



ANAD

YOUR FUTURE IS WORTH FIGHTING FOR[®]

Eating Disorders In Schools

A Guide for Educators

ANAD 2015

The ANAD Approach

The National Association of
Anorexia Nervosa and Associated Disorders

The ANAD Approach

Healing the eating disorder community through compassionate action.



At ANAD, we believe in a comprehensive Approach to eating disorder treatment and recovery:

Aftercare

We believe posttreatment support is crucial. Strengthen your eating disorder recovery by participating in ANAD's many programs.

Prioritize self-care

Learning to engage in self-care is not selfish. It is self-preservation, an act of love towards your body and mind. Give yourself permission to engage in self-care.

Parents, spouse, loved ones

Don't go it alone. Support dramatically improves recovery, buffers stress, and enhances quality of life and well-being. Accept love and support, as well as give love and support.

Recovery

Full recovery from an eating disorder is possible, but it takes time. Have patience with yourself.

Options

Effective treatment often requires a spectrum of treatment options. ANAD provides an array of free services, consistently explores new ideas and innovative approaches, and provides opportunities for people to share and learn from others who have recovered.

Acceptance of everyBODY

Accept yourself, accept others. Every individual is unique and beautiful, yourself included.

Compassionate care

Having an eating disorder is not a choice. Eating disorders are complex, serious, biologically-based illnesses. Let's move away from the shame and blame. You are not a diagnosis, a disease, or a disorder, but rather a human being that deserves respect and understanding.

Hope, help, healing

Walking alongside you in your journey, ANAD can help you transform your life. It is our honor to support you throughout your recovery.



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Eating Disorders in Schools: a Guide for Educators

SUPPORT

What is ANAD?

Since 1976 The National Association of Anorexia Nervosa and Associated Disorders has been dedicated to the prevention and alleviation of eating disorders by providing many multifaceted programs for the entire eating disorder community.

RECOVERY

How does ANAD work to accomplish their mission?

EDUCATION

ANAD advocates for the development of healthy attitudes, bodies, and behaviors. ANAD believes that early detection of eating disorders save lives. So we work to educate parents, teachers, families and communities about the dangers through a variety of mediums including our website, newsletter, and educational outreach events & programs.

AWARENESS

Our mission in providing schools with guidelines is to help school personnel provide an optimal learning environment while promoting healthy physical and emotional development of all students. The School Guidelines Program provides teachers, coaches, guidance counselors and parents with the information, tools, and support which can help them to effectively assist at-risk students, as well as those who already have been identified as having an eating disorder.

PREVENTION

What are School Guidelines?

While most schools have extensive alcohol/drug education programs, very few offer eating disorders education or prevention programs. ANAD takes an active role in educating school personnel, parents and students about understanding and preventing eating disorders by giving suggested tools and intervention plans for teachers, coaches, and social workers.

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SUPPORT

A Teacher's Role in Promoting Wellness

Although no one can deny the importance of curriculum in any educational system, it is teachers who have the greatest impact on the lives of students. As the role of teachers continues to change in light of the massive revolutions in knowledge, information technology, and public demand for better learning, schools nationwide are going through a transformation process.

RECOVERY

More and more, a teacher's job is to counsel students as they grow and mature -- helping them integrate social, emotional, and intellectual growth. This mentoring fosters the ability of students to seek, understand, and use knowledge; to make better decisions in their personal lives; and to value contributing to society.

EDUCATION

Teachers have the ability to bond with their students, to understand and resonate with their feelings and emotions, communicate on their level, be compassionate with them when they are down, and to celebrate with them when they are up. But, sometimes the behavior of students demonstrates that something is wrong.

AWARENESS

Therefore, teachers must pay attention to any suspicious signs they notice in their students. Part of the responsibility of educators is to find out what is going on with the students beyond what they see in the classroom, or what their grades indicate. Teachers must be prepared and permitted to intervene in a way to ensure the health of their students.

PREVENTION

As an adult working with adolescents, teachers can help identify those at risk and promote an environment that discourages negative body image and disordered eating behaviors. The following list of ideas can help you in this endeavor:

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- Advocate for a safe and respectful school environment that prohibits gender, culture, and racial stereotyping as well as sexual harassment, teasing and bullying.
- Help to promote the self-esteem and positive self-image of the individual student, with regards to their culture, gender and individual needs.
- Provide students with diverse role models, of all shapes and sizes, who are praised for their accomplishments, not their appearance.
- Conduct media literacy activities that allow students to critically examine how magazines, television and other media—including those targeting specific cultural groups present the concept of beauty.
- Guard against size discrimination and bullying in your classroom.



