

**Research Ethics Board Application for  
Ethical Review of Human Participant Research**

**Adler School of Professional Psychology - Vancouver Campus**

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| <b>1. RESEARCH TEAM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>1.1. <u>Thesis Title</u></b><br>Body attitudes in self-injury and in disordered eating                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>1.2. <u>Applicant (usually Student Researcher)</u></b><br><br>Name: Terra Pritchard                      Phone:                      Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>1.3 <u>Faculty Thesis Advisor (Supervising Researcher)</u></b><br><br>Name: Michael Mandrusiak                      Email: mmandrusiak@adler.edu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>1.4. <u>Second Reader/Committee Members/Consultants</u></b><br><br>Name: Evan Lopes    Email: Evan.Lopes@CSC-SCC.GC.CA    Affiliation: Adler School                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>1.5 <u>Researcher Experience</u></b><br><br><b>Describe your training, experience, degrees, and/or courses that are relevant to the research.</b><br>I have a BA in Psychology, and have completed the majority of my Master's level course work, including 495 Research in Counselling Psychology. I am currently engaged in my clinical internship, where my work includes counselling adolescent clients who self injure and/or are engaged in disordered eating behaviours.<br><br><b>Describe your supervisors' and additional committee members' training, experience and/or degrees that are relevant to the research study or population</b><br>Michael Mandrusiak has a PsyD in Clinical Psychology. Evan Lopes has a PhD in Clinical Psychology. Both are Registered Psychologists and have significant clinical experience. Michael has a number of recent publications in suicide research. |
| <b>1.6 <u>Additional Study Team Members (if applicable)</u></b><br><br>Statistical Support – Andrew Ho, Bsc:<br>Andrew is affiliated with the Adler School. He has 6 years of experience in neuropsychology research and one year of experience working with SPSS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>1.7 <u>Tri Council Policy Statement (TCPS 2) Tutorial</u></b><br><br><b>Date applicant completed the TCPS 2 Tutorial:</b><br><br>June 7, 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

**1.8 Most Recent Date REB FAQs Checked**

February 18, 2013

**1.9 Submission Date**

*Date you submitted this application:* February 28, 2013

**2. SUMMARY OF STUDY AND RECRUITMENT**

**2.1 A. Overview of research study (Maximum 300 words)**

Summarize the research proposal using the following headings

1) Purpose:

To investigate and compare the body attitudes underlying self-injury and disordered eating. We will be looking at Body Shame, Body Insensitivity, and Body Investment, specifically. We plan to control for trauma, which should help us to elucidate the impact of trauma on these attitudes.

2) Research Question or Hypothesis:

Hypothesis 1: We hypothesize that there are significant group differences between the three groups (self-injury, disordered eating, and mixed) on the three dependent variables (body shame, body insensitivity and body investment).

Hypothesis 2: We hypothesize that the severity of the behaviours under investigation is positively correlated with endorsement of body shame, body insensitivity and body investment.

We further hypothesize that those with disordered eating will score higher than those who self-injure on the Body Shame Measure; that those who self injure will score higher than those who have disordered eating on the Body Insensitivity Measure; and that those with disordered eating will score slightly higher than those with self-injury on the body investment measure. We hypothesize that these findings will remain after controlling for trauma.

3) Rationale:

Favazza, DeRosear and Conterio (1989) discuss these (and other behaviours, including drug use, overeating, etc) in a framework of a Deliberate Self Harm Syndrome. Examining the attitudes which may help initiate and/or maintain these behaviours may have implications for the idea of a Deliberate Self-Harm Syndrome: do these behaviours fall into the same framework, or are there distinct patterns of attitudes that are unique to each?

Understanding the attitudes underlying these two behaviours may also have implications for treatment. Although it is beyond the scope of this project to investigate a causal relationship, knowledge of the role of body attitudes in these behaviours may be useful.

4) Objectives:

To understand the body attitudes underlying self-injury and disordered eating behavior.

To begin to get a clearer picture of the role of trauma regarding these attitudes.

To learn how the severity of these behaviours is related to body attitudes and to trauma.

**2.1 B. Summary of Research Procedures (Maximum 500 words)**

Upon receiving REB approval, I plan to approach the online sites listed in Appendix A. I will send the owner or moderator of the sites a copy of the letter provided in Appendix B. Upon receiving permission to make a post on each website, I will post the recruitment poster in Appendix C. This is a quasi-

experimental study, and participants are self-selected. Using online sampling allows for recruitment from groups of individuals who are engaging in a relatively uncommon behaviour.

Individuals who wish to participate are directed to the study website which will be listed on the recruitment poster. They will be immediately presented with the informed consent, provided in Appendix D, which includes support resources. Following this, informed consent will be assessed using the questions in Appendix E. If they are eligible to participate in the study based on their responses to the informed consent assessment, they will be directed to the measures, which are found in Appendix F. If they are not found eligible, they will be directed to a page thanking them for their time and providing them with support resources. Following completion of the measures, participants will be directed to the debriefing page, which also includes support measures. Appendix H includes a list of all resources offered to participants. Online resources and telephone numbers will be available to participants at the top of each page.

Participants are assigned to one of three groups based upon whether they engage in self-injury (measured by a frequency score of  $>5$  on the DSHI), disordered eating (measured by a score of 20 or greater on the EAT-26), or both of these. All participants will take the DSHI, the EAT-26, the Body Investment Scale (BIS), the Perceptual Alteration Scale (PAS, measuring body insensitivity), and the Body Shame Subscale of the Objectified Body Consciousness Scale (BSS). Data will be collected and stored on Canadian servers. To determine if there are any significant differences between the three groups (self-injury, disordered eating, and mixed), an omnibus MANOVA will be run to test for overall differences in any of the three body attitudes. One way ANOVAs will be used to determine differences between the three groups in each of the dependent variables (ie body shame, body insensitivity and body investment.) Post hoc Tukey-Kramers' correction will be used to investigate potential two-group differences. Given that trauma is a potential confound for both eating disorders and self-injury, an exploratory analysis using the above methods will be run with the addition of trauma as a covariate as measured by the trauma item. In order to examine whether severity of eating disorder and self-injury behaviours are correlated with higher endorsement of body shame, insensitivity, and investment, Pearson's correlation will be conducted.

