


Eating Disorders & College Students

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

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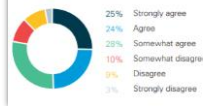


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The Perfect Storm

- Transition
- Biological, Psychosocial, Cultural, etc.
- Mental health stigma
 - 45% of students perceive that they are judged negatively for receiving treatment
- Lack of resource awareness
 - 22% of students don't know where to go for help on their campus

I currently need help for emotional or mental health problems such as feeling sad, blue, anxious or nervous.



| Response | Percentage |
|-------------------|------------|
| Strongly agree | 25% |
| Agree | 24% |
| Somewhat agree | 23% |
| Somewhat disagree | 10% |
| Disagree | 9% |
| Strongly disagree | 3% |

Healthy Minds Network (2020). Healthy Minds Study among Colleges and Universities, 2020

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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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Eating Disorders
Rarely Travel Alone

A study of more than 2,400 individuals hospitalized for an eating disorder found that **97%** had co-occurring conditions:

- 94%** Mood disorders, mostly major depression
- 56%** Anxiety disorders
- 20%** Obsessive-compulsive disorder
- 22%** PTSD
- 22%** Alcohol or substance use disorder

Tagay, S., Schottbahn, E., Reyes-Rodriguez, M. L., Repp, N., & Senf, W. (2014). Eating disorders, trauma, PTSD, and psychosocial resources. *Eating disorders*, 22(1), 33-46.

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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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**Research Snapshot
(2017-2021)**

From fad to FAD: A theoretical formulation and proposed name change for "drunkorexia" to food and alcohol disturbance (FAD)

Food and Alcohol Disturbance (FAD) in the U.S. and France: Nationality and gender effects and relations to drive for thinness and alcohol use

The association between Food and Alcohol Disturbance (FAD), race, and ethnic identity belonging

A comparison of food and alcohol disturbance (FAD) in sorority and non-sorority women

Food and alcohol disturbance by athlete status: the roles of drive for thinness, drive for muscularity, and sex

Exploring the Link Between Neuroticism-Depression and College Drinking

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Social Media

- While social media can be used to connect and build connection, it can also provide an environment of comparison, dominant culture beauty ideals, and unrealistic expectations.
- Apps/websites that can influence EDs
 - Tic Toc, Instagram, FaceBook, YouTube, Snapchat
 - Pro-Ana/Pro-Mia websites
- Social Media Literacy
 - Positive accounts on social media that demonstrate common humanity, body acceptance/neutrality
 - Recovery oriented resources (professionals, recovery centers)

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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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Exploring with Students

Can you eat when you are hungry and usually stop when you are satisfied?

Do you avoid certain food items due to texture?

Do you make food choices based on foods you enjoy?

Do you become physically uncomfortable (such as weak, tired, dizzy, a headache) when you under-eat or diet?

Do you feel that your food selections include all foods? Including foods that are high in fat or calories?

Do you engage in compensatory behaviors (vomit, laxatives, exercise, diet pills, diuretics) after you eat?

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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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Red Flags: Initial Assessment

- Talking excessively about weight, shape, food, exercise, etc.
- Avoiding entire food groups
- Missing meals or lack of structure in meals
- Significant changes in relationship with food (e.g., fear foods, binge foods, etc.) and/or activity routine
- Changes in physical appearance (weight fluctuations, thinning hair, easy bruising, cracked knuckles, change in clothing choice, etc.)
- Avoiding social gatherings where food is present
- Other mental health concerns (isolation, self-harm behaviors, SI, academic struggles, family conflict, etc.)

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Red Flags: Identified ED student

- Unable or unwilling to follow treatment recommendations
- Inability to reduce ED behaviors, even when motivated
- Missing scheduled appointments
- Medication non-compliance
- Lab abnormalities and/or blood pressure changes (e.g., orthostatic vitals, bradycardia, hypertension)
- Difficulties with academic duties
- Isolating
- Co-occurring mental health concerns that require additional support

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Intervention in a Multi- Disciplinary ED team

- Care Coordination
 - Own your lane
 - Beware of spitting by student
- Labs
 - Warning signs
 - Bargaining tool

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Intervention in a solo or siloed role

- Find support
- Consultation
- Supervision
- Accountability
- Refer out to ED specialists as needed

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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

[illegible]

