

UNDERSTANDING
EATING DISORDERS

Companion Guide

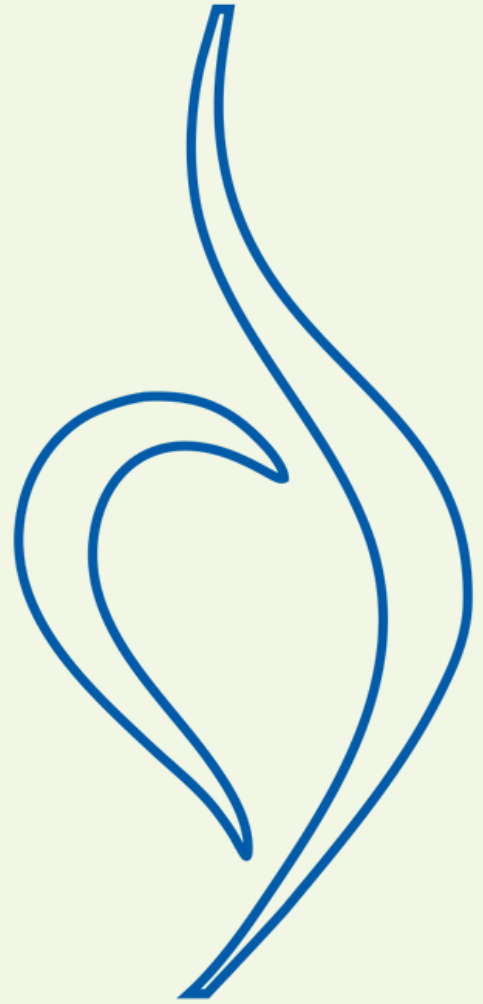
WITH GRATITUDE

Thank you for volunteering to facilitate an Understanding Eating Disorders presentation in your community – you are doing critical work to raise awareness about eating disorders! The following guide includes a script for each slide in the presentation, presenter notes, and tips to make the process easier.

If you have any further questions, please email:
info@nationaleatingdisorders.org.

Before the day of the presentation, we ask that you read through the presenter tips and notes below and contact us if you have any questions.

NOTE: The script and presenter notes are also available in the notes section of the slide deck:
<https://www.nationaleatingdisorders.org/wp-content/uploads/2025/02/Understanding-Eating-Disorders-Presentation-V2.pptx>



TIPS FOR PRESENTERS

TIP 1: PLAN AHEAD

Depending on your audience and venue, you may choose to modify the presentation in many ways, such as:

- a. The presenter script includes two different interactive activities to choose from; an online survey or questions about eating disorders that participants can share about. It's helpful to choose which activity would work best for your venue and audience ahead of time. For example, the online survey requires the participants to have access to the internet and a device.
- b. You can tailor the presentation to your audience by providing additional information relevant to the audience. While we welcome you to add additional information to the talking points or create a handout, **please refrain from deleting, adding or modifying the slides**. For example, if you're speaking to students you could add statistics or common warning signs specific to that age group from our website to your script. Tip: You can find information about different groups impacted by eating disorders by visiting our specialized and culturally diverse communities pages or using the search icon on NEDA's website.
- c. You can choose to incorporate additional activities to make the presentation more interactive. For example, you could include activities from our Body Activism Guide or other activities like yoga, meditation, bingo, or board games.
- d. You can choose to have a period for questions and answers at the end of the presentation. To prepare, read through our frequently asked questions page and if you are asked a question you are uncertain how to answer you can suggest they email us at: info@nationaleatingdisorders.org.
- e. If you are presenting in-person you can print out NEDA's handout with information on next step resources and ways to spread awareness about eating disorders.

TIP 2: PRACTICE

Read through the script and practice reading it aloud a few times so it feels more natural. Discussing eating disorders can bring up some difficult feelings so remember to check-in with yourself and make sure you are practicing self-care.

