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Addressing Eating Disorders in Schools: An Accessible Pamphlet Series and Educational
Resource for Educational Support Staff, Teachers, Parents, and Students

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Table of Contents

Signature Page	ii
Abstract	iv
Chapter I: Project Introduction	1
Statement of Need	3
Purpose of Graduate Project	4
Terminology	8
Chapter II: Literature Review	12
Eating Disorder Types, Prevalence and Statistics	15
History and Culture	18
Eating Disorders in Athletes and Women	18
Predictors	24
Warning Signs	26
Outcomes	30
Stigma	31
School Faculty Preparedness	32
Prevention and Intervention in Schools	37
Effective Communication and Active Listening Skills	41
Chapter III: Project Methodology	45
Introduction	45
Project Development	46
Intended Audience	47
Personal Qualifications	48
Environment/Equipment	48
Project Outline	49
Chapter IV: Project Overview	55
Chapter V: Summary and Conclusions	57
Summary	57
Recommendations	58
Conclusions	58
References	60
Appendix A: Project	66

Abstract

Addressing Eating Disorders in Schools: An Accessible Pamphlet Series and Educational Resource for Educational Support Staff, Teachers, Parents, and Students

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Eating disorders are severe conditions, often affecting children, adolescents, and young adults during developmentally important stages in life (Lindstedt et. al., 2018). Eating disorders are associated with long-term complications including decreased mental and physical health, poor quality of life, and increased mortality rates (Barile, J. P., 2015). The age of eating disorder onset typically occurs in childhood and adolescence and can progress well into adulthood. Given the age of onset of eating disorders, it should be no surprise to school personnel (e.g., administrators, teachers, nurses etc.) when students begin to demonstrate signs of such disorders. Despite this, there is an abundance of research based literature showing that school personnel lack the training, knowledge and resources to provide prevention, intervention, and support services to this student population (Knightsmith et. al., 2013). It may be, given the overwhelming responsibility already placed upon our K-12 system that school officials do not feel confident to address this systemic problem. This project advances current appreciation, understanding and preparedness surrounding eating disorders in children and adolescents, with a primary goal of improving the level of support this population of students receives in school. The handbook developed as a result of this project is meant to serve as an enhancement to general staff training

regarding student wellness, physical health, and social-emotional development. By introducing a deeper understanding of eating disorders, signs and symptoms, physical and social emotional effects, and outcomes, educators are able to develop the competence and skills necessary to provide appropriate support and intervention. Additionally, by offering research-based interventions and therapeutic techniques, it is our goal to encourage schools to utilize current data and engage in lifelong learning to ensure effective results for our students. Therefore, this handbook is designed to assist school personnel to better understand, identify, and intervene with students who are at risk of or suffering from an eating disorder. This handbook will help educators feel competent, prepared and supported when working with students who have an eating disorder or who may be experiencing challenges related to food, nutrition and body image. Moreover, this handbook will increase the overall preventative efforts in schools by allowing signs and symptoms of eating disorders to be understood and recognized earlier by school personnel than is the current norm.

Chapter I

Project Introduction

Introduction

Eating disorders have the highest mortality rate of any mental health illness (Murray, et. al., 2017). Eating disorders are unique among mental health disorders in that they manifest in physical health complications, which can lead to serious and life-threatening illnesses such as diabetes, cancer, organ failure and even death, if left untreated (Becker et. al., 2004 & Fichter et. al., 2006). With respect to this knowledge, researchers have found that most eating disorders occur between the ages of 13 and 18 (Merikangas KR et. al., 2010); the time period when adolescents are experiencing puberty, as well as increased academic and social pressures. What is often absent from the discussion and research on eating disorders is how they can severely impact school performance due to the combination of nutritional deficits, behavioral problems, and mental health decline that is associated with such disorders (Merikangas KR et. al, 2010).

Furthermore, it is widely recognized that many adolescents in middle school and high school experience feelings of self-consciousness about how they look at some point during their development. These feelings generally begin to arise between the ages of 12 and 20 but can occur as early as the elementary years and well into adulthood (Merikangas KR et. al, 2010). This may occur due to exposure to media, bullying, comparison of oneself to others, or other social factors such as participation in sports, acting, or other social circles. In moderation, these feelings are considered to be age-typical and are not a lasting significant concern for most individuals. However, when these feelings become an obsession and a strain on one's mental health, they can quickly develop into a larger problem resulting in disordered eating patterns which can quickly progress into a fully diagnosable eating disorder.

Although little attention is given to eating disorders in the field of education, it is obvious that student behavior, academic achievement and school attendance can be significantly and negatively impacted by an eating disorder (Knightsmith et. al., 2013). Specifically, students with eating disorders often experience difficulties with concentration, memory and information processing; skills which are necessary for academic success. Students may also become irritable, socially withdrawn and apathetic, and they may experience fatigue and develop a poor overall immune system due to poor nutrition. Additionally, research shows that individuals suffering from eating disorders spend 70 to 90 percent of their waking hours thinking about food and weight-related issues, which pulls a student away from other responsibilities such as arriving at school on time, completing homework, performing well on tests, participating in extracurricular and social activities, and other daily components of the educational experience (Choate, 2013). In other words, a child who is plagued with these unhealthy thoughts can not thrive at school or beyond (Choate, 2013).

Despite the significant, negative effects eating disorders have on student success, they are less likely to be intervened with when compared to other mental health problems such as depression, anxiety, and ADHD. In fact, research has shown that when surveyed, education staff and faculty report having little to no knowledge of eating disorders and how to help students who have an eating disorder. However, research also shows that it is critical to pursue early intervention strategies, such as education and screening, to prevent chronic malnutrition, long-term health complications and death. These conflicting findings are the driving force behind this culminating project.

Children and adolescents spend a significant portion of their day at school with teachers, peers, and the staff. Those involved in the lives of adolescents should be capable of and

comfortable watching for psychological, physical, and behavioral warning signs such as “perfectionism, competitiveness, a sense of over-responsibility, emotional distress, criticism of self and others, conformity, external locus of control and low self-esteem, mood swings, complaining of ‘feeling fat’, an inability to express emotions, and demonstration of ‘black and white’ thinking” (Bardick et al., 2004). Learning warning signs within the school setting can support students with receiving early intervention and a supportive community. In addition, providing adolescents with the support of a positive eating environment within the school can improve perceptions about health and food. Even further, schools should be prepared to participate in school counseling, work with families to provide needed services, implement positive psychology strategies within the classroom and invite students to challenge expectations of beauty or attractiveness and faulty thinking.

Statement of Need

With the increasing prevalence of eating disorders in children and young adults, it has become apparent that schools and other institutions responsible for the care and well-being of children and young adults require additional training and support measures to prevent and address these issues when they occur. American youth, and youth in many other westernized countries, spend approximately six to seven hours per day in the school environment from ages 5 through 18. This is almost one-third of their overall day and more than half of students’ typical waking hours. However, despite the significant time students spend in school, research findings show that school personnel consistently feel uninformed and ill-equipped to support students with eating disorders. Furthermore, when surveyed, school personnel widely endorsed a need for focused training to provide school staff with the tools and training necessary to empower them to support students with eating disorders (Knightsmith, 2013).

When examining such research surveys, five key themes emerged: (i) many staff do not have a basic understanding of eating disorders, (ii) eating disorders are taboo in the staffroom, (iii) staff do not feel comfortable talking to students about eating disorders, (iv) support is needed to ensure the teacher–parent relationship is a positive one and (v) school staff would welcome practical ideas for how they can best support students during the recovery period (Knightsmith et al., 2013).

Our findings amongst the current body of research implicate the importance of providing training to educators and other school personnel on strategies to identify and approach weight-related bullying and eating disorders in students so that educators are adequately equipped and prepared to carry out school-based policy actions to address these problems. Furthermore, perspectives of educators suggest that parents and students should play key roles in broad initiatives to address weight-related bullying in schools. Thus, in order for school personnel to identify ways to promote parental and student involvement in implementation of school-wide awareness and policy actions, it is crucial to provide school personnel with comprehensive and easily accessible information, training, and resources geared towards intervening with student eating disorders.

Purpose of Graduate Project

The purpose of this project is to create a focused and comprehensive training pamphlet series to help inform and guide school personnel in preventing, identifying, and intervening with student eating disorders. The goal of this project is to enhance the competencies of educational and support staff, so that they may feel knowledgeable and prepared to work with students who display, or are at risk of developing, one or more eating disorders. This pamphlet series is intended to utilize research-based knowledge to teach educators how to define eating disorders,

recognize signs and symptoms, understand risk factors and influences, and provide effective and meaningful support to students who display eating disorders in school settings. This includes defining the numerous variations of both high and low-incidence eating disorders, identifying signs and symptoms, adopting specific and unbiased language and communication skills, understanding both short and long-term effects of eating disorders, and offering evidence-based therapeutic techniques and interventions. A secondary goal of this project is to raise general awareness about eating disorders in schools and to stress the importance of preventative measures and early intervention. The proposed project consists of a 14 part pamphlet series with each part focused on a specific sub-content area revolving around the overall understanding, prevention, and treatment of eating disorders. Parts are as follows:

- I. Eating Disorders: *Understanding Body Dysmorphia, Disordered Eating, and Other Symptoms*
 - A. *What is disordered eating?*
 - B. *What are compensatory behaviors?*
 - C. *Physical and mental health complications*
 - D. *What is body dysmorphia?*
- II. Eating Disorders: *Types & Definitions*
 - A. *Higher incidence disorders (Anorexia, Bulimia Nervosa, and Binge Eating Disorder)*
 - B. *Lower incidence disorders (Body Dysmorphic Disorder, Avoidant/Restrictive Food Intake Disorder, and Pica)*
 - C. *Other disorders (Rumination disorder and Other Specified eating disorder)*
- III. Eating Disorders: *What is Anorexia Nervosa?*

- A. *Definition of Anorexia Nervosa*
 - B. *Warning signs and symptoms*
 - C. *Criteria from the DSM-5*
 - D. *Health consequences of Anorexia Nervosa*
- IV. Eating Disorders: *What is Bulimia Nervosa?*
- A. *Definition of Bulimia Nervosa*
 - B. *Types of Bulimia Nervosa*
 - C. *Characteristics*
 - D. *Consequences of Bulimia Nervosa*
- V. Eating Disorders: *What is Binge Eating Disorder?*
- A. *Definition of Binge Eating*
 - B. *Facts and statistics*
 - C. *DSM-5 criteria*
 - D. *Consequences of Binge Eating Disorder*
- VI. Eating Disorders: *What is Body Dysmorphic Disorder?*
- A. *Definition of Body Dysmorphic disorder*
 - B. *Considerations*
 - C. *Warning signs and symptoms*
- VII. Eating Disorder: *Avoidant / Restrictive Food Intake Disorder (ARFID)*
- A. *Definition of Avoidant/ Restrictive Food Intake Disorder*
 - B. *Types of ARFID*
 - C. *Signs and symptoms*
 - D. *Consequences of ARFID*

- VIII. Eating Disorders: *What is Pica?*
 - A. *Definition of Pica disorder*
 - B. *Causes of Pica*
 - C. *Characteristics*
 - D. *Managing Pica*
 - E. *Common non-food items ingested by individuals with Pica*
- IX. Eating Disorders: *Predictors, Warning signs, & Outcomes*
 - A. *Warning signs*
 - B. *Predictors*
 - C. *Outcomes*
- X. Eating Disorders: *Individuals at increased risk*
 - A. *Genetics/Biological Factors*
 - B. *Psychological Vulnerability*
 - C. *Socio-Cultural Factors Pressures*
 - D. *Risk Factors*
 - E. *Food and Eating Habits*
- XI. Eating Disorders: *Interventions & Supports*
 - A. *Outpatient Treatment*
 - B. *Therapy Techniques*
 - C. *Residential Treatment*
 - D. *Inpatient/Hospital Treatment*
- XII. Eating Disorders: *Seeking Help & Resources*
 - A. *Resources, contacts, and websites*

XIII. Eating Disorders: *How to Provide School/ Classroom Support.*

A. *Strategies in the classroom*

B. *How Eating Disorders Impact Individuals in the classroom*

C. *Interventions*

D. *Resources*

E. *School Wide Support*

F. *Support*

XIV. Eating Disorders: *Support in the Home*

A. *Tips on Maintaining Good Health and Stability*

B. *Mealtime Tips*

C. *Support*

D. *Communication*

In addition each pamphlet includes resources for immediate support including the NEDA Feeding hope website and hotline, as well as research-based references.

Terminology

- **Anorexia Nervosa:** an eating disorder, occurring most frequently in adolescent girls, that involves persistent refusal of food, excessive fear of weight gain, refusal to maintain minimally normal body weight, disturbed perception of body image, and amenorrhea (absence of at least three menstrual periods) (<https://dictionary.apa.org/anorexia-nervosa>).
- **Binge Eating Disorder:** a disorder marked by recurring discrete periods of uncontrolled consumption of abnormally large quantities of food and by distress associated with this behavior (<https://dictionary.apa.org/binge-eating-disorder>).

