

BANA BE YOURSELF

A publication of the Bulimia Anorexia Nervosa Association

FALL 2023

Featured Columnists:

Laura Ugwuoke
Jackie Silver Nutrition
10 Principles of Intuitive Eating
with a Neurodivergent Twist

Jade Piper & Megan Piper McAulay
The Piper Twins:
Escaping the grip of
addiction's powerful grasp

A Mental Health and Wellness Magazine

Also In This Issue:

- Puppies and Growing Pains: Lessons I could use in the human areas of my life
- ED Treatment in Windsor/Essex: Levels of Care
- Navigating the challenges of a new school year: A guide for Children and Parents
- From Struggle to Purpose: My perseverance through OCD and Agoraphobia
- Stepping into a more embodied sense of Self: Resisting Objectification
- Taking Lucky #13 to Heart
- The Housing and Homelessness Crisis in Canada:
Finding a Solution is Everyone's Business
- Feature Recipe: Cinnamon Roll Casserole
- Extreme Hunger & Early Fullness: Challenges of Re-nourishment in ED Recovery
- WEIOP Eating Disorders 101 Workshop
- Tips for Navigating Celebrations and Holidays with an ED

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Publishers Note:

Hello Readers!

I am honored and delighted to welcome you to BANA BE YOURSELF- A Mental Health and Wellness magazine. Whether you're reading through these pages with your cup of morning coffee (tea), learning new tips about wellness, or just enjoying the beautiful positive messages, we are here for you.



A big thank you to all of the people who have contributed to this magazine, especially to our editing team and all of the contributing writers and photographers.

With so much uncertainty when it comes to mental health and wellness in the world today, our goal is to provide an accessible forum for education, discussion and acceptance for both the general public and professionals alike. We hope, that in some small way, this publication can help.

Thank you in advance for the support, we are looking forward to bringing you many more issues in the months to come.

As BANA comes to the end of our 40th year of service provision, we ask that you take forth the message to be kind to yourself, generous with others, and stay healthy.

Sincerely, Luciana Rosu-Sieza, Executive Director

DISCLAIMER*

Content within this publication may include details from the lived experience of the writer that could be triggering to some. Reader discretion is advised. Should you find yourself feeling distressed, please seek support.



PUPPIES AND GROWING PAINS

Lessons I could use in the human areas of my life

By: Jill Cadarette, BA, BSW, MSW, RSW

I have a new puppy, which brings me great joy and frustration in equal measure.

Despite having raised dogs from puppyhood in the past and raising two human children, my communication skills are being tested daily and it can be challenging.

Owning a puppy has provided gentle reminders of lessons I could use in the human areas of my life. This is what I'm learning:

Reinforcement rules - Only behaviour that is reinforced gets repeated. It begs the question: If a behaviour keeps happening that I don't like, how is it being reinforced or rewarded?

What am I failing to reward in behaviour that I would like to see repeated?

Not all rewards work - Rewards come in many forms for puppies and humans, alike. Attention, affection, play, toys, and food work for puppies but they have their preferences.

Gary Chapman's Five Love Languages work better for humans. Understanding how a puppy likes to receive rewards is critical to forming good connections.

Consistency is key to establishing trust - Inconsistency in human behaviour leads to puppy confusion, miscommunication, and results in unwanted behaviour.

Yelling accomplishes little - If you treat a puppy poorly, it will respond aggressively or will withdraw (fight or flight). Both are efforts to protect itself from harm in the face of a threat.

Authentic living - Puppies can't help but be their true and authentic selves. You chose them for that very reason. They have no agenda. They are not trying to piss you off. They are just being who they are.

Be curious about differences - Puppies communicate differently than we do. If we want a good relationship with a puppy, we need to learn their way of communicating, just as they try hard to learn ours.

Puppies have needs - They are not afraid to listen to their own needs and will communicate them freely (i.e. napping when tired, seeking alone time when needed, asking to go out).

Humans have needs - Our needs are different than a puppy's. If we want a good relationship, we'll figure out how to keep both puppy and ourselves happy.

Setting boundaries - When a stranger comes too close and our canine friend is uncomfortable, it will warn the stranger. If the warning is ignored, there will be a negative consequence. This is teaching the stranger how best to relate to the dog.

Different perspectives - Puppies have a very different perspective of the world than humans do. This perspective will inform everything they do.

Fulfillment - Each breed has its own history, skill set, and temperament. Puppies are rewarded when they are given the opportunity to practice these strengths. Retrievers love to hunt. Working breeds love to tow. They do their best in environments that are optimized for their unique qualities, and not necessarily the same environment as other dogs.

Fun - It's okay to have fun and be playful.

Letting go - Difficulties are not remembered for long. Lessons are remembered but puppies let go of the struggle that came with the lesson. Puppies are resilient and bounce back quickly.

Unconditional love - A puppy's love is free from judgement, pretense or expectation and it starts fresh every day. It's the best!

It must also go both ways.



Jill Cadarette is a Registered Social Worker/Psychotherapist with 20+ years experience working with adults and older adults in Windsor-Essex and across Ontario. Her private practice is located at Balanced Life Wellness Centre in Essex. Specializes in Adult ADHD and she provides ADHD-affirming, ADHD-adapted and ADHD-informed psychotherapy services including assessment, psychoeducation, ADHD-specific trauma care, and self-acceptance work.



ED Treatment in Windsor/Essex

Levels of Care

1

Outpatient Programs

- Bulimia Anorexia Nervosa Association (ages 20+)
- Teen Health Centre (weCHC) (ages 12-25)
- Private Practice Clinicians (all ages)

2

Intensive Outpatient Program

- Run in partnership with BANA, Teen Health, and Windsor Regional Hospital (ages 16+)

**** is NOT appropriate for individuals who require intensive medical support*



1

Outpatient Programs

- offered at BANA and Teen Health Centre (or through *private* practitioners)
- ages 20+ at BANA; ages 12-25 at THC
- individual sessions; occasionally offered groups
- typically 1-3 hours per week
- typically CBT or FBT based
- *public* services typically include individual counselling with a therapist, and/or nutrition support with a dietitian
- client's primary care is responsible for medical monitoring
- *not appropriate for those needing more intensive medical support*

2

IOP (*Intensive Outpatient Program*)

- known as the Windsor-Essex IOP (WEIOP)
- partnership between BANA, Teen Health Centre (weCHC), and Windsor Regional Hospital
- ages 16 and up
- 12-18 hours per week for 8 weeks, followed by 1-3 hours per week for 12 weeks
- includes meal support at lunchtime 4 days/week; psychoed, CBT and DBT groups; nutrition support; and individual counselling sessions
- client's primary care is responsible for medical monitoring; minimal medical support with our NP
- *typically not appropriate for those needing more intensive medical support*



Requires Immediate Medical Intervention or Intensive Medical Support:

- Severe medical instability
- Highly unmanaged medical conditions
 - (ie: diabetes)
- High suicide risk
- Severe or chronic dehydration
- Severe or chronic electrolyte imbalances
- Cardiac concerns or very low heart rate
- Refusal to eat or inability to feed self
- Uncontrollable vomiting
- Substance use requiring detox
- Low weight (BMI at or under 16.5)

*** Typically not appropriate for Outpatient or Intensive Outpatient levels of care

Physical:

- Abnormal weight loss or gain
- Feeling cold constantly
- Dizziness or fainting
- Puffiness in their jaw area
- Frequent stomach aches
- Constipation

Mood:

- Increased anxiousness
- Increase irritability
- Frequent mood swings
- Increased listlessness

Behaviours:

- Restricting foods from diet, or eating large quantities of diet foods
- Avoiding eating with others, eating in secret, or hiding food
- Frequent visits to the washroom
- Using diet pills, laxatives, diuretics or following a strict exercise regimen
- Binge eating or frequent over eating
- Avoiding body or excessively checking/fixing appearance

What If I Am Not Appropriate for Outpatient or IOP?

Unfortunately, at this time Windsor/Essex County does not have the appropriate levels of support for individuals with an eating disorder who require intensive medical support.

Not Thrilled Either?

HELP US GET HIGHER LEVELS OF CARE TO OUR AREA

Contact your MPP to request higher levels of care
for EDs in Windsor/Essex!

<https://www.ola.org/en/members/current/contact-information>



Navigating the Challenges of a New School Year: Guide for Children and Parents

By: Cassandra Jocco – Solutions Counselling

photo credit: Pixabay

The start of a new school year is often a time filled with a mix of excitement and apprehension for both children and parents. The combination of unfamiliar surroundings, new faces, and the unknown can trigger feelings of anxiety and apprehension.

As a parent or caregiver, your role is crucial in helping your child ease into this new chapter of their educational journey. This article provides valuable insights and practical tips to support your child and ensure their school year is a positive and memorable experience.

As a parent, addressing your child's worries when they start school is paramount to their emotional well-being and successful transition into their new school year.

It's essential to create an open and supportive environment where your child feels comfortable sharing their concerns, feelings and emotions.

Listen attentively and openly to their fears, whether it's making friends, handling schoolwork, or feeling separated from home. Summarize and give validation to what you've listened to so that they know they are being heard. Reassure them, offer encouragement, and remind them of their strengths and capabilities.

Below are some of the following areas children may worry about when in school and ways in which caregivers can support them through these challenges.

