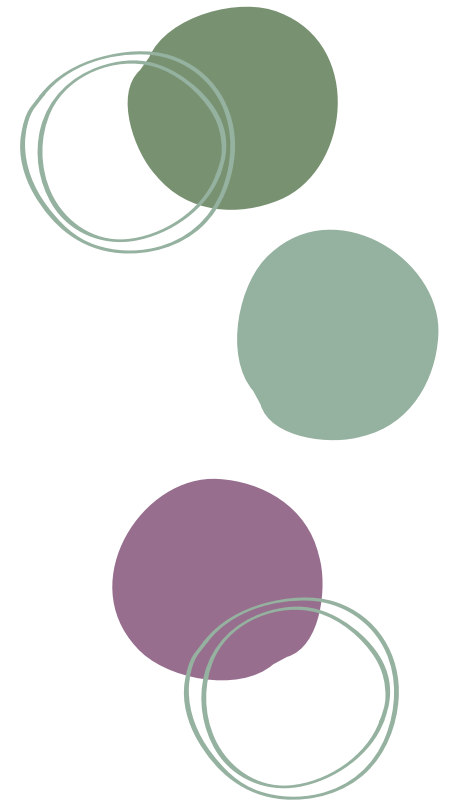


IT'S A BALANCING ACT: NAVIGATING ETHICAL CARE AND COLLEGE EXPECTATIONS FOR STUDENTS WITH EATING DISORDERS

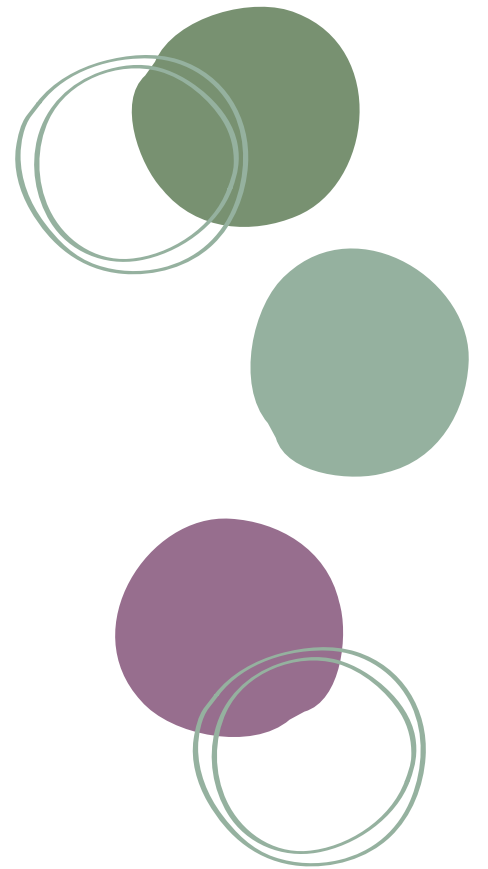


Laura McLain, PsyD, BC-TMH
Clinical Telehealth Supervisor & Training Specialist





EATING DISORDERS OVERVIEW & CO- OCCURRING MENTAL HEALTH CONCERNS



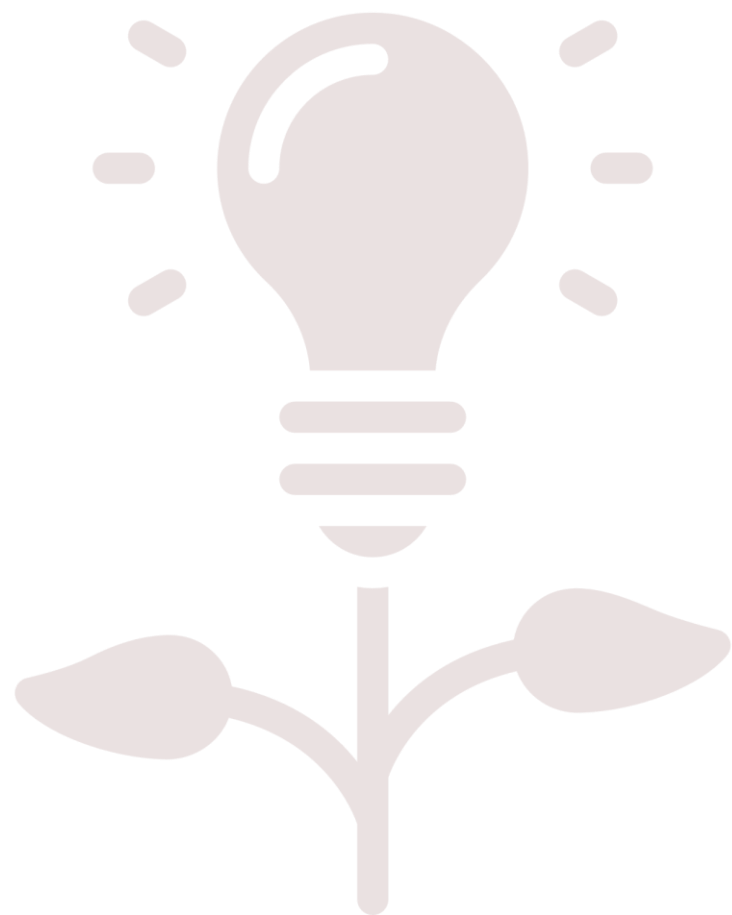
WHAT IS EMERGING ADULTHOOD?

“The feeling of ‘in between’...identity struggles... steering away from struggles of adolescence, feeling more responsible for themselves, but tied to family.”

Jeffrey Jenson Arnett, PHD

Coined term “emerging adulthood”

Clark University & University of Copenhagen (Denmark)





AN AGE OF...

Identity exploration
(who they are, what they want)

Instability
(change in partners & friends, moving away)

Self-focus
(decide who they want to be with, where they want to go, etc.)

In-between
(responsibility but don't quite feel like an adult)

Possibilities
(optimism, living better than parents, finding a lifelong partner)

COLLEGE STUDENT MENTAL HEALTH



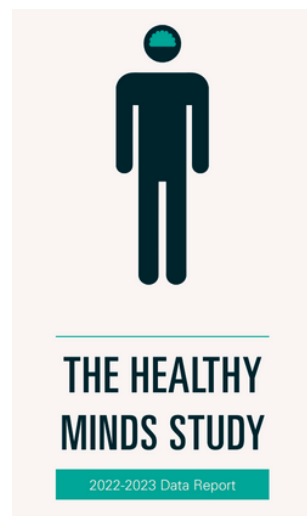
- 33% of students reported being diagnosed with or treated for a mental health problem**
- 74% report emotional or mental health has hurt their academics (in a 4-week period)**



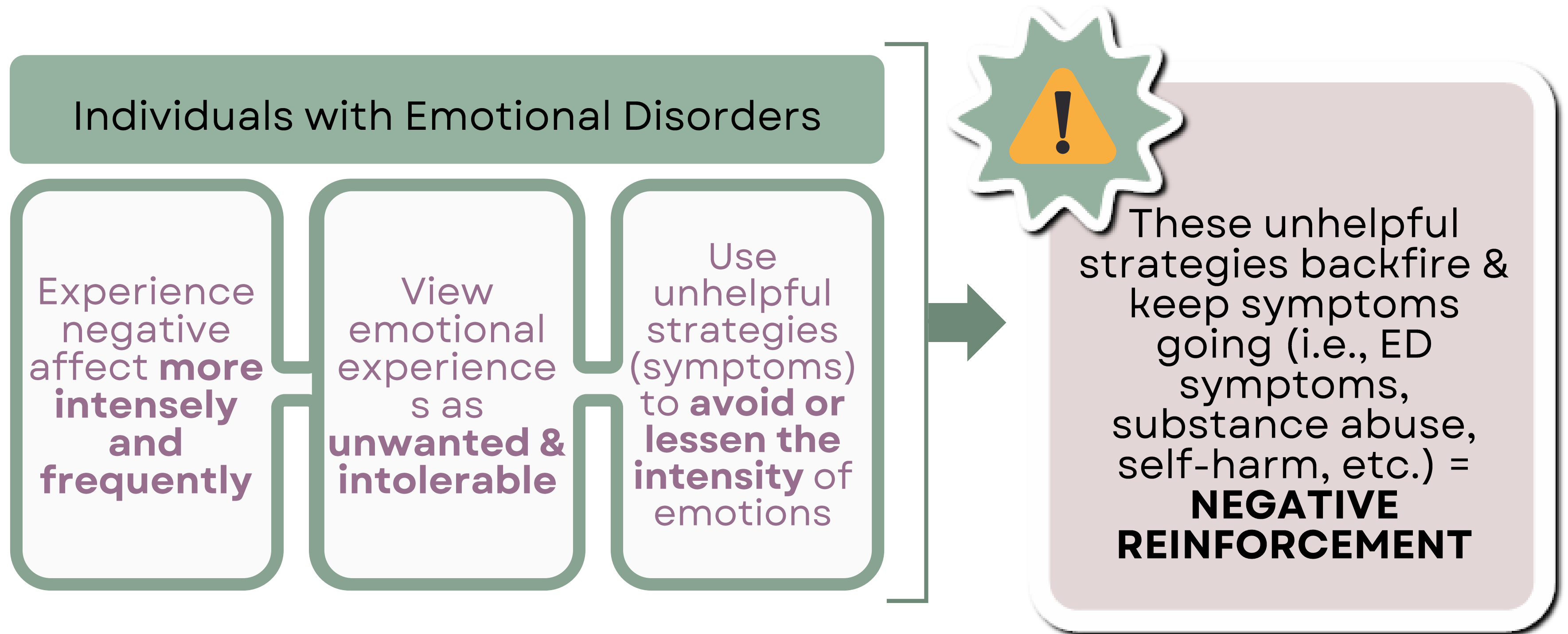
- 14% screened for eating disorder symptomology (SCOFF)**
- 44% reported significant food insecurity*



- 52% of students reported moderate psychological distress; 25% serious distress*
- 29% have engaged in self injury**
- 14% seriously considered suicide; 2.9% attempted suicide*



ED AS AN EMOTIONAL DISORDER?



OUR STUDENTS ARE DYSREGULATED

**The inability
to tolerate
emotional
responses**

**Emotional
response is
disproportionate
to the situation
or stimuli**

**Difficulties
coping which
leads to use of
non-sustaining
behaviors**

**Limited insight
into emotions
and/or confused
by emotional
experiences**



MAINTAINING FACTORS

Effects
of
altered
nutrition

Perfection-
ism

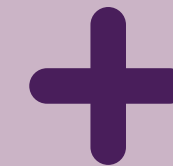
Systems

Intolerance
of
uncertainty

Maturity fears

Neuroticism:
anxiety about
anxiety!

