

## Eating Disorders and Schools

Eating can become disordered. Serious eating disorders can disable and lead to death. Because many adolescents with eating disorders actively try to hide their “dieting” behaviors, diagnosis is often late in the development of the problem. In general, effective treatment for chronic problems is difficult to accomplish. Therefore, prevention and early intervention are of critical importance, and as with so many problems experienced by youth, schools are seen as an important venue for these forms of action.

As an aid for school personnel and those in the home, this brief resource provides information on the following:

- *What are eating disorders and how do we recognize them?*
- *Why and how should schools intervene?*

In addition, we list some organizations focusing on eating disorder and offer a few additional resources for garnering information.

### What are eating disorders and how do we recognize them?

Diagnostic manuals differentiate eating disorders using the terms Anorexia Nervosa, Bulimia Nervosa, and eating disorder not otherwise specified.

*Anorexia Nervosa* is defined as the refusal to maintain body weight at or above a minimally normal weight (American Psychiatric Association, 2013). Those manifesting Anorexia Nervosa display intense fear of gaining weight even though their body weight is usually less than 85% of the expected weight. They have distorted body image of themselves and deny being seriously underweight. For many postmenarcheal females, amenorrhea (the absence of at least three consecutive menstrual cycles) is a symptom. The disorder has been categorized into two subtypes:

- 1) Restricting Type: The person has not engaged in binge-eating or purging behavior but rather just strictly restricts calorie intake.
- 2) Binge Eating/Purging Type: The person regularly engages in binge eating or purging behavior.

*Bulimia Nervosa* is largely characterized by recurrent episodes of binge eating followed by recurrent inappropriate compensatory behavior to prevent weight gain (American Psychiatric Association, 2013). Binge eating is described as either eating an amount of food that is larger than most people would eat in certain time period or a sense of lack of control over eating. Compensatory behavior commonly includes induced vomiting, misuse of laxatives, diuretics, enemas, fasting, or excessive exercise. The disorder has been categorized into two subtypes:

- 1) Purging Type: The person regularly engages in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.
- 2) Nonpurging Type: The person uses other compensatory behavior instead of engaging in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

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\*The material in this document was culled from the literature and drafted by Da Eun Suh as part of her work with the national Center for Mental Health in Schools at UCLA.

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*Eating Disorder not otherwise specified* includes disorders that do not fit under the above descriptions. Following are those that might be so-categorized:

1. For female patients, all of the criteria for Anorexia Nervosa are met except that the patient has regular menses.
2. All of the criteria for Anorexia Nervosa are met except that, despite significant weight loss, the patient's current weight is in the normal range.
3. All of the criteria for Bulimia Nervosa are met except that the binge eating and inappropriate compensatory mechanisms occur less than twice a week or for less than 3 months.
4. The patient has normal body weight and regularly uses inappropriate compensatory behavior after eating small amounts of food (e.g., self-induced vomiting after consuming two cookies).
5. The patient engages in repeatedly chewing and spitting out, but not swallowing, large amounts of food.
6. Binge-eating disorder: recurrent episodes of binge eating in the absence if regular inappropriate compensatory behavior characteristic of Bulimia Nervosa.

Finally, it should be noted that disorders such as avoidant personality disorder, obsessive-compulsive personality disorder, borderline personality disorder, depression, panic disorder all have been associated with eating disorders (Robertson 2013).

### **Commonly Cited symptoms of eating disorder**

- skipping lunch at school
- seeking out snacks frequently
- throwing away food
- avoiding food in social situations
- playing with or taking apart foods (removing cheese from pizza)
- secrecy around eating
- using the restroom immediately after eating
- weight loss
- frequent attempts at dieting
- excessive exercise
- continually talking about food, weight, and body image
- calluses or scars on the knuckle
- soft, downy hair present on the body
- menstrual irregularities or loss of menstruation (amenorrhea)

(As Cited by Muhlheim, 2012)

## **Prevalence Rates Increasing**

Eating disorders commonly are diagnosed during the early teen years. In community samples, 24-55% of adolescent girls report that they are unhappy with their weight and shape and peers become an important source of influence during the adolescence in shaping their viewpoint (Stice & Whitenton, 2002). According to the National Association of Anorexia Nervosa and Associated Disorders (2014) Anorexia is the third most common chronic illness among adolescents. Bulimia is seen as an underreported condition because the weight of individuals with the problem often appears normal.

