

It's a Balancing Act: Navigating Ethical Care and College Expectations for Students with Eating Disorders

Laura McLain, PsyD, BC-TMH

The Renfrew Centers

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ABOUT THE RENFREW CENTER

- First residential treatment facility in the nation for eating disorders, opened in 1985.
- Provides expert treatment for anorexia, bulimia, binge eating disorder, and related mental illnesses.
- Established as a family-run business, currently operating with multi-generational leadership.
- Accepts 430+ insurance plans across the country and is a preferred provider for many insurance companies.
- Incorporates The Renfrew Center Unified Treatment Model for Eating Disorders®, integrating our relational approach with the latest scientific research.
- Offers residential, day treatment, intensive outpatient, and outpatient services including virtual therapy.

LOCATIONS NATIONWIDE

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WE HAVE **35** YEARS OF EXPERIENCE

TREATED MORE THAN **85,000** ADOLESCENT GIRLS & WOMEN

19 LOCATIONS IN THE UNITED STATES



The Renfrew Center of Philadelphia – Spring Lane is located on a picturesque 27-acre wooded estate.



The Renfrew Center of Florida is located on a 10-acre former horse farm in Coconut Creek, near Boca Raton.

CONNECT WITH US

For more information about The Renfrew Center's programs and services, please contact **1-800-RENFREW (736-3739)** or visit www.renfrewcenter.com.

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Coconut Creek, FL 33073

COLLEGE PROGRAMMING

at The Renfrew Center of Coconut Creek, Florida

Residential Eating Disorder Treatment

ENROLL TODAY!

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THE 32ND ANNUAL RENFREW CENTER FOUNDATION CONFERENCE FOR PROFESSIONALS



RENFREW CONFERENCE !
2022 Feminist Perspectives and Beyond

Treating Eating Disorders With
COMPASSION & INCLUSION

Beginning Virtually November 11, 2022 - December 30, 2022

YOUR REGISTRATION WILL GIVE YOU ACCESS TO:

- 4 Live Keynote Presentations
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More information coming soon! For questions, please contact conference@renfrewcenter.com.



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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

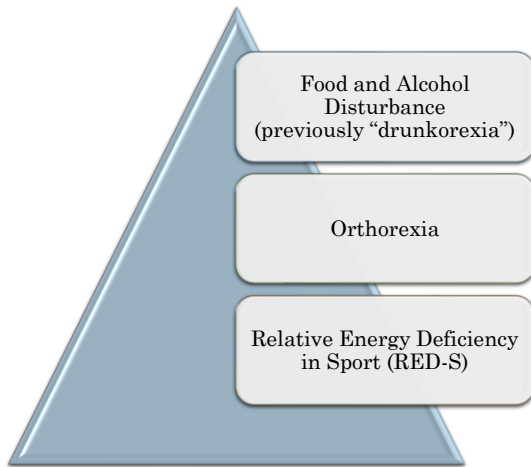
Tagay, S., Schlottbohm, E., Reyes-Rodriguez, M. L., Repic, N., & Senf, W. (2014). Eating disorders, trauma, PTSD, and psychosocial resources. Eating disorders, 22(1), 33-49.

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Eating Disorders Overview

Anorexia Nervosa (AN)	Bulimia Nervosa (BN)	Binge Eating Disorder (BED)	Other Specified Feeding/Eating Disorder (OSFED)	Avoidant/Restrictive Food Intake Disorder (ARFID)
<ul style="list-style-type: none">• Calorie deficit, negative body image, rigid thinking, food rules/rituals• Overcontrol, risk averse• Restrict, Binge/Purge Type	<ul style="list-style-type: none">• Binge eating, compensatory purging, negative body image• Compulsive, out of control, labile	<ul style="list-style-type: none">• Binge eating, grazing, mindless snacking, over ordering food, over portioning• Secretive, out of control, shame	<ul style="list-style-type: none">• Subclinical eating disorders, distress• Purging disorder, Night Eating Syndrome, Laxative abuse• "Atypical" anorexia• Orthorexia, Food and Alcohol Disturbance (FAD)	<ul style="list-style-type: none">• Calorie deficit, extreme picky eating, texture, sensory issues• Lack of body image disturbance• Co-occurring often ADHD, Autism spectrum, sensory disorders

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- *“Atypical” Anorexia*
- *Purging Disorder*
- *PICA*
- *Rumination Disorder*
- *Compulsive Exercise*

Disordered Eating & Eating Disorders

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BIPOC Students

Out of 43,375 undergraduate and graduate students surveyed, 21% of Black students with a mental health problem received a diagnosis compared with 48% of White students*

Despite similar rates of eating disorders among across races and ethnicities in the United States, **People of Color are significantly less likely to receive help** for their eating issues.