TIP 3: TEST

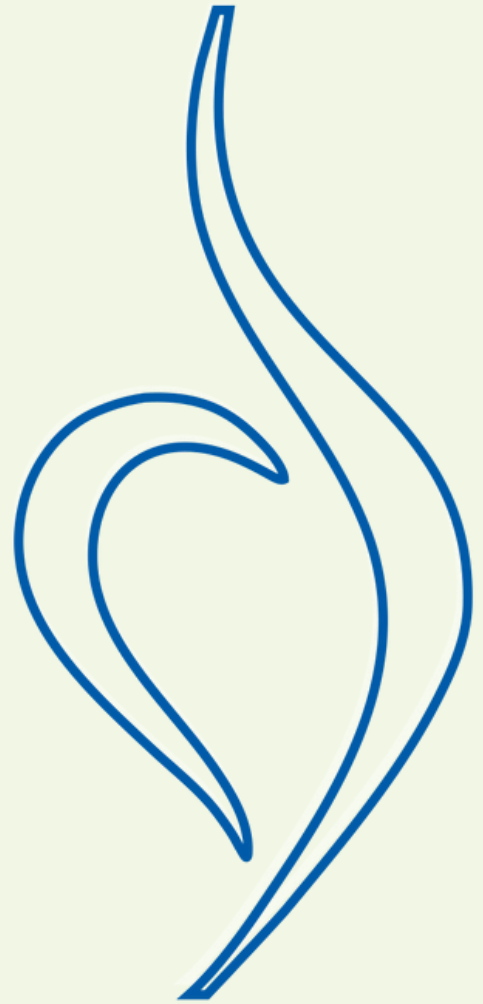
If possible, test out any technology you're using ahead of time so you don't run into any issues at the start of your presentation.

TIP 4: PROMOTE

To ensure your presentation is well attended and reaches as many people as possible, spread the word about the event by posting the details on your socials, creating a flyer to display in your area, and/or sharing the details with your network and asking them to attend and reshare it with others.

TIP 5: SHARE

Share your impact with NEDA. We'd love to celebrate all the work you've done so please fill out this [brief survey](#) or email us at info@nationaleatingdisorders.org to let us know when and where you're planning to present and how many people attended. We'd also welcome any feedback you have to improve the presentation in the future.



PRESENTATION SCRIPT & NOTES

SLIDE 1



PRESENTER SCRIPT:

“Hello everyone, thank you for joining this presentation today! My name is....., I work for/I am a student at [insert organization or school name], [if applicable] and I also volunteer at [insert any volunteer work with NEDA or in the eating disorder field]. Today we will be giving a presentation on ‘Understanding Eating Disorders.’ The first half will cover some basic information about eating disorders and the second half will review how to help someone who may have an eating disorder or disordered eating, resources for finding help and support, and ways you can get involved with NEDA’s work.”



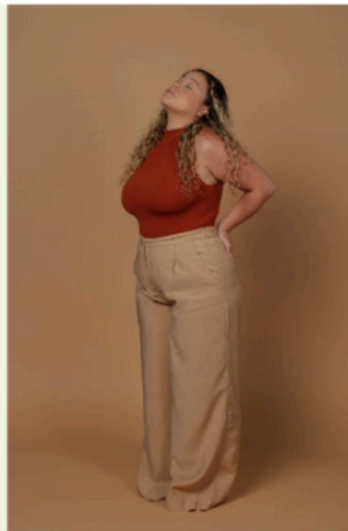
PRESENTER NOTES:

If you feel comfortable you can briefly share your own lived experience with an eating disorder during the introduction, just remember to stick to our guidelines for sharing your story publicly. For example, you could say, “I became passionate about spreading eating disorders awareness because I have a family member who has an eating disorder and I know firsthand how important it is to be informed and get help.”

SLIDE 2

Prioritize Self-Care


Check in with yourself and if
you start to feel
uncomfortable it's okay to
take a break.



PRESENTER SCRIPT:

“Before we start I want to take a moment to remind everyone that talking about eating disorders can be difficult, so please check in with yourself regularly throughout this presentation. If you start to feel uncomfortable in any way, it’s okay to take a break to support your well-being.”

SLIDE 3

A photograph of a woman with long dark hair, wearing a black top, standing in a library and reading a book. She is positioned in front of tall wooden bookshelves filled with books.

Learning Objectives

- Recognize the signs of an eating disorder.
- Be prepared to have a conversation.
- Encourage help-seeking.
- Find resources for help and support.

The NEDA logo, featuring a stylized blue flame icon to the left of the word "NEDA" in a bold, blue, sans-serif font.

PRESENTER SCRIPT:

“First off let’s discuss the purpose of this presentation. We created this presentation so that anyone can learn to recognize whether someone they know may be experiencing an eating disorder and are prepared to have an open and honest conversation and encourage them to seek help. This presentation is also intended to help anyone who may be engaging in disordered eating to recognize these behaviors in themselves and learn how they can seek support.”

SLIDE 4

A presentation slide with a green header and a light green body. The header contains the title "Why is this work important?" in bold blue text. The body contains two bullet points in blue text. On the right side of the slide is a photograph of a man and a woman sitting on a couch in a living room, engaged in a conversation. The man is looking at the woman, who is holding a clipboard. The NEDA logo is in the bottom left corner of the slide.

Why is this work important?

- Early detection and treatment of an eating disorder improves treatment outcomes.
- Learning information about how to identify an eating disorder can allow you to recognize when help may be needed.

