

# Nourish Your Healthy Self

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# Acknowledgement of Country

headspace would like to acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians.

We value their cultures, identities and continuing connection to country, waters, kin and community.

We pay our respects to Elders past and present and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander young people, by providing services that are welcoming, safe, culturally appropriate and inclusive.



# what we'll cover today

- **Brief introduction of headspace services**
- **Service gaps and challenges**
- **Group foundations and structure**
  - Dynamic and adaptable approach: 8 Keys
  - Member characteristics
  - Diversity of group members
- **Activity:** Types of eating disorders

# learning objectives

1. Understand briefly what eating disorders (EDs) are
2. Learn about some of the issues that impact particularly young people
3. Consider the gaps in ED service delivery
4. Contemplate the support individual services can provide through ED groups

# introduction to headspace

## National Youth Mental Health Foundation

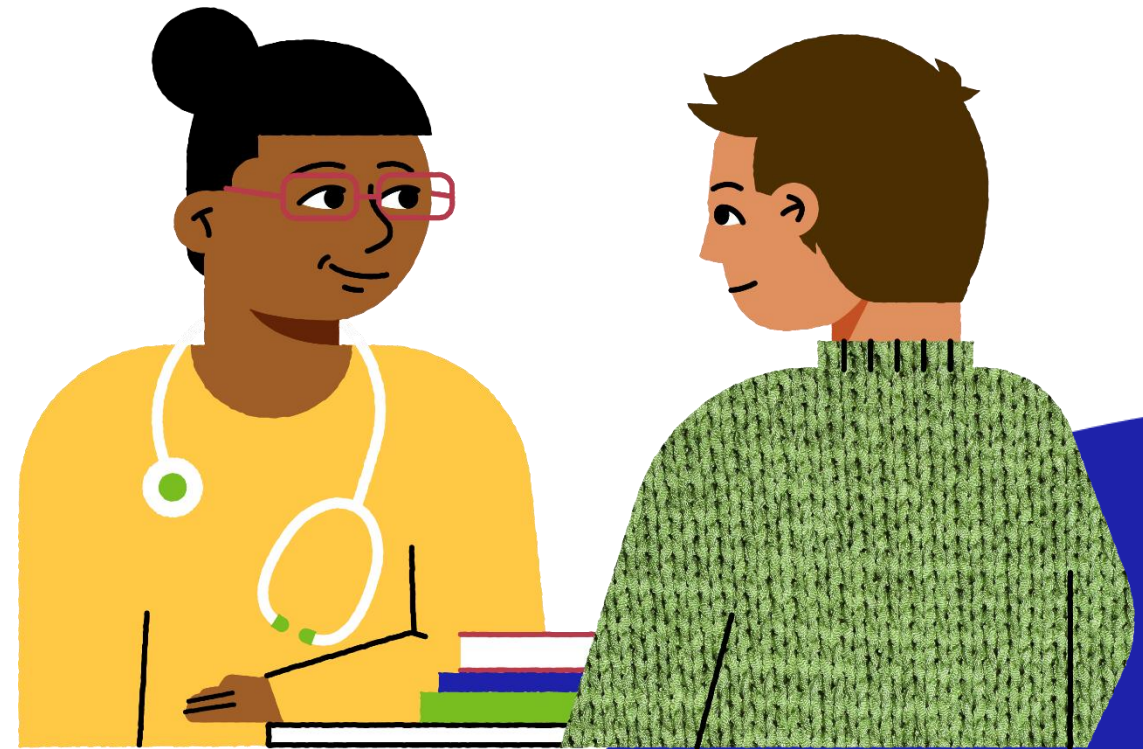


- Established in 2006
- Commonwealth funding model with a 3 yearly funding cycle
- Over 150 centres across Australia
- Providing early intervention mental health services to young people 12-25 years old
- Model designed to reduce barriers to accessing support for young people and family & friends

# headspace services for eating disorder support

At headspace Bankstown, using a multidisciplinary approach:

- General Practitioner (GP)
- Dietitian
- Youth Access Clinicians (YACs)
- Psychologists



# eating disorders

## Overview:

- What are EDs?
- How do EDs impact people?
- Why are young people at higher-risk?  
(other at-risk & underrepresented groups: LGBTQIA+; Neurodiverse; CALD; Aboriginal and Torres Strait Islander individuals; males)
- What support is available?
- What gaps are in our system and what part can we play to address these?



# acknowledging gaps within the community



- Increase of eating disorder presentations during pandemic
- Limited access to services
- Limitations in accessible early intervention for young people due to cost and long wait times
- Limited evidence-based services for local young people

# Nourish Your Healthy Self Group

- Adapted from Carolyn Costin 8 Keys to Recovery
- 10 weeks that followed the aims of the 8 Keys
- DBT informed sessions
- Flexible (adaptable based on real-time feedback)
- Provided a peer support space
- Provided early interventions for those waiting for one-on-one supports
- Did not replace medical monitoring, family therapy or other evidence-based models of care
- Did not provide medical monitoring – this was provided to all members through our GP



