


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

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College Mental Health



- 51% of students reported moderate psychological distress; 24% serious distress*
- 23% have engaged in self injury**
- 13% seriously considered suicide; 1% attempted suicide*
- 12% screened for eating disorder symptomology (SCOFF)**
- 44% reported significant food insecurity*
- 33% of students reported being diagnosed with or treated for a mental health problem*
- 81% report emotional or mental health has hurt their academics (in a 4 week period)**



(American College Mental Health Association, 2022; Eisenberg et al., 2023)

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Eating Disorders Overview



Anorexia Nervosa (AN)

- 0.4% Women, 0.1% Men
- Calorie deficit, negative body image, rigid thinking, food rules/rituals
- Overcontrol, risk averse
- Restrict, Binge/Purge Type

Bulimia Nervosa (BN)

- 1% Women, 0.1% Men
- Binge eating, compensatory purging (vomiting, laxatives, diuretics), negative body image
- Compulsive, out of control, labile

Binge Eating Disorder (BED)

- 3.5% Women, 2% Men
- Binge eating, grazing, mindless snacking, over ordering food, over portioning
- Secretive, out of control, shame

Other Specified Feeding/Eating Disorder (OSFED)

- Subclinical eating disorders, distress
- Purging disorder, Night Eating Syndrome, Laxative abuse
- "Atypical" anorexia
- Orthorexia & Food and Alcohol Disturbance (FAD)
- *Not formal diagnoses*

Avoidant/Restrictive Food Intake Disorder (ARFID)

- Estimated Prevalence 0.3-15%
- Calorie deficit, extreme picky eating, texture, sensory issues, fear of choking or vomiting when eating
- Lack of body image disturbance
- Co-occurring often ADHD, Autism spectrum, sensory disorders

(American Psychiatric Association, 2013)

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Orthorexia



Severe, restrictive eating habits

- Obsess about food & weight
- Skip meals
- Eat in secrecy
- Follow rigid food rules
- Frequent weighing

Potentially life-threatening cardiac issues & electrolyte imbalances

- Fluid retention in the heart
- Heart palpitations
- Low blood pressure (hypotension)
- Low heart rate (bradycardia)

Physiological consequences are often just as severe, if not MORE severe than typically-presenting AN

- Hair loss
- Amenorrhea
- Fatigue
- Constipation
- Dizziness or orthostatic changes
- GI issues, including abdominal pain

Similar (and sometimes) higher levels of psychological distress and distortions about eating & body compared to AN

(Rogoza & Donini, 2021)

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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

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

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

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

Exploring the Link Between Neuroticism-Depression and College Drinking

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

(Pompili et al., 2022)

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Relative Energy Deficiency Syndrome (RED-S)



Figure 1

Impaired psychological functioning due to undernourishment

Can be a consequence of:

- Over training, under-fueling
- Poor meal timing
- Consistent diet restriction
- Increased training loads without increased food intake

Image credit: Blog – Foundation Physical Therapy and Endurance Coaching (foundationpt.net)

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Purging Disorder & Compulsive Exercise

Purging Disorder

- Recurrent purging behavior to influence weight or shape in the absence of binge eating.
- *Remember ... "purging" includes not only self-induced vomiting, but also the use of laxatives, diuretics, enemas, driven exercise and significant fasting (for non-religious or medical reasons).*

Compulsive Exercise

- Can play a role in the development & maintenance of several EDs (AN, BN, OSFED)
- Even though exercise is commonly considered a healthy and socially reinforced behavior—in a way that vomiting or laxative/enema misuse is not—excessive exercise can be a serious problem.

(Lydecker et al., 2018)

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Body Dysmorphic Disorder



- **Preoccupation** with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others.
- Performs **repetitive behaviors** (e.g., mirror checking, excessive grooming, skin picking, reassurance seeking) or mental acts (e.g., comparing appearance with that of others) in response to the appearance concerns.
- The preoccupation causes **clinically significant distress or impairment** in social, occupational, or other important areas of functioning.
- The appearance preoccupation is not better explained by concerns with body fat or weight in an individual whose symptoms meet diagnostic criteria for an eating disorder.