SUPPORT

Are you promoting size discrimination?

A teacher who models good health habits provides more valuable health lessons than any textbook. But, teachers need to assess their own attitudes and behaviors about weight to ensure that they do not inadvertently model body dissatisfaction or promote size discrimination.

Consider the following:

- Do you inadvertently promote “fear of fat” in students by your words and actions?
- Are you dissatisfied with your body size and shape?
- Are you always on a diet or going on a diet?
- Do you make negative comments about other people’s sizes and shapes?
- Are you prejudiced against overweight children and adults?
- Do you purposefully incorporate role-models of all shapes of sizes in your classroom?
- Do you allow students to bully one another over appearance, size, or shape?
- Do you bully others based on their appearance, size, or shape?

Adapted from Ikeda, Joanne, and Priscilla Naworski. Am I Fat? Helping Young Children Accept Differences in Body Size. Santa Cruz, CA: ETR Associates, 1992.

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Assessing an Eating Disorder in a Student

School teachers may be in a unique position to help identify students with eating disorders, but often they are unaware that such problems exist in their student population. Documenting unusual behaviors and patterns in students may be a great way to be able to approach the student or start a conversation with a social worker, counselor, or nurse with your concerns for the student's wellness. Although the following behaviors may indicate that a student has an eating disorder, please be aware that only an expert can diagnose an eating disorder.

Food Related Behaviors:

- Eating the same thing every day
- Taking very small bites
- Cutting food into tiny pieces
- Pushing food around the plate
- Opting out of lunch on a regular basis
- Display of anxiety during meal times
- Drinking diet soda instead of eating food at lunch
- Excluding entire food groups from their diet (i.e. no carbs or no fat)
- Secrecy regarding eating
- Immediate need to use the bathroom after eating
- Weight loss, weight gain, or fluctuation in weight
- Frequent attempts at dieting

Non-Food Related Behaviors:

- Excessive exercise in P.E. class, sports, dance, etc.
- Mood swings, increased irritability, or depressed mood
- Decreased concentration
- Changes in homework patterns (inefficient work habits)
- Inconsistent or impulsive attention towards grades
- Perfectionist attitudes and behaviors
- Social withdrawal
- Increased conflict with friends
- Sudden or dramatic change in behavior
- People pleasing
- Continually talking about food, weight, and body image
- Continually asking for reassurance of appearance
- Talking about bingeing, purging, laxatives, diet pills, diet products
- Talking about excessive exercise
- Frequently asking to use the washroom (especially after lunch periods or meals)

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Suggested Intervention Plan for Teachers

It is normal to be uncomfortable confronting someone with an eating disorder, especially if the student appears emotionally or physically fragile. This basic outline provides instruction for teachers and faculty members on how to intervene in the case of student who you suspect has, or is at risk for an eating disorder. Approaching a student who may be struggling with an eating disorder must be done in a sensitive matter because the hardest part for someone struggling with an eating disorder is for them to both admit and accept that something is really wrong and that they need help.

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If you are Comfortable Confronting a Student

Approach the student directly and elicit an open-ended conversation about what is going on in the student's life. (This works best when the teacher/faculty member has a good relationship with the student.)

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- Arrange to speak with the student in private and leave plenty of time to avoid feeling rushed.
- Communicate your care and concern in a non-judgemental manner.
- Indicate what you have noticed about the student's behavior(give specific examples).
- Listen to what the student says without interruption.
- Don't make promises you cannot keep, such as promising not to tell a parent or coach about your concern.
- Decide with the student what will happen next.
- Consult your school's policy on who you should tell—i.e. social worker, counselor, nurse, etc.

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How the Student Responds & How You Proceed

If the student denies any problems:

- Describe what you are seeing and let the student know you will be following up with them.
- If your concern persists, and the student continues to deny problems, suggest you both go to the social worker, counselor, nurse, etc.
- If the student is unwilling to go to the social worker, let the student know that you will be talking to the social worker and/or parents.

If the student admits having difficulty:

- If the student expresses concern over food or weight issues, either specifically or in vague generalities, make a referral to the social worker.
- Teacher should follow-up with social worker with his/her observations.

If you are Uncomfortable Confronting the Student Directly

Go directly to the school social worker, counselor, or nurse about your concern regarding the student.

Remember, it is always best to approach a social worker, counselor, or nurse with some documentation of the student's behavior.