**Please note: if doing an analysis of participants by cultural group and participants include people of Aboriginal descent, you must follow the protocols outlined in Chapter 9 of the TCPS 2 and describe them here.**

N/A

**If appropriate, the application and the consent form should include a description of the methodology being assigned to one group or another in a study comparing two or more different experimental/comparison conditions. The researcher should provide a separate consent form for each group describing the research procedures that will affect the participant directly.**

N/A

**Describe any specific tests, interview guides, questionnaires, or experimental procedures.**

All measures are included in Appendix F

**Demographics and Trauma item:**

Participants are asked their age and gender. They are also asked to respond with a 'Yes' or 'No' to a question about traumatic experiences. This question uses the DSM-V definition of a traumatic event. The trauma question, which can also be found below in Appendix D1 is worded as follows: Have you ever experienced or witnessed an event or events that involved actual or threatened death or serious injury to yourself or others, or an event that otherwise seriously threatened the wellbeing of yourself or

others? Some examples might include experiencing a natural disaster, being the victim of assault or abuse, being involved in a serious accident, etc. Participants are asked to respond with either 'Yes' or 'No'.

### **Eating Attitudes Test (EAT-26)**

The EAT-26 assesses participants eating behaviours as well as accompanying thoughts and feelings. It asks participant if items occur never, rarely, sometimes, often, very often, or always. This is not a diagnostic tool.

### **Deliberate Self-Harm Inventory (DSHI)**

The DSHI is a behavioural measure of self-injury. It asks the individual if they have engaged in a variety of behaviours, and then asks follow up questions about the frequency and severity of the behaviour. This is not a diagnostic tool.

### **Perceptual Alteration Scale (PAS)**

The PAS is being used to measure body insensitivity. It asks respondents to rank the frequency of items pertaining to their perceptions of their bodies. Possible response are never, sometimes, frequently and almost always.

### **Body Investment Scale (BIS)**

The BIS asks participants about attitudes, feelings, and behaviours they engage in regarding their bodies. There are nine reverse scored items on this measure. Responses are on a Likert type scale, ranging from one to five, with one being 'I do not agree at all' and 5 being 'I strongly agree'.

### **Body Shame Subscale on the Objectified Body Consciousness Scale (BSS)**

The BSS asks seven questions related to the emotional and cognitive experience of shame regarding the body. Participants are asked to rate items from 1, strongly agree to 7, strongly disagree.

## **2.2 Inclusion Criteria**

Participants must

- self-identify as engaging in self injury, disordered eating, or both of these behaviours
- live in Canada, the US, the UK, Australia, or New Zealand
- be legal adults according to their local jurisdiction

## **2.3. Exclusion Criteria**

Participants will be excluded if they:

- do not endorse either self-injury or disordered eating behaviour (these behaviours are the focus of the study, and participants who do not engage in either of these cannot provide data relevant to answering the research question)
- are under the age of majority according to their local jurisdiction (for ethical reasons, participants must be of legal age to provide informed consent to participate)
- live outside the countries/regions specified in inclusion criteria (due to the vulnerability of the

population, local resources must be provided. It is necessary to limit the variety of places participants might live in, in order to ensure that all participants can be provided with appropriate resources.)

#### 2.4 **Recruitment**

Upon receiving REB approval, I plan to request permission from the moderator or owner of the sites listed below in Appendix A. I will use the letter in Appendix B for these requests. Upon receiving approval to make a post on the website, I will create a recruitment posting (Appendix C). This qualifies as passive recruitment. If I have not had sufficient response following the first posting, I will create a second recruitment posting two to three weeks following the initial posting. Individuals wishing to participate will access the study website via a link on the recruitment poster. They will be presented with the informed consent form. Upon consenting, they will be assessed on their understanding of the study, the risks involved and their rights (see Appendix E). Those who are deemed able to provide informed consent will then begin the study, beginning with the demographic questionnaire and the trauma question. Those who do not meet inclusion criteria or who are unable to provide informed consent will be directed to a page containing the script in Appendix E. There will not be any additional advertising either on or off the targeted website. Individuals will participate anonymously – IP addresses will not be logged and there will be no way to connect an individual to their data. Thus, there is no foreseeable threat to participants' privacy.

#### 2.5 **External Approvals**

**Please outline how you will obtain external approval from other institutions or organizations. This includes outlining which institutions/organizations you believe you need external approval from, who you anticipate speaking with and the anticipated steps to gain approval.**

Using either an e-mail address (if available) or the private message function of the website I will contact the moderator or owner of the websites listed in Appendix A using the letter in Appendix B. This is an informal process, meaning that the individual receiving the letter has the authority to make a decision approving the research, and there will be no further applications to external ethics boards.

#### 2.6 **Number of Participants**

A.

How many participants will be enrolled in the entire study? (i.e. the entire study world-wide; applies if yours is part of a larger research project)

I will require a minimum of 60 participants – 20 in each of the three groups. I estimate a range of between 60 and 80 participants.

B.

How many control participants will be enrolled in the study that you are conducting?

A control group will not be used for this study. We are interested in between groups differences.

#### 2.7 **Access to Records**

**If existing records (e.g. school records, health records, clinical lists or other records/databases) will be used to IDENTIFY potential participants, please describe how permission to access this information will be obtained and how ethical and legal requirements on the collection and use of this information will be met. (For example: Personal Information Protection Act of BC)**

N/A

**2.8 Deception:**

**Is deception being used in this research?**

No

**3. STUDY DATES AND FUNDING INFORMATION**

**Project Period**

**The REB will grant up to one year for application approvals. In order to extend the proposed end date of the project beyond one year, you must submit an Annual Status Report (found on Moodle) to the REB.**

3.1 A.

Start date: June 1, 2013

3.1 B.

End date:

This depends largely upon the number of participants that enrol. Due to the use of an online survey, and the fact that participation is a one time event, I would estimate that barring difficulty recruiting participants, two months should be sufficient.

**3.2 Source of Funds**

If you are getting financial support for this study please identify the type of funds, and which organization or individual is funding this?

N/A

**3.3 Restrictions on Disclosures**

There is no sponsor: N/A

**3.4 Actual or Perceived Conflict of Interest**

Do any of the following statements apply to the Faculty Thesis Advisor, Applicant and/or their partners'/immediate family members? If you answer "Yes" to any of the points below, please explain the situation/connection and explain how you plan to mitigate the actual or perceived conflict of interest.

- Are you currently or have you in the past been affiliated with, have a dual relationship with, or receive funds from any person or organization that you will be working with or recruiting from in

order to complete your research (i.e. current/past workplace, practicum site, volunteer site etc)?

No

• Will you receive personal benefits in connection with this study over and above the direct cost of conducting this study? For example, being paid by the organization for consulting. (Reminder: receiving a "finder's fee" for each participant enrolled is not allowed).

No

• Do you have a non-financial relationship with the organization or individuals affiliated with the organization from which participants will be recruited (such as practicum student, intern, unpaid consultant, advisor, board member or other nonfinancial interest)?

No

• Do you have direct financial involvement with the sponsor (source of funds) via ownership of stock, stock options, or membership on a board?

No

• Do you hold patent rights or intellectual property rights linked in any way to this study or its sponsor (source of funds).

No

#### **4. RISK LEVEL**

##### **4.1. Sites for Study**

The study will be conducted entirely online using Hosted in Canada Surveys. Participants from Canada, the UK, the US, Australia and New Zealand will be eligible to participate.