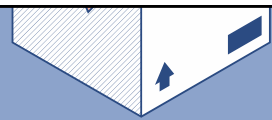
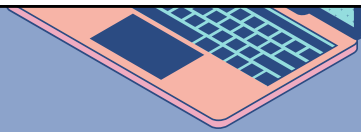
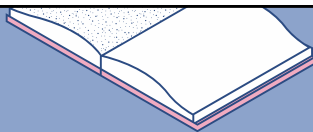
****Specify if with muscle dysmorphia*

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Eating Disorder 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)

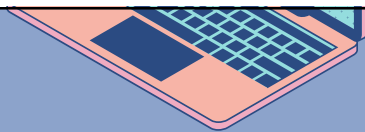
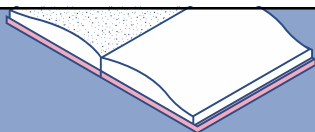
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Medical Complications

- Orthostatic vitals
- Cardiac arrhythmia, bradycardia
- Shortness of breath
- Dental Erosion
- Cold intolerance
- Osteoporosis/Osteopenia
- GI Issues (constipation, bloating, diarrhea)
- GERD
- Hormonal changes
- Gastroparesis
- Impaired immune system
- Abnormal lab values (potassium, sodium, magnesium, phosphorus)
- Seizures
- High blood pressure
- Fainting episodes, lightheaded, dizziness
- Perforated esophagus
- Blood in urine, stool, vomit
- Weight fluctuations, weight loss/gain
- Amenorrhea, abnormal menses
- Parotid gland enlargement

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Behavioral Concerns

- Lack of medication compliance
- Self-injury
- Student's relationship with food, exercise, and/or their body is getting in the way of the college experience
- Mood dysregulation getting in the way of academic performance and social interactions
- Substance use
- Suicidal thoughts and/or actions
- Lack of follow through of recommendations from other treatment team members
- Social isolation and/or avoidance of social gatherings that involve food
- Change in clothing and/or appearance (poor ADLs, baggy clothing)
- Increased risky or impulsive behaviors

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Eating Disorders Rarely Travel Alone



- Depression/anxiety
- Obsessive Compulsive Disorder
- Trauma and PTSD
- Substance Abuse
- Learning Disorders/ADHD
- Personality Disorders
- Autism Spectrum Disorder
- Gender Dysphoria
- Weight Stigma/Fatphobia
- Social Oppression and Marginalization
- Self-injurious behaviors/suicidality

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Intersectionality

Diet Culture & Weight Stigma

- Diet cycling
- "Wellness" culture
- Fad diets (keto, paleo, intermittent fasting)
- Fat phobia and size stigma
- Norms that value appearance

Female Identity

- Body objectification
- Internalization of dominant culture thin ideal

LGBTQIA+

- LGBTQIA+ youth increased risk
- 54% transgender youth diagnosed with ED (*The Trevor Project*)

BIPOC

- Tend to go misdiagnosed or undiagnosed
- Under treated
- Mental health stigma

Social & Cultural

- Historical and intergenerational trauma
- Weight stigma
- Bullying
- Glorifying muscularity
- Acculturation
- Food insecurity
- Social media

Grabe et al. (2008). The role of the media in body image concerns women: A meta-analysis of experimental and correlational studies. *Psychological Bulletin*, 134 (3), 460-476.; National Eating Disorders Association (NEDA), 2023

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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.**

(Goeree, Savinsky, & Iorio, 2011)

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LGBTQIA+ Students



Disordered eating higher among sexual and gender minorities

Risk factors: social discrimination, parental rejection, peer victimization, internalized stigma

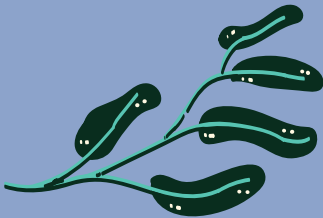
Transgender individuals may use eating disorder behaviors to achieve features associated with their gender identity

Transgender and non-binary individuals 4x greater risk of eating disorder symptoms



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Eating Disorders and Men



Men may be less likely to seek help.

Late diagnoses and higher rates of hospitalization and death.

Subclinical eating disorder behaviors are as common in males as females.

In one study, 10% of male college athletes were at risk for anorexia and 38% were at risk for bulimia.

Estimated 40% of individuals with BED are men.

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International Students



Eating disorder symptomology

Academic impact

Insurance barriers

Mental health awareness

Medical stability

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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

Athlete Assessments

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

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APA Cultural Formulation Interview

Cultural Definition of the Problem

How would they describe their problem?
How do they feel about the diagnosis?