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How to Communicate With Parents

Any time a teacher confronts a student with an issue regarding poor behaviors, attitudes, or grades, communication with parents is the next step to ensure that the student is able to get back on track to reach his or her full potential. The same should be true when you suspect that a student is struggling socially, emotionally or physically. If you suspect that one of your students is struggling with an eating disorder, you need to contact their parents and your designated school personnel right away. The first response of the parents may be to become defensive, verbalize denial or minimize what you are describing. It is important not to personalize this response but to stay focused on the purpose of your communication, which is to partner with the parents to help their child.

What to communicate to parents:

- You are concerned about their child.
- Indicate specific incidents that have aroused your concern or the concern of his/ her teachers, coaches, peers.
- Keep the focus on the child feeling healthy and functioning effectively instead of weight or shape.
- Emphasize that only an expert in eating disorder can determine if there is a problem. Take a “let’s find out” attitude.
- State that research shows that treatment is necessary if an eating disorder exists. Tell parents that the earlier treatment begins, the better the chances are for a successful recovery.

A Few Things to Consider:

Accept that a parent’s initial response may be denial.

Understand that eating disorders have a genetic component and that some of the parents may also struggle with eating disorder symptoms.

If you are still gravely concerned after multiple attempts of communicating with parents about the physical or emotional safety of the child, contact your local child welfare agencies, or call ANAD as a resource.

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Sports & Eating Disorders

RECOVERY

Although coaches are in a unique position to enhance the self-esteem of their students/players and increase students' physical activity, eating disorders are common among athletes. Athletic competitions can cause both psychological and physical stress. Athletes in competitive sports often face issues regarding diet, appearance, size and weight, which increase the risk of developing eating disorders.

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Coaches and trainers need to educate themselves on the dangers and on the signs to look for in an athlete that may be suffering from an eating disorder. They must be able to recognize when healthy training routines turn into an obsession or when the athlete turns to drastic measures to become thin and succeed in their sport. Coaches should also bring in nutrition experts to educate the athletes on healthy eating and to make them aware of how important it is to eat properly, especially when involved in such intense training.

AWARENESS

It is not psychologically or physically healthy for students to attempt to achieve or maintain unnaturally low weights. Adolescence is a time of rapid growth and development and restricting calories during this time can result in long-term physical and emotional problems. Weight in some athletic sports is a necessary factor in establishing fair competition among athletes. However, other than in those cases where athletes must fit in necessary weight categories, coaches should minimize their focus on student-athlete's weight and appearance. If your sport does have weight categories, **BE REALISTIC** about what category that athlete should be in. The athlete should not be encouraged to gain or lose excessive amounts of weight to fit a category. Coaches should discourage fad dieting or the use of fasting to quickly drop weight prior to competitions.

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Personal Factors That Could Create Risk for an Athlete:

- The belief that a low weight is necessary for excellent performance.
- Training for a sport since childhood or being an “elite” athlete.
- Low self-esteem due to family dysfunction, family history of eating disorders, chronic dieting, history of physical or sexual abuse, peer and cultural pressure to be thin, traumatic life experiences.
- Coaches who focus only on success and performance rather than on the athletes as people.
- Performance anxiety.
- Pressure regarding athletic ability from coach, friends, family.
- A lack of relationships or interests outside of the chosen sport.

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Identifying At Risk Behaviors in Athletes

The following symptoms are common among athletes who are suffering from an eating disorder. These symptoms can occur because of malnutrition, dehydration, electrolyte imbalance, and osteoporosis.

- Fatigue
- Dizziness
- Loss in endurance
- Loss in coordination
- Loss in muscular strength
- Loss in speed
- Muscle cramps
- Overheating
- Fainting
- Frequent injury
- Stress fractures
- Dehydration

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Promoting Wellness With Athletes & Performers

Coaches need to assess their own attitudes and behaviors about weight to ensure that they do not inadvertently model body dissatisfaction or promote size discrimination.

Consider the following:

- Do you have a positive coaching-style rather than a performance-oriented coaching-style?
- Do you encourage athletes to support and encourage healthy attitudes towards size and shape?
- Do you inadvertently promote “fear of fat” in athletes by your words and actions?
- Do you make negative comments about other people’s sizes and shapes?
- Are you prejudiced against overweight children and adults?
- Do you allow students to bully one another over appearance, size, or shape?
- Do you tell athletes that lower body weight will improve performance?
- Do you focus only on success and performance rather than on the athlete as a whole person?