NEDA

PRESENTER SCRIPT:

“So why is this presentation important? Research tells us that early detection and treatment of an eating disorder greatly improves treatment outcomes and that the longer someone delays seeking treatment the more likely they are to experience serious potentially life threatening health consequences, some of which are irreversible.

Too often people take a “watch and wait” approach, delaying seeking treatment for years. In fact, studies have found that on average people with eating disorders can experience symptoms for 2.5 to 6 years before receiving treatment. Today, we are taking an important step in spreading awareness and working toward a world where no one with an eating disorder struggles alone without the help they need. By learning information about how to identify an eating disorder, you can recognize when help may be needed.”

SLIDE 5 (OPT. #1)



IMPORTANT NOTE: For this slide you can choose between doing two different self-reflection activities. We have outlined the script and presenter notes for each choice below. **Tip:** choose which activity would work best for your venue and audience ahead of time (ex. The survey requires the participants to have access to the internet and a device)



ACTIVITY OPTION #1, PRESENTER SCRIPT:

“Before we start on the work of understanding eating disorders, it’s important that we look at beliefs about eating disorders and the attitudes and language we use around food and body image. To start this process of self-reflection we’d like to ask everyone to take a moment to think of what comes to mind when you think of someone who has an eating disorder? What do you think contributes to someone developing an eating disorder? Once you’ve finished, if you feel comfortable, please briefly share what you’ve thought of with the group.”



ACTIVITY #1, PRESENTER NOTES:

If presenting online, ask participants to share their responses in the chat. If presenting in-person, ask participants to raise their hands and call on a few people to share briefly. Then write down some of what they shared on a piece of paper or on a device to share with the group later in the presentation.

SLIDE 5 (OPT. #2)



ACTIVITY OPTION #2, PRESENTER SCRIPT:

“Before we start on the work of understanding eating disorders, it’s important that we look at beliefs about eating disorders and the attitudes and language we use around food and body image. To start this process of self-reflection we’d like to ask everyone to take a brief survey with yes or no questions about eating disorders. Once you’ve finished, if you feel comfortable, please share which you answered incorrectly or what surprised you about your survey results.”



ACTIVITY #2, PRESENTER NOTES:

Share this link with the participants in the chat feature if online or display somewhere visible if in-person:
<https://forms.gle/JjYT5jNzn9yutesj6>. After giving them a few moments to complete the survey, ask them to share which they got incorrect or what surprised them about their results either in the chat or by raising their hand. Then write down some of what they shared on a piece of paper or on a device to share with the group later in the presentation.

SLIDE 5 (POST ACTIVITY)



POST ACTIVITY, PRESENTER SCRIPT:

"Thank you everyone for participating! So why is it important to be aware of our own attitudes and beliefs about eating disorders, food, and body? People with eating disorders often experience feelings of shame and guilt which can prevent them from seeking help. Therefore, the language we use and beliefs we perpetuate when talking with someone who may have an eating disorder can make a big difference and impact not only how they feel about your relationship with them, but also their willingness to seek potentially life saving treatment.

As those seeking to raise awareness about eating disorders and help individuals who may be experiencing the disorder, it's important to model language and attitudes that don't perpetuate harmful ideas about food and the body or stereotypes about eating disorders."

SLIDE 6

Who do eating disorders affect?

A photograph showing a large, diverse crowd of people of various ages, genders, and ethnicities walking together, illustrating the statement that eating disorders affect anyone.

Anyone
People of all genders, ages, races, religions, ethnicities, sexual orientations, body shapes, and weights can be affected.

30 million
People affected by eating disorders at some point in their lifetime.

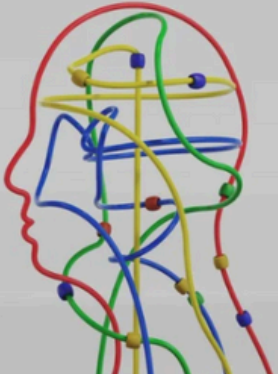
The NEDA logo, featuring a stylized blue flame icon to the left of the word "NEDA" in a bold, blue, sans-serif font.

PRESENTER SCRIPT:


"Next let's talk about who's affected. Eating disorders can affect anyone regardless of how old they are, their gender, race, religion, ethnicity, how much they earn, where they live, their sexual orientation, body shape or size. It is estimated that 9% of the U.S. population, or 30 million Americans, will have an eating disorder in their lifetime."

SLIDE 7

What are Eating Disorders?



- Real, life-threatening mental and physical illnesses that can have fatal consequences.
- Involve a person's emotions, attitudes, and behaviors around weight, food, and size that severely impair functioning in major areas of their life.
- No single cause, but rather a combination of biological, psychological, and sociocultural risk factors.



