Eating Disorders in Schools: Prevent, Recognize, and Help
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with contributions from Katherine Henderson, Ph.D.
Why pay attention?

- **Eating disorders are 12x higher than ALL causes of death in youth ages 15-24**

- Kids who don’t talk about it have the highest likelihood of having chronic severe EDs

- Teens with EDs often have comorbid depression, anxiety, substance abuse problems, self-harm or suicidal tendencies

- **Eating disorders are not a phase.** They require treatment from trained professionals.
Outline

- Checking our own stuff at the door
- Understanding Eating Disorders
- Causes of Eating Disorders
- The Function of an Eating Disorder
- Responding to an Eating Disorder: “Dos and Don’ts”
- Preventing Eating Disorders in the School
- Q & A
Checking our own “stuff” at the door
How many of you....

- Greeted someone you know at this conference by commenting on their appearance or weight? (“You look so great! Did you lose weight?”)

- Made comments at the snack table about feeling guilty about what you were eating (e.g. “I shouldn’t really be eating this..”)

- Heard others talk about needing to work out to make up for the food consumed during the conference?

- Looked at yourselves in the mirror this morning and criticized your appearance?
A disordered culture

- We live in a world that normalizes food and weight pre-occupation and negative body image.

- This normalization can make it harder to notice when things are not going well for your students.

- Part of preventing, recognizing, and dealing with eating disorders in schools is recognizing your own “stuff” when it comes to food, and weight.

- Educators must try to go counter-culture to be truly helpful in dealing with this very significant problem facing young people.
Understanding Eating Disorders
The Eating Disorder Iceberg

- Above the surface: symptoms and behaviors that seem to be all about weight and shape
- Below the surface: emotions and experiences that are not at all about weight and shape
- Eating disorder symptoms are a manifestation of an individual’s struggles
- Understanding, recognizing and preventing eating disorders means keeping the whole iceberg in mind
What are Eating Disorders? (The tip of the iceberg)

- Severe Preoccupation with weight and shape (Example: "I think about my weight and food 90% of the time") & basing one’s self-worth on body

- Extreme weight control behaviors: Intake and Output

- Distortion of body image

- Out of control/binge eating – subjective or objective
### DSM-V Categories

#### Eating Disorders

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Anorexia Nervosa</td>
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<tr>
<td>Bulimia Nervosa</td>
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<tr>
<td>Binge Eating Disorder</td>
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<tr>
<td>Avoidant Restrictive Food Intake Disorder</td>
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<tr>
<td>Other Specific Food and ED</td>
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**Note:** The table above lists common eating disorders and their descriptions according to the DSM-V classification.
Continuum of Disordered Eating

Healthy Weight Eating, Exercise & Body Image

- Weight/shape preoccupation
- Yo/Yo Dieting
- Striving for Perfection

Fasting
Bingeing
Purging
Laxative Abuse
Steroid Use
Excessive Exercise

Anorexia Nervosa
Bulimia Nervosa
OSFED
ARFID
Causes of Eating Disorders
(Going beneath the surface)
Which of these can we change?
Causes: The Perfect Storm

http://www.bing.com/images/search?q=perfect+storm&view
What causes eating disorders?

- No single cause
- Complex interaction of risks/vulnerabilities and life events
- Perfect Storm
- Eating disorders choose the sufferer, the sufferer doesn’t choose the eating disorder
- Important to note that what causes an eating disorder might be different than what maintains an eating disorder

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The Function of an Eating Disorder
The Power of an Eating Disorder:

Sadness  Shame  Guilt  Fear  Emptiness

Feeling FAT

Powerless ————> Powerful

People need their Eating Disorders
The Meaning of the Eating Disorder

- The Eating Disorder is one thing I am good at
- Not eating allows me to feel in control of my life
- Not eating allows all my other worries to go away
- The Eating Disorder makes me feel powerful, unique and in control
- The Eating Disorder means I don’t have to grow up
- Eating means I am weak and a failure
- The Eating Disorder is who I am/gives me an identity
Eating Disorders lead to....