Cultural Perceptions

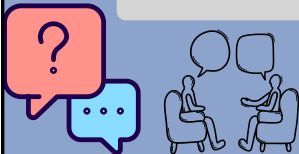
Causes
Role of Cultural Identity
Stressors and Supports

Cultural Factors Impacting Past Help-Seeking

Self-Coping
Past help-seeking
Barriers

Cultural Factors Impacting Current Help-Seeking

Preferences
Clinician-Client Relationship



[Cultural formulations interview \(psychiatry.org\)](http://www.psychiatry.org/cultural-formulations-interview)

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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?

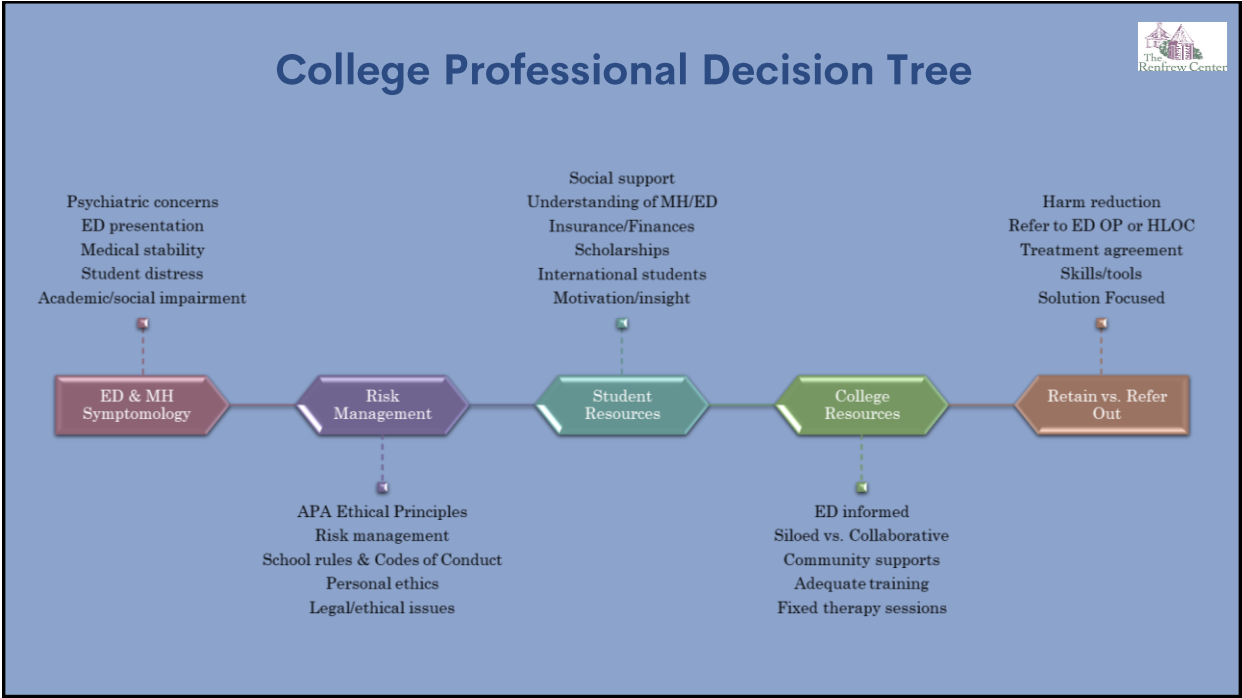
Do you become physically uncomfortable (such as weak, tired, dizzy, a headache) when you under-eat or diet?

