

Eating Disorders & College Students



Best Practices to Support Complex Students & Navigate On Campus Treatment Challenges

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Who's at Risk? Genetics

Current research indicates that AN and BN are as inheritable as other serious psychiatric illnesses

There are no single gene explanations although genetics probably contribute to a heightened risk for developing these illnesses

- Increased risk with family history of eating disorders, mood disorders, anxiety disorders—(Anorexia -12X and Bulimia -4X)

Many of the personality characteristics of people with AN and BN seem to have a genetic component

Bulk et al. (2006). Prevalence, heritability, and prospective risk factors for anorexia nervosa. Archives of General Psychiatry, 63 (3), 305-312.

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Who's at Risk? Life Experiences

Peer groups with unhealthy behaviors

- Extreme dieting or exercise
- Use of drugs & alcohol
- Self-harm behaviors

History of being teased or ridiculed

- Particularly for weight/appearance

Accumulative life stressors and transitions

- Parental divorce, frequent moves, rape/incest trauma

Situational pursuits that emphasize specific body-type/weight

- e.g. diving, gymnastics, wrestling, ballet

Chronic illness

- GI issues, Food Allergies/Intolerances, Type 1 Diabetes, Cancer

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| Wellness | Preoccupation with body shape, size & food | Distress about body shape, size & food | Eating Disorders |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Mostly positive feelings about body shape/size No "good" or "bad" foods Regular moderate exercise | <ul style="list-style-type: none"> Dislikes certain body parts or has a consistent desire to lose a few pounds Frequent thinking about food, eating and body Sometimes feel guilty or bad for eating and may "make up for it" | <ul style="list-style-type: none"> Thoughts about food, eating and body interferes with daily activities Rigidity in eating Compensates for eating (e.g., vomiting, fasting, over-exercising) | <ul style="list-style-type: none"> Anorexia Nervosa Bulimia Nervosa Binge Eating Disorder Other Specified Feeding or Eating Disorder (OSFED) ARFID |

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Intersectionality

| Race & Culture | Identity | Size Diversity | Socioeconomic status |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Microaggressions Racism, Sexism, Ableism, Homophobia, etc. | <ul style="list-style-type: none"> All aspects of identity are important How do they impact the ED and other mental health issues? | <ul style="list-style-type: none"> Eating disorders are not one size or shape Biases in assessment for ED clients | <ul style="list-style-type: none"> Pandemic, panic buying, food scarcity |

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Financial Resources

| Financial resources | Community resources |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Payment plans Tuition reimbursement Community based scholarships Project HEAL | <ul style="list-style-type: none"> ANAD EDA Groups Community support groups Renfrew alumni events & webinars 12-step or SMART recovery groups Emotions Anonymous |

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Important Assessment Considerations

*Regardless of presenting problem at intake

Include assessment items about:

- Family culture around food (dieting, labeling foods, etc.)
- Body image concerns (frequent weighing, body checking, etc.)
- Food concerns (food insecurity, meal prep skills, etc.)
- Relationship to exercise and movement
- Identity (is it centered around food, weight, or exercise?)

Consider frequently co-occurring concerns:

- Obsessive-compulsive tendencies
- Difficulty regulating mood (anxiety/depression)
- Trauma history
- Substance use

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Standardized Assessment Tools

Eating Disorder Assessments

- EDI-3 Eating Disorder Inventory
- EDE-Q Eating Disorder Examination Questionnaire
- EDDS Eating Disorder Diagnostic Scale
- SCOFF Eating Disorder Questionnaire

Mood Assessments

- Beck Anxiety Inventory
- Beck Depression Inventory
- The Columbia Protocol

Female Athlete Assessments

- RED-S
- Compulsive Exercise Test
- Female Athlete Screening Tool

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| The Berkeley Center Daily Food Exercise Journal | | Patient Name: _____ Date: _____ | | | | Quarter: _____ |
|----------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------|------------------------------------------------|-------------------------------------------|---------------------------------|
| Complete this section 8 times a week using 10/10/1000 per meal | | Complete this section 8 times a week using 10/10/1000 per meal | | | | |
| Background | Observations | Assessments | How Emotional Experiences are Met | | Thinking about the Experiences | |
| Place the background for your meal | Describe your meal in terms of what you ate and how you ate it | How do you feel about the meal? | Thoughts that come up through your meal | Physical Reactions that occur during your meal | Beliefs/Myths that occur during your meal | How do you feel about the meal? |
| 1 | Food: _____ Drink: _____ Fats: _____ Fiber: _____ Sugar: _____ | • 10/10/1000 | | | | • 10/10/1000 |
| 2 | Food: _____ Drink: _____ Fats: _____ Fiber: _____ Sugar: _____ | • 10/10/1000 | | | | • 10/10/1000 |
| 3 | Food: _____ Drink: _____ Fats: _____ Fiber: _____ Sugar: _____ | • 10/10/1000 | | | | • 10/10/1000 |
| 4 | Food: _____ Drink: _____ Fats: _____ Fiber: _____ Sugar: _____ | • 10/10/1000 | | | | • 10/10/1000 |
| 5 | Food: _____ Drink: _____ Fats: _____ Fiber: _____ Sugar: _____ | • 10/10/1000 | | | | • 10/10/1000 |
| 6 | Food: _____ Drink: _____ Fats: _____ Fiber: _____ Sugar: _____ | • 10/10/1000 | | | | • 10/10/1000 |
| 7 | Food: _____ Drink: _____ Fats: _____ Fiber: _____ Sugar: _____ | • 10/10/1000 | | | | • 10/10/1000 |
| 8 | Food: _____ Drink: _____ Fats: _____ Fiber: _____ Sugar: _____ | • 10/10/1000 | | | | • 10/10/1000 |