PRESENTER SCRIPT:

“So what are eating disorders? Eating disorders are real, life-threatening mental and physical illnesses that can have fatal consequences. In general they involve a person’s emotions, attitudes, and behaviors around weight, food, and size that severely impair functioning in major areas of their life. For example, some may not be able to cope with the academic demands of school, fulfill their work responsibilities or withdraw from relationships with friends and family.

Eating disorders often co-occur with other mental health conditions such as depression, anxiety, or obsessive-compulsive disorder. It’s also important to keep in mind that there is no single cause for eating disorders, but rather there are a combination of biological, psychological and sociocultural factors that together can lead to the development of an eating disorder.”

SLIDE 8



5 Facts About Eating Disorders

- 1 Eating disorders can affect anyone.
- 2 Eating disorders are not a choice.
- 3 Eating disorders impact daily life and relationships.
- 4 Eating disorders carry an increased risk for suicide and medical complications.
- 5 Full recovery from an eating disorder is possible.





PRESENTER NOTES:

The script below incorporates what was shared during the interactive activity. Choose a few of the phrases and beliefs people shared earlier and project them on your screen if possible (i.e. in a google document) and/or read them out loud to the group. Alternatively, if you utilized the survey, share some of the questions people said they got incorrect or share how common it was for people to answer some of the questions incorrectly.

PRESENTER SCRIPT:

“Now we’re going to discuss some important facts about eating disorders and dispel some of the most common misconceptions people have about these disorders. As we go through this list, think about how this information may be different or in line with what you learned during the self-reflection activity. For example, we heard people share earlier that [insert some of the comments people shared/survey questions they got incorrect].

SLIDE 8

PRESENTER SCRIPT (CONT):

Keeping those thoughts in mind, let's start with fact number one: Eating disorders can affect anyone. Despite the stereotype that eating disorders occur most frequently among white, heterosexual, wealthy women, research shows us this is just not the case. For example, studies have revealed that eating disorders are nearly as common among men as they are among women and are even higher among transgender and non-binary folks.

Research also shows that prevalence rates for eating disorders in the United States are similar among people of color and white individuals and anyone regardless of age can develop an eating disorder for the first time or experience a relapse of the disorder.

Furthermore, people with eating disorders can look healthy and be considered a "normal" or higher weight, yet may be extremely ill. We've also learned that there is no association between someone's socioeconomic status and eating disorders and in fact recent studies have found eating disorders are increasing at a more rapid rate among those with lower incomes and those experiencing food insecurity, or limited access to enough food, are at greater risk for developing eating disorders.

SLIDE 8

PRESENTER SCRIPT (CONT):

Next, fact number two reminds us that eating disorders are not a choice or a “phase.” People do not just “choose” to experience an eating disorder for a period of time. They are bio-psycho-social diseases, which means that genetic, biological, environmental, and social elements all play a role in their development.

Looking at the research, we know that many individuals with eating disorders are more likely to develop eating problems due to genetics, neurobiology, and hormonal imbalances. However, studies have also shown that genetics alone do not determine whether someone will develop an eating disorder. In simple terms, while genetics may make someone more vulnerable to developing an eating disorder, environmental factors can also play a role.

Fact number three tells us that people with eating disorders experience intense emotional distress that can severely interfere with their daily functioning in all areas of life and impact the relationships in their lives. In other words eating disorders are not just about what people are eating, it’s also about the underlying feelings, thoughts, and behaviors that severely impact their emotional and physical well-being.

Additionally, it’s important to highlight that caring for someone with an eating disorder can place families and other support people under a significant amount of distress and impact their health, emotional well-being, and cause financial hardship.

SLIDE 8

PRESENTER SCRIPT (CONT):

Importantly, fact number four highlights that individuals with eating disorders can experience serious, life-threatening medical complications that can be fatal. Furthermore, suicide is the second leading cause of death among individuals with anorexia nervosa, and suicidal behavior is higher among those with bulimia nervosa and binge eating disorder relative to the general population.

Lastly, fact number five states that full recovery from an eating disorder is possible. Indeed, studies have shown us that many people with eating disorders do experience full recovery and that this can occur at any age. However, it's important to note that recovery looks different for everyone. It can take months, even years and slips, backslides, and relapse tend to be the rule, rather than the exception.

Recovery is a complex process that requires a combination of medical and psychological treatment. Medical treatment can include hospitalization, nutritional counseling, and medication. Psychological treatment can include individual therapy, group therapy, and family therapy.