##### **4.2 Determining Level of Risk**

After reviewing the risk criteria outlined in the TCPS 2, state level of risk in your study and explain your rationale for why you have chosen this level.

Moderate

This research aims to recruit participants who are experiencing behavioural symptoms that are associated with mental health problems. This population is at elevated risk by virtue of this fact. However, previous research which has been conducted regarding both online and in-person research with this population has established that this manner of research does not expose these individuals to any undue additional risk. See Section 5.2 below for further information about this research.

##### **4.3. Peer Review**

For research that is more than minimal risk, the REB must be satisfied about both the **value and the scientific validity** of the study. Under some circumstances, and depending on the level of risk, the REB

may request that a peer review be conducted as a condition of approval to assess value and/or scientific validity.

This was e-mailed to the REB e-mail address on June 18<sup>th</sup>.

## **5. PARTICIPANT INFORMATION AND CONSENT PROCESS**

### **5.1. Time Requested of Participants** (Includes full participation, waitlist, control group, volunteers)

How much time will a participant be asked to dedicate to the research study?

30-45 minutes in one sitting.

### **5.2 Risks**

Describe what is known about the risks (harm) of participating in the proposed research and any possible vulnerability that needs to be considered, including relevant literature related to the risks. In what ways will you address these risks should they arise?

The main risk to the participants is that they may experience distress when completing the questionnaires. Given that self injury and disordered eating can be conceptualized as methods of self-regulation, it follows that there may be concern that participants may experience iatrogenic effects. This concern is addressed below.

There is a body of similar research from which we can draw when considering our ethical obligation to participants concerning risk. Research assessing the iatrogenic risk in participating in suicide research has not consistently uncovered iatrogenic suicide risk especially in the adult population from which the current research proposes to sample (Gould et al, 2005; Smith, Poindexter & Cukrowicz, 2010).

Iatrogenic risk in participating in self injury research has also been addressed in the literature. In 2011, Lewis and Santor conducted a study on self injury using online recruitment. They report that 'throughout the study, no participants expressed a need to seek mental health services to the principle investigator, nor were there any reports of stress or expressed iatrogenic effects as a direct result of answering self-harm questions,' (Lewis & Santor, 2011, p. 23). This was also the finding of a 2010 study by the same authors using the same recruitment techniques with similar results (Lewis & Santor, 2010). Muehlenkamp, Walsh and McDade (2010) conducted a study assessing the effects of a self-injury prevention program being implemented in schools. Exposure to this program and to material and subject matter on the topic of self injury, was not found to increase in self-injurious thoughts and behaviours. In fact, the researchers found a potential trend indicating that the frequency and intensity of these self injurious thoughts and behaviours decreased with exposure to the program.

Furthermore, on their 2011 poster entitled 'The ethics of self-report surveys assessing non-suicidal self-injury and other sensitive topics', Hanly, Pietrusza, Gluck and Whitlock report that 72.7% of respondents answered 'somewhat untrue' or 'very untrue' when asked if they found the survey upsetting. In fact, 47.9% of the sample reported that participation caused them to 'think more deeply' about their lives, which is a positive outcome.

Despite the fact that there is a reasonable consensus that there is no iatrogenic effect with exposure to subject matter relating to self-injury, researchers Lewis and Santor (2010, 2011)



emphasize the importance of providing participants resources for support. Following their procedure, I will provide links to resources (see Appendix H for the list of resources) at the top and bottom of each page of the online survey, as well as on the informed consent form and the debriefing form. This ensures that the participant can access these resources at any point during their participation.

### **5.3 Benefits**

Describe what is known about the potential benefits that could arise from participating in the proposed research for participants, the profession and for wider society. For research that is moderate or high risk, include relevant literature related to the benefits of participating in the study.

It is stated in the consent form that there may be no direct benefits to participants in this study. However as discussed above, just under 50% of respondents on a similar study reported that participating in the research allowed them to think more deeply about their lives, which was a positive outcome. Participants are also offered the opportunity to receive a report on the study's findings, which may provide them with some level of satisfaction in their contribution to the scientific community.

### **5.4 Reimbursements and Incentives for Participation**

Describe any reimbursement for expenses (e.g. meals, parking, medications, transportation costs) or payments/gifts-in-kind (e.g. honoraria, gifts, prizes, lotteries or draws, credits) to be offered to the participants. Provide full details of the amounts, payment schedules, and value of gifts-in-kind.

There are no reimbursements or incentives for participation.

### **5.5 Assessment of Capacity**

#### **A. Initial assessment of capacity for the purposes of informed consent**

Will every participant have the capacity to give fully informed consent on his/her own behalf?

Yes

#### **B. Ongoing assessment of capacity**

How would capacity be assessed throughout the research?

Participants will be assessed for capacity by being asked to answer three multiple choice questions about the purpose of the research, the potential risks, and their right to withdraw. They must demonstrate at least a moderate understanding of these in order to participate. This study will take 30-45 minutes in only one sitting. Participants will be assessed before they are permitted to begin.

### **5.6 Explanation of Consent and Assent Forms to Potential Participants**

Please explain the general process for consent:

- How would consent form be reviewed?
- Who would be involved in each step of this process?
- How will time be considered in this process to assure that there is no undue influence present?

The consent form will be found on the survey website. There are three multiple choice questions about the study, the risks and participants' rights that must be answered before informed consent can be considered to be given. The script for assessing informed consent can be found in Appendix E.

Participants must demonstrate satisfactory understanding of the study's purpose, the risks and their right to withdraw in order to participate. The participants are to be legal adults, and so would provide informed consent for themselves. Participants will complete the measures on their own computers, and may do so at their own pace.

#### **5.7 Explanation of Assent Forms to Potential Participants**

Please explain whether or not you will be using an assent form in your study, and if so, the general process for assent:

An assent form will not be used. Participants will be legal adults who have been assessed as able to provide informed consent.

#### **5.8. Assistance with Consent**

If you are including individuals who may require accommodations regarding consent, what are your plans for making those accommodations?

N/A

### **SECURITY OF DATA AND CONFIDENTIALITY OF PERSONAL INFORMATION FOR STUDY**

#### **6.1. Confidentiality of Data**

How will data be stored?

Data will be downloaded from the survey website onto a password protected USB drive. The USB drive will then be stored securely at the student investigator's residence.

How will security of the data be maintained?

Data will be stored on a password protected USB drive in a locking storage box at the student researcher's residence.

Describe how the personal information and identity of research participants will be protected both during and after the research study, including how participants will be identified on data collection forms.

Participation will be anonymous. There will be nothing to link an individual with their data, and IP addresses will not be logged.

If any data or images are to be kept on the Web, what precautions have been taken to prevent it being copied?