Understanding children's worries

Making new friends: One of the most common worries for children is making new friends. Starting a new school year often means being in a classroom with unfamiliar faces. This often means meeting new classmates and making new friends. One of the most common struggles for children is social anxiety. Children may fear rejection or worry about fitting in.

To help, encourage your child to engage in social activities outside of school, practice active listening and teach them social skills, like making eye contact and starting conversations.

Academic challenges: Children may worry about the academic demands of the upcoming year, especially if they've heard stories about tough teachers or difficult subjects.

To address this, talk to your child about setting realistic academic goals and emphasize the importance of asking for help when needed. A growth mindset can also help children view challenges as opportunities for learning and growth.

As a parent, it is essential to promote a balanced approach to academics. Emphasize the importance of effort over perfection, provide a quiet and organized space for studying, exploring, or engaging in schoolwork after school hours, and offer help if needed. If you do not understand the schoolwork but your child requires extra help, reach out to a tutor if needed.

Adjusting to Routine: The shift from the more relaxed days of summer to a structured school routine can be challenging. To ease this transition, start implementing school-year routines a week or two before school starts. Gradually adjust bedtimes, morning routines and homework schedules to make the transition smoother.

Parental concerns: Parents often have a mix of emotions and concerns when their children start a new school year. They may worry about whether their child will adjust well to new individuals including teachers and classmates as well as new routines. As well, academic performance and the challenges that come with homework can also be a source of concern.

Parents may also worry if their child is engaging in social interactions appropriately and making friends while having positive experiences. Safety, both physically and emotionally, can also be another worry as well. It's natural for parents to worry about their children and below highlights the importance of staying involved and engaging in open communication with your child to ensure a successful and fulfilling school year.

Safety and Well-being: Parents naturally worry about their child's safety and well-being while at school. To alleviate these concerns, communicate with teachers and school staff about safety protocols. Ensure that your child knows how to contact you in case of an emergency and establish a trusted network within your child's school community for support if needed.

Tips for the first day of school:

Visit the School: If possible, take your child on a pre-school visit. Familiarizing them with the school environment, classroom, and playground can ease their anxiety by making the setting less intimidating.

This is especially important if your child is starting school, going to a new school or even for older students who are transitioning to high school or college/university.

Meet the Teacher: Arrange a meeting with your child's teacher before the first day, if possible, as this can help your child build a positive connection with their teacher and feel more comfortable in the classroom.

Practice Separation: If your child experiences separation anxiety, practice short separations before school starts. Leave them with a trusted caregiver or relative for gradually increasing amounts of time to build their confidence.

Prepare the Night Before: Lay out clothes, pack backpacks, and prepare lunches the night before to reduce the morning rush and stress.

Arrive Early: Aim to arrive at school a bit early on the first day. This provides extra time for your child to settle in, explore the surroundings, and become familiar with their classroom.

Stay Calm and Positive: Your attitude sets the tone for your child. Be positive and enthusiastic about the school experience. Show empathy for their feelings without dwelling on negative thoughts.

After the first day is complete, many parents and children as well as teachers can take a deep breath and feel a sense of relief that they got through the first day of school.

However, as we know there are many more months ahead. No matter how long your child has been in school it takes some time to adjust to routine and stay on track for the rest of the school year.

Below are some tips to work on to ensure a successful school year for both you and your child.

Tips for a successful school year:

Open Communication: Encourage your child to express their feelings and concerns about starting school. Actively listen to them without judgment.

By validating their emotions, you show that it's okay to feel nervous. If your child is uncomfortable talking to you about their emotions or feelings, consider outside help.

A therapist is a great way for children to decompress about school, home life, and learn new skills to help them cope when they are dealing with big feelings and emotions. As a parent, if you are struggling with keeping up with the new routine, overly stressed out with change, or are needing to talk, we encourage you to reach out to a therapist as well. Therapists can be a great tool to use no matter what age or struggle you are dealing with.

Establish a Routine: Create a consistent daily routine that includes structured sleep and mealtimes. A predictable schedule helps children feel secure and prepared for each school day.

Having proper sleep and nutrition will set your child up for success. Dedicate some time for school discussion but also time for relaxation and "normalcy" within the home setting.

Discuss Expectations: Talk to your child about what to expect on the first day of school. Talk about what time school will end, who will be picking them up or if they will be getting on the bus, what you have planned after school and even what to do if they are feeling nervous.

Stay Informed: As a parent, the school year can be rather busy. Between keeping up with your own life, while balancing school and extra-curriculars, it can get rather overwhelming at times.

Make sure you know the school's procedures for drop-off and pick-up. Stay informed about school policies, events, and contact information for teachers and staff.

Set Realistic Expectations: Understand that your child may not excel in every subject or activity. Encourage them to do their best but avoid unrealistic expectations. Emphasize that effort and personal growth are more important than perfection.

Self-Care for Parents: Remember to prioritize your own well-being as a parent. Seek support from other parents, practice self-care, and manage your own anxieties and stress effectively to provide the best support for your child.

Starting a new school year can be a daunting experience for both children and parents, but with the right approach, it can also be an exciting opportunity for growth and learning.

By understanding and addressing the worries that both children and parents face and implementing these tips, you can help ensure a successful and positive school year for your child.

Remember that your support and encouragement play a crucial role in helping your child thrive academically and emotionally. It's essential to approach these challenges with empathy and proactive solutions.

By understanding their fears, fostering open communication, and implementing practical tips, you can create a supportive environment that encourages confidence and independence.

Remember, the first day of school is just the beginning of a remarkable educational journey, and your encouragement and support will guide your child towards a successful school year and life ahead.



Solutions Counselling is a mental health clinic located in Windsor, Ontario. We have recently moved and are located at 3155 Howard Ave. We offer friendly compassionate counselling in a comfortable environment that includes in person, virtual or phone sessions.

We are open 7 days a week and serve individuals (children, teens, adults, elderly), couples and families. Our therapists are experienced in helping clients who are struggling with issues such as stress, anxiety, depression, grief, ADHD, life transitions, ASD, among others. To better serve the needs of the community, we offer a sliding fee scale based on the client's needs. If you would like more information or to book an appointment with one of our therapists, please call us at 226-280-3016. We look forward to meeting you!





From Struggle To Purpose

My Perseverance Through OCD and Agoraphobia

By Danny Gautama



As a 5-11, over 240-pound man, if you saw me on the street you would not think anything is wrong with me. The truth though is far different — I have endured obsessive compulsive disorder, depression and anxiety for most of my life.

My first incident occurred when I was just four years old. I watched the music video "Thriller" and saw Michael Jackson turn into a werewolf. It traumatized me.

When I started kindergarten, I would hide underneath tables because I was afraid my teacher would turn into a werewolf. I started seeing a psychiatrist shortly thereafter (around five years old).

However, my behaviour didn't get better. If anything, it got worse.

A couple of years later, I had just come up from my basement when I had the irresistible compulsion to go back down, this time with the lights off.

I felt the need to repeatedly go up and down the stairs with the lights off, walking further and further into the basement each time.

In my teenage years, I displayed other "weird" behaviours — when one ended, another new compulsion began.

Some activities started consuming my life — like when I needed to repeatedly wash my hands, check my car to see if I accidentally hit someone, walk backwards down stairs, take frequent showers or brush my teeth for nine minutes (and exactly nine minutes).

I cleaned my body with Lysol wipes. I tapped the floor with my foot and a table with my hand nine times to protect people I loved. If something added up to a bad number then I would use nine to make up for it.

As I grew older, my compulsions controlled my life.

When I went to nightclubs with friends I would stand in four directions irrespective of where I was. This means, if I was facing people, I would stand in front, both sides, and behind them for a few seconds to make it complete.

I often had to ask if I could work from home (sometimes for weeks at a time) because my compulsions worsened.

I remember my first panic attack: I was walking in a mall with friends, laughing and joking when all of sudden I felt my chest tighten up.

I had difficulty breathing.

I started to sweat and told my friends I needed to go to the hospital. Very concerned, they told me to take deep breaths, since I was too focused on the fear!

My next panic attack occurred while eating, when I felt food going slowly down my throat. I went to the ER, only to find out again I was fine.

I experienced many more panic attacks. Each time I felt drained and tired afterward. I eventually stopped going to public places, fearing another panic attack and worrying that my OCD would go out of control. Needless to say, my relationships started to suffer.

My friends would pick me up and I would have to duck to go to their house. I covered my face with my hands in the car so no one could see me. I didn't want anyone to see me.

Depression followed. I isolated myself from everyone and stopped speaking to friends. I cried frequently. Yet, despite my struggles, part of me said, "I can't give up." I kept fighting each and every day.

John Cena is my hero, so I could never give up.

The breakthrough came one morning when I finally addressed a scary fact: to change my life, I needed to change myself. I did not want to struggle anymore so I decided enough is enough. I had faith in God and most importantly, I had faith in myself. I walked outside feeling like a free man.

It was extremely difficult — my mind started playing games. I felt the further I walked from home, the more likely I would suffer a panic attack.

But this time it was different — this time I confronted those thoughts. I continued walking. Every day I would walk — going further and further, slowly but steadily, taking deep, steady breaths every time.

After suffering agoraphobia for about four years, I eventually started going out more, socializing and meeting friends. I felt unstoppable. I was breaking free and making steady progress with depression, anxiety and OCD. Actively challenging my negative thoughts paid off.