Research has also taught us that delaying treatment is linked to poorer outcomes while earlier intervention improves treatment outcomes and the likelihood of full recovery. The bottom line is that it's important to seek professional help as early as possible!"

SLIDE 9

Types of Eating Disorders

- Anorexia Nervosa (AN)
- Bulimia Nervosa (BN)
- Binge Eating Disorder (BED)
- Other Specified Feeding or Eating Disorders (OSFED)
- Avoidant Restrictive Food Intake Disorder (ARFID)
- Disordered Eating (Orthorexia)

Scan for more information:

**PRESENTER SCRIPT:**

“On this slide we’re going to go a bit more in depth and share information about the most common types of eating disorders and disordered eating. You can also find more information about each of these disorders and some less common eating disorders by scanning the QR code on this slide.

Anorexia nervosa involves severely restricting food intake; weight loss or lack of appropriate weight gain in growing children; difficulties maintaining an appropriate body weight for someone’s height, age, and stature; and, in many individuals, body image concerns.

SLIDE 9

PRESENTER SCRIPT (CONT):

Bulimia nervosa involves a cycle of binge eating, followed by behaviors designed to undo or compensate for the effects of binge eating such as self-induced vomiting, fasting, excessive exercise, misuse of laxatives, diuretics, or other medications.

Binge eating disorder (BED) involves repeated episodes of binge eating and eating larger amounts of food often very rapidly, past the point of being full. Such binges often occur alone, in secret, and are associated with intense feelings of “loss of control” and are followed by feelings of shame, guilt, and despair.

Other specified feeding or eating disorders or OSFED (pronounced: “ahhs-fed”) was developed to encompass those individuals who do not meet all the diagnostic criteria for other types of eating disorders but still have a significant illness. OSFED includes diagnoses such as atypical anorexia, binge eating disorder or bulimia nervosa disorder which occurs with less frequency and/or limited duration, purging disorder, and night eating syndrome.

For example, atypical anorexia has similar symptoms to anorexia nervosa, except that the person is within a “normal” or higher weight range after losing a significant amount of weight. Despite being labeled as “atypical,” the disorder is equally if not more common than anorexia nervosa.

SLIDE 9

PRESENTER SCRIPT (CONT):

Avoidant/Restrictive Food Intake Disorder or ARFID (pronounced: “are-fid”) involves dramatic restriction in the types or amount of food a person eats not related to distress about body shape, size, or weight. Instead, restriction of food is due to a lack of interest in eating or food, sensory sensitivity, and/or a fear of negative consequences like choking.

Beyond the formal diagnoses we’ve discussed, many people also experience disordered eating or a wide range of concerning eating behaviors and distorted attitudes towards food, weight, shape, and appearance.

Often these behaviors include dieting or restricting food intake, binge eating, as well as purging, excessive exercising or excessive use of diuretics, laxatives, and weight loss medications. While disordered eating patterns can vary in severity, they don’t meet the criteria for a diagnosable eating disorder.

For example, one type of disordered eating is called orthorexia, which was first coined in 1997 and means an obsession with “healthy” eating. People with orthorexia become so fixated on so-called “healthy eating” that they experience physical and mental health consequences.

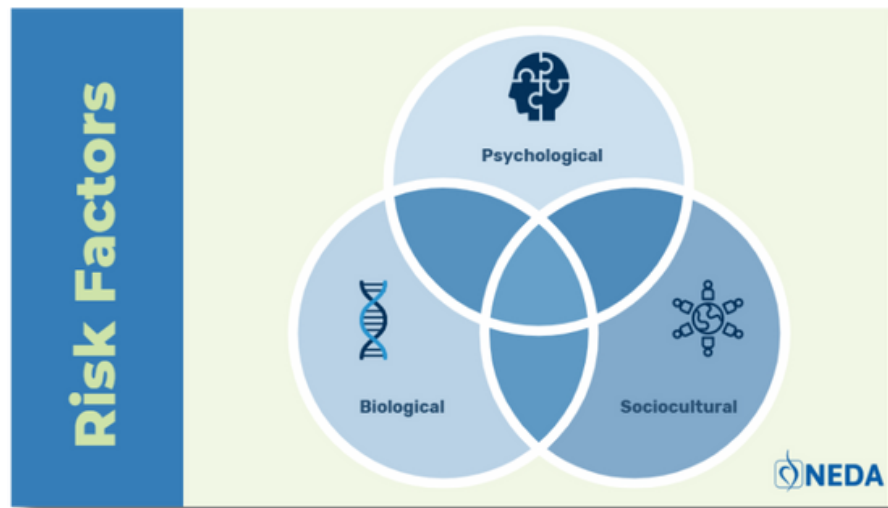
SLIDE 9

PRESENTER SCRIPT (CONT):

Too often people delay seeking help because they believe or want to believe that their eating and exercise behaviors are improving their health when in fact these behaviors are quite harmful and can lead to the development of an eating disorder.