- **Body Dysmorphia:** An extreme disparagement of some aspect of appearance that is not supported by the objective evidence. There may be only a mild defect in the body feature or, in extreme cases, there may be no objective evidence of any malformation or oddity of appearance (<https://dictionary.apa.org/body-dysmorphia>).
- **Body Image:** The mental picture one forms of one's body as a whole, including its physical characteristics and one's attitudes toward these characteristics (body concept) (<https://dictionary.apa.org/body-image>).
- **Bulimia Nervosa:** an eating disorder involving recurrent episodes of binge eating followed by inappropriate compensatory behaviors (e.g. self-induced vomiting, misuse of laxatives, fasting, excessive exercise) (<https://dictionary.apa.org/bulimia-nervosa>).
- **Culture:** the distinctive customs, values, beliefs, knowledge, art, and language of a society or a community. These values and concepts are passed on from generation to generation, and they are the basis for everyday behaviors and practices (<https://dictionary.apa.org/culture>).
- **Compensatory Behavior:** Compensatory behaviors are behaviors meant to compensate or "un-do" eating. They are utilized to relieve guilt associated with eating and consuming more calories than intended or discomfort for a patient; or to relieve anxiety that may not be directly correlated with food/eating but provides physical and/or emotional relief.
- **Eating Disorder:** Any disorder characterized primarily by a pathological disturbance of attitudes and behaviors related to food, including anorexia nervosa, bulimia nervosa, and binge-eating disorder (<https://dictionary.apa.org/eating-disorder>).
- **Fear Foods:** The term 'fear food' is used to describe certain foods a person is afraid to eat, possibly because of negative thoughts and feelings about the nutritional content. It might not

be confined to particular items but can include whole food groups such as carbohydrates, lipids, gluten.

- **Other Specified Feeding and Eating Disorders (OSFED):** Other Specified Feeding and Eating Disorder (OSFED) is an eating disorder classification for those who do not meet the diagnostic criteria for any other eating disorders. Individuals with OSFED may present with disturbed eating habits, a distorted body image, overvaluation of body shape and weight, or an intense fear of gaining weight.
- **Avoidant Restrictive Food Intake Disorder (ARFID):** ARFID is an eating disorder characterized by extremely picky eating and little interest in food. Individuals with ARFID eat a limited variety of preferred foods, which can lead to poor growth and poor nutrition.
- **Rumination Disorder:** Rumination disorder involves the regular regurgitation of food that occurs for at least one month. Regurgitated food may be re-chewed, re-swallowed, or spit out.
- **Pica:** Pica is an eating disorder that involves eating items that are not typically thought of as food and that do not contain significant nutritional value, such as hair, dirt, and paint chips.
- **Unspecified Feeding or Eating Disorder (UFED):** Unspecified feeding or eating disorder (UFED) applies to presentations of disordered eating in which symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functions predominate but do not meet the full criteria for any of the disorders in the feeding and eating disorders diagnostic class (Anxiety and Depression Association of America. (n.d.). 2018).

The following chapters include a literature review, methodology, and outline of the full project. Chapter 2 reviews the scientific literature used in the creation of this project and is

intended to support the rationale and need for improved prevention efforts, training, and resources for educational staff when working with students with eating disorders. Chapter 3 offers an overview of the methodology used to develop the project, including the intended audience, personal qualifications of the authors, and intended environment and procedures. Chapter 4 provides an overview of the project. Finally, chapter 5 provides a summary, discussion, and conclusion of the project.

Chapter II

Literature Review

Introduction

In developing this pamphlet series for working with students with eating disorders in schools, it is important to first understand the overarching nature of eating disorders, how they develop and progress, and how various social, cultural, and environmental factors can influence or contribute to the development of body dysmorphia, disordered eating behaviors, and one's overall mentality surrounding weight, eating, and body image. This literature review will discuss several areas related to eating disorders in children and adolescents, including factors contributing to the development of eating disorders, warning signs, predictors, outcomes, and more. Additionally, this literature review will highlight the necessity of improved training, resources, and guidance in schools for helping and intervening with students struggling with one or more eating disordered behaviors. The chosen literature was selected in order to address the most critical and impactful factors contributing to the development of disordered eating patterns and negative relationships with food. In addition, the chosen literature was selected in order to best address the growing need for school based intervention and means for supporting teachers and school staff when working with students with eating disorders in schools. The 10 sections included within this literature review are to include the following:

Section 1: Eating Disorders Types, Prevalence, & Statistics. This first section will provide a definition of the term *Eating Disorder*. In addition, it will review the most up to date definitions of medically recognized eating disorders, as well as nationally and internationally founded statistics regarding eating disorders.

Section 2: History and Culture. This section will introduce the idea of culture and lifestyle with respect to eating disorders and review the existing literature on societal factors and modern influences on food, health, and body image.

Section 3: Eating Disorders in Athletes and Women. This section will provide a clear example of how sociocultural factors and societal expectations can increase the risk of an eating disorder in specific populations of individuals. This section emphasizes the strong presence of eating disorders amongst athletes and females and discusses the importance of intervening with these populations during childhood and adolescence.

Section 4: Predictors. This section will review the most up to date research on the predictors of developing an eating disorder, including factors related to biological predisposition, parental expectations, behavioral patterns, and personality features.

Section 5: Warning Signs. This section will review the most common warning signs for specific eating disorders. This section reviews the physical, emotional, and emotional signs and symptoms of an eating disorder. This section will go in detail about unusual behaviors, hormonal balances, and eating habits of adolescents with an eating disorder.

Section 6: Outcomes. This section will review the outcomes of eating disorders, including both physical, psychological, and emotional outcomes. This section specifically, reviews outcomes impacting the adolescents academic performance and behavior within the classroom.

Adolescents with an eating disorder may be impacted within throughout their schooling and later in life and this section focuses on supporting the students by providing the impact nourishment has on their academic performance.

Section 7: Stigma. This section will review Stigma as defined as the negative social attitude attached to a characteristic of an individual that may be regarded as a deficiency by others. Stigma often implies social disapproval and is widely acknowledged to be amongst the strongest barriers against seeking and receiving treatment for an eating disorder. Destigmatizing efforts are crucial to the recovery of and fight against eating disorders.

Section 8: School Faculty Preparedness. This section reviews the current body of research on eating disorders in schools with an emphasis on teacher and faculty perceptions of preparedness when supporting students with an eating disorder. The support system we provide in our schools builds a foundation for our students to participate in receiving help or guidance. Understanding free local resources can educate students on support within the community. Support within the community can include forums for individuals looking to connect in a safe space about the eating disorder recovery process.

Section 9: Effective Communication and Active Listening Skills. This section reviews active listening skills and effective communication are essential for an effective support system. Providing students a safe environment by demonstrating effective communication and active listening skills.

Section 10: Prevention and Intervention in Schools. This section reviews the research on school-based prevention and intervention programs for eating disorders. This section focuses on understanding free local resources can educate students on support within the community.

Eating Disorder Types, Prevalence, and Statistics

Before delving into the current body of research on eating disorders, it is important to note that an eating disorder is not merely defined by the presence of any disordered or irregular eating behaviors. Eating disorders are complex and are diagnosed only when one meets the highly specific criteria outlined in the DSM-5. Disordered eating patterns can exist and can become significant problems regardless of whether one's condition falls under one of the medically and psychologically recognized eating disorders. In other words, just because an individual does not meet the criteria to receive a diagnosis of a recognized eating disorder, does not mean that individual is not suffering from the effects of eating disordered behavior. With that said, according to the American Psychological Association, eating disorders are defined as the following:

“Any disorder characterized primarily by a pathological disturbance of attitudes and behaviors related to food, including anorexia nervosa, bulimia nervosa, and binge-eating disorder. Other eating related disorders include pica and rumination, which are usually diagnosed in infancy or early childhood. ”

Likewise, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) recognizes the following 8 types of eating disorders as fully recognized and diagnosable mental health disorders (American Psychiatric Association, 2013)

Anorexia Nervosa

Bulimia Nervosa

Binge Eating Disorder (BED)

Body Dysmorphic Disorder (BDD)

Avoidant/Restrictive Food Intake Disorder (ARFID)

Pica

Rumination Disorder

Other Specified Feeding or Eating Disorder (OSFED)

(Note: Full definitions of these eating disorders can be found in the terminology section, as well as in the comprehensive glossary and guide provided within the full project.)

According to the National Association of Anorexia Nervosa and Associated Disorders (ANAD), eating disorders are thought to affect at least 9 percent of the population worldwide, and it is estimated that 9 percent of the U.S. population will have an eating disorder in their lifetime. That amounts to approximately 71 million people worldwide and 30 million people in the United States. Likewise, based on diagnostic interview data from National Comorbidity Survey Adolescent Supplement, the lifetime prevalence of eating disorders among U.S. adolescents aged 13 to 18 years is approximately 2.7 percent, accentuating the need for intervention at the school-aged level (U.S. Department of Health and Human Services, n.d.).

Of the 8 diagnosable eating disorders, anorexia nervosa is considered by both medical and psychological professionals to be the most talked about and the most deadly of eating disorders (cite). Anorexia nervosa is characterized by a significant and chronic reduction in food intake, leading to extremely low body weight and poor physical health. Mentally and emotionally, the primary characteristics of anorexia nervosa are an unremitted pursuit of thinness

due to a distortion of body image and an intense fear of gaining weight. Many sufferers of anorexia nervosa perceive themselves as being overweight or obese, despite being significantly underweight. In the U.S., Anorexia Nervosa is the 3rd most common chronic illness among adolescents after asthma and obesity (Reynolds , K., Reese, J. M., & Lucrezia, S. (2021). Interestingly, recent genetics research on Anorexia Nervosa has found that 50-80% of the risk for Anorexia nervosa is genetic (*Trace, S. E., Baker, J. H., Peñas-Lledó, E., & Bulik, C. M. 2013*) and Anorexia Nervosa has a higher mortality rate than any other mental illness with 1 in 5 Anorexia related deaths resulting from suicide.

After anorexia nervosa, bulimia nervosa and binge eating disorder are the next most widely known and talked about eating disorders. Bulimia nervosa is characterized by eating large amounts of food in short amounts of time followed by a compensatory behavior to rid the body of the food. Similar to anorexia nervosa, bulimia nervosa develops due to an intense focus on weight and one's overall dissatisfaction with their body. Binge eating disorder is characterized by episodes in which the individual eats large amounts of foods in short amounts of time repeatedly and with feelings of loss of control. These disorders are similar in that they are characterized by the consummation of excessive amounts of food. However, they differ in that bulimia nervosa has the added characteristic of inducing oneself to vomit after eating as to avoid losing weight, while binge eating disorder often involves gaining large amounts of weight due to excessive calorie intake (Dingemans et. al., 2009). In the U.S., binge eating disorder affects three times the number of people as anorexia nervosa and bulimia combined (Hudson et. al., 2007). It is often associated with obesity and can result in psychological trauma such as depression, anxiety, worthlessness, and suicidal ideation.

Other eating disorders which are less commonly known and talked about include avoidant/restrictive food intake disorder (ARFID), pica, rumination disorder, and other specified feeding or eating disorder (OSFED) (Bryant-Waugh, 2010). These disorders are low incidence and are characterized by very specific symptoms and behaviors which are perceived to be especially unusual. While they do not occur in high frequencies, they can develop quickly in childhood and lead to long-term and lasting negative effects.

Despite the negative effects of eating disorders, including psychological trauma, health complications, and emotional distress, it is estimated that only 30% of those who suffer from an eating disorder will seek treatment. When surveyed, individuals who identified as having an eating disorder reported that they were afraid to ask for help due to the negative stigma surrounding the topic. It is our goal to provide a resource which can help educate others and destigmatize the talk of eating disorders.

History and Culture

Historically, disordered eating and behaviors associated with eating disorders have been recorded since ancient times in some cultures. This includes behaviors such as ritual fasting, self-starvation, or self-induced vomiting, which were considered to be either divine, satanic, or even hedonistic depending on the culture. However, in these historical times, these behaviors were perceived with varying attitudes and were not widely considered to be a disease or medical condition. Rather, these behaviors were considered to be guided by spiritualism, possession by the devil, or even used as a source of entertainment for the upper class. It was not until the late 19th century that Anorexia nervosa became a fully recognized medical disorder, and it was not until the early 20th century that researchers began to understand the psychological trauma and

distress which centralizes an eating disorder. It was at this point that researchers and historians began to analyze the broader context of eating disorders and the reasons for why one might begin to engage in disordered eating patterns.

According to a historical review examining the influence of culture on eating disorders, “cultural beliefs and attitudes have been identified as significant contributing factors in the development of eating disorders (Miller & Pumariega, 2001).” This idea faced controversy when it was first proposed. Many believed that eating disorders occurred almost exclusively in upper socioeconomic groups within Western nations. Others contended that eating disorders have occurred across many groups and across thousands of years and therefore could not be the product of modern cultural pressures. (Miller and Pumariega, 2001).” While most research does suggest that eating disorders are predominantly found amongst caucasian individuals in Western societies, recent epidemiology studies have found that the incidence rate of eating disorders appears to vary across different racial/ethnic and national groups, often changing as cultures evolve across time. For example, historical analysis and studies have revealed practices in ancient Greek and Egyptian cultures in which individuals participated in religious ritual fasting, while those in the era of the Reformation believed that self-starvation was associated with Satanic principles and indicated possession by the devil.

Over time, researchers have begun to analyze the possible causes of eating disorders and identify factors which are highly correlated with the development of an eating disorder. Modern researchers currently contend that sociocultural factors are the most plausible explanation for rising rates of eating disorders for American and Western women. These sociocultural factors can include factors such as socioeconomic status, profession, social standing and group membership, participation in the media, attitudes, values, and even politics.