Experiential Avoidance
(limited behavioral repertoire)



Emotional Intolerance of negative
affect

PSYCHOLOGICAL FACTORS THAT PREDICT ED ONSET & MAINTENANCE

Maturity fears
(leaving home,
obtaining
employment,
marriage, starting
a family)

Interpersonal distrust
(reluctance to form
close relationships,
reluctance to express
feelings to others,
difficulties in self-
regulation of negative
emotional states)

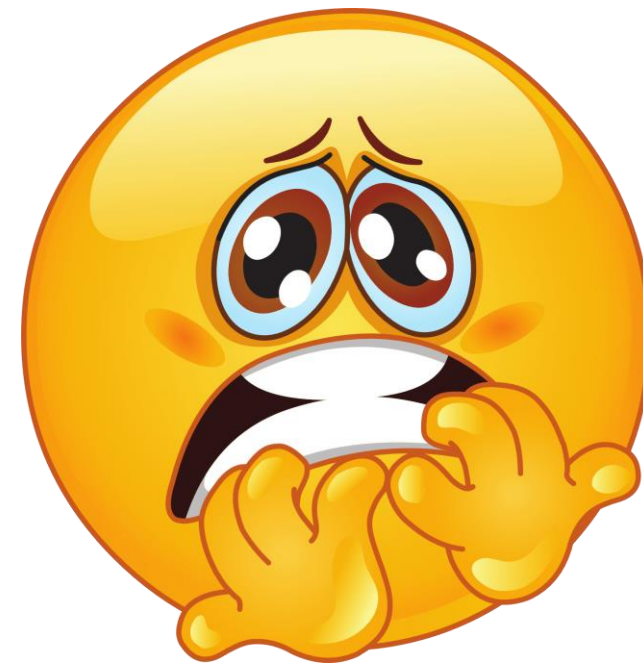
Perfectionism

INTOLERANCE OF UNCERTAINTY

Negative perceptions and reactions to ambiguous stimuli
Elevated in individuals with EDs and OCD

Intolerance of uncertainty

related to drive for thinness and body dissatisfaction



Maladaptive perfectionism

predictor of eating disorder behaviors

EATING DISORDERS SPECTRUM

Wellness

- Mostly positive feelings about body shape/size
- No “good” or “bad” foods
- Regular/moderate exercise

Preoccupation with body shape/size and eating

- Don't like the way parts of body look or consistently feel like losing a few pounds
- Frequent thoughts about food, eating and body
- Sometimes feel guilty or bad for what they have eaten and may “make up for it”

Distress about body shape/size and eating

- Thinking about food, eating and body interferes with daily activities
- Rigidity in eating patterns
- Working hard to change body and compensating for eating (vomiting, fasting, extreme exercising)

Eating Disorders

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- OSFED
- ARFID

EATING DISORDERS OVERVIEW

Updated Codes

Anorexia nervosa, restricting type

- [F50.011](#) moderate
- [F50.012](#) severe
- [F50.013](#) extreme

Anorexia nervosa, binge eating/purging type

- [F50.021](#) moderate
- [F50.022](#) severe
- [F50.023](#) extreme

Bulimia nervosa

- [F50.22](#) moderate
- [F50.23](#) severe
- [F50.24](#) extreme

Binge eating disorder

- [F50.811](#) moderate
- [F50.812](#) severe
- [F50.813](#) extreme

[F50.82](#) Avoidant/restrictive food intake disorder

[F50.89](#) Other specified eating disorder

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

EATING DISORDERS OVERVIEW

Binge Eating Disorder (BN)

3.5% Women,
2% Men

Binge eating, restriction,
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)

Est. Prevalence 0.3-15%

Calorie deficit, texture,
sensory issues, fear of
choking or vomiting
when eating

Lack of body image
disturbance

Co-occurring often
ADHD, Autism spectrum,
sensory disorders

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.

COMMON ISSUES ON CAMPUS

Orthorexia 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)

BODY IMAGE ISSUES

Body Dysmorphic Disorder

Preoccupation with one or more perceived defects or flaws in physical appearance

Performs **repetitive behaviors** (e.g., mirror checking, excessive grooming, skin picking, reassurance seeking) or **mental acts** (e.g., comparing appearance with that of others)

Significant distress or impairment

Not better explained by another eating disorder.

Specify if muscle dsymorphia is present

Muscle Dsymorphia

Preoccupation with the idea that one's body is not sufficiently lean and muscular

Perceive self as small and weak, even if they look normal or very muscular

“Bigorexia”

Feeling the need to exercise even if injured, social isolation, and the use of steroids

INTERSECTIONALITY & ED RISK FACTORS

BIPOC

- Tend to be misdiagnosed
- Under treated
- Less likely to seek out ED recourses
- Mental health stigma

Cultural/Societal Factors

- Historical and intergenerational trauma
- Bullying
- Glorification of masculinity
- Acculturation status
- Food insecurity
- Social media influence

ED RISK FACTORS

Female Identity

- Body Objectification
- Internalization of dominant culture thin ideal
- Cultural differences

- Diet cycling
- Fad diets (keto, intermittent fasting)
- Fat phobia and size discrimination
- Norms that value thin bodies and appearance

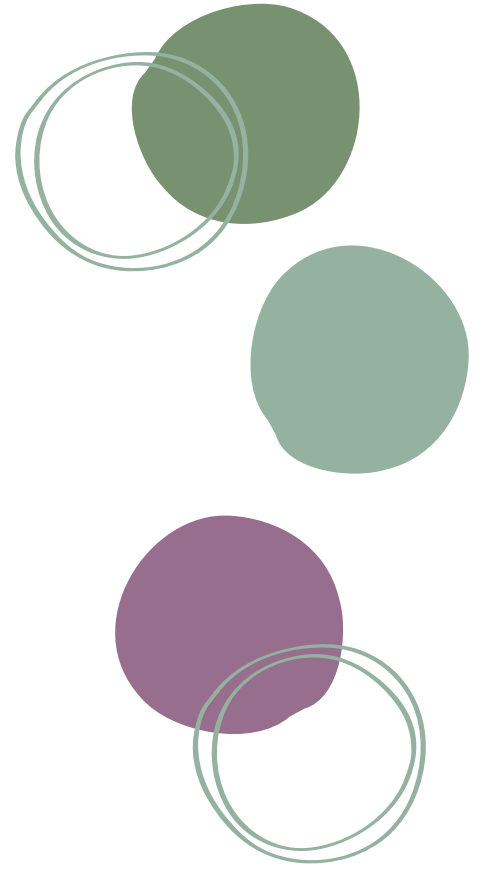
Diet Culture & Weight Stigma

- LGBTQIA+ increased risk
- Risk factors include social exclusion, family rejections, peer victimization

LGBTQIA+



ASSESSMENT & SCREENING



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?

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

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)

ARFID SCREENING 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)

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?



MEDICAL COMPLICATIONS

- Orthostatic vitals
- Cardiac arrhythmia, bradycardia
- Shortness of breath
- Dental Erosion

- Osteoporosis
- Osteopenia
- GI Issues (constipation, bloating, diarrhea)

- Hormonal changes
- Gastroparesis
- Impaired immune system

- Abnormal lab values (potassium, sodium, magnesium, phosphorus)
- Glucose levels