- Complete preoccupation with food and weight
- Isolation
- Giving up or dramatically alter relationships with family and friends
- Giving up school / work
- Giving up sports / hobbies
- In spite all of this, makes the sufferer feel BETTER
Experiential: What is it like to struggle with an ED?
How do I know if my student has eating or body image concerns?
Warning Signs of EDs:

- Brainstorm:
Warning Signs of EDs:

- Weight changes
- Hearing students talking about “healthy eating” or dieting
- Students avoiding mealtimes and snacks
- Withdrawal
- Changes in grades
- Mood changes
- Students’ friends expressing worry
Students at risk:

Tend to be/have:
- High achieving
- Perfectionistic
- Reassurance seeking
- Friendship problems
- Lonely
- Feeling different from others
- Impulsive

Can also have:
- Depression
- OCD
- Anxiety – social, performance, excessive worry
- A history of sexual abuse
- Loss in the family
- Been a victim of bullying
- Sexual identity confusion
EDs can be associated with different types of Emotion Dysregulation

- Shows little emotion
- Avoids emotion
- Pretends (s)he is OK
- Numb/Limited experiencing

- Intense emotional displays
- Overt dysregulation
- Extreme emotional responses
Okay…. So I know what to look for.....
Keep in mind...

- Most often, students will be in early “stages of change”
- Likely to deny their illness to themselves, their loved ones
- Those around sufferers are often in denial as well, but they need to be urged to take action: people can’t wait for them to realize they have a problem before helping – the consequences are too dire
- Important to remember that their ED makes them feel better, and they are unlikely to want to admit to it or give it up
Do:

- Trust your instincts
- Approach this issue with compassion, patience, and understanding
- Observe students closely if you have concerns
- Take it seriously when friends of the sufferer raise concerns, approach them if necessary
- Ask direct and follow-up questions
- Create the freedom to answer without shame by letting them know others struggle with these issues, and that this is not something they have chosen
Recognize distress

- Non-judgmental, warm, accepting stance
- Listen
  - “I am worried about you, you seem to be very distressed / sad / trapped”
  - “I am worried and that it seems that you have to think about food 24/7”
  - “I know that you might not feel this way, but I am very worried about your health”
Do, cont’d

- Describe the behaviors as a way of coping
- Listen to what is not said
- Explore the key phrases: “healthy eating”, “cutting back,”
- Feel empowered to contact parents even when a student denies anything is wrong (and persist with parents!!)
- Remember that EDs can have severe medical consequences, including death. Your involvement might be crucial to a child’s health.
Don’ts

- Use confrontation / intervention methods
- Argue about symptoms that they might be or might not be having
- Argue about the health of dieting / what they are doing
- Assign blame / judge the teen
- Blame the family / parents
+ Discussion:

- What blocks (in yourself or in the student’s response) do you experience when trying to approach a student you suspect is struggling with an ED?

- What has worked in the past?

- What hasn’t?
The prevention of EDs
Going counter culture
Why you should NOT be teaching about eating disorders

- Triggering to those vulnerable – they don’t hear the negatives
- Teaches symptoms to those looking for new ways to control weight and shape
- EDs are “catchy”
- Instead......focus on self-esteem, acceptance of all shapes and sizes, and normal (not what some see as “healthy”) eating
Model “Normal” Eating:

- A normal eater:
  - Eats when hungry, stops when full
  - Enjoys what she/he eats without fear of uncontrolled weight gain
  - Eats for a variety of reasons
    - hunger, celebration, comfort
  - Stops eating for a variety of reasons
    - satisfied, finished
Changing How You Talk About Food

- Labeling foods as “good” or “bad” can lead individuals to feeling good or bad about themselves when eating certain foods, which can trigger emotional eating or eating disorders.

- Messages around food that are helpful and promote normal eating are:
  - **Variety is key**
  - **All foods fit** (yes, ALL foods, even candy, chips, pop)
We live in a culture where...

- 80% of 10 year old girls are afraid to be fat
- The **number one** “magic wish”, of girls between the ages of 10-14 is to **lose weight**.
We live in a culture where..

- In a recent study of 10,000 girls aged 8-12, 17% induced vomiting, used laxatives or diet pills to lose weight.

- 50% of all 4th grade girls are on a diet

- Boys are under pressure to be lean, have muscles, six pack abs, etc. Increased risk of steroid use, excessive exercise and ED
Teach that we are all different shapes and sizes!

