

# Eating Disorders & College Students



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

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The Renfrew Centers

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

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### Intersectionality

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

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### Financial Resources

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

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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 100% of your usual intake |   | Complete this section 8 times a week using 100% of your usual intake |   |   |  |   |
| Background   | Description   | Assessment   | How Emotional Experiences are Met       |   | Thinking about the Consequences                    |   |
| Place the background for your event                                  | Briefly record the situation as it unfolded and how you reacted | How events unfolded in the hour before, during or after              | Thoughts that occurred during the event | Physical Reactions that occurred during the event | Behaviors/Reactions that occurred during the event | How did you feel about the consequences of your emotional experience in the hour after the event? |
| 1  | Event   |  |   |   |  | How I felt  |
|  | Event History   |  |   |   |  | Look, Don't   |
|  | Thought   |  |   |   |  | Look, Don't   |
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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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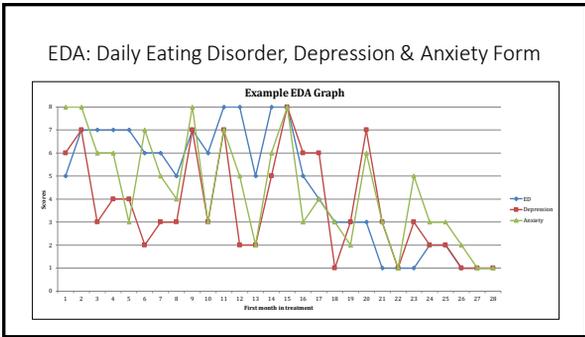
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# Decisional Balance

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

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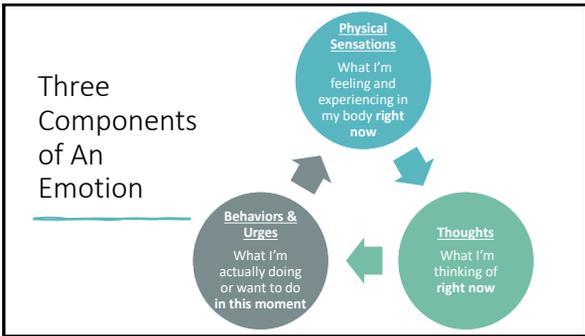
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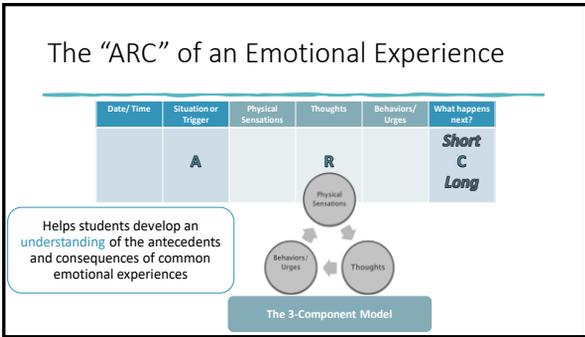
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### Downward Arrow: And Then What?

- 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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## Contact

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National Intake Line: 1-800-RENFREW



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