Although usually associated with females, approximately 10% of those coming to mental health professionals for eating disorders are male. Moreover, many professionals suggest the number is an underrepresentation because the misconceptions about eating disorders among males tend to allow many to go unnoticed. Also, males are seen as feeling more shame about having such a problem and thus even more likely than females to avoid seeking treatment (Anderson 1992).

## **About Cause**

The exact causes of eating disorders are not known. However, genetic, biological, psychological, social and cultural factors, alone and in combination, have been discussed (e.g., Hirst, 1998, Mayo Clinic, 2012). Correlational studies abound. For example: biologically-focused researchers report that individuals who have a first degree relative with an eating disorder are eight times more likely to suffer from an eating disorder. Other research suggests abnormalities in the activity of neurotransmitters, such as serotonin, norepinephrine, dopamine. From a psychological perspective, constructs such as perfectionism, low self-esteem, and approval seeking all have been implicated. With respect to societal and cultural factors, the focus has been on the “thin ideal” image emphasized in Western society (e.g., pressure from the media, family, and peers that equates “thinness” with beauty) and on competitive or athletic activities that emphasize avoiding gaining weight.

## **Why and how should schools intervene?**

In addition to a cultural emphasis on thinness, increasing public health attention to obesity has called on schools to address attitudes about weight gain and to focus on socializing healthful eating habits. Thus, schools already are pursuing some activity to promote health and prevent problems and to contribute to efforts to address problems when they are identified. The special value of schools for intervening early is a continuous theme in the literature.

As with many problems, the importance of early intervention for eating disorders is supported by research (Loeb, 2012). For example, early intervention improves prognosis. Research on Bulimia Nervosa suggests that treatment within the first 5 years of diagnosis produces a recovery rate of 80% as compared to a recovery rate of 20% for those not treated until after 15 years (Muhlheim, 2012).

Schools vary considerably in their direct concern for eating disorders. Some schools try to ensure their personnel learn about eating disorders and how to identify and refer students affected. Some include the problem as part of a health education curriculum. Student support staff often play a special role in all this, and they certainly are needed in assisting those students who are unwilling or unable to discuss their eating problems.

Schools often can bridge the communication gap between students with eating problems and their families. The National Association of Anorexia Nervosa and Associated Disorders offers a variety of resources, including their *School Guidelines for Educators* to support education and prevention efforts (<http://www.anad.org/get-information/school-guidelines/>).

**Note:** From the perspective of our Center at UCLA, addressing specific problems, such as eating disorders, should be done within the broader context of improving how schools address barriers to learning and teaching. Our Center stresses that failure to embed such interventions into a unified and comprehensive system of learning supports risks making the efforts just one more fragmented and marginalized approach to addressing major and multiple problems confronting many students. A unified and comprehensive system enables schools to provide a broad range of other student and learning supports that are essential in ensuring that all students have an equal opportunity to succeed at school. See *What Is a Unified and Comprehensive System of Learning Supports?* ( <http://smhp.psych.ucla.edu/pdfdocs/whatis.pdf> ).

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### **A Few Examples of How Schools Might Enhance Education About Eating Disorders**

Adapting ideas from a variety of resources, here are a couple of ways a school might begin to enhance its educational role related to addressing the problem of eating disorders.

#### **Provide an Educational Session about Eating Disorders**

In contrast to the high level of daily exposure to media and social pressure that might push students to take extreme measures to be thin, there is little exposure to interventions designed to help them internalize warnings about the dangers of eating disorders. It seems reasonable to suggest that health education curricula should focus on this matter. While not a panacea, it is worth noting that data support the effectiveness of comprehensive sex education in reducing teen pregnancy (Kohler et al.). Given this, at least one class during the school year to educate and inform students about the dangers of eating disorders should be implemented and evaluated. Available guidelines suggest that such a class would include exploration of

- what eating disorders are and are not
- the harmful consequences of eating disorders
- the role of media and social pressures in distorting body image
- healthy diet and eating habits
- good vs. excessive exercise

Note: Often recommended are videos such as

> *Body Talk* by Body Positive,

<http://www.bing.com/videos/search?q=Body+Talk+by+Body+Positive+video%2c&qpv=Body+Talk+by+Body+Positive+video%2c&FORM=VDRE>

