

Educating Schools on the Signs, Symptoms, and Seriousness of Eating Disorders

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Learning Objectives

- Gain insight into the impact diet culture and the more insidious “health and wellness” culture can have in our schools, as well as ways to adopt more holistic and inclusive approaches to health
- Learn to recognize body shaming, food shaming, poorly nourished students, and tendencies to isolate and avoid—all hallmarks of disorder eating
- Understand the treatment of eating disorders using cognitive behavioral therapy and how these approaches can help students suffering from any degree of disordered eating

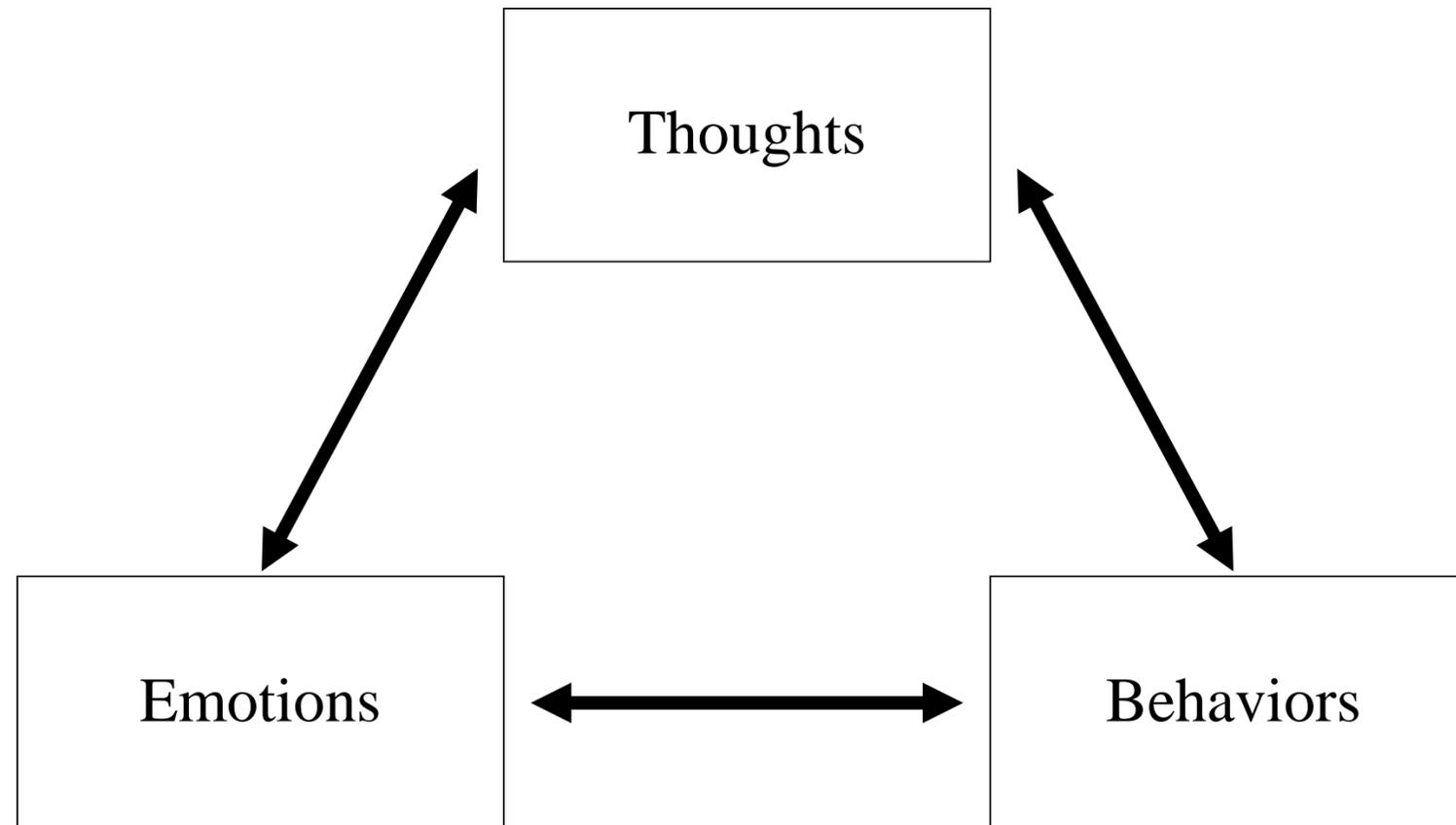
Cognitive Behavioral Therapy

Cognitive-Behavioral Therapy (CBT)