# Nourish Your Healthy Self Group – Weekly Plan



- Introduction, Rules, Expectations, Goals
- **Key 1:** Motivation, Patience, & Hopes
- **Key 2:** Healthy-self healing the critical(ED)-self
- **Key 3:** It's not about the food
- **Key 4:** Feel your feelings, challenge your thoughts
- **Key 5:** It IS about the food
- **Key 6:** Changing your behaviours
- **Key 7:** Reach Out to People Rather Than Your Eating Disorder
- **Key 8:** Finding meaning and purpose
- Closing

# Nourish Your Healthy Self Group – Activities

- Role playing
- Dialoguing
- Goldfish Technique (facilitator led group participation; drawing on real examples)
- Letter writing (thank you and good-bye letters)
- Self-sooth box/jar
- Plans (cope-ahead; self-compassion plan)
- DBT card creation
- Mapping eating disorder (timeline)

# Group outcomes and feedback

- Framework used (8 keys) is predominately aimed at adults. Took both strengths and limitations and applied this in the youth space – the results were well received by participants
- Due to diversity in group and response from early feedback of participants, focus shifted towards one that was more DBT informed than originally planned
- All participants felt distressing emotions and interpersonal (and intrapersonal) relationships were big contributors to their ED
- Group members showed improved confidence in dealing with emotions, disordered eating behaviours and expressing their needs
- Sharing in the group space was closely monitored and expectations/rules were closely adhered to
- Group members enjoyed a supportive peer space



# thank you

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# WORKSHOP:

- ▶ ACTIVITIES

# ACTIVITY 1: MATCH-UP

Can you match the eating disorder to its definition?

# Activity 1: Match-Up

| Eating Disorder |  | Description |  |
|-----------------|--|-------------|--|
| A               | Binge Eating Disorder                      | 1           | Eating large amounts of food; loss of control; feelings of shame             |
| B               | Pica                                       | 2           | Severe energy restriction; fear of gaining weight; low body weight           |
| C               | Anorexia Nervosa                           | 3           | Eating large amounts of food followed by compensatory behaviour.             |
| D               | Rumination Disorder                        | 4           | Atypical presentation of an eating disorder that causes significant distress |
| E               | Avoidant/Restrictive Food Intake Disorder  | 5           | Avoidance of certain foods due to sensory aversion or fear of consequences   |
| F               | Bulimia Nervosa                            | 6           | Eating of non-food items   |
| G               | Other Specified Feeding or Eating Disorder | 7           | Regurgitation of food and re-swallowing                                      |

**Instructions:** Match the eating disorder *letter* to the description *number*. For example: G-1; A-2; and so on

# Activity 1 (Answers)

| Eating Disorder | Description |
|-----------------|-------------|
| A               | 1           |
| B               | 6           |
| C               | 2           |
| D               | 7           |
| E               | 5           |
| F               | 3           |
| G               | 4           |

# Types of eating disorders

| Eating Disorder       | Description  | Estimated Prevalence * |
|-----------------------|--|------------------------|
| Anorexia Nervosa      | Intense fear of weight gain or being fat; severe food restriction, resulting in significantly low body weight; focus on and/or distorted perception of body shape/weight   | 1-3.5%                 |
| Bulimia Nervosa       | Recurrent episodes of eating large than average quantities of food in a relatively short period of time (binging) followed by compensatory behaviour (vomiting, laxative, fasting, or the like); evaluation of self if heavily influenced by body shape/weight | 1-2%                   |
| Binge Eating Disorder | Recurrent episodes of eating large than average quantities of food past the point of feeling full (binging), which are accompanied by feelings of a loss of control, guilt, uncomfortableness, and followed by marked distress                                 | 1-4%                   |

# Types of eating disorders

| Eating Disorder                            | Description   | Estimated Prevalence * |
|--|---|------------------------|
| Other Specified Feeding or Eating Disorder | a feeding and eating disorder that causes significant distress or impairment in social, occupational, or other important areas of life but symptoms may be unique in presentation and not characterised by another diagnosis. | 3-11.5%                |

# Types of eating disorders

| Eating Disorder                                  | Description  | Estimated Prevalence * |
|--|--|------------------------|
| <b>Avoidant/Restrictive Food Intake Disorder</b> | Avoidance of certain foods due to apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; or concern about aversive consequences of eating. | 0.5-3%                 |
| <b>Pica</b>                                      | Persistent eating of non-food items such as paper, clay, or dirt   | Unknown                |
| <b>Rumination Disorder</b>                       | Persistent regurgitation of food after swallowing, followed by rechewing, swallowing, or spitting out the regurgitated contents. Occurs in the absence of bulimia nervosa                | Unknown                |

# ACTIVITY 2: EATING DISORDER MYTHS

Identify and discuss common eating disorder myths

# Eating Disorder Myths

**Hint:** *'eating' disorders are not just about food*

- ▶ All eating disorders result in being extremely underweight
- ▶ People with eating disorders should just “eat more”
- ▶ Eating disorders affect only young women
- ▶ Eating disorders are purely mental
- ▶ Family (parents) are to blame for eating disorders - hint they're not...

# ACTIVITY 3: INFLUENCES

Learning about body ideals from a young age.

Can you think of any stories (television shows/fairytales/books) growing up that taught you about appearance ideals? What was the message?