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LGBTQIA+

- According to the National Eating Disorders Association (NEDA):
 - Gay and bisexual males report higher rates of ED behaviors (restrict, binge, purge, fasting)
 - Females who identify as lesbian, bisexual, or mostly heterosexual are 2x more likely to report binge eating in the past month
 - Elevated rates of binge-eating and purging (vomiting, laxative abuse)
 - A sense of connectedness to the gay community was related to fewer current eating disorders.
 - Individuals who identify as transgender and non-binary reported a reduction in eating disorder behaviors after having gender congruent surgery.

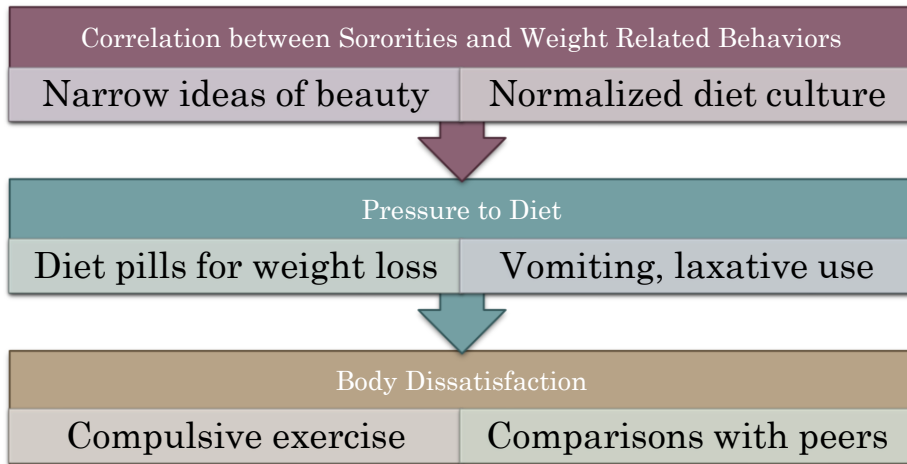
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Student Athletes

- According to the National Eating Disorders Association (NEDA):
 - In a study of Division 1 NCAA athletes, over 1/3 of female athletes reported attitudes and behaviors that put them at risk for anorexia.
 - Males, females, and transgender/non-binary student athletes may be at risk for eating disorders:
 - Weight-class sports (wrestling, rowing, horseracing)
 - Aesthetic sports (gymnastics, body building, swimming, diving)
 - Among female college athletes, 25% reported subclinical eating disorder behaviors.
 - The vast majority (75%) of athletic trainers feel ill-equipped to identify a student athlete with an eating disorder.

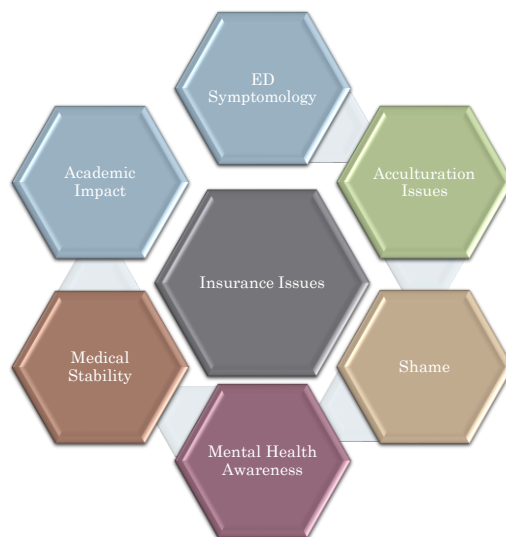
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Greek Life



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International students



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Sexual Assault on Campus

- “**25.9%** of female undergraduates and **6.8%** of male undergraduates report experienced nonconsensual contact through physical force or because they were unable to give consent.”
- “Sizable increases in knowledge about sexual assault and misconduct among undergraduates”
 - Definition, reporting, on-campus resource availability
- **11.2% of all students** experience rape or sexual assault through physical force, violence, or incapacitation (among all graduate and undergraduate students)
 - Among undergraduate students: **23.1% of females** and **5.4% of males**.
 - Among graduate and professional students: **8.8% of females** and **2.2% of males**.



