EATING DISORDER EDUCATION
For Families & Professionals Who Work with School Aged Youth

RosewoodRanch.com  800.845.2211
Dear Families & Professionals,

Kids face an inordinate amount of pressure regarding their body image. They are constantly bombarded with advertising telling them to look a certain way, be a certain size and shape, have a certain kind of friends. In addition, the stress of going to school, the pressure of expectation and achievement, and the anxiety of friendships and social interaction can easily overwhelm adolescents, putting them at risk for developing an eating disorder. As professionals who work with youth, we know that prevention and early intervention are crucial. That is why we are sharing our guide, ‘Eating Disorder Education for Families & Professionals Who Work with School Aged Youth.’

Created by Rosewood Centers for Eating Disorders, this guide includes reproducible handouts to:

- Help families and educators learn the facts about eating disorders (ED).
- Provide families with tips on how to prepare their loved ones for the back-to-school transition.
- Present new college students with tools for transition to college.
- Share tips for educators who wish to create an environment that minimizes ED triggers.

Please feel free to copy, print, or electronically distribute these handouts as you see fit, including bulletin boards, emails, discussion forums, at meetings, or in the class room.

GET THE ELECTRONIC VERSION OF THIS GUIDE AT
RosewoodTempe.com/EatingDisorderEducationGuide/
FOR FAMILIES

SIX THINGS TO DO TO EASE THE BACK-TO-SCHOOL TRANSITION AND MINIMIZE EATING DISORDER TRIGGERS OR RELAPSE

Eating disorders such as anorexia nervosa, bulimia nervosa, and binge eating disorder are serious mental illnesses with significant, life-threatening medical and psychiatric morbidity and mortality. Stressful life events and significant life transitions may put someone at risk for the development of an eating disorder. In a 2012 study from the Journal of Clinical Nursing*, school transitions were one of six factors that were identified as an event that occurred just prior to the emergence of an eating disorder. School transitions may include attending a new school, adjusting to increased academic demands, dealing with puberty, and struggling with social pressures at school. Thus, it’s important to be aware of the risks during transitional events to better intervene with your child. Below are six things you can do to support your child in order to minimize eating disorder development or relapse during the back-to-school transition.

Use Your Support System: Adjusting to a new school or going back to school after extended time off can be stressful for all children, but it can be particularly stressful for those with a history of eating disorders, trauma, anxiety, depression, or other challenges. Back to school is a busy time and it can be tempting to skip your regularly scheduled counseling appointments, but please don’t. The support and consistency your child (and you) get from a counselor may be exactly what is needed to ensure a smooth start to school and reduce the chance of eating disorder development or relapse. If you don’t have a therapist, but have concerns, now is the time to find one and schedule an appointment.

Promote Positive Body Image: When shopping for school clothes, focus on your child’s preferences in style, color, brand, comfort, etc. Avoid commenting on your child’s weight, body size, or body shape. Be positive and supportive.

Watch for Warning Signs: While weight changes can indicate disordered eating, these changes may not appear immediately, if at all. Additional indications of a possible eating disorder include, but are not limited to: frequently going to the bathroom | often eating alone | excessive calorie counting | fad diets/chaotic eating | wearing baggy clothes | poor body image | obsessed with weight | skipping meals | compulsive eating rituals | anxious or depressed
Practice What You Preach: Parents who resist unhealthy media messages and have a healthy positive body image will have more credibility when encouraging their child to do the same. This means eating nutritious meals; avoiding diet foods, fad diets and diet talk; no ‘fat-talk;’ and appreciating your body. Also, parents who practice positive coping skills, focus on balanced living, and avoid perfectionist tendencies are modeling healthy living for their child.

Participation Not Perfection: Excessive focus on competition and individual achievement can encourage unhealthy perfectionism, which is a characteristic often found in those who suffer from eating disorders. Lovingly encourage your children to apply themselves in school and participate in sports, if they are interested in sports. Also, encourage children to be careful about not over extending themselves and to be wary of unhealthy academic or athletic competition or pressure from outside sources.