- Seizures
- High blood pressure
- Fainting episodes, lightheaded, dizziness

- Perforated esophagus
- Blood in urine, stool, vomit

- Weight fluctuations, weight loss/gain
- Amenorrhea, abnormal menses

- Cold intolerance
- GERD
- Parotid gland enlargement

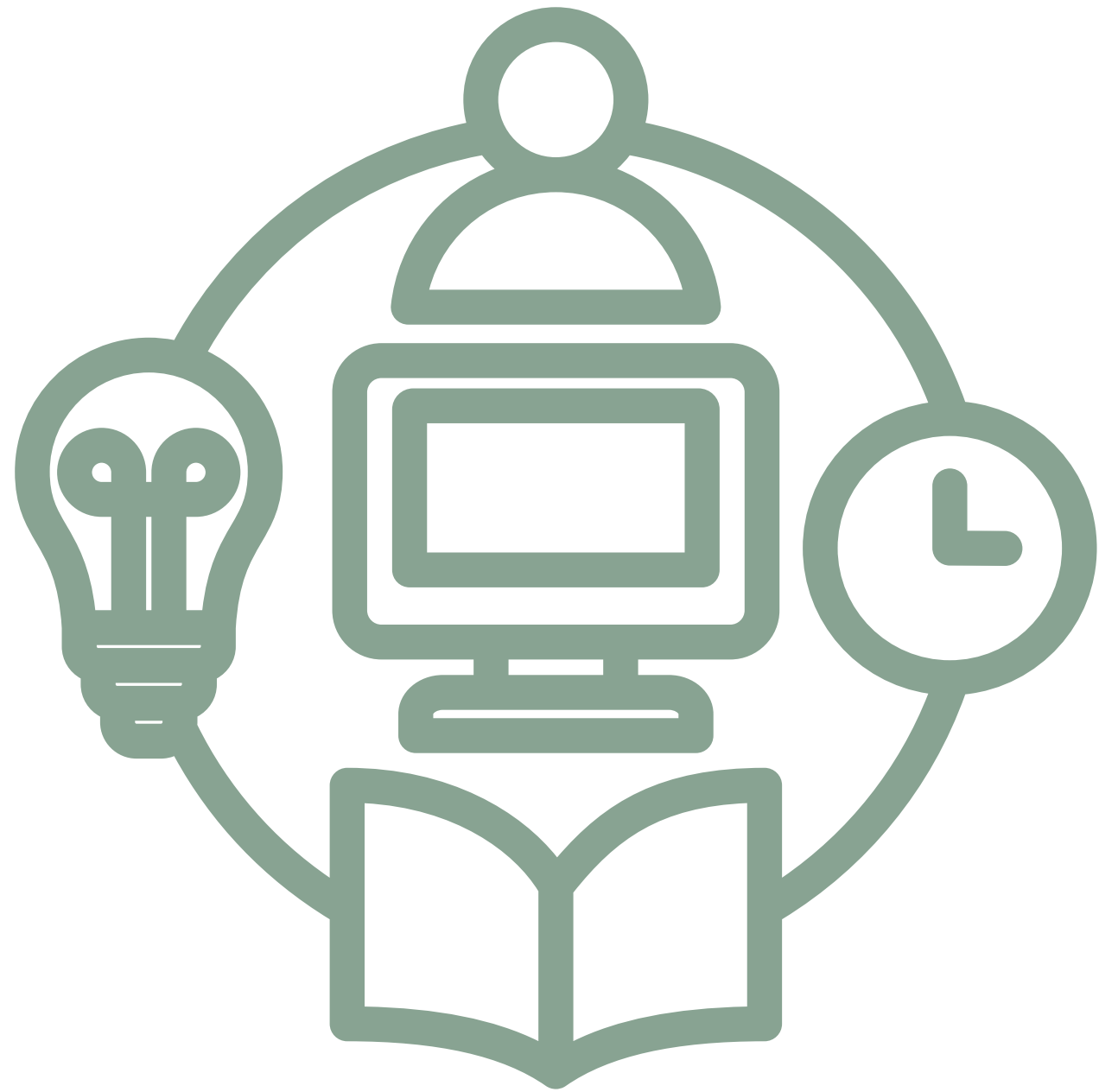


BEHAVIORAL CONCERNS

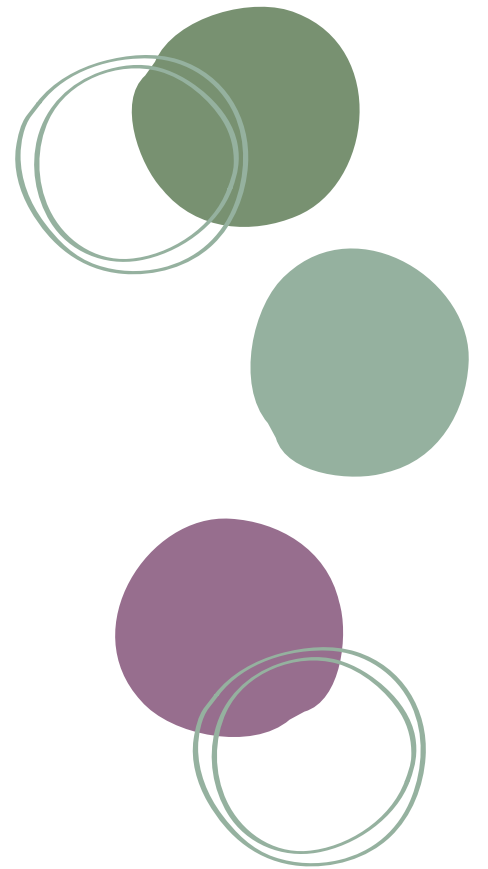
- Student's relationship with food, exercise, and/or their body is getting in the way of the college experience
- Mood dysregulation getting in the way of academic performance and social interactions

- Lack of medication compliance
- Self-injury
- Substance use
- Suicidal thoughts and/or actions
- Increased risky or impulsive behaviors

- Social isolation and/or avoidance of social gatherings that involve food
- Change in clothing and/or appearance (ex: poor ADLs)
- Unable/unwilling to follow treatment recommendations



ON CAMPUS RESOURCES & BARRIERS TO SPECIALIZED CARE



CHALLENGES ON CAMPUS

Treatment

Brief Therapy
Model

ED Training &
Knowledge

Supports & Resources

School
Resources

Student Support
& Resources

Risk Management

Treatment
Agreements

Harm
Reduction

BARRIERS

FINANCIAL

Tuition, scholarships (academic and athletic) student housing, lack of financial resources, food insecurity

INSURANCE

Lack of virtual coverage, international policies

PARENTAL/SUPPORT INVOLVEMENT

Reluctance to involve supports, unsupportive parents, fear of parental response

SHAME & SECRECY

Denial of illness severity, fear of leaving school

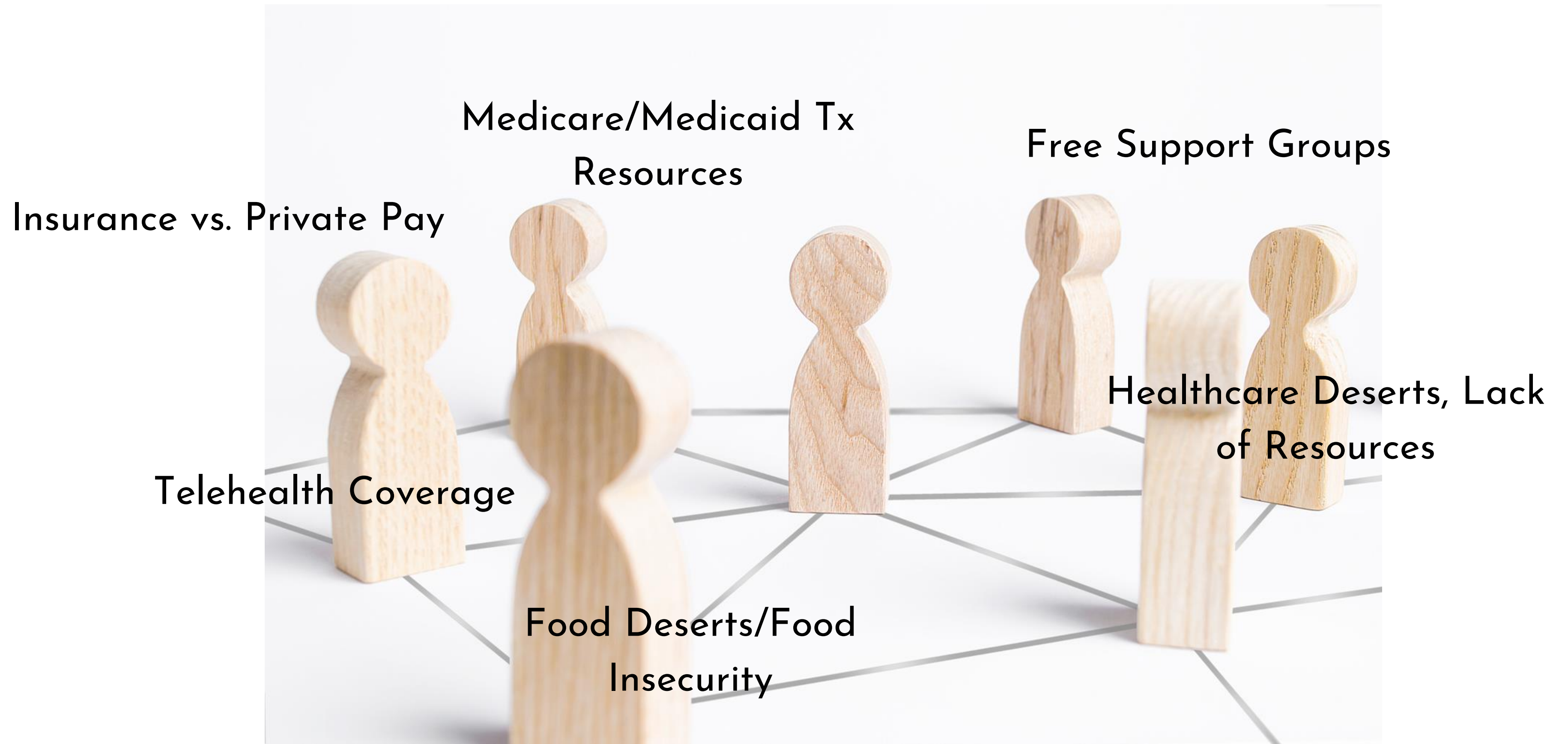
STUDENT ATHLETES

Scholarships, training, balance school/athletic obligations

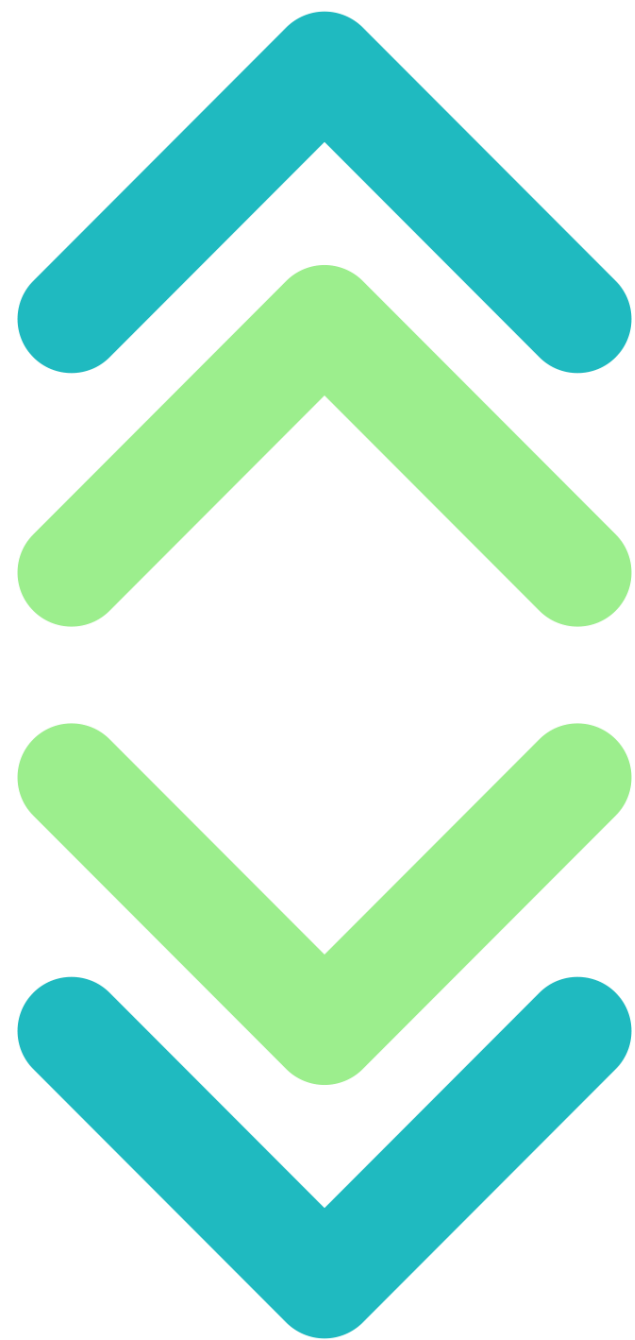
INTERNATIONAL STUDENTS

Student visas, insurance barriers, lack of support, understanding of mental health

