

WE'RE IN THIS TOGETHER: NAVIGATING COLLABORATION ON CAMPUS FOR COLLEGE STUDENTS WITH EATING DISORDERS



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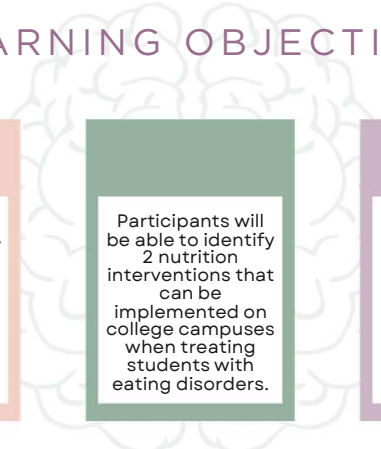
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LEARNING OBJECTIVES



Participants will be able to identify and utilize 2 evidence-based therapeutic strategies to assist students with eating disorders.

Participants will be able to identify 2 nutrition interventions that can be implemented on college campuses when treating students with eating disorders.

Participants will be able to identify 3 medical warning signs when working with clients with eating disorders.



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EATING DISORDERS OVERVIEW & CO- OCCURRING MENTAL HEALTH CONCERNS





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COLLEGE STUDENT MENTAL HEALTH



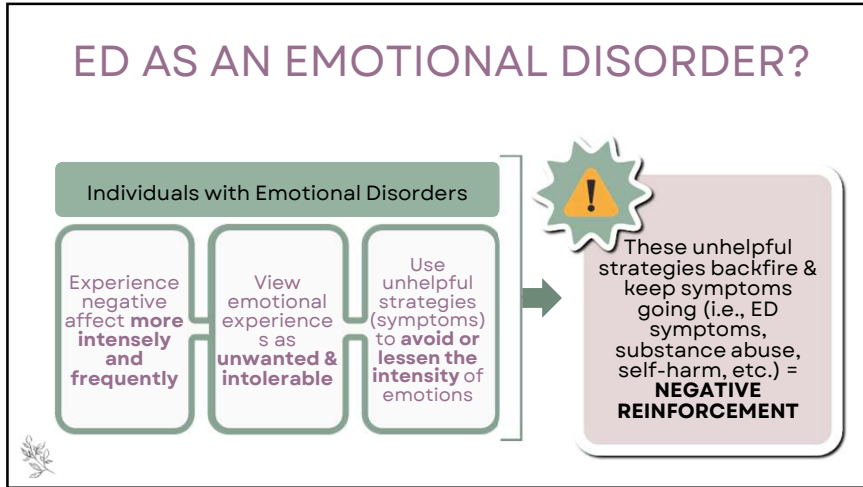
THE HEALTHY MINDS STUDY
2022-2023 Data Report

- 52% of students reported moderate psychological distress; 25% serious distress*
- 29% have engaged in self injury**
- 14% seriously considered suicide; 2.9% attempted suicide*
- 14% 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**
- 74% report emotional or mental health has hurt their academics (in a 4-week period)**

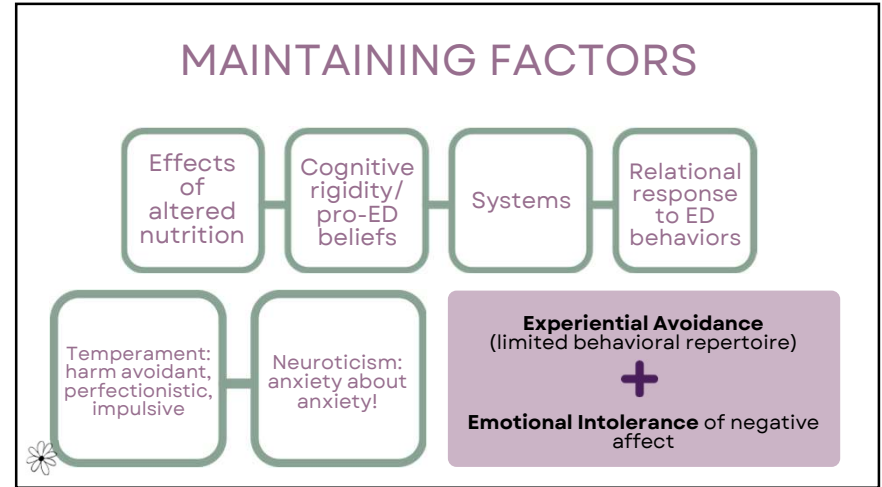
*National College Health Assessment, Spring 2022
**Healthy Minds Study, 2022-2023



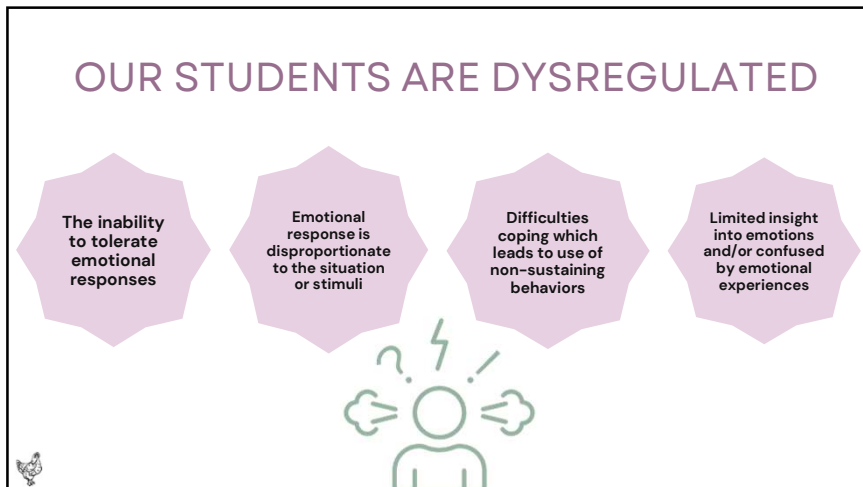
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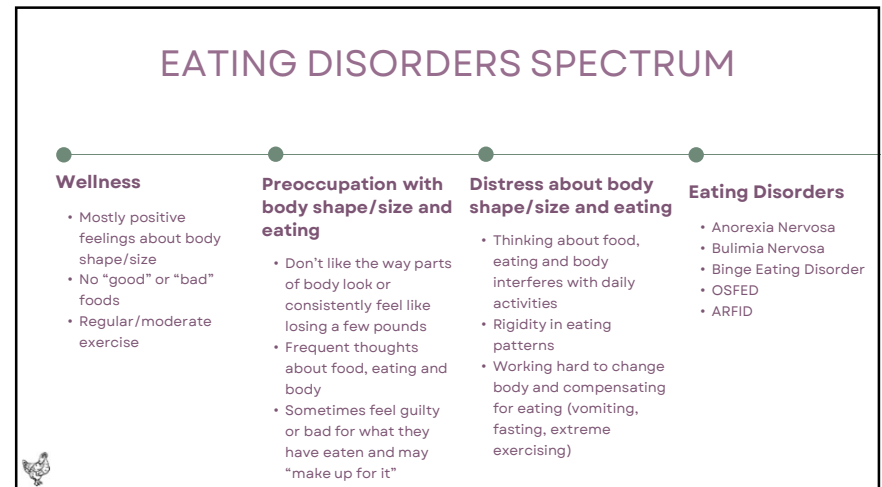
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PSYCHOLOGICAL INDICATORS OF BODY IMAGE DISTURBANCE

