



GIVING SAFE PRESENTATIONS



ON EATING DISORDERS



Engaging
Minds in
Body Image
and Eating
Disorders
Research

This is an evidence-based resource adapted from *How should we talk about Eating Disorders?: A guide to giving eating disorder presentations in community settings* by JR Doley et al., 2017.



NEDA
Feeding hope.

National Eating Disorders Association

INTRODUCTION

Purpose

These guidelines are for anyone looking to give a safe, effective, and engaging presentation about eating disorders. If you are planning to give a presentation on eating disorders, please read these guidelines first to assure you do not unintentionally cause harm. You may be a teacher, student, volunteer, or simply a passionate community member who has the chance to provide eating disorder education at work, an awareness event, university, or school. The guidelines are intended to educate your audience, reduce stigma, and promote help-seeking behaviors. They are evidence-based and were developed by eating disorders professionals and advocates.

A Note on Usage & Prevention

This is not intended for use as a prevention program or for use with children under 12 years old. Presentations to younger children should focus on prevention only and should not mention eating disorders.

Prevention programs aim to reduce negative risk factors like body dissatisfaction and dieting and to increase protective factors like appreciation for the body's functionality and media literacy. Talking about specific eating disorder symptoms and behaviors is ineffective and can increase risk.

If your goal is eating disorder prevention, research indicates that your focus should be reducing risk factors and increasing protective factors. You can do this with evidence based prevention programs (see pg. 11-12).

Failure to use an evidence-based prevention program in adolescents (age 12-17) may be harmful.

Many researchers, community educators, and people with lived experience of eating disorders have expressed concern that including details about symptoms and behaviors could harm people by doing the following (O'Dea, 2000):

- Introducing young people to concerns about dieting/weight control that did not previously exist;
- Glamorizing eating disorders (e.g. using case studies of celebrities);
- Promoting fear of food through negative messages (e.g. sugar and fat are bad for you);
- Unintentionally conveying the presenter's own body dissatisfaction to the audience.

By safely discussing eating disorders, we provide vital education, reduce stigma, and promote help-seeking behaviors.

Terms to Know

- **Helpful:** something that may reduce stigma and increase knowledge about eating disorders.
- **Harmful:** something that may increase stigma, provide incorrect knowledge, or cause and/or worsen the audience's eating disorder symptoms.
- **Speaker with lived experience:** a person with eating disorder experience who chooses to share their story with the audience.
- **Presenter:** any person who gives an eating disorder presentation.
- **Adolescent:** a person 12-17 years old.
- **Adult:** a person 18 years old and over.



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PREPARING YOUR PRESENTATION

Checking in with Yourself

Before planning a presentation, be aware of your own attitudes about weight, shape, food, exercise, and size. This is a key part in ensuring that you do not project negative attitudes (e.g. encouraging dieting, size discrimination) to the audience. For instance, a presenter who suggests that you cannot be healthy at a higher weight may encourage stigmatizing attitudes. Recognizing and processing your own biases can assist in communicating your message effectively. This is important to assure you are a good role model and advocate for a safe and respectful environment, free from discrimination.

It may be helpful to invite a local professional trained in body image, self-esteem, eating disorders, or mental health to assist with your presentation. A professional may be able to answer questions or provide extra information to both yourself and your audience. There are several additional qualities that speakers with lived experience should be aware of when presenting their story. We outlined these in detail in the *Lived Experience Speakers* section (pg. 3).

Content Review

As we outlined in the introduction, some content may trigger eating disorder behaviors in vulnerable people. Review your materials for harmful or confusing information before delivering the presentation. If you are planning to regularly present on eating disorders, make sure to review your materials before each presentation to ensure your information is up to date.

It can be beneficial to advise the audience that if the presentation raises any issues for them, they can feel free to step out at any time. Be sure to provide resources at the end of the session.

Your presentation should include ideas and language that are age-appropriate. These guidelines refer specifically to appropriate information for both adolescent and adult audiences.