One of the most significant factors identified as a possible cause of eating disorders, especially anorexia nervosa, is the western idealization and valuation of the “thin body” (Muhlheim, L., & Gans, S. 2021) Modern mass media has a tendency to promote female thinness as the golden standard for beauty and attractiveness. As such, women in western societies have shown increasing levels of dissatisfaction with their appearance and body type over time due to the social and cultural pressures placed upon them to conform to the “thin” ideal. Responses to this cultural portrayal of beauty results in westernized women, and even some men, dieting and exercising excessively, demonstrating a need for perfection, and medically altering their bodies via surgery.

Another significant sociocultural factor identify as a possible cause of eating disorders is societal expectations and guidelines for the “healthy” individual. In western countries, such as the United States, “good” health is often socially identified based on external indicators of health such as physical appearance and body shape, rather than internal indicators of health such as heart rate, blood pressure, and metabolism. Those who do not fit into the imagined version of healthy may be considered by others to be unhealthy, even if they are in good health standing by a doctor. This discrepancy between expectations and reality can skew one’s perceptions of their health, often creating a paradox, as one destroys their actual health in the endeavor to meet the standards of their social circle or community.

There are many more sociocultural factors which may cause an eating disorder to develop. These will be discussed in the following sections within this literature review. However, the two factors outlined in this section serve to emphasize the role of culture on eating disorders and to highlight the most common factors found across various cultural groups and over centuries of time. With respect to the studied history, we strive to develop prevention and

intervention efforts which emphasize culture for the purposes of raising awareness, strengthening one's identity, and promoting realistic ideas of health and beauty.

Eating Disorders in Athletes and Women

Although this project seeks to educate and intervene with eating disorders in all children and adolescents, we feel it is important to address populations and subgroups in which eating disorders are most prevalent in order to gain a better understanding of how society can contribute to the normalization and continuation of eating disorders. Within the growing body of research on eating disorders, modern research is finding that eating disorders are especially common in the sports realm and in women who participate in sports (Currie, 2010). There are various factors which contribute to this growing trend including but not limited to the emphasis on health and fitness, weight categories in certain sporting professions, public image, psychological stressors, and the overall culture and expectations maintained within the sporting industry. To accentuate this point, it has become clear in recent decades that there is a noticeable increase in the prevalence of eating disorders in sports where weight has a significant effect on performance, image, or participation (Currie, 2010). Furthermore, additional factors such as the nature of sports clothing, the competitiveness of athletics, and the early specialization in sports at a young age can create added socio-cultural pressures to conform to the idealized version of the perfect athlete.

It is important to recognize that eating disorders do affect both males and females, whether inside the sporting industry or not. However, in studying eating disorders, it is also necessary to recognize that eating disorders are generally more likely to affect females than males, and female athletes are significantly more likely to be affected by an eating disorder than

male athletes. Thus, it is crucial to develop an understanding of how patterns of disordered eating vary between females and males. To illustrate this point, a study of Division 1 NCAA athletes surveyed 1,445 student athletes from 11 schools using a 133-item questionnaire (Johnson et. al., 1999). Results found that 1.1 percent of female participants met DSM criteria for bulimia nervosa versus 0 percent of men, 9.2 percent of female participants were identified as having clinically significant problems with bulimia nervosa versus 0.01 percent of males, and 2.85 percent of female participants were identified as having a clinically significant problem with anorexia nervosa versus 0 percent for males. Additionally, 5.52 percent of female participants reported purging on a weekly or greater basis, while only 2.04 percent of male participants reported the same behavior. Overall, statistics for male participants were lower, highlighting the large discrepancy between females and males. However, this study also found that 13.02 percent of male participants reported binge eating on a weekly or greater basis while only 10.85 percent of females were found to engage in the same behavior. Thus, the study paints a clear picture of how disordered eating patterns can vary amongst the sexes, with women being more likely to purge or refrain from eating and men being more likely to engage in binge eating.

In referencing sports, these statistics help us to begin to make connections between disordered eating patterns and the psychological reasons behind it. For example, when asking why some athletes would eat significantly less while other athletes would eat significantly more, we can begin thinking about categories of sports and the features of a successful athlete in those categories. For example, in order to be a successful “flyer” in cheerleading, one must be lightweight and able to be easily thrown high into the air to perform stunts. On the other hand, in order to be a successful bodybuilder, one must maintain a specific body mass index and muscle mass. Thus, the sporting industry can create a culture of obsession with body image driven by a

need for success and perfection. Over time, this can negatively impact one's psychological and emotional well-being such that athletes begin to take extreme measures to maintain their physique and athletic success.

Contributing variables to eating disorders become especially important for educators to consider when examining the development of children. Many children enter sports at a young age. Usually, their first sport is on a school-based or community team. For most professional athletes, their athletic career began on a school or community sponsored team. Hence, students involved in sports are not only influenced by the normal risks associated with eating disorders, but also the added risks associated with the sports community in general and perhaps their icons they attempt to emulate. Despite correlation between student athletes and eating disorders, educators and school-based athletics staff receive very little training in educating, identifying, preventing, and intervening eating disorders. However, this is not to say there is a complete absence of guidelines, prevention, and intervention efforts within the athletic community. As awareness is increasing, so are efforts from large scale organizations. In fact, according to the *Asian Journal of Sports Medicine*, UK sport has developed a comprehensive guideline detailing the nutritional and coaching practices to be adapted when managing sports-specific eating disorder risks (cite). Additionally, large sports organizations have begun to issue guidelines and position statements regarding eating disorders risks and outcomes. It is our goal to expand these efforts beyond the sporting world by involving and engaging school educators in the endeavor to decrease the prevalence and incidence rate of eating disorders for all students and to improve outcomes for those who may be at increased risk of eating disorders currently and in the future.

In reviewing the literature on eating disorders in athletes, we sought to provide a clear example of how sociocultural factors and societal expectations can increase the risk of an eating

disorder in specific populations of individuals. Before continuing on to the next section, it is critical to point out that while athletes are often at increased risk, they develop eating disorders for the same reasons that other individuals do; this may be due to genetic or psychological vulnerability, socio-cultural pressures, food and body image, and psychological stressors which trigger disordered eating events. The following section provides an overview of the current body of research regarding predictors and genetic predisposition to eating disorders.

Predictors

According to researchers Eric Cooley and Tamina Toray (2001), “a multitude of potential causes and risk factors has been related to maladaptive eating and dieting patterns” without definitive support for hypothesized causes or risks. (Cooley & Toray, 2001). In other words, at present, research on eating disorders is entirely correlational, such that it is impossible to determine which factors are direct causes of the development of an eating disorder. With that said, using surveys, case studies, and longitudinal studies, researchers have begun to pinpoint the most frequent correlations, allowing for scientists to identify possible predictors of eating disorders.

First, predictors of eating disorders may vary based on one’s socioeconomic status, race/ethnicity, geographic location, profession, and various other demographic factors. One of the most interesting predictors of an eating disorder – as determined by Dr. Ken Weiner, founder and medical directors of the Eating Recovery Center in Denver, Colorado – is one’s temperament. Specifically, one’s temperament is considered by Dr. Weiner to be one’s natural “hard wiring” which is responsible for many behaviors, attitudes, and personality traits. Those who develop an eating disorder tend to display the following characteristics: obsession with

perfectionism, low self-esteem, and avoidance of high risks. Additionally, those who are more likely to develop an eating disorder tend to be deeply empathetic and emotional such that they are highly sensitive individuals and may be easily offended by their own imperfections.

In addition to one's temperament, experts and researchers have found a link between early trauma and the development of an eating disorder. Specifically, trauma experienced at a young age, may disrupt the stages of development and result in a depressed ego which may cause an individual to become psychologically vulnerable to additional mental health problems such as an eating disorder. For example, in one study conducted by O'Brien et al. (2017) participants who reported a traumatic event of food insecurity during childhood were more likely to report having an eating disorder between the ages of 9 and 22 years of age. To explain this phenomenon, researchers hypothesize that the impact of trauma may increase the individual's susceptibility to internalizing behaviors such as anxiety and depression, as well as a deep need for control, attention, approval, and perfectionism – all characteristics which are linked to eating disorders.

Socio-ecological components may also act as predictors of eating disorders. For example, a dieting parent or family member may influence a child or young adult to also begin a dieting routine. Likewise, a parent who is obsessed with exercise, weight, and body image may project those beliefs on their child, encouraging them to develop similar obsessions. This concept extends to friends, cliques, and social groups as well. Specifically, those who participate in social circles valuing beauty, weight, health, and nutrition are more at risk of developing an eating disorder than those who participate in social circles valuing diversity and the exploration of food and body types. (Lynn Sucher, MC, LPC, CEDS, NCC)

Warning Signs

Before an individual progresses into experiencing a fully diagnosable eating disorder, there are often existing symptoms and characteristics of a negative and/or obsessive and unhealthy relationship towards food, eating, weight, or body image. These signs are often insidious and may go unnoticed and unmonitored for weeks to months before an individual is demonstrating characteristics extreme enough to warrant a diagnosis. Thus, the current section reviews warning signs which may signal the onset of an eating disorder.

First, it is important to understand that signs and symptoms of an eating disorder are not purely physical. In fact, initial symptoms may appear as behavioral or even emotional. For example, behaviors and attitudes towards food, weight loss, dieting, and body image can be the first indicator of a developing problem. Individuals who suddenly change their diet or eating habits may be in the first stages of developing an unhealthy and negative relationship with food. These individuals may begin discreetly counting calories, declining offers for preferred foods, and restricting entire categories of food such as carbohydrates, fats, dairy, or gluten.

Individuals may begin to demonstrate unusual behaviors related to eating such as preferring to eat alone, skipping meals, engaging in food rituals or fasting. In addition, changes in nutrition may prompt changes in hormonal balances which may cause emotional difficulties including mood swings, depression, anxiety, and mania. Severe mood changes, coupled with changes in eating habits, should not be taken lightly and do warrant intervention. (Please note: Although eating habits and behavioral changes may indicate signs of something more serious, it is important to consider other factors such as religious fasting, medical diets, allergies, and other lifestyle choices when determining whether concerns are significant and indicative of an eating disorder.)

Once a pattern of disordered eating has been established, physical symptoms begin to appear and can be clear indicators of the progression of an eating disorder. The most common physical symptoms may include frequent fluctuation in weight, stomach pains, difficulties with concentration, dizziness, difficulty sleeping, dental problems such as erosion and tooth sensitivity, and brittle hair/nails. In women, complications may also include dysregulation of menstrual cycle (e.g., irregular periods, missed periods, or changes in blood cell counts).

Depending on the eating disorder, warning signs may vary in nature and may indicate the type of eating disorder one is at risk for. The following information reflects possible warning signs of eating disorders with respect to the diagnosable disorder they are likely to be associated with.

Anorexia Nervosa is characterized by body dissatisfaction and an obsessive need to lose weight. Weight loss, dressing in layers, preoccupation with weight, food, calories, fat grams, dieting, resistance or inability to maintain an appropriate/medically healthy body weight, and excessive exercise may be the first warning signs of emerging Anorexia Nervosa. Other warning signs may include comments regarding distorted body image, calorie counting, purging, and denying hunger or that one is hungry (National Eating Disorders Association 2021).

Likewise, binge eating, purging behaviors, drinks excessively, evidence of calluses on the back of hands and knuckles, and dental problems may suggest Bulimia Nervosa. Evidence of binge eating may include significant weight gain in a short period of time, witnessing one eating large amounts of food in one sitting, and finding hidden stashes of food or numerous empty food wrappers at once. As for purging – Bulimia Nervosa’s behavioral counterpart – warning signs might include frequent trips to the bathroom after meals, signs and/or smells of vomiting or usage of laxatives or diuretics. Individuals who demonstrate purging behaviors may frequently

use mouthwash, chew gum, or consume mints in excess. Additionally, individuals may demonstrate consumption of excessive amounts of water or non-caloric beverages to avoid suspension and hunger. Other signs that bingeing and purging may be occurring include suspicious or secretive behaviors such as stealing and hoarding food, disgust towards foods previously preferred, and the sudden adoption of strict eating schedules.

Although the aforementioned warning signs are discussed here with respect to their high correlation to the two most prevalent eating disorders, these warning signs may be indicative of lesser-known eating disorders and are not disorder-specific. When evaluated in context, specific warning signs may indicate the presence of a lesser-known and talked about eating disorders such as Avoidant Restrictive Food Intake Disorder (ARFID), Pica, or Rumination Disorder.

ARFID, for example, is similar to Anorexia Nervosa and involves strict limitation of the amount of food and the type of food that is consumed without distress about body shape or size. Warning signs of ARFID may include symptoms associated with Anorexia Nervosa such as dramatic weight loss; however, there may be additional signs of disorder such as an extremely limited range of preferred foods which starts to become narrower over time, fears of choking or vomiting, and frequent constipation or abdominal pain.

Pica is an eating disorder involving persistent eating of substances which are widely considered non-edible and are not supported socially or culturally as forms of nutrition. Substances may include paper, soap, cloth, hair, string, wool, chalk, paint, ice, or clay. Warning signs of Pica may involve physical illness such as weight loss, vomiting, and food avoidance which may be seen in Anorexia Nervosa or Bulimia Nervosa. However, these behaviors are often effects of malnutrition or toxins.

Rumination Disorder is an eating disorder characterized by regurgitation of food for the sake of sensory input or re-experiencing food. Warning signs of this disorder may mimic signs and symptoms of Bulimia Nervosa such as induced vomiting, tooth decay and sensitivity, and secretive eating habits. However, in Rumination Disorder, these behaviors are associated with a need to experience sensations and tastes a second time, or multiple times, after already consuming food.

