

RESOURCES

Eating Disorders



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1055 Medical Park Drive SE
Grand Rapids, MI 49546
1.800.949.8439
www.forestviewhospital.com

Major Characteristics of Anorexia Nervosa

1. Extreme and irrational fear of body fat and becoming fat.
2. Iron determination to become thinner and thinner, coupled with a rigid refusal to maintain a healthy weight for one's age, height, and genetic constitution.
3. Significant weight loss (greater than 15% of body weight).
4. Distorted perception of body shape and body weight. For example, sees his or her body, or parts of the body, as "fat" even when appearing extremely thin to others.
5. Difficulty in accurately interpreting and managing hunger and other internal impulses (for example, anger).
6. Abnormal hormonal functioning
 - ◆ In females, absence of 3 or more menstrual cycles.
 - ◆ In males, significant lowering of sexual function and desire (due to lowered levels of testosterone, which in turn is due to lowered fat content in body)

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Warning Signs of Anorexia Nervosa and Related Eating Disorders

1. Loses a large amount of weight, with no medical illness.
2. Resists advice to gain weight.
3. Denies being hungry and eats only small amounts of low calorie food.
4. Expresses anxiety about being fat, even as more and more weight is lost.
5. Arranges somehow to skip school lunch periods and to avoid other situations where people are eating.
6. Talks about food, collects recipes, and/or cooks for others, but rarely eats.
7. Highly active, including excessive exercising, may withdraw from friends to immerse in highly physical activities like dance.
8. Develops strange rituals at mealtimes (for examples, a piece of lettuce must be cut into 5 pieces, of which 4 can be eaten and 1 must be left on the right hand side of the plate).
9. Rigidly and compulsively insists on certain routines; becomes very upset over unexpected changes in routine.
10. Often cold, dresses in layers of clothing that seem inappropriate, given warm weather.

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Warning Signs of Bulimia Nervosa and Related Eating Disorders

1. Evidence of Binge-Eating
 - ◆ Appears to eat huge amounts of food (especially high calorie food) without gaining weight.
 - ◆ Large amounts of food purchased or shoplifted.
 - ◆ Handfuls of candy bar wrappers stuffed into a locker.

2. Evidence of Self-Induced Vomiting
 - ◆ Catching the person in the act.
 - ◆ Leave the table immediately after eating and goes right to the bathroom.
 - ◆ Bathroom messes or smells of vomit.
 - ◆ Purchase of drugs that make you throw up (emetics), such as syrup of Ipecac.
 - ◆ Glands under the jaw are swollen, yielding a “chipmunk” appearance.
 - ◆ Unusual and expensive dental bills.

3. Other Evidence of Purging
 - ◆ Enthusiastic discussion of ways to eat a lot but not gain any weight.
 - ◆ Possession of large amounts of laxatives and/or diuretics.
 - ◆ Unexplainable paleness and complaints of dizziness.
 - ◆ Unexplainable muscle cramps, or heart and kidney problems that are unusual for teenagers.

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Nervosa: Similarities Between Anorexia and Bulimia

1. Conviction that a slender shape and a low body weight are crucial for high self-esteem.
2. Strong drive to be thin and/or become thinner.
3. Strong and irrational fear of body fat and becoming fat.
4. Negative and distorted body image.
5. Inability to interpret accurately and to express internal feelings and impulses such as hunger, anger and sexuality.
6. Low self-esteem, coupled with a strong need to achieve and to appear “perfect.”
7. Refusal to eat in a healthy manner.
8. Use of unhealthy and even dangerous methods of losing weight and/or purging after eating.
9. Symptoms of starvation (defined as a significant difference between current body weight and the individual’s biological weight set-point).

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Differences Between Anorexia Nervosa and Bulimia Nervosa

Anorexia Nervosa

1. Denies emaciation and lack of control over not eating.
2. Extremely thin.
3. Turns away from food to cope with stress.
4. Tends to be introverted, shy and socially anxious.
5. Greater self-control of hunger, anger and behavior.
6. Tends to mistrust those who wish to help, including professionals.

Bulimia Nervosa

1. Recognizes bingeing and purging are abnormal.
2. May be of any weight; weight often fluctuates.
3. Turns to food to cope with stress.
4. Tends to be extroverted and more social.
5. More impulsive, unstable and prone to “acting out”.
6. More trusting of professionals, but tends to be ambivalent about close relationships.

