

***Disordered Eating:
A Faulty Relationship to Food***

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Mindful Living Series – October 20th, 2011

Goals of this Presentation

- To understand main types of eating disorders
- To learn about the statistics around the main eating disorders
- To learn some possible reasons why people develop eating disorders
- To communicate my experiences as a counsellor working with clients with various eating disorders
- To learn what families find helpful
- To leave with excellent resources for future reference

Disordered Eating vs. Eating Disorders

Disordered Eating

- A reaction to a life situation; a habit
- Absence of compulsive thoughts or problems in regular functioning
- Education, self-help can result in change

Eating Disorders

- An illness
- Frequent and persistent thoughts and behaviors about body, food and eating that lead to problems in regular functioning
- Life-threatening

Types of Eating Disorders

- Anorexia Nervosa
- Bulimia Nervosa
- Eating Disorder NOS
 - Binge Eating Disorder
 - Everything that doesn't quite fit

Anorexia Nervosa (AN)

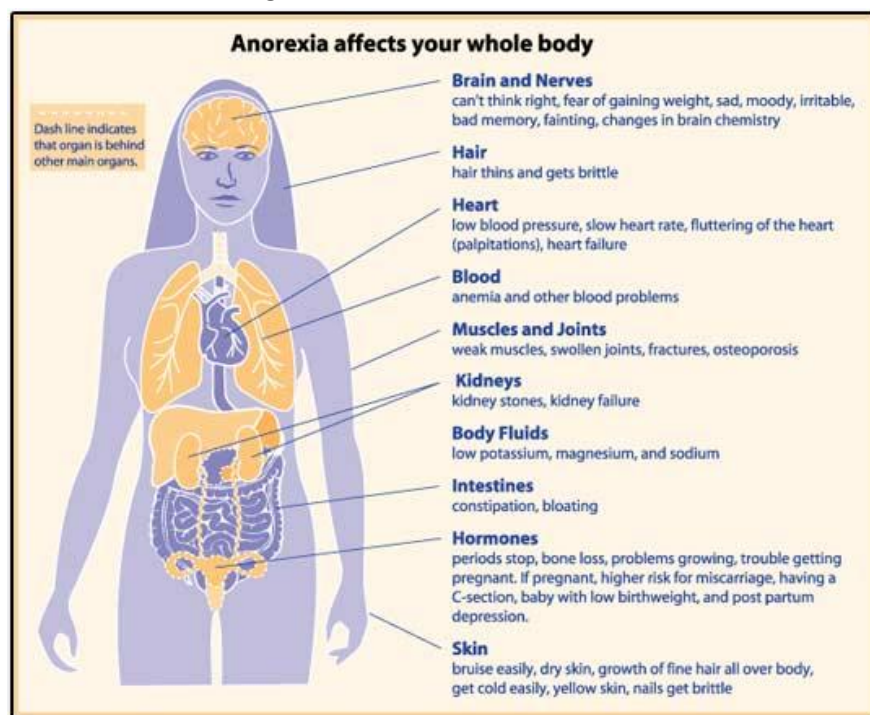
- A refusal to maintain body weight at or above a minimally normal weight for age and height (e.g. weight loss leading to body weight <85% of that expected)
- Intense fear of gaining weight or becoming fat, even though underweight.
- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
- Where applicable, the absence of at least three or more consecutive menstrual cycles.

Subclassified as restrictive or bingeing/purging types

Source: DSM IV

Warning Signs: AN

- ✓ Underweight but still on diet
- ✓ Fear of weight gain or being “fat”
- ✓ Avoiding mealtimes with various excuses
- ✓ Withdrawal from usual social activities and friends/family
- ✓ Refusal to take certain foods or whole categories of foods (no fat, no carbs)
- ✓ Cut their food into very small bites
- ✓ Dramatic and significant weight loss, usually 5% below the normal weight for height
- ✓ Lack of menstrual periods
- ✓ Preoccupation with weight, food, calories, fat grams, and dieting
- ✓ Undergo excessive exercise, with the urge to “burn off” calories taken in
- ✓ Always feels “fat” or overweight



<http://womenshealth.gov/publications/our-publications/fact-sheet/anorexia-nervosa.cfm>

Bulimia Nervosa (BN)