RESOURCE ALLOCATION



PREVENTION VS. HARM REDUCTION



Primary

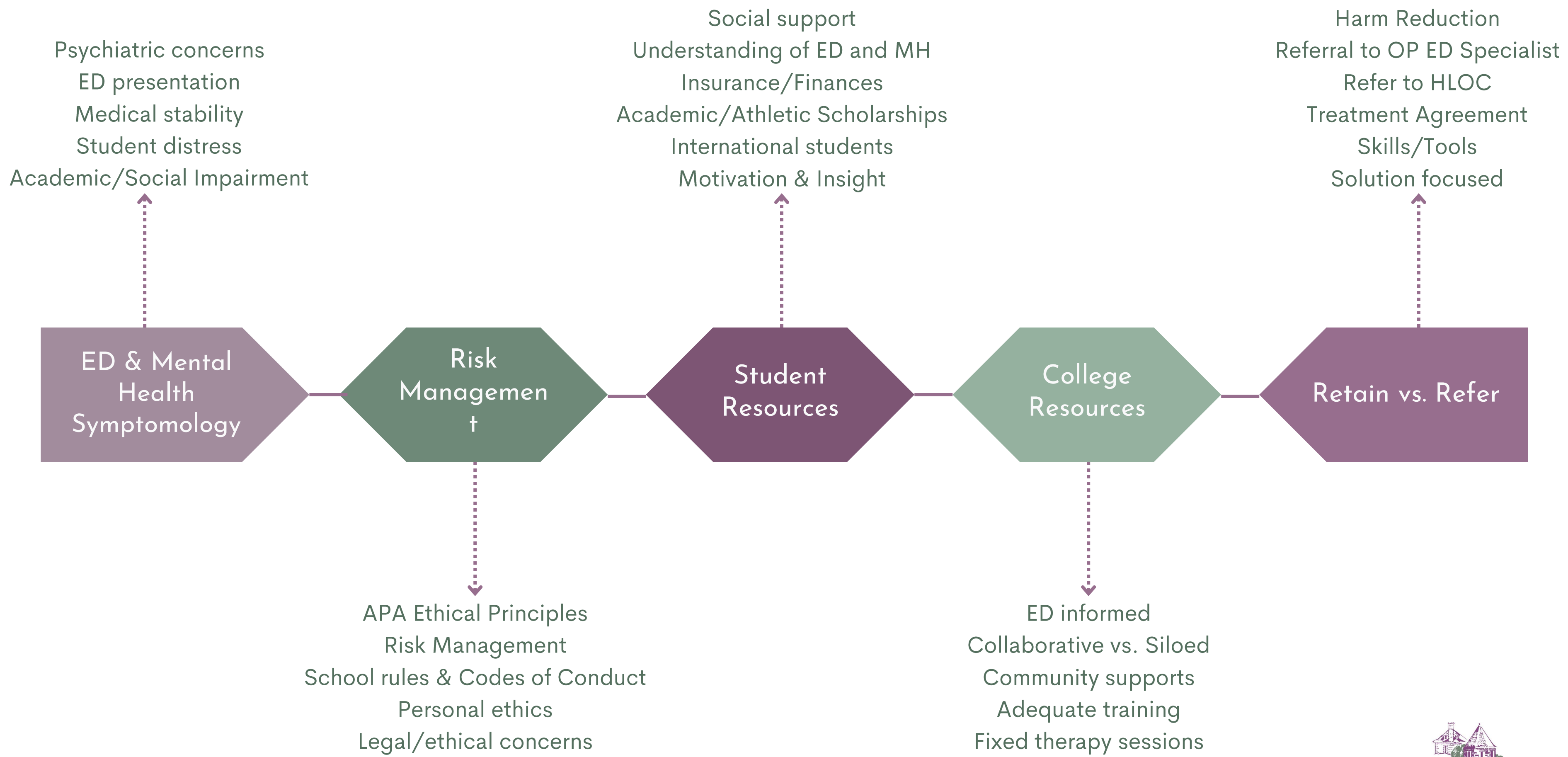
- **Prevention**
- Prevent the use or delay first use of behavior

Secondary

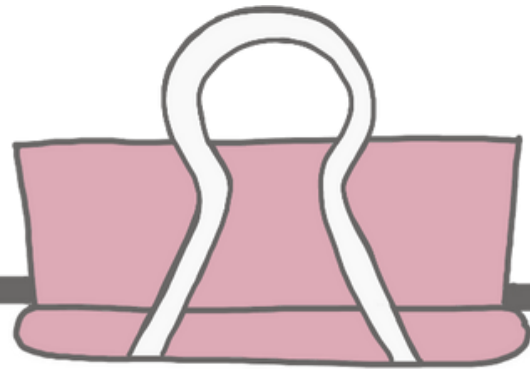
- **Early Detection**
- Reduction of behaviors once started

Tertiary

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

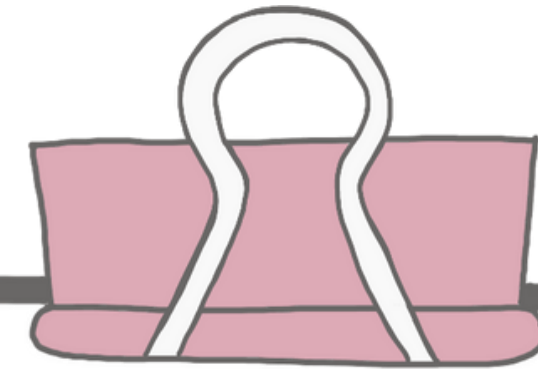


MULTIDISCIPLINARY TEAM



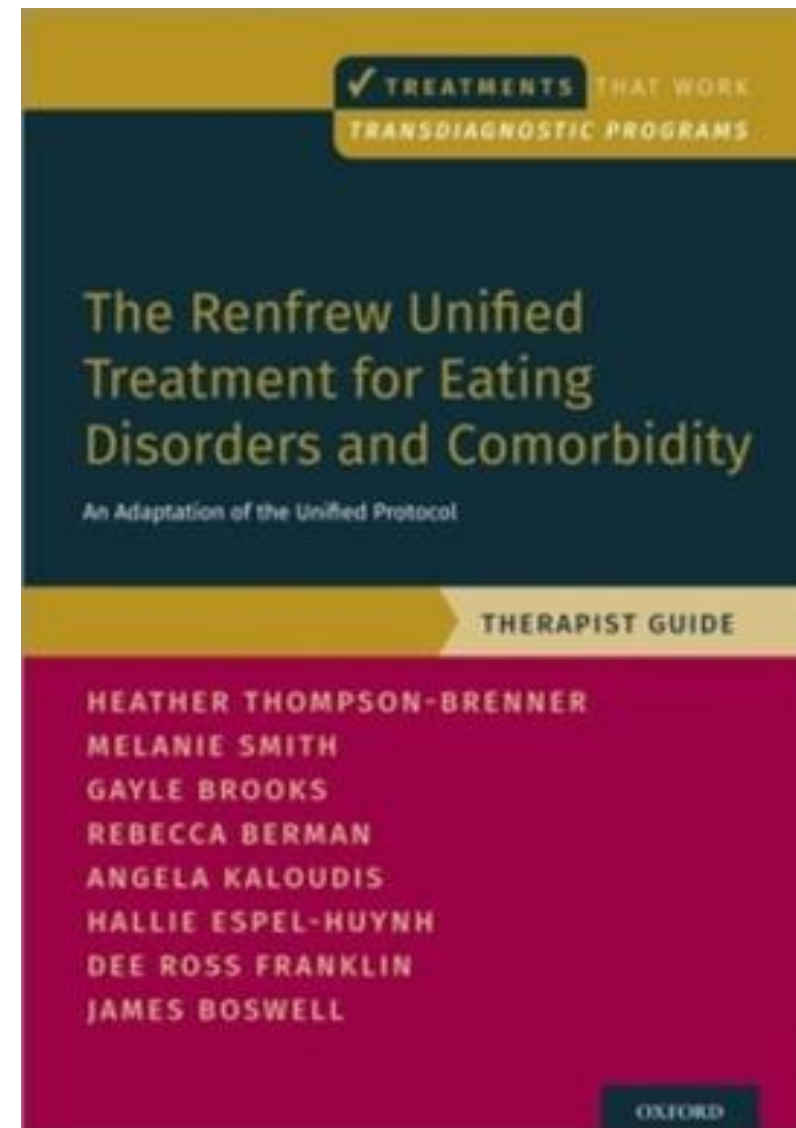
TRADITIONAL SUPPORTS:

- Therapist/Counselor
- Psychiatrist/Psych NP
- Registered Dietitian
- PCP/Nurse
- Specialized medical providers (GI, cardiology, etc.)
- Family
- Identified Supports

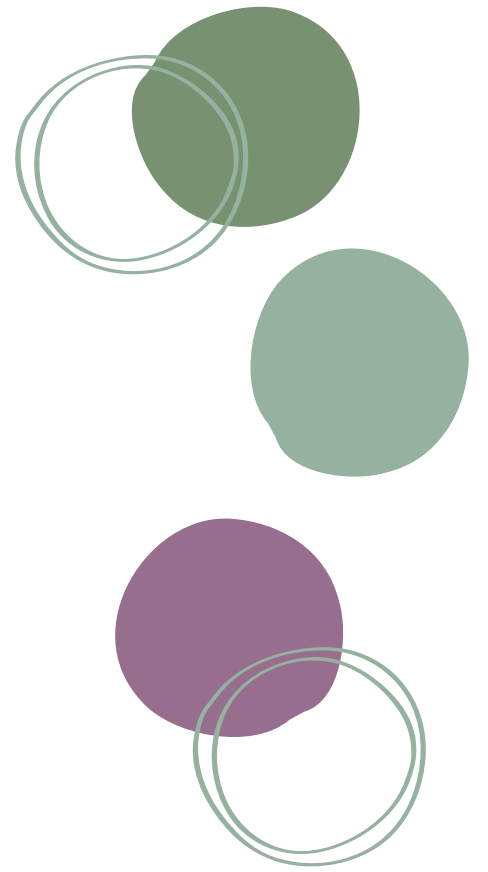


ADJUNCT SUPPORTS:

- Friend, teammate, roommate, partner
- Mentor, spiritual leader
- Coach, athletic trainer
- Resident Advisor
- Sports medicine doctor
- Exercise physiologist



