

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



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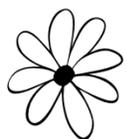


LEARNING OBJECTIVES

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

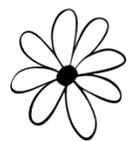
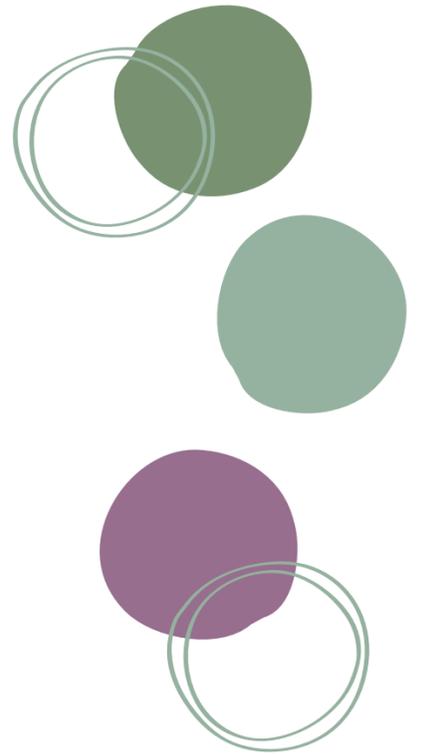
Participants will be able to identify 2 nutrition interventions that can be implemented on college campuses when treating students with eating disorders.

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





EATING DISORDERS OVERVIEW & CO- OCCURRING MENTAL HEALTH CONCERNS



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)**



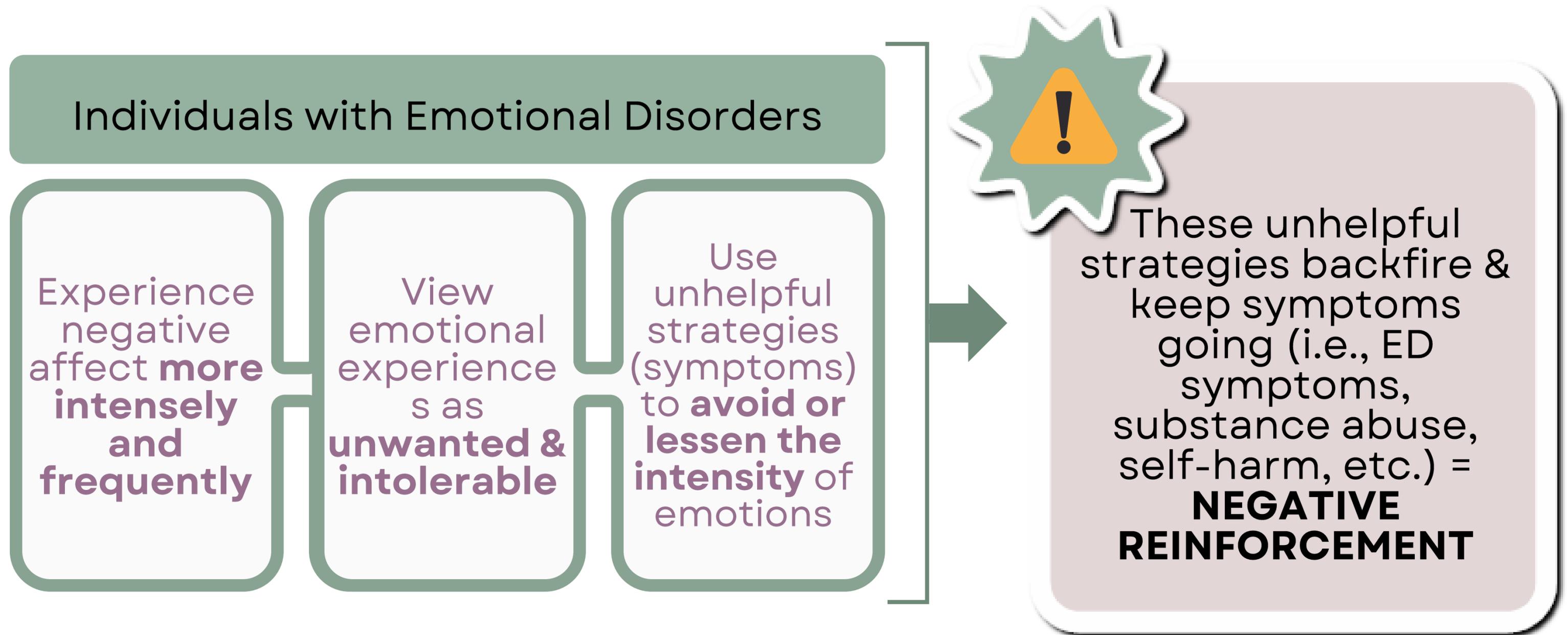
- 14% screened for eating disorder symptomology (SCOFF)**
- 44% reported significant food insecurity*



- 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?



MAINTAINING FACTORS

Effects
of
altered
nutrition

Perfection-
ism

Systems

Intolerance
of
uncertainty

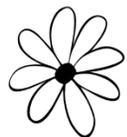
Maturity fears

Neuroticism:
anxiety about
anxiety!

Experiential Avoidance
(limited behavioral repertoire)



Emotional Intolerance of negative
affect



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



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)



CONTRIBUTORS & CO-OCCURRING MENTAL HEALTH ISSUES

Co-Occurring Mental Health Issues

Mood Disorders (50-75%)

Anxiety Disorders (56%)

Trauma and PTSD (25%)

Substance Abuse (22%)

LDs/ADHD (10-20%)

Personality Disorders (25-40%)

Autism Spectrum Disorder
(20%)

Self-injury/suicidality (36-55%)



Societal & Environmental Stressors

Gender Dysphoria

Weight Stigma/Fatphobia

Social Oppression and
Marginalization



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



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

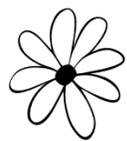
- Diet cycling
- Fad diets (keto, intermittent fasting)
- Fat phobia and size discrimination
- Norms that value thin bodies and appearance

Diet Culture & Weight Stigma

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

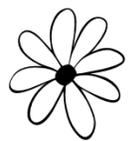
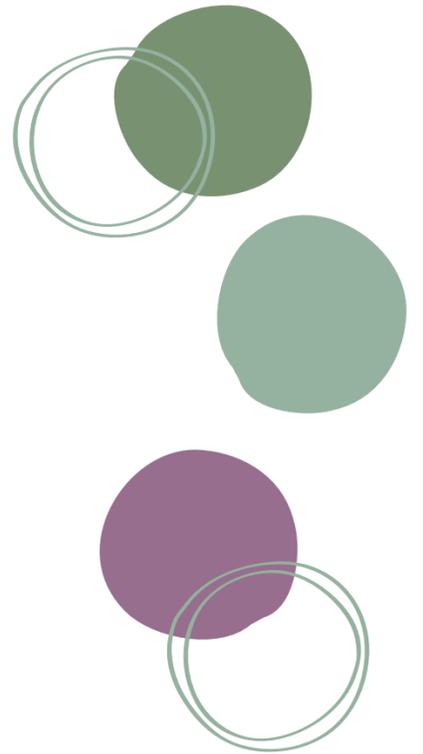
LGBTQIA+

Grabe et al., 2008; NEDA, 2023





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?

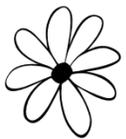
Level of concern (if any) with symptom use?

Medical & Psychiatric Concerns

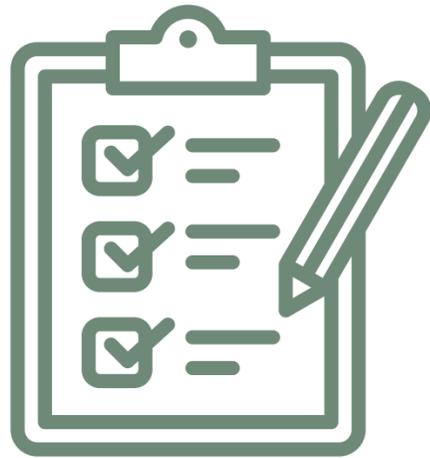
Medical instability?