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Substance Use

- In **1 in 3** sexual assaults, the perpetrator was intoxicated
- **43%** of the sexual victimization incidents involve alcohol consumption by victims and **69%** involve alcohol consumption by the perpetrators
- At least **50%** of college student sexual assaults are associated with alcohol use
- **90%** of acquaintance rapes involve alcohol



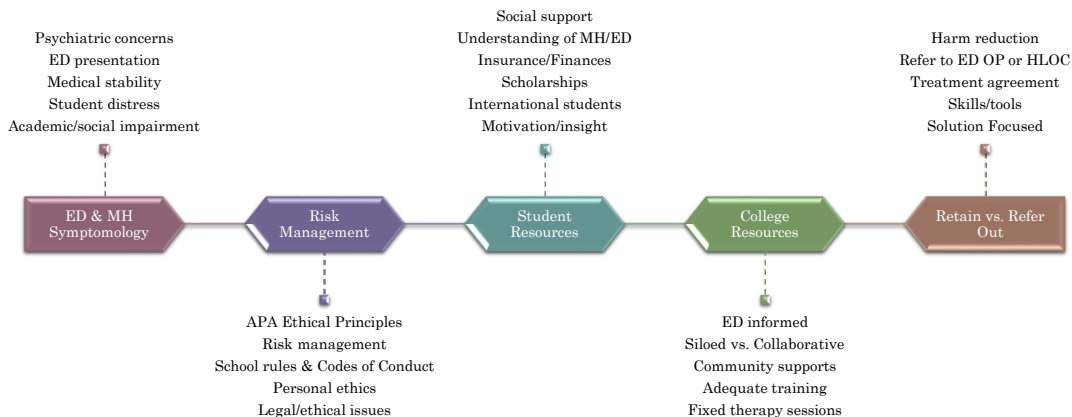
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Research - Social Comparison

- Those with lower body image tend to compare themselves more to others.
- One study found that more identified females than males (White, Asian) posted edited photos on social media
 - Posting edited photos associated with higher rates of disordered eating
 - Higher investment in social media linked to higher rates of body dissatisfaction, anxiety, and depression
- Protective factors
 - Critiquing the beauty ideal
 - Appreciating their own and others' appearance and body function
 - Focusing on values and personality
 - Linking beauty-ideal imagery to negative consequences in the past
- Seeing more social media use to influence ED recovery, increase body acceptance, and decrease mental health stigma

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College Professional Decision Tree



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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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APA Cultural Formulation Interview

[APA DSM5 Cultural-Formulation-Interview.pdf \(psychiatry.org\)](https://www.psychiatry.org/patients-families/apa-dsm5-cultural-formulation-interview)

Cultural Definition of the Problem

Cultural Perceptions of Cause, Context, and Support

- Causes
- Stressors and Supports
- Role of Cultural Identity

Cultural Factors Affecting Self-Coping and Past Help Seeking

- Self-Coping
- Past Help seeking
- Barriers

Cultural Factors Affecting Current Help Seeking

- Preferences
- Clinician-Patient Relationship

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Informal Assessment Considerations

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, PTSD
- Substance use
- Mood Disorders
- Anxiety Disorders
- Neurodiversity

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Early Warning Signs

Dieting, eliminating foods, changing food rules

Following unhelpful social media accounts (fistpo/thinspo, pro-Ana, pro-Mia)

Distress when talking about relationship with food and/or body image

Hiding body with clothes (ex: wearing baggy clothes, changing multiple times)

Change in eating behaviors - eating slowly, cutting food into small bites, eating very quickly

Avoiding eating with others, for example making excuses of having eaten already or elsewhere

Becoming socially isolated, avoiding peers

Fear of choking or vomiting when eating

A new or increased exercise routine —strict, rigid, compulsive fitness program

Impulsivity – compulsive shopping, risky sexual behavior, substance abuse, compulsive buying of food

Forms of purging – laxatives, diet pills, diuretics

Medical concerns (i.e. blood pressure, heart rate, abnormal labs, fainting, dizziness)

Hiding food, wrappers in room or trashcan, hoarding food

Violations of School Conduct Codes (i.e. vomiting in bathrooms, hoarding food in room, stealing food from dining hall)

Lack of food knowledge (i.e. preparing meals, nutrition, diet culture)

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Helpful Questions

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?

Are you able to purchase basic food items?

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 mindless eating, compulsive eating, and/or compulsive food buying?

