



BODY BRAVE
recovery for every body

EDSENSITIVE

PRACTICE TIPS

TIPS FOR CREATING A WEIGHT-
INCLUSIVE AND EATING DISORDER
SENSITIVE PRACTICE FOR
**SOCIAL WORKERS AND
PSYCHOTHERAPISTS**

@BODYBRAVECANADA

This tool was created by Body Brave, in collaboration with our greater community and with input by members of the community with direct lived experience of an eating disorder and working with social workers, psychotherapists, and other therapeutic support workers.

We asked,
"I want my therapist to..."

**WHEN
YOU SEE
A SPEECH
BUBBLE:**

**That means the idea is
directly from someone with
lived experience of an
eating disorder responding
to that prompt.**

Practice

Self-Reflection

- **Practicing self-reflection is imperative when working with clients who experience eating disorders or disordered eating.**
- **Engaging in self-reflection is important; it allows you to understand how your own biases may shape not only your practice, but the interaction(s) between you and your client(s).**
- **Explore the Health at Every Size® paradigm and Non-Diet approach. Think critically about how you can adopt these approaches into your practice.**
- **Explore body positive and body neutral ideologies. Spend intentional time exploring how you can incorporate these ideologies into your work.**
- **Consistently assess your own beliefs and attitudes around weight/body size and how these may impact your practice (your beliefs and attitudes might change over time- it's important to be aware of these shifts, why they have occurred, and how they will subsequently influence your work).**

Physical Setting

Considerations

- Advocate for seating/furniture and room setups in your workplace that accommodates individuals living in a larger body.
- Be aware of and intentional when it comes to mirrors and mirror placement in all spaces, you may extend this to additional reflective surfaces as well.
- If relevant, keep the scale in a private area.
- If offering meals (in residential or inpatient settings), offer liberalized diets as much as possible.
- Ensure that all images of people used in flyers, brochures, handouts, website, slideshows, etc. include a diverse array of body shapes and sizes, with individuals living in larger bodies being portrayed in the same manner as those living in smaller bodies.
- In virtual spaces, ensure that all messaging (programs, campaigns, resources, social media) focus on health without focusing on weight.
- Create a system so clients can share concerns or inaccessibilities regarding the treatment space.
- Ensure gender neutral or gender inclusive facilities.
- Consider offering menstrual products for clients to use, to help reduce possible body shame or discomfort for clients who menstruate.

Working 1-on-1

With Clients

DO NOT:

- Do not ask clients how much they weigh.
 - Only request weight checks when they are medically necessary and avoid discussing specific numbers related to their weight/size with clients.
- Do not comment on weight changes.
 - More generally, avoid expressing concern towards your client if they advise that their weight has (or has not) fluctuated since your last appointment (unless you believe that this fluctuation, or lack thereof, may signal a health concern). This concern may be triggering for clients.

Stop
congratulating
weight loss.

Not tell me “not to
worry because my
ED recovery will
make me lose
weight”.

Working 1-on-1

With Clients

DO NOT:

- Avoid applying morality to food (referring to some foods as good and others as bad). Food is just food, and all food as nutritional content.
- Do not introduce food as a metaphor when discussing other topics. (ex. "Maybe that behaviour is something we treat like a donut, we can enjoy it sometimes, but not every day.")

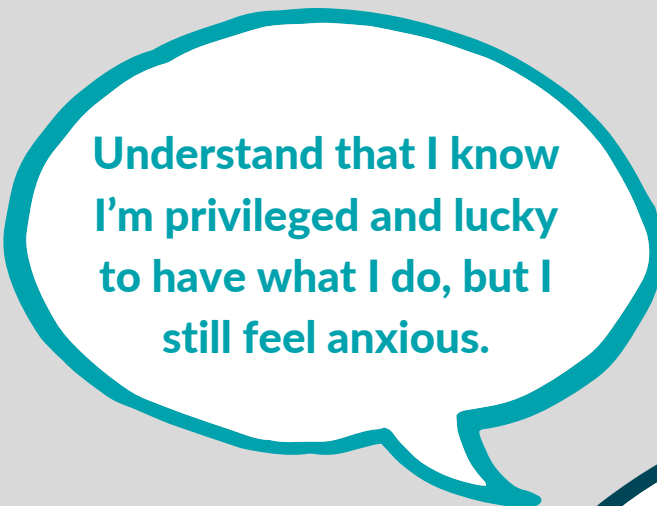
Not give me nutrition advice when I'm already working with a dietitian.

To be cautious about using practice examples in therapy that relate to food/diet/eating.


Not be punitive – that only breeds lying and secrecy inherent to EDs to begin with.

DO:

- Include questions about disordered eating behaviours or concerns on intake forms/questionnaires, as they can often be overlooked.
- Work towards goals that are tangible but not focused on weight (improved sleep, more energy, increased mindfulness, even other improved lab results if working with a treatment team).
- Recognize the value and meaning of food beyond just fuel. Food can be an incredible tool for comfort, community, culture, and building tradition, and that is not a bad thing.
- Recognize that there is no one cause for an eating disorder, and be sure to explore not just one aspect of a client's life that might be impacting their relationship with food and their body.




Understand that I know I'm privileged and lucky to have what I do, but I still feel anxious.



Have a toolbox full of tools that I can use to navigate daily struggles.

DO:

- Ensure resources that you share or recommend are body neutral and do not perpetuate diet culture.
- Encourage embodiment and for clients to connect with their bodies in neutral but meaningful ways.
- Be prepared to support your client through specific situations and scenarios that may be challenging.
 - Ex. Eating in groups, holiday dinners, reclaiming challenging foods, setting boundaries when it comes to food/conversations around food.



Treat me as the expert on my eating disorder.



**Get political with us.
We want to talk about patriarchy, race, religions impact on ED.**

Educate

- Commit to learning more yourself, reading books, blogs posts, taking additional trainings, to continue modelling self-reflection for others.
- Educate others (e.g. co-workers, referring providers, the public) on the impact of weight bias and ways to be more weight-inclusive.
- Advocate for policies/policy changes that will help to reduce weight stigma.
- Advocate for training for staff around body positivity and the specific approach your practice will take. This training should include not only therapists, but also front desk staff and any clinicians who work in the practice.

Understand
fatphobia

Understand
the role of
trauma in EDs.

Understand that ALL behaviours are dangerous regardless of a person's size and that telling a person their disordered eating/ED is not "that bad" is not reassuring, it can be seen as a challenge that makes people want to become more ill (for validation).