HELPFUL TOOLS FOR THE TREATMENT TEAM



EDA GRAPH

Self-monitoring **E**ating Disorder,
Depression, **A**nxiety daily

Build awareness of relationship
between antecedents and
emotional responses

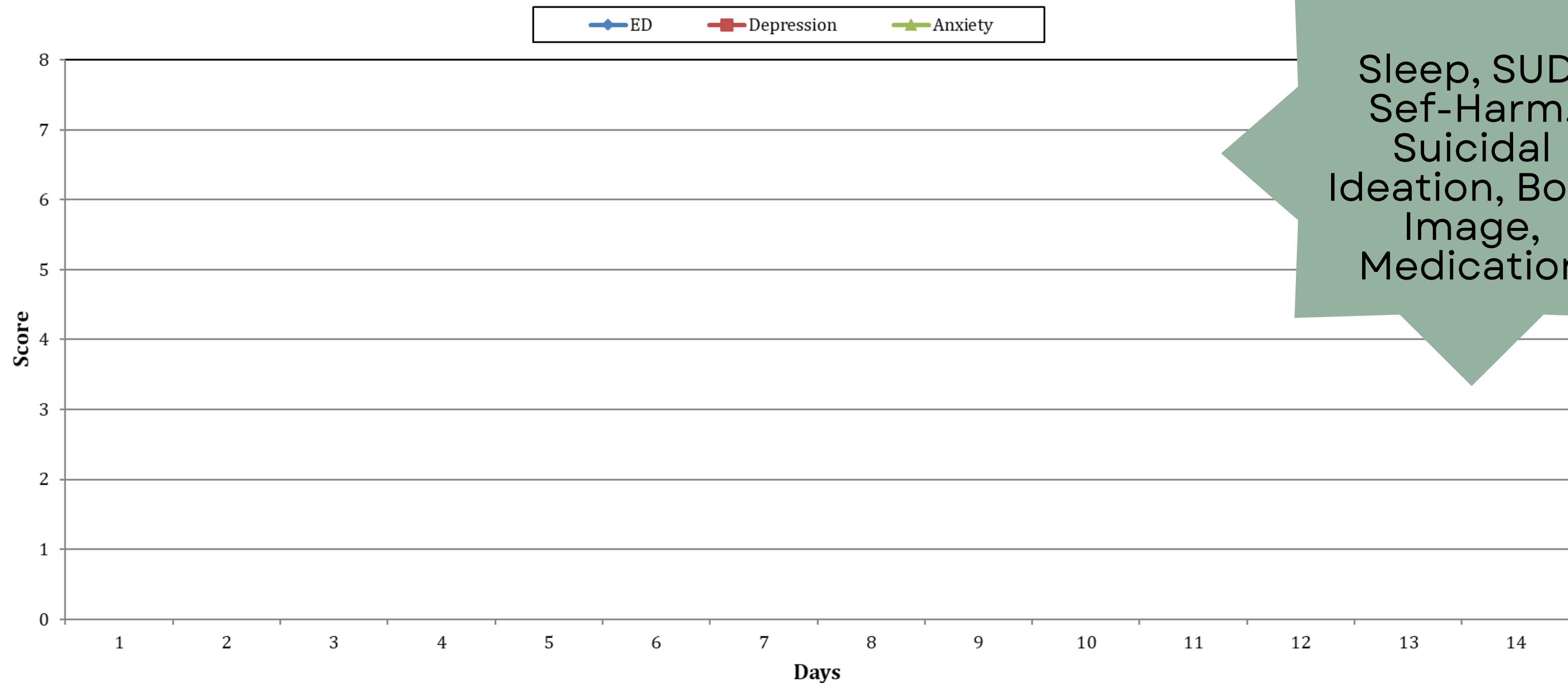
Snapshot of emotional experience

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



PROGRESS MONITORING WITH THE EDA:

DAILY **E**ATING DISORDER, **D**EPRESSION, AND **A**NXIETY FORM



GAINING INSIGHT



What does this graph say about your ED/DEP/ANX symptoms?

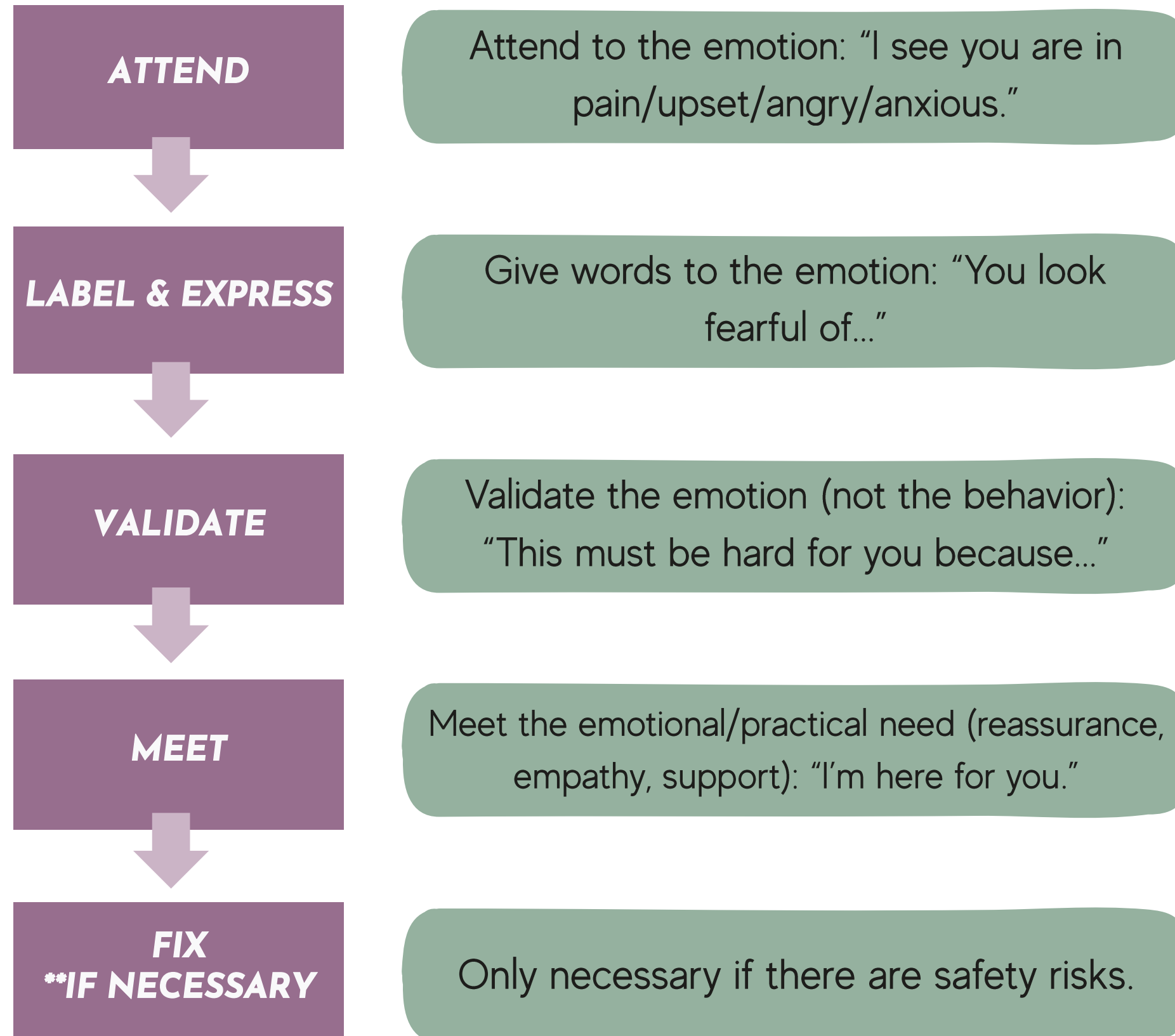
I noticed you added (name item) to your EDA. Can you tell me more why tracking this will be helpful?

What is useful about having the whole picture? What patterns are you noticing?

I'm curious if there is anything that stood out to you on your EDA?

I'm noticing _____ and this concerns me. What do you think is going on?

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.

FOOD & EMOTION JOURNAL



- 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

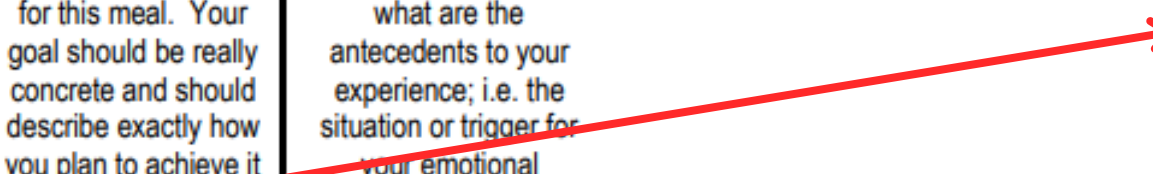
DIETITIAN REVIEW - FEJ

Complete this section & your SUDS rating BEFORE your meal				
Exchanges For IE and FO only:		Descriptions	Meal Intention	Antecedents
Record the exchanges for your meal.		Briefly record the serving sizes (i.e. cup, spoon, ounces) & what your meal consisted	State a specific goal for this meal. Your goal should be really concrete and should describe exactly how you plan to achieve it	Coming into the meal, what are the antecedents to your experience; i.e. the situation or trigger for your emotional experience of the meal?
Lunch	Protein	3	I am not going to tear my sandwich into small pieces by: taking bites using 1 hand to hold the sandwich & putting the sandwich down between bites	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
	Dairy Protein	1		
	Starch	2		
	Fats	3		
	Fruit	1		
	Veggie	1		
	Dessert	1		
	Supplement	0		
			★SUDS 7	