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

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Food and Emotion Journal

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

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Emotion Coaching

ATTEND TO THE EMOTION

LABEL THE EMOTION

VALIDATE THE EMOTION

MEET THE EMOTIONAL NEED

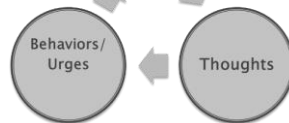
FIX/PROBLEM SOLVE – ONLY WHEN NEEDED

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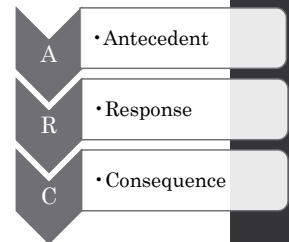
The “ARC” of an Emotional Experience

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

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



The 3-Component Model



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Examples: Reappraisals

Nobody cares	• It's really hurtful when someone misgenders me, but people make mistakes.
I look too feminine	• I don't feel comfortable in my body right now, but maybe I can tolerate it today.
I'm definitely not eating the rest of the day	• I'm really upset and I don't want to eat, but maybe I can have something rather than nothing.
My body is wrong	• I was born with this body and although sometimes I don't like it, maybe I can respect it today.
Exercising will fix this	• I know exercising because I'm angry and sad is a form of punishment. Maybe a mindful walk will be better.

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Alternative Action

<p>Urge to not speak up in session</p> <ul style="list-style-type: none"> • Write thoughts down • Share experience with therapist • Take a breath • Share that you need help talking about something that was hurtful • Make eye contact 	<p>Urge to restrict</p> <ul style="list-style-type: none"> • Eat something rather than nothing • Complete food and emotion journal • ARC • Eat with someone 	<p>Urge to exercise</p> <ul style="list-style-type: none"> • Go for a mindful walk • Reach out for support and accountability • Identify emotions • ARC • Journal, color, draw 	<p>Urge to purge</p> <ul style="list-style-type: none"> • Delay, delay, delay • Reach out for support • Go for a walk, leave the room • Listen to soothing music • Reappraisals - "I know this urge will pass"
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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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	Cons/Costs	Pros/Benefits
Change	<ul style="list-style-type: none"> • Recovery is unknown • I may feel alone • Judgment from others (friends & family) • Fear my body will look more feminine if I follow my meal plan • May disappoint my family • 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 improve my relationship with my family • Want to enjoy activity rather than use it as punishment • I want to be able to think about something else besides weight, food, calories, numbers, body shape • I want to feel comfortable in my own skin
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 • I won't have the social life I want • I'll still feel alone 	<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 can change my body, I will feel more like "me" • It gives my life structure or organization • My symptoms are the one dependable and consistent thing in my life • It's easier (sometimes) • I don't have to think about my parents or my girlfriend

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College's Role in Taking a Medical Leave

Some schools mandate leaves of absence, others do not

- How does the Americans with Disabilities Act impact this?

Often one academic year

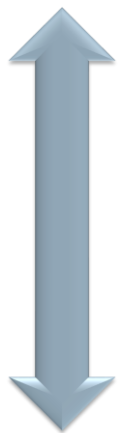
Students may need to demonstrate stability and treatment prior to returning to campus

Violations of school behavioral codes

- Vomiting in public bathrooms in dorms
- Stealing food from dining halls or campus stores
- Dean may mandate evaluation in counseling center

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Prevention vs Harm reduction