Mood is deeply affected by how they think they look

Desire for thinness supersedes all life's pleasures or goals

Equate altered body shape/features with **beauty, success, perfection, happiness, confidence, and self-control**


Preoccupied with becoming "fat" - even if at a healthy body weight

Constantly **compares** self to others

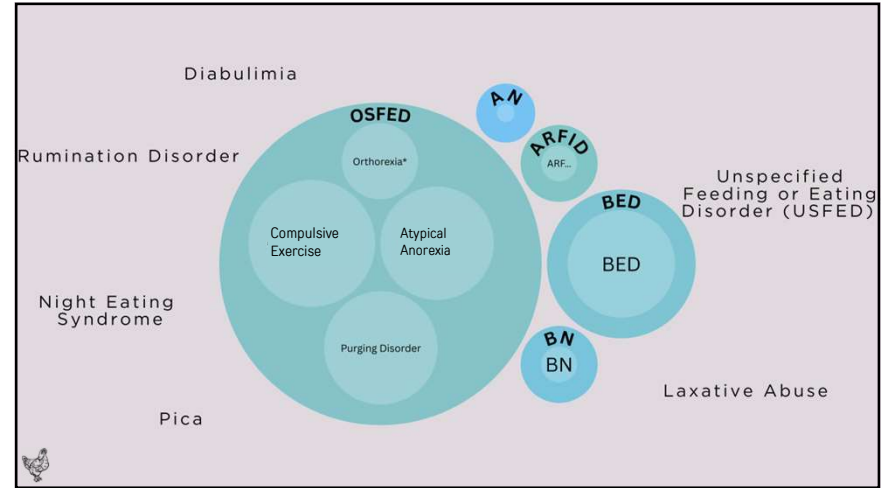
Seeks reassurance from others that their looks/body/weight are acceptable

Self-deprecation: "fat" "gross" "ugly" "disgusting"

Attempt to create a **"perfect" image**



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COMMON ISSUES ON CAMPUS

FOOD & ALCOHOL DISTURBANCE (FAD)

Previously "drunkorexia"

Restriction of calories, over exercise, and other compensatory behaviors before/during/after alcohol use to **offset caloric intake or minimize intoxication**

Drive for thinness

PURGING DISORDER

Recurrent purging behavior to **influence weight or shape** in the absence of binge eating.

Purging includes - self-induced vomiting, use of laxatives, diuretics, enemas, 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, excessive exercise can be a serious problem.

Getz, 2009; Lydecker et al, 2018; Pompili et al, 2022

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COMMON ISSUES ON CAMPUS


ORTHOOREXIA NERVOSA

Preoccupation with food
Not eating outside the home
Hyper perfectionism
Inflexibility with routine
Obsessive research on diet/wellness trends
Lots of time shopping for food
May include rigid exercise routine

RELATIVE ENERGY DEFICIENCY SYNDROME (RED-S)

Impaired psychological functioning due to undernourishment

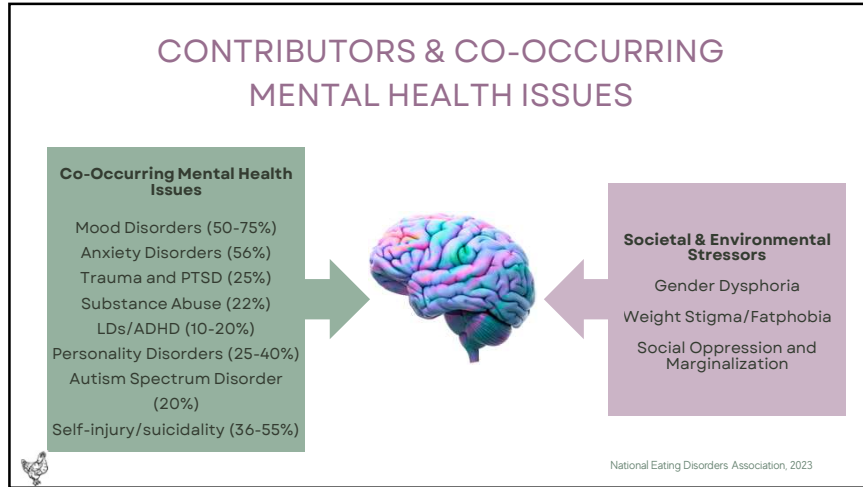
Can be a consequence of:
Over training, under-fueling
Poor meal timing
Consistent diet restriction
Increased training loads without increased food intake



Low Energy Availability (LEA)

Getz, 2009; Lydecker et al, 2018; Pompili et al, 2022

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SEXUAL ASSAULT & SUBSTANCE USE ON CAMPUS

25.9% (female) and 6.8% (male) of undergraduate students report **experienced nonconsensual contact** through physical force or because they were unable to give consent

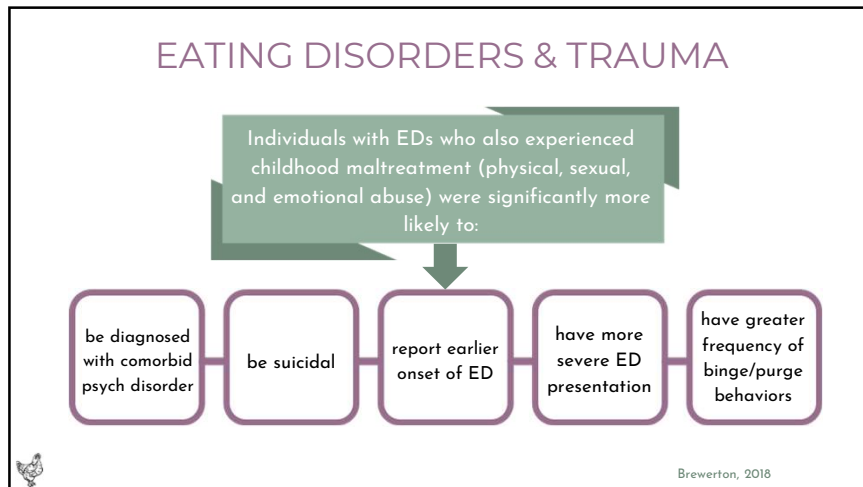
11.2% of all students (grad/undergrad) **experience rape or sexual assault** through physical force, violence, or incapacitation