Today I write inspirational articles and am happier and full of passion. You deserve to be happy, too. Whatever you are going through, you will fight and overcome it. Nothing will bring you down and nothing can stop you. You are strong, loved, valued, worthy, and important.

You are not alone.

So now, I want to share some things I have learned through my journey.

Anxiety, depression, negative thoughts, and OCD lie to you. Unfortunately, many believe these absurd lies. It's now time to fight back.

For OCD-Remember, in order to grow, you must trust yourself. You might repeatedly lock doors, check stoves, clean hands, work with numbers, etc. What happens is when you do it this way, it catch you in a vicious cycle. As I mentioned, I want you to work on trusting yourself, even just once. You can do it. Do it once and feel the anxiety. It's okay to feel uncomfortable. But over time it will lessen.

It's about taking your power and life back and not being controlled by it. You are the boss of OCD. OCD is inferior to the SUPER YOU!

I have OCD, but I work on getting it completely out of my life. The only difference is that it doesn't have that power over me. I want you to work on taking your power and life back and overcome this, as I inevitably will too.

Exposure and response prevention (ERP) therapy is immensely effective in reducing this vicious cycle.

Anxiety medication can also help in conjunction with ERP.

Danny's additional advice for you...

We have thousands of thoughts a day and I learned to choose the thoughts that are going to enable me to take positive actions in my life. I could not believe it. The more positive thoughts and actions I took, the more the universe was giving me more positive experiences in my life. I was attracting positivity and feeling so much happier.

Please learn from this.

Darkness does not last because the sun always finds its way back. I want you to remember that everyone struggles. But there is something admirable about a person who never gives up that puts them on another level. I see that in YOU. I never gave up because I knew good things would happen. I knew there was more to my life than Agoraphobia and OCD.

I want you to focus on yourself and your happiness, and not what other people are thinking. Let them judge you. Judging is ignorance and you are excellence.

Like you would treat a baby, I want you to treat yourself the same way with love, nurture and gentleness.

I want you to put your hand out and there will be thousands of hands that will reach back. I need you to take that first step on your path to overcoming whatever you are going through.

Yes, it will be uncomfortable, but it is not going to break you. You have already come so far and are still standing strong in one piece.

There are people who are willing to help you, but you have to make that decision to reach out. Talk to someone you trust who can help you alleviate some of that burden you are going through. Talking it out is very therapeutic because it makes you feel that you are not alone. The truth is, you will never be alone. So many people are struggling just like you.

Do not feel ashamed. Mental illness does not change the wonderful person you are. It is the burden, not you. Be you! Never wish to be someone else. You are a wonderful creation who is talented, gifted, and kind. There is only one you. Embrace it! Like John Travolta in Saturday Night Fever, I want you to go outside and strut yourself.

Not everything has to be so scary.

Irrational fear keeps you stuck. Courage forms greatness. Do not overthink anything. Overthinking makes a mountain out of a molehill. Just don't think about it and go for it. Whatever you are trying to do to progress in your life, do it.

And finally, score a GOAL. Goals give us meaning, purpose, and a reason to get up in the morning with positive intentions. Look for something that is challenging and keeps you focused on attaining it. Do not focus on the left or right side.

Your eyes need to be on that prize. Believe you can accomplish anything. A positive mindset brings positive results.

I am not only a person with OCD, I am a fighter, and you could be, too. God bless you and never give up!

Sincerely, Danny Gautama (The Fighter).



Danny Gautama is an inspirational writer who writes for mental health organizations, CEOs, hospitals and police officers in Windsor.

In addition to helping many on social media, Danny is a blogger for "BizX magazine" and his quotes are published monthly inside their magazine titled "Motivational quotes with Danny."

Danny is also a 2-time award recipient from The LoveMakers Foundation for spreading love and kindness and he was awarded a "Mighty Leader" Badge for helping those struggling with mental health.

You can reach him by email at dannygautamawellness@gmail.com



Stepping into a more embodied sense of self: Resisting Objectification

by Martha Munroe

When we're little, our bodies are just ourselves. We explore the world unselfconsciously, interacting with the world with our bodies, moving and playing, and are unconcerned, and mostly unaware, of what we might look like while we're doing what we're doing.

As we grow up, we are objectified in a variety of ways and we learn the cultural and social norms and rules about appearance and bodies.

If, for example, we are routinely praised for being 'cute' we may learn that being cute is one of the most important things about ourselves and a source for attention from others.

We begin to learn that beauty has value in our society - that pretty is good and ugly is bad, that thinness is valued, that one should be neither too modest or too sexy.

These beliefs about what makes a person beautiful and that appearance is associated with belonging, value, and love become internalized.

A person becomes not a complex individual with unique interests, strengths, and experiences, but an object only, evaluated externally from other's perspective and often sexualized.

Issue lies in the fact that our complex, individual selves get reduced to our appearance, at the cost of our wellbeing and personal peace, and that the beauty standards we see are not only unattainable by most and even for those who can achieve them it requires ongoing work.

Our completely normal bodies are seen as defective and not acceptable, so we must fix them and continually maintain them.

And so, in the seeking of belonging and love - our most fundamental psychological need as human beings - we become focused on perfecting the body; embodying as best as we can the social beliefs we have absorbed.

We self-objectify because we live in an objectifying society and have been taught to value ourselves as an object.

For many of us, we toggle between feeling objectified (by self or by others) and being dissociated from our bodies in an attempt to 'shut off' uncomfortable relationships with our bodies.

How do we begin to shift this?

- 1. Notice what your personal relationship to objectification has been** - explore connecting your personal narrative to larger systems that drive objectification and how those conditions have impacted your wellbeing, health and safety, and perhaps link to your personal values and social orientations.
 - 2. Notice when you feel more driven to self-objectify** - it's often helpful to explore what might be fueling that tendency - remember, self-objectifying is about survival and acceptance, not about vanity, and we learned that from somewhere.
 - 3. Meet that drive with self-compassion** - it makes sense that objectification still affects you, and it's unlikely that it will stop completely, even after working on it; however, what can change is how we relate to the self-objectification drive.
- We don't need to shame or blame ourselves for having the thought, nor try to squash it down; we can meet it with self-compassion.
- 4. Practice noticing your subjective experience and connecting to your felt sense** - how do your clothes feel, can you pay attention to how your body feels as you move, notice your comfort or discomfort.

You can start cultivating a more embodied sense of who you are that is neither objectified nor dissociated.

- 5. Connect to communities and relationships that support this journey** - you're not alone in craving something different from what we've been told to value.

Stepping into a more embodied sense of self, isn't something brand new; it's more of a homecoming- a peeling back the layers we unintentionally absorbed from our social surroundings. Some ways to start exploring this can include:

1. Mindfulness practices that incorporate the body – including breath practices, body scanning, noticing the senses, embodied awareness of emotions including self-compassion.

If you've dealt with trauma, suppressed emotions, or dissociation, this can take time to build tolerance and extra support may be needed in order to gradually build comfort in connecting to the body

2. Focus on body appreciation – including celebrating your areas of physical competence, appreciating your body's functionality, noticing that your body is what allows your existence – at a very real level, your body is your existence.

Body appreciation can be more complex when you deal with illness, injury, or disability, so starting with the very little things, like existing, breathing, or any area of your life you appreciate is a good place to begin.

3. Follow pleasure, enjoyment, self-expression, and curiosity – reconnecting to your own sense of what feels good, right for you, and engaging with this is a balm to the icky feelings objectification gives us.

This may include slowing down and taking some time to figure out what those things actually are that you enjoy, that's ok.

4. Connect to a bigger vision – what is the legacy you'd like to leave for the next generation? Lean into movements you are passionate about which may include visions for weight-inclusive health, feminism and social justice goals, or greater mental and emotional freedom for children being raised in our society, without these burdens.

A more embodied sense of self is possible, and through self-compassion, awareness, and intention, growth comes. Remember, you are a lot more than your body, AND your body is a lot more than what it happens to look like.

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10 Principles of Intuitive Eating with a Neurodivergent Twist

by Laura Ugwuoke

This article was originally published as a blog on the "Accessible Wellness" website, <https://jackiesilvernutrition.com/>

This blog was written by Laura Ugwuoke, and was reviewed/edited by Rivah Goldstein MScFN, RD and Jackie Silver MHSc, RD. Jackie Silver, MHSc, RD, provided permission for BANA to utilize this blog post; however, please be advised that ownership belongs to "Accessible Wellness".

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Eating nourishing foods is important for everyone, and intuitive eating can be a powerful tool to help people improve their relationship with food.

The 10 Principles of Intuitive Eating encourages you to be curious about your body's needs and preferences, helping you become more aware of how different foods make you feel to empower you to make food choices for yourself informed by your body.

Intuitive eating can look different for neurodivergent individuals. In this article, we explore the principles of intuitive eating and how neurodivergent folks can also incorporate intuitive eating into their lives.

Before we delve into the 10 principles of intuitive eating, let's start by defining intuitive eating:

10 Principles of Intuitive Eating: What is Intuitive Eating?

Intuitive eating involves eating in a way where you trust and listen to your body's needs. You learn to honor your body's innate hunger and fullness cues.

Some of your body's cues may include feeling low in energy, physical hunger sensations (like a growling stomach), or the sensation of a full belly.