Love, Listen, Don’t Laugh and/or Lecture: At school and in the media your child is bombarded with unhealthy, unrealistic messages about being thin, popular, attractive, cool, etc. The need to fit in, particularly at a new school, can lead to feelings of fear and insecurity. Invite your child to discuss any concerns, fears, or insecurities they have in this regard. And, when they share these concerns, listen. Do not dismiss them as trivial. Instead, try to understand what your child’s root fear or concern is, then offer the unconditional love, support, and comfort that they need. Loving and listening is more powerful than lecturing.

Four Things to Do Before You Go to College to Minimize Eating Disorder Triggers and Relapses

Going away to college can be an exciting and liberating experience. However, it can also be an emotionally challenging life transition that can contribute to triggering eating disorders and relapse. Below are a few things you can do for a smooth transition to college that maximizes your support network and minimizes eating disorder triggers.

Set Up Your Support System Ahead of Time: Life in a new city, at a new school, or in a new ‘home’ is exciting and can be a very busy time. If you have struggled with an eating disorder, anxiety, depression, or another mental disorder, it is a good idea to secure a counselor and appointment for after you start college. Be sure to have your mental health records from previous counselors sent to this person, so that they are better prepared to help you. Touching base with a face-to-face support person who is vested in your mental health is crucial for prevention and early intervention.

Watch for Warning Signs: Before people go into full blown eating disorders or relapse, there are often warning signs. Prior to leaving for college, you should work with a trusted person or counselor to identify warning signs that may indicate that you need help. These signs can include a variety of overt or subtle signals that will be unique to your specific situation. While weight changes can indicate disordered eating, these changes may not appear immediately, if at all. Additional indications may include, but are not limited to: eating alone | excessive calorie counting | fad diets | chaotic eating | hiding your body | poor body image | weight obsession | skipping meals | compulsive eating rituals | feeling anxious or depressed

Participation Not Perfection: Excessive focus on competition and individual achievement can encourage unhealthy perfectionism, which is a characteristic often found in those who suffer from eating disorders. It is okay to pursue academic success and to participate in sports; however, remember to focus on participation and balance, not perfection. Be honest and kind to yourself when scheduling the number and nature of your classes and extracurricular activities... Sometimes less really is more. Do not over-extend yourself.
Surround Yourself with a Supportive Network: Your support network can include friends and family from home, as well as new friends that you’ve made in college. Staying in touch with friends and family through regularly scheduled phone calls or video calls can help you stay grounded during this time of transition. As far as forming new friendships, just remember that your peers are also in a new situation and looking for a support network. You are not alone! Be mindful of forming friendships with people who model positive behavior.

Rosewood Centers for Eating Disorders® has over a decade of experience treating women, men, and adolescents struggling with eating disorders, co-occurring mental disorders and addictions. Fully accredited and a licensed hospital, we offer the full continuum of care at our facilities in the serene Arizona desert. Individuals move seamlessly between levels of treatment based upon their evolving medical, psychological, social, and spiritual needs. We treat the entire person within a warm, nurturing and holistic setting.

More info at RosewoodRanch.com | RosewoodRanchCenters
SIX THINGS EDUCATORS CAN DO TO CREATE AN ENVIRONMENT THAT ENCOURAGES POSITIVE BODY IMAGE

In a 2012 study from the Journal of Clinical Nursing*, school transitions were one of six factors that were identified as an event that occurred just prior to the emergence of an eating disorder. School transitions may include attending a new school, adjusting to increased academic demands, dealing with puberty, and struggling with social pressures at school. Below are six things you can do to support students and create an environment that encourages positive body image and aids in the prevention and early intervention of eating disorders in students.

Positive Relationships Provide a Path to Communication: Establishing rapport and positive relationships with your students will help you to more readily identify unhealthy changes in the students’ physical, psychological, or behavioral demeanor. A strong relationship with students also increases the likelihood that they will confide in you if they are struggling with an eating disorder or another emotional challenge.