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The E's of Educating your Student Athletes

- Engage in frequent and open discussions about positive body image.
- Explain the relationship between good nutrition and performance.
- Explain how weight control behaviors, such as fasting, restricting, self-induced vomiting, and use of laxatives, diuretics, or diet pills are dangerous and can hurt performance.
- Emphasize that student athletes are at risk for undernourishment and dehydration, which can cause loss of muscular strength and endurance, decreased speed, loss of coordination, and poor judgment.
- Encourage athletes and performers to speak with you or another adult if they think they or a friend have an eating disorder.

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Help Build Self-Esteem & Positive Body Image

- Remind your students that their body shape/size or physical ability does not determine their self-worth or identity.
- Focus on areas over which all athletes and performers have more control—such as strength, physical conditioning, and mental and emotional components of performance.
- Do not require weigh-ins or tape-measure checks, or discuss weight in an evaluation of a student's ability and performance.
- Do not conduct body fat measurements.

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Body Mass Index & Testing

What is BMI?

The BMI (Body Mass Index) is the ratio of weight to height. It is often used in schools as a screening tool to assess weight status because it is easy to measure. While closely linked with body fat, it is not a specific measurement of body fat. BMI does not consider things like being muscular or having a larger frame than the average individual or the growth and development pattern of the child. The BMI is a screening tool, NOT a diagnostic tool, nor a single marker for the child's health status. It is considered just one part of the assessment.

Is BMI Screening in Schools Helpful or Harmful?

Because of recent legislation on both the federal and state levels, many schools feel pressured to screen as a part of the "prevention" program, but are unaware of the concerns voiced by many professionals. Many professionals believe that BMI screenings may have unintentional negative consequences. These consequences can stigmatize and potentially be harmful by contributing to negative self-esteem, body dissatisfaction and eating disordered behaviors. Conducting testing and distributing BMI results in a public setting can be a humiliating experience, fostering comparison and teasing. According to the Center for Disease Control and Prevention's Executive Summary on BMI testing, "The U.S. Preventive Services Task Force concluded that insufficient evidence exists to recommend for or against BMI screening programs for youth in clinical settings as a means to prevent adverse health outcomes."

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ANAD’s position on BMI Screening in Schools:

With issues related to possible ineffectiveness, unknown outcomes, costs, and potential for harm, ANAD does not support BMI school screening programs. We recommend that schools stop BMI screenings and redirect their resource to evidence-based and evidence-informed prevention programs.

We recommend that physicians/healthcare providers determine the BMI for all children and adolescents in their practices and offer appropriate interventions to those who are overweight or at risk for becoming overweight. Because the BMI changes with age, it must be evaluated yearly, plotted, and reviewed in the context of other assessments.

If the School Where You Work Uses BMI Screening, Consider the Following:

- BMI is NOT an indicator of health.
- Limit the screening to an identified need and purpose. (Why is this information needed on the specific person?)
- BMI testing should only be done by a qualified healthcare professional. Having a professional manage screenings increases the likelihood that the task will be carried out in a caring, accurate and sensitive manner.
- All healthcare professionals should receive adequate training and be aware of their attitudes regarding weight issues.
- NEVER post BMIs with or without student names.
- If your school communicates BMI with parents, consider training parents on how to handle information. A typical response for parents and other well-meaning individuals is to try and control their child’s weight by limiting access to food. Dieting during adolescence has been found to increase the risk of obesity and almost every eating disorder.
- Children who are still growing should rarely have a goal of losing weight. Instead, limit high fat and high sugar foods and increase activity levels. As the child grows, their height and weight should stabilize to a healthy point.
- ANAD recommends that schools should not weight students.

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Tips on Teaching About Eating Disorders in Your Curriculum

Don't:

- Do not show movies of persons with eating disorders. The majority of people with eating disorders will tell you that they learned their tricks on what to do from movies. The nova film, *Dying to be Thin* has had similar effects with students. It is NOT an appropriate tool.
- Don't teach or promote calorie counting.

Do:

- Consider showing students the video *Body Talk* made by Body Positive, *Killing Us Softly 3* by Jean Kilbourne, or *America the Beautiful* and *American the Beautiful 2* by Darryl Roberts. (PG Version)
- Teach children the health hazards of dieting and why it is unhealthy to use fad diets.
- Teach students how to not support a \$50 billion dollar dieting industry and how to honor their bodies by not using diet pills.
- Teach students about resisting media pressure to be thin at all costs and ways to overcome body image issues.
- Teach students about the hazards of steroids.
- Teach students about the use of airbrushing and Photoshop in advertisements and how they perpetuate unrealistic images and ideals.
- Teach media literacy that helps students analyze the various methods of persuasion, so that they can learn to think critically of advertising.

