based programs. *Alcoholism Treatment Quarterly*, 37(3), 404–417. <https://doi.org/10.1080/07347324.2019.1571877>
- Galmiche, M., Déchelotte, P., Lambert, G., & Tavolacci, M. P. (2019). Prevalence of eating disorders over the 2000-2018 period: a systematic literature review. *The American Journal of Clinical Nutrition*, 109(5), 1402–1413. <https://doi.org/10.1093/ajcn/nqy342>
- Garber, A. K., et al. (2019). Weight loss and illness severity in adolescents with atypical anorexia nervosa. *Pediatrics*, 144(5), e20192339.
- Goeree, M.S., Ham, J. C., & Iorio, D. (2011). Race, social class, and bulimia nervosa. IZA Discussion Paper No. 5823. Retrieved from <http://ftp.iza.org/dp5823.pdf>.
- Government of Canada. (2022, March 14). Ending long-term drinking water advisories. <https://www.sac-isc.gc.ca/eng/1506514143353/1533317130660>
- Hall, W., Babor, T., Edwards, G., Laranjeira, R., Marsden, J., Miller, P., Obot, I., Petry, N., Thamarangsi, T., & West, R. (2012). Compulsory detention, forced detoxification and enforced labour are not ethically acceptable or effective ways to treat addiction. *Addiction*, 107(11), 1891–1893. <https://doi.org/10.1111/j.1360-0443.2012.03888.x>
- Hawk, M., Coulter, R.W.S., Egan, J.E. Fisk, S., Friedman, M.R., Tula, M., & Kinsky, S. (2017). Harm reduction principles for healthcare settings. *Harm Reduction Journal*, 14(70) <https://doi.org/10.1186/s12954-017-0196-4>
- Hazzard, V.M., Barry, M. R., Leung, C. W., Sonnevile, K. R., Wonderlich, S. A., & Crosby, R. D. (2021). Food insecurity and its associations with bulimic-spectrum eating disorders, mood disorders, and anxiety disorders in a nationally representative sample of U.S. adults. *Social Psychiatry and Psychiatric Epidemiology*, 1–8. <https://doi.org/10.1007/s00127-021-02126-5>
- Jacobson, R. (2022, July 12). College students and eating disorders. Child Mind Institute. <https://childmind.org/article/eating-disorders-and-college/>
- Jáuregui-Garrido, B. & Jáuregui Lobera, I. (2012). Sudden death in eating disorders. *Vascular Health and Risk Management*, 8, 91-98.
- Lucas, G. (Accessed March 4, 2020 on YouTube). Self Care During The Storm: Eating Disorder Harm Reduction Practices. [Webinar].

References

- Marchessault, G. (2004). Body shape perceptions of Aboriginal and non-Aboriginal girls and women in southern Manitoba, Canada. *Canadian Journal of Diabetes*, 28(4), 369-379. Retrieved from http://archive.diabetes.ca/files/cjdbodyshape_dec04.pdf
- Marques, L., Alegria, M., Becker, A. E., Chen, C., Fang, A., Chosak, A., & Diniz, J. B. (2011). Comparative prevalence, correlates of impairment, and service utilization for eating disorders across U.S. ethnic groups: Implications for reducing ethnic disparities in health care access for eating disorders. *The International Journal of Eating Disorders*, 44(5), 412–420. <http://doi.org/10.1002/eat.20787>
- Medrano, K. (2021, September 22). Harm reduction is for eating disorders, too. *Filter*. <https://filtermag.org/eating-disorder-harm-reduction/>
- Mond, J.M., Mitchison, D., & Hay, P. (2014) “Prevalence and implications of eating disordered behavior in men” in Cohn, L., Lemberg, R. (2014) *Current Findings on Males with Eating Disorders*. Philadelphia, PA: Routledge.
- Muhlheim, L. (2020, June 20). Eating disorders in transgender people. *Verywell mind*. <https://www.verywellmind.com/eating-disorders-in-transgender-people-4582520>
- Nagata, J. M., Garber, A. K., Tabler, J. L., Murray, S. B., & Bibbins-Domingo, K. (2018). Prevalence and Correlates of Disordered Eating Behaviors Among Young adults with Overweight or Obesity. *Journal of General Internal Medicine*, 33(8), 1337-1343. <https://doi.org/10.1007/s11606-018-4465-z>
- Nagata, J. M., Ganson, K. T., & Austin, S. B. (2020). Emerging trends in eating disorders among sexual and gender minorities. *Current Opinion in Psychiatry*, 33(6), 562–567. <https://doi.org/10.1097/YCO.0000000000000645>
- National Association of Anorexia Nervosa and Associated Disorders [ANAD]. (n.d.) eating disorder statistics. <https://anad.org/eating-disorders-statistics/>
- National Eating Disorders Association [NEDA]. (n.d.a). Eating disorders in LGBTQ+ populations. <https://www.nationaleatingdisorders.org/learn/general-information/lgbtq>
- National Eating Disorders Association [NEDA]. (n.d.b). What are eating disorders? <https://www.nationaleatingdisorders.org/what-are-eating-disorders>
- National Eating Disorders Association [NEDA]. (n.d.c). Risk factors. <https://www.nationaleatingdisorders.org/risk-factors>
- National Eating Disorder Information Centre [NEDIC]. (n.d.). Types of eating disorders. <https://nedic.ca/eating-disorders-treatment/>
- National Harm Reduction Coalition. (n.d.). Principles of harm reduction. <https://harmreduction.org/about-us/principles-of-harm-reduction/>
- Nielsen, Haun, D., Kärtner, J., & Legare, C. H. (2017). The persistent sampling bias in developmental psychology: A call to action. *Journal of Experimental Child Psychology*, 162, 31–38. <https://doi.org/10.1016/j.jecp.2017.04.017>
- Norcross, J.C., Krebs, P.M., & Prochaska, J.O. (2011). Stages of change. *Journal of Clinical Psychology*, 67(2), 143–154. <https://doi.org/10.1002/jclp.20758>
- Piat, M., Sabetti, J., Couture, A., Sylvestre, J., Provencher, H., Botschner, J., & Stayner, D. (2009). What does recovery mean for me? Perspectives of Canadian mental health consumers. *Psychiatric Rehabilitation Journal*, 32(3), 199-207. <http://dx.doi.org/10.2975/32.3.2009.199-207>