Watch for Warning Signs: While weight changes can indicate disordered eating, these changes may not appear immediately, if at all. Additional indications of a possible eating disorder include, but are not limited to: frequently going to the bathroom  l   often eating late at night or when nobody is home  l   excessive calorie counting  l   fad diets/chaotic eating  l   wearing baggy clothes  l   poor body image  l   obsessed with weight  l   skipping meals  l   compulsive eating rituals  l   appears anxious or depressed

For more information about identifying and helping students with eating disorders, please refer to the Educator Toolkit from the National Eating Disorder Association, which can be downloaded at RosewoodInstitute.org/EducatorToolkit.pdf.

Practice What You Preach: Imagine a teacher sitting at the head of the class munching on diet food, sipping a diet soda and reading a ‘fitness’ magazine as the students take a test. Maybe this same teacher chats with other teachers about feeling fat or going on a diet. What kind of message are these teachers sending to students? To effectively influence your students, be sure to model positive body image behavior, and encourage your fellow teachers to do the same.
Teach Respect for All People & Body Types: Do not allow teasing or negative talk about people's weight/shape/size at school. Such talk should be treated with the same seriousness as other types of prejudicial talk, like sexual harassment and racial slurs. Discourage students from talking about feeling fat or dieting in your class.

Participation Not Perfection: Excessive focus on competition and individual achievement can encourage unhealthy perfectionism - a characteristic often found in those with eating disorders. Encourage cooperation, not competition. Focus on developing students' unique strengths, not rigid definitions of achievement. If you notice a teacher creating an environment tainted with competition and criticism, find a way to kindly address the situation.

Advocate for Sensitive, Inclusive P.E. Programs: Advocate for healthy policies, including physical education programs that encourage participation over competition. Request programs that do not encourage calorie counting, dieting, weighing students, measuring or discussing body fat percentage, or unrealistic or 'perfect' body images.

ANOREXIA NERVOSA

WHAT IS ANOREXIA

Anorexia Nervosa (AN) is a serious mental illness with significant, life-threatening medical and psychiatric morbidity and mortality. AN has the highest mortality rate of any psychiatric disorder. It is characterized by significant restriction of energy intake, difficulty maintaining a normal or healthy weight, a relentless pursuit of thinness, a distortion of body image, and an intense fear of gaining weight. The resulting medical complications of AN may include:

- Abnormally reduced heart rate & blood pressure, which can lead to cardiac arrest
- Loss of bone density (osteoporosis), leading to a fragile skeletal structure
- Muscle atrophy, fainting, fatigue, and overall weakness
- Severe dehydration of hair, skin, & body, which can lead to renal failure and hair loss
- Cessation or delayed menstruation

ANOREXIA STATISTICS FROM NATIONALEATINGDISORDERS.ORG

- 90-95% of those who struggle with anorexia are female (note, some believe that 10-15% of anorexic suffers are male)
- Anorexia is one of the most common psychiatric diagnoses in young women
- Anorexia kills 5-20% of its sufferers, with death rates increasing the longer a person suffers from the disease. It has one of the highest death rates of any mental health condition
- Anorexia nervosa typically appears in early to mid-adolescence

ADDITIONAL POTENTIAL INDICATORS OF ANOREXIA NERVOSA

Dramatic weight loss  I  Obsession with weight, food, and dieting  I  Eating rituals or rigid food rules  I  Fear of being ‘fat’ and weight gain  I  Avoids social eating situations, eats alone  I  Excessive exercise  I  Withdrawal from friends, family & usual activities  I  Skipping meals and making excuses for not eating

Rosewood Centers for Eating Disorders has been treating men, women, and adolescents struggling with anorexia for over a decade. Prevention and Early Intervention are Key.

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BULIMIA NERVOSA

WHAT IS BULIMIA

Bulimia Nervosa is an eating disorder in which a person ingests large amounts of food (binges), then uses unhealthy strategies to purge the food, such as fasting, laxative abuse, diuretic abuse, and/or excessive exercise. Often obsessed with weight and body image, those with bulimia may engage in the binge/purge cycle as little as once a week or as often as several times a day. Some of the health consequences of bulimia nervosa include:

- Electrolyte imbalance, which can cause arrhythmia and eventually cardiac arrest.
- Inflammation and/or rupture of the esophagus due to frequent vomiting.
- Gastric rupture can occur as a result of binge eating, but is rare.
- Stained, decayed teeth from stomach acids present in vomit.
- Chronic constipation as a result of laxative abuse.