> *Killing Us Softly 3* by Jean Kilbourne

<http://www.mediaed.org/cgi-bin/commerce.cgi?preadd=action&key=206>

> *America the Beautiful* by Darrel Roberts

<http://www.bing.com/videos/search?q=America+the+Beautiful+by+Darrel+Roberts+video&qs=n&form=QBVR&pq=america+the+beautiful+by+darrel+robers+video&sc=0-33&sp=-1&sk=>

## Provide Guidelines for Teachers

*Example:* “As with all students, it is important to watch for signs of problems, *but don’t rush to diagnose and label their problems.* Here are four immediate strategies to consider:

- (1) Be open to students and families who may be seeking information, guidance, and support.
- (2) Talk with the student individually and try to determine what’s wrong. Start off exploring general matters. Encourage full expression of concerns, but don’t rush to talk about eating disorders. If the student is reluctant, bring up what has been observed that is of concern. When the student starts talking about problems, listen and don’t interrupt; just reflect back about what is said so the student feels positively heard.

Things not to do in talking with students:

- avoid focusing on their weight/food - try to focus on feelings instead
  - avoid commenting on how they look
  - avoid demanding changes
  - avoid giving simple solutions
  - don’t make promises about confidentiality
- (3) If you haven’t the time or feel uncomfortable talking with students about such matters, ask a member of the school’s student support staff (e.g., the school’s counselor, psychologist, social worker) to come to the class and find natural opportunities to observe, interact, and talk with the student about what’s wrong.
  - (4) Severe problems call for immediate action. Encourage the student to seek help. Unless the student is willing and able to access help, a conference with the family must be called to discuss the problem and what to do. Let the student know that a family conference will be scheduled. Ask a member of the school’s student support staff to participate and add their expertise at the conference. Parents may need specifics that support the school’s concern; they will need information about what to do and where to go for help.

In talking with students (and family members), the process should be private and the atmosphere should be non-judgmental.”

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### Organizations Focusing on Eating Disorders

- National Institute of Mental Health (NIMH) -- <http://www.nimh.nih.gov>
- National Mental Health Information Center -- <http://mentalhealth.samhsa.gov>
- Academy for Eating Disorders -- <http://www.aedweb.org>
- National Association of Anorexia Nervosa and Associated Disorders -- <http://www.anad.org>
- National Eating Disorders Association -- <http://www.nationaleatingdisorders.org>

## A Few Additional Resources

- Understanding and Learning about Student Health
  - [http://www.columbia.edu/itc/hs/medical/residency/peds/new\\_compeds\\_sit\\_e/pdfs\\_new/school\\_based\\_health/Eating\\_Disorders.pdf](http://www.columbia.edu/itc/hs/medical/residency/peds/new_compeds_sit_e/pdfs_new/school_based_health/Eating_Disorders.pdf)
- Five Things Teachers Should Know About Eating Disorders...
  - [http://www.eatingdisordersblogs.com/eating\\_disorders\\_in\\_schoo/2011/11/five-things-teachers-should-know-about-eating-disorders-.html](http://www.eatingdisordersblogs.com/eating_disorders_in_schoo/2011/11/five-things-teachers-should-know-about-eating-disorders-.html)
- Eating Disorders – Information for Teachers/Youth Workers
  - <http://www.bodywhys.ie/m/uploads/files/TeachersLeaflet.pdf>
- Discovery Education lesson plans- Overcoming Disorders
  - <http://www.discoveryeducation.com/teachers/free-lesson-plans/overcoming-eating-disorders.cfm>
- A Lesson for Teachers in Addressing the Eating Disorder Bully
  - <http://www.nationaleatingdisorders.org/lesson-teachers-addressing-eating-disorder-bully>
- For parents: Cleveland Center for Eating Disorders
  - <http://www.maudsleyparents.org/>

**For more, see our Center's Online Clearinghouse Quick Find on Eating Disorders**  
-- [http://smhp.psych.ucla.edu/qf/p3006\\_01.htm](http://smhp.psych.ucla.edu/qf/p3006_01.htm)

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For an in-depth report on the treatment and prevention of eating disorders,  
See University of Maryland Medical Center (2013). *Eating Disorders*.  
<http://umm.edu/health/medical/reports/articles/eating-disorders>