



# Ten Steps To Positive Body Image

One list cannot automatically tell you how to turn negative body thoughts into positive body image, but it can help you think about new ways of looking more healthfully and happily at yourself and your body. The more you do that, the more likely you are to feel good about who you are and the body you naturally have.

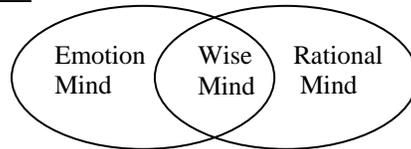
- 1.** Appreciate all that your body can do. Every day your body carries you closer to your dreams. Celebrate all of the amazing things your body does for you --running, dancing, breathing, laughing, dreaming, etc.
- 2.** Keep a top-10 list of things you like about yourself -- things that aren't related to how much you weigh or what you look like. Read your list often. Add to it as you become aware of more things to like about you.
- 3.** Remind yourself that "true beauty" is not simply skin-deep. When you feel good about yourself and who you are, you carry yourself with a sense of confidence, self-acceptance, and openness that makes you beautiful regardless of whether you physically look like a supermodel. Beauty is a state of mind, not a state of your body.
- 4.** Look at yourself as a whole person. When you see yourself in a mirror or in your mind, choose not to focus on specific body parts. See yourself as you want others to see you -- as a whole person.
- 5.** Surround yourself with positive people. It is easier to feel good about yourself and your body when you are around others who are supportive and who recognize the importance of liking yourself just as you naturally are.
- 6.** Shut down those voices in your head that tell you your body is not "right" or that you are a "bad" person. You can overpower those negative thoughts with positive ones. The next time you start to tear yourself down, build yourself back up with a few quick affirmations that work for you.
- 7.** Wear clothes that are comfortable and that make you feel good about your body. Work with your body, not against it.
- 8.** Become a critical viewer of social and media messages. Pay attention to images, slogans, or attitudes that make you feel bad about yourself or your body. Protest these messages: write a letter to the advertiser or talk back to the image or message.
- 9.** Do something nice for yourself -- something that lets your body know you appreciate it. Take a bubble bath, make time for a nap, find a peaceful place outside to relax.
- 10.** Use the time and energy that you might have spent worrying about food, calories, and your weight to do something to help others. Sometimes reaching out to other people can help you feel better about yourself and can make a positive change in our world.



## DBT SKILLS – QUICK REFERENCE GUIDE

- 1) **Wise Mind:** Be aware of Emotion Mind, Rational Mind, and Wise Mind. The way out of Emotion Mind is by engaging in a Mindfulness Activity.