In schools, while it may be challenging to identify warning signs towards specific disorders, there are several subtle signs which may indicate that a problem is occurring. For example, students may attempt to sneak snacks during times in which eating is prohibited or they may throw unopened or barely eaten food away. Some students who are struggling with an eating disorder may suddenly avoid lunch areas, begin to eat alone, or express discomfort about being seen eating. Students may show signs of self-consciousness about eating and may avoid food altogether to alleviate their discomfort. Other signs may include “picking at food” such as pulling food apart, eating only parts of foods, or attempting to arrange food such that it appears it was eaten. For example, a student who eats only the cheese off of their pizza and throws the bread away may be secretly counting calories or avoiding carbohydrate intake. Likewise, a student who routinely goes back for a second serving in the lunch line may be struggling with self-control regarding eating.

In contrast to food related behaviors and signs, students may demonstrate warning signs away from the presence of food. These signs might include excessive time spent in the bathroom after food has been consumed, exercising excessively beyond what is considered “healthy,” endorsing strict diets and exercise regimes, and continually talking about weight and body image in negative or unrealistic ways. Students who are suffering from an eating disorder may begin to

experience unusual body aches and pains, irritability, difficulty concentrating, lack of sleep, changes in appetites, and decreased resilience and school performance. Overtime, students may begin to show signs of physical or mental distress involving decreased mood and enjoyment in social and interpersonal interactions. When these indicators are present for significant amounts of time or appear suddenly in a student who has not previously demonstrated these behaviors or ideas, school faculty should consider the possibility of a significant problem existing and be prepared to intervene, check in with the student, and make attempts to understand and support what the student may be going through.

Outcomes

Although the prevalence of eating disorders has increased considerably in the last two decades, there are very few clinical studies which address the natural progression and prognosis of eating disorders. As stated previously, it would be unethical to study individuals with eating disorders without intervention or treatment. However, using research questionnaires and the current body of knowledge available, researchers are able to outline common correlations and outcomes of eating disorders. O'Brien, K. M., Whelan, D. R., Sandler, D. P., Hall, J. E., & Weinberg, C. R. (2017). Predictors and long-term health outcomes of eating disorders. *PloS one*, *12*(7), e0181104.

The most common outcomes of eating disorders include low body mass index, poor mental health, substance abuse, infertility, pregnancy complications, and lasting medical conditions related to brittle bones, heart conditions, and blood pressure. In the worst cases, an eating disorder can lead to cardiac arrest, or death.

Educationally, adolescents with an eating disorder may have reduced ability to learn. Lack of nourishment diminishes cognitive function. Malnourishment may reduce cognitive development, increase negative behavior, decrease academic and other performance, and lead to mood and personality changes such as irritability, decreased concentration, and failure to process information and memory (National Eating Disorders Association. (National Eating Disorders Association. 2021).

Stigma

Stigma is defined as the negative social attitude attached to a characteristic of an individual that may be regarded as a deficiency by others. Stigma often implies social disapproval and is widely acknowledged to be amongst the strongest barriers against seeking and receiving treatment for an eating disorder. Moreover, stigmatization is associated with increased severity of symptoms and unfavorable outcomes due to high levels of internalizing brought on by alienation and social withdrawal. Sadly, many who suffer from an eating disorder are faced with the social attitudes and disapproval of the majority, who often mistakenly assume that an eating disorder is something that is done willingly and under one's own control.

Researchers who have examined the social stigma associated with eating disorders have found that the stigmatization often results from public misunderstanding of eating disorders and their effects on individuals who have one. In one study, individuals with eating disorders reported being told that they are “silly” or “childish” for having an eating disorder (Griffiths et al., 2015), while others withdrew from social circles for fear of being told they are “silly” or “childish.”

It is theorized, based on research and longitudinal studies, that stigmatized individuals feel that they are “less than” members of society in a world of “full” members of society (Griffiths et al., 2015). When examining stigma in individuals with eating disorders it has been found that individuals experience decreased positive social interactions, increased social anxiety, and high levels of withdrawal from others. Over time, these effects can lead to a life of isolation, life-long mental health complications, and premature death.

In considering the research on stigma and eating disorders, we believe that destigmatizing efforts are crucial to the fight against eating disorders. It is our hope that by empowering educators to talk about eating disorders and to have easy access to educational materials about eating disorders, we can destigmatize the conversation about eating disorders for young people and for future generations. Furthermore, it is our goal to encourage individuals who suffer from disordered eating patterns to feel more confident and comfortable in seeking help and learning about their difficulties in a safe and supportive manner.

School Faculty & Preparedness

Preparedness involves having easy and appropriate access to information, being knowledgeable about local and distant community resources, and demonstrating inclusionary practices within the classroom environment. One common goal of educators is to empower and encourage students to access the world, seek help when needed, and play an active role in their personal learning, growth, and development. In order to support this goal, it is crucial for adults to be able to support and model these practices by having access to information and being able to provide resources and give appropriate guidance when students do seek help. When it comes to eating disorders, this framework of preparedness may involve having access to tangible

informational resources that can be provided to students and families, being aware of resources, companies, and services offered in the community, having a general sense of how to make referrals and recommendations, and introducing school-wide concepts of responsible practices when it comes to food, eating, diet, and exercise.

However, throughout this literature review, we have found several recurring themes surrounding the discussion of eating disorders to suggest that lack of knowledge, stigma, and poor accessibility to resources are common barriers against overall staff preparedness to provide support against eating disorders. As a result, many school support staff are ill-equipped and unwilling to engage in open discussions about eating disorders and how to support them in school-aged children. Moreover, schools and school staff are lacking in provisions and interventions to help students during the school day. The following information provides an overview of in-school support systems which would foster a culture of preparedness and encourage both faculty and students to educate themselves about difficult topics, participate in challenging discussions, recognize when help is needed, and provide resources for recovery.

First, it is important to consider how a student's performance and progress in school may be negatively impacted by the experience of having an eating disorder. Naturally, many schools monitor student performance and progress at the level of grades, discipline, and attendance. When a student's progress suffers or declines, school staff may attribute the cause to failing exams or classes, poor conduct, or missing too many days of school. When it comes to eating disorders, the experience of living through an eating disorder may lead to secondary problems such as inability to learn effectively, decreased academic motivation, behavioral difficulties, and school avoidance.

As stated previously, an eating disorder can significantly impact learning due to a lack of nutrition to the body and brain, declining physical health resulting in tiredness and fatigue, and limited concentration due to obsessive thoughts about weight and eating. Additionally, students who experience an eating disorder may engage in rapidly changing behaviors such as increased defiance and irritability towards others, withdrawal from friends or changing friend groups, and rebellion against rules and routines. In severe cases, research shows that students with an eating disorder are more likely to skip school, arrive at school late, or attempt to leave school early for various related reasons including physical discomfort and mental health difficulties.

In the endeavor to deepen overall school preparedness, school faculty and staff might consider routinely monitoring student progress and behavior at levels beyond grades, discipline, and attendance. Specifically, school staff, especially teachers, should be prepared and capable of recognizing students who engage in repetitive, unusual behaviors which might suggest concerning or disordered eating patterns. For example, these behaviors might include seeking frequent snacks, over eating, under eating, avoiding food, engaging in food secrecy, spending excess time in bathrooms, losing weight rapidly, and gaining weight rapidly. Additionally, school faculty should be attentive to indirect food and diet related behaviors such as constantly talking about weight or body image, engagement in excessive exercise, and decreased social interaction during mealtimes (Muhlheim, 2012).

A individual intentionally not getting the correct amount of nourishment can be socially impacting. Individuals dealing with symptoms that are socially impacted may include isolating themselves from peers and friends, withdrawal from school clubs and activities they previously participated in, and an increase in absences. Absences from school and the inability to focus or retain information will impact the students academic performance and keeping up with the

curriculum which may put them at risk to pass the course, graduate, or pursue post secondary education.

Participants are required to agree to community guidelines and forums are open 24/7 and are monitored by volunteers that are trained. Another resource for students are community support groups. Community support groups provide support and relatability from others ("FREE & LOW COST SUPPORT", n.d.).

One strategy to prompt a classroom wide positive view of food and eating is to allow students to eat during class. Allowing students to have snacks in the classroom provides a safe environment for individuals to make positive memories with peers and eating. Another strategy to prompt positive a classwide positive view of food is providing students with the opportunity to grow food on campus. A positive view of food within the classroom environment begins with offering classroom availability during lunch time for students to have a safe space available to them. Allowing students to have preferred seating near supportive peers when possible allows students to feel more comfortable eating in the classroom. Teachers that give students the opportunity to eat within the classroom allows for students to have a positive look on eating and sharing the experience with others. Another way students can share that experience with others is by providing the students the opportunity to grow a garden at school with their peers. Students growing a garden at school gives them opportunities to experience the process of growing and learning about healthy foods with a hands-on opportunity.

Immediate strategies for teachers to be prepared is to be open to students and families who may be seeking information, guidance, and support. This project offers pamphlets to contribute to the support of school personnel, students, and families by providing information about eating disorders. When talking with the student individually who may present symptoms of

a eating disorders try to avoid focusing on their weight or food but rather try to focus on the individuals feelings. When talking with a individual with a possible eating disorder try to avoid commenting on how they look and try not to demand the individual changes alternately give simple solutions and do not make promises about confidentiality. These pamphlets aims to provide knowledge for eachers to have in addition to resources within the school system. Teachers can reach out to resources at the school including a supportive staff including counselors, psychologist, and social workers to help in a mental health situation.

School staffs can provide support through offering free community resources for additional support. The pamphlets provided in this project outline specific and up to date resources for individuals with eating disorders. The schools district may provide resources for schools to give to students and families. Gaining the support of the community and within the school system can be crucial for adolescents with an eating disorder. If your district does not have these community resources to offer for support it could be beneficial to discuss.

Through the pamphlets provided in this project contributes to the knowledge of the school faculty in learning how to communicate to adolescents who have an eating disorder by understanding that they may deny there is a problem, educate yourself on eating disorders, ask what you can do to help, listen openly and not judgemental, talk with the schools team to discuss how to go about talking with the student, remind the adolescent want to help support them, and demonstrate empathy skills. These pamphlets review subjects of the following topic areas of eating disorders: *Eating Disorders: Understanding Body Dysmorphia, Disordered Eating, and Other Symptoms*, *Eating Disorders: Types & Definitions*, *Eating Disorders: What is Anorexia Nervosa?*, *Eating Disorders: What is Bulimia Nervosa?*, *Eating Disorders: What is Binge Eating Disorder?*, *Eating Disorders: What is Body Dysmorphic Disorder?*, *Eating Disorder: Avoidant /*

Restrictive Food Intake Disorder (ARFID), Eating Disorders: What is Pica?, Eating Disorders: Predictors, Warning signs, & Outcomes, Eating Disorders: Individuals at increased risk, Eating Disorders: Interventions & Supports, Eating Disorders: Seeking Help & Resources, and Eating Disorders: How to Provide School/ Classroom Support.

Prevention and Intervention in Schools

Eating disorders often start in childhood or adolescence and can affect an individual of any gender, age, race/ethnicity, religion, sexual orientation, socioeconomic status, body shape, and weight. Because eating disorders do not discriminate between groups, prevention efforts must target all individuals of all ages and all backgrounds. Furthermore, prevention efforts must occur before the most common ages of onset and in settings which can reach large groups of individuals at once.

One way to prepare schools and combat the negative effects of eating disorders on school performance is to introduce prevention and early intervention programs at an early age, prior to the age-of-onset of most eating disorders. Prevention efforts may serve to teach students about the long-term positive impacts of good physical and dietary health when they first enter school. For example, when students are told that unhealthy choices can lead to impairment in memory, concentration, learning, processing, and comprehension, their intrinsic motivation to engage in healthy eating behaviors may increase due to natural desires to do well in school and be a successful student. Additionally, prevention programs may increase student awareness and help students to understand how to recognize peer difficulties and learn how to advocate for both themselves and others.

FREED's school-based prevention program is designed to inform and empower all members of the school community in their understanding of body, weight, size, and related issues connected to eating disorders. Participants acquire the skills and knowledge of building resilience of unrealistic societal and internal pressures relating to eating disorders while gaining information about resources in order to help the affected people. This focuses on the students understanding what a healthy relationship with their body, food, and exercise means to them and being part of the building and maintaining a healthy school climate.

<https://www.freedeatingdisorders.org/education/>

Like the FREED's program, prevention programs can be simple and might include simple, age-appropriate presentations or lessons about positive health practices and how to make appropriate choices when it comes to food, exercise, and overall health. For example, simply modeling and offering students examples of how to choose foods and activities which support good overall health can promote the educational agenda of "making good choices" while also directly showing students what their bodies need to be healthy and what options are available to them when making a good choice. Additionally, encouraging students to reduce intake of sugary drinks such sodas or juices by offering waters and milks as alternatives to choose from can be a clear and easy way to practice making responsible choices. Additionally, in discussing food and eating, clearly explaining how to identify signs when one is hungry versus full can reduce the confusion about when to know how to start and stop eating. Finally, providing opportunities to try a wide range of physical activities through physical education programs allows students to learn a variety of ways to exercise and increases the chances of students identifying sports and activities which they would enjoy and choose to participate in often.