Food risk - purges after eating cheese and bread

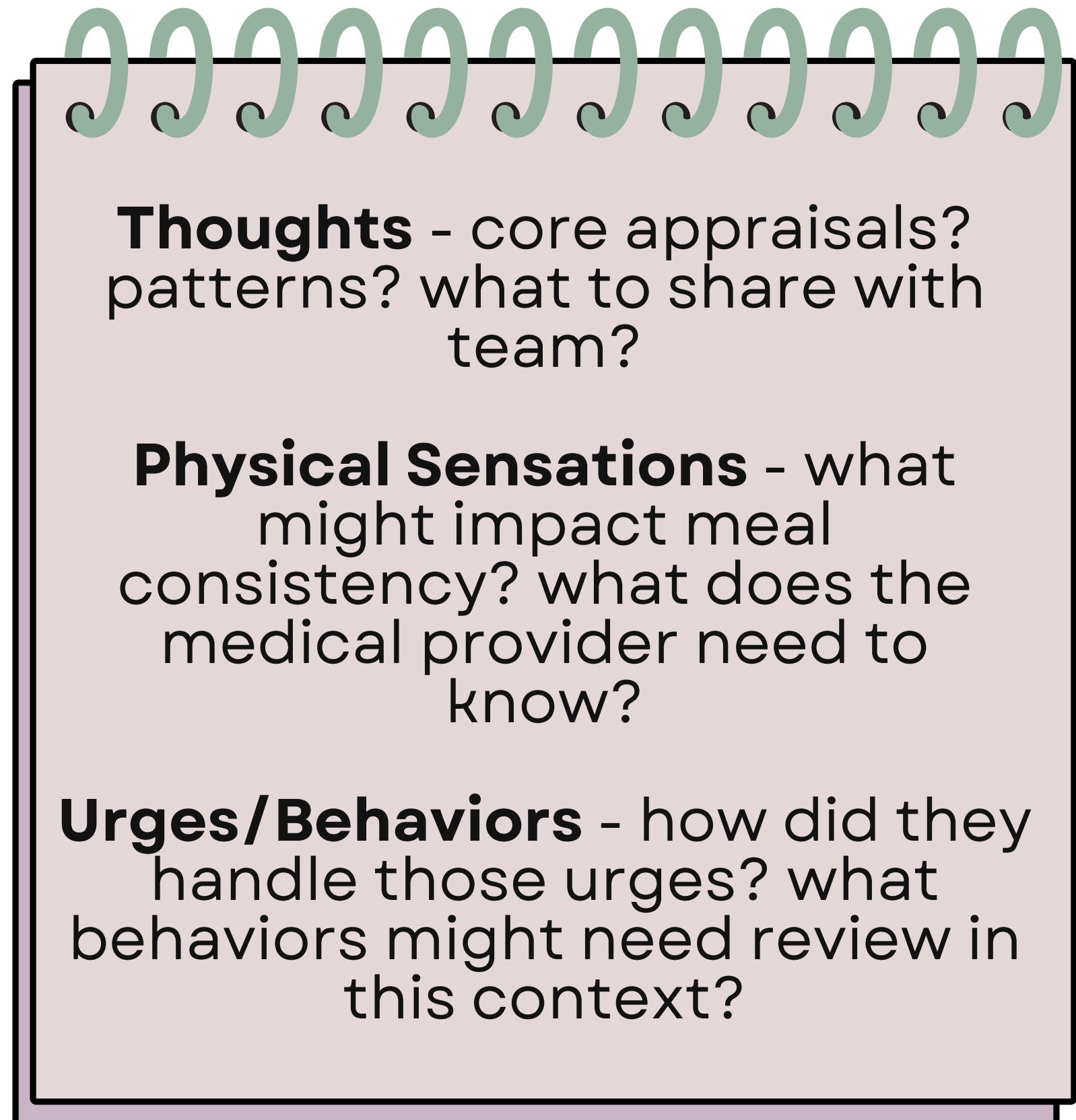
Challenge - hold sandwich and put down between bites

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



DIETITIAN REVIEW - FEJ

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



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?

GAINING INSIGHT



I'm curious what patterns you are noticing with your FEJs?

It seems like (name emotion) comes up a lot for you during meals. I'm curious to explore what is happening?

What do you think would happen if you included a fear food? Paused before purging? Didn't exercise after eating?

There seems to be a lot of distress around physical sensations when you eat new foods. Let's explore what is happening.

I'm noticing that dinners tend to be when you emotionally eat/binge. What do you think is contributing to those urges/behaviors?

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

Monitoring experiences

Better understanding of these experiences

More sustainable response

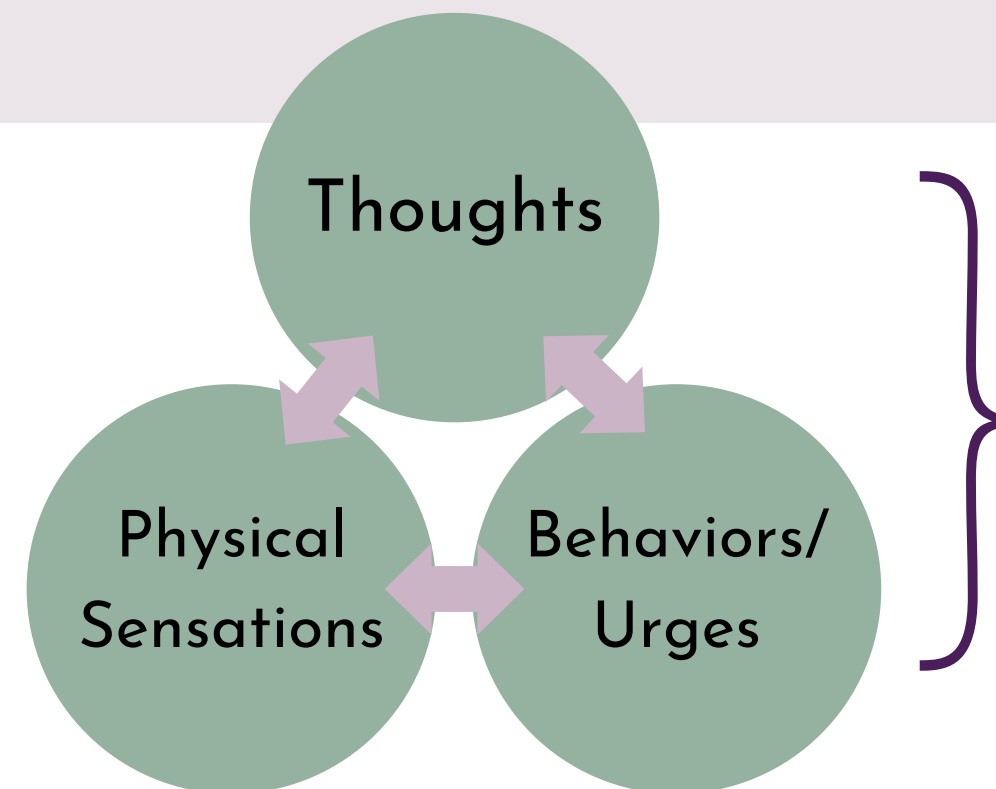
THE “ARC” OF AN EMOTIONAL EXPERIENCE

EMOTION(s): -----

DATE/TIME	ANTECEDENT/TRIGGER	PHYSICAL SENSATIONS	THOUGHTS	BEHAVIORS/URGES	CONSEQUENCES
	Immediate Earlier Historical	Response			What happens next? Short and long-term consequences

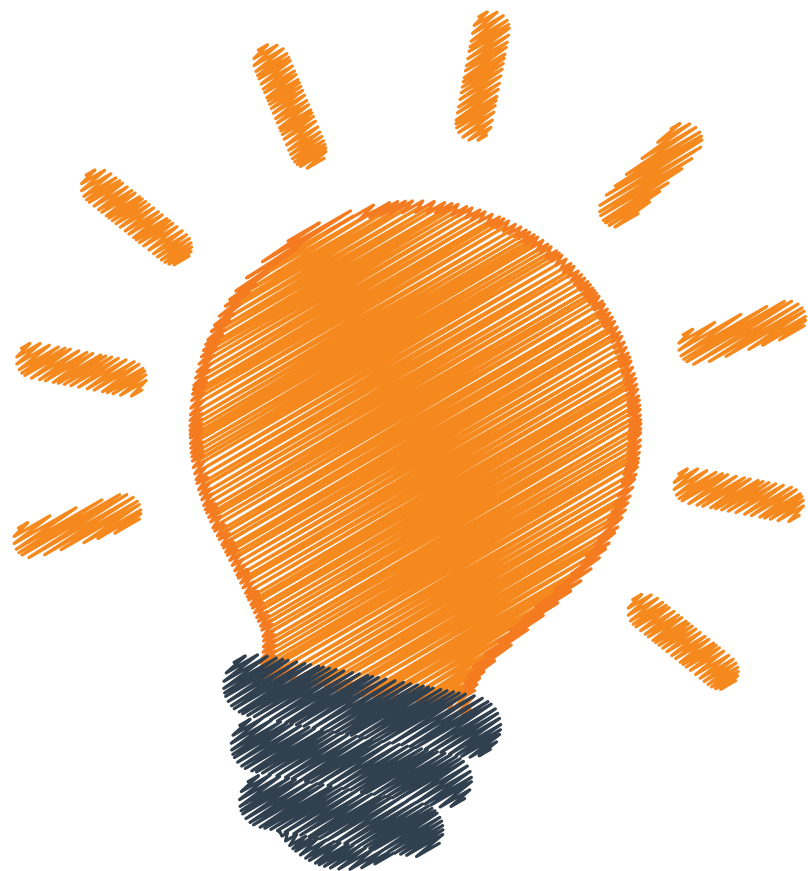
Goals

Develop an **understanding** of the antecedents and consequences of common emotional experiences.

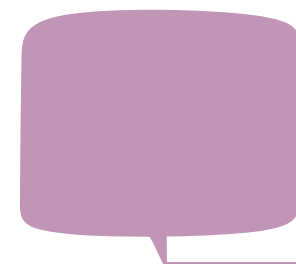


3-Component Model

GAINING INSIGHT



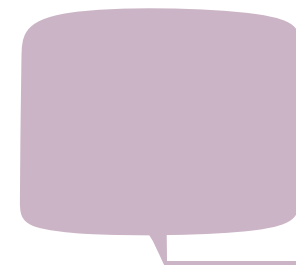
Thank you for sharing this experience with me. I'm wondering how you are feeling after our conversation?



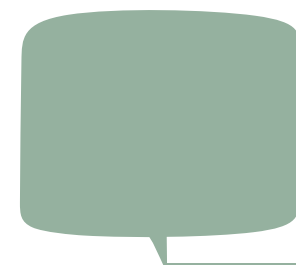
How do you feel about how you responded to this situation? Is there anything you wish you would have done differently?



I'm wondering how you think this experience may impact your eating disorder urges/behaviors later today and how you would like to plan for that?



I noticed several automatic appraisals related to your body and perceived femininity. Would you be open to exploring that further?



What did you learn about yourself after this experience?

