STATE
YOUR PASSION.
Eating Disorders & Disturbances in a College Population: Addressing the Continuum

Illinois State University
Illinois State University

- Jim Almeda, M.S., CHES
  - Health Promotion & Wellness
- Christina Nulty, M.D.
  - Physician, Student Health Services
- Sandra Olshak, LCSW
  - Case Manager, Student Counseling Services
- Jenni Thome, Ph.D.
  - Licensed Clinical Psychologist, Student Counseling Services
Overview & Goals

• Eating Disorders & Disturbances: Defining the Continuum
• Data: What’s the Problem?
• Multidisciplinary Treatment Team Approach
• Empirically Supported Prevention Programs
• Student Affairs: An Integral Piece
Body Image & ED Continuum

The Eating Issues and Body Image Continuum

This continuum represents the range of eating behaviors and attitudes toward food and body image. Most healthy people function in the two categories on the far left that reflect high self-esteem and physical health: “Concerned Well,” and “Not An Issue.” However, individuals can move from one category to another depending on changes that occur in their self-esteem and attitudes toward food and body image. An individual can be in one category for food and another for body image. Also, an individual can exhibit some, but not all, characteristics within a category.

Healthy But Concerned

- I feel no guilt or shame no matter how much I eat or what I eat.
- Food is an important part of my life, but only occupies a reasonable part of my time.
- I trust my body to tell me what and how much to eat.
- I am moderate and flexible in goals for eating well.
- I enjoy eating for pleasure and balance that warn of health.
- I try to follow nutrition guidelines and eat in a balanced way. I have tried dieting, excluding certain foods, or counting calories to lose weight. I feel ashamed when I eat more than others or more than what I feel I should be eating.
- I wish I could change how much I want to eat and what I am hungry for.

Food Preoccupied/Obsessed

- I have tried diet pills, supplements, laxatives, vomiting, or extra exercising in order to lose or maintain my weight.
- I have fasted or avoided eating for long periods of time in order to lose or maintain my weight.
- I often think about food and how much I eat. When I let myself eat, I have a hard time controlling the amount of food I eat.
- Eating more than I wanted to makes me feel out of control.

Disordered Eating Patterns

- I regularly restrict food or exercise, vomit, use diet pills, supplements or laxatives to get rid of the food or calories.
- My friends/family tell me they are concerned about my weight/appearance.
- I am terrified of eating fat.
- I am afraid to eat in front of others.

Eating Disordered

- I base my body image equally on social norms and my own self-concept.
- I pay attention to my body and appearance because it is important, but it only occupies a small part of my day.
- I nourish my body so it has the strength and energy to achieve my physical goals.
- I spend a significant amount of time viewing my body in the mirror.

Body Preoccupied/Obsessed

- I spend a significant amount of time comparing my body to others.
- I have many days when I feel fat.
- I’d be more attractive if I were thinner, more muscular, etc...

Disturbed Body Image

- I don’t see anything positive about my body shape and size.
- I believe that my body keeps me from dating or finding someone who will treat me the way I want.
- I hate my body and often isolate myself from others.

The Eating Issues and Body Continuum was adapted from an original provided by the University of Arizona Campus Health Services (Smiley/King/Avay, 1999).
Prevalence

• Eating Disorders
  – 6% of females and 5% of males reported experiencing an eating disorder in the past year (ACHA-NCHA II, Spring, 2015)

• Body Image
  – 75% of students reported that they are not comfortable with their bodies (SCS Program Evaluation, 2011)
  – 32% of ISU students feel that they’re fat even if others say they’re thin (HM, 2011; +)
  – 19% of ISU students say they need to feel thin to feel good about themselves (HM, 2011; +)
Prevalence, continued

• Weight Loss Behaviors
  – 69% of females and 44% of males exercised to lose weight (ACHA-NCHA II, 2015)
  – 50% of females and 32% of males dieted to lose weight (ACHA-NCHA II, 2015)
  – 5% of females and 3% of males used diet pills (ACHA-NCHA II, 2015)
  – 4% of females and 1% of males vomited or used laxatives to lose weight (ACHA-NCHA II, 2015)

  • Note: Based on BMI calculations (height and weight), only 14% of females and 15% of males were considered obese.
Multidisciplinary Team Approach

- Multidisciplinary treatment team approach recognized as standard in the field
  - Towson University
    - Eating Concerns Consultation Team; Counseling Center & Health Services
  - Northern Illinois University
    - Multidisciplinary team; bimonthly case staffing
  - UCLA
    - ED Consultation Team - Psychologist, Psychiatrist, and Physician; external referral for Nutrition Counseling
ISU Eating Disorders Network (EDN) Model