Format

Your presentation should have a clear purpose that will guide what information it needs to contain. For instance, a presentation that aims to educate the audience about eating disorders will contain information about eating disorders types, warning signs and symptoms, and contributing factors. A presentation aimed at reducing stigma might feature a speaker with lived experience. In these cases, use NEDA's [Sharing Your Story Publicly](#)¹ in conjunction with these guidelines.

Having a clear goal will determine the number of sessions needed for your presentation. Single session presentations are common, but follow-up sessions can be useful to implement strategies discussed. When designing an engaging presentation, consider using a variety of ways to present information to the audience, such as guest speakers, written material, audiovisual material, group discussions, or carefully selected internet resources. This will appeal to a variety of learning styles.

Additional Considerations

When planning your presentation, you should consider both the many intersecting identities of your audience and how your own experiences and privileges affect your presentation content and delivery. Choose inclusive language and images (e.g. non-binary language related to gender identity, stock images that represent diversity). When selecting case studies, warning signs, and prevalence statistics, aim to highlight a variety of voices and perspectives related to your topic.



Adolescents

When presenting to adolescents, professionals suggest information should be interactive and participatory (e.g. group discussion, group activities, and peer-based learning). Be aware that adolescents may feel uncomfortable discussing body image and/or eating disorders in front of people whose gender identity

does not match their own. Consider including opportunities to engage in a moderated discussion or to ask questions anonymously after the presentation.

Adolescents can be particularly concerned about their body image and self-esteem, two serious risk factors for the development of an eating disorder. In addition to providing eating disorders information, it may be helpful to offer information about body image and self-esteem. Because adolescents are at increased risk of developing eating disorders, it is recommended that speakers **do not** share their stories of lived experience.



Adults

While speakers sharing lived experience are not suitable for adolescents, you may wish to include an appropriate speaker with lived experience for an adult audience. Speakers with lived experience can provide valuable information that may reduce eating disorder stigma, provide hope, and send a message that

recovery is possible. It is essential for the safety of the speaker with lived experience that you do not push them to discuss or expand on areas of their story that they do not want to share, as this is likely to be harmful.

If you plan to have a speaker with lived experience, it is best that they are well supported by a local mental health organization with experience in providing community education programs about eating disorders. Additionally, you may like to invite a local professional to be available for questions that may arise during the discussion period. To find a local eating disorder professional, visit our [treatment finder](#).³

Since body dissatisfaction and low self-esteem are major risk factors for eating disorders, consider incorporating information about [prevention](#)⁴, body image, and self-esteem in addition to eating disorders.

Speakers with Lived Experience

If you choose to share your story, you need to ensure that you take care of your own mental health and engage in self-care.

A local mental health professional or organization with experience providing community education programs about eating disorders can provide valuable support for speakers who decide to share their story. To find a local eating disorders treatment provider, visit [NEDA's treatment finder](#)³.

Please also see page 10 for guidance on whom to contact about sharing your story.

Before presenting, ensure that:

- You read NEDA's [tips for sharing your story publicly](#)¹.
- You are committed to recovery first, over becoming an advocate for eating disorders awareness. This is helpful for your own self-care, as well as the safety of the audience;
- You consider the effects of self-disclosure on your personal well-being;
- You are provided with guidance by your local supporting organization before any speaking engagements;
- You have the opportunity to be debriefed by your local supporting organization after any speaking engagement;
- You decide what you are and are not willing to share before the presentation;
- You are aware that telling your story may bring up difficult emotions. If this happens, don't hesitate to ask for support from your local organization or mental health professional;
- You are prepared to hear unexpected questions, regardless of how you choose to answer.

How to Avoid Doing Harm

To ensure you do not unintentionally cause harm, consider what you hope to achieve by sharing your story:

- Carefully consider the potential impact of your message on the audience;
- Be aware of your own personal issues and attitudes around eating, weight, and exercise so that you do not convey messages that could be harmful to the audience;
- Become familiar with details that should be avoided, described under *Risk Factors & Causes* (p 7), *Physical Symptoms* (p 6), *Psychological Symptoms* (p 6), *Behavioral Symptoms* (p 6), and *Media & Images* (p 4).