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

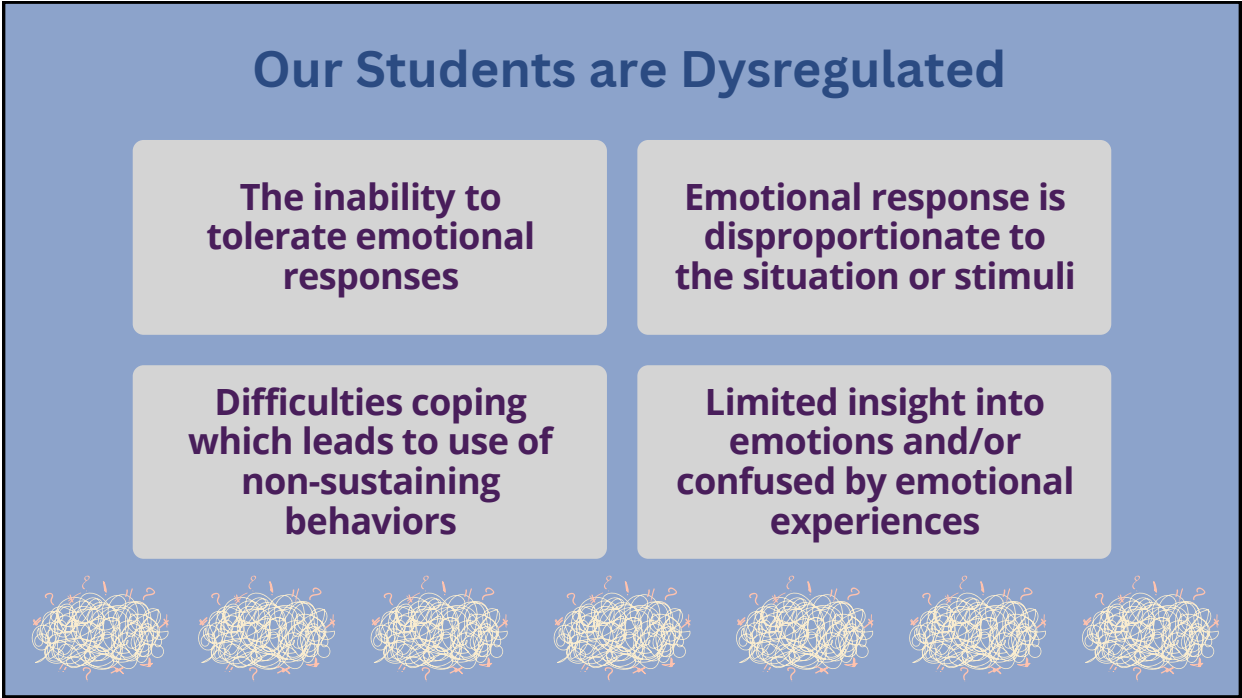
Do you engage in mindless eating, compulsive eating, and/or compulsive food buying?

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

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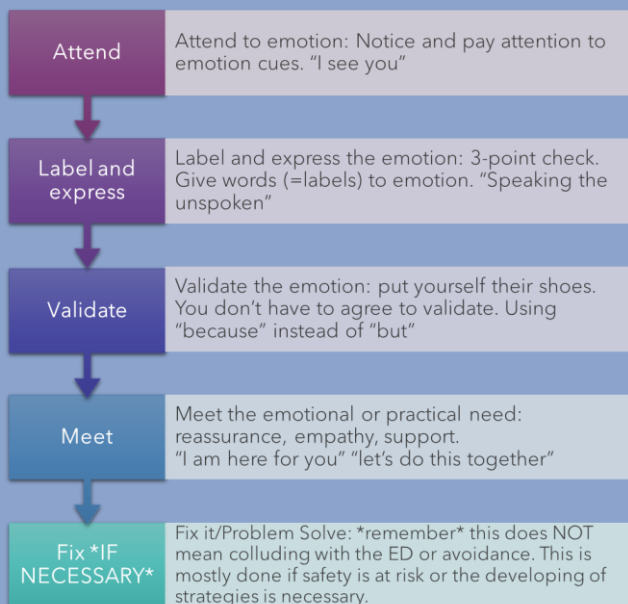