- One of the **most important tools** to increase **awareness of connection** between *food* and *feelings*.
- Provides **support, structure** and **accountability** for following meal plan.
- Fill out before, during and after meals
- Complete daily
- Reviewed together in nutrition and/or therapy sessions

- [illegible]

[illegible]

Emotion Tracking

- Awareness tool
- Recognition of emotional response to notable antecedents
- Recognition that as depression/anxiety increases, often ED does too

=Insight that eating disorder IS ABOUT EMOTION

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| | Cons/Costs | Pros/Benefits |
|---------------|--|--|
| Change | <ul style="list-style-type: none">• Recovery is unknown• I may feel alone• Potential judgment of others (friends & family) when they find out• Fear I'll never stop eating if I give myself permission and let go of my eating disorder rules• May disappoint my family/religion/culture• I may not have anything to connect to my friends or family about• I don't know who I am without my eating disorder | <ul style="list-style-type: none">• I'll be able to move towards my goals• Build trust with my supports• Living a fuller life• I'll be able to eat more variety, conquer fears with textures and/or physical sensations• I'll improve my relationship with my partner, my kids, my peers, my parents, and food• Want to be allowed to play sports again• I want to be able to think about something else besides weight, food, calories, numbers, body shape• Can order whatever I want at a restaurant |
| Stay the Same | <ul style="list-style-type: none">• What I do and what I value will continue to be mismatched• I'll continue to feel this way, or even feel worse• I won't be able to experience things outside of my comfort zone without my eating disorder• I won't move forward in the things I want and be an advocate for others• I won't have the social life I want- and surround myself with those who I feel most comfortable around | <ul style="list-style-type: none">• I won't have to tell anyone about treatment or that I even have an eating disorder• Feels more known and comfortable/predictable• If I keep dieting, I'll be more able to blend in/be accepted• It gives my life structure or organization.• My symptoms are the one dependable and consistent thing in my life.• Continue to feel like I'm leaving a big part of me covered – which feels safer sometimes• It's easier (sometimes) |

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The "ARC" of an Emotional Experience

| Date/Time | Situation or Trigger | Physical Sensations | Thoughts | Behaviors/ Urges | What happens next? |
|-----------|----------------------|---------------------|----------|------------------|--------------------|
| | A | | R | | Short C Long |

Helps students develop an understanding of the antecedents and consequences of common emotional experiences

Physical Sensations

Behaviors/ Urges

Thoughts

The 3-Component Model

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| SAMPLE ARC | | | | | |
|--------------------|---|--|---|---|---|
| Date/Time | Situation or Trigger | Physical Sensations | Thoughts | Behaviors/ Urges | What happens next? |
| 5/1/21 12:10 pm | Was late, and couldn't find a seat that fits me in class and had to sit on stool on the side Earlier (historical) antecedents: -Being bullied for being fat -Many experiences where seats don't fit me -Family of holocaust survivors -Entire family dieted and encouraged me | Heart racing Sweating Pit in stomach Nauseous | "I don't belong" "my body is wrong" "Why don't they make chairs that fit me?" "This is embarrassing" "I want to cancel all my plans" "I should go on a diet" | Bx: cry/tear up Bx: hide I was crying by looking down Urge: to write angry letter Urge: to not eat lunch Bx: ate anyway Bx: reached out to support on online community forum | Short term: Anxiety due to eating anyway Immediately connected because of reaching out Long term: Increased anxiety around going late to class Emotional Tolerance |

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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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Downward Arrow Technique

"I don't belong and I will always be the biggest one"

↓

"I'll continue to be the 'other' in all spaces"

↓

"No one will like me and get to know me"

↓

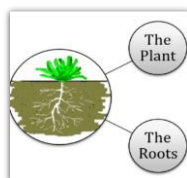
"I'll be just like my mom, sleeping all day and alone"

↓

"I'll be depressed"

↓

"I'm irrelevant and unworthy"



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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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Examples: Reappraisals

This will never get better

- This is really hard/uncomfortable/overwhelming right now, but maybe it will get better in the future

I can't do anything right

- I really messed up/I really don't like that I made that decision, but that doesn't necessarily mean that I'm a failure

I'm never going to like my body

- I don't like my body right now, but maybe I don't have to hate it today

Nobody is going to like me or want to date me

- I'm really lonely and it's hard to meet people, but maybe I have something good to offer people