Psychiatric safety concerns?

Level of support necessary?



ASSESSMENT TOOLS



Eating Disorder Assessments

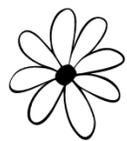
- EDI-3 Eating Disorder Inventory
- EDE-Q Eating Disorder Examination Questionnaire
- EDDS Eating Disorder Diagnostic Scale
- SCOFF Eating Disorder Questionnaire

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>

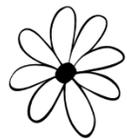


SCOFF Questionnaire (Morgan, Reid & Lacey, 2000)

- 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)

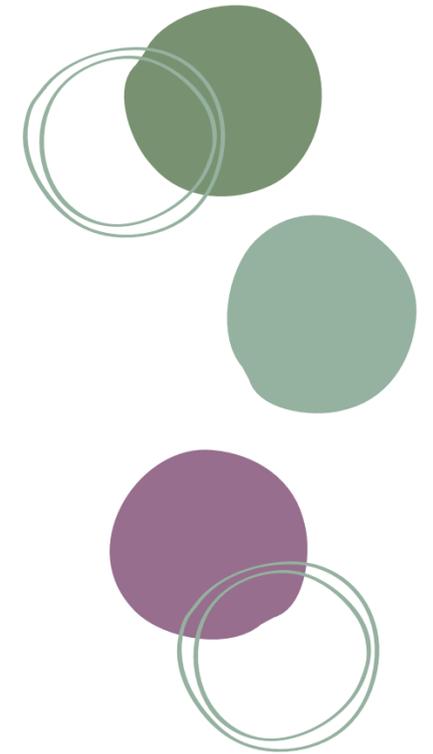
Eating Pathology
Symptoms
Inventory (EPSI)



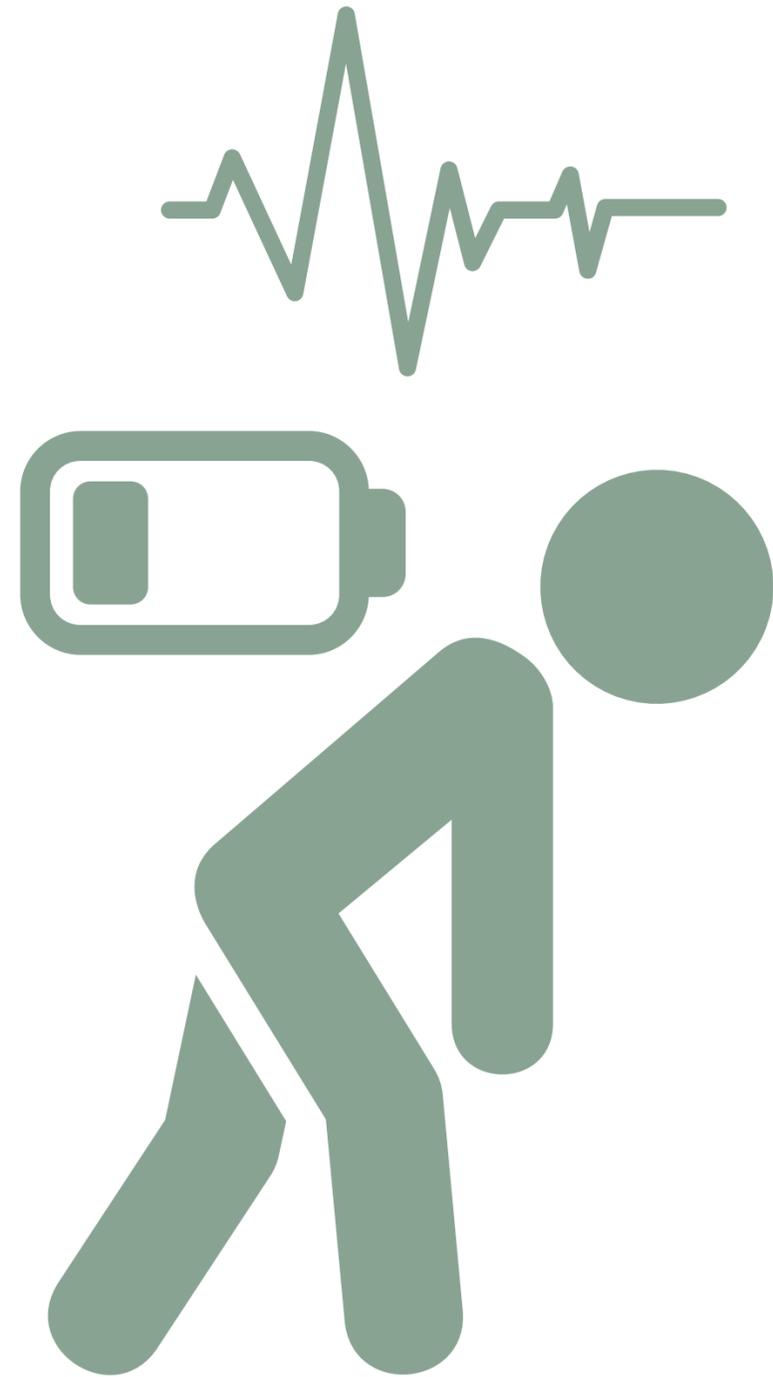
QUESTIONS TO ASK STUDENTS

- 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 & PSYCHIATRIC CONSIDERATIONS



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)





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

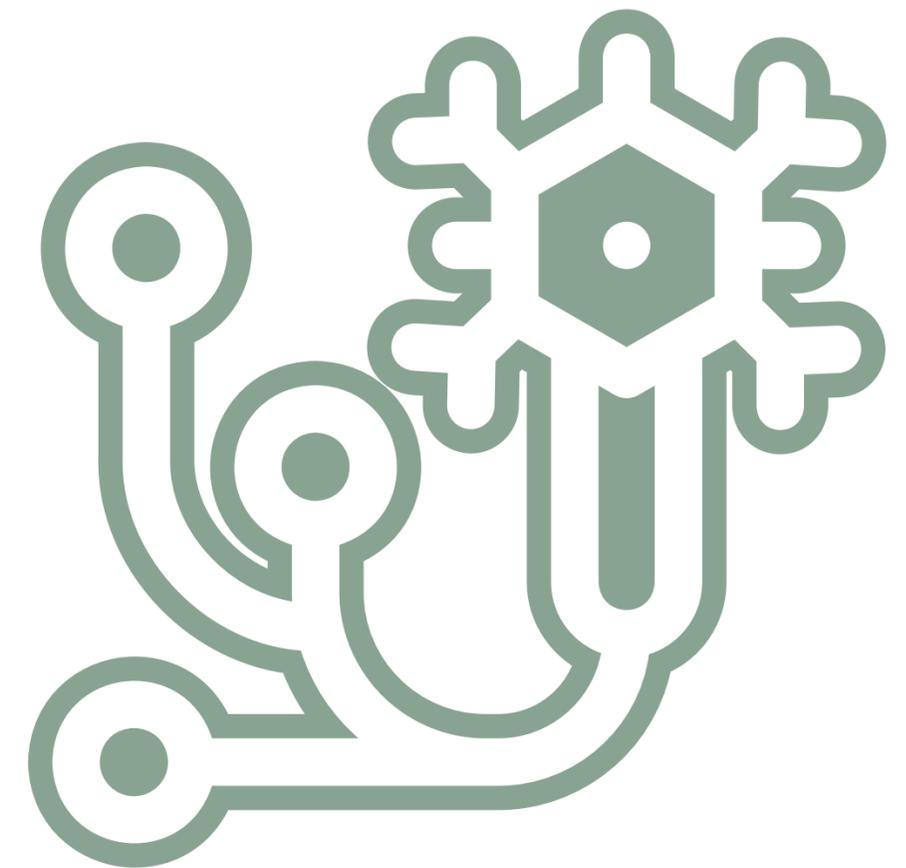
- Cold intolerance
- GERD
- Parotid gland enlargement