- Recurrent episodes of binge eating characterized by both of the following:
 - eating, in a discrete period of time (e.g. within any 2 hour period), and
 - amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances
- a sense of lack of control over eating during the episode (e.g. that one cannot stop eating or control what or how much one is eating)
- Recurrent inappropriate compensatory behaviour in order to prevent weight gain (e.g. self-induced vomiting; misuse of laxatives, diuretics, enemas or other medications; fasting; or excessive exercise)

- The binge eating and inappropriate compensatory behaviours both occur, on average, at least twice a week for 3 months
- Self-evaluation is unduly influenced by body shape and weight
- The disturbance does not occur exclusively during episodes of Anorexia Nervosa
Sub-classified as Purging or Non-Purging types

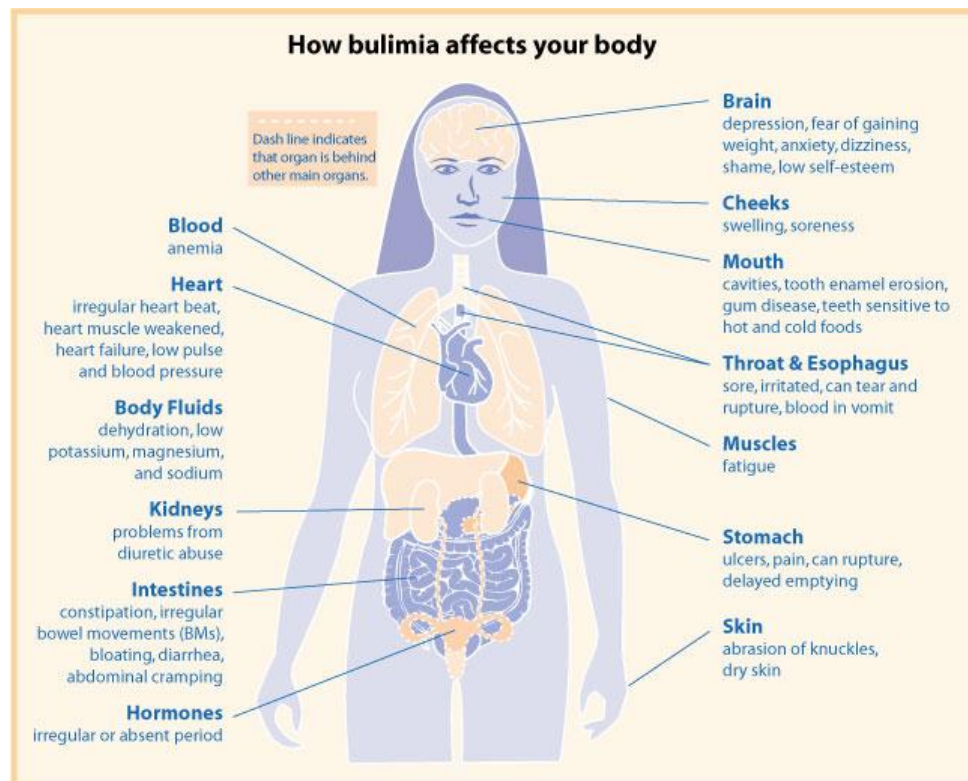
What constitutes a binge?

- 3 or more of the following:
 - Eating much more rapidly than normal
 - Eating until feeling uncomfortably full
 - Eating large amounts of food when not feeling physically hungry
 - Eating alone because of being embarrassed by how much one is eating
 - Feeling disgusted with oneself, depressed or very guilty after overeating

Warning Signs: BN

- ✓ Wrappers/containers indicating consumption of large amounts of food
- ✓ Frequent trips to bathroom after meals
- ✓ Signs of vomiting e.g. staining of teeth, calluses or cuts on hands, puffiness of the face
- ✓ Excessive and rigid exercise routine
- ✓ Withdrawal from usual friends/family

Source: National Eating Disorder Information Centre Website (<http://www.nedic.ca>)



<http://womenshealth.gov/publications/our-publications/fact-sheet/bulimia-nervosa.cfm>

Binge Eating Disorder - (Eating Disorder NOS)

- Recurrent episodes of binge eating characterized by both of the following:
 - eating, in a discrete period of time (e.g. within any 2 hour period), and
 - amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances
- a sense of lack of control over eating during the episode (e.g. that one cannot stop eating or control what or how much one is eating)
- The binge eating occurs, on average, at least 2 days a week for 6 months
- Marked distress over the binge eating (shame, embarrassment)
- The **absence** of compensatory behaviours in order to prevent weight gain (e.g. self-induced vomiting; misuse of laxatives, diuretics, enemas or other medications; fasting; or excessive exercise)
- The disturbance does not occur exclusively during episodes of Anorexia Nervosa