Alcohol Use:
In 1 in 3 sexual assaults, the perpetrator was intoxicated

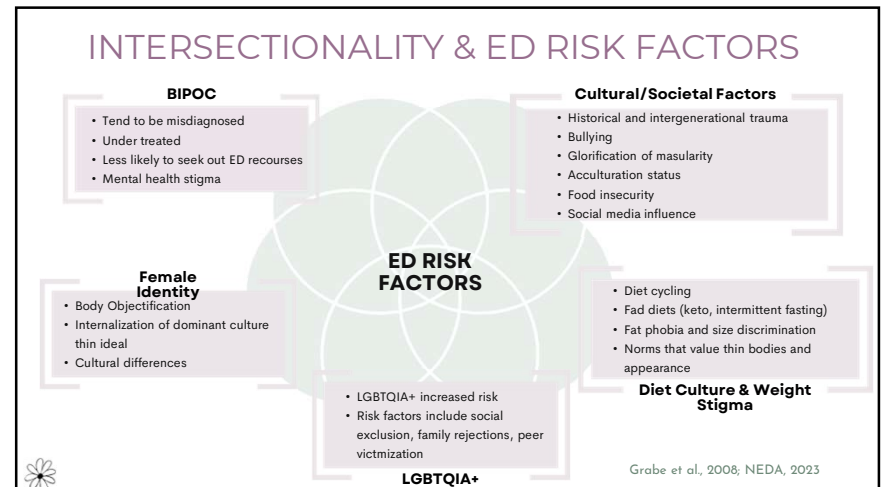
At least **50% of college student sexual assaults** are associated with alcohol use

90% of acquaintance rapes involve alcohol

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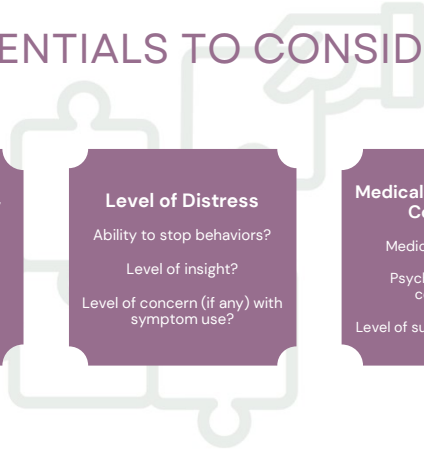


ASSESSMENT & SCREENING




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ESSENTIALS TO CONSIDER



Symptom Severity


- How frequent?
- To what extent?
- Level of disruption?

Level of Distress

- Ability to stop behaviors?
- Level of insight?
- Level of concern (if any) with symptom use?

Medical & Psychiatric Concerns

- Medical instability?
- Psychiatric safety concerns?
- Level of support necessary?



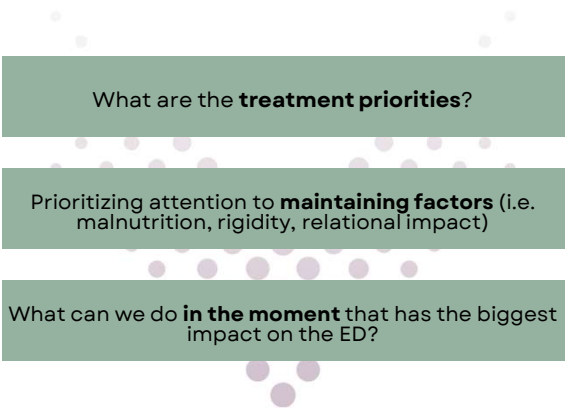

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ASSESSMENT PRIORITIES

What are the **treatment priorities**?


Prioritizing attention to **maintaining factors** (i.e. malnutrition, rigidity, relational impact)

What can we do **in the moment** that has the biggest impact on the ED?

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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

Athlete Assessments

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

Mood Assessments

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



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EATING DISORDER SCREENING TOOLS

National Eating Disorders Association (NEDA) has a brief, interactive online screening tool:

- 13 years and older
- 20 questions, taking <5 minutes to complete.
- Upon completion, the site indicates level of risk and offers next steps

<https://www.nationaleatingdisorders.org/screening-tool>



SCOFF Questionnaire (Morgan, Reid & Lacey, 2000)

- 5 item screener
- Score of 2 out of 5 indicates possible ED
- **S**ick, **C**ontrol, **O**ne, **F**at, **F**ood (opportunity to explore further)



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EATING DISORDER SCREENING TOOLS

Screen for Disordered Eating (Maguen et al. 2018)

Y / N	Do you often feel the desire to eat when you are emotionally upset or stressed?
Y / N	Do you often feel that you can't control what or how much you eat?
Y / N	Do you sometimes make yourself throw up (vomit) to control your weight?
Y / N	Are you often preoccupied with a desire to be thinner?
Y / N	Do you believe yourself to be fat when others say you are too thin?

Eating Disorder Screen for Primary Care (Cotton et al. 2003)

Y / N	Are you satisfied with your eating patterns? Answering "no" to this question is classified as an abnormal response.
Y / N	Do you ever eat in secret? Answering "yes" to this and all other questions is classified as an abnormal response.
Y / N	Does your weight affect the way you feel about yourself?
Y / N	Have any members of your family suffered with an eating disorder?
Y / N	Do you make yourself sick because you feel uncomfortably full?



American Psychiatric Association, 2023



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ARFID ASSESSMENT TOOLS



Eating Disturbances in Youth—Questionnaire (EDY-Q)

Eating Disorder Assessment for DSM-5 (EDA-5)

Nine-Item ARFID Screen (NIAS)*

Pica, ARFID, and Rumination Disorder Interview (PARDI)

Eating Pathology Symptoms Inventory (EPSI)



Zickgraf & Ellis, 2018

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QUESTIONS TO ASK STUDENTS

- Can you eat when you are hungry and stop when you are satisfied?
- Do you avoid certain foods due to texture or sensory issues?
- Do you make food choices based on foods you enjoy?
- Are you able to purchase basic food items?
- Do you compulsively buy food or engage in "panic buying"?
- Do you become physically uncomfortable (such as weak, tired, dizzy) when you under eat or diet?
- Do you feel that your food selections include all foods, including those higher in fat or calories?
- Do you engage in mindless or compulsive eating?
- Do you try to compensate after eating by vomiting, using laxatives, diet pills, exercise or restriction?