With intuitive eating, no food is considered "off limits". It's about learning to reject toxic diet culture and nourish our bodies without focusing on weight loss or body size.

Intuitive eating was created by Evelyn Tribole, M.S., R.D.N., and Elyse Resch, M.S., R.D.N. They first introduced the 10 Principles of Intuitive Eating in their 1995 book *Intuitive Eating: A Revolutionary Program That Works*.

Since then, the practice of intuitive eating has gained more recognition in the field of nutrition and health.

What are some of the benefits of using the principles of intuitive eating?

Some benefits of intuitive eating include:

- Reduced levels of emotional eating
- An increased level of body satisfaction and acceptance
- An improved relationship with your body
- Less anxiety around food

There are many wonderful benefits to incorporating intuitive eating into our daily lives! However, intuitive eating can be challenging for neurodivergent folks, especially people with Attention-Deficit/Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) due to the unique way their brains work.

Barriers to Intuitive Eating for Neurodivergent Individuals
Research suggests that neurodivergent folks may struggle with their ability to sense and understand their body's internal hunger and fullness signals. Given these difficulties, they may struggle to trust their body's signals and ability to make decisions regarding food choices and portion sizes.

Many neurodivergent individuals take medications to manage their symptoms. For example, those with ADHD might take stimulants to improve focus and attention, but these medications can have side effects like appetite suppression, leading to reduced eating desire and lack of awareness of hunger cues.

Neurodivergent individuals might struggle with remembering daily tasks, including eating regularly. Forgetting to eat can lead to irregular meal patterns, skipped meals, and inadequate nutrition. To address this, some individuals may prefer to adopt a mechanical approach to eating, relying on routines, reminders, and structured meal plans rather than relying on intuitive hunger cues.

Please note that intuitive eating is NOT appropriate for individuals with an eating disorder like anorexia nervosa. If you are struggling with an eating disorder, please speak with a healthcare professional who can provide you with a more personalized care to address your specific needs.

Fear not though, intuitive eating can certainly be incorporated into your life if you are neurodivergent! Read on for the 10 Principles of Intuitive Eating with a Neurodivergent Twist.

10 Principles of Intuitive Eating with a Neurodivergent Twist

Reject the diet mentality.

Throw out those dieting magazines. Unfollow those celebrities and social media accounts that promote trendy diets. *Rejecting the diet mentality means letting go of everything surrounding you related to dieting.*

Neurodivergent folks may have specific sensory preferences for food. Fad diets may not take these preferences into account which can be invalidating.

This principle of intuitive eating can be useful for neurodivergent folks, allowing them to find foods that work with their unique preferences without the pressure of diet culture.

Honor your hunger.

Listening to your hunger signals like a growling stomach and feelings of low energy is a great way to understand what your body needs. However, neurodivergent brains work differently, making it more difficult to recognize their hunger cues.

To address this, creating an eating schedule that works for you can be a powerful way to still honor your body's hunger. This could include using tools like visual reminders or alarms to help you remember mealtimes.

You can also practice recognizing your body's hunger cues. If you have ADHD and take stimulants, a good time to do this is in the evenings when your meds have worn off and your hunger cues return.

Many of my neurodivergent clients tell me they know they're hungry when they start to feel tired, irritable, can't focus, or feel their stomach growling. Each person's hunger cues are different. Take a look at this blog post to determine your body's unique hunger cues. There's also nothing wrong with a mixed approach of mechanical eating and intuitive eating.

Perhaps you rely on mechanical eating during the day when your appetite is suppressed from your stimulant meds and then practice intuitive eating in the evenings.

Make peace with food.

Saying no to the concept of "good foods" and "bad foods" is another powerful tool to improve your intuitive eating skills. *Allow yourself to enjoy all foods without feeling guilty and let go of the labels.*

Neurodivergent folks might also struggle with food aversions. Practicing intuitive eating involves respecting your preferences and learning how to incorporate them into your life while also finding some new additions to meet your nutritional needs.

Challenge the food police.

The food police, *that little voice in your head judging what you eat, can be challenged* by embracing the 10 Principles of Intuitive Eating. This is particularly important for neurodivergent folks who may have sensory sensitivities to certain tastes or textures.

Food aversions can create rigid food rules and limited meal variety. Break free from this by trying new foods that match your sensory preferences and comfort.

Discover the satisfaction factor.

This involves **gaining pleasure, enjoyment, and satisfaction from your meals** and creating a pleasant eating environment.

We can do this by practicing mindful eating and using all our senses when we eat. We can pay attention to how the food smells, looks, and tastes. We can take smaller bites and savor the delicious tastes. For some neurodiverse folks, mindful eating may be inaccessible and uncomfortable. Instead, eating with external stimuli and distractions such as fidget toys or the TV might help with feeling regulated, calm, and focussed. *Neurodivergent brains work differently, and if mindful eating feels uncomfortable, do what works best for you.*

Further, neurodivergent folks may have strong flavor and texture preferences which can contribute to satisfaction. Your brain may also seek certain foods for a dopamine hit. You can certainly incorporate these foods to improve your satisfaction factor and still get that needed dopamine.

For example, after eating dinner, you may crave something sweet and may not feel satisfied until you meet that craving. Perhaps you decide to savor your favorite chocolate or candy after dinner to feel fully satisfied.

Many of my clients have appreciated this recommendation when they learn ways to enjoy all foods and not have to give up their favorites.

Feel your fullness.

This means *paying attention to how your body feels when you eat*, and stopping when you feel comfortably full, not sickly full.

This principle of intuitive eating can be difficult for neurodivergent folks as it requires interoceptive awareness. When experiencing overstimulation or understimulation, it can be especially difficult to listen to your body's hunger and fullness cues.

Recognizing fullness signals can be challenging for individuals with ADHD and ASD. To help, try practicing mindful eating techniques, such as taking breaks during meals, checking in with your body's sensations, and pausing when you feel satisfied.

However, let's validate that this advice may just not work for a neurodivergent individual. Instead, you might need extra external stimulation (if you are feeling understimulated) during meals to help you listen to your physical bodily sensations. This is okay!

Cope with your emotions with kindness.

People tend to rely on food as a source of comfort when dealing with emotional challenges. Instead, *try exploring alternative coping mechanisms to manage emotions*, such as engaging in sensory activities, practicing deep breathing exercises, or seeking support from therapists or counselors.

It's important to note that oftentimes, emotions can be a signal that we are hungry. For a neurodivergent individual who has trouble listening to physical hunger cues, emotional eating can be very useful, allowing you to nourish your body.

Additionally, using food as stimulation or to self-soothe can be a crucial form of self-care. Let's acknowledge that this principle of intuitive eating may look different for neurodivergent folks!

Respect your body.

Respecting your body doesn't mean that you have to love your body, it means that you can respect the incredible things that your body enables you to do every day. And *you can work towards letting go of the desire to change your body size or appearance.*

Similarly, we can respect our brains and acknowledge the beautiful and unique ways that neurodivergent brains work. Your brain is doing everything it can to support you.

Joyful movement.

This principle of intuitive eating is a valuable one because it shifts the goal away from exercising for weight loss to exercising for enjoyment and feeling good.

Autistic individuals or those with ADHD commonly struggle with executive dysfunction and planning, which makes forming long-term habits extremely difficult. You may also get bored of doing the same type of physical activity after a certain amount of time.

The beautiful part of joyful movement is that it doesn't call for a structured exercise routine. You can switch things up whenever you want and move when you feel like it.

For example, you may love bike riding for a few months and then get bored of it and want to try a different type of movement, such as swimming or tennis. Then after a few months you may want to move on to something else.

All of this works and is part of intuitive eating!

You may also have a day where you barely have an appetite (from your ADHD meds) so you forgot to eat. As a result, you may be exhausted at the end of the day when you had intended to workout. This could be your body's way of telling you to skip joyful movement for today. This is okay!

Traditional forms of movement may be inaccessible to neurodivergent individuals due to increased sensory awareness and discomfort. For example, certain forms of movement may feel uncomfortable due to sensory sensitivities.

On another note, navigating a neurotypical world with a neurodivergent brain is exhausting, and sometimes movement just feels impossible. Consider what forms of movement you enjoy and do what works best for you. Doing some stretches or going for a slow walk counts if it makes you feel good!

Honor your health with gentle nutrition.

Gentle nutrition means being kind to your body and choosing foods that will nourish you and make you feel good.

For neurodivergent individuals, this principle of intuitive eating might include incorporating more protein into your diet for focus (read our blog post on protein for ADHD here), or eating foods that give you energy.

This may also mean eating enough food throughout the day by setting alarms if that is a struggle for you.

Achieving this principle of intuitive eating can be challenging for neurodiverse individuals. Consider working with a registered dietitian who specializes in working with neurodivergent populations if you are struggling with this.

Additional Considerations for Incorporating the 10 Principles of Intuitive Eating:

Medication side effects: A common side effect of stimulant medications, often taken for management of ADHD, is a lowered appetite. As a result, people who are on stimulants might forget to eat.

A good strategy is to *set reminders on your phone to help you remember to eat regular meals and snacks*, ensuring you provide your body with the nourishment it needs throughout the day.

Additionally, other classes of medication such as SSRIs and antipsychotics are commonly used by neurodivergent folks to manage other co-occurring mental health symptoms. Depending on the medication, it may increase or decrease your appetite, making it more challenging to incorporate the 10 principles of intuitive eating. Speak with your doctor if you are concerned about your medications and side effects. Working 1:1 with a registered dietitian can also be a great way to manage appetite-related medication side effects.