Wise Mind = Emotion Mind + Rational Mind

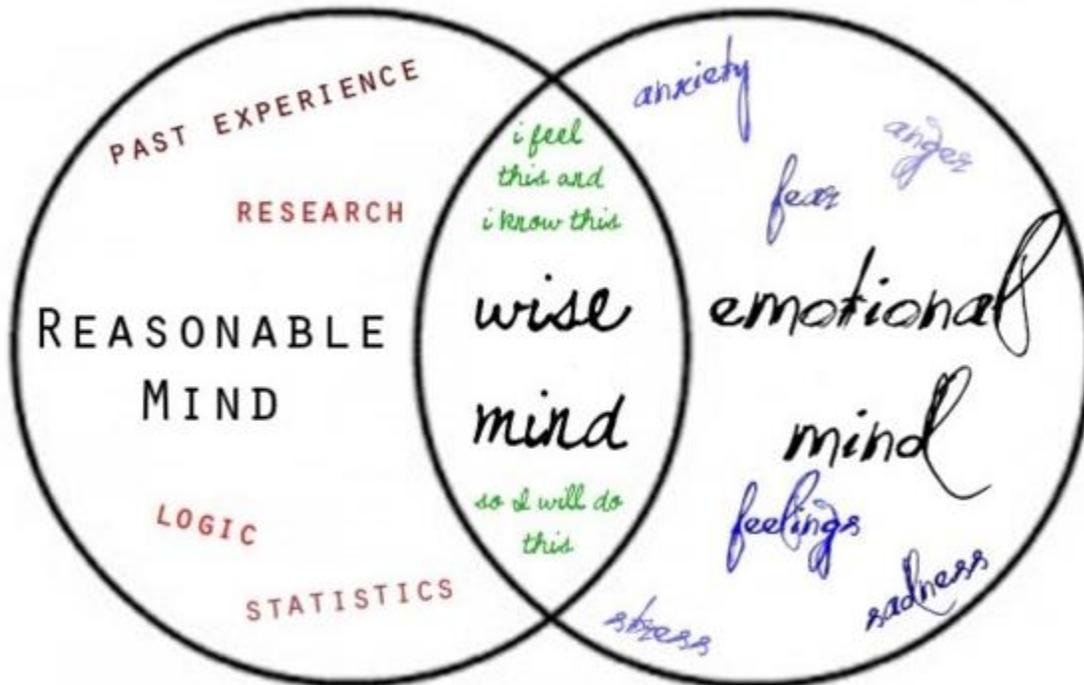
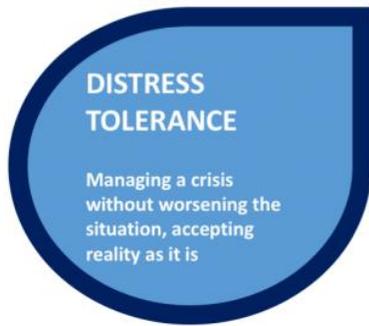
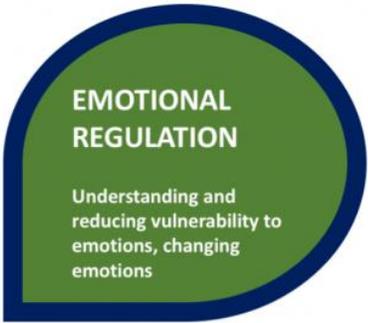


- 2) **Observe:** JUST NOTICE. Observe with your five senses. Don't label or put into words.
- 3) **Describe:** Describe in detail what you are paying attention to (touch, taste, see, hear, & smell).
- 4) **Participate:** Completely participate. Don't just Observe or Describe. Don't worry about what came before or what will come after, just engage in the moment.
- 5) **Non-Judgmental Stance:** Acknowledge without judging. Describe the facts of the situation without adding opinions. Recognize consequences of behavior without judging them to be positive or negative.
- 6) **Effectiveness:** Doing what it takes to meet your goal, even if the situation feels unfair and we wish it was different. Focus on what works.
- 7) **DEAR MAN:** Describe the facts of the situation. Express feelings. Assert what you want. Reinforce desired responses. Be Mindful in order to stay focused on your goal (be a Broken Record). Appear confident, even if you don't feel that way. Negotiate: be prepared to bargain.
- 8) **GIVE:** Be Gentle in your approach. Act Interested – listen to the other person. Validate the other person's view point. Use an Easy manner.
- 9) **FAST:** Be Fair to yourself and others. Don't over Apologize. Stick to your Values. Be Truthful.
- 10) **PLEASE MASTER:** Treat Physical Illness. Balance Eating. Avoid mood-altering drugs. Balance Sleep. Engage your body. Build MASTERY: Find something you are good at and experience over and over. Build on skills you already have.
- 11) **Build Positive Experiences:** Do things you enjoy. Make changes in your life so positive events happen more often.
- 12) **Opposite to Emotion Action:** Be mindful of the action urge that goes along with each emotion and act opposite to that urge. (e.g. sometimes we are angry and have the urge to attack someone – instead try to remember the fun you've had with them in the past).
- 13) **Distract:** Focus your attention on something other than emotion. Distract with Wise Mind **ACCEPTS:** by Activities, Contributing, Comparisons, creating a new Emotion, Pushing Away, Thoughts, Sensations.
- 14) **Self-Soothe:** Soothe any or all of your five senses: examples being Sight: look at something pleasant. Hearing: listen to music. Touch: take a bath. Smell: surround yourself with pleasant odors. Taste: Eat or drink something pleasing.
- 15) **IMPROVE the Moment:** Do something that will improve the moment you are in. Imagery, Meaning, Prayer, Relaxation, One thing in the moment, Vacation, Encouragement.
- 16) **PROS and CONS:** Make a list of the reasons for and against tolerating a crisis or engaging in some particular activity.
- 17) **Radical Acceptance:** When all else fails and your situation can not improve, accept reality as it is right now. Turn your mind back to this acceptance over and over, whenever you find yourself refusing this reality.