When data collection is complete, data will be downloaded and stored on a password protected USB. The survey will then be cancelled on the website – when a survey is cancelled on the Hosted in Canada

website, all data is permanently deleted from the Hosted in Canada servers.

#### 6.2. **Access to the Data by Persons within the School**

Who will have access to the data?

The student researcher, Terra Pritchard; first and second readers Michael Mandrusiak and Evan Lopes, and Statistical Support, Andrew Ho.

How will all of those who have access to the data be made aware of his or her responsibilities?

All those with access to data will be required to have completed the TCPS2 or other similar tutorial.

#### 6.3. **Access to Data by Persons Outside of the School**

Will any data that identifies individuals be available to persons or agencies outside of the Adler School of Professional Psychology-Vancouver Campus?

No. Data will be collected online and stored on Canadian servers that are not subject to the Patriot Act.

#### 6.4 **Storage of Data**

Data will be downloaded from the survey website and saved on a password protected hard drive. At the end of the five year period, I will delete the files from the USB.

#### 6.5 **Future Use of Data**

I plan to retain data for potential use in a Doctoral research project. Those who will have access to the data include myself and an as yet unidentified supervisor who is affiliated with a doctoral program in psychology.

#### 6.6 **Summary of Results to Participants**

As the study will be anonymous, I will not be collecting participants' e-mail addresses in order to provide information about the study's outcome. I will, however, provide my e-mail address and will inform participants that they can e-mail me requesting a summary of findings.

#### 6.7 **Withdrawal of Data**

How will participants be informed of their right to request their data be withdrawn from the study, and what procedures would need to happen for that to take place? (i.e. information on consent form, script for withdrawal options or process, etc.)

Because the study will be anonymous, it will not be possible for participants to have their data

withdrawn once they have completed the study. This will be stated on the informed consent form.

## **7. APPLICATION SUBMISSION AND DOCUMENTATION**

### **7.2 Letter of Initial Contact with External Institutions or Agencies**

Include scripts or written communication with external organizations seeking assistance from or for recruitment:

Appendix B is the e-mail I am sending to the moderators/owners of the websites or facebook groups that are listed in Appendix A to ask if I can make a post on the website or forum. I also plan to send them copies of the measures I will administer (found in Appendix F), as well as a copy of the informed consent (found in Appendix D).

### **7.2. Advertisements to Recruit Participants**

Aside from posts created in the specified online forums, there will be no additional advertising.

### **7.3. Script(s) for Initial Contact with Participants**

Appendix C is the 'poster' I will post online to recruit participants.

### **7.4. Consent Forms**

\*Participant Consent form – See Appendix D. See also Appendix E for the questions constructed to assess informed consent.

### **7.5. Assent Forms**

N/A

### **7.6. Research Methods**

Measures can be found under Appendix F

Appendix F1 is the demographic questionnaire and trauma item,

Appendix F2 is the Body Investment Scale (BIS) which will measure body investment.

Appendix F3 is the Perceptual Alteration Scale (PAS) which will measure body insensitivity.

Appendix F4 Body Shame Subscale of the Objectified Body Consciousness Scale, which will measure body shame.

Appendix F5 is the Deliberate Self Harm Inventory, which will measure self injury.

Appendix F6 is the EAT 26, which will measure disordered eating.

### **7.7. Additional Appendices**

**A. Other documents**

Appendix G contains the Debriefing form provided to participants.

Appendix H contains the list of resources that will be supplied to participants.

**B. Web site use**

Appendix A contains the websites from which participants will be recruited.

The questionnaires for the study will be hosted on [www.hostedincanadasurveys.ca](http://www.hostedincanadasurveys.ca).

Please insert all Appendices below:

## **Appendix A – List of Contacts**

An e-mail asking for permission to make a recruitment post will be sent to the moderator or administrator of the websites and facebook groups listed below. Each of the three websites listed have separate message boards dedicated to self-injury and to eating disorders. With permission, I will make a recruitment post on each applicable board.

### **Websites:**

Something Fishy Website on Eating Disorders: <http://www.something-fishy.org/>

Recover Your Life: <http://www.recoveryourlife.com>

Daily Strength: <http://www.dailystrength.org/>

Reddit – [www.reddit.com](http://www.reddit.com)

### **Facebook Groups:**

Self-Injury Understanding and Awareness: <http://www.facebook.com/pages/Self-Injury-Understanding-Awareness/194824072773?ref=ts&fref=ts>

Self Harm Awareness and Education: <http://www.facebook.com/9SHAE>

## Appendix B – Recruitment E-mail to Websites



Hello \_\_\_\_,

As part of the academic credit toward my Master's degree, I am conducting a research study on body attitudes in those with disordered eating and/or self injury. This research will entail completing online questionnaires, which should take 30-45 minutes. I am currently seeking individuals of all genders who engage in either one or both of these behaviours, who are legal adults according to their local jurisdiction, and who are located in one of the following countries: Canada, the United Kingdom, Australia, New Zealand, or the United States.

I've attached some research and recruitment material for you to review. If this material is acceptable, I would like to have your permission to create a post in \_\_\_\_ (specify the message board if applicable) with the necessary recruitment information.

You can reach me, the student investigator . My supervisor, Dr Michael Mandrusiak can be reached at [mmandrusiak@adler.edu](mailto:mmandrusiak@adler.edu). He can be reached at 604-482-5525.

Thank-you for your time and consideration.

Kind regards,

Terra Pritchard, BA, Student Investigator

This study is being conducted by [Terra Pritchard](#) (student investigator) under the supervision of [Michael Mandrusiak, PsyD, RPsych](#) (Faculty Advisor), Adler School of Professional Psychology.

Suite 1200-1090 West Georgia Street, Vancouver, BC, V6E 3V7 Canada  
T: 604-482-5510 F: 604-874-4634

## Appendix C – Recruitment Posting

### **Body Attitudes in Self-Injury and Disordered Eating**

We want to understand the role of body attitudes in disordered eating and self-injury.

We are seeking individuals who currently:

1) Self-injure (ie, engage in behaviour that causes injury to the body, including cutting, burning, etc)

or

2) Have disordered eating behaviour (ie, engage in behaviour including restricting food intake, overexercising, bingeing and/or purging etc.)

or

3) Self-injure *and* have disordered eating behaviour.

Participants must also

- Live in Canada, the United Kingdom, Australia, New Zealand or the United States



- Be legally able to consent to participate (ie. are legal adults according to their local laws).
- Be willing to participate in an online survey approximately 30-45 minutes in length.

If you meet the above criteria and would like to participate, please follow this link to the study website.

**Please contact [Terra Pritchard](#) at for more information**

This study is being conducted by [Terra Pritchard](#) (student investigator) under the supervision of [Michael Mandrusiak, PsyD, RPsych](#) (Faculty Advisor), Adler School of Professional Psychology.