Conclusion:

Intuitive eating means listening to our bodies and eating in a way that feels right for us. The 10 Principles of Intuitive Eating are a set of guidelines that help us build a positive relationship with food. These principles teach us to trust our hunger and fullness cues, let go of diets, and enjoy all foods without feeling guilty.

For some people with unique brains, like those with ADHD or who are autistic, intuitive eating might be harder. They might have trouble recognizing when they're hungry or full, or they might be taking certain medications that affect their appetite. But that's okay!

There are ways to make intuitive eating work for neurodivergent individuals too, like setting reminders for meals or finding foods that match their sensory preferences. The main goal is to listen to our bodies and nourish ourselves in a way that makes us feel good and happy.

Remember, reach out to a trusted health professional before making major diet, medications, or lifestyle changes! Working with a registered dietitian can be a great way to work on incorporating the 10 principles of intuitive eating in a way that suits your unique brain.

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ABOUT JACKIE SILVER:

Jackie is a Toronto-based Registered Dietitian, with a Masters of Health Science (MHSc) in Nutrition Communications. Her mission is to empower and support the neurodivergent and physically disabled communities through nutrition. Jackie provides virtual 1:1 nutrition counselling, and educational blog content and recipes tailored to the neurodivergent and physically disabled communities through a weight-inclusive lens.

Visit Jackie's website here! <https://jackiesilvernutrition.com/>

Here are more blogs from "Accessible Wellness" and Jackie Silver that BANA loves:

Forget to Eat? A Guide to Mechanical Eating for Neurodivergent Adults

<https://jackiesilvernutrition.com/articles/mechanical-eating-for-neurodivergent-adults/>

Beginner's Guide to ADHD Meal Planning for Adults

<https://jackiesilvernutrition.com/articles/adhd-meal-planning-for-adults/>

65 Body Image Affirmations for Self Love

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JOIN OUR **BOARD OF DIRECTORS**

The Bulimia Anorexia Nervosa Association (BANA) is currently seeking dynamic individuals to join their Volunteer Board of Directors and

WE'RE LOOKING FOR YOU !

BANA specializes in treatment programs, education, prevention and support services for the community and individuals affected directly or indirectly by complex eating disorders.

Now, in our 40th year of service provision, we are seeking expressions of interest from individuals who would like to join the Board of Directors to assist in advancing the mission and vision of the organization as a governance volunteer for a three-year term.

Board meetings take place monthly from September to June.

If you are interested in being considered, please forward your resume and cover letter to info@bana.ca.

All expressions of interest will be kept in confidence.

We thank all individuals for their interest, however, only those selected for an interview will be contacted.

WWW.BANA.CA

Taking Lucky #13 to Heart

By Patrick Kelly



Most people find the number 13 to be unlucky. While the source of it's bad reputation – or "triskaidekaphobia" – is murky and speculative; most people attribute it to a feeling of unfamiliarity.

Quite simply, in everyday life, 13 is less common than 12. There's no 13th month, 13-inch ruler, 13 step programs, etc. It's human nature to favour the familiar. This makes it easier to associate 13 with negative attributes; but personally, (much like Taylor Swift), I've always been drawn to the number. Growing up, it was on my baseball jersey, I got married on the 13th, this is the 13th issue of the BANA Magazine and it will be 13 years this November that I had a heart attack.

Wait...you may be wondering how that last one fits in the lucky column. (Don't worry, we'll get there.)

My heart attack was not typical. I was only 36 at the time. I was reasonably good health. I played recreational sports weekly. I didn't drink. I didn't smoke. I didn't even eat red meat...yet there we were.

Aside from a family history of heart disease, my doctors were as surprised as I was. Turns out you can't really plan for when a heart attack, but you can prepare for it before it does.

Some heart attacks are sudden and intense — the "movie heart attack," where no one doubts what's happening. They're dramatic, scene stealing and hard to miss. But many heart attacks, like mine, start slowly, with mild pain or discomfort. Often people affected aren't sure what's wrong and wait too long before getting help.

Some describe the pressure like an elephant sitting on their chest or as relentless indigestion, for me it was the latter. I was off site at an early morning meeting and had dismissed the indigestion and aches as a poorly selected breakfast burrito and an over enthusiastic previous night of volleyball.

After my meeting I drove across town to the office, walked up 4 flights of stairs, and worked for over an hour waiting for my discomfort to pass. Spoiler alert: it didn't.

The pain slowly began to radiate from my chest through my back before spreading to parts of my left arm. My breathing grew more laboured by the minute, followed by flop sweats and honestly a bit of panic setting in. So I did what anyone in the situation would do...I googled it.

Disclaimer: the internet is not a recommended diagnostic tool due to the questionable credibility of resources. It's a poor substitute for a professional - in person diagnosis and your life is too important.

But there, on the blue screen before me was the dreaded check list of "common signs you're having a heart attack" and as I, with increasing urgency checked off item after item on that list, one thought came to mind...but you're only 36!

There are times in life when you should ignore the voices in your head and go with your gut...especially when your gut said the burrito was fine. . . but you're probably not.

So for readership sake, this is what I wished I had known then, and hopefully you now will.

Photo Credit: Wallace Chuck



There are signs that can mean a heart attack is happening:

Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, and yes...it can go away but it can also come back and will generally grow more intense with time (even when resting). It feels like uncomfortable pressure, squeezing, or fullness in your chest.

Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, the neck, the jaw or your stomach. Unlike in the movies, my pain was in my forearm, from the elbow down...like I hit my funny bone but pins and needles sensation went right through my fingertips. (This is more common in Diabetics - I'm type 2).

Shortness of breath that can come with or without chest discomfort. You may find it harder to breathe even when sedentary.

Other signs may include breaking out in a cold sweat, nausea, vomiting, light-headedness, fainting and even changes to levels of consciousness.

It's important to note: As with men, women's most common heart attack symptom is chest pain or discomfort; but women are somewhat more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting, and back or jaw pain.

Learn the signs, but remember this:

Know your body and pay attention to sudden changes in your baseline. Even if you're not sure it's a heart attack, have it checked out. Don't wait, tell a doctor or trained medical professional about your symptoms immediately.

So what should you do if you think you're having a heart attack as per the Canadian Heart and Stroke Association:

1. Call 9-1-1

Minutes matter! Fast action can save a life — maybe your own. Don't wait more than five minutes to call 9-1-1 or your emergency response number.

Calling 9-1-1 is almost always the fastest way to get lifesaving treatment. Emergency Medical Services (EMS) can begin treatment when they arrive — up to an hour sooner than if someone gets to the hospital by car. (I went in on my own).

This was a mistake. Successful outcomes are contingent to the timeliness of treatment. EMS are trained to recognize the signs and symptoms of cardiac chest pain and have medical directives in place to initiate lifesaving treatment procedures.

The fact that I could walk in, was coherent, my age and that had a high pain threshold, all worked against me in a overcrowded, understaffed Emergency room. After initial triage, I still waited over 7 hours before receiving any treatment. Thankfully in recent years many emergency rooms have taken measures toward early identification cardiac cases, but the benefit of calling EMS instead remains that I would have likely arrived with a diagnosis which would have potentially resulted in earlier treatment.

2. Stop all activity

Sit or lie down in whatever position is most comfortable.

3. Take your nitroglycerin

If you take nitroglycerin, take your normal dosage.

4. Take ASA (Aspirin) - if not contraindicated

Chew and swallow ASA (Aspirin), if you are not allergic or intolerant (either one 325 mg tablet or two 81 mg tablets). If you have a family history of heart disease, even if you don't have a current heart condition, it's good to keep these handy.

5. Rest and wait

Stay calm while waiting for help to arrive. I know this one seems counter-intuitive, but the doctors credited my patience and relaxed demeanor in keeping my stress and heart rate stable while awaiting treatment.

6. Keep a list of your medication/medicate history accessible for EMS

So back to a heart attack counting as one of my Lucky 13's...with proper medical care, (I had angioplasty and 2 stents put in), a balanced diet and regular exercise, here we are 13 years later I'm healthy than ever, and still around to share this story.

I'll take that kind of luck . . . any day.

For article sources visit: www.bana.ca/magazineresources



Patrick Kelly is the Public Relations and Communications Lead at the Bulimia Anorexia Nervosa Association and the Editor-in-Chief/Creative Director of the BANA Magazine





The Housing and Homelessness Crisis in Canada.

Finding a Solution is Everyone's Business

By Joyce Zuk

The first question I get when I start talking about homelessness is, "how did Canada get here?" Here is a quick look at the current housing situation.

The rising cost of housing has pushed would-be homeowners into the rental market (Statistics Canada, "To buy or to rent: the housing market continues to be reshaped by several factors as Canadians search for an affordable place to call home", 2022-09-21).

These aspiring homeowners, now reluctant renters, have taken the apartments that previously could be rented by those living on a fixed or lower income. Add in rental unit demolishers like AirBnB, and a 30 year plus dearth of new social housing creation and guess what? There are not enough places for everyone to live. This is the housing crisis that Canada is experiencing from coast to coast.