Warning Signs: Binge Eating Disorder

- ✓ Wrappers/containers indicating consumption of large amounts of food
- ✓ MAY be overweight for age and height
- ✓ MAY have a long history of repeated efforts to diet-feel desperate about their difficulty to control food intake
- ✓ MAY eat throughout the day with no planned mealtimes (out of control grazing)

Source: National Eating Disorders Association Website

Health Risks with Binge Eating Disorder

- High blood pressure
- High cholesterol
- Gall bladder disease
- Diabetes
- Heart disease
- Certain types of cancer
- Obesity

Eating Disorder Not Otherwise Specified (NOS)

- NOS category is for disorders of eating that do not meet the criteria for any specific Eating Disorder
- Examples include:
 - has symptoms of AN but still gets a monthly menstrual period
 - purges after eating a normal amount of food, rather than after binge eating
 - binges and purges, but frequency is not enough to meet criteria for Bulimia
 - the current weight, despite significant weight loss, is in the normal range
 - the length of condition is not met, or patient does not meet all the criteria
- Is a more common diagnosis than AN or BN

Sources: Adapted from the Diagnostic and Statistical Manual of Mental Disorders-IV,
<http://www.cognitivetherapynyc.com/Eating-Disorders.aspx>

Why do these disorders develop?

- Behaviours are unhealthy coping mechanisms
- Complex conditions arising from a variety of potential causes
- Factors to consider
 - Psychological
 - Interpersonal
 - Social/Cultural
 - Biological

Source: www.nlm.nih.gov/medlineplus/eatingdisorders.html

Stats about Dieting

- 95% of all dieters will regain their lost weight within 5 years (Anderson, et al 2001)
- 29% of girls aged 10-14 yrs were currently trying to lose weight and 10% had clinically disordered eating (McVey et al, 2011)
- 81% of 10 yr old girls were afraid of being fat (McNutt et al, 1997)
- 70% of women and 35% of men are dieting (www.cmha.ca) – this is higher for college students (www.anad.org)

The problem with statistics

- Every study will report different incidence rates and mortality rates depending on the methodology of the study
- Some use inpatient admissions, therefore, only the most serious cases are counted
- Mortality rates are misleading because deaths are attributed to medical causes
- US vs. Canadian studies

Statistics

- 95% of those who have eating disorders are between the ages of 12 and 25 (anad.org)
- 50% of people with eating disorders will also meet the criteria for depression (anad.org)
- 3% of women will be affected by an eating disorder in their lifetime (Health Canada, A report on mental illness, 2002)
- Women accounted for 94% of all hospital admissions for ED (Health Canada, A report on mental illness, 2002)
- Incidence (# of new cases in the pop.) 15-24 yr olds (cmha.ca)
 - AN – 1-2%
 - BN – 3-5%
 - ED (NOS) – 7-10%
- Prevalence (total # of cases in the pop.) 15-24 yr olds (Hoek, HW: Curr Opin Psych 19:389, 2006)
 - AN - .3%
 - BN – 1.0%
- Lifetime prevalence (US)

Disorder	Females	Males
Anorexia Nervosa	.9%	.3%
Bulimia Nervosa	1.5%	.5%
Binge Eating Disorder	3.5%	2.0%

Source: Hudson, JI, et al. (2007) Biol Psychiatry 61:348-358

- 90% of eating disorders affect women, although it is on the rise for gay men.
- Only 1 in 10 will receive treatment
- Have the highest mortality rate of all mental illnesses with 10-20% eventually dying from complications
- Crude mortality rates (deaths/yr)
- 4% for AN, 3.9% for BN, 5.2% for ED (NOS)

Sources: www.anad.org, www.nedic.ca, Hoek, 2006 Curr Opin Psych, 19:389-394)

Psychological Factors

- Low self-esteem
- Feelings of inadequacy or failure
- Feeling out of control
- Response to change (puberty)
- Response to stress (sports, dance, competition)
- Loneliness, depression, anger
- Personal illness

Vulnerable Personality Characteristics & Belief Systems

- Identity difficulties
- Need for approval
- Perfectionistic
- Obsessive tendencies
- Irrational thinking
- Difficulty coping
- Inability to accept self
- Fear of failure
- Endorsement of the thin ideal

