Eating Disorders in the School Context: What School Professionals need to know and what they can do

Tom Bauslaugh, MA
Karen Dixon, MSW, RSW
BC Mental Health and Substance Use Services
Provincial Specialized Eating Disorders Program
Agenda

- Introductions and Audience Questions
- Test of Knowledge
- Overview of Disordered Eating and Eating Disorders
- Recognizing Eating Disorders in school
- Discussion: How to intervene if you are worried about a youth
- Discussion: How to support recovery in the school context
- School contextual factors and resources to consider when thinking about healthy body image and normalized eating
Test of Knowledge

1. An eating disorder is an extreme diet.  F
2. Eating disorders have the highest mortality of any mental illness.  T
3. Eating disorders occur more frequently in females than males.  T
4. Parents cause eating disorders by being too controlling over their child.  F
5. To effectively help a youth with an eating disorder, the youth must first have intensive individual psychotherapy.  F
6. Eating disorder treatment for youth best happens at a slow and gentle pace.  F
7. Teaching youth about eating disorders helps prevent them from occurring.  F
8. The media may trigger an eating disorder.  T
9. Disordered eating and eating disorders is the same thing.  F
10. Youth with eating disorders will always struggle with weight.  F
Overview of Disordered Eating

• **Unhealthy attitudes** about one’s body and **unhealthy behaviours** such as skipping meals, chronic or crash dieting, binging and purging

• Associated with **weight stigma**, which is also associated with depression and other mental health issues
Overview of Disordered Eating

- Recent evidence suggests that public health policies concerned with preventing and addressing overweight and obesity may inadvertently promote weight stigma
- Policy → weight stigma → disordered eating
Overview of Eating Disorders

DSM-5 published in 2013 - Feeding and Eating Disorders

1. Pica
2. Rumination Disorder
3. Avoidant/Restrictive Food Intake Disorder
4. Anorexia Nervosa
5. Bulimia Nervosa
6. Binge-Eating Disorder
7. Other Specified Feeding or Eating Disorder
8. Unspecified Feeding or Eating Disorder
Anorexia Nervosa

1. Restricted intake leading to low body weight
2. Intense fear of gaining weight
3. Disturbed experience of weight/shape
   * Ego-syntonic illness
Anorexia Nervosa

- Restricting type
- Binge-eating/purging type
- In partial remission
- In full remission
- Other specified feeding or eating disorder
- Unspecified feeding or eating disorder
Bulimia Nervosa

1. Recurrent binge eating
2. Compensatory behaviour to prevent weight gain
3. At least once per week for 3 months
* Ego-dystonic illness
Bulimia Nervosa

- In partial remission
- In full remission
- Other specified feeding or eating disorder
- Unspecified feeding or eating disorder
What causes Eating Disorders?

• We don’t know
• Multi-factorial illnesses
• We don’t need to know what causes them in order to effectively treat them.
Recognizing when someone has an Eating Disorder in school

• Ideas?

• Hints:
  1. Starts as a positive behavior - i.e., being more active, stops eating junk food
  2. Changes to: appearance, physical and psychological health, behaviour, (including eating and activity level), academics
  3. Think back to a time when you hadn’t eaten for a prolonged period of time - how did you act? Feel? Think?
  4. Think back to a time when you had a secret that you didn’t want others to know about - how did you keep it secret?
Recognizing Eating Disorders: Changes in appearance

• Changes to clothing: wearing layers/baggy clothing; same clothing every day; inappropriate to season
• Neglect of self care, unkempt
• Looks thinner
• Puffy cheeks
• Russell’s sign
Recognizing Eating Disorders: Impact on Physical Health of AN

Anorexia affects your whole body:

- **Brain and Nerves**: can’t think right, fear of gaining weight, sad, moody, irritable, bad memory, fainting, changes in brain chemistry
- **Hair**: hair thins and gets brittle
- **Heart**: low blood pressure, slow heart rate, fluttering of the heart (palpitations), heart failure
- **Blood**: anemia and other blood problems
- **Muscles and Joints**: weak muscles, swollen joints, fractures, osteoporosis
- **Kidneys**: kidney stones, kidney failure
- **Body Fluids**: low potassium, magnesium, and sodium
- **Intestines**: constipation, bloating
- **Hormones**: periods stop, bone loss, problems growing, trouble getting pregnant, if pregnant, higher risk for miscarriage, having a C-section, baby with low birthweight, and postpartum depression.
- **Skin**: bruise easily, dry skin, growth of fine hair all over body, get cold easily, yellow skin, nails get brittle
Recognizing Eating Disorders: Impact on Physical Health of BN

How bulimia affects your body

- **Brain**: depression, fear of gaining weight, anxiety, dizziness, shame, low self-esteem
- **Cheeks**: swelling, soreness
- **Mouth**: cavities, tooth enamel erosion, gum disease, teeth sensitive to hot and cold foods
- **Throat & Esophagus**: sore, irritated, can tear and rupture, blood in vomit
- **Muscles**: fatigue
- **Stomach**: ulcers, pain, can rupture, delayed emptying
- **Skin**: abrasion of knuckles, dry skin

**Blood**
- anemia

**Heart**
- irregular heart beat, heart muscle weakened, heart failure, low pulse and blood pressure

**Body Fluids**
- dehydration, low potassium, magnesium, and sodium

**Intestines**
- constipation, irregular bowel movements (BM), bloating, diarrhea, abdominal cramping

**Hormones**
- irregular or absent period
Recognizing Eating Disorders: Changes to Psychological health

- Anxiety
- Depression
- Self-harm
- Suicidal ideation
- Comorbidities include clinical depression, anxiety, OCD
Recognizing Eating Disorders: Changes in Behaviour

- Irritable, quieter
- Preoccupation with food
- Unusual food and eating rituals when eating or avoidance of eating/eating settings
- Withdrawal from social activities, peer group
- Higher level of activity/restlessness - or - seeming tired/lethargic all the time
- If purging, leaving the table soon after eating to go to the washroom, returning flushed, perspiring, possible odor
- Dizzy, fainting
Recognizing Eating Disorders: Changes in Academic Functioning

• Perfectionism, Black and white thinking premorbidly
• Change in mental functioning
• May have no impact on academic functioning
Discussion

Suppose you had a youth who you noticed showed some of the above signs/symptoms - how might you best involve yourself?
Discussion: What can you do?

Do:
- Inform yourself about eating disorder dynamics and treatment resources.
- Approach the student and express concern about his/her overall health in clear simple language.
- Ask the student about his/her thoughts, feelings, reactions.
- Listen, listen, listen.
- State that you would like his/her to be seen by a health care provider.
- Inform the student that you are obliged to inform his/her parents and the school team.

Don't:
- Comment on his/her weight loss or appearance.
- Diagnose.
- Minimize the seriousness of the situation.
- Confront the student in a group.
- Get in an argument or battle of wills.
- Be judgmental.
- Give advice on weight loss, exercise, appearance.
- Become the student’s therapist, friend or confidante - do not keep secrets!!
Discussion: What can you do? (continued)

• Consider what sections of the School Act, the Infant’s Act, and the Mental Health Act may apply and govern your actions

• May be useful to develop a protocol to respond to such issues in a timely and helpful way
Safety

If the youth becomes dizzy or faints, call 911 and ensure the youth is taken to a hospital.
Treatment of Eating Disorders

FOOD IS MEDICINE!
Treatment of Eating Disorders

• What we do/help parents to do:
  1. Medical stabilization,
  2. Weight restoration,
  3. Normalize eating,
  4. Interrupt symptoms such as binging and purging.