- What is it?
 - Collection of strategies that:
 - identify unhelpful patterns of behavior and thinking
 - replace these patterns with healthier behaviors and thinking patterns
- Key foundations
 - Our behavior, thoughts, and emotions influence one another

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- What is it?
 - Collection of strategies that:
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- Key foundations
 - Our behavior, thoughts, and emotions influence one another
 - Many individuals' emotional difficulties are *maintained* by unhelpful patterns of behavior and thinking
 - We teach skills aimed at changing behavioral and thinking patterns to disrupt the maintenance of one's difficulties

CBT for Eating Disorders

- Major assumptions
 - Eating disorders involve unhelpful core beliefs about the extreme importance of weight/shape in evaluating oneself
 - These beliefs are *maintained* through behaviors aimed at influencing one's weight and shape
 - In CBT, we guide individuals in changing their behavior related to eating, weight, and shape
 - Normalizing eating
 - Ceasing unhealthy weight control strategies (“safety behaviors”)
 - Through changing their behavior, individuals develop new beliefs about themselves that de-emphasize weight and shape



Exposure & Response Prevention

How Do We Achieve Behavior Change?



- Exposure and Response Prevention (ERP)
 - Individuals are encouraged to confront feared scenarios (exposure) while preventing “safety behaviors” (response prevention)
 - Examples: trying feared foods, eating with friends out in public
 - Creation of *exposure hierarchy* → master list of exposures rated for difficulty

Exposure Hierarchy Example

Exposure	Fear Rating (0-7)
Go out for ice cream with your friends	7
Wear a bathing suit at a public beach/pool	6
Eat ice cream for dessert at home with your family	5
Go out for lunch with your friends	4
Try on bathing suits at a department store	3
Have one spoonful of ice cream after dinner	2
Try on your bathing suit alone in your bedroom	1

How Do We Achieve Behavior Change?

- Exposure and Response Prevention (ERP)
 - Individuals are encouraged to confront feared scenarios (exposure) while preventing “safety behaviors” (response prevention)
 - Examples: trying feared foods, eating out in public
 - Creation of *exposure hierarchy* → master list of exposures rated for difficulty
 - Begin with exposures that are “challenging, yet manageable”
 - Assigning “bans”: gradually decrease use of safety behaviors
 - Instructions:
 - Monitor and record your anxiety level during each exposure (0-7)
 - Stay in the situation for as long as possible, no safety behaviors
 - Repeat consistently and across a variety of settings

ERP

- Why does it work?
 - **Habituation** → when we repeatedly confront a feared scenario, our anxiety in response to that scenario gradually diminishes with each successive exposure



ERP

- Why does it work?
 - **Violation of Assumptions** → when we use our personal experience to test our assumptions, we often discover that what we expect to happen is not always what actually happens



ERP

- Why does it work?
 - **Self-efficacy** → increased perception that we are capable of tolerating distress associated with feared situations



ERP Targets for Eating Disorders

- Feared foods
 - Foods associated with weight gain
 - Binge foods
- Feared eating scenarios
 - Eating with friends and family members
 - Eating at crowded restaurants
- Avoidance of body image
 - Looking at self in mirror
 - Other people seeing body image (e.g., wearing tighter fitting clothing)
- Exercising
 - Walking/running for shorter duration than typical
 - Doing exercises less vigorously than usual

What's my role as school faculty?

