



The Emily Program

Personalized treatment for eating disorders.

Rethinking Relationships with Food and Body

Talk less, do more. Talk less about food and weight. Avoid making comments about a person's dietary habits and intake, including a person's weight and physical appearance. Instead, do more to make the environment one in which it is easier to make choices that are conducive to health.

Losing weight does not necessarily mean improving health. Focus on giving positive feedback for behavior changes and improvement in self-esteem and self-image. Avoid feedback for weight changes.

Model the behavior. Advocate physical activity because it feels good, gives energy, and helps to relieve stress. Encourage a variety of foods to get a variety of nutrients, but don't villainize "junk foods" as off-limits.

Encourage family meals and changes to the whole family's diet. Sharing meals at home can reduce the risk of obesity and eating disorders.

Keep the focus on overall health, not weight. Encourage people to share the benefits of healthy behavior changes as opposed to weight loss.

Ensure the person knows he/she has value regardless of their weight or health status. Low self-esteem is common in those who struggle with weight or obesity (and also those of normal weight). Ask about what a person feels good about and reinforce those good feelings.

Encourage language change about other's weight and your own. Commenting negatively or positively about weight can set people up for eating disorders and obesity in the future.

To learn more or schedule an educational seminar, visit emilyprogram.com or call us at 1.888.Emily77

Eating Disorder Signs and Symptoms



- Dramatic weight gain or loss
- Rapid or persistent decline or increase in food intake
- Eating in secret, hiding food, disrupting family meals
- Denial of food and eating problems, despite concerns of others
- Purging; restricting; binge eating; compulsive eating; compulsive exercising; abuse of diet pills, laxatives, diuretics, or emetics
- Medical complications, such as amenorrhea, bradycardia, unexpected osteopenia or osteoporosis, electrolyte abnormalities, low body temperature, orthostatic hypotension

Worried About Someone Who Might Be Struggling?

Start the conversation. If you suspect someone is struggling with eating disorder behaviors, ask if it is okay to discuss his or her eating habits. For example, “I’m concerned about your eating. May we discuss how you typically eat and your relationship with food?”

Ask more questions. These 6 assessment questions can help assess the situation. *(Adapted from the SCOFF Questionnaire by Morgan, Reid & Lacy)*

1. Do you feel like you sometimes lose or have lost control over how you eat?
2. Do you ever make yourself sick because you feel uncomfortably full?
3. Do you believe yourself to be fat, even when others say you are too thin?
4. Does food or thoughts about food dominate your life?
5. Do thoughts about changing your body or weight dominate your life?
6. Have others become worried about your weight and/or eating?

Give feedback. In this informal survey, 2 or more “yes” answers strongly indicate the presence of disordered eating.

Refer as needed. The Emily Program offers a wide array of services at multiple locations to address difficulties with food, body image, weight, and eating. We will work with the individual to determine the appropriate services to make recovery possible.

Sources: American Psychiatric Association Practice Guidelines for the Treatment of Eating Disorders, 3rd edition, 2006, American Academy of Family Physicians: Treating Eating Disorders in Primary Care, 2008, www.aafp.org/afp/20080115/187.pdf and Morgan, J. F., F. Reid and J. H. Lacey. The SCOFF questionnaire: assessment of a new screening tool for eating disorders. *BMJ.* 319: 1467 - 1468, Dec 1999.