Details & Messages to Include

It is important that you leave your audience with the message that there is hope, that recovery is possible, and that professional help is available. The following topics are likely to be helpful to include in your presentation:

- How you found treatment. Keep in mind, you should not suggest that one particular treatment works or does not work for everyone.
- The methods that helped you to recover (e.g., therapy approach)
- The events and people that helped move you towards recovery
- Interests, work, or relationships that have taken the place of your eating disorder
- What it feels like to be in recovery

PRESENTATION CONTENT

Media and Images

These types of media and images should **not** be included in presentations:

- Before and after recovery photos
- Images of people with extreme weights or shapes (i.e., emaciated people)
- Media that identifies or names specific pro-eating disorder websites

Before including a documentary, ensure it does not contain harmful content as outlined in these guidelines. If you do choose to screen an appropriate documentary, you should include a Q&A session with mental health professionals who treat eating disorders. For adolescents, professionals recommend showing videos that promote body image media literacy (e.g., Straight/Curve, Dove's 'Evolution') rather than specific stories about eating disorders.

Keep in Mind

The audience may invite you to answer general questions about eating disorders. You are not expected to be an expert on all aspects of eating disorders, and should feel comfortable saying 'I don't know' to any questions you do not know the answers to. Prepare to address common myths about eating disorders. NEDA outlines some common myths at [Busting the Myths About Eating Disorders](#)⁵. Not all people in the audience will have the same experiences or level of understanding as you, so it is important to show respect for the varied experiences of others.

Talking About Eating Disorders

The language used when talking about eating disorders can affect how the audience perceives people with eating disorders. It is important to avoid messages that further stigmatize these serious illnesses.

Messages and language that are likely to be helpful:

- Emphasizing that no one is to blame for the development of an eating disorder
- Explaining that eating disorders are serious mental illnesses, not choices
- Explaining that eating disorders are serious without portraying them as hopeless
- Describing the different types of eating disorders that exist
- Using accurate terms for eating disorders (e.g., anorexia nervosa rather than 'extreme dieting')
- Explaining that all types of eating disorders are harmful, not just anorexia nervosa
- Being aware of [common myths about eating disorders](#)⁵ (e.g., the misconception that you have to be underweight to have an eating disorder) and get comfortable busting these myths with facts (e.g. you can't tell by looking at someone if they have an eating disorder)
- Using messages and language that are respectful towards people with eating disorders
- Using language that does not define a person by their illness (e.g., 'person with bulimia' as opposed to 'bulimic person')
- Including a message of hope, that recovery is possible with the right treatment and support

Messages and language that are likely to be harmful:

- Making eating disorders sound attractive or emphasizing positive characteristics that may be associated with an eating disorder (e.g., willpower or self-control)
- Implying that all eating disorders experiences are the same
- Implying that all types of eating disorders are the same;
- Using judgmental or value-laden language (e.g., they are attention-seeking)
- Using language that trivializes eating disorders, (e.g., adding the suffix “-orexia” to indicate an eating disorder, such as “bigorexia”)

General Language Tips

Present options rather than giving advice (e.g., “here are some things you might try” rather than “you should do this”). Use gender-neutral, non-binary language, ensuring that you do not only refer to people with eating disorders as female, or as male or female.

For adult audiences, professionals agree that advocating for increased treatment services and eating disorders research may be helpful. This may depend on the aim of your presentation.

Talking About Food & Weight

While not all eating disorders presentations need to educate the audience about food and weight, being aware of helpful and potentially harmful language is important. The way we talk about these topics can have an impact.

Messages and language that are likely to be helpful:

- Using language that does not focus on size or appearance specifically
- Discouraging the idea that a particular body size leads to happiness
- Actively challenging societal, peer, media and cultural pressures to lose weight
- Explaining all foods can be eaten and avoiding moral language to describe food (e.g. ‘good’ food, ‘bad/junk’ food)
- Explaining the harmful effects of fad diets

Special Considerations for Athletes

It may be useful to explain the relationship between nutrition and performance when the presentation is to a group of athletes or dancers.