Universities and Colleges, anxious to balance budgets, are wooing international students but failing to provide enough residence-type housing. Canada continues to be a safe haven for refugees and asylum seekers for those fleeing war-torn and unstable countries; yet we struggle to offer safe and affordable housing for those seeking a better life.

I recently participated in a round table with local builders and asked who could build me rental units for those who can pay \$390 a month in rent (the amount a single person receives from Ontario Works for shelter). I was told that no private market builder could build a unit for this little rent.

In Windsor-Essex, we have seen the price of housing increase dramatically and at a far faster rate than wages have increased. At Family Services Windsor-Essex we are particularly concerned with those individuals experiencing homelessness and finding solutions to the homelessness crisis. We believe that the government needs to build housing for those at the lowest end of the market and they need to get to building fast. After they build these units, they need to provide the health and social supports for those who will rent these units.

The accompanying supports are desperately needed for those experiencing long term, or chronic, homelessness – which we define as living without permanent housing for 6 months or more.

When looking at the supports needed to help someone to retain their housing, employing a Housing First approach to the homelessness crisis is critical.

Housing First provides housing without requiring psychiatric treatment or sobriety as determinants of "housing readiness". The approach recognizes housing as a basic human right (housingfirsttoolkit.ca). It is evident that creating new housing and seeking to eradicate homelessness makes sense on many levels.

However, what many readily miss is the connection between housing and mental health. Homelessness affects health due to mental health/stress issues, chronic health conditions, substance use, access to healthy foods, and limited access to bathrooms and showers.

Experiencing homelessness or staying in crowded homeless shelters is extremely stressful. It's made worse by being at an increased risk of communicable diseases, violence, malnutrition, and exposure to harmful weather.

We don't have to experience homelessness to see our mental health impacted by the current challenges in the housing market. More and more Canadians are paying more than the Canada Mortgage and Housing Corporation's (CMHC) recommended 30% of income on shelter (which includes housing and utilities). This increases economic stress for individuals and families already struggling to meet their basic needs with rising inflation, which has contributed to big increases in the cost of living.

In short, finding solutions to the current challenges in the housing market is everyone's business. Whether you are a post-secondary student struggling to find affordable accommodation, a newcomer family searching for housing, or a would-be first-time homebuyer trying to enter the market, these times are challenging. By far those most seriously impacted are those with the least ability to gain employment and who experience homelessness.

Finding a solution to the homelessness and housing crisis requires a multi-pronged approach with all sectors of our community and levels of government working together. Housing is everyone's business.



Joyce Zuk is the Executive Director of Family Services Windsor-Essex (FSWE). FSWE administers Windsor-Essex's Housing First program and provides homelessness Outreach Workers. Learn more about FSWE's work and impact at www.fswe.ca



Photo Credit: David McBee
Photo Credit: ShonEjai



Cinnamon Roll Casserole

Original Source: <https://dairyfarmersofcanada.ca/en/canadian-goodness/recipes/cinnamon-roll-casserole>



INGREDIENTS

12 slices (1lb loaf) Brioche bread, day old

6 eggs

⅔ cup (160 ml) 100% Canadian whole milk

⅓ cup (80 ml) 100% Canadian heavy cream

½ tsp (3 ml) vanilla

4 tbsp (60 ml) Canadian butter, melted

Crumb Topping

½ cup (125ml) brown sugar

1 ½ tsp (8ml) cinnamon

Cream Cheese Icing

½ cup (125 ml) Canadian Cream cheese, softened

4 tbsp (60 ml) Canadian butter, softened

1 cup (250 ml) powdered sugar

½ tsp (3 ml) vanilla

PREPARATION

Preheat the oven to 375°F. Grease a 9x13 inch baking pan with Canadian butter.

Slice your bread into bite sized pieces and place in a large bowl. Set aside.

Whisk together the eggs, 100% Canadian milk, 100% Canadian heavy cream and vanilla thoroughly. Melt the Canadian butter and set aside.

Crumb Topping:

In a separate bowl, mix the brown sugar and cinnamon together.

Pour the egg mixture over the bread and toss until the bread has absorbed as much of the egg mixture as possible. Transfer the mixture to the greased baking pan. Drizzle the melted butter over top of the bread. Sprinkle the crumb topping over the casserole, covering it completely.

Bake the casserole for about 20-25 minutes or until golden brown. The casserole should be set and should not have any uncooked egg spots. Allow it to cool for about 5 minutes.

Cream Cheese Icing:

While the casserole bakes, use an electric mixer or beater to combine the Canadian cream cheese and softened Canadian butter. Beat until it becomes smooth and creamy. Add in the vanilla and mix. Slowly add the powdered sugar until mixed thoroughly. Set aside.

Spread the cream cheese icing on the casserole. Cut to serve!

The Piper Twins:

Escaping the grip of addiction's powerful grasp

By Jade Piper and Megan Piper McAulay



Disclaimer: Content within this story includes details from the lived experience of the writers that can be triggering to some. Reader discretion is advised. Should you find yourself feeling distressed, please seek support. If you are looking for services in your province (Canada) please visit the Canadian Centre for Substance use and Addiction at www.ccsa.ca/addictions-treatment-helplines-canada

Addiction. A term we all know well and hear about everyday in the realm of mental health. We think it's fair to say that most everyone has had an encounter with addiction at some point in their lives; some of us even having been up close and personal with the way it causes destruction in people's lives, families, and communities.

It's ferocious, unpredictable, and progressive, meaning that it often gets worse over time. We know the gaps in mental health services; the lack of funding for programs; the long wait lists and barriers people face when accessing treatment; the toxic drug supply and outdated drug policies; as well as the stigma, marginalization and discrimination that people who use drugs face, all make treating substance use disorders so incredibly hard.

This is our story, and it will take you on our journey of losing ourselves, only to eventually find ourselves. It's a story marked with an immense amount of hope, bravery, recovery, healing, and resilience.

Let us first begin with how grateful we are for the opportunity to share our story with you. If you would've said ten years ago that we would be asked to write an article for a Mental Health magazine about our shared lived experience through overcoming addiction, thriving in recovery and developing an insatiable passion for helping others, we probably would have laughed at you and insisted that was a ridiculous thought.

The last time we used together was the night of June 9th, 2013. Jade was leaving the next morning for a year-long addiction treatment centre in Windsor, ON. Little did we know at the time that Megan wouldn't follow in her footsteps until the fall of 2014.

Our decade-long addiction at this point had taken us to the lowest places we ever thought possible. This time it was injecting IV opiates in our grandparent's spare room, recklessly using all of Jade's supply which was intended to last her for the duration of the drive from Nova Scotia to Windsor, ON to keep her from being pill-sick.

Opioid withdrawal was something we had been avoiding daily for the last 3 years. Developing a physical dependence to opiates was a horrific way to live, and it kept us trapped in the life we found ourselves in at just 24 years of age.

Throughout grade school, we excelled academically and in any extracurricular we tried. It wasn't until the age of 14, that teenage rebellion, angst, anger, and pain crept in and had us taking a different path. Innocent recreational use of drugs and alcohol began.

From grades 9 through to 10, we began living for the weekend. We would party all weekend, and even had coined Monday nights as "Monday Night Buzz Night." We were caught up in this new identity and felt a sense of belonging and a camaraderie with our new friend group. Caught up in our new lifestyle, we were oblivious to the ticking time bomb that was set off and so was our family.

They chalked it up to "normal teenage behaviour" and were sure that we would eventually grow out of it. Sure enough this "phase" was the beginning of our propensity and desire to stay high and drunk for years to come. By 18 years of age, our family - frustrated and exhausted from trying to intervene - set a boundary and told us we could no longer live or stay with them.

We would spend the next several years spiralling deeper into our debilitating addiction in and around the Halifax/Dartmouth area of Nova Scotia. Our use intensified, and substitution of one drug for another was the norm. What started out with marijuana and alcohol on the weekends at 14 turned into daily, habitual, hard drug use by 18, and eventually daily use of opioids became our normal by age 21.

Over the course of our addiction we slowly lost our ability to maintain jobs, apartments and stable, healthy relationships. The progressive nature of our addiction took us from some level of functioning, to almost none at all. By 21, we had given up boosting (stealing merchandise from stores) to fuel our habit, and opted instead for sex work, a much more "lucrative" endeavour.

This would go on for several years, until we both ended up homeless, spending most of our time on the streets, hopeless, broken, abused, and traumatized by the life we found ourselves living. Using was no longer a choice, but a necessity; we needed opiates to function on a daily basis and our affinity for crack cocaine on top of that, made our addiction a very expensive habit.

Throughout those years, we experienced many hardships, including near fatal overdoses, several criminal charges, incarcerations, being in dangerous situations, abusive relationships and close accounts with death to name a few. We never felt safe. We crossed lines we never thought we would and did things we never thought we would do.

Addiction had stolen our self worth, dignity, self respect and left us hopeless and seemingly defeated. We truly never believed we would find a way out and almost accepted the fact that our lives would end with either jail, institutions, or death.

Deep down we knew we were destined for something more, and every drug dealer, police officer, judge and probation officer we came into contact with would say the same thing, "you don't belong here." But then again, who really does?

Our family grew tired and weary from all the failed attempts to help us. Nothing stuck. We went to multiple treatment centres, and frequented detoxes. We had yet to reach our "rock bottom," although we always say that each rock bottom we experienced had a trapdoor, a never ending descent into a new depth of our own personal hell's.