## ACCEPTANCE



## CHANGE



## EATING DISORDER QUESTIONS

- Are you constantly thinking about food?
- Is it difficult to concentrate on the daily tasks of studying or work because of food and weight thoughts?
- Do you worry about what your last meal is doing to your body?
- Do you experience guilt or shame around eating?
- Is it difficult for you to eat in public?
- Do you count calories every time you eat or drink?
- When others tell you that you are too thin, do you still feel fat?
- If you see yourself as thin, do you still obsess about your stomach, hips, thighs, or buttocks being too big?
- Do you weigh yourself several times daily?
- Does the number on your scale determine your mood and outlook, for the day?
- When you are momentarily satisfied with your weight, do you resolve to be even more vigilant?
- Do you punish yourself with more exercise or restrictions if you don't like the number on the scale?
- Do you exercise more than 45 minutes, 5 times each week with the goal of burning calories?
- Will you exercise to lose weight even if you are ill or injured?
- Do you label foods as "good" and "bad"?
- Do you vomit after eating and/or use laxatives or diuretics to keep your weight down?
- Do you severely limit your food intake?

# Tips for Coaches: Preventing Eating Disorders in Athletes

Compiled by Karin Kratina, PhD, MPE, RD, LD

---

- 1. Take warning signs and eating disordered behaviors seriously! Cardiac arrest and suicide are the leading causes of death for people with eating disorders.**
2. If an athlete is chronically dieting or exhibits mildly abnormal eating, refer to a health professional with eating disorder expertise. *Early detection increases the likelihood of successful treatment; left untreated the problem may progress to an eating disorder.*
3. De-emphasize weight by *not* weighing athletes and eliminate comments about weight. Instead, focus on areas in which athletes have more control in order to improve performance. For example, focus on strength and physical conditioning, as well as the mental and emotional components of performance. There is no risk in improving mental and emotional capacities.
4. Don't assume that reducing body fat or weight will enhance performance. While weight loss or a reduction in body fat can lead to improved performance, studies show this does not apply to all athletes. It is not uncommon for individuals attempting to lose weight to develop eating disorder symptoms. *Performance should not be at the expense of the athlete's health.*
5. Instruct coaches and trainers to recognize signs and symptoms of eating disorders and understand their role in prevention. Those with eating problems often hide their symptoms to avoid calling attention to them. They are often ashamed and aware that the behavior is abnormal.
6. Provide athletes with *accurate* information regarding weight, weight loss, body composition, nutrition, and sports performance to reduce misinformation and to challenge unhealthy practices. Be aware of local professionals who will help educate the athletes.
7. Emphasize the health risks of low weight, especially for female athletes with menstrual irregularities or amenorrhea. The athlete should be referred for medical assessments in these cases.
8. Understand why weight is such a sensitive and personal issue for many women. Eliminate derogatory comments or behaviors about weight—no matter how slight. If there is concern about an athlete's weight, the athlete should be referred for an assessment to a professional skilled in diagnosing and treating eating disorders.
9. Do not automatically curtail athletic participation if an athlete is found to have eating problems, unless warranted by a medical condition. Consider the athlete's health, physical and emotional safety, and self-image when making decisions regarding an athlete's level of participation in his/her sport.
10. Coaches and trainers should explore their own values and attitudes regarding weight, dieting, and body image, and how their values and attitudes may inadvertently affect their athletes. They should understand their role in promoting a positive self-image and self-esteem in their athletes.