References

- Roth, J.M. (2016, April 13). Where do you fall on the eating behavior spectrum? The Feed. <https://thefeedblog.com/2016/04/13/where-do-you-fall-on-the-eating-behavior-spectrum/>
- Sala, M., Reyes-Rodríguez, M. L., Bulik, C. M., & Bardone-Cone, A. (2013). Race, ethnicity, and eating disorder recognition by peers. *Eating disorders*, 21(5), 423–436. <https://doi.org/10.1080/10640266.2013.827540>
- Solmi, F., Bentivegna, F., Bould, H., Mandy, W., Kothari, R., Rai, D., Skuse, D., & Lewis, G. (2020). Trajectories of autistic social traits in childhood and adolescence and disordered eating behaviours at age 14 years: A UK general population cohort study. *The Journal of Child Psychology and Psychiatry*, 62(1), 75-85. <https://doi.org/10.1111/jcpp.13255>
- Statistics Canada. (2014). Table 13-10-0465-01 Mental health indicators. <https://doi.org/10.25318/1310046501-eng>
- Sweeting, H., Walker, L., MacLean, A., Patterson, C., Räisänen, U., & Hunt, K. (2015). Prevalence of eating disorders in males: a review of rates reported in academic research and UK mass media. *International journal of men's health*, 14(2), 10.3149/jmh.1402.86. <https://doi.org/10.3149/jmh.1402.86>
- Tavalacci, M. P., Ladner, J., & Déchelotte, P. (2021). Sharp Increase in Eating Disorders among University Students since the COVID-19 Pandemic. *Nutrients*, 13(10), 3415. <https://doi.org/10.3390/nu13103415>
- Trompeter N., Bussey K., Mitchison D. (2021) Epidemiology of eating disorders in boys and men. In Nagata J.M., Brown T.A., Murray S.B., & Lavender J.M. (Eds.), *Eating disorders in boys and men*. Springer. https://doi-org.myaccess.library.utoronto.ca/10.1007/978-3-030-67127-3_4
- Udo, T., Bitley, S. & Grilo, C.M. (2019). Suicide attempts in US adults with lifetime DSM-5 eating disorders. *BMC Medicine*, 17, 120. <https://doi.org/10.1186/s12916-019-1352-3>
- Uri, R.C., Wu, Y., Baker, J.H., & Munn-Chernoff, M.A. (2021). Eating disorder symptoms and Asian American college students. *Eating Behaviours*, 40. <https://doi.org/10.1016/j.eatbeh.2020.101458>
- Veillette, L., Serrano, J. M., & Brochu, P. M. (2018). What's weight got to do with it? Mental health trainees' perceptions of a client with anorexia nervosa symptoms. *Frontiers in Psychology*, 9, 2574. <https://doi.org/10.3389/fpsyg.2018.02574>
- Westwood, H., & Tchanturia, K. (2017). Autism spectrum disorder in anorexia nervosa: An updated literature review. *Current Psychiatry Reports*, 19(7), 41.
- Wilson, D.P., Donald, B., Shattock, A. J., Wilson, D., & Fraser-Hurt, N. (2015). The cost-effectiveness of harm reduction. *The International Journal of Drug Policy*, 26, S5–S11. <https://doi.org/10.1016/j.drugpo.2014.11.007>
- Zelvin, E., & Davis, D. R. (2001). Harm reduction and abstinence based recovery. *Journal of Social Work Practice in the Addictions*, 1(1), 121–133. https://doi.org/10.1300/J160v01n01_09