- The basics when a student is in treatment:
 - Be supportive and encouraging – CBT is often very difficult!
 - Enquire and learn about the specifics of your student's treatment
 - Respect requests for temporary privacy
- How can I directly help with treatment?
 - Offer to be a “co-participant” in CBT therapy exercises
 - Be aware of possible **accommodation** → well-intentioned actions that nonetheless enable the disorder
 - Alleviating anxiety through “safety behaviors” (e.g., providing reassurance about weight/shape)
 - Supporting avoidance of important activities (e.g., school absence)

Tips for Effectively Addressing Accommodation

- How to balance non-accommodation with empathy?
 - Stopping accommodation does *not* mean withdrawing support of a student
 - Validate student's distress with warmth and compassion while explaining the importance of stopping accommodation
 - Align yourself with your student, but not the disorder
 - *"I understand that eating the same foods for each meal makes you feel safe, but that's what the eating disorder wants. I want to help you fight back. Let's try eating something different than the eating disorder wants."*
 - *"I'm hearing that you want reassurance from me about your body shape to feel less anxious, but I'm concerned that will only fuel the eating disorder. Let's see if we can go on without me providing reassurance."*

Body Image

- Body image involves how an individual perceives and experiences their body.
- Body image is influenced by the media, parents, siblings, other role models
- Components include:
 - How an individual views themselves in the mirrors
 - Thoughts and self-statements an individual has about their body
 - Feelings an individual has about their body
 - How an individual perceives body sensations (e.g., hunger, anger, temperature)
 - How the body feels when it is touched
 - How an individual experiences the body spatially (i.e., space taken up on a park bench)

Body Checking

- Repeated and ritualistic monitoring of several aspects of the body.
- Body checking often becomes habitual and done unconsciously.
- For those with eating disorders, body perceptions may be distorted.
- Specific examples of body checking include:
 - Intense scrutiny of specific body parts in the mirror
 - Frequent weighing
 - Pinching certain body parts to detect fatness
 - Measuring specific body parts
 - Using the fit of clothes to check for any slight change in shape or weight
 - Measuring thigh gaps, thinness of wrists, etc.

Body Avoidance

- In contrast of body checking, some individuals will avoid looking at body altogether, or alternate between checking and avoiding.
- Body avoidance may include:
 - Avoiding swimming or other sports
 - Avoiding shopping for clothes
 - Avoiding looking at themselves while changing or in the mirror
 - Avoiding physical contact with others in fear that others will see and/or feel fat
 - Wearing loose clothing



Dietitian's Role in ED Treatment

Dietitian's Role



- Coordinate with multi-disciplinary team
- Monitor the re-feeding process
 - Lab and electrolyte abnormalities
- Develop & advance balanced meal plan
- Address weight related objectives
 - Discern appropriate target weight range, weight restoration, weight maintenance
 - Educate on what a 'healthy' weight is for each individual

Dietitian's Role Cont.

- Endorse normalized eating behaviors
- Provide individual and group nutrition education and counseling
- Incorporate meal and snack challenges in house
 - Introducing “fear” foods
 - Examples – pizza, desserts, pasta, butter, mayo, white bread
 - Decreasing reliance upon “safe” foods
 - Examples – low fat yogurt, plain rice, plain chicken breast, almonds



Concepts to Encourage in Schools

Reject the Diet Mentality



- Diets don't work
- Can lead into eating disorders and obesity
- Often end up gaining weight in the long run
- Shift the focus to “what can we add to our diets”, not “what should we take out of our diets”
- Emotional struggle when we “cant have” something
- Discouraging diet beverages and diet foods
- Encourage wholesome nutrition

BMI – Forget It!