- Physician – Student Health Services
- Psychologist – Student Counseling Services
- Registered Dietitian – Student Health Services
- Case Manager – Student Counseling Services
Ancillary Offices

• Liaisons from ancillary offices have coordinated with the EDN to develop policies and procedures for addressing disordered eating and overtraining, as relevant to their settings.
  – Athletics
  – University Housing
  – Campus Recreation
Policies & Procedures

- Meetings
  - Biweekly case staffing meetings
  - Bimonthly administrative meetings

- EDN Release of Information Form

- 2/3 Rule
  - SHS Physician
  - SCS Counselor or Psychologist
  - SHS Dietitian

- Standardized process
Policies & Procedures

- **Client:**
  - Referred to EDN after completing ROI and receiving Informed Consent form
  - Assessed by EDN providers
  - Staffed at next EDN Case Management meeting

- **American Psychiatric Association (APA) Standards of Care criteria used to determine appropriate level of care**
- **Treatment Recommendations are provided**
- **Follow up staffing ~ 6 weeks or PRN**
- **Termination from EDN**
Role of EDN Psychologist/Counselor

- Student Counseling Services is often the “first step” for clients who eventually enter the EDN
- Client may see any staff member, though one staff member officially serves on EDN
- Thorough assessment of eating concerns, release of information, and referral to physician and dietitian
- Follow up via Extended Initial Appointment to present treatment recommendations
- Individual (20 sessions limit) & group therapy
## APA Guidelines

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medical Status</td>
</tr>
<tr>
<td>2</td>
<td>Suicidality</td>
</tr>
<tr>
<td>3</td>
<td>Weight as a percentage of healthy body weight</td>
</tr>
<tr>
<td>4</td>
<td>Motivation to Recover</td>
</tr>
<tr>
<td>5</td>
<td>Co-occurring disorders</td>
</tr>
<tr>
<td>6</td>
<td>Structure needed for eating and/or gaining weight</td>
</tr>
<tr>
<td>7</td>
<td>Ability to control compulsive exercising</td>
</tr>
<tr>
<td>8</td>
<td>Purging behaviors (laxatives &amp; diuretics)</td>
</tr>
<tr>
<td>9</td>
<td>Environmental Stress</td>
</tr>
<tr>
<td>10</td>
<td>Geographic location/distance to treatment options</td>
</tr>
</tbody>
</table>
Thinning and dryness of hair
Pituitary hormone abnormalities
Lowered heart size on chest X ray (loss of fat pad around heart)
Slowed heart rate
Constipation
Mild anemia
Diminished muscle mass
Dry skin
Lowered total sleep time
Mildly altered thyroid function
Cold sensitivity, lowered body temperature
Light-headedness
Lowered amplitude of tracing on EKG
Lanugo—fine, white hair on body surface
Absence of menstrual periods (amenorrhea)
Brittle nails
Loss of subcutaneous body fat
Lowered reflexes
Mild fluid collection (edema)
Role of the EDN Physician

• Initial Clinical Evaluation
  – History
  – Physical exam
  – Lab orders (CBC, UA, CHEM-Panel, thyroid, etc.)
  – Additional diagnostic testing (EKG, bone densitometry)

• Post-evaluation planning & treatment

• Recommendations for follow-up
Role of the EDN Dietitian

• Provide nutritional counseling
• Attend EDN meetings
• Serve as a campus resource for issues related to eating disorders and disordered eating

• Goals
  – Education on principles of nutrition
  – Identify fears about food and challenge food rules
  – Accept internal hunger and fullness cues and learn to respond accordingly
Role of the EDN Case Manager

- Attend EDN case staffing and administrative meetings
- Monitor releases of information
- Update and maintain EDN database
- Communication between SCS & SHS
- Referrals to the community
- Liaison between SCS and community providers
- EDN termination letters
Termination from the EDN

• Once treatment has been successfully completed, the client leaves the university, or withdraws from treatment
• Letters developed in consultation with a university attorney
• Informs client of no longer being a client in the EDN, provides referral resources, information about possible consequences of not following recommended treatment, and how to re-enter the EDN in the future if needed
At-Risk Clients: Role of University Administration

• Attempt to work with client and his/her family (if possible) prior to involving higher levels of administration
• Vice President of Student Affairs or designee
• Student Code of Conduct
  – V.A.1.d “taking or threatening any action that creates a substantial health or safety risk or reasonable fear of such health or safety risk.”
At Risk Clients: Title II

• Title II of the Americans with Disabilities Act protects students with eating disorders from discrimination, even if the action taken is intended to protect the student.

• Title II of the ADA defines “direct threat” as a “significant risk to the health or safety of others that cannot be eliminated by a modification of policies, practices, or procedures, or the provision of auxiliary aids or services”
  – * “Self” has been removed
At Risk Clients: Title II

• Balance between risk of lawsuit for disability discrimination and liability for wrongful death or medical malpractice.