BULIMIA STATISTICS

- 20-25% of those who struggle with bulimia are male.
- 1-2% of adolescent and young adult females struggle with bulimia nervosa.
- Treatment has been seen to be effective in 80% of those with bulimia.
- Studies indicate that by their freshman year of college 5-18% of females have struggled with bulimia.

ADDITIONAL POTENTIAL INDICATORS OF BULIMIA NERVOSA

Large amounts of food disappearing and/or eating in strange places  |
Frequent bathroom visits after meals  |  Evidence of vomiting or laxative/diuretic use  |
Swollen cheeks  |  Calluses on knuckles from self-induced vomiting  |  Stained teeth  |
Withdrawal from friends, family, & usual activities  |  Excessive exercise that may lead to injury  |  Obsessed with weight, food, and dieting

Rosewood Centers for Eating Disorders has been treating men, women, and adolescents struggling with bulimia for over a decade. Prevention and Early Intervention are Key.

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WHAT IS BINGE EATING DISORDER?
Binge Eating Disorder (BED) is characterized by “recurring episodes of eating significantly more food in a short period of time than most people would eat under similar circumstances, with episodes accompanied by feelings of lack of control.” Those with BED may eat fast and feel out of control despite hunger signals or feelings of fullness. Unlike bulimia nervosa, BED sufferers do not engage in self-induced vomiting as a means to compensate for binge behaviors. Medical complications for BED are consistent with clinical obesity and may include:

- High blood pressure, high cholesterol, and heart disease
- Diabetes and Gallbladder disease, as well as the chronic health complications associated with these systemic diseases
- Musculoskeletal problems, insomnia, pain, depression, and overall fatigue

BINGE EATING DISORDER STATISTICS
- BED affects 10 million people and is 3x more common than anorexia or bulimia combined.
- Average age of BED onset is early 20s, but can occur at any time in life.
- Approximately 1-5% of the general population struggles with BED.
- About 60% of people struggling with binge eating disorder are female, 40% are male.
**DIABULIMIA**

**WHAT IS DIABULIMIA**

Diabulimia is a serious eating disorder in which people with Type 1 diabetes intentionally administer less insulin than medically indicated for the sole purpose of weight loss/control. When a type 1 diabetic does not receive the insulin they need the body goes into a state of starvation, which breaks down muscle and fat into ketone bodies, which then become ketoacids. A diabulimic’s body becomes unable to process or utilize sugars, so rather than being used by the body for energy they are excreted in the urine. As a result, diabulimics lose a great deal of body weight, becoming dehydrated, and are at risk of diabetic ketoacidosis, a life-threatening condition. Medical complications from diabulimia are consistent with uncontrolled diabetes, including:

- Constant thirst & urination, electrolyte imbalance, and dehydration
- Excessive appetite, GERD, indigestion
- High blood glucose (often over 600), which can lead to renal failure & blindness
- Weakness, fatigue, inability to concentrate, muscle atrophy
- Edema, high cholesterol, and heart problems
- Glucose in urine, ketonuria, ketonemia, proeinuria, neuropathy
- Psychiatric complications such as hallucinations, delusions, paranoia, & anxiety

**WHAT CAUSES DIABULIMIA?**

Diabulimia can be triggered or amplified by body dysmorphia and a compulsive need to control food intake and weight. The frustration of managing blood sugars and their subsequent effects on weight and self perception (altered by dealing with a chronic illness) can also be a trigger. Many diabulimics may also be diagnosed with anorexia, bulimia, and/or binge eating disorder. Sometimes these eating disorders can mask diabulimia, leading to under-diagnosis and lack of treatment. It is important to address not only the anorexia, bulimia, or binge eating disorder, but to also directly address diabulimia.

Rosewood Centers for Eating Disorders has been treating men, women, and adolescents struggling with eating disorders such as diabulimia for over a decade. Prevention and Early Intervention are Key. Visit RosewoodRanch.com | f/RosewoodRanchCenters

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