MEDICAL COMPLICATIONS OF RESTRICTION

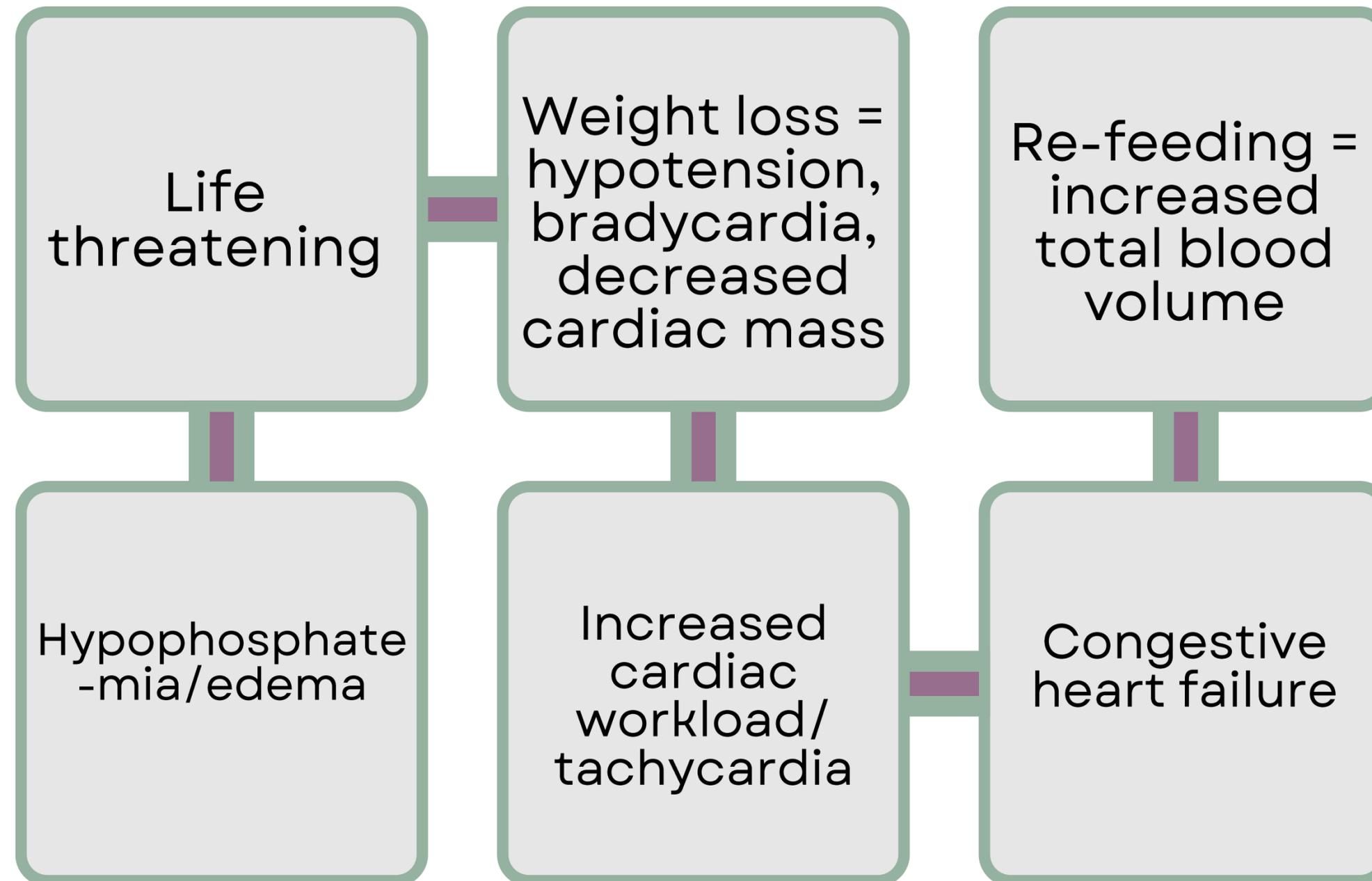
Anorexia Nervosa, ARFID, Fasting, Orthorexia

- 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



MEDICAL COMPLICATIONS OF RESTRICTION

Re-Feeding Syndrome



MEDICAL COMPLICATIONS

Bulimia Nervosa

Self-Induced Vomiting

Dental damage

Esophagitis/
Barrett's
esophagus

GERD

Perforated
esophagus

Blood in vomit

Laxatives

Cathartic colon

Hypokalemia

Prolapsed rectum

Blood in stool

Dehydration

Diuretics

Hypernatremia

Hypokalemia

Dehydration

Blood in urine



MEDICAL COMPLICATIONS

Binge Eating Disorder

Managing **assumptions & biases** about clients who binge eats

Assumptions that clients who binge are in larger bodies

Restriction is part of binge cycle

For clients in larger bodies:

Clients in larger bodies more likely to **avoid medical care, increasing acuity** when they do seek help

Doctors tend to **overtreat, undertreat, and misdiagnose** clients in larger bodies

Impact of weight stigma:

Association between a person's **experience of weight stigma & increased incidence of heart disease, ulcers, diabetes, and high cholesterol**



EARLY INTERVENTION



Routine screening & intervention

Removing stigma

Open dialogue of symptoms observed

Education - ED symptoms, severity of illness, need for specialized treatment and/or LOA from school/sport

Referral to appropriate providers

Collaboration with providers throughout treatment



PHARMACOTHERAPY

Anorexia Nervosa

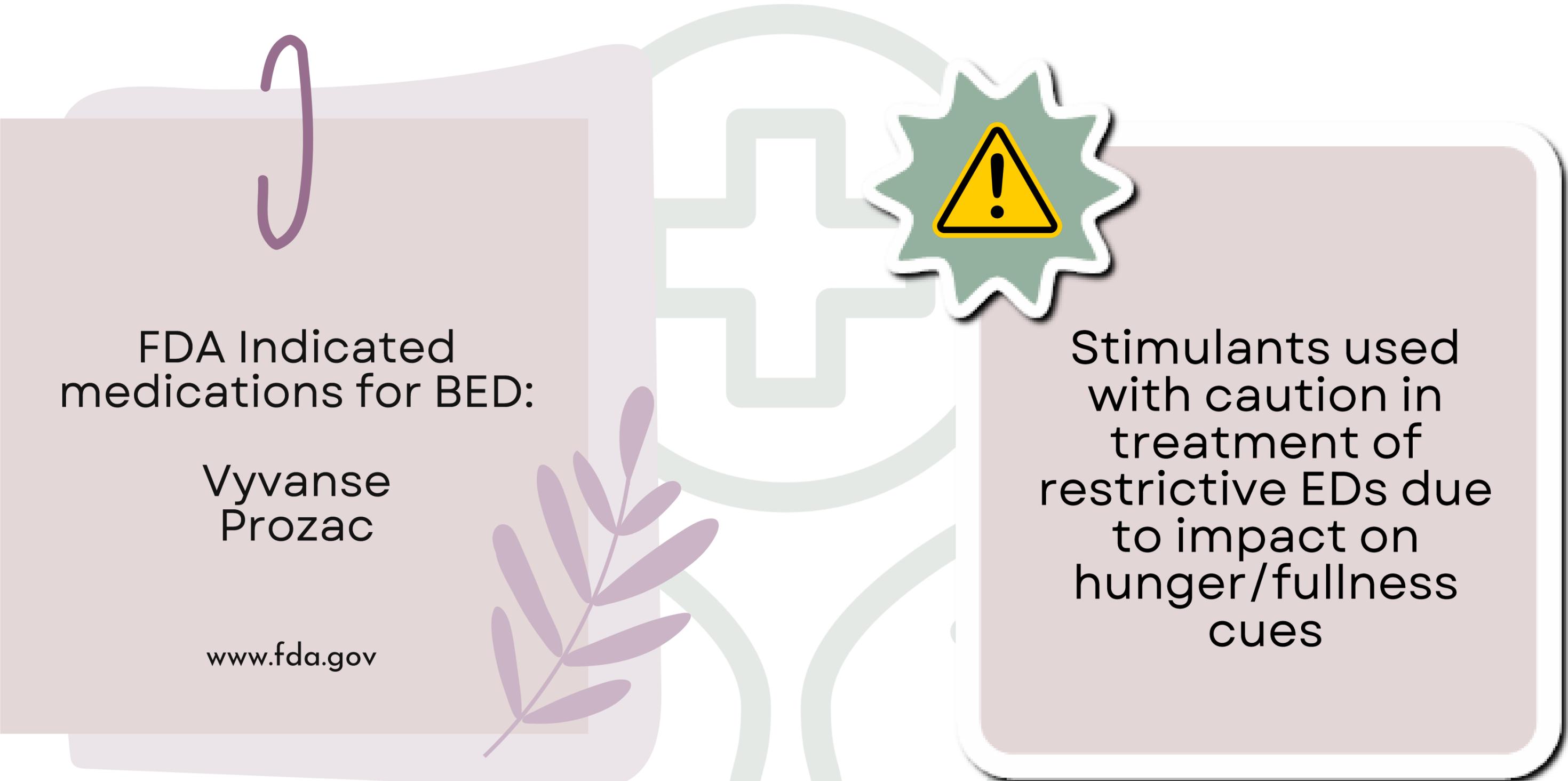
- Limited role in acute treatment
- Nutrition = medication
- Psychiatric conditions may worsen or improve
- Fluoxetine may decrease relapse rate in weight restored patients (Kayne et al., 2001)
- Atypical antipsychotics
- Benzodiazepines contraindicated