• EDN Informed Consent includes the following statement:
  – “If you feel that you are an individual with a disability, you may pursue accommodations through the Office of Disability Concerns.”
Empirically Supported Prevention

• Cognitive Dissonance Prevention Programs
  – Empirically supported approach for reducing body image dissatisfaction and risk factors for the development of eating disorders.
    • Stice, E., Rohde, P., & Shaw, H., 2013

• Media Literacy
  – Most effective when they are: complex; focus on not only body image but also social combatting social pressure and improving critical thinking in relation to societal standards and media messages
    • Szabo, Szumska, & Tury, 2013
Body Project

• History & Description
  – Cognitive dissonance program
  – Formerly **Sorority Body Image Program** and **Reflections**
  – 2 sessions, 2 hours each
  – Peer led
  – Female participants only
  – Focus on combatting “Fat Talk” and identifying/refuting the unrealistic ultra-thin ideal promoted to women in our culture
Body Project, continued

• What is “Fat Talk”?
  – A common way in which people speak negatively about their bodies
  – Reinforces others’ negative speech by making self-denigration a normal part of group conversation
  – The need to insult one’s body is often learned by children who hear parents or other respected adults speaking in this way
  – Even if you don’t ‘hear’ your own Fat Talk, your friends and family members will, and it harms them emotionally, spiritually, and physically
Body Project, continued

–Examples:

• “I’m so fat!”
• She shouldn’t be wearing that.
• Oh my gosh, you look great! Have you lost weight?
• You think you’re fat? Look at these thighs!
• Do I look fat in this?
Body Project, continued

- Trainings and implementations held several times each academic year
  - Student Counseling Services and Health Promotion & Wellness coordinate/serve as faculty
  - Facilitators: SWAT, Social Work, WGS, Psychology
  - Participants: Female Group Fitness Instructors, SWAT, FLAME, ISU Leads, Graduate Social Work students, Women and Gender Studies, Tri Delta sorority, general female ISU students
Research Results

• Participation on the program leads to decreases in:
  • Body Dissatisfaction
  • Negative Affect
  • Ineffective Dieting
  • Eating Disorder Symptoms

Stice, Rohde, & Shaw (2013)
## Body Project: Pre- to Post-

<table>
<thead>
<tr>
<th>Measure</th>
<th>M1</th>
<th>SD1</th>
<th>M2</th>
<th>SD2</th>
<th>d</th>
<th>r</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thin-Ideal Internalization (thindl1 – thindl8)</td>
<td>3.21</td>
<td>1.10</td>
<td>2.10</td>
<td>0.97</td>
<td>0.85</td>
<td>0.39</td>
</tr>
<tr>
<td>Dietary Restraint (dres1 – dres10)</td>
<td>2.85</td>
<td>1.08</td>
<td>2.05</td>
<td>1.01</td>
<td>0.62</td>
<td>0.30</td>
</tr>
<tr>
<td>Body Dissatisfaction (sdbps1 – sdbps9)</td>
<td>2.74</td>
<td>1.12</td>
<td>3.21</td>
<td>1.07</td>
<td>-0.35</td>
<td>-0.17</td>
</tr>
<tr>
<td>Negative Affect (panas1 – panas20)</td>
<td>1.92</td>
<td>1.13</td>
<td>1.58</td>
<td>0.90</td>
<td>0.26</td>
<td>0.13</td>
</tr>
</tbody>
</table>
Program Feedback

• My thoughts and feeling about the training BEFORE it started were:
  – I had a good body image but I wanted to learn more about how to share it
  – I was interested in it
  – It might be information that I already knew, so it would be a waste of time
  – I was not sure to expect, I thought they were just going to emphasize skinny does not equal pretty
Program Feedback

- My thoughts and feelings about the training AFTER it ended changed because:
  - It was so worth it! I learned so much and it was awesome. Plus I was able to bond with my instructors.
  - I want and now know how to spread positive body image
  - I thought it was good to attend this especially as fitness instructors
  - I realized how skewed our image of a ‘good’ body is and how often we encourage fat talk
Program Feedback

• What are two ways you can implement what you learned into our group fitness classes?
  – Use positive words like strong, healthy rather than thinner/burning calories.
  – End with a meditation and class feeling good about themselves
  – Focusing on making our bodies strong and healthy
  – Encouraging participants to not focus mainly on physical appearance but their overall health.
Program Feedback

• General ISU Females
  – “Gained more confidence about myself.”
  – “I appreciated how open and willing everyone was, and how real the topics were.”
  – “I think this is an amazing program that should become mandatory for all ISU students, female and male. The more we talk about the issue, the less it will become an issue.”
Next Steps