Although not everyone with disordered eating develops an eating disorder, it does increase the risk of developing an eating disorder. Therefore, it's important to seek help as early as possible since it can help prevent symptoms from becoming more severe and/or developing into a full blown disorder."

SLIDE 10



PRESENTER SCRIPT:

“Now we’ll review some of the risk factors for eating disorders. While not a comprehensive list, this introduction will hopefully showcase the wide range of biological, psychological, and sociocultural factors that can increase the likelihood of an individual developing an eating disorder. For example, some of the biological risk factors can be having a close relative who has an eating disorder, a close relative with another mental health condition, or a personal history of dieting or type 1 diabetes.

Psychological risk factors can include having a history of other mental health conditions like depression, anxiety disorders or substance use disorders, being a perfectionist or having issues with impulsivity. Sociocultural risk factors often include experiencing weight stigma or discrimination based on a person’s weight, internalizing society’s definition of the “thin ideal body,” having higher levels of body dissatisfaction, and experiencing trauma can all increase the likelihood of developing an eating disorder.”

SLIDE 11

Behavioral Warning Signs



- Changes in eating behaviors.
- Will only eat certain textures of food.
- Frequently checks mirror for perceived flaws in appearance.
- Becomes more isolated and secretive.
- Extreme mood swings.
- Excessive exercise.

Scan for more information:




PRESENTER SCRIPT:

“Next we want to familiarize you with some of the most common warning signs and symptoms of eating disorders. This list isn’t exhaustive so we’d encourage everyone to read the full list of eating disorder symptoms by scanning the QR code on the next slide.

First let’s discuss common behavioral signs. In general you may notice that someone’s eating behaviors have changed. For example, they may refuse to eat certain foods, develop food rituals, or binge eat large amounts of food in a short period of time. They may also only eat certain textures of food or frequently check the mirror for perceived flaws. Additionally, a person may have extreme mood swings, start to excessively exercise or isolate and withdraw from social situations or activities they used to enjoy.”



SLIDE 12

Emotional Warning Signs

A black silhouette of a person's head in profile, facing left. Above the head is a small, dark, flame-like shape. The entire graphic is set against a light gray background.

- Feeling out of control and/or shame when eating.
- Weight loss, dieting, and control of food are primary concerns.
- Preoccupied with body size, shape and appearance.
- Frequently experiences low self-esteem.
- Fears of choking or vomiting.

Scan for more information:


A square QR code with a blue flame icon in the center, used for linking to more information.The NEDA logo, featuring a stylized blue flame icon to the left of the word "NEDA" in a bold, blue, sans-serif font.

PRESENTER SCRIPT:

“When it comes to emotional signs of an eating disorder someone may express feeling out of control and/or shame when they eat. You may also notice that weight loss, dieting, and controlling their food is a primary concern. Additionally, they could be preoccupied with their weight, shape, and appearance, express low self-esteem and/or that they are afraid of choking or vomiting if they eat.”



SLIDE 13

Physical Warning Signs



- Noticeable weight fluctuations, both up and down.
- Gastrointestinal complaints.
- Dizziness when standing.
- Difficulty concentrating, sleeping.
- Issues with dental, skin, hair and/or nail health.

Scan for more information:

PRESENTER SCRIPT:

“In terms of physical signs of an eating disorder, you may notice someone is experiencing significant weight fluctuations, both up and down. They may also complain of gastrointestinal issues, that they get dizzy when they stand up, have difficulty concentrating or sleeping and have issues with their dental, skin, hair and/or nail health.

This list will hopefully help you to recognize any eating disorder signs someone around you may be experiencing so that you can share your concerns and encourage them to seek help earlier rather than later.”

SLIDE 14



PRESENTER SCRIPT:

“Now that you have a better understanding of what an eating disorder is and the different types, we’re going to review some tips that can help you to have an open and caring conversation with someone who may have an eating disorder.

Before you have a conversation with someone you’re concerned about, it’s important to learn as much as you can about eating disorders so you can counter any inaccurate ideas that may be fueling a person’s disordered eating patterns.

As you plan out what you want to say to someone, it can be helpful to write out your thoughts or even role-play with someone you trust. Next, make sure you set a time to discuss your concerns in a private place. People with eating disorders can often feel hesitant to open up, so making sure you choose a safe space where you can talk privately is important.