The trauma that we and our family endured as a result of our addiction would be felt for years to come still. Getting high became a never ending cycle of waking each day to make enough money to continue to use. Living that way is a traumatic experience in itself. Our nervous systems had adapted to being used to the chaos and the insanity of it all.

It wasn't until Jade reluctantly agreed to go to a 12 month residential treatment centre 2000 km away to change her environment, familiar people, places, and things, that things began to shift. We came to call this approach our "geographical cure."

Megan did not want to go, and she made that very clear. It was an extremely hard choice to leave Megan and it felt like abandonment on both ends. We had been through everything together and were nearly inseparable throughout our entire addiction.

Jade left Nova Scotia in June of 2013 and to everyone's surprise, including her own, she stayed in treatment. It wasn't easy, and there were thoughts of leaving many times throughout those early months. Slowly, she began to thrive, rediscovering all of the forgotten and abandoned parts of herself.

Through this, she cultivated a deep relationship with her higher power, which would evidently become the key ingredient for both of us, and would set us up for massive success in our recovery.

During the time Jade was in treatment, Megan spiralled even deeper into her addiction and would spend most of 2014 incarcerated or "on the run" evading the police, and stacking up criminal charges she had incurred over the years. Our parents were at their wits end with her behaviour, and our mother specifically was sadly confident that Megan would not live to see her 26th birthday.

Jade and Megan had spoken only a handful of times since Jade left NS, and Megan remembers vividly hating those conversations. The sound of hope and promise in Jade's voice reminded Megan that there was a different life available to her, a way out.

In November of 2014, Megan finally made the decision to join Jade in Windsor, where she would spend all of 2015 in that same treatment centre. Now, over 10 years after Jade left for Windsor in 2013, we are both proudly able to say that we have remained in abstinence-based recovery ever since.

We spent over two years each in treatment, from graduating the program to staying on for internships, with Jade even landing a staff position. This allowed us the chance to feel and experience what it was like to give back, to help and support others who had been through similar journeys. It was through this that we ultimately found a passion and deep desire for helping others.

Recovery was the catalyst for our healing journeys, and has inspired us to truly live the paradoxical sentiment spoken frequently in 12 step groups all around the world, "we keep what we have by giving it away." Since beginning this chapter of our lives, we have found ourselves drawn to supporting others through and alongside life's adversities.

The journey through some of our darkest hours together in our addiction is now but a chapter in the history of our lives. Recovery didn't happen overnight for us, and there were lots of obstacles we needed to face, including health challenges, debt, dealing with criminal charges, rebuilding broken relationships, and ultimately facing the destruction that our addictions had caused.

We never gave up and often reminded ourselves that our toughest day in recovery was still easier than our best day in active addiction. We powered through the difficult days and remained grateful for the second chance at living we had been given. It was hard, and as with any healing journey, it has not been a linear path.

But here we are, a decade later. Still sober, and brimming with hope and possibility. We realize not everyone who finds themselves in the cycle of addiction, makes it out alive. Unfortunately we have had to mourn the death of many friends who have succumbed to their addictions. Yet still, hope prevails. We are proof. Living, breathing evidence that recovery from drug addiction is possible.

Over the course of the last year, Megan has completed a life-coaching certification course and is now a Self-Reclamation and Shame Coach. She is passionate about helping others reclaim the areas of their lives that have been muted, edited, displaced, or forgotten about. She is also largely committed to normalizing and shamelessly speaking on the not-so-fun and messy parts of motherhood, marriage and life in general.

She tackles tough topics candidly, such as diet culture, food freedom, body acceptance, and faith deconstruction. Her content is honest, funny and thoughtful, and her motivation to eradicate shame in all areas of life is a noble and worthy endeavour. You can find her on Instagram @shamelesslymegan.

Jade, in contrast, set out to pursue two social work degrees, graduating in May of 2021 with a Master of Social Work (MSW) from the University of Windsor. Throughout her academic journey, Jade was able to advocate for and support women who were overcoming substance use disorders, domestic violence, human trafficking and trauma through a student-led program called The Liberty Project.

In a full circle moment, during her MSW placement, she was able to help officially launch Lancers Recover, the second recovery program of its kind in Canada. Here, she was able to advocate to normalize the recovery identity in academia, support students who were juggling addiction, recovery and studies, and raise awareness regarding the stigma that people who use drugs face.

Her participation in these roles landed her a LEAD Gold Scholar award upon graduation where she was formally recognized for her efforts.

After graduation, Jade was hired on as a registered social worker at BANA - after having completed her BSW placement there - and stayed on staff there for the next two years. She was instrumental in getting WEIOP (Windsor Essex Intensive Outpatient Program) off the ground, developing and running the programs group component, and working one-on-one with the adult clients for the program's first year.

Jade recently left BANA and Windsor in May of this year, moving to Chilliwack, BC with her partner to be closer to Megan and the rest of her family. Jade now has a beautiful, healthy daughter and is navigating being a new mom. In the last year she has been enrolled in a psychedelic assisted therapy provider (PAPT) certification and is excited to see where the ethical, safe and clinical use of psychedelic medicines can take us in mental health.

Her interest now lies in learning as much as she can about somatic based practices, aiming her sights at more neck down approaches to providing psychotherapy. She hopes to get certifications in Internal Family Systems (IFS) and Somatic Experiencing (SE) in the near future, to couple her recent training in psychedelic assisted psychotherapy.

Our recoveries have been nothing short of miraculous. Hope has made a home in our hearts and is now a palpable presence in our lives. Addiction stole much from us and it devastatingly affected our sisterhood. Our relationship throughout addiction was mostly toxic, codependent and extremely unhealthy.

Where once we spent all of our shared time together engaging in drug use and committing crime, we now share real and healthy mutual interests over things that give us, and others, life. We enjoy having random conversations with strangers, as empathy, compassion, curiosity and interest for others has been the main byproduct of our experience.

In short, we have a genuine interest in hearing people's stories, which is made evident from our pensive facial expressions, and identical furrowed brows.

We have become intense listeners, and we owe that to all of the amazing humans who so intently listened to us when we needed to be heard. We recently have started raising our children together, and have been singing and playing music together since getting sober. Mutually, we believe that the best part of our recovery is the relationship we now have with one another.

Our youthfulness, once under the grip of addiction's powerful grasp, has been restored, and out of all the things our recovery has allotted us, one of the most beautiful parts of our new relationship is the laughter. I think it is safe to say that we have made up for those lost years of our youth that addiction tainted and took from us, and we remain eternally grateful for the life we now live today.



Jade and Megan live in Chilliwack, BC. With a decade of sobriety from substance use disorder, they now have devoted their lives to supporting others in overcoming life's challenges and adversities.

Megan lives with her husband David and two children Matthias and Eden. Jade, recently joining Megan in BC, now lives a three-minute drive away with her partner Pierre and their newborn daughter Raine.

They still FaceTime each other no less than 5 times per day and are grateful they finally get to live in the same province again and raise their children together.

Extreme Hunger & Early Fullness

Challenges of Re-nourishment in Eating Disorder Recovery

By Kia Peters, RD

Early Fullness

Picture this: You begin the eating disorder recovery journey and enroll in a treatment program. It's your first week, you set meal plan targets with your dietitian and start mechanically eating. Nervous, but also excited for this journey, you sit down to your first meal and after a few bites you feel painfully full.

The eating disorder voice tells you, *"I told you this would happen, your body can't handle this"*. What the eating disorder is not telling you is that you're experiencing a very common, uncomfortable symptom of the re-nourishment process known as gastroparesis, which is a big fancy science term for slowed stomach emptying that causes the feeling of early fullness.

Why does this happen with eating disorders?

Let's start by understanding what normal stomach emptying looks like. In a healthy, nourished person the stomach muscles will have strong contractions that push food into the intestines.

When someone restricts food for a long time, the body starts to slow down many functions to save energy for survival. Digestion is one of the functions that slows. The muscle contractions of the entire digestive system slow down to keep the person alive.

In addition to slowed muscle contractions, the low supply of energy and nutrients causes the digestive muscles to shrink.

Food and liquids stay in the stomach longer because the stomach muscles that move food through the digestive tract are now slow AND weak. Research shows that food can stay in the stomach for 4+ hours, which is double the time of a nourished, healthy stomach!

When it's time for the next meal, food from the previous meal may still be in your stomach, making you feel very full, even though the food hasn't been used for energy yet.

This is also why some people will feel extremely full, but also extremely hungry at the same time. All the energy supply is backed up and the body isn't using it as efficiently. Other symptoms of gastroparesis may include bloating, indigestion, heartburn, nausea, and some may even experience vomiting.

How to manage gastroparesis in eating disorder treatment:

Generally, gastroparesis that is caused by restricting food in eating disorders can be reversed, or at least improved, with renourishment and returning to a healthy weight. Treatment starts by increasing the volume and frequency of eating to help the person return to normal eating.

Dietitians help clients plan meals that are easier to digest and reduce the discomfort from slowed stomach emptying. This may include lower fiber carbohydrates, cooked vegetables and smaller portions of vegetables, and smaller frequent meals to start.

Photo Credit: Aphiwat Chuangchoem



Extreme Hunger

We've covered early fullness, but what about the other common, but uncomfortable experience of eating disorder recovery known as extreme hunger?

Extreme hunger is more than just having a growling stomach.