• Enhanced Collaborations
  – Housing
  – Campus Recreation
  – Faculty
  – Targeting student groups
    • RSO’s
    • Sororities
    • Female Athlete Body Project
Operation Beautiful

• Part of Fat Talk Free Week
• Yearly campaign
  – Student Counseling Services, Health Promotion and Wellness, and Student Wellness Ambassador Team
• Goals:
  – Encourage students to reduce or eliminate “fat-talk” or negative “self-talk”
  – Promote appreciation of diversity in body shapes and sizes
  – Decrease body image issues
Fall 2013 – Survey Results

- 25 buildings targeted
- 15 – 20 notes in each
- 169 surveys completed
- 89.4% female
- 72.4% white
- Fresh = 15.9%
- Soph = 16.5%
- Jr. = 24.7%
- Sr. = 27.1%
- Grad = 14.7%
Survey Results

Current struggles with body image (n = 97)

• Most were related to: believing they were overweight, wanting to fix certain body parts, comparing themselves to others, pressures from the media.
  
  – Today it seems impossible with the media to feel comfortable being you. There always seems to be some way you can be perfecting your body.
  
  – I feel that I constantly compare myself to my thinner friends. I feel that people are open to being my friends regardless of my weight, but then other times I feel like they judge me or don’t give me a chance.
  
  – I’ve been made fun of my entire life. I’ve always been the fat girl. I had to get a tattoo to remind myself that I’m beautiful just the way I am, but it’s hard. When you’ve been told you are fat and ugly your entire life, you start to believe it. It’s a daily struggle to think positively.
Survey Results

- Notes/Messages most remembered:
  - You are beautiful (34.7%)
  - Be beautiful, Be you! (26.5%)
  - Don’t worry. You look great! (20%)
  - You are a beautiful soul! (16.5%)
  - You are strong! (14.7%)
  - Believe me. You are beautiful. Own it! (11.2%)
  - You are extraordinary! (10.6%)
## Results: Changes in Fat Talk

### Table 1

<table>
<thead>
<tr>
<th>“...OB is a worthwhile campaign”</th>
<th>M</th>
<th>SD</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>2.00</td>
<td>.00</td>
<td>2</td>
</tr>
<tr>
<td>Neutral</td>
<td>2.12</td>
<td>.33</td>
<td>17</td>
</tr>
<tr>
<td>Agree</td>
<td>2.23</td>
<td>.43</td>
<td>73</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>2.45</td>
<td>.50</td>
<td>78</td>
</tr>
</tbody>
</table>

Note. Scores could range from 1 (increased negative self-talk) to 3 (decreased negative self-talk).
Results: Post-Operation Beautiful

Activities engaged in to decrease fat talk:

• Encouraging friends to not have “fat talk” (40%)
  – “I’ve told my friends to stop it and that they are pretty just the way they are”

• Using different words to describe themselves (20%)
  – “Instead of saying I have fat thighs, I tell myself that I have strong ones because of how much I can squat.”

• Being aware or conscious of their attitudes about their body (7.5%)
  – “I consciously make myself aware of when it’s happening and try to stop it from coming from myself.”

Overall, 92.3% tried to implement activities to decrease fat talk
Results: Perception of Acceptance of Diverse Sizes/Shapes

<table>
<thead>
<tr>
<th>Beliefs about how supportive Illinois State University is of diversity among body types based on believing the messages</th>
<th>Do you believe the message you saw?</th>
<th>M</th>
<th>SD</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you believe the message you saw?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>2.86</td>
<td>.95</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td>2.70</td>
<td>.78</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>Often</td>
<td>2.98</td>
<td>.71</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Always</td>
<td>3.24</td>
<td>.90</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

Note. Scores could range from 1 (not at all supportive) to 4 (extremely supportive).
Results: Response to Operation Beautiful

Thoughts/Feelings about the messages

• 89% Positive
  – “I smiled because a stranger wanted to help me (and everyone) have a great day and try to love themselves.”

• 6% Negative
  – “Part of me wanted to think it is sad that we have to remind ourselves we are in control of our image and positivity, and the other part of me felt sad because people really do struggle keeping their images up.”

• 5% Neutral/Confused
  – “I was a little confused as to what the poster was, but it was cool.”
Questions/Discussion

• Contact Information
  • jralmed@ilstu.edu – Jim Almeda, M.S., CHES
  • cnulty@ilstu.edu – Christina Nulty, M.D.
  • lcfrich@ilstu.edu – Lynne Frichtl, R.D.
  • ssolsha@ilstu.edu – Sandra Olshak, L.C.S.W.
  • jlthome@ilstu.edu – Jenni Thome, Ph.D.
STATE
YOUR PASSION.