REAPPRAISALS

Nobody cares

It's really hurtful when people misgender me, and sometimes people make mistakes

I look too feminine

I don't feel comfortable in my body right now, and maybe I can tolerate it right now

I'm definitely not eating the rest of the day

I'm angry and don't want to eat, and maybe I can have something rather than nothing

My body is wrong

I don't feel congruent in this body right now, and maybe I can respect it today

Exercising will fix this

I know exercising to manage my anger and sadness is a form of punishment. Maybe I can go on a mindful walk instead.

AVOIDANCE STRATEGIES

COGNITIVE

Dissociation
Intellectualizing
Suicidal ideation
Distraction
Rumination

SUBTLE BEHAVIORAL

Humor
Shrinking body
Avoiding eye
contact
Shaking foot

SAFETY SIGNALS

Sharps
Medications
Pets
Water bottles
Journals

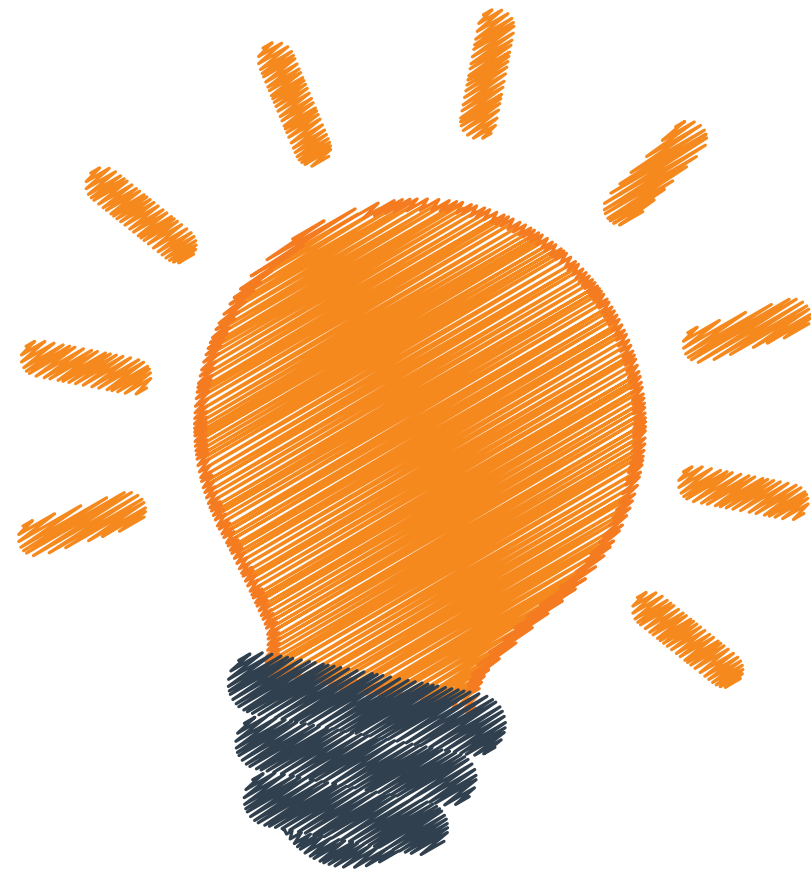
GOAL: Practice alternative action tendencies

Congruent affect, staying in the present moment (3-point check), anchoring/grounding, sitting upright, naming emotions

EXAMPLES OF EDB'S AND ALTERNATIVE BEHAVIORS

<i>EDBs</i>	<i>ALTERNATIVE BEHAVIORS</i>
Social withdrawal	Reaching out to someone
Reassurance seeking	Restrict contact/consider available information
Perfectionistic behavior	Leave things as they are (potentially untidy or unfinished)
Checking	Leave place/situation after checking only once
Escaping from situation (e.g., crowd)	Stay in situation; move to the center of the crowd; go up and talk to someone
Sleep/sit around	Behavioral activation (walk, engage in meaningful activity)
Hypervigilance	Anchor in the present moment
Binge/purge	ARC & then engage in meaningful activity; call a friend; walk; write; anchor in the present moment

GAINING INSIGHT



I'm curious to hear what avoidance strategies you use most often?

How aware are you of your avoidance strategies? When do you notice they are more accessible?

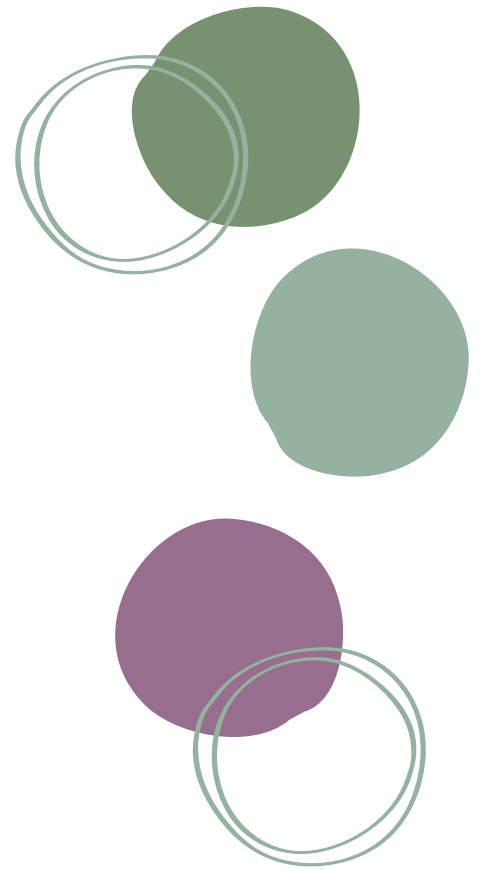
I can understand why these strategies don't feel that problematic. I'm curious how they help you.

What would happen if you didn't use that avoidance strategy? Would you be willing to test it?


I'm noticing (name the strategy) while we are talking. I'm curious to hear what emotions are coming up.



HIGH ACUITY CONSIDERATIONS



TREATMENT AGREEMENT



Could be appropriate when:

- Student has limited resources
- Relatively high motivation & willingness
- Limited progress
- Unwilling to seek HLOC

Include all areas of concern

Review each session

Collaborative vs. Punitive



Realistic expectations & behavior change goals

Willingness is essential

SMART Goals

TREATMENT AGREEMENT ESSENTIALS

Eating Disorder

Meal completion
Food risks
Reduction of B/P
Moderate activity
Meal support
Accountability
Food Journals
Body tolerance
Weight restoration
Flexibility

Mental Health

Medications
Safety concerns
Safety plan
Substance use
Anxiety
Depression
Self-harm
Cognitive flexibility
Trauma
Sleep

Social

Social eating
Social engagement
Supports
Spirituality/Faith
Clubs
Mentorships
Recovery coach
Sponsor
Support groups

Medical

Stability of vitals
(including HR)
Weight
Labs
Dizziness
Lightheaded
Fainting episodes
Orthostasis
Hypertension
Blood
(stool, vomit,
urine)

Academic & Athletic

Academic/
Athletic demands
Coach/Trainer
Counselor/RA
Trainer
Classwork completed
Attending class
Adequate fueling
Concentration

Skills & Tools

Coping skills/tools
Ability to use skills
Delay action
Journal
Utilize supports
Meetings/groups
Distress tolerance
Ask for help
Identify antecedents
Boundaries

SAMPLE FOOD AVOIDANCE LIST

ARFID Food Exploration and Discovery List

Food	I eat this food	I used to eat this food	I never ate this food	I am fearful or anxious eating this food
STARCH				Please rate anxiety level 0-5 if you try this food 0=not anxious 5=extreme anxiety
Rice	✓			0
Pasta	✓			0
Couscous			✓	
White potatoes	✓			1
Sweet potatoes/yams			✓	2
Mashed potatoes			✓	5 makes me feel sick
Noodles	✓			0
Cereal	✓			0
Granola	✓			2
Oatmeal	✓			2
Grits			✓	
Quinoa			✓	
Matzo			✓	
Corn	✓			2
White bread	✓			0
Wheat bread	✓			2
Rye bread			✓	
Rolls	✓			0
Breadstick	✓			0
Cornbread	✓			0
Naan			✓	1
English muffin		✓		2
Bagels	✓			0

ARFID Food Exploration and Discovery List

Food	I eat this food	I used to eat this food	I never ate this food	I am fearful or anxious eating this food
STARCH				Please rate anxiety level 0-5 if you try this food 0=not anxious 5=extreme anxiety
Rice	X			0
Pasta	X			0
Couscous			X	
White potatoes	X			1
Sweet potatoes/yams			X	2
Mashed potatoes			X	5 - makes me feel sick
Noodles	X			0
Cereal	X			0
Granola	X			2
Oatmeal	X			2
Grits			X	
Quinoa			X	
Matzo			X	
Corn	X			1
White bread	X			0
Wheat bread		X		2
Rye bread			X	
Rolls	X			0
Breadstick	X			0
Cornbread	X			0
Naan			X	1
English muffin		X		2
Bagels	X			0

SETTING THE STAGE FOR SUCCESS: BUILDING A HIERARCHY

Must be individualized

What gets in the way of their life & recovery?