SLIDE 14 (CONT)

PRESENTER SCRIPT (CONT):

Raising concerns about a possible eating disorder can bring up a lot of emotions, and it's important not to let those run the show. Instead, stick to the facts and talk openly and directly about behaviors and changes you have personally observed. Calmly point out why you are concerned using "I" statements to avoid sounding accusatory.

Let them know you care about them and want to support them in getting help. Suggest that the person seek help from a physician or therapist. As we've mentioned before, getting timely, effective treatment can increase a person's chances for recovery so it's important to encourage them to seek help from a professional as soon as possible.

SLIDE 15

The slide is divided into two main sections. On the left, there is a photograph of three yellow "CAUTION" signs on sawhorses at a construction site. Below the photo is a blue rectangular box with the text "What to Avoid" in white. On the right, a light green rectangular box contains a bulleted list of six items, each preceded by a blue dot. The NEDA logo is in the bottom right corner of the slide.

What to Avoid

- Placing shame, blame, or guilt
- Making rules or promises
- Giving simple solutions
- Invalidating their concerns
- Giving advice
- Ignoring or avoiding the problem



PRESENTER SCRIPT:

“Next we’ll talk about what not to say when you have a conversation with someone who may have an eating disorder. Many people with eating disorders experience feelings of shame and guilt.

It’s important to remind the person that they are not to blame and that there’s no shame in admitting you struggle with an eating disorder. Let them know it’s not a choice and that many people will be diagnosed and can recover.

Don’t make promises, rules, or expectations that you can’t or won’t uphold. For example, “I promise not to tell anyone.” There may be a point where you have to speak up and talk to another person to get help for your loved one.

SLIDE 15 (CONT)

PRESENTER SCRIPT (CONT):

Avoid overly simplistic solutions. Being told, “Just stop” or “Just eat” isn’t helpful. It can leave the person feeling frustrated, defensive, and misunderstood.

Do not invalidate what they are experiencing or try to convince them. If you become overly insistent and combative about seeking help, the person may start to avoid you.



Avoid giving advice or commenting about a person’s weight, exercise or appearance.

You also don’t want to ignore or avoid a serious illness. It’s not easy to find a middle ground between forcing the issue and ignoring the problem, but regularly checking in with them, asking how they would like to be supported, and if they are willing to seek treatment can help nudge them in the right direction.

However, don’t wait to seek help or to tell someone else until the situation is so severe that the person’s life is in danger. If you suspect a medical or psychiatric emergency, such as threats of suicide or medical complications from eating disorder behaviors (such as fainting, heart arrhythmias, or seizures), it’s important to seek medical attention or call 911.

SLIDE 16

Additional Information

A photograph of two young people, a woman and a man, sitting on a wooden bench outdoors. They are facing each other and appear to be in conversation. The woman is wearing a green and white plaid shirt and blue jeans, and the man is wearing a blue denim jacket and blue jeans. A brown bag is on the bench next to the woman.The NEDA logo, featuring a stylized blue flame icon to the left of the word "NEDA" in a bold, blue, sans-serif font.

- Allow for a range of reactions.
- Know that taking the first step can be scary and challenging.
- Encourage them to get a medical check-up.
- Focus on what they are willing to address first.
- Explore why the person wants to get well.

PRESENTER SCRIPT:

Now that we've discussed the do's and don't when talking with someone who may have an eating disorder, we're going to go over a few more things to keep in mind when you're trying to encourage someone to seek help.

While some people may be glad that someone has noticed they are struggling, others may become angry, defensive, brush off your concerns or minimize potential dangers. All of these responses are normal. In these situations rather than repeating your concerns, let them know you care and that you're someone they can talk to about this.

SLIDE 16 (CONT)

PRESENTER SCRIPT (CONT):

Although seeking help might seem straightforward to you, it can be very stressful and confusing for those who are affected by eating disorders. Keeping that in mind will help you empathize with what the other person may be going through.

You can also ask if they want help making the first call or appointment. Some individuals may find it less stressful if someone else sets up the appointment or goes with them to discuss a potential eating disorder.

Eating disorders can cause serious health issues. It's important that people with the disorder see a doctor regularly to make sure their health isn't at risk. It's also important to let the doctor know about any physical concerns they're experiencing and that they could be related to an eating disorder.

Often, someone with an eating disorder is hesitant to change their behaviors. It can be helpful to first focus on the social, emotional, and/or physical side effects of their eating disorder that they are willing to address like social isolation, anxiety or feeling cold. This can help them get in the door to treatment where the eating disorder can begin to be addressed.

SLIDE 16 (CONT)

PRESENTER SCRIPT (CONT):

It can also be helpful to explore with someone why they want to get well and focus on things beyond their relationship to eating or body image issues. Helping them reconnect with their values and who they want to be can help them stay focused on long-term recovery and not the short-term perceived benefits of the eating disorder.