• This is incredibly hard work!!
• Where do school professionals come in?
Discussion:

What are some ideas that you can think of that might support Eating Disorder recovery in the school context?
How to Support Recovery in the School Context

• Guiding principle: HEALTH COMES BEFORE ACADEMICS

• Liaise with health care professionals
  - appoint a case manager

• Understand the treatment process

• Planning and consistency are key
How to Support Recovery in the School Context (continued)

• Contact with/Homework while in hospital

• Getting ready for transition back to school following hospitalization for treatment and moving forward: Multidisciplinary Team and Family Meetings; Parent/child meetings at school; school based team meetings and developing an IEP
How to Support Recovery in the School Context (continued)

• Areas to address:
  1. Safety
  2. Meals at school
  3. Activity Level at school
  4. Supporting social interactions
  5. How to interact with the youth
  6. Academic expectations and support
Recovery at School: Safety

• Establish consistent and clear criteria for student’s attendance in school
• Establish open lines of communication with parents/team re: changing treatment needs, emerging concerns
• Special considerations: suicidality and/or self-harm; bulimia risks
• Issues of privacy and confidentiality
Recovery at school: Meal Support

- Clarify which family member will be providing meal support and when;
- Provide a quiet private space for this to occur versus parent meeting child outside school;
- Supportive check-ins made available.
Recovery at School: Activity Level

• Youth will have a prescribed activity level
• Work with parent/team around how this will change with time
• Discussion around how to manage witnessed extra exercise
Recovery at School: Social Connectedness

- Transitioning to school looking different after a possible lengthy absence and after having isolated from peers
- Peers do not know how to support
- Peers may not eat/may restrict
- May need support in connecting with a "point person"
- Adaptations around prior interests (i.e., friends connected to sports)
- Emphasis on normalizing
Recovery at School: Interacting with the Student

• No comments around appearance, weight, shape, or food
• No shaming/blaming either the student or family for the ED: Behaviors represent attempts at coping; everyone is doing the best they can
• Sensitivity - the student may yet be experiencing effects of starvation, depression, anxiety
• Try to anticipate triggers
• Check-ins with a safe person
Recovery at School: Academic Expectations and Support

- Graduated return to school
- Limited and focused coursework
- Adaptations around exams and assignments
- Time for appointments and therapy; may need rehospitalization
How schools may support reduction in disordered eating

• Recognition that aspects of the curriculum may inadvertently support weight stigma
• Abandoning “obesity reduction” language and adopting healthy weight language
• Social marketing about the natural diversity in body weights, shapes, and sizes
• Learn about the benefits of a non-diet approach to health - developing healthier eating and exercise habits with no focus on weight loss
How Schools may Support Reduction in Disordered Eating

• Incorporating classroom resources from: Action Schools! ‘Being Me: Promoting Positive Body Image’ Resource
• School personnel may obtain the Fraser Health Authority Weight Bias Training
• Accessing the Family FUNdamentals Project
Questions?
Acknowledgements

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Resources

• Kelty Mental Health Resource Centre
  www.keltymentalhealth.ca

• Looking Glass Foundation’s online service
  www.lookingglass.umeetsupport.com

• Mindcheck: website for youth related to mental health and substance use
  www.mindcheck.ca

• Jessie’s Legacy - Eating Disorders prevention resources and support for people in BC
  www.familyservices.bc.ca/professionals-a-educators/jessies-legacy
Resources

- Maudsley parents - website for parents who have children with eating disorders
  - www.Maudsleyparents.org

- Something Fishy - information website for families dealing with an eating disorder
  - www.something-fishy.org

- Body Image Health - curriculum materials for healthy body image for grades 4-6
  - www.bodyimagehealth.org

- Healthy Buddies - program for elementary school to encourage positive attitudes toward physical activity, nutrition, and mental health
  - www.healthybuddies.ca/index.htm
References


References

• Manley, R. Helpful Approaches for School Counsellors in Working with Young People with Eating Disorders. Power point presentation presented at the School Counsellors Conference (date unknown).