- Our shoe size is genetically predetermined....as is our body size, shape and weight

- Encourage youth to accept all body sizes, just as we accept all races and religions

- Fight fat-shaming/weight based bullying*

- Remember they are watching you – be a role model for positive body image
I refuse to waste my time & energy just to be “a perfect weight” it costs too much for something that is of little importance & extremely temporary. I would rather spend time doing something & being someone that matters.

I refuse to waste my life just to wear a bikini.

#SkinnyIsLying
Help a child focus on what their body can do well!
How to have exercise improve body image...

- Exercise for the joy of feeling your body move and be strong
- Exercise to enjoy the social time with friends and family (skating, skiing, swimming)
- Separate exercise from weight loss; we don’t want our kids to think of exercise as a way to make up for eating that piece of cake.
Remind them of all the things they actually are (besides a body)!

Caring

- Some things that I am interested in...
- Some things that are important to me....
- Different roles I play in my life (sister, friend, son, student...)

friendly

- Some things that I like about myself ...
- Some things that make me interesting...
- Some things that I am good at..

FUNNY
petite  smart
tiny   kind
small  brave
delicate creative
delicate creative
thin   funny
delicate creative
thin   funny
skinny talented
“Promise me you’ll always remember that you’re braver than you believe, stronger than you seem, and smarter than you think.”

Christopher Robin to Winnie the Pooh
How to help: Build SELF-ESTEEM

- Involvement in activities with sense of accomplishment
- Learning to see own strengths
- Communication skills
- Skills to cope with stress
- Celebrate mistakes
- Help with bullying, teasing
- Model self-acceptance!!
Teach Adaptive Coping Skills

- Mindfulness skills (including meditation and yoga) can help students tolerate distress without maladaptive strategies.

- Emotion coaching (attending to, labelling, validating emotions) helps students learn to manage emotions more effectively.

- Assertiveness training teaches students how to ask for what they want and need (rather than letting negative behaviors speak for them).

- Encouraging identity exploration and development through discussion and exercises allows students to see themselves as whole people.
Thank you!
Other websites and keywords to remember

- National Eating Disorder Information Centre – nedic.ca
- Ontario Community Outreach Program for Eating Disorders – Dr. Gail McVey – ocoped.ca
- End the Fat Talk campaigns – start one in your school!!!
  - See literature by Dr. Carolyn Becker
- Body Positive – thebodypositive.org
Helping kids find their centre is worth taking the time for...

Hypo-aroused
Depressed
Disengaged
Don’t care
Procrastinate
Avoid/escape
Drugs
Suicidal thoughts

Hyper-aroused
Anxious
Hyper/Angry
Perfectionist
Overdoing
People pleasing
Approval seeking

Feeling ashamed, misunderstood, disconnected/isolated
(i.e. STIGMA)
The Maladaptive Cycle

Detect discomfort
(consciously or subconsciously) notice unpleasant thoughts, fears

+ Detest discomfort
see it as dangerous,

add to it with thoughts about what it means about me etc.

+ Dodge discomfort
escape from it, push it away, numb emotions, blame others

= The Maladaptive Cycle

Reinforcing poor coping

Anxiety or Discomfort

1. Detect

2. Detest
   “This sucks, I can’t cope, it will get worse, why is this happening?”

3. Dodge, Distract
Changing the cycle: Going from **Ds** to **As**

**Acknowledge discomfort**

*look for it and notice thoughts, fears, urges*

+ **Accept discomfort**

*allow it, normalize it, self-talk, embrace it*

+ **Approach discomfort**

*seek it out, increase tolerance of it,*

*overcome fears by riding the wave with skills*

= **Changing the cycle**

We need to help them surf...

1. Acknowledge
2. Accept
3. Approach

Anxiety or Discomfort

Time

Re-do

Escape, Distract

Wow, I’m OK!
Working towards brain integration

- Chaos and Rigidity
- Left and Right Brain
- Upstairs and Downstairs Brain
- Internal values and external pressures
- ME and WE
- Creating narratives of self over time
- Past/present/future selves
- Putting old memories into a puzzle

“We can’t change the waves but we can learn to surf”
- Jon Kabat Zinn
Identity development: SEEKING

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