Note:

1. Approximately half of all persons suffering from anorexia nervosa also have symptoms of bulimia nervosa.
2. At least one third of patients who have “recovered” from restricting anorexia nervosa later develop bulimia nervosa.

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Some “Do’s” in Reaching Someone Who May Have an Eating Disorder

1. Speak to the person privately and allow time to talk.
2. Tell the person you are very concerned about him or her.
3. Calmly tell the person all the specific observations that have aroused your concern.
4. Allow the person time to respond. Listen carefully and non judgmentally.
5. Keep the focus on problems (for example, withdrawing from others).
6. If the information you receive suggests an eating disorder, share with the person that:
 - ◆ You think the person has a problem with eating (or body image or weight management).
 - ◆ You are concerned about his or her health and well-being.
 - ◆ You are concerned that the matter needs to be evaluated by somebody who understands eating disorders.
7. Know about some of the resources in your school and your community to which students can be referred.
8. Tell a nurse, guidance counselor, or teacher or coach immediately if the person has problems that scare you, for example, if the person is:
 - ◆ Bingeing and throwing up several times per day
 - ◆ Passing out or complaining of chest pains
 - ◆ Complaining of severe stomach ache and/or vomiting blood
 - ◆ Suicidal

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Some “DON'Ts” in Reaching Someone Who May Have an Eating Disorder

1. **Don't** speak to an adult without first speaking privately to the person whom you suspect of having an eating disorder (unless the situation is an emergency).
2. **Don't** confront the person with a group of people, all of who are firing concerns and accusations at the person.
3. **Don't** threaten or challenge the person.
4. **Don't** be judgmental: Don't tell the person that what they are doing is sick or crazy or stupid.
5. **Don't** give advice about weight loss or exercising or appearance.
6. **Don't** diagnose.
7. **Don't** get into an argument or battle of wills.
 - ♦ Calmly repeat your evidence, and your strong belief that they need to have the problem evaluated.
 - ♦ End the conversation if it is going nowhere or if either of you becomes too upset
8. **Don't** promise to keep what you have observed a secret.
9. **Don't** try to keep track of what the person is eating or try to force the person to eat or not eat.
10. **Don't** let the person monopolize your time and energy.

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Ideas for Family and Friends

- DO** gently encourage the person to eat properly.
- DO** express your love and support.
- DO** try to understand even though this seems impossible.
- DO** take time to listen even though the talk may seem trivial or insignificant to you.
- DO** try to see how the person (and each family member) perceives the situation.
- DO** realize that the person is terrified of gaining weight and being fat even though he/she may actually be underweight. These irrational fears are real to the person with the eating disorder.
- DO** emphasize the positive and all the person's characteristics and make sincere compliments on all the things done right.
- DO** encourage the person to accept support and honestly express feelings.
- DO** talk honestly and sincerely with love and understanding.
- DO** recognize that other non-food factors are at the heart of the problem.
- DO** try to consider the person's feelings and opinions (on non-eating issues) and show that you value his/her input. Use the suggestions or ideas in making everyday plans and decisions.
- DO** let the person have control over issues in his/her life.
- DO** help the person find someone for support who knows what he/she is going through.
- DO** realize that while persons with eating disorders must have help from others, they must want to get better. They need to begin to love themselves.

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Ideas for Family and Friends

DON'T try to force the person to eat or stop exercising.

DON'T get angry or use punishment.

DON'T be impatient (this is really tough) and don't lecture.

DON'T be too busy even if you have to give up "important" things.

DON'T jump to conclusions or see things only through your eyes and mind.

DON'T make the person feel bad or guilty for having an eating disorder.

DON'T spy on the person.

DON'T place the blame on anyone.

DON'T be afraid to talk about problems.

DON'T pretend it will all just go away.

DON'T expect an instant recovery.

DON'T let the person feel he/she is the only one with this problem.

IN GENERAL: Acknowledge that an eating problem is occurring. Encourage the person to obtain appropriate help and support and to follow through with professional advice. Be available to listen and care. Value the person's ideas and feelings.