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MEDICAL & PSYCHIATRIC CONSIDERATIONS






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MEDICAL PRESENTATION - WHAT TO ASK

- Temperature experiences
- Dizziness
- Palpitations
- Chest pain/Shortness of breath
- Cognition/Concentration
- Quality/Quantity of sleep
- Fainting episodes

- 24 hour dietary recall
- Dieting history
- Exercise history
- Food rules
- Body image concerns
- Sensory issues related to food
- Bingeing/Emotional eating
- Compensatory behaviors (purging, laxatives, diuretics)





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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

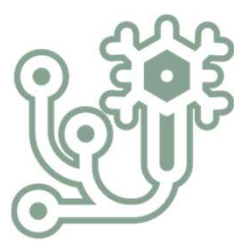




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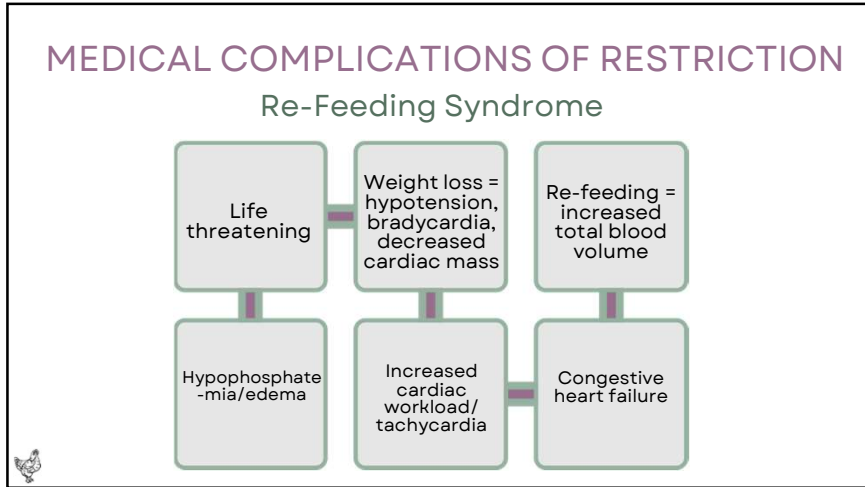
MEDICAL COMPLICATIONS OF RESTRICTION

Anorexia Nervosa, ARFID, Fasting, Orthorexia

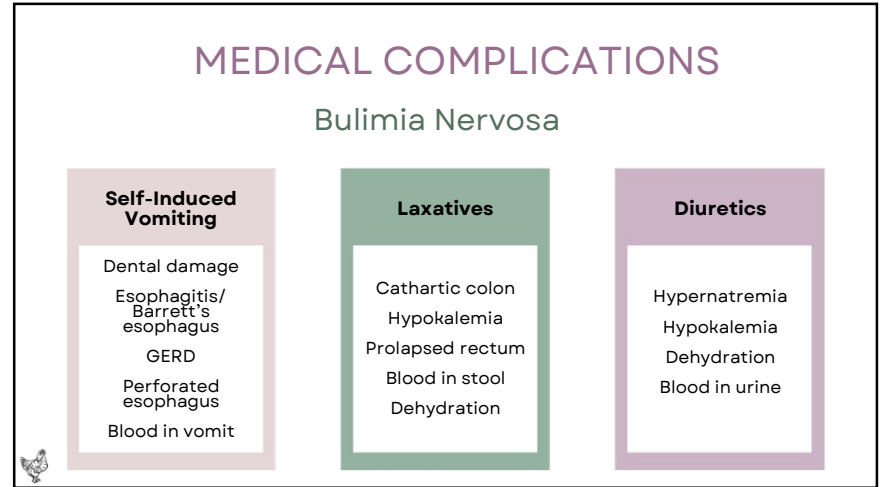
- Signs of wasting
- Muscle, bones, skin, hair, internal organs
- Signs of conservation of energy & organs
- Vital signs, organ shrinkage, sluggish systems
- Maintaining cardiac, renal, and liver functions

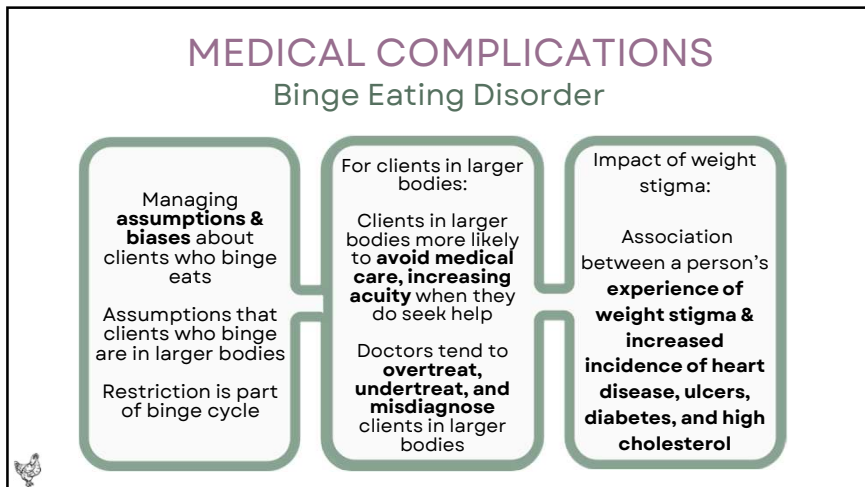
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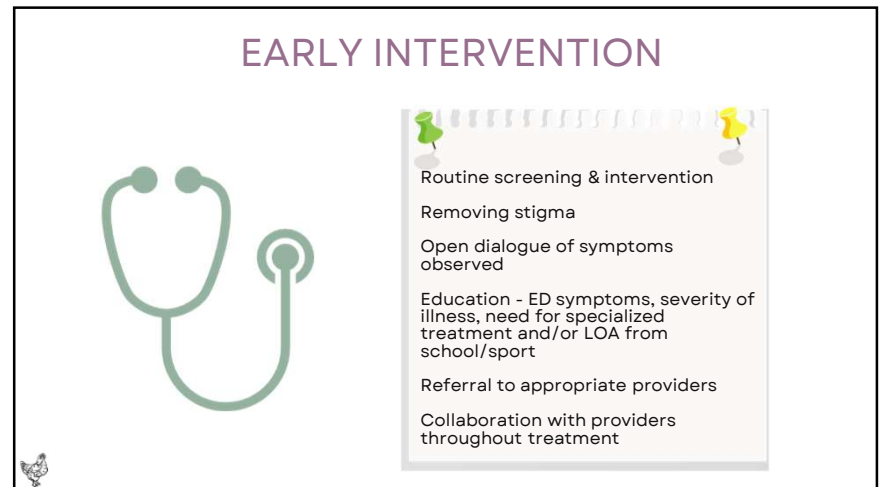
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PHARMACOTHERAPY

Anorexia Nervosa

- Limited role in acute treatment
- Nutrition = medication
- Psychiatric conditions may worsen or improve
- Fluoxetine may decrease relapse rate in weight restored patients (Kayne et al., 2001)
- Atypical antipsychotics
- Benzodiazepines contraindicated