Interpersonal Factors

- Troubled family and personal relationships
- Difficulty expressing emotions and feelings
- History of being teased or ridiculed based on size or weight
- History of physical or sexual abuse

Social and Cultural Factors

- Cultural pressures that glorify thinness and place value on obtaining the perfect body
- Narrow definitions of beauty that include only women & men of specific body weights & shapes
- Cultural norms that value people on the basis of physical appearance & not inner qualities & strengths

Biological Factors

- Eating disorders often run in families (learn coping skills and attitudes in family)
- Genetic component—research about brain and eating is taking place (certain chemicals in the brain control hunger, appetite and digestion have been found unbalanced)

Source: www.NationalEatingDisorders.org

What can we do about it generally?

- It starts at home...!
 - Think about the media
 - Fashion magazines, TV, Advertisements
- Continue at school
 - Encourage and advocate programs promoting healthy body diversity, anti-bullying, nutrition without dieting
- Recognize the signs and act early

What can parents/adults do to prevent disordered eating?

- No silver bullet, unfortunately. BUT, these two factors are the most important....
 - Focus on who your child is, not what they are
 - Never put your child on a diet

Source: EDReferral.com – newsletter post by Kenneth L. Weiner, M.D., FAED, CEDS Assistant Clinical Professor of Psychiatry, University of Colorado School of Medicine 6/19/11

- More ideas, different source
 - *Never use food as a reward or punishment*
 - *Modeling of healthy eating*
 - *Exercise for fun and health rather than weight-loss*
 - *Both parents model in profound ways*
 - *Discuss values that do not center around appearance*

Source: Ekern, J. (2011). Parents Important in the Prevention, Awareness of Eating Disorders. *Psych Central*. Retrieved on October 19, 2011, from <http://psychcentral.com/lib/2011/parents-important-in-the-prevention-awareness-of-eating-disorders/>

- Consider your own thoughts, attitudes, and behaviours toward your own body and the way these beliefs have been shaped by weightism and sexism.
- Educate your children about the genetic basis for natural diversity of the human body shapes and sizes and the ugliness of prejudice
- Examine closely your dreams and goals for your children. Do you overemphasize beauty?
- Avoid the dichotomy that larger or fatter is “bad” and smaller and thinner is “good”
- Learn about and discuss the dangers of dieting, the value of moderate exercise, and the importance of eating a variety of foods in well-balanced meals.
- Avoid categorizing food as “good” or “bad”. All foods can be consumed in moderation.
- Be a good role model in regard to sensible eating, exercise, and self-acceptance.
- Make a commitment NOT to avoid activities (e.g. swimming, dancing) simply because they call attention to your weight and shape
- Make a commitment to exercise for the joy of feeling your body move and grow stronger, NOT to purge fat from your body or to compensate for calories, power, excitement, popularity or perfection.
- Help children appreciate and resist the ways in which television, magazines, and other media distort the true diversity of the human body.
- Educate boys and girls about various forms of prejudice, including weightism, and help them understand the responsibilities for preventing them.
- Encourage children to be active and to enjoy what their bodies can do and feel like.
- NEVER limit their caloric intake unless a physician requests you do this because of a medical problem.
- Do whatever you can to promote the self-esteem and self-respect of children in intellectual, athletic, and social endeavors.

Source: www.nlm.gov/medlinepluss/eatingdisorders.html

Deciding if you abuse food

- I often deal with difficult feelings with food
- I think constantly about my weight and appearance
- I give too much time and thought to food
- I have lied or been secretive about my eating behavior
- I have gone on eating binges that I felt I might not be able to stop
- I have used vomiting, laxatives, water pills, and/or diet pills to control my weight

Tips for talking to a friend who may be struggling with an eating disorder

- Set a time to talk in private
- Communicate your concerns
- Ask your friend to explore these concerns with a counsellor, doctor, nutritionist, or other health professional.
- Avoid conflicts or a battle of wills – Denial is part of the disease
- Avoid placing shame, blame, or guilt (Use I statements)
- Avoid giving simple solutions
- Express your continued support
- Listen, listen, listen

Body Image

- Not the entire solution, but if we have a healthy, realistic body image we are less prone to use food as a way to cope with our emotions, stress and problems.