Bulimia Nervosa

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



PHARMACOTHERAPY



FDA Indicated
medications for BED:

Vyvanse
Prozac

www.fda.gov

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





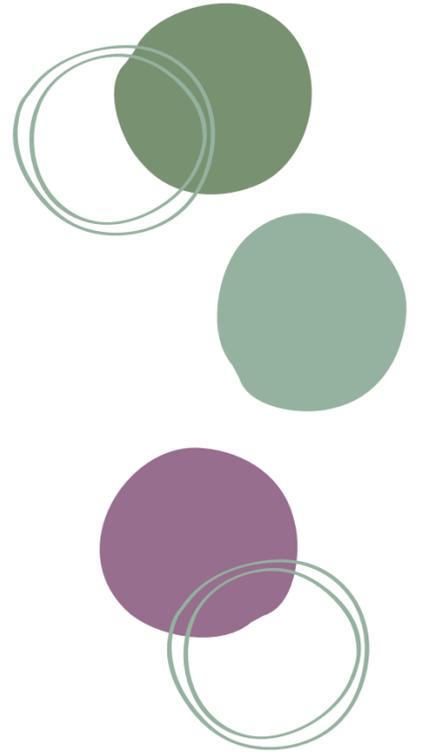
BEHAVIORAL CONCERNS

- 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





NUTRITION CONSIDERATIONS



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



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



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



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****



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

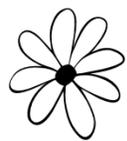
Portable snacks

Balance convenience
with homemade meals





ON CAMPUS RESOURCES & BARRIERS TO SPECIALIZED CARE



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

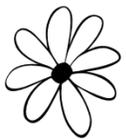
Denial of illness severity, fear of leaving school

STUDENT ATHLETES

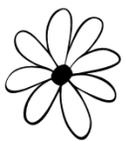
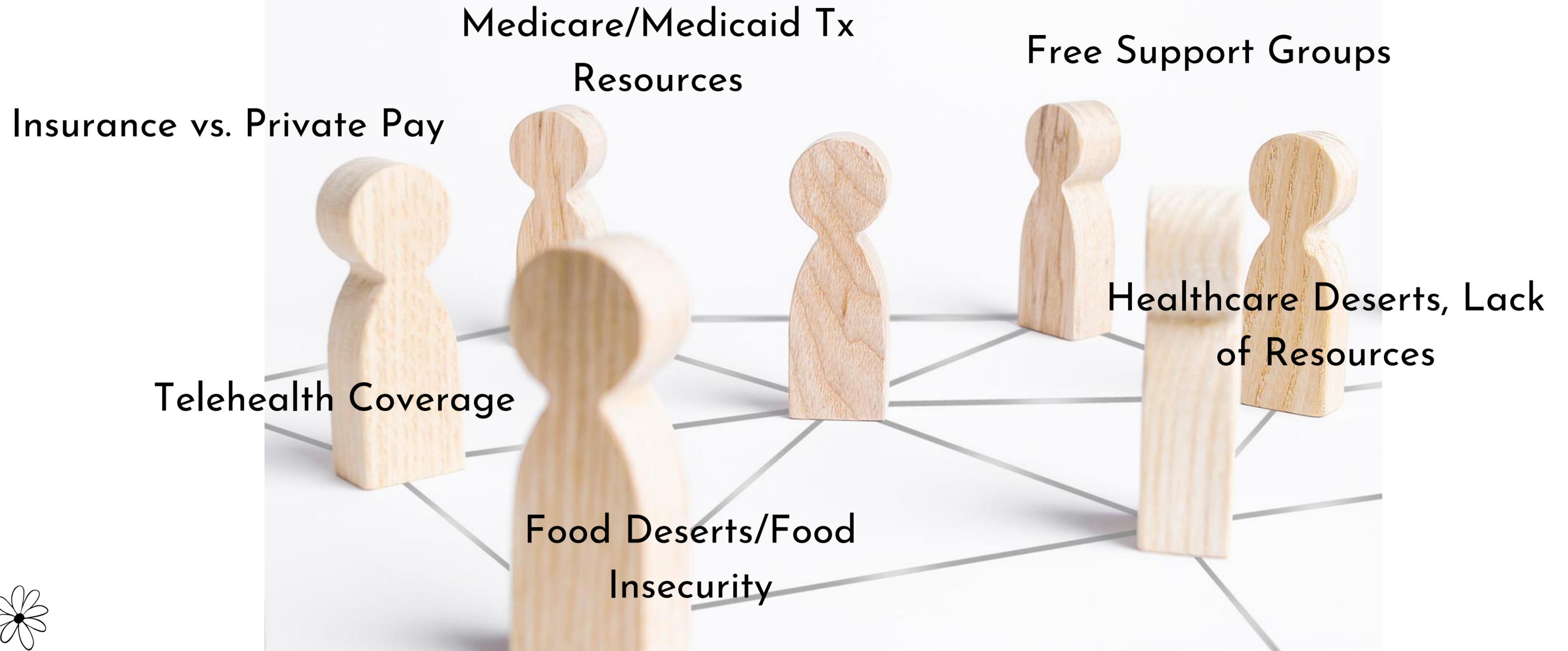
Scholarships, training, balance school/athletic obligations

INTERNATIONAL STUDENTS

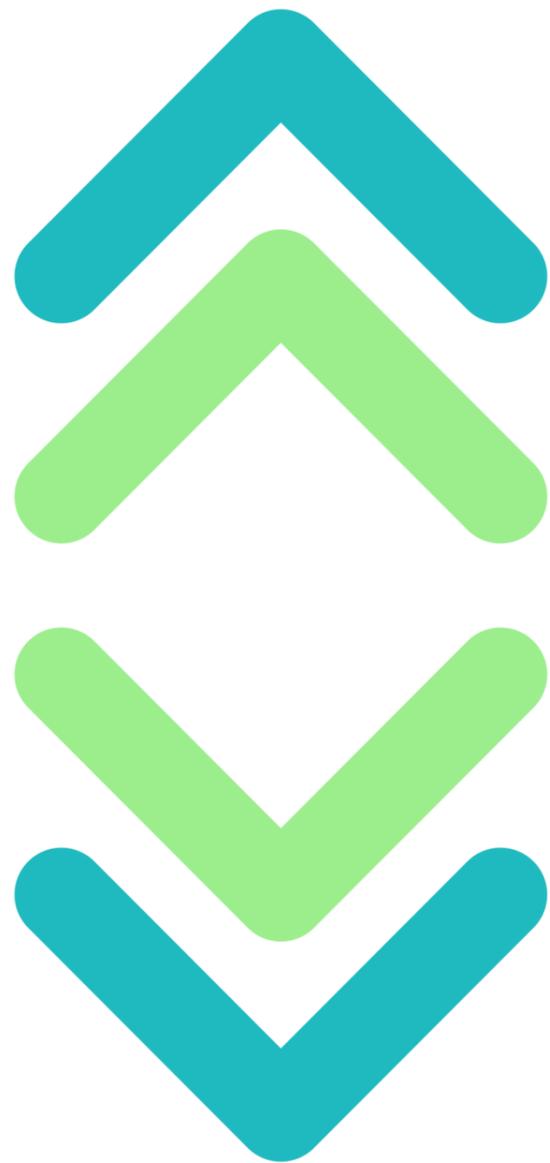
Student visas, insurance barriers, lack of support, understanding of mental health