SLIDE 17



PRESENTER SCRIPT:

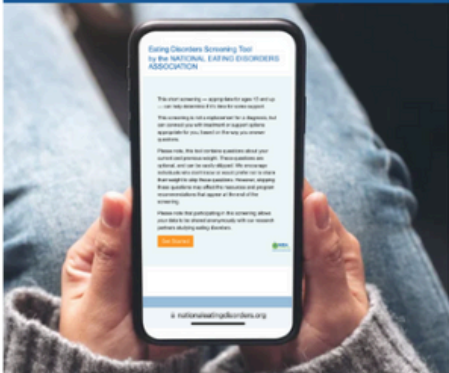
In this section, we're going to review some resources to help people identify whether they may have an eating disorder and find treatment and other support options. These can be helpful to have on hand to share after you bring up your concerns with someone and encourage them to seek help.



PRESENTER NOTES:


If the audience does not have access to a device to scan the QR codes listed on the following slides you can print out this flyer with all the resources included in the presentation and hand it out to the audience:
<https://www.nationaleatingdisorders.org/wp-content/uploads/2025/02/Understanding-Eating-Disorders-Next-Steps.pdf>

SLIDE 18





- Helps determine if someone is at risk for an eating disorder.
- Connects those who screen at risk for an eating disorders to resources.

Scan to connect to screening tool:



Scan to learn about hosting a screening event:





PRESENTER SCRIPT:

NEDA's screening tool, which is appropriate for ages 13 and over, is an anonymous tool that can help determine if someone is at risk for an eating disorder and connect them to next step resources such as treatment and free, low cost support options.

Beyond sharing this with anyone who may have an eating disorder, you can also help spread the word by sharing the screening tool link with your network or hosting a screening event for your community.

To learn more about hosting a screening event you can scan the QR code at the bottom of the slide which links to our "Screening Event Guide."

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SLIDE 19



PRESENTER SCRIPT:

NEDA's Resource Center is the nation's leading resource hub for eating disorders. You can find a wealth of information for every stage of recovery, stories of lived experience and ways to connect to treatment and other free and low cost support options online or in your area.

SLIDE 20

How to Get Involved

A photograph showing a group of people walking outdoors on a paved path. In the foreground, three individuals are wearing bright blue t-shirts with the NEDA logo. They are smiling and appear to be part of a community event. The background shows more people and trees.

- Campus Warriors
- NEDA Cares Events
- Awareness Campaigns

Scan to find ways to get involved:

A square QR code with a blue flame icon in the center, used for linking to NEDA resources.The NEDA logo, consisting of a blue flame icon and the word "NEDA" in blue text.

PRESENTER SCRIPT:

We've learned today how important it is to raise awareness about eating disorders and the positive impact of early detection and treatment. You can continue this important work by joining a community of dedicated volunteers and advocates who are committed to supporting those affected by eating disorders by getting involved in one of NEDA's mission-centered programs including NEDA Cares Events, Campus Warriors, and our awareness campaigns.

Scan the QR code on this slide to learn more about ways to get involved and bring eating disorder awareness and advocacy to your community!

SLIDE 21



Self-Reflection Activity

- Think of one thing you didn't know before the presentation.
- Think of one action you could take to apply this information.



PRESENTER SCRIPT:

“We’re just about at the end of our presentation, but before we wrap up we want everyone to please take a moment to think about one thing you didn’t know before the presentation and one action you could take to apply this information and share it with the group.”



PRESENTER NOTES:

For virtual presentations you can ask participants to share thoughts in the chat and then you can choose a few to read aloud. For in-person presentations you can ask participants to raise their hands and choose a few people to share, being mindful to limit the sharing time to a few moments total. If people are hesitant, you can let them know they can share general thoughts about what they learned.

SLIDE 22



PRESENTER SCRIPT:

“Before you leave we’d like everyone to take a brief one minute survey so that we can learn how we might improve the presentation and measure its impact. You can scan the QR code on this slide or follow the link listed.”



PRESENTER NOTES:

Pause for a moment or two to give participants time to scan the QR code and take the survey. If participants do not have access to a device to scan the QR code you can share this link:

<https://forms.gle/dhRYaLNQNcmekRjXA>.

SLIDE 23 (FINAL)

Thank You!


www.nationaleatingdisorders.org

PRESENTER SCRIPT:

“Thank you everyone for sharing your experiences and for coming today to learn about this important topic! We hope this presentation will help you to continue the work of spreading awareness and enable you to identify those who may have an eating disorder and help them find the support they need and deserve. Take care!”



NEDA

National Eating Disorders Association