Treatment

- | | |
|-------------------------------|-------------------------|
| • Psychotherapy | • Nutritional treatment |
| • Support or self-help groups | • Medication |
| • Medical treatment | • Hospitalization |

My Approach is Integrative

- The relationship is the most important aspect of the therapy (trust/non-judgment)
- Mindfulness
- Identification and processing of feelings (through talk, art, journalling, metaphor)
- Exploration of family of origin, modeling in the family
- CBT for specific faulty cognitions
- EMDR if early trauma or stubborn cognitions
- Self-esteem and Media-busting
- Increasing awareness of triggers
- Stress reduction (guided visualizations)
- Teaching clients how to sense into their bodies
- Development and practice of coping skills (soothing w/o food and emotion regulation)

What helped those who suffered with Disordered Eating?

- “Having a healthy woman as a mentor and role model”
- “Seeing a woman in her 40’s with anorexia. It made me realize she didn’t look “hot” or “fashionable”... and she weighed more than I did at the time.”
- “Putting it together – realizing that I binged/purged as a reward for a stressful day”
- “Talking to a friend who had been through it. She totally called me on it and didn’t believe me when I told her I had already eaten.”
- “When people stopped telling me I looked great after losing the first 15 lbs.”
- The most useful, touching and empowering comment I have ever heard in my life was "I have no idea what you're going through".
- “Binging/ purging was an anti-stressor for me and a way to control things when I felt the rest of my life was out of control. I do better with routine. Regular exercise is part of my routine so I feel fine eating a variety of foods and get de-stressed from that and regular social interaction with friends and family. I think one of the biggest things that helped me was feeling grounded and in control of my living situation/ life in a balanced way.”
- “I think a turning point for me was when my grandfather was dying as I was starving myself... I realized that I was doing the same thing to my own body. That had a profound effect on me being able to stop.”

What helped families?

- “Finding some kind of help for my daughter. They have to be on death’s door before they can be admitted..”
- “We had to send her to Alberta for residential treatment”
- “Getting my own counsellor to help me through her treatment and learn how to stop blaming myself”
- “Family counselling helped us keep it together”
- “Educating myself... trying to learn how to support her, what to say and what not to say”
- “I have to say it wasn’t until I saw her eating and gaining weight.... At that point I saw so many other changes in her. She began to talk about her feelings.”

Web Resources

- Here to Help – A BC information resource for individuals and families managing mental health or substance use problems <http://heretohelp.bc.ca/publications/factsheets/eating-disorders>
- Kelty Mental Health Resources Centre (At Women’s Hospital Site) <http://www.keltyeatingdisorders.ca/> Very helpful website, links to resources – publicly funded programs, information and phone numbers.
- National Eating Disorder Information Centre (NEDIC) <http://keltymentalhealth.ca/link.php?nid=172&rurl=http%3A%2F%2Fwww.nedic.ca> A nonprofit organization founded in 1965 to provide information and resources on eating disorders and food and weight preoccupation.
- US Department of Health & Human Services Office on Women’s Health-www.womenshealth.gov

- National Eating Disorder Information Centre (Canada)- www.nedic.ca
- Canadian Mental Health Association - www.cmha.ca
- National Association of Anorexia Nervosa and Associated Disorders -www.anad.org
- US National Library of Medicine - www.nlm.nih.gov/medlineplus/eatingdisorders.html
- The American Institute for Cognitive Therapy
 - www.cognitivetherapynyc.com/Eating-Disorders.aspx
 - About Face (Media/Advertising Critique)- www.about-face.org
- Eating Disorder Referral and Information Center
 - <http://www.edreferral.com/index.html> This is a US organization that is primarily a referral website but I am on their mailing list and they send out a brief synopsis of all ED-related research published in academic journals

Articles - About Dieting

- J.W. Anderson, E.C. Konz, R.C. Frederich and C.L. Wood, Long-term weight-loss maintenance: a meta-analysis of US studies. *Am J Clin Nutr*, **74** (2001), pp. 579–584
- G. McVey, S. Tweed, E. Blackmore. Dieting among preadolescent and young adolescent females. *C Med Assoc J* (2011) 1559-1561.
- S. McNutt, L. Mellin, Hu, Y, Schreiber, BG, et al. A longitudinal study of the dietary practices of black and white girls 9 and 10 years old at enrollment: The NHLBI growth and health study. *J Adol Health* (1997) 20:27-37.