Suite 1200-1090 West Georgia Street, Vancouver, BC, V6E 3V7 Canada  
T: 604-482-5510 F: 604-874-4634

## **Appendix D – Informed Consent**

### **Body Attitudes in Self-Injury and Disordered Eating**

**Supervising Researcher:** Michael Mandrusiak, Core Faculty, Adler School of Professional Psychology. Email: [mmandrusiak@adler.edu](mailto:mmandrusiak@adler.edu). Telephone: 604 582 5525.

**Student Researcher:** Terra Pritchard. E-mail: . Terra is undertaking this study for her Master's thesis.

#### **Purpose of the study:**

The purpose of the research is to study the body attitudes associated with self-injury and disordered eating. The study aims to explore group differences to establish the nature of the relationship between body attitudes, self injury and disordered eating. You have been invited to participate because you have identified yourself as engaging in disordered eating and/or self-injury. The following are examples of the kind of questions you will be asked: 'Have you ever intentionally burned yourself with a cigarette?' '[Do you] feel out of touch with [your] body?' and ' [Do you] engage in dieting behaviour?'

**Procedure:** You will be asked to complete a series of online questionnaires, which should take

between 30 and 45 minutes. You will be asked questions about your attitudes, thoughts and feelings about your body, as well as about any self injury and/or disordered eating behaviour. You will also be asked to indicate if you have experienced any traumatic events in your lifetime.

### **Confidentiality:**

All personally identifiable information resulting from this research will be kept confidential. IP addresses will not be logged, and data will be kept on a Canadian web server so it will not be subject to the Patriot Act. You can find a copy of the privacy policy of the survey host here:

<http://www.hostedincanadasurveys.ca/privacy/84-privacy-policy.html>.

When data collection is complete, data will be deleted completely and permanently from the website's servers, downloaded and stored on a password protected and encrypted USB which will be kept in a locked box at the student investigator's residence. Only Terra Pritchard, Dr. Michael Mandrusiak and the second reader Dr Evan Lopes will have access to the data in its original form. In accordance with The Adler School's recommendations, all raw data (i.e., test scoring sheets) will be kept for a minimum of five years after the work is presented. The researcher may elect to retain data for use by herself in similar research for her doctoral dissertation. . However, after the present study and any further related research is completed, data will be destroyed (i.e., deleted from the USB drive on which it will be stored). A summary of findings resulting from this research will be published in a completed thesis document. If you would like a brief summary of the findings emailed to you, please e-mail the student researcher at the e-mail address below to request this. If you do e-mail the student researcher, your anonymity may be compromised, even though your identity will not be connected to your data. \_

**Limits to Confidentiality:** You will not be asked to provide any identifying information, and therefore you cannot be linked to the data you provide. Therefore, the study is anonymous. It is important to note that because of this anonymity, there is no way for your data to be removed after you complete the study.

**Risks and Benefits:** As a result of engaging in answering the online questionnaires, there may be some risk that you will experience some degree of stress (e.g. test difficulty, or frustration with the online survey). Declining to participate, or withdrawing from the study at any time will not affect you negatively in any way, and you are free to withdraw at any time. Finally, the greatest risk for the study is that you may find it distressing to reflect upon and answer questions about your self-injury or disordered eating behaviour. This may cause you to feel negative emotions including sadness or anxiety. A list of resources for support and information will be listed on each page of the questionnaire for easy access, and will also be included on the debriefing form which will be provided upon completion of the questionnaires. These resources can also be found below.

Benefits derived from participating may vary depending on the participant. Some participants in similar research have found that their participation has led them to think more deeply about their lives, which was a positive outcome. The study may also help to further research in the field of psychology, particularly regarding disordered eating and self injury. If you are interested, you can receive a summary report in lay language regarding the results of the study, which may help you understand the meaning of your participation in the study. In addition, this report may help and provide some level of satisfaction in contributing to the scientific community.

This study has received approval from the Research Ethics Board at the Adler School of Professional Psychology.

**Resources:**

If you are experiencing distress, please access one of these resources for support and assistance:

Online Resources:

[www.sioutreach.org](http://www.sioutreach.org)

[www.crpsib.edu](http://www.crpsib.edu)

[www.selfinjury.com](http://www.selfinjury.com)

<http://www.something-fishy.org/>

**Hotlines:**

Canada and US:

1-800-SUICIDE

National Suicide Prevention Lifeline (Assists anyone in crisis or distress): 1-800-273-TALK

United Kingdom:

Samaritans (Crisis line)– 08457 90 90 90

SANE Helpline – 0845 767 8000

Australia:

Lifeline (Crisis line): 13 11 14

RUOK(connects you to five crisis and information lines): 1-800-RUOKDAY (7865329)

New Zealand:

Lifeline (Crisis line): 0800 543 354

0508 TAUTOKO (Crisis line) : 0508 828 865

**Contact:** If you have any questions or desire further information with respect to this study, you may contact Terra Pritchard at , or her research advisor, Dr Michael Mandrusiak and [mmandrusiak@adler.edu](mailto:mmandrusiak@adler.edu).

If you have any questions or concerns about your treatment as a research participant, you may contact Debbie Clelland, Chair of the Adler Research Ethics Board, at [dclelland@adler.edu](mailto:dclelland@adler.edu) or 604.699.3570.

**Consent:**

- I understand that my participation in this study is entirely voluntary and that I may refuse to participate or withdraw from the study at any time.
- I understand that signing this consent does not waive my legal rights in any way.

**I have read this consent form. I can print a copy of this consent form for my own records.  
Checking the box below indicates my consent to participate in this study.**

### **Appendix E – Assessing Informed Consent**

The following questions are to make sure that you have understood the purpose of the study and the possible risks of taking part in it.

Please choose the best answer:

1) What is the purpose of this study?

- a) To gain information about the relationship between disordered eating, self injury and body attitudes
- b) To study eating disorders and self injury
- c) To learn more about people with mental health problems.

2) The risk of participating in this study is:

- a) There is no risk
- b) I might find some of the questions upsetting .
- c) It might make me feel bad.

3) It is my right to

- a) take part in this study.
- b) withdraw from the study at any time, for any reason.
- c) quit the study.

1) a)2 b)1 c)0

2) a)0 b)2 c)1

3) a)0 b)2 c)1

The following questions are used to determine if you are eligible to participate in the study.

**Are you a legal adult according to the laws of your country? (Y/N)**

**Are you a resident of Canada, the UK, the US, Australia, or New Zealand?**

If the participant scores at least one on each of the questions about the study, and answers that they are a legal adult and live in Canada, the UK, the US, Australia or New Zealand, they will be directed to the measures.