- Created by a mathematician
 - Adolphe Quetelet in the 1830's
 - Had nothing to do with the medical field
- Was primarily helpful in research
- Currently used by insurance companies and most health organizations
- It is not accurate at depicting our “health” status
- Genetics and lifestyle influence BMI

Health at Every Size (HAES)

- **Weight Inclusivity:** Accept and respect the inherent diversity of body shapes and sizes and reject the idealizing of specific weights.
- **Health Enhancement:** Support health policies that improve and equalize access to information and services, and personal practices that improve human well-being, including attention to individual physical, economic, social, spiritual, emotional, and other needs.
- **Respectful Care:** Acknowledge our biases, and work to end weight discrimination, weight stigma, and weight bias.
- **Eating for Well-being:** Promote flexible, individualized eating based on hunger, satiety, nutritional needs, and pleasure, rather than any externally regulated eating plan focused on weight control.
- **Life-Enhancing Movement:** Support physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement, to the degree that they choose.

Food Shaming



- “You’re going to eat that?”
- “I can’t believe you eat fast food, I thought you ate healthy”
- “Are you going to eat ALL of that?”
- “A salad? Come on, have what you really want”
- Commenting on others type of food or portion
- Labeling foods into good and bad categories

Body Shaming

- “You’re thin, you can get away with eating that”
- “I need to go to the gym after this”
- “You look so thin” or “Looks like you put on a few”
- “Nothing tastes as good as skinny feels”
- “I’m too fat to wear something like that”
- “I can’t wear shorts, I have too much cellulite”
- Constant body comparisons between peers

Stop the Shaming

- Replace the negative with positive, respectful comments
 - I'm thankful for my body that gets me around each day
 - I appreciate the muscles I have and all that they do for me
 - That's a really cute outfit
 - What's in that recipe, what's it taste like?
- Practice mindful eating; honor hunger/fullness cues
- Focus on healthy living & healthy habits rather than weight
- Work with your body, not against it
- Discourage shaming; lead by example!
 - *"Don't talk about my friend that way!"*

Suggestions to Combat Negative Body Image

- Challenge the negative messages we have internalized over the years.
- Appreciate your body. Rather than concentrating on what you don't like about your body, concentrate on the positive.
- Feed yourself neutral statements about what your body parts can do for you (e.g., "Strong legs help me run.").
- Replace false messages with goals that take into account your beauty, strength and uniqueness.
- Do not support media that promotes a body type that fits less than three percent of the population.
- Question the marketing of popular companies' ads.
- Make a rule that when you look in the mirror you will not tell yourself anything you would not tell a stranger.
- Make a list of the positive qualities you have.

Suggestions to Combat Negative Body Image

- Watching photo editing videos:
 - Dove Evolution
 - <https://www.youtube.com/watch?v=iYhCn0jf46U>
 - Body Evolution – Before and After Photoshop
 - <https://www.youtube.com/watch?v=xKQdwjGiF-s>
 - Dove Evolution Teen Model Video
 - <https://www.youtube.com/watch?v=eNoo-ivduNw>

Malnutrition in Athletes

- Gymnastics, Dance, Track & Field, Cross Country, Wrestling, Swimming, and many others.....
- Bone loss, stress fractures, anemia, stunted growth
- How to recognize
 - Perfectionism
 - Isolating
 - Appear gaunt & overall lack of energy
 - Personality declines
- Should be eating more than their non-athlete peers, but in a quest for 'health' & 'performance' they often restrict

Resources for Schools

- Healthy at Every Size
 - Book: Health at Every Size, by: Linda Bacon
 - Book: Intuitive Eating, by: Evelyn Tribole & Elyse Resch
 - Video: <https://www.youtube.com/watch?v=ScMZXSANqdU>
- Organizations/Movements
 - Association for Size Diversity and Health; www.sizediversityandhealth.org
 - Body Image Movement; <https://bodyimagemovement.com>
 - Getting weights & BMI in schools; www.thestudentbodyfilm.com

Resources for Schools

- Eating Disorder in a College Athlete
 - <https://www.bu.edu/sargent/about-us/our-publications/inside-sargent-2016/running-for-life/>
- Inspiring TED Talks
 - “Looks aren’t everything. Believe me, I’m a model” by: Cameron Russell
 - “Why dieting doesn’t usually work” by: Sandra Aamodt
 - “Your body language shapes who you are” by: Amy Cuddy

Thank You!

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