Extreme hunger feels limitless, and many clients wonder if it will ever go away and fear what will happen if they give in to their extreme hunger.

This can be a scary and stressful feeling if we don't understand why it is happening.

Extreme hunger may feel like:

- Seeking out foods (especially ones you've been restricting)
- Intense cravings that won't go away
- Constantly thinking about food and your next meal
- Having many types of hunger at the same time (physical/emotional/cravings)
- Wanting to eat more despite fullness
- Feeling like no amount of food will fill you up
- Feeling hungry even after eating a full meal
- Feeling hungry even if your stomach feels full

Extreme hunger is a normal process that happens following restriction of food. It is your body's way of protecting itself from future food deprivation.

It's important to note that restriction can look like skipping meals, avoiding certain foods or whole food groups, labelling certain foods as "bad" and guilt or shaming yourself when you do eat them, restricting calories, and/or going long periods without eating.

Although extreme hunger feels scary for many people pursuing recovery, it is important to listen and honor that hunger, because it is your body's way of telling you it needs nourishment.

Extreme hunger can only resolve after the body is re-nourished and a regular eating has been consistent. The faster our clients work towards regular, consistent eating and re-nourishment, the faster the extreme hunger goes away.

For article sources visit: www.bana.ca/magazineresources



Kia Peters is a Registered Dietitian
with the Bulimia Anorexia Nervosa Association

Windsor-Essex Intensive Outpatient Program

Eating Disorders 101 Workshop

By Emily Bechard

Windsor Essex Community Health Centre (weCHC), in partnership with the Bulimia Anorexia Nervosa Association (BANA) and Windsor Regional Hospital, are excited to announce a new initiative from the Intensive Outpatient Treatment Program for Eating Disorders. As a part of our work to educate the community on the prevention, treatment, and awareness of eating disorders, we have brought together a group of experts to deliver Eating Disorders 101, a 3-part educational series.

Who is this workshop for?

This workshop is for anyone looking to learn more about eating disorders and their treatment. Whether you are struggling with an eating disorder, a parent or loved one of someone with an eating disorder, have concerns about your own or someone else's eating, or are a professional looking to better support your clients, we are here to help you learn.

What will I learn?

Each module explores a different topic to provide you with the knowledge and tools to support yourself or someone you know with an eating disorder or disordered eating.

Module 1:

What are Eating Disorders and How do they Impact Us?

In this module, you will learn about:

- The difference between eating disorders and disordered eating
- What causes eating disorders
- Warning signs and symptoms of eating disorders and disordered eating
- Possible health outcomes of untreated eating disorders

Module 2:

Treatment and Nutrition Therapy for Eating Disorders

In this module, we will build on what we learned in Module 1 by discussing all things treatment, including:

- Medical support
- What to expect from nutrition therapy and psychotherapy
- Types of treatment for eating disorders

Module 3:

Treatment and Nutrition Therapy for Eating Disorders

Finally, in our third module, we will wrap up our learning by discussing:

- The impacts of weight bias
- The dangers of diet culture
- How to offer support to someone with an eating disorder or disordered eating
- Where to learn more

Where can I access this workshop?

You can watch the Eating Disorders 101 series anytime on the weCHC YouTube page. Watch now or save to watch later by scanning the QR code here!



@wechc-windsorsexcommunit8461

Who are the experts?

Experts from both BANA and weCHC came together to share their knowledge and experience with our viewers. Meet the team below!

Sarah Hatoum, **Registered Dietitian weCHC.**

Sarah is a Registered Dietitian with Windsor Essex Community Health Centre and has spent the majority of her career supporting individuals with eating disorders. She counsels clients with empathy and understanding, aiming to foster autonomy and self-compassion with each of her clients and their families.

Alexis Sauls Ramos, **Registered Social Worker, BANA**

Alexis has 8 years of experience working with eating disorders as a Social Worker. She is passionate about creating safe, inclusive, and health-promoting spaces for youth, currently focusing on preventing eating disorders as a part of a province-wide strategy.

Ashley Marchini, **Nurse Practitioner, weCHC**

Ashley has been supporting youth with eating disorders and their families for 11 years. Currently, she works closely with Windsor Regional Hospital and weCHC Teen Health, responsible for the medical management of clients with eating disorders.

Rose Verzosa, **Registered Social Worker, BANA**

Rose holds a wealth of information on eating disorders and community resources to support those in treatment and recovery. She is passionate about helping others achieve their mental health goals and co-creating a plan for recovery with her clients.

Mackenzie Stanley, **Registered Social Worker, weCHC**

Mackenzie is passionate about supporting children and youth who have been diagnosed with an eating disorder. She provides a trauma-informed, anti-oppressive practice that supports building a meaningful friendship with the body rooted in kindness, compassion, and support.

Windsor Essex Community Health Centre and our partners at the Bulimia Anorexia Nervosa Association and Windsor Regional Hospital are happy to share three new videos which provide viewers with information about eating disorders, treatment of these disorders as well as the impact of weight bias and diet culture.

These videos also present the viewer with ways to support someone with eating disorders. We hope they provide much-needed information to those who may be struggling."
-Rita Taillefer, Executive Director, Windsor Essex Community Health Centre.

The ED-101 Workshop series is part of a larger initiative to help educate our communities on the prevention, treatment, and awareness of eating disorders.

Looking to learn more? Follow the WEIOP partners on social media.

Windsor Essex Community Health Centre
Centre de santé communautaire de Windsor Essex

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If you want to learn more about the Intensive Outpatient Treatment Program for Eating Disorders or are concerned about your or someone else's eating, call weCHC Teen Health at 519-253-8481 or BANA at 1-855-969-5530.

Tips for Navigating Celebrations and Holidays with an Eating Disorder



Conseils pour passer les célébrations et les fêtes de fin d'année avec un trouble de l'alimentation

Attention: These tips are not medical advice. It is important to consult with your care team, such as your doctor, dietitian, or therapist, to make a specialized plan for the season.

- 1** Remember that all foods fit, and you do not need to save up calories for a meal: Honour your hunger all day long.
- 2** Recruit an ally: Identify someone trusted who can support you throughout the season, whether this be in person or through text.
- 3** Have your coping toolkit ready: Anticipate triggers and think ahead to which skills you want to use.
- 4** Set boundaries: If possible, let people know ahead of time what is and isn't helpful for you at events. For example, what topics are off limits? Or what kind of foods you would appreciate having available.
- 5** Make an exit plan: It is normal to need to go to another room to get some space or practice some deep breathing. Also, think ahead and plan a set time for when you want to leave an event.
- 6** Try to connect with your personal meaning of the holiday: Maybe that is connecting with loved ones, practicing gratitude, or giving back to your community.
- 7** Practice self-compassion: If this is hard for you, remember that you are human and that is okay! The holidays can be hard for a lot of people

Attention : ces conseils ne sont pas des avis médicaux. Il est important de consulter votre équipe de soins tels que : votre médecin, votre diététicien ou votre thérapeute, afin d'établir un plan spécialisé pour la saison.

- 1** Rappelez-vous que tous les aliments sont bons et qu'il n'est pas nécessaire de limiter des calories pour un repas : honorez votre faim tout au long de la journée.
- 2** Recrutez un allié : identifiez une personne de confiance qui peut vous soutenir tout au long de la saison, que ce soit en personne ou par texto.
- 3** Préparez votre trousse de stratégies d'adaptation : anticipez les éléments déclencheurs et réfléchissez aux techniques que vous souhaitez utiliser.
- 4** Fixez des limites : si possible, faites savoir à l'avance aux gens ce qui est utile et ce qui ne l'est pas pour vous lors des événements. Par exemple, quels sont les sujets interdits ? Ou quels sont les aliments que vous aimeriez avoir à votre disposition.
- 5** Préparez un plan de sortie : il est normal d'avoir besoin d'aller dans une autre chambre pour prendre du temps à soi-même ou respirer profondément. Pensez également à planifier à l'avance à quelle heure vous souhaitez quitter l'événement.
- 6** Essayez de vous raccrocher à l'importance personnelle de la fête : il peut s'agir de se rapprocher de ses amis, de pratiquer la gratitude ou de s'impliquer dans sa communauté.
- 7** Pratiquez l'auto-compassion : si c'est difficile pour vous, rappelez-vous que vous êtes humain ! Les fêtes peuvent être difficiles pour plusieurs gens !



Heather Leblanc (she/her) is a Francophone Clinical Therapist at the Bulimia Anorexia Nervosa Association (BANA) in Windsor, Ontario.

2024 SEASON HOME SCHEDULE



JANUARY

JANUARY 12 VS. MTL 7:00PM

JANUARY 26 VS. SUD 7:00PM

FEBRUARY

FEBRUARY 7 VS. NFLD 7:00PM

FEBRUARY 9 VS. KW 7:00PM

FEBRUARY 19 VS. KW 2:00PM

FEBRUARY 25 VS. LDN 2:00PM

MARCH

MARCH 2 VS. NFLD 7:00PM

MARCH 6 VS. NFLD 7:00PM

MARCH 16 VS. PON 7:00PM

MARCH 22 VS. LDN 7:00PM

APRIL

APRIL 4 VS. NFLD 7:00PM

APRIL 12 VS. KW 7:00PM

APRIL 26 VS. WV 7:00PM

APRIL 28 VS. SUD 2:00PM

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