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Food and Emotion Journal

The Renfrew Center Daily Food-Emotion Journal				Patient Name: _____		Date: _____		Dietitian: _____	
Complete this section & your ★ SUDS rating BEFORE your meal			Complete this section & your ★ SUDS rating AFTER your meal						
Exchanges		Descriptions	Meal Intention	Antecedents	Your Emotional Experience of the Meal			Thinking about the Consequences	
Record the exchanges for your meal.		Briefly record the serving sizes & what your meal consisted	State a specific goal for this meal	The antecedents to your experience of the meal, i.e. the situation or trigger	Thoughts The thoughts going through your mind	Physical Sensations The physiological sensations you're feeling in your body	Behaviors/Urge The actions/behaviors you're doing, or sensing an urge to do	Results(s) of your Emotional Experience The consequences, results or outcomes of your meal-time experience in the short term and in the long term	
Breakfast	Protein							Short-Term	
	Dairy Protein							Long-Term	
	Starch								
	Fats								
	Fruit								
	Supplement		★ SUDS					★ SUDS	
Snack (Before)									
Lunch	Protein							Short-Term	
	Dairy Protein							Long-Term	
	Starch								
	Fats								
	Fruit								
	Supplement		★ SUDS					★ SUDS	
Snack (Before)									
Dinner	Protein							Short-Term	
	Dairy Protein							Long-Term	
	Starch								
	Fats								
	Fruit								
	Supplement		★ SUDS					★ SUDS	
Snack (Before)									
★ The SUDS Rating quantifies how distressed you feel in that present moment and in that situation. We use a 0 – 8 rating scale, with 0 being 'not at all distressed' and 8 being 'extremely distressed'									
Track your meal exchanges for today: Proteins _____ Dairy Proteins _____ Starches _____ Fats _____ Veggies _____ Fruits _____ Desserts _____ Fluids _____									

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Emotion Coaching

Shift from unconscious trigger for dysregulation to **conscious cue for curiosity and exploration.**

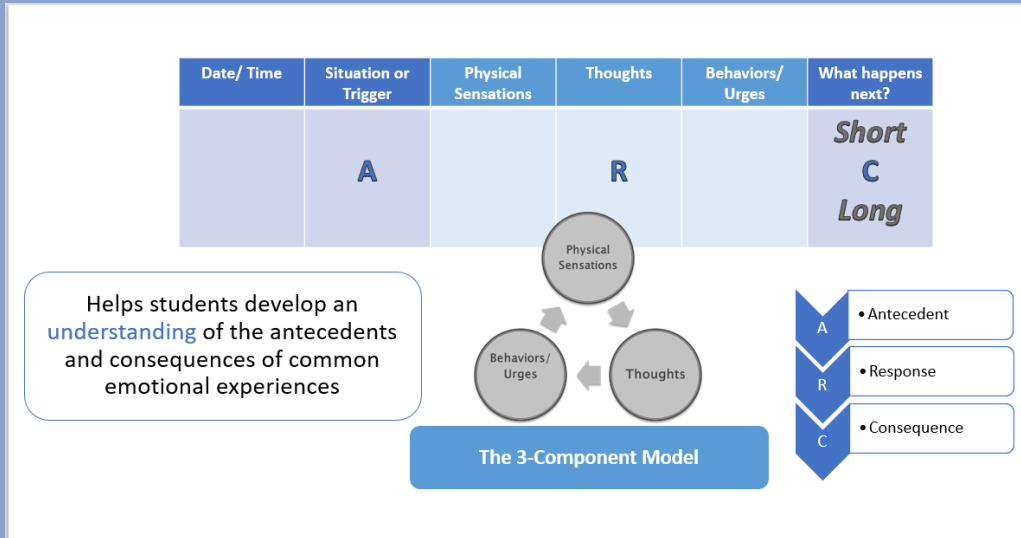
Understanding why they are dysregulated, the underlying emotions, and the significance of those emotions.

Helping to **weave their experiences into their conscious awareness** rather than being a trigger for avoidance.

Lafrence, A., Files, N., & Paluzzi, S. (2016); Cozolino (2002)

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The "ARC" of an Emotional Experience



(Thompson-Brenner et al., 2021)

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Decisional Balance

Pros and Cons, Motivational Interviewing

	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?

(Thompson-Brenner et al., 2021)

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Tough Conversations

If you are suspicious or concerned about certain behaviors, say something.

It is appropriate to discuss behaviors and symptoms directly.

It is our responsibility to inform students that they have a problem, and that there is support.

Validate their emotions and their fears, not their eating disorder behaviors.

Choose your moment carefully. Regulated students/clients have more capacity to receive information.

Avoid power struggles and repeating yourself if the student/client isn't able to hear your concerns. Try again another time.

Be prepared for setbacks, avoidance, ambivalence, etc.