In contrast to prevention programs, early interventions increase the chance of fast and full recovery before the problem becomes clinically significant. *The Body Project*, *The Healthy Weight Intervention*, and *Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too* (Carcieri, 2022) is a meta-program consisting of multiple smaller programs and has demonstrated effectiveness in helping children and teens to decrease focus on body image, eating, fitness, and weight concerns while standing up against the ideal standard of female beauty and promoting energy balance to impact lasting improvements in dietary intake and physical activity. Like prevention programs, early interventions can be multifaceted and may lead to positive outcomes and learning opportunities for both adults and children. For example, early interventions serve to encourage both faculty and students to become aware of signs and symptoms which may be especially apparent in the school environment while also allowing for school personnel to be aware of local treatment options and available resources to facilitate early clinical identification of significant disorders. Early interventions might include group counseling programs or clubs for healthy eating and physical health, referrals to outside professional agencies, participation in a class or presentation, or the development of accommodation and supports for a student during their school day.

School prevention and intervention of eating disorders, as well as the promotion of healthy eating and lifestyle are important goals of this project. However, these efforts must be conducted carefully, as there are strategies which can send harmful messages rather than helpful messages. Old school practices such as weighing students during Physical Education classes, calculating student body mass index (BMI), and overtly encouraging weight loss may contribute to adolescents feeling shame, distress, or elevated risk for eating disordered behavior (Carcieri,

2022). In fact, programs like this have not been correlated with weight loss but have instead been associated with future weight gain.

In the article “Mirror-Mirror,” the authors cite findings by the Centers for Disease Control and Prevention (CDC) which indicate a lack of evidence to support school-based BMI screening as a prevention method. They further acknowledge the potential for these programs to cause harm via increased stigma or pressure to engage in risky diet behaviors and outline strict safeguards that should be in place for schools that choose to implement BMI screening (Carcieri, 2022).”

In our view, prevention and intervention efforts should fade away from the focus on weight loss and instead utilize the ideology of teaching and encouraging behaviors that have been shown by science to improve overall health and the well being of students. This ideology is outlined by the Academy for Eating Disorders (AED) and the National Association of Anorexia and Associated Disorders (ANAD) and includes guidelines for childhood obesity prevention programs which encourage healthy eating and regular physical activity rather than weight. (Carcieri, 2022). These guidelines include ideas for integrating prevention programs with other various school programs such as anti-bullying and anti-drug campaigns which also encourage unity, support, and inclusion and would allow for schools to take on a multidimensional approach to student well-being.

In sum, providing programming for the prevention of eating disorders in schools could help to prevent and reduce the incidence of eating disorders in adolescents. Based on Harvard’s school of Public Health, “If schools included eating disorder prevention along with other health initiatives already in schools across the country, countless children and families could be spared the devastating effects of eating disorders.”

<https://www.hsph.harvard.edu/stripped/promote-eating-disorders-prevention-in-schools/>. It

is important to note that while the risk factors of developing an eating disorder are complex in nature and not all eating disorders can be prevented, risk factors can be reduced, and prevention programs can effectively increase knowledge of eating disorders and how to combat them (Carcieri, 2022). Furthermore, eating disorder prevention programs can serve to improve childhood and adolescent body image and foster community support for those who do develop an eating disorder.

Effective Communication and Active Listening Skills

Active listening and communication skills are essential for an effective support system. Providing students a safe environment includes delivering positive messages about body image, healthy eating, and exercise behaviors. Schools engaged through media literacy programs and relevant content in the curriculum. Specifically, schools are informed about eating disorders in programs including targeted audiences like dance teams, cheer teams, participants in the gym, and sporting clubs. Without the provided support and communication unintentional misconceptions about eating disorders can arise which can directly impact a student by distress, discouragement, and shame to the person who is seeking help (National Eating Disorder Collaboration March 6, 2022).

Active listening skills builds connections and demonstrates sincerity for what is being said. This builds into the consistent conversations and check-in with the student recovering from an eating disorder. Active listening skills involves paying attention, showing that you're listening, clarifying questions, and deferring judgment. Paying attention and showing that you're listening involves maintaining eye contact, using non verbal gestures, and asking checking for

understanding. Active listening can help you collaborate more effectively with the student and leaves the student with a positive impression of the conversation. Individual confining about their situation, asking clarifying questions can indicate involvement in the conversation and reflect the individuals feelings. Deferring judgment to provide a comforting area for the individual. Paying attention involves eye contact, open stance, and nonverbal cues, this provides the individual with a sense that the individual is active in the conversation. Asking clarifying questions including open-ended questions, probing questions, and paraphrasing the individual is crucial in active listening and displays interest in the conversation. Deferring judgment is critical when talking with individuals with eating disorders based on the circumstances this individual is coming to discuss they may not have similar support in other factors. The NEDA Feeding hope. discusses individuals with a eating disorder feel constantly judged. Judgement often closes a person off to the conversation and can make them feel shamed.

Teachers that actively listen to students create a safe environment for individuals to express what they are going through with a eating disorder without judgment. Teachers can demonstrate empathy by being understanding and making accommodations when necessary for extending due dates, offer breaks, and preferred seating. Providing students with extensions while they are recovering from an eating disorder and alleviate some stress and tension they may be experiencing.

While students are struggling with an eating disorder it is crucial for school personnel to encourage students to maintain a healthy communication with their support systems including, family, friends, and the school. School personnel that learn skills to communicate effectively as a member of the student's support system can increase the likelihood of individuals having better, long-lasting recovery outcomes. Effective communication involves important factors including

communicating often, using active listening skills, having recovery-focused conversations, and providing compassion. Communicating often provides the student with a safe space they can consistently and continuously communicate gives the students a space for them to continue conversations and continuous check-ins. Active listening involves being present in the conversation and asking clarification questions and providing resources. Avoiding conversational topics of setting healthy boundaries in these topics and having recovery-focused conversations is influential. School personnel should understanding how to discuss weight gain or loss, physical appearance, or foods you eat affect a person who is recovering from an eating disorder. Providing a safe space for students to have open communication is crucial. Conversations involving compassion builds on the essential of a safe environment for the student to have an open conversation.

Teachers are some of the most influential people in adolescence lives. They provide knowledge, support, and guidance. Frequent communication with students provides a safe environment. Essential soft skills for teachers refers to their qualities that can be developed overtime to help teachers and staff become more connected with students. Communication is a significant soft skill to have as a teacher to effectively do their job with talking to a variety of different people. Specifically, with adolescents that have an eating disorder, communication is potentially impactful. Teachers aware of signs and symptoms of eating disorders can use communication as a key factor to create a safe environment.

It's essential for teachers to be mindful when communicating with adolescents with an eating disorder and engage in active listening skills. Teachers should be mindful of judgments or one- sided information or topics about food, weight, shape, and appearance. These topics may come up during individual conversations or classroom discussions. Commenting on a student's

recent weight loss, through can be well-intended, can contribute to the idea that appearance is their most important quality. Teaching students about fats and sugars should be avoided and does not educate students on moderation and can be associated with causing students to feel guilt.

Chapter III

Methodology

Introduction

School psychologists are trained to demonstrate high quality mental and behavioral health services in the school setting to ensure all students have the support they need to be successful in school, at home, and throughout life. Informing teachers and school staff about eating disorders, provides a wider array of support for students. This project was created to support school personnel in supporting adolescents and families of individuals with an eating disorder. This project includes types of eating disorders to educate individuals of the differences in the types, warning signs, outcomes, and prevention and interventions.

This project offers multiple ways of supporting individuals with an eating disorder including empathy, effective communication, and active listening skills. Increasing awareness of eating disorders within the school setting supports school preparedness. Social media within our society focuses on the standard of beauty as looking a specific way and individuals who are not those standards may reflect a negative view of their self. There has been a rise of social media and the younger individuals participating in social media sites, which eating disorders have been closely associated with the importance of gaining knowledge and understanding about eating disorders is crucial in prevention and early intervention.

This project views the pressures placed on athletes and how their bodies should look and perform a certain way. The pressure placed on athlete adolescents for what their bodies should be can be impossible to reach. Sociocultural factors and societal expectations can increase the risk of an eating disorder in specific populations of individuals. There are various factors which contribute to this growing trend including but not limited to the emphasis on health and fitness,

weight categories in certain sporting professions, public image, psychological stressors, and the overall culture and expectations maintained within the sporting industry. Male and females can develop a eating disorder and it is crucial to not stereotype having a eating disorder to a specific gender.

Project Development

After working as a school psychologist fieldwork and intern student, it was clear there was a lack of awareness of eating disorders specifically, within the high school setting. Part of our job as school psychologists and school personnel is to have a foundation of knowledge in a variety of topics including eating disorders. Eating disorders can be impactful to individuals academic performance and achievement. Although eating disorders are different for all individuals with a eating disorder and are not entirely preventable, early prevention and interventions support individuals throughout their progress. Students can benefit from the use of prevention techniques and early interventions to support their positive self-thinking and broaden useful ways in improving their self-esteem.

These pamphlets outline specific topics including warning signs, empathy, awareness, strategies, and information about specific eating disorders for supporting students. The purpose of these pamphlets for the school personnel to learn about warning signs and symptoms, prevention techniques, and intervention strategies for creating a supportive environment and providing knowledgeable guidance for students with an eating disorder.

Throughout our time at CSU Northridge School Psychology program, there is a emphasis in supporting students with having the knowledge in various topics. This project is comprised of materials from the School Psychology program, CSU Northridge classroom materials and

required reading, PsycINFO and PsycARTICLES, and outside research articles for up to date research findings regarding eating disorders.

Throughout these pamphlets there are research studies, texts, and articles collected to understand the concepts and information about eating disorders. The information provides a curriculum of information for school psychologists and staff focusing on individuals with eating disorders specifically, adolescent women in junior high and high school. Eating disorders are severe conditions that often affect young people during a developmentally important stage in life (Lindstedt et. al., pg. 1, 2018) and are associated with long-term complications including decreased mental and physical health, poor quality of life, and increased mortality rates (Barile, J. P. 2015). Because the age of onset typically occurs in childhood and adolescence, it should not be surprising for schools to find that their students may be the victims of such disorders.

Intended Audience

This project is intended for school psychologists and school personnel to use when working with junior high and high school students who are at-risk or currently have an eating disorder and require additional support. Within the school setting, school personnel should be prepared to support students with a variety of knowledge. This pamphlet should provide a range of knowledge when working with individuals with or at-risk of developing eating disorders. These pamphlets includes information regarding types of eating disorders, warning signs, outcomes, prevention and intervention, empathy, effective communication and active listening skills, and support and safety.

This project's pamphlet provides a foundation of knowledge about eating disorders and resources and techniques for supporting students. Although little attention is given to eating

disorders in the field of education, it impacts student behavior, academic achievement and school attendance is significantly and negatively impacted by an eating disorder. Specifically, students with eating disorders often experience difficulties with concentration, memory and information processing; skills which are necessary for academic success. Students may also become irritable, socially withdrawn and apathetic, and they may experience fatigue and develop a poor overall immune system due to poor nutrition.

Personal Qualifications

It is recommended that when supporting a student with or at-risk of an eating disorder to collaborate with a school psychologist or school counselor with a credential. These pamphlets is designed to guide teachers and school personnel by offering support and guidance to the individual with an eating disorder as well as things to think about prior to the individual having an eating disorder. After the schools personnel have the foundational support the schools counselor or school psychologist can offer guidance for helping the individual and high levels of support for the student, if necessary. A background of these studies is helpful in specific situations where the student may be dealing with additional problems as a result of their eating disorder therefore, need a higher level of support from knowledgeable, trained, and credentialed personnel. School psychologists and school counselors have the experience and a credential with a variety of knowledge of the mental health aspect of students which is helpful in discussing and developing support for the students.

Environment and Equipment

Strategies and support can be provided within a private classroom where confidentiality can be maintained. School personnel should be aware that they are required to be mandated reporters. If a student discloses they are a threat to themselves, negligent treatment or maltreatment, or there is abuse the school personnel required to make a report. (CA Dept of Education, 2022). The student needs to know and understand the rules of confidentiality and its limits. School personnel should consult with a trained employee to best support the students. These pamphlets should be used as a starting point for introducing and learning about eating disorders.

Project Outline

Supporting individuals with eating disorders in this project have been subdivided into various areas of research. The following presents and serves as an outline for the project's pamphlet series and hopes to serve school psychologists, teachers, and other school personnel in regards to supporting individuals with eating disorders within the school setting.

Chapter one aims to discuss the importance of educating school personnel on eating disorders to help students in need. This chapter's learning objectives include the need for knowledge of eating disorders and the terminology of different types of eating disorders. This first section will provide a definition of the term Eating Disorder. In addition, it will review the most up to date definitions of medically recognized eating disorders, as well as nationally and internationally founded statistics regarding eating disorders.

Chapter two includes the core knowledge of supporting students with eating disorders. Specifically, this includes the schools lack of preparedness and the importance of being prepared, the knowledge of types of eating disorders and their prevalence, predictors and warning signs,

outcomes of eating disorders, prevention and interventions, empathy and effective communication and listening skills, and the support and safety for students.

Chapter three focuses on the development of the project and pamphlets to offer a variety of knowledge of individuals with an eating disorder. This involves an in depth and research based knowledge of information to support individuals with eating disorders. The pamphlets table of contents is provided at the end of this chapter.

Chapter four addresses an overall summary of the knowledge learned from this project and how it relates to the field of working within a school setting with individuals that have an eating disorder. This chapter also focuses on future research and how necessary it is to have. Future research can lead to further assisting individuals with eating disorders in regards to prevention and intervention techniques and strategies as well as additional research.