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Rules for Family Members of a Person Recovering from an Eating Disorder

- Rule 1: Accept your limitations.
- Rule 2: Accept the other person's right to an independent life. Don't take charge.
- Rule 3: Don't purchase (or avoid purchasing) food solely to accommodate the eating-disordered person.
- Rule 4: Each household member decides individually what he or she will or will not eat. No one should be forced to eat anything or be restricted in what can be eaten.
- Rule 5: Don't make mealtimes a battleground.
- Rule 6: Be willing to negotiate household chores involving food.
- Rule 7: The person with the eating disorder is responsible for their behavior whenever it affects them.
- Rule 8: Do not monitor someone else's behavior, even if you are invited to.
- Rule 9: Do not use money to control another person's eating behavior.
- Rule 10: Do not anticipate someone else's needs.
- Rule 11: Don't make eating out a battle of wills.
- Rule 12: Do not play therapist.
- Rule 13: Do not comment about someone's weight and looks.
- Rule 14: Seek support for yourself.

Source: Rules 1-13 were taken from *Surviving an Eating Disorder: New Perspectives and Strategies for Family and Friends* by Siegel, Brisman, and Weinshel (Harper and Row, New York, 1988): 145-176

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Symptoms of Eating Disorders That May Appear in the School Setting

1. Noticeable weight loss or extreme thinness.
2. Finding excuses to skip lunch period.
3. Unusual eating behavior; ritualistic eating habits.
4. Unusual concern over school performance. Earned grades are never “good enough.”
5. Over sensitive to criticism.
6. Unusual concern over change in routine; not flexible or adaptive.
7. Tendency to perfectionism.
8. Closed communication. Unusually very proper and polite. May appear tense or too animated. May have a woebegone haunted look.
9. Unusual concern about appearance. Very neat. Not “a hair out of place.”
10. Withdrawal from friends and activities. An unusual commitment to a solitary or discipline-demanding activity such as ballet or running to the exclusion of other activities.
11. Amenorrhea (absence of the menstrual cycle).
12. Unusual, compulsive behavior, especially having to do with food.
13. Mood swings.
14. Very controlled behavior; able to hide feelings.
15. Conversations revolve around food and weight.
16. Intolerant of flaw (real or perceived) in others.
17. Low self-esteem (may not be apparent at first; individual may present a remarkably self-sufficient and successful façade).

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A Student with an Eating Disorder May Consult the School Nurse because:

1. She has experienced loss of menstruation and is concerned.
2. S/he may want to lose weight and will set up an appointment with a health educator or dietitian for reducing plan.
3. S/he has been referred by a staff or faculty person due to drastic weight loss.
4. S/he may be experiencing depression, high levels of anxiety, and/or difficulty sleeping and will request medication.
5. S/he may be experiencing other physiological problems as a result of vomiting or laxative abuse and will be concerned about permanent or severe injury.

Information to be developed for Counselor's Referral File:

1. What kinds of services are available from this individual or from this agency?
2. What qualifications, training, and experience does the individual or agency have in the areas of anorexia nervosa or bulimia?
3. What are the intake procedures?
4. What will be the charges?
5. Does this person or agency accept insurance payments? Is sliding scale billing possible?
6. How are the appointments made?
7. What is the usual length of treatment?
8. What is the role of the referring professional during and after treatment?
9. Are any personality or psychological tests administered? If so, which ones?
10. What opportunities are available for medical co-consultation or co-treatment?

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The Role of the Educator: Goals for Advising

1. Support the developmental striving of young people who are concerned or confused about themselves or friends.
2. Help identify “problems”, including emergencies. Keep the focus on:
 - ◆ Inefficiency
 - ◆ Misery
 - ◆ Alienation
 - ◆ Disturbance
3. Communicate care and concern about the individual, not the diagnosis (an individual who may need professional help).
4. Increase the probability of effective collaboration by listening carefully, empathy, non-judgmentally, and tentatively.
5. When warranted, communicate the belief that there is a problem that needs to be addressed, beginning with an evaluation by a professional.
6. Facilitate collaboration by being knowledgeable about local resources for treatment and support, and about how hard it is to face up to one’s problems.