RESOURCE ALLOCATION



PREVENTION VS. HARM REDUCTION



Primary

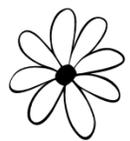
- ***Prevention***
- Prevent the use or delay first use of behavior

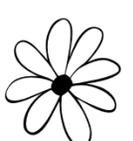
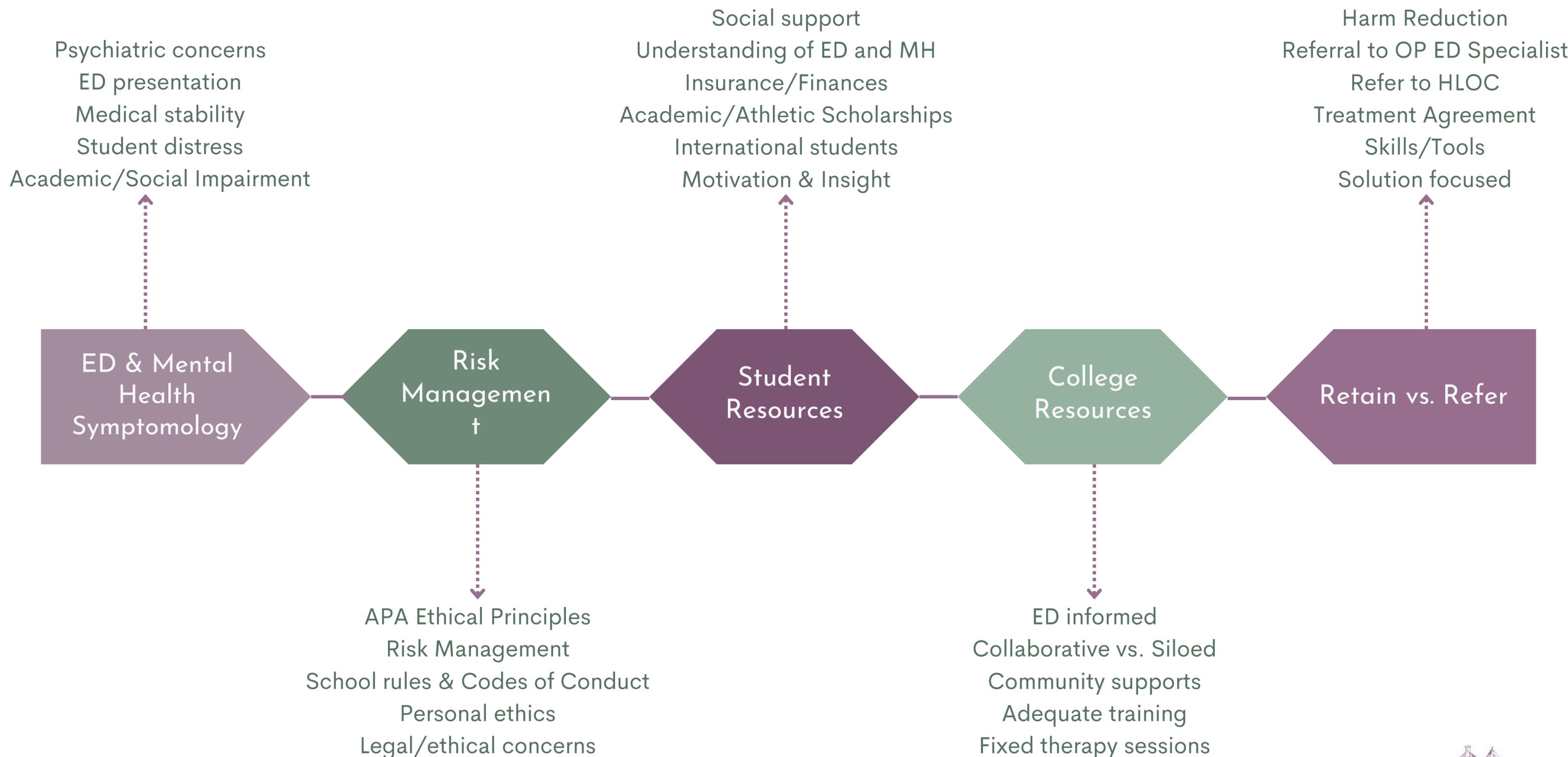
Secondary

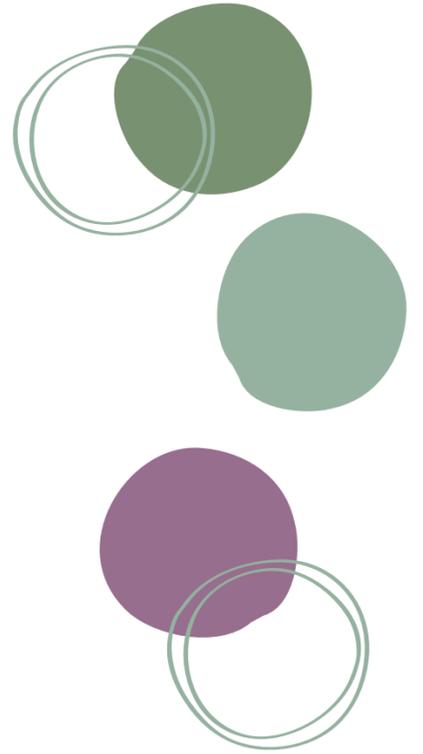
- ***Early Detection***
- Reduction of behaviors once started

Tertiary

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







MULTIDISCIPLINARY TEAMS & COLLABORATION ON CAMPUS





Student/Client/Patient



Therapist



Family/Supports

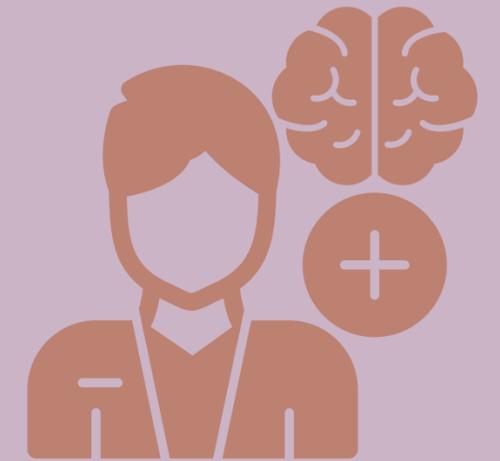
Multidisciplinary Team



PCP (doctor or nurse practitioner)



Registered Dietitian



Psychiatrist, Psych NP



ADDITIONAL SUPPORTS TO CONSIDER

Friend, teammate, partner, mentor, spiritual leader

Coach, RA, athletic trainer

Sports medicine doctor, exercise physiologist



WHAT'S MY ROLE?

Primary Care Physician

Medical clearance &
follow-up

Physical exam

Monitor labs/vitals

Weight monitoring

Nutrition Therapy

Establish meal plan

Monitor weight trends

Weight restoration (if
applicable)

Monitor compensatory
behaviors

Meal planning



WHAT'S MY ROLE?