# Warning Signs of Eating Disorders

Eating disorders—like anorexia nervosa, bulimia and compulsive overeating—threaten the health and happiness of millions of young people. Watch for these warning signs. If you fear a friend (or you yourself) might have an eating disorder, ask that person to get professional help. Encouragement, caring, and persistence, as well as information about eating disorders and their dangers, may be needed to convince the ill person to get help, stick with treatment, or try again.

## Warning Signs of Anorexia Nervosa

- Deliberate self-starvation with weight loss
- Intense, persistent fear of gaining weight
- Refusal to eat, except tiny portions
- Continuous dieting
- Denial of hunger
- Compulsive exercise
- Excessive facial/body hair because of inadequate protein in the diet
- Abnormal weight loss
- Sensitivity to cold
- Absent or irregular menstruation
- Hair loss

## Warning Signs of Binge Eating Disorder

People with binge eating disorder often—

- feel their eating is out of control;
- eat what most people would think is an unusually large amount of food;
- eat much more quickly than usual during binge episodes;
- eat until so full they are uncomfortable;
- eat large amounts of food, even when they are not really hungry;
- eat alone because they are embarrassed about the amount of food they eat;
- feel disgusted, depressed, or guilty after overeating.

## Warning Signs of Bulimia Nervosa

- Preoccupation with food
- Binge eating, usually in secret
- Vomiting after bingeing
- Abuse of laxatives, diuretics, diet pills, or drugs to induce vomiting
- Compulsive exercising
- Swollen salivary glands
- Broken blood vessels in the eyes

### Physical Problems from Eating Disorders

Malnutrition  
Serious heart, kidney, and liver damage  
Intestinal ulcers  
Ruptured stomach  
Tears of the esophagus  
Dehydration  
Tooth/gum corrosion

### Psychological Problems from Eating Disorders

Depression  
Shame and guilt  
Mood swings  
Low self-esteem  
Withdrawal  
Perfectionism  
Impaired family and social relationships  
“All or nothing” thinking

Source: Warning Signs For Eating Disorders Fact Sheet, National Association of Anorexia Nervosa and Associated Disorders ([www.anad.org](http://www.anad.org)).

## RETURN TO SCHOOL PLAN: THINGS TO CONSIDER

Areas to Discuss	Things to consider/discuss				
<b>Safety</b>	Establish consistent and clear criteria for student's attendance in school	Establish open lines of communication with parents/team re: changing treatment needs, emerging concerns	Special considerations: suicidality and/or self-harm; bulimia risks	Issues of privacy and confidentiality	Signed therapist release form
<b>Meals/Snacks at school</b>	Clarify which family member or staff member will be providing meal support and when	Provide a quiet private space for this to occur versus parent meeting child outside school	Supportive check-ins made available	Release time from class for scheduled snacks and meals	Communication about what the snack/meal is
<b>Activity level at school</b>	Youth will have a prescribed activity level	Work with parent/team around how this will change with time	Discussion around how to manage witnessed extra exercise (e.g. student does extra laps in the hallway going to class)	P.E. class- instead of activity, student is assigned a paper	Stairs, route to classes
<b>Supporting social interactions</b>	Transitioning to school looking different after a possible lengthy absence and after having isolated from peers	Peers do not know how to support  Peers may not eat/may restrict	May need support in connecting with a "point person"	Adaptations around prior interests (i.e., friends connected to sports)	Emphasis on normalizing
<b>How to interact with the youth</b>	No comments around appearance, weight, shape, or food	No shaming/blaming either the student or family for the ED: Behaviors represent attempts at coping; everyone is doing the best they can	Sensitivity – the student may yet be experiencing effects of starvation, depression, anxiety	Try to anticipate triggers (societal, curriculum)	Check-ins with a safe person
<b>Academic expectations and support</b>	Graduated return to school	Limited and focused coursework	Adaptations around exams and assignments	Release/Excused Time for appointments and therapy;	May need re-hospitalization