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The Role of the Educator: Some “Don’ts” for Educators and Other People Concerned about a Person with an Eating Disorder

1. **Don’t** cast a net of awe and wonder around the existence of an eating disorder: Keep the focus on inefficiency, misery, alienation and disturbance.
2. **Don’t** oversimplify. Avoid thinking or saying things such as “Well, eating disorders are just an addiction like alcoholism” or “All you have to do is start accepting yourself as you are.”
3. **Don’t** imply that Bulimia Nervosa, because it is often associated with “normal weight,” is somehow less serious than anorexia nervosa.
4. **Don’t** be judgmental, e.g. don’t tell the person that what they are doing is “sick” or “stupid” or “self-destructive.”
5. **Don’t** give advice about weight loss or exercise or appearance.
6. **Don’t** confront the person with a group of people, all of whom are firing accusations at the person.
7. **Don’t** diagnose: Keep the focus on inefficiency, misery, alienation, and disturbance.
8. **Don’t** become the person’s therapist, savior, or victim. In this regard, do not “promise to keep this a secret no matter what.”
9. **Don’t** get into an argument or a battle of wills. If the person denies having a problem, simply and calmly:
 - ♦ Repeat what you have observed (e.g. your evidence for problem)
 - ♦ Repeat your concern about the person’s health and well-being
 - ♦ Repeat your conviction that a counselor or therapist should at least evaluate the circumstance
 - ♦ End the conversation if it is going nowhere or if either party becomes too upset. This stalemate suggests that the person seeking to help needs to consult a professional.
 - ♦ Take any actions necessary for you to carry out your responsibilities or to protect yourself.
 - ♦ If possible, leave the door open for further conversations.
10. **Don’t** be inactive during an emergency: If the person is throwing up several times per day, or passing out, or complaining of chest pain, or is suicidal, get help immediately.

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Resources for the Effective School Counselor or Nurse

1. Have a broad, general knowledge of both anorexia and bulimia.
2. Be able to recognize the symptoms when they occur, especially in the early stages.
3. Have good communication with staff, administrators, and parents so counseling and educational programs can be established.
4. Know the professionals in the community who can treat eating disorder clients.
5. Understand the treatment process (and client reactions) as well as some of the other practical aspects:
 - ◆ Cost
 - ◆ Time Commitment
 - ◆ Willingness to Receive Treatment.
6. Adopt and coordinate a counseling program which recognizes the needs of adolescents:
 - ◆ Power
 - ◆ Control
 - ◆ Independence and autonomy
 - ◆ Responsibility
 - ◆ Self-esteem and self-concept
7. Have books, articles, and pamphlets on anorexia and bulimia available in the counseling office and library. Do not underestimate bibliotherapy especially as it provides a springboard into discussions and conversations.

Source: Taken in part from Anorexia Nervosa & Bulimia: A Handbook for Counselors & Therapists, Neuman & Halverson, Van Nostrand Reinhold, 1983.

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What to look for in a good Eating Disorders Program

1. Training and experience in the treatment of eating disorders.
2. Willingness to discuss professional qualifications with you.
3. Evaluation of the person's physical condition, nutritional habits, psychological problems and strengths, and social situation (family, school, employment).
4. Nutritional counseling designed to restore and maintain a body weight that is normal for that person.
5. Psychotherapy and/or behavior therapy that, at a minimum, addresses fear of fat, obsession with body shape, low self-esteem, and problematic relationships, both within and outside the family.
6. Some form of individual and group therapy that helps the person develop new coping skills and healthy interests.
7. The opportunity to participate in a support group as a useful adjunct to therapy.
8. Where it has been deemed appropriate and necessary by a careful psychiatric evaluation, judicious use of medication.
9. Some form of education, support and/or therapy that helps family and friends understand and assist in the processes of recovery and future development.
10. Willingness of the treatment professionals to collaborate with school staff (e.g. School Nurse), family, friends, and the person with the eating disorder in designing a comprehensive program.

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Conclusions

1. Eating disorders are dangerous and need to be identified and treated as soon as possible.
2. There are a number of things students can do and avoid doing to assist a person with an eating disorder in finding the help he or she needs.
3. Throughout the process of reaching out to a person who may have an eating disorder, communicate to the person that:
 - ◆ You care about the quality of the person's life, not about slenderness or eating habits.
 - ◆ You are concerned about specific behaviors and attitudes, which you and others have observed.
 - ◆ The matter definitely needs to be evaluated by someone who understands eating disorders.
4. There are resources in our community that can provide treatment for people with eating disorders and offer consultation.
5. Primary prevention is the best hope for eliminating eating disorders.
 - ◆ Primary prevention begins with changes in our own attitudes and behaviors that counter social pressure to conform to a type of body shape.
6. There are many things teenagers can do to be assertive in challenging the media and other institutions that glorify slenderness, unhealthy dieting, and unrealistic body images.

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