Therapist/Counselor

Diagnosing and treating co-occurring mental health issues

Identifying ED specific treatment goals

Monitor use of emotion regulation skills

Assess readiness for change/Motivation

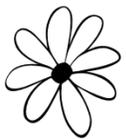
Psychiatrist/Psych NP

Psychotropic medication

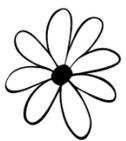
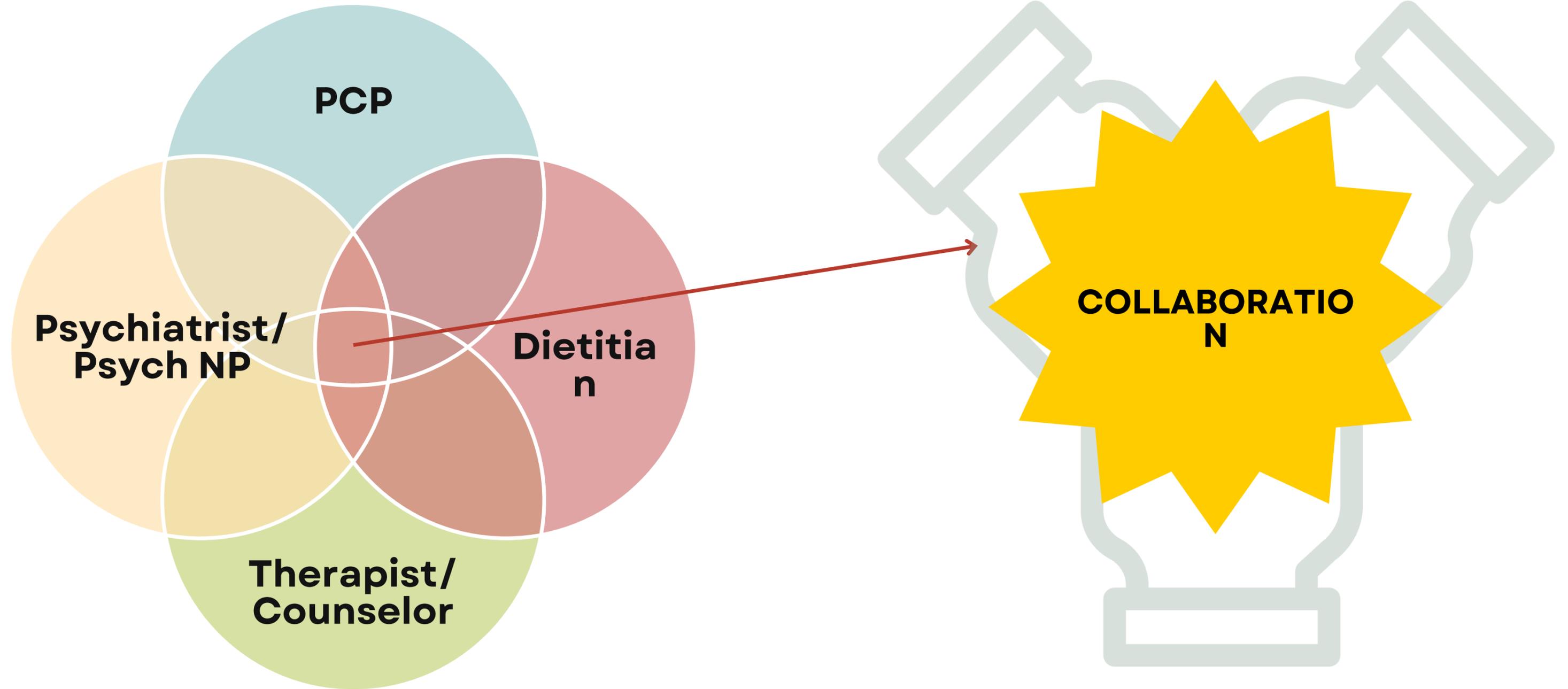
Monitor co-occurring mental health issues