Bulimia Nervosa

- Antidepressants
- Mood stabilizers
- Studies comparing psychotherapy to antidepressants = psychotherapy had better improvement
- Wellbutrin contraindicated

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PHARMACOTHERAPY

Efficacy of Vyvance in treating BED:

Two studies showed **decrease in the number of binge eating days per week and had fewer obsessive-compulsive binge eating behaviors** compared to placebo

www.fda.gov

⚠

Stimulants used with caution in treatment of restrictive EDs due to impact on hunger/fullness cues

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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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NUTRITION CONSIDERATIONS

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COMMON CONCERNS ON CAMPUS

Food Insecurity

Lack of consistent access to food

20-50% college students affected

Contributors: "non-traditional" students, lower income students, rising education costs

Dining Hall

Overwhelm with food choices

Lack of meal planning

Avoidance due to food choices, social eating

Academics/ Athletics

Food should not take back seat to academics/ athletics

Athletes - under fueling for sport

Inadequate nourishment impacting academic performance

U.S. Department of Commerce, 2022

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COMMON CONCERNS FOR ATHLETES

- Increased nutritional needs
- Pressure to perform
- Emphasis on weight/shape
- Reinforcement of disordered eating behaviors
- Finding times to eat around school & practice schedule
- Research showed overall low nutrition knowledge in college athletes

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COMMON CONCERNS ON CAMPUS

Impact of Food Insecurity

Higher stress
 Depression
 Poor sleep quality
 Disordered eating (restrict/binge cycle)
 Hoarding food
 Academic performance/GPA
 Lower nutritional quality in diet

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COMMON CONCERNS ON CAMPUS

Food Insecurity

On Campus

Food Pantry

Meal Donations
(students donate meal plans)

Meal Swipe Donations
(ex: Swipe Out Hunger, non-profit)

Off Campus

Food Pantry
(brick and mortar, mobile)

Federal Program
[Supplemental Nutrition Assistance Program (SNAP)]

****Lack of awareness of programs & eligibility****

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STRATEGIES FOR DIETITIANS

Prioritize Meals

Flexible structure: create list of meals & snacks

Assess take-out options

View menus to familiarize self with options

Identify meal supports

Meal Planning

Meal budget if not on meal plan

Shop the sales!

Easy recipes; Frozen meals

Grocery shopping

Plan for class/athletic schedule

Meal Prep

Focusing on balanced nutrition vs. calories

Variety within budget parameters

No skipping meals/snacks

Portable snacks

Balance convenience with homemade meals

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ON CAMPUS RESOURCES & BARRIERS TO SPECIALIZED CARE


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RESOURCE ALLOCATION



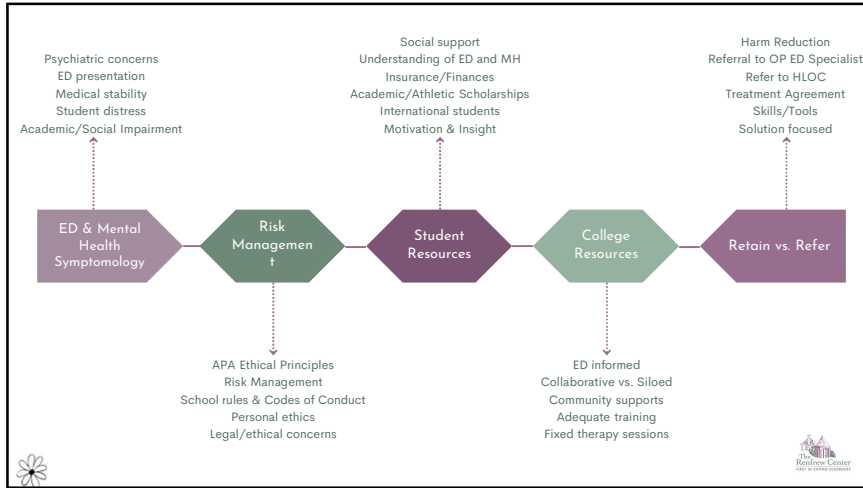
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PREVENTION VS. HARM REDUCTION

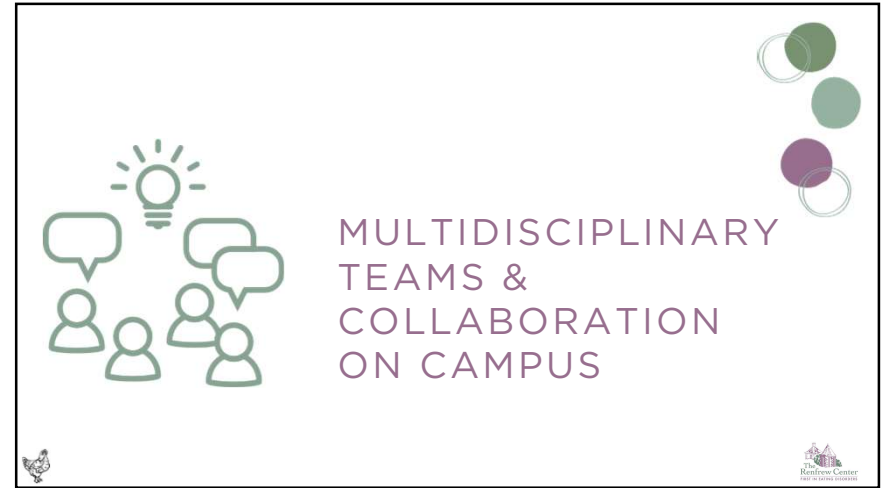


Primary	<ul style="list-style-type: none"> • <i>Prevention</i> • Prevent the use or delay first use of behavior
Secondary	<ul style="list-style-type: none"> • <i>Early Detection</i> • Reduction of behaviors once started
Tertiary	<ul style="list-style-type: none"> • <i>Harm Reduction</i> • Reduce behaviors to prevent further harm, illness, or death