The following presents a table of contents for the pamphlets:

- I. Eating Disorders: *Understanding Body Dysmorphia, Disordered Eating, and Other Symptoms*
 - A. *What is disordered eating?*
 - B. *What are compensatory behaviors?*
 - C. *Physical and mental health complications*
 - D. *What is body dysmorphia?*
- II. Eating Disorders: *Types & Definitions*
 - A. *Higher incidence disorders (Anorexia, Bulimia Nervosa, and Binge Eating Disorder)*
 - B. *Lower incidence disorders (Body Dysmorphic Disorder, Avoidant/Restrictive Food Intake Disorder, and Pica)*
 - C. *Other disorders (Rumination disorder and Other Specified eating disorder)*
- III. Eating Disorders: *What is Anorexia Nervosa?*
 - A. *Definition of Anorexia Nervosa*
 - B. *Warning signs and symptoms*
 - C. *Criteria from the DSM-5*
 - D. *Health consequences of Anorexia Nervosa*
- IV. Eating Disorders: *What is Bulimia Nervosa?*
 - A. *Definition of Bulimia Nervosa*
 - B. *Types of Bulimia Nervosa*

- A. *Warning signs*
- B. *Predictors*
- C. *Outcomes*
- X. Eating Disorders: *Individuals at increased risk*
 - A. *Genetics/Biological Factors*
 - B. *Psychological Vulnerability*
 - C. *Socio-Cultural Factors Pressures*
 - D. *Risk Factors*
 - E. *Food and Eating Habits*
- XI. Eating Disorders: *Interventions & Supports*
 - A. *Outpatient Treatment*
 - B. *Therapy Techniques*
 - C. *Residential Treatment*
 - D. *Inpatient/Hospital Treatment*
- XII. Eating Disorders: *Seeking Help & Resources*
- XIII. Eating Disorders: *How to Provide School/ Classroom Support.*
 - A. *Strategies in the classroom*
 - B. *How Eating Disorders Impact Individuals in the classroom*
 - C. *Interventions*
 - D. *Resources*
 - E. *School Wide Support*
 - F. *Support*
- XIV. Eating Disorders: *Support in the Home*

E. Tips on Maintaining Good Health and Stability

F. Mealtime Tips

G. Support

H. Communication

In addition each pamphlet includes resources for immediate support including the NEDA Feeding hope. Website and hotline.

Chapter IV

Project Overview

This project is presented as a support and guidance for school personnel, students, and parents to provide information regarding individuals with eating disorders or at-risk of developing an eating disorders. This project is structured in pamphlets to provide specific research based information of various topics in eating disorders. These pamphlets are provided to encourage school personnel, students, and parents to gain the knowledge of how to support and understand individuals with a eating disorder. It's important to support students by understanding what the individual is going through and simple steps to improve the school or home environment to be aware of sensitive triggers. Understanding what the individual is going through with the knowledge of signs, symptoms, and different types of eating disorders. These pamphlets also provide outcomes of individuals having a eating disorder to provide knowledge of how a eating disorder is impacting individuals educationally, mentally, and physically.

The pamphlets include the following information: *Eating Disorders: Understanding Body Dysmorphia, Disordered Eating, and Other Symptoms*, *Eating Disorders: Types & Definitions*, *Eating Disorders: What is Anorexia Nervosa?*, *Eating Disorders: What is Bulimia Nervosa?*, *Eating Disorders: What is Binge Eating Disorder?*, *Eating Disorders: What is Body Dysmorphic Disorder?*, *Eating Disorder: Avoidant / Restrictive Food Intake Disorder (ARFID)*, *Eating Disorders: What is Pica?*, *Eating Disorders: Predictors, Warning signs, & Outcomes*, *Eating Disorders: Individuals at increased risk*, *Eating Disorders: Interventions & Supports*, *Eating Disorders: Seeking Help & Resources*, and *Eating Disorders: How to Provide School/ Classroom Support*.

The pamphlets are included in the submission of this project and also in Appendix A for viewing. These pamphlets are designed to provide beginning information of eating disorders for individuals to use as a resource. These pamphlets are designed for informational and educational purposes; they are not intended to be a source of professional diagnosis, intervention, or treatment. If someone is suspected of having an eating disorder it is encouraged to seek medical care from a licensed doctor or physician. These pamphlets provide resources for taking these steps including the NEDA Feeding hope. Website and hotline for immediate support.

Chapter V

Summary, Recommendations & Conclusion

Summary

It is widely recognized that many adolescents in middle school and high school experience feelings of self-consciousness about how they look at some point during their development. These feelings generally begin to arise between the ages of 12 and 20 but can occur as early as the elementary years and well into adulthood (Merikangas KR et. al, 2010). This may occur due to exposure to media, bullying, comparison of oneself to others, or other social factors such as participation in sports, acting, or other social circles. Raising awareness of eating disorders provides opportunities for increased strategies and support systems for prevention and interventions available for students. The role of a school psychologist is to provide resources and knowledge of a variety of topics to school personnel, parents, and students. School psychologists aim to help all students succeed academically, socially, and behaviorally within the school setting.

This project was created to develop a resource for school personnel, students, and families to gain knowledge of eating disorders. The topic of eating disorders is largely underrepresented in the school setting. These pamphlets not only provide up to date research on prevention strategies, signs and symptoms, interventions and resources for individuals with an eating disorder but they serve as informative supports for educators who may not be experienced or trained to help students who suffer from one of these harmful and preventable disorders. These pamphlets are devoted to enhancing and emphasizing the importance of supporting and understanding students and their needs along their path to recovery. This project advances current appreciation, understanding and preparedness surrounding eating disorders in children

and adolescents, with a primary goal of improving the level of support this population of students receives in school. The pamphlets are developed as a result of this project are meant to serve as an enhancement to general staff training regarding student wellness, physical health, and social-emotional development.

Recommendation

This project aims to inform school personnel, families, and students of beginning knowledge about eating disorders. We recommend that students or other individuals who are experiencing signs, symptoms, and challenges consistent with an eating disorder to reach out to adults and professions for support, contact their primary care physician, and contact a help hotline for immediate support. Contact the NEDA Helpline for support, resources, and treatment options for yourself or a loved one who is struggling with an eating disorder. Helpline volunteers are trained to help you find the support and information you need.

Conclusion

This project was designed to educate the knowledge of school personnel, families, and students of eating disorders. This project provides pamphlets of in depth information of specific eating disorders and additional information regarding eating disorders. The pamphlets provide immediate support resources including call or text hotlines and websites for additional support.

The designers of this project collected up to date research based data on information regarding eating disorders and support resources for individuals with a eating disorder. The pamphlets included are: *Eating Disorders: Understanding Body Dysmorphia, Disordered Eating, and Other Symptoms*, *Eating Disorders: Types & Definitions*, *Eating Disorders: What is Anorexia Nervosa?*, *Eating Disorders: What is Bulimia Nervosa?*, *Eating Disorders: What is Binge Eating Disorder?*, *Eating Disorders: What is Body Dysmorphic Disorder?*, *Eating Disorder: Avoidant /*

Restrictive Food Intake Disorder (ARFID), Eating Disorders: What is Pica?, Eating Disorders: Predictors, Warning signs, & Outcomes, Eating Disorders: Individuals at increased risk, Eating Disorders: Interventions & Supports, Eating Disorders: Seeking Help & Resources, and Eating Disorders: How to Provide School/ Classroom Support.

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What is body dysmorphia?

An extreme disparagement of some aspect of appearance that is not supported by the objective evidence. There may be only a mild defect in the body feature or, in extreme cases, there may be no objective evidence of any malformation or oddity of appearance

Eating disorders can affect people of all ages, genders, races religions, ethnicities, sexual orientations, body shapes and weights.

Eating disorders are both physical and mental disorders by nature.

Eating disorders can be caused by various factors including biological, psychological, and sociocultural factors.

For more information & support:

<https://anad.org>

<https://www.nationaleatingdisorders.org>

all/Text: (800) 931-2237

PLEASE NOTE: THIS PAMPHLET IS DESIGNED FOR INFORMATIONAL/EDUCATIONAL PURPOSES AND IS NOT INTENDED TO BE A SOURCE OF PROFESSIONAL DIAGNOSIS, INTERVENTION, OR TREATMENT. IF YOU SUSPECT YOU OR SOMEONE YOU KNOW IS SUFFERING FROM AN EATING DISORDER, IT IS ENCOURAGED TO SEEK MEDICAL CARE FROM A LICENSED DOCTOR OR PHYSICIAN.

(American Psychiatric Association, 2013)

Eating Disorders: Understanding body dysmorphia, disordered eating, & other symptoms

DESIGNED & CREATED BY:
LUCILLE PRINCE
& MIKAYLA HEUCHERT

What is disordered eating?

The phrase disordered eating represents a wide range of eating behaviors which may be considered unusual and may result in negative health effects and psychological trauma

- binge eating
- purging
- excessive fasting
- self-starvation
- restrictive dieting
- guilt after eating
- rigid food rituals and routines

What are compensatory behaviors?

Behaviors meant to compensate or "un-do" eating and eating related guilt, anxiety or psychological discomfort.

- purging after eating
- misuse of diuretics/laxatives
- diet pills/medication abuse
- self-starving for a period of time after eating
- exercising rigorously and to the point of exhaustion

Physical and mental health complications:

Disordered eating behaviors are commonly accompanied by physical health changes and a significant decline in mental health.

- mood swings/irritability
- fatigue/feelings of being weak
- headaches/migraines
- sudden & significant weight loss
- hair loss and/or brittle hair/nails
- loss of interest in social activities & personal hobbies
- excessive fixation on weight/body
- intense feelings of anxiety and/or depression related to weight, body dissatisfaction, guilt, eating, a need for control, etc

Statistics

Eating disorders are thought to affect at least 9 percent of the population worldwide.

It is estimated that 9 percent of the U.S. population will have an eating disorder in their lifetime. That amounts to approximately 71 million people worldwide and 30 million people in the United States.

That amounts to approximately 71 million people worldwide and 30 million people in the United States.



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(NEDA, 2018)

(American Psychiatric Association, 2013)

Eating Disorders: Types & Definitions



An eating disorder is any disorder characterized primarily by a pathological disturbance of attitudes and behaviors related to food, including anorexia nervosa, bulimia nervosa, and binge-eating disorder

**DESIGNED & CREATED BY:
LUCILLE PRINCE
& MIKAYLA HEUCHERT**

Higher Incidence

Anorexia Nervosa

is an eating disorder, occurring most frequently in adolescent girls, that involves persistent refusal of food, excessive fear of weight gain, refusal to maintain minimally normal body weight, disturbed perception of body image, and amenorrhea

Bulimia Nervosa

an eating disorder involving recurrent episodes of binge eating followed by inappropriate compensatory behaviors (e.g. self-induced vomiting, misuse of laxatives, fasting, excessive exercise)

Binge Eating Disorder

a disorder marked by recurring discrete periods of uncontrolled consumption of abnormally large quantities of food and by distress associated with this behavior

Lower Incidence

Body dysmorphic disorder

is a distinct mental disorder in which a person is preoccupied with an imagined physical defect or a minor defect that others often cannot see

Avoidant/Restrictive Food Intake Disorder (ARFID)

Extremely picky eaters and have little interest in eating food. They eat a limited variety of preferred foods, which can lead to poor growth and poor nutrition. ARFID usually starts at younger ages than other eating disorders. Unlike anorexia and bulimia, which are more common in girls, boys are more likely to have ARFID.

Pica

an eating disorder that involves eating items that are not typically thought of as food and that do not contain significant nutritional value, such as hair, dirt, and paint chips.

Other

Rumination disorder

is defined by the regurgitation of recently eaten food. Someone with this problem will often eat meals normally. But after about 1 or 2 hours, undigested food comes back up into the mouth from the food pipe (esophagus). The person may rechew and reswallow the food.

Other Specified eating disorder (OSFED)

is an eating disorder classification for those who do not meet the diagnostic criteria for any other eating disorders. Individuals with OSFED may present with disturbed eating habits, a distorted body image, overvaluation of body shape and weight, or an intense fear of gaining weight.

Anorexia Nervosa

is an eating disorder, occurring most frequently in adolescent girls, that involves persistent refusal of food, excessive fear of weight gain, refusal to maintain minimally normal body weight, and disturbed perception of body image

Anorexia can affect anyone at any point in their lifetime

Anorexia has the highest mortality rate of any eating disorder, many resulting from suicide

33-50% of those who suffer from anorexia also experience a mood disorder such as depression and anxiety

50-80% of anorexia is caused by genetic factors

The lifetime prevalence of anorexia is three times higher amongst females than males

Men are less likely to seek and receive help/treatment than women

EATING DISORDERS CAN AFFECT PEOPLE OF ALL AGES, GENDERS, RACES RELIGIONS, ETHNICITIES, SEXUAL ORIENTATIONS, BODY SHAPES AND WEIGHTS,,

IT IS NOT SAFE TO ASSUME A PERSON HAS OR DOES NOT HAVE AN EATING DISORDER JUST BY LOOKING AT THEM.

WEIGHT IS ONLY ONE PIECE OF THE PUZZLE!

AN INDIVIDUAL IS OFTEN STRUGGLING LONG BEFORE THEY PRESENT WITH PHYSICAL SYMPTOMS, WEIGHT LOSS, AND SEVERE MENTAL DECLINE.