ADAPTED FROM:

[http://keltymentalhealth.ca/sites/default/files/eating\\_disorders\\_in\\_the\\_school\\_context.pdf](http://keltymentalhealth.ca/sites/default/files/eating_disorders_in_the_school_context.pdf)

# **RETURN TO SCHOOL PLAN: THINGS TO CONSIDER**

ADAPTED FROM:

[http://keltymentalhealth.ca/sites/default/files/eating\\_disorders\\_in\\_the\\_school\\_context.pdf](http://keltymentalhealth.ca/sites/default/files/eating_disorders_in_the_school_context.pdf)

## RETURN TO SCHOOL PLAN: THINGS TO CONSIDER

<b>Areas to Discuss</b>	<b>Things to consider/discuss</b>
<b>Safety</b>	
<b>Meals/Snacks at school</b>	
<b>Activity level at school</b>	
<b>Supporting social interactions</b>	
<b>How to interact with the youth</b>	
<b>Academic expectations and support</b>	

ADAPTED FROM:

[http://keltymentalhealth.ca/sites/default/files/eating\\_disorders\\_in\\_the\\_school\\_context.pdf](http://keltymentalhealth.ca/sites/default/files/eating_disorders_in_the_school_context.pdf)

# **RETURN TO SCHOOL PLAN: THINGS TO CONSIDER**

ADAPTED FROM:

[http://keltymentalhealth.ca/sites/default/files/eating\\_disorders\\_in\\_the\\_school\\_context.pdf](http://keltymentalhealth.ca/sites/default/files/eating_disorders_in_the_school_context.pdf)

## The HIRE Model: A Tool for the Informal Assessment of Nonsuicidal Self-Injury

Domain	Specific Foci	Some Sample Screening Questions
“H” = History	Frequency and methods	<ul style="list-style-type: none"> <li>•“Tell me about the experience of cutting. What is it like for you?”</li> <li>•“What kinds of wounds does it leave on your skin?”</li> <li>•“Where on your body do you cut yourself?”</li> <li>•“What do you use?”</li> <li>•“How often do you cut yourself?”</li> <li>•“What others ways of hurting yourself, besides cutting, have you used this year?”</li> </ul>
“I” = Interest in change	Motivation to reduce self-injury; negative outcomes	<ul style="list-style-type: none"> <li>•“What would you like to be different about your use of cutting?”</li> <li>•“How has cutting affected your relationships?”</li> <li>•“What do you perceive as the down sides of cutting?”</li> <li>•“Tell me about a time when you were able to reduce your use of cutting.”</li> </ul>
“R” = Reasons behind behavior	Interpersonal and/or intrapersonal functions of self-injury	<ul style="list-style-type: none"> <li>•“What feelings do you notice before you cut?”</li> <li>•“What thoughts go through your mind before cutting?”</li> <li>•“Where do you engage in cutting?”</li> <li>•“Are you always alone when you cut?”</li> <li>•“Who else knows about your cutting?”</li> </ul>
“E” = Exposure to risk	Severity; addictive features; sense of control; suicidal ideation	<ul style="list-style-type: none"> <li>•“Have you ever harmed yourself so badly that you could have used medical attention, such as stitches?”</li> <li>•“Have you ever injured yourself more than you expected?” “Have you ever used alcohol or drugs while cutting?”</li> <li>•“Have you ever had an out-of-body experience while cutting?” “Have you ever used cutting as a way to avoid thoughts about suicide?”</li> </ul>

Buser, T. J., & Buser, J. K. (2013). The HIRE model: A tool for the informal assessment of nonsuicidal self-injury. *Journal of Mental Health Counseling, 35*(3), 262-281.