Books I've Used in Practice

Mindfulness

- A Mindfulness-based stress reduction workbook - Bob Stahl and Elisha Goldstein
- Eat, Drink, & Be Mindful: How to End Your Struggle with Mindless Eating and Start Savoring food with Intention and Joy - Susan Albers
- Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness or Wherever You Go, There You Are: both by Jon Kabat-Zinn
- Let Go and Live in the Now: Awaken the Peace, Power, and Happiness in Your Heart - Guy Finley
- The Mindful Path to Self-Compassion: Freeing Yourself from Destructive Thoughts and Emotions - Christopher K. Germer
- The Mindfulness & Acceptance Workbook for Depression: Using Acceptance & Commitment Therapy to Move Through Depression & Create a Life Worth Living - Kirk D. Strosahl and Patricia J. Robinson

Emotion Regulation

- Emotional Eating: A Practical Guide to Taking Control - Edward E. Abramson
- Stop Overreacting: Effective Strategies for Calming Your Emotions - Judith P. Siegel
- Breaking Free from Emotional Eating - Geneen Roth
- 50 ways to soothe yourself without food – Susan Albers

Increasing Body Awareness/Sensing In

- Focusing - Eugene T. Gendlin
- Power of Focusing - Ann Weiser Cornell
- Appetite Awareness Workbook: How to Listen to Your Body and Overcome Bingeing, Overeating, and Obsession with Food - Linda W. Craighead

Journaling/Art Therapy Ideas

- Healing Times: A Personal Workbook - Louise Giroux
- Inner Outings: Adventures in Journal Writing - Charlene Geiss and Claudia Jessup
- Interactive Art Therapy: No Talent Required Projects - Linda L. Simmons

Self-Esteem

- Self-Esteem: A Proven Program of Cognitive Techniques for Assessing, Improving, and Maintaining Your Self-Esteem - Matthew McKay and Patrick Fanning
- The Body Image Workbook: An Eight-Step Program for Learning to Like Your Looks - Thomas F. Cash
- The Gifts of Imperfection: Let Go of Who You Think You're Supposed to Be and Embrace Who You Are - Brené Brown
- The Self-Esteem Workbook - Glenn R. Schiraldi
- The Six Pillars of Self-Esteem: The Definitive Work on Self-Esteem by the Leading Pioneer in the Field - Nathaniel Branden

Body Image

- Transforming Body Image: Learning to Love the Body You Have
Marcia Germaine Hutchinson
- When Women Stop Hating Their Bodies: Freeing Yourself from Food and Weight Obsession -
Jane R. Hirschmann
- Women Food and God: An Unexpected Path to Almost Everything - Geneen Roth
- Came across this a few days ago... wonderful blog with great links about how to develop and nurture a positive body image
– <http://blogs.psychcentral.com/weightless/2011/10/15-ways-to-love-your-body/>

Workbooks/Reference

- What's Eating You: A Workbook for Teens with Anorexia, Bulimia, and other Eating Disorders – Tammy Nelson
- From Sabotage to Success: How to Overcome Self-Defeating Behavior and Reach Your True Potential - Sheri Zampelli
- Acceptance and Commitment Therapy for Eating Disorders: A Process-Focused Guide to Treating Anorexia and Bulimia – Emily Sandoz, Kelly Wilson & Troy DuFrene
- Bulimia: A Guide to Recovery - Lindsey Hall and Leigh Cohn
- EMDR Solutions II: For Depression, Eating Disorders, Performance, and More - Robin Shapiro (Editor)

Additional Resources (Screening Tools, and Program information BC)

Screening tools (Not a substitute for medical assessment and the use of DSM-IV criteria but can be a starting point)

1. Eating Attitudes Test (EAT-26) <http://www.eat-26.com/> - has downloadable pdf files and scoring information.
2. The SCOFF-Questionnaire: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC28290/pdf/1467.pdf> - a short screening tool (5 yes/no questions – yes to 2 or more indicates a likely case of anorexia or bulimia)

Eating Disorder Programs:

For a more thorough listing of provincial programs follow this helpful link through Kelty Mental Health:

<http://keltymentalhealth.ca/link.php?nid=672&rurl=%2Fsites%2Fdefault%2Ffiles%2FEating%20Disorder%20Inventory%20Updated%20May%20Final%202011.pdf>

Richmond Eating Disorders Clinic

120 - 7000 Minoru Blvd,

Richmond BC V6Y 3Z5

Phone: (604) 279-7077

Email: chimo@chimocrisis.com

Note: The clinic serves Richmond residents 17 years of age and older who are struggling with a diagnosis of anorexia and/or bulimia nervosa. A referral from a family physician is required. Referral forms can be obtained through CHIMO Crisis Services. Clinic Hours are Thursdays 8:00am - 11:00am.