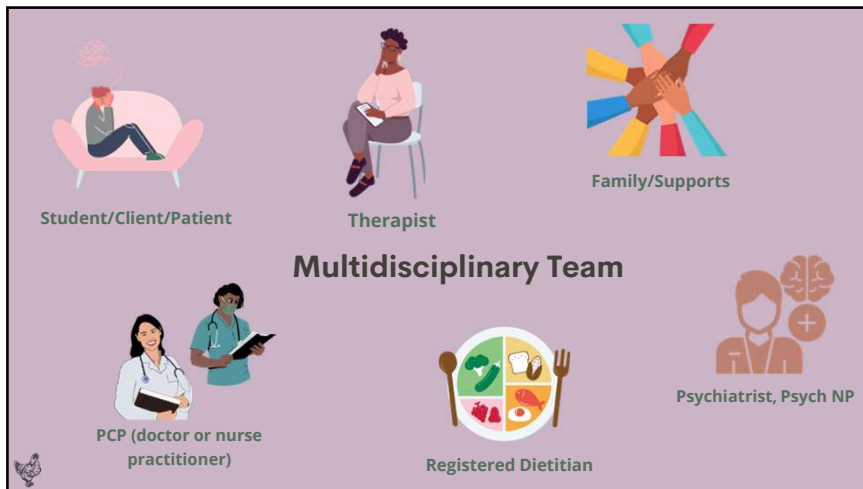
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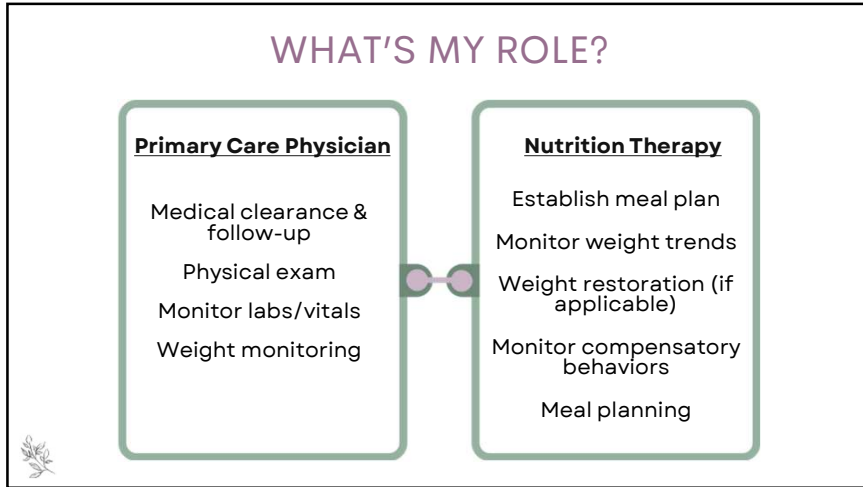
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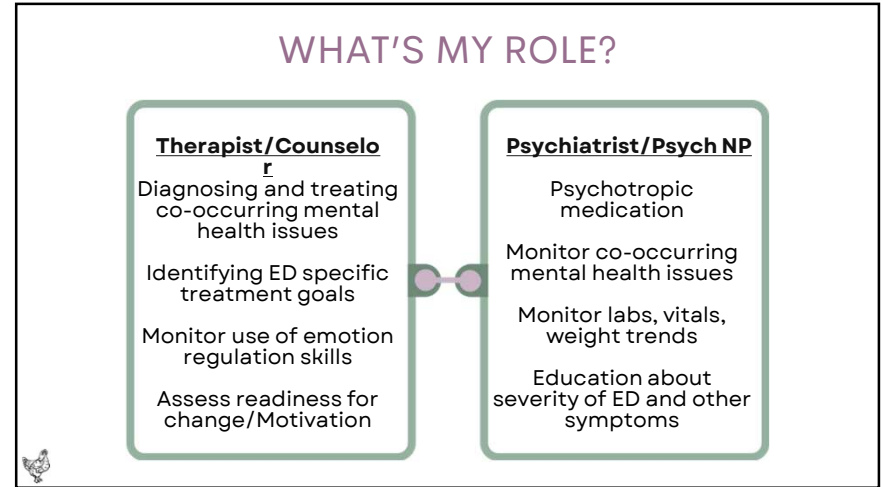
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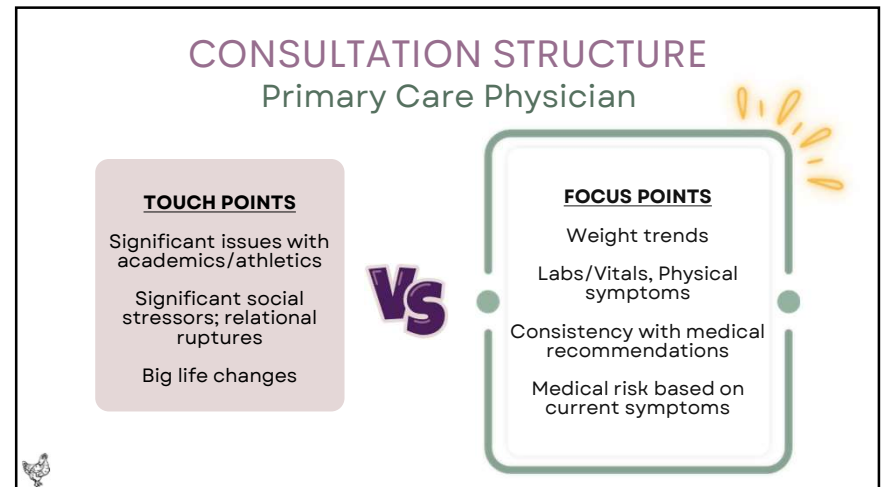
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CONSULTATION STRUCTURE

Psychiatrist/Psych NP

TOUCH POINTS

- Monitor substance use
- Changes to mood
- Significant shift in behavior (i.e. impulsivity)

VS

FOCUS POINTS

- Weight trends
- Labs/Vitals, Physical symptoms
- Compliance with prescribed medications
- Psychiatric concerns, Safety risks
- Changes in medication

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CONSULTATION STRUCTURE

Dietitian

TOUCH POINTS

- Significant updates related to food insecurity
- Changes to support system
- Barriers to meal plan consistency

VS

FOCUS POINTS

- Weight trends
- Meal plan consistency
- Compensatory behaviors
- Willingness to challenge self with food
- Goals for the week
- Changes to meal plan

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CONSULTATION STRUCTURE

Therapist/Counselor

TOUCH POINTS

- Significant issues with academics/athletics
- Significant social stressors; relational ruptures
- Changes in mood

VS

FOCUS POINTS

- Insight into illness
- Motivation, Values
- Use of helpful tools/skills
- Reduction in ED behaviors
- Willingness to lean into discomfort
- Progress toward goals

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HELPFUL TOOLS FOR THE TREATMENT TEAM

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EDA GRAPH

Self-monitoring **Eating Disorder, Depression, Anxiety** daily

Build awareness of relationship between antecedents and emotional responses

Snapshot of emotional experience

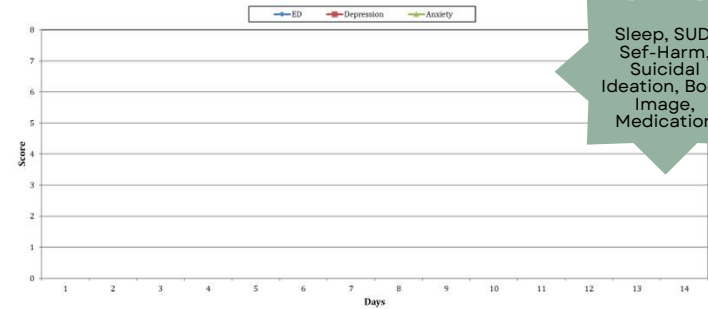
Evidence that **emotion states don't last**



Thompson-Brenner et al., 2021

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PROGRESS MONITORING WITH THE EDA: DAILY **E**ATING DISORDER, **D**EPRESSION, AND **A**NXIETY FORM



The Renfrew Center
an eating disorder specialist

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FOOD & EMOTION JOURNAL

Great for dietitians!