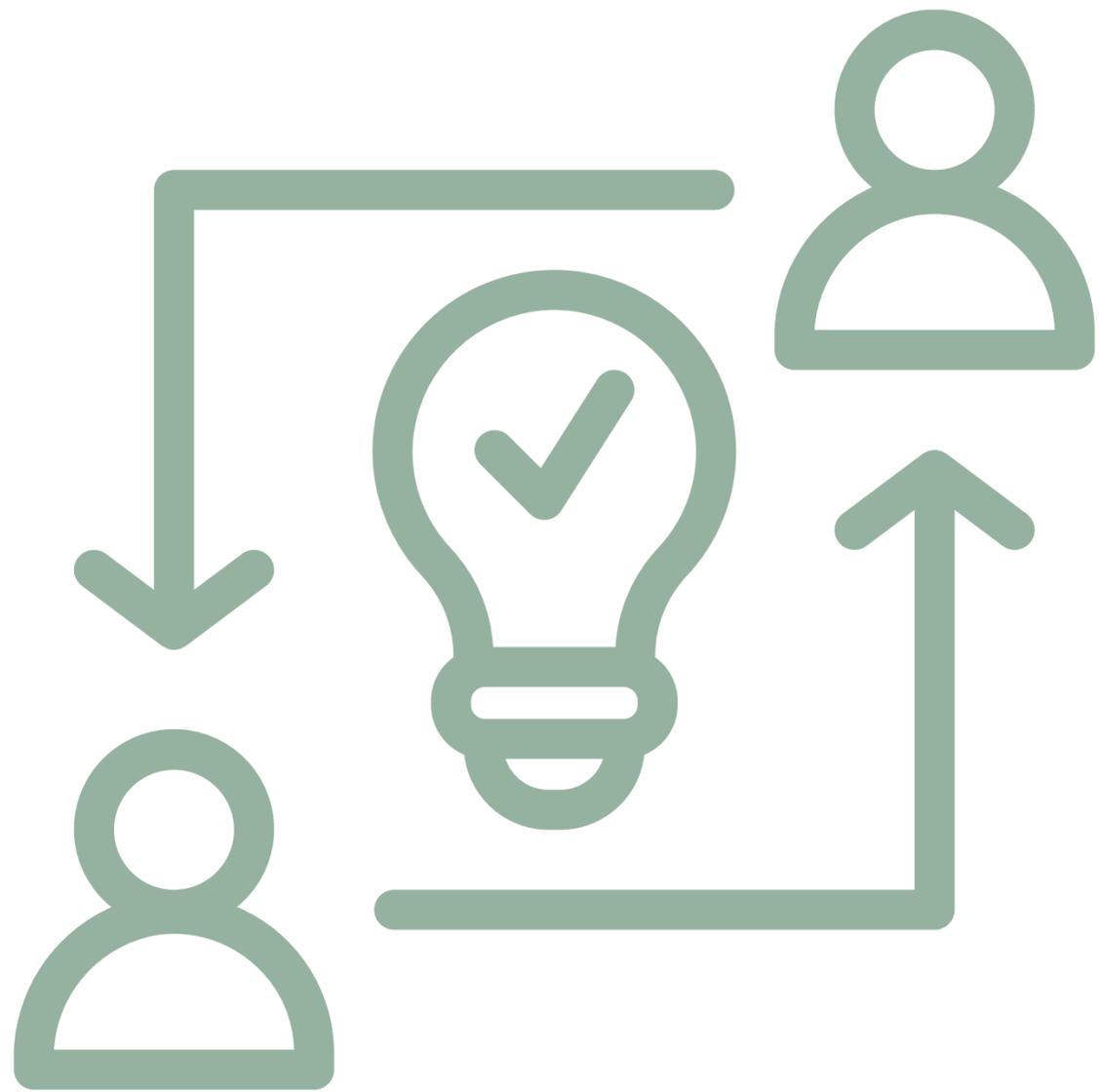
Monitor labs, vitals, weight trends

Education about severity of ED and other symptoms

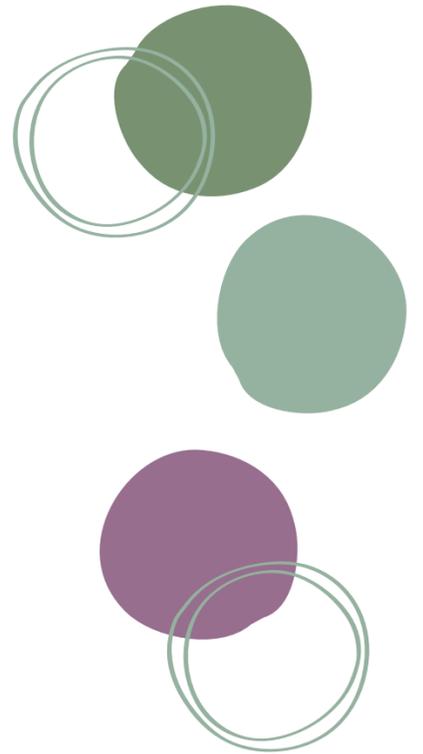


COLLABORATION IS ETHICAL PRACTICE





CASE CONSULTATION



CONSULTATION STRUCTURE

Primary Care Physician

TOUCH POINTS

Significant issues with academics/athletics

Significant social stressors; relational ruptures

Big life changes

VS

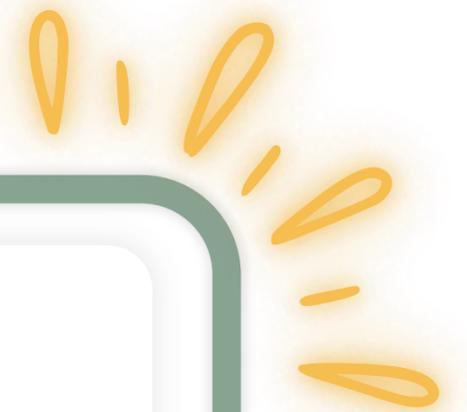
FOCUS POINTS

Weight trends

Labs/Vitals, Physical symptoms

Consistency with medical recommendations

Medical risk based on current symptoms



CONSULTATION STRUCTURE

Psychiatrist/Psych NP

TOUCH POINTS

Monitor substance use

Changes to mood

Significant shift in behavior (i.e. impulsivity)

VS

FOCUS POINTS

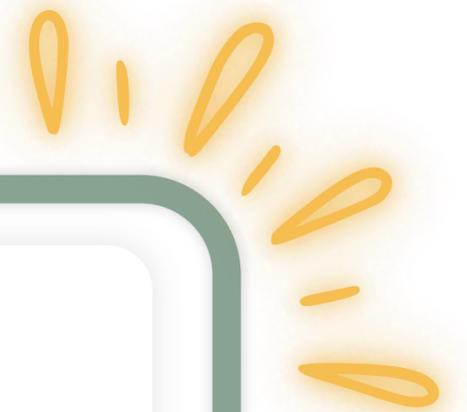
Weight trends

Labs/Vitals, Physical symptoms

Compliance with prescribed medications

Psychiatric concerns, Safety risks

Changes in medication



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



CONSULTATION STRUCTURE

Therapist/Counselor

TOUCH POINTS

Significant issues with academics/athletics

Significant social stressors; relational ruptures

Changes in mood

VS

FOCUS POINTS

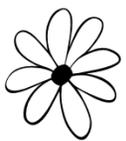
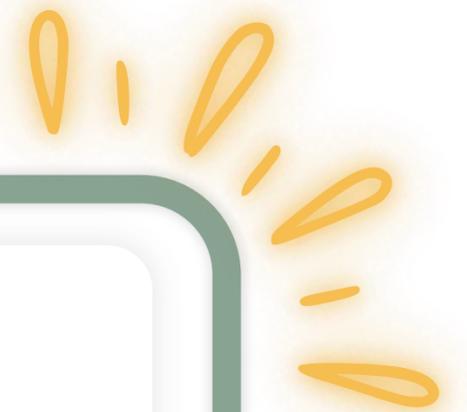
Insight into illness

Motivation, Values

Use of helpful tools/skills
Reduction in ED behaviors

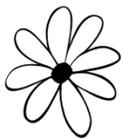
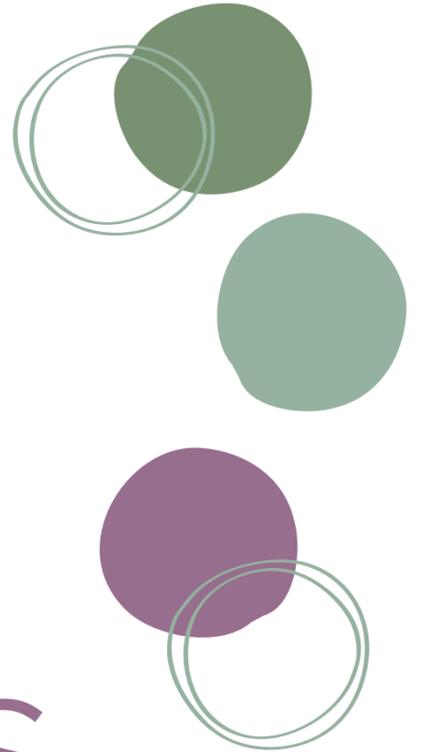
Willingness to lean into discomfort

Progress toward goals





HELPFUL TOOLS FOR THE TREATMENT TEAM



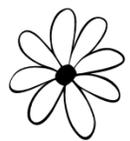
EDA GRAPH

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

Build awareness of relationship
between antecedents and
emotional responses

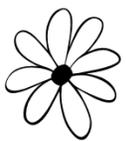
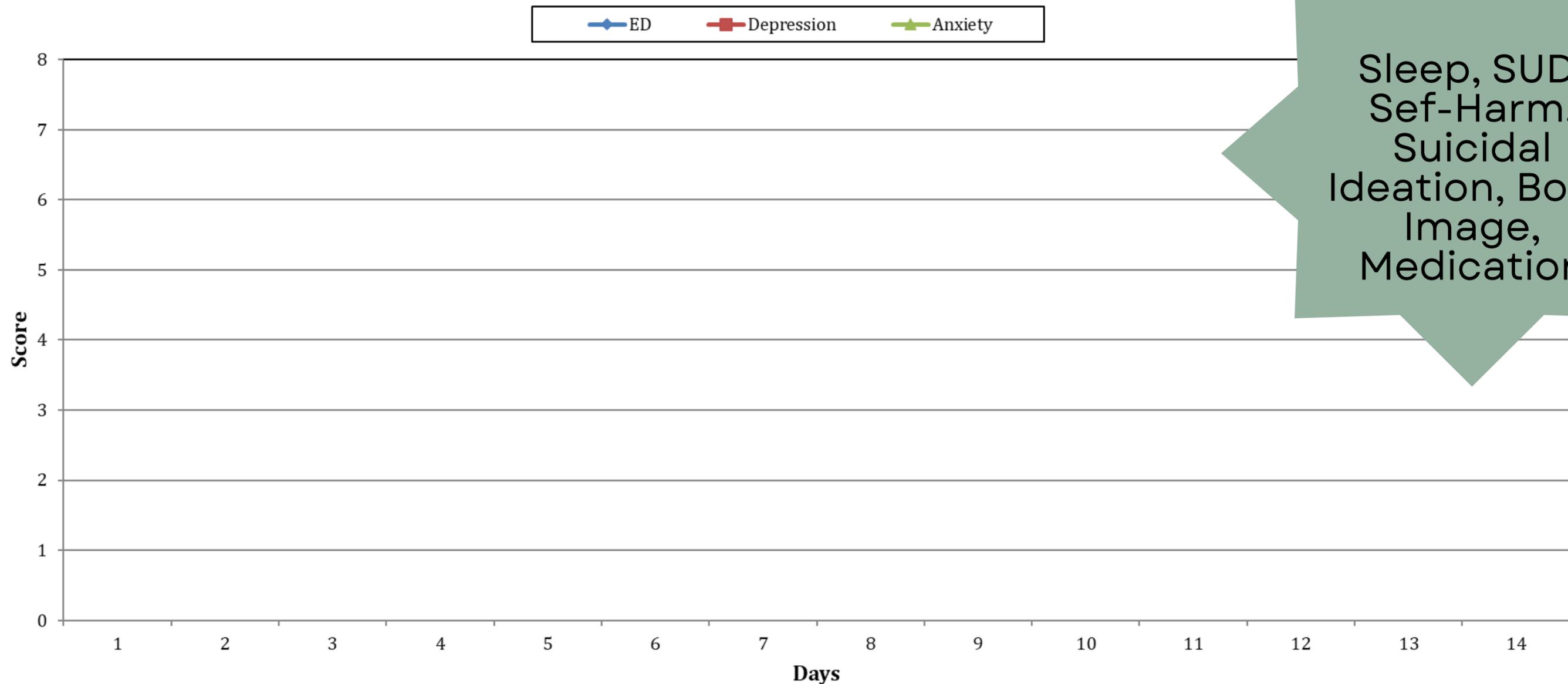
Snapshot of emotional experience

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



PROGRESS MONITORING WITH THE EDA:

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



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?