For more information & support:

<https://anad.org>

<https://www.nationaleatingdisorders.org>

all/Text: (800) 931-2237

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(NEDA, 2018)

(American Psychiatric Association, 2013)

Eating Disorders: What is Anorexia Nervosa?



DESIGNED & CREATED BY:
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Warning Signs & Symptoms

dramatic weight loss in a short period of time.

dresses in layers to hide weight loss or to stay warm

is preoccupied with weight, food, calories, dieting.

refuses to eat certain foods and/or entire food groups (carbs, fats) / or refuses to eat at all.

expresses dissatisfaction with body and weight even after weight loss.

engagement in rigorous and extreme exercise despite exhaustion.

demonstrates an intense need for control.

difficulties concentrating.

dizziness/fainting.

amenorrhea (irregular periods)

To be diagnosed with Anorexia Nervosa, according to the DSM-5,

one must meet the following criteria:

Restriction of energy intake relative to requirements leading to a significantly low body weight in the context of age, ex, developmental trajectory, and physical health.

Intense fear of gaining weight or becoming fat, even though underweight.

Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

important: even if all the DSM-5 criteria are not met, a serious eating disorder can still be present

health consequences of Anorexia Nervosa:

Anorexia is a cycle of self starvation which the body is denied the essential nutrients required to function normally.

Untreated, anorexia nervosa can result in

Malnutrition

Organ failure

brittle nails/hair

electrolyte imbalance

Irregular heartbeat

chronic constipation

hormonal imbalance

long term sleep

deprivation

Anemia

weakened immune system

cardiac arrest

in the worst cases, anorexia nervosa can result in

death

Bulimia Nervosa

An eating disorder involving recurrent episodes of binge eating followed by inappropriate compensatory behaviors (e.g. self-induced vomiting, misuse of laxatives, fasting, excessive exercise)

Nearly half of bulimia patients have a comorbid mood disorder

Individuals are typically overly preoccupied with thoughts about their weight and body type

Bulimia has long-term side effects which can impact physical and reproductive health

Bulimia affects both men and women

Development of bulimia nervosa has been correlated to genetic predisposition

THERE ARE TWO TYPES OF MEDICALLY DIAGNOSABLE BULIMIA NERVOSA:

1. PURGING TYPE - INVOLVING SELF-INDUCED VOMITING/USE OF PURGING SUBSTANCES
1. NONPURGING TYPE - INVOLVING FASTING OR EXERCISE WITHOUT REOCCURRING PURGING

BULIMIA NERVOSA IS CHARACTERIZED BY EATING LARGE AMOUNTS OF FOOD IN SHORT AMOUNTS OF TIME FOLLOWED BY A COMPENSATORY BEHAVIOR TO RID THE BODY OF THE FOOD. SIMILAR TO ANOREXIA NERVOSA, BULIMIA NERVOSA HAS CHARACTERISTICS OF INDUCING ONESELF TO VOMIT AFTER EATING AS TO AVOID LOSING WEIGHT, WHILE BINGE EATING DISORDER OFTEN INVOLVES GAINING LARGE AMOUNTS OF WEIGHT DUE TO EXCESSIVE CALORIE INTAKE.

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Eating Disorders: What is Bulimia Nervosa?



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Binge eating is characterized by the following:

Eating, in a discrete period of time (e.g., within a two hour period), an amount of food that is definitively larger than what most people would eat during a similar period of time and under similar circumstances.

Lack of control over eating during the episode (e.g., a feeling that you cannot stop eating, or control what or how much you are eating).

Compensatory Behavior is characterized by the following:

Recurrent inappropriate behaviors after binging to prevent weight gain such as the following:

- **self-induced vomiting**

- **misuse of laxatives, diuretics, or other medications**

- **excessive exercise, despite physical exhaustion**

- **fasting**

To be diagnosed with Anorexia Nervosa, according to the dsm-5,

... one must meet the following criteria:

A. Recurrent episodes of binge eating characterized by eating large (more than normal) amounts of food, along with a sense of loss of control while eating. .

B. Recurrent inappropriate compensatory behaviors in order to prevent weight gain

C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for three months.

D. Self-evaluation is unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during episodes of anorexia nervosa.

Health consequences of Bulimia Nervosa:

Acid reflux

Fatigue

Dehydration

Ulcers/Pancreatitis

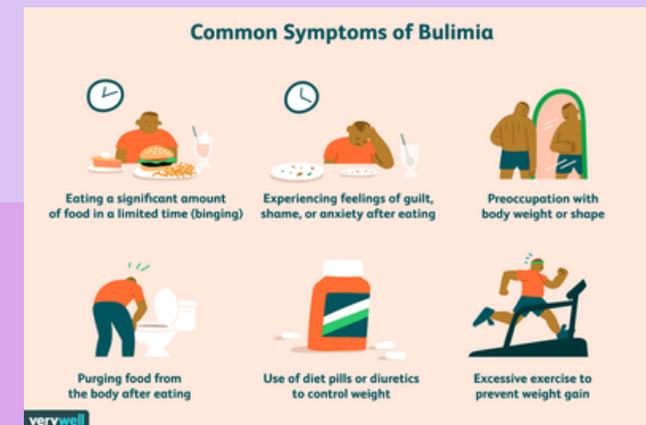
Tooth decay

Irregular heartbeat

Esophageal rupture or inflammation resulting from vomiting

Digestive problems (constipation/ Diarrhea)

Heart failure



BINGE EATING DISORDER

a disorder marked by recurring discrete periods of uncontrolled consumption of abnormally large quantities of food

&

by distress associated with this behavior



Binge eating disorder differs from Bulimia Nervosa in that it does not include compensatory behaviors such as purging or exercise

Binge eating disorder is the most common eating disorder in the U.S.

According to a national survey, it affects an estimated 2.8 million people in the United States.

Binge eating disorder affects three times the number of people diagnosed with anorexia and bulimia combined.

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Eating Disorders: What is Binge Eating Disorder?

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Facts & Statistics

Although people of any age can have binge-eating disorder, it often begins in the late teens or early 20s

In women, it is more common in early adulthood

In men, it is more common in midlife

Binge Eating Disorder is seen among all age groups, races, and income levels.

It is the most common eating disorder in men; however like most reading disorders, it is still more prevalent in women than men.

To be diagnosed with Binge Eating Disorder (BED) according to the dsm-5,

one must meet the following criteria:

- A. Recurrent episodes of binge eating characterized by eating large (more than normal) amounts of food, along with a sense of loss of control while eating.
- B. Binge-eating episodes are associated with three (or more) of the following:
- Eating much more rapidly than normal
 - Eating until feeling uncomfortably full
 - Eating large amounts of food when not feeling physically hungry
 - Eating alone because of being embarrassed by how much one is eating
 - Feeling disgusted with oneself, depressed, or very guilty after overeating
- C. Marked distress regarding binge eating is present.
- D. The binge eating occurs, on average at least 1 day a week for 3 months
- E. The binge eating is not associated with the regular use of inappropriate compensatory behavior (e.g., purging, fasting, excessive exercise) and does not occur exclusively during the course of anorexia nervosa or bulimia nervosa.

Health consequences of Binge Eating Disorder (BED)

The most common health consequence of binge eating disorder is weight gain.

Large increases in weight can result in:

Obesity

High blood pressure

High cholesterol

Heart disease

Diabetes

Low self-esteem

Emotional distress

Mental health issues (depression, anxiety, etc)

Body Dysmorphic Disorder (BDD)

a disorder characterized by excessive preoccupation with an imagined defect in physical appearance or markedly excessive concern with a slight physical anomaly.

BDD includes individuals with muscle dysphoria in which the individual believes that their body build is too small or insufficiently muscular.

AND

Individuals with obsession with specific body areas such as face, nose, complexion, skin, breast size, and genitalia

Signs/indicators of a problem

- Constant mirror checking
- Compulsively picking at skin, hair, body
- Excessive personal grooming
- Steroid abuse
- Negative talk about self/body/appearance
- Extreme social withdrawal

For more information & support:

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Eating Disorders: What is Body Dysmorphic Disorder?

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Considerations

BDD includes individuals with muscle dysphoria in which the individual believes that their body build is too small or insufficiently muscular.

AND

The degree of insight to which an individual regards their body dysmorphic beliefs can vary such that one

Recognizes that their beliefs are definitely or probably not true or may not be true

Thinks that the beliefs are probably true

Firmly believes and is convinced that the beliefs are true despite evidence otherwise

To be diagnosed with Body Dysmorphic Disorder (BDD) according to the DSM-5,

...

one must meet the following criteria:

A. Preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others.

B. At some point during the course of the disorder, the individual has performed repetitive behaviors (e.g., mirror checking, excessive grooming, skin picking, reassurance seeking) or mental acts (e.g., comparing his or her appearance with that of others) in response to the appearance concerns.

C. The preoccupation causes clinically significant distress or impairment in social, occupational or other areas of functioning.

D. The appearance preoccupation is not better explained by concerns with body fat or weight in an individual whose symptoms meet diagnostic criteria for an eating disorder.

Outcomes & Consequences of BDD

Low self-esteem

Social isolation due to not wanting to be SEEN

Comorbid disorders such as depression or other mood disorders

Suicidal ideation

Anxiety & anxiety disorders

Development of Obsessive Compulsive Disorder (OCD)

Medical debt due to excessive or unnecessary surgical intervention

Health complications resulting from skin picking or overuse of product/self-treatment

AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER (ARFID)

AN EATING DISORDER IN WHICH INDIVIDUALS EAT A LIMITED VARIETY OF PREFERRED FOODS, WHICH CAN LEAD TO POOR GROWTH AND POOR NUTRITION.

BEHAVIOURAL SIGNS OF ARFID

FEAR OF CHOKING OR VOMITING

VERY SLOW EATING

SUDDEN REFUSAL TO EAT FOODS

WEIGHT LOSS

NO APPETITE FOR NO KNOWN REASON

DIFFICULTY EATING MEALS WITH OTHERS



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EATING DISORDERS: WHAT IS AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER (ARFID)?



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TYPES OF ARFID

RESTRICTIVE

INDIVIDUALS WHO EXPERIENCE RESTRICTIVE ARFID MAY SHOW SIGNS OF LITTLE-TO-NO INTEREST IN FOOD. RESTRICTIVE ARFID CAN MAKE ONE FORGET TO EAT ALTOGETHER, SHOW SIGNS OF A LOW APPETITE OR GET EXTREMELY DISTRACTED DURING MEALTIME. ANOTHER SYMPTOM OF RESTRICTIVE INCLUDES EXTREME PICKINESS OF FOODS, RESULTING IN LIMITED INTAKE.

AVERSIVE

ANOTHER TYPE OF THE ARFID EATING DISORDER IS AVERSIVE. INDIVIDUALS WHOSE FOOD REFUSAL IS RELATED TO THE AVERSIVE TYPE MAY EXPERIENCE ON FEAR-BASED REACTIONS. AVERSIVE ARFID EVOKES A FEAR OF CHOKING, NAUSEA, VOMITING, PAIN AND/OR SWALLOWING, FORCING THE INDIVIDUAL TO AVOID THE FOOD ALTOGETHER.

TYPES OF ARFID

AVOIDANT

ONE COMMON TYPE OF ARFID IS AVOIDANT. IN THIS CONDITION, INDIVIDUALS SIMPLY AVOID CERTAIN TYPES OF FOODS IN RELATION TO SENSORY FEATURES, CAUSING A SENSITIVITY OR OVER STIMULATION REACTION. THESE PATIENTS MAY FEEL SENSITIVE TO THE SMELL OF FOODS; TEXTURES, INCLUDING SOFT FOODS OR FRUIT AND VEGETABLES THAT HAVE PRICKLY OR DEFINED TEXTURES; OR GENERAL APPEARANCE, INCLUDING COLOR.



HEALTH CONSEQUENCES OF ARFID

POOR NUTRITION / LACK OF VITAMINS, PROTEIN

WEIGHT GAIN OR OBESITY MAY BE A CONCERN DUE TO ONLY EATING "JUNK"

DIZZINESS/FAINTING DUE TO LOW BLOOD PRESSURE RESULTING FROM LACK OF FOOD / NUTRITION

LIMITED GROWTH / DELAYED PUBERTY

IN EXTREME CASES, THERE MAY BE A NEED FOR TUBE FEEDING

SLOWED PULSE

DEHYDRATION

WEAK BONES/MUSCLES

Pica

an eating disorder in which a person eats things which are not usually considered food

Signs/Symptoms

Nausea

Pain in the stomach

Abdominal cramping

Constipation

Diarrhea

Stomach ulcers

Blood in stool

School problems



For more information & support:

<https://anad.org>

<https://www.nationaleatingdisorders.org>

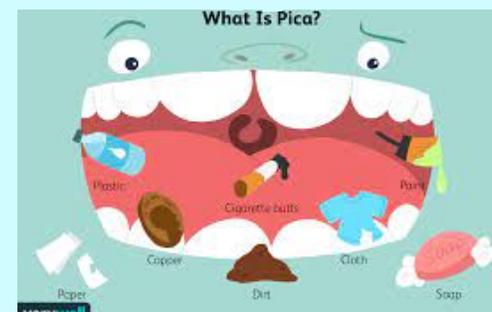
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Eating Disorders: What is Pica?



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& MIKAYLA HEUCHERT

What causes Pica?

The specific causes of pica are unknown. However, certain conditions may cause a person to have a greater risk of developing pica.