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Emotion Coaching



ATTEND TO THE EMOTION



LABEL THE EMOTION



VALIDATE THE EMOTION

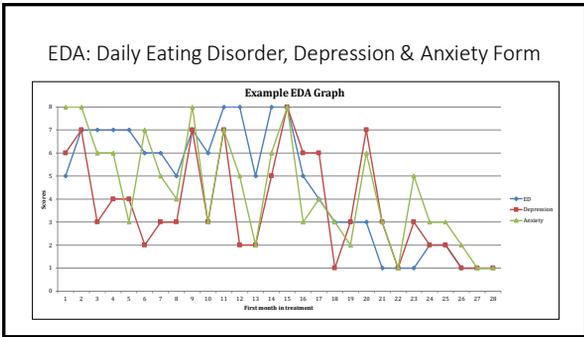


MEET THE EMOTIONAL NEED



FIX/PROBLEM SOLVE – ONLY WHEN NEEDED

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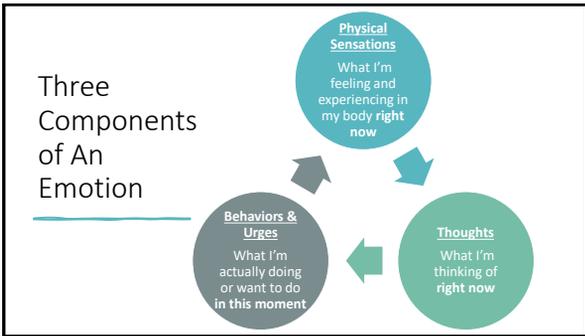


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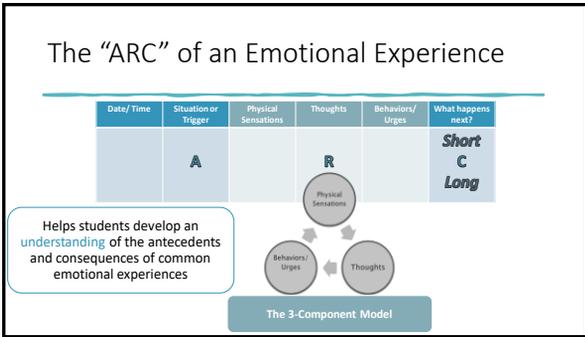
Decisional Balance

| | Cons/Costs | Pros/Benefits |
|----------------------|------------------------------------------------------------------|------------------------------------------------------------------|
| Change | Why don't you want to change? What are the costs of changing? | Why do you want to change? What are the benefits of changing? |
| Stay the Same | What are the costs of staying the same? | Benefits of staying the same? |

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Downward Arrow: And Then What?

- If this were true, what would it mean about me?
- Why does this matter to me?
- What would happen if this were true?
- What would happen next? What would happen to me?
- What does this mean I would need? Or do? Or not be able to do?
- What does this mean about how people would perceive me?
- What are you worried that might mean?
- And why does that bother me?
- What does that suggest?

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Reappraisals

- Reappraisals are alternatives to automatic thoughts and “thinking traps”
 - They are NOT the exact opposite or necessarily positive
 - Encouraging patients to think about ALL possibilities in a situation
 - Non-judgmental
- Examples of Reappraisals
 - Countering probability overestimation and de-catastrophizing

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Medical Concerns

- Orthostatic vitals
- Cardiac arrhythmia, fainting, bradycardia
- Shortness of breath
- Dental erosion
- Cold intolerance
- Amenorrhea
- Early onset osteoporosis/osteopenia
- Hair loss, growth of lanugo
- Impaired immune system
- Abnormal lab values
- Seizures
- High blood pressure

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Behavioral: Consider Additional Support

- Student's relationship with food and/or exercise, as well as body image issues, are getting in the way of the college experience
- Mood dysregulation interfering with relationships and academics
- Self-injury
- Substance abuse
- Suicidal ideation
- Recommendations from other professionals on care team

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Free Resources

- National Eating Disorders Association (NEDA)
- National Association of Anorexia Nervosa and Associated Disorders (ANAD)
- Multi-Service Eating Disorders Association (MEDA)
- Education and Insight on Eating Disorders (EDIN) and other regional resources
 - EDIN is a local GA non-profit
- Local iaedp chapter
- Social media
 - Instagram, Pinterest, influencers, ED professionals social media accounts
- Renfrew alumni services (events, webinars, blogs, etc.)
<http://www.renfrewsupport.org/>

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