- Not always indicated
- Reviewing food logs and planning regular eating
 - Increased awareness of thoughts & emotions that impact regular eating
- **Not a diet**
- Focus: the emotion attached to eating

Thompson-Brenner et al., 2021

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DIETITIAN REVIEW - FEJ

Complete this section & your SUDS rating BEFORE your meal		Meal Intention	Antecedents
Exchanges For # and PO only	Descriptions	State a specific goal for this meal. Your goal should be really concrete and should describe exactly how you plan to achieve it.	Context into the meal, what are the antecedents to your experience, i.e. the situation or trigger <u>before</u> your emotional experience of the meal?
Protein 2	Grilled chicken	I'm not going to	I had a tough session
Dairy Protein 2	1/2 cup of cottage cheese	eat my sandwich	this morning & I feel
Starch 2	1 slice of whole wheat bread	into small pieces by	feeling nervous. Then
Fats 3	1/2 avocado	hand to hold the	the group before lunch
Fruit 2	1/2 apple	sandwich & eat	was nervously eating
Veggie 2	1/2 cucumber	between bites	waiting for me. Last
Desert 1	1/2 cup of ice cream		night I was up too late
			as well. Overall, I'm
			feeling low on my
			energy resources today
Supplement 0			
		*SUDS 7	

Food risk - purges after eating cheese and bread

Challenge - hold sandwich and put down between bites

Context - what contributes to the emotional experience of the meal?

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DIETITIAN REVIEW - FEJ

Your Emotional Experience of the Meal		
Thoughts	Physical Sensations	Behaviors/Urges
What are the thoughts going through your mind right now in this moment? Quote these verbatim and try not to paraphrase.	What are the physiological sensations you're feeling in your body? The physical feelings you feel	What actions or behaviors are you doing, or sensing an urge to act on?
"I don't like yellow cheese, although melted cheese is so tasty"	Tense back & shoulders Racing heart Stomach ache	Anxious foot tapping Fidgeting with plate, napkin & utensils
"I would never ordinarily allow myself to have this"	Salivating Headache	Drank water really fast
"I wish there was more melted cheese on this"	Quick, shallow breathing	Used napkin after every single bite
"When I sit like this I can see collides on my thighs"		Wanted to tear sandwich into pieces
"This meal has a lot of calories. So fattening"		Wanted to pull melted cheese into long strands
"I am so pathetic, grilled cheese is so normal, I wish I could do this"		Wanted to blot the grease off the bread
"I wish I was a kid again, my Dad always used to make this meal for me"		Wanted to leave the crust behind Wanted to purge

Thoughts - core appraisals? patterns? what to share with team?

Physical Sensations - what might impact meal consistency? what does the medical provider need to know?

Urges/Behaviors - how did they handle those urges? what behaviors might need review in this context?

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THERAPIST REVIEW - FEJ

Antecedents	Your Emotional Experience of the Meal		
	Thoughts	Physical Sensations	Behaviors/Urges
Coming into the meal what are the antecedents to your experience, i.e. the situation or trigger for your emotional experience of the meal?	What are the thoughts going through your mind right now in this moment? Quote these verbatim and try not to paraphrase.	What are the physiological sensations you're feeling in your body? The physical feelings you feel	What actions or behaviors are you doing, or sensing an urge to act on?
I had a tough session this morning & I feel tired & stressed. Then the group before lunch was emotionally quite moving for me. Last night I was up too late as well. Overall, I'm feeling low on my energy resources today	"I don't like yellow cheese, although melted cheese is so tasty" "I would never ordinarily allow myself to have this" "I wish there was more melted cheese on this" "When I sit like this I can see collides on my thighs" "This meal has a lot of calories. So fattening" "I am so pathetic, grilled cheese is so normal, I wish I could do this" "I wish I was a kid again, my Dad always used to make this meal for me"	Tense back & shoulders Racing heart Stomach ache Salivating Headache Quick, shallow breathing	Anxious foot tapping Fidgeting with plate, napkin & utensils Drank water really fast Used napkin after every single bite Wanted to tear sandwich into pieces Wanted to pull melted cheese into long strands Wanted to blot the grease off the bread Wanted to leave the crust behind Wanted to purge

Antecedents - tough session, tired/stressed, group emotionally taxing, didn't sleep well

Emotional Experience - what did they notice about their thoughts, physical sensations, behaviors/urges?

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THERAPIST REVIEW - FEJ

Thinking about the Consequences
Reality of your Emotional Experience Going out of the meal have there been any consequences attached to your meal-time experience that may have an impact on you? These are the outcomes or results, both positive and negative in the short and the long term
What is the Short-Term consequence of having the meal-time experience you had? Achieved my goal, but noticed myself using other food rituals. I tolerated a great deal of anxiety, felt really awful. Finished the meal in spite of urges. Secretly enjoyed the cheese but had a lot of catastrophizing thoughts after & almost purged
What is the Long-Term consequence of having this meal-time experience? Tolerated anxiety for quite a while and didn't use an EDR. "Battle" a lot of positive thoughts about my body. Watched my anxiety decrease overtime. Allowed myself to feel sad about my Dad. Have started questioning my "rules" about which foods I allow myself to have or not have

Short Term Consequences

What happened immediately afterward?
What did they notice about their thoughts, emotions, physical sensations, behaviors/urges?

Long Term Consequences

What did they notice?
Did they learn anything about their emotions?
How might this impact their recovery and/or goals?

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WHY ARC?



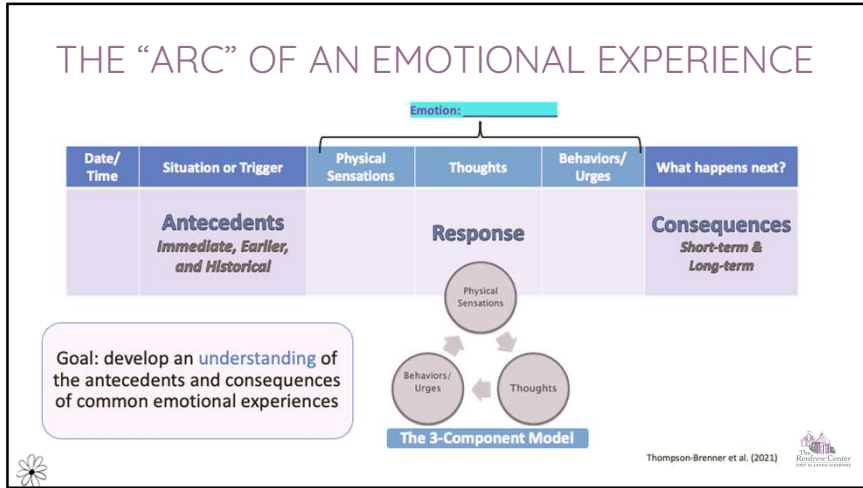
- Our brain in slow-motion
- Awareness to **historical antecedents**
 - Oppression, marginalization, institutional racism, gender inequality, "other" identity, weight stigma, etc.
- Increased understanding of how emotional experiences unfold