Examples include:

Disorders related to impaired mental function, such as intellectual disability, schizophrenia, and autism spectrum disorder (ASD)

Iron-deficiency anemia or malnutrition resulting in low levels of iron and zinc⁹

Extreme stress/Trauma

Trichotillomania disorder
(hair pulling)

Excoriation disorder (skin picking)

Common non-food items ingested by children and adults with pica include:

Dirt
Paper
Clay
Animal feces
Ice
Paint chips
Sand
Hair
Chalk
Plants or grass
Cigarette butts
Rocks
Toys (such as Lego bricks)
Rubber bands
Shampoo
Cloth
String
Wool
Talcum powder
Gum

Managing Pica

Fortunately, there are several practical steps you can take to protect your child's health and safety.

1. Alert your healthcare providers.
2. Tell teachers and other caregivers that your child has pica.
3. Do your best to "pica-proof" your home.
4. Enrich your child's environment in other ways.
5. Teach your child to differentiate food from non-food.
6. Consider working with a behavior specialist

Predictors

Current research indicates that predictors of developing an eating disorder include factors related to biological predisposition, parental expectations, behavioral patterns, and personality features. Some of these predictors may include the following:

Negative body image

Low self-esteem

A need for perfectionism

Having a parent/family member with an eating disorder

Being involved in a profession emphasizing health, beauty, body weight

Childhood trauma

Dieting parents/family



Eating Disorders: Predictors, Warning Signs & Outcomes



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How sociocultural factors may influence the development of an eating disorder

Trauma experienced at a young age may disrupt the stages of development - possibly resulting in a depressed ego and causing an individual to become psychologically vulnerable to mental health problems including eating disorder

Involvement in sports professions, modeling, stardom, health and wellness, food service, and other professions high in publicity can put pressure on individuals to conform to idealized beauty and body standards

Familial values which heavily emphasize health, dieting, perfectionism, exercise, athleticism, beauty, and wealth may influence an individual to adopt these beliefs - incidentally resulting in disordered eating patterns in order to maintain belonging within the family

Warning Signs

Unhealthy behaviors and attitudes towards food, weight loss, dieting, and body image are often the first signs of a developing problem.

however, physical symptoms may include:

- Frequent fluctuations in weight**
- Significant weight loss**
- Difficulties with concentration**
- Stomach pains**
- Dizziness**
- Difficulties sleeping**
- Sudden changes in diet/eating habits**
- Calorie counting**
- Excessive exercise**
- Mood swings**
- Secrecy around eating**

Outcomes

The most common outcomes of eating disorders include the following:

- Low Body Mass Index (BMI)**
- Poor mental health**
- Comorbid conditions such as OCD, depression, anxiety, and other mood disorders**
- Inability to maintain a job**
- Substance abuse**
- Increased mortality rate**
- Chronic medical conditions (heart problems, brittle bones, low/high blood pressure)**
- Malnourishment**
- Declining cognitive functioning**
- in the worst cases, an eating disorder can result in cardiac arrest & death**

Risk Factors

LIKE MANY MENTAL HEALTH AND MEDICAL DISORDERS, INDIVIDUALS CAN BE VULNERABLE TO INCREASED RISK BASED ON SEVERAL FACTORS INCLUDING:

Genetics/Biological
Predisposition

Trauma/Psychological
Vulnerability

Social-cultural context
& pressure

Food/eating habits
developed in childhood

Food and eating habits

FOOD AND EATING HABITS ADOPTED DURING YOUTH / CHILDHOOD CAN PREDICT THE DEVELOPMENT OF AN EATING DISORDER LATER IN LIFE.

FOR EXAMPLE:

HEALTHY HABITS

Set meal times

Eating until full

Healthy, balanced diet & eating a variety

Limiting snacks

UNHEALTHY HABITS

Skipping meals,
Disorganized eating
& schedule

Eating until food
is gone

Large intake of
junk food & limited
food groups

Snacking at leisure

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Eating Disorders: Individuals at increased risk



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Genetics/ Biological Factors

Having close relative with
aneating disorder

Having close relative with
a mental health disorder
Family history, culture,
and beliefs regarding
food and dieting

Negative energy balance
/ malnourishment in
childhood

Medical conditions such as
type 1 (insulin-dependent)
diabetes

Psychological Vulnerability

Teasing/trauma experienced
at an early age

Having a diagnosis of
another mental/emotional
disorder

Personality factors such as
high reactivity, anger
problems, or a need for
perfectionism
Body image dissatisfaction

Personal history of an anxiety
disorder

Behavioral inflexibility

Socio-cultural factors & pressures

**SOCIOCULTURAL CONTEXT IS AN
IMPORTANT CONSIDERATION IN THE
DEVELOPMENT OF AN EATING DISORDER.
SOME COMMON PREDICTORS FOR
INDIVIDUALS AT INCREASED RISK INCLUDE
THE FOLLOWING:**

Normalization of
weight stigma

Teasing or bullying

Social emphasis on
appearance

Poverty/ extreme
wealth

Acculturation

Limited
friends/social
interactions

Historical trauma

There are several options available to treat an eating disorder and help an individual into a recovery system

Outpatient Treatment

May include working with one or more of the following daily, weekly, etc:

Nutritionist

Therapist

Support groups

Focus groups

Other recovery professionals

Impatient / Hospital Treatment

Is more involved and may involve:
24-Hour care at a live-in facility with precise structure and routine

This option offers a setting / environment for patients with severe problems to focus on physical and psychological healing. Additional services include counseling services, medical support, focus groups, supervision, etc

Intervention and treatment plans are deeply personal and should be individualized based on the person's needs.

If the treatment method and/or therapeutic technique is not a "match," an individual may be more likely to reject treatment, fail to make a recovery, and relapse.

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Eating Disorders: Interventions & Supports



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Common Therapeutic Techniques

Cognitive Behavioral therapy (CBT): a form of psychotherapy that focuses on negative patterns of thinking as well as beliefs that contribute to these thought patterns. CBT teaches participants skills that allow them to identify problematic beliefs as well as healthy ways to cope with emotions.

Medical Nutrition Therapy: is a holistic method for treatment of various medical conditions and their associated symptoms. This is achieved by the use of customized meal plans that are usually formulated by a Registered Dietitian.

Dialectical Behavioral Therapy (DBT) is a form of psychotherapy that connects cognitive and behavioral methods as an approach to coping with painful emotions. The focus of this therapy is usually on individuals who react to emotional circumstances with extreme behaviors.

Acceptance and Commitment Therapy

(ACT).

is used to help men and women concentrate on ways to become aware of and accept their emotions and experiences. This therapy is beneficial in eating disorder recovery as it helps individuals develop a healthier relationship with their emotions and intellect.

Exposure and Response Prevention Therapy

(ERP).

is essential in helping individuals overcome fears and anxiety. This is accomplished by gradually exposing a man or woman to the feared object or circumstance with the goal of desensitizing fears.

Other types of therapy might include:

- Art Therapy
- Dance Movement Therapy
- Equine Therapy



When supporting an individual with an eating disorder, it can be crucial to have support across settings.

A multifaceted support system is more likely to succeed and produce lasting results.

Who to include in the support system?

- school / teachers
- pediatrician/primary care physician
- therapist (if applicable)
- extended family
- athletics/extracurricular teams

NATIONAL EATING DISORDER ASSOCIATION

call

800-931-2237

mon-thu 11am-9pm ET

fri 11am-5pm ET

text

800-931-2237

mon-thu 3pm-6pm ET

fri 1pm-5pm ET

**RECEIVE 24/7
SUPPORT VIA
CRISIS TEXT
LINE: TEXT
"NEDA" TO 741741**



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FE.A.S.T Organization (2021, October 21)

EATING DISORDERS: SEEKING HELP & RESOURCES



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FAMILIES SUPPORT

F.E.A.S.T: The global support and education community of and for parents of those with eating disorders.

The link below offers parental support by talking with another parent, email support, online peers, and weekly research news

<https://www.feast-ed.org/i-need-help/>



SELF-COPING SKILLS

- Boost your self-esteem- participate in activities you enjoy
- Talk to your support group- friends & family
- Make a list of positive affirmations
- Go on a walk
- make a list of what you are grateful for
- Participate in mindfulness activities
- Distract yourself



FREE AND LOW COST SUPPORT

Help can be accessed at low cost through Internet forums, community resources, and helplines

please visit
<https://www.nationaleatingdisorders.org/free-low-cost-support>

for options and locations to receive help

School Wide Support

Promote positive/healthy body image

Cafeteria and vending machine food is nutritious

Access to Safe environments for eating including:

- Within the classroom
- With clubs
- Positive buddy system

Policies for teasing, bullying, or harassment based on weight/appearance/eating

Review all materials in schools (books, posters, etc.) to ensure they include all body shapes, sizes, and racial groups.

Students should be encouraged to participate in school activities regardless of their size

- band
- cheerleading
- student government
- theater groups

General Support

Communicate

Be Aware

Be Flexible

Be Mindful

Active Listening

Be Kind

Be Nonjudgmental

Be Open Minded

For more information & support:

<https://anad.org>

<https://www.nationaleatingdisorders.org>

all/Text: (800) 931-2237

PLEASE NOTE: THIS PAMPHLET IS DESIGNED FOR INFORMATIONAL/EDUCATIONAL PURPOSES AND IS NOT INTENDED TO BE A SOURCE OF PROFESSIONAL DIAGNOSIS, INTERVENTION, OR TREATMENT. IF YOU SUSPECT YOU OR SOMEONE YOU KNOW IS SUFFERING FROM AN EATING DISORDER, IT IS ENCOURAGED TO SEEK MEDICAL CARE FROM A LICENSED DOCTOR OR PHYSICIAN.

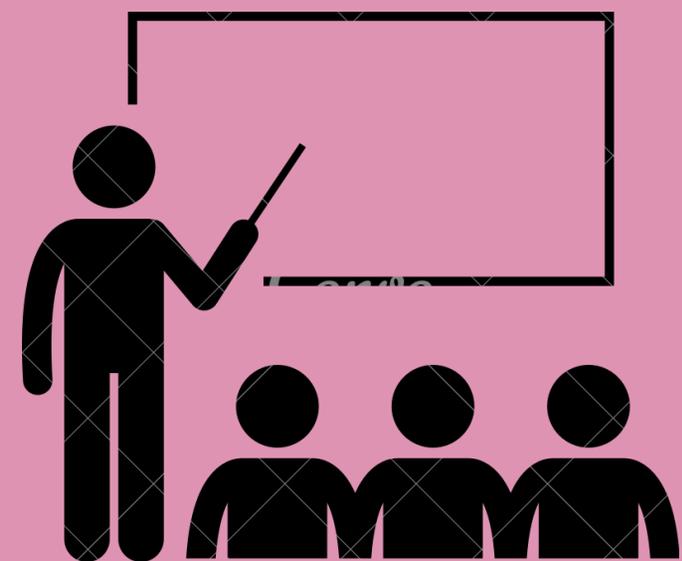
(NEDA, 2018)

(American Psychiatric Association, 2013)

Eating Disorders: How to Provide School/ Classroom Support



DESIGNED & CREATED BY:
LUCILLE PRINCE
& MIKAYLA HEUCHERT



Strategies in the classroom

- Develop a positive rapport with student
- Avoid making comments on body image or appearance
- Normalize healthy eating as it comes up in classroom discussions
 - what is considered a full and nutritious meal
 - Nutritious ways of eating from all food groups
- Be aware of outcomes of students not getting nutrients
- Teacher media literacy, focusing on realistic body images
 - bodies come in all shapes and sizes
- Create a safe environment for students to express themselves
- Allow eating during class times
- Allow students to come into the classroom during lunch/recess to eat
- Be flexible with assignments/due dates
- Find ways to gain students attention

INTERVENTIONS:

Early Intervention: Talking with the students and parents

EXPRESS CONCERNS

PROVIDE SUPPORT

PROVIDE ACCOMODATIONS

RESOURCES (SOME LISTED BELOW)

How Eating Disorders impacts individuals within the Classroom

Fatigue and lack of energy

Irritability

Difficulty concentrating

Engages in fewer social interactions with peers

Absenteeism

Marked increase or decrease in academic performance

Avoids eating in the classroom (parties, celebrations etc.)

Drastic physical changes

Obsessive communication about food, exercise and weight

Tips on maintaining good health & stability

Make sure your child is eating
all of their meals

Create an adaptable routine
and behaviours

Stay engaged in their life,
monitor routine and get
involved

Be Consistent

Ask individuals how
they are feeling
regularly.

Support Yourself
Ask a health professional on
advice on how to help. Find
someone to express your
feelings and thoughts
professionally. Learn self-
coping mechanisms.

For more information & support:

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(NEDA, 2018)

(American Psychiatric Association, 2013)

Eating Disorders: Support in the home



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& MIKAYLA HEUCHERT

Mealtime Tips

Open communication- ask them what they feel comfortable with

Try to make family meal plans, that everyone can agree to

Agree as a family that they will not talk about portion size, calories, weights, and dieting

Try not to focus too much on them during mealtimes- enjoy the meal!



Support



Learn about eating disorders to have a better understanding of what they are dealing with

Remind them how much they mean to you & that you love them

Make them aware of professional help and resources

Try to build their confidence, for example, praise them for being thoughtful or congratulate them on something they've done

Communication is key

Have open communication

Keep an open mind about their thoughts and feelings

Maintain nonjudgmental viewpoint

Avoid talking about their appearance

Avoid discussing people's diets or weight

Do not be upset if they are being secretive