Include multiple domains: food, physical sensation, social

Rate experiences based on level of distress and level of avoidance

Be specific

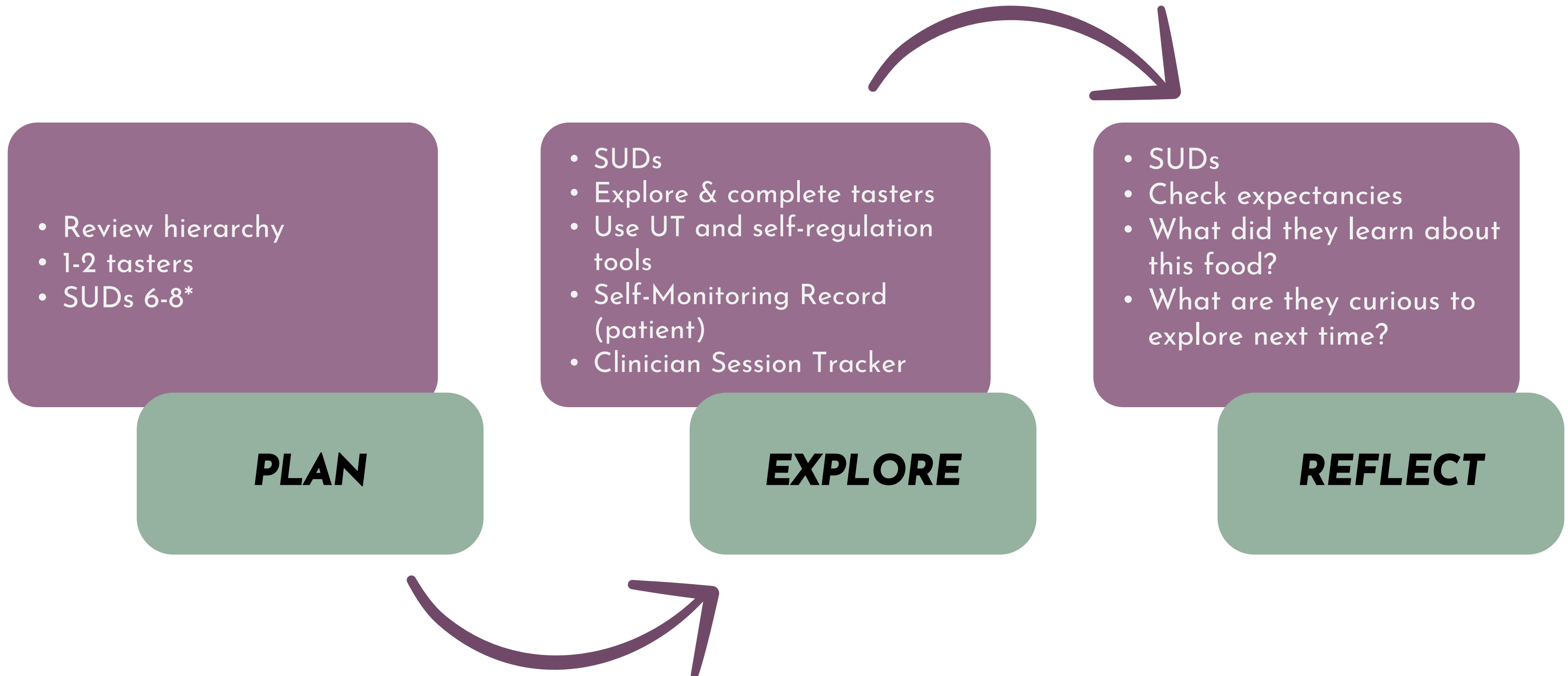
Start low-to-middle. No flooding!

Build self-efficacy, emotional tolerance & trust in the process.

Do Not Avoid	Hesitate To Enter But Rarely Avoid		Sometimes Avoid			Usually Avoid	Always Avoid	
0	1	2	3	4	5	6	7	8
No Distress		Slight Distress		Definite Distress		Strong Distress		Extreme Distress

Therapy/Nutrition Sessions

In Person or Virtual



WHAT IF THEY REFUSE TREATMENT?

School Concerns

Ethical issues keeping
June on campus

Unable to involve
parents for support

Medically compromised

Liability concerns



Student's Concerns

Doesn't want to leave
school and fall behind

Doesn't want parents
involved in fear of
disappointing them

Feels as though she can
turn this around on her
own if she could have
more time

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**

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?

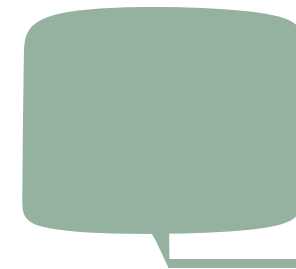
RETAIN vs REFER

What progress do we need to see?

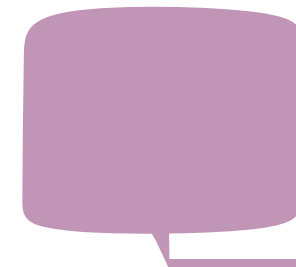
Collaboration!

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

HELPFUL PHRASES



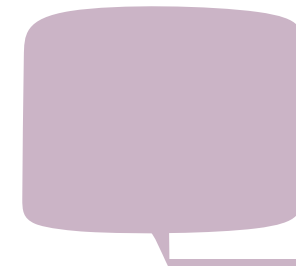
You have shared some behaviors with me that are concerning. I would like to have a conversation about how to best support you. Are you open to that today?



I realize this may not be what you want to hear, but I think you need more support than what we can offer. Can we discuss some options to help you move forward?



I'm very concerned for your safety and would like you to go to the health center for a medical evaluation. Can you commit to scheduling that appointment today?



You have continually shared that these behaviors aren't a big deal. I'm curious what would need to happen for you to be concerned.



I notice when we meet you often avoid talking about your eating disorder. I'm curious to hear what makes that so difficult for you.

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 Tx before
returning to
campus

Violation of school
behavior codes:

- Vomiting in public
bathrooms/dorms
- Stealing food
- Dean may
mandate
evaluation in
counseling center

KEY COLLABORATORS



NON-PROFIT ED RESOURCES

The logo for Project HEAL, featuring the word "Project" in a white, serif font above the word "HEAL" in a white, bold, sans-serif font, all set against a dark blue rectangular background.

Project HEAL

- Leading nonprofit in the U.S. providing free, peer support services to anyone struggling with an eating disorder.
- Virtual support groups, a Helpline, and mentorship program

The logo for Moonshadow's Spirit, featuring the text "Moonshadow's Spirit" in a cursive font, accompanied by a purple butterfly and a small grey bird-like icon.

The Jennifer Mathiason Fund

- Offers need-based financial assistance to individuals with an eating disorder diagnosis who are seeking treatment at residential facilities or intensive partial hospitalization program facilities



Kirsten Haglund Foundation

- Provide hope, networking and financial aid to those seeking treatment and freedom from eating disorders.
- Referrals and resources, scholarships for treatment

STUDENT ED RESOURCES



National Association of Anorexia Nervosa & Associated Disorders (ANAD)

- Leading nonprofit in the U.S. providing free, peer support services to anyone struggling with an eating disorder.
- Virtual support groups, a Helpline, and mentorship program



The National Alliance for Eating Disorders

- Nonprofit organization providing referrals, education, and support for all individuals experiencing eating disorders and their loved ones
- Free weekly support groups, free helpline, professional education & training



Multi-Service Eating Disorders Association (MEDA)

- Dedicated to the prevention and treatment of eating disorders so that every body has access.
- Provide and expand access to treatment and recovery services, educate the community, train professionals, and advocate for policies that promote equitable access.

PROFESSIONAL ED RESOURCES



International Association of Eating Disorder Professionals (iaedp)

- Opportunities for networking
- CEDS Certification
- iaedp Annual Symposium



Association for Size Diversity and Health (ASDAH)

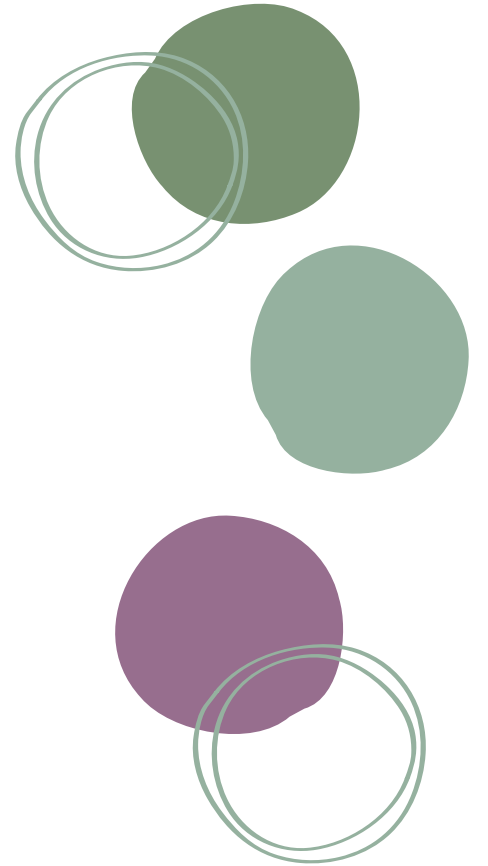
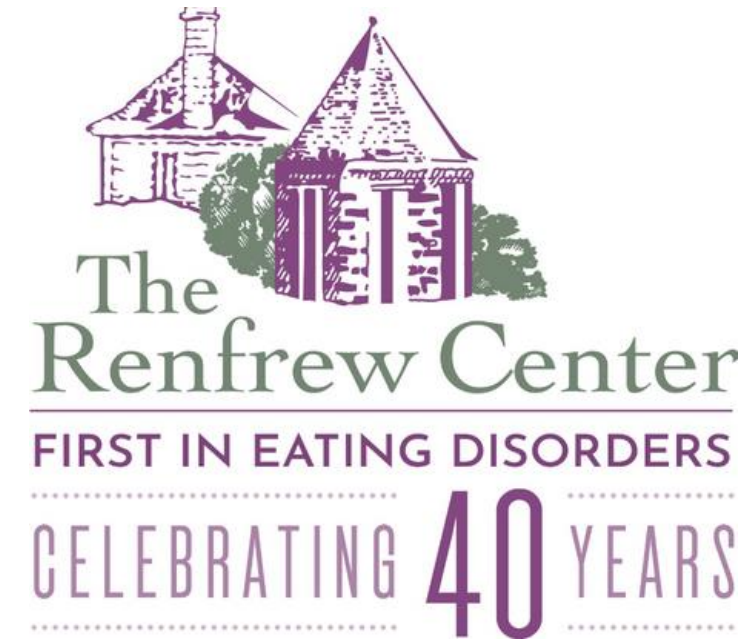
- ASDAH envisions a world that celebrates bodies of all shapes and sizes, in which body weight is no longer a source of discrimination...
- Opportunities for development, including educational resources, vetted referral opportunities



Academy for Eating Disorders (AED)

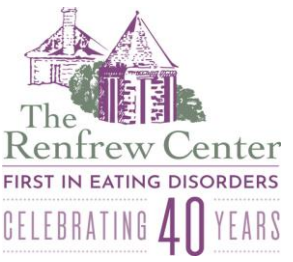
- The mission of the AED is to advance eating disorder prevention, education, treatment, and research by expanding the global community of committed professionals.
- Annual International Conference on Eating Disorders (ICED)

*Thank
you!*



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Citation



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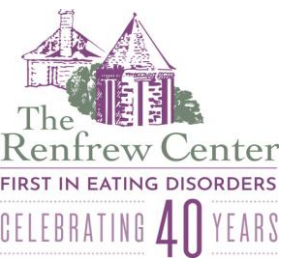
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