If they are not a legal adult or live outside of these countries, or are assessed as unable to provide informed consent they will be directed to a page with the following:

**Thank you for agreeing to participate in this study. Unfortunately, this study is only open to legal adults who live in Canada, the UK, the US, Australia or New Zealand, and demonstrate a good understanding of the material presented in the informed consent. Based on your answers, you are not eligible to participate. Below are some resources that are available for your use should you feel distressed or need support. We appreciate your time and wish you a pleasant day!**

**Online Resources:**

[www.sioutreach.org](http://www.sioutreach.org)

[www.crpsib.edu](http://www.crpsib.edu)

[www.selfinjury.com](http://www.selfinjury.com)

<http://www.something-fishy.org/>

**Hotlines:**

**Canada and US:**

1-800-SUICIDE

National Suicide Prevention Lifeline (Assists anyone in crisis or distress): 1-800-273-TALK

**United Kingdom:**

Samaritans (Crisis line)– 08457 90 90 90

SANE Helpline – 0845 767 8000

**Australia:**

Lifeline (Crisis line): 13 11 14

RUOK(connects you to five crisis and information lines): 1-800-RUOKDAY (7865329)

**New Zealand:**

Lifeline (Crisis line): 0800 543 354

0508 TAUTOKO (Crisis line) : 0508 828 865

**Referrals:**

If you are not in crisis but would like to receive therapy, please see below for some resources that can assist you in finding a therapist.

Canadian Registry of Psychologists: Lists therapists in Canada.

[http://www.findapsychologist.ca/wp-content/themes/crhspp/index\\_search.php](http://www.findapsychologist.ca/wp-content/themes/crhspp/index_search.php)

American Psychological Association: Lists therapists in the US and Canada

<http://locator.apa.org/>

The New Zealand Psychological Society: Lists therapists in New Zealand  
<http://www.psychologistsboard.org.nz/>

The Australian Psychological Society: Lists therapists in Australia.  
<http://www.psychology.org.au/FindaPsychologist/>

The British Psychological Society: Lists referral sources for therapists in Britain  
<http://www.bps.org.uk/psychology-public/find-psychologist/find-psychologist>

## **Appendix F– Measures**

**Note that the online resources and hotlines will be listed at the top and bottom of each page in the following manner. For clarity and neatness purposes and because I don't know where page breaks will be on the online survey, I have only included them on the first page of this application.**

### **Online Resources:**

[www.sioutreach.org](http://www.sioutreach.org) [www.crpsib.edu](http://www.crpsib.edu) [www.selfinjury.com](http://www.selfinjury.com) <http://www.something-fishy.org/>

### **Hotlines:**

#### **Canada and US:**

1-800-SUICIDE

National Suicide Prevention Lifeline (Assists anyone in crisis or distress):1-800-273-TALK

#### **United Kingdom:**

Samaritans (Crisis line)– 08457 90 90 90

SANE Helpline – 0845 767 8000

#### **Australia:**

Lifeline (Crisis line): 13 11 14

RUOK(connects you to five crisis and information lines): 1-800-RUOKDAY (7865329)

#### **New Zealand:**

Lifeline (Crisis line): 0800 543 354

0508 TAUTOKO (Crisis line) : 0508 828 865

## **Appendix F-1 – Demographic questions and Trauma item.**

**What is your age? (Select from 18-99)**

**What is your gender? (Male, Female, Transgender, Other)**

**Have you ever experienced or witnessed an event or events that involved actual or threatened death or serious injury to yourself or others, or an event that otherwise seriously threatened the wellbeing of yourself or others? Some examples might include experiencing a natural disaster, being the victim of assault or abuse, being involved in a serious accident, etc. (Yes/No)**

### **Online Resources:**

[www.sioutreach.org](http://www.sioutreach.org) [www.crpsib.edu](http://www.crpsib.edu) [www.selfinjury.com](http://www.selfinjury.com) <http://www.something-fishy.org/>

### **Hotlines:**

#### **Canada and US:**

1-800-SUICIDE

National Suicide Prevention Lifeline (Assists anyone in crisis or distress):1-800-273-TALK

#### **United Kingdom:**

Samaritans (Crisis line)– 08457 90 90 90

SANE Helpline – 0845 767 8000

#### **Australia:**

Lifeline (Crisis line): 13 11 14

RUOK(connects you to five crisis and information lines): 1-800-RUOKDAY (7865329)

#### **New Zealand:**

Lifeline (Crisis line): 0800 543 354

0508 TAUTOKO (Crisis line) : 0508 828 865

## **Appendix F-2 – Body Investment**

### **Body Investment Scale (Orbach and Mikulincer, 1998)**

Please rank each of the following statements on a scale from 1-5, with 1 being 'I do not agree at all' and 5 being 'I strongly agree'.

- 1) I believe that caring for my body will improve my well-being
- 2) I don't like it when people touch me.
- 3) It makes me feel good to do something dangerous.
- 4) I pay attention to my appearance
- 5) I am frustrated with my physical appearance.
- 6) I enjoy physical contact with other people.
- 7) I am not afraid to engage in dangerous activities.
- 8) I like to pamper my body.
- 9) I tend to keep a distance from the person with who I am talking.

- 10) I am satisfied with my appearance.
- 11) I feel physically uncomfortable when people get to close to me.
- 12) I enjoy taking a bath.
- 13) I hate my body.
- 14) In my opinion, it is very important to take care of my body.
- 15) When I am injured, I immediately take care of the wound.
- 16) I feel comfortable with my body.
- 17) I feel anger toward my body.
- 18) I look in both directions before crossing the street.
- 19) I use body care products regularly.
- 20) I like to touch people who are close to me.
- 21) I like my appearance in spite of its imperfection.
- 22) Sometimes I purposely injure myself.
- 23) Being hugged by a person close to me can comfort me.
- 24) I take care of myself whenever I feel a sign of illness.

**Reverse scored items are: 2, 3, 5, 7, 9, 11, 13, 17 and 22.**

### **Appendix F-3 – Body Insensitivity**

#### **Perceptual Alteration Scale (Sanders, 1986)**

Please respond to these items with 1) never, 2) sometimes, 3) frequently or 4) almost always

- 1) I can't understand why I get so cross and grouchy.
- 2) I feel out of touch with my body.
- 3) I have fits of laughing and crying that I can't control.
- 4) When I get tired or upset, it seems like an outside force comes in to control my actions.
- 5) My body is too heavy.
- 6) My mind wants one thing, but my body is determined to do another.
- 7) In some situations, my mind and my body are just not together.
- 8) My moods can really change.