GOAL

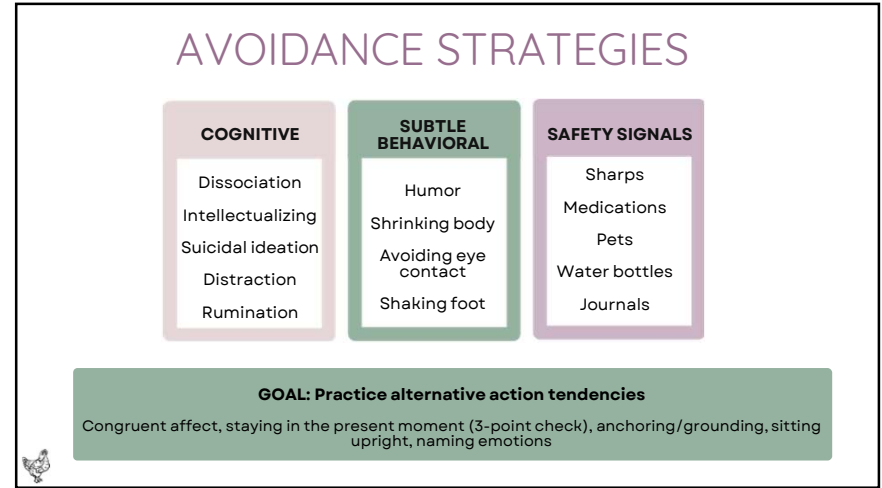


Thompson-Brenner et al.

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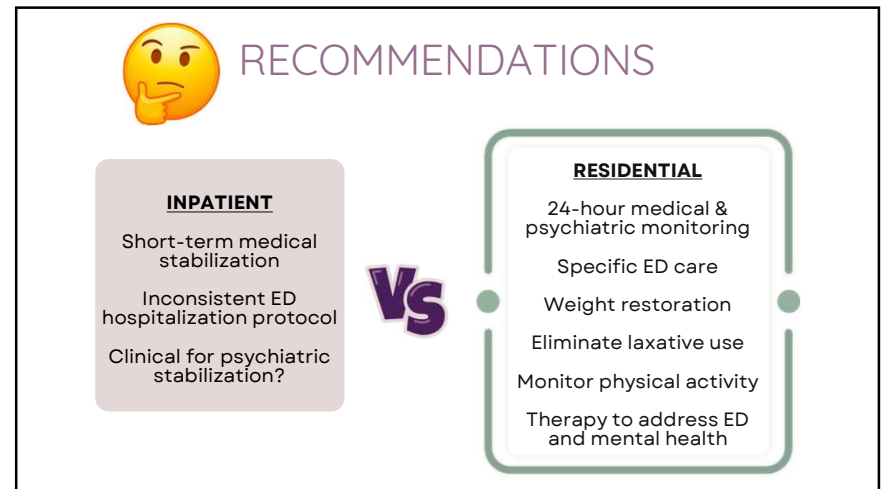
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TOUGH CONVERSATIONS

If you have concerns about behaviors, **say something**

Be clear when discussing concerning behaviors

It is **our responsibility** to inform students that there is a problem (informed consent, ethical duty)

We have a responsibility to provide **support** where we can and discuss alternate supports that might be necessary

Choose your moment with compassion; regulated students are better able to receive and integrate information

Validate their emotions and fears (considering treatment is overwhelming!)

Know what your school has to offer related to support, medical leave, and/or accommodations

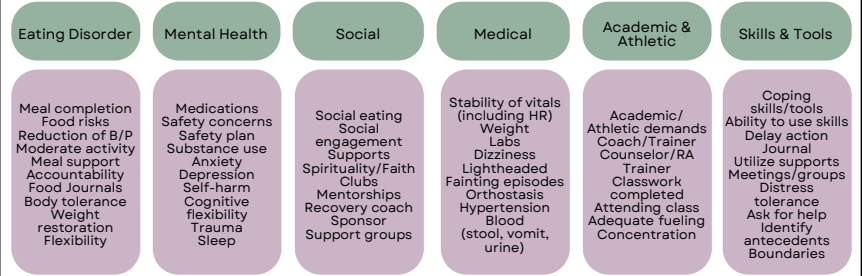
Avoid power struggles and revisit the conversation later

Be prepared for **setbacks and ambivalence**



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TREATMENT AGREEMENT ESSENTIALS



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WHAT ARE WE WILLING TO DO?

CLIENT RESOURCES

Are they able to make small improvements?

Are they willing to increase ANY support?

Are they able to identify safety strategies?

RISK MANAGEMENT

What are the risks managing someone who is at medical risk?

What does the school have in place to help make decisions?

Is harm reduction appropriate?

RETAIN vs REFER

What progress do we need to see?

Collaboration!

What is our boundary when we are no longer working ethically?

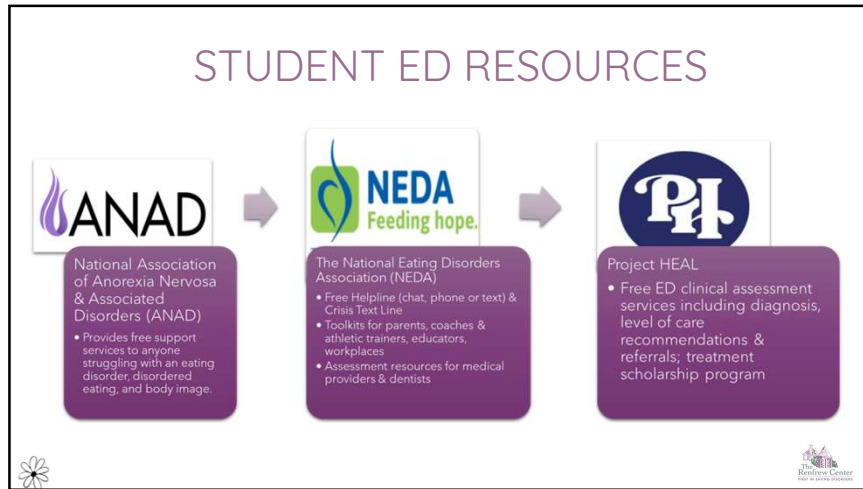
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PROFESSIONAL ED RESOURCES



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Thank you!

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Citation

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