North Island Regional Eating Disorder Program

Campbell River

Phone: (250) 850-5838

Email: margaret.loach@viha.ca

Fraser Health Authority Eating Disorders Program

8978 School Street, Chilliwack, BC

Phone: (604)702-2311

Note: Intake for Child and Youth

Email: feedback@fraserhealth.ca

Fraser Health Authority Eating Disorders Program

Delta-North Mental Health Office

Email: feedback@fraserhealth.ca

Fraser South Eating Disorder Program

#129, 6345-120th Street

Delta BC Phone: (604)592-3700

Galiano Island

Woodstone Treatment Facility

743 Georgeson Bay Road

Galiano Island, BC V0N 1P0

Phone: (250) 539-2633

E-Mail: info@woodstoneresidence.org

<http://www.lookingglassbc.com/> We are parents, friends and individuals who know the fear of living with a child suffering from an eating disorder. We believe that the treatment available in Canada is not enough and have joined together to create an intensive treatment center for adolescents (Woodstone Treatment Facility)

Note: Canada's first publicly-funded residential eating disorder clinic tentatively scheduled to open February, 2011.

North Shore:

Be Real Clinic

West Vancouver Community Centre

2121 Marine Drive

West Vancouver

Phone: (604)983-6847

Email: feedback@vch.ca

Note: Clinic for eating disorders for youth between 11 to 19 years of age who live on the North Shore, Sunshine Coast, Powell River or Sea to Sky area.

Jesse's Legacy

Jessie's Legacy a program of Family Services of the North Shore provides eating disorders prevention education resources and support for B.C

<http://www.familyservices.bc.ca/professionals-a-educators/jessies-legacy>

Email: jessieslegacy@familyservices.bc.ca

Phone: 604-988-5281, ext. 204.

Port Coquitlam**Fraser Health Authority Eating Disorders Program**

2232 Elgin Avenue, Suite 1

Port Coquitlam

Phone: (604)777-8400

Email: feedback@fraserhealth.ca

Note: Cities served include Tri-Cities, Maple Ridge, New Westminster. For adults (19+) only.

North Fraser Eating Disorders Program

Ministry of Children and Family Development

300 - 3003 St. John's Street

Port Moody, BC V3H 2C4

Phone: (604) 469-7600

Note: Covers the cities of New Westminster, Burnaby, Coquitlam, Port Coquitlam, Port Moody, Belcarra, Anmore and Maple Ridge. BC for children and youth up to the age of 19.

B.C. Children's Hospital - Eating Disorders

Box 156 - 4500 Oak Street

Vancouver BC V6H 3N1

Phone: (604) 875-2200

Email: not available

Note: An eating disorders program for children and adolescents (up to age 18) delivered through the Children's and Women's Health Centre in Vancouver, British Columbia. We assess and treat children and adolescents for anorexia nervosa, bulimia nervosa or an eating disorder not otherwise specified. We provide this treatment in several settings: - An outpatient clinic, A 6-bed day treatment program, • A 14-bed intensive inpatient unit

We additionally provide consultations for the diagnosis and management of eating disorders for children and adolescents throughout the province of BC, either in person or through Telehealth video-conferencing services, depending upon the need.

Kelty Mental Health Resource Centre

(formerly Eating Disorder Resource Centre of British Columbia)

P3-302 - Mental Health Building

4500 Oak Street

Vancouver BC V6H 3N1

Phone: (604)875-2084

Toll-free: 1(800) 665-1822

E-Mail: kellycentre@bcmhs.bc.ca

Note: A non-profit information, referral and education service that works to provide resources, support and information on eating disorders for all ages, and BC children, youth under 25 and families with substance abuse and or mental health issues. There is a Parent Peer Support Worker and Eating Disorders Peer Support Worker onsite to provide support to families and individuals.

St. Paul's Hospital - Eating Disorders

Burrard Building, Room 431, 4 North, Burrard Wing, 1081 Burrard Street

Vancouver BC V6Z 1Y6

Phone: (604)806-8347

Note: B.C.'s designated Eating Disorders Program for the treatment of adults with severe anorexia nervosa and bulimia nervosa.

Thank you for your attention!

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