- 9) I forget right away what people say to me.
- 10) I find myself concealing my activities from others.
- 11) I am glad I can forget what I look like.
- 12) I do many things which I regret afterwards.
- 13) What my body is doing has nothing to do with me.
- 14) I don't know how to stop myself from doing something.
- 15) I find myself in a strange place without knowing how I got there.
- 16) I get torn between doing one thing or another.
- 17) In some situations, my body and my mind are not together.
- 18) I feel compelled to think and act in a way that is out of character for me.
- 19) I wish I didn't watch my every move.
- 20) Even when I have missed several meals, I find that I am not hungry.
- 21) I find my mind blank.
- 22) I want to do two conflicting things at once and find myself arguing with myself.
- 23) I feel that my mind is divided.
- 24) I feel that there are two of me.
- 25) I do things without thinking.
- 26) I find I have hidden something and don't know why.
- 27) I see myself differently than other people see me.

Scored from 1- 4 (never =1; almost always =4)

Factor 1: Modification of Affect: 1, 3, 8, 16, 17, 18, 19, 22, 23, 24, 27, 33

Factor 2: Modification of Control: 2, 4, 5, 6, 10, 11, 12, 13, 14, 26

Factor 3: Modification of Cognition: 9, 15, 20, 21, 25

Body Insensitivity Factors (According to face validity): 2, 4, 5, 6, 7, 11, 13, 14, 15, 17, 20,

## **Appendix F-4 – Body Shame**

### **Body Shame Scale**

(Subscale of the Objectified Body Consciousness Scale, McKinley and Hyde, 1996)

Please rate these items from (1) strongly agree to (7) strongly disagree.

- 1) When I can't control my weight, I feel like something must be wrong with me.
- 2) I feel ashamed of myself when I haven't made the effort to look my best.
- 3) I feel like I must be a bad person when I don't look as good as I could.
- 4) I would be ashamed for people to know what I really weigh.
- 5) I never worry that something is wrong with me when I am not exercising as much as I should.
- 6) When I'm not exercising enough, I question whether I am a good enough person.
- 7) Even when I can't control my weight, I think I'm an okay person.
- 8) When I'm not the size I think I should be, I feel ashamed.

**Reverse score: 5,7.**

## **Appendix F-5 – Self Injury**

### **Deliberate Self Harm Inventory (Gratz, 2001)**

This questionnaire asks about a number of different things that people sometimes do to hurt themselves. Please be sure to read each question carefully and respond honestly. Often, people who do these kinds of things to themselves keep it a secret, for a variety of reasons. However, honest responses will provide us with greater understanding and knowledge about these behaviours and the best way to help people. Please answer yes to a question only if you did the behaviour intentionally, or on purpose, to hurt yourself. Do not respond yes if you did something accidentally (e.g., you tripped and banged your head on accident). Also, please be assured that your responses are completely confidential.

1) Have you ever intentionally cut your wrist, arms, or other area(s) of your body (without intending to

kill yourself)? Select one:

Yes No

If Yes,

How old were you when you first did this?

How many times have you done this?

When was the last time you did this?

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?)

Has this behaviour ever resulted in hospitalization or injury severe enough to require medical treatment?

2) Have you ever intentionally burned yourself with a cigarette?

Yes No

If Yes,

How old were you when you first did this?

How many times have you done this?

When was the last time you did this?

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?)

Has this behaviour ever resulted in hospitalization or injury severe enough to require medical treatment?

3) Have you ever intentionally burned yourself with a lighter or a match?

Yes No

If Yes,

How old were you when you first did this?

How many times have you done this?

When was the last time you did this?

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?)

Has this behaviour ever resulted in hospitalization or injury severe enough to require medical treatment?

4) Have you ever intentionally carved words into your skin?

Yes No

If Yes,

How old were you when you first did this?

How many times have you done this?

When was the last time you did this?

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?)

Has this behaviour ever resulted in hospitalization or injury severe enough to require medical treatment?

5) Have you ever intentionally carved pictures, designs, or other marks into your skin?

Yes No

If Yes,

How old were you when you first did this?

How many times have you done this?

When was the last time you did this?

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?)

Has this behaviour ever resulted in hospitalization or injury severe enough to require medical treatment?

6) Have you ever intentionally severely scratched yourself to the extent that scarring or bleeding occurred?

Yes No

If Yes,

How old were you when you first did this?

How many times have you done this?

When was the last time you did this?

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?)

Has this behaviour ever resulted in hospitalization or injury severe enough to require medical treatment?

7) Have you ever intentionally bit yourself to the extent that you broke the skin?

Yes No

If Yes,

How old were you when you first did this?

How many times have you done this?

When was the last time you did this?

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?)

Has this behaviour ever resulted in hospitalization or injury severe enough to require medical treatment?

8) Have you ever intentionally rubbed sandpaper on your body?

Yes No

If Yes,

How old were you when you first did this?

How many times have you done this?

When was the last time you did this?

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?)

Has this behaviour ever resulted in hospitalization or injury severe enough to require medical treatment?

9) Have you ever intentionally dripped acid onto your skin?

Yes No

If Yes,

How old were you when you first did this?

How many times have you done this?

When was the last time you did this?

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?)

Has this behaviour ever resulted in hospitalization or injury severe enough to require medical treatment?

10) Have you ever intentionally used bleach, comet, or oven cleaner to scrub your skin?

Yes No

If Yes,

How old were you when you first did this?

How many times have you done this?

When was the last time you did this?

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?)

Has this behaviour ever resulted in hospitalization or injury severe enough to require medical treatment?

11) Have you ever intentionally stuck sharp objects such as needles, pins, staples, etc., into your skin not including tattoos, ear piercing, needles used for drug use, or body piercing?

Yes No

If Yes,

How old were you when you first did this?

How many times have you done this?

When was the last time you did this?

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?)

Has this behaviour ever resulted in hospitalization or injury severe enough to require medical treatment?

12) Have you ever intentionally rubbed glass into your skin?

Yes No

If Yes,

How old were you when you first did this?

How many times have you done this?

When was the last time you did this?

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?)

Has this behaviour ever resulted in hospitalization or injury severe enough to require medical treatment?

13) Have you ever intentionally broken your own bones?

Yes No

If Yes,

How old were you when you first did this?

How many times have you done this?

When was the last time you did this?

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?)

Has this behaviour ever resulted in hospitalization or injury severe enough to require medical treatment?

14) Have you ever intentionally banged your head against something, to the extent that you caused a bruise to appear?

Yes No

If Yes,

How old were you when you first did this?

How many times have you done this?

When was the last time you did this?

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?)

Has this behaviour ever resulted in hospitalization or injury severe enough to require medical treatment?

15) Have you ever intentionally punched yourself, to the extent that you caused a bruise to appear?

Yes No

If Yes,

How old were you when you first did this?

How many times have you done this?

When was the last time you did this?

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?)

Has this behaviour ever resulted in hospitalization or injury severe enough to require medical

treatment?

16) Have you ever intentionally prevented wounds from healing?

Yes No

If Yes,

How old were you when you first did this?

How many times have you done this?

When was the last time you did this?

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?)