Primary

- *Prevention*
- Prevent the use or delay first use of behavior

Secondary

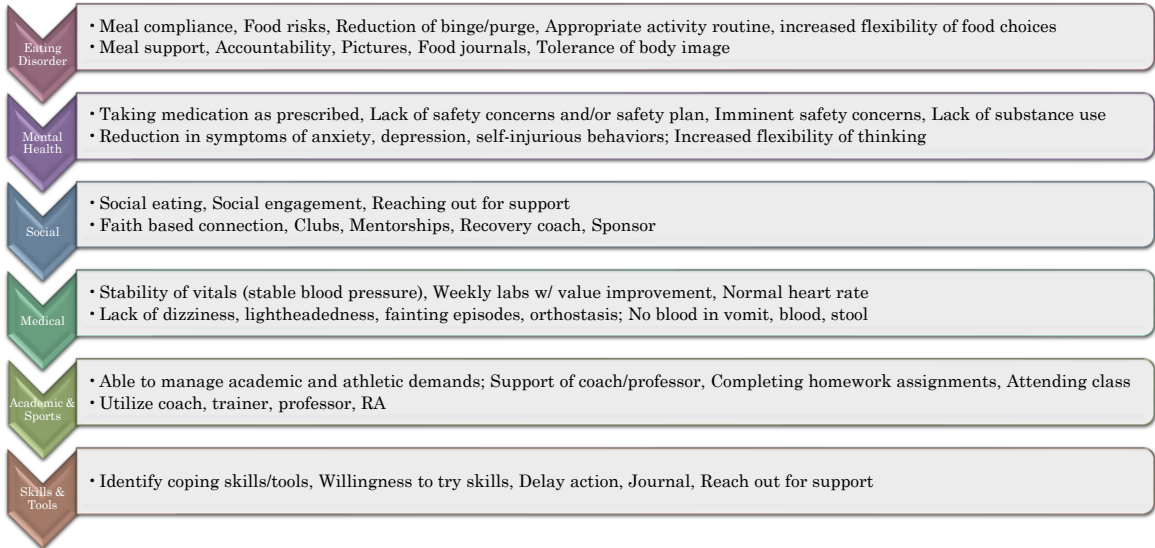
- *Early Detection*
- Reduction of behaviors once started

Tertiary

- *Harm Reduction*
- Reduce behaviors to prevent further harm/illness/death

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Treatment Agreement



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Tough Conversations

- **Broaching the Subject-Preparation**
 - If you are suspicious, say something.
 - Ask gentle questions, calmly express your concern, talk of your observations
 - Do not be shy, dismiss or ignore symptoms
 - Let them know that you know they have a problem.
 - It may be a long while before they themselves can confront and admit that they have a problem
 - Validate them without agreeing with the behaviors
 - Choose the moment carefully- a relaxed atmosphere is best, away from mealtimes
 - Do not go for browbeating- you do not need to win each battle
 - Be prepared for setbacks

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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
- Renfrew alumni services (events, webinars, blogs, etc.)
<http://www.renfrewsupport.org/>
 - *Nationwide outpatient support groups*

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Free Virtual College Group • Register Now!

FINISHING STRONG:

Pursuing Recovery as the Semester Ends

Thursday, November 17, 2022

4:00 pm - 5:00 pm (EST)

As we close out this semester, the stress of finals, approaching holidays, and travel can create triggers in this time of transition. This group will discuss how to manage these seasonal and academic changes in recovery.

Participants will leave this one-time workshop with ideas for ways to manage these stressors, advocate for their recovery, and seek additional support as they close out the semester and prepare for the next.



FACILITATED BY:



Laura McLain, PsyD, BC-TMH
Site Director,
The Renfrew Center of Atlanta



Jessie Sexton, MS
College Program Coordinator,
The Renfrew Center of
Coconut Creek, FL

TO REGISTER

Visit: renfrewcenter.com/events
or email alumni@renfrewcenter.com

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THE RENFREW CENTER FOUNDATION'S PROFESSIONAL WEBINAR SERIES

Free online trainings hosted by Renfrew's eating disorder experts.

Wednesday, October 12, 2022 • 12:00 pm - 1:00 pm (ET)

Exploring Nutrition Challenges on College Campuses

This presentation will explore the factors in the college environment that contribute to the onset and/or maintenance of an eating disorder and explore techniques designed to help clients move through their issues with food and eating. Attendees will leave with an understanding of meal planning on campus, the impact of food insecurity, and be able to identify the red flags for disordered eating and eating disorders in a college setting.

Presented by:



**Samantha Goss,
MPH, RDN, LDN**
Nutrition Manager,
The Renfrew Center of Florida

TO REGISTER

Please visit www.renfrewcenter.com.

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Free Virtual Case Consultation

ASSESSING AND TREATING EATING DISORDERS IN COLLEGE STUDENTS

The complexities of eating disorders in college students can present unique challenges for college mental health professionals in effective assessment and intervention. Are you assessing for eating disorders or body image dissatisfaction in your students?

When a student discloses they struggle with eating disorder behaviors, do you feel confident in treating them or know which steps to take next?

Join The Renfrew Center's FREE bimonthly case consultation for college professions working with students who may be experiencing eating disorder behaviors:

Facilitated by:



Ashley Moser, LMFT, CEDS
Clinical Education Specialist,
The Renfrew Center

Friday, November 4th

12:00 pm - 1:00 pm (ET)

QUESTIONS?

Contact Lauren Pendleton, MA, LCMHC at lpendleton@renfrewcenter.com.

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Contact

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