WHY ARC?



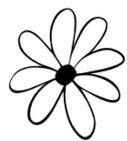
- Our brain in slow-motion
- Awareness to **historical antecedents**
 - Oppression, marginalization, institutional racism, gender inequality, “other” identity, weight stigma, etc.
- Increased understanding of how emotional experiences unfold

GOAL

Monitoring experiences

Better understanding of these experiences

More sustainable response



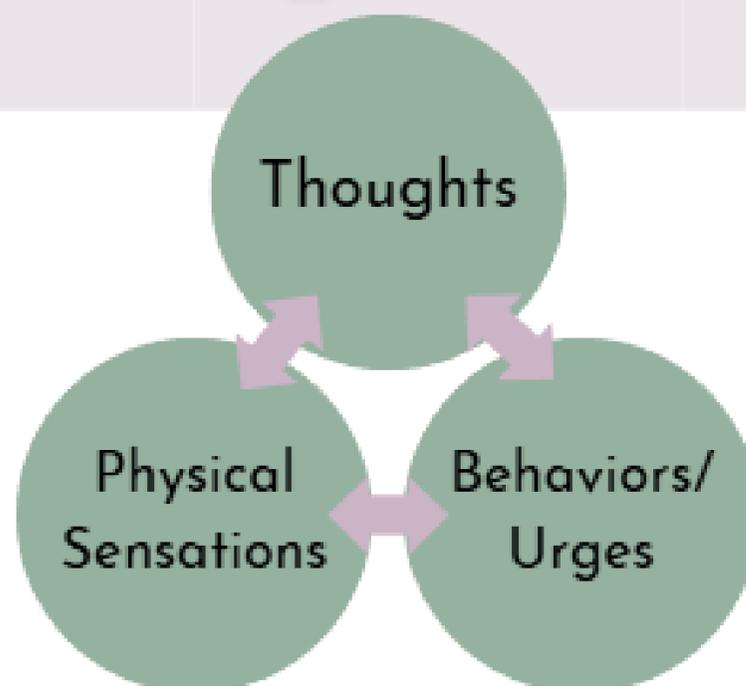
THE “ARC” OF AN EMOTIONAL EXPERIENCE

EMOTION(s): -----

DATE/TIME	ANTECEDENT/TRIGGER	PHYSICAL SENSATIONS	THOUGHTS	BEHAVIORS/URGES	CONSEQUENCES
	Immediate Earlier Historical	<h2>Response</h2>			What happens next? Short and long-term consequences

Goals

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



3-Component Model

AVOIDANCE STRATEGIES

COGNITIVE

Dissociation
Intellectualizing
Suicidal ideation
Distraction
Rumination

SUBTLE BEHAVIORAL

Humor
Shrinking body
Avoiding eye
contact
Shaking foot

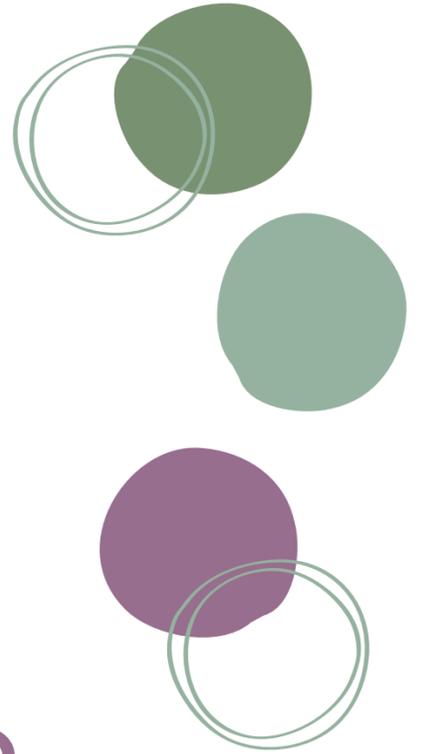
SAFETY SIGNALS

Sharps
Medications
Pets
Water bottles
Journals

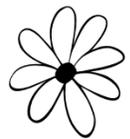
GOAL: Practice alternative action tendencies

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





WHEN TO REFER TO HIGHER LEVELS OF CARE



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!)

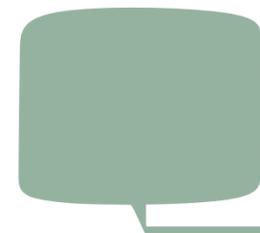
Know what your school has to offer related to support, medical leave, and/or accommodations

Avoid power struggles and revisit the conversation later

Be prepared for **setbacks and ambivalence**



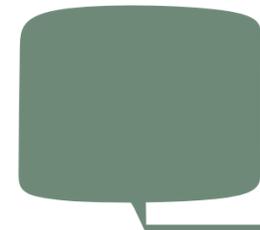
HELPFUL PHRASES



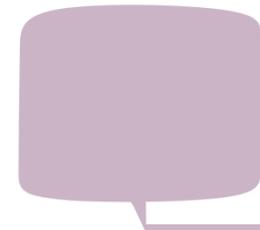
You have shared some behaviors with me that are concerning. I would like to have a conversation about how to best support you. Are you open to that today?



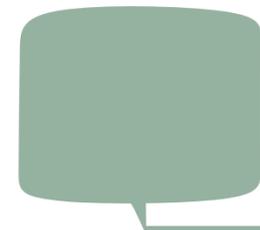
I realize this may not be what you want to hear, but I think you need more support than what we can offer. Can we discuss some options to help you move forward?



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.



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



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?

NON-PROFIT ED RESOURCES

The logo for Project HEAL, featuring the word "Project" in a white serif font and "HEAL" in a white sans-serif font, both on a dark blue rectangular background.

Project HEAL

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, a purple butterfly, and a small grey bird-like icon.

Moonshadow's Spirit

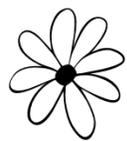
The Jennifer Mathiason Fund

- 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



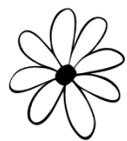
The National Alliance for Eating Disorders

- 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



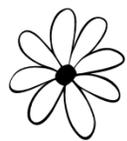
Association for Size Diversity and Health (ASDAH)

- 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

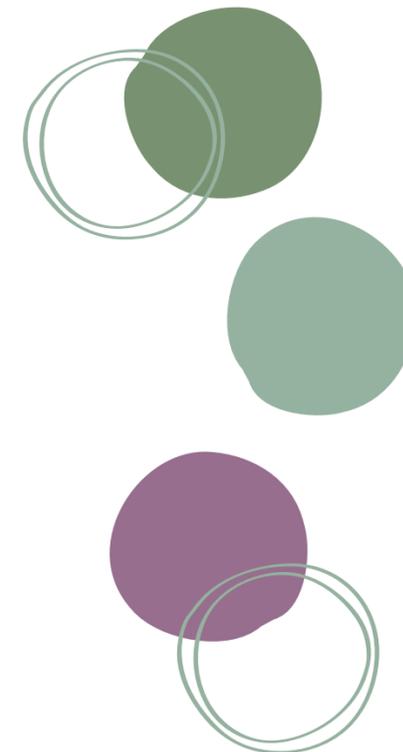


Academy for Eating Disorders (AED)

- 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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