Has this behaviour ever resulted in hospitalization or injury severe enough to require medical treatment?

17) Have you ever intentionally done anything else to hurt yourself that was not asked about in this questionnaire?

Yes No

If Yes,

How old were you when you first did this?

How many times have you done this?

When was the last time you did this?

How many years have you been doing this? (If you are no longer doing this, how many years did you do this before you stopped?)

Has this behaviour ever resulted in hospitalization or injury severe enough to require medical treatment?

## **Appendix F-6 – Disordered Eating Behaviour**

Eating Attitudes Test -26  
(Garner, Olmsted, Bohr & Garfinkel, 1982)

Please respond to the following questions with one of the following: never, rarely, sometimes, often, very often, or always.

- 1) I engage in dieting behaviour
- 2) I eat diet foods
- 3) I feel uncomfortable after eating sweets
- 4) I enjoy trying new rich foods
- 5) I avoid foods with sugar in them
- 6) I particularly avoid foods with high carbohydrate content

- 7) I am preoccupied with a desire to be thinner
- 8) I like my stomach to be empty
- 9) I think about burning up calories when I exercise
- 10) I feel extremely guilty after eating
- 11) I am terrified about being overweight
- 12) I am preoccupied with the thought of having fat on my body
- 13) I am aware of the calorie content of foods that I eat
- 14) I have the impulse to vomit after meals
- 15) I vomit after I have eaten
- 16) I have gone on eating binges where I feel that I may not be able to stop
- 17) I give too much time and thought to food
- 18) I find myself pre-occupied with food.
- 19) I feel that food controls my life
- 20) I cut my food into small pieces
- 21) I take longer than others to eat meals
- 22) Other people think that I am too thin
- 23) I feel that others would prefer if I ate more
- 24) I feel that others pressure me to eat
- 25) I avoid eating when I am hungry
- 26) I display self-control around food

Reverse scored items: 4

Always = 3 points

Very often = 2 points

Often = 1 point

All other responses = 0 points

## **Appendix G – Debriefing**



Dear Participant,

Thank you for your participation! This study is meant to investigate the relationship between self injury and/or disordered eating behaviour and body attitudes. Three of the scales you completed tell us more about the feelings and thoughts you have about your body. The questions about self injury and disordered eating help us to assess the severity of these behaviours. The demographics questionnaire allow us to anonymously compare your data to data belonging to people of different genders and ages. We also asked you about trauma, because some of the previous research suggests that it might be related to self-injury, disordered eating and body attitudes.

If you are interested in receiving a copy of the research findings when the study is complete, please e-mail me at . If you felt any distress or other negative emotions while participating in this study, we invite you to contact one of the resources listed below.

**Online Resources:**

[www.sioutreach.org](http://www.sioutreach.org)

[www.crpsib.edu](http://www.crpsib.edu)

[www.selfinjury.com](http://www.selfinjury.com)

<http://www.something-fishy.org/>

**Hotlines:**

**Canada and US:**

1-800-SUICIDE

National Suicide Prevention Lifeline (Assists anyone in crisis or distress):1-800-273-TALK

**United Kingdom:**

Samaritans (Crisis line)– 08457 90 90 90

SANE Helpline – 0845 767 8000

**Australia:**

Lifeline (Crisis line): 13 11 14

RUOK(connects you to five crisis and information lines): 1-800-RUOKDAY (7865329)

**New Zealand:**

Lifeline (Crisis line): 0800 543 354

0508 TAUTOKO (Crisis line) : 0508 828 865

**Referrals:**

If you are not in crisis but would like to receive therapy, please see below for some resources that can assist you in finding a therapist.

Canadian Registry of Psychologists: Lists therapists in Canada.

[http://www.findapsychologist.ca/wp-content/themes/crhspp/index\\_search.php](http://www.findapsychologist.ca/wp-content/themes/crhspp/index_search.php)

American Psychological Association: Lists therapists in the US and Canada

<http://locator.apa.org/>

The New Zealand Psychological Society: Lists therapists in New Zealand

<http://www.psychologistsboard.org.nz/>

The Australian Psychological Society: Lists therapists in Australia.

<http://www.psychology.org.au/FindaPsychologist/>

The British Psychological Society: Lists referral sources for therapists in Britain

<http://www.bps.org.uk/psychology-public/find-psychologist/find-psychologist>

Once again, thank you for your participation - it is greatly appreciated!

Sincerely,

Terra Pritchard, BA

## **Appendix H – List of all resources provided to participants**

### **Online Resources**

Self-injury Outreach & Support (SiOS) -- [www.sioutreach.org](http://www.sioutreach.org)

It provides research-informed resources for individuals who self-injure, including: general information, a series of coping guides (e.g., coping with NSSI urges, difficult feelings), a platform to read and submit recovery-based stories; also includes guides for parents, teachers, mental health & medical professionals

Cornell Research Program for Self-injurious Behavior (CRPSIB) -- [www.crpsib.edu](http://www.crpsib.edu)

It has research publications, NSSI resources for various stakeholders (those who self-injure, parents, teachers), factsheets, video presentations on treatment, etc.

SAFE Alternatives -- [www.selfinjury.com](http://www.selfinjury.com)

Based on the SAFE program for NSSI intervention (by Wendy Lader & Karen Conterio). Provides admission, treatment and referral information; resources; moderated blog; materials for mental health professionals.

Something Fishy – Website on Eating Disorders -- <http://www.something-fishy.org/>

Offers information and support for anorexia, bulimia, etc.

### **Hotlines:**

Canada and US:

1-800-SUICIDE

National Suicide Prevention Lifeline (Assists anyone in crisis or distress): 1-800-273-TALK

United Kingdom:  
Samaritans (Crisis line)– 08457 90 90 90  
SANE Helpline – 0845 767 8000

Australia:  
Lifeline (Crisis line): 13 11 14  
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New Zealand:  
Lifeline (Crisis line): 0800 543 354  
0508 TAUTOKO (Crisis line) : 0508 828 865

### **Referrals:**

If you are not in crisis but would like to receive therapy, please see below for some resources that can assist you in finding a therapist.

Canadian Registry of Psychologists: Lists therapists in Canada.  
[http://www.findapsychologist.ca/wp-content/themes/crhspp/index\\_search.php](http://www.findapsychologist.ca/wp-content/themes/crhspp/index_search.php)

American Psychological Association: Lists therapists in the US and Canada  
<http://locator.apa.org/>

The New Zealand Psychological Society: Lists therapists in New Zealand  
<http://www.psychologistsboard.org.nz/>

The Australian Psychological Society: Lists therapists in Australia.  
<http://www.psychology.org.au/FindaPsychologist/>

The British Psychological Society: Lists referral sources for therapists in Britain  
<http://www.bps.org.uk/psychology-public/find-psychologist/find-psychologist>

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