Talking About Symptoms

Presentations should contain [warning signs of eating disorders](#)⁶, as this may help audience members realize that they or a loved one may have a problem. Page 8 contains a list of warning signs of eating disorders that were developed through an expert consensus study in 2008, and therefore are based on research evidence (please note: symptoms may vary between individuals or across different types of eating disorders).

Physical Symptoms

Ways of discussing physical symptoms that are likely to be **helpful**:

- Explaining that eating disorders can happen at any weight or size. Many people with eating disorders may be of average or above average weight and shape
- Educating the audience about the physical consequences of an eating disorder (e.g. medical complications such as bone density loss or cardiac problems)
- Educating the audience about the possible dental consequences of eating disorders
- Explaining the negative physical sensations that may occur when a person has an eating disorder, like fatigue and loss of co-ordination

Ways of discussing physical symptoms that are likely to be **harmful**:

- Including specific body weights (i.e. lbs, BMI) of people with eating disorders
- Including the amount of weight lost or gained by a person with an eating disorder
- Mentioning specific clothing sizes of a person with an eating disorder

Rather than discussing physical symptoms as primarily appearance-based, which can fuel the myth that you can tell someone has an eating disorder by looking at them, discussing physical symptoms as distinct from weight and appearance may help educate and reduce stigma.

Behavioral Symptoms

Discussing behavioral symptoms of eating disorders can be difficult, in part due to concerns that they will normalize eating disorder behaviors or introduce vulnerable audience members to new methods of weight control.

Ways of discussing behaviors that are likely to be **helpful**:

- Explaining the dangers of weight control behaviors (e.g. laxatives, vomiting)
- Discussing the dangers of binge eating behaviors

Ways of discussing behaviors that are likely to be **harmful**:

- Including numbers (the number of calories eaten by a person with an eating disorder, specific amounts of laxatives, or frequency or intensity of exercise done by a person with an eating disorder)
- Teaching or promoting calorie or nutrient counting
- Mentioning specific methods used in eating disorder behavior (e.g. using fingers to induce vomiting)
- For adolescents (12-17), mentioning specific steps taken to disguise eating disorder behavior (e.g. locking door to hide excessive exercise)
- For adolescents (12-17), mentioning the frequency or any quantifiable details of an eating disorder

Psychological Symptoms

Ways of discussing psychological symptoms that are likely to be **helpful**:

- Including information about the psychological impact of an eating disorder (e.g. thoughts being taken over by weight and food, depression, fear/anxiety)
- Discussing the social consequences of an eating disorder (e.g. disrupted friendships, isolation)

Special Considerations for Athletes

To encourage help-seeking behaviors amongst athletes, presenters may wish to include information about the specific effects on athletics:

- Explaining the negative consequences of eating disorders on performance, such as loss of muscular strength and endurance, decreased speed, loss of coordination, and poor judgement
- Addressing ways in which extreme weight control behaviors (e.g. self-induced vomiting, laxative use) can hurt performance

For further reading on eating disorders and athletes, check out NEDA's [Coach & Trainer Toolkit](#)⁷ and [other resources for athletes](#)⁸.

A Note on Self-Harm Behaviors

Some people with eating disorders engage in self-harm behaviors, and this may be tied to their behaviors and thoughts around food and weight. Avoid discussing specific details of self-harm (e.g. method or treatment) as this could be harmful for the audience. Discussing self-harm in general

terms, if relevant to the presentation (e.g. 'I was very unwell and was engaging in self-harm') is likely to be more appropriate. Always provide a list crisis of support options (pp 12-13).

Risk Factors & Causes

When educating an audience about the causes of eating disorders, it is important not to oversimplify them. There are a range of [risk factors](#)⁹ for developing eating disorders, and the best way to explain this to an audience is to teach the biopsychosocial model. The biopsychosocial model states that a combination of biological (e.g. genetic), psychological (e.g. low self-esteem) and sociocultural factors (e.g. appearance-related teasing) contribute to the development of eating disorders. You can find an explanation of major [risk factors](#)⁹ and [protective factors](#)¹⁰ on [NEDA's website](#)¹¹.