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Medical:
Consider
Additional
Support

- Medical complications, even minor ones
 - Abnormal vitals and/or labs
- Lack of medication compliance
- Significant weight fluctuations over several months

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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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| LEVELS OF CARE | MEDICAL STABILITY | SUICIDE RISK | PERCENT OF IBW | ED BEHAVIORS | MOTIVATION | SUPPORT SYSTEM |
|----------------------|-----------------------------|-----------------------------|----------------|-----------------------------|---------------------|----------------------------|
| INPATIENT | 24 Hour Medical Supervision | High Risk Danger to Self | <85% IBW | Requires 24 Hr. Supervision | Very Poor to Poor | Lack of Support |
| RESIDENTIAL | Daytime Monitoring | High Risk Danger to Self | <85% IBW | Requires Supervision | Poor to Fair | Lack of Support |
| PARTIAL HOSPITAL | Medically Stable | Monitor as Needed | >80% IBW | Requires Structure | Partially Motivated | Limited to Partial Support |
| INTENSIVE OUTPATIENT | Medically Stable | Monitor as Needed | >80% IBW | Uses Structure | Fair Cooperative | Adequate Support |

American Psychiatric Association Level of Care Guidelines, 3rd Edition

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BALANCING ACT:

Considering a Medical Leave for Treatment

Making the decision to take a medical leave from school to seek eating disorder treatment can be challenging and overwhelming, but also life-altering and life-saving.

This complex decision should be made with the guidance of a trained eating disorder professional. Please call 1-800-RENEW to schedule an assessment if you answer yes to any of the below.

When Should I Consider a Leave of Absence?

- Your relationship with food/exercise and your body are getting in the way of the social and academic experiences.
- You have medical complications as a result of your relationship with food/exercise.
- You have had significant weight fluctuations in the past six months.
- You are unable to take prescribed medications regularly.
- Your mood or anxiety are having a negative effect on your relationships and/or academic performance.
- You are engaging in self-harm and/or substance use.
- You are experiencing suicidal thoughts.
- Professionals or loved ones have recommended taking a leave of absence to focus on treatment.

Eating disorders are dangerous and potentially deadly illnesses. Early interventions have been shown to increase the chances for a full recovery. Treatment for any eating disorder should be considered urgent and be prioritized, even if symptoms appear to be mild.

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Navigating Medical Leave

- Key collaborators
 - Counseling Services
 - Health Services
 - Disability Services
 - Dean's Office
 - Family/Supports

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Treatment Resistance

“Isn’t some care better than no care?”

“I’m stuck”, “my hands are tied”, etc.

Boundaries and accountability – provider and student

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Creative Solutions

- Involving family/supports when you are able
 - OP team, coaches, mentor, spiritual leaders
- Gathering information from school resources if a medical leave is necessary
- Identifying resources for flexibility (PHP, IOP, OP groups, etc.)
- Recovery coaches (if finances permit)
- Harm reduction model
- Collaborating with OP specialist

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THE RENFREW CENTER for Eating Disorders



Virtual Day Treatment & Intensive Outpatient Programming Available to College Students Nationwide

For those in need of a higher level of care, Renfrew offers Residential treatment at two locations in Philadelphia, PA and Coconut Creek, FL.



The Renfrew Center of Philadelphia 407 Spring Lane • Philadelphia, PA 19108 The Renfrew Center of Florida 7700 Renfrew Lane • Coconut Creek, FL 33073

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Financial Resources

Financial resources

- Payment plans
- Tuition reimbursement
- Community based scholarships
- Project HEAL
- Rebecca's Eating Disorder Foundation

Community resources

- ANAD & EDA Groups
- Community support groups
- Renfrew alumni resources
- 12-step or SMART recovery groups
- Emotions Anonymous

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Virtual Resources

- **Eating Disorder Recovery Specialists**
 - Virtual meal support
 - Take some insurance (based on state)
- **Uwill.com Student Mental Health**
 - Licensed therapists
 - Student selected clinician
 - 24/7/365 emergency assistance
 - Live events
 - Video, text, live chat, or phone
- **BetterHelp.com**
 - Unlimited virtual therapy
 - Licensed clinicians
 - Text, video, phone, or live chat
 - Marketed as more affordable than traditional therapy



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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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