Sample Lesson Plan:

The Basics of Body Image, the fashion industry and eating disorders. Secondary Subject - PE & Health Grade Level - 3-6th grade girls.

<https://bit.ly/2NUFZIo>

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Serving as a School Social Worker

Dealing with Eating Disorders

In schools, social workers often serve as the link between students' families and the school, working with parents, guardians, teachers, and other school officials to ensure that students reach their academic and personal potential. They also assist students in dealing with stress and emotional problems. In order to better assess students, you must be familiar with the signs and symptoms of eating disorders and take immediate action when there is a concern about a student.

As a school social worker, you should be able to:

- Establish policies that ensure immediate referral of students for medical complications.
- Arrange workshops for faculty and staff that meet certification requirements.
- Initiate parent and community education programs featuring speakers and videos promoting healthy body images.

Making Referrals

School policy dictates the specific procedure in making outside referrals. Since this is a multifaceted problem, a treatment team approach is recommended. When dealing with a student or staff person with an eating disorder, always give a referral for a mental health professional that specializes in treating eating disorders in addition to a primary care physician. A referral of nationwide clinicians specializing in eating disorders may be obtained from ANAD.

Professionals who may be contacted include :

- Primary Care Physician
- Psychiatrist
- Psychologist
- Licensed Clinical Social Worker
- Licensed Counselor
- Dietitian

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Following Up:

- Have the student continue communication with the social worker, nurse, psychologist, or counselor at school. This relationship can be for therapy and/or support within the school.
- Obtain a release of information to maintain contact with private practice professionals or the community health professionals working with the student.
- Check in with the student's family frequently.

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How to Communicate With Parents

Dealing with Eating Disorders

Anytime a teacher confronts a student with an issue regarding poor behaviors, attitudes, or grades, communication with parents is the next step to ensure that the student is able to get back on track to reach his or her full potential. The same should be true when you suspect that a student is struggling socially, emotionally or physically. If you suspect that one of your students is struggling with an eating disorder, you need to contact their parents right away.

What to communicate to parents:

- You are concerned about their child.
- Indicate specific incidents that have aroused your concern or the concern of his/her teachers, coaches, peers.
- Keep the focus on the health and behavior of the child, instead of weight, shape, or mortality.
- Emphasize that only a mental health professional trained in the assessment and treatment of eating disorders can determine if there is a problem. Take a “let’s find out” attitude.
- State that research shows that treatment is necessary if an eating disorder exists. Tell parents that the earlier treatment begins, the better the chances are for a successful recovery.

How You Can Expect Parents to React:

- Expect the family to be in denial or avoiding the issue. This is very much a part of the initial phases of the family’s process.
- Understand that eating disorders have a genetic component and that some of the parents may also struggle with eating disorder symptoms.
- Keep persisting and addressing the issue with the parents even though they may get defensive or uncomfortable.
- Explain to the parents that signs of the disease or pre-disease are disguised and difficult to detect.
- Give parents information on recognizing signs and detecting soft signs so that they can evaluate their child.

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Modifications & Interventions for Hospitalized Students

School Work & Assignments:

- Dialogue with the treatment provider about provider expectations and school expectations.
- Provide assignments in a timely fashion to avoid a backlog of work which may increase stress and decrease hope of completion.
- Limit expectations to essentials due to the reduced concentration ability and exhaustion of student due to treatments and therapy. Communicate this to teachers as they assemble the work the student needs to complete.
- Clearly communicate the needs of the student to his/her classroom teacher(s). Discuss any “triggers” that may hinder the student’s performance or comfort (i.e. pressure, anxiety, etc.)

Meet with Treatment Provider

- Attend staffing, especially the discharge staffing so that you know what is going on with the student.
- Discuss any additional modifications that need to be made for the student upon return to school, including whether or not the student may resume Physical Education classes.

Visit to Treatment Facility

- Visit the student at least once if recommended by the treatment provider. Perhaps bring and discuss homework initially.

Lunch Schedule

- Schedule a class-free, “normal” lunch period.
- School personnel may need to eat with student.
- Meet with and encourage students in light discussion regarding school work, extracurricular activities, etc. during lunch.
- Report any difficulties with food plan or other problems to treatment providers.

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