To help dispel myths around what causes an eating disorder, it is helpful to:

- Explain that eating disorders affect people regardless of their gender, race, ethnicity, socioeconomic status, or sexual orientation
- Be careful not to portray eating disorders as caused by bad parenting
- Be careful not to suggest that eating disorders develop due to celebrity culture and media. While some sociocultural factors can increase the risk for eating disorders (for instance, thin-ideal internalization and body dissatisfaction), they cannot be attributed solely to the media

Behavioral Warning Signs

- Dieting behaviors (e.g. fasting, counting calories, avoidance of food groups or types)
- Evidence of binge eating (e.g. disappearance or hoarding of food)
- Evidence of vomiting or laxative use (e.g. taking trips to the bathroom during or immediately after meals)
- Excessive, obsessive, or ritualistic exercise patterns (e.g. exercising when injured or in bad weather, feeling compelled to perform a certain number of repetitions of exercises or experiencing distress if unable to exercise)
- Changes in food preferences (e.g. refusing to eat certain 'fatty' or 'bad' foods, cutting out whole food groups such as meat or dairy, claiming to dislike foods previously enjoyed, a sudden concern with 'healthy eating,' or replacing meals with fluids)
- Development of rigid patterns around food selection, preparation, and eating (e.g. cutting food into small pieces or eating very slowly)
- Avoidance of eating meals, especially when in a social setting (e.g. skipping meals by claiming they have already eaten or have an intolerance/allergy to particular foods)
- Lying about amount or type of food consumed or evading questions about eating and weight
- Behaviors focused on food (e.g. planning, buying, preparing, and cooking meals for others but not actually consuming; interest in cookbooks, recipes, and nutrition)
- Behaviors focused on body shape and weight (e.g. interest in weight-loss websites books and magazines)
- Development of repetitive or obsessive behaviors relating to body shape and weight (e.g. body checking such as pinching waist or wrists, repeated weighing of self, excessive time spent looking in mirrors)
- Social withdrawal or avoidance of previously enjoyed activities

Physical Warning Signs

- Weight loss or weight fluctuations
- Sensitivity to the cold or feeling cold most of the time, even in warm temperatures
- Changes in or loss of menstrual patterns
- Swelling around the cheeks or jaw, calluses on knuckles, or damage to teeth from vomiting
- Fainting
- Hair loss/lanugo

Psychological Warning Signs

- Pre-occupation with food, body shape and weight
- Extreme body dissatisfaction
- Distorted body image (e.g. complaining of being, feeling, and/or looking fat when a healthy weight or underweight)
- Sensitivity to comments or criticism about exercise, food, body shape or weight
- Heightened anxiety around meal times
- Depression, anxiety, or irritability
- Low self-esteem (e.g. negative opinions of self, feelings of shame, guilt, or self-loathing)
- Rigid 'black and white' thinking (e.g. labelling of food as either 'good' or 'bad')

DISCUSSION AND Q&A

Talking About Recovery & Help-Seeking

It can be helpful to include discussions about recovery in order to emphasize the importance of help seeking and that recovery is possible. It is also essential to highlight help-seeking options for audience members who wish to seek help for themselves or a loved one.

Each recovery story is different. Some people are able to recover without structured supports and treatment. However, it is important for the audience to know that most people who recover from an eating disorder do so with the support of both trained professionals and family/friends rather than on their own. Different people can also benefit from different [types of treatment](#)¹², and there is no one type of treatment that is effective for all people with eating disorders. It's important for the audience to know that it is courageous and necessary to ask for help and support during recovery from an eating disorder.

How & Where to Seek Help

Presentations should always include information about how to get help for an eating disorder, and should normalize help seeking behaviors.

Before you give a presentation about eating disorders, ensure you have a written protocol for supporting and providing information to people who self-disclose during or after a presentation. Make sure you are prepared with information about eating disorder support services, and on how to contact professionals specializing in eating disorders. Include information about general mental health support services, not only for those who self-disclose but also for the entire audience.

Explain that while seeking help early can result in better recovery outcomes, it is never too late to start getting help for an eating disorder.

Please see the list of resources in the back of this document to for information about seeking help for both mental health and eating disorders in your area.

Special Consideration for Adult Audiences

Depending your presentation goal (e.g. to improve eating disorders mental health literacy), presenters may want to address how to recognize and prevent [relapse](#)¹³.

For high school or university/college settings

Before presenting in a school, you should provide opportunities for staff to talk if they have concerns and/or fears about how to support a student with an eating disorder. You may wish to hold a staff meeting and invite a mental health/eating disorder professional to assist you.

Help Seeking Resources

NEDA Resources

For **people with lived experience who wish to share their story**, please read NEDA's tips for [Sharing Your Story Publicly](#)¹. The major eating disorder organizations listed below can also provide information and advice on sharing your story with an audience.

The [Online Eating Disorder Screening](#)¹⁴ assesses warning signs of an eating disorder. This screening is not a replacement for clinical evaluation.

Major Eating Disorder Organizations

The following organizations can give you eating disorders information and strategies to seek help for an eating disorder.

Australia

National Eating Disorders Collaboration
nedc.com.au

The Butterfly Foundation
thebutterflyfoundation.org.au

Canada

National Eating Disorders Information
Centre
nedic.ca

Ireland

Bodywhys
bodywhys.ie

New Zealand

EDANZ
ed.org.nz

United Kingdom

Beat UK
b-eat.co.uk

United States

National Eating Disorders Association
nationaleatingdisorders.org/find-help-
support

Major Mental Health Organizations

Australia

Beyond Blue
beyondblue.org.au

Headspace (for people 12-25)
headspace.org.au

Canada

Canadian Mental Health Association
cmha.ca

Mind Your Mind (for adolescents & youth)
mindyourmind.ca

Ireland

Mental Health Ireland
mentalhealthireland.ie

Jigsaw (for youth)
jigsaw.ie

New Zealand

Mental Health Foundation of New Zealand
mentalhealth.org.nz

United Kingdom

Mind
mind.org.uk

YoungMinds (For children & youth)
youngminds.org.uk

United States

Mental Health America
mentalhealthamerica.net

ReachOut US (for adolescents & youth)
us.reachout.com

Prevention Resources

The following resources are evidence-based, researcher developed, prevention programs.

FOR YOUNG CHILDREN

Confident Body, Confident Child

To help parents create a family environment in which children aged 2-6 years can develop healthy body image and eating patterns.

latrobe.edu.au/psychology/research/research-areas/clinical-and-health-psychology/confident-body-study

Research: Hart, L. M., Damiano, S. R. and Paxton, S. J. (2016), Confident body, confident child: A randomized controlled trial evaluation of a parenting resource for promoting healthy body image and eating patterns in 2-to-6-year old children. *International Journal of Eating Disorders*, 49: 458- 472. doi:10.1002/eat.22494

FOR ADOLESCENTS

Happy Being Me

Co-educational school-based body image intervention for early high school. For program workbooks contact Professor Susan Paxton (susan.paxton@latrobe.edu.au)

Research: Dunstan, C.J., Paxton, S.J., & McLean, S.A. (in press). An evaluation of a body image intervention in adolescent girls delivered in single-sex versus co-educational classroom settings. *Eating Behaviors*. [http:// dx.doi.org/10.1016/j.eatbeh.2016.03.016](http://dx.doi.org/10.1016/j.eatbeh.2016.03.016)

Dove Self-Esteem Project

Materials for teachers and parents

selfesteem.dove.co.uk

Research: dove.com/uk/stories/about-dove/our-research.html

MediaSmart

Co-educational school-based body image intervention for early high school

flinders.edu.au/sabs/psychology/services/flinders-university-services-for-eating-disorders/mediasmart/

Research: Wilksch, S. M., Tiggemann, M. and Wade, T. D. (2006), Impact of interactive school-based media literacy lessons for reducing internalization of media ideals in young adolescent girls and boys. *International Journal of Eating Disorders*, 39, 385 –393. doi:10.1002/eat.20237

FOR LATE ADOLESCENTS AND YOUNG ADULTS

The Body Project

nationaleatingdisorders.org/get-involved/the-body-project

Research: Stice., E., Butryn, M.L., Rohde, P & Shaw, H. (2013). An effectiveness trial of a new enhanced dissonance eating disorder prevention program among female college students. *Behaviour Research and Therapy*, 51, 862-871

Crisis Resources

Crisis resources are available for immediate 24/7 support, and should be shared whenever suicidality, self-harm, or other crisis issues are disclosed.

Australia

Lifeline Australia

lifeline.org.au

Ireland

National Suicide Helpline (Pieta House)

pieta.ie

Canada

Canadian Association for Suicide Prevention

suicideprevention.ca/need-help/

*Provides directory of local crisis centers

New Zealand

Lifeline Aotearoa

lifeline.org.nz

United Kingdom

Mind Infoline

mind.org/uk

United States

Crisis Text Line

Text NEDA to 741741

crisistext.org/get-help-now

National Suicide Prevention Lifeline

(800) 273-TALK (8255)

suicidepreventionlifeline.org

The Trevor Project

thetrevorproject.org/get-help-now

Resource Links

1. [Sharing Your Story Publicly:](#)
nationaleatingdisorders.org/community/sharing-your-story-responsibly
2. [NEDA Helpline:](#)
nationaleatingdisorders.org/help-support/contact-helpline
3. [Treatment Finder:](#)
nationaleatingdisorders.org/find-treatment/treatment-and-support-groups
4. [Prevention:](#)
nationaleatingdisorders.org/learn/general-information/prevention
5. [Busting the Myths About Eating Disorders:](#)
nationaleatingdisorders.org/busting-myths-about-eating-disorders
6. [Warning Signs and Symptoms:](#)
nationaleatingdisorders.org/warning-signs-and-symptoms
7. [NEDA Toolkits:](#)
nationaleatingdisorders.org/toolkits-0
8. [Eating Disorders & Athletes:](#)
nationaleatingdisorders.org/eating-disorders-athletes
9. [Risk Factors:](#)
nationaleatingdisorders.org/risk-factors
10. [Protective Factors:](#)
nationaleatingdisorders.org/protective-factors
11. [National Eating Disorders Association website:](#)
nationaleatingdisorders.org
12. [Types of Treatment:](#)
nationaleatingdisorders.org/types-treatment
13. [Recovery & Relapse:](#)
nationaleatingdisorders.org/learn/general-information/recovery
14. [Eating Disorders Screening Tool:](#)
nationaleatingdisorders.org/screening-tool

Acknowledgements

This is an evidence-based document that has been adapted from the research of Joanna Doley of the EMBodIED Research Team at La Trobe University Australia. For a description of the research please see: Doley JR, Hart LM, Stukas AA, Morgan AJ, Rowlands DL, & Paxton SJ. Development of guidelines for giving community presentations about eating disorders: a Delphi study. *Journal of Eating Disorders*. 2017, 5:54.



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Citations

Doley, JR, Hart, LM, Stukas, AA, Morgan, AJ, Rowlands, DL, & Paxton, SJ. How should we talk about eating disorders? A guide to giving eating disorder presentations in community settings. La Trobe University, Melbourne 2016.

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Eating Disorders: First Aid Guidelines. Mental Health First Aid Australia. Melbourne: MHFA Australia 2008. [available from https://mhfa.com.au/sites/default/files/MHFA_eatdis_guidelines_A4_2013.pdf]

Hart LM, Jorm AF, Paxton SJ, Kelly CM, Kitchener BA. First aid for eating disorders. *Eating Disorders: The Journal of Treatment and Prevention*. 2009, 17:5; doi:10.1080/10640260903210156