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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

- Review each session
- Collaborative vs. Punitive
- Realistic expectations
- Willingness
- SMART Goals
- Include all areas of concern

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Treatment Agreement

Eating Disorder	<ul style="list-style-type: none"> Meal compliance, Food risks, Reduction of binge/purge, Appropriate activity routine, increased flexibility of food choices Meal support, Accountability, Pictures, Food journals, Tolerance of body image
Mental Health	<ul style="list-style-type: none"> Taking medication as prescribed, Lack of safety concerns and/or safety plan, Imminent safety concerns, Lack of substance use Reduction in symptoms of anxiety, depression, self-injurious behaviors; Increased flexibility of thinking
Social	<ul style="list-style-type: none"> Social eating, Social engagement, Reaching out for support Faith based connection, Clubs, Mentorships, Recovery coach, Sponsor
Medical	<ul style="list-style-type: none"> Stability of vitals (stable blood pressure), Weekly labs w/ value improvement, Normal heart rate Lack of dizziness, lightheadedness, fainting episodes, orthostasis; No blood in vomit, blood, stool
Academic & Sports	<ul style="list-style-type: none"> Able to manage academic and athletic demands; Support of coach/professor, Completing homework assignments, Attending class Utilize coach, trainer, professor, RA
Skills & Tools	<ul style="list-style-type: none"> Identify coping skills/tools, Willingness to try skills, Delay action, Journal, Reach out for support

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College's Role in Taking Medical Leave

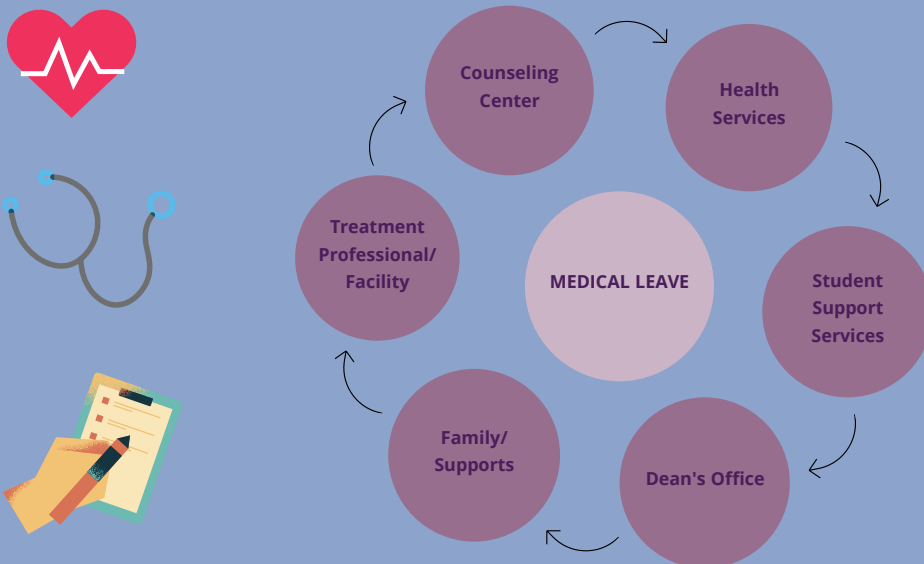


- ☐ Some schools mandate a leave of absence, others do not
- ☐ Often one academic year
- ☐ Students may need to demonstrate medical stability and/or completion of treatment before returning to campus
- ☐ Violation of school behavior codes:
 - Vomiting in public bathrooms or dorms
 - Stealing food from dining halls or campus stores
 - Dean may mandate evaluation in counseling center



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Key Collaborators



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Resources for Professionals



International Association of Eating Disorder Professionals (iaedp)

- Opportunities for networking, advanced training



Association for Size Diversity and Health (ASDAH)

- ASDAH envisions a world that celebrates bodies of all shapes and sizes, in which body weight is no longer a source of discrimination and where oppressed communities have equal access to the resources and practices that support health and well being.



Academy for Eating Disorder (AED)

- Helps physicians, psychiatrists, psychologists, nutritionists, academic researchers, students and experts through lived experience connect and collaborate with each other and keep abreast of recent developments in eating disorders research.

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Resources for Students



National Association of Anorexia Nervosa & Associated Disorders (ANAD)

- Provides free support services to anyone struggling with an eating disorder, disordered eating, and body image.



The National Eating Disorders Association (NEDA)

- Free Helpline (chat, phone or text) & Crisis Text Line
- Toolkits for parents, coaches & athletic trainers, educators, workplaces
- Assessment resources for medical providers & dentists



Project HEAL

- Free ED clinical assessment services including diagnosis